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INSURANCE

DEPARTMENT OF BANKING AND INSURANCE

OFFICE OF PROPERTY AND CASUALTY

Personal Injury Protection

Personal Injury Protection Benefits: Medical Protocols; Diagnostic Tests

Personal Injury Protection Dispute Resolution

Medical Fee Schedules: Automobile Insurance Personal Injury Protection and Motor Bus

Medical Expense Insurance Coverage

Proposed New Rules: N.J.A.C. 11:3-4.7A, 4.7B, 29.5 and 11:3-29 Appendix, Exhibits 1 through 6

Proposed Amendments: N.J.A.C. 11:3-4.2, 4.4, 4.7, 4.8, 4.9, 5.2, 5.4, 5.5, 5.6, 5.12 and 29.1 through 29.4

Proposed Repeals: N.J.A.C. 11:3-29 Appendix, Exhibits 1 through 7

Authorized By: Thomas B. Considine, Commissioner, Department of Banking and Insurance.

Authority: N.J.S.A. 17:1-8.1, 17:1-15e, 17:29A-14c(4), 17:33B-42, 39:6A-1.2, 39:6A-3.1, 39:6A-4, 39:6A-4.3, 39:6A-5.1, 39:6A-5.2 and 39:6A-19.

Calendar Reference: See Summary below for explanation of exception to calendar requirement.

Proposal Number: PRN 2011-163.

Submit comments by September 30, 2011 to:

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The agency proposal follows:

Summary

Pursuant to N.J.S.A. 39:6A-1 et seq., owners or registrants of an automobile in New Jersey are required to maintain automobile liability insurance in mandated amounts. N.J.S.A. 39:6A-4 provides that every standard automobile liability insurance policy issued or renewed on or after the effective date of N.J.S.A. 39:6A-1.1 et seq. shall contain personal injury protection (PIP) benefits for the payment of benefits without regard to negligence, liability or fault of any kind, to the named insured and members of his or her family residing in his household who sustain bodily injury as a result of an accident while occupying, entering into, alighting from or using an automobile, or as a pedestrian, caused by an automobile or by an object propelled by or from an automobile, and to other persons sustaining bodily injury while occupying, entering into, alighting from or using the automobile of the named insured, with permission of the named insured.

PIP coverage means and includes payment of medical expense benefits in accordance with a benefit plan provided in the policy and approved by the Commissioner of Banking and Insurance (Commissioner), for reasonable, necessary, and appropriate treatment and the provision of services to persons sustaining bodily injury, in an amount not to exceed \$250,000 per person per accident. N.J.S.A. 39:6A-3.1 provides as an alternative to this standard policy, the option for consumers to purchase a basic automobile insurance policy, which provides for PIP benefits in an amount not to exceed \$15,000 per person per accident, except that, medical expense benefits shall be paid in an amount not to exceed \$250,000: (1) for all medically necessary treatment of permanent or significant brain injury, spinal cord injury or disfigurement or (2) for medically necessary treatment of other permanent or significant injuries rendered at a trauma center or acute care hospital immediately following the accident and until the patient is stable, no longer requires critical care and can be safely discharged or transferred to another facility in the judgment of the attending physician.

The cost of providing PIP coverage continues to exert upward pressure on private passenger automobile (PPA) insurance rates. In the last year, PIP coverage accounts for 97 percent of all rate increase requests. Overall, auto carriers pay benefits of \$1.23 for every dollar of PIP premium collected. Many changes to the PPA insurance legislative and regulatory framework have been enacted over the years with the goal of containing or stabilizing these costs. See, for example, rules governing PIP protocols and diagnostic tests, N.J.A.C. 11:3-4; the PIP medical fee schedule, N.J.A.C. 11:3-29; the cap of PIP benefits at \$250,000, N.J.S.A. 39:6A-4; and provision of the basic automobile insurance policy option, N.J.S.A. 39:6A-3.1. Also see N.J.S.A. 17:33B-42, which provides that the Commissioner may order insurers writing automobile insurance in this State to implement any procedure or practice that he or she deems

necessary to more effectively control the cost of providing PIP coverage to insureds in this State, including procedures or practices to increase the efficiency of insurers or to prevent fraudulent practices by the insured, insurers, providers of services or equipment, or others.

As part of its ongoing effort to alleviate the upward pressure on rates from increased PIP costs, the Department of Banking and Insurance (Department) has determined that it is reasonable and appropriate to propose these new rules, repeals and amendments to revise the regulatory framework for the provision and payment of PIP benefits to contain costs and thereby increase the value of the PIP benefit to injured persons.

Amendments to N.J.A.C. 11:3-4

At N.J.A.C. 11:3-4.2, the Department is proposing to add a definition of “days” and amend the definition of PIP vendor to state that a PIP vendor is a company that an insurer uses for utilization management, rather than one used to administer its decision point review plan.

N.J.S.A. 39:6A-4a provides that the Commissioner, in consultation with the Commissioner of the Department of Health and Human Services and the applicable licensing boards, may reject the use of protocols, standards and practices or lists of diagnostic tests set by any organization deemed not to have standing or general recognition by the provider community or applicable licensing boards. Although the Department is not adding to the list of rejected protocols, the Department is proposing to add a definition of standard professional treatment protocols to guide the acceptable evidence of standing or general recognition for a specific medical procedure or test. These are defined as evidence-based, clinical guidelines published in peer-reviewed journals. The Department has become aware that the medical necessity of a procedure or test is being supported by articles, books and practice or treatment guidelines that are published by the proponents of the treatment or test in journals that are not peer-reviewed and

where the evidence supporting the treatment or test is anecdotal. These types of treatment protocols and guidelines cannot be used as evidence that a treatment or test is medically necessary.

The Department is proposing to add a definition of “utilization management.” Utilization management is defined as administering an insurer’s Decision Point Review Plan in whole or in part.

The Department is proposing to add a definition of “WCMCO.” A WCMCO is defined as a workers’ compensation managed care organization approved by the Department pursuant to N.J.A.C. 11:6.

The Department is proposing to amend N.J.A.C. 11:3-4.4(d) to add WCMCO as another type of entity in addition to an organized delivery system (ODS) with which insurers may contract to waive deductibles and copays when insureds use providers in those networks. The Department believes that WCMCOs provide similar services to organized delivery systems and should be included in the provision.

N.J.A.C. 11:3-29.4(d)2 is being amended to correct a typographical error.

The Department is proposing to amend N.J.A.C. 11:3-4.7(c)1 to require that insurers that use a PIP vendor to handle some or all of their utilization management provide in their Decision Point Review (DPR) plan filing the contract between the vendor and the company. The amendment also requires that PIP vendors used by insurers must be registered with the Department pursuant to N.J.A.C. 11:3-4.7A. The requirement that a PIP vendor have a New Jersey licensed physician as a director is being deleted because this provision is now included in the proposed new N.J.A.C. 11:3-4.7A(d)2.

The Department is proposing to amend N.J.A.C. 11:3-4.7(c)6 to require that the internal appeals procedure in an insurer's DPR plan comply with the requirements of N.J.A.C. 11:3-4.7B, rather than require that the procedure permit the provider to provide additional information and have a rapid review of a decision to modify or deny reimbursement for a treatment or the administration of a test.

The Department is proposing to add N.J.A.C. 11:3-4.7(c)8 to permit insurers to include in their DPR plans reasonable restrictions on which types of providers may submit decision point review requests. For example, a durable medical equipment company is a provider as defined in N.J.A.C. 11:3-4.2 but such providers typically do not determine the medical necessity for the equipment they provide. The Department approves all DPR plans and will ensure that this provision is not applied unfairly.

The Department is proposing to amend N.J.A.C. 11:3-4.7(d)1 to add web portals as a means for insurers to accept decision point review requests.

N.J.A.C. 11:3-4.7A PIP vendor registration requirements

In N.J.A.C. 11:3-4.7A, the Department is proposing a new rule to establish a procedure for companies that act as PIP vendors to register with the Department. The Department has received complaints about the activities of some of these companies and wishes to ensure that a vendor that is interacting with providers has the necessary knowledge, experience and resources to handle these processes for the insurer.

N.J.A.C. 11:3-4.7A(a) states that no company shall perform utilization review for an insurer unless it is registered as a PIP vendor.

N.J.A.C. 11:3-4.7A(b) provides that all companies that are acting as PIP vendors prior to the effective date of the rule must file for registration within 90 days of the rule's effective date.

N.J.A.C. 11:3-4.7A(c) states that application for registration shall be made on a form prescribed by the Commissioner that is available on the Department's website.

N.J.A.C. 11:3-4.7A(d) states that the application for registration shall be accompanied by the vendor's business plan, which shall include a statement describing the applicant, its facilities and personnel, the name of the medical director who must be a physician who is licensed in New Jersey, information on the vendor's activities in New Jersey, a demonstration the vendor has a sufficient number of qualified personnel and information about staffing levels and training and a statement as to whether the applicant is an MCO or is accredited by URAC (d/b/a American Accreditation Healthcare Commission, Inc., www.urac.org) in Health Utilization Management.

N.J.A.C. 11:3-4.7A(e) requires that the application include information about the applicant's clinical review criteria, copies of the applicant's policies and procedures that demonstrate that the applicant is handling utilization management in accordance with relevant rules and the mechanisms that the applicant uses to detect over and underutilization of services.

N.J.A.C. 11:3-4.7A(f) requires that an applicant that provides physical examinations of injured persons to submit the criteria it uses to select providers who perform such reviews and to ensure that those providers do not have conflicts of interest.

N.J.A.C. 11:3-4.7A(g) provides the address where registration applications shall be sent.

N.J.A.C. 11:3-4.7A(h) provides that the Department will notify the applicant if the information on the application is incomplete within 60 days of receipt. If the applicant does not supply the missing information within 30 days of the notification, the application will be denied

as incomplete. If the Department does not notify the applicant of deficiencies in the application within 60 days of receipt, the application will be deemed complete.

N.J.A.C. 11:3-4.7A(i) states that the Department will approve the application if the applicant has demonstrated the ability to perform services in a manner that meets the requirements of this subchapter.

N.J.A.C. 11:3-4.7A(j) states that the Commissioner may deny an application if he or she finds that the applicant does not meet the standards set forth in the subchapter. N.J.A.C. 11:3-4.7A(j)1 states that the Department will notify the applicant in writing with the reasons for the denial. N.J.A.C. 11:3-4.7A(j)2 states that an applicant whose registration request is denied may request a hearing within 30 days.

N.J.A.C. 11:3-4.7A(k) states that the registration of PIP vendors shall be effective for two years and requires vendors seeking to renew their registration to apply for renewal 90 days prior to the expiration date of their current registration.

N.J.A.C. 11:3-4.7A(l) provides that information in the PIP vendor application is confidential with specified exceptions.

N.J.A.C. 11:3-4.7A(m) establishes a procedure for the Commissioner to suspend or revoke the registration of a PIP vendor if he or she finds that the vendor no longer meets the standards set forth in the subchapter; that PIP utilization review services are not being provided in accordance with the requirements of the subchapter; or that the registration was granted based on false or misleading information. A proceeding for revocation or suspension of registration shall be conducted in accordance with the provisions of N.J.A.C. 11:17D. If the vendor requests a hearing, the matter will be transferred to the Office of Administrative Law.

N.J.A.C. 11:3-4.7B Internal appeal procedure

The Department is proposing a new rule at N.J.A.C. 11:3-4.7B to establish standards for a uniform internal appeal process for PIP disputes. Pursuant to N.J.A.C. 11:3-4.7(c)6, insurers have always been required to have an internal appeal process as part of their Decision Point Review plans. Insurers can require that providers complete the internal appeal process before making a demand for arbitration pursuant to N.J.A.C. 11:3-5. However, the details of these plans varied considerably among insurers, which made it complicated and burdensome for providers to make these appeals. The proposed new appeal process is based on that used by the Department for utilization management appeals in health plans.

Proposed new N.J.A.C. 11:3-4.7B(a) states that the purpose of the rule is to provide a means whereby providers who have been assigned benefits can get a rapid review of an adverse decision by an insurer.

Proposed new N.J.A.C. 11:3-4.7B(b) defines “adverse decision” as any decision by the insurer with which the provider does not agree followed by a non-inclusive list of examples of such decisions including determinations of medical necessity both prior and post treatment, penalties and copayments imposed pursuant to N.J.A.C. 11:3-4.4, coding determinations, and payment disputes.

Proposed new N.J.A.C. 11:3-4.7B(c) describes the two types of appeal procedures: “treatment” for treatment and testing that has not been performed and “administrative” for all other types of appeals.

Proposed new N.J.A.C. 11:3-4.7B(d) states that all appeals shall be filed using the form set forth by Department Order and requires that appeals shall be sent to the insurer at the address provided in the insurer’s Decision Point Review plan.

Proposed new N.J.A.C. 11:3-4.7B(d)1 provides that at a minimum insurers shall provide in their Decision Point Review plans a fax number and mail address where internal appeals may be sent, and may establish other methods of submitting appeals such as e-mail or a web portal.

Proposed new N.J.A.C. 11:3-4.7B(d)2 specifies the information that the appeal form must contain.

Proposed new N.J.A.C. 11:3-4.7B(d)3, 4 and 5 require that for appeals, acknowledgments and decisions sent by regular mail, it is the sender's responsibility to provide proof that the item was mailed. It is the Department's understanding that currently the vast majority of DPR requests, responses and appeals are submitted by facsimile transmission. However, if an appeal, acknowledgment or decision is sent by mail, the sender must be able to provide proof of mailing to demonstrate that the requirements for going to arbitration have been met. The proposed paragraphs also state what constitutes an acceptable proof of facsimile transaction and requires that insurers accept appeal requests in facsimile transmission.

Proposed new N.J.A.C. 11:3-4.7B(e) states that treatment appeals shall be submitted within five business days of the receipt of the adverse decision from the insurer. If a provider misses the deadline, the provider can resubmit a DPR request. If the DPR request is denied, the provider will have another appeal period. This will give providers who miss the appeal deadline another opportunity to request treatment and have the right to have a rapid appeal of a denial.

Proposed new N.J.A.C. 11:3-4.7B(f) reminds providers that the appeal process is still subject to the rules of insurers' Decision Point Review Plans and that an insurer has no obligation to reimburse a provider for treatment that was not medically necessary and can impose, pursuant to N.J.A.C. 11:3-4.4(e), a 50 percent copayment on treatment that has been

determined to be medically necessary but was performed when a DPR request was required and was either not made or was denied.

Proposed new N.J.A.C. 11:3-4.7B(g) states that administrative appeals shall be submitted within 180 days of receipt of the adverse decision from the insurer. This time frame is consistent with that used by the Department's health care appeal system.

Proposed new N.J.A.C. 11:3-4.7B(h)1 and 2 respectively provide for the acknowledgment of the receipt of treatment appeals within three business days of receipt and administrative appeals within five business days of receipt. N.J.A.C. 11:3-4.7B(h)3 provides for notification to the provider of late or incomplete appeals.

In accordance with amendment to N.J.A.C. 11:3-5.6 proposed herein, proposed new N.J.A.C. 11:3-4.7B(i) states that insurers shall review the appeal and notify the provider of its decision. N.J.A.C. 11:3-4.7B(i)1 and 2 state that the insurer shall respond to treatment appeals within 10 days and to administrative appeals within 30 days.

In accordance with amendments to N.J.A.C. 11:3-5.6 proposed herein, proposed new N.J.A.C. 11:3-4.7B(i)3 states that where the insurer requests a physical examination as part of the appeal process, the time frames in N.J.A.C. 11:3-4.7B(i)1 and 2 are stayed until the examination is completed.

Proposed new N.J.A.C. 11:3-4.7B(j) requires that a provider must have filed for an internal appeal prior to filing for arbitration. The demand for arbitration must be accompanied by the internal appeal decision or a certification that an appeal was made and no decision was received from the insurer.

Proposed new N.J.A.C. 11:3-4.7B(j)1 permits the rules of the alternate dispute resolution administrator to impose penalties on providers and their attorneys who make demands for arbitration without having exhausted the internal appeals process.

Proposed new N.J.A.C. 11:3-4.7B(k) states that an insurer that fails to respond to an internal appeal shall lose the right to raise defenses in an arbitration on the specific issue that was the subject of the appeal. However, the insurer is not precluded from raising other valid and relevant defenses in the arbitration.

N.J.A.C. 11:3-4.8 Voluntary networks

The Department is proposing to amend N.J.A.C. 11:3-4.8(b) to clarify that an NCV (nerve conduction velocity) and H-reflex test are typically performed together with the needle EMG and all three of these procedures ought to be included in the physician-performed exemptions from the electrodiagnostic testing that can be done by a network pursuant to N.J.A.C. 11:3-4.8(b)3. The Department agreed to this change in response to a comment on a previous amendment to the rule and is now incorporating it into the rule.

N.J.A.C. 11:3-4.9 Assignment of benefits; public information

N.J.A.C. 11:3-4.9(a) is proposed for amendment to include a reference to N.J.S.A. 39:6A-4, which states that PIP benefits and duties can only be assigned to a provider of service benefits. The Department is also clarifying that duties as well as benefits can be assigned and is adding “prevention of fraud” to “efficient administration of coverage” as the bases for permitting assignments. N.J.A.C. 11:3-4.9(a)3 is proposed to be deleted from the permitted restrictions on assignment of benefits. Proposed new N.J.A.C. 11:3-4.9(b) now requires that insurers file policy language requiring that an internal appeal process be followed prior to filing for arbitration.

Proposed new N.J.A.C. 11:3-4.9(b) mandates that insurers file policy language requiring

that providers who are the assignees of PIP benefits file an internal appeal in accordance with N.J.A.C. 11:3-4.7B prior to filing for alternate dispute resolution pursuant to N.J.A.C. 11:3-5.

N.J.A.C. 11:3-5 Personal Injury Protection Dispute Resolution

The Department believes that too many disputes between providers and insurers are going to the Alternate Dispute Resolution (PIP ADR) procedure set forth in N.J.A.C. 11:3-5. The total number of arbitration demands filed has nearly doubled since 2005 from 34,190 to 61,765 in 2010. While PIP ADR is an important safeguard for the insured against improper actions by the insurer, it is more expensive and takes longer than other dispute resolution mechanisms. The Department is proposing a number of measures to reduce the costs of PIP ADR and make it work more efficiently.

In the most recent bid process for the administrator of the PIP ADR process, the Request for Proposals asked the bidders to include cost-saving measures in their bids. The successful bidder proposed a system whereby arbitrations in which future treatment is not at issue and the demand is less than \$1,000 would be decided on the papers. That is, the matter would be decided by the dispute resolution professional (DRP) based on the papers submitted by the parties without an in-person hearing or argument. The Department is amending its rules to include the on-the-papers proceedings, which will make the arbitration system work more efficiently for claimants and providers.

The Department is amending N.J.A.C. 11:3-5.2 to add the definitions of “in-person” and “on-the-papers” proceeding or case.

The Department proposes to amend N.J.A.C. 11:3-5.4(b)1 to require that demands for arbitration filed by an assignee of benefits be accompanied by proof that the claimant has complied with the internal appeals process established by N.J.A.C. 11:3-4.7B.

The Department is amending N.J.A.C. 11:3-5.4(b)5 to refer to the “on-the-papers” proceeding as one of the methods for resolving disputes.

The Department proposes to amend N.J.A.C. 11:3-5.4(b)7 to make provision for the “on-the-papers” proceeding in the list of items that the dispute resolution organization administrator’s plan must address.

The Department proposes to amend N.J.A.C. 11:3-5.5(b)3 to include a procedure for challenging the assignment of a DRP for “in-person” and “on-the-papers” cases.

N.J.A.C. 11:3-5.6(a) is being proposed for amendment to add a reference to the rule governing assignment of benefits.

Proposed new N.J.A.C. 11:3-5.6(a)2 states that providers who are the assignees of benefits under the policy or have a power of attorney from the insured must follow the internal appeal process required by N.J.A.C. 11:3-4.7B prior to making a request for dispute resolution.

N.J.A.C. 11:3-5.6(b) is being amended to include separate provisions for on-the-papers proceedings. The amendment states that the filers of in-person cases will be notified of the identity of their DRP upon assignment. Filers of on-the-papers cases will be notified of the identity of their DRP when the decision is issued.

N.J.A.C. 11:3-5.6(d)3 is being proposed for deletion. The subject of that paragraph has been relocated to proposed new N.J.A.C. 11:3-5.6(e).

The Department is proposing new N.J.A.C. 11:3-5.6(e) to specifically track the language of N.J.S.A. 39:6A-5.2(g), which provides that, “[t]he cost of the proceedings shall be apportioned by the dispute resolution professional. Fees will be determined to be reasonable if they are consonant with the amount of the award, in accordance with a schedule established by

the New Jersey Supreme Court.” The Supreme Court has not established a schedule according to this statute. Moreover, for the following reasons, the Department is incorporating into the regulation the process for determining the reasonableness of attorney’s fee awards under fee-shifting statutes as established by the jurisprudence of this State. The proposed amendments will require the DRP to complete and memorialize this analysis in the arbitration decision prior to making an award of attorney’s fees.

The Department obtained data on the amounts awarded to claimants and paid to attorneys in 2010. Of the 10,703 awards that included attorney’s fees, in 3,460, or 31 percent of them, the attorney fee awarded was higher than the PIP benefits awarded. For example, one attorney received a fee of \$3,380 for a case where only \$375.00 was awarded in PIP benefits. The most common attorney fee awarded for all cases was \$1,200. For cases where the PIP benefit awarded was \$500.00 or less, the most common attorney fee was \$1,000. For cases where the PIP benefit awarded was between \$5,000 and \$10,000, the most common attorney fee was \$1,200. The Department believes that these numbers demonstrate that DRPs are not awarding attorney fees that are “consonant with the amount of the award,” as required by N.J.S.A. 39:6A-5.2(g).

Thus, the Department believes that it is proper to incorporate the jurisprudence of this State which establishes how to determine the reasonableness of attorney fee awards in a fee-shifting statute such as N.J.S.A. 39:6A-5.2(g). See *Rendine v. Pantzer*, 141 N.J. 292, 335-345 (1995); *Szczepanski v. Newcomb Medical Center, Inc.*, 141 N.J. 346 (1995); *Furst v. Einstein Moomjy, Inc., et al.*, 182 N.J. 1 (2004); *Allstate Ins. Co. v. Sabato*, 380 N.J. Super. 463, 472-474 (App. Div. 2005); and *Scullion v. State Farm Ins. Co.*, 345 N.J. Super. 431 (App. Div. 2001).

Proposed N.J.A.C. 11:3-5.6(e)1 states that the first step is for the DRP to establish the “lodestar,” the number of hours reasonably expended by the successful claimant’s counsel in the

arbitration, multiplied by a reasonable hourly rate in accordance with the standards in Rule 1.5 of the Supreme Court's Rules of Professional Conduct. *Rendine, supra*, 141 *N.J.* at 335-336; *Szczepanski, supra*, 141 *N.J.* at 354; *Scullion, supra*; *Furst, supra*, 182 *N.J.* at 21-24. Moreover, proposed N.J.A.C. 11:3-5.6(e)1i, ii and iii provide the additional analyses established by the courts to refine the “lodestar” calculation as follows: i. by excluding hours not reasonably expended (see *Rendine, supra*, 141 *N.J.* at 335; *Furst, supra*, 182 *N.J.* at 22); ii. by excluding hours expended where the DRP determines that the hours expended exceeded those that competent counsel reasonably would have expended to achieve a comparable result, in the context of the damages prospectively recoverable, the interests vindicated, and the underlying statutory objectives (see *Rendine, supra*, 141 *N.J.* at 335; *Szczepanski, supra*, 141 *N.J.* at 355; *Furst, supra*, 182 *N.J.* at 22); and iii. by reducing the “lodestar” total calculation if the claimant has only achieved partial or limited success and the DRP determines that the “lodestar” total calculation is therefore an excessive amount – however, if the same evidence adduced to support a successful claim was also offered on an unsuccessful claim, the DRP should consider whether it is nevertheless reasonable to award the full legal fees for the time expended on the unsuccessful claim (see *Rendine, supra*, 141 *N.J.* at 337; *Furst, supra*, 182 *N.J.* at 23).

Courts have also noted that where the attorney's fee award is “grossly disproportionate” to the amount of the successful claim, then a heightened analysis of the “lodestar” calculation is required. *Szczepanski, supra*, 141 *N.J.* at 366-367; *Scullion, supra*, 345 *N.J. Super.* at 437-438. The Department believes that this heightened analysis of the lodestar is especially appropriate under N.J.S.A. 39:6A-5.2(g) which requires the attorney's fees to be “consonant” with the amount of the arbitration award. The Appellate Division has already noted that the term “consonant” requires the fees to be compatible or consistent with the amount of the award.

Coalition of Health Care Prof'ls, 323 N.J. Super. 207, 261-262 (App. Div. 1999). In light of this, proposed N.J.A.C. 11:3-5.6(e)2 states that the DRP, in cases when the amount actually recovered is less than the attorney's fee request, shall also analyze whether the attorney's fees are consonant with the amount of the award. This analysis will focus on whether the amount of the requested attorney's fees is compatible and/or consistent with the amount of the arbitration award. Additionally, the proposed new regulation will require the DRPs to make a heightened review of the "lodestar" calculation where a request for attorney's fees is grossly disproportionate to the amount of the award.

Current N.J.A.C. 11:3-5.6(e) is recodified as subsection (f) and amended to extend the time for payments of awards by the insurer from 20 to 45 days. This will give the insurer an opportunity to appeal or request modification of the award in accordance with the rules of the dispute resolution administrator. The rule is also being amended to clarify that when an arbitration has been filed by a provider as an assignee of the insured, payment must be made payable to the provider.

Current N.J.A.C. 11:3-5.6(f) is recodified as subsection (g) and amended to conform the text of the rule to the current practice whereby the final decision of the dispute resolution professional is binding on the parties but is subject to clarification/modification or an appeal as provided by the rules of the dispute resolution organization or vacation/modificaton by order of the Superior Court.

Proposed new N.J.A.C. 11:3-5.12(f) prohibits a DRP who has terminated his or her professional services for the Dispute Resolution Administrator from appearing before a sitting DRP representing a claimant or respondent for one year. For a DRP to go directly from hearing cases as a neutral arbitrator to appearing as an advocate before his or her former peers creates an

appearance of impropriety and impugns the equity of decisions issued by the DRP prior to the employment change.

N.J.A.C. 11:3-29 PIP Medical Fee Schedules

The Department is amending the text of the Medical Fee Schedules rules to incorporate clarifications and address issues raised after the existing rules became effective in August, 2009 and to address the efforts of some providers to evade the cost savings provisions of the rule.

A new provision is being added at N.J.A.C. 11:3-29.1(a) to require that all automobile and motorbus policies expressly state that the insurer's limit of liability for necessary medical expenses under PIP coverages is the fee set forth in Subchapter 29 or the provider's usual, customary and reasonable charge, whichever is less. This language was formerly found at N.J.A.C. 11:3-29.4(a) but is more appropriately codified in the Purpose and Scope section at N.J.A.C. 11:3-29.1. Current subsections (a) and (b) are being recodified as subsections (b) and (c) without changes in text.

Current N.J.A.C. 11:3-29.1(c) is being recodified as N.J.A.C. 11:3-29.1(d) and paragraph (d)4 is proposed to be amended to clarify that non-emergency outpatient services provided by hospitals are subject to the fee schedules. These types of services that are on the fee schedules are similar to those provided in doctors' offices.

N.J.A.C. 11:3-29.2, Definitions, is proposed to be amended to update the editions of the Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) used in the rule to the most recent available.

The definition of "ambulatory surgical case" is proposed to be deleted as this term is no longer used in the rules.

The definition of “eligible charge or expense” is proposed to be amended to clarify that it is the usual, reasonable and customary fee as determined pursuant to N.J.A.C. 11:3-29.4(e)1 or the fee schedule amount, whichever is lower.

A definition of “hospital outpatient” is being added.

A definition of “outpatient surgical facility” or “OSF” is being added to include all facilities, including ambulatory surgical centers, doctors’ offices where ambulatory surgical cases are performed and facilities where non-emergency hospital outpatients are treated.

The definition of “trauma services” is being relocated to the Definitions section from N.J.A.C. 11:3-29.4(a). In addition, the definition of “trauma services” is being clarified to state that it does not include transportation to the trauma center, nor does it include visits with trauma center physicians after the patient has been discharged from acute care.

N.J.A.C. 11:3-29.3(a) is being amended to conform the regions for the Dental Fee Schedule to those used by the Physicians’ Fee Schedule. N.J.A.C. 11:3-29.3(b), which contained three regions for the Dental Fee Schedule, is proposed to be deleted.

N.J.A.C. 11:3-29.4(a) is proposed to be amended to clarify that not only are trauma services exempt from the fee schedule, trauma services are not subject to the reductions for bilateral and multiple surgeries. As noted above, part of this subsection has been recodified at N.J.A.C. 11:3-29.1(a). In addition, the definition of trauma services has been deleted from this subsection.

Proposed new N.J.A.C. 11:3-29.4(c)2 incorporates the Medicare Claims Manual provisions for the administration of durable medical equipment claims. The Department receives many questions about time frames for rental and purchase of this type of equipment that are addressed in the Manual.

The Department is proposing to amend N.J.A.C. 11:3-29.4(e) to clarify that the provision applies to all the types of treatment codes used in the rule, including CDT and HCPCS codes in addition to CPT codes.

N.J.A.C. 11:3-29.4(e)1 is proposed to be amended to add FAIR Health, the successor to Ingenix, to the national databases of fees that are evidence of the usual, customary and reasonable fees for services that are not on the fee schedule. The amendment clarifies that insurers can use national databases other than those listed in the rule and also requires that when using a national database as evidence of the reasonableness of a fee, the insurer must disclose to the provider what database is being used, the edition date, percentile and geozip.

N.J.A.C. 11:3-29.4(f) is being amended to clarify that its provisions apply to the physician charges for co-surgeries and bilateral surgical procedures unless specifically stated to the contrary.

N.J.A.C. 11:3-29.4(f)6 is being amended to substitute the term “outpatient surgical facility” for ASC.

Proposed new N.J.A.C. 11:3-29.4(f)8 states that all prosthetic and other items implanted or attached during surgery shall be reimbursed at the invoice price of the item plus 20 percent.

N.J.A.C. 11:3-29.4(g) is being amended to clarify that, except as specifically stated in this subchapter, the fee schedules are to be applied in accordance with the relevant chapters of the Medicare Claims Processing Manual, the National Correct Coding Initiative Policy Manual and article on the proper use of Modifier 59 all published by the Center for Medicare and Medicaid Services (CMS). In addition, the CPT Assistant published by the American Medical Association is specifically recognized as a source for information on the proper use of CPT and HCPCS codes.

Proposed new N.J.A.C. 11:3-29.4(g)1 recodifies the language originally in subsection (g) prohibiting unbundling of CPT codes to increase fees and adopting the National Correct Coding Initiative. In addition, references are provided to additional guidance from Medicare on the use of modifiers, such as -59, in conjunction with the National Correct Coding Initiative.

Proposed new N.J.A.C. 11:3-29.4(g)3 states that X-ray digitization and computer radiographic mensuration are not reimbursable under PIP. These procedures do not provide any additional information than a regular X-ray.

Proposed new N.J.A.C. 11:3-29.4(g)4 states that kinesio taping or other taping is bundled into the payment for other services and is not separately reimbursable. The only appropriate code to report separately for such service is the cost of the tape itself from the Durable Medical Fee Schedule. Since there are no CPT codes for kinesio taping, some providers have been billing this service under the strapping codes. The new rule clarifies that kinesio taping cannot be billed using the CPT codes for strapping.

Proposed new N.J.A.C. 11:3-29.4(g)5 incorporates the findings of clinical studies that show that Platelet Rich Plasma injections are only effective for the treatment of chronically injured tendons and therefore this treatment is only reimbursable for this condition.

Proposed new N.J.A.C. 11:3-29.4(g)6 states that leads, batteries, pads and other accessories that come with Transcutaneous Electrical Nerve Stimulation (TENS) and Electric Muscle Stimulator (EMS) units are included in the rental or purchase price of the unit.

Current N.J.A.C. 11:3-29.4(g)2 is recodified as paragraph (g)7 and is being amended to follow Medicare rules in stating that a provider cannot bill for an office visit and the interpretation of an imaging study, such as and X-ray or MRI. The rule further states that where a provider in a different specialty from the treating provider reviews an imaging study and

produces a report, the provider shall bill the professional component (modifier -26) of the appropriate radiology service.

Current N.J.A.C. 11:3-29.4(g)3 is recodified as paragraph (g)8 and is being amended to reference a new CPT code for fluoroscopic guidance.

Proposed new N.J.A.C. 11:3-29.4(g)9 provides explanatory material about the use of an add-on code for arthroscopic knee surgeries.

N.J.A.C. 11:3-29.4(g)4 is recodified as paragraph (g)10 with no change in text.

Current N.J.A.C. 11:3-29.4(g)5 is recodified as paragraph (g)11 and is being amended to clarify that conscious sedation cannot be billed separately for a list of procedures in Appendix G of the CPT manual where conscious sedation is already included in the procedure.

Current N.J.A.C. 11:3-29.4(g)6 is recodified as paragraph (g)12 with no change in text.

Proposed new N.J.A.C. 11:3-29.4(g)13 incorporates the determination from the CPT Assistant stating that CPT 22505, Manipulation of spine requiring anesthesia, any region, can only be billed once for all and any regions manipulated on that date. So, for example, a provider cannot separately be reimbursed for manipulation of the cervical, lumbar and sacral spine regions on one date.

N.J.A.C. 11:3-29.4(m) is amended to make an inflationary adjustment raising the daily maximum for the Physical Medicine and Rehabilitation Codes listed in subchapter Appendix, Exhibit 6, from \$99.00 to \$105.00. The rule is also being amended to clarify that the NCCI edits are to be applied before determining whether a provider has reached the daily maximum.

N.J.A.C. 11:3-29.4(n) is being amended to correct a typographical error.

N.J.A.C. 11:3-29.4(o), (p) and (q) are being proposed for deletion. The provisions governing fees at outpatient surgical facilities have been relocated with amendments in N.J.A.C. 11:3-29.5.

Proposed new N.J.A.C. 11:3-29.4(o) states that regardless of the fact that a group of CPT codes were approved as part of a decision point review or recertification request, the insurer's reimbursement of those services is subject to the rules in this subchapter, including the NCCI edits and the CPT Manual.

Proposed new N.J.A.C. 11:3-29.4(p) states that the ANES code on the Physicians' Fee schedule is the conversion factor for anesthesia units. Insurers should follow the Medicare Claims Processing Manual and CPT guidelines for calculating the number of units for the various CPT codes and how non-physician administrators of anesthesia, such as Certified Nurse Anesthetists, should be supervised.

Proposed new N.J.A.C. 11:3-29.5 sets forth the rules for outpatient surgical facility fees.

Proposed new N.J.A.C. 11:3-29.5(a) states that the maximum amount that can be reimbursed for services as facility fees for outpatient surgical facilities are listed on the Physicians' Fee Schedule in a column next to the physicians' fee for the CPT code.

Proposed new N.J.A.C. 11:3-29.5(a)1 through 7 list the services and materials that are included in the outpatient surgical facility facility fee. The list is relocated from N.J.A.C. 11:3-29.4(o)1, 2, 3, 5, 6 and 7 with no change in text.

Proposed new N.J.A.C. 11:3-29.5(a)4 refers to an additional column on the Physicians' Fee Schedule that has been added to indicate those services determined by Medicare to be ancillary to surgical services in an OSF and not eligible to be billed separately.

Proposed new N.J.A.C. 11:3-29.5(b)1 is a relocation of the provisions of N.J.A.C. 11:3-29.4(p)1 with no change in text.

Proposed new N.J.A.C. 11:3-29.5(b)2 states that prosthetic and other devices are not included in the facility fee and must be billed in accordance with N.J.A.C. 11:3-29.4(f)8.

Proposed new N.J.A.C. 11:3-29.5(c) applies a multiple procedures reduction formula to outpatient surgical facilities. The procedure with the highest payment is paid at 100 percent and any additional procedures in the same session are reimbursed at 50 percent of the applicable facility fee.

Proposed new N.J.A.C. 11:3-29.5(c)1 states that a procedure that is performed bilaterally in one operative session is reported as two procedures and is subject to the multiple procedures reduction formula.

Proposed new N.J.A.C. 11:3-29.5(c)2 states that the codes that are exempt from the multiple procedure reduction formula are indicated on Appendix, Exhibit 1, the Physicians' Fee Schedule.

N.J.A.C. 11:3-19 Appendix, Exhibits 1 through 6

In addition, the Department is proposing to repeal Exhibits 1 through 7 in the Appendix to N.J.A.C. 11:3-29.

The Department is proposing a new Appendix, Exhibit 1, the Physicians' & Outpatient Surgical Facility Fee Schedule. The Department has updated the version of the Current Procedural Terminology (CPT) codes used in the schedule to the 2011 edition. In addition, as noted above, the Department has added approximately 1,100 new codes to the schedule and has updated the reimbursement amounts for the existing codes on the schedule. While many of the newly-added codes had seldom been used in PIP claims, the use of some of them increased once

the current fee schedule became effective in August, 2009. The Department concludes that some providers are trying to evade the fee schedule by searching for codes for procedures that are not on the fee schedule.

For example, certain providers have billed as much as \$200.00 under code 99082 for transportation of a patient to a facility, usually an ASC or MRI. According to the AMA, this code is to be used for unusual transportation of the *physician*, not the patient, such as riding with a patient in a helicopter. Medicare does not reimburse for it. Carriers routinely deny bills for this code but it has been arbitrated at least 50 times. Most DRPs deny reimbursement for it also but occasionally the provider is successful in arbitration. The misuse of this code results in a waste of time and incurs additional expense for insurers. The Department has concluded that there are no instances when it would be appropriate to bill code 99082. Therefore, it is being included on the fee schedule at \$0.00 to make it clear that it is not reimbursable.

In order to prevent routine billing of codes that are not on the fee schedule and limit application of UCR determinations and arbitrations, the Department is expanding the number of codes on the schedule. In addition, the Department is adding codes to the Physicians' Fee Schedule that have a low frequency of billing in PIP claims but have a high value and thus are frequently arbitrated. The inclusion of these procedures on the Physicians' Fee Schedule will reduce costly disputes related to these codes.

In *In re Adoption of N.J.A.C. 11:3-29 by the New Jersey Dep't of Banking and Ins.*, 410 N.J. Super. 6 (App. Div. 2009) ("*In re Adoption of N.J.A.C. 11:3-29*"), the current Physicians' Fee Schedule and the methodology for setting the fees was affirmed by the Appellate Division as meeting the statutory standard in N.J.S.A. 39:6A-4.6 to set the fees at the "reasonable and prevailing fees of 75 percent of the practitioners within a region." In calculating the physicians'

fees on the current schedule, the Department adopted the Resource Based Relative Value System (RBRVS) used by Medicare and set the fees on the Physicians' Fee schedule as percentages of the 2007 Medicare Physicians' Fee Schedule (MPFS) because the RBRVS calculates physician fees based on Relative Value Units (RVUs), taking into account the physician's work required, the practice expenses for the procedure and the malpractice premium associated with each CPT code. And, the Department used three data sets in addition to Medicare – auto insurer PIP paid-fee data, general healthcare allowed-fee data from Ingenix, and the New York Workers' Compensation fee schedule – to set the fees at rates paid by auto insurers, which are higher than all other healthcare payors. *In re Adoption of N.J.A.C. 11:3-29, supra*, 410 N.J. Super. at 38-39, where data on specific CPT codes was unavailable or anomalies in the data existed, the Department set the fee schedule amount through reference to the data for rates in the surrounding family of CPT codes. *Id.* at 34. This generally corresponded to fee calculations at 130 percent of Medicare, and certain codes were set at higher/lower percentages based upon this data and analysis. *Id.* at 38-41. This approach was affirmed by the Appellate Division as meeting the statutory standard in N.J.S.A. 39:6A-4.6, and the Department is utilizing the same methodology in this update to the Physicians' Fee Schedule.

The fees on the current schedule were adopted in 2007 and based upon 2005-06 data, but did not go into effect until 2009 due to the litigation. Since that time, the MPFS has been updated annually to reflect changes in the Medicare Economic Index, a weighted and average price index that measures practice cost inflation due to changes in physicians' services. The Department is updating the codes on the current fee schedule to be the same percentage of the 2011 MPFS that they were of the 2007 MPFS.

The Department is aware that the MPFS is subject to adjustment based on Federal budget policy. In particular, the Sustainable Growth Rate (SGR) formula established by the Balanced Budget Act of 1997 is supposed to reduce the amounts on the MPFS if the actual spending for Medicare exceeds projected spending. Every year since 2002, however, Congress has acted to prevent the reductions from taking place. In December, 2010, the enactment of the Medicare and Medicaid Extenders Act prevented the reduction of Medicare fees mandated by the SGR formula resulting in a 0 percent adjustment for 2011 Medicare Fees from 2010 fees.

However, changes to the Relative Value Units (RVUs), as discussed below, that are used to calculate the Medicare Physicians' Fee Schedule had to be budget neutral. This resulted in a reduction in the conversion factor from \$36.8729 to \$33.9764. The Department has consistently stated that its fee schedules would not be influenced by Federal budgetary policy and therefore it has made an adjustment to the fees to eliminate this reduction.

Not all changes in the MPFS are the result of Federal Budgetary policy. The fees in the 2011 MPFS include the recommendations of the American Medical Association (AMA) and Specialty Society Relative Value Scale Update Committee (RUC) on changes to work RVUs that were accepted by the Centers for Medicare and Medicaid Services (CMS). In addition, the RUC established the Relativity Assessment Workgroup to identify potentially misvalued services using objective methods for re-evaluation. The workgroup reviewed codes where, among other things, there have been shifts from practice expenses to physician work and services that involve new technology. The fees on the MPFS reflect its recommendations to CMS that the work and practice expense of a number of CPT codes be increased or decreased. The fees on the 2011 MPFS also reflect the second year of the transition to new specialty practice expense data that have been collected in the Physician Practice Information Survey.

Finally, the fees on the 2011 MPFS reflect changes in the utilization rate assumption for expensive equipment, such as magnetic resonance imaging (MRI) scanners. Previously, CMS assumed that a physician who owns this type of equipment used it about 50 percent of the time, but recent data collected by CMS suggests that this expensive equipment is being used more frequently. As the use of this type of equipment increases, the per-treatment costs for purchasing, maintaining and operating the expensive equipment declines, making a reduction in this component of the MPFS appropriate.

The changes in the calculation of the RBRVS discussed above have resulted in a decrease to some fees on the schedule. Overall, there is a seven percent increase in fees on the schedule.

The Department is proposing a large number of new fees for the schedule. These represent new codes added by CMS and other codes that are performed less frequently. The disputes about what the usual, customary and reasonable fees are for these codes that are performed less frequently delay reimbursement to providers and add unnecessary costs to the system. As with the codes that were added to the fee schedule in the rule amendments proposed in 2006, the Department has set the fees as a percentage of Medicare. As with the existing fees on the schedule, the Department used 130 percent of Medicare as a starting point and compared those fees to the percentages Medicare set for other fees on the schedule. For example, if a group of surgical codes was already on the fee schedule at 300 percent of Medicare and five new codes for the same type of surgery were added, the new fees were set at 300 percent of Medicare. The Department also looked at the New York Workers Compensation Fee Schedule and the amounts paid for these services by auto insurers. Finally, the Department purchased the Fair Health Allowed Fee module and compared all the fees on the new Exhibit 1 to the 75th percentile of fees on this module. More than 85 percent of the fees on Exhibit 1 are higher than

the fees in the Fair Health data. The Department believes this methodology is consistent with the statute.

The Department is proposing to repeal Appendix, Exhibit 7, the ASC fee schedule. As noted above, the Department has defined OSF to include any outpatient facility including ASCs and non-emergency hospital outpatient departments where outpatient surgical procedures are performed. As discussed more fully below, the Department has followed Medicare, which changed from putting ASC facility fees into groups to assigning facility fees to individual CPT codes. The Department has put the outpatient surgical facility fee next to the physician fee for the same service on Appendix, Exhibit 1. Medicare has conducted an extensive review of which procedures can safely be performed in an OSF and, therefore, the only procedures that can be performed in OSFs are those with fees listed in the OSF fee column on Exhibit 1.

In 2007, Medicare established a new methodology for determining ASC facility fees. After a review of various alternatives, CMS decided to use the relative value Ambulatory Payment Classification (APC) groups and the relative payment weights for surgical procedures that have been developed under the hospital Outpatient Prospective Payment System (OPPS) as the basis of the payment groups and the relative payment weights for surgical procedures performed in ASCs.

The Medicare OPPS payment rates are based on relative payment weights, which are updated annually based on the most recent year of hospital outpatient claims data and hospitals' latest Medicare cost reports. In its proposal, CMS stated that the APCs to which surgical procedures are assigned are generally homogeneous both in terms of clinical characteristics and resource requirements. In addition, the APCs have been continually refined over the past six years through the work of the Advisory Panel on Ambulatory Payment Classification Groups

(APC Panel) and as a result of comments received during the OPSS annual rulemaking cycles.

Moreover, CMS has stated that it believed that the APC groups had matured with respect to their clinical and resource homogeneity, and the relativity in resource utilization among APCs containing surgical procedures had stabilized. These payment weights are multiplied by an ASC conversion factor in order to calculate the ASC payment rates.

The Department is using a multiplier of the Medicare ASC fee schedule for its OSF fee schedule as is done in many other states. Other than Medicare, the Department is not aware of any available information on paid fees for ASCs or OSFs. The Department is setting the amount of the facility fees at 300 percent of the 2011 Medicare base rate and wage index for Bergen County as the North Jersey region and Atlantic County for the South Jersey region. In addition, the Department has added a column on the Physicians' Fee Schedule showing those CPT codes that are exempt from the facility fee multiple procedures reduction formula set forth in N.J.A.C. 11:3-29.5(c) and those codes that have been determined by Medicare to be ancillary to surgical services in an ASC and are not eligible to be billed separately from the facility fee.

The Department is proposing a new Appendix, Exhibit 2, the Dental Fee Schedule. The fee schedule has been compiled from the National Dental Advisory Service 2011 Pricing Program and represents the 80th percentile of fees, with the fees for a zip code for Chatham representing the Northern region and those for a zip code in Moorestown, the Southern region.

The Department is proposing a new Appendix, Exhibit 3, the Home Care services fee schedule that updates the fees to current reimbursement levels. In developing the proposed fee schedule, the Department acknowledges the assistance of the New Jersey Home Care Association.

The Department is proposing a new Appendix, Exhibit 4, Ambulance Services Fee Schedule. These fees are set at 130 percent of Medicare, which makes the fees comparable to current reimbursement levels for non-Medicare services. The Department acknowledges the assistance of the Medical Transport Association for information it provided on ambulance fees.

The Department is proposing a new Appendix, Exhibit 5, Durable Medical Equipment, Prosthetics, Orthotics & Supplies. These fees are set at 100 percent of the current Medicare rates, consistent with the present rule but with the following exceptions. Electric Muscle Stimulators (EMS) units are on the Medicare Durable Medical Equipment Fee Schedule for a monthly rental of \$93.99 capped at 10 months or a total of \$939.90. The units are routinely available on the Internet for \$200.00 or less. Certain providers routinely prescribe these devices to their patients and bill the insurer for repeated 10 month periods. To address this overutilization, the Department is repricing the HCPCS code for rental of an EMS unit at \$20.00 and adding a code for a purchase of the device at \$200.00. In addition, the leads, pads, batteries and any other supplies for the device is included in the rental or purchase price.

Similarly, Transcutaneous Electrical Nerve Stimulation (TENS) devices are available for less than \$100.00 on the Internet, while the Medicare fee for a four-lead unit is \$389.00. The Department is repricing four-lead TENS Unit to \$100.00 with similar reductions in the cost of the supplies for the units. In addition, the leads, pads, batteries and any other supplies for the device is included in the rental or purchase price.

A modifier following the Federal Health Care Financing Administration's Common Procedure Code System (HCPCS) code is used to distinguish between equipment purchased new (modifier -NU), purchased used (modifier -UE), and rental equipment (modifier -RR). See N.J.A.C. 11:3-29.4(c). Modifiers are listed for applicable codes only.

N.J.S.A. 39:6A-4.6(b) permits the fee schedule to include a single fee for a group of services commonly provided together. The codes originally subject to the daily maximum included services commonly provided together at the time the fee schedule was amended. The Department has stated, however, that it was prepared to add codes to the daily maximum if the use of additional codes became so frequent as to qualify them as commonly provided together. The Department has received information from various insurers that the use of the codes below has increased mentioned dramatically. As these codes are now by their increased usage commonly performed together with the codes on the original list, the Department is adding them to the codes subject to the daily maximum.

Proposed new N.J.A.C. 11:3-29 Appendix, Exhibit 6, Codes Subject to the Daily Maximum, includes several changes. First, a number of new CPT codes have been added to the list of codes subject to the daily maximum. As noted above, the Department is adding the strapping codes, 29200 through 29280 and 29520 through 29590, because of the increase in use of these codes for kinesio taping, which the Department has determined is not separately reimbursable.

In addition, the Department is adding four acupuncture codes to the daily maximum. Due to changes in their scope of practice, acupuncturists are now performing and billing other physical medicine and rehabilitation codes in addition to the acupuncture codes. As such, their services are similar to other types of providers, such as chiropractors and osteopathic physicians who commonly perform specialized services together with general physical medicine and rehabilitation codes.

Finally, the Department is adding 97039 and 97139, codes for an unspecified physical medicine procedure. Providers have attempted to evade the daily maximum by billing these unspecified codes for services that should be subject to the daily maximum.

A 60-day comment period is provided for this notice of proposal, and therefore, pursuant to N.J.A.C. 1:30-3.3(a)5, the proposal is not subject to the provisions of N.J.A.C. 1:30-3.1 and 3.2 governing rulemaking calendars.

Social Impact

The Department's proposed amendments, repeals and new rules will promote the cost efficient provision of quality medical care to persons injured in automobile accidents. The Department believes that these amendments, repeals and new rules will have a positive social impact on insureds and insurers.

The proposed new rule at N.J.A.C. 11:3-4.7A will benefit insureds and providers by requiring that PIP vendors that handle utilization review services for insurers register with the Department to demonstrate that they are properly staffed and capable of handling PIP claims.

The proposed new rule at N.J.A.C. 11:3-4.7B will benefit insureds and providers by requiring that insurers provide a simple and uniform internal appeal process before a dispute can go to arbitration. The internal appeal process will allow providers to get a rapid review of adverse decisions by insurers on treatment requests and on issues about payment for services. Although insurers are currently required to have an internal appeal process, the requirements vary among insurers. The uniform process created by the proposed new rule will make it easier for providers to make such appeals.

The proposed amendments to N.J.A.C. 11:3-5.4 will benefit the insureds, providers and insurers by making the arbitration system operate more efficiently. The proposed on-the-papers proceeding for lower value arbitration cases will permit arbitration cases to be scheduled sooner and lower the costs for users of the system.

The proposed amendments to N.J.A.C. 11:3-5.6, which mandate an analysis by the DRP to determine whether the award of attorney fees are consonant with the award, will benefit users of the system by reducing costs and making the determination of attorney fees more transparent and consistent.

The proposed repeals, new rules and amendments to the Medical Fee Schedules affect automobile insurers, purchasers of automobile insurance and health care providers who provide medical services and equipment to New Jersey resident insureds injured in accidents involving automobiles and/or buses.

The fee schedules have been revised and updated to include many more codes, thus enabling insurers and providers to streamline billing and claims paying systems. Dollar amounts appearing in the fee schedules “incorporate the reasonable and prevailing fees of 75 percent of the practitioners within the region” as required by N.J.S.A. 39:6A-4.6a.

Of major significance is the establishment of a new fee schedule for outpatient surgical facilities that incorporates the changes to the way Medicare reimburses for these services. Pursuant to the proposed new schedule, the facility fees will be the same for procedures performed in ambulatory surgical centers, doctor’s offices and hospital outpatient facilities. The number of facility fees have been greatly expanded and will appear on the Physicians’ Fee Schedule, Appendix, Exhibit 1. The facility fees are set at 300 percent of Medicare in accordance with the way the Department established the prior ASC fee schedule.

The Department believes that this approach will be supported by providers and insurers since it will simplify the billing for these services, reduce the incidence of billing abuse and fraud, decrease the time required to pay claims and result in more effective cost containment.

Another change expected to favorably impact insureds and providers is the rule amendment that requires that all prosthetic and other implanted or attached items be reimbursed at invoice plus 20 percent. Standardizing this requirement will increase the policy benefit for insureds alleviating administrative burdens on providers and insurers alike.

Economic Impact

The proposed amendments, repeals and new rules will affect private passenger automobile insurers, insureds and medical providers who treat PIP patients. The medical fee schedules and rules are intended to establish limits on the amount of medical expenses paid by insurers on behalf of New Jersey residents who are injured in automobile or bus accidents, thereby lowering the cost of automobile personal injury protection coverage and motor bus medical expense coverage in New Jersey.

Other fees, such as the daily maximum for physical medicine and rehabilitation codes, have been increased. Health care providers and insurers will incur some cost, initially, as a result of incorporating the revised fee schedules and rules into their respective billing and claims payment systems and procedures. The Department does not believe that these costs will be substantial. The overall effect of these proposed amendments, new rules and repeals is, however, expected to be a reduction in costs currently borne by insurers and, in turn, by insureds.

Additionally, the Department believes that the proposed repeals, new rules and amendments will have a favorable economic impact on insurers and providers by eliminating many costly disputes and arbitration proceedings and ensuring that fees are uniform and not

excessive. These new rules, repeals and amendments should also reduce inefficiency in billing and payment fraud and enhance competition, all of which should exert downward pressure on private passenger auto insurance rates. As amended, these rules should also continue to provide a reasonable and prevailing level of reimbursement to providers.

Federal Standards Statement

A Federal standards analysis is not required because the proposed new rules, amendments and repeals are not subject to any Federal requirements or standards.

Jobs Impact

The Department does not anticipate that any jobs will be generated or lost as a result of the proposed new rules, amendments and repeals.

The Department invites commenters to submit any data or studies about the jobs impact of these proposed new rules, repeals and amendments together with their comments on other aspects of the proposal.

Agriculture Industry Impact

The proposed new rules, amendments and repeals will not have any impact on the agriculture industry in New Jersey.

Regulatory Flexibility Analysis

These proposed new rules, amendments and repeals will impose reporting, recordkeeping and compliance requirements on “small businesses,” as that term is defined in the Regulatory Flexibility Act, N.J.S.A. 52:14B-16 et seq. To the extent the proposed new rules and amendments apply to small businesses, they will apply to New Jersey domiciled PPA insurers and New Jersey resident providers. The proposed requirements are discussed in the Summary

above; the economic impacts and costs of compliance for these entities are set forth in the Economic Impact above.

The proposed new rules, amendments and repeals provide no differentiation in compliance requirements based on business size. As noted above, the Department believes that any costs that may be imposed will be outweighed by the benefits to be achieved, which include a reduction in the upward pressure on PPA insurance rates generated by current PIP medical expense costs. The goal of the proposed new rules, amendments and repeals is to ensure the uniform regulation of the PIP fee schedules, internal appeals procedures and attorney's fees for PIP dispute resolutions and that PIP coverage is otherwise provided pursuant law. The Department does not anticipate that professional services will be necessary for continued compliance with these rules. To the extent the use of professional services are necessary, these costs will vary with individual professional services and the need of the insurer.

Smart Growth Impact

The proposed new rules, amendments and repeals will not have an impact on the achievement of smart growth or the implementation of the State Development and Redevelopment Plan.

Housing Affordability Impact Analysis

The proposed new rules, amendments and repeals will not have an impact on housing affordability in this State in that the proposed new rules, amendments and repeals relate to the provision of PPA insurance in this State.

Smart Growth Development Impact Analysis

The proposed new rules, amendments and repeals will not have an impact on smart growth in this State and there is an extreme unlikelihood that the rules would evoke a change in housing production in Planning Areas 1 or 2 or within designated centers under the State Development and Redevelopment Plan in New Jersey in that the proposed new rules, amendments and repeals relate to the provision of PPA insurance in this State.

Full text of the rules proposed for repeal may be found in the New Jersey Administrative Code at N.J.A.C. 11:3-29 Appendix , Exhibits 1 through 7.

Full text of the proposed new rules and amendments follows (additions indicated in boldface **thus**; deletions indicated in brackets [thus]):

SUBCHAPTER 4. PERSONAL INJURY PROTECTION BENEFITS; MEDICAL PROTOCOLS; DIAGNOSTIC TESTS

11:3-4.2 Definitions

The following words, phrases and terms, when used in this subchapter, shall have the following meanings, unless the context clearly indicates otherwise.

...

“Days” means calendar days unless specifically designated as business days.

1. A calendar and business day both end at the time of the close of business hours;

2. In computing any period of time designated as either calendar or business days, the day from which the designated period of time begins to run shall not be included.

The last day of a period of time designated as calendar days is to be included unless it is a Saturday, Sunday, or legal holiday, in which event the period runs until the end of the next day which is neither a Saturday, Sunday or legal holiday.

3. Example: Decisions on treatment appeals shall be communicated to the provider no later than 10 days from the date the insurer acknowledges receipt to the provider. The insurer acknowledges receipt by facsimile transmission dated 3:00 P.M. on Wednesday, June 8. Day one of the 10-day period is Thursday, June 9. Since the 10th day would be Saturday, June 18, the insurer’s decision is due no later than Monday, June 20.

...

“PIP vendor” means a company used by an insurer [to administer its decision point review plan] for utilization management.

...

“Standard professional treatment protocols” means evidence-based clinical guidelines/practice/treatment published in peer-reviewed journals.

“Utilization management” means a system for administering some or all of an insurer’s decision point review plan, including, but not limited to, receiving and responding to decision point review and precertification requests, making determinations of medical necessity, scheduling and performing independent medical examinations (IMEs), bill review and handling of provider appeals.

“WCMCO” means a workers’ compensation managed care organization approved pursuant to N.J.A.C. 11:6.

11:3-4.4 Deductibles and co-pays

(a) - (c) (No change.)

(d) An insurer may file policy language that waives the co-payment and deductible in (a) and (b) above when the insured receives medical treatment from a provider that is part of an ODS **or a WCMCO network** that has contracted with the insurer or its PIP vendor. The insured shall not be required to elect to use the providers or facilities in such an ODS **or a WCMCO network** either at issuance of the policy or when the claim is made.

1. Upon receipt of notification of a claim, the insurer or its PIP vendor shall make available to the insured information about physicians and facilities in any ODS **or WCMCO network** with which it has a contract.

i. The information shall include a notice that the insured is not required to use the providers or facilities of an ODS **or a WCMCO network** with which the insurer or its PIP vendor has contracted and indicate that if the insured chooses to receive covered services from such providers or facilities, the deductible and copayments in (a) and (b) above would not apply.

ii. The information shall also indicate that the insured may seek treatment from providers and facilities that are not part of an ODS **or WCMCO network** with which the insurer or its PIP vendor has contracted, in which case the deductible and copayments in (a) and (b) above would apply.

2. The actual ODS **or WCMCO network** access fee or 25 percent of the reduction in charges resulting from the use of the ODS **or WCMCO network** provider, whichever is less, may be included within the policy limits for any single bill from an in-network provider in the ODS **or WCMCO network** with billed charges of \$10,000 or more.

Example: A \$10,000 charge is reduced by the ODS **or WCMCO network** contract with the insurer by [40] **45** percent to \$5,500. The insurer could include the ODS **or WCMCO network** access fee or \$1,125 (25 percent of the \$4,500 reduction), whichever is less, within the policy limits.

(e) - (i) (No change.)

11:3-4.7 Decision point review plans

(a) – (b) (No change.)

(c) A decision point review plan filing shall include the following information:

1. Identification of any PIP vendor with which the insurer has contracted **and a copy of the contract between the insurer and the PIP vendor. No insurer shall contract with a PIP vendor unless the vendor is registered with the Department pursuant to N.J.A.C. 11:3-4.7A;** [PIP vendors shall designate a New Jersey licensed physician to serve as medical director for services provided to covered persons in New Jersey. The medical director shall ensure that decision point review and precertification requests are based upon medical necessity in accordance with the requirements of this subchapter;]

2. – 5. (No change.)

6. An internal appeals procedure that [permits the provider to provide additional information and have a rapid review of a decision to modify or deny reimbursement for a treatment or the administration of a test] **meets the requirements of N.J.A.C. 11:3-4.7B;**

7. Reasonable restrictions on the assignment of benefits pursuant to N.J.A.C. 11:3-4.9(a); [and]

8. Reasonable restrictions on what types of providers may submit decision point review requests; and

[8.] **9.** (No change in text.)

(d) The informational materials for policyholders, injured persons and providers shall be on forms approved by the Commissioner and shall include at a minimum the information in (d)1 through 9 below. In order to make the requirements of this subchapter easier for insureds and providers to use, the Commissioner may by Order require the use of uniform forms, layouts and language of information materials.

1. How to contact the insurer or vendor to submit decision point review/precertification requests including the telephone, facsimile numbers, [or] e-mail addresses **or through a website**. The insurer or its vendor shall be available, at a minimum, during normal working hours to respond to decision point review/precertification requests;

2.- 9. (No change.)

(e) – (g) (No change.)

11:3-4.7A PIP vendor registration requirements

(a) **No company shall perform utilization management services for an insurer unless registered as a PIP vendor pursuant to this section.**

(b) **Any PIP vendor working for an insurer prior to the effective date of this rule shall file for registration within 90 days of the effective date of this rule.**

(c) **Application for registration shall be made on a form prescribed by the Commissioner, which can be found on the Department's website at**

<http://www.state.nj.us/dobi/pipinfo/aicrapg.htm>.

(d) The application shall be accompanied by the applicant's business plan, which shall include the following information:

1. A statement generally describing the applicant, its facilities, personnel, and the services to be offered by the PIP vendor;

2. The name of its medical director(s) licensed to practice as physician(s) in New Jersey and a detailed explanation about how the medical director(s) provide(s) oversight of determinations of medical necessity;

3. The name and contact information of a person at the vendor who is designated to receive and handle complaints and inquiries from the Department;

4. Information on activities undertaken or to be undertaken in New Jersey by the company;

5. A demonstration of the applicant's capability to provide a sufficient number of experienced and qualified personnel in the areas of PIP utilization management, and information on staffing levels, including, but not limited to, training, hiring requirements, experience of staff in general and with PIP utilization management in particular;

6. A statement about whether the applicant is licensed or certified as an entity that has networks as that term is defined in N.J.A.C. 11:3-4.8(a) or accredited by nationally recognized accrediting agencies such as URAC (<http://www.urac.org/>) in Health Utilization Management; and

7. A copy of the applicant's certificate of incorporation.

(e) The application shall also be accompanied by the following information concerning how the applicant will handle PIP utilization management:

1. The vendor's clinical review criteria and protocols. The information shall include a descriptive flow chart of its processes used in decision-making, which shall be based on written clinical criteria and protocols developed with involvement from practicing physicians and other licensed health care providers, and be based upon generally accepted medical standards and standard professional treatment protocols;

2. A copy of the vendor's policies and procedures that demonstrate that the vendor is handling utilization management in accordance with N.J.A.C. 11:3-4, 5 and 29; and

3. The mechanisms it uses to detect underutilization and overutilization of services.

(f) A PIP vendor that arranges the physical examinations of injured parties pursuant to N.J.A.C. 11:3-4.7(e) shall submit the criteria it uses to select providers to be on the vendor's panel of examining providers, how it evaluates the quality of an examining provider's examination report and how it avoids conflicts of interest when examinations are ordered and scheduled.

(g) Two copies of the information in (a) through (f) above shall be submitted to the Department at the following address:

New Jersey Department of Banking and Insurance

Office of Property and Casualty

P.O. Box 325

Trenton, NJ 08625-0325

(h) The Department shall advise the applicant if the application is incomplete not later than 60 days after receipt of the application. Notice to the applicant that the application is

incomplete shall specify the missing items or information. The Department shall disapprove an incomplete application if the requested information is not provided within 30 days of the notification to the applicant. If the Department does not notify the applicant of missing items or information within 60 days of receipt, the application shall be deemed complete.

(i) The Commissioner shall approve an application for registration if he or she finds that the applicant has demonstrated the ability to perform services in a manner that meets the requirements of this subchapter.

(j) The Commissioner may deny an application for registration as a PIP vendor if he or she finds that any of standards established by this subchapter have not been met or for any other reasonable grounds.

1. If the application for registration is denied, the Commissioner shall notify the applicant in writing of the reasons for the denial.

2. When the Department denies an application for registration, the applicant may request a hearing within 30 days of receipt of the denial by submitting a request in writing to the address in (g) above setting forth, with specificity, the reasons that the applicant disputes the Department's denial notice.

(k) Registration shall be effective for a period of two years. Registered PIP vendors shall reapply for registration 90 days prior to expiration by submitting the information in (d) through (f) above showing changes to the items previously submitted.

(l) All data or information in the PIP vendor's application for registration shall be confidential and shall not be disclosed to the public, except as follows:

1. The PIP vendor's certificate of incorporation;

2. The PIP vendor's address;

3. The names of the PIP vendor's officers and directors, or the individuals in the organization responsible for the administration of utilization management including the medical director(s); and

4. The date of registration of the PIP vendor and date that registration expires.

(m) The Commissioner may suspend or revoke the registration of a PIP vendor upon finding that the PIP vendor no longer meets the standards set forth in this subchapter; that PIP utilization review services are not being provided in accordance with the requirements of this subchapter; or that the registration was granted based on false or misleading information.

1. Proceedings to revoke or suspend the registration shall be conducted pursuant to N.J.A.C. 11:17D.

2. Upon request of the PIP vendor for a hearing, the matter shall be transferred to the Office of Administrative Law for a hearing conducted pursuant to the Administrative Procedure Act, N.J.S.A. 52:14B-1 et seq. and 52:14F-1 et seq., and the Uniform Administrative Procedure Rules, N.J.A.C. 1:1.

11:3-4.7B Internal appeals procedure

(a) The internal appeals process shall permit a provider who has been assigned benefits pursuant to N.J.A.C. 11:3-4.9 or has a power of attorney from the insured to submit additional information and have a rapid review of an adverse decision by the insurer.

(b) An adverse decision is any determination by the insurer with which the provider does not agree and includes, but is not limited to:

- 1. Determinations of medical necessity for treatment or testing requested by the provider via a properly completed Decision Point Review/Precertification Request;**
- 2. Disputes about whether the insured's injuries were caused by a motor vehicle accident;**
- 3. Disputes between the insurer and the provider concerning the time of notification, receipt, and submission of Decision Point Review/Precertification requests or other notifications required by N.J.A.C. 11:3-4;**
- 4. Disputes about the imposition of the deductibles and copayments in N.J.A.C. 11:3-4.4;**
- 5. A provider's claim that a payment from the insurer is overdue pursuant to N.J.S.A. 39:6A-5g;**
- 6. Disputes involving a provider's usual, customary and reasonable fee; or**
- 7. Disputes about coding, including, but not limited to: which HCPCS, CPT or CDT code properly represents the service performed, sometimes known as downcoding; the use of unlisted codes; and the application of the NCCI edits.**

(c) There are two types of internal appeals:

- 1. Treatment appeals about the medical necessity of future treatment or testing that was requested by the provider on a properly completed Decision Point Review/Precertification Request; and**
- 2. Administrative appeals for all other types of adverse decisions.**

(d) All appeals shall be filed using the form established by the Department by Order in accordance with N.J.A.C. 11:3-4.7(d). The appeal form and any supporting documentation shall be submitted by the provider to the address or fax number designated for appeals in the insurer's DPR plan.

1. The insurer's DPR plan shall include a regular mailing address and a fax number for filing appeals. The insurer may also establish a procedure in its DPR plan for the submission and acknowledgment of appeals by electronic means.

2. The appeal form from the provider must reference the correct insurance claim number, date of loss and patient name, clearly identify the adverse decision that is the basis for the appeal and must have been sent to the address or fax number designated for appeals in the insurer's DPR plan.

3. For appeals, acknowledgments and decisions sent by regular mail, it shall be the responsibility of the sender to provide proof that the item was mailed.

4. A confirmation generated by a fax machine or computer that shows the time, date, and fax number of the sending and receiving machine shall be evidence that the appeal, acknowledgment or decision was faxed and received. The insurer must accept fax confirmations.

5. For appeals, acknowledgments and decisions sent by regular mail, the postmark date shall be considered as the date the appeal, decision or acknowledgment was mailed.

(e) A treatment appeal shall be submitted no later than five business days after the provider has received notice of the adverse decision that is the basis for the appeal.

1. Treatment appeals that are not submitted in accordance with the time frame in (e) above may not be submitted as administrative appeals. If a provider misses the deadline to submit a treatment appeal, he or she may submit another decision point review request for the treatment or testing in accordance with the insurer's DPR plan.

(f) Nothing in this section shall be construed so as to require reimbursement of tests or treatments that are not medically necessary or to prevent the application of the penalty co-payments in N.J.A.C. 11:3-4.4(e).

(g) An administrative appeal shall be submitted within 180 days of the adverse decision that is the basis for the appeal.

(h) The insurer shall acknowledge receipt of the appeal by regular mail, fax or electronic means on a form established by the Department by Order pursuant to N.J.A.C. 11:3-4.7(d).

1. The receipt of treatment appeals shall be acknowledged within three business days.

2. The receipt of administrative appeals shall be acknowledged within five business days.

3. Appeals received without the information required by (d)2 above shall be acknowledged in the time frames set forth above as "Incomplete" and with the missing or incorrect information noted. Appeals received after the deadlines in (e) and (g) above shall be acknowledged as "Late Appeals." An incomplete filing or late appeal does not constitute an appeal pursuant to this subchapter.

(i) The insurer shall conduct a review of the appeal and notify the provider of its decision by fax, mail or electronic means. The insurer may contact the provider by

telephone but must follow up with a written decision that is transmitted as described (h) above.

1. Decisions on treatment appeals shall be received by the provider who submitted the appeal no later than 10 days from the date the provider receives the acknowledgment of the appeal.

2. Decisions on administrative appeals shall be received by the provider who submitted the appeal no later than 30 days from the date the provider receives the acknowledgment of the appeal.

3. An insurer may determine that a physical examination pursuant to N.J.A.C. 11:3-4.7(e) is necessary to respond to the appeal. In that case the time periods in (i)1 and 2 above shall start after the examination has been conducted and the report received.

(j) Pursuant to N.J.A.C. 11:3-5.6(a)2, a provider acting on assignment or the holder of a power of attorney from the insured must have filed an internal appeal prior to filing for alternate dispute resolution pursuant to N.J.A.C. 11:3-5. The demand for arbitration must be accompanied by the internal appeal decision or proof that the appeal was filed. The rules of the dispute resolution administrator shall set forth how such proof shall be submitted.

1. The rules of the dispute resolution administrator shall include penalties for providers and their attorneys who make arbitration demands without having exhausted the internal appeals process.

(k) An insurer that fails to respond to an internal appeal filed in accordance with (a) through (i) above shall lose the right to raise defenses in an arbitration on the issue that was the subject of the appeal. However, the insurer can raise other valid and relevant

defenses in the arbitration. Example: A provider makes a decision point review request for treatment, which is denied by the insurer as not being medically necessary. The provider appeals the decision in accordance with the procedures in this subchapter. The insurer fails to respond to the appeal and the provider makes a demand for arbitration. By failing to respond to the appeal, the insurer loses the right to argue that the treatment requested in the Decision Point Review was not medically necessary. However, the insurer is not precluded from raising other defenses at the arbitration proceeding.

11:3-4.8 Voluntary networks

(a) (No change.)

(b) Voluntary networks may be offered for the provision of the following types of non-emergency benefits only:

1. – 2. (No change.)

3. The electrodiagnostic tests listed in N.J.A.C. 11:3-4.5(b)1 through 3 except for needle EMGs, **H-reflex and nerve conduction velocity (NCV) tests** performed **together** by the treating physician;

4. – 6. (No change.)

(c) – (e) (No change.)

11:3-4.9 Assignment of benefits; public information

(a) **Pursuant to N.J.S.A. 39:6A-4, an insured may only assign benefits and duties under the policy to a provider of medical expense benefits.** Insurers may file for approval policy forms that include reasonable procedures for restrictions on the assignment of personal injury protection benefits **and duties under the policy**, consistent with the efficient administration of

the coverage **and the prevention of fraud**. Insurers may not prohibit the assignment of benefits to providers. Reasonable restrictions may include, but are not limited to:

1. A requirement that as a condition of assignment, the provider agrees to follow the requirements of the insurer's decision point review plan for making decision point review and precertification requests; **and/or**

2. A requirement that as a condition of assignment, the provider shall hold the insured harmless for penalty co-payments imposed by the insurer based on the provider's failure to follow the requirements of the insurer's Decision Point Review Plan[; and/or].

[3. A requirement that as a condition of assignment, the provider agrees to submit disputes to alternate dispute resolution pursuant to N.J.A.C. 11:3-5.]

(b) Insurers shall file policy language requiring that providers who are assigned benefits by the insured or have a power of attorney from the insured make an internal appeal pursuant to N.J.A.C. 11:3-4.7B prior to making a request for dispute resolution in accordance with N.J.A.C. 11:3-5.

[(b)] (c) (No change in text.)

SUBCHAPTER 5. PERSONAL INJURY PROTECTION DISPUTE RESOLUTION

11:3-5.2 Definitions

The following words and terms, when used in this subchapter, shall have the following meanings, unless the context clearly indicates otherwise:

...

“In-person proceeding” or “in-person case” means a PIP dispute where the parties or their representatives appear in person or telephonically before the DRP to present their cases in accordance with the rules of the dispute resolution organization.

...

“On-the-papers proceeding” or “on-the-papers case” means a PIP dispute where the parties or their representatives submit written documentation supporting their case and the DRP decides the case based solely upon the documentation without any in person or telephonic appearances by the parties or their representatives in accordance with the rules of the dispute resolution organization. On-the-papers proceedings are only permitted where all parties consent or where there is no further treatment at issue and the amount at issue in the dispute is less than \$1,000.

...

11:3-5.4 Dispute resolution organizations

(a) (No change.)

(b) The dispute resolution organization shall develop and maintain a dispute resolution plan approved by the Commissioner that sets forth its procedures and rules. The dispute resolution plan shall be reviewed at least annually and revisions made upon approval by the Commissioner. The plan shall include the following elements:

1. The plan shall provide that PIP dispute resolution be initiated by written notice to the administrator and to all other parties of the party’s demand for dispute resolution, which notice shall set forth concisely the claims, and where appropriate the defenses, in dispute and the relief sought. **Where the arbitration is filed by a provider acting as an assignee of benefits or with a power of attorney from the insured, [The] the notice shall include proof of compliance with**

the internal appeal process required by N.J.A.C. 11:3-4.7B. All notices shall also include such other information as may be required for administrative purposes;

2. - 4. (No change.)

5. The plan shall provide for the prompt, fair and efficient resolution of PIP disputes, [after a hearing by the assigned dispute resolution professional, but] **including in-person and on-the-papers proceedings in accordance with the rules of the dispute resolution organization.** The plan shall also provide that alternate procedures may be utilized when appropriate, which may include mediation, conferences to promote consensual resolution and expedited hearings upon receipt of a medical review organization report, consistent with principles of substantive law and rules adopted by the Commissioner;

6. (No change.)

7. The plan shall provide for the fair and efficient conduct of adversarial [hearings] **proceedings** when other methods of dispute resolution are either unsuccessful or inappropriate, consistent with traditional notions of due process and fundamental fairness. It shall address, at least, the following procedural issues;

i. - viii. (No change.)

(c) (No change.)

11:3-5.5 Dispute resolution professionals

(a) (No change.)

(b) Dispute resolution professionals shall avoid conflicts of interest as prohibited at N.J.A.C. 11:3-5.12 in any matter assigned to them for determination.

1. - 2. (No change.)

3. A party may challenge the assignment of a particular DRP by submitting the specific grounds for challenge in accordance with the rules of the dispute resolution organization approved by the Commissioner. **The rules of the dispute resolution organization approved by the Commissioner shall provide that a party may challenge the assignment of the DRP as follows:**

i. When the party receives notification of the assignment of the DRP for an in-person case; or

ii. As part of the appeal process provided in the rules for on-the-papers cases.

(c) - (d) (No change.)

11:3-5.6 Conduct of PIP dispute resolution proceedings

(a) A request for dispute resolution of a PIP dispute may be made by the injured party, the insured, a provider who is an assignee of PIP benefits **pursuant to N.J.A.C. 11:3-4.9** or the insurer, in accordance with the terms of the policy as approved by the Commissioner. The request for dispute resolution may include a request for review by a medical review organization. The request shall be made to the administrator and copies sent to other parties.

1. (No change.)

2. Providers who are the assignee of benefits by the insured or have a power of attorney from the insured shall follow the insurer's internal appeal process mandated by N.J.A.C. 11:3-4.7B before making a request for dispute resolution in accordance with (a) above. The dispute resolution organization's plan shall include a procedure for how the provider shall demonstrate that this requirement has been satisfied.

(b) Upon receipt of the request, the administrator shall promptly assign the matter to a dispute resolution professional. **For in-person proceedings, [The] the administrator shall notify all parties of the DRP assigned at the time the assignment is made. For on-the-papers proceedings, the parties will receive notice of the DRP assigned at the time the decision is issued.**

(c) (No change.)

(d) Determination by the dispute resolution professional shall be in writing and shall state the issues in dispute, the DRP's findings and legal conclusions based on the record of the proceedings and the determination of the medical review organization, if any. The findings and conclusions shall be made in accordance with applicable principles of substantive law, the provisions of the policy and the Department's rules. The award shall set forth a decision on all issues submitted by the parties for resolution.

1. – 2. (No change.)

[3. The award may include attorney's fees for a successful claimant in an amount consonant with the award and with Rule 1.5 of the Supreme Court's Rule of Professional Conduct.]

(e) **Pursuant to N.J.S.A. 39:6A-5.2(g), the costs of the proceedings shall be apportioned by the DRP and the award may include reasonable attorney's fees for a successful claimant in an amount consonant with the award. Where attorney's fees for a successful claimant are requested, the DRP shall make the following analysis consistent with the jurisprudence of this State to determine reasonable attorney's fees, and shall address each item below in the award:**

1. Calculate the “lodestar,” which is the number of hours reasonably expended by the successful claimant’s counsel in the arbitration multiplied by a reasonable hourly rate in accordance with the standards in Rule 1.5 of the Supreme Court’s Rules of Professional Conduct

(http://www.judiciary.state.nj.us/rules/appendices/rpc.htm#P65_6482).

i. The “lodestar” calculation shall exclude hours not reasonably expended;

ii. If the DRP determines that the hours expended exceed those that competent counsel reasonably would have expended to achieve a comparable result, in the context of the damages prospectively recoverable, the interests vindicated, and the underlying statutory objectives, then the DRP shall reduce the hours expended in the “lodestar” calculation accordingly; and

iii. The “lodestar” total calculation may also be reduced if the claimant has only achieved partial or limited success and the DRP determines that the “lodestar” total calculation is therefore an excessive amount. If the same evidence adduced to support a successful claim was also offered on an unsuccessful claim, the DRP should consider whether it is nevertheless reasonable to award legal fees for the time expended on the unsuccessful claim.

2. DRPs, in cases when the amount actually recovered is less than the attorney’s fee request, shall also analyze whether the attorney’s fees are consonant with the amount of the award. This analysis will focus on whether the amount of the attorney’s fee request is compatible and/or consistent with the amount of the arbitration award. Additionally, where a request for attorney’s fees is grossly disproportionate to the amount of the award,

the DRP’s review must make a heightened review of the “lodestar” calculation described in (e)1 above.

[(e)] (f) The award shall be signed by the dispute resolution professional. The original shall be filed with the administrator, and copies provided to each party. If the award requires payment by the insurer for a treatment or test, payment shall be made together with any accrued interest **ordered in the award** pursuant to N.J.S.A. 39:6A-5, within [20] **45** days of **the insurer’s** receipt of a copy of the determination, **unless an action has been filed in the Superior Court pursuant to N.J.S.A. 2A:23A-13 as permitted in (g) below. Where the arbitration has been filed by a provider who is the assignee of benefits pursuant to N.J.A.C. 11:3-4.7B, the payment shall be made payable to the provider.**

[(f)] (g) The final determination of the dispute resolution professional shall be binding upon the parties, but subject to **clarification/modification and/or appeal as provided by the rules of the dispute resolution organization, and/or** vacation, modification or correction by the Superior Court in an action filed pursuant to N.J.S.A. 2A:23A-13 for review of the award.

11:3-5.12 Prohibition of conflicts of interest

(a) - (e) (No change.)

(f) For one year after the termination of professional services of any dispute resolution professional, he or she shall not appear before any dispute resolution professional representing claimants or respondents.

SUBCHAPTER 29. MEDICAL FEE SCHEDULES: AUTOMOBILE INSURANCE
PERSONAL INJURY PROTECTION AND MOTOR BUS MEDICAL EXPENSE
INSURANCE COVERAGE

11:3-29.1 Purpose and scope

(a) Every policy of automobile insurance and motor bus insurance issued in this State shall provide that the automobile insurer's limit of liability for medically necessary expenses payable under PIP coverage, and the motor bus insurer's limit of liability for medically necessary expenses payable under medical expense benefits coverage, is the fee set forth in this subchapter or the usual, customary and reasonable fee, whichever is less.

Recodify existing (a) and (b) as **(b) and (c)** (No change in text.)

[(c)] **(d)** This subchapter does not apply to the following:

1. - 3. (No change.)

4. Inpatient services provided by acute care hospitals, trauma centers, rehabilitation facilities, other specialized hospitals, residential alcohol treatment facilities and nursing homes, **except as specifically set forth in this subchapter. Non-emergency outpatient services on the fee schedule, including those provided by the above facilities, are subject to this subchapter.**

11:3-29.2 Definitions

The following words and terms, when used in this subchapter, shall have the following meanings, unless the context clearly indicates otherwise:

...

["Ambulatory surgical case" means a procedure that is not minor surgery as defined in N.J.A.C.

13:35-4A.3.]

...

“CDT[-3]” means the American Dental Association’s Current Dental Terminology **2011-2012**, [Third Edition, Version 2000] **copyright 2010**.

...

“CPT” means the American Medical Association’s Current Procedural Terminology, Fourth Edition, Version [2006] **2011**, coding system. Current Procedural Terminology (CPT) is copyright [2005] **2011** American Medical Association (AMA), all rights reserved. No fee schedules, basic units, relative values, or related listings are included in CPT. The AMA assumes no liability for the data contained in the CPT. Applicable Federal Acquisition Regulation and Defense Federal Acquisition Regulation Supplement (FARS/DFARS), 48 CFR, restrictions apply to government use. CPT[®] is a trademark of the American Medical Association.

“Eligible charge or expense” means the [provider’s] usual, customary and reasonable charge **as determined pursuant to N.J.A.C. 11:3-29.4(e)1** or the upper limit in the fee schedule, whichever is lower.

...

“Hospital outpatient” means a person who has not been admitted by the hospital as an inpatient but is registered on the hospital records as an outpatient and receives services (rather than supplies alone) from the hospital. When a patient with a known diagnosis enters a hospital for a specific surgical procedure or other treatment that is expected to keep him or her in the hospital for only a few hours (less than 24), he or she is considered an outpatient for coverage purposes regardless of the hour he or she came to the hospital; whether he or she used a bed; or whether he or she remained in the hospital past midnight.

...

“Outpatient surgical facility” or “OSF” means an ASC, a doctor’s office where ambulatory surgical cases are performed or a facility where non-emergency hospital outpatients are treated.

...

“Trauma services” means the care provided in the Level I or Level II trauma hospital to patients whose arrival requires trauma center activation. It does not include transportation to the hospital, treatment of patients whose arrival at the hospital does not require trauma activation or outpatient visits after a patient who has received trauma care is discharged from acute care.

11:3-29.3 Regions

(a) The Regions in Appendix, Exhibit 1, Physicians’ Fee Schedule, **Exhibit 2, Dental Fee Schedule and** Exhibit 4, Ambulance [Fee Schedule] **Services**, [and Exhibit 7, Ambulatory Surgical Center Fee Schedule,] are as follows:

1. – 2. (No change.)

[(b) The Regions in Appendix, Exhibit 2, the Dental Fee Schedule are as follows:

1. Region I consists of the following three-digit zip codes in New Jersey: 080, 081, 082, 083 and 084.

2. Region II consists of the following three-digit zip codes in New Jersey: 077, 078, 079, 085, 086, 087, 088 and 089; and

3. Region III consists of the following three-digit zip codes in New Jersey: 070, 071, 072, 073, 074, 075 and 076.]

11:3-29.4 Application of medical fee schedules

(a) [Every policy of automobile insurance and motor bus insurance issued in this State shall provide that the automobile insurer's limit of liability for medically necessary expenses payable under PIP coverage, and the motor bus insurer's limit of liability for medically necessary expenses payable under medical expense benefits coverage, is the fee set forth in this subchapter.] Nothing in this subchapter shall[, however,] compel the PIP insurer or a motor bus insurer to pay more for any service or equipment than the usual, customary and reasonable fee, even if such fee is well below the automobile insurer's or motor bus insurer's limit of liability as set forth in the fee schedules. The physicians' fee schedule at subchapter Appendix, Exhibit 1 **and the provisions in (f) below** shall not apply to trauma services at Level I and Level II trauma hospitals. [Trauma services means the care provided to patients whose arrival requires trauma center activation or whose care requires the consultation or services of trauma service physicians.] Bills for services subject to the trauma services exemption shall use the modifier “–TS”. Surgical services (CPT 10000 through 69999) provided in emergency care in acute care hospitals that are not subject to the trauma care exemption shall be reimbursed at 150 percent of the physician's fee schedule and shall use the modifier “-ER”. Insurers are not required to pay for services or equipment that are not medically necessary.

(b) (No change.)

(c) The fees set forth in the schedule for durable medical equipment, subchapter Appendix, Exhibit 5, are retail prices, which may include purchase prices for both new and used equipment, and/or monthly rentals. New equipment shall be distinguished with the use of modifier-NU, used equipment with modifier-UE and rental equipment with modifier-RR.

1. (No change.)

2. For the provision and billing of durable medical equipment, payors shall follow the relevant provisions of Chapter 20 of the Medicare Claims Processing Manual, updated periodically by CMS and incorporated by reference, that were in effect at the time the service was provided (<http://www.cms.gov/manuals/downloads/clm104c20.pdf>).

(d) (No change.)

(e) Except as noted in (e)1 and 2 below, the insurer's limit of liability for any medical expense benefit for any service or equipment not set forth in or not covered by the fee schedules shall be a reasonable amount considering the fee schedule amount for similar services or equipment in the region where the service or equipment was provided or, in the case of elective services or equipment provided outside the State, the region in which the insured resides. **When a CPT, CDT or HCPCS code for the service performed has been changed since the fee schedule rule was last amended, the provider shall always bill the actual and correct code found in the most recent version of the American Medical Association's Current Procedural Terminology or the American Dental Association's Current Dental Terminology. The amount that the insurer pays for the service shall be in accordance with this subsection.** Where the fee schedule does not contain a reference to similar services or equipment as set forth in the preceding sentence, the insurer's limit of liability for any medical expense benefit for any service or equipment not set forth in the fee schedules shall not exceed the usual, customary and reasonable fee.

1. For the purposes of this subchapter, determination of the usual, reasonable and customary fee means that the provider submits to the insurer his or her usual and customary fee **by means of explanations of benefits from payors showing the provider's billed and paid fee(s).** The insurer determines the reasonableness of the provider's fee by comparison of its

experience with that provider and with other providers in the region. [The insurer may use national] **National** databases of fees, such as those published by Ingenix (www.ingenixonline.com), **FAIR Health** (www.fairhealthus.org) or Wasserman (<http://www.medfees.com/>), for example, [to determine] **are evidence of** the reasonableness of fees for the provider's geographic region or zip code. **The use of national databases of fees is not limited to the above examples. When using a database as evidence of the reasonableness of a fee, the insurer shall identify the database used, the edition date, the geozip and the percentile.**

2. (No change.)

(f) **Except as specifically stated to the contrary,** [The] **the** following shall apply to **physician charges for** multiple and bilateral surgeries (CPT 10000 through 69999), co-surgeries and assistant surgeons:

1. – 5. (No change.)

6. The necessity for co-surgeons and assistant surgeons for an operation shall be determined by reference to authorities such as the Medicare physician fee schedule database (www.cms.gov). Fees for assistant surgeons and co-surgeons are not rendered eligible for reimbursement simply because it is the policy of a provider or an [ASC] **outpatient surgical facility** that one be present.

7. (No change.)

8. **Prosthetic and other devices, including neuro-stimulators, internal/external fixators, single use spine wands and spine probes, tissue grafts, plates, screws, anchors and wires, whether implanted, inserted, or otherwise applied by covered surgical procedures shall be reimbursed at no more than the invoice for the device plus 20 percent. This**

provision applies regardless of where the procedure is performed, including trauma centers, hospital emergency rooms, inpatient surgeries and outpatient surgical facilities.

(g) [Artificially separating or partitioning what is inherently one total procedure into subparts that are integral to the whole for the purpose of increasing medical fees is prohibited. Such practice is commonly referred to as “unbundling” or “fragmented” billing. Providers and payors shall use the National Correct Coding Initiative Edits, incorporated herein by reference, as updated quarterly by CMS and available at <http://www.cms.hhs.gov/NationalCorrectCodInitEd/>.]

Except as specifically stated to the contrary in this subchapter, the fee schedules shall be interpreted in accordance with the following, incorporated hererin by reference, as amended and supplemented: the relevant chapters of the Medicare Claims Processing Manual, updated periodically by CMS, that were in effect at the time the service was provided. The Medicare Claims Processing Manual is available at <https://www.cms.gov/Manuals/IOM/itemdetail.asp?itemID=CMS018912>; the NCCI Policy Manual for Medicare Services, as updated periodically by CMS and available at http://www.cms.gov/NationalCorrectCodInitEd/Downloads/NCCI_Policy_Manual.zip; Modifier 59 Article: Proper Usage Regarding Distinct Procedural Service, available from CMS at <https://www.cms.gov/NationalCorrectCodInitEd/Downloads/modifier59.pdf>; and the CPT Assistant available from the American Medical Association (www.AMAbookstore.com).

1. Artificially separating or partitioning what is inherently one total procedure into subparts that are integral to the whole for the purpose of increasing medical fees is prohibited. Such practice is commonly referred to as “unbundling” or “fragmented”

billing. Providers and payors shall use the National Correct Coding Initiative (NCCI) Edits, incorporated herein by reference, as updated quarterly by CMS and available at <http://www.cms.hhs.gov/NationalCorrectCodInitEd/>. Modifier 59 and other NCCI-associated modifiers should not be used to bypass an NCCI edit unless the proper criteria for use of the modifier are met. Documentation in the medical record must satisfy the criteria required by any NCCI-associated modifier used. For more information on the criteria for the use of modifiers, see the NCCI Policy Manual and Modifier 59 Article referenced in (g) above.

[1.] **2. (No change in text.)**

3. X-ray digitization or computer aided radiographic mensuration reported under CPT 76499 or any other code are not reimbursable under PIP.

4. Kinesio taping or other taping is not reimbursable under PIP. Kinesio taping shall not be billed using the strapping codes, CPT 29200 through 29280 and 29520 through 29590.

5. Platelet Rich Plasma (PRP) injections are only reimbursable for treatment of chronically injured tendons that have failed to improve despite appropriate conservative treatments. PRP injections shall be billed under code 0232T in subchapter Appendix, Exhibit 1.

6. Leads, pads, batteries and any other supplies for use of TENS or EMS devices are included in the fee for the rental or purchase of the unit and are not separately reimbursable.

[2.] **7. The eligible charge for an office visit includes reviewing the report of an imaging study when the provider of the imaging study has billed for the technical and professional**

component of the service. In these circumstances, it is not appropriate for the provider to bill for an office visit, [and] CPT 76140 or for the physician component of the imaging study. CPT 76140 [may only be billed] **is not reimbursable.** [where] **Where** a provider in a different practice or facility **makes a medically necessary** reviews an imaging study and produces a written report **as part of a consultation, the provider shall bill the professional component (modifier -26) for each specific radiology service.**

[3.] **8.** When CPT [76005] **77003**, fluoroscopic guidance, can be billed separately and is not included as part of another procedure, it is reimbursable only per spinal region, not per level.

9. HCPCS code G0289 is an add-on code and should be added to the knee arthroscopy code for the major procedure being performed. This code is only to be reported once per extra compartment, even if chondroplasty, loose body removal and foreign body removal are all performed. The code may be reported twice if the physician performs these procedures in two compartments in addition to the compartment where the main procedure was performed.

i. This code shall be reported only when the physician spends at least 15 minutes in the additional compartment performing the procedure. It shall not be reported if the reason for performing the procedure is due to a problem caused by the arthroscopic procedure itself. This code is to be used when a procedure is performed in the lateral, medial, or patellar compartments in addition to the main procedure. The billing of CPT codes 29874 and 29877 is not permitted with other arthroscopic procedures on the same knee and CPT code 29874 shall not be used to report the services described by code G0289.

[4.] **10.** (No change in text.)

[5.] **11.** Moderate (conscious) sedation performed by the physician who also furnishes the medical or surgical service cannot be reimbursed separately **for the procedures listed in**

Appendix G of the CPT manual. In that case, payment for the sedation is bundled into the payment for the medical or surgical service. As a result, CPT codes 99143 through 99145 are not reimbursable **for the procedures in Appendix G of the CPT manual.**

[6.] **12.** (No change in text.)

13. CPT 22505, “Manipulation of spine requiring anesthesia, any region,” if medically necessary, can only be reported once for any and all regions manipulated on that date.

(h) – (l) (No change.)

(m) The daily maximum allowable fee shall be [~~\$99.00~~] **\$105.00** for the Physical Medicine and Rehabilitation CPT codes listed in subchapter Appendix, Exhibit 6, incorporated herein by reference, that are commonly provided together. The daily maximum applies when such services are performed for the same patient on the same date. **In determining whether a provider has reached the daily maximum, the insurer shall apply the NCCI edits.** The daily maximum applies to all providers, including dentists. However, when the provider can demonstrate that the severity or extent of the injury is such that extraordinary time and effort is needed for effective treatment, the insurer shall reimburse in excess of the daily maximum. Such injuries could include, but are not limited to, severe brain injury and non-soft-tissue injuries to more than one part of the body. Such injuries would not include diagnoses for which there are care paths in N.J.A.C. 11:3-4. Treatment that the provider believes should not be subject to the daily maximum shall be billed using modifier -22 as designated in CPT for unusual procedural services. Unless already provided to the insurer as part of a decision point review or precertification request, the billing shall be accompanied by documentation of why the extraordinary time and effort for treatment was needed.

1. – 5. (No change.)

(n) Follow-up evaluation and management services for the re-examination of an established patient shall be reimbursed in addition to physical medicine and rehabilitation procedures only when any of the circumstances set forth in [(o)1] **(n)1** through 4 below is present and not more than twice in any 30-day period. Modifier -25 shall be added to an evaluation and management service when a significant separately identifiable evaluation and management service is provided and documented as medically necessary as follows:

1. - 4. (No change.)

[(o) ASC facility fee group numbers are indicated by CPT code on the physician's fee schedule, subchapter Appendix, Exhibit 1. The facility fees are listed in subchapter Appendix, Exhibit 7. If a procedure can be performed in an ASC but it is not listed in the physician's fee schedule, the ASC facility fee for the procedure shall be the fee group in Appendix, Exhibit 7 that includes procedures similar to the unlisted procedure. For example, if an injection code is not included in Appendix Exhibit 7, the facility fee for the procedure would be the same as for other injection codes that have a group number. In no case, shall a facility fee be greater than the highest facility fee on the schedule (Group 9). If a CPT code is subsequently assigned an ASC group number by Medicare, as found in <http://www.cms.hhs.gov/ascpayment/>, the facility fee for that code shall be that of the same group number in Appendix, Exhibit 7. If a CPT code is subsequently assigned to an ASC group number by Medicare, as found in <http://www.cms.hhs.gov/ascpayment/>, the facility fee for that code shall be that of the same group number in Appendix, Exhibit 7. The ASC facility fee includes services that would be covered if the service were furnished in a hospital on an inpatient or outpatient basis, including:

1. Use of operating and recovery rooms, patient preparation areas, waiting rooms, and other areas used by the patient or offered for use to persons accompanying the patient.
2. All services and procedures in connection with covered procedures furnished by nurses, technical personnel and others involved in patient's care;
3. Drugs, biologicals, surgical dressings, supplies, splints, casts, appliances, and equipment;
4. Diagnostic and therapeutic items and services;
5. Administrative, recordkeeping, and housekeeping items and services;
6. Blood, blood plasma, platelets, etc.; and
7. Anesthesia materials, including the anesthetic itself, and any materials, whether disposable or re-usable, necessary for its administration.

(p) The following services are not included in the ASC facility fee:

1. The sale, lease or rental of durable medical equipment (DME) to ASC patients for use in their homes. If the ASC furnishes items of DME to patients, billing for such items should be made in accordance with subchapter Appendix, Exhibit 5; and
2. Prosthetic and other devices, including neuro-stimulators, internal/external fixators, tissue grafts, plates, screws, anchors and wires, whether implanted, inserted, or otherwise applied by covered surgical procedures. Such prosthetics and devices shall be billed at invoice plus 20 percent.

(q) When multiple procedures are performed in an ASC in the same operative session, the ASC facility fee for the procedure with the highest payment amount is reimbursed at 100 percent and reimbursement of any additional procedures furnished in the same session is 50 percent of the applicable facility fee. For example, if two Group 2 procedures and a Group 1

procedure are all performed in the same operative session, reimbursement of the ASC facility fee is 100 percent of the first Group 2 fee plus 50 percent of the second Group 2 fee, plus 50 percent of the Group 1 fee.]

(o) Regardless of the specific codes that are included in a DPR/Precertification request, the insurer's reimbursement for those services shall be consistent with the rules contained in this subchapter, including the NCCI edits and the CPT Manual current at the time the services were provided.

(p) The ANES code on the Physicians' Fee Schedule is the conversion factor for anesthesia units. Payors shall follow the Medicare Claims Processing Manual and other guidelines for calculating the number of units for the various CPT codes for the administration of anesthesia and other billing situations, such as directing or supervising Certified Nurse Anesthetists and other non-physician anesthesia providers. These can be found at: www.cms.hhs.gov/center/anesth.asp .

11:3-29.5 Outpatient surgical facility fees

(a) Outpatient surgical facility fees are listed on the Physicians' Fee Schedule by CPT code. The outpatient surgical facility fee is the maximum that can be reimbursed for outpatient procedures regardless of whether they are performed in a hospital outpatient facility, an ASC or a physicians' office. Codes on the Physicians' Fee Schedule that do not have an amount in the outpatient surgical facility column cannot be performed in such facilities. The outpatient surgical facility fee includes services that would be covered if the services were furnished in a hospital on an inpatient or outpatient basis, including:

1. Use of operating and recovery rooms, patient preparation areas, waiting rooms, and other areas used by the patient or offered for use to persons accompanying the patient;

2. All services and procedures in connection with covered procedures furnished by nurses, technical personnel and others involved in the patient's care;

3. Drugs, biologicals, surgical dressings, supplies, splints, casts, appliances, and equipment;

4. Diagnostic and therapeutic items and services, Appendix, Exhibit 1, the Physicians' Fee Schedule indicates those CPT codes that, according to Medicare (see: www.cms.gov/ASCPayment/ASCRN/list.asp, CMS-1504-FC, Exhibit AA), are considered ancillary services that are integral to surgical procedures and are not permitted to be reimbursed separately;

5. Administrative, recordkeeping, and housekeeping items and services;

6. Blood, blood plasma, platelets, etc.; and

7. Anesthesia materials, including the anesthetic itself, and any materials, whether disposable or re-usable, necessary for its administration.

(b) The following services are not included in the outpatient surgical facility fee:

1. The sale, lease or rental of durable medical equipment (DME) to patients for use in their homes. If the outpatient surgical facility furnishes items of DME to patients, billing for such items should be made in accordance with subchapter Appendix, Exhibit 5; and

2. Prosthetic and other devices must be billed in accordance with N.J.A.C. 11:3-29.4(f)8.

(c) When multiple procedures are performed in an outpatient surgical facility in the same operative session, the outpatient surgical facility fee for the procedure with the highest payment amount is reimbursed at 100 percent and reimbursement of any additional procedures furnished in the same session is 50 percent of the applicable facility fee.

1. A procedure performed bilaterally in one operative session is reported as two procedures and is subject to the multiple procedure reduction formula.

2. Subchapter Appendix, Exhibit 1, the Physicians' and Outpatient Surgical Facility Fee Schedule, indicates those CPT codes that, according to Medicare (see: www.cms.gov/ASCPayment/ASCRN/list.asp), are exempt from the multiple procedure reduction formula.

(Office of Administrative Law Note: The text of proposed new N.J.A.C. 11:3-29 Appendix, Exhibits 1 through 6 published below does not appear in boldface as proposed new text as boldface is used within the text of the Exhibits.)

APPENDIX

Exhibit 1

Physicians' & Outpatient Surgical Facility Fee Schedule

CPT* HCPS	MOD	DESCRIPTION	Physicians' Fees North	Physicians' Fees South	Outpatient Surgical Facility Fees North	Outpatient Surgical Facility Fees South	Payment Indicator (See bottom for codes)
<p>*Current Procedural Terminology (CPT) is copyright 2010 American Medical Association (AMA). All Rights Reserved. No fee schedules, basic units, relative values, or related listings are included in CPT. The AMA assumes no liability for the data contained herein. Applicable FARS/DFARS restrictions apply to government use. CPT® is a trademark of the American Medical Association.</p>							
Anes		ANESTHESIA BASE UNITS	86.47	84.36			
0232T		NJX PLATELET PLASMA	63.95	63.95	89.55	82.44	X
G0283		ELECTRICAL STIMULATION, (UNATTENDED), TO ONE OR MORE AREAS,	20.14	19.26			
G0289		ARTHRO, LOOSE BODY + CHONDRO	483.50	467.07			X, N1
10060		DRAIN SKIN ABSCESS	176.46	168.00	198.84	183.03	
10061		DRAIN SKIN ABSCESS	290.74	278.25	198.84	183.03	
10120		REMOVE FOREIGN BODY	219.66	208.52	297.15	273.51	
10121		REMOVE FOREIGN BODY	423.57	403.23	2,411.70	2,219.85	
10140		DRAIN HEMATOMA/FLUID	250.71	238.43	321.75	296.13	
10160		PUNCTURE DRAIN LESION	203.36	193.31	198.84	183.03	
10180		COMPLEX DRAIN WOUND	381.01	362.70	2,694.69	2,480.34	
11000		DEBRIDE INFECTED SKIN	84.28	80.26	102.96	94.77	
11001		DEBRIDE INFECTED SKIN, ADDED	33.67	32.24	33.93	31.23	
11010		DEBRIDE SKIN, FX	770.97	732.08	678.84	624.84	
11011		DEBRIDE SKIN/MUSCLE, FX	842.60	801.49	678.84	624.84	
11012		DEBRIDE SKIN/MUSCLE/BONE, FX	1,128.89	1,074.42	678.84	624.84	
11042		DEBRIDE SKIN/TISSUE	141.88	134.65	364.44	335.43	
11043		DEBRIDE TISSUE/MUSCLE	309.64	294.89	364.44	335.43	
11044		DEBRIDE TISSUE/MUSCLE/BONE	467.58	447.17	1,132.98	1,042.83	
11045		DEBRIDE SUBQ TISSUE ADD-ON	50.08	47.78	364.44	335.43	
11046		DEBRIDE MUSCLE/FASCIA ADD-ON	86.02	82.37	364.44	335.43	
11047		DEBRIDE BONE ADD-ON	141.04	135.27	1,132.98	1,042.83	
11055		TRIM SKIN LESION	78.70	74.56	111.15	102.30	
11056		TRIM SKIN LESIONS, 2 TO 4	93.59	88.93	121.44	111.78	
11057		TRIM SKIN LESIONS, OVER 4	110.23	104.93	121.44	111.78	
11100		BIOPSY SKIN LESION	168.53	159.57	199.77	183.90	
11101		BIOPSY SKIN, ADDED	52.52	50.16	58.50	53.85	

11200	REMOVE SKIN TAGS	136.42	129.65	121.44	111.78
11300	SHAVE SKIN LESION	111.63	105.61	121.44	111.78
11301	SHAVE SKIN LESION	150.18	142.55	121.44	111.78
11302	SHAVE SKIN LESION	179.35	170.36	121.44	111.78
11305	SHAVE SKIN LESION	110.55	104.93	121.44	111.78
11306	SHAVE SKIN LESION	152.62	145.18	121.44	111.78
11310	SHAVE SKIN LESION	137.16	130.09	121.44	111.78
11311	SHAVE SKIN LESION	171.78	163.30	121.44	111.78
11400	EXCISE TRT-EXT BENIGN+MARG 0.5 < CM	192.83	182.50	283.11	260.58
11401	EXCISE TRT-EXT BENIGN+MARG 0.6-1 CM	234.32	222.41	319.41	294.00
11402	EXCISE TRT-EXT BENIGN+MARG 1.1-2 CM	260.75	247.62	350.97	323.04
11403	EXCISE TRT-EXT BENIGN+MARG 2.1-3 CM	298.16	283.70	379.02	348.87
11404	EXCISE TRT-EXT BENIGN+MARG 3.1-4 CM	338.86	322.54	2,411.70	2,219.85
11406	EXCISE TRT-EXT BENIGN+MARG > 4.0 CM	478.41	457.22	2,411.70	2,219.85
11420	EXCISE H-F-NECK-SP BENIGN+MARG 0.5 <	191.28	181.36	266.76	245.52
11421	EXCISE H-F-NECK-SP BENIGN+MARG 0.6-1	247.34	235.08	324.03	298.26
11422	EXCISE H-F-NECK-SP BENIGN+MARG 1.1-2	275.21	261.73	354.48	326.28
11423	EXCISE H-F-NECK-SP BENIGN+MARG 2.1-3	317.92	302.76	394.26	362.88
11424	EXCISE H-F-NECK-SP BENIGN+MARG 3.1-4	364.37	347.38	2,411.70	2,219.85
11426	EXCISE H-F-NECK-SP BENIGN+MARG > 4 CM	516.41	494.20	3,188.13	2,934.54
11440	EXCISE FACE-MM BENIGN+MARG 0.5 < CM	211.84	200.73	301.83	277.83
11441	EXCISE FACE-MM BENIGN+MARG 0.6-1 CM	264.80	251.60	350.97	323.04
11442	EXCISE FACE-MM BENIGN+MARG 1.1-2 CM	298.23	283.53	388.41	357.51
11443	EXCISE FACE-MM BENIGN+MARG 2.1-3 CM	353.37	336.68	431.67	397.35
11444	EXCISE FACE-MM BENIGN+MARG 3.1-4 CM	442.21	422.12	1,132.98	1,042.83
11719	TRIM NAIL(S)	34.77	32.88	51.48	47.37
11720	DEBRIDE NAIL, 1-5	49.82	47.36	64.35	59.25
11721	DEBRIDE NAIL, 6 OR MORE	67.33	64.26	76.02	69.99
11730	REMOVE NAIL PLATE	151.98	144.74	121.44	111.78
11732	REMOVE NAIL PLATE, ADDED	68.85	65.77	76.02	69.99
11740	DRAIN BLOOD UNDER NAIL	75.08	71.04	57.72	53.13
11750	REMOVE NAIL BED	343.28	327.09	411.81	379.05
11752	REMOVE NAIL BED/FINGER TIP	494.47	471.49	582.60	536.25
11760	REPAIR NAIL BED	346.62	328.23	177.81	163.68
11762	RECONSTRUCT NAIL BED	429.68	409.09	531.12	488.88
11765	EXCISE NAIL FOLD, TOE	223.00	209.99	121.44	111.78
11900	INJECTION INTO SKIN LESIONS	90.58	86.02	121.44	111.78
11901	ADDED SKIN LESIONS INJECTION	113.27	108.02	121.44	111.78
11950	THERAPY FOR CONTOUR DEFECTS	113.05	107.85	131.01	120.60
11951	THERAPY FOR CONTOUR	160.21	153.19	175.47	161.52

	DEFECTS					
11960	INSERT TISSUE EXPANDER(S)	1,436.90	1,374.88	2,972.49	2,736.03	
11981	INSERT DRUG IMPLANT DEVICE	216.27	206.20	89.55	82.44	X
11982	REMOVE DRUG IMPLANT DEVICE	240.23	229.28	89.55	82.44	X
12001	REPAIR SUPERFICIAL WOUND(S)	156.46	148.50	177.81	163.68	
12002	REPAIR SUPERFICIAL WOUND(S)	182.44	173.64	177.81	163.68	
12004	REPAIR SUPERFICIAL WOUND(S)	215.99	205.84	177.81	163.68	
12005	REPAIR SUPERFICIAL WOUND(S)	277.27	264.61	177.81	163.68	
12006	REPAIR SUPERFICIAL WOUND(S)	334.76	319.54	177.81	163.68	
12011	REPAIR SUPERFICIAL WOUND(S)	187.04	177.76	177.81	163.68	
12013	REPAIR SUPERFICIAL WOUND(S)	200.42	190.64	177.81	163.68	
12014	REPAIR SUPERFICIAL WOUND(S)	236.44	225.30	177.81	163.68	
12015	REPAIR SUPERFICIAL WOUND(S)	289.42	275.96	177.81	163.68	
12016	REPAIR SUPERFICIAL WOUND(S)	360.23	344.19	177.81	163.68	
12017	REPAIR SUPERFICIAL WOUND(S)	268.51	260.21	177.81	163.68	
12018	REPAIR SUPERFICIAL WOUND(S)	319.54	309.13	177.81	163.68	
12020	CLOSE SPLIT WOUND	431.60	410.59	619.29	570.03	
12021	CLOSE SPLIT WOUND	254.10	242.74	421.80	388.26	
12031	INTERMED WOUND REPAIR S/TRT/EXT	392.46	372.69	177.81	163.68	
12032	INTERMED WOUND REPAIR S/TRT/EXT	496.44	470.58	421.80	388.26	
12034	INTERMED WOUND REPAIR S/TRT/EXT	491.15	467.17	177.81	163.68	
12035	INTERMED WOUND REPAIR S/TRT/EXT	596.60	567.24	177.81	163.68	
12036	INTERMED WOUND REPAIR S/TRT/EXT	649.31	618.41	421.80	388.26	
12037	INTERMED WOUND REPAIR S/TRT/EXT	726.61	692.45	421.80	388.26	
12041	INTERMED WOUND REPAIR N- HF/GENITAL	408.73	388.48	177.81	163.68	
12042	INTERMED WOUND REPAIR N- HG/GENITAL	468.02	444.84	177.81	163.68	
12044	INTERMED WOUND REPAIR N- HG/GENITAL	555.19	527.51	177.81	163.68	
12045	INTERMED WOUND REPAIR N- HG/GENITAL	592.76	564.13	421.80	388.26	
12046	INTERMED WOUND REPAIR N- HG/GENITAL	703.34	669.51	421.80	388.26	
12047	INTERMED WOUND REPAIR N- HG/GENITAL	763.38	726.74	421.80	388.26	
12051	INTERMED WOUND REPAIR FACE/MM	432.90	411.35	421.80	388.26	
12052	INTERMED WOUND REPAIR FACE/MM	494.15	469.44	177.81	163.68	
12053	INTERMED WOUND REPAIR FACE/MM	545.55	518.41	177.81	163.68	
12054	INTERMED WOUND REPAIR FACE/MM	577.47	549.29	177.81	163.68	
12055	INTERMED WOUND REPAIR FACE/MM	691.03	658.09	421.80	388.26	
12056	INTERMED WOUND REPAIR FACE/MM	826.26	786.00	421.80	388.26	
12057	INTERMED WOUND REPAIR FACE/MM	942.59	896.60	421.80	388.26	
13100	REPAIR WOUND OR LESION	503.63	479.30	619.29	570.03	
13101	REPAIR WOUND OR LESION	640.87	609.63	619.29	570.03	
13102	REPAIR WOUND/LESION, ADDED	172.70	164.94	619.29	570.03	

13120	REPAIR WOUND OR LESION	523.71	498.53	421.80	388.26
13121	REPAIR WOUND OR LESION	714.49	679.65	421.80	388.26
13122	REPAIR WOUND/LESION, ADDED	190.24	181.88	177.81	163.68
13131	REPAIR WOUND OR LESION	577.33	549.97	421.80	388.26
13132	REPAIR WOUND OR LESION	932.23	889.11	619.29	570.03
13133	REPAIR WOUND/LESION, ADDED	267.99	256.52	421.80	388.26
13150	REPAIR WOUND OR LESION	573.56	546.58	619.29	570.03
13151	REPAIR WOUND OR LESION	652.83	622.29	619.29	570.03
13152	REPAIR WOUND OR LESION	901.38	859.71	619.29	570.03
13153	REPAIR WOUND/LESION, ADDED	294.26	281.64	421.80	388.26
13160	LATE CLOSE WOUND	1,274.88	1,226.45	2,972.49	2,736.03
14000	SKIN TISSUE REARRANGEMENT	1,001.58	953.82	2,296.11	2,113.44
14001	SKIN TISSUE REARRANGEMENT	1,289.02	1,229.26	2,296.11	2,113.44
14020	SKIN TISSUE REARRANGEMENT	1,124.57	1,070.90	2,296.11	2,113.44
14021	SKIN TISSUE REARRANGEMENT	1,408.28	1,342.85	2,296.11	2,113.44
14040	SKIN TISSUE REARRANGEMENT	1,235.25	1,177.91	2,296.11	2,113.44
14041	SKIN TISSUE REARRANGEMENT	1,529.97	1,459.32	2,296.11	2,113.44
14060	SKIN TISSUE REARRANGEMENT	1,251.46	1,194.92	2,296.11	2,113.44
14061	SKIN TISSUE REARRANGEMENT	1,643.34	1,566.97	2,296.11	2,113.44
14301	SKIN TISSUE REARRANGEMENT	1,770.48	1,689.95	2,972.49	2,736.03
14302	SKIN TISSUE REARRANGE ADDED	369.95	356.41	2,972.49	2,736.03
15002	WOUND PREP, TRUNK/ARM/LEG	538.12	513.17	619.29	570.03
15003	WOUND PREP, ADDED 100 CM	117.04	111.70	619.29	570.03
15004	WOUND PREP, F/N/HF/G	631.19	602.33	619.29	570.03
15005	WOUND PREP, F/N/HF/G, ADDED CM	191.65	183.76	619.29	570.03
15050	SKIN PINCH GRAFT	898.35	854.77	619.29	570.03
15100	SKIN SPLIT GRAFT, TRUNK/ARM/LEG	1,374.74	1,313.41	2,972.49	2,736.03
15101	SKIN SPLIT GRAFT T/A/L, ADDED	300.62	285.81	2,972.49	2,736.03
15120	SKIN SPLIT A-GRAFT FAC/NECK/HF/G	1,518.58	1,450.58	2,972.49	2,736.03
15121	SKIN SPLIT A-GRAFT F/N/HF/G ADDED	428.19	407.69	2,972.49	2,736.03
15130	DERM AUTOGRAFT, TRUNK/ARM/LEG	1,077.48	1,028.66	2,296.11	2,113.44
15170	ACELLULAR GRAFT TRUNK/ARMS/LEGS	684.41	656.88	619.29	570.03
15171	ACELLULAR GRAFT T/ARM/LEG, ADDED	147.18	142.17	421.80	388.26
15175	ACELLULAR GRAFT, F/N/HF/G	810.60	779.34	619.29	570.03
15220	SKIN FULL GRAFT SCALP/ARM/LEG	1,237.46	1,178.97	2,296.11	2,113.44
15221	SKIN FULL GRAFT, ADDED	222.58	211.34	619.29	570.03
15240	SKIN FULL GRAFT FACE/GENITAL/HF	1,491.27	1,422.47	2,296.11	2,113.44
15241	SKIN FULL GRAFT, ADDED	297.89	283.58	619.29	570.03
15260	SKIN FULL GRAFT EEN & LIPS	1,614.97	1,541.12	2,296.11	2,113.44
15330	APPLY ACELLULAR ALLOGRAFT T/ARM/LEG	513.93	491.81	619.29	570.03
15331	APPLY ACELLULAR GRAFT T/A/L, ADDED	100.16	96.58	619.29	570.03
15340	APPLY CULT SKIN SUBSTITUTE	497.48	475.21	421.80	388.26
15341	APPLY CULT SKIN SUB, ADDED	75.02	71.44	421.80	388.26
15365	APPLY CULT DERM SUB F/N/HF/G	542.33	517.83	421.80	388.26

15366	APPLY CULT DERM F/HF/G ADDED	126.15	121.79	421.80	388.26	
15430	APPLY ACELLULAR XENOGRAFT	861.84	822.78	619.29	570.03	
15431	APPLY ACELLULAR XENOGRAFT ADDED	328.03	316.57	619.29	570.03	
15570	FORM SKIN PEDICLE FLAP	1,424.66	1,361.15	2,972.49	2,736.03	
15572	FORM SKIN PEDICLE FLAP	1,388.47	1,326.28	2,972.49	2,736.03	
15574	FORM SKIN PEDICLE FLAP	1,451.66	1,386.66	2,972.49	2,736.03	
15576	FORM SKIN PEDICLE FLAP	1,291.01	1,232.56	2,972.49	2,736.03	
15620	SKIN GRAFT	709.40	673.04	2,972.49	2,736.03	
15732	MUSCLE-SKIN GRAFT, HEAD/NECK	2,390.54	2,290.95	2,972.49	2,736.03	
15734	MUSCLE-SKIN GRAFT, TRUNK	2,429.96	2,329.20	2,972.49	2,736.03	
15736	MUSCLE-SKIN GRAFT, ARM	2,142.30	2,051.77	2,972.49	2,736.03	
15738	MUSCLE-SKIN GRAFT, LEG	2,272.44	2,179.61	2,972.49	2,736.03	
15756	FREE MYO/SKIN FLAP MICROVASC	3,749.52	3,610.13			
15770	DERMA-FAT-FASCIA GRAFT	1,066.42	1,022.37	2,972.49	2,736.03	
15780	ABRASION TREAT SKIN	1,322.37	1,259.08	1,641.36	1,510.80	
15781	ABRASION TREAT SKIN	879.47	835.31	678.84	624.84	
15782	ABRASION TREAT SKIN	900.92	853.46	678.84	624.84	
15786	ABRASION, LESION, SING	391.74	371.66	121.44	111.78	
15787	ABRASION, LESIONS, ADDED	78.22	73.91	119.34	109.86	
15823	REVISE UPPER EYELID	979.35	934.65	2,972.49	2,736.03	
15830	EXCISE SKIN ABD	979.35	934.65	3,188.13	2,934.54	
15832	EXCISE EXCESSIVE SKIN TISSUE	979.35	934.65	3,188.13	2,934.54	
15851	REMOVE SUTURES	152.95	145.19	207.09	190.59	
15852	DRESSING CHANGE NOT FOR BURN	73.04	70.73	89.55	82.44	X
15940	REMOVE HIP PRESSURE SORE	1,088.76	1,047.78	3,188.13	2,934.54	
15941	REMOVE HIP PRESSURE SORE	1,419.04	1,362.70	3,188.13	2,934.54	
15944	REMOVE HIP PRESSURE SORE	1,410.54	1,354.92	2,972.49	2,736.03	
15945	REMOVE HIP PRESSURE SORE	1,566.36	1,504.31	2,972.49	2,736.03	
15946	REMOVE HIP PRESSURE SORE	2,593.22	2,494.79	2,972.49	2,736.03	
15950	REMOVE THIGH PRESSURE SORE	898.37	863.19	3,188.13	2,934.54	
15951	REMOVE THIGH PRESSURE SORE	1,357.84	1,302.86	3,188.13	2,934.54	
15952	REMOVE THIGH PRESSURE SORE	1,316.96	1,267.76	2,296.11	2,113.44	
15953	REMOVE THIGH PRESSURE SORE	1,445.87	1,391.23	2,296.11	2,113.44	
15956	REMOVE THIGH PRESSURE SORE	1,823.53	1,754.01	2,296.11	2,113.44	
15958	REMOVE THIGH PRESSURE SORE	1,864.20	1,791.74	2,296.11	2,113.44	
16000	INITIAL TREAT BURN(S)	107.89	103.23	113.49	104.46	
16020	DRESS/DEBRIDE P-THICK BURN, S	132.50	125.94	173.16	159.39	
16025	DRESS/DEBRIDE P-THICK BURN, M	234.02	223.91	199.77	183.90	
16030	DRESS/DEBRIDE P-THICK BURN, L	282.60	269.99	199.77	183.90	
17000	DESTROY PREMALIGNANT LESION	130.90	123.98	121.44	111.78	
17003	DESTROY PREMALIGNANT LES, 2-14	11.64	11.07	15.21	14.01	
17004	DESTROY PREMALIGNANT LESIONS 15+	279.11	265.83	343.95	316.59	

17106	DESTROY SKIN LESIONS	550.21	524.12	364.44	335.43	
17107	DESTROY SKIN LESIONS	713.68	679.99	364.44	335.43	
17108	DESTROY SKIN LESIONS	1,013.03	967.87	364.44	335.43	
17110	DESTROY B9 LESION, 1-14	180.01	169.92	121.44	111.78	
17111	DSTRJ B9 SK TGS/CUTAN VASC 15/>	213.26	201.74	199.77	183.90	
17250	CHEM CAUT GRANLTJ TISS PROUD FLESH SINUS/FSTL	123.93	117.07	190.68	175.53	
17261	DESTROY SKIN LESIONS	232.56	220.55	199.77	183.90	
17262	DESTROY SKIN LESIONS	281.00	266.92	199.77	183.90	
19000	DRAIN BREAST LESION	179.37	169.75	263.25	242.31	
19120	REMOVE BREAST LESION	750.90	719.29	3,413.91	3,142.35	
19125	EXCISE BREAST LESION	832.58	797.97	3,413.91	3,142.35	
19290	PLACE NEEDLE WIRE, BREAST	262.84	248.72			
20100	EXPLORE WOUND, NECK	927.38	897.30			
20101	EXPLORE WOUND, CHEST	648.74	615.47			
20102	EXPLORE WOUND, ABDOMEN	764.14	725.33			
20103	EXPLORE WOUND, EXTREMITY	914.65	869.73	1,735.95	1,597.86	
20520	REMOVE FOREIGN BODY	311.74	296.49	401.28	369.36	
20525	REMOVE FOREIGN BODY	763.77	723.36	3,188.13	2,934.54	
20526	THERAPEUTIC INJECTION, CARP TUNNEL	118.45	113.27	127.50	117.36	
20550	INJECT TENDON SHEATH/LIGAMENT	89.97	86.03	95.94	88.29	
20551	INJECT TENDON ORIGIN/INSERT	91.72	87.67	99.45	91.53	
20552	INJECT TRIGGER POINT, 1/2 MUSCLE	129.69	123.83	94.77	87.21	
20553	INJECT TRIGGER POINTS, => 3	256.49	244.86	107.64	99.06	
20600	DRAIN/INJ, JOINT/BURSA	85.46	81.58	97.11	89.37	
20605	DRAIN/INJ, JOINT/BURSA	93.41	89.07	109.98	101.22	
20610	DRAIN/INJ, JOINT/BURSA	168.19	160.06	157.95	145.38	
20612	ASPIRATE/INJECT GANGLION CYST	92.67	88.43	106.47	98.01	
20615	TREAT BONE CYST	347.60	330.96	430.50	396.27	
20650	INSERT & REMOVE BONE PIN	313.04	298.60	3,064.83	2,821.05	
20660	APPLY, REM FIXATION DEVICE	381.89	369.85			
20661	APPLY HEAD BRACE	779.55	745.80			
20662	APPLY PELVIS BRACE	680.98	652.96	3,064.83	2,821.05	
20663	APPLY THIGH BRACE	724.98	694.28	3,064.83	2,821.05	
20664	HALO BRACE APPLY	1,287.51	1,238.22			
20665	REMOVE FIXATION DEVICE	175.48	167.39	89.55	82.44	X
20670	REMOVE SUPPORT IMPLANT	637.48	600.09	2,411.70	2,219.85	
20680	REMOVE SUPPORT IMPLANT	976.54	929.22	3,188.13	2,934.54	
20690	APPLY BONE FIXATION DEVICE	2,428.13	2,338.02	4,301.40	3,959.25	
20692	APPLY BONE FIXATION DEVICE	4,571.37	4,397.67	4,301.40	3,959.25	
20693	ADJUST BONE FIXATION DEVICE	1,941.73	1,861.31	3,064.83	2,821.05	
20694	REMOVE BONE FIXATION DEVICE	1,824.61	1,737.34	3,064.83	2,821.05	
20696	COMP MULTIPLANE EXT FIXATION	4,555.72	4,376.97	4,301.40	3,959.25	
20697	COMP EXT FIXATE STRUT CHANGE	7,725.55	7,206.79	2,779.53	2,558.43	
20900	REMOVE BONE FOR GRAFT	673.98	637.99	4,301.40	3,959.25	
20902	REMOVE BONE FOR GRAFT	519.31	498.66	4,301.40	3,959.25	
20910	REMOVE CARTILAGE FOR GRAFT	1,037.67	992.57	2,972.49	2,736.03	

20912	REMOVE CARTILAGE FOR GRAFT	1,198.06	1,147.49	2,972.49	2,736.03	
20920	REMOVE FASCIA FOR GRAFT	985.25	943.49	2,296.11	2,113.44	
20922	REMOVE FASCIA FOR GRAFT	1,471.19	1,405.30	2,296.11	2,113.44	
20924	REMOVE TENDON FOR GRAFT	800.25	767.01	4,301.40	3,959.25	
20926	REMOVE TISSUE FOR GRAFT	692.39	664.11	619.29	570.03	
20931	SP BONE ALLOGRAFT STRUCT, ADDED	480.89	465.78			
20937	SP BONE ALLOGRAFT MORSEL, ADDED	720.93	697.25			
20938	SP BONE ALLOGRAFT STRUCT, ADDED	790.60	765.16			
20950	FLUID PRESSURE, MUSCLE	1,090.10	1,027.35	198.84	183.03	
20955	FIBULA BONE GRAFT, MICROVASC	10,896.00	10,491.67			
20974	ELECTRICAL BONE STIMULATION	388.51	369.13			
20975	ELECTRICAL BONE STIMULATION	968.04	932.18			
20979	US BONE STIMULATION	288.61	275.42	89.55	82.44	X
20985	COMPUTER-ASSIST DIR MS PX	233.28	225.44			
21060	REMOVE JAW JOINT CARTILAGE	1,303.59	1,251.23	5,961.75	5,487.51	
21070	REMOVE CORONOID PROCESS	2,683.05	2,569.88	5,961.75	5,487.51	
21073	MANIPULATE TMJ W/ANESTH	625.03	593.86	832.95	766.71	
21085	PREPARE FACE/ORAL PROSTHESIS	1,260.46	1,209.45	1,265.82	1,165.11	
21110	INTERDENTAL FIXATION	1,453.19	1,375.54	1,056.45	972.42	
21116	INJECTION, JAW JOINT X-RAY	242.27	228.15			
21209	REDUCE FACIAL BONES	1,356.76	1,290.12	5,961.75	5,487.51	
21210	FACE BONE GRAFT	3,584.38	3,377.47	5,961.75	5,487.51	
21240	RECONSTRUCT JAW JOINT	3,361.24	3,224.68	5,961.75	5,487.51	
21242	RECONSTRUCT JAW JOINT	3,085.47	2,959.40	5,961.75	5,487.51	
21243	RECONSTRUCT JAW JOINT	5,070.37	4,866.28	5,961.75	5,487.51	
21244	RECONSTRUCT LOWER JAW	1,701.06	1,626.83	5,961.75	5,487.51	
21245	RECONSTRUCT JAW	1,819.98	1,735.61	5,961.75	5,487.51	
21246	RECONSTRUCT JAW	1,327.80	1,275.95	5,961.75	5,487.51	
21247	RECONSTRUCT LOWER JAW BONE	2,579.70	2,482.80	5,961.75	5,487.51	
21248	RECONSTRUCT JAW	1,730.48	1,651.07	5,961.75	5,487.51	
21249	RECONSTRUCT JAW	2,370.58	2,265.59	5,961.75	5,487.51	
21310	TREAT NOSE FX	185.45	174.76	151.17	139.14	
21315	TREAT NOSE FX	443.93	419.60	2,313.03	2,129.04	
21320	TREAT NOSE FX	417.47	394.98	2,313.03	2,129.04	
21325	TREAT NOSE FX	772.19	732.88	3,421.41	3,149.25	
21330	TREAT NOSE FX	926.89	881.33	3,421.41	3,149.25	
21335	TREAT NOSE FX	1,181.49	1,128.42	3,421.41	3,149.25	
21356	TREAT CHEEK BONE FX	2,159.27	2,052.68	3,421.41	3,149.25	
21360	TREAT CHEEK BONE FX	2,285.49	2,187.85	3,421.41	3,149.25	
21365	TREAT CHEEK BONE FX	4,774.53	4,590.46			
21366	TREAT CHEEK BONE FX	5,417.56	5,210.50			
21385	TREAT EYE SOCKET FX	3,005.24	2,877.79			
21386	TREAT EYE SOCKET FX	2,849.94	2,739.14			
21390	TREAT EYE SOCKET FX	3,399.51	3,262.80	5,961.75	5,487.51	
21395	TREAT EYE SOCKET FX	4,165.36	3,999.96			
21400	TREAT EYE SOCKET FX	807.13	765.31	1,056.45	972.42	

21401	TREAT EYE SOCKET FX	2,088.19	1,978.92	2,313.03	2,129.04
21406	TREAT EYE SOCKET FX	2,367.98	2,266.67	5,961.75	5,487.51
21407	TREAT EYE SOCKET FX	2,782.80	2,670.16	5,961.75	5,487.51
21408	TREAT EYE SOCKET FX	3,870.37	3,718.17		
21450	TREAT LOWER JAW FX	954.01	901.26	474.09	436.38
21451	TREAT LOWER JAW FX	1,231.95	1,165.53	1,056.45	972.42
21452	TREAT LOWER JAW FX	969.53	911.95	2,313.03	2,129.04
21453	TREAT LOWER JAW FX	1,437.35	1,360.70	5,961.75	5,487.51
21454	TREAT LOWER JAW FX	889.43	850.92	3,421.41	3,149.25
21461	TREAT LOWER JAW FX	3,370.55	3,171.80	5,961.75	5,487.51
21462	TREAT LOWER JAW FX	3,567.33	3,359.58	5,961.75	5,487.51
21465	TREAT LOWER JAW FX	1,514.36	1,453.74	5,961.75	5,487.51
21470	TREAT LOWER JAW FX	1,919.57	1,843.61		
21800	TREAT RIB FX	164.26	156.32	210.60	193.83
21820	TREAT STERNUM FX	217.62	207.24	210.60	193.83
21825	TREAT STERNUM FX	900.11	864.97		
22220	REVISE NECK SPINE	6,818.79	6,572.06		
22222	REVISE THORAX SPINE	6,314.11	6,084.66		
22224	REVISE LUMBAR SPINE	6,684.27	6,437.76		
22226	REVISE, EXTRA SPINE SEGMENT	1,568.66	1,517.81		
22305	TREAT SPINE PROCESS FX	799.90	764.05	210.60	193.83
22310	TREAT SPINE FX	1,269.31	1,216.97	734.37	675.96
22315	TREAT SPINE FX	3,738.68	3,578.03	2,779.53	2,558.43
22318	TREAT ODONTOID FX W/O GRAFT	6,900.86	6,658.98		
22319	TREAT ODONTOID FX W/GRAFT	7,677.12	7,413.74		
22325	TREAT SPINE FX	6,047.90	5,825.87		
22326	TREAT NECK SPINE FX	6,272.10	6,047.13		
22327	TREAT THORAX SPINE FX	6,237.86	6,008.33		
22328	TREAT EACH ADDED SPINE FX	1,212.38	1,173.97		
22505	MANIPULATE SPINE	214.24	206.29	2,074.56	1,909.53
22520	PERCUT VERTEBROPLASTY THORACIC	10,083.82	9,477.17	4,301.40	3,959.25
22521	PERCUT VERTEBROPLASTY LUMBAR	9,901.74	9,303.09	4,301.40	3,959.25
22522	PERCUT VERTEBROPLASTY ADDED	970.35	938.55	4,301.40	3,959.25
22526	IDET, SINGLE LEVEL	6,633.00	4,210.00		
22527	IDET, 1 OR MORE LEVELS	5,369.00	3,408.00		
22532	LAT THORAX SPINE FUSION	8,628.72	8,325.88		
22533	LAT LUMBAR SPINE FUSION	8,136.28	7,844.68		
22534	LAT THOR/LUMBAR, ADDED SEGMENT	1,780.94	1,723.44		
22548	NECK SPINE FUSION	9,410.36	9,086.14		
22551	NECK SPINE FUSE & REMOVE ADDL	8,441.88	8,144.16		
22552	ADDED NECK SPINE FUSION	1,951.91	1,888.77		
22554	NECK SPINE FUSION	6,185.12	5,961.42		
22556	THORAX SPINE FUSION	8,088.76	7,802.40		
22558	LUMBAR SPINE FUSION	7,467.81	7,203.88		
22585	ADDED SPINAL FUSION	1,650.20	1,597.95		
22590	SPINE & SKULL SPINAL FUSION	7,625.26	7,352.42		
22595	NECK SPINAL FUSION	7,251.72	6,990.41		
22600	NECK SPINE FUSION	6,203.61	5,974.93		

22610	THORAX SPINE FUSION	6,079.04	5,852.85			
22612	LUMBAR SPINE FUSION	7,743.54	7,467.24			
22614	SPINE FUSION, EXTRA SEGMENT	1,925.02	1,863.10			
22630	LUMBAR SPINE FUSION	7,469.56	7,201.26			
22632	SPINE FUSION, EXTRA SEGMENT	1,569.27	1,519.25			
22800	FUSE SPINE	6,570.03	6,327.97			
22802	FUSE SPINE	10,255.53	9,888.76			
22804	FUSE SPINE	11,812.16	11,392.31			
22808	FUSE SPINE	8,911.23	8,597.59			
22810	FUSE SPINE	9,894.23	9,551.68			
22812	FUSE SPINE	10,726.06	10,335.64			
22830	EXPLORE SPINAL FUSION	3,925.16	3,777.02			
22840	INSERT SPINE FIXATION DEVICE	4,687.17	4,536.75			
22842	INSERT SPINE FIXATION DEVICE	4,695.97	4,544.73			
22843	INSERT SPINE FIXATION DEVICE	4,987.18	4,825.50			
22844	INSERT SPINE FIXATION DEVICE	6,027.85	5,826.82			
22845	INSERT SPINE FIXATION DEVICE	4,518.17	4,376.06			
22846	INSERT SPINE FIXATION DEVICE	4,688.15	4,540.41			
22847	INSERT SPINE FIXATION DEVICE	5,354.75	5,191.05			
22848	INSERT PELVIC FIXATION DEVICE	2,208.58	2,135.18			
22849	REINSERT SPINAL FIXATION	7,902.75	7,621.10			
22850	REMOVE SPINE FIXATION DEVICE	4,360.21	4,194.71			
22851	APPLY SPINE PROSTH DEVICE	2,507.61	2,427.54			
22852	REMOVE SPINE FIXATION DEVICE	4,169.67	4,010.02			
22855	REMOVE SPINE FIXATION DEVICE	6,775.56	6,533.32			
22856	CERV ARTIFICIAL DISKECTOMY	10,046.89	9,695.88			
22857	LUMBAR ARTIFICIAL DISKECTOMY	10,139.75	9,791.25			
23120	PARTIAL REMOVE COLLAR BONE	3,521.55	3,374.09	4,301.40	3,959.25	
23125	REMOVE COLLAR BONE	4,270.68	4,099.77	4,301.40	3,959.25	
23130	REMOVE SHOULDER BONE, PART	3,681.64	3,527.78	6,312.78	5,810.61	
23331	REMOVE SHOULDER FOREIGN BODY	3,576.37	3,428.03	3,188.13	2,934.54	
23332	REMOVE SHOULDER FOREIGN BODY	5,348.95	5,138.14			
23350	INJECTION FOR SHOULDER X-RAY	245.78	232.06			
23405	TX SHO AREA 1 TDN	989.02	949.25	4,301.40	3,959.25	
23406	TX SHO AREA MLT TDN THRU SM INC	1,228.87	1,180.78	4,301.40	3,959.25	
23410	OPEN REPAIR OF ROTATOR CUFF, RECENT	3,500.51	3,361.17	6,312.78	5,810.61	
23412	OPEN REPAIR OF ROTATOR CUFF, OLD	3,640.20	3,495.88	6,312.78	5,810.61	
23415	CORACOACROMIAL LIGM RLS +- ACROMP	1,096.46	1,051.70	6,312.78	5,810.61	
23420	RECONSTRUCTION ROTATOR CUFF, OLD	4,128.82	3,965.45	6,312.78	5,810.61	
23430	TENODIS LONG TDN BICEPS	1,169.96	1,123.11	6,312.78	5,810.61	
23440	RESCJ/TRNSPLJ LONG TDN BICEPS	1,192.02	1,145.18	6,312.78	5,810.61	
23470	RECONSTRUCT SHOULDER JOINT	5,149.21	4,954.04			

23472	RECONSTRUCT SHOULDER JOINT	6,369.05	6,131.80			
23480	REVISE COLLAR BONE	3,481.15	3,344.49	6,312.78	5,810.61	
23485	REVISE COLLAR BONE	4,080.99	3,923.94	11,871.09	10,926.78	
23500	TREAT CLAVICLE FX	517.10	320.37	210.60	193.83	
23505	TREAT CLAVICLE FX	836.78	519.25	2,779.53	2,558.43	
23515	TREAT CLAVICLE FX	2,182.75	2,094.37	8,925.39	8,215.41	
23520	TREAT CLAVICLE DISLOCATION	543.64	518.10	734.37	675.96	
23525	TREAT CLAVICLE DISLOCATION	889.99	848.39	734.37	675.96	
23530	TREAT CLAVICLE DISLOCATION	1,683.11	1,615.14	6,420.90	5,910.15	
23540	TREAT CLAVICLE DISLOCATION	526.02	501.82	210.60	193.83	
23545	TREAT CLAVICLE DISLOCATION	963.58	919.00	734.37	675.96	
23550	TREAT CLAVICLE DISLOCATION	1,729.78	1,659.14	6,420.90	5,910.15	
23552	TREAT CLAVICLE DISLOCATION	1,992.63	1,911.66	6,420.90	5,910.15	
23570	TREAT SHOULDER BLADE FX	550.00	524.31	210.60	193.83	
23600	TREAT HUMERUS FX	774.56	479.33	210.60	193.83	
23605	TREAT HUMERUS FX	1,118.44	693.94	2,779.53	2,558.43	
23615	TREAT HUMERUS FX	3,210.58	1,336.23	8,925.39	8,215.41	
23616	TREAT HUMERUS FX	4,569.61	1,904.53	8,925.39	8,215.41	
23620	TREAT HUMERUS FX	640.51	609.71	210.60	193.83	
23625	TREAT HUMERUS FX	910.15	868.61	2,779.53	2,558.43	
23630	TREAT HUMERUS FX	2,340.39	2,246.76	8,925.39	8,215.41	
23650	TREAT SHOULDER DISLOCATION	713.19	443.19	210.60	193.83	
23655	TREAT SHOULDER DISLOCATION	941.00	585.27	2,074.56	1,909.53	
23700	FIXATE SHOULDER	470.07	338.09	2,074.56	1,909.53	
24220	INJECTION FOR ELBOW X-RAY	265.46	251.25			
24300	MANIPULATE ELBOW W/ANESTH	640.74	610.08	2,074.56	1,909.53	
24305	ARM TENDON LENGTHENING	912.18	874.28	4,301.40	3,959.25	
24340	REPAIR BICEPS TENDON	2,601.25	2,494.51	6,312.78	5,810.61	
24341	REPAIR ARM TENDON/MUSCLE	3,143.66	3,012.32	6,312.78	5,810.61	
24342	REPAIR RUPTURED TENDON	3,306.76	3,175.53	6,312.78	5,810.61	
24343	REPAIR ELBOW LAT LIGAMENT W/TISS	2,987.14	2,862.45	4,301.40	3,959.25	
24500	TREAT HUMERUS FX	549.29	522.97	210.60	193.83	
24505	TREAT HUMERUS FX	780.56	744.97	210.60	193.83	
24515	TREAT HUMERUS FX	1,381.32	1,326.32	8,925.39	8,215.41	
24516	TREAT HUMERUS FX	1,358.43	1,305.28	8,925.39	8,215.41	
24530	TREAT HUMERUS FX	588.23	560.15	210.60	193.83	
24535	TREAT HUMERUS FX	965.43	922.74	734.37	675.96	
24545	TREAT HUMERUS FX	1,456.68	1,399.91	8,925.39	8,215.41	
24546	TREAT HUMERUS FX	1,648.10	1,583.95	8,925.39	8,215.41	
24560	TREAT HUMERUS FX	494.20	470.24	210.60	193.83	
24565	TREAT HUMERUS FX	817.85	781.01	210.60	193.83	
24575	TREAT HUMERUS FX	1,155.33	1,108.02	8,925.39	8,215.41	
24576	TREAT HUMERUS FX	524.86	499.14	210.60	193.83	
24577	TREAT HUMERUS FX	846.15	808.13	210.60	193.83	
24579	TREAT HUMERUS FX	1,314.50	1,261.84	8,925.39	8,215.41	
25000	INCISE TENDON SHEATH	547.09	521.24	3,064.83	2,821.05	
25001	INCISE FLEXOR CARPI RADIALIS	536.36	511.94	3,064.83	2,821.05	
25020	DECOMPRESS FOREARM 1 SPACE	1,767.91	1,684.75	4,301.40	3,959.25	
25023	DECOMPRESS FOREARM 1 SPACE	3,363.81	3,221.26	4,301.40	3,959.25	
25024	DECOMPRESS FOREARM 2	2,353.42	2,260.29	4,301.40	3,959.25	

		SPACES				
25025		DECOMPRESS FOREARM 2 SPACES	3,669.10	3,530.71	4,301.40	3,959.25
25118		EXCISE WRIST TENDON SHEATH	607.03	580.07	4,301.40	3,959.25
25215		REMOVE WRIST BONES	1,898.51	1,818.66	4,301.40	3,959.25
25246		INJECTION FOR WRIST X-RAY	268.94	254.91		
25259		MANIPULATE WRIST W/ANESTH	644.82	613.89	2,779.53	2,558.43
25260		REPAIR FOREARM TENDON/MUSCLE	2,008.73	1,921.52	4,301.40	3,959.25
25263		REPAIR FOREARM TENDON/MUSCLE	1,999.71	1,913.76	4,301.40	3,959.25
25265		REPAIR FOREARM TENDON/MUSCLE	2,368.51	2,270.10	4,301.40	3,959.25
25270		REPAIR FOREARM TENDON/MUSCLE	1,592.68	1,522.50	4,301.40	3,959.25
25272		REPAIR FOREARM TENDON/MUSCLE	1,784.09	1,706.99	4,301.40	3,959.25
25274		REPAIR FOREARM TENDON/MUSCLE	2,130.04	2,040.87	4,301.40	3,959.25
25295		RELEASE WRIST/FOREARM TENDON	876.95	838.58	3,064.83	2,821.05
25500		TREAT FX RADIUS	413.29	393.45	210.60	193.83
25505		TREAT FX RADIUS	781.41	745.83	734.37	675.96
25515		TREAT FX RADIUS	1,050.48	1,007.25	6,420.90	5,910.15
25525		TREAT FX RADIUS	1,246.06	1,195.16	6,420.90	5,910.15
25526		TREAT FX RADIUS	1,533.29	1,471.52	6,420.90	5,910.15
25530		TREAT FX ULNA	402.85	382.70	210.60	193.83
25535		TREAT FX ULNA	760.01	725.62	210.60	193.83
25545		TREAT FX ULNA	981.64	940.37	6,420.90	5,910.15
25560		TREAT FX RADIUS & ULNA	808.02	769.13	210.60	193.83
25565		TREAT FX RADIUS & ULNA	1,566.66	1,496.29	734.37	675.96
25574		TREAT FX RADIUS & ULNA	2,025.40	1,942.13	8,925.39	8,215.41
25575		TREAT FX RADIUS/ULNA	2,717.76	2,608.67	8,925.39	8,215.41
25600		TREAT FX RADIUS/ULNA	869.76	827.89	210.60	193.83
25605		TREAT FX RADIUS/ULNA	1,865.53	1,783.62	734.37	675.96
25606		TREAT FX DISTAL RADIAL	2,018.97	1,933.22	3,542.43	3,260.64
25607		TREAT FX RADIAL EXTRA-ARTICULAR	2,204.51	2,113.59	8,925.39	8,215.41
25608		TREAT FX RADIAL INTRA-ARTICULAR	2,472.05	2,371.92	8,925.39	8,215.41
25609		TREAT FX RADIAL 3+ FRAG	3,148.22	3,022.40	8,925.39	8,215.41
25622		TREAT WRIST BONE FX	900.97	857.05	210.60	193.83
25624		TREAT WRIST BONE FX	1,384.38	1,319.72	734.37	675.96
25628		TREAT WRIST BONE FX	2,177.02	2,087.90	6,420.90	5,910.15
25630		TREAT WRIST BONE FX	909.36	866.26	210.60	193.83
25635		TREAT WRIST BONE FX	1,342.79	1,280.29	210.60	193.83
25645		TREAT WRIST BONE FX	1,718.80	1,648.07	6,420.90	5,910.15
25650		TREAT WRIST BONE FX	953.03	908.21	210.60	193.83
25652		TREAT FX ULNAR STYLOID	1,879.79	1,801.28	6,420.90	5,910.15
25670		TREAT FX ULNAR STYLOID	1,831.97	1,757.00	3,542.43	3,260.64
25671		TREAT FX ULNAR STYLOID	1,598.39	1,529.90	3,542.43	3,260.64
25676		TREAT WRIST DISLOCATION	1,911.46	1,832.38	3,542.43	3,260.64
25680		TREAT WRIST FX	1,383.37	1,326.99	210.60	193.83
25685		TREAT WRIST FX	2,218.61	2,130.23	3,542.43	3,260.64
26055		INCISE FINGER TENDON SHEATH	910.15	858.58	2,289.75	2,107.62

26116	EXCISE HAND TUMOR DEEP < 1.5 CM	1,590.71	1,523.59	2,411.70	2,219.85
26140	REVISE FINGER JOINT, EACH	1,527.77	1,462.59	2,289.75	2,107.62
26145	TENDON EXCISE PALM/FINGER	2,479.64	2,374.52	2,289.75	2,107.62
26340	MANIPULATE FINGER W/ANESTH	521.42	495.05	734.37	675.96
26410	REPAIR HAND TENDON	1,739.49	1,650.91	2,289.75	2,107.62
26418	REPAIR FINGER TENDON	2,125.52	2,014.58	2,289.75	2,107.62
26445	RELEASE HAND/FINGER TENDON	1,786.60	1,692.75	2,289.75	2,107.62
26480	TRANSPLANT HAND TENDON	2,307.21	2,192.78	3,971.19	3,655.32
26525	RELEASE FINGER CONTRACTURE	2,010.20	1,907.42	2,289.75	2,107.62
26540	REPAIR HAND JOINT	2,010.67	1,914.55	2,289.75	2,107.62
26600	TREAT METACARPAL FX	447.47	425.44	210.60	193.83
26605	TREAT METACARPAL FX	499.07	474.91	210.60	193.83
26607	TREAT METACARPAL FX	702.97	672.84	2,779.53	2,558.43
26608	TREAT METACARPAL FX	1,155.32	1,104.12	3,542.43	3,260.64
26615	TREAT METACARPAL FX	1,371.83	1,313.19	6,420.90	5,910.15
26720	TREAT FINGER FX, EACH	303.29	288.37	210.60	193.83
26725	TREAT FINGER FX, EACH	526.64	502.01	210.60	193.83
26727	TREAT FINGER FX, EACH	739.96	706.95	3,542.43	3,260.64
26735	TREAT FINGER FX, EACH	925.25	886.02	3,542.43	3,260.64
26740	TREAT FINGER FX, EACH	352.67	335.26	210.60	193.83
26742	TREAT FINGER FX, EACH	571.25	545.14	210.60	193.83
26746	TREAT FINGER FX, EACH	1,143.63	1,096.98	3,542.43	3,260.64
26750	TREAT FINGER FX, EACH	280.86	267.55	210.60	193.83
26755	TREAT FINGER FX, EACH	484.57	461.98	210.60	193.83
27036	EXCISE HIP JOINT/MUSCLE	3,050.71	2,932.10		
27093	INJECTION FOR HIP X-RAY	313.73	296.32		
27095	INJECTION FOR HIP X-RAY	384.77	363.23		
27096	INJECT SACROILIAC JOINT	586.47	554.47		
27130	TOTAL HIP ARTHROPLASTY	5,258.22	5,062.44		
27132	TOTAL HIP ARTHROPLASTY	6,133.86	5,907.48		
27193	TREAT PELVIC RING FX	1,417.56	1,359.02	210.60	193.83
27194	TREAT PELVIC RING FX	2,095.30	2,013.65	2,074.56	1,909.53
27227	TREAT HIP FX(S)	5,066.90	4,879.61		
27228	TREAT HIP FX(S)	5,779.51	5,567.94		
27236	TREAT THIGH FX	3,627.64	3,490.04		
27245	TREAT THIGH FX	3,775.02	3,630.86		
27275	MANIPULATE HIP JOINT	323.19	309.59	2,074.56	1,909.53
27403	REPAIR KNEE CARTILAGE	3,103.82	2,978.06	4,301.40	3,959.25
27405	REPAIR KNEE LIGAMENT	3,282.44	3,149.55	6,312.78	5,810.61
27420	REVISE UNSTABLE KNEECAP	2,261.71	2,171.44	6,312.78	5,810.61
27422	REVISE UNSTABLE KNEECAP	2,252.47	2,162.50	6,312.78	5,810.61
27424	REVISION/REMOVE KNEECAP	2,255.28	2,165.35	6,312.78	5,810.61
27447	TOTAL KNEE ARTHROPLASTY	4,684.46	4,509.75		
27487	REVISE/REPLACE KNEE JOINT	4,295.95	4,137.99		
27500	TREAT THIGH FX	2,180.66	2,087.12	734.37	675.96
27501	TREAT THIGH FX	2,131.34	2,042.54	210.60	193.83
27502	TREAT THIGH FX	3,311.93	3,184.79	2,779.53	2,558.43
27503	TREAT THIGH FX	3,407.62	3,273.56	210.60	193.83
27506	TREAT THIGH FX	5,689.32	5,472.85		
27507	TREAT THIGH FX	4,156.52	3,999.46		

27508	TREAT THIGH FX	2,209.66	2,113.32	210.60	193.83
27509	TREAT THIGH FX	2,744.11	2,628.26	3,542.43	3,260.64
27510	TREAT THIGH FX	2,936.26	2,821.17	734.37	675.96
27511	TREAT THIGH FX	4,295.44	4,134.33		
27513	TREAT THIGH FX	5,359.94	5,162.29		
27514	TREAT THIGH FX	4,219.76	4,059.34		
27520	TREAT KNEECAP FX	1,349.20	1,284.12	210.60	193.83
27524	TREAT KNEECAP FX	3,198.15	3,070.62		
27530	TREAT KNEE FX	1,671.35	1,593.30	210.60	193.83
27532	TREAT KNEE FX	2,604.20	2,492.86	2,779.53	2,558.43
27535	TREAT KNEE FX	3,857.40	3,711.25		
27536	TREAT KNEE FX	5,066.57	4,872.90		
27538	TREAT KNEE FX(S)	1,987.87	1,897.12	210.60	193.83
27540	TREAT KNEE FX	3,478.82	3,340.36		
27570	FIXATE KNEE JOINT	235.46	225.20	2,074.56	1,909.53
27685	REVISE LOWER LEG TENDON	2,767.45	2,634.16	4,301.40	3,959.25
27686	REVISE LOWER LEG TENDONS	2,372.88	2,276.62	4,301.40	3,959.25
27690	REVISE LOWER LEG TENDON	2,704.36	2,595.44	6,312.78	5,810.61
27691	REVISE LOWER LEG TENDON	3,202.39	3,073.42	6,312.78	5,810.61
27692	REVISE ADDEDITIONAL LEG TENDON	461.41	445.92	6,312.78	5,810.61
27695	REPAIR ANKLE LIGAMENT	1,477.41	1,416.90	4,301.40	3,959.25
27696	REPAIR ANKLE LIGAMENTS	1,723.72	1,656.05	4,301.40	3,959.25
27698	REPAIR ANKLE LIGAMENT	1,965.63	1,888.89	4,301.40	3,959.25
27750	TREAT TIBIA FX	1,446.76	1,377.78	210.60	193.83
27752	TREAT TIBIA FX	2,273.94	2,173.81	2,779.53	2,558.43
27758	TREAT TIBIA FX	3,785.47	3,636.72	6,420.90	5,910.15
27759	TREAT TIBIA FX	4,257.79	4,093.54	8,925.39	8,215.41
27760	CLOSED TREAT MEDIAL ANKLE FX	999.35	951.28	210.60	193.83
27762	CLOSED TREAT MED ANKLE FX W/MANIP	1,452.26	1,387.19	2,779.53	2,558.43
27766	OPEN TREAT MEDIAL ANKLE FX	1,856.02	1,778.54	6,420.90	5,910.15
27786	TREAT ANKLE FX	491.69	467.93	210.60	193.83
27788	TREAT ANKLE FX	662.30	632.08	210.60	193.83
27792	TREAT ANKLE FX	1,121.80	1,076.61	6,420.90	5,910.15
27808	TREAT ANKLE FX	518.87	493.37	210.60	193.83
27810	TREAT ANKLE FX	739.42	706.28	210.60	193.83
27814	TREAT ANKLE FX	1,223.81	1,174.68	6,420.90	5,910.15
27816	TREAT ANKLE FX	491.32	467.71	210.60	193.83
27818	TREAT ANKLE FX	756.19	722.98	734.37	675.96
27822	TREAT ANKLE FX	1,342.67	1,287.42	6,420.90	5,910.15
27823	TREAT ANKLE FX	1,523.63	1,462.35	8,925.39	8,215.41
27824	TREAT LOWER LEG FX	936.08	892.85	210.60	193.83
27825	TREAT LOWER LEG FX	1,653.18	1,582.18	2,779.53	2,558.43
27826	TREAT LOWER LEG FX	2,537.97	2,434.01	6,420.90	5,910.15
27827	TREAT LOWER LEG FX	3,313.36	3,179.78	8,925.39	8,215.41
27828	TREAT LOWER LEG FX	3,955.96	3,800.93	8,925.39	8,215.41
27829	TREAT LOWER LEG JOINT	2,062.48	1,976.64	6,420.90	5,910.15
27840	TREAT ANKLE DISLOCATION	1,072.56	1,028.51	210.60	193.83
27842	TREAT ANKLE DISLOCATION	1,488.26	1,426.77	2,074.56	1,909.53
27846	TREAT ANKLE DISLOCATION	2,235.14	2,146.41	6,420.90	5,910.15
27848	TREAT ANKLE DISLOCATION	2,511.52	2,412.81	6,420.90	5,910.15

27860	FIXATE ANKLE JOINT	276.66	265.27	2,074.56	1,909.53	
28120	PART REMOVE ANKLE/HEEL	1,107.25	1,057.06	3,014.25	2,774.49	
28122	PARTIAL REMOVE FOOT BONE	1,028.92	981.54	3,014.25	2,774.49	
28400	TREAT HEEL FX	389.18	369.98	210.60	193.83	
28405	TREAT HEEL FX	613.23	585.90	2,779.53	2,558.43	
28415	TREAT HEEL FX	1,782.79	1,712.47	8,925.39	8,215.41	
28420	TREAT/GRAFT HEEL FX	2,997.32	2,880.42	6,420.90	5,910.15	
28430	TREAT ANKLE FX	563.23	535.64	210.60	193.83	
28435	TREAT ANKLE FX	827.86	789.27	210.60	193.83	
28436	TREAT ANKLE FX	1,073.70	1,025.26	3,542.43	3,260.64	
28445	TREAT ANKLE FX	2,583.35	2,483.99	6,420.90	5,910.15	
28470	TREAT METATARSAL FX	511.87	486.88	210.60	193.83	
28475	TREAT METATARSAL FX	622.83	594.36	210.60	193.83	
28476	TREAT METATARSAL FX	843.05	802.80	3,542.43	3,260.64	
28485	TREAT METATARSAL FX	1,291.11	1,237.46	6,420.90	5,910.15	
28725	FUSE FOOT BONES	1,926.38	1,852.85	7,371.54	6,785.16	
28730	FUSE FOOT BONES	2,050.42	1,969.71	7,371.54	6,785.16	
28740	FUSE FOOT BONES	2,079.28	1,981.86	7,371.54	6,785.16	
28750	FUSE BIG TOE JOINT	2,027.14	1,930.24	7,371.54	6,785.16	
29065	APPLY LONG ARM CAST	149.13	141.80	194.19	178.74	X
29075	APPLY FOREARM CAST	139.52	132.52	187.17	172.29	X
29085	APPLY HAND/WRIST CAST	147.51	140.22	149.40	137.52	X
29086	APPLY FINGER CAST	117.72	111.61	149.40	137.52	X
29105	APPLY LONG ARM SPLINT	155.41	148.00	149.40	137.52	X
29125	APPLY FOREARM SPLINT	125.21	118.86	147.42	135.69	X
29126	APPLY FOREARM SPLINT	141.72	134.82	149.40	137.52	X
29130	APPLY FINGER SPLINT	72.44	69.28	67.86	62.46	X
29131	APPLY FINGER SPLINT	92.77	88.41	97.11	89.37	X
29200	STRAP CHEST	82.75	78.96	94.77	87.21	X
29240	STRAP SHOULDER	89.29	85.21	101.79	93.69	X
29260	STRAP ELBOW OR WRIST	80.59	76.70	100.62	92.61	X
29280	STRAP HAND OR FINGER	78.61	74.72	101.79	93.69	X
29345	APPLY LONG LEG CAST	212.03	202.15	255.03	234.75	X
29355	APPLY LONG LEG CAST	219.66	209.65	255.03	234.75	X
29365	APPLY LONG LEG CAST	191.79	182.59	240.99	221.82	X
29405	APPLY SHORT LEG CAST	138.97	132.16	178.98	164.73	X
29425	APPLY SHORT LEG CAST	147.75	140.72	181.32	166.89	X
29450	APPLY LEG CAST	226.46	217.10	149.40	137.52	X
29505	APPLY LONG LEG SPLINT	121.67	115.58	149.40	137.52	X
29515	APPLY LOWER LEG SPLINT	112.71	107.26	141.54	130.29	X
29520	STRAP HIP	77.82	74.05	97.11	89.37	X
29530	STRAP KNEE	81.60	77.69	100.62	92.61	X
29540	STRAP ANKLE AND/OR FT	53.90	51.17	72.54	66.78	X
29550	STRAP TOES	44.24	41.67	72.54	66.78	X
29580	APPLY PASTE BOOT	82.79	78.81	102.96	94.77	X
29581	APPLY MULTILAY COMPRESS LWR LEG	152.30	143.77	149.40	137.52	X
29590	APPLY FOOT SPLINT	82.51	79.00	83.04	76.44	X
29700	REMOVE/REVISE CAST	103.41	98.21	139.20	128.13	X
29705	REMOVE/REVISE CAST	104.21	99.48	119.34	109.86	X
29710	REMOVE/REVISE CAST	190.34	181.78	217.62	200.31	X
29740	WEDGE CAST	141.31	135.19	149.40	137.52	X
29800	JAW ARTHROSCOPY/SURG	2,870.02	2,751.17	3,997.71	3,679.71	

29804	JAW ARTHROSCOPY/SURG	3,578.52	3,434.24	3,997.71	3,679.71
29805	SHOULDER ARTHROSCOPY, DIAG	2,575.75	2,467.98	3,997.71	3,679.71
29806	SHOULDER ARTHROSCOPY/SURG	5,808.16	5,582.08	6,462.39	5,948.34
29807	SHOULDER ARTHROSCOPY/SURG	5,671.51	5,449.31	6,462.39	5,948.34
29819	SHOULDER ARTHROSCOPY/SURG	3,210.18	3,078.79	6,462.39	5,948.34
29820	SHOULDER ARTHROSCOPY/SURG	2,953.64	2,833.12	6,462.39	5,948.34
29821	SHOULDER ARTHROSCOPY/SURG	3,233.10	3,101.41	6,462.39	5,948.34
29822	SHOULDER ARTHROSCOPY/SURG	3,144.95	3,016.12	3,997.71	3,679.71
29823	SHOULDER ARTHROSCOPY/SURG	3,430.85	3,290.80	6,462.39	5,948.34
29824	SHOULDER ARTHROSCOPY/SURG	3,689.94	3,539.41	3,997.71	3,679.71
29825	SHOULDER ARTHROSCOPY/SURG	3,202.11	3,071.26	6,462.39	5,948.34
29826	SHOULDER ARTHROSCOPY/SURG	3,650.34	3,504.39	6,462.39	5,948.34
29827	ARTHROSCOPY ROTATOR CUFF REPAIR	4,596.05	4,418.87	6,462.39	5,948.34
29828	ARTHROSCOPY BICEPS TENODESIS	3,899.18	3,748.17	6,462.39	5,948.34
29830	ELBOW ARTHROSCOPY	1,932.85	1,852.70	3,997.71	3,679.71
29834	ELBOW ARTHROSCOPY/SURG	2,095.15	2,008.15	3,997.71	3,679.71
29835	ELBOW ARTHROSCOPY/SURG	2,154.22	2,065.19	3,997.71	3,679.71
29837	ELBOW ARTHROSCOPY/SURG	2,251.82	2,159.47	3,997.71	3,679.71
29840	WRIST ARTHROSCOPY	1,918.73	1,837.85	3,997.71	3,679.71
29844	WRIST ARTHROSCOPY/SURG	2,115.96	2,027.77	3,997.71	3,679.71
29845	WRIST ARTHROSCOPY/SURG	2,440.18	2,339.75	3,997.71	3,679.71
29846	WRIST ARTHROSCOPY/SURG	2,218.96	2,126.68	3,997.71	3,679.71
29847	WRIST ARTHROSCOPY/SURG	2,310.86	2,216.47	6,462.39	5,948.34
29848	WRIST ENDOSCOPY/SURG	2,159.31	2,067.30	3,997.71	3,679.71
29850	KNEE ARTHROSCOPY/SURG	2,540.30	2,439.30	3,997.71	3,679.71
29855	TIBIAL ARTHROSCOPY/SURG	3,347.13	3,213.03	6,462.39	5,948.34
29860	HIP ARTHROSCOPY, DIAG	2,809.81	2,697.02	6,462.39	5,948.34
29861	HIP ARTHROSCOPY/SURG	3,088.61	2,966.10	6,462.39	5,948.34
29862	HIP ARTHROSCOPY/SURG	3,469.37	3,330.41	6,462.39	5,948.34
29863	HIP ARTHROSCOPY/SURG	3,458.24	3,320.12	6,462.39	5,948.34
29870	KNEE ARTHROSCOPY, DIAG	2,543.44	2,416.34	3,997.71	3,679.71
29871	KNEE ARTHROSCOPY/DRAIN	2,182.27	2,092.01	3,997.71	3,679.71
29873	KNEE ARTHROSCOPY/SURG	2,221.06	2,124.42	3,997.71	3,679.71
29874	KNEE ARTHROSCOPY/SURG	2,291.42	2,197.95	3,997.71	3,679.71
29875	KNEE ARTHROSCOPY/SURG	2,712.06	2,599.81	3,997.71	3,679.71
29876	KNEE ARTHROSCOPY/SURG	3,584.57	3,439.85	3,997.71	3,679.71
29877	KNEE ARTHROSCOPY/SURG	3,398.38	3,259.86	3,997.71	3,679.71
29879	KNEE ARTHROSCOPY/SURG	2,818.03	2,704.52	3,997.71	3,679.71
29880	KNEE ARTHROSCOPY/SURG	3,774.79	3,623.53	3,997.71	3,679.71
29881	KNEE ARTHROSCOPY/SURG	3,531.15	3,388.20	3,997.71	3,679.71
29882	KNEE ARTHROSCOPY/SURG	3,812.37	3,660.32	3,997.71	3,679.71
29883	KNEE ARTHROSCOPY/SURG	3,576.15	3,435.01	3,997.71	3,679.71
29884	KNEE ARTHROSCOPY/SURG	2,635.72	2,528.41	3,997.71	3,679.71
29886	KNEE ARTHROSCOPY/SURG	2,695.10	2,585.53	3,997.71	3,679.71

29887	KNEE ARTHROSCOPY/SURG	3,168.57	3,041.28	3,997.71	3,679.71	
29888	KNEE ARTHROSCOPY/SURG	4,211.31	4,048.82	11,871.09	10,926.78	
29889	KNEE ARTHROSCOPY/SURG	5,187.05	4,985.30	11,871.09	10,926.78	
29891	ANKLE ARTHROSCOPY/SURG	2,944.29	2,825.65	6,462.39	5,948.34	
29894	ANKLE ARTHROSCOPY/SURG	2,194.01	2,106.44	3,997.71	3,679.71	
29895	ANKLE ARTHROSCOPY/SURG	2,096.49	2,013.20	3,997.71	3,679.71	
29897	ANKLE ARTHROSCOPY/SURG	2,198.99	2,111.07	3,997.71	3,679.71	
29898	ANKLE ARTHROSCOPY/SURG	2,437.92	2,342.16	3,997.71	3,679.71	
29899	ANKLE ARTHROSCOPY/SURG	4,454.29	4,283.43	6,462.39	5,948.34	
30100	INTRANASAL BIOPSY	231.61	218.73	357.99	329.52	
30130	EXCISE INFERIOR TURBINATE	616.48	585.09	2,313.03	2,129.04	
30140	RESECT INFERIOR TURBINATE	714.07	676.41	3,421.41	3,149.25	
30200	INJECTION TREAT NOSE	185.69	175.48	283.11	260.58	
30300	REMOVE NASAL FOREIGN BODY	377.61	355.40	89.55	82.44	X
30310	REMOVE NASAL FOREIGN BODY	333.88	317.27	2,313.03	2,129.04	
30520	REPAIR NASAL SEPTUM	1,533.94	1,462.07	3,421.41	3,149.25	
30802	ABLATE INF TURBINATE SUBMUCOSAL	475.96	450.01	2,313.03	2,129.04	
30901	CONTROL NOSEBLEED	154.98	147.82	151.17	139.14	
30903	CONTROL NOSEBLEED	323.03	305.90	151.17	139.14	
30905	CONTROL NOSEBLEED	400.32	379.29	151.17	139.14	
30930	THERAPEUTIC FX, NASAL INF TURB	199.28	189.73	2,313.03	2,129.04	
31000	IRRIGATE MAXILLARY SINUS	295.86	279.40	457.44	421.05	
31020	EXPLORE MAXILLARY SINUS	793.30	748.88	3,421.41	3,149.25	
31231	NASAL ENDOSCOPY, DIAG	316.52	298.37	268.32	246.99	
31237	NASAL/SINUS ENDOSCOPY, SURG	533.18	505.96	2,927.49	2,694.60	
31238	NASAL/SINUS ENDOSCOPY, SURG	547.19	519.83	2,927.49	2,694.60	
31255	REMOVE ETHMOID SINUS	1,735.89	1,673.26	4,128.33	3,799.92	
31256	EXPLORE MAXILLARY SINUS	1,228.03	1,181.96	4,128.33	3,799.92	
31267	ENDOSCOPY, MAXILLARY SINUS	983.83	947.97	4,128.33	3,799.92	
31500	INSERT EMERGENCY AIRWAY	169.29	164.70	315.78	290.67	X
31505	DIAGNOSTIC LARYNGOSCOPY	137.08	129.60	124.02	114.15	
31515	LARYNGOSCOPY FOR ASPIRATION	342.57	324.79	2,927.49	2,694.60	
31525	DIAG LARYNGOSCOPY EXCL NB	409.68	389.77	2,927.49	2,694.60	
31575	DIAGNOSTIC LARYNGOSCOPY	188.42	178.87	253.86	233.67	
31579	DIAGNOSTIC LARYNGOSCOPY	352.14	335.06	445.74	410.28	
31600	INCISE WINDPIPE	629.61	609.27			
31605	INCISE WINDPIPE	287.29	278.92	1,056.45	972.42	
31622	DIAG BRONCHOSCOPE/WASH	515.11	488.50	1,400.82	1,289.40	
31624	DIAG BRONCHOSCOPE/LAVAGE	516.04	489.32	1,400.82	1,289.40	
31645	BRONCHOSCOPY, CLEAR AIRWAYS	493.95	469.51	1,400.82	1,289.40	
31646	BRONCHOSCOPY, RECLEAR AIRWAY	451.44	428.67	1,400.82	1,289.40	
32405	BIOPSY LUNG OR MEDIASTINUM	154.47	149.43	1,298.73	1,195.41	
32551	INSERT CHEST TUBE	523.12	506.94			
32601	THORACOSCOPY, DIAGNOSTIC	499.24	483.47			
32651	THORACOSCOPY, SURGICAL	1,750.69	1,694.03			
32653	THORACOSCOPY, SURGICAL	1,686.57	1,632.06			
33210	INSERT HEART ELECTRODE	297.55	288.11	6,965.49	6,411.39	
33212	INSERT PULSE GENERATOR	564.31	544.12	19,984.50	18,394.77	

36000	PLACE NEEDLE IN VEIN	41.55	39.31			
36005	INJECTION EXT VENOGRAPHY	590.62	553.75			
36010	PLACE CATHETER IN VEIN	952.65	895.82			
36011	PLACE CATHETER IN VEIN	1,569.24	1,473.07			
36013	PLACE CATHETER IN ARTERY	1,386.90	1,301.48			
36014	PLACE CATHETER IN ARTERY	1,452.05	1,363.05			
36140	ESTABLISH ACCESS TO ARTERY	818.12	769.44			
36200	PLACE CATHETER IN AORTA	1,104.48	1,039.78			
36215	PLACE CATHETER IN ARTERY	1,968.28	1,850.35			
36216	PLACE CATHETER IN ARTERY	2,164.58	2,035.32			
36217	PLACE CATHETER IN ARTERY	3,554.81	3,335.12			
36218	PLACE CATHETER IN ARTERY	325.68	306.84			
36245	PLACE CATHETER IN ARTERY	2,078.60	1,953.45			
36246	PLACE CATHETER IN ARTERY	2,094.97	1,970.56			
36247	PLACE CATHETER IN ARTERY	3,310.67	3,107.79			
36248	PLACE CATHETER IN ARTERY	272.11	256.86			
36400	BLOOD DRAW < 3 YRS FEM/JUGULAR	46.92	44.88			
36406	BLOOD DRAW < 3 YRS OTHER VEIN	28.17	26.82			
36410	NON-ROUTINE BL DRAW > 3 YRS	29.91	28.45			
36425	VEIN ACCESS CUTDOWN > 1 YR	62.34	60.40	35.67	32.82	X
36430	BLOOD TRANSFUSION SERVICE	59.91	55.92	119.34	109.86	X
36471	INJECTION THERAPY VEINS	290.72	276.37	121.44	111.78	
36513	APHERESIS PLATELETS	158.96	153.73	1,652.49	1,521.03	X
36514	APHERESIS PLASMA	878.54	824.72	1,652.49	1,521.03	X
36515	APHERESIS, ADSORP/REINFUSE	3,313.31	3,095.86	4,195.89	3,862.11	X
36555	INSERT NON-TUNNEL CV CATH	442.67	420.24	1,516.71	1,396.08	
36556	INSERT NON-TUNNEL CV CATH	383.48	364.91	1,516.71	1,396.08	
36558	INSERT TUNNELED CV CATH	1,353.89	1,277.30	3,424.68	3,152.28	
36569	INSERT PICC CATH	430.72	406.86	1,516.71	1,396.08	
36571	INSERT PICVAD CATH	2,151.26	2,023.38	3,424.68	3,152.28	
36576	REPAIR TUNNELED CV CATH	619.78	588.02	1,516.71	1,396.08	
36578	REPLACE TUNNELED CV CATH	855.29	808.35	3,424.68	3,152.28	
36580	REPLACE CVAD CATH	375.27	353.82	1,516.71	1,396.08	
36584	REPLACE PICC CATH	360.67	339.77	1,516.71	1,396.08	
36589	REMOVE TUNNELED CV CATH	271.78	260.38	844.41	777.24	
36592	COLLECT BLOOD PICC	44.20	41.25			
36593	DECLOT VASCULAR DEVICE	49.44	46.14	98.28	90.45	
36598	INJECT W/FLUOR, EVAL CV DEVICE	189.67	178.99	298.32	274.59	
36600	WITHDRAW ARTERIAL BLOOD	50.41	47.90			
36620	INSERT CATHETER, ARTERY	210.31	204.69			
36625	INSERT CATHETER, ARTERY	169.68	164.90			
36800	INSERT CANNULA	261.61	251.45	4,680.63	4,308.30	
36810	INSERT CANNULA	340.24	329.61	4,680.63	4,308.30	
36815	INSERT CANNULA	244.77	236.68	4,680.63	4,308.30	
36818	AV FUSE, UPPER ARM, CEPHALIC	1,105.69	1,069.72	5,565.66	5,122.95	
36833	AV FISTULA REVISION	1,079.72	1,045.86	5,565.66	5,122.95	
36860	EXTERNAL CANNULA DECLOTTING	331.55	315.10	313.14	288.21	
37140	REVISE CIRCULATION	2,310.08	2,235.33			
37204	TRANSCATHETER OCCLUSION	1,460.69	1,414.57	12,369.78	11,385.78	

37609	TEMPORAL ARTERY PROCEDURE	503.08	478.98	2,411.70	2,219.85	
37620	REVISE MAJOR VEIN	2,029.20	1,958.69			
37650	REVISE MAJOR VEIN	1,545.07	1,493.80	3,662.31	3,370.98	
38100	REMOVE SPLEEN, TOTAL	1,765.00	1,708.45			
38115	REPAIR RUPTURED SPLEEN	1,947.72	1,885.34			
38200	INJECTION FOR SPLEEN X-RAY	234.86	227.73			
38206	HARVEST AUTO STEM CELLS	292.33	282.03	1,652.49	1,521.03	X
38220	BONE MARROW ASPIRATION	250.35	236.57	381.36	351.03	
38221	BONE MARROW BIOPSY	269.34	254.87	393.09	361.80	
38230	BONE MARROW COLLECTION	838.42	806.23	4,195.89	3,862.11	X
39501	REPAIR DIAPHRAGM LACERATION	1,328.67	1,283.88			
43235	UPPER GI ENDOSCOPY, DIAGNOSIS	490.49	464.67	1,184.82	1,090.56	
43236	UPPER GI SCOPE W/SUBMUCOSA INJECT	608.49	576.22	1,184.82	1,090.56	
43239	UPPER GI ENDOSCOPY, BIOPSY	567.52	537.88	1,184.82	1,090.56	
43246	PLACE GASTROSTOMY TUBE	403.59	389.45	1,184.82	1,090.56	
43248	UPPER GI ENDOSCOPY/GUIDE WIRE	303.20	292.10	1,184.82	1,090.56	
43249	ESOPH ENDOSCOPY, DILATION	279.64	269.41	1,184.82	1,090.56	
43255	OPERATIVE UPPER GI ENDOSCOPY	453.95	437.69	1,184.82	1,090.56	
43259	ENDOSCOPIC ULTRASOUND EXAM	488.13	470.63	1,184.82	1,090.56	
43260	ENDO CHOLANGIOPANCREATOGRAPH Y	556.81	536.98	3,099.69	2,853.12	
43450	DILATE ESOPHAGUS	258.48	245.26	875.61	805.98	
43760	CHANGE GASTROSTOMY TUBE	684.75	641.43	313.14	288.21	
43830	PLACE GASTROSTOMY TUBE	1,076.48	1,038.48			
44139	MOBILIZATION COLON	187.28	181.69			
44500	INTRODUCE GASTROINTESTINAL TUBE	38.60	37.33	844.41	777.24	
45300	PROCTOSIGMOIDOSCOPY DIAG	187.75	177.52	283.11	260.58	
45330	DIAGNOSTIC SIGMOIDOSCOPY	227.77	215.31	345.12	317.67	
45355	SURGICAL COLONOSCOPY	324.09	312.96	1,246.23	1,147.08	
45378	DIAGNOSTIC COLONOSCOPY	647.09	614.70	1,246.23	1,147.08	
46040	INCISE RECTAL ABSCESS	811.58	773.85	3,247.68	2,989.32	
46600	DIAGNOSTIC ANOSCOPY	136.30	128.76	89.55	82.44	X
47000	NEEDLE BIOPSY LIVER	575.57	542.24	1,298.73	1,195.41	
49080	PUNCTURE, PERITONEAL CAVITY	269.24	254.87	742.11	683.10	
49320	DIAG LAP SEPARATE PROC	508.88	490.86	5,156.19	4,746.03	
49421	INSERT ABDOM DRAIN, PERM	425.09	409.71	4,135.62	3,806.64	
49505	PART RPR I/HERNIA INIT REDUCT >5 YR	799.46	771.01	4,412.82	4,061.82	
50392	INSERT KIDNEY DRAIN	289.62	279.48	2,344.41	2,157.93	
50394	INJECTION FOR KIDNEY X-RAY	173.81	164.23			
51600	INJECTION FOR BLADDER X-RAY	328.90	309.24			
51610	INJECTION FOR BLADDER X-RAY	184.26	174.79			
51700	IRRIGATION BLADDER	143.15	135.97	189.51	174.45	
51701	INSERT BLADDER CATHETER	98.42	93.21	89.55	82.44	X
51702	INSERT TEMP BLADDER CATH	128.12	120.92	89.55	82.44	X
51703	INSERT BLADDER CATH, COMPLEX	227.44	216.26	148.20	136.41	

51705		CHANGE BLADDER TUBE	186.01	176.43	256.20	235.83	
51720		TREAT BLADDER LESION	185.88	177.55	205.92	189.54	
51725		SIMPLE CYSTOMETROGRAM	349.50	330.16			
51725	TC	SIMPLE CYSTOMETROGRAM	228.20	212.91	428.43	394.35	
51725	26	SIMPLE CYSTOMETROGRAM	121.30	117.25			
51726		COMPLEX CYSTOMETROGRAM	514.29	484.52			
51726	TC	COMPLEX CYSTOMETROGRAM	375.98	350.82	428.43	394.35	
51726	26	COMPLEX CYSTOMETROGRAM	138.31	133.68			
51741		ELECTRO-UROFLOWMETRY, FIRST	72.56	68.17			
51741	TC	ELECTRO-UROFLOWMETRY, FIRST	45.36	42.35	90.09	82.92	
51741	26	ELECTRO-UROFLOWMETRY, FIRST	27.20	25.82			
51784		ANAL/URINARY MUSCLE STUDY	340.60	321.93			
51784	TC	ANAL/URINARY MUSCLE STUDY	217.71	203.13	148.20	136.41	
51784	26	ANAL/URINARY MUSCLE STUDY	122.90	118.80			
51797		INTRAABDOMINAL PRESSURE TEST	225.40	212.42			
51797	TC	INTRAABDOMINAL PRESSURE TEST	159.49	148.82	271.74	250.14	
51797	26	INTRAABDOMINAL PRESSURE TEST	65.91	63.61			
51798		US URINE CAPACITY MEASURE	33.71	31.48	66.69	61.38	X
52000		CYSTOSCOPY	348.14	331.01	992.58	913.62	
52005		CYSTOSCOPY & URETER CATHETER	482.13	456.37	3,512.94	3,233.49	
52204		CYSTOSCOPY W/BIOPSY(S)	706.29	666.08	3,512.94	3,233.49	
52281		CYSTOSCOPY & TREAT	481.96	456.89	2,344.41	2,157.93	
52310		CYSTOSCOPY & TREAT	412.14	392.33	2,344.41	2,157.93	
52332		CYSTOSCOPY & TREAT	837.81	788.80	3,512.94	3,233.49	
52351		CYSTOURETERO & OR PYELOSCOPE	511.15	493.07	3,512.94	3,233.49	
53600		DILATE URETHRA STRICTURE	139.91	133.85	146.22	134.61	
53601		DILATE URETHRA STRICTURE	137.75	131.17	148.20	136.41	
53660		DILATE URETHRA	121.77	115.58	148.20	136.41	
53661		DILATE URETHRA	120.54	114.44	148.20	136.41	
54235		PENILE INJECTION	149.95	143.17	168.48	155.07	
57452		EXAM CERVIX W/SCOPE	174.20	167.01	171.99	158.31	
57500		BIOPSY CERVIX	213.96	203.21	286.62	263.82	
57511		CRYOCAUTERY CERVIX	234.32	224.50	218.10	200.76	
58340		CATHETER FOR HYSTERORRHAPHY	203.46	192.36			
58558		HYSTEROSCOPY, BIOPSY	576.77	552.42	3,079.32	2,834.37	
59000		AMNIOCENTESIS, DIAGNOSTIC	208.66	199.11	248.01	228.30	
59025		FETAL NON-STRESS TEST	117.18	112.00			
59025	TC	FETAL NON-STRESS TEST	45.58	42.59	58.50	53.85	
59025	26	FETAL NON-STRESS TEST	71.58	69.41			
59841		ABORTION	611.45	589.83	2,758.50	2,539.05	
61107		DRILL SKULL FOR IMPLANTATION	1,155.41	1,120.28			
61154		PIERCE SKULL & REMOVE CLOT	4,585.38	4,422.79			
61312		OPEN SKULL FOR DRAIN	12,568.27	12,152.49			
61313		OPEN SKULL FOR DRAIN	11,978.90	11,573.02			
61790		TREAT TRIGEMINAL NERVE	1,360.46	1,311.64	2,552.34	2,349.30	
62263		EPIDURAL LYSIS MULT	1,788.44	1,102.21	1,012.32	931.80	

	SESSIONS					
62264	EPIDURAL LYSIS ON SINGLE DAY	1,033.30	638.56	1,706.88	1,571.10	
62270	SPINAL FLUID TAP, DIAGNOSTIC	391.43	371.51	517.89	476.70	
62273	INJECT EPIDURAL PATCH	414.98	396.26	1,012.32	931.80	
62280	TREAT SPINAL CORD LESION	817.78	775.41	1,012.32	931.80	
62281	TREAT SPINAL CORD LESION	650.31	618.08	1,012.32	931.80	
62282	TREAT SPINAL CANAL LESION	743.51	703.87	1,012.32	931.80	
62284	INJECTION FOR MYELOGRAM	544.03	514.23			
62287	PERCUTANEOUS DISKECTOMY	5,347.03	5,141.26	4,972.53	4,576.98	
62290	INJECT FOR SPINE DISK X-RAY	1,256.74	1,191.64			
62291	INJECT FOR SPINE DISK X-RAY	1,184.82	1,123.82			
62292	INJECTION INTO DISK LESION	1,982.34	1,907.34	1,012.32	931.80	
62310	INJECT SPINE C/T	1,021.73	967.17	1,012.32	931.80	
62311	INJECT SPINE L/S (CD)	879.37	831.58	1,012.32	931.80	
62318	INJECT SPINE W/CATH, C/T	749.21	709.56	1,012.32	931.80	
62319	INJECT SPINE W/CATH L/S (CD)	475.01	451.01	1,706.88	1,571.10	
62350	IMPLANT SPINAL CANAL CATH	1,421.73	1,368.80	5,591.79	5,146.98	
62355	REMOVE SPINAL CANAL CATHETER	1,078.08	1,036.07	1,706.88	1,571.10	
62360	INSERT SPINE INFUSION DEVICE	1,101.95	1,059.35	5,591.79	5,146.98	
62362	IMPLANT SPINE INFUSION PUMP	1,485.61	1,430.02	42,080.97	38,733.54	
62365	REMOVE SPINE INFUSION DEVICE	1,188.99	1,142.45	4,972.53	4,576.98	
62367	ANALYZE SPINE INFUSION PUMP	149.54	142.62	76.02	69.99	X
62368	ANALYZE SPINE INFUSION PUMP	214.47	204.87	102.96	94.77	X
63020	NECK SPINE DISK SURG	8,480.91	8,175.53			
63030	LOW BACK DISK SURG	7,039.21	6,777.38			
63035	SPINAL DISK SURG, ADDED	1,413.89	1,368.63			
63040	LAMINOTOMY, SINGLE CERV	10,204.24	9,848.95			
63042	LAMINOTOMY, SINGLE LUMBAR	9,460.80	9,120.66			
63043	LAMINOTOMY, ADDED CERV	2,199.31	2,122.51			
63044	LAMINOTOMY, ADDED LUMBAR	2,212.36	2,135.10			
63045	REMOVE SPINAL LAMINA	9,234.32	8,908.87			
63046	REMOVE SPINAL LAMINA	8,797.11	8,483.60			
63047	REMOVE SPINAL LAMINA	8,004.21	7,710.97			
63048	REMOVE SPINAL LAMINA, ADDED	1,563.04	1,513.45			
63050	CERV LAMINOPLASTY	11,407.20	11,016.69			
63051	CERV LAMINOPLASTY W/GRAFT/PLATE	12,463.89	12,031.08			
63056	DECOMPRESS SPINAL CORD	10,760.37	10,383.89			
63057	DECOMPRESS SPINE CORD, ADDED	2,363.35	2,288.12			
63075	NECK SPINE DISK SURG	10,012.99	9,659.93			
63076	NECK SPINE DISK SURG	1,837.46	1,779.74			
63077	SPINE DISK SURG, THORAX	10,914.43	10,533.96			
63078	SPINE DISK SURG, THORAX	1,426.61	1,379.85			
63081	REMOVE VERTEBRAL BODY	12,892.45	12,447.96			
63082	REMOVE VERTEBRAL BODY, ADDED	1,975.19	1,912.82			
63650	IMPLANT NEUROELECTRODES	3,014.38	2,903.40	12,765.69	11,750.22	X
63655	IMPLANT NEUROELECTRODES	6,263.82	6,031.77	17,986.41	16,555.65	X
63685	INSERT/REDO SPINE N GENERATOR	2,895.73	2,787.18	47,572.08	43,787.88	X
63688	REVISE/REMOVE	2,623.21	2,523.05	3,880.14	3,571.47	

	NEURORECEIVER					
64400	NERVE BLOCK INJ, TRIGEMINAL	282.90	269.04	237.48	218.58	
64402	NERVE BLOCK INJ, FACIAL	280.41	267.23	219.96	202.47	
64405	NERVE BLOCK INJ, OCCIPITAL	278.84	266.46	202.38	186.30	
64412	NERVE BLOCK INJ, SPINAL ACCESSORY	377.77	357.92	352.14	324.12	
64413	NERVE BLOCK INJ, CERV PLEXUS	294.62	281.16	221.13	203.55	
64415	NERVE BLOCK INJ, BRACHIAL PLEXUS	304.42	290.12	517.89	476.70	
64416	NERVE BLOCK CONT INFUSE, B PLEX	191.93	186.58	1,012.32	931.80	
64417	NERVE BLOCK INJ, AXILLARY	320.99	305.45	517.89	476.70	
64418	NERVE BLOCK INJ, SUPRASCAPULAR	344.67	327.13	303.00	278.91	
64420	NERVE BLOCK INJ, INTERCOSTAL, SING	343.60	325.60	517.89	476.70	
64421	NERVE BLOCK INJ, INTERCOSTAL, MULT	493.86	468.06	1,012.32	931.80	
64425	NERVE BLOCK INJ, ILIO-ING/HYPOGI	321.93	307.96	221.13	203.55	
64430	NERVE BLOCK INJ, PUDENDAL	358.09	340.29	1,012.32	931.80	
64435	NERVE BLOCK INJ, PARACERV	352.78	335.81	287.79	264.90	
64445	NERVE BLOCK INJ, SCIATIC, SING	333.50	317.51	267.93	246.60	
64446	NERVE BLOCK INJ, SCIATIC, CONT INF	195.50	189.92	1,012.32	931.80	
64447	NERVE BLOCK INJ, FEM, SING	295.21	281.61	221.13	203.55	
64448	NERVE BLOCK INJ, FEM, CONT INF	173.59	168.69	1,012.32	931.80	
64449	NERVE BLOCK INJ, LUMBAR PLEXUS	199.08	193.27	1,012.32	931.80	
64450	NERVE BLOCK, OTHER PERIPHERAL	253.98	242.28	190.68	175.53	
64455	NERVE BLOCK INJ, PLANTAR DIGIT	119.59	114.82	71.37	65.70	
64479	INJECT FORAMEN EPIDURAL C/T	670.71	635.70	1,012.32	931.80	
64480	INJECT FORAMEN EPIDURAL, ADDED	397.14	377.32	517.89	476.70	
64483	INJECT FORAMEN EPIDURAL L/S	611.76	578.07	1,012.32	931.80	
64484	INJECT FORAMEN EPIDURAL, ADDED	268.13	254.31	517.89	476.70	
64490	INJECT PARAVERT F JNT C/T 1 LEV	494.93	469.59	1,012.32	931.80	
64491	INJECT PARAVERT F JNT C/T 2 LEV	241.80	230.50	355.95	327.66	
64492	INJECT PARAVERT F JNT C/T 3 LEV	244.49	233.01	355.95	327.66	
64493	INJECT PARAVERT F JNT L/S 1 LEV	442.52	419.26	1,012.32	931.80	
64494	INJECT PARAVERT F JNT L/S 2 LEV	218.85	208.33	355.95	327.66	
64495	INJECT PARAVERT F JNT L/S 3 LEV	222.43	211.68	355.95	327.66	
64505	NERVE BLOCK SPHENOPALATINE GANGLIA	241.39	230.83	166.14	152.91	
64510	NERVE BLOCK STELLATE GANGLION	340.64	322.89	1,012.32	931.80	
64517	NERVE BLOCK INJ, HYPOGAS PLXS	429.82	410.19	1,012.32	931.80	
64520	NERVE BLOCK	486.86	459.82	1,012.32	931.80	

		LUMBAR/THORACIC					
64550		APPLY NEUROSTIMULATOR	25.38	24.14			
64555		IMPLANT NEUROELECTRODES	325.74	310.44	12,765.69	11,750.22	X
64561		IMPLANT NEUROELECTRODES	1,613.98	1,525.77	12,765.69	11,750.22	X
64565		IMPLANT NEUROELECTRODES	286.59	272.61	12,765.69	11,750.22	X
64600		INJECTION TREAT NERVE	673.41	638.56	1,706.88	1,571.10	
64605		INJECTION TREAT NERVE	1,063.67	1,007.56	2,552.34	2,349.30	
64610		INJECTION TREAT NERVE	1,180.01	1,125.84	2,552.34	2,349.30	
64612		DESTROY NERVE, FACE MUSCLE	316.60	303.63	278.43	256.26	
64613		DESTROY NERVE, NECK MUSCLE	302.92	290.62	260.91	240.15	
64614		DESTROY NERVE, EXTREMITY MUSC	324.01	310.13	295.98	272.43	
64620		INJECTION TREAT NERVE	385.92	368.07	1,012.32	931.80	
64622		DESTROY PARAVERTEBRAL NERVE L/S	634.27	601.31	1,706.88	1,571.10	
64623		DESTROY PARAVERT NERVE, ADDED	317.51	300.33	1,012.32	931.80	
64626		DESTROY PARAVERTEBRAL NERVE C/T	751.82	713.75	1,012.32	931.80	
64627		DESTROY PARAVERT NERVE, ADDED	436.29	411.90	355.95	327.66	
64640		INJECTION TREAT NERVE	404.68	386.40	393.09	361.80	
64680		INJECTION TREAT NERVE	594.94	563.72	1,012.32	931.80	
64702		REVISE FINGER/TOE NERVE	767.00	734.49	2,552.34	2,349.30	
64704		REVISE HAND/FOOT NERVE	512.39	491.31	2,552.34	2,349.30	
64708		REVISE ARM/LEG NERVE	1,180.59	1,131.42	2,552.34	2,349.30	
64712		REVISE SCIATIC NERVE	1,335.75	1,283.50	2,552.34	2,349.30	
64713		REVISE ARM NERVE(S)	1,840.45	1,772.26	2,552.34	2,349.30	
64714		REVISE LOW BACK NERVE(S)	1,625.15	1,564.83	2,552.34	2,349.30	
64716		REVISE CRANIAL NERVE	1,304.40	1,249.13	2,552.34	2,349.30	
64718		REVISE ULNAR NERVE AT ELBOW	1,425.15	1,364.68	2,552.34	2,349.30	
64719		REVISE ULNAR NERVE AT WRIST	965.88	924.67	2,552.34	2,349.30	
64721		CARPAL TUNNEL SURG	2,074.12	1,982.69	2,552.34	2,349.30	
64818		REMOVE SYMPATHETIC NERVES	1,606.35	1,552.19			
65205		REMOVE FOREIGN BODY EYE	132.40	126.72	90.09	82.92	X
65210		REMOVE FOREIGN BODY EYE	164.76	157.50	117.00	107.70	X
65220		REMOVE FOREIGN BODY EYE	136.80	130.87	129.36	119.07	X
65222		REMOVE FOREIGN BODY EYE	181.46	173.50	127.50	117.36	X
65265		REMOVE FOREIGN BODY EYE	2,640.72	2,533.79	3,125.70	2,877.06	
67412		EXPLORE/TREAT EYE SOCKET	2,070.04	1,979.70	2,669.28	2,456.94	
69210		REMOVE IMPACTED EAR WAX	80.59	76.92	89.55	82.44	X
69310		REBUILD OUTER EAR CANAL	1,786.26	1,698.11	5,961.75	5,487.51	
69320		REBUILD OUTER EAR CANAL	2,511.83	2,392.78	5,961.75	5,487.51	
69666		REPAIR MIDDLE EAR STRUCTURES	3,035.82	2,897.99	5,961.75	5,487.51	
69667		REPAIR MIDDLE EAR STRUCTURES	3,041.01	2,902.91	5,961.75	5,487.51	
69990		MICROSURG, ADDED	529.56	513.23			
70030		X-RAY EYE FOR FOREIGN BODY	48.10	45.35			
70030	TC	X-RAY EYE FOR FOREIGN BODY	34.87	32.57	69.03	63.54	
70030	26	X-RAY EYE FOR FOREIGN BODY	13.22	12.79			
70100		X-RAY JAW < 4 VIEWS	55.59	52.37			
70100	TC	X-RAY JAW < 4 VIEWS	41.28	38.54	81.87	75.36	

70100	26	X-RAY JAW < 4 VIEWS	14.31	13.83			
70110		X-RAY JAW MINIMUM 4 VIEWS	66.14	62.37			
70110	TC	X-RAY JAW MINIMUM 4 VIEWS	47.11	43.97	87.24	80.31	
70110	26	X-RAY JAW MINIMUM 4 VIEWS	19.03	18.40			
70120		X-RAY MASTOIDS < 3 VIEWS/SIDE	59.09	55.62			
70120	TC	X-RAY MASTOIDS < 3 VIEWS/SIDE	44.78	41.81	87.24	80.31	
70120	26	X-RAY MASTOIDS < 3 VIEWS/SIDE	14.31	13.83			
70130		X-RAY MASTOIDS MINIMUM 3 VIEWS/SIDE	93.99	88.58			
70130	TC	X-RAY MASTOIDS MINIMUM 3 VIEWS/SIDE	68.07	63.54	87.24	80.31	
70130	26	X-RAY MASTOIDS MINIMUM 3 VIEWS/SIDE	25.92	25.05			
70140		X-RAY FACIAL BONES < 3 VIEWS	50.86	47.98			
70140	TC	X-RAY FACIAL BONES < 3 VIEWS	35.46	33.11	70.20	64.62	
70140	26	X-RAY FACIAL BONES < 3 VIEWS	15.40	14.86			
70150		X-RAY FACIAL BONES MINIMUM 3 VIEWS	71.88	67.76			
70150	TC	X-RAY FACIAL BONES MINIMUM 3 VIEWS	51.76	48.32	87.24	80.31	
70150	26	X-RAY FACIAL BONES MINIMUM 3 VIEWS	20.12	19.44			
70160		X-RAY NASAL BONES MINIMUM 3 VIEWS	55.66	52.41			
70160	TC	X-RAY NASAL BONES MINIMUM 3 VIEWS	42.45	39.63	84.21	77.52	
70160	26	X-RAY NASAL BONES MINIMUM 3 VIEWS	13.22	12.79			
70190		X-RAY OPTIC FORAMINA	60.03	56.57			
70190	TC	X-RAY OPTIC FORAMINA	43.61	40.71	86.55	79.68	
70190	26	X-RAY OPTIC FORAMINA	16.41	15.86			
70200		X-RAY ORBITS, MINIMUM 4 VIEWS	74.07	69.85			
70200	TC	X-RAY ORBITS, MINIMUM 4 VIEWS	52.34	48.86	87.24	80.31	
70200	26	X-RAY ORBITS, MINIMUM 4 VIEWS	21.71	20.98			
70210		X-RAY SINUSES < 3 VIEWS	52.17	49.16			
70210	TC	X-RAY SINUSES < 3 VIEWS	38.37	35.83	76.02	69.99	
70210	26	X-RAY SINUSES < 3 VIEWS	13.80	13.33			
70220		X-RAY SINUSES MINIMUM 3 VIEWS	64.97	61.29			
70220	TC	X-RAY SINUSES MINIMUM 3 VIEWS	45.94	42.89	87.24	80.31	
70220	26	X-RAY SINUSES MINIMUM 3 VIEWS	19.03	18.40			
70250		X-RAY SKULL < 4 VIEWS	62.13	58.62			
70250	TC	X-RAY SKULL < 4 VIEWS	43.03	40.17	85.38	78.60	
70250	26	X-RAY SKULL < 4 VIEWS	19.10	18.45			
70260		X-RAY SKULL MINIMUM 4 VIEWS	78.86	74.45			
70260	TC	X-RAY SKULL MINIMUM 4 VIEWS	52.92	49.41	105.30	96.93	
70260	26	X-RAY SKULL MINIMUM 4 VIEWS	25.92	25.05			
70300		X-RAY TEETH SINGLE VIEW	24.17	22.85			
70300	TC	X-RAY TEETH SINGLE VIEW	15.08	14.10	29.22	26.91	
70300	26	X-RAY TEETH SINGLE VIEW	9.09	8.75			
70310		X-RAY TEETH < FULL MOUTH	63.31	59.51			

70310	TC	X-RAY TEETH < FULL MOUTH	49.44	46.14	59.04	54.36	
70310	26	X-RAY TEETH < FULL MOUTH	13.88	13.37			
70320		X-RAY TEETH FULL MOUTH	83.72	79.89			
70320	TC	X-RAY TEETH FULL MOUTH	66.90	62.44	59.04	54.36	
70320	26	X-RAY TEETH FULL MOUTH	18.09	17.45			
70328		X-RAY TMJ UNILATERAL	52.10	49.11			
70328	TC	X-RAY TMJ UNILATERAL	37.79	35.29	74.85	68.91	
70328	26	X-RAY TMJ UNILATERAL	14.31	13.83			
70330		X-RAY TMJ BILATERAL	81.34	76.54			
70330	TC	X-RAY TMJ BILATERAL	62.24	58.09	87.24	80.31	
70330	26	X-RAY TMJ BILATERAL	19.10	18.45			
70332		TMJ ARTHOGRAPHY; RAD SUPER & INTERP	143.03	134.89			N1
70332	TC	TMJ ARTHOGRAPHY; RAD SUPER & INTERP	98.34	91.77			N1
70332	26	TMJ ARTHOGRAPHY; RAD SUPER & INTERP	44.68	43.10			N1
70336		MRI TMJ	763.99	716.59			
70336	TC	MRI TMJ	649.78	606.18	664.20	611.37	
70336	26	MRI TMJ	114.20	110.43			
70350		CEPHALOGRAM, ORTHODONTIC	35.29	33.41			
70350	TC	CEPHALOGRAM, ORTHODONTIC	20.32	18.99	39.78	36.60	
70350	26	CEPHALOGRAM, ORTHODONTIC	14.96	14.41			
70355		ORTHOPANTOGRAM	35.64	33.81			
70355	TC	ORTHOPANTOGRAM	19.16	17.91	37.44	34.44	
70355	26	ORTHOPANTOGRAM	16.50	15.90			
70360		X-RAY NECK SOFT TISSUE	46.36	43.73			
70360	TC	X-RAY NECK SOFT TISSUE	33.13	30.94	65.52	60.30	
70360	26	X-RAY NECK SOFT TISSUE	13.22	12.79			
70450		CT HEAD/BRAIN W/O DYE	426.03	400.31			
70450	TC	CT HEAD/BRAIN W/O DYE	341.76	318.85	375.45	345.60	
70450	26	CT HEAD/BRAIN W/O DYE	84.27	81.46			
70460		CT HEAD/BRAIN W/DYE	431.97	405.92			
70460	TC	CT HEAD/BRAIN W/DYE	344.66	321.55	580.71	534.51	
70460	26	CT HEAD/BRAIN W/DYE	87.31	84.38			
70470		CT HEAD/BRAIN W/O & W/DYE	523.38	491.61			
70470	TC	CT HEAD/BRAIN W/O & W/DYE	424.43	395.96	647.37	595.86	
70470	26	CT HEAD/BRAIN W/O & W/DYE	98.95	95.65			
70480		CT ORBIT/EAR/FOSSA W/O DYE	531.46	499.17			
70480	TC	CT ORBIT/EAR/FOSSA W/O DYE	431.99	403.02	375.45	345.60	
70480	26	CT ORBIT/EAR/FOSSA W/O DYE	99.46	96.15			
70481		CT ORBIT/EAR/FOSSA W/DYE	617.99	580.17			
70481	TC	CT ORBIT/EAR/FOSSA W/DYE	510.61	476.35	580.71	534.51	
70481	26	CT ORBIT/EAR/FOSSA W/DYE	107.38	103.82			
70482		CT ORBIT/EAR/FOSSA W/O & W/DYE	698.40	655.36			
70482	TC	CT ORBIT/EAR/FOSSA W/O & W/DYE	586.31	546.96	647.37	595.86	
70482	26	CT ORBIT/EAR/FOSSA W/O & W/DYE	112.09	108.39			
70486		CT MAXILLOFACIAL W/O DYE	442.37	415.65			
70486	TC	CT MAXILLOFACIAL W/O DYE	353.98	330.23	375.45	345.60	
70486	26	CT MAXILLOFACIAL W/O DYE	88.41	85.42			
70487		CT MAXILLOFACIAL W/DYE	533.63	501.24			

70487	TC	CT MAXILLOFACIAL W/DYE	432.58	403.56	580.71	534.51	
70487	26	CT MAXILLOFACIAL W/DYE	101.05	97.69			
70488		CT MAXILLOFACIAL W/O & W/DYE	649.72	609.86			
70488	TC	CT MAXILLOFACIAL W/O & W/DYE	539.73	503.52	647.37	595.86	
70488	26	CT MAXILLOFACIAL W/O & W/DYE	109.99	106.35			
70490		CT SOFT TISSUE NECK W/O DYE	432.46	406.83			
70490	TC	CT SOFT TISSUE NECK W/O DYE	333.02	310.68	375.45	345.60	
70490	26	CT SOFT TISSUE NECK W/O DYE	99.46	96.15			
70491		CT SOFT TISSUE NECK W/DYE	521.98	490.57			
70491	TC	CT SOFT TISSUE NECK W/DYE	415.11	387.27	580.71	534.51	
70491	26	CT SOFT TISSUE NECK W/DYE	106.87	103.30			
70492		CT SOFT TISSUE NECK W/O & W/DYE	632.03	593.43			
70492	TC	CT SOFT TISSUE NECK W/O & W/DYE	519.93	485.04	647.37	595.86	
70492	26	CT SOFT TISSUE NECK W/O & W/DYE	112.09	108.39			
70496		CT ANGIOGRAPHY, HEAD	1,008.14	945.09			
70496	TC	CT ANGIOGRAPHY, HEAD	871.63	813.13	655.71	603.54	
70496	26	CT ANGIOGRAPHY, HEAD	136.51	131.96			
70498		CT ANGIOGRAPHY, NECK	1,025.62	961.39			
70498	TC	CT ANGIOGRAPHY, NECK	889.10	829.43	655.71	603.54	
70498	26	CT ANGIOGRAPHY, NECK	136.51	131.96			
70540		MRI ORBIT/FACE/NECK W/O DYE	849.38	795.95			
70540	TC	MRI ORBIT/FACE/NECK W/O DYE	744.69	694.71	664.20	611.37	
70540	26	MRI ORBIT/FACE/NECK W/O DYE	104.69	101.24			
70542		MRI ORBIT/FACE/NECK W/DYE	948.56	889.20			
70542	TC	MRI ORBIT/FACE/NECK W/DYE	822.72	767.50	846.36	779.04	
70542	26	MRI ORBIT/FACE/NECK W/DYE	125.84	121.69			
70543		MRI ORBIT/FACE/NECK W/O & W/DYE	1,239.11	1,161.59			
70543	TC	MRI ORBIT/FACE/NECK W/O & W/DYE	1,073.12	1,001.07	1,033.50	951.27	
70543	26	MRI ORBIT/FACE/NECK W/O & W/DYE	166.00	160.53			
70544		MR ANGIOGRAPHY HEAD W/O DYE	930.92	871.62			
70544	TC	MR ANGIOGRAPHY HEAD W/O DYE	837.86	781.62	664.20	611.37	
70544	26	MR ANGIOGRAPHY HEAD W/O DYE	93.07	90.00			
70545		MR ANGIOGRAPHY HEAD W/DYE	925.11	866.18			
70545	TC	MR ANGIOGRAPHY HEAD W/DYE	832.04	776.19	846.36	779.04	
70545	26	MR ANGIOGRAPHY HEAD W/DYE	93.07	90.00			
70546		MR ANGIOGRAPH HEAD W/O & W/DYE	1,457.83	1,364.72			
70546	TC	MR ANGIOGRAPH HEAD W/O & W/DYE	1,317.67	1,229.21	1,033.50	951.27	
70546	26	MR ANGIOGRAPH HEAD W/O & W/DYE	140.15	135.51			
70547		MR ANGIOGRAPHY NECK W/O DYE	929.19	869.99			
70547	TC	MR ANGIOGRAPHY NECK W/O DYE	836.11	779.99	664.20	611.37	
70547	26	MR ANGIOGRAPHY NECK W/O DYE	93.07	90.00			

70548		MR ANGIOGRAPHY NECK W/DYE	975.77	913.44			
70548	TC	MR ANGIOGRAPHY NECK W/DYE	882.71	823.45	846.36	779.04	
70548	26	MR ANGIOGRAPHY NECK W/DYE	93.07	90.00			
70549		MR ANGIOGRAPH NECK W/O & W/DYE	1,458.47	1,365.29			
70549	TC	MR ANGIOGRAPH NECK W/O & W/DYE	1,318.84	1,230.29	1,033.50	951.27	
70549	26	MR ANGIOGRAPH NECK W/O & W/DYE	139.64	135.00			
70551		MRI BRAIN W/O DYE	878.11	823.06			
70551	TC	MRI BRAIN W/O DYE	763.33	712.09	664.20	611.37	
70551	26	MRI BRAIN W/O DYE	114.78	110.97			
70552		MRI BRAIN W/DYE	978.74	917.78			
70552	TC	MRI BRAIN W/DYE	839.60	783.26	846.36	779.04	
70552	26	MRI BRAIN W/DYE	139.14	134.52			
70553		MRI BRAIN W/O & W/DYE	1,228.68	1,152.44			
70553	TC	MRI BRAIN W/O & W/DYE	1,045.16	974.99	1,033.50	951.27	
70553	26	MRI BRAIN W/O & W/DYE	183.52	177.45			
70554		FMRI BRAIN BY TECH	964.57	905.39			
70554	TC	FMRI BRAIN BY TECH	799.43	745.77	664.20	611.37	
70554	26	FMRI BRAIN BY TECH	165.14	159.62			
70555	26	FMRI BRAIN BY PHYS/PSYCH	203.10	196.49			
71010		CHEST X-RAY SINGLE VIEW FRONTAL	46.85	44.31			
71010	TC	CHEST X-RAY SINGLE VIEW FRONTAL	30.48	28.47	50.31	46.29	
71010	26	CHEST X-RAY SINGLE VIEW FRONTAL	16.37	15.84			
71020		CHEST X-RAY 2 VIEWS FRONTAL & LATERAL	55.78	52.69			
71020	TC	CHEST X-RAY 2 VIEWS FRONTAL & LATERAL	37.56	35.08	69.03	63.54	
71020	26	CHEST X-RAY 2 VIEWS FRONTAL & LATERAL	18.23	17.61			
71021		CHEST X-RAY 2 VIEWS W/APICAL LORD PROC	63.65	60.11			
71021	TC	CHEST X-RAY 2 VIEWS W/APICAL LORD PROC	43.03	40.17	85.38	78.60	
71021	26	CHEST X-RAY 2 VIEWS W/APICAL LORD PROC	20.62	19.94			
71022		CHEST X-RAY 2 VIEWS W/OBLIQUE PROJ	77.92	73.51			
71022	TC	CHEST X-RAY 2 VIEWS W/OBLIQUE PROJ	54.09	50.49	87.24	80.31	
71022	26	CHEST X-RAY 2 VIEWS W/OBLIQUE PROJ	23.82	23.01			
71030		CHEST X-RAY MINIMUM 4 VIEWS	77.34	72.96			
71030	TC	CHEST X-RAY MINIMUM 4 VIEWS	53.50	49.95	87.24	80.31	
71030	26	CHEST X-RAY MINIMUM 4 VIEWS	23.82	23.01			
71035		CHEST X-RAY SPECIAL VIEWS	59.67	56.18			
71035	TC	CHEST X-RAY SPECIAL VIEWS	45.36	42.35	87.24	80.31	
71035	26	CHEST X-RAY SPECIAL VIEWS	14.31	13.83			
71040		CONTRAST X-RAY BRONCHI UNILATERAL	162.07	152.67			N1
71040	TC	CONTRAST X-RAY BRONCHI UNILATERAL	118.73	110.79			N1
71040	26	CONTRAST X-RAY BRONCHI UNILATERAL	43.34	41.88			N1
71090		X-RAY & PACEMAKER INSERT	169.62	163.54			N1

71090	TC	X-RAY & PACEMAKER INSERT	123.65	119.31			N1
71090	26	X-RAY & PACEMAKER INSERT	44.62	43.09			N1
71100		X-RAY RIBS 2 VIEWS	54.13	51.10			
71100	TC	X-RAY RIBS 2 VIEWS	37.20	34.75	73.71	67.86	
71100	26	X-RAY RIBS 2 VIEWS	16.93	16.36			
71101		X-RAY RIBS/CHEST MINIMUM 3 VIEWS	82.73	78.10			
71101	TC	X-RAY RIBS/CHEST MINIMUM 3 VIEWS	56.88	53.10	87.24	80.31	
71101	26	X-RAY RIBS/CHEST MINIMUM 3 VIEWS	25.85	25.00			
71110		X-RAY RIBS BILATERAL 3 VIEWS	68.31	64.46			
71110	TC	X-RAY RIBS BILATERAL 3 VIEWS	47.69	44.52	87.24	80.31	
71110	26	X-RAY RIBS BILATERAL 3 VIEWS	20.62	19.94			
71111		X-RAY RIBS/CHEST MINIMUM 4 VIEWS	88.32	83.23			
71111	TC	X-RAY RIBS/CHEST MINIMUM 4 VIEWS	63.99	59.73	127.50	117.36	
71111	26	X-RAY RIBS/CHEST MINIMUM 4 VIEWS	24.33	23.50			
71120		X-RAY STERNUM MINIMUM 2 VIEWS	53.70	50.65			
71120	TC	X-RAY STERNUM MINIMUM 2 VIEWS	38.37	35.83	76.02	69.99	
71120	26	X-RAY STERNUM MINIMUM 2 VIEWS	15.33	14.82			
71130		X-RAY STERNOCLAV JOINT MINIMUM 3 VIEWS	62.87	59.24			
71130	TC	X-RAY STERNOCLAV JOINT MINIMUM 3 VIEWS	45.94	42.89	87.24	80.31	
71130	26	X-RAY STERNOCLAV JOINT MINIMUM 3 VIEWS	16.93	16.36			
71250		CT THORAX W/O DYE	423.62	397.82			
71250	TC	CT THORAX W/O DYE	344.07	320.99	375.45	345.60	
71250	26	CT THORAX W/O DYE	79.55	76.82			
71260		CT THORAX W/DYE	525.35	493.37			
71260	TC	CT THORAX W/DYE	428.51	399.76	580.71	534.51	
71260	26	CT THORAX W/DYE	96.85	93.61			
71270		CT THORAX W/O & W/DYE	646.01	606.26			
71270	TC	CT THORAX W/O & W/DYE	539.14	502.96	647.37	595.86	
71270	26	CT THORAX W/O & W/DYE	106.87	103.30			
71275		CT ANGIOGRAPHY, CHEST	802.43	753.64			
71275	TC	CT ANGIOGRAPHY, CHEST	652.69	608.89	655.71	603.54	
71275	26	CT ANGIOGRAPHY, CHEST	149.74	144.75			
71550		MRI CHEST W/O DYE	960.37	899.74			
71550	TC	MRI CHEST W/O DYE	847.76	790.86	664.20	611.37	
71550	26	MRI CHEST W/O DYE	112.61	108.88			
71552		MRI CHEST W/O & W/DYE	1,425.20	1,335.46			
71552	TC	MRI CHEST W/O & W/DYE	1,249.54	1,165.66	1,033.50	951.27	
71552	26	MRI CHEST W/O & W/DYE	175.66	169.81			
71555		MRI ANGIO CHEST W OR W/O DYE	940.15	881.81			
71555	TC	MRI ANGIO CHEST W OR W/O DYE	798.85	745.23			
71555	26	MRI ANGIO CHEST W OR W/O DYE	141.30	136.58			
72010		X-RAY SPINE ANTEROPOST & LATERAL	124.49	117.37			

72010	TC	X-RAY SPINE ANTEROPOST & LATERAL	89.03	83.09	146.91	135.24	
72010	26	X-RAY SPINE ANTEROPOST & LATERAL	35.46	34.28			
72020		X-RAY SPINE SINGLE VIEW SPECIFY LEVEL	40.10	37.84			
72020	TC	X-RAY SPINE SINGLE VIEW SPECIFY LEVEL	27.88	26.05	54.99	50.61	
72020	26	X-RAY SPINE SINGLE VIEW SPECIFY LEVEL	12.21	11.79			
72040		X-RAY NECK SPINE CERV 2/3 VIEWS	102.52	96.69			
72040	TC	X-RAY NECK SPINE CERV 2/3 VIEWS	73.56	68.66	87.24	80.31	
72040	26	X-RAY NECK SPINE CERV 2/3 VIEWS	28.96	28.03			
72050		X-RAY NECK SPINE CERV MINIMUM 4 VIEWS	119.60	112.79			
72050	TC	X-RAY NECK SPINE CERV MINIMUM 4 VIEWS	86.14	80.40	127.50	117.36	
72050	26	X-RAY NECK SPINE CERV MINIMUM 4 VIEWS	33.46	32.39			
72052		X-RAY NECK SPINE COMPLETE	147.68	139.10			
72052	TC	X-RAY NECK SPINE COMPLETE	110.33	102.97	146.91	135.24	
72052	26	X-RAY NECK SPINE COMPLETE	37.35	36.13			
72069		X-RAY TRUNK SPINE STANDING	62.74	59.20			
72069	TC	X-RAY TRUNK SPINE STANDING	44.20	41.25	87.24	80.31	
72069	26	X-RAY TRUNK SPINE STANDING	18.55	17.95			
72070		X-RAY THORACIC SPINE 2 VIEWS	80.74	76.17			
72070	TC	X-RAY THORACIC SPINE 2 VIEWS	55.96	52.26	78.36	72.12	
72070	26	X-RAY THORACIC SPINE 2 VIEWS	24.78	23.92			
72072		X-RAY THORACIC SPINE 3 VIEWS	63.45	59.80			
72072	TC	X-RAY THORACIC SPINE 3 VIEWS	46.53	43.43	87.24	80.31	
72072	26	X-RAY THORACIC SPINE 3 VIEWS	16.93	16.36			
72074		X-RAY THORACIC SPINE MINIMUM 4 VIEWS	75.09	70.66			
72074	TC	X-RAY THORACIC SPINE MINIMUM 4 VIEWS	58.16	54.30	87.24	80.31	
72074	26	X-RAY THORACIC SPINE MINIMUM 4 VIEWS	16.93	16.36			
72080		X-RAY TRUNK SPINE 2 VIEWS	61.58	58.12			
72080	TC	X-RAY TRUNK SPINE 2 VIEWS	43.03	40.17	85.38	78.60	
72080	26	X-RAY TRUNK SPINE 2 VIEWS	18.55	17.95			
72090		X-RAY TRUNK SPINE SCOLIOSIS STUDY	83.19	78.46			
72090	TC	X-RAY TRUNK SPINE SCOLIOSIS STUDY	59.33	55.38	118.17	108.78	
72090	26	X-RAY TRUNK SPINE SCOLIOSIS STUDY	23.86	23.08			
72100		X-RAY LOWER SPINE 2/3 VIEWS	68.57	64.63			
72100	TC	X-RAY LOWER SPINE 2/3 VIEWS	50.02	46.70	87.24	80.31	
72100	26	X-RAY LOWER SPINE 2/3 VIEWS	18.55	17.95			
72110		X-RAY LOWER SPINE MINIMUM 4 VIEWS	129.47	122.01			
72110	TC	X-RAY LOWER SPINE MINIMUM 4 VIEWS	95.06	88.72	136.86	125.97	
72110	26	X-RAY LOWER SPINE MINIMUM 4 VIEWS	34.41	33.31			
72114		X-RAY LOWER SPINE COMPLETE	125.68	118.29			

72114	TC	X-RAY LOWER SPINE COMPLETE	96.02	89.60	146.91	135.24
72114	26	X-RAY LOWER SPINE COMPLETE	29.67	28.69		
72120		X-RAY LOWER SPINE BENDING MINIMUM 4 VIEWS	87.20	82.01		
72120	TC	X-RAY LOWER SPINE BENDING MINIMUM 4 VIEWS	68.65	64.08	87.24	80.31
72120	26	X-RAY LOWER SPINE BENDING MINIMUM 4 VIEWS	18.55	17.95		
72125		CT NECK SPINE W/O DYE	425.96	399.99		
72125	TC	CT NECK SPINE W/O DYE	346.40	323.17	375.45	345.60
72125	26	CT NECK SPINE W/O DYE	79.55	76.82		
72126		CT NECK SPINE W/DYE	524.34	492.38		
72126	TC	CT NECK SPINE W/DYE	429.68	400.84	580.71	534.51
72126	26	CT NECK SPINE W/DYE	94.66	91.53		
72127		CT NECK SPINE W/O & W/DYE	636.93	597.54		
72127	TC	CT NECK SPINE W/O & W/DYE	538.56	502.42	647.37	595.86
72127	26	CT NECK SPINE W/O & W/DYE	98.37	95.11		
72128		CT CHEST SPINE W/O DYE	425.37	399.45		
72128	TC	CT CHEST SPINE W/O DYE	345.82	322.63	375.45	345.60
72128	26	CT CHEST SPINE W/O DYE	79.55	76.82		
72129		CT CHEST SPINE W/DYE	525.50	493.47		
72129	TC	CT CHEST SPINE W/DYE	430.26	401.38	580.71	534.51
72129	26	CT CHEST SPINE W/DYE	95.24	92.07		
72130		CT CHEST SPINE W/O & W/DYE	637.51	598.08		
72130	TC	CT CHEST SPINE W/O & W/DYE	539.14	502.96	647.37	595.86
72130	26	CT CHEST SPINE W/O & W/DYE	98.37	95.11		
72131		CT LUMBAR SPINE W/O DYE	424.21	398.37		
72131	TC	CT LUMBAR SPINE W/O DYE	344.66	321.55	375.45	345.60
72131	26	CT LUMBAR SPINE W/O DYE	79.55	76.82		
72132		CT LUMBAR SPINE W/DYE	524.34	492.38		
72132	TC	CT LUMBAR SPINE W/DYE	429.10	400.30	580.71	534.51
72132	26	CT LUMBAR SPINE W/DYE	95.24	92.07		
72133		CT LUMBAR SPINE W/O & W/DYE	636.93	597.54		
72133	TC	CT LUMBAR SPINE W/O & W/DYE	538.56	502.42	647.37	595.86
72133	26	CT LUMBAR SPINE W/O & W/DYE	98.37	95.11		
72141		MRI NECK SPINE W/O DYE	936.23	878.43		
72141	TC	MRI NECK SPINE W/O DYE	788.37	735.46	664.20	611.37
72141	26	MRI NECK SPINE W/O DYE	147.87	142.97		
72142		MRI NECK SPINE W/DYE	989.34	928.01		
72142	TC	MRI NECK SPINE W/DYE	840.19	783.80	846.36	779.04
72142	26	MRI NECK SPINE W/DYE	149.16	144.21		
72146		MRI CHEST SPINE W/O DYE	801.97	752.41		
72146	TC	MRI CHEST SPINE W/O DYE	677.15	631.70	664.20	611.37
72146	26	MRI CHEST SPINE W/O DYE	124.83	120.69		
72147		MRI CHEST SPINE W/DYE	890.93	836.21		
72147	TC	MRI CHEST SPINE W/DYE	741.19	691.46	846.36	779.04
72147	26	MRI CHEST SPINE W/DYE	149.74	144.75		
72148		MRI LUMBAR SPINE W/O DYE	901.45	845.45		
72148	TC	MRI LUMBAR SPINE W/O DYE	769.58	717.94	664.20	611.37
72148	26	MRI LUMBAR SPINE W/O DYE	131.85	127.52		
72149		MRI LUMBAR SPINE W/DYE	887.91	833.04		
72149	TC	MRI LUMBAR SPINE W/DYE	748.77	698.52	846.36	779.04
72149	26	MRI LUMBAR SPINE W/DYE	139.14	134.52		

72156		MRI NECK SPINE W/O & W/DYE	1,227.57	1,151.99			
72156	TC	MRI NECK SPINE W/O & W/DYE	1,027.10	958.16	1,033.50	951.27	
72156	26	MRI NECK SPINE W/O & W/DYE	200.46	193.84			
72157		MRI CHEST SPINE W/O & W/DYE	1,153.62	1,083.01			
72157	TC	MRI CHEST SPINE W/O & W/DYE	953.16	889.17	1,033.50	951.27	
72157	26	MRI CHEST SPINE W/O & W/DYE	200.46	193.84			
72158		MRI LUMBAR SPINE W/O & W/DYE	1,209.34	1,134.48			
72158	TC	MRI LUMBAR SPINE W/O & W/DYE	1,024.78	955.99	1,033.50	951.27	
72158	26	MRI LUMBAR SPINE W/O & W/DYE	184.56	178.49			
72170		X-RAY PELVIS 1/2 VIEWS	68.47	64.69			
72170	TC	X-RAY PELVIS 1/2 VIEWS	46.19	43.14	60.84	56.01	
72170	26	X-RAY PELVIS 1/2 VIEWS	22.28	21.55			
72190		X-RAY PELVIS MINIMUM 3 VIEWS	70.97	66.85			
72190	TC	X-RAY PELVIS MINIMUM 3 VIEWS	52.92	49.41	87.24	80.31	
72190	26	X-RAY PELVIS MINIMUM 3 VIEWS	18.03	17.45			
72191		CT ANGIOGRAPH PELVIS W/O & W/DYE	769.42	722.61			
72191	TC	CT ANGIOGRAPH PELVIS W/O & W/DYE	627.65	585.53	655.71	603.54	
72191	26	CT ANGIOGRAPH PELVIS W/O & W/DYE	141.77	137.08			
72192		CT PELVIS W/O DYE	409.56	384.93			
72192	TC	CT PELVIS W/O DYE	325.44	303.61	375.45	345.60	
72192	26	CT PELVIS W/O DYE	84.11	81.30			
72193		CT PELVIS W/DYE	497.42	467.12			
72193	TC	CT PELVIS W/DYE	406.97	379.67	580.71	534.51	
72193	26	CT PELVIS W/DYE	90.45	87.45			
72194		CT PELVIS W/O & W/DYE	639.05	599.38			
72194	TC	CT PELVIS W/O & W/DYE	544.39	507.85	647.37	595.86	
72194	26	CT PELVIS W/O & W/DYE	94.66	91.53			
72195		MRI PELVIS W/O DYE	873.48	818.76			
72195	TC	MRI PELVIS W/O DYE	759.26	708.30	664.20	611.37	
72195	26	MRI PELVIS W/O DYE	114.23	110.47			
72196		MRI PELVIS W/DYE	966.38	906.08			
72196	TC	MRI PELVIS W/DYE	831.46	775.64	846.36	779.04	
72196	26	MRI PELVIS W/DYE	134.92	130.43			
72197		MRI PELVIS W/O & W/DYE	1,259.25	1,180.65			
72197	TC	MRI PELVIS W/O & W/DYE	1,084.17	1,011.38	1,033.50	951.27	
72197	26	MRI PELVIS W/O & W/DYE	175.08	169.27			
72198		MR ANGIO PELVIS W/O & W/DYE	936.15	878.06			
72198	TC	MR ANGIO PELVIS W/O & W/DYE	796.52	743.06			
72198	26	MR ANGIO PELVIS W/O & W/DYE	139.64	135.00			
72200		X-RAY EXAM SACROILIAC JOINTS	49.85	46.98			
72200	TC	X-RAY EXAM SACROILIAC JOINTS	36.62	34.19	72.54	66.78	
72200	26	X-RAY EXAM SACROILIAC JOINTS	13.22	12.79			
72202		X-RAY EXAM SACROILIAC JOINTS	58.43	55.04			
72202	TC	X-RAY EXAM SACROILIAC JOINTS	43.61	40.71	86.55	79.68	
72202	26	X-RAY EXAM SACROILIAC	14.82	14.32			

		JOINTS					
72220		X-RAY TAILBONE	49.27	46.44			
72220	TC	X-RAY TAILBONE	36.04	33.65	71.37	65.70	
72220	26	X-RAY TAILBONE	13.22	12.79			
72240		CONTRAST X-RAY NECK SPINE	372.37	351.09			N1
72240	TC	CONTRAST X-RAY NECK SPINE	263.27	245.65			N1
72240	26	CONTRAST X-RAY NECK SPINE	109.10	105.44			N1
72255		CONTRAST X-RAY THORAX SPINE	349.17	329.41			N1
72255	TC	CONTRAST X-RAY THORAX SPINE	241.78	225.60			N1
72255	26	CONTRAST X-RAY THORAX SPINE	107.39	103.80			N1
72265		CONTRAST X-RAY LOWER SPINE	355.47	334.98			N1
72265	TC	CONTRAST X-RAY LOWER SPINE	256.12	238.96			N1
72265	26	CONTRAST X-RAY LOWER SPINE	99.34	96.02			N1
72270		CONTRAST X-RAY SPINE	552.78	521.08			N1
72270	TC	CONTRAST X-RAY SPINE	394.08	367.67			N1
72270	26	CONTRAST X-RAY SPINE	158.70	153.41			N1
72275		EPIDUROGRAPHY	572.81	540.58			N1
72275	TC	EPIDUROGRAPHY	390.38	364.28			N1
72275	26	EPIDUROGRAPHY	182.38	176.30			N1
72285		X-RAY C/T SPINE DISK	376.65	356.04			N1
72285	TC	X-RAY C/T SPINE DISK	236.40	220.57			N1
72285	26	X-RAY C/T SPINE DISK	140.25	135.46			N1
72291		PERCUT VERT/SACROPLASTY, FLUOR	267.82	258.54			N1
72291	TC	PERCUT VERT/SACROPLASTY, FLUOR	161.82	156.18			N1
72291	26	PERCUT VERT/SACROPLASTY, FLUOR	113.43	109.79			N1
72295		X-RAY LOWER SPINE DISK	217.08	204.71			N1
72295	TC	X-RAY LOWER SPINE DISK	151.33	141.20			N1
72295	26	X-RAY LOWER SPINE DISK	65.74	63.49			N1
73000		X-RAY COLLAR BONE	48.17	45.40			
73000	TC	X-RAY COLLAR BONE	35.46	33.11	70.20	64.62	
73000	26	X-RAY COLLAR BONE	12.72	12.29			
73010		X-RAY SHOULDER BLADE	51.47	48.57			
73010	TC	X-RAY SHOULDER BLADE	36.62	34.19	72.54	66.78	
73010	26	X-RAY SHOULDER BLADE	14.85	14.37			
73020		X-RAY SHOULDER 1 VIEW	39.52	37.29			
73020	TC	X-RAY SHOULDER 1 VIEW	27.88	26.05	54.99	50.61	
73020	26	X-RAY SHOULDER 1 VIEW	11.62	11.24			
73030		X-RAY SHOULDER MINIMUM 2 VIEWS	74.36	70.21			
73030	TC	X-RAY SHOULDER MINIMUM 2 VIEWS	51.56	48.15	71.37	65.70	
73030	26	X-RAY SHOULDER MINIMUM 2 VIEWS	22.79	22.04			
73040		CONTRAST X-RAY SHOULDER	181.40	170.71			N1
73040	TC	CONTRAST X-RAY SHOULDER	138.53	129.26			N1
73040	26	CONTRAST X-RAY SHOULDER	42.87	41.45			N1
73050		X-RAY SHOULDERS	64.63	60.92			
73050	TC	X-RAY SHOULDERS	47.11	43.97	87.24	80.31	
73050	26	X-RAY SHOULDERS	17.54	16.95			
73060		X-RAY HUMERUS MINIMUM 2	49.27	46.44			

		VIEWS					
73060	TC	X-RAY HUMERUS MINIMUM 2 VIEWS	35.46	33.11	70.20	64.62	
73060	26	X-RAY HUMERUS MINIMUM 2 VIEWS	13.80	13.33			
73070		X-RAY ELBOW 2 VIEWS	47.66	44.91			
73070	TC	X-RAY ELBOW 2 VIEWS	35.46	33.11	70.20	64.62	
73070	26	X-RAY ELBOW 2 VIEWS	12.21	11.79			
73080		X-RAY ELBOW MINIMUM 3 VIEWS	57.41	54.04			
73080	TC	X-RAY ELBOW MINIMUM 3 VIEWS	44.20	41.25	87.24	80.31	
73080	26	X-RAY ELBOW MINIMUM 3 VIEWS	13.22	12.79			
73090		X-RAY FOREARM	47.01	44.31			
73090	TC	X-RAY FOREARM	34.29	32.03	67.86	62.46	
73090	26	X-RAY FOREARM	12.72	12.29			
73092		X-RAY ARM, INFANT	51.67	48.66			
73092	TC	X-RAY ARM, INFANT	38.95	36.37	77.19	71.07	
73092	26	X-RAY ARM, INFANT	12.72	12.29			
73100		X-RAY WRIST 2 VIEWS	52.13	49.16			
73100	TC	X-RAY WRIST 2 VIEWS	37.79	35.29	74.85	68.91	
73100	26	X-RAY WRIST 2 VIEWS	14.34	13.87			
73110		X-RAY WRIST MINIMUM 3 VIEWS	70.95	66.75			
73110	TC	X-RAY WRIST MINIMUM 3 VIEWS	55.03	51.37	87.24	80.31	
73110	26	X-RAY WRIST MINIMUM 3 VIEWS	15.92	15.38			
73115		CONTRAST X-RAY WRIST	183.73	172.89			N1
73115	TC	CONTRAST X-RAY WRIST	139.69	130.34			N1
73115	26	CONTRAST X-RAY WRIST	44.04	42.55			N1
73120		X-RAY HAND 2 VIEWS	46.43	43.77			
73120	TC	X-RAY HAND 2 VIEWS	33.71	31.48	66.69	61.38	
73120	26	X-RAY HAND 2 VIEWS	12.72	12.29			
73130		X-RAY HAND MINIMUM 3 VIEWS	62.21	58.60			
73130	TC	X-RAY HAND MINIMUM 3 VIEWS	46.96	43.85	80.70	74.28	
73130	26	X-RAY HAND MINIMUM 3 VIEWS	15.25	14.76			
73140		X-RAY FINGER(S) MINIMUM 2 VIEWS	53.05	49.88			
73140	TC	X-RAY FINGER(S) MINIMUM 2 VIEWS	42.45	39.63	84.21	77.52	
73140	26	X-RAY FINGER(S) MINIMUM 2 VIEWS	10.62	10.25			
73200		CT UPPER EXTREMITY W/O DYE	414.19	389.09			
73200	TC	CT UPPER EXTREMITY W/O DYE	334.76	312.31	375.45	345.60	
73200	26	CT UPPER EXTREMITY W/O DYE	79.42	76.78			
73201		CT UPPER EXTREMITY W/DYE	506.15	475.27			
73201	TC	CT UPPER EXTREMITY W/DYE	415.69	387.81	580.71	534.51	
73201	26	CT UPPER EXTREMITY W/DYE	90.45	87.45			
73202		CT UPPER EXTREMITY W/O & W/DYE	649.53	609.16			
73202	TC	CT UPPER EXTREMITY W/O & W/DYE	554.86	517.63	647.37	595.86	
73202	26	CT UPPER EXTREMITY W/O & W/DYE	94.66	91.53			
73206		CT ANGIO UPR EXTREMITY W/O & W/DYE	732.98	688.49			
73206	TC	CT ANGIO UPR EXTREMITY W/O & W/DYE	592.72	552.94	655.71	603.54	
73206	26	CT ANGIO UPR EXTREMITY W/O & W/DYE	140.26	135.54			

73218		MRI UPPER EXTREMITY W/O DYE	879.74	824.21			
73218	TC	MRI UPPER EXTREMITY W/O DYE	774.97	722.96	664.20	611.37	
73218	26	MRI UPPER EXTREMITY W/O DYE	104.76	101.27			
73219		MRI UPPER EXTREMITY W/DYE	950.89	891.36			
73219	TC	MRI UPPER EXTREMITY W/DYE	824.47	769.13	846.36	779.04	
73219	26	MRI UPPER EXTREMITY W/DYE	126.42	122.24			
73220		MRI UPPER EXTREMITY W/O & W/DYE	1,255.99	1,177.35			
73220	TC	MRI UPPER EXTREMITY W/O & W/DYE	1,088.83	1,015.73	1,033.50	951.27	
73220	26	MRI UPPER EXTREMITY W/O & W/DYE	167.16	161.61			
73221		MRI JOINT UPPER EXTREMITY W/O DYE	828.31	776.35			
73221	TC	MRI JOINT UPPER EXTREMITY W/O DYE	721.40	672.98	664.20	611.37	
73221	26	MRI JOINT UPPER EXTREMITY W/O DYE	106.89	103.37			
73222		MRI JOINT UPPER EXTREMITY W/DYE	901.39	845.19			
73222	TC	MRI JOINT UPPER EXTREMITY W/DYE	774.97	722.96	846.36	779.04	
73222	26	MRI JOINT UPPER EXTREMITY W/DYE	126.42	122.24			
73223		MRI JOINT UPPER EXTREMITY W/O & W/DYE	1,191.36	1,117.06			
73223	TC	MRI JOINT UPPER EXTREMITY W/O & W/DYE	1,024.78	955.99	1,033.50	951.27	
73223	26	MRI JOINT UPPER EXTREMITY W/O & W/DYE	166.58	161.07			
73225		MR ANGIO UPPER EXTREMITY W/O & W/DYE	1,024.20	959.93			
73225	TC	MR ANGIO UPPER EXTREMITY W/O & W/DYE	889.10	829.43			
73225	26	MR ANGIO UPPER EXTREMITY W/O & W/DYE	135.10	130.50			
73500		X-RAY HIP UNILATERAL 1 VIEW	45.06	42.59			
73500	TC	X-RAY HIP UNILATERAL 1 VIEW	30.21	28.22	59.67	54.93	
73500	26	X-RAY HIP UNILATERAL 1 VIEW	14.85	14.37			
73510		X-RAY HIP COMPLETE MINIMUM 2 VIEWS	71.16	67.09			
73510	TC	X-RAY HIP COMPLETE MINIMUM 2 VIEWS	51.46	48.03	87.24	80.31	
73510	26	X-RAY HIP COMPLETE MINIMUM 2 VIEWS	19.70	19.06			
73520		X-RAY HIPS MINIMUM 2 VIEWS	68.27	64.45			
73520	TC	X-RAY HIPS MINIMUM 2 VIEWS	47.11	43.97	87.24	80.31	
73520	26	X-RAY HIPS MINIMUM 2 VIEWS	21.16	20.48			
73525		X-RAY HIP ARTHROGRAPHY	168.58	158.76			N1
73525	TC	X-RAY HIP ARTHROGRAPHY	124.54	116.22			N1
73525	26	X-RAY HIP ARTHROGRAPHY	44.04	42.55			N1
73530		X-RAY HIP DURING OPERATIVE PROCEDURE	60.32	58.24			N1
73530	TC	X-RAY HIP DURING OPERATIVE PROCEDURE	37.53	36.22			N1
73530	26	X-RAY HIP DURING OPERATIVE PROCEDURE	23.26	22.51			N1
73540		X-RAY PELVIS & HIPS MINIMUM 2 VIEWS	68.71	64.73			
73540	TC	X-RAY PELVIS & HIPS MINIMUM 2	51.76	48.32	87.24	80.31	

		VIEWS					
73540	26	X-RAY PELVIS & HIPS MINIMUM 2 VIEWS	16.95	16.40			
73542		X-RAY EXAM, SACROILIAC JOINT	137.42	129.77			N1
73542	TC	X-RAY EXAM, SACROILIAC JOINT	91.36	85.25			N1
73542	26	X-RAY EXAM, SACROILIAC JOINT	46.06	44.51			N1
73550		X-RAY THIGH 2 VIEWS	53.51	50.53			
73550	TC	X-RAY THIGH 2 VIEWS	37.60	35.11	66.69	61.38	
73550	26	X-RAY THIGH 2 VIEWS	15.91	15.42			
73560		X-RAY KNEE 1/2 VIEWS	57.41	54.18			
73560	TC	X-RAY KNEE 1/2 VIEWS	40.85	38.14	72.54	66.78	
73560	26	X-RAY KNEE 1/2 VIEWS	16.56	16.02			
73562		X-RAY KNEE 3 VIEWS	74.25	69.95			
73562	TC	X-RAY KNEE 3 VIEWS	55.13	51.47	87.24	80.31	
73562	26	X-RAY KNEE 3 VIEWS	19.12	18.49			
73564		X-RAY KNEE, COMPLETE 4/MORE VIEWS	85.62	80.68			
73564	TC	X-RAY KNEE, COMPLETE 4/MORE VIEWS	63.21	59.00	87.24	80.31	
73564	26	X-RAY KNEE, COMPLETE 4/MORE VIEWS	22.40	21.68			
73565		X-RAY KNEES STANDING ANTEROPOST	57.28	54.00			
73565	TC	X-RAY KNEES STANDING ANTEROPOST	41.87	39.08	83.04	76.44	
73565	26	X-RAY KNEES STANDING ANTEROPOST	15.43	14.91			
73580		X-RAY KNEE ARTHOGRAPHY	222.68	209.25			N1
73580	TC	X-RAY KNEE ARTHOGRAPHY	176.95	165.10			N1
73580	26	X-RAY KNEE ARTHOGRAPHY	45.73	44.15			N1
73590		X-RAY TIBIA & FIBULA 2 VIEWS	56.34	53.14			
73590	TC	X-RAY TIBIA & FIBULA 2 VIEWS	40.26	37.60	65.52	60.30	
73590	26	X-RAY TIBIA & FIBULA 2 VIEWS	16.06	15.54			
73592		X-RAY LEG, INFANT MINIMUM 2 VIEWS	52.25	49.20			
73592	TC	X-RAY LEG, INFANT MINIMUM 2 VIEWS	39.53	36.92	78.36	72.12	
73592	26	X-RAY LEG, INFANT MINIMUM 2 VIEWS	12.72	12.29			
73600		X-RAY ANKLE 2 VIEWS	47.59	44.85			
73600	TC	X-RAY ANKLE 2 VIEWS	34.87	32.57	69.03	63.54	
73600	26	X-RAY ANKLE 2 VIEWS	12.72	12.29			
73610		X-RAY ANKLE MINIMUM 3 VIEWS	62.88	59.23			
73610	TC	X-RAY ANKLE MINIMUM 3 VIEWS	47.63	44.47	81.87	75.36	
73610	26	X-RAY ANKLE MINIMUM 3 VIEWS	15.25	14.76			
73615		CONTRAST X-RAY ANKLE	174.99	164.73			N1
73615	TC	CONTRAST X-RAY ANKLE	130.95	122.20			N1
73615	26	CONTRAST X-RAY ANKLE	44.04	42.55			N1
73620		X-RAY FOOT 2 VIEWS	45.84	43.23			
73620	TC	X-RAY FOOT 2 VIEWS	33.71	31.48	66.69	61.38	
73620	26	X-RAY FOOT 2 VIEWS	12.14	11.74			
73630		X-RAY FOOT MINIMUM 3 VIEWS	61.95	58.35			
73630	TC	X-RAY FOOT MINIMUM 3 VIEWS	46.60	43.51	79.53	73.20	
73630	26	X-RAY FOOT MINIMUM 3 VIEWS	15.35	14.86			
73650		X-RAY HEEL	47.01	44.31			
73650	TC	X-RAY HEEL	34.29	32.03	67.86	62.46	

73650	26	X-RAY HEEL	12.72	12.29			
73660		X-RAY TOE(S)	49.57	46.63			
73660	TC	X-RAY TOE(S)	39.53	36.92	78.36	72.12	
73660	26	X-RAY TOE(S)	10.03	9.71			
73700		CT LOWER EXTREMITY W/O DYE	414.77	389.63			
73700	TC	CT LOWER EXTREMITY W/O DYE	335.35	312.85	375.45	345.60	
73700	26	CT LOWER EXTREMITY W/O DYE	79.42	76.78			
73701		CT LOWER EXTREMITY W/DYE	510.81	479.62			
73701	TC	CT LOWER EXTREMITY W/DYE	420.36	392.16	580.71	534.51	
73701	26	CT LOWER EXTREMITY W/DYE	90.45	87.45			
73706		CT ANGIO LWR EXTREMITY W/O & W/DYE	807.23	758.08			
73706	TC	CT ANGIO LWR EXTREMITY W/O & W/DYE	658.52	614.32	655.71	603.54	
73706	26	CT ANGIO LWR EXTREMITY W/O & W/DYE	148.72	143.76			
73718		MRI LOWER EXTREMITY W/O DYE	861.62	807.36			
73718	TC	MRI LOWER EXTREMITY W/O DYE	756.93	706.12	664.20	611.37	
73718	26	MRI LOWER EXTREMITY W/O DYE	104.69	101.24			
73719		MRI LOWER EXTREMITY W/DYE	947.98	888.65			
73719	TC	MRI LOWER EXTREMITY W/DYE	822.14	766.96	846.36	779.04	
73719	26	MRI LOWER EXTREMITY W/DYE	125.84	121.69			
73720		MRI LOWER EXTREMITY W/O & W/DYE	1,257.16	1,178.43			
73720	TC	MRI LOWER EXTREMITY W/O & W/DYE	1,090.58	1,017.37	1,033.50	951.27	
73720	26	MRI LOWER EXTREMITY W/O & W/DYE	166.58	161.07			
73721		MRI JOINT LOWER EXTREMITY W/O DYE	844.02	791.02			
73721	TC	MRI JOINT LOWER EXTREMITY W/O DYE	737.71	688.19	664.20	611.37	
73721	26	MRI JOINT LOWER EXTREMITY W/O DYE	106.31	102.82			
73722		MRI JOINT LOWER EXTREMITY W/DYE	916.47	859.30			
73722	TC	MRI JOINT LOWER EXTREMITY W/DYE	788.94	735.99	846.36	779.04	
73722	26	MRI JOINT LOWER EXTREMITY W/DYE	127.53	123.31			
73723		MRI JOINT LWR EXTREMITY W/O & W/DYE	1,189.03	1,114.88			
73723	TC	MRI JOINT LWR EXTREMITY W/O & W/DYE	1,022.45	953.82	1,033.50	951.27	
73723	26	MRI JOINT LWR EXTREMITY W/O & W/DYE	166.58	161.07			
73725		MR ANGIO LOWER EXT W OR W/O DYE	938.33	880.13			
73725	TC	MR ANGIO LOWER EXT W OR W/O DYE	797.10	743.60			
73725	26	MR ANGIO LOWER EXT W OR W/O DYE	141.23	136.54			
74000		X-RAY ABDOMEN SINGLE ANTEROPOST	41.62	39.34			
74000	TC	X-RAY ABDOMEN SINGLE ANTEROPOST	27.88	26.05	54.99	50.61	
74000	26	X-RAY ABDOMEN SINGLE ANTEROPOST	13.73	13.29			

74010		X-RAY ABDOMEN ANTEROPOST & ADDED VW	63.95	60.30			
74010	TC	X-RAY ABDOMEN ANTEROPOST & ADDED VW	46.53	43.43	87.24	80.31	
74010	26	X-RAY ABDOMEN ANTEROPOST & ADDED VW	17.44	16.85			
74020		X-RAY ABDOMEN COMPLETE	67.15	63.37			
74020	TC	X-RAY ABDOMEN COMPLETE	46.53	43.43	87.24	80.31	
74020	26	X-RAY ABDOMEN COMPLETE	20.62	19.94			
74022		X-RAY EXAM SERIES, ABDOMEN	80.75	76.17			
74022	TC	X-RAY EXAM SERIES, ABDOMEN	56.42	52.67	112.32	103.38	
74022	26	X-RAY EXAM SERIES, ABDOMEN	24.33	23.50			
74150		CT ABDOMEN W/O DYE	415.67	390.94			
74150	TC	CT ABDOMEN W/O DYE	323.11	301.44	375.45	345.60	
74150	26	CT ABDOMEN W/O DYE	92.56	89.50			
74160		CT ABDOMEN W/DYE	621.20	583.19			
74160	TC	CT ABDOMEN W/DYE	512.35	477.98	580.71	534.51	
74160	26	CT ABDOMEN W/DYE	108.84	105.22			
74170		CT ABDOMEN W/O & W/DYE	748.27	701.76			
74170	TC	CT ABDOMEN W/O & W/DYE	639.30	596.40	647.37	595.86	
74170	26	CT ABDOMEN W/O & W/DYE	108.98	105.36			
74175		CT ANGIO ABDOM W/O & W/DYE	817.07	767.28			
74175	TC	CT ANGIO ABDOM W/O & W/DYE	668.42	623.56	655.71	603.54	
74175	26	CT ANGIO ABDOM W/O & W/DYE	148.66	143.73			
74176		CT ANGIO ABDOM & PELVIS	357.22	337.86			
74176	TC	CT ANGIO ABDOM & PELVIS	225.87	210.73	375.45	345.60	
74176	26	CT ANGIO ABDOM & PELVIS	131.35	127.13			
74177		CT ANGIO ABDOM & PELVIS W/CONTRAST	568.57	535.21			
74177	TC	CT ANGIO ABDOM & PELVIS W/CONTRAST	430.84	401.94	580.71	534.51	
74177	26	CT ANGIO ABDOM & PELVIS W/CONTRAST	137.73	133.28			
74178		CT ANGIO ABDOM & PELVIS 1+ REGNS	721.91	678.79			
74178	TC	CT ANGIO ABDOM & PELVIS 1+ REGNS	569.43	531.21	647.37	595.86	
74178	26	CT ANGIO ABDOM & PELVIS 1+ REGNS	152.50	147.58			
74181		MRI ABDOMEN W/O DYE	780.43	731.90			
74181	TC	MRI ABDOMEN W/O DYE	667.25	622.46	664.20	611.37	
74181	26	MRI ABDOMEN W/O DYE	113.19	109.42			
74183		MRI ABDOMEN W/O & W/DYE	1,261.00	1,182.28			
74183	TC	MRI ABDOMEN W/O & W/DYE	1,086.50	1,013.56	1,033.50	951.27	
74183	26	MRI ABDOMEN W/O & W/DYE	174.49	168.71			
74220		CONTRAST X-RAY, ESOPHAGUS	151.79	142.85			
74220	TC	CONTRAST X-RAY, ESOPHAGUS	115.82	108.07	167.97	154.59	
74220	26	CONTRAST X-RAY, ESOPHAGUS	35.97	34.77			
74230		CINE/VIDEO X-RAY, THROAT/ESOPH	153.59	144.71			
74230	TC	CINE/VIDEO X-RAY, THROAT/ESOPH	112.32	104.80	167.97	154.59	
74230	26	CINE/VIDEO X-RAY, THROAT/ESOPH	41.27	39.89			
74241		X-RAY EXAM, UPPER GI TRACT W/KUB	198.98	187.44			
74241	TC	X-RAY EXAM, UPPER GI TRACT	146.09	136.31	167.97	154.59	

		W/KUB					
74241	26	X-RAY EXAM, UPPER GI TRACT W/KUB	52.88	51.12			
74246		CONTRAST X-RAY UGI TRACT W/O KUB	213.47	200.98			
74246	TC	CONTRAST X-RAY UGI TRACT W/O KUB	159.49	148.82	167.97	154.59	
74246	26	CONTRAST X-RAY UGI TRACT W/O KUB	53.99	52.18			
74280		CONTRAST X-RAY COLON W/WO GLUCOGEN	357.90	336.48			
74280	TC	CONTRAST X-RAY COLON W/WO GLUCOGEN	281.19	262.33	274.98	253.11	
74280	26	CONTRAST X-RAY COLON W/WO GLUCOGEN	76.71	74.15			
74290		CONTRAST X-RAY, GALLBLADDER	115.11	108.23			
74290	TC	CONTRAST X-RAY, GALLBLADDER	90.78	84.71	167.97	154.59	
74290	26	CONTRAST X-RAY, GALLBLADDER	24.33	23.50			
74330		X-RAY BILE/PANCREAS ENDOSCOPY	300.56	290.09			N1
74330	TC	X-RAY BILE/PANCREAS ENDOSCOPY	230.31	222.27			N1
74330	26	X-RAY BILE/PANCREAS ENDOSCOPY	72.02	69.63			N1
74400		CONTRAST X-RAY URINARY TRACT	188.82	177.48			
74400	TC	CONTRAST X-RAY URINARY TRACT	150.75	140.66	301.83	277.83	
74400	26	CONTRAST X-RAY URINARY TRACT	38.07	36.82			
74410		CONTRAST X-RAY URINARY TRACT	194.65	182.91			
74410	TC	CONTRAST X-RAY URINARY TRACT	155.99	145.55	312.36	287.52	
74410	26	CONTRAST X-RAY URINARY TRACT	38.65	37.36			
74415		CONTRAST X-RAY URINARY TRACT	230.76	216.59			
74415	TC	CONTRAST X-RAY URINARY TRACT	192.68	179.77	341.13	313.98	
74415	26	CONTRAST X-RAY URINARY TRACT	38.07	36.82			
74420		CONTRAST X-RAY URINARY TRACT	219.86	212.18			
74420	TC	CONTRAST X-RAY URINARY TRACT	190.87	184.20	341.13	313.98	
74420	26	CONTRAST X-RAY URINARY TRACT	28.56	27.63			
74425		CONTRAST X-RAY URINARY TRACT	124.29	119.97			N1
74425	TC	CONTRAST X-RAY URINARY TRACT	95.30	91.97			N1
74425	26	CONTRAST X-RAY URINARY TRACT	28.56	27.63			N1
74430		CONTRAST X-RAY BLADDER	102.29	96.28			N1
74430	TC	CONTRAST X-RAY BLADDER	77.96	72.76			N1
74430	26	CONTRAST X-RAY BLADDER	24.33	23.50			N1
74450		X-RAY URETHRA/BLADDER	132.84	128.21			N1
74450	TC	X-RAY URETHRA/BLADDER	106.33	102.60			N1

74450	26	X-RAY URETHRA/BLADDER	26.46	25.59			N1
74455		X-RAY URETHRA/BLADDER	151.71	142.41			N1
74455	TC	X-RAY URETHRA/BLADDER	126.29	117.85			N1
74455	26	X-RAY URETHRA/BLADDER	25.42	24.56			N1
74475		X-RAY CONTROL, CATH INSERT	188.45	177.25			N1
74475	TC	X-RAY CONTROL, CATH INSERT	146.09	136.31			N1
74475	26	X-RAY CONTROL, CATH INSERT	42.36	40.94			N1
74480		X-RAY CONTROL, CATH INSERT	189.03	177.79			N1
74480	TC	X-RAY CONTROL, CATH INSERT	146.67	136.86			N1
74480	26	X-RAY CONTROL, CATH INSERT	42.36	40.94			N1
74485		X-RAY GUIDE, GU DILATION	186.12	175.08			N1
74485	TC	X-RAY GUIDE, GU DILATION	143.77	134.15			N1
74485	26	X-RAY GUIDE, GU DILATION	42.36	40.94			N1
75561		CARDIAC MRI FOR MORPH W/DYE	1,022.10	960.23			
75561	TC	CARDIAC MRI FOR MORPH W/DYE	816.31	761.53	1,033.50	951.27	
75561	26	CARDIAC MRI FOR MORPH W/DYE	205.79	198.70			
75572		CT HEART W/3D IMAGE	489.05	460.69			
75572	TC	CT HEART W/3D IMAGE	358.64	334.58	497.49	457.92	
75572	26	CT HEART W/3D IMAGE	130.41	126.11			
75574		CT ANGIO HEART W/3D IMAGE	745.46	701.56			
75574	TC	CT ANGIO HEART W/3D IMAGE	565.93	527.96	497.49	457.92	
75574	26	CT ANGIO HEART W/3D IMAGE	179.53	173.60			
75605		CONTRAST X-RAY AORTA	360.73	339.57			N1
75605	TC	CONTRAST X-RAY AORTA	270.12	252.01			N1
75605	26	CONTRAST X-RAY AORTA	90.61	87.55			N1
75625		CONTRAST X-RAY AORTA	361.13	340.04			N1
75625	TC	CONTRAST X-RAY AORTA	270.70	252.55			N1
75625	26	CONTRAST X-RAY AORTA	90.42	87.48			N1
75630		X-RAY AORTA, LEG ARTERIES	417.40	394.12			N1
75630	TC	X-RAY AORTA, LEG ARTERIES	277.11	258.54			N1
75630	26	X-RAY AORTA, LEG ARTERIES	140.29	135.59			N1
75635		CT ANGIO ABDOMINAL ARTERIES	913.36	858.40			N1
75635	TC	CT ANGIO ABDOMINAL ARTERIES	725.35	676.75			N1
75635	26	CT ANGIO ABDOMINAL ARTERIES	188.01	181.66			N1
75650		ARTERY X-RAYS HEAD & NECK	389.94	367.78			N1
75650	TC	ARTERY X-RAYS HEAD & NECK	272.45	254.19			N1
75650	26	ARTERY X-RAYS HEAD & NECK	117.50	113.59			N1
75665		ARTERY X-RAYS HEAD & NECK	425.00	400.08			N1
75665	TC	ARTERY X-RAYS HEAD & NECK	319.62	298.19			N1
75665	26	ARTERY X-RAYS HEAD & NECK	105.39	101.89			N1
75671		ARTERY X-RAYS HEAD & NECK	494.52	465.82			N1
75671	TC	ARTERY X-RAYS HEAD & NECK	363.17	338.89			N1
75671	26	ARTERY X-RAYS HEAD & NECK	131.36	126.95			N1
75676		ARTERY X-RAYS NECK UNILATERAL	407.54	383.78			N1
75676	TC	ARTERY X-RAYS NECK UNILATERAL	302.73	282.44			N1
75676	26	ARTERY X-RAYS NECK UNILATERAL	104.80	101.35			N1

75680		ARTERY X-RAYS NECK BILATERAL	460.30	433.83			N1
75680	TC	ARTERY X-RAYS NECK BILATERAL	328.94	306.88			N1
75680	26	ARTERY X-RAYS NECK BILATERAL	131.36	126.95			N1
75685		ARTERY X-RAYS SPINE	409.47	385.48			N1
75685	TC	ARTERY X-RAYS SPINE	305.65	285.15			N1
75685	26	ARTERY X-RAYS SPINE	103.82	100.33			N1
75705		ARTERY X-RAYS SPINE	472.31	446.19			N1
75705	TC	ARTERY X-RAYS SPINE	303.32	282.98			N1
75705	26	ARTERY X-RAYS SPINE	169.00	163.23			N1
75710		ARTERY X-RAYS ARM/LEG	392.29	368.94			N1
75710	TC	ARTERY X-RAYS ARM/LEG	304.48	284.06			N1
75710	26	ARTERY X-RAYS ARM/LEG	87.82	84.88			N1
75716		ARTERY X-RAYS ARMS/LEGS	453.48	426.68			N1
75716	TC	ARTERY X-RAYS ARMS/LEGS	350.35	326.93			N1
75716	26	ARTERY X-RAYS ARMS/LEGS	103.13	99.75			N1
75722		ARTERY X-RAYS KIDNEY	379.94	357.49			N1
75722	TC	ARTERY X-RAYS KIDNEY	289.33	269.93			N1
75722	26	ARTERY X-RAYS KIDNEY	90.61	87.55			N1
75724		ARTERY X-RAYS KIDNEYS	449.53	423.26			N1
75724	TC	ARTERY X-RAYS KIDNEYS	329.39	307.38			N1
75724	26	ARTERY X-RAYS KIDNEYS	120.14	115.88			N1
75726		ARTERY X-RAYS ABDOMEN	389.19	366.16			N1
75726	TC	ARTERY X-RAYS ABDOMEN	299.82	279.71			N1
75726	26	ARTERY X-RAYS ABDOMEN	89.37	86.44			N1
75736		ARTERY X-RAYS PELVIS	387.64	364.59			N1
75736	TC	ARTERY X-RAYS PELVIS	299.24	279.17			N1
75736	26	ARTERY X-RAYS PELVIS	88.41	85.42			N1
75743		ARTERY X-RAYS LUNGS	408.48	385.48			N1
75743	TC	ARTERY X-RAYS LUNGS	278.28	259.62			N1
75743	26	ARTERY X-RAYS LUNGS	130.20	125.85			N1
75774		ARTERY X-RAY, EACH VESSEL	270.73	253.58			N1
75774	TC	ARTERY X-RAY, EACH VESSEL	242.17	225.94			N1
75774	26	ARTERY X-RAY, EACH VESSEL	28.56	27.63			N1
75809		NONVASCULAR SHUNT, X-RAY	164.52	154.76			N1
75809	TC	NONVASCULAR SHUNT, X-RAY	127.46	118.93			N1
75809	26	NONVASCULAR SHUNT, X-RAY	37.06	35.83			N1
75820		VEIN X-RAY ARM/LEG	210.48	198.23			N1
75820	TC	VEIN X-RAY ARM/LEG	155.41	145.01			N1
75820	26	VEIN X-RAY ARM/LEG	55.07	53.22			N1
75822		VEIN X-RAY ARMS/LEGS	256.52	242.15			N1
75822	TC	VEIN X-RAY ARMS/LEGS	174.04	162.39			N1
75822	26	VEIN X-RAY ARMS/LEGS	82.47	79.77			N1
75825		VEIN X-RAY TRUNK	345.52	325.41			N1
75825	TC	VEIN X-RAY TRUNK	257.32	240.06			N1
75825	26	VEIN X-RAY TRUNK	88.21	85.35			N1
75894		X-RAYS, TRANSCATH THERAPY	1,855.82	1,791.12			N1
75894	TC	X-RAYS, TRANSCATH THERAPY	1,753.06	1,691.80			N1
75894	26	X-RAYS, TRANSCATH THERAPY	106.24	102.86			N1
75898		F/U ANGIOGRAPHY	209.00	201.67			N1
75898	TC	F/U ANGIOGRAPHY	78.78	76.03			N1

75898	26	F/U ANGIOGRAPHY	135.47	131.11				N1
75940		X-RAY PLACE VEIN FILTER	957.35	924.02				N1
75940	TC	X-RAY PLACE VEIN FILTER	914.34	882.41				N1
75940	26	X-RAY PLACE VEIN FILTER	43.27	41.92				N1
75954	26	ILIAC ANEURYSM ENDOVASC REPAIR	183.83	178.42				
75957	26	X-RAY, ENDOVASC THOR AO REPAIR	494.34	480.01				
75960		TRANSCATH IV STENT RS & I	326.56	306.84				N1
75960	TC	TRANSCATH IV STENT RS & I	262.56	244.95				N1
75960	26	TRANSCATH IV STENT RS & I	64.01	61.89				N1
75961		RETRIEVE BROKEN CATHETER	601.23	572.18				N1
75961	TC	RETRIEVE BROKEN CATHETER	271.28	253.09				N1
75961	26	RETRIEVE BROKEN CATHETER	329.93	319.08				N1
75962		REPAIR ARTERIAL BLOCKAGE	360.81	338.03				N1
75962	TC	REPAIR ARTERIAL BLOCKAGE	319.03	297.65				N1
75962	26	REPAIR ARTERIAL BLOCKAGE	41.78	40.39				N1
75964		REPAIR ARTERY BLOCKAGE, EACH	224.67	210.63				N1
75964	TC	REPAIR ARTERY BLOCKAGE, EACH	196.17	183.04				N1
75964	26	REPAIR ARTERY BLOCKAGE, EACH	28.51	27.61				N1
75978		REPAIR VENOUS BLOCKAGE	361.40	338.57				N1
75978	TC	REPAIR VENOUS BLOCKAGE	320.20	298.73				N1
75978	26	REPAIR VENOUS BLOCKAGE	41.20	39.85				N1
75984		X-RAY CONTROL CATHETER CHANGE	192.29	181.30				N1
75984	TC	X-RAY CONTROL CATHETER CHANGE	136.20	127.09				N1
75984	26	X-RAY CONTROL CATHETER CHANGE	56.09	54.21				N1
75989		ABSCESS DRAIN UNDER X-RAY	224.22	212.28				N1
75989	TC	ABSCESS DRAIN UNDER X-RAY	132.70	123.82				N1
75989	26	ABSCESS DRAIN UNDER X-RAY	91.52	88.45				N1
76000		FLUOROSCOPE EXAM	304.49	285.18				N1
76000	TC	FLUOROSCOPE EXAM	274.00	255.66				N1
76000	26	FLUOROSCOPE EXAM	30.50	29.51				N1
76001		FLUOROSCOPE EXAM, EXTENSIVE	576.95	556.98				N1
76001	TC	FLUOROSCOPE EXAM, EXTENSIVE	453.41	437.54				N1
76001	26	FLUOROSCOPE EXAM, EXTENSIVE	128.39	124.16				N1
76010		X-RAY NOSE TO RECTUM	46.27	43.68				
76010	TC	X-RAY NOSE TO RECTUM	31.96	29.86	63.18	58.17		
76010	26	X-RAY NOSE TO RECTUM	14.31	13.83				
76080		X-RAY FISTULA	103.44	97.94				N1
76080	TC	X-RAY FISTULA	61.08	57.01				N1
76080	26	X-RAY FISTULA	42.36	40.94				N1
76098		X-RAY EXAM, BREAST SPECIMEN	31.87	30.18				N1
76098	TC	X-RAY EXAM, BREAST SPECIMEN	19.16	17.91				N1
76098	26	X-RAY EXAM, BREAST SPECIMEN	12.72	12.29				N1
76100		X-RAY BODY SECTION	206.65	194.40				

76100	TC	X-RAY BODY SECTION	158.32	147.72	146.91	135.24	
76100	26	X-RAY BODY SECTION	48.33	46.68			
76102		COMPLEX BODY SECTION X-RAYS	403.16	377.88			
76102	TC	COMPLEX BODY SECTION X-RAYS	349.32	325.88	445.38	409.95	
76102	26	COMPLEX BODY SECTION X-RAYS	53.84	52.00			
76120		CINE/VIDEO X-RAYS	129.09	121.49			
76120	TC	CINE/VIDEO X-RAYS	99.50	92.87	161.73	148.86	
76120	26	CINE/VIDEO X-RAYS	29.57	28.62			
76125	26	CINE/VIDEO X-RAYS, ADDED	22.84	22.06			N1
76376		3D RENDER W/O POST PROCESS	234.29	219.61			N1
76376	TC	3D RENDER W/O POST PROCESS	203.68	190.07			N1
76376	26	3D RENDER W/O POST PROCESS	30.61	29.54			N1
76377		3D RENDERING W/POST PROCESS	297.09	281.18			N1
76377	TC	3D RENDERING W/POST PROCESS	179.06	167.09			N1
76377	26	3D RENDERING W/POST PROCESS	118.06	114.10			N1
76380		CAT SCAN F/U STUDY	318.44	299.62			
76380	TC	CAT SCAN F/U STUDY	242.75	226.49	219.81	202.32	
76380	26	CAT SCAN F/U STUDY	75.69	73.13			
76506		ECHO EXAM HEAD	202.86	190.94			
76506	TC	ECHO EXAM HEAD	153.66	143.37	120.54	110.97	
76506	26	ECHO EXAM HEAD	49.18	47.56			
76510		OPHTHALMIC US, B & QUANT A	273.79	260.13			
76510	TC	OPHTHALMIC US, B & QUANT A	127.46	118.93	255.03	234.75	
76510	26	OPHTHALMIC US, B & QUANT A	146.33	141.20			
76511		OPHTHALMIC US, QUANT A ONLY	163.45	154.84			
76511	TC	OPHTHALMIC US, QUANT A ONLY	83.20	77.65	166.14	152.91	
76511	26	OPHTHALMIC US, QUANT A ONLY	80.25	77.19			
76512		OPHTHALMIC US, B W/NON-QUANT A	151.03	143.36			
76512	TC	OPHTHALMIC US, B W/NON-QUANT A	69.24	64.62	138.03	127.05	
76512	26	OPHTHALMIC US, B W/NON-QUANT A	81.81	78.74			
76514		ECHO EXAM EYE, THICKNESS	22.48	21.46			
76514	TC	ECHO EXAM EYE, THICKNESS	7.50	7.03	14.04	12.93	
76514	26	ECHO EXAM EYE, THICKNESS	14.96	14.41			
76516		ECHO EXAM EYE	119.29	112.66			
76516	TC	ECHO EXAM EYE	73.31	68.43	120.54	110.97	
76516	26	ECHO EXAM EYE	45.97	44.24			
76519		ECHO EXAM EYE	129.63	122.38			
76519	TC	ECHO EXAM EYE	82.04	76.57	163.80	150.78	
76519	26	ECHO EXAM EYE	47.59	45.83			
76536		US EXAM HEAD & NECK	199.36	187.48			
76536	TC	US EXAM HEAD & NECK	155.99	145.55	186.48	171.66	
76536	26	US EXAM HEAD & NECK	43.37	41.94			

76604		US EXAM, CHEST	147.03	138.64		
76604	TC	US EXAM, CHEST	104.75	97.76	120.54	110.97
76604	26	US EXAM, CHEST	42.28	40.88		
76645		US EXAM, BREAST(S)	161.02	151.70		
76645	TC	US EXAM, BREAST(S)	118.73	110.79	120.54	110.97
76645	26	US EXAM, BREAST(S)	42.29	40.91		
76700		US EXAM, ABDOM, COMPLETE	235.86	222.17		
76700	TC	US EXAM, ABDOM, COMPLETE	167.06	161.85	186.48	171.66
76700	26	US EXAM, ABDOM, COMPLETE	62.40	60.32		
76705		ECHO EXAM ABDOMEN	179.34	168.88		
76705	TC	ECHO EXAM ABDOMEN	133.87	124.91	186.48	171.66
76705	26	ECHO EXAM ABDOMEN	45.47	43.97		
76770		US EXAM ABDOM BACK WALL, COMP	224.16	211.09		
76770	TC	US EXAM ABDOM BACK WALL, COMP	167.06	155.86	186.48	171.66
76770	26	US EXAM ABDOM BACK WALL, COMP	57.10	55.21		
76775		US EXAM ABDOM BACK WALL, LIM	187.57	176.53		
76775	TC	US EXAM ABDOM BACK WALL, LIM	142.02	132.52	186.48	171.66
76775	26	US EXAM ABDOM BACK WALL, LIM	45.55	44.01		
76776		US EXAM K TRANSPLANT W/DOPPLER	254.87	239.78		
76776	TC	US EXAM K TRANSPLANT W/DOPPLER	196.17	183.04	186.48	171.66
76776	26	US EXAM K TRANSPLANT W/DOPPLER	58.70	56.76		
76800		US EXAM, SPINAL CANAL	220.65	208.77		
76800	TC	US EXAM, SPINAL CANAL	135.03	125.99	186.48	171.66
76800	26	US EXAM, SPINAL CANAL	85.62	82.78		
76801		OBSTET US < 14 WKS, SINGLE FETUS	216.53	204.54		
76801	TC	OBSTET US < 14 WKS, SINGLE FETUS	140.28	130.88	186.48	171.66
76801	26	OBSTET US < 14 WKS, SINGLE FETUS	76.26	73.65		
76805		OBSTET US >= 14 WKS, SINGLE FETUS	249.13	234.96		
76805	TC	OBSTET US >= 14 WKS, SINGLE FETUS	172.87	161.31	186.48	171.66
76805	26	OBSTET US >= 14 WKS, SINGLE FETUS	76.26	73.65		
76810		OBSTET US >= 14 WKS, ADDED FETUS	160.70	152.44		
76810	TC	OBSTET US >= 14 WKS, ADDED FETUS	85.53	79.82	170.82	157.23
76810	26	OBSTET US >= 14 WKS, ADDED FETUS	75.16	72.62		
76811		OBSTET US, DETAILED, SINGLE FETUS	317.90	301.40		
76811	TC	OBSTET US, DETAILED, SINGLE FETUS	171.71	160.21	296.28	272.73
76811	26	OBSTET US, DETAILED, SINGLE FETUS	146.19	141.18		
76814		OBSTET US NUCHAL MEAS, ADDED	131.51	125.24		
76814	TC	OBSTET US NUCHAL MEAS,	55.83	52.13	111.15	102.30

		ADDED					
76814	26	OBSTET US NUCHAL MEAS, ADDED	75.67	73.11			
76815		OBSTET US, LIMITED, FETUS(S)	152.23	143.66			
76815	TC	OBSTET US, LIMITED, FETUS(S)	103.00	96.12	120.54	110.97	
76815	26	OBSTET US, LIMITED, FETUS(S)	49.23	47.55			
76816		OBSTET US, F/U, PER FETUS	194.86	183.99			
76816	TC	OBSTET US, F/U, PER FETUS	129.20	120.56	120.54	110.97	
76816	26	OBSTET US, F/U, PER FETUS	65.65	63.42			
76817		TRANSVAGINAL US, OBSTETRIC	172.32	162.71			
76817	TC	TRANSVAGINAL US, OBSTETRIC	114.65	106.98	120.54	110.97	
76817	26	TRANSVAGINAL US, OBSTETRIC	57.67	55.73			
76818		FETAL BIOPHYS PROFILE W/NST	202.69	191.78			
76818	TC	FETAL BIOPHYS PROFILE W/NST	121.64	113.50	186.48	171.66	
76818	26	FETAL BIOPHYS PROFILE W/NST	81.04	78.27			
76819		FETAL BIOPHYS PROFILE W/O NST	152.37	144.15			
76819	TC	FETAL BIOPHYS PROFILE W/O NST	92.53	86.34	184.83	170.13	
76819	26	FETAL BIOPHYS PROFILE W/O NST	59.86	57.81			
76820		UMBILICAL ARTERY ECHO	76.50	72.65			
76820	TC	UMBILICAL ARTERY ECHO	38.37	35.83	76.02	69.99	
76820	26	UMBILICAL ARTERY ECHO	38.13	36.82			
76821		MIDDLE CEREBRAL ARTERY ECHO	162.22	153.16			
76821	TC	MIDDLE CEREBRAL ARTERY ECHO	107.66	100.47	120.54	110.97	
76821	26	MIDDLE CEREBRAL ARTERY ECHO	54.56	52.71			
76826		ECHO EXAM FETAL HEART	208.98	197.12			
76826	TC	ECHO EXAM FETAL HEART	145.52	135.77	291.30	268.14	
76826	26	ECHO EXAM FETAL HEART	63.48	61.35			
76827		ECHO EXAM FETAL HEART	109.66	103.78			
76827	TC	ECHO EXAM FETAL HEART	65.74	61.36	120.54	110.97	
76827	26	ECHO EXAM FETAL HEART	43.93	42.43			
76828		ECHO EXAM FETAL HEART	79.54	75.63			
76828	TC	ECHO EXAM FETAL HEART	36.62	34.19	72.54	66.78	
76828	26	ECHO EXAM FETAL HEART	42.92	41.44			
76830		TRANSVAGINAL US, NON-OB	210.04	197.76			
76830	TC	TRANSVAGINAL US, NON-OB	156.57	146.09	186.48	171.66	
76830	26	TRANSVAGINAL US, NON-OB	53.46	51.66			
76856		US EXAM, PELVIC, COMPLETE	209.45	197.22			
76856	TC	US EXAM, PELVIC, COMPLETE	155.99	145.55	186.48	171.66	
76856	26	US EXAM, PELVIC, COMPLETE	53.46	51.66			
76857		US EXAM, PELVIC, LIMITED	171.60	161.14			
76857	TC	US EXAM, PELVIC, LIMITED	140.86	131.42	120.54	110.97	
76857	26	US EXAM, PELVIC, LIMITED	30.74	29.71			
76870		US EXAM, SCROTUM	208.60	196.32			
76870	TC	US EXAM, SCROTUM	158.32	147.72	186.48	171.66	
76870	26	US EXAM, SCROTUM	50.28	48.60			
76872		US, TRANSRECTAL	236.77	222.71			
76872	TC	US, TRANSRECTAL	181.61	169.45	186.48	171.66	
76872	26	US, TRANSRECTAL	55.15	53.26			
76881		US XTR NON-VASC COMPLETE	192.67	181.34			

76881	TC	US XTR NON-VASC COMPLETE	147.84	137.94	186.48	171.66	
76881	26	US XTR NON-VASC COMPLETE	44.84	43.40			
76882		US XTR NON-VASC LMTD	48.50	46.38			
76882	TC	US XTR NON-VASC LMTD	17.41	16.27	33.93	31.23	
76882	26	US XTR NON-VASC LMTD	31.09	30.11			
76937		US GUIDE VASCULAR ACCESS	57.48	54.50			N1
76937	TC	US GUIDE VASCULAR ACCESS	33.71	31.48			N1
76937	26	US GUIDE VASCULAR ACCESS	23.77	23.01			N1
76942		ECHO GUIDE FOR BIOPSY	334.15	313.52			N1
76942	TC	ECHO GUIDE FOR BIOPSY	281.77	262.89			N1
76942	26	ECHO GUIDE FOR BIOPSY	52.38	50.65			N1
76998		US GUIDE, INTRAOP	293.61	283.70			N1
76998	TC	US GUIDE, INTRAOP	197.37	190.50			N1
76998	26	US GUIDE, INTRAOP	101.78	98.78			N1
77001		FLUOROGUIDE FOR VEIN DEVICE	193.72	181.78			N1
77001	TC	FLUOROGUIDE FOR VEIN DEVICE	163.57	152.61			N1
77001	26	FLUOROGUIDE FOR VEIN DEVICE	30.16	29.16			N1
77002		NEEDLE LOCALIZATION BY X-RAY	289.77	273.67			N1
77002	TC	NEEDLE LOCALIZATION BY X-RAY	190.67	177.94			N1
77002	26	NEEDLE LOCALIZATION BY X-RAY	99.07	95.73			N1
77003		FLUOROGUIDE FOR SPINE INJECT	236.32	224.15			N1
77003	TC	FLUOROGUIDE FOR SPINE INJECT	130.19	121.54			N1
77003	26	FLUOROGUIDE FOR SPINE INJECT	106.12	102.61			N1
77011		CT SCAN FOR LOCALIZATION	819.82	767.90			N1
77011	TC	CT SCAN FOR LOCALIZATION	724.89	676.25			N1
77011	26	CT SCAN FOR LOCALIZATION	94.93	91.65			N1
77012		CT SCAN FOR NEEDLE BIOPSY	271.67	256.43			N1
77012	TC	CT SCAN FOR NEEDLE BIOPSY	182.78	170.54			N1
77012	26	CT SCAN FOR NEEDLE BIOPSY	88.89	85.90			N1
77032		GUIDANCE FOR NEEDLE, BREAST	91.65	86.98			N1
77032	TC	GUIDANCE FOR NEEDLE, BREAST	48.27	45.06			N1
77032	26	GUIDANCE FOR NEEDLE, BREAST	43.37	41.94			N1
77051		COMPUTER DIAG MAMMOGRAM, ADDED	19.23	18.15			
77051	TC	COMPUTER DIAG MAMMOGRAM, ADDED	14.50	13.56			
77051	26	COMPUTER DIAG MAMMOGRAM, ADDED	4.73	4.59			
77052		COMP SCREEN MAMMOGRAM, ADDED	19.23	18.15			
77052	TC	COMP SCREEN MAMMOGRAM, ADDED	14.50	13.56			
77052	26	COMP SCREEN MAMMOGRAM, ADDED	4.73	4.59			
77055		MAMMOGRAM, ONE BREAST	142.93	135.22			
77055	TC	MAMMOGRAM, ONE BREAST	88.45	82.54			
77055	26	MAMMOGRAM, ONE BREAST	54.48	52.68			

77056		MAMMOGRAM, BOTH BREASTS	182.95	172.99			
77056	TC	MAMMOGRAM, BOTH BREASTS	115.24	107.53			
77056	26	MAMMOGRAM, BOTH BREASTS	67.71	65.47			
77057		MAMMOGRAM, SCREENING	133.62	126.53			
77057	TC	MAMMOGRAM, SCREENING	79.13	73.85			
77057	26	MAMMOGRAM, SCREENING	54.48	52.68			
77058		MRI ONE BREAST	1,287.39	1,205.28			
77058	TC	MRI ONE BREAST	1,160.46	1,082.55			
77058	26	MRI ONE BREAST	126.93	122.74			
77059		MRI BOTH BREASTS	1,336.30	1,250.91			
77059	TC	MRI BOTH BREASTS	1,209.37	1,128.17			
77059	26	MRI BOTH BREASTS	126.93	122.74			
77072		X-RAYS FOR BONE AGE	39.21	37.12			
77072	TC	X-RAYS FOR BONE AGE	24.40	22.79	47.97	44.16	
77072	26	X-RAYS FOR BONE AGE	14.82	14.32			
77073		X-RAYS, BONE LENGTH STUDIES	65.21	61.67			
77073	TC	X-RAYS, BONE LENGTH STUDIES	41.87	39.08	83.04	76.44	
77073	26	X-RAYS, BONE LENGTH STUDIES	23.35	22.58			
77074		X-RAYS, BONE SURVEY, LIMITED	116.91	110.30			
77074	TC	X-RAYS, BONE SURVEY, LIMITED	81.46	76.03	146.91	135.24	
77074	26	X-RAYS, BONE SURVEY, LIMITED	35.46	34.28			
77075		X-RAYS, BONE SURVEY COMPLETE	172.73	162.59			
77075	TC	X-RAYS, BONE SURVEY COMPLETE	130.95	122.20	146.91	135.24	
77075	26	X-RAYS, BONE SURVEY COMPLETE	41.78	40.39			
77076		X-RAYS, BONE SURVEY, INFANT	167.39	158.04			
77076	TC	X-RAYS, BONE SURVEY, INFANT	114.07	106.44	146.91	135.24	
77076	26	X-RAYS, BONE SURVEY, INFANT	53.32	51.59			
77077		JOINT SURVEY, SINGLE VIEW	70.16	66.38			
77077	TC	JOINT SURVEY, SINGLE VIEW	44.20	41.25	87.24	80.31	
77077	26	JOINT SURVEY, SINGLE VIEW	25.96	25.11			
77080		DIAG BONE DENSITY, AXIAL	164.52	154.53			
77080	TC	DIAG BONE DENSITY, AXIAL	147.68	138.21	136.59	125.73	
77080	26	DIAG BONE DENSITY, AXIAL	16.85	16.31			
77081		DIAG BONE DENSITY/PERIPHERAL	47.72	45.12			
77081	TC	DIAG BONE DENSITY/PERIPHERAL	32.54	30.40	62.19	57.24	
77081	26	DIAG BONE DENSITY/PERIPHERAL	15.18	14.74			
77082		DIAG BONE DENSITY, VERTEBRAL FX	46.47	43.84			
77082	TC	DIAG BONE DENSITY, VERTEBRAL FX	36.44	34.13	69.03	63.54	
77082	26	DIAG BONE DENSITY, VERTEBRAL FX	10.03	9.71			
77261		RADIATION THERAPY PLANNING	113.00	109.15			
77262		RADIATION THERAPY PLANNING	170.00	164.36			
77263		RADIATION THERAPY PLANNING	252.06	243.70			
77280		SET RADIATION THERAPY FIELD	318.27	298.74			
77280	TC	SET RADIATION THERAPY FIELD	263.72	246.05	202.35	186.27	
77280	26	SET RADIATION THERAPY FIELD	54.56	52.71			
77285		SET RADIATION THERAPY FIELD	559.51	524.71			

77285	TC	SET RADIATION THERAPY FIELD	477.43	445.40	526.05	484.20	
77285	26	SET RADIATION THERAPY FIELD	82.08	79.31			
77290		SET RADIATION THERAPY FIELD	896.21	840.10			
77290	TC	SET RADIATION THERAPY FIELD	774.39	722.42	526.05	484.20	
77290	26	SET RADIATION THERAPY FIELD	121.82	117.69			
77295		SET RADIATION THERAPY FIELD	931.90	881.43			
77295	TC	SET RADIATION THERAPY FIELD	574.47	536.03	1,150.02	1,058.52	
77295	26	SET RADIATION THERAPY FIELD	357.43	345.39			
77300		RADIATION THERAPY DOSE PLAN	115.07	108.98			
77300	TC	RADIATION THERAPY DOSE PLAN	66.32	61.90	132.18	121.68	
77300	26	RADIATION THERAPY DOSE PLAN	48.74	47.09			
77305		TELETX ISODOSE PLAN SIMPLE	108.64	103.20			
77305	TC	TELETX ISODOSE PLAN SIMPLE	54.09	50.49	107.64	99.06	
77305	26	TELETX ISODOSE PLAN SIMPLE	54.56	52.71			
77310		TELETX ISODOSE PLAN INTERMED	153.06	145.56			
77310	TC	TELETX ISODOSE PLAN INTERMED	70.98	66.25	141.54	130.29	
77310	26	TELETX ISODOSE PLAN INTERMED	82.08	79.31			
77315		TELETX ISODOSE PLAN COMPLEX	232.39	220.88			
77315	TC	TELETX ISODOSE PLAN COMPLEX	110.57	103.18	221.13	203.55	
77315	26	TELETX ISODOSE PLAN COMPLEX	121.82	117.69			
77321		SPECIAL TELETX PORT PLAN	176.00	166.68			
77321	TC	SPECIAL TELETX PORT PLAN	102.42	95.58	204.75	188.46	
77321	26	SPECIAL TELETX PORT PLAN	73.58	71.10			
77331		SPECIAL RADIATION DOSIMETRY	101.48	96.97			
77331	TC	SPECIAL RADIATION DOSIMETRY	33.13	30.94	65.52	60.30	
77331	26	SPECIAL RADIATION DOSIMETRY	68.35	66.02			
77332		RADIATION TREAT AID(S)	130.80	123.48			
77332	TC	RADIATION TREAT AID(S)	88.45	82.54	176.64	162.60	
77332	26	RADIATION TREAT AID(S)	42.36	40.94			
77333		RADIATION TREAT AID(S)	95.88	91.67			
77333	TC	RADIATION TREAT AID(S)	30.21	28.22	59.67	54.93	
77333	26	RADIATION TREAT AID(S)	65.67	63.45			
77334		RADIATION TREAT AID(S)	253.55	239.75			
77334	TC	RADIATION TREAT AID(S)	157.16	146.64	314.70	289.68	
77334	26	RADIATION TREAT AID(S)	96.39	93.11			
77336		RADIATION PHYSICS CONSULT	89.61	83.63	178.98	164.73	
77371		SRS, MULTISOURCE	2,070.29	1,900.21	14,838.51	13,658.16	
77403		RADIATION TX SING AREA 6-10MEV	224.70	209.65	189.45	174.39	
77413		RADIATION TX 3/MORE AREA 6-10MEV	401.73	374.78	310.95	286.23	
77414		RADIATION TX 3/MORE AREA 11-19MEV	449.47	419.32	310.95	286.23	
77417		RADIOLOGY PORT FILM(S)	25.57	23.87			N1
77427		RADIATION TX MANAGEMENT, X5	282.30	272.51			
77431		RADIATION THERAPY MANAGEMENT	155.03	149.53			

77470		SPECIAL RADIATION TREAT	330.15	313.46			
77470	TC	SPECIAL RADIATION TREAT	166.48	155.32	333.42	306.90	
77470	26	SPECIAL RADIATION TREAT	163.67	158.12			
78006		THYROID IMAGING W/UPTAKE	400.08	374.61			
78006	TC	THYROID IMAGING W/UPTAKE	362.01	337.79	425.13	391.32	
78006	26	THYROID IMAGING W/UPTAKE	38.07	36.82			
78007		THYROID IMAGE, MULT UPTAKES	330.70	309.92			
78007	TC	THYROID IMAGE, MULT UPTAKES	292.13	272.61	425.13	391.32	
78007	26	THYROID IMAGE, MULT UPTAKES	38.58	37.32			
78102		BONE MARROW IMAGING, LTD	280.83	263.53			
78102	TC	BONE MARROW IMAGING, LTD	239.14	223.18	497.82	458.22	
78102	26	BONE MARROW IMAGING, LTD	41.69	40.34			
78103		BONE MARROW IMAGING, MULT	370.12	347.33			
78103	TC	BONE MARROW IMAGING, MULT	313.68	292.71	497.82	458.22	
78103	26	BONE MARROW IMAGING, MULT	56.45	54.63			
78215		LIVER & SPLEEN IMAGING	325.54	305.08			
78215	TC	LIVER & SPLEEN IMAGING	287.47	268.26	513.54	472.68	
78215	26	LIVER & SPLEEN IMAGING	38.07	36.82			
78220		LIVER FUNCTION STUDY	230.17	216.05			
78220	TC	LIVER FUNCTION STUDY	193.72	180.82	513.54	472.68	
78220	26	LIVER FUNCTION STUDY	36.45	35.23			
78223		HEPATOBILIARY IMAGING	560.43	525.09			
78223	TC	HEPATOBILIARY IMAGING	495.93	462.72	513.54	472.68	
78223	26	HEPATOBILIARY IMAGING	64.50	62.36			
78232		SALIVARY GLAND FUNCTION EXAM	197.59	185.66			
78232	TC	SALIVARY GLAND FUNCTION EXAM	163.44	152.57	463.50	426.63	
78232	26	SALIVARY GLAND FUNCTION EXAM	34.15	33.11			
78300		BONE IMAGING, LIMITED AREA	297.19	278.96			
78300	TC	BONE IMAGING, LIMITED AREA	249.03	232.42	473.94	436.23	
78300	26	BONE IMAGING, LIMITED AREA	48.16	46.54			
78305		BONE IMAGING, MULTIPLE AREAS	392.22	368.16			
78305	TC	BONE IMAGING, MULTIPLE AREAS	328.81	306.83	473.94	436.23	
78305	26	BONE IMAGING, MULTIPLE AREAS	63.41	61.32			
78306		BONE IMAGING, WHOLE BODY	427.52	401.16			
78306	TC	BONE IMAGING, WHOLE BODY	361.42	337.25	473.94	436.23	
78306	26	BONE IMAGING, WHOLE BODY	66.11	63.91			
78315		BONE IMAGING, 3 PHASE	583.48	547.06			
78315	TC	BONE IMAGING, 3 PHASE	505.25	471.42	473.94	436.23	
78315	26	BONE IMAGING, 3 PHASE	78.23	75.64			
78320		BONE IMAGING (3D)	410.39	385.64			
78320	TC	BONE IMAGING (3D)	331.14	309.00	473.94	436.23	
78320	26	BONE IMAGING (3D)	79.25	76.64			
78445		VASCULAR FLOW IMAGING	289.56	271.46			
78445	TC	VASCULAR FLOW IMAGING	253.11	236.21	388.05	357.18	
78445	26	VASCULAR FLOW IMAGING	36.45	35.23			
78451		HEART MUSCLE IMAGE SPECT, SING	573.80	538.92			

78451	TC	HEART MUSCLE IMAGE SPECT, SING	471.47	439.91	1,471.83	1,354.74
78451	26	HEART MUSCLE IMAGE SPECT, SING	102.33	98.99		
78452		HEART MUSCLE IMAGE SPECT, MULT	806.02	756.16		
78452	TC	HEART MUSCLE IMAGE SPECT, MULT	685.12	639.23	1,471.83	1,354.74
78452	26	HEART MUSCLE IMAGE SPECT, MULT	120.91	116.93		
78469		HEART INFARCT IMAGE (3D)	434.71	407.96		
78469	TC	HEART INFARCT IMAGE (3D)	360.26	336.16	564.39	519.48
78469	26	HEART INFARCT IMAGE (3D)	74.45	71.81		
78472		GATED HEART, PLANAR, SING	424.29	398.43		
78472	TC	GATED HEART, PLANAR, SING	347.44	324.22	564.39	519.48
78472	26	GATED HEART, PLANAR, SING	76.85	74.22		
78481		HEART FIRST PASS, SING	352.85	331.69		
78481	TC	HEART FIRST PASS, SING	273.62	255.27	564.39	519.48
78481	26	HEART FIRST PASS, SING	79.24	76.41		
78494		HEART IMAGE, SPECT	450.67	423.55		
78494	TC	HEART IMAGE, SPECT	356.18	332.36	564.39	519.48
78494	26	HEART IMAGE, SPECT	94.49	91.19		
78580		LUNG PERFUSION IMAGING	358.61	336.54		
78580	TC	LUNG PERFUSION IMAGING	302.02	281.84	381.24	350.91
78580	26	LUNG PERFUSION IMAGING	56.59	54.70		
78584		LUNG V/Q IMAGE SINGLE BREATH	254.13	239.75		
78584	TC	LUNG V/Q IMAGE SINGLE BREATH	177.41	165.60	619.65	570.36
78584	26	LUNG V/Q IMAGE SINGLE BREATH	76.71	74.15		
78585		LUNG V/Q IMAGING	596.93	559.78		
78585	TC	LUNG V/Q IMAGING	513.39	479.02	619.65	570.36
78585	26	LUNG V/Q IMAGING	83.53	80.76		
78588		PERFUSION LUNG IMAGE	578.30	542.40		
78588	TC	PERFUSION LUNG IMAGE	494.76	461.64	619.65	570.36
78588	26	PERFUSION LUNG IMAGE	83.53	80.76		
78594		VENT IMAGE, MULT PROJ, GAS	367.16	344.02		
78594	TC	VENT IMAGE, MULT PROJ, GAS	327.06	305.21	381.24	350.91
78594	26	VENT IMAGE, MULT PROJ, GAS	40.10	38.81		
78596		LUNG DIFFERENTIAL FUNCTION	628.84	589.95		
78596	TC	LUNG DIFFERENTIAL FUNCTION	534.36	498.57	619.65	570.36
78596	26	LUNG DIFFERENTIAL FUNCTION	94.47	91.38		
78607		BRAIN IMAGING (3D)	612.19	574.36		
78607	TC	BRAIN IMAGING (3D)	519.80	485.00	1,154.88	1,062.99
78607	26	BRAIN IMAGING (3D)	92.38	89.36		
78707		KID FLOW/FUNCT IMAGE W/O DRUG	399.99	375.71		
78707	TC	KID FLOW/FUNCT IMAGE W/O DRUG	327.06	305.21	622.62	573.09
78707	26	KID FLOW/FUNCT IMAGE W/O DRUG	72.93	70.51		
78708		KID FLOW/FUNCT IMAGE W/DRUG	300.23	283.29		
78708	TC	KID FLOW/FUNCT IMAGE W/DRUG	207.69	193.85	622.62	573.09
78708	26	KID FLOW/FUNCT IMAGE	92.54	89.46		

		W/DRUG					
78709		KIDNEY IMG MORPHOLOGY VASCULAR FLOW MULTIPLE	617.12	579.46			
78709	TC	KIDNEY IMG MORPHOLOGY VASCULAR FLOW MULTIPLE	509.32	475.22	622.62	573.09	
78709	26	KIDNEY IMG MORPHOLOGY VASCULAR FLOW MULTIPLE	107.80	104.25			
78802		TUMOR IMAGING, WHOLE BODY	553.30	518.48			
78802	TC	TUMOR IMAGING, WHOLE BODY	487.77	455.12	919.98	846.78	
78802	26	TUMOR IMAGING, WHOLE BODY	65.53	63.37			
78803		TUMOR IMAGING (3D)	593.44	556.52			
78803	TC	TUMOR IMAGING (3D)	511.06	476.84	919.98	846.78	
78803	26	TUMOR IMAGING (3D)	82.37	79.68			
78805		ABSCESS IMAGING, LTD AREA	310.29	291.48			
78805	TC	ABSCESS IMAGING, LTD AREA	254.27	237.31	919.98	846.78	
78805	26	ABSCESS IMAGING, LTD AREA	56.00	54.17			
78806		ABSCESS IMAGING, WHOLE BODY	573.09	536.94			
78806	TC	ABSCESS IMAGING, WHOLE BODY	507.58	473.59	919.98	846.78	
78806	26	ABSCESS IMAGING, WHOLE BODY	65.53	63.37			
78815		PET IMAGE W/CT, SKULL-THIGH	1,978.16	1,852.07			
78815	TC	PET IMAGE W/CT, SKULL-THIGH	1,785.85	1,665.93	2,018.19	1,857.66	
78815	26	PET IMAGE W/CT, SKULL-THIGH	192.33	186.13			
79101		NUCLEAR RX, IV ADMIN	261.42	248.93			
79101	TC	NUCLEAR RX, IV ADMIN	101.83	95.03	203.55	187.38	
79101	26	NUCLEAR RX, IV ADMIN	159.59	153.90			
80500		LAB PATHOLOGY CONSULTATION	32.57	31.39			
83020	26	ASSAY HEMOGLOBIN ELECTROPHORESIS	30.24	29.22			
83912	26	ASSAY GENETIC EXAM	28.49	27.58			
84165	26	ASSAY PROTEIN E-PHORESIS, SERUM	29.66	28.66			
84166	26	ASSAY PROTEIN E- PHORESIS/URINE/CSF	29.66	28.66			
84182	26	ASSAY PROTEIN, WESTERN BLOT TEST	29.66	28.66			
85060		BLOOD SMEAR INTERPRETATION	36.04	34.83			
85097		BONE MARROW INTERPRETATION	139.39	132.50			
85576	26	BLOOD PLATELET AGGREGATION	30.24	29.22			
86255	26	FLUORESCENT ANTIBODY, SCREEN	30.24	29.22			
86256	26	FLUORESCENT ANTIBODY, TITER	29.19	28.17			
86334	26	IMMUNOFIX E-PHORESIS, SERUM	30.24	29.22			
86335	26	IMMUNOFIX E- PHORESIS/URINE/CSF	29.66	28.66			
86510		HISTOPLASMOSIS SKIN TEST	11.00	10.30			
86580		TB INTRADERMAL TEST	12.75	11.92			
88104		CYTOPATH FL NONGYN, SMEARS	107.49	101.71			
88104	TC	CYTOPATH FL NONGYN, SMEARS	64.57	60.27			

88104	26	CYTOPATH FL NONGYN, SMEARS	42.92	41.44			
88106		CYTOPATH FL NONGYN, FILTER	132.53	125.06			
88106	TC	CYTOPATH FL NONGYN, FILTER	90.20	84.17			
88106	26	CYTOPATH FL NONGYN, FILTER	42.33	40.88			
88108		CYTOPATH, CONCENTRATE TECH	124.96	117.99			
88108	TC	CYTOPATH, CONCENTRATE TECH	82.62	77.11			
88108	26	CYTOPATH, CONCENTRATE TECH	42.33	40.88			
88112		CYTOPATH, CELL ENHANCE TECH	166.71	158.56			
88112	TC	CYTOPATH, CELL ENHANCE TECH	79.13	73.85			
88112	26	CYTOPATH, CELL ENHANCE TECH	87.58	84.72			
88120		CYTOPATH, URINE 3-5 PROBES EA SPEC	772.67	723.91			
88120	TC	CYTOPATH, URINE 3-5 PROBES EA SPEC	692.17	645.78			
88120	26	CYTOPATH, URINE 3-5 PROBES EA SPEC	80.50	78.13			
88121		CYTOPATH, URINE 3-5 PROBES COMPUTER	652.59	611.34			
88121	TC	CYTOPATH, URINE 3-5 PROBES COMPUTER	580.48	541.53			
88121	26	CYTOPATH, URINE 3-5 PROBES COMPUTER	72.11	69.80			
88141		CYTOPATH, C/V, INTERPRET	46.17	44.20			
88172		CYTOPATH FNA; 1ST EVAL, EACH SITE	82.15	78.16			
88172	TC	CYTOPATH FNA; 1ST EVAL, EACH SITE	35.46	33.11			
88172	26	CYTOPATH FNA; 1ST EVAL, EACH SITE	46.68	45.05			
88173		CYTOPATH FNA; INTERPRET & REPORT	225.11	213.56			
88173	TC	CYTOPATH FNA; INTERPRET & REPORT	118.73	110.79			
88173	26	CYTOPATH FNA; INTERPRET & REPORT	106.40	102.77			
88177		CYTOPATH FNA; ADDED EVAL, SAME SITE	44.48	42.59			
88177	TC	CYTOPATH FNA; ADDED EVAL, SAME SITE	11.00	10.30			
88177	26	CYTOPATH FNA; ADDED EVAL, SAME SITE	33.48	32.29			
88184		FLOW CYTOMETRY/ TC, 1 MARKER	143.77	134.15			
88185		FLOW CYTOMETRY/TC, ADDED	86.12	80.36			
88187		FLOW CYTOMETRY/READ, 2-8	105.20	101.74			
88300		SURGICAL PATH, GROSS	45.28	42.50			
88300	TC	SURGICAL PATH, GROSS	38.37	35.83			
88300	26	SURGICAL PATH, GROSS	6.91	6.68			
88302		TISSUE EXAM BY PATHOLOGIST	90.32	84.64			
88302	TC	TISSUE EXAM BY PATHOLOGIST	80.29	74.93			
88302	26	TISSUE EXAM BY PATHOLOGIST	10.03	9.71			
88304		TISSUE EXAM BY PATHOLOGIST	105.37	98.91			
88304	TC	TISSUE EXAM BY PATHOLOGIST	88.45	82.54			

88304	26	TISSUE EXAM BY PATHOLOGIST	16.93	16.36			
88305		TISSUE EXAM BY PATHOLOGIST	175.94	166.03			
88305	TC	TISSUE EXAM BY PATHOLOGIST	119.31	111.33			
88305	26	TISSUE EXAM BY PATHOLOGIST	56.63	54.70			
88307		TISSUE EXAM BY PATHOLOGIST	375.59	354.43			
88307	TC	TISSUE EXAM BY PATHOLOGIST	251.49	234.63			
88307	26	TISSUE EXAM BY PATHOLOGIST	124.10	119.80			
88309		TISSUE EXAM BY PATHOLOGIST	565.90	535.11			
88309	TC	TISSUE EXAM BY PATHOLOGIST	349.19	325.84			
88309	26	TISSUE EXAM BY PATHOLOGIST	216.70	209.27			
88311		DECALCIFY TISSUE	30.10	28.73			
88311	TC	DECALCIFY TISSUE	11.58	10.84			
88311	26	DECALCIFY TISSUE	18.52	17.91			
88312		SPECIAL STAINS GROUP 1	178.67	168.06			
88312	TC	SPECIAL STAINS GROUP 1	137.94	128.71			
88312	26	SPECIAL STAINS GROUP 1	40.73	39.35			
88313		SPECIAL STAINS GROUP 2	131.42	123.25			
88313	TC	SPECIAL STAINS GROUP 2	113.49	105.90			
88313	26	SPECIAL STAINS GROUP 2	17.93	17.35			
88331		PATH CONSULT INTRAOP, 1 BLOC	147.61	140.67			
88331	TC	PATH CONSULT INTRAOP, 1 BLOC	54.67	51.03			
88331	26	PATH CONSULT INTRAOP, 1 BLOC	92.94	89.63			
88332		PATH CONSULT INTRAOP, ADDED	64.76	61.92			
88332	TC	PATH CONSULT INTRAOP, ADDED	19.16	17.91			
88332	26	PATH CONSULT INTRAOP, ADDED	45.60	44.01			
88334		INTRAOP CYTO PATH CONSULT, 2	95.03	90.57			
88334	TC	INTRAOP CYTO PATH CONSULT, 2	37.79	35.29			
88334	26	INTRAOP CYTO PATH CONSULT, 2	57.24	55.28			
88342		IMMUNOHISTOCHEMISTRY	171.57	162.26			
88342	TC	IMMUNOHISTOCHEMISTRY	107.66	100.47			
88342	26	IMMUNOHISTOCHEMISTRY	63.91	61.80			
88346		IMMUNOFLUORESCENT STUDY	168.13	159.00			
88346	TC	IMMUNOFLUORESCENT STUDY	104.17	97.20			
88346	26	IMMUNOFLUORESCENT STUDY	63.96	61.80			
88360		TUMOR IMMUNOHISTOCHEM/MANUAL	202.89	192.09			
88360	TC	TUMOR IMMUNOHISTOCHEM/MANUAL	121.64	113.50			
88360	26	TUMOR IMMUNOHISTOCHEM/MANUAL	81.26	78.59			
88363		EXAM ARCHIVAL TISSUE MOLECULAR ANAL	62.26	59.09			
88367		INSITU HYBRIDIZATION, AUTO	428.95	403.53			
88367	TC	INSITU HYBRIDIZATION, AUTO	334.76	312.31			
88367	26	INSITU HYBRIDIZATION, AUTO	94.19	91.22			
88368		INSITU HYBRIDIZATION, MANUAL	365.96	344.97			
88368	TC	INSITU HYBRIDIZATION, MANUAL	270.12	252.01			
88368	26	INSITU HYBRIDIZATION, MANUAL	95.84	92.95			

88372	26	PROTEIN ANALYSIS W/PROBE	30.24	29.22			
90461		IMM ADMIN 0-18 ANY ROUTE, EA ADDED	18.62	17.76			
90471		IMMUNIZATION ADMIN	38.26	36.14			
90472		IMMUNIZATION ADMIN, EACH ADDED	18.62	17.76			
90801		PSYCH DIAG INTERVIEW	242.14	233.10			
90802		INTERACT PSYCH DIAG INTERVIEW	263.21	253.31			
90804		PSYCH, OFF, 20-30 MIN	103.95	100.23			
90805		PSYCH, OFF, 20-30 MINIMUM W/E & M	118.52	114.27			
90806		PSYCH, OFF, 45-50 MIN	137.79	133.55			
90807		PSYCH, OFF, 45-50 MINIMUM W/E & M	163.35	157.87			
90808		PSYCH, OFF, 75-80 MIN	202.42	196.35			
90809		PSYCH, OFF, 75-80, W/E & M	228.55	221.21			
90810		INTERACT PSYCH, OFF, 20-30 MIN	106.69	103.09			
90811		INTERACT PSYCH, 20-30, W/E & M	134.04	129.09			
90812		INTERACT PSYCH, OFF, 45-50 MIN	151.59	146.73			
90813		INTERACT PSYCH, 45-50 MINIMUM W/E & M	177.78	171.60			
90814		INTERACT PSYCH, OFF, 75-80 MIN	218.01	211.20			
90816		PSYCH, HOSP, 20-30 MIN	84.68	82.35			
90817		PSYCH, HOSP, 20-30 MINIMUM W/E & M	102.93	99.80			
90818		PSYCH, HOSP, 45-50 MIN	125.31	122.00			
90819		PSYCH, HOSP, 45-50 MINIMUM W/E & M	147.22	142.89			
90826		INTERACT PSYCH, HOSP, 45-50 MIN	134.16	130.57			
90846		FAMILY PSYCH W/O PATIENT	130.28	126.25			
90847		FAMILY PSYCH W/PATIENT	162.90	157.63			
90853		GROUP PSYCHOTHERAPY	77.13	74.33			
90857		INTERACT GROUP PSYCH	57.98	55.73			
90862		MEDICATION MANAGEMENT	105.73	101.47			
90880		HYPNOTHERAPY	155.47	150.66			
90901		BIOFEEDBACK TRAIN, ANY METHOD	114.92	109.20			
90911		BIOFEEDBACK PERI/URO/RECTAL	142.55	135.40			
90935		HEMODIALYSIS, ONE EVAL	116.53	112.59			
90945		DIALYSIS, ONE EVAL	166.37	160.72			
90961		ESRD SERVICE, 2-3 VISITS P MO, 20+	129.32	124.73			
90962		ESRD SERVICE, 1 VISIT P MO, 20+	275.65	265.53			
91010		ESOPHAGUS MOTILITY STUDY	311.34	293.84			
91010	TC	ESOPHAGUS MOTILITY STUDY	203.16	189.54			
91010	26	ESOPHAGUS MOTILITY STUDY	108.19	104.29			
91013		ESOPH MOTILITY STUDY W/STIM/PERFUS	38.13	36.07			
91013	TC	ESOPH MOTILITY STUDY W/STIM/PERFUS	22.65	21.16			
91013	26	ESOPH MOTILITY STUDY	15.48	14.91			

		W/STIM/PERFUS					
92002		EYE EXAM, NEW PATIENT	122.24	116.43			
92004		EYE EXAM, NEW PATIENT	225.54	215.25			
92012		EYE EXAM ESTABLISHED PAT	129.52	123.31			
92014		EYE EXAM & TREAT	187.31	178.54			
92020		SPECIAL EYE EVAL	41.88	40.07			
92025		CORNEAL TOPOGRAPHY	57.23	54.31			
92025	TC	CORNEAL TOPOGRAPHY	27.30	25.51			
92025	26	CORNEAL TOPOGRAPHY	29.93	28.81			
92060		SPECIAL EYE EVAL	98.24	93.46			
92060	TC	SPECIAL EYE EVAL	39.53	36.92			
92060	26	SPECIAL EYE EVAL	58.70	56.54			
92065		ORTHOPTIC/PLEOPTIC TRAINING	123.66	116.86			
92065	TC	ORTHOPTIC/PLEOPTIC TRAINING	81.42	76.02			
92065	26	ORTHOPTIC/PLEOPTIC TRAINING	42.22	40.84			
92070		FIT CONTACT LENS	109.22	103.74			
92081		VISUAL FIELD EXAM(S) LIMITED	80.77	76.23			
92081	TC	VISUAL FIELD EXAM(S) LIMITED	54.67	51.03			
92081	26	VISUAL FIELD EXAM(S) LIMITED	26.11	25.18			
92082		VISUAL FIELD EXAM(S) INTERMEDIATE	112.58	106.17			
92082	TC	VISUAL FIELD EXAM(S) INTERMEDIATE	77.96	72.76			
92082	26	VISUAL FIELD EXAM(S) INTERMEDIATE	34.60	33.40			
92083		VISUAL FIELD EXAM(S) EXTENDED	140.42	132.35			
92083	TC	VISUAL FIELD EXAM(S) EXTENDED	97.19	90.69			
92083	26	VISUAL FIELD EXAM(S) EXTENDED	43.24	41.67			
92132		SCAN COMP OPTH DX IMAGING, ANT SEG	59.44	56.45			
92132	TC	SCAN COMP OPTH DX IMAGING, ANT SEG	26.15	24.41			
92132	26	SCAN COMP OPTH DX IMAGING, ANT SEG	33.30	32.02			
92133		SCAN COMP OPTH DX IMAGING, POST SEG	72.29	68.79			
92133	TC	SCAN COMP OPTH DX IMAGING, POST SEG	26.15	24.41			
92133	26	SCAN COMP OPTH DX IMAGING, POST SEG	46.14	44.38			
92134		SCAN COMP OPTH DX IMAGING, RETINA	72.29	68.79			
92134	TC	SCAN COMP OPTH DX IMAGING, RETINA	26.15	24.41			
92134	26	SCAN COMP OPTH DX IMAGING, RETINA	46.14	44.38			
92136		OPHTHALMIC BIOMETRY	137.92	130.04			
92136	TC	OPHTHALMIC BIOMETRY	91.36	85.25			
92136	26	OPHTHALMIC BIOMETRY	46.55	44.78			
92225		SPECIAL EYE EXAM, INITIAL	40.64	38.95			
92226		SPECIAL EYE EXAM, SUBSEQUENT	36.48	34.87			
92227		REMOTE IMAGING RETINAL DISEASE	19.74	18.45			
92228		REMOTE IMAGING MONITOR RETINAL DIS	48.87	46.40			

92228	TC	REMOTE IMAGING MONITOR RETINAL DIS	21.49	20.08			
92228	26	REMOTE IMAGING MONITOR RETINAL DIS	27.38	26.32			
92230	26	FLUORESCEIN ANGIOSCOPY	93.66	88.99			
92235		FLUORESCEIN ANGIOGRAPHY	217.30	204.82			
92235	TC	FLUORESCEIN ANGIOGRAPHY	146.09	136.31			
92235	26	FLUORESCEIN ANGIOGRAPHY	71.20	68.50			
92250		EYE EXAM W/PHOTOS	122.36	115.28			
92250	TC	EYE EXAM W/PHOTOS	86.12	80.36			
92250	26	EYE EXAM W/PHOTOS	36.24	34.92			
92275		ELECTRORETINOGRAPHY	234.95	221.80			
92275	TC	ELECTRORETINOGRAPHY	147.25	137.40			
92275	26	ELECTRORETINOGRAPHY	87.69	84.41			
92285		EYE PHOTOGRAPHY	47.25	44.27			
92285	TC	EYE PHOTOGRAPHY	40.70	38.00			
92285	26	EYE PHOTOGRAPHY	6.55	6.27			
92286		INTERNAL EYE PHOTOGRAPHY	198.16	186.53			
92286	TC	INTERNAL EYE PHOTOGRAPHY	143.19	133.60			
92286	26	INTERNAL EYE PHOTOGRAPHY	54.98	52.94			
92311		CONTACT LENS FITTING APHAKIA ONE EYE	156.21	148.63			
92326		REPLACE CONTACT LENS	61.08	57.01			
92371		EXT PAT/AUTO ECG TO 30 DAYS, DOWNLOAD	359.22	335.12			
92504		EAR MICROSCOPY EXAM	154.22	147.79			
92506		SPEECH/HEARING EVAL	50.42	47.51			
92507		SPEECH/HEARING THERAPY	279.74	263.23			
92508		SPEECH/HEARING THERAPY	130.75	125.38			
92511		NASOPHARYNGOSCOPY	43.47	41.40			
92526		ORAL FUNCTION THERAPY	267.73	251.93			
92540		BASIC VESTIBULAR EVALUATION	155.00	148.43			
92540	TC	BASIC VESTIBULAR EVALUATION	31.96	29.86			
92540	26	BASIC VESTIBULAR EVALUATION	123.04	118.58			
92541		SPONTANEOUS NYSTAGMUS TEST	74.91	70.93			
92541	TC	SPONTANEOUS NYSTAGMUS TEST	43.03	40.17			
92541	26	SPONTANEOUS NYSTAGMUS TEST	31.87	30.75			
92542		POSITIONAL NYSTAGMUS TEST	74.85	70.70			
92542	TC	POSITIONAL NYSTAGMUS TEST	48.27	45.06			
92542	26	POSITIONAL NYSTAGMUS TEST	26.59	25.64			
92543		CALORIC VESTIBULAR TEST	37.56	35.36			
92543	TC	CALORIC VESTIBULAR TEST	29.05	27.14			
92543	26	CALORIC VESTIBULAR TEST	8.51	8.21			
92544		OPTOKINETIC NYSTAGMUS TEST	61.40	57.98			
92544	TC	OPTOKINETIC NYSTAGMUS TEST	40.70	38.00			
92544	26	OPTOKINETIC NYSTAGMUS TEST	20.71	19.98			
92545		OSCILLATING TRACKING TEST	57.55	54.31			
92545	TC	OSCILLATING TRACKING TEST	38.95	36.37			
92545	26	OSCILLATING TRACKING TEST	18.60	17.95			
92546		SINUSOIDAL ROTATIONAL TEST	159.00	149.10			

92546	TC	SINUSOIDAL ROTATIONAL TEST	136.20	127.09			
92546	26	SINUSOIDAL ROTATIONAL TEST	22.81	22.01			
92547		SUPPLEMENTAL ELECTRICAL TEST	8.67	8.13			
92548		POSTUROGRAPHY	171.41	161.18			
92548	TC	POSTUROGRAPHY	131.54	122.74			
92548	26	POSTUROGRAPHY	39.86	38.44			
92550		TYMPANOMETRY & REFLEX THRESH	32.84	31.52			
92552		PURE TONE AUDIOMETRY, AIR	43.61	40.71			
92553		AUDIOMETRY, AIR & BONE	55.25	51.59			
92556		SPEECH AUDIOMETRY, COMPLETE	49.44	46.14			
92557		COMPREHENSIVE HEARING TEST	64.62	61.85			
92563		TONE DECAY HEARING TEST	42.45	39.63			
92564		SISI HEARING TEST	38.37	35.83			
92565		STENGER TEST, PURE TONE	22.07	20.62			
92567		TYMPANOMETRY	24.64	23.52			
92568		ACOUSTIC REFLEX THRESHOLD TEST	26.30	25.28			
92570		ACOUSTIC IMMITTANCE TESTING	50.43	48.49			
92582		CONDITIONING PLAY AUDIOMETRY	87.87	82.00			
92584		ELECTROCOCHLEOGRAPHY	114.07	106.44			
92585		AUDITOR EVOKE POTENT, COMPRE	292.37	274.71			
92585	TC	AUDITOR EVOKE POTENT, COMPRE	231.02	215.57			
92585	26	AUDITOR EVOKE POTENT, COMPRE	61.33	59.14			
92586		AUDITOR EVOKE POTENT, LIMIT	120.48	112.42			
92587		EVOKED AUDITORY TEST	62.37	58.58			
92587	TC	EVOKED AUDITORY TEST	51.17	47.78			
92587	26	EVOKED AUDITORY TEST	11.20	10.80			
92588		EVOKED AUDITORY TEST	110.73	104.24			
92588	TC	EVOKED AUDITORY TEST	81.46	76.03			
92588	26	EVOKED AUDITORY TEST	29.27	28.22			
92607		EXCISE FOR SPEECH DEVICE RX, 1HR	287.74	273.29			
92611		MOTION FLUOROSCOPY/SWALLOW	183.96	175.16			
92612		ENDOSCOPY SWALLOW TEST (FEES)	275.96	260.78			
92613		ENDOSCOPY SWALLOW TEST (FEES)	60.24	58.07			
92620		AUDITORY FUNCTION, 60 MIN	129.83	125.03			
92621		AUDITORY FUNCTION, + 15 MIN	29.93	28.81			
92625		TINNITUS ASSESS	99.39	95.70			
92626		EVAL AUDITORY REHAB STATUS	132.91	127.66			
92950		HEART/LUNG RESUSCITATION CPR	451.32	431.31			
92960		CARDIOVERSION ELECTRIC, EXT	395.13	374.58			
92971		CARDIOASSIST, EXTERNAL	156.11	150.32			
92975		DISSOLVE CLOT, HEART VESSEL	660.35	639.20			
92982		CORONARY ARTERY DILATION	1,011.84	978.97			

93000		ELECTROCARDIOGRAM, COMPLETE	37.35	35.40			
93005		ELECTROCARDIOGRAM, TRACING	28.57	26.72			
93010		ELECTROCARDIOGRAM REPORT	19.11	18.46			
93015		CARDIOVASCULAR STRESS TEST	152.58	144.27			
93016		CARDIOVASCULAR STRESS TEST	36.17	34.87			
93017		CARDIOVASCULAR STRESS TEST	92.53	86.34			
93018		CARDIOVASCULAR STRESS TEST	23.90	23.06			
93040		RHYTHM ECG W/REPORT	21.46	20.46			
93042		RHYTHM ECG, REPORT	26.83	25.94			
93224		ECG MONITOR/REPORT, 24 HRS	161.88	152.38			
93225		ECG MONITOR/RECORD, 24 HRS	48.27	45.06			
93226		ECG MONITOR/REPORT, 24 HRS	70.98	66.25			
93227		ECG MONITOR/REVIEW, 24 HRS	42.63	41.07			
93228		REMOTE 30 DAY ECG REV/REPORT	40.17	38.85			
93229		REMOTE 30 DAY ECG TECH SUPP	1,167.45	1,089.06			
93268		EXT PAT/AUTO ECG TO 30 DAYS, COMPLETE	425.66	398.44			
93270		EXT PAT/AUTO ECG TO 30 DAYS, RECORDING	26.15	24.41			
93272		EXT PAT/AUTO ECG TO 30 DAYS, REPORT	40.30	38.90			
93280		PM DEVICE PROGRAM EVAL, DUAL	100.54	95.81			
93280	TC	PM DEVICE PROGRAM EVAL, DUAL	36.62	34.19			
93280	26	PM DEVICE PROGRAM EVAL, DUAL	63.92	61.62			
93281		PM DEVICE PROGRAM EVAL, MULTI	117.04	111.53			
93281	TC	PM DEVICE PROGRAM EVAL, MULTI	42.45	39.63			
93281	26	PM DEVICE PROGRAM EVAL, MULTI	74.59	71.89			
93282		ICD DEVICE PROGRAM EVAL, 1 SINGLE	107.52	102.52			
93282	TC	ICD DEVICE PROGRAM EVAL, 1 SINGLE	37.79	35.29			
93282	26	ICD DEVICE PROGRAM EVAL, 1 SINGLE	69.73	67.23			
93283		ICD DEVICE PROGRAM EVAL, DUAL	137.23	131.01			
93283	TC	ICD DEVICE PROGRAM EVAL, DUAL	43.61	40.71			
93283	26	ICD DEVICE PROGRAM EVAL, DUAL	93.64	90.30			
93284		ICD DEVICE PROGRAM EVAL, MULT	152.79	145.76			
93284	TC	ICD DEVICE PROGRAM EVAL, MULT	49.44	46.14			
93284	26	ICD DEVICE PROGRAM EVAL, MULT	103.36	99.62			
93285		ILR DEVICE EVAL PROGRAM	71.68	68.21			
93285	TC	ILR DEVICE EVAL PROGRAM	29.05	27.14			

93285	26	ILR DEVICE EVAL PROGRAM	42.63	41.07			
93288		PM DEVICE EVAL IN PERSON	64.79	61.56			
93288	TC	PM DEVICE EVAL IN PERSON	29.63	27.68			
93288	26	PM DEVICE EVAL IN PERSON	35.16	33.88			
93289		ICD DEVICE INTERROGATE	109.91	104.92			
93289	TC	ICD DEVICE INTERROGATE	36.62	34.19			
93289	26	ICD DEVICE INTERROGATE	73.29	70.71			
93290		ICM DEVICE EVAL	49.07	46.90			
93290	TC	ICM DEVICE EVAL	16.83	15.73			
93290	26	ICM DEVICE EVAL	32.24	31.16			
93293		PM PHONE R-STRIP DEVICE EVAL	93.56	88.12			
93293	TC	PM PHONE R-STRIP DEVICE EVAL	68.65	64.08			
93293	26	PM PHONE R-STRIP DEVICE EVAL	24.91	24.06			
93294		PM DEVICE INTERROGATE REMOTE	54.29	52.37			
93295		ICD DEVICE INTERROGATE REMOTE	106.89	103.14			
93296		PM/ICD REMOTE TECH SERV	55.83	52.13			
93297		ICM DEVICE INTERROGATE REMOTE	40.17	38.85			
93299		ICM/ILR REMOTE TECH SERV	73.04	68.85			
93303		ECHO TRANSTHORACIC	350.40	330.22			
93303	TC	ECHO TRANSTHORACIC	246.83	230.29			
93303	26	ECHO TRANSTHORACIC	103.57	99.93			
93306		TTE W/DOPPLER, COMPLETE	388.84	366.07			
93306	TC	TTE W/DOPPLER, COMPLETE	282.94	263.97			
93306	26	TTE W/DOPPLER, COMPLETE	105.90	102.10			
93307		TTE W/O DOPPLER, COMPLETE	246.74	232.56			
93307	TC	TTE W/O DOPPLER, COMPLETE	172.29	160.77			
93307	26	TTE W/O DOPPLER, COMPLETE	74.45	71.81			
93308		TTE, F-UP OR LIMITED	176.43	165.94			
93308	TC	TTE, F-UP OR LIMITED	133.87	124.91			
93308	26	TTE, F-UP OR LIMITED	42.56	41.03			
93312		ECHO TRANSESOPHAGEAL	537.84	507.44			
93312	TC	ECHO TRANSESOPHAGEAL	366.07	341.60			
93312	26	ECHO TRANSESOPHAGEAL	171.77	165.84			
93313		ECHO TRANSESOPHAGEAL	63.49	61.79			
93314		ECHO TRANSESOPHAGEAL	479.33	450.44			
93314	TC	ECHO TRANSESOPHAGEAL	381.22	355.71			
93314	26	ECHO TRANSESOPHAGEAL	98.13	94.73			
93320		DOPPLER ECHO EXAM, HEART	104.18	98.17			
93320	TC	DOPPLER ECHO EXAM, HEART	73.90	68.97			
93320	26	DOPPLER ECHO EXAM, HEART	30.28	29.22			
93321		DOPPLER ECHO EXAM, HEART	48.83	45.99			
93321	TC	DOPPLER ECHO EXAM, HEART	36.62	34.19			
93321	26	DOPPLER ECHO EXAM, HEART	12.21	11.79			
93325		DOPPLER COLOR FLOW, ADDED	60.50	56.67			
93325	TC	DOPPLER COLOR FLOW, ADDED	54.67	51.03			
93325	26	DOPPLER COLOR FLOW, ADDED	5.81	5.63			
93350		STRESS TTE ONLY	349.15	329.46			
93350	TC	STRESS TTE ONLY	229.95	214.54			

93350	26	STRESS TTE ONLY	119.20	114.94			
93351		STRESS TTE COMPLETE	410.89	387.86			
93351	TC	STRESS TTE COMPLETE	267.09	249.26			
93351	26	STRESS TTE COMPLETE	143.81	138.60			
93451		RIGHT HEART CATH	1,284.20	1,206.75			
93451	TC	RIGHT HEART CATH	1,053.77	983.10			
93451	26	RIGHT HEART CATH	230.43	223.66			
93452		LEFT HEART CATH W/VENTRCLGRPHY	1,410.49	1,331.17			
93452	TC	LEFT HEART CATH W/VENTRCLGRPHY	1,006.61	939.09			
93452	26	LEFT HEART CATH W/VENTRCLGRPHY	403.89	392.06			
93453		R&L HEART CATH W/VENTRICLGRPHY	1,845.72	1,741.92			
93453	TC	R&L HEART CATH W/VENTRICLGRPHY	1,316.32	1,228.06			
93453	26	R&L HEART CATH W/VENTRICLGRPHY	529.40	513.86			
93454		CATH PLACE CORONARY ANGIO	1,455.61	1,373.35			
93454	TC	CATH PLACE CORONARY ANGIO	1,048.53	978.22			
93454	26	CATH PLACE CORONARY ANGIO	407.08	395.15			
93455		CATH PLACE BYPASS GRAFTS	1,698.80	1,602.61			
93455	TC	CATH PLACE BYPASS GRAFTS	1,228.98	1,146.57			
93455	26	CATH PLACE BYPASS GRAFTS	469.82	456.03			
93456		CATH PLACE WITH R HEART CATH	1,820.43	1,717.97			
93456	TC	CATH PLACE WITH R HEART CATH	1,299.44	1,212.30			
93456	26	CATH PLACE WITH R HEART CATH	521.00	505.68			
93457		R HEART ART/GRAFT ANGIO	2,063.64	1,947.25			
93457	TC	R HEART ART/GRAFT ANGIO	1,479.36	1,380.14			
93457	26	R HEART ART/GRAFT ANGIO	584.28	567.10			
93458		L HEART ARTERY/VENTRICLE ANGIO	1,755.96	1,656.97			
93458	TC	L HEART ARTERY/VENTRICLE ANGIO	1,259.26	1,174.82			
93458	26	L HEART ARTERY/VENTRICLE ANGIO	496.71	482.14			
93459		L HEART ART/GRAFT ANGIO	1,938.14	1,829.23			
93459	TC	L HEART ART/GRAFT ANGIO	1,379.22	1,286.72			
93459	26	L HEART ART/GRAFT ANGIO	558.94	542.51			
93460		R & L HEART ART/VENTRICLE ANGIO	2,071.87	1,956.36			
93460	TC	R & L HEART ART/VENTRICLE ANGIO	1,449.09	1,351.90			
93460	26	R & L HEART ART/VENTRICLE ANGIO	622.77	604.46			
93461		R & L HEART ART/VENTRICLE ANGIO	2,376.60	2,243.12			
93461	TC	R & L HEART ART/VENTRICLE ANGIO	1,689.51	1,576.21			
93461	26	R & L HEART ART/VENTRICLE ANGIO	687.09	666.91			
93462		L HEART CATH TRANSPLANT PUNCTURE	316.47	307.12			
93463		DRUG ADMIN & HEMODYNMIC MEAS	167.77	162.76			

93464		EXERCISE W/HEMODYNAMIC MEAS	416.35	394.04			
93464	TC	EXERCISE W/HEMODYNAMIC MEAS	268.95	250.93			
93464	26	EXERCISE W/HEMODYNAMIC MEAS	147.39	143.12			
93503		INSERT/PLACE HEART CATHETER	206.54	200.73			
93563		INJECT CONGENITAL CARD CATH	87.15	84.36			
93564		INJECT HEART CONGNTL ART/GRAFT	88.69	85.88			
93565		INJECT L VENTR/ATRIAL ANGIO	67.02	64.90			
93566		INJECT R VENTR/ATRIAL ANGIO	283.05	266.42			
93567		INJECT SUPRVLV AORTOGRAPHY	231.57	218.66			
93568		INJECT PULM ART HEART CATH	254.94	240.25			
93609	26	MAP TACHYCARDIA, ADDED	453.72	439.26			
93610	26	INTRA-ATRIAL PACING	271.48	262.90			
93612	26	INTRAVENTRICULAR PACING	270.32	261.81			
93620		ELECTROPHYSIOLOGY EVAL	1,831.99	1,764.36			
93620	TC	ELECTROPHYSIOLOGY EVAL	809.16	780.90			
93620	26	ELECTROPHYSIOLOGY EVAL	1,055.32	1,021.50			
93623	26	STIMULATION, PACING HEART	259.49	251.22			
93641		ELECTROPHYSIOLOGY EVAL	800.92	770.31			
93641	TC	ELECTROPHYSIOLOGY EVAL	260.71	250.41			
93641	26	ELECTROPHYSIOLOGY EVAL	538.69	521.48			
93642		ELECTROPHYSIOLOGY EVAL	695.28	661.24			
93642	TC	ELECTROPHYSIOLOGY EVAL	293.87	274.24			
93642	26	ELECTROPHYSIOLOGY EVAL	401.41	387.00			
93660		TILT TABLE EVAL	267.19	254.13			
93660	TC	TILT TABLE EVAL	112.90	105.36			
93660	26	TILT TABLE EVAL	154.29	148.79			
93701		BIOIMPD THRC ELEC	45.94	42.89			
93720		BIOIMPEDANCE, CV ANALYSIS	82.45	77.41			
93722		TOTAL BODY PLETHYSMOGRAPHY	12.65	12.24			
93784		AMBULATORY BP MONITORING	103.53	97.61			
93798		CARDIAC REHAB/MONITOR	41.51	39.45			
93875		EXTRACRANIAL STUDY	179.33	167.89			
93875	TC	EXTRACRANIAL STUDY	162.40	151.53			
93875	26	EXTRACRANIAL STUDY	16.93	16.36			
93880		EXTRACRANIAL STUDY	424.35	397.49			
93880	TC	EXTRACRANIAL STUDY	377.27	351.96			
93880	26	EXTRACRANIAL STUDY	47.08	45.53			
93882		EXTRACRANIAL STUDY	294.19	275.62			
93882	TC	EXTRACRANIAL STUDY	262.56	244.95			
93882	26	EXTRACRANIAL STUDY	31.63	30.67			
93886		INTRACRANIAL STUDY	560.39	525.22			
93886	TC	INTRACRANIAL STUDY	487.32	454.62			
93886	26	INTRACRANIAL STUDY	73.07	70.60			
93922		EXTREMITY STUDY	187.26	175.36			
93922	TC	EXTREMITY STUDY	168.23	156.96			
93922	26	EXTREMITY STUDY	19.03	18.40			
93923		EXTREMITY STUDY	289.22	271.07			

93923	TC	EXTREMITY STUDY	253.82	236.81			
93923	26	EXTREMITY STUDY	35.40	34.26			
93924		EXTREMITY STUDY	361.62	338.73			
93924	TC	EXTREMITY STUDY	322.53	300.90			
93924	26	EXTREMITY STUDY	39.09	37.83			
93925		LOWER EXTREMITY STUDY	537.92	503.46			
93925	TC	LOWER EXTREMITY STUDY	493.02	460.00			
93925	26	LOWER EXTREMITY STUDY	44.91	43.44			
93926		LOWER EXTREMITY STUDY	349.57	327.26			
93926	TC	LOWER EXTREMITY STUDY	318.45	297.11			
93926	26	LOWER EXTREMITY STUDY	31.12	30.16			
93930		UPPER EXTREMITY STUDY	423.65	396.50			
93930	TC	UPPER EXTREMITY STUDY	387.74	361.74			
93930	26	UPPER EXTREMITY STUDY	35.91	34.76			
93931		UPPER EXTREMITY STUDY	283.34	265.20			
93931	TC	UPPER EXTREMITY STUDY	259.06	241.70			
93931	26	UPPER EXTREMITY STUDY	24.27	23.50			
93965		EXTREMITY STUDY	214.33	200.93			
93965	TC	EXTREMITY STUDY	186.86	174.34			
93965	26	EXTREMITY STUDY	27.47	26.59			
93970		EXTREMITY STUDY	436.95	409.56			
93970	TC	EXTREMITY STUDY	383.10	357.39			
93970	26	EXTREMITY STUDY	53.87	52.15			
93971		EXTREMITY STUDY	286.89	268.90			
93971	TC	EXTREMITY STUDY	251.49	234.63			
93971	26	EXTREMITY STUDY	35.40	34.26			
93975		VASCULAR STUDY	637.06	599.26			
93975	TC	VASCULAR STUDY	495.93	462.72			
93975	26	VASCULAR STUDY	141.13	136.54			
93976		VASCULAR STUDY	363.64	342.48			
93976	TC	VASCULAR STUDY	268.95	250.93			
93976	26	VASCULAR STUDY	94.67	91.56			
93978		VASCULAR STUDY	410.98	385.24			
93978	TC	VASCULAR STUDY	359.22	335.12			
93978	26	VASCULAR STUDY	51.77	50.12			
93979		VASCULAR STUDY	284.63	266.77			
93979	TC	VASCULAR STUDY	250.32	233.54			
93979	26	VASCULAR STUDY	34.30	33.21			
94002		VENT MGMT INPATIENT, INIT DAY	139.58	135.63			
94003		VENT MGMT INPATIENT, SUBCUT DAY	100.93	97.84			
94010		BREATHING CAPACITY TEST	59.16	55.68			
94010	TC	BREATHING CAPACITY TEST	45.94	42.89			
94010	26	BREATHING CAPACITY TEST	13.22	12.79			
94060		EVALUATE WHEEZING	101.79	95.78			
94060	TC	EVALUATE WHEEZING	79.13	73.85			
94060	26	EVALUATE WHEEZING	22.65	21.93			
94070		EVALUATE WHEEZING	97.74	92.78			
94070	TC	EVALUATE WHEEZING	53.50	49.95			
94070	26	EVALUATE WHEEZING	44.24	42.83			
94200		LUNG FUNCTION TEST (MBC/MVV)	40.40	38.01			

94200	TC	LUNG FUNCTION TEST (MBC/MVV)	31.96	29.86			
94200	26	LUNG FUNCTION TEST (MBC/MVV)	8.43	8.17			
94240		RESIDUAL LUNG CAPACITY	66.63	62.87			
94240	TC	RESIDUAL LUNG CAPACITY	47.69	44.52			
94240	26	RESIDUAL LUNG CAPACITY	18.96	18.35			
94250		EXPIRED GAS COLLECTION	42.72	40.19			
94250	TC	EXPIRED GAS COLLECTION	34.29	32.03			
94250	26	EXPIRED GAS COLLECTION	8.43	8.17			
94260		THORACIC GAS VOLUME	54.80	51.51			
94260	TC	THORACIC GAS VOLUME	45.36	42.35			
94260	26	THORACIC GAS VOLUME	9.45	9.17			
94350		LUNG NITROGEN WASHOUT CURVE	57.33	54.17			
94350	TC	LUNG NITROGEN WASHOUT CURVE	38.37	35.83			
94350	26	LUNG NITROGEN WASHOUT CURVE	18.96	18.35			
94360		MEASURE AIRFLOW RESISTANCE	74.21	69.93			
94360	TC	MEASURE AIRFLOW RESISTANCE	55.25	51.59			
94360	26	MEASURE AIRFLOW RESISTANCE	18.96	18.35			
94370		BREATH AIRWAY CLOSING VOLUME	56.74	53.63			
94370	TC	BREATH AIRWAY CLOSING VOLUME	37.79	35.29			
94370	26	BREATH AIRWAY CLOSING VOLUME	18.96	18.35			
94375		RESPIRATORY FLOW VOLUME LOOP	63.35	59.93			
94375	TC	RESPIRATORY FLOW VOLUME LOOP	40.70	38.00			
94375	26	RESPIRATORY FLOW VOLUME LOOP	22.65	21.93			
94620		PULMONARY STRESS TEST/SIMPLE	103.85	98.58			
94620	TC	PULMONARY STRESS TEST/SIMPLE	56.42	52.67			
94620	26	PULMONARY STRESS TEST/SIMPLE	47.44	45.92			
94640		AIRWAY INHALATION TREAT	27.30	25.51			
94660		POS AIRWAY PRESSURE, CPAP	95.91	91.49			
94664		EVALUATE PAT USE INHALER	27.30	25.51			
94667		CHEST WALL MANIPULATION	38.37	35.83			
94720		MONOXIDE DIFFUSING CAPACITY	87.61	82.42			
94720	TC	MONOXIDE DIFFUSING CAPACITY	68.65	64.08			
94720	26	MONOXIDE DIFFUSING CAPACITY	18.96	18.35			
94750		PULMONARY COMPLIANCE STUDY	131.51	123.29			
94750	TC	PULMONARY COMPLIANCE STUDY	114.65	106.98			
94750	26	PULMONARY COMPLIANCE STUDY	16.85	16.31			
94760		MEASURE BLOOD OXYGEN LEVEL	28.25	26.59			

94761		MEASURE BLOOD OXYGEN LEVEL	46.17	43.29			
94762		MEASURE BLOOD OXYGEN LEVEL	59.35	55.44			
94770		EXHALED CARBON DIOXIDE TEST	38.28	36.18			
95004		PERCUT ALLERGY SKIN TESTS	10.93	10.25			
95015		ID ALLERGY TITRATE-DRUG/BUG	23.28	22.11			
95024		ID ALLERGY TEST, DRUG/BUG	12.68	11.88			
95027		ID ALLERGY TITRATE-AIRBORNE	8.01	7.53			
95028		ID ALLERGY TEST-DELAYED TYPE	21.49	20.08			
95044		ALLERGY PATCH TESTS	10.42	9.75			
95115		IMMUNOTHERAPY, ONE INJECTION	17.41	16.27			
95117		IMMUNOTHERAPY INJECTIONS	21.49	20.08			
95144		ANTIGEN THERAPY SERVICES	21.03	19.80			
95800		SLEEP STUDY UNATT; COMP W/SLEEP TIME	344.12	323.75			
95800	TC	SLEEP STUDY UNATT; COMP W/SLEEP TIME	252.65	235.71			
95800	26	SLEEP STUDY UNATT; COMP W/SLEEP TIME	91.46	88.02			
95801		SLEEP STUDY UNATT; COMP W/O SLEEP TIME	158.15	150.15			
95801	TC	SLEEP STUDY UNATT; COMP W/O SLEEP TIME	77.96	72.76			
95801	26	SLEEP STUDY UNATT; COMP W/O SLEEP TIME	80.19	77.39			
95803		ACTIGRAPHY TESTING	271.28	255.44			
95803	TC	ACTIGRAPHY TESTING	197.91	184.66			
95803	26	ACTIGRAPHY TESTING	73.37	70.78			
95805		MULTIPLE SLEEP LATENCY TEST	693.93	650.54			
95805	TC	MULTIPLE SLEEP LATENCY TEST	597.18	557.22			
95810		POLYSOMNOGRAPHY, 4 OR MORE	1,169.61	1,097.90			
95810	TC	POLYSOMNOGRAPHY, 4 OR MORE	974.08	909.04			
95810	26	POLYSOMNOGRAPHY, 4 OR MORE	195.54	188.86			
95811		POLYSOMNOGRAPHY W/CPAP	1,263.07	1,185.40			
95811	TC	POLYSOMNOGRAPHY W/CPAP	1,058.45	987.78			
95811	26	POLYSOMNOGRAPHY W/CPAP	204.62	197.62			
95812		EEG, 41-60 MINUTES	531.27	498.47			
95813	TC	EEG, OVER 1 HOUR	460.35	429.56			
95813	26	EEG, OVER 1 HOUR	134.52	129.96			
95816		EEG, AWAKE & DROWSY	378.16	355.01			
95816	TC	EEG, AWAKE & DROWSY	312.51	291.60			
95816	26	EEG, AWAKE & DROWSY	65.65	63.41			
95819		EEG, AWAKE & ASLEEP	549.32	515.31			
95819	TC	EEG, AWAKE & ASLEEP	464.48	433.39			
95819	26	EEG, AWAKE & ASLEEP	84.84	81.91			
95822		EEG, COMA OR SLEEP ONLY	513.22	481.63			
95822	TC	EEG, COMA OR SLEEP ONLY	428.39	399.72			
95822	26	EEG, COMA OR SLEEP ONLY	84.84	81.91			
95831		LIMB MUSCLE TESTING, MANUAL	47.21	44.84			
95832		HAND MUSCLE TESTING,	52.37	49.80			

		MANUAL					
95833		BODY MUSCLE TESTING, MANUAL	68.43	65.19			
95834		BODY MUSCLE TESTING, MANUAL	85.99	82.02			
95851		RANGE MOTION MEASUREMENTS	43.75	41.47			
95852		RANGE MOTION MEASUREMENTS	24.16	22.84			
95857		TENSILON TEST	76.14	72.46			
95860		MUSCLE TEST, ONE LIMB	226.85	215.44			
95860	TC	MUSCLE TEST, ONE LIMB	107.41	100.24			
95860	26	MUSCLE TEST, ONE LIMB	119.46	115.20			
95861		MUSCLE TEST, 2 LIMBS	327.48	311.61			
95861	TC	MUSCLE TEST, 2 LIMBS	136.97	127.83			
95861	26	MUSCLE TEST, 2 LIMBS	190.51	183.78			
95863		MUSCLE TEST, 3 LIMBS	395.17	376.08			
95863	TC	MUSCLE TEST, 3 LIMBS	166.53	155.40			
95863	26	MUSCLE TEST, 3 LIMBS	228.64	220.68			
95864		MUSCLE TEST, 4 LIMBS	434.98	413.69			
95864	TC	MUSCLE TEST, 4 LIMBS	190.71	177.96			
95864	26	MUSCLE TEST, 4 LIMBS	244.27	235.72			
95865		MUSCLE TEST, LARYNX	296.79	283.01			
95865	TC	MUSCLE TEST, LARYNX	101.14	94.40			
95865	26	MUSCLE TEST, LARYNX	195.65	188.61			
95867		MUSCLE TEST CRANIAL NERVE UNILAT	201.95	191.56			
95867	TC	MUSCLE TEST CRANIAL NERVE UNILAT	103.83	96.90			
95867	26	MUSCLE TEST CRANIAL NERVE UNILAT	98.12	94.67			
95868		MUSCLE TEST CRANIAL NERVE BILAT	272.61	258.99			
95868	TC	MUSCLE TEST CRANIAL NERVE BILAT	128.01	119.46			
95868	26	MUSCLE TEST CRANIAL NERVE BILAT	144.60	139.53			
95869		MUSCLE TEST, THOR PARASPINAL	149.63	141.08			
95869	TC	MUSCLE TEST, THOR PARASPINAL	103.83	96.90			
95869	26	MUSCLE TEST, THOR PARASPINAL	45.80	44.18			
95870		MUSCLE TEST, NONPARASPINAL	146.04	137.74			
95870	TC	MUSCLE TEST, NONPARASPINAL	101.14	94.40			
95870	26	MUSCLE TEST, NONPARASPINAL	44.91	43.33			
95873		GUIDE NERVE DESTROY, ELECT STIM	148.73	140.25			
95873	TC	GUIDE NERVE DESTROY, ELECT STIM	101.14	94.40			
95873	26	GUIDE NERVE DESTROY, ELECT STIM	47.60	45.85			
95874		GUIDE NERVE DESTROY, NEEDLE EMG	141.56	133.56			
95874	TC	GUIDE NERVE DESTROY, NEEDLE EMG	95.76	89.38			
95874	26	GUIDE NERVE DESTROY, NEEDLE EMG	45.80	44.18			
95900		MOTOR NERVE CONDUCTION	153.54	144.91			

		TEST					
95900	TC	MOTOR NERVE CONDUCTION TEST	102.03	95.23			
95900	26	MOTOR NERVE CONDUCTION TEST	51.51	49.67			
95903		MOTOR NERVE CONDUCTION TEST	176.35	166.99			
95903	TC	MOTOR NERVE CONDUCTION TEST	102.93	96.07			
95903	26	MOTOR NERVE CONDUCTION TEST	73.44	70.92			
95904		SENSE NERVE CONDUCTION TEST	135.64	127.92			
95904	TC	SENSE NERVE CONDUCTION TEST	93.97	87.71			
95904	26	SENSE NERVE CONDUCTION TEST	41.67	40.21			
95920		INTRAOP NERVE TEST, ADDED	392.31	374.38			
95920	TC	INTRAOP NERVE TEST, ADDED	136.07	126.98			
95920	26	INTRAOP NERVE TEST, ADDED	256.23	247.38			
95921		AUTONOMIC NERVE FUNCTION TEST	129.86	123.48			
95921	TC	AUTONOMIC NERVE FUNCTION TEST	60.50	56.47			
95921	26	AUTONOMIC NERVE FUNCTION TEST	69.36	67.00			
95922		AUTONOMIC NERVE FUNCTION TEST	161.43	153.08			
95922	TC	AUTONOMIC NERVE FUNCTION TEST	87.28	81.46			
95922	26	AUTONOMIC NERVE FUNCTION TEST	74.15	71.62			
95923		AUTONOMIC NERVE FUNCTION TEST	241.02	227.20			
95923	TC	AUTONOMIC NERVE FUNCTION TEST	169.96	158.59			
95923	26	AUTONOMIC NERVE FUNCTION TEST	71.04	68.61			
95925		SOMATOSENSORY TESTING	640.37	600.70			
95925	TC	SOMATOSENSORY TESTING	538.82	502.74			
95925	26	SOMATOSENSORY TESTING	101.51	98.00			
95926		SOMATOSENSORY TESTING	393.84	369.63			
95926	TC	SOMATOSENSORY TESTING	327.79	305.82			
95926	26	SOMATOSENSORY TESTING	66.05	63.82			
95927		SOMATOSENSORY TESTING	368.96	346.31			
95927	TC	SOMATOSENSORY TESTING	303.59	283.25			
95927	26	SOMATOSENSORY TESTING	65.35	63.05			
95928		C MOTOR EVOKED, UPPER LIMBS	388.77	366.67			
95928	TC	C MOTOR EVOKED, UPPER LIMBS	270.57	252.51			
95928	26	C MOTOR EVOKED, UPPER LIMBS	118.19	114.16			
95929		C MOTOR EVOKED, LOWER LIMBS	412.64	388.95			
95929	TC	C MOTOR EVOKED, LOWER LIMBS	293.87	274.24			
95929	26	C MOTOR EVOKED, LOWER LIMBS	118.77	114.71			
95930		VISUAL EVOKED POTENTIAL TEST	225.51	211.30			

95930	TC	VISUAL EVOKED POTENTIAL TEST	197.91	184.66			
95930	26	VISUAL EVOKED POTENTIAL TEST	27.60	26.63			
95933		BLINK REFLEX TEST	122.27	115.65			
95933	TC	BLINK REFLEX TEST	75.05	70.05			
95933	26	BLINK REFLEX TEST	47.22	45.60			
95934		H-REFLEX TEST	155.93	147.69			
95934	TC	H-REFLEX TEST	87.59	81.77			
95934	26	H-REFLEX TEST	68.32	65.89			
95936		H-REFLEX TEST	126.83	120.70			
95936	TC	H-REFLEX TEST	54.09	50.53			
95936	26	H-REFLEX TEST	72.75	70.20			
95937		NEUROMUSCULAR JUNCTION TEST	105.46	100.14			
95937	TC	NEUROMUSCULAR JUNCTION TEST	53.50	49.95			
95937	26	NEUROMUSCULAR JUNCTION TEST	51.95	50.19			
95950		AMBULATORY EEG MONITORING	451.58	425.29			
95950	TC	AMBULATORY EEG MONITORING	332.89	310.63			
95950	26	AMBULATORY EEG MONITORING	118.70	114.65			
95951		EEG MONITORING/VIDEO RECORD	3,074.98	2,967.76			
95951	TC	EEG MONITORING/VIDEO RECORD	2,599.66	2,508.81			
95951	26	EEG MONITORING/VIDEO RECORD	483.24	467.08			
95953		EEG MONITORING/COMPUTER	683.31	645.57			
95953	TC	EEG MONITORING/COMPUTER	438.28	408.94			
95953	26	EEG MONITORING/COMPUTER	245.04	236.62			
95955		EEG DURING SURG	279.78	263.64			
95955	TC	EEG DURING SURG	201.41	187.92			
95955	26	EEG DURING SURG	78.37	75.72			
95956		EEG MONITORING, CABLE/RADIO	1,700.99	1,596.69			
95956	TC	EEG MONITORING, CABLE/RADIO	1,425.05	1,329.89			
95956	26	EEG MONITORING, CABLE/RADIO	275.95	266.79			
95957		EEG DIGITAL ANALYSIS	565.05	532.31			
95957	TC	EEG DIGITAL ANALYSIS	408.70	381.29			
95957	26	EEG DIGITAL ANALYSIS	156.33	151.02			
95961		ELECTRODE STIMULATION, BRAIN	407.15	387.59			
95961	TC	ELECTRODE STIMULATION, BRAIN	169.96	158.59			
95961	26	ELECTRODE STIMULATION, BRAIN	237.19	228.99			
95962		ELECTRODE STIM, BRAIN, ADDED	362.26	346.30			
95962	TC	ELECTRODE STIM, BRAIN, ADDED	108.83	101.55			
95962	26	ELECTRODE STIM, BRAIN, ADDED	253.44	244.75			
95970		ANALYZE NEUROSTIM, NO PROG	97.12	91.83			
95971		ANALYZE NEUROSTIM, SIMPLE	92.71	88.63			
95972		ANALYZE NEUROSTIM, COMPLEX	170.16	162.88			
95973		ANALYZE NEUROSTIM, COMPLEX	95.10	91.23			

95981	IO ANAL GAST N-STIM SUBSEQ	49.98	47.45			
95991	SPIN/BRAIN PUMP REFILL & MAIN	174.44	164.77			
95992	CANALITH REPOSITIONING PROC	66.86	64.38			
96000	MOTION ANALYSIS, VIDEO/3D	141.90	137.15			
96002	DYNAMIC SURFACE EMG	32.84	31.75			
96004	PHYS REVIEW MOTION TESTS	174.11	168.13			
96101	PSYCHO TESTING BY PSYCH/PHYS	171.94	166.83			
96102	PSYCHO TESTING BY TECHNICIAN	110.20	104.12			
96103	PSYCHO TESTING ADMIN BY COMP	92.07	87.24			
96105	ASSESS APHASIA	169.49	162.53			
96111	DEVELOPMENTAL TEST, EXTEND	194.42	188.26			
96116	NEUROBEHAVIORAL STATUS EXAM	163.28	157.97			
96118	NEUROPSYCH TEST BY PSYCH/PHYS	175.60	169.32			
96119	NEUROPSYCH TESTING BY TEC	116.36	109.92			
96120	NEUROPSYCH TEST ADMIN W/COMP	136.91	129.06			
96125	COGNITIVE TEST BY HC PRO	147.55	142.04			
96150	ASSESS HEALTH/BEHAVE, INIT	32.30	31.39			
96151	ASSESS HEALTH/BEHAVE, SUBSEQ	31.28	30.38			
96152	INTERVENE HEALTH/BEHAVE, INDIV	29.69	28.85			
96153	INTERVENE HEALTH/BEHAVE, GROUP	7.35	7.13			
96154	INTERVENE HEALTH/BEHAVE, FAM W/PT	29.17	28.35			
96360	HYDRATION IV INFUSION, INIT	96.36	90.41			
96361	HYDRATE IV INFUSION, ADDED	25.47	24.02			
96365	THER/PROPHY/DIAG IV INF, INIT	119.94	112.51			
96366	THER/PROPHY/DIAG IV INF ADDED	35.85	33.92			
96367	THER/PROPHY/DIAG ADDED SEQ IV INF	55.00	51.80			
96368	THER/DIAG CONCURRENT INF	31.86	30.17			
96370	SC THER INFUSION, ADDED HR	24.80	23.60			
96372	THER/PROPHY/DIAG INJ, SC/IM	38.26	36.14			
96373	THER/PROPHY/DIAG INJ, IA	31.28	29.63			
96374	THER/PROPHY/DIAG INJ, IV PUSH	93.96	88.19			
96375	TX/PRO/DIAG INJECT NEW DRUG ADDED	38.20	35.91			
96409	CHEMO IV PUSH, SINGLE DRUG	191.22	179.13			
96446	CHEMOTHERAPY ADM PERITONEAL CAV	300.18	281.16			
96523	IRRIG DRUG DELIVERY DEVICE	43.31	40.53			
96900	ULTRAVIOLET LIGHT THERAPY	35.46	33.11			
96912	PHOTOCHEMOTHERAPY W/UUV-A	152.50	142.29			
97001	PHYSICAL THERAPY EVAL	114.74	110.13			
97002	PHYSICAL THERAPY RE-EVAL	64.03	61.31			
97003	OT EVAL	127.54	122.09			
97004	OT RE-EVAL	78.59	74.88			

97010	APPLIC MODAL 1/> AREAS; HOT/COLD PACKS	0.00	0.00			
97012	MECHANICAL TRACTION THERAPY	28.01	26.87			
97016	VASOPNEUMATIC DEVICE THERAPY	28.29	26.86			
97014	APPLICATION MODALITY TO 1 OR MORE AREAS; E-STIM	0.00	0.00			
97018	PARAFFIN BATH THERAPY	15.79	14.91			
97022	WHIRLPOOL THERAPY	33.61	31.79			
97024	DIATHERMY EG, MICROWAVE	9.98	9.48			
97026	INFRARED THERAPY	8.81	8.40			
97028	ULTRAVIOLET THERAPY	10.98	10.47			
97032	ELECTRICAL STIMULATION	28.35	27.09			
97033	ELECTRIC CURRENT THERAPY	46.33	43.88			
97034	CONTRAST BATH THERAPY	26.32	25.10			
97035	ULTRASOUND THERAPY	27.40	26.36			
97036	HYDROTHERAPY	47.92	45.42			
97039	PHYSICAL THERAPY TREAT	20.42	19.71			
97110	THERAPEUTIC EXERCISES	50.87	48.67			
97112	NEUROMUSCULAR REEDUCATION	53.36	51.01			
97113	AQUATIC THERAPY/EXERCISES	67.87	64.51			
97116	GAIT TRAINING THERAPY	48.21	46.14			
97124	MASSAGE THERAPY	38.67	36.95			
97139	PHYSICAL MEDICINE PROCEDURE	27.64	26.67			
97140	MANUAL THERAPY	44.47	42.56			
97150	GROUP THERAPEUTIC PROCEDURES	30.52	29.17			
97530	THERAPEUTIC ACTIVITIES	59.96	57.21			
97532	COGNITIVE SKILLS DEVELOPMENT	61.13	58.72			
97533	SENSORY INTEGRATION	43.81	41.98			
97535	SELF CARE MANAGEMENT TRAINING	51.88	49.54			
97537	COMMUNITY/WORK REINTEGRATION	44.91	43.02			
97542	WHEELCHAIR MANAGEMENT TRAINING	45.49	43.56			
97597	ACTIVE WOUND CARE/20 CM OR <	119.31	112.72			
97598	ACTIVE WOUND CARE > 20 CM	39.36	37.40			
97605	NEG PRESS WOUND TX, < 50 CM	62.93	60.32			
97606	NEG PRESS WOUND TX, > 50 CM	67.09	64.40			
97750	PHYSICAL PERFORMANCE TEST	55.79	53.38			
97755	ASSISTIVE TECHNOLOGY ASSESS	53.99	51.98			
97760	ORTHOTIC MGMT & TRAINING	56.42	53.83			
97761	PROSTHETIC TRAINING	49.44	47.32			
97762	C/O FOR ORTHOTIC/PROSTH USE	67.36	63.48			
97802	MEDICAL NUTRITION, INDIV, IN	50.58	48.59			
97810	ACUPUNCT 1/> NDLES W/O E- STIM; INIT 15 MIN 1-1	43.74	32.07			
97811	ACUPUNCT 1/> NDLES W/O E- STIM; EA ADD 15 MIN 1-1	37.49	27.49			
97813	ACUPUNCT 1/> NDLES WITH E-	47.91	35.12			

		STIM; INIT 15 MIN 1-1					
97814		ACUPUNCT 1/> NDLES WITH E-STIM;EA ADD 15 MIN 1-1	41.66	30.54			
98505	26	MULTIPLE SLEEP LATENCY TEST	96.75	93.32			
98512	TC	EEG, 41-60 MINUTES	447.02	417.10			
98512	26	EEG, 41-60 MINUTES	84.26	81.37			
98513		EEG, OVER 1 HOUR	594.86	559.52			
98925		OSTEOPATHIC MANIPULATION 1-2 REGIONS	55.70	53.34			
98926		OSTEOPATHIC MANIPULATION 3-4 REGIONS	74.13	71.10			
98927		OSTEOPATHIC MANIPULATION 5-6 REGIONS	96.35	92.48			
98928		OSTEOPATHIC MANIPULATION 7-8 REGIONS	97.37	93.52			
98940		CHIROPRACTIC MANIPULATION 1-2 REGIONS	39.44	37.90			
98941		CHIROPRACTIC MANIPULATION 3-4 REGIONS	54.40	52.41			
98942		CHIROPRACTIC MANIPULATION 5 REGIONS	69.90	67.39			
99070		SUPPLIES & MATERIALS: ADDL TO USUAL FOR OFFICE VISIT	0.00	0.00			
99071		EDUCATION SUPPLIES; S/A BOOKS, TAPES & PAMPHLETS FOR PATIENT EDUCATION	0.00	0.00			
99080		SPECIAL REPORTS	0.00	0.00			
99082		UNUSUAL PHYSICIAN TRAVEL	0.00	0.00			
99143		MOD SEDATION SAME PHYS, < 5 YRS	44.74	43.70			
99144		MOD SEDATION BY SAME PHYS, 5 YRS +	64.49	62.24			
99145		MOD SEDATION BY SAME PHYS, ADDED	22.24	21.44			
99148		MOD SEDATION DIFF PHYS < 5 YRS	125.97	121.58			
99149		MOD SEDATION DIFF PHYS 5 YRS +	125.97	121.58			
99150		MOD SEDATION DIFF PHYS, ADDED	47.38	45.69			
99175		INDUCTION VOMITING	41.87	39.08			
99183		HYPERBARIC OXYGEN THERAPY	518.83	494.16			
99195		PHLEBOTOMY	227.07	212.09			
99201		OFFICE/OUTPAT VISIT, NEW PAT 10 MINS	51.25	48.81			
99202		OFFICE/OUTPAT VISIT, NEW PAT 20 MINS	87.92	83.95			
99203		OFFICE/OUTPAT VISIT, NEW PAT 30 MINS	126.87	121.39			
99204		OFFICE/OUTPAT VISIT, NEW PAT 45 MINS	193.64	185.82			
99205		OFFICE/OUTPAT VISIT, NEW PAT 60 MINS	240.25	230.79			
99211		OFFICE/OUTPAT VISIT, EST PAT 5 MINS	32.36	30.67			
99212		OFFICE/OUTPAT VISIT, EST PAT 10 MINS	51.69	49.22			
99213		OFFICE/OUTPAT VISIT, EST PAT 15 MINS	85.01	81.31			
99214		OFFICE/OUTPAT VISIT, EST PAT 25 MINS	125.71	120.35			

99215	OFFICE/OUTPAT VISIT, EST PAT 40 MINS	168.59	161.61			
99217	OBSERVATION CARE DISCHARGE	108.71	104.82			
99218	OBSERVATION CARE LOW SEVERITY	99.97	96.66			
99219	OBSERVATION CARE MODERATE SEVERITY	167.12	161.61			
99220	OBSERVATION CARE HIGH SEVERITY	233.75	226.05			
99221	INITIAL HOSPITAL CARE 30 MINS	151.05	146.22			
99222	INITIAL HOSPITAL CARE 50 MINS	205.62	198.94			
99223	INITIAL HOSPITAL CARE 70 MINS	301.80	291.96			
99224	SUBSEQ OBSERVATION CARE 15 MINS	43.46	41.99			
99225	SUBSEQ OBSERVATION CARE 25 MINS	76.94	74.29			
99226	SUBSEQ OBSERVATION CARE 35 MINS	115.08	111.16			
99231	SUBSEQUENT HOSPITAL CARE 15 MINS	69.00	66.70			
99232	SUBSEQUENT HOSPITAL CARE 25 MINS	107.89	104.32			
99233	SUBSEQUENT HOSPITAL CARE 35 MINS	154.90	149.80			
99234	OBSERVE/HOSP SAME DATE LOW SEVERITY	204.82	198.08			
99235	OBSERVE/HOSP SAME DATE MOD SEVERITY	268.27	259.39			
99236	OBSERVE/HOSP SAME DATE HIGH SEVERITY	333.16	322.20			
99238	HOSPITAL DISCHARGE DAY 30 MINS/LESS	108.19	104.29			
99239	HOSPITAL DISCHARGE DAY > 30 MINS	158.62	152.99			
99241	OFFICE CONSULTATION 15 MINS	94.26	81.72			
99242	OFFICE CONSULTATION 30 MINS	120.18	104.19			
99243	OFFICE CONSULTATION 40 MINS	153.17	132.79			
99244	OFFICE CONSULTATION 60 MINS	200.30	173.66			
99245	OFFICE CONSULTATION 80 MINS	252.93	219.28			
99251	INPATIENT CONSULTATION 20 MINS	94.26	81.72			
99252	INPATIENT CONSULTATION 40 MINS	142.96	123.94			
99253	INPATIENT CONSULTATION 55 MINS	175.95	152.54			
99254	INPATIENT CONSULTATION 80 MINS	219.94	190.88			
99255	INPATIENT CONSULTATION 110 MINS	276.50	239.71			
99281	EMERGENCY DEPT VISIT SELF LIMIT/MINOR	122.92	119.32			
99282	EMERGENCY DEPT VISIT LOW/MODERATE	203.58	197.73			
99283	EMERGENCY DEPT VISIT MODERATE	206.43	200.51			
99284	EMERGENCY DEPT VISIT HIGH SEVERITY	375.38	365.00			
99285	EMERGENCY DEPT VISIT HIGH SEVERITY	519.35	505.14			
99291	CRITICAL CARE, FIRST HOUR	417.23	401.38			

Exhibit 2

Dental Fee Schedule

CDT-3	Description	NORTH	SOUTH
D0120	periodic oral evaluation - established patient	59	52
D0140	limited oral evaluation - problem focused	91	80
D0150	comprehensive oral evaluation - new or established patient	104	92
D0160	detailed and extensive oral evaluation - problem focused, by report	190	168
D0170	re-evaluation - limited, problem focused (established patient; not post-operative visit)	85	75
D0180	comprehensive periodontal evaluation - new or established patient	113	100
D0220	intraoral - periapical first film	34	30
D0230	intraoral - periapical each additional film	28	25
D0240	intraoral - occlusal film	51	45
D0250	extraoral - first film	80	71
D0260	extraoral - each additional film	68	60
D0270	bitewing - single film	34	30
D0272	bitewings - two films	53	47
D0273	bitewings - three films	67	59
D0274	bitewings - four films	78	69
D0277	vertical bitewings - 7 to 8 films	119	105
D0290	posterior-anterior or lateral skull and facial bone survey film	164	145
D0320	temporomandibular joint arthrogram, including injection	714	632
D0321	other temporomandibular joint films, by report	248	219
D0330	panoramic film	130	115
D0340	cephalometric film	147	130
D0350	oral/facial photographic images	88	78
D0360	cone beam ct - craniofacial data capture	691	611
D0362	cone beam - two-dimensional image reconstruction using existing data, includes multiple images	448	397
D0363	cone beam - three-dimensional image reconstruction using existing data, includes multiple images	482	427
D0460	pulp vitality tests	67	59
D0470	diagnostic casts	135	119
D1110	prophylaxis - adult	108	95
D1120	prophylaxis - child	79	70
D1351	sealant - per tooth	65	57
D1510	space maintainer - fixed - unilateral	374	330
D1515	space maintainer - fixed - bilateral	509	451
D1520	space maintainer - removable - unilateral	457	405
D1525	space maintainer - removable - bilateral	578	512

D1550	re-cementation of space maintainer	101	89
D1555	removal of fixed space maintainer	93	82
D2140	amalgam - one surface, primary or permanent	169	149
D2150	amalgam - two surfaces, primary or permanent	213	188
D2160	amalgam - three surfaces, primary or permanent	256	226
D2161	amalgam - four or more surfaces, primary or permanent	305	269
D2330	resin-based composite - one surface, anterior	190	168
D2331	resin-based composite - two surfaces, anterior	238	210
D2332	resin-based composite - three surfaces, anterior	298	263
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	374	330
D2390	resin-based composite crown, anterior	549	486
D2391	resin-based composite - one surface, posterior	209	185
D2392	resin-based composite - two surfaces, posterior	276	244
D2393	resin-based composite - three surfaces, posterior	338	299
D2394	resin-based composite - four or more surfaces, posterior	408	361
D2410	gold foil - one surface	772	683
D2420	gold foil - two surfaces	860	761
D2430	gold foil - three surfaces	938	830
D2510	inlay - metallic - one surface	1019	901
D2520	inlay - metallic - two surfaces	1073	949
D2530	inlay - metallic - three or more surfaces	1135	1005
D2542	onlay - metallic-two surfaces	1183	1047
D2543	onlay - metallic-three surfaces	1200	1062
D2544	onlay - metallic-four or more surfaces	1224	1083
D2610	inlay - porcelain/ceramic - one surface	1070	946
D2620	inlay - porcelain/ceramic - two surfaces	1142	1011
D2630	inlay - porcelain/ceramic - three or more surfaces	1189	1052
D2642	onlay - porcelain/ceramic - two surfaces	1193	1056
D2643	onlay - porcelain/ceramic - three surfaces	1245	1102
D2644	onlay - porcelain/ceramic - four or more surfaces	1302	1152
D2650	inlay - resin-based composite - one surface	1041	921
D2651	inlay - resin-based composite - two surfaces	1070	946
D2652	inlay - resin-based composite - three or more surfaces	1108	980
D2662	onlay - resin-based composite - two surfaces	1121	991
D2663	onlay - resin-based composite - three surfaces	1168	1034
D2664	onlay - resin-based composite - four or more surfaces	1223	1082
D2710	crown - resin-based composite (indirect)	1123	993
D2712	crown - 3/4 resin-based composite (indirect)	1197	1059
D2720	crown - resin with high noble metal	1245	1102
D2721	crown - resin with predominantly base metal	1189	1052
D2722	crown - resin with noble metal	1201	1063

D2740	crown - porcelain/ceramic substrate	1358	1202
D2750	crown - porcelain fused to high noble metal	1302	1152
D2751	crown - porcelain fused to predominantly base metal	1245	1102
D2752	crown - porcelain fused to noble metal	1247	1104
D2780	crown - 3/4 cast high noble metal	1250	1106
D2781	crown - 3/4 cast predominantly base metal	1215	1075
D2782	crown - 3/4 cast noble metal	1202	1064
D2783	crown - 3/4 porcelain/ceramic	1297	1148
D2790	crown - full cast high noble metal	1305	1155
D2791	crown - full cast predominantly base metal	1189	1052
D2792	crown - full cast noble metal	1238	1096
D2794	crown - titanium	1280	1133
D2799	provisional crown	526	466
D2910	recement inlay, onlay, or partial coverage restoration	130	115
D2915	recement cast or prefabricated post and core	135	119
D2920	recement crown	130	115
D2930	prefabricated stainless steel crown - primary tooth	321	284
D2931	prefabricated stainless steel crown - permanent tooth	386	342
D2932	prefabricated resin crown	417	369
D2933	prefabricated stainless steel crown with resin window	440	390
D2934	prefabricated esthetic coated stainless steel crown - primary tooth	432	383
D2940	protective restoration	146	129
D2950	core buildup, including any pins	323	285
D2951	pin retention - per tooth, in addition to restoration	89	79
D2952	post and core in addition to crown, indirectly fabricated	504	446
D2953	each additional indirectly fabricated post - same tooth	374	330
D2954	prefabricated post and core in addition to crown	396	351
D2955	post removal (not in conjunction with endodontic therapy)	350	309
D2957	each additional prefabricated post - same tooth	243	215
D2960	labial veneer (resin laminate) - chairside	797	705
D2961	labial veneer (resin laminate) - laboratory	1160	1027
D2962	labial veneer (porcelain laminate) - laboratory	1360	1203
D2970	temporary crown (fractured tooth)	453	401
D2971	additional procedures to construct new crown under existing partial denture framework	246	217
D2975	coping	717	634
D2980	crown repair, by report	351	310
D3310	endodontic therapy, anterior tooth (excluding final restoration)	865	765
D3320	endodontic therapy, bicuspid tooth (excluding final restoration)	996	881
D3330	endodontic therapy, molar (excluding final restoration)	1198	1060
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	764	676

D4249	clinical crown lengthening - hard tissue	912	807
D4260	osseous surgery (including flap entry and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	1272	1126
D4261	osseous surgery (including flap entry and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	1075	951
D4263	bone replacement graft - first site in quadrant	851	753
D4341	periodontal scaling and root planing - four or more teeth per quadrant	300	265
D4355	full mouth debridement to enable comprehensive evaluation and diagnosis	217	192
D4381	localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report	180	159
D4910	periodontal maintenance	166	147
D5110	complete denture - maxillary	2038	1803
D5120	complete denture - mandibular	2042	1807
D5130	immediate denture - maxillary	2207	1953
D5140	immediate denture - mandibular	2207	1953
D5211	maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	1613	1427
D5212	mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	1613	1427
D5213	maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	2126	1881
D5214	mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	2126	1881
D5510	repair broken complete denture base	252	223
D5520	replace missing or broken teeth - complete denture (each tooth)	223	197
D5610	repair resin denture base	242	214
D5620	repair cast framework	345	305
D5630	repair or replace broken clasp	316	279
D5640	replace broken teeth - per tooth	218	193
D5650	add tooth to existing partial denture	267	236
D5660	add clasp to existing partial denture	323	285
D5670	replace all teeth and acrylic on cast metal framework (maxillary)	890	787
D5671	replace all teeth and acrylic on cast metal framework (mandibular)	901	797
D5710	rebase complete maxillary denture	692	612
D5711	rebase complete mandibular denture	686	607
D5720	rebase maxillary partial denture	668	591
D5721	rebase mandibular partial denture	668	591
D5730	reline complete maxillary denture (chairside)	441	391
D5731	reline complete mandibular denture (chairside)	440	390
D5740	reline maxillary partial denture (chairside)	432	383
D5741	reline mandibular partial denture (chairside)	440	390
D5750	reline complete maxillary denture (laboratory)	565	500
D5751	reline complete mandibular denture (laboratory)	566	501
D5760	reline maxillary partial denture (laboratory)	560	496

D5761	reline mandibular partial denture (laboratory)	560	496
D5810	interim complete denture (maxillary)	1029	910
D5811	interim complete denture (mandibular)	1043	922
D5820	interim partial denture (maxillary)	834	738
D5821	interim partial denture (mandibular)	834	738
D5850	tissue conditioning, maxillary	249	220
D5851	tissue conditioning, mandibular	249	220
D5860	overdenture - complete, by report	2537	2244
D5861	overdenture - partial, by report	2477	2191
D5862	precision attachment, by report	849	751
D5867	replacement of replaceable part of semi-precision or precision attachment (male or female component)	462	409
D5875	modification of removable prosthesis following implant surgery	466	413
D5937	trismus appliance (not for TMD treatment)	882	780
D5951	feeding aid	1031	912
D5982	surgical stent	529	468
D5988	surgical splint	902	799
D6010	surgical placement of implant body: endosteal implant	2377	2103
D6012	surgical placement of interim implant body for transitional prosthesis: endosteal implant	1872	1656
D6040	surgical placement: eposteal implant	9819	8687
D6050	surgical placement: transosteal implant	6885	6091
D6053	implant/abutment supported removable denture for completely edentulous arch	3386	2995
D6054	implant/abutment supported removable denture for partially edentulous arch	3321	2938
D6055	connecting bar - implant supported or abutment supported	3506	3102
D6056	prefabricated abutment - includes placement	962	851
D6057	custom abutment - includes placement	1132	1002
D6058	abutment supported porcelain/ceramic crown	1727	1528
D6059	abutment supported porcelain fused to metal crown (high noble metal)	1734	1534
D6060	abutment supported porcelain fused to metal crown (predominantly base metal)	1626	1438
D6061	abutment supported porcelain fused to metal crown (noble metal)	1622	1435
D6062	abutment supported cast metal crown (high noble metal)	1698	1502
D6063	abutment supported cast metal crown (predominantly base metal)	1586	1403
D6064	abutment supported cast metal crown (noble metal)	1623	1436
D6065	implant supported porcelain/ceramic crown	1824	1613
D6066	implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	1838	1626
D6067	implant supported metal crown (titanium, titanium alloy, high noble metal)	1855	1641
D6068	abutment supported retainer for porcelain/ceramic FPD	1731	1531
D6069	abutment supported retainer for porcelain fused to metal FPD (high noble metal)	1729	1529

D6070	abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	1641	1452
D6071	abutment supported retainer for porcelain fused to metal FPD (noble metal)	1643	1453
D6072	abutment supported retainer for cast metal FPD (high noble metal)	1741	1540
D6073	abutment supported retainer for cast metal FPD (predominantly base metal)	1635	1446
D6074	abutment supported retainer for cast metal FPD (noble metal)	1603	1418
D6075	implant supported retainer for ceramic FPD	1813	1604
D6076	implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	1854	1640
D6077	implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)	1870	1654
D6078	implant/abutment supported fixed denture for completely edentulous arch	6621	5858
D6079	implant/abutment supported fixed denture for partially edentulous arch	4784	4232
D6080	implant maintenance procedures, including removal of prosthesis, cleansing of prosthesis and abutments and reinsertion of prosthesis	375	331
D6090	repair implant supported prosthesis, by report	889	786
D6091	replacement of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesis, per attachment	752	665
D6092	reinsertion implant/abutment supported crown	189	167
D6093	reinsertion implant/abutment supported fixed partial denture	216	191
D6094	abutment supported crown - (titanium)	1590	1407
D6095	repair implant abutment, by report	863	763
D6100	implant removal, by report	904	800
D6190	radiographic/surgical implant index, by report	509	451
D6194	abutment supported retainer crown for FPD - (titanium)	1721	1522
D6205	pontic - indirect resin based composite	1156	1023
D6210	pontic - cast high noble metal	1296	1147
D6211	pontic - cast predominantly base metal	1201	1063
D6212	pontic - cast noble metal	1233	1091
D6214	pontic - titanium	1292	1143
D6240	pontic - porcelain fused to high noble metal	1319	1167
D6241	pontic - porcelain fused to predominantly base metal	1215	1075
D6242	pontic - porcelain fused to noble metal	1245	1102
D6245	pontic - porcelain/ceramic	1358	1202
D6250	pontic - resin with high noble metal	1255	1111
D6251	pontic - resin with predominantly base metal	1244	1101
D6252	pontic - resin with noble metal	1228	1087
D6253	provisional pontic	910	805
D6545	retainer - cast metal for resin bonded fixed prosthesis	1019	901
D6548	retainer - porcelain/ceramic for resin bonded fixed prosthesis	1122	992

D6710	crown - indirect resin based composite	1192	1055
D6720	crown - resin with high noble metal	1253	1109
D6721	crown - resin with predominantly base metal	1242	1099
D6722	crown - resin with noble metal	1245	1102
D6740	crown - porcelain/ceramic	1364	1207
D6750	crown - porcelain fused to high noble metal	1330	1177
D6751	crown - porcelain fused to predominantly base metal	1217	1077
D6752	crown - porcelain fused to noble metal	1245	1102
D6780	crown - 3/4 cast high noble metal	1271	1125
D6781	crown - 3/4 cast predominantly base metal	1218	1078
D6782	crown - 3/4 cast noble metal	1245	1102
D6783	crown - 3/4 porcelain/ceramic	1296	1147
D6790	crown - full cast high noble metal	1298	1149
D6791	crown - full cast predominantly base metal	1201	1063
D6792	crown - full cast noble metal	1233	1091
D6793	provisional retainer crown	661	585
D6794	crown - titanium	1250	1106
D6920	connector bar	1182	1046
D6930	re cement fixed partial denture	205	181
D6940	stress breaker	528	467
D6950	precision attachment	789	698
D6970	post and core in addition to fixed partial denture retainer, indirectly fabricated	517	458
D6972	prefabricated post and core in addition to fixed partial denture retainer	406	360
D6973	core build up for retainer, including any pins	323	285
D6975	coping - metal	832	736
D6976	each additional indirectly fabricated post - same tooth	343	303
D6977	each additional prefabricated post - same tooth	246	217
D6980	fixed partial denture repair, by report	455	403
D6985	pediatric partial denture, fixed	1073	949
D7110	single tooth (extraction)	n/a	n/a
D7111	extraction, coronal remnants - deciduous tooth	161	142
D7120	each add tooth (extraction)	n/a	n/a
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	209	185
D7210	surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	328	290
D7250	surgical removal of residual tooth roots (cutting procedure)	370	327
D7290	surgical repositioning of teeth	625	553
D7560	maxillary sinusotomy for removal of tooth fragment or foreign body	1681	1487
D7610	maxilla - open reduction (teeth immobilized, if present)	5162	4567
D7620	maxilla - closed reduction (teeth immobilized, if present)	4180	3699

D7630	mandible - open reduction (teeth immobilized, if present)	5349	4732
D7640	mandible - closed reduction (teeth immobilized, if present)	4157	3678
D7650	malar and/or zygomatic arch - open reduction	4631	4097
D7660	malar and/or zygomatic arch - closed reduction	3862	3417
D7670	alveolus closed reduction may include stabilization of teeth	2257	1997
D7671	alveolus, open reduction may include stabilization of teeth	1512	1338
D7680	facial bones - complicated reduction with fixation and multiple surgical approaches	7759	6864
D7710	maxilla open reduction	5260	4654
D7720	maxilla - closed reduction	4133	3656
D7730	mandible - open reduction	5746	5084
D7740	mandible - closed reduction	4273	3781
D7750	malar and/or zygomatic arch - open reduction	5014	4436
D7760	malar and/or zygomatic arch - closed reduction	7186	6358
D7770	alveolus - open reduction stabilization of teeth	3294	2914
D7771	alveolus, closed reduction stabilization of teeth	2287	2023
D7780	facial bones - complicated reduction with fixation and multiple surgical approaches	10128	8960
D7810	open reduction of dislocation	5014	4436
D7820	closed reduction of dislocation	763	675
D7830	manipulation under anesthesia	1166	1032
D7840	condylectomy	6424	5684
D7850	surgical discectomy, with/without implant	6210	5494
D7852	disc repair	6609	5847
D7854	synovectomy	6140	5432
D7856	myotomy	4188	3706
D7880	occlusal orthotic device, by report	1263	1118
D7910	suture of recent small wounds up to 5 cm	368	325
D7911	complicated suture - up to 5 cm	610	540
D7912	complicated suture - greater than 5 cm	961	850
D7920	skin graft (identify defect covered, location and type of graft)	3110	2751
D7955	repair of maxillofacial soft and/or hard tissue defect	4554	3941
D7960	frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	538	476
D7990	emergency tracheotomy	1715	1517
D8210	removable appliance therapy	1034	914
D8220	fixed appliance therapy	1174	1039
D8691	repair of orthodontic appliance	255	225
D8692	replacement of lost or broken retainer	405	359
D8693	rebonding or recementing; and/or repair, as required, of fixed retainers	408	361
D9110	palliative (emergency) treatment of dental pain - minor procedure	154	136
D9210	local anesthesia not in conjunction with operative or surgical procedures	91	80

D9211	regional block anesthesia	113	100
D9212	trigeminal division block anesthesia	317	280
D9215	local anesthesia in conjunction with operative or surgical procedures	79	70
D9220	deep sedation/general anesthesia - first 30 minutes	480	425
D9221	deep sedation/general anesthesia - each additional 15 minutes	205	181
D9230	inhalation of nitrous oxide / anxiolysis, analgesia	96	85
D9241	intravenous conscious sedation/analgesia - first 30 minutes	509	451
D9242	intravenous conscious sedation/analgesia - each additional 15 minutes	200	177
D9248	non-intravenous conscious sedation	400	354
D9310	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	158	140
D9410	house/extended care facility call	301	266
D9420	hospital or ambulatory surgical center call	357	315
D9430	office visit for observation (during regularly scheduled hours) - no other services performed	94	83
D9610	therapeutic parenteral drug, single administration	131	116
D9612	therapeutic parenteral drugs, two or more administrations, different medications	226	200
D9630	other drugs and/or medicaments, by report	63	56
D9940	occlusal guard, by report	727	643
D9950	occlusion analysis - mounted case	418	370
D9951	occlusal adjustment - limited	223	197
D9952	occlusal adjustment - complete	846	748

Exhibit 3

Home Care Fees

Service

	HCPCS CODE	FEE
PRIVATE NURSING CARE (PER HOUR)		
Registered Nurse	S9123	70.00
Licensed Practical Nurse	S9124	65.00
Home Health Aide	S9122	24.00
Live-in Attendant (per 24 hr shift)	S5126	180.00

HOME HEALTH VISITS (PER VISIT)

	HCPCS CODE	
Registered Nurse	T1030	125.00
Physical Therapist	S9131	135.00
Speech Therapist	S9128	145.00
Occupational Therapist	S9129	135.00
Medical Social Worker	S9127	195.00

Exhibit 4

Ambulance Services Fee Schedule

HCPCS	Description	North	South
A0425	GROUND MILEAGE, PER STATUTE MILE	8.93	8.93
A0426	AMBULANCE SERVICE, ALS, NON-EMERGENCY TRANSPORT, LEVEL 1	386.84	363.02
A0427	AMBULANCE SERVICE, ALS, EMERGENCY TRANSPORT, LEVEL 1	612.49	574.78
A0428	AMBULANCE SERVICE, BLS, NON-EMERGENCY TRANSPORT	322.36	302.52
A0429	AMBULANCE SERVICE, BLS, EMERGENCY TRANSPORT AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES,	515.78	484.02
A0431	TRANSPORT, ONE WAY (ROTARY WING)	4,790.49	4,571.17
A0433	ADVANCED LIFE SUPPORT, LEVEL 2 (ALS 2)	886.50	831.92
A0434	SPECIALTY CARE TRANSPORT (SCT)	1,047.68	983.17
A0436	ROTARY WING AIR MILEAGE, PER STATUTE MILE	27.99	27.99

Exhibit 5

Durable Medical Equipment Prosthetics, Orthotics & Supplies

HCPCS	Mod	Mod2	CATG	Fee	Description
A4216			OS	\$0.47	Sterile water/saline, 10 ml
A4217			SU	\$3.29	Sterile water/saline, 500 ml
A4217	AU		OS	\$3.29	Sterile water/saline, 500 ml
A4221			SU	\$23.77	Maint drug infus cath per wk
A4222			SU	\$49.07	Infusion supplies with pump
A4233	NU		IN	\$0.84	Alkalin batt for glucose mon
A4233	NU	KL	IN	\$0.72	Alkalin batt for glucose mon
A4234	NU		IN	\$3.81	J-cell batt for glucose mon
A4234	NU	KL	IN	\$3.29	J-cell batt for glucose mon
A4235	NU		IN	\$2.46	Lithium batt for glucose mon
A4235	NU	KL	IN	\$2.12	Lithium batt for glucose mon
A4236	NU		IN	\$1.76	Silvr oxide batt glucose mon
A4236	NU	KL	IN	\$1.52	Silvr oxide batt glucose mon
A4253	NU		IN	\$38.79	Blood glucose/reagent strips
A4253	NU	KL	IN	\$33.43	Blood glucose/reagent strips
A4255			SU	\$4.11	Glucose monitor platforms
A4256			SU	\$10.21	Calibrator solution/chips
A4256	KL		SU	\$8.80	Calibrator solution/chips
A4257			SU	\$13.39	Replace Lensshield Cartridge
A4258			SU	\$18.95	Lancet device each
A4258	KL		SU	\$16.34	Lancet device each
A4259			SU	\$12.66	Lancets per box
A4259	KL		SU	\$10.91	Lancets per box
A4265			SU	\$3.56	Paraffin
A4280			PO	\$5.55	Brst prsths adhsv atchmnt
A4310			OS	\$7.50	Insert tray w/o bag/cath
A4311			OS	\$13.24	Catheter w/o bag 2-way latex
A4312			OS	\$16.10	Cath w/o bag 2-way silicone
A4313			OS	\$19.06	Catheter w/bag 3-way
A4314			OS	\$25.21	Cath w/drainage 2-way latex
A4315			OS	\$27.09	Cath w/drainage 2-way silcne
A4316			OS	\$28.30	Cath w/drainage 3-way
A4320			OS	\$5.29	Irrigation tray
A4321			OS	\$0.00	Cath therapeutic irrig agent
A4322			OS	\$3.09	Irrigation syringe
A4326			OS	\$11.33	Male external catheter
A4327			OS	\$44.38	Fem urinary collect dev cup
A4328			OS	\$10.97	Fem urinary collect pouch
A4330			OS	\$7.51	Stool collection pouch
A4331			OS	\$3.34	Extension drainage tubing
A4332			OS	\$0.13	Lube sterile packet
A4333			OS	\$2.31	Urinary cath anchor device
A4334			OS	\$5.18	Urinary cath leg strap
A4336			OS	\$1.51	Urethral insert
A4338			OS	\$11.09	Indwelling catheter latex

A4340	OS	\$33.34	Indwelling catheter special
A4344	OS	\$14.30	Cath indw foley 2 way silicn
A4346	OS	\$17.90	Cath indw foley 3 way
A4349	OS	\$2.12	Disposable male external cat
A4351	OS	\$1.83	Straight tip urine catheter
A4352	OS	\$6.74	Coude tip urinary catheter
A4353	OS	\$7.34	Intermittent urinary cath
A4354	OS	\$12.29	Cath insertion tray w/bag
A4355	OS	\$9.36	Bladder irrigation tubing
A4356	OS	\$47.91	Ext ureth clmp or compr dvc
A4357	OS	\$9.65	Bedside drainage bag
A4358	OS	\$6.96	Urinary leg or abdomen bag
A4360	OS	\$0.51	Disposable ext urethral dev
A4361	OS	\$19.17	Ostomy face plate
A4362	OS	\$3.63	Solid skin barrier
A4363	OS	\$2.48	Ostomy clamp, replacement
A4364	OS	\$3.08	Adhesive, liquid or equal
A4366	OS	\$1.37	Ostomy vent
A4367	OS	\$7.72	Ostomy belt
A4368	OS	\$0.27	Ostomy filter
A4369	OS	\$2.54	Skin barrier liquid per oz
A4371	OS	\$3.83	Skin barrier powder per oz
A4372	OS	\$4.39	Skin barrier solid 4x4 equiv
A4373	OS	\$6.59	Skin barrier with flange
A4375	OS	\$18.04	Drainable plastic pch w fcpl
A4376	OS	\$49.96	Drainable rubber pch w fcplt
A4377	OS	\$4.50	Drainable plstic pch w/o fp
A4378	OS	\$32.29	Drainable rubber pch w/o fp
A4379	OS	\$15.77	Urinary plastic pouch w fcpl
A4380	OS	\$39.20	Urinary rubber pouch w fcplt
A4381	OS	\$4.84	Urinary plastic pouch w/o fp
A4382	OS	\$25.85	Urinary hvy plstc pch w/o fp
A4383	OS	\$29.60	Urinary rubber pouch w/o fp
A4384	OS	\$10.10	Ostomy faceplt/silicone ring
A4385	OS	\$5.36	Ost skn barrier sld ext wear
A4387	OS	\$0.00	Ost clsd pouch w att st barr
A4388	OS	\$4.58	Drainable pch w ex wear barr
A4389	OS	\$6.53	Drainable pch w st wear barr
A4390	OS	\$10.09	Drainable pch ex wear convex
A4391	OS	\$7.42	Urinary pouch w ex wear barr
A4392	OS	\$8.59	Urinary pouch w st wear barr
A4393	OS	\$9.49	Urine pch w ex wear bar conv
A4394	OS	\$2.71	Ostomy pouch liq deodorant
A4395	OS	\$0.05	Ostomy pouch solid deodorant
A4396	OS	\$42.50	Peristomal hernia supprt blt
A4397	OS	\$5.03	Irrigation supply sleeve
A4398	OS	\$14.50	Ostomy irrigation bag
A4399	OS	\$12.87	Ostomy irrig cone/cath w brs
A4400	OS	\$51.31	Ostomy irrigation set
A4402	OS	\$1.46	Lubricant per ounce

A4404		OS	\$1.62	Ostomy ring each
A4405		OS	\$3.57	Nonpectin based ostomy paste
A4406		OS	\$6.03	Pectin based ostomy paste
A4407		OS	\$9.20	Ext wear ost skn barr <=4sq"
A4408		OS	\$10.36	Ext wear ost skn barr >4sq"
A4409		OS	\$6.53	Ost skn barr convex <=4 sq i
A4410		OS	\$9.49	Ost skn barr extnd >4 sq
A4411		OS	\$5.36	Ost skn barr extnd =4sq
A4412		OS	\$2.84	Ost pouch drain high output
A4413		OS	\$5.78	2 pc drainable ost pouch
A4414		OS	\$5.18	Ost sknbar w/o conv<=4 sq in
A4415		OS	\$6.30	Ost skn barr w/o conv >4 sqi
A4416		OS	\$2.89	Ost pch clsd w barrier/fltr
A4417		OS	\$3.91	Ost pch w bar/bltinconv/fltr
A4418		OS	\$1.90	Ost pch clsd w/o bar w fltr
A4419		OS	\$1.83	Ost pch for bar w flange/flt
A4420		OS	\$0.00	Ost pch clsd for bar w lk fl
A4422		OS	\$0.13	Ost pouch absorbent material
A4423		OS	\$1.95	Ost pch for bar w lk fl/fltr
A4424		OS	\$4.99	Ost pch drain w bar & filter
A4425		OS	\$3.76	Ost pch drain for barrier fl
A4426		OS	\$2.87	Ost pch drain 2 piece system
A4427		OS	\$2.92	Ost pch drain/barr lk flng/f
A4428		OS	\$6.84	Urine ost pouch w faucet/tap
A4429		OS	\$8.66	Urine ost pouch w bltinconv
A4430		OS	\$8.95	Ost urine pch w b/bltin conv
A4431		OS	\$6.53	Ost pch urine w barrier/tapv
A4432		OS	\$3.77	Os pch urine w bar/fange/tap
A4433		OS	\$3.51	Urine ost pch bar w lock fln
A4434		OS	\$3.95	Ost pch urine w lock flng/ft
A4450	AU	OS	\$0.09	Non-waterproof tape
A4450	AV	OS	\$0.09	Non-waterproof tape
A4450	AW	OS	\$0.12	Non-waterproof tape
A4452	AU	OS	\$0.38	Waterproof tape
A4452	AV	OS	\$0.38	Waterproof tape
A4452	AW	OS	\$0.42	Waterproof tape
A4455		OS	\$1.47	Adhesive remover per ounce
A4456		OS	\$0.26	Adhesive remover, wipes
A4461		SD	\$3.45	Surgicl dress hold non-reuse
A4463		SD	\$13.98	Surgical dress holder reuse
A4481		OS	\$0.39	Tracheostoma filter
A4483		OS	\$0.00	Moisture exchanger
A4556		SU	\$12.75	Electrodes, pair
A4557		SU	\$18.84	Lead wires, pair
A4558		SU	\$5.72	Conductive gel or paste
A4559		SU	\$0.11	Coupling gel or paste
A4561		PO	\$20.95	Pessary rubber, any type
A4562		PO	\$52.16	Pessary, non rubber,any type
A4595		SU	\$30.25	TENS suppl 2 lead per month
A4604	NU	IN	\$60.46	Tubing with heating element

A4605	NU		IN	\$17.22	Trach suction cath close sys
A4608			OX	\$52.63	Transtracheal oxygen cath
A4611	NU		IN	\$206.27	Heavy duty battery
A4611	RR		IN	\$21.39	Heavy duty battery
A4611	UE		IN	\$154.71	Heavy duty battery
A4612	NU		IN	\$71.34	Battery cables
A4612	RR		IN	\$7.27	Battery cables
A4612	UE		IN	\$54.40	Battery cables
A4613	NU		IN	\$151.42	Battery charger
A4613	RR		IN	\$15.15	Battery charger
A4613	UE		IN	\$109.50	Battery charger
A4614			IN	\$24.97	Hand-held PEFR meter
A4615			SU	\$0.75	Cannula nasal
A4616			SU	\$0.07	Tubing (oxygen) per foot
A4617			SU	\$3.25	Mouth piece
A4618	NU		IN	\$9.33	Breathing circuits
A4618	RR		IN	\$1.07	Breathing circuits
A4618	UE		IN	\$7.00	Breathing circuits
A4619			OX	\$1.27	Face tent
A4620			SU	\$0.62	Variable concentration mask
A4623			OS	\$6.88	Tracheostomy inner cannula
A4624	NU		IN	\$2.47	Tracheal suction tube
A4625			OS	\$7.28	Trach care kit for new trach
A4626			OS	\$3.35	Tracheostomy cleaning brush
A4628	NU		IN	\$3.85	Oropharyngeal suction cath
A4629			OS	\$4.86	Tracheostomy care kit
A4630	NU		IN	\$5.97	Repl bat t.e.n.s. own by pt
A4633	NU		IN	\$43.09	Uvl replacement bulb
A4635	NU		IN	\$5.38	Underarm crutch pad
A4635	RR		IN	\$0.72	Underarm crutch pad
A4635	UE		IN	\$3.56	Underarm crutch pad
A4636	NU		IN	\$3.24	Handgrip for cane etc
A4636	NU	KE	IN	\$3.76	Handgrip for cane etc
A4636	RR		IN	\$0.39	Handgrip for cane etc
A4636	RR	KE	IN	\$0.45	Handgrip for cane etc
A4636	UE		IN	\$2.36	Handgrip for cane etc
A4636	UE	KE	IN	\$2.74	Handgrip for cane etc
A4637	NU		IN	\$1.93	Repl tip cane/crutch/walker
A4637	NU	KE	IN	\$2.24	Repl tip cane/crutch/walker
A4637	RR		IN	\$0.27	Repl tip cane/crutch/walker
A4637	RR	KE	IN	\$0.32	Repl tip cane/crutch/walker
A4637	UE		IN	\$1.46	Repl tip cane/crutch/walker
A4637	UE	KE	IN	\$1.69	Repl tip cane/crutch/walker
A4638	NU		IN	\$0.00	Repl batt pulse gen sys
A4638	RR		IN	\$0.00	Repl batt pulse gen sys
A4638	UE		IN	\$0.00	Repl batt pulse gen sys
A4639	NU		IN	\$301.57	Infrared ht sys replcmnt pad
A4640	NU		IN	\$62.79	Alternating pressure pad
A4640	RR		IN	\$6.28	Alternating pressure pad
A4640	UE		IN	\$47.10	Alternating pressure pad

A5051		OS	\$2.17	Pouch clsd w barr attached
A5052		OS	\$1.56	Clsd ostomy pouch w/o barr
A5053		OS	\$1.83	Clsd ostomy pouch faceplate
A5054		OS	\$1.88	Clsd ostomy pouch w/flange
A5055		OS	\$1.49	Stoma cap
A5061		OS	\$3.70	Pouch drainable w barrier at
A5062		OS	\$2.33	Drnble ostomy pouch w/o barr
A5063		OS	\$2.84	Drain ostomy pouch w/flange
A5071		OS	\$6.31	Urinary pouch w/barrier
A5072		OS	\$3.70	Urinary pouch w/o barrier
A5073		OS	\$3.34	Urinary pouch on barr w/flng
A5081		OS	\$3.47	Continent stoma plug
A5082		OS	\$12.48	Continent stoma catheter
A5083		OS	\$0.66	Stoma absorptive cover
A5093		OS	\$2.04	Ostomy accessory convex inse
A5102		OS	\$23.54	Bedside drain btl w/wo tube
A5105		OS	\$42.80	Urinary suspensory
A5112		OS	\$30.90	Urinary leg bag
A5113		OS	\$4.94	Latex leg strap
A5114		OS	\$9.39	Foam/fabric leg strap
A5120	AU	OS	\$0.26	Skin barrier, wipe or swab
A5120	AV	PO	\$0.25	Skin barrier, wipe or swab
A5121		OS	\$6.87	Solid skin barrier 6x6
A5122		OS	\$11.47	Solid skin barrier 8x8
A5126		OS	\$1.39	Disk/foam pad +or- adhesive
A5131		OS	\$16.65	Appliance cleaner
A5200		OS	\$11.87	Percutaneous catheter anchor
A5500		TS	\$66.76	Diab shoe for density insert
A5501		TS	\$200.25	Diabetic custom molded shoe
A5503		TS	\$29.69	Diabetic shoe w/roller/rockr
A5504		TS	\$29.69	Diabetic shoe with wedge
A5505		TS	\$29.69	Diab shoe w/metatarsal bar
A5506		TS	\$29.69	Diabetic shoe w/off set heel
A5507		TS	\$29.69	Modification diabetic shoe
A5512		TS	\$27.24	Multi den insert direct form
A5513		TS	\$40.65	Multi den insert custom mold
A6010		SD	\$32.51	Collagen based wound filler
A6011		SD	\$2.39	Collagen gel/paste wound fil
A6021		SD	\$22.07	Collagen dressing <=16 sq in
A6022		SD	\$22.07	Collagen drsg >16<=48 sq in
A6023		SD	\$199.82	Collagen dressing >48 sq in
A6024		SD	\$6.50	Collagen dsg wound filler
A6154		SD	\$15.10	Wound pouch each
A6196		SD	\$7.72	Alginate dressing <=16 sq in
A6197		SD	\$17.26	Alginate drsg >16 <=48 sq in
A6199		SD	\$5.55	Alginate drsg wound filler
A6203		SD	\$3.52	Composite drsg <= 16 sq in
A6204		SD	\$6.54	Composite drsg >16<=48 sq in
A6207		SD	\$7.71	Contact layer >16<= 48 sq in
A6209		SD	\$7.85	Foam drsg <=16 sq in w/o bdr

A6210	SD	\$20.92	Foam drg >16<=48 sq in w/o b
A6211	SD	\$30.84	Foam drg > 48 sq in w/o brdr
A6212	SD	\$10.19	Foam drg <=16 sq in w/border
A6214	SD	\$10.80	Foam drg > 48 sq in w/border
A6216	SD	\$0.05	Non-sterile gauze<=16 sq in
A6217	SD	\$0.00	Non-sterile gauze>16<=48 sq
A6219	SD	\$1.00	Gauze <= 16 sq in w/border
A6220	SD	\$2.71	Gauze >16 <=48 sq in w/bordr
A6222	SD	\$2.24	Gauze <=16 in no w/sal w/o b
A6223	SD	\$2.54	Gauze >16<=48 no w/sal w/o b
A6224	SD	\$3.79	Gauze > 48 in no w/sal w/o b
A6229	SD	\$3.79	Gauze >16<=48 sq in watr/sal
A6231	SD	\$4.89	Hydrogel dsg<=16 sq in
A6232	SD	\$7.22	Hydrogel dsg>16<=48 sq in
A6233	SD	\$20.15	Hydrogel dressing >48 sq in
A6234	SD	\$6.87	Hydrocolld drg <=16 w/o bdr
A6235	SD	\$17.66	Hydrocolld drg >16<=48 w/o b
A6236	SD	\$28.61	Hydrocolld drg > 48 in w/o b
A6237	SD	\$8.31	Hydrocolld drg <=16 in w/bdr
A6238	SD	\$23.93	Hydrocolld drg >16<=48 w/bdr
A6240	SD	\$12.85	Hydrocolld drg filler paste
A6241	SD	\$2.70	Hydrocolloid drg filler dry
A6242	SD	\$6.37	Hydrogel drg <=16 in w/o bdr
A6243	SD	\$12.93	Hydrogel drg >16<=48 w/o bdr
A6244	SD	\$41.24	Hydrogel drg >48 in w/o bdr
A6245	SD	\$7.63	Hydrogel drg <= 16 in w/bdr
A6246	SD	\$10.42	Hydrogel drg >16<=48 in w/b
A6247	SD	\$24.97	Hydrogel drg > 48 sq in w/b
A6248	SD	\$17.05	Hydrogel drsg gel filler
A6251	SD	\$2.09	Absorpt drg <=16 sq in w/o b
A6252	SD	\$3.41	Absorpt drg >16 <=48 w/o bdr
A6253	SD	\$6.66	Absorpt drg > 48 sq in w/o b
A6254	SD	\$1.27	Absorpt drg <=16 sq in w/bdr
A6255	SD	\$3.18	Absorpt drg >16<=48 in w/bdr
A6257	SD	\$1.61	Transparent film <= 16 sq in
A6258	SD	\$4.52	Transparent film >16<=48 in
A6259	SD	\$11.49	Transparent film > 48 sq in
A6266	SD	\$2.02	Impreg gauze no h20/sal/yard
A6402	SD	\$0.13	Sterile gauze <= 16 sq in
A6403	SD	\$0.45	Sterile gauze>16 <= 48 sq in
A6407	SD	\$1.97	Packing strips, non-impreg
A6410	SD	\$0.41	Sterile eye pad
A6411	SD	\$0.00	Non-sterile eye pad
A6441	SD	\$0.70	Pad band w>=3" <5"/yd
A6442	SD	\$0.18	Conform band n/s w<3"/yd
A6443	SD	\$0.30	Conform band n/s w>=3"<5"/yd
A6444	SD	\$0.59	Conform band n/s w>=5"/yd
A6445	SD	\$0.34	Conform band s w <3"/yd
A6446	SD	\$0.43	Conform band s w>=3" <5"/yd
A6447	SD	\$0.70	Conform band s w >=5"/yd

A6448			SD	\$1.22	Lt compres band <3"/yd
A6449			SD	\$1.84	Lt compres band >=3" <5"/yd
A6450			SD	\$0.00	Lt compres band >=5"/yd
A6451			SD	\$0.00	Mod compres band w>=3"<5"/yd
A6452			SD	\$6.21	High compres band w>=3"<5"/yd
A6453			SD	\$0.64	Self-adher band w <3"/yd
A6454			SD	\$0.81	Self-adher band w>=3" <5"/yd
A6455			SD	\$1.46	Self-adher band >=5"/yd
A6456			SD	\$1.34	Zinc paste band w >=3"<5"/yd
A6457			SD	\$1.20	Tubular dressing
A6501			SD	\$0.00	Compres burngarment bodysuit
A6502			SD	\$0.00	Compres burngarment chinstrp
A6503			SD	\$0.00	Compres burngarment facehood
A6504			SD	\$0.00	Cmprsburngarment glove-wrist
A6505			SD	\$0.00	Cmprsburngarment glove-elbow
A6506			SD	\$0.00	Cmprsburngrmnt glove-axilla
A6507			SD	\$0.00	Cmprs burngarment foot-knee
A6508			SD	\$0.00	Cmprs burngarment foot-thigh
A6509			SD	\$0.00	Compres burn garment jacket
A6510			SD	\$0.00	Compres burn garment leotard
A6511			SD	\$0.00	Compres burn garment panty
A6513			SD	\$0.00	Compress burn mask face/neck
A6531	AW		SD	\$45.43	Compression stocking BK30-40
A6532	AW		SD	\$64.01	Compression stocking BK40-50
A6545			SD	\$0.00	Grad comp non-elastic BK
A6545	AW		SD	\$89.45	Grad comp non-elastic BK
A6550			SU	\$24.82	Neg pres wound ther drsg set
A7000	NU		IN	\$7.54	Disposable canister for pump
A7000	NU	KE	IN	\$8.75	Disposable canister for pump
A7001	NU		IN	\$31.32	Nondisposable pump canister
A7002	NU		IN	\$3.63	Tubing used w suction pump
A7003	NU		IN	\$2.87	Nebulizer administration set
A7004	NU		IN	\$1.61	Disposable nebulizer sml vol
A7005	NU		IN	\$29.18	Nondisposable nebulizer set
A7006	NU		IN	\$8.55	Filtered nebulizer admin set
A7007	NU		IN	\$4.17	Lg vol nebulizer disposable
A7008	NU		IN	\$11.55	Disposable nebulizer prefill
A7009	NU		IN	\$39.80	Nebulizer reservoir bottle
A7010	NU		IN	\$24.48	Disposable corrugated tubing
A7012	NU		IN	\$3.76	Nebulizer water collec devic
A7013	NU		IN	\$0.79	Disposable compressor filter
A7014	NU		IN	\$4.24	Compressor nondispos filter
A7015	NU		IN	\$1.73	Aerosol mask used w nebulize
A7016	NU		IN	\$6.85	Nebulizer dome & mouthpiece
A7017	NU		IN	\$140.74	Nebulizer not used w oxygen
A7017	RR		IN	\$14.07	Nebulizer not used w oxygen
A7017	UE		IN	\$105.55	Nebulizer not used w oxygen
A7018			SU	\$0.40	Water distilled w/nebulizer
A7025	NU		IN	\$456.69	Replace chest compress vest
A7026	NU		IN	\$30.19	Replace chst cmprss sys hose

A7027	NU	IN	\$188.32	Combination oral/nasal mask
A7028	NU	IN	\$52.02	Repl oral cushion combo mask
A7029	NU	IN	\$21.25	Repl nasal pillow comb mask
A7030	NU	IN	\$170.72	CPAP full face mask
A7031	NU	IN	\$63.14	Replacement facemask interfa
A7032	NU	IN	\$36.68	Replacement nasal cushion
A7033	NU	IN	\$25.71	Replacement nasal pillows
A7034	NU	IN	\$106.46	Nasal application device
A7035	NU	IN	\$32.06	Pos airway press headgear
A7036	NU	IN	\$16.47	Pos airway press chinstrap
A7037	NU	IN	\$35.49	Pos airway pressure tubing
A7038	NU	IN	\$4.15	Pos airway pressure filter
A7039	NU	IN	\$13.87	Filter, non disposable w pap
A7040		PO	\$41.45	One way chest drain valve
A7041		PO	\$77.90	Water seal drain container
A7042		PO	\$173.36	Implanted pleural catheter
A7043		PO	\$29.52	Vacuum drainagebottle/tubing
A7044	NU	IN	\$109.42	PAP oral interface
A7045	NU	IN	\$17.62	Repl exhalation port for PAP
A7045	RR	IN	\$1.76	Repl exhalation port for PAP
A7045	UE	IN	\$13.21	Repl exhalation port for PAP
A7046	NU	IN	\$17.66	Repl water chamber, PAP dev
A7501		OS	\$110.28	Tracheostoma valve w diaphra
A7502		OS	\$52.41	Replacement diaphragm/fplate
A7503		OS	\$11.90	HMES filter holder or cap
A7504		OS	\$0.70	Tracheostoma HMES filter
A7505		OS	\$4.91	HMES or trach valve housing
A7506		OS	\$0.35	HMES/trachvalve adhesivedisk
A7507		OS	\$2.61	Integrated filter & holder
A7508		OS	\$3.01	Housing & Integrated Adhesiv
A7509		OS	\$1.48	Heat & moisture exchange sys
A7520		OS	\$49.85	Trach/laryn tube non-cuffed
A7521		OS	\$49.40	Trach/laryn tube cuffed
A7522		OS	\$47.42	Trach/laryn tube stainless
A7524		OS	\$81.27	Tracheostoma stent/stud/bttn
A7525		OS	\$2.17	Tracheostomy mask
A7526		OS	\$3.54	Tracheostomy tube collar
A7527		OS	\$3.76	Trach/laryn tube plug/stop
A8000	NU	IN	\$161.02	Soft protect helmet prefab
A8000	RR	IN	\$16.10	Soft protect helmet prefab
A8000	UE	IN	\$120.78	Soft protect helmet prefab
A8001	NU	IN	\$161.02	Hard protect helmet prefab
A8001	RR	IN	\$16.10	Hard protect helmet prefab
A8001	UE	IN	\$120.78	Hard protect helmet prefab
A8002	NU	IN	\$0.00	Soft protect helmet custom
A8002	RR	IN	\$0.00	Soft protect helmet custom
A8002	UE	IN	\$0.00	Soft protect helmet custom
A8003	NU	IN	\$0.00	Hard protect helmet custom
A8003	RR	IN	\$0.00	Hard protect helmet custom
A8003	UE	IN	\$0.00	Hard protect helmet custom

A8004	NU	IN	\$0.00	Repl soft interface, helmet
A8004	RR	IN	\$0.00	Repl soft interface, helmet
A8004	UE	IN	\$0.00	Repl soft interface, helmet
E0100	NU	IN	\$19.69	Cane adjust/fixd with tip
E0100	RR	IN	\$5.30	Cane adjust/fixd with tip
E0100	UE	IN	\$15.25	Cane adjust/fixd with tip
E0105	NU	IN	\$51.57	Cane adjust/fixd quad/3 pro
E0105	RR	IN	\$7.91	Cane adjust/fixd quad/3 pro
E0105	UE	IN	\$38.05	Cane adjust/fixd quad/3 pro
E0110	NU	IN	\$76.20	Crutch forearm pair
E0110	RR	IN	\$14.27	Crutch forearm pair
E0110	UE	IN	\$57.14	Crutch forearm pair
E0111	NU	IN	\$55.92	Crutch forearm each
E0111	RR	IN	\$8.75	Crutch forearm each
E0111	UE	IN	\$43.16	Crutch forearm each
E0112	NU	IN	\$38.85	Crutch underarm pair wood
E0112	RR	IN	\$8.87	Crutch underarm pair wood
E0112	UE	IN	\$29.64	Crutch underarm pair wood
E0113	NU	IN	\$22.19	Crutch underarm each wood
E0113	RR	IN	\$5.41	Crutch underarm each wood
E0113	UE	IN	\$16.65	Crutch underarm each wood
E0114	NU	IN	\$49.55	Crutch underarm pair no wood
E0114	RR	IN	\$9.00	Crutch underarm pair no wood
E0114	UE	IN	\$37.45	Crutch underarm pair no wood
E0116	NU	IN	\$24.98	Crutch underarm each no wood
E0116	RR	IN	\$5.67	Crutch underarm each no wood
E0116	UE	IN	\$18.73	Crutch underarm each no wood
E0117	NU	IN	\$202.35	Underarm springassist crutch
E0117	RR	IN	\$20.22	Underarm springassist crutch
E0117	UE	IN	\$151.78	Underarm springassist crutch
E0130	NU	IN	\$63.42	Walker rigid adjust/fixd ht
E0130	RR	IN	\$15.22	Walker rigid adjust/fixd ht
E0130	UE	IN	\$47.52	Walker rigid adjust/fixd ht
E0135	NU	IN	\$67.40	Walker folding adjust/fixd
E0135	RR	IN	\$15.62	Walker folding adjust/fixd
E0135	UE	IN	\$49.48	Walker folding adjust/fixd
E0140	NU	IN	\$326.44	Walker w trunk support
E0140	RR	IN	\$32.65	Walker w trunk support
E0140	UE	IN	\$244.84	Walker w trunk support
E0141	NU	IN	\$104.34	Rigid wheeled walker adj/fix
E0141	RR	IN	\$20.24	Rigid wheeled walker adj/fix
E0141	UE	IN	\$78.26	Rigid wheeled walker adj/fix
E0143	NU	IN	\$108.81	Walker folding wheeled w/o s
E0143	RR	IN	\$19.54	Walker folding wheeled w/o s
E0143	UE	IN	\$81.43	Walker folding wheeled w/o s
E0144	NU	IN	\$288.20	Enclosed walker w rear seat
E0144	RR	IN	\$24.51	Enclosed walker w rear seat
E0144	UE	IN	\$183.72	Enclosed walker w rear seat
E0147	NU	IN	\$520.20	Walker variable wheel resist
E0147	RR	IN	\$52.02	Walker variable wheel resist

E0147	UE	IN	\$390.17	Walker variable wheel resist
E0148	NU	IN	\$114.98	Heavyduty walker no wheels
E0148	RR	IN	\$11.51	Heavyduty walker no wheels
E0148	UE	IN	\$86.23	Heavyduty walker no wheels
E0149	NU	IN	\$202.00	Heavy duty wheeled walker
E0149	RR	IN	\$20.20	Heavy duty wheeled walker
E0149	UE	IN	\$151.49	Heavy duty wheeled walker
E0153	NU	IN	\$72.85	Forearm crutch platform atta
E0153	RR	IN	\$8.23	Forearm crutch platform atta
E0153	UE	IN	\$54.63	Forearm crutch platform atta
E0154	NU	IN	\$63.81	Walker platform attachment
E0154	RR	IN	\$7.75	Walker platform attachment
E0154	UE	IN	\$48.48	Walker platform attachment
E0155	NU	IN	\$28.56	Walker wheel attachment,pair
E0155	RR	IN	\$3.48	Walker wheel attachment,pair
E0155	UE	IN	\$21.77	Walker wheel attachment,pair
E0156	NU	IN	\$23.92	Walker seat attachment
E0156	RR	IN	\$3.06	Walker seat attachment
E0156	UE	IN	\$17.96	Walker seat attachment
E0157	NU	IN	\$63.02	Walker crutch attachment
E0157	RR	IN	\$8.14	Walker crutch attachment
E0157	UE	IN	\$47.27	Walker crutch attachment
E0158	NU	IN	\$29.12	Walker leg extenders set of4
E0158	RR	IN	\$3.21	Walker leg extenders set of4
E0158	UE	IN	\$21.98	Walker leg extenders set of4
E0159	NU	IN	\$16.12	Brake for wheeled walker
E0159	RR	IN	\$1.63	Brake for wheeled walker
E0159	UE	IN	\$12.11	Brake for wheeled walker
E0160	NU	IN	\$29.50	Sitz type bath or equipment
E0160	RR	IN	\$4.55	Sitz type bath or equipment
E0160	UE	IN	\$22.11	Sitz type bath or equipment
E0161	NU	IN	\$27.54	Sitz bath/equipment w/faucet
E0161	RR	IN	\$3.75	Sitz bath/equipment w/faucet
E0161	UE	IN	\$20.62	Sitz bath/equipment w/faucet
E0162	NU	IN	\$152.99	Sitz bath chair
E0162	RR	IN	\$16.05	Sitz bath chair
E0162	UE	IN	\$118.65	Sitz bath chair
E0163	NU	IN	\$115.80	Commode chair with fixed arm
E0163	RR	IN	\$25.65	Commode chair with fixed arm
E0163	UE	IN	\$80.80	Commode chair with fixed arm
E0165	RR	CR	\$19.13	Commode chair with detacharm
E0167	NU	IN	\$12.60	Commode chair pail or pan
E0167	RR	IN	\$1.32	Commode chair pail or pan
E0167	UE	IN	\$9.49	Commode chair pail or pan
E0168	NU	IN	\$158.47	Heavyduty/wide commode chair
E0168	RR	IN	\$15.93	Heavyduty/wide commode chair
E0168	UE	IN	\$118.84	Heavyduty/wide commode chair
E0170	RR	CR	\$168.76	Commode chair electric
E0171	RR	CR	\$30.37	Commode chair non-electric
E0175	NU	IN	\$69.54	Commode chair foot rest

E0175	RR	IN	\$5.91	Commode chair foot rest
E0175	UE	IN	\$43.50	Commode chair foot rest
E0181	RR	CR	\$27.36	Press pad alternating w/ pum
E0182	RR	CR	\$27.49	Replace pump, alt press pad
E0184	NU	IN	\$173.77	Dry pressure mattress
E0184	RR	IN	\$25.80	Dry pressure mattress
E0184	UE	IN	\$133.27	Dry pressure mattress
E0185	NU	IN	\$285.47	Gel pressure mattress pad
E0185	RR	IN	\$47.19	Gel pressure mattress pad
E0185	UE	IN	\$219.09	Gel pressure mattress pad
E0186	RR	CR	\$21.32	Air pressure mattress
E0187	RR	CR	\$23.70	Water pressure mattress
E0188	NU	IN	\$27.75	Synthetic sheepskin pad
E0188	RR	IN	\$3.26	Synthetic sheepskin pad
E0188	UE	IN	\$20.84	Synthetic sheepskin pad
E0189	NU	IN	\$46.38	Lambswool sheepskin pad
E0189	RR	IN	\$5.91	Lambswool sheepskin pad
E0189	UE	IN	\$34.79	Lambswool sheepskin pad
E0191	NU	IN	\$10.49	Protector heel or elbow
E0191	RR	IN	\$1.07	Protector heel or elbow
E0191	UE	IN	\$7.83	Protector heel or elbow
E0193	RR	CR	\$786.82	Powered air flotation bed
E0194	RR	CR	\$3,307.35	Air fluidized bed
E0196	RR	CR	\$28.99	Gel pressure mattress
E0197	NU	IN	\$197.76	Air pressure pad for mattres
E0197	RR	IN	\$32.10	Air pressure pad for mattres
E0197	UE	IN	\$173.71	Air pressure pad for mattres
E0198	NU	IN	\$197.76	Water pressure pad for mattre
E0198	RR	IN	\$24.10	Water pressure pad for mattre
E0198	UE	IN	\$150.07	Water pressure pad for mattre
E0199	NU	IN	\$33.65	Dry pressure pad for mattres
E0199	RR	IN	\$3.35	Dry pressure pad for mattres
E0199	UE	IN	\$25.24	Dry pressure pad for mattres
E0200	NU	IN	\$70.75	Heat lamp without stand
E0200	RR	IN	\$11.30	Heat lamp without stand
E0200	UE	IN	\$53.09	Heat lamp without stand
E0202	RR	CR	\$65.74	Phototherapy light w/ photom
E0205	NU	IN	\$173.20	Heat lamp with stand
E0205	RR	IN	\$20.84	Heat lamp with stand
E0205	UE	IN	\$129.90	Heat lamp with stand
E0210	NU	IN	\$34.27	Electric heat pad standard
E0210	RR	IN	\$3.22	Electric heat pad standard
E0210	UE	IN	\$25.70	Electric heat pad standard
E0215	NU	IN	\$63.22	Electric heat pad moist
E0215	RR	IN	\$6.95	Electric heat pad moist
E0215	UE	IN	\$47.43	Electric heat pad moist
E0217	NU	IN	\$443.10	Water circ heat pad w pump
E0217	RR	IN	\$49.33	Water circ heat pad w pump
E0217	UE	IN	\$332.30	Water circ heat pad w pump
E0220	NU	IN	\$7.56	Hot water bottle

E0220	RR	IN	\$0.79	Hot water bottle
E0220	UE	IN	\$5.65	Hot water bottle
E0225	NU	IN	\$346.87	Hydrocollator unit
E0225	RR	IN	\$34.20	Hydrocollator unit
E0225	UE	IN	\$260.14	Hydrocollator unit
E0230	NU	IN	\$7.57	Ice cap or collar
E0230	RR	IN	\$0.85	Ice cap or collar
E0230	UE	IN	\$5.66	Ice cap or collar
E0235	RR	CR	\$18.12	Paraffin bath unit portable
E0236	RR	CR	\$40.19	Pump for water circulating p
E0238	NU	IN	\$28.38	Heat pad non-electric moist
E0238	RR	IN	\$2.86	Heat pad non-electric moist
E0238	UE	IN	\$20.87	Heat pad non-electric moist
E0239	NU	IN	\$472.32	Hydrocollator unit portable
E0239	RR	IN	\$47.24	Hydrocollator unit portable
E0239	UE	IN	\$354.26	Hydrocollator unit portable
E0249	NU	IN	\$104.58	Pad water circulating heat u
E0249	RR	IN	\$11.50	Pad water circulating heat u
E0249	UE	IN	\$78.44	Pad water circulating heat u
E0250	RR	CR	\$84.09	Hosp bed fixed ht w/ mattres
E0251	RR	CR	\$61.24	Hosp bed fixd ht w/o mattres
E0255	RR	CR	\$91.93	Hospital bed var ht w/ mattr
E0256	RR	CR	\$64.12	Hospital bed var ht w/o matt
E0260	RR	CR	\$127.12	Hosp bed semi-electr w/ matt
E0261	RR	CR	\$105.34	Hosp bed semi-electr w/o mat
E0265	RR	CR	\$173.87	Hosp bed total electr w/ mat
E0266	RR	CR	\$160.72	Hosp bed total elec w/o matt
E0271	NU	IN	\$191.13	Mattress innerspring
E0271	RR	IN	\$20.87	Mattress innerspring
E0271	UE	IN	\$143.32	Mattress innerspring
E0272	NU	IN	\$176.39	Mattress foam rubber
E0272	RR	IN	\$19.12	Mattress foam rubber
E0272	UE	IN	\$132.29	Mattress foam rubber
E0275	NU	IN	\$16.08	Bed pan standard
E0275	RR	IN	\$1.68	Bed pan standard
E0275	UE	IN	\$12.05	Bed pan standard
E0276	NU	IN	\$13.97	Bed pan fracture
E0276	RR	IN	\$1.65	Bed pan fracture
E0276	UE	IN	\$11.05	Bed pan fracture
E0277	RR	CR	\$584.14	Powered pres-redu air mattrs
E0280	NU	IN	\$33.49	Bed cradle
E0280	RR	IN	\$3.72	Bed cradle
E0280	UE	IN	\$25.11	Bed cradle
E0290	RR	CR	\$57.49	Hosp bed fx ht w/o rails w/m
E0291	RR	CR	\$41.77	Hosp bed fx ht w/o rail w/o
E0292	RR	CR	\$64.65	Hosp bed var ht w/o rail w/o
E0293	RR	CR	\$62.16	Hosp bed var ht w/o rail w/
E0294	RR	CR	\$100.88	Hosp bed semi-elect w/ mattr
E0295	RR	CR	\$100.88	Hosp bed semi-elect w/o matt
E0296	RR	CR	\$127.56	Hosp bed total elect w/ matt

E0297	RR	CR	\$127.31	Hosp bed total elect w/o mat
E0300	NU	IN	\$2,568.95	Enclosed ped crib hosp grade
E0300	RR	IN	\$256.89	Enclosed ped crib hosp grade
E0300	UE	IN	\$1,926.71	Enclosed ped crib hosp grade
E0301	RR	CR	\$228.58	HD hosp bed, 350-600 lbs
E0302	RR	CR	\$647.47	Ex hd hosp bed > 600 lbs
E0303	RR	CR	\$258.68	Hosp bed hvy dty xtra wide
E0304	RR	CR	\$697.46	Hosp bed xtra hvy dty x wide
E0305	RR	CR	\$13.69	Rails bed side half length
E0310	NU	IN	\$175.70	Rails bed side full length
E0310	RR	IN	\$20.60	Rails bed side full length
E0310	UE	IN	\$132.95	Rails bed side full length
E0316	RR	CR	\$191.21	Bed safety enclosure
E0325	NU	IN	\$9.03	Urinal male jug-type
E0325	RR	IN	\$1.59	Urinal male jug-type
E0325	UE	IN	\$6.48	Urinal male jug-type
E0326	NU	IN	\$11.03	Urinal female jug-type
E0326	RR	IN	\$1.25	Urinal female jug-type
E0326	UE	IN	\$8.26	Urinal female jug-type
E0371	RR	CR	\$377.47	Nonpower mattress overlay
E0372	RR	CR	\$458.01	Powered air mattress overlay
E0373	RR	CR	\$524.67	Nonpowered pressure mattress
E0424	RR	OX	\$173.17	Stationary compressed gas O2
E0431	RR	OX	\$28.77	Portable gaseous O2
E0433	RR	OX	\$51.63	Portable liquid oxygen sys
E0434	RR	OX	\$28.77	Portable liquid O2
E0439	RR	OX	\$173.17	Stationary liquid O2
E0441		OX	\$77.45	Stationary O2 contents, gas
E0442		OX	\$77.45	Stationary O2 contents, liq
E0443		OX	\$77.45	Portable O2 contents, gas
E0444		OX	\$77.45	Portable O2 contents, liquid
E0450	RR	FS	\$1,002.25	Vol control vent invasiv int
E0457	NU	IN	\$645.24	Chest shell
E0457	RR	IN	\$64.52	Chest shell
E0457	UE	IN	\$483.89	Chest shell
E0459	RR	CR	\$53.43	Chest wrap
E0460	RR	FS	\$654.71	Neg press vent portabl/statn
E0461	RR	FS	\$1,002.25	Vol control vent noninv int
E0462	RR	CR	\$305.97	Rocking bed w/ or w/o side r
E0463	RR	FS	\$1,476.70	Press supp vent invasive int
E0464	RR	FS	\$1,476.70	Press supp vent noninv int
E0470	RR	CR	\$197.39	RAD w/o backup non-inv intrfc
E0471	RR	CR	\$493.99	RAD w/backup non inv intrfc
E0472	RR	CR	\$493.99	RAD w backup invasive intrfc
E0480	RR	CR	\$46.14	Percussor elect/pneum home m
E0482	RR	CR	\$423.71	Cough stimulating device
E0483	RR	CR	\$1,116.29	Chest compression gen system
E0484	NU	IN	\$38.77	Non-elec oscillatory pep dvc
E0484	RR	IN	\$3.87	Non-elec oscillatory pep dvc
E0484	UE	IN	\$29.09	Non-elec oscillatory pep dvc

E0485	NU		IN	\$0.00	Oral device/appliance prefab
E0485	RR		IN	\$0.00	Oral device/appliance prefab
E0485	UE		IN	\$0.00	Oral device/appliance prefab
E0486	NU		IN	\$0.00	Oral device/appliance cusfab
E0486	RR		IN	\$0.00	Oral device/appliance cusfab
E0486	UE		IN	\$0.00	Oral device/appliance cusfab
E0500	RR		FS	\$115.26	Ippb all types
E0550	RR		CR	\$52.64	Humidif extens supple w ippb
E0560	NU		IN	\$131.95	Humidifier supplemental w/ i
E0560	RR		IN	\$15.46	Humidifier supplemental w/ i
E0560	UE		IN	\$98.96	Humidifier supplemental w/ i
E0561	NU		IN	\$96.84	Humidifier nonheated w PAP
E0561	RR		IN	\$9.67	Humidifier nonheated w PAP
E0561	UE		IN	\$72.62	Humidifier nonheated w PAP
E0562	NU		IN	\$272.60	Humidifier heated used w PAP
E0562	RR		IN	\$27.25	Humidifier heated used w PAP
E0562	UE		IN	\$204.45	Humidifier heated used w PAP
E0565	RR		CR	\$54.45	Compressor air power source
E0570	RR		CR	\$16.91	Nebulizer with compression
E0571	RR		CR	\$29.69	Aerosol compressor for svneb
E0572	RR		CR	\$37.73	Aerosol compressor adjust pr
E0574	RR		CR	\$39.87	Ultrasonic generator w svneb
E0575	RR		FS	\$107.92	Nebulizer ultrasonic
E0580	NU		IN	\$121.31	Nebulizer for use w/ regulat
E0580	RR		IN	\$12.13	Nebulizer for use w/ regulat
E0580	UE		IN	\$90.97	Nebulizer for use w/ regulat
E0585	RR		CR	\$36.82	Nebulizer w/ compressor & he
E0600	RR		CR	\$46.23	Suction pump portab hom modl
E0601	RR		CR	\$90.59	Cont airway pressure device
E0602	NU		IN	\$31.00	Manual breast pump
E0602	RR		IN	\$3.11	Manual breast pump
E0602	UE		IN	\$23.25	Manual breast pump
E0605	NU		IN	\$27.75	Vaporizer room type
E0605	RR		IN	\$3.22	Vaporizer room type
E0605	UE		IN	\$22.86	Vaporizer room type
E0606	RR		CR	\$20.48	Drainage board postural
E0607	NU		IN	\$70.16	Blood glucose monitor home
E0607	RR		IN	\$7.01	Blood glucose monitor home
E0607	UE		IN	\$52.61	Blood glucose monitor home
E0610	NU		IN	\$249.75	Pacemaker monitr audible/vis
E0610	RR		IN	\$26.34	Pacemaker monitr audible/vis
E0610	UE		IN	\$187.34	Pacemaker monitr audible/vis
E0615	NU		IN	\$442.62	Pacemaker monitr digital/vis
E0615	RR		IN	\$61.43	Pacemaker monitr digital/vis
E0615	UE		IN	\$331.97	Pacemaker monitr digital/vis
E0617	RR		CR	\$319.25	Automatic ext defibrillator
E0617	RR	KF	CR	\$354.45	Automatic ext defibrillator
E0618	RR		CR	\$257.49	Apnea monitor
E0619	RR		CR	\$0.00	Apnea monitor w recorder
E0620	NU		IN	\$918.11	Cap bld skin piercing laser

E0620	RR	IN	\$91.80	Cap bld skin piercing laser
E0620	UE	IN	\$688.58	Cap bld skin piercing laser
E0621	NU	IN	\$85.67	Patient lift sling or seat
E0621	RR	IN	\$9.71	Patient lift sling or seat
E0621	UE	IN	\$64.58	Patient lift sling or seat
E0627	NU	IN	\$347.25	Seat lift incorp lift-chair
E0627	RR	IN	\$34.73	Seat lift incorp lift-chair
E0627	UE	IN	\$260.41	Seat lift incorp lift-chair
E0628	NU	IN	\$347.25	Seat lift for pt furn-electr
E0628	RR	IN	\$34.73	Seat lift for pt furn-electr
E0628	UE	IN	\$260.41	Seat lift for pt furn-electr
E0629	NU	IN	\$347.25	Seat lift for pt furn-non-el
E0629	RR	IN	\$34.73	Seat lift for pt furn-non-el
E0629	UE	IN	\$260.41	Seat lift for pt furn-non-el
E0630	RR	CR	\$101.67	Patient lift hydraulic
E0635	RR	CR	\$109.21	Patient lift electric
E0636	RR	CR	\$1,107.29	PT support & positioning sys
E0650	NU	IN	\$686.85	Pneuma compresor non-segment
E0650	RR	IN	\$93.31	Pneuma compresor non-segment
E0650	UE	IN	\$515.15	Pneuma compresor non-segment
E0651	NU	IN	\$964.34	Pneum compressor segmental
E0651	RR	IN	\$96.44	Pneum compressor segmental
E0651	UE	IN	\$723.26	Pneum compressor segmental
E0652	NU	IN	\$4,731.54	Pneum compres w/cal pressure
E0652	RR	IN	\$467.63	Pneum compres w/cal pressure
E0652	UE	IN	\$4,126.23	Pneum compres w/cal pressure
E0655	NU	IN	\$109.78	Pneumatic appliance half arm
E0655	RR	IN	\$13.31	Pneumatic appliance half arm
E0655	UE	IN	\$82.31	Pneumatic appliance half arm
E0656	NU	IN	\$606.60	Segmental pneumatic trunk
E0656	RR	IN	\$60.59	Segmental pneumatic trunk
E0656	UE	IN	\$455.01	Segmental pneumatic trunk
E0657	NU	IN	\$569.88	Segmental pneumatic chest
E0657	RR	IN	\$56.89	Segmental pneumatic chest
E0657	UE	IN	\$427.44	Segmental pneumatic chest
E0660	NU	IN	\$167.74	Pneumatic appliance full leg
E0660	RR	IN	\$17.46	Pneumatic appliance full leg
E0660	UE	IN	\$115.91	Pneumatic appliance full leg
E0665	NU	IN	\$122.26	Pneumatic appliance full arm
E0665	RR	IN	\$14.77	Pneumatic appliance full arm
E0665	UE	IN	\$91.82	Pneumatic appliance full arm
E0666	NU	IN	\$144.98	Pneumatic appliance half leg
E0666	RR	IN	\$14.94	Pneumatic appliance half leg
E0666	UE	IN	\$108.77	Pneumatic appliance half leg
E0667	NU	IN	\$339.96	Seg pneumatic appl full leg
E0667	RR	IN	\$34.00	Seg pneumatic appl full leg
E0667	UE	IN	\$254.96	Seg pneumatic appl full leg
E0668	NU	IN	\$394.37	Seg pneumatic appl full arm

E0668	RR		IN	\$38.92	Seg pneumatic appl full arm
E0668	UE		IN	\$295.79	Seg pneumatic appl full arm
E0669	NU		IN	\$182.76	Seg pneumatic appli half leg
E0669	RR		IN	\$18.28	Seg pneumatic appli half leg
E0669	UE		IN	\$137.09	Seg pneumatic appli half leg
E0671	NU		IN	\$436.12	Pressure pneum appl full leg
E0671	RR		IN	\$43.62	Pressure pneum appl full leg
E0671	UE		IN	\$327.08	Pressure pneum appl full leg
E0672	NU		IN	\$338.87	Pressure pneum appl full arm
E0672	RR		IN	\$33.89	Pressure pneum appl full arm
E0672	UE		IN	\$254.16	Pressure pneum appl full arm
E0673	NU		IN	\$281.58	Pressure pneum appl half leg
E0673	RR		IN	\$28.16	Pressure pneum appl half leg
E0673	UE		IN	\$211.21	Pressure pneum appl half leg
E0675	RR		CR	\$403.78	Pneumatic compression device
E0691	NU		IN	\$943.52	Uvl pnl 2 sq ft or less
E0691	RR		IN	\$94.35	Uvl pnl 2 sq ft or less
E0691	UE		IN	\$707.64	Uvl pnl 2 sq ft or less
E0692	NU		IN	\$1,184.79	Uvl sys panel 4 ft
E0692	RR		IN	\$118.47	Uvl sys panel 4 ft
E0692	UE		IN	\$888.60	Uvl sys panel 4 ft
E0693	NU		IN	\$1,460.53	Uvl sys panel 6 ft
E0693	RR		IN	\$146.06	Uvl sys panel 6 ft
E0693	UE		IN	\$1,095.40	Uvl sys panel 6 ft
E0694	NU		IN	\$4,648.71	Uvl md cabinet sys 6 ft
E0694	RR		IN	\$464.87	Uvl md cabinet sys 6 ft
E0694	UE		IN	\$3,486.56	Uvl md cabinet sys 6 ft
E0705	NU		IN	\$49.59	Transfer device
E0705	RR		IN	\$5.01	Transfer device
E0705	UE		IN	\$37.21	Transfer device
E0720	NU		TE	\$95.00	Tens two lead
E0730	NU		TE	\$100.00	Tens four lead
E0731	NU		IN	\$374.52	Conductive garment for tens/
E0740	NU		IN	\$549.01	Incontinence treatment systm
E0740	RR		IN	\$54.90	Incontinence treatment systm
E0740	UE		IN	\$411.79	Incontinence treatment systm
E0744	RR		CR	\$96.15	Neuromuscular stim for scoli
E0745	NU		IN	\$200.00	Neuromuscular stim for shock
E0745	RR		CR	\$20.00	Neuromuscular stim for shock
E0747	NU	KF	IN	\$3,963.48	Elec osteogen stim not spine
E0747	RR	KF	IN	\$396.32	Elec osteogen stim not spine
E0747	UE	KF	IN	\$2,972.60	Elec osteogen stim not spine
E0748	NU	KF	IN	\$4,085.24	Elec osteogen stim spinal
E0748	RR	KF	IN	\$408.52	Elec osteogen stim spinal
E0748	UE	KF	IN	\$3,063.94	Elec osteogen stim spinal
E0749	RR	KF	CR	\$298.59	Elec osteogen stim implanted
E0760	NU	KF	IN	\$3,394.76	Osteogen ultrasound stimltor
E0760	RR	KF	IN	\$339.49	Osteogen ultrasound stimltor
E0760	UE	KF	IN	\$2,546.07	Osteogen ultrasound stimltor
E0762	NU		IN	\$1,154.54	Trans elec jt stim dev sys

E0762	RR		IN	\$115.46	Trans elec jt stim dev sys
E0762	UE		IN	\$865.88	Trans elec jt stim dev sys
E0764	NU	KF	IN	\$11,620.16	Functional neuromuscularstim
E0764	RR	KF	IN	\$1,162.00	Functional neuromuscularstim
E0764	UE	KF	IN	\$8,715.13	Functional neuromuscularstim
E0765	NU		IN	\$88.34	Nerve stimulator for tx n&v
E0765	RR		IN	\$8.85	Nerve stimulator for tx n&v
E0765	UE		IN	\$66.28	Nerve stimulator for tx n&v
E0776	NU		IN	\$127.77	Iv pole
E0776	RR		IN	\$19.58	Iv pole
E0776	UE		IN	\$94.01	Iv pole
E0779	RR		CR	\$17.57	Amb infusion pump mechanical
E0780	NU		IN	\$10.89	Mech amb infusion pump <8hrs
E0781	RR		CR	\$236.39	External ambulatory infus pu
E0782	NU	KF	IN	\$4,508.08	Non-programble infusion pump
E0782	RR	KF	IN	\$450.83	Non-programble infusion pump
E0782	UE	KF	IN	\$3,381.07	Non-programble infusion pump
E0783	NU	KF	IN	\$8,202.34	Programmable infusion pump
E0783	RR	KF	IN	\$820.25	Programmable infusion pump
E0783	UE	KF	IN	\$6,151.77	Programmable infusion pump
E0784	RR		CR	\$438.45	Ext amb infusn pump insulin
E0785	KF		IN	\$421.71	Replacement impl pump cathet
E0786	NU	KF	IN	\$8,082.48	Implantable pump replacement
E0786	RR	KF	IN	\$808.25	Implantable pump replacement
E0786	UE	KF	IN	\$6,061.88	Implantable pump replacement
E0791	RR		CR	\$282.21	Parenteral infusion pump sta
E0840	NU		IN	\$65.40	Tract frame attach headboard
E0840	RR		IN	\$14.57	Tract frame attach headboard
E0840	UE		IN	\$49.03	Tract frame attach headboard
E0849	NU		IN	\$541.08	Cervical pneum trac equip
E0849	RR		IN	\$54.11	Cervical pneum trac equip
E0849	UE		IN	\$405.78	Cervical pneum trac equip
E0850	NU		IN	\$93.76	Traction stand free standing
E0850	RR		IN	\$12.88	Traction stand free standing
E0850	UE		IN	\$70.33	Traction stand free standing
E0855	NU		IN	\$527.76	Cervical traction equipment
E0855	RR		IN	\$52.77	Cervical traction equipment
E0855	UE		IN	\$395.81	Cervical traction equipment
E0856	NU		IN	\$161.73	Cervic collar w air bladder
E0856	RR		IN	\$16.19	Cervic collar w air bladder
E0856	UE		IN	\$121.31	Cervic collar w air bladder
E0860	NU		IN	\$35.74	Tract equip cervical tract
E0860	RR		IN	\$6.84	Tract equip cervical tract
E0860	UE		IN	\$26.81	Tract equip cervical tract
E0870	NU		IN	\$110.31	Tract frame attach footboard
E0870	RR		IN	\$13.88	Tract frame attach footboard
E0870	UE		IN	\$82.74	Tract frame attach footboard
E0880	NU		IN	\$112.05	Trac stand free stand extrem
E0880	RR		IN	\$20.70	Trac stand free stand extrem
E0880	UE		IN	\$84.80	Trac stand free stand extrem

E0890	NU		IN	\$107.47	Traction frame attach pelvic
E0890	RR		IN	\$34.47	Traction frame attach pelvic
E0890	UE		IN	\$86.56	Traction frame attach pelvic
E0900	NU		IN	\$114.35	Trac stand free stand pelvic
E0900	RR		IN	\$29.00	Trac stand free stand pelvic
E0900	UE		IN	\$85.79	Trac stand free stand pelvic
E0910	RR		CR	\$17.70	Trapeze bar attached to bed
E0911	RR		CR	\$45.11	HD trapeze bar attach to bed
E0912	RR		CR	\$103.60	HD trapeze bar free standing
E0920	RR		CR	\$41.67	Fracture frame attached to b
E0930	RR		CR	\$41.67	Fracture frame free standing
E0935	RR		FS	\$23.87	Cont pas motion exercise dev
E0940	RR		CR	\$28.67	Trapeze bar free standing
E0941	RR		CR	\$40.67	Gravity assisted traction de
E0942	NU		IN	\$20.84	Cervical head harness/halter
E0942	RR		IN	\$2.46	Cervical head harness/halter
E0942	UE		IN	\$15.62	Cervical head harness/halter
E0944	NU		IN	\$43.08	Pelvic belt/harness/boot
E0944	RR		IN	\$4.83	Pelvic belt/harness/boot
E0944	UE		IN	\$32.32	Pelvic belt/harness/boot
E0945	NU		IN	\$46.54	Belt/harness extremity
E0945	RR		IN	\$4.66	Belt/harness extremity
E0945	UE		IN	\$36.03	Belt/harness extremity
E0946	RR		CR	\$62.12	Fracture frame dual w cross
E0947	NU		IN	\$636.78	Fracture frame attachmnts pe
E0947	RR		IN	\$66.03	Fracture frame attachmnts pe
E0947	UE		IN	\$477.58	Fracture frame attachmnts pe
E0948	NU		IN	\$615.92	Fracture frame attachmnts ce
E0948	RR		IN	\$61.57	Fracture frame attachmnts ce
E0948	UE		IN	\$434.39	Fracture frame attachmnts ce
E0950	NU		IN	\$94.07	Tray
E0950	NU	KE	IN	\$109.15	Tray
E0950	RR		IN	\$9.42	Tray
E0950	RR	KE	IN	\$10.93	Tray
E0950	UE		IN	\$70.56	Tray
E0950	UE	KE	IN	\$81.87	Tray
E0951	NU		IN	\$17.18	Loop heel
E0951	NU	KE	IN	\$19.93	Loop heel
E0951	RR		IN	\$1.72	Loop heel
E0951	RR	KE	IN	\$2.00	Loop heel
E0951	UE		IN	\$12.87	Loop heel
E0951	UE	KE	IN	\$14.93	Loop heel
E0952	NU		IN	\$17.04	Toe loop/holder, each
E0952	NU	KE	IN	\$19.77	Toe loop/holder, each
E0952	RR		IN	\$1.71	Toe loop/holder, each
E0952	RR	KE	IN	\$1.98	Toe loop/holder, each
E0952	UE		IN	\$12.79	Toe loop/holder, each
E0952	UE	KE	IN	\$14.84	Toe loop/holder, each
E0955	NU		IN	\$182.97	Cushioned headrest
E0955	NU	KE	IN	\$212.29	Cushioned headrest

E0955	RR		IN	\$18.31	Cushioned headrest
E0955	RR	KE	IN	\$21.24	Cushioned headrest
E0955	UE		IN	\$137.23	Cushioned headrest
E0955	UE	KE	IN	\$159.21	Cushioned headrest
E0956	NU		IN	\$89.21	W/c lateral trunk/hip suppor
E0956	NU	KE	IN	\$103.51	W/c lateral trunk/hip suppor
E0956	RR		IN	\$8.93	W/c lateral trunk/hip suppor
E0956	RR	KE	IN	\$10.36	W/c lateral trunk/hip suppor
E0956	UE		IN	\$66.91	W/c lateral trunk/hip suppor
E0956	UE	KE	IN	\$77.63	W/c lateral trunk/hip suppor
E0957	NU		IN	\$124.83	W/c medial thigh support
E0957	NU	KE	IN	\$144.83	W/c medial thigh support
E0957	RR		IN	\$12.48	W/c medial thigh support
E0957	RR	KE	IN	\$14.48	W/c medial thigh support
E0957	UE		IN	\$93.62	W/c medial thigh support
E0957	UE	KE	IN	\$108.62	W/c medial thigh support
E0958	RR		CR	\$44.53	Whlchr att- conv 1 arm drive
E0959	NU		IN	\$46.42	Amputee adapter
E0959	RR		IN	\$4.67	Amputee adapter
E0959	UE		IN	\$35.13	Amputee adapter
E0960	NU		IN	\$82.34	W/c shoulder harness/straps
E0960	NU	KE	IN	\$95.53	W/c shoulder harness/straps
E0960	RR		IN	\$8.24	W/c shoulder harness/straps
E0960	RR	KE	IN	\$9.56	W/c shoulder harness/straps
E0960	UE		IN	\$61.76	W/c shoulder harness/straps
E0960	UE	KE	IN	\$71.65	W/c shoulder harness/straps
E0961	NU		IN	\$26.55	Wheelchair brake extension
E0961	RR		IN	\$2.77	Wheelchair brake extension
E0961	UE		IN	\$13.26	Wheelchair brake extension
E0966	NU		IN	\$67.97	Wheelchair head rest extensi
E0966	RR		IN	\$6.79	Wheelchair head rest extensi
E0966	UE		IN	\$50.98	Wheelchair head rest extensi
E0967	NU		IN	\$68.94	Manual wc hand rim w project
E0967	RR		IN	\$6.89	Manual wc hand rim w project
E0967	UE		IN	\$51.71	Manual wc hand rim w project
E0968	RR		CR	\$18.83	Wheelchair commode seat
E0969	NU		IN	\$153.50	Wheelchair narrowing device
E0969	RR		IN	\$15.36	Wheelchair narrowing device
E0969	UE		IN	\$115.12	Wheelchair narrowing device
E0971	NU		IN	\$45.56	Wheelchair anti-tipping devi
E0971	RR		IN	\$4.56	Wheelchair anti-tipping devi
E0971	UE		IN	\$34.19	Wheelchair anti-tipping devi
E0973	NU		IN	\$104.05	W/Ch access det adj armrest
E0973	NU	KE	IN	\$120.72	W/Ch access det adj armrest
E0973	RR		IN	\$9.91	W/Ch access det adj armrest
E0973	RR	KE	IN	\$11.50	W/Ch access det adj armrest
E0973	UE		IN	\$78.04	W/Ch access det adj armrest
E0973	UE	KE	IN	\$90.54	W/Ch access det adj armrest
E0974	NU		IN	\$82.33	W/Ch access anti-rollback
E0974	RR		IN	\$8.73	W/Ch access anti-rollback

E0974	UE		IN	\$62.21	W/Ch access anti-rollback
E0978	NU		IN	\$38.64	W/C acc,saf belt pelv strap
E0978	NU	KE	IN	\$44.84	W/C acc,saf belt pelv strap
E0978	RR		IN	\$3.87	W/C acc,saf belt pelv strap
E0978	RR	KE	IN	\$4.49	W/C acc,saf belt pelv strap
E0978	UE		IN	\$28.65	W/C acc,saf belt pelv strap
E0978	UE	KE	IN	\$33.24	W/C acc,saf belt pelv strap
E0980	NU		IN	\$34.71	Wheelchair safety vest
E0980	RR		IN	\$3.47	Wheelchair safety vest
E0980	UE		IN	\$25.89	Wheelchair safety vest
E0981	NU		IN	\$42.67	Seat upholstery, replacement
E0981	NU	KE	IN	\$49.51	Seat upholstery, replacement
E0981	RR		IN	\$4.34	Seat upholstery, replacement
E0981	RR	KE	IN	\$5.04	Seat upholstery, replacement
E0981	UE		IN	\$32.31	Seat upholstery, replacement
E0981	UE	KE	IN	\$37.49	Seat upholstery, replacement
E0982	NU		IN	\$46.63	Back upholstery, replacement
E0982	NU	KE	IN	\$54.11	Back upholstery, replacement
E0982	RR		IN	\$4.66	Back upholstery, replacement
E0982	RR	KE	IN	\$5.41	Back upholstery, replacement
E0982	UE		IN	\$34.97	Back upholstery, replacement
E0982	UE	KE	IN	\$40.57	Back upholstery, replacement
E0983	RR		CR	\$246.77	Add pwr joystick
E0984	NU		IN	\$1,705.19	Add pwr tiller
E0984	RR		IN	\$158.56	Add pwr tiller
E0984	UE		IN	\$1,315.78	Add pwr tiller
E0985	NU		IN	\$212.99	W/c seat lift mechanism
E0985	RR		IN	\$21.32	W/c seat lift mechanism
E0985	UE		IN	\$159.73	W/c seat lift mechanism
E0986	NU		IN	\$5,107.45	Man w/c push-rim pow assist
E0986	RR		IN	\$510.75	Man w/c push-rim pow assist
E0986	UE		IN	\$3,830.61	Man w/c push-rim pow assist
E0990	NU		IN	\$90.33	Wheelchair elevating leg res
E0990	NU	KE	IN	\$104.81	Wheelchair elevating leg res
E0990	RR		IN	\$11.96	Wheelchair elevating leg res
E0990	RR	KE	IN	\$13.88	Wheelchair elevating leg res
E0990	UE		IN	\$70.58	Wheelchair elevating leg res
E0990	UE	KE	IN	\$81.89	Wheelchair elevating leg res
E0992	NU		IN	\$84.92	Wheelchair solid seat insert
E0992	RR		IN	\$8.25	Wheelchair solid seat insert
E0992	UE		IN	\$63.70	Wheelchair solid seat insert
E0994	NU		IN	\$17.65	Wheelchair arm rest
E0994	RR		IN	\$1.76	Wheelchair arm rest
E0994	UE		IN	\$13.25	Wheelchair arm rest
E0995	NU		IN	\$23.92	Wheelchair calf rest
E0995	NU	KE	IN	\$27.75	Wheelchair calf rest
E0995	RR		IN	\$2.40	Wheelchair calf rest
E0995	RR	KE	IN	\$2.78	Wheelchair calf rest
E0995	UE		IN	\$17.96	Wheelchair calf rest
E0995	UE	KE	IN	\$20.84	Wheelchair calf rest

E1002	NU		IN	\$3,668.16	Pwr seat tilt
E1002	NU	KE	IN	\$4,255.87	Pwr seat tilt
E1002	RR		IN	\$366.81	Pwr seat tilt
E1002	RR	KE	IN	\$425.59	Pwr seat tilt
E1002	UE		IN	\$2,751.11	Pwr seat tilt
E1002	UE	KE	IN	\$3,191.90	Pwr seat tilt
E1003	NU		IN	\$3,974.13	Pwr seat recline
E1003	NU	KE	IN	\$4,610.87	Pwr seat recline
E1003	RR		IN	\$397.42	Pwr seat recline
E1003	RR	KE	IN	\$461.10	Pwr seat recline
E1003	UE		IN	\$2,980.60	Pwr seat recline
E1003	UE	KE	IN	\$3,458.15	Pwr seat recline
E1004	NU		IN	\$4,406.49	Pwr seat recline mech
E1004	NU	KE	IN	\$5,112.50	Pwr seat recline mech
E1004	RR		IN	\$440.64	Pwr seat recline mech
E1004	RR	KE	IN	\$511.25	Pwr seat recline mech
E1004	UE		IN	\$3,304.85	Pwr seat recline mech
E1004	UE	KE	IN	\$3,834.36	Pwr seat recline mech
E1005	NU		IN	\$4,769.68	Pwr seat recline pwr
E1005	NU	KE	IN	\$5,533.88	Pwr seat recline pwr
E1005	RR		IN	\$476.96	Pwr seat recline pwr
E1005	RR	KE	IN	\$553.38	Pwr seat recline pwr
E1005	UE		IN	\$3,577.27	Pwr seat recline pwr
E1005	UE	KE	IN	\$4,150.42	Pwr seat recline pwr
E1006	NU		IN	\$5,842.41	Pwr seat combo w/o shear
E1006	NU	KE	IN	\$6,778.49	Pwr seat combo w/o shear
E1006	RR		IN	\$584.22	Pwr seat combo w/o shear
E1006	RR	KE	IN	\$677.83	Pwr seat combo w/o shear
E1006	UE		IN	\$4,381.81	Pwr seat combo w/o shear
E1006	UE	KE	IN	\$5,083.87	Pwr seat combo w/o shear
E1007	NU		IN	\$7,910.85	Pwr seat combo w/shear
E1007	NU	KE	IN	\$9,178.33	Pwr seat combo w/shear
E1007	RR		IN	\$791.09	Pwr seat combo w/shear
E1007	RR	KE	IN	\$917.84	Pwr seat combo w/shear
E1007	UE		IN	\$5,933.13	Pwr seat combo w/shear
E1007	UE	KE	IN	\$6,883.74	Pwr seat combo w/shear
E1008	NU		IN	\$7,911.56	Pwr seat combo pwr shear
E1008	NU	KE	IN	\$9,179.15	Pwr seat combo pwr shear
E1008	RR		IN	\$791.15	Pwr seat combo pwr shear
E1008	RR	KE	IN	\$917.91	Pwr seat combo pwr shear
E1008	UE		IN	\$5,933.68	Pwr seat combo pwr shear
E1008	UE	KE	IN	\$6,884.38	Pwr seat combo pwr shear
E1009	NU		IN	\$0.00	Add mech leg elevation
E1009	RR		IN	\$0.00	Add mech leg elevation
E1009	UE		IN	\$0.00	Add mech leg elevation
E1010	NU		IN	\$1,035.13	Add pwr leg elevation
E1010	NU	KE	IN	\$1,200.98	Add pwr leg elevation
E1010	RR		IN	\$103.51	Add pwr leg elevation
E1010	RR	KE	IN	\$120.10	Add pwr leg elevation
E1010	UE		IN	\$776.36	Add pwr leg elevation

E1010	UE	KE	IN	\$900.75	Add pwr leg elevation
E1011	NU		IN	\$0.00	Ped wc modify width adjustm
E1011	RR		IN	\$0.00	Ped wc modify width adjustm
E1011	UE		IN	\$0.00	Ped wc modify width adjustm
E1014	NU		IN	\$383.40	Reclining back add ped w/c
E1014	RR		IN	\$38.35	Reclining back add ped w/c
E1014	UE		IN	\$287.54	Reclining back add ped w/c
E1015	NU		IN	\$120.44	Shock absorber for man w/c
E1015	RR		IN	\$12.03	Shock absorber for man w/c
E1015	UE		IN	\$90.32	Shock absorber for man w/c
E1016	NU		IN	\$118.84	Shock absorber for power w/c
E1016	NU	KE	IN	\$137.88	Shock absorber for power w/c
E1016	RR		IN	\$11.89	Shock absorber for power w/c
E1016	RR	KE	IN	\$13.80	Shock absorber for power w/c
E1016	UE		IN	\$89.12	Shock absorber for power w/c
E1016	UE	KE	IN	\$103.40	Shock absorber for power w/c
E1017	NU		IN	\$0.00	HD shck absrbr for hd man wc
E1017	RR		IN	\$0.00	HD shck absrbr for hd man wc
E1017	UE		IN	\$0.00	HD shck absrbr for hd man wc
E1018	NU		IN	\$0.00	HD shck absrbr for hd powwc
E1018	RR		IN	\$0.00	HD shck absrbr for hd powwc
E1018	UE		IN	\$0.00	HD shck absrbr for hd powwc
E1020	NU		IN	\$220.29	Residual limb support system
E1020	NU	KE	IN	\$255.58	Residual limb support system
E1020	RR		IN	\$22.01	Residual limb support system
E1020	RR	KE	IN	\$25.54	Residual limb support system
E1020	UE		IN	\$165.21	Residual limb support system
E1020	UE	KE	IN	\$191.68	Residual limb support system
E1028	NU		IN	\$186.92	W/c manual swingaway
E1028	NU	KE	IN	\$216.87	W/c manual swingaway
E1028	RR		IN	\$18.69	W/c manual swingaway
E1028	RR	KE	IN	\$21.68	W/c manual swingaway
E1028	UE		IN	\$140.18	W/c manual swingaway
E1028	UE	KE	IN	\$162.63	W/c manual swingaway
E1029	NU		IN	\$334.43	W/c vent tray fixed
E1029	NU	KE	IN	\$388.02	W/c vent tray fixed
E1029	RR		IN	\$33.44	W/c vent tray fixed
E1029	RR	KE	IN	\$38.80	W/c vent tray fixed
E1029	UE		IN	\$250.82	W/c vent tray fixed
E1029	UE	KE	IN	\$291.01	W/c vent tray fixed
E1030	NU		IN	\$1,054.57	W/c vent tray gimbaled
E1030	NU	KE	IN	\$1,223.53	W/c vent tray gimbaled
E1030	RR		IN	\$105.46	W/c vent tray gimbaled
E1030	RR	KE	IN	\$122.36	W/c vent tray gimbaled
E1030	UE		IN	\$790.93	W/c vent tray gimbaled
E1030	UE	KE	IN	\$917.66	W/c vent tray gimbaled
E1031	RR		CR	\$53.04	Rollabout chair with casters
E1035	RR		CR	\$643.86	Patient transfer system <300
E1036	RR		CR	\$902.63	Patient transfer system >300
E1037	RR		CR	\$113.91	Transport chair, ped size

E1038	RR	CR	\$18.93	Transport chair pt wt<=300lb
E1039	RR	CR	\$35.91	Transport chair pt wt >300lb
E1050	RR	CR	\$106.93	Wheelchr fxd full length arms
E1060	RR	CR	\$118.97	Wheelchair detachable arms
E1070	RR	CR	\$115.01	Wheelchair detachable foot r
E1083	RR	CR	\$75.78	Hemi-wheelchair fixed arms
E1084	RR	CR	\$103.01	Hemi-wheelchair detachable a
E1087	RR	CR	\$121.80	Wheelchair lightwt fixed arm
E1088	RR	CR	\$158.31	Wheelchair lightweight det a
E1092	RR	CR	\$134.94	Wheelchair wide w/ leg rests
E1093	RR	CR	\$116.05	Wheelchair wide w/ foot rest
E1100	RR	CR	\$109.00	Whchr s-recl fxd arm leg res
E1110	RR	CR	\$106.74	Wheelchair semi-recl detach
E1150	RR	CR	\$82.07	Wheelchair standard w/ leg r
E1160	RR	CR	\$64.53	Wheelchair fixed arms
E1161	NU	IN	\$2,484.39	Manual adult wc w tiltinspac
E1161	RR	IN	\$248.44	Manual adult wc w tiltinspac
E1161	UE	IN	\$1,863.30	Manual adult wc w tiltinspac
E1170	RR	CR	\$90.63	Whlchr ampu fxd arm leg rest
E1171	RR	CR	\$72.10	Wheelchair amputee w/o leg r
E1172	RR	CR	\$92.72	Wheelchair amputee detach ar
E1180	RR	CR	\$99.11	Wheelchair amputee w/ foot r
E1190	RR	CR	\$114.51	Wheelchair amputee w/ leg re
E1195	RR	CR	\$112.12	Wheelchair amputee heavy dut
E1200	RR	CR	\$85.27	Wheelchair amputee fixed arm
E1221	RR	CR	\$44.02	Wheelchair spec size w foot
E1222	RR	CR	\$71.18	Wheelchair spec size w/ leg
E1223	RR	CR	\$77.72	Wheelchair spec size w foot
E1224	RR	CR	\$85.21	Wheelchair spec size w/ leg
E1225	RR	CR	\$47.46	Manual semi-reclining back
E1226	NU	IN	\$572.93	Manual fully reclining back
E1226	RR	IN	\$58.97	Manual fully reclining back
E1226	UE	IN	\$429.66	Manual fully reclining back
E1227	NU	IN	\$291.38	Wheelchair spec sz spec ht a
E1227	RR	IN	\$28.67	Wheelchair spec sz spec ht a
E1227	UE	IN	\$218.56	Wheelchair spec sz spec ht a
E1228	RR	CR	\$25.01	Wheelchair spec sz spec ht b
E1230	NU	IN	\$2,136.81	Power operated vehicle
E1230	RR	IN	\$233.57	Power operated vehicle
E1230	UE	IN	\$1,596.51	Power operated vehicle
E1231	NU	IN	\$0.00	Rigid ped w/c tilt-in-space
E1231	RR	IN	\$0.00	Rigid ped w/c tilt-in-space
E1231	UE	IN	\$0.00	Rigid ped w/c tilt-in-space
E1232	NU	IN	\$2,245.33	Folding ped wc tilt-in-space
E1232	RR	IN	\$224.54	Folding ped wc tilt-in-space
E1232	UE	IN	\$1,684.01	Folding ped wc tilt-in-space
E1233	NU	IN	\$2,326.52	Rig ped wc tltnspc w/o seat
E1233	RR	IN	\$232.65	Rig ped wc tltnspc w/o seat
E1233	UE	IN	\$1,744.88	Rig ped wc tltnspc w/o seat
E1234	NU	IN	\$2,025.40	Fld ped wc tltnspc w/o seat

E1234	RR	IN	\$202.56	Fld ped wc tltnspc w/o seat
E1234	UE	IN	\$1,519.04	Fld ped wc tltnspc w/o seat
E1235	NU	IN	\$1,950.30	Rigid ped wc adjustable
E1235	RR	IN	\$195.04	Rigid ped wc adjustable
E1235	UE	IN	\$1,462.72	Rigid ped wc adjustable
E1236	NU	IN	\$1,720.67	Folding ped wc adjustable
E1236	RR	IN	\$172.06	Folding ped wc adjustable
E1236	UE	IN	\$1,290.50	Folding ped wc adjustable
E1237	NU	IN	\$1,735.70	Rgd ped wc adjstabl w/o seat
E1237	RR	IN	\$173.57	Rgd ped wc adjstabl w/o seat
E1237	UE	IN	\$1,301.79	Rgd ped wc adjstabl w/o seat
E1238	NU	IN	\$1,720.67	Fld ped wc adjstabl w/o seat
E1238	RR	IN	\$172.06	Fld ped wc adjstabl w/o seat
E1238	UE	IN	\$1,290.50	Fld ped wc adjstabl w/o seat
E1240	RR	CR	\$108.17	Whchr litwt det arm leg rest
E1270	RR	CR	\$80.68	Wheelchair lightweight leg r
E1280	RR	CR	\$128.96	Whchr h-duty det arm leg res
E1295	RR	CR	\$124.10	Wheelchair heavy duty fixed
E1296	NU	IN	\$438.81	Wheelchair special seat heig
E1296	RR	IN	\$44.57	Wheelchair special seat heig
E1296	UE	IN	\$329.11	Wheelchair special seat heig
E1297	NU	IN	\$93.36	Wheelchair special seat dept
E1297	RR	IN	\$10.37	Wheelchair special seat dept
E1297	UE	IN	\$70.01	Wheelchair special seat dept
E1298	NU	IN	\$401.01	Wheelchair spec seat depth/w
E1298	RR	IN	\$40.11	Wheelchair spec seat depth/w
E1298	UE	IN	\$300.75	Wheelchair spec seat depth/w
E1310	NU	IN	\$2,254.77	Whirlpool non-portable
E1310	RR	IN	\$192.85	Whirlpool non-portable
E1310	UE	IN	\$1,691.08	Whirlpool non-portable
E1353		OX	\$29.75	Oxygen supplies regulator
E1355		OX	\$22.40	Oxygen supplies stand/rack
E1372	NU	IN	\$171.18	Oxy suppl heater for nebuliz
E1372	RR	IN	\$24.87	Oxy suppl heater for nebuliz
E1372	UE	IN	\$107.70	Oxy suppl heater for nebuliz
E1390	RR	OX	\$173.17	Oxygen concentrator
E1391	RR	OX	\$173.17	Oxygen concentrator, dual
E1392	RR	OX	\$51.63	Portable oxygen concentrator
E1405	RR	OX	\$209.99	O2/water vapor enrich w/heat
E1406	RR	OX	\$190.08	O2/water vapor enrich w/o he
E1700	NU	IN	\$307.77	Jaw motion rehab system
E1700	RR	IN	\$30.18	Jaw motion rehab system
E1700	UE	IN	\$230.83	Jaw motion rehab system
E1701		SU	\$10.89	Repl cushions for jaw motion
E1702		SU	\$21.85	Repl measr scales jaw motion
E1800	RR	CR	\$109.34	Adjust elbow ext/flex device
E1801	RR	CR	\$127.14	SPS elbow device
E1802	RR	CR	\$343.14	Adjst forearm pro/sup device
E1805	RR	CR	\$118.01	Adjust wrist ext/flex device
E1806	RR	CR	\$104.34	SPS wrist device

E1810	RR		CR	\$118.01	Adjust knee ext/flex device
E1811	RR		CR	\$132.16	SPS knee device
E1812	RR		CR	\$90.29	Knee ext/flex w act res ctrl
E1815	RR		CR	\$118.01	Adjust ankle ext/flex device
E1816	RR		CR	\$134.24	SPS ankle device
E1818	RR		CR	\$137.05	SPS forearm device
E1820	NU		IN	\$85.83	Soft interface material
E1820	RR		IN	\$8.58	Soft interface material
E1820	UE		IN	\$64.38	Soft interface material
E1821	NU		IN	\$110.51	Replacement interface SPSD
E1821	RR		IN	\$11.04	Replacement interface SPSD
E1821	UE		IN	\$82.90	Replacement interface SPSD
E1825	RR		CR	\$118.01	Adjust finger ext/flex devc
E1830	RR		CR	\$118.01	Adjust toe ext/flex device
E1840	RR		CR	\$390.41	Adj shoulder ext/flex device
E1841	RR		CR	\$475.65	Static str shldr dev rom adj
E2000	RR		CR	\$51.05	Gastric suction pump hme mdl
E2100	NU		IN	\$666.03	Bld glucose monitor w voice
E2100	RR		IN	\$66.60	Bld glucose monitor w voice
E2100	UE		IN	\$499.54	Bld glucose monitor w voice
E2101	NU		IN	\$197.99	Bld glucose monitor w lance
E2101	RR		IN	\$19.80	Bld glucose monitor w lance
E2101	UE		IN	\$148.49	Bld glucose monitor w lance
E2120	RR		CR	\$297.70	Pulse gen sys tx endolymp fl
E2201	NU		IN	\$391.76	Man w/ch acc seat w>=20"<24"
E2201	RR		IN	\$39.18	Man w/ch acc seat w>=20"<24"
E2201	UE		IN	\$293.82	Man w/ch acc seat w>=20"<24"
E2202	NU		IN	\$497.68	Seat width 24-27 in
E2202	RR		IN	\$49.77	Seat width 24-27 in
E2202	UE		IN	\$373.28	Seat width 24-27 in
E2203	NU		IN	\$503.00	Frame depth less than 22 in
E2203	RR		IN	\$50.28	Frame depth less than 22 in
E2203	UE		IN	\$377.24	Frame depth less than 22 in
E2204	NU		IN	\$854.07	Frame depth 22 to 25 in
E2204	RR		IN	\$85.42	Frame depth 22 to 25 in
E2204	UE		IN	\$640.55	Frame depth 22 to 25 in
E2205	NU		IN	\$34.30	Manual wc accessory, handrim
E2205	RR		IN	\$3.41	Manual wc accessory, handrim
E2205	UE		IN	\$25.73	Manual wc accessory, handrim
E2206	NU		IN	\$42.71	Complete wheel lock assembly
E2206	RR		IN	\$4.26	Complete wheel lock assembly
E2206	UE		IN	\$32.03	Complete wheel lock assembly
E2207	NU		IN	\$45.52	Crutch and cane holder
E2207	RR		IN	\$4.56	Crutch and cane holder
E2207	UE		IN	\$34.14	Crutch and cane holder
E2208	NU		IN	\$107.50	Cylinder tank carrier
E2208	NU	KE	IN	\$124.72	Cylinder tank carrier
E2208	RR		IN	\$10.74	Cylinder tank carrier
E2208	RR	KE	IN	\$12.46	Cylinder tank carrier
E2208	UE		IN	\$80.63	Cylinder tank carrier

E2208	UE	KE	IN	\$93.54	Cylinder tank carrier
E2209	NU		IN	\$96.98	Arm trough each
E2209	NU	KE	IN	\$112.52	Arm trough each
E2209	RR		IN	\$9.72	Arm trough each
E2209	RR	KE	IN	\$11.28	Arm trough each
E2209	UE		IN	\$72.74	Arm trough each
E2209	UE	KE	IN	\$84.40	Arm trough each
E2210	NU		IN	\$5.93	Wheelchair bearings
E2210	NU	KE	IN	\$6.88	Wheelchair bearings
E2210	RR		IN	\$0.51	Wheelchair bearings
E2210	RR	KE	IN	\$0.59	Wheelchair bearings
E2210	UE		IN	\$4.45	Wheelchair bearings
E2210	UE	KE	IN	\$5.17	Wheelchair bearings
E2211	NU		IN	\$42.96	Pneumatic propulsion tire
E2211	RR		IN	\$4.21	Pneumatic propulsion tire
E2211	UE		IN	\$30.77	Pneumatic propulsion tire
E2212	NU		IN	\$6.17	Pneumatic prop tire tube
E2212	RR		IN	\$0.64	Pneumatic prop tire tube
E2212	UE		IN	\$4.64	Pneumatic prop tire tube
E2213	NU		IN	\$31.92	Pneumatic prop tire insert
E2213	RR		IN	\$3.20	Pneumatic prop tire insert
E2213	UE		IN	\$23.92	Pneumatic prop tire insert
E2214	NU		IN	\$37.80	Pneumatic caster tire each
E2214	RR		IN	\$4.16	Pneumatic caster tire each
E2214	UE		IN	\$28.34	Pneumatic caster tire each
E2215	NU		IN	\$10.08	Pneumatic caster tire tube
E2215	RR		IN	\$1.00	Pneumatic caster tire tube
E2215	UE		IN	\$7.54	Pneumatic caster tire tube
E2216	NU		IN	\$0.00	Foam filled propulsion tire
E2216	RR		IN	\$0.00	Foam filled propulsion tire
E2216	UE		IN	\$0.00	Foam filled propulsion tire
E2217	NU		IN	\$0.00	Foam filled caster tire each
E2217	RR		IN	\$0.00	Foam filled caster tire each
E2217	UE		IN	\$0.00	Foam filled caster tire each
E2218	NU		IN	\$0.00	Foam propulsion tire each
E2218	RR		IN	\$0.00	Foam propulsion tire each
E2218	UE		IN	\$0.00	Foam propulsion tire each
E2219	NU		IN	\$43.94	Foam caster tire any size ea
E2219	RR		IN	\$4.96	Foam caster tire any size ea
E2219	UE		IN	\$32.96	Foam caster tire any size ea
E2220	NU		IN	\$29.95	Solid propulsion tire each
E2220	RR		IN	\$2.89	Solid propulsion tire each
E2220	UE		IN	\$22.80	Solid propulsion tire each
E2221	NU		IN	\$26.83	Solid caster tire each
E2221	RR		IN	\$2.71	Solid caster tire each
E2221	UE		IN	\$20.14	Solid caster tire each
E2222	NU		IN	\$22.11	Solid caster integrated whl
E2222	RR		IN	\$2.19	Solid caster integrated whl
E2222	UE		IN	\$16.60	Solid caster integrated whl
E2224	NU		IN	\$102.96	Propulsion whl excludes tire

E2224	RR		IN	\$10.80	Propulsion whl excludes tire
E2224	UE		IN	\$77.23	Propulsion whl excludes tire
E2225	NU		IN	\$18.27	Caster wheel excludes tire
E2225	RR		IN	\$1.83	Caster wheel excludes tire
E2225	UE		IN	\$13.69	Caster wheel excludes tire
E2226	NU		IN	\$39.84	Caster fork replacement only
E2226	RR		IN	\$3.98	Caster fork replacement only
E2226	UE		IN	\$29.88	Caster fork replacement only
E2227	NU		IN	\$1,888.65	Gear reduction drive wheel
E2227	RR		IN	\$188.85	Gear reduction drive wheel
E2227	UE		IN	\$1,416.48	Gear reduction drive wheel
E2228	NU		IN	\$983.07	Mwc acc, wheelchair brake
E2228	RR		IN	\$98.30	Mwc acc, wheelchair brake
E2228	UE		IN	\$737.33	Mwc acc, wheelchair brake
E2231	NU		IN	\$161.36	Solid seat support base
E2231	RR		IN	\$16.14	Solid seat support base
E2231	UE		IN	\$121.01	Solid seat support base
E2310	NU		IN	\$1,059.07	Electro connect btw control
E2310	NU	KE	IN	\$1,228.75	Electro connect btw control
E2310	RR		IN	\$105.90	Electro connect btw control
E2310	RR	KE	IN	\$122.87	Electro connect btw control
E2310	UE		IN	\$794.30	Electro connect btw control
E2310	UE	KE	IN	\$921.56	Electro connect btw control
E2311	NU		IN	\$2,144.13	Electro connect btw 2 sys
E2311	NU	KE	IN	\$2,487.66	Electro connect btw 2 sys
E2311	RR		IN	\$214.42	Electro connect btw 2 sys
E2311	RR	KE	IN	\$248.78	Electro connect btw 2 sys
E2311	UE		IN	\$1,608.09	Electro connect btw 2 sys
E2311	UE	KE	IN	\$1,865.75	Electro connect btw 2 sys
E2312	NU		IN	\$2,036.14	Mini-prop remote joystick
E2312	NU	KC	IN	\$2,596.84	Mini-prop remote joystick
E2312	RR		IN	\$203.62	Mini-prop remote joystick
E2312	RR	KC	IN	\$259.69	Mini-prop remote joystick
E2312	UE		IN	\$1,527.08	Mini-prop remote joystick
E2312	UE	KC	IN	\$1,947.62	Mini-prop remote joystick
E2313	NU		IN	\$323.33	PWC harness, expand control
E2313	RR		IN	\$32.35	PWC harness, expand control
E2313	UE		IN	\$242.50	PWC harness, expand control
E2321	NU		IN	\$1,438.14	Hand interface joystick
E2321	NU	KC	IN	\$2,342.55	Hand interface joystick
E2321	NU	KE	IN	\$1,668.56	Hand interface joystick
E2321	RR		IN	\$143.82	Hand interface joystick
E2321	RR	KC	IN	\$234.26	Hand interface joystick
E2321	RR	KE	IN	\$166.87	Hand interface joystick
E2321	UE		IN	\$1,078.62	Hand interface joystick
E2321	UE	KC	IN	\$1,756.91	Hand interface joystick
E2321	UE	KE	IN	\$1,251.43	Hand interface joystick
E2322	NU		IN	\$1,276.38	Mult mech switches
E2322	NU	KC	IN	\$2,480.72	Mult mech switches
E2322	NU	KE	IN	\$1,480.88	Mult mech switches

E2322	RR		IN	\$127.63	Mult mech switches
E2322	RR	KC	IN	\$248.07	Mult mech switches
E2322	RR	KE	IN	\$148.08	Mult mech switches
E2322	UE		IN	\$957.29	Mult mech switches
E2322	UE	KC	IN	\$1,860.54	Mult mech switches
E2322	UE	KE	IN	\$1,110.67	Mult mech switches
E2323	NU		IN	\$62.59	Special joystick handle
E2323	NU	KE	IN	\$72.62	Special joystick handle
E2323	RR		IN	\$6.26	Special joystick handle
E2323	RR	KE	IN	\$7.27	Special joystick handle
E2323	UE		IN	\$46.94	Special joystick handle
E2323	UE	KE	IN	\$54.46	Special joystick handle
E2324	NU		IN	\$39.66	Chin cup interface
E2324	NU	KE	IN	\$46.01	Chin cup interface
E2324	RR		IN	\$3.95	Chin cup interface
E2324	RR	KE	IN	\$4.59	Chin cup interface
E2324	UE		IN	\$29.75	Chin cup interface
E2324	UE	KE	IN	\$34.51	Chin cup interface
E2325	NU		IN	\$1,218.88	Sip and puff interface
E2325	NU	KE	IN	\$1,414.17	Sip and puff interface
E2325	RR		IN	\$121.90	Sip and puff interface
E2325	RR	KE	IN	\$141.44	Sip and puff interface
E2325	UE		IN	\$914.17	Sip and puff interface
E2325	UE	KE	IN	\$1,060.64	Sip and puff interface
E2326	NU		IN	\$314.16	Breath tube kit
E2326	NU	KE	IN	\$364.50	Breath tube kit
E2326	RR		IN	\$31.43	Breath tube kit
E2326	RR	KE	IN	\$36.47	Breath tube kit
E2326	UE		IN	\$235.61	Breath tube kit
E2326	UE	KE	IN	\$273.36	Breath tube kit
E2327	NU		IN	\$2,364.20	Head control interface mech
E2327	NU	KC	IN	\$3,591.81	Head control interface mech
E2327	NU	KE	IN	\$2,743.00	Head control interface mech
E2327	RR		IN	\$236.42	Head control interface mech
E2327	RR	KC	IN	\$359.18	Head control interface mech
E2327	RR	KE	IN	\$274.30	Head control interface mech
E2327	UE		IN	\$1,773.15	Head control interface mech
E2327	UE	KC	IN	\$2,693.85	Head control interface mech
E2327	UE	KE	IN	\$2,057.24	Head control interface mech
E2328	NU		IN	\$4,484.56	Head/extremity control inter
E2328	NU	KE	IN	\$5,203.09	Head/extremity control inter
E2328	RR		IN	\$448.45	Head/extremity control inter
E2328	RR	KE	IN	\$520.30	Head/extremity control inter
E2328	UE		IN	\$3,363.43	Head/extremity control inter
E2328	UE	KE	IN	\$3,902.33	Head/extremity control inter
E2329	NU		IN	\$1,598.35	Head control nonproportional
E2329	NU	KE	IN	\$1,854.44	Head control nonproportional
E2329	RR		IN	\$159.83	Head control nonproportional
E2329	RR	KE	IN	\$185.44	Head control nonproportional
E2329	UE		IN	\$1,198.76	Head control nonproportional

E2329	UE	KE	IN	\$1,390.83	Head control nonproportional
E2330	NU		IN	\$3,096.99	Head control proximity switc
E2330	NU	KE	IN	\$3,593.19	Head control proximity switc
E2330	RR		IN	\$309.69	Head control proximity switc
E2330	RR	KE	IN	\$359.31	Head control proximity switc
E2330	UE		IN	\$2,322.75	Head control proximity switc
E2330	UE	KE	IN	\$2,694.91	Head control proximity switc
E2340	NU		IN	\$376.28	W/c wdth 20-23 in seat frame
E2340	RR		IN	\$37.64	W/c wdth 20-23 in seat frame
E2340	UE		IN	\$282.23	W/c wdth 20-23 in seat frame
E2341	NU		IN	\$564.46	W/c wdth 24-27 in seat frame
E2341	RR		IN	\$56.45	W/c wdth 24-27 in seat frame
E2341	UE		IN	\$423.35	W/c wdth 24-27 in seat frame
E2342	NU		IN	\$470.38	W/c dpth 20-21 in seat frame
E2342	RR		IN	\$47.04	W/c dpth 20-21 in seat frame
E2342	UE		IN	\$352.79	W/c dpth 20-21 in seat frame
E2343	NU		IN	\$752.62	W/c dpth 22-25 in seat frame
E2343	RR		IN	\$75.25	W/c dpth 22-25 in seat frame
E2343	UE		IN	\$564.46	W/c dpth 22-25 in seat frame
E2351	NU		IN	\$632.26	Electronic SGD interface
E2351	NU	KE	IN	\$733.56	Electronic SGD interface
E2351	RR		IN	\$63.24	Electronic SGD interface
E2351	RR	KE	IN	\$73.37	Electronic SGD interface
E2351	UE		IN	\$474.18	Electronic SGD interface
E2351	UE	KE	IN	\$550.16	Electronic SGD interface
E2360	NU		IN	\$117.96	22nf nonsealed leadacid
E2360	RR		IN	\$11.85	22nf nonsealed leadacid
E2360	UE		IN	\$88.47	22nf nonsealed leadacid
E2361	NU		IN	\$126.22	22nf sealed leadacid battery
E2361	NU	KE	IN	\$146.44	22nf sealed leadacid battery
E2361	RR		IN	\$12.62	22nf sealed leadacid battery
E2361	RR	KE	IN	\$14.65	22nf sealed leadacid battery
E2361	UE		IN	\$94.68	22nf sealed leadacid battery
E2361	UE	KE	IN	\$109.85	22nf sealed leadacid battery
E2362	NU		IN	\$96.58	Gr24 nonsealed leadacid
E2362	RR		IN	\$9.66	Gr24 nonsealed leadacid
E2362	UE		IN	\$72.43	Gr24 nonsealed leadacid
E2363	NU		IN	\$168.33	Gr24 sealed leadacid battery
E2363	NU	KE	IN	\$195.30	Gr24 sealed leadacid battery
E2363	RR		IN	\$16.84	Gr24 sealed leadacid battery
E2363	RR	KE	IN	\$19.54	Gr24 sealed leadacid battery
E2363	UE		IN	\$126.25	Gr24 sealed leadacid battery
E2363	UE	KE	IN	\$146.48	Gr24 sealed leadacid battery
E2364	NU		IN	\$117.96	U1nonsealed leadacid battery
E2364	RR		IN	\$11.85	U1nonsealed leadacid battery
E2364	UE		IN	\$88.47	U1nonsealed leadacid battery
E2365	NU		IN	\$101.51	U1 sealed leadacid battery
E2365	NU	KE	IN	\$117.78	U1 sealed leadacid battery
E2365	RR		IN	\$10.15	U1 sealed leadacid battery
E2365	RR	KE	IN	\$11.78	U1 sealed leadacid battery

E2365	UE		IN	\$76.16	U1 sealed leadacid battery
E2365	UE	KE	IN	\$88.36	U1 sealed leadacid battery
E2366	NU		IN	\$238.58	Battery charger, single mode
E2366	NU	KE	IN	\$276.80	Battery charger, single mode
E2366	RR		IN	\$23.92	Battery charger, single mode
E2366	RR	KE	IN	\$27.75	Battery charger, single mode
E2366	UE		IN	\$178.94	Battery charger, single mode
E2366	UE	KE	IN	\$207.61	Battery charger, single mode
E2367	NU		IN	\$379.27	Battery charger, dual mode
E2367	NU	KE	IN	\$440.03	Battery charger, dual mode
E2367	RR		IN	\$37.93	Battery charger, dual mode
E2367	RR	KE	IN	\$44.01	Battery charger, dual mode
E2367	UE		IN	\$284.45	Battery charger, dual mode
E2367	UE	KE	IN	\$330.03	Battery charger, dual mode
E2368	NU		IN	\$467.50	Power wc motor replacement
E2368	NU	KE	IN	\$542.40	Power wc motor replacement
E2368	RR		IN	\$46.76	Power wc motor replacement
E2368	RR	KE	IN	\$54.25	Power wc motor replacement
E2368	UE		IN	\$350.63	Power wc motor replacement
E2368	UE	KE	IN	\$406.81	Power wc motor replacement
E2369	NU		IN	\$407.20	Pwr wc gear box replacement
E2369	NU	KE	IN	\$472.44	Pwr wc gear box replacement
E2369	RR		IN	\$40.73	Pwr wc gear box replacement
E2369	RR	KE	IN	\$47.25	Pwr wc gear box replacement
E2369	UE		IN	\$305.39	Pwr wc gear box replacement
E2369	UE	KE	IN	\$354.32	Pwr wc gear box replacement
E2370	NU		IN	\$726.57	Pwr wc motor/gear box combo
E2370	NU	KE	IN	\$842.98	Pwr wc motor/gear box combo
E2370	RR		IN	\$72.66	Pwr wc motor/gear box combo
E2370	RR	KE	IN	\$84.30	Pwr wc motor/gear box combo
E2370	UE		IN	\$544.92	Pwr wc motor/gear box combo
E2370	UE	KE	IN	\$632.23	Pwr wc motor/gear box combo
E2371	NU		IN	\$136.42	Gr27 sealed leadacid battery
E2371	NU	KE	IN	\$158.28	Gr27 sealed leadacid battery
E2371	RR		IN	\$13.65	Gr27 sealed leadacid battery
E2371	RR	KE	IN	\$15.83	Gr27 sealed leadacid battery
E2371	UE		IN	\$102.32	Gr27 sealed leadacid battery
E2371	UE	KE	IN	\$118.71	Gr27 sealed leadacid battery
E2372	NU		IN	\$0.00	Gr27 non-sealed leadacid
E2372	RR		IN	\$0.00	Gr27 non-sealed leadacid
E2372	UE		IN	\$0.00	Gr27 non-sealed leadacid
E2373	NU		IN	\$709.72	Hand/chin ctrl spec joystick
E2373	NU	KC	IN	\$1,094.99	Hand/chin ctrl spec joystick
E2373	NU	KE	IN	\$709.72	Hand/chin ctrl spec joystick
E2373	RR		IN	\$70.99	Hand/chin ctrl spec joystick
E2373	RR	KC	IN	\$109.51	Hand/chin ctrl spec joystick
E2373	RR	KE	IN	\$70.99	Hand/chin ctrl spec joystick
E2373	UE		IN	\$532.31	Hand/chin ctrl spec joystick
E2373	UE	KC	IN	\$821.26	Hand/chin ctrl spec joystick
E2373	UE	KE	IN	\$532.31	Hand/chin ctrl spec joystick

E2374	NU		IN	\$483.29	Hand/chin ctrl std joystick
E2374	NU	KE	IN	\$560.72	Hand/chin ctrl std joystick
E2374	RR		IN	\$48.33	Hand/chin ctrl std joystick
E2374	RR	KE	IN	\$56.07	Hand/chin ctrl std joystick
E2374	UE		IN	\$362.48	Hand/chin ctrl std joystick
E2374	UE	KE	IN	\$420.56	Hand/chin ctrl std joystick
E2375	NU		IN	\$775.19	Non-expandable controller
E2375	NU	KE	IN	\$899.39	Non-expandable controller
E2375	RR		IN	\$77.51	Non-expandable controller
E2375	RR	KE	IN	\$89.93	Non-expandable controller
E2375	UE		IN	\$581.37	Non-expandable controller
E2375	UE	KE	IN	\$674.52	Non-expandable controller
E2376	NU		IN	\$1,214.75	Expandable controller, repl
E2376	NU	KE	IN	\$1,409.38	Expandable controller, repl
E2376	RR		IN	\$121.48	Expandable controller, repl
E2376	RR	KE	IN	\$140.94	Expandable controller, repl
E2376	UE		IN	\$911.08	Expandable controller, repl
E2376	UE	KE	IN	\$1,057.06	Expandable controller, repl
E2377	NU		IN	\$439.57	Expandable controller, initl
E2377	NU	KE	IN	\$510.00	Expandable controller, initl
E2377	RR		IN	\$43.95	Expandable controller, initl
E2377	RR	KE	IN	\$50.99	Expandable controller, initl
E2377	UE		IN	\$329.69	Expandable controller, initl
E2377	UE	KE	IN	\$382.52	Expandable controller, initl
E2381	NU		IN	\$68.94	Pneum drive wheel tire
E2381	NU	KE	IN	\$79.99	Pneum drive wheel tire
E2381	RR		IN	\$6.91	Pneum drive wheel tire
E2381	RR	KE	IN	\$8.01	Pneum drive wheel tire
E2381	UE		IN	\$51.71	Pneum drive wheel tire
E2381	UE	KE	IN	\$60.00	Pneum drive wheel tire
E2382	NU		IN	\$18.80	Tube, pneum wheel drive tire
E2382	NU	KE	IN	\$21.81	Tube, pneum wheel drive tire
E2382	RR		IN	\$1.87	Tube, pneum wheel drive tire
E2382	RR	KE	IN	\$2.17	Tube, pneum wheel drive tire
E2382	UE		IN	\$14.09	Tube, pneum wheel drive tire
E2382	UE	KE	IN	\$16.35	Tube, pneum wheel drive tire
E2383	NU		IN	\$137.45	Insert, pneum wheel drive
E2383	NU	KE	IN	\$159.47	Insert, pneum wheel drive
E2383	RR		IN	\$13.75	Insert, pneum wheel drive
E2383	RR	KE	IN	\$15.95	Insert, pneum wheel drive
E2383	UE		IN	\$103.09	Insert, pneum wheel drive
E2383	UE	KE	IN	\$119.61	Insert, pneum wheel drive
E2384	NU		IN	\$73.22	Pneumatic caster tire
E2384	NU	KE	IN	\$84.96	Pneumatic caster tire
E2384	RR		IN	\$7.34	Pneumatic caster tire
E2384	RR	KE	IN	\$8.52	Pneumatic caster tire
E2384	UE		IN	\$54.92	Pneumatic caster tire
E2384	UE	KE	IN	\$63.71	Pneumatic caster tire
E2385	NU		IN	\$44.80	Tube, pneumatic caster tire
E2385	NU	KE	IN	\$51.98	Tube, pneumatic caster tire

E2385	RR		IN	\$4.49	Tube, pneumatic caster tire
E2385	RR	KE	IN	\$5.21	Tube, pneumatic caster tire
E2385	UE		IN	\$33.58	Tube, pneumatic caster tire
E2385	UE	KE	IN	\$38.97	Tube, pneumatic caster tire
E2386	NU		IN	\$136.21	Foam filled drive wheel tire
E2386	NU	KE	IN	\$158.04	Foam filled drive wheel tire
E2386	RR		IN	\$13.62	Foam filled drive wheel tire
E2386	RR	KE	IN	\$15.80	Foam filled drive wheel tire
E2386	UE		IN	\$102.15	Foam filled drive wheel tire
E2386	UE	KE	IN	\$118.51	Foam filled drive wheel tire
E2387	NU		IN	\$61.08	Foam filled caster tire
E2387	NU	KE	IN	\$70.86	Foam filled caster tire
E2387	RR		IN	\$6.11	Foam filled caster tire
E2387	RR	KE	IN	\$7.09	Foam filled caster tire
E2387	UE		IN	\$45.84	Foam filled caster tire
E2387	UE	KE	IN	\$53.18	Foam filled caster tire
E2388	NU		IN	\$45.60	Foam drive wheel tire
E2388	NU	KE	IN	\$52.91	Foam drive wheel tire
E2388	RR		IN	\$4.56	Foam drive wheel tire
E2388	RR	KE	IN	\$5.29	Foam drive wheel tire
E2388	UE		IN	\$34.21	Foam drive wheel tire
E2388	UE	KE	IN	\$39.69	Foam drive wheel tire
E2389	NU		IN	\$24.76	Foam caster tire
E2389	NU	KE	IN	\$28.73	Foam caster tire
E2389	RR		IN	\$2.48	Foam caster tire
E2389	RR	KE	IN	\$2.88	Foam caster tire
E2389	UE		IN	\$18.56	Foam caster tire
E2389	UE	KE	IN	\$21.54	Foam caster tire
E2390	NU		IN	\$38.72	Solid drive wheel tire
E2390	NU	KE	IN	\$44.93	Solid drive wheel tire
E2390	RR		IN	\$3.87	Solid drive wheel tire
E2390	RR	KE	IN	\$4.49	Solid drive wheel tire
E2390	UE		IN	\$29.02	Solid drive wheel tire
E2390	UE	KE	IN	\$33.67	Solid drive wheel tire
E2391	NU		IN	\$18.55	Solid caster tire
E2391	NU	KE	IN	\$21.53	Solid caster tire
E2391	RR		IN	\$1.86	Solid caster tire
E2391	RR	KE	IN	\$2.15	Solid caster tire
E2391	UE		IN	\$13.92	Solid caster tire
E2391	UE	KE	IN	\$16.15	Solid caster tire
E2392	NU		IN	\$48.76	Solid caster tire, integrate
E2392	NU	KE	IN	\$56.57	Solid caster tire, integrate
E2392	RR		IN	\$4.89	Solid caster tire, integrate
E2392	RR	KE	IN	\$5.67	Solid caster tire, integrate
E2392	UE		IN	\$36.57	Solid caster tire, integrate
E2392	UE	KE	IN	\$42.43	Solid caster tire, integrate
E2394	NU		IN	\$69.46	Drive wheel excludes tire
E2394	NU	KE	IN	\$80.59	Drive wheel excludes tire
E2394	RR		IN	\$6.96	Drive wheel excludes tire
E2394	RR	KE	IN	\$8.07	Drive wheel excludes tire

E2394	UE		IN	\$52.10	Drive wheel excludes tire
E2394	UE	KE	IN	\$60.45	Drive wheel excludes tire
E2395	NU		IN	\$49.37	Caster wheel excludes tire
E2395	NU	KE	IN	\$57.28	Caster wheel excludes tire
E2395	RR		IN	\$4.94	Caster wheel excludes tire
E2395	RR	KE	IN	\$5.73	Caster wheel excludes tire
E2395	UE		IN	\$37.04	Caster wheel excludes tire
E2395	UE	KE	IN	\$42.98	Caster wheel excludes tire
E2396	NU		IN	\$60.19	Caster fork
E2396	NU	KE	IN	\$69.84	Caster fork
E2396	RR		IN	\$6.45	Caster fork
E2396	RR	KE	IN	\$7.49	Caster fork
E2396	UE		IN	\$45.15	Caster fork
E2396	UE	KE	IN	\$52.38	Caster fork
E2397	NU		IN	\$434.84	Pwc acc, lith-based battery
E2397	RR		IN	\$43.48	Pwc acc, lith-based battery
E2397	UE		IN	\$326.12	Pwc acc, lith-based battery
E2402	RR		CR	\$1,553.40	Neg press wound therapy pump
E2500	NU		IN	\$410.61	SGD digitized pre-rec <=8min
E2500	RR		IN	\$41.07	SGD digitized pre-rec <=8min
E2500	UE		IN	\$307.95	SGD digitized pre-rec <=8min
E2502	NU		IN	\$1,255.59	SGD prerec msg >8min <=20min
E2502	RR		IN	\$125.57	SGD prerec msg >8min <=20min
E2502	UE		IN	\$941.70	SGD prerec msg >8min <=20min
E2504	NU		IN	\$1,656.29	SGD prerec msg>20min <=40min
E2504	RR		IN	\$165.65	SGD prerec msg>20min <=40min
E2504	UE		IN	\$1,242.20	SGD prerec msg>20min <=40min
E2506	NU		IN	\$2,428.61	SGD prerec msg > 40 min
E2506	RR		IN	\$242.85	SGD prerec msg > 40 min
E2506	UE		IN	\$1,821.42	SGD prerec msg > 40 min
E2508	NU		IN	\$3,755.44	SGD spelling phys contact
E2508	RR		IN	\$375.55	SGD spelling phys contact
E2508	UE		IN	\$2,816.59	SGD spelling phys contact
E2510	NU		IN	\$7,106.66	SGD w multi methods msg/accs
E2510	RR		IN	\$710.66	SGD w multi methods msg/accs
E2510	UE		IN	\$5,329.99	SGD w multi methods msg/accs
E2511	NU		IN	\$0.00	SGD sftwre prgrm for PC/PDA
E2511	RR		IN	\$0.00	SGD sftwre prgrm for PC/PDA
E2511	UE		IN	\$0.00	SGD sftwre prgrm for PC/PDA
E2512	NU		IN	\$0.00	SGD accessory, mounting sys
E2512	RR		IN	\$0.00	SGD accessory, mounting sys
E2512	UE		IN	\$0.00	SGD accessory, mounting sys
E2601	NU		IN	\$55.35	Gen w/c cushion wdth < 22 in
E2601	NU	KE	IN	\$64.22	Gen w/c cushion wdth < 22 in
E2601	RR		IN	\$5.55	Gen w/c cushion wdth < 22 in
E2601	RR	KE	IN	\$6.44	Gen w/c cushion wdth < 22 in
E2601	UE		IN	\$41.51	Gen w/c cushion wdth < 22 in
E2601	UE	KE	IN	\$48.16	Gen w/c cushion wdth < 22 in

E2602	NU		IN	\$108.06	Gen w/c cushion wdth >=22 in
E2602	NU	KE	IN	\$125.37	Gen w/c cushion wdth >=22 in
E2602	RR		IN	\$10.81	Gen w/c cushion wdth >=22 in
E2602	RR	KE	IN	\$12.54	Gen w/c cushion wdth >=22 in
E2602	UE		IN	\$81.04	Gen w/c cushion wdth >=22 in
E2602	UE	KE	IN	\$94.03	Gen w/c cushion wdth >=22 in
E2603	NU		IN	\$137.19	Skin protect wc cus wd <22in
E2603	NU	KE	IN	\$159.17	Skin protect wc cus wd <22in
E2603	RR		IN	\$13.73	Skin protect wc cus wd <22in
E2603	RR	KE	IN	\$15.93	Skin protect wc cus wd <22in
E2603	UE		IN	\$102.89	Skin protect wc cus wd <22in
E2603	UE	KE	IN	\$119.37	Skin protect wc cus wd <22in
E2604	NU		IN	\$170.51	Skin protect wc cus wd>=22in
E2604	NU	KE	IN	\$197.83	Skin protect wc cus wd>=22in
E2604	RR		IN	\$17.04	Skin protect wc cus wd>=22in
E2604	RR	KE	IN	\$19.77	Skin protect wc cus wd>=22in
E2604	UE		IN	\$127.90	Skin protect wc cus wd>=22in
E2604	UE	KE	IN	\$148.40	Skin protect wc cus wd>=22in
E2605	NU		IN	\$243.60	Position wc cush wdth <22 in
E2605	NU	KE	IN	\$282.63	Position wc cush wdth <22 in
E2605	RR		IN	\$24.37	Position wc cush wdth <22 in
E2605	RR	KE	IN	\$28.28	Position wc cush wdth <22 in
E2605	UE		IN	\$182.73	Position wc cush wdth <22 in
E2605	UE	KE	IN	\$212.01	Position wc cush wdth <22 in
E2606	NU		IN	\$380.04	Position wc cush wdth>=22 in
E2606	NU	KE	IN	\$440.93	Position wc cush wdth>=22 in
E2606	RR		IN	\$38.02	Position wc cush wdth>=22 in
E2606	RR	KE	IN	\$44.11	Position wc cush wdth>=22 in
E2606	UE		IN	\$285.02	Position wc cush wdth>=22 in
E2606	UE	KE	IN	\$330.69	Position wc cush wdth>=22 in
E2607	NU		IN	\$262.31	Skin pro/pos wc cus wd <22in
E2607	NU	KE	IN	\$304.34	Skin pro/pos wc cus wd <22in
E2607	RR		IN	\$26.24	Skin pro/pos wc cus wd <22in
E2607	RR	KE	IN	\$30.44	Skin pro/pos wc cus wd <22in
E2607	UE		IN	\$196.74	Skin pro/pos wc cus wd <22in
E2607	UE	KE	IN	\$228.26	Skin pro/pos wc cus wd <22in
E2608	NU		IN	\$315.02	Skin pro/pos wc cus wd>=22in
E2608	NU	KE	IN	\$365.49	Skin pro/pos wc cus wd>=22in
E2608	RR		IN	\$31.49	Skin pro/pos wc cus wd>=22in
E2608	RR	KE	IN	\$36.54	Skin pro/pos wc cus wd>=22in
E2608	UE		IN	\$236.27	Skin pro/pos wc cus wd>=22in
E2608	UE	KE	IN	\$274.12	Skin pro/pos wc cus wd>=22in
E2611	NU		IN	\$282.68	Gen use back cush wdth <22in
E2611	NU	KE	IN	\$327.97	Gen use back cush wdth <22in
E2611	RR		IN	\$28.26	Gen use back cush wdth <22in
E2611	RR	KE	IN	\$32.79	Gen use back cush wdth <22in
E2611	UE		IN	\$212.03	Gen use back cush wdth <22in
E2611	UE	KE	IN	\$246.00	Gen use back cush wdth <22in
E2612	NU		IN	\$382.40	Gen use back cush wdth>=22in
E2612	NU	KE	IN	\$443.67	Gen use back cush wdth>=22in

E2612	RR		IN	\$38.24	Gen use back cush wdth>=22in
E2612	RR	KE	IN	\$44.36	Gen use back cush wdth>=22in
E2612	UE		IN	\$286.79	Gen use back cush wdth>=22in
E2612	UE	KE	IN	\$332.73	Gen use back cush wdth>=22in
E2613	NU		IN	\$355.70	Position back cush wd <22in
E2613	NU	KE	IN	\$412.69	Position back cush wd <22in
E2613	RR		IN	\$35.58	Position back cush wd <22in
E2613	RR	KE	IN	\$41.28	Position back cush wd <22in
E2613	UE		IN	\$266.78	Position back cush wd <22in
E2613	UE	KE	IN	\$309.52	Position back cush wd <22in
E2614	NU		IN	\$492.26	Position back cush wd>=22in
E2614	NU	KE	IN	\$571.13	Position back cush wd>=22in
E2614	RR		IN	\$49.23	Position back cush wd>=22in
E2614	RR	KE	IN	\$57.12	Position back cush wd>=22in
E2614	UE		IN	\$369.21	Position back cush wd>=22in
E2614	UE	KE	IN	\$428.37	Position back cush wd>=22in
E2615	NU		IN	\$409.35	Pos back post/lat wdth <22in
E2615	NU	KE	IN	\$474.94	Pos back post/lat wdth <22in
E2615	RR		IN	\$40.94	Pos back post/lat wdth <22in
E2615	RR	KE	IN	\$47.50	Pos back post/lat wdth <22in
E2615	UE		IN	\$307.00	Pos back post/lat wdth <22in
E2615	UE	KE	IN	\$356.19	Pos back post/lat wdth <22in
E2616	NU		IN	\$550.76	Pos back post/lat wdth>=22in
E2616	NU	KE	IN	\$639.01	Pos back post/lat wdth>=22in
E2616	RR		IN	\$55.08	Pos back post/lat wdth>=22in
E2616	RR	KE	IN	\$63.90	Pos back post/lat wdth>=22in
E2616	UE		IN	\$413.09	Pos back post/lat wdth>=22in
E2616	UE	KE	IN	\$479.27	Pos back post/lat wdth>=22in
E2619	NU		IN	\$46.44	Replace cover w/c seat cush
E2619	NU	KE	IN	\$53.89	Replace cover w/c seat cush
E2619	RR		IN	\$4.64	Replace cover w/c seat cush
E2619	RR	KE	IN	\$5.39	Replace cover w/c seat cush
E2619	UE		IN	\$34.85	Replace cover w/c seat cush
E2619	UE	KE	IN	\$40.44	Replace cover w/c seat cush
E2620	NU		IN	\$495.67	WC planar back cush wd <22in
E2620	NU	KE	IN	\$575.09	WC planar back cush wd <22in
E2620	RR		IN	\$49.57	WC planar back cush wd <22in
E2620	RR	KE	IN	\$57.51	WC planar back cush wd <22in
E2620	UE		IN	\$371.76	WC planar back cush wd <22in
E2620	UE	KE	IN	\$431.33	WC planar back cush wd <22in
E2621	NU		IN	\$520.16	WC planar back cush wd>=22in
E2621	NU	KE	IN	\$603.50	WC planar back cush wd>=22in
E2621	RR		IN	\$52.01	WC planar back cush wd>=22in
E2621	RR	KE	IN	\$60.34	WC planar back cush wd>=22in
E2621	UE		IN	\$390.13	WC planar back cush wd>=22in
E2621	UE	KE	IN	\$452.63	WC planar back cush wd>=22in
K0001	RR		CR	\$55.10	Standard wheelchair
K0002	RR		CR	\$85.92	Stnd hemi (low seat) whlchr
K0003	RR		CR	\$94.07	Lightweight wheelchair
K0004	RR		CR	\$119.83	High strength ltwt whlchr

K0005	NU		IN	\$1,941.20	Ultralightweight wheelchair
K0005	RR		IN	\$194.10	Ultralightweight wheelchair
K0005	UE		IN	\$1,455.88	Ultralightweight wheelchair
K0006	RR		CR	\$128.51	Heavy duty wheelchair
K0007	RR		CR	\$178.30	Extra heavy duty wheelchair
K0010	RR		CR	\$380.20	Stnd wt frame power whlchr
K0011	RR		CR	\$521.87	Stnd wt pwr whlchr w control
K0011	RR	KF	CR	\$579.42	Stnd wt pwr whlchr w control
K0012	RR		CR	\$320.12	Ltwt portbl power whlchr
K0015	NU		IN	\$164.44	Detach non-adjus hght armrst
K0015	NU	KE	IN	\$190.79	Detach non-adjus hght armrst
K0015	RR		IN	\$16.45	Detach non-adjus hght armrst
K0015	RR	KE	IN	\$19.09	Detach non-adjus hght armrst
K0015	UE		IN	\$123.32	Detach non-adjus hght armrst
K0015	UE	KE	IN	\$143.08	Detach non-adjus hght armrst
K0017	NU		IN	\$46.25	Detach adjust armrest base
K0017	NU	KE	IN	\$53.67	Detach adjust armrest base
K0017	RR		IN	\$4.62	Detach adjust armrest base
K0017	RR	KE	IN	\$5.37	Detach adjust armrest base
K0017	UE		IN	\$34.69	Detach adjust armrest base
K0017	UE	KE	IN	\$40.25	Detach adjust armrest base
K0018	NU		IN	\$25.84	Detach adjust armrst upper
K0018	NU	KE	IN	\$29.98	Detach adjust armrst upper
K0018	RR		IN	\$2.57	Detach adjust armrst upper
K0018	RR	KE	IN	\$2.98	Detach adjust armrst upper
K0018	UE		IN	\$19.39	Detach adjust armrst upper
K0018	UE	KE	IN	\$22.50	Detach adjust armrst upper
K0019	NU		IN	\$14.80	Arm pad each
K0019	NU	KE	IN	\$17.17	Arm pad each
K0019	RR		IN	\$1.48	Arm pad each
K0019	RR	KE	IN	\$1.72	Arm pad each
K0019	UE		IN	\$11.09	Arm pad each
K0019	UE	KE	IN	\$12.86	Arm pad each
K0020	NU		IN	\$42.05	Fixed adjust armrest pair
K0020	NU	KE	IN	\$48.78	Fixed adjust armrest pair
K0020	RR		IN	\$4.21	Fixed adjust armrest pair
K0020	RR	KE	IN	\$4.88	Fixed adjust armrest pair
K0020	UE		IN	\$31.52	Fixed adjust armrest pair
K0020	UE	KE	IN	\$36.57	Fixed adjust armrest pair
K0037	NU		IN	\$43.58	High mount flip-up footrest
K0037	NU	KE	IN	\$50.57	High mount flip-up footrest
K0037	RR		IN	\$3.89	High mount flip-up footrest
K0037	RR	KE	IN	\$4.52	High mount flip-up footrest
K0037	UE		IN	\$32.70	High mount flip-up footrest
K0037	UE	KE	IN	\$37.94	High mount flip-up footrest
K0038	NU		IN	\$21.96	Leg strap each
K0038	NU	KE	IN	\$25.47	Leg strap each
K0038	RR		IN	\$2.20	Leg strap each
K0038	RR	KE	IN	\$2.55	Leg strap each
K0038	UE		IN	\$16.47	Leg strap each

K0038	UE	KE	IN	\$19.11	Leg strap each
K0039	NU		IN	\$48.76	Leg strap h style each
K0039	NU	KE	IN	\$56.57	Leg strap h style each
K0039	RR		IN	\$4.89	Leg strap h style each
K0039	RR	KE	IN	\$5.67	Leg strap h style each
K0039	UE		IN	\$36.57	Leg strap h style each
K0039	UE	KE	IN	\$42.43	Leg strap h style each
K0040	NU		IN	\$67.58	Adjustable angle footplate
K0040	NU	KE	IN	\$78.40	Adjustable angle footplate
K0040	RR		IN	\$6.74	Adjustable angle footplate
K0040	RR	KE	IN	\$7.82	Adjustable angle footplate
K0040	UE		IN	\$50.67	Adjustable angle footplate
K0040	UE	KE	IN	\$58.79	Adjustable angle footplate
K0041	NU		IN	\$47.89	Large size footplate each
K0041	NU	KE	IN	\$55.57	Large size footplate each
K0041	RR		IN	\$4.81	Large size footplate each
K0041	RR	KE	IN	\$5.58	Large size footplate each
K0041	UE		IN	\$35.92	Large size footplate each
K0041	UE	KE	IN	\$41.67	Large size footplate each
K0042	NU		IN	\$32.97	Standard size footplate each
K0042	NU	KE	IN	\$38.25	Standard size footplate each
K0042	RR		IN	\$3.29	Standard size footplate each
K0042	RR	KE	IN	\$3.81	Standard size footplate each
K0042	UE		IN	\$24.72	Standard size footplate each
K0042	UE	KE	IN	\$28.69	Standard size footplate each
K0043	NU		IN	\$17.67	Ftrst lower extension tube
K0043	NU	KE	IN	\$20.51	Ftrst lower extension tube
K0043	RR		IN	\$1.76	Ftrst lower extension tube
K0043	RR	KE	IN	\$2.05	Ftrst lower extension tube
K0043	UE		IN	\$13.27	Ftrst lower extension tube
K0043	UE	KE	IN	\$15.39	Ftrst lower extension tube
K0044	NU		IN	\$15.06	Ftrst upper hanger bracket
K0044	NU	KE	IN	\$17.47	Ftrst upper hanger bracket
K0044	RR		IN	\$1.51	Ftrst upper hanger bracket
K0044	RR	KE	IN	\$1.75	Ftrst upper hanger bracket
K0044	UE		IN	\$11.29	Ftrst upper hanger bracket
K0044	UE	KE	IN	\$13.10	Ftrst upper hanger bracket
K0045	NU		IN	\$51.24	Footrest complete assembly
K0045	NU	KE	IN	\$59.45	Footrest complete assembly
K0045	RR		IN	\$5.13	Footrest complete assembly
K0045	RR	KE	IN	\$5.95	Footrest complete assembly
K0045	UE		IN	\$38.44	Footrest complete assembly
K0045	UE	KE	IN	\$44.59	Footrest complete assembly
K0046	NU		IN	\$17.67	Elevat legrst low extension
K0046	NU	KE	IN	\$20.51	Elevat legrst low extension
K0046	RR		IN	\$1.76	Elevat legrst low extension
K0046	RR	KE	IN	\$2.05	Elevat legrst low extension
K0046	UE		IN	\$13.27	Elevat legrst low extension
K0046	UE	KE	IN	\$15.39	Elevat legrst low extension
K0047	NU		IN	\$69.21	Elevat legrst up hangr brack

K0047	NU	KE	IN	\$80.30	Elevat legrst up hangr brack
K0047	RR		IN	\$6.94	Elevat legrst up hangr brack
K0047	RR	KE	IN	\$8.05	Elevat legrst up hangr brack
K0047	UE		IN	\$51.89	Elevat legrst up hangr brack
K0047	UE	KE	IN	\$60.21	Elevat legrst up hangr brack
K0050	NU		IN	\$29.41	Ratchet assembly
K0050	NU	KE	IN	\$34.13	Ratchet assembly
K0050	RR		IN	\$2.93	Ratchet assembly
K0050	RR	KE	IN	\$3.40	Ratchet assembly
K0050	UE		IN	\$22.07	Ratchet assembly
K0050	UE	KE	IN	\$25.61	Ratchet assembly
K0051	NU		IN	\$47.61	Cam relese assem ftrst/lgrst
K0051	NU	KE	IN	\$55.24	Cam relese assem ftrst/lgrst
K0051	RR		IN	\$4.79	Cam relese assem ftrst/lgrst
K0051	RR	KE	IN	\$5.55	Cam relese assem ftrst/lgrst
K0051	UE		IN	\$35.69	Cam relese assem ftrst/lgrst
K0051	UE	KE	IN	\$41.41	Cam relese assem ftrst/lgrst
K0052	NU		IN	\$83.66	Swingaway detach footrest
K0052	NU	KE	IN	\$97.06	Swingaway detach footrest
K0052	RR		IN	\$8.36	Swingaway detach footrest
K0052	RR	KE	IN	\$9.70	Swingaway detach footrest
K0052	UE		IN	\$62.73	Swingaway detach footrest
K0052	UE	KE	IN	\$72.79	Swingaway detach footrest
K0053	NU		IN	\$92.32	Elevate footrest articulate
K0053	NU	KE	IN	\$107.11	Elevate footrest articulate
K0053	RR		IN	\$9.22	Elevate footrest articulate
K0053	RR	KE	IN	\$10.70	Elevate footrest articulate
K0053	UE		IN	\$69.24	Elevate footrest articulate
K0053	UE	KE	IN	\$80.34	Elevate footrest articulate
K0056	NU		IN	\$99.86	Seat ht <17 or >=21 ltwt wc
K0056	RR		IN	\$9.99	Seat ht <17 or >=21 ltwt wc
K0056	UE		IN	\$74.91	Seat ht <17 or >=21 ltwt wc
K0065	NU		IN	\$46.68	Spoke protectors
K0065	RR		IN	\$4.67	Spoke protectors
K0065	UE		IN	\$35.01	Spoke protectors
K0069	NU		IN	\$104.92	Rear whl complete solid tire
K0069	RR		IN	\$10.49	Rear whl complete solid tire
K0069	UE		IN	\$78.69	Rear whl complete solid tire
K0070	NU		IN	\$192.32	Rear whl compl pneum tire
K0070	RR		IN	\$19.25	Rear whl compl pneum tire
K0070	UE		IN	\$144.24	Rear whl compl pneum tire
K0071	NU		IN	\$114.71	Front castr compl pneum tire
K0071	RR		IN	\$11.48	Front castr compl pneum tire
K0071	UE		IN	\$86.02	Front castr compl pneum tire
K0072	NU		IN	\$69.05	Frnt cstr cmpl sem-pneum tir
K0072	RR		IN	\$6.90	Frnt cstr cmpl sem-pneum tir
K0072	UE		IN	\$51.79	Frnt cstr cmpl sem-pneum tir
K0073	NU		IN	\$36.54	Caster pin lock each
K0073	RR		IN	\$3.65	Caster pin lock each
K0073	UE		IN	\$27.41	Caster pin lock each

K0077	NU		IN	\$61.79	Front caster assem complete
K0077	RR		IN	\$6.17	Front caster assem complete
K0077	UE		IN	\$46.34	Front caster assem complete
K0098	NU		IN	\$24.63	Drive belt power wheelchair
K0098	NU	KE	IN	\$28.57	Drive belt power wheelchair
K0098	RR		IN	\$2.46	Drive belt power wheelchair
K0098	RR	KE	IN	\$2.86	Drive belt power wheelchair
K0098	UE		IN	\$18.45	Drive belt power wheelchair
K0098	UE	KE	IN	\$21.41	Drive belt power wheelchair
K0105	NU		IN	\$104.40	Iv hanger
K0105	RR		IN	\$10.43	Iv hanger
K0105	UE		IN	\$78.30	Iv hanger
K0195	RR		CR	\$16.21	Elevating whlchair leg rests
K0195	RR	KE	CR	\$18.80	Elevating whlchair leg rests
K0455	RR		FS	\$236.39	Pump uninterrupted infusion
K0552			SU	\$2.78	Supply/ext inf pump syr type
K0601	NU		IN	\$1.16	Repl batt silver oxide 1.5 v
K0602	NU		IN	\$6.68	Repl batt silver oxide 3 v
K0603	NU		IN	\$0.60	Repl batt alkaline 1.5 v
K0604	NU		IN	\$6.39	Repl batt lithium 3.6 v
K0605	NU		IN	\$15.33	Repl batt lithium 4.5 v
K0606	RR	KF	CR	\$2,644.18	AED garment w elec analysis
K0607	NU		IN	\$203.94	Repl batt for AED
K0607	NU	KF	IN	\$226.42	Repl batt for AED
K0607	RR		IN	\$20.40	Repl batt for AED
K0607	RR	KF	IN	\$22.65	Repl batt for AED
K0607	UE		IN	\$152.95	Repl batt for AED
K0607	UE	KF	IN	\$169.82	Repl batt for AED
K0608	NU		IN	\$127.27	Repl garment for AED
K0608	NU	KF	IN	\$141.31	Repl garment for AED
K0608	RR		IN	\$12.75	Repl garment for AED
K0608	RR	KF	IN	\$14.14	Repl garment for AED
K0608	UE		IN	\$95.46	Repl garment for AED
K0608	UE	KF	IN	\$105.98	Repl garment for AED
K0609			SU	\$846.39	Repl electrode for AED
K0609	KF		SU	\$939.71	Repl electrode for AED
K0672			PO	\$74.92	Removable soft interface LE
K0730	NU		IN	\$1,810.22	Ctrl dose inh drug deliv sys
K0730	RR		IN	\$181.02	Ctrl dose inh drug deliv sys
K0730	UE		IN	\$1,357.66	Ctrl dose inh drug deliv sys
K0733	NU		IN	\$27.34	12-24hr sealed lead acid
K0733	NU	KE	IN	\$31.72	12-24hr sealed lead acid
K0733	RR		IN	\$2.75	12-24hr sealed lead acid
K0733	RR	KE	IN	\$3.19	12-24hr sealed lead acid
K0733	UE		IN	\$20.52	12-24hr sealed lead acid
K0733	UE	KE	IN	\$23.80	12-24hr sealed lead acid
K0734	NU		IN	\$299.98	Adj skin pro w/c cus wd<22in
K0734	NU	KE	IN	\$348.04	Adj skin pro w/c cus wd<22in
K0734	RR		IN	\$30.00	Adj skin pro w/c cus wd<22in
K0734	RR	KE	IN	\$34.81	Adj skin pro w/c cus wd<22in

K0734	UE		IN	\$224.98	Adj skin pro w/c cus wd<22in
K0734	UE	KE	IN	\$261.03	Adj skin pro w/c cus wd<22in
K0735	NU		IN	\$381.71	Adj skin pro wc cus wd>=22in
K0735	NU	KE	IN	\$442.87	Adj skin pro wc cus wd>=22in
K0735	RR		IN	\$38.18	Adj skin pro wc cus wd>=22in
K0735	RR	KE	IN	\$44.30	Adj skin pro wc cus wd>=22in
K0735	UE		IN	\$286.28	Adj skin pro wc cus wd>=22in
K0735	UE	KE	IN	\$332.15	Adj skin pro wc cus wd>=22in
K0736	NU		IN	\$302.44	Adj skin pro/pos wc cus<22in
K0736	NU	KE	IN	\$350.90	Adj skin pro/pos wc cus<22in
K0736	RR		IN	\$30.25	Adj skin pro/pos wc cus<22in
K0736	RR	KE	IN	\$35.09	Adj skin pro/pos wc cus<22in
K0736	UE		IN	\$226.85	Adj skin pro/pos wc cus<22in
K0736	UE	KE	IN	\$263.19	Adj skin pro/pos wc cus<22in
K0737	NU		IN	\$382.87	Adj skin pro/pos wc cus>=22"
K0737	NU	KE	IN	\$444.21	Adj skin pro/pos wc cus>=22"
K0737	RR		IN	\$38.28	Adj skin pro/pos wc cus>=22"
K0737	RR	KE	IN	\$44.42	Adj skin pro/pos wc cus>=22"
K0737	UE		IN	\$287.15	Adj skin pro/pos wc cus>=22"
K0737	UE	KE	IN	\$333.15	Adj skin pro/pos wc cus>=22"
K0738	RR		OX	\$51.63	Portable gas oxygen system
K0800	NU		IN	\$1,169.96	POV group 1 std up to 300lbs
K0800	RR		IN	\$117.00	POV group 1 std up to 300lbs
K0800	UE		IN	\$877.47	POV group 1 std up to 300lbs
K0801	NU		IN	\$1,886.22	POV group 1 hd 301-450 lbs
K0801	RR		IN	\$188.60	POV group 1 hd 301-450 lbs
K0801	UE		IN	\$1,414.65	POV group 1 hd 301-450 lbs
K0802	NU		IN	\$2,134.59	POV group 1 vhd 451-600 lbs
K0802	RR		IN	\$213.45	POV group 1 vhd 451-600 lbs
K0802	UE		IN	\$1,600.95	POV group 1 vhd 451-600 lbs
K0806	NU		IN	\$1,415.34	POV group 2 std up to 300lbs
K0806	RR		IN	\$141.53	POV group 2 std up to 300lbs
K0806	UE		IN	\$1,061.50	POV group 2 std up to 300lbs
K0807	NU		IN	\$2,147.61	POV group 2 hd 301-450 lbs
K0807	RR		IN	\$214.76	POV group 2 hd 301-450 lbs
K0807	UE		IN	\$1,610.72	POV group 2 hd 301-450 lbs
K0808	NU		IN	\$3,322.80	POV group 2 vhd 451-600 lbs
K0808	RR		IN	\$332.27	POV group 2 vhd 451-600 lbs
K0808	UE		IN	\$2,492.09	POV group 2 vhd 451-600 lbs
K0813	RR		CR	\$218.32	PWC gp 1 std port seat/back
K0814	RR		CR	\$279.45	PWC gp 1 std port cap chair
K0815	RR		CR	\$318.23	PWC gp 1 std seat/back
K0816	RR		CR	\$304.75	PWC gp 1 std cap chair
K0820	RR		CR	\$233.18	PWC gp 2 std port seat/back
K0821	RR		CR	\$299.35	PWC gp 2 std port cap chair
K0822	RR		CR	\$361.77	PWC gp 2 std seat/back
K0823	RR		CR	\$364.14	PWC gp 2 std cap chair
K0824	RR		CR	\$438.26	PWC gp 2 hd seat/back
K0825	RR		CR	\$401.20	PWC gp 2 hd cap chair
K0826	RR		CR	\$567.37	PWC gp 2 vhd seat/back

K0827	RR		CR	\$482.45	PWC gp vhd cap chair
K0828	RR		CR	\$625.19	PWC gp 2 xtra hd seat/back
K0829	RR		CR	\$574.10	PWC gp 2 xtra hd cap chair
K0835	RR		CR	\$367.19	PWC gp2 std sing pow opt s/b
K0836	RR		CR	\$380.78	PWC gp2 std sing pow opt cap
K0837	RR		CR	\$438.26	PWC gp 2 hd sing pow opt s/b
K0838	RR		CR	\$392.07	PWC gp 2 hd sing pow opt cap
K0839	RR		CR	\$567.37	PWC gp2 vhd sing pow opt s/b
K0840	RR		CR	\$859.60	PWC gp2 xhd sing pow opt s/b
K0841	RR		CR	\$390.83	PWC gp2 std mult pow opt s/b
K0842	RR		CR	\$390.83	PWC gp2 std mult pow opt cap
K0843	RR		CR	\$470.56	PWC gp2 hd mult pow opt s/b
K0848	RR		CR	\$478.24	PWC gp 3 std seat/back
K0849	RR		CR	\$459.80	PWC gp 3 std cap chair
K0850	RR		CR	\$554.75	PWC gp 3 hd seat/back
K0851	RR		CR	\$533.38	PWC gp 3 hd cap chair
K0852	RR		CR	\$640.98	PWC gp 3 vhd seat/back
K0853	RR		CR	\$658.44	PWC gp 3 vhd cap chair
K0854	RR		CR	\$872.29	PWC gp 3 xhd seat/back
K0855	RR		CR	\$824.01	PWC gp 3 xhd cap chair
K0856	RR		CR	\$513.34	PWC gp3 std sing pow opt s/b
K0857	RR		CR	\$523.63	PWC gp3 std sing pow opt cap
K0858	RR		CR	\$636.90	PWC gp3 hd sing pow opt s/b
K0859	RR		CR	\$607.41	PWC gp3 hd sing pow opt cap
K0860	RR		CR	\$909.90	PWC gp3 vhd sing pow opt s/b
K0861	RR		CR	\$514.17	PWC gp3 std mult pow opt s/b
K0861	RR	KF	CR	\$662.31	PWC gp3 std mult pow opt s/b
K0862	RR		CR	\$636.90	PWC gp3 hd mult pow opt s/b
K0863	RR		CR	\$909.90	PWC gp3 vhd mult pow opt s/b
K0864	RR		CR	\$1,082.79	PWC gp3 xhd mult pow opt s/b
L0112			PO	\$1,236.93	Cranial cervical orthosis
L0113			PO	\$252.02	Cranial cervical torticollis
L0120			PO	\$22.46	Cerv flexible non-adjustable
L0130			PO	\$184.17	Flex thermoplastic collar mo
L0140			PO	\$54.20	Cervical semi-rigid adjustab
L0150			PO	\$104.69	Cerv semi-rig adj molded chn
L0160			PO	\$141.88	Cerv semi-rig wire occ/mand
L0170			PO	\$546.01	Cervical collar molded to pt
L0172			PO	\$123.90	Cerv col thermplas foam 2 pi
L0174			PO	\$232.58	Cerv col foam 2 piece w thor
L0180			PO	\$343.37	Cer post col occ/man sup adj
L0190			PO	\$459.91	Cerv collar supp adj cerv ba
L0200			PO	\$442.87	Cerv col supp adj bar & thor
L0220			PO	\$130.69	Thor rib belt custom fabrica
L0430			PO	\$1,258.46	Dewall posture protector
L0450			PO	\$172.35	TLSO flex prefab thoracic
L0452			PO	\$0.00	tlso flex custom fab thoraci
L0454			PO	\$306.51	TLSO flex prefab sacrococ-T9
L0456			PO	\$878.98	TLSO flex prefab
L0458			PO	\$788.16	TLSO 2Mod symphis-xipho pre

L0460	PO	\$887.12	TLSO2Mod symphysis-stern pre
L0462	PO	\$1,103.45	TLSO 3Mod sacro-scap pre
L0464	PO	\$1,313.63	TLSO 4Mod sacro-scap pre
L0466	PO	\$316.31	TLSO rigid frame pre soft ap
L0468	PO	\$388.08	TLSO rigid frame prefab pelv
L0470	PO	\$629.34	TLSO rigid frame pre subclav
L0472	PO	\$409.96	TLSO rigid frame hyperex pre
L0480	PO	\$1,455.56	TLSO rigid plastic custom fa
L0482	PO	\$1,622.12	TLSO rigid lined custom fab
L0484	PO	\$1,611.53	TLSO rigid plastic cust fab
L0486	PO	\$1,713.40	TLSO rigidlined cust fab two
L0488	PO	\$887.12	TLSO rigid lined pre one pie
L0490	PO	\$250.01	TLSO rigid plastic pre one
L0491	PO	\$678.74	TLSO 2 piece rigid shell
L0492	PO	\$445.87	TLSO 3 piece rigid shell
L0621	PO	\$81.90	SIO flex pelvisacral prefab
L0622	PO	\$218.72	SIO flex pelvisacral custom
L0623	PO	\$0.00	SIO panel prefab
L0624	PO	\$0.00	SIO panel custom
L0625	PO	\$48.67	LO flexibl L1-below L5 pre
L0626	PO	\$68.88	LO sag stays/panels pre-fab
L0627	PO	\$363.27	LO sagitt rigid panel prefab
L0628	PO	\$74.14	LO flex w/o rigid stays pre
L0629	PO	\$0.00	LSO flex w/rigid stays cust
L0630	PO	\$143.13	LSO post rigid panel pre
L0631	PO	\$907.25	LSO sag-coro rigid frame pre
L0632	PO	\$0.00	LSO sag rigid frame cust
L0633	PO	\$253.42	LSO flexion control prefab
L0634	PO	\$0.00	LSO flexion control custom
L0635	PO	\$861.51	LSO sagit rigid panel prefab
L0636	PO	\$1,277.69	LSO sagittal rigid panel cus
L0637	PO	\$949.40	LSO sag-coronal panel prefab
L0638	PO	\$1,165.59	LSO sag-coronal panel custom
L0639	PO	\$949.40	LSO s/c shell/panel prefab
L0640	PO	\$924.76	LSO s/c shell/panel custom
L0700	PO	\$1,711.65	Ctlso a-p-l control molded
L0710	PO	\$1,776.81	Ctlso a-p-l control w/ inter
L0810	PO	\$2,217.73	Halo cervical into jckt vest
L0820	PO	\$1,828.81	Halo cervical into body jack
L0830	PO	\$2,654.88	Halo cerv into milwaukee typ
L0859	PO	\$1,031.40	MRI compatible system
L0861	PO	\$190.48	Halo repl liner/interface
L0970	PO	\$100.15	Tlso corset front
L0972	PO	\$96.54	Lso corset front
L0974	PO	\$151.58	Tlso full corset
L0976	PO	\$135.38	Lso full corset
L0978	PO	\$162.97	Axillary crutch extension
L0980	PO	\$14.78	Peroneal straps pair
L0982	PO	\$13.78	Stocking supp grips set of f
L0984	PO	\$55.43	Protective body sock each

L1000	PO	\$1,718.88	Ctlso milwauke initial model
L1001	PO	\$0.00	CTLSO infant immobilizer
L1005	PO	\$2,828.58	Tension based scoliosis orth
L1010	PO	\$56.82	Ctlso axilla sling
L1020	PO	\$73.18	Kyphosis pad
L1025	PO	\$140.77	Kyphosis pad floating
L1030	PO	\$53.86	Lumbar bolster pad
L1040	PO	\$66.05	Lumbar or lumbar rib pad
L1050	PO	\$70.49	Sternal pad
L1060	PO	\$80.97	Thoracic pad
L1070	PO	\$76.18	Trapezius sling
L1080	PO	\$46.86	Outrigger
L1085	PO	\$130.32	Outrigger bil w/ vert extens
L1090	PO	\$85.17	Lumbar sling
L1100	PO	\$138.22	Ring flange plastic/leather
L1110	PO	\$216.23	Ring flange plas/leather mol
L1120	PO	\$33.62	Covers for upright each
L1200	PO	\$1,326.54	Furnsh initial orthosis only
L1210	PO	\$295.37	Lateral thoracic extension
L1220	PO	\$250.09	Anterior thoracic extension
L1230	PO	\$641.70	Milwaukee type superstructur
L1240	PO	\$66.35	Lumbar derotation pad
L1250	PO	\$61.17	Anterior asis pad
L1260	PO	\$64.05	Anterior thoracic derotation
L1270	PO	\$65.60	Abdominal pad
L1280	PO	\$78.46	Rib gusset (elastic) each
L1290	PO	\$66.54	Lateral trochanteric pad
L1300	PO	\$1,885.67	Body jacket mold to patient
L1310	PO	\$1,878.10	Post-operative body jacket
L1500	PO	\$1,608.16	Thkao mobility frame
L1510	PO	\$1,356.53	Thkao standing frame
L1520	PO	\$2,516.64	Thkao swivel walker
L1600	PO	\$109.10	Abduct hip flex frejka w cvr
L1610	PO	\$40.61	Abduct hip flex frejka covr
L1620	PO	\$125.53	Abduct hip flex pavlik harne
L1630	PO	\$143.46	Abduct control hip semi-flex
L1640	PO	\$456.47	Pelv band/spread bar thigh c
L1650	PO	\$196.02	HO abduction hip adjustable
L1652	PO	\$315.03	HO bi thighcuffs w sprdr bar
L1660	PO	\$144.89	HO abduction static plastic
L1680	PO	\$1,031.57	Pelvic & hip control thigh c
L1685	PO	\$1,007.06	Post-op hip abduct custom fa
L1686	PO	\$1,029.73	HO post-op hip abduction
L1690	PO	\$1,708.96	Combination bilateral HO
L1700	PO	\$1,292.91	Leg perthes orth toronto typ
L1710	PO	\$1,513.50	Legg perthes orth newington
L1720	PO	\$1,115.63	Legg perthes orthosis trilat
L1730	PO	\$983.88	Legg perthes orth scottish r
L1755	PO	\$1,379.70	Legg perthes patten bottom t
L1810	PO	\$90.95	Ko elastic with joints

L1820	PO	\$124.61	Ko elas w/ condyle pads & jo
L1830	PO	\$87.80	Ko immobilizer canvas longit
L1831	PO	\$260.10	Knee orth pos locking joint
L1832	PO	\$686.31	KO adj jnt pos rigid support
L1834	PO	\$744.08	Ko w/0 joint rigid molded to
L1836	PO	\$117.92	Rigid KO wo joints
L1840	PO	\$876.12	Ko derot ant cruciate custom
L1843	PO	\$792.96	KO single upright custom fit
L1844	PO	\$1,384.28	Ko w/adj jt rot cntrl molded
L1845	PO	\$869.76	Ko w/ adj flex/ext rotat cus
L1846	PO	\$1,141.23	Ko w adj flex/ext rotat mold
L1847	PO	\$508.31	KO adjustable w air chambers
L1850	PO	\$267.60	Ko swedish type
L1860	PO	\$1,106.55	Ko supracondylar socket mold
L1900	PO	\$228.40	Afo sprng wir drsflx calf bd
L1902	PO	\$88.45	Afo ankle gauntlet
L1904	PO	\$411.73	Afo molded ankle gauntlet
L1906	PO	\$102.82	Afo multiligamentus ankle su
L1907	PO	\$497.28	AFO supramalleolar custom
L1910	PO	\$281.66	Afo sing bar clasp attach sh
L1920	PO	\$316.64	Afo sing upright w/ adjust s
L1930	PO	\$200.28	Afo plastic
L1932	PO	\$788.63	Afo rig ant tib prefab TCF/=
L1940	PO	\$531.48	Afo molded to patient plasti
L1945	PO	\$783.73	Afo molded plas rig ant tib
L1950	PO	\$840.82	Afo spiral molded to pt plas
L1951	PO	\$742.21	AFO spiral prefabricated
L1960	PO	\$625.71	Afo pos solid ank plastic mo
L1970	PO	\$799.03	Afo plastic molded w/ankle j
L1971	PO	\$414.24	AFO w/ankle joint, prefab
L1980	PO	\$348.77	Afo sing solid stirrup calf
L1990	PO	\$450.06	Afo doub solid stirrup calf
L2000	PO	\$968.33	Kafo sing fre stirr thi/calf
L2005	PO	\$3,621.39	KAFO sng/dbl mechanical act
L2010	PO	\$1,043.76	Kafo sng solid stirrup w/o j
L2020	PO	\$1,074.01	Kafo dbl solid stirrup band/
L2030	PO	\$1,101.22	Kafo dbl solid stirrup w/o j
L2034	PO	\$1,842.24	KAFO pla sin up w/wo k/a cus
L2035	PO	\$155.72	KAFO plastic pediatric size
L2036	PO	\$2,094.38	Kafo plas doub free knee mol
L2037	PO	\$1,853.19	Kafo plas sing free knee mol
L2038	PO	\$1,590.19	Kafo w/o joint multi-axis an
L2040	PO	\$150.31	Hkafo torsion bil rot straps
L2050	PO	\$413.47	Hkafo torsion cable hip pelv
L2060	PO	\$520.42	Hkafo torsion ball bearing j
L2070	PO	\$114.59	Hkafo torsion unilat rot str
L2080	PO	\$323.11	Hkafo unilat torsion cable
L2090	PO	\$371.24	Hkafo unilat torsion ball br
L2106	PO	\$738.57	Afo tib fx cast plaster mold
L2108	PO	\$1,097.86	Afo tib fx cast molded to pt

L2112	PO	\$501.71	Afo tibial fracture soft
L2114	PO	\$654.70	Afo tib fx semi-rigid
L2116	PO	\$720.29	Afo tibial fracture rigid
L2126	PO	\$1,351.75	Kafo fem fx cast thermoplas
L2128	PO	\$1,749.02	Kafo fem fx cast molded to p
L2132	PO	\$910.62	Kafo femoral fx cast soft
L2134	PO	\$1,091.80	Kafo fem fx cast semi-rigid
L2136	PO	\$1,334.99	Kafo femoral fx cast rigid
L2180	PO	\$99.15	Plas shoe insert w ank joint
L2182	PO	\$77.60	Drop lock knee
L2184	PO	\$104.88	Limited motion knee joint
L2186	PO	\$140.15	Adj motion knee jnt lerman t
L2188	PO	\$338.08	Quadrilateral brim
L2190	PO	\$79.61	Waist belt
L2192	PO	\$385.26	Pelvic band & belt thigh fla
L2200	PO	\$41.70	Limited ankle motion ea jnt
L2210	PO	\$62.19	Dorsiflexion assist each joi
L2220	PO	\$78.65	Dorsi & plantar flex ass/res
L2230	PO	\$64.96	Split flat caliper stirr & p
L2232	PO	\$87.95	Rocker bottom, contact AFO
L2240	PO	\$70.80	Round caliper and plate atta
L2250	PO	\$300.84	Foot plate molded stirrup at
L2260	PO	\$226.29	Reinforced solid stirrup
L2265	PO	\$99.70	Long tongue stirrup
L2270	PO	\$46.48	Varus/valgus strap padded/li
L2275	PO	\$106.72	Plastic mod low ext pad/line
L2280	PO	\$442.02	Molded inner boot
L2300	PO	\$303.93	Abduction bar jointed adjust
L2310	PO	\$104.15	Abduction bar-straight
L2320	PO	\$208.49	Non-molded lacer
L2330	PO	\$443.25	Lacer molded to patient mode
L2335	PO	\$192.33	Anterior swing band
L2340	PO	\$411.27	Pre-tibial shell molded to p
L2350	PO	\$1,002.62	Prosthetic type socket molde
L2360	PO	\$58.41	Extended steel shank
L2370	PO	\$289.79	Patten bottom
L2375	PO	\$95.66	Torsion ank & half solid sti
L2380	PO	\$104.23	Torsion straight knee joint
L2385	PO	\$113.40	Straight knee joint heavy du
L2387	PO	\$140.12	Add LE poly knee custom KAFO
L2390	PO	\$98.79	Offset knee joint each
L2395	PO	\$132.46	Offset knee joint heavy duty
L2397	PO	\$99.93	Suspension sleeve lower ext
L2405	PO	\$77.05	Knee joint drop lock ea jnt
L2415	PO	\$107.33	Knee joint cam lock each joi
L2425	PO	\$126.68	Knee disc/dial lock/adj flex
L2430	PO	\$126.68	Knee jnt ratchet lock ea jnt
L2492	PO	\$98.36	Knee lift loop drop lock rin
L2500	PO	\$267.09	Thi/glut/ischia wgt bearing
L2510	PO	\$715.81	Th/wght bear quad-lat brim m

L2520	PO	\$480.56	Th/wght bear quad-lat brim c
L2525	PO	\$1,187.84	Th/wght bear nar m-l brim mo
L2526	PO	\$579.90	Th/wght bear nar m-l brim cu
L2530	PO	\$259.22	Thigh/wght bear lacer non-mo
L2540	PO	\$365.67	Thigh/wght bear lacer molded
L2550	PO	\$295.50	Thigh/wght bear high roll cu
L2570	PO	\$403.26	Hip clevis type 2 posit jint
L2580	PO	\$450.84	Pelvic control pelvic sling
L2600	PO	\$173.88	Hip clevis/thrust bearing fr
L2610	PO	\$239.94	Hip clevis/thrust bearing lo
L2620	PO	\$301.83	Pelvic control hip heavy dut
L2622	PO	\$259.63	Hip joint adjustable flexion
L2624	PO	\$300.21	Hip adj flex ext abduct cont
L2627	PO	\$1,765.80	Plastic mold recipro hip & c
L2628	PO	\$1,823.23	Metal frame recipro hip & ca
L2630	PO	\$255.33	Pelvic control band & belt u
L2640	PO	\$379.36	Pelvic control band & belt b
L2650	PO	\$104.32	Pelv & thor control gluteal
L2660	PO	\$157.80	Thoracic control thoracic ba
L2670	PO	\$178.37	Thorac cont paraspinal uprig
L2680	PO	\$165.80	Thorac cont lat support upri
L2750	PO	\$83.30	Plating chrome/nickel pr bar
L2755	PO	\$115.44	Carbon graphite lamination
L2760	PO	\$63.27	Extension per extension per
L2768	PO	\$115.14	Ortho sidebar disconnect
L2780	PO	\$68.99	Non-corrosive finish
L2785	PO	\$31.59	Drop lock retainer each
L2795	PO	\$80.83	Knee control full kneecap
L2800	PO	\$90.31	Knee cap medial or lateral p
L2810	PO	\$66.13	Knee control condylar pad
L2820	PO	\$84.45	Soft interface below knee se
L2830	PO	\$97.94	Soft interface above knee se
L2840	PO	\$43.76	Tibial length sock fx or equ
L2850	PO	\$56.28	Femoral lgth sock fx or equa
L3000	PO	\$277.61	Ft insert ucb berkeley shell
L3001	PO	\$116.89	Foot insert remov molded spe
L3002	PO	\$142.73	Foot insert plastazote or eq
L3003	PO	\$154.00	Foot insert silicone gel eac
L3010	PO	\$154.00	Foot longitudinal arch suppo
L3020	PO	\$175.35	Foot longitud/metatarsal sup
L3030	PO	\$67.45	Foot arch support remov prem
L3031	PO	\$0.00	Foot lamin/prepreg composite
L3040	PO	\$41.58	Ft arch suprt premold longit
L3050	PO	\$41.58	Foot arch supp premold metat
L3060	PO	\$65.19	Foot arch supp longitud/meta
L3070	PO	\$28.07	Arch suprt att to sho longit
L3080	PO	\$28.07	Arch supp att to shoe metata
L3090	PO	\$35.98	Arch supp att to shoe long/m
L3100	PO	\$38.21	Hallus-valgus nght dynamic s
L3140	PO	\$78.69	Abduction rotation bar shoe

L3150	PO	\$71.94	Abduct rotation bar w/o shoe
L3170	PO	\$44.98	Foot plastic heel stabilizer
L3224	PO	\$54.83	Woman's shoe oxford brace
L3225	PO	\$61.58	Man's shoe oxford brace
L3300	PO	\$46.07	Sho lift taper to metatarsal
L3310	PO	\$71.94	Shoe lift elev heel/sole neo
L3330	PO	\$500.16	Lifts elevation metal extens
L3332	PO	\$65.19	Shoe lifts tapered to one-ha
L3334	PO	\$33.72	Shoe lifts elevation heel /i
L3340	PO	\$75.32	Shoe wedge sach
L3350	PO	\$20.24	Shoe heel wedge
L3360	PO	\$31.47	Shoe sole wedge outside sole
L3370	PO	\$43.81	Shoe sole wedge between sole
L3380	PO	\$43.81	Shoe clubfoot wedge
L3390	PO	\$43.81	Shoe outflare wedge
L3400	PO	\$35.98	Shoe metatarsal bar wedge ro
L3410	PO	\$82.04	Shoe metatarsal bar between
L3420	PO	\$48.33	Full sole/heel wedge btween
L3430	PO	\$141.62	Sho heel count plast reinfor
L3440	PO	\$67.45	Heel leather reinforced
L3450	PO	\$93.29	Shoe heel sach cushion type
L3455	PO	\$35.98	Shoe heel new leather standa
L3460	PO	\$30.33	Shoe heel new rubber standar
L3465	PO	\$51.71	Shoe heel thomas with wedge
L3470	PO	\$55.07	Shoe heel thomas extend to b
L3480	PO	\$55.07	Shoe heel pad & depress for
L3500	PO	\$25.85	Ortho shoe add leather insol
L3510	PO	\$25.85	Orthopedic shoe add rub insl
L3520	PO	\$28.07	O shoe add felt w leath insl
L3530	PO	\$28.07	Ortho shoe add half sole
L3540	PO	\$44.98	Ortho shoe add full sole
L3550	PO	\$7.85	O shoe add standard toe tap
L3560	PO	\$20.24	O shoe add horseshoe toe tap
L3570	PO	\$75.32	O shoe add instep extension
L3580	PO	\$57.32	O shoe add instep velcro clo
L3590	PO	\$47.20	O shoe convert to sof counte
L3595	PO	\$37.09	Ortho shoe add march bar
L3600	PO	\$67.45	Trans shoe calip plate exist
L3610	PO	\$88.78	Trans shoe caliper plate new
L3620	PO	\$67.45	Trans shoe solid stirrup exi
L3630	PO	\$88.78	Trans shoe solid stirrup new
L3640	PO	\$38.21	Shoe dennis browne splint bo
L3650	PO	\$56.44	Shlder fig 8 abduct restrain
L3660	PO	\$87.15	Abduct restrainer canvas&web
L3670	PO	\$111.07	Acromio/clavicular canvas&we
L3671	PO	\$724.74	SO cap design w/o jnts CF
L3672	PO	\$901.26	SO airplane w/o jnts CF
L3673	PO	\$982.26	SO airplane w/joint CF
L3675	PO	\$141.14	Canvas vest SO
L3702	PO	\$232.24	EO w/o joints CF

L3710		PO	\$106.90	Elbow elastic with metal joi
L3720		PO	\$722.52	Forearm/arm cuffs free motio
L3730		PO	\$974.00	Forearm/arm cuffs ext/flex a
L3740		PO	\$1,092.33	Cuffs adj lock w/ active con
L3760		PO	\$402.22	EO withjoint, Prefabricated
L3762		PO	\$86.49	Rigid EO wo joints
L3763		PO	\$619.76	EWHO rigid w/o jnts CF
L3764		PO	\$779.98	EWHO w/joint(s) CF
L3765		PO	\$1,031.30	EWHFO rigid w/o jnts CF
L3766		PO	\$1,092.07	EWHFO w/joint(s) CF
L3806		PO	\$365.35	WHFO w/joint(s) custom fab
L3807		PO	\$201.12	WHFO,no joint, prefabricated
L3808		PO	\$326.34	WHFO, rigid w/o joints
L3900		PO	\$1,072.01	Hinge extension/flex wrist/f
L3901		PO	\$1,472.96	Hinge ext/flex wrist finger
L3904		PO	\$2,426.16	Whfo electric custom fitted
L3905		PO	\$797.64	WHO w/nontorsion jnt(s) CF
L3906		PO	\$338.28	WHO w/o joints CF
L3908		PO	\$66.19	Wrist cock-up non-molded
L3912		PO	\$78.57	Flex glove w/elastic finger
L3913		PO	\$217.84	HFO w/o joints CF
L3915		PO	\$427.53	WHO w nontor jnt(s) prefab
L3917		PO	\$84.97	Prefab metacarpl fx orthosis
L3919		PO	\$217.84	HO w/o joints CF
L3921		PO	\$258.36	HFO w/joint(s) CF
L3923		PO	\$72.07	HFO w/o joints PF
L3925		PO	\$40.89	FO pip/dip with joint/spring
L3927		PO	\$28.10	FO pip/dip w/o joint/spring
L3929		PO	\$64.76	HFO nontorsion joint, prefab
L3931		PO	\$158.21	WHFO nontorsion joint prefab
L3933		PO	\$171.61	FO w/o joints CF
L3935		PO	\$177.68	FO nontorsion joint CF
L3956		PO	\$0.00	Add joint upper ext orthosis
L3960		PO	\$624.54	Sewho airplan desig abdu pos
L3961		PO	\$1,351.31	SEWHO cap design w/o jnts CF
L3962		PO	\$594.43	Sewho erbs palsey design abd
L3964	NU	IN	\$652.17	Seo mobile arm sup att to wc
L3964	RR	IN	\$65.21	Seo mobile arm sup att to wc
L3964	UE	IN	\$489.09	Seo mobile arm sup att to wc
L3965	NU	IN	\$1,040.67	Arm supp att to wc rancho ty
L3965	RR	IN	\$104.09	Arm supp att to wc rancho ty
L3965	UE	IN	\$780.50	Arm supp att to wc rancho ty
L3966	NU	IN	\$783.97	Mobile arm supports reclinin
L3966	RR	IN	\$78.40	Mobile arm supports reclinin
L3966	UE	IN	\$587.98	Mobile arm supports reclinin
L3967		PO	\$1,595.45	SEWHO airplane w/o jnts CF
L3968	NU	IN	\$992.10	Friction dampening arm supp
L3968	RR	IN	\$99.20	Friction dampening arm supp
L3968	UE	IN	\$744.08	Friction dampening arm supp
L3969	NU	IN	\$675.03	Monosuspension arm/hand supp

L3969	RR	IN	\$67.52	Monosuspension arm/hand supp
L3969	UE	IN	\$506.29	Monosuspension arm/hand supp
L3970	NU	IN	\$277.53	Elevat proximal arm support
L3970	RR	IN	\$27.75	Elevat proximal arm support
L3970	UE	IN	\$208.14	Elevat proximal arm support
L3971		PO	\$1,514.45	SEWHO cap design w/jnt(s) CF
L3972	NU	IN	\$176.47	Offset/lat rocker arm w/ ela
L3972	RR	IN	\$17.65	Offset/lat rocker arm w/ ela
L3972	UE	IN	\$132.35	Offset/lat rocker arm w/ ela
L3973		PO	\$1,595.45	SEWHO airplane w/jnt(s) CF
L3974	NU	IN	\$149.68	Mobile arm support supinator
L3974	RR	IN	\$14.98	Mobile arm support supinator
L3974	UE	IN	\$112.26	Mobile arm support supinator
L3975		PO	\$1,351.31	SEWHFO cap design w/o jnt CF
L3976		PO	\$1,351.31	SEWHFO airplane w/o jnts CF
L3977		PO	\$1,514.45	SEWHFO cap desgn w/jnt(s) CF
L3978		PO	\$1,595.45	SEWHFO airplane w/jnt(s) CF
L3980		PO	\$292.85	Upp ext fx orthosis humeral
L3982		PO	\$412.38	Upper ext fx orthosis rad/ul
L3984		PO	\$305.04	Upper ext fx orthosis wrist
L3995		PO	\$36.12	Sock fracture or equal each
L4000		PO	\$1,079.50	Repl girdle milwaukee orth
L4002		PO	\$0.00	Replace strap, any orthosis
L4010		PO	\$670.03	Replace trilateral socket br
L4020		PO	\$930.03	Replace quadlat socket brim
L4030		PO	\$569.94	Replace socket brim cust fit
L4040		PO	\$408.64	Replace molded thigh lacer
L4045		PO	\$277.72	Replace non-molded thigh lac
L4050		PO	\$466.04	Replace molded calf lacer
L4055		PO	\$226.33	Replace non-molded calf lace
L4060		PO	\$269.06	Replace high roll cuff
L4070		PO	\$238.27	Replace prox & dist upright
L4080		PO	\$87.52	Repl met band kafo-af prox
L4090		PO	\$91.00	Repl met band kafo-af calf/
L4100		PO	\$109.71	Repl leath cuff kafo prox th
L4110		PO	\$94.65	Repl leath cuff kafo-af cal
L4130		PO	\$420.05	Replace pretibial shell
L4350		PO	\$75.68	Ankle control orthosi prefab
L4360		PO	\$243.20	Pneumati walking boot prefab
L4370		PO	\$159.83	Pneumatic full leg splint
L4380		PO	\$112.46	Pneumatic knee splint
L4386		PO	\$140.12	Non-pneum walk boot prefab
L4392		PO	\$20.80	Replace AFO soft interface
L4394		PO	\$15.17	Replace foot drop spint
L4396		PO	\$148.29	Static AFO
L4398		PO	\$68.28	Foot drop splint recumbent
L5000		PO	\$455.74	Sho insert w arch toe filler
L5010		PO	\$1,393.98	Mold socket ank hgt w/ toe f
L5020		PO	\$1,787.52	Tibial tubercle hgt w/ toe f
L5050		PO	\$2,206.49	Ank symes mold sckt sach ft

L5060	PO	\$3,321.74	Symes met fr leath socket ar
L5100	PO	\$2,286.02	Molded socket shin sach foot
L5105	PO	\$3,818.81	Plast socket jts/thgh lacer
L5150	PO	\$3,518.16	Mold sckt ext knee shin sach
L5160	PO	\$3,445.23	Mold socket bent knee shin s
L5200	PO	\$2,981.01	Kne sing axis fric shin sach
L5210	PO	\$2,918.33	No knee/ankle joints w/ ft b
L5220	PO	\$2,663.70	No knee joint with artic ali
L5230	PO	\$3,431.32	Fem focal defic constant fri
L5250	PO	\$4,998.89	Hip canad sing axi cons fric
L5270	PO	\$4,639.02	Tilt table locking hip sing
L5280	PO	\$4,592.63	Hemipelvect canad sing axis
L5301	PO	\$2,071.00	BK mold socket SACH ft endo
L5311	PO	\$3,026.74	Knee disart, SACH ft, endo
L5321	PO	\$2,964.57	AK open end SACH
L5331	PO	\$4,194.98	Hip disart canadian SACH ft Hemipelvectomy canadian
L5341	PO	\$4,592.78	SACH
L5400	PO	\$1,085.58	Postop dress & 1 cast chg bk
L5410	PO	\$376.87	Postop dsg bk ea add cast ch
L5420	PO	\$1,371.04	Postop dsg & 1 cast chg ak/d
L5430	PO	\$605.19	Postop dsg ak ea add cast ch
L5450	PO	\$408.79	Postop app non-wgt bear dsg
L5460	PO	\$491.84	Postop app non-wgt bear dsg
L5500	PO	\$1,158.45	Init bk ptb plaster direct
L5505	PO	\$1,568.85	Init ak ischal plstr direct
L5510	PO	\$1,313.18	Prep BK ptb plaster molded
L5520	PO	\$1,584.72	Perp BK ptb thermopls direct
L5530	PO	\$1,557.95	Prep BK ptb thermopls molded
L5535	PO	\$1,710.89	Prep BK ptb open end socket
L5540	PO	\$1,632.56	Prep BK ptb laminated socket
L5560	PO	\$2,048.48	Prep AK ischial plast molded
L5570	PO	\$2,063.30	Prep AK ischial direct form
L5580	PO	\$2,338.67	Prep AK ischial thermo mold
L5585	PO	\$2,307.80	Prep AK ischial open end
L5590	PO	\$2,406.26	Prep AK ischial laminated
L5595	PO	\$4,009.37	Hip disartic sach thermopls
L5600	PO	\$4,435.46	Hip disart sach laminat mold
L5610	PO	\$1,867.47	Above knee hydracadence
L5611	PO	\$1,453.26	Ak 4 bar link w/fric swing
L5613	PO	\$2,210.50	Ak 4 bar ling w/hydraul swig
L5614	PO	\$1,494.20	4-bar link above knee w/swng
L5616	PO	\$1,225.04	Ak univ multiplex sys frict
L5617	PO	\$505.39	AK/BK self-aligning unit ea
L5618	PO	\$267.34	Test socket symes
L5620	PO	\$296.69	Test socket below knee
L5622	PO	\$435.99	Test socket knee disarticula
L5624	PO	\$378.87	Test socket above knee
L5626	PO	\$430.06	Test socket hip disarticulat
L5628	PO	\$449.66	Test socket hemipelvectomy
L5629	PO	\$382.20	Below knee acrylic socket

L5630	PO	\$408.92	Syme typ expandabl wall sckt
L5631	PO	\$528.42	Ak/knee disartic acrylic soc
L5632	PO	\$218.16	Symes type ptb brim design s
L5634	PO	\$321.65	Symes type poster opening so
L5636	PO	\$306.44	Symes type medial opening so
L5637	PO	\$332.45	Below knee total contact
L5638	PO	\$528.12	Below knee leather socket
L5639	PO	\$1,288.34	Below knee wood socket
L5640	PO	\$769.02	Knee disarticulat leather so
L5642	PO	\$666.91	Above knee leather socket
L5643	PO	\$1,403.89	Hip flex inner socket ext fr
L5644	PO	\$532.75	Above knee wood socket
L5645	PO	\$719.69	Bk flex inner socket ext fra
L5646	PO	\$523.31	Below knee cushion socket
L5647	PO	\$751.02	Below knee suction socket
L5648	PO	\$659.98	Above knee cushion socket
L5649	PO	\$1,717.33	Isch containmt/narrow m-l so
L5650	PO	\$587.11	Tot contact ak/knee disart s
L5651	PO	\$1,083.21	Ak flex inner socket ext fra
L5652	PO	\$393.25	Suction susp ak/knee disart
L5653	PO	\$524.95	Knee disart expand wall sock
L5654	PO	\$316.80	Socket insert symes
L5655	PO	\$307.80	Socket insert below knee
L5656	PO	\$437.29	Socket insert knee articulat
L5658	PO	\$353.07	Socket insert above knee
L5661	PO	\$550.50	Multi-durometer symes
L5665	PO	\$461.84	Multi-durometer below knee
L5666	PO	\$70.93	Below knee cuff suspension
L5668	PO	\$94.93	Socket insert w/o lock lower
L5670	PO	\$253.22	Bk molded supracondylar susp
L5671	PO	\$448.66	BK/AK locking mechanism
L5672	PO	\$268.96	Bk removable medial brim sus
L5673	PO	\$602.72	Socket insert w lock mech
L5676	PO	\$326.85	Bk knee joints single axis p
L5677	PO	\$444.73	Bk knee joints polycentric p
L5678	PO	\$35.81	Bk joint covers pair
L5679	PO	\$502.25	Socket insert w/o lock mech
L5680	PO	\$351.57	Bk thigh lacer non-molded
L5681	PO	\$1,164.74	Intl custm cong/latyp insert
L5682	PO	\$588.04	Bk thigh lacer glut/ischia m
L5683	PO	\$1,164.74	Initial custom socket insert
L5684	PO	\$44.57	Bk fork strap
L5685	PO	\$113.41	Below knee sus/seal sleeve
L5686	PO	\$61.44	Bk back check
L5688	PO	\$73.46	Bk waist belt webbing
L5690	PO	\$93.38	Bk waist belt padded and lin
L5692	PO	\$119.86	Ak pelvic control belt light
L5694	PO	\$163.63	Ak pelvic control belt pad/l
L5695	PO	\$171.09	Ak sleeve susp neoprene/equa
L5696	PO	\$181.28	Ak/knee disartic pelvic join

L5697	PO	\$72.41	Ak/knee disartic pelvic band
L5698	PO	\$118.13	Ak/knee disartic silesian ba
L5699	PO	\$171.57	Shoulder harness
L5700	PO	\$2,516.16	Replace socket below knee
L5701	PO	\$3,121.51	Replace socket above knee
L5702	PO	\$3,934.19	Replace socket hip
L5703	PO	\$2,098.10	Symes ankle w/o (SACH) foot
L5704	PO	\$513.04	Custom shape cover BK
L5705	PO	\$940.57	Custom shape cover AK
L5706	PO	\$917.40	Custom shape cvr knee disart
L5707	PO	\$1,232.53	Custom shape cvr hip disart
L5710	PO	\$341.39	Knee-shin exo sng axi mnl loc
L5711	PO	\$512.58	Knee-shin exo mnl lock ultra
L5712	PO	\$444.22	Knee-shin exo frict swg & st
L5714	PO	\$391.36	Knee-shin exo variable frict
L5716	PO	\$657.41	Knee-shin exo mech stance ph
L5718	PO	\$821.69	Knee-shin exo frct swg & sta
L5722	PO	\$814.38	Knee-shin pneum swg frct exo
L5724	PO	\$1,695.67	Knee-shin exo fluid swing ph
L5726	PO	\$1,569.07	Knee-shin ext jnts fld swg e
L5728	PO	\$2,388.06	Knee-shin fluid swg & stance
L5780	PO	\$1,032.69	Knee-shin pneum/hydra pneum
L5781	PO	\$3,542.95	Lower limb pros vacuum pump
L5782	PO	\$3,735.08	HD low limb pros vacuum pump
L5785	PO	\$468.63	Exoskeletal bk ultralt mater
L5790	PO	\$648.55	Exoskeletal ak ultra-light m
L5795	PO	\$968.46	Exoskel hip ultra-light mate
L5810	PO	\$453.75	Endoskel knee-shin mnl lock
L5811	PO	\$657.83	Endo knee-shin mnl lck ultra
L5812	PO	\$509.89	Endo knee-shin frct swg & st
L5814	PO	\$3,288.54	Endo knee-shin hydral swg ph
L5816	PO	\$767.09	Endo knee-shin polyc mch sta
L5818	PO	\$928.33	Endo knee-shin frct swg & st
L5822	PO	\$1,904.52	Endo knee-shin pneum swg frc
L5824	PO	\$1,712.64	Endo knee-shin fluid swing p
L5826	PO	\$2,812.31	Miniature knee joint
L5828	PO	\$3,112.56	Endo knee-shin fluid swg/sta
L5830	PO	\$1,836.77	Endo knee-shin pneum/swg pha
L5840	PO	\$3,198.98	Multi-axial knee/shin system
L5845	PO	\$1,587.11	Knee-shin sys stance flexion
L5848	PO	\$952.18	Knee-shin sys hydraul stance
L5850	PO	\$120.91	Endo ak/hip knee extens assi
L5855	PO	\$278.56	Mech hip extension assist
L5856	PO	\$21,353.09	Elec knee-shin swing/stance
L5857	PO	\$7,639.05	Elec knee-shin swing only
L5858	PO	\$16,456.85	Stance phase only
L5910	PO	\$357.37	Endo below knee alignable sy
L5920	PO	\$478.58	Endo ak/hip alignable system
L5925	PO	\$303.07	Above knee manual lock
L5930	PO	\$3,040.28	High activity knee frame

L5940	PO	\$491.52	Endo bk ultra-light material
L5950	PO	\$796.83	Endo ak ultra-light material
L5960	PO	\$1,154.32	Endo hip ultra-light materia
L5962	PO	\$530.18	Below knee flex cover system
L5964	PO	\$919.55	Above knee flex cover system
L5966	PO	\$1,184.53	Hip flexible cover system
L5968	PO	\$3,217.78	Multiaxial ankle w dorsiflex
L5970	PO	\$183.19	Foot external keel sach foot
L5971	PO	\$183.19	SACH foot, replacement
L5972	PO	\$317.89	Flexible keel foot
L5973	PO	\$15,410.73	Ank-foot sys dors-plant flex
L5974	PO	\$210.19	Foot single axis ankle/foot
L5975	PO	\$410.50	Combo ankle/foot prosthesis
L5976	PO	\$637.40	Energy storing foot
L5978	PO	\$263.23	Ft prosth multiaxial ankl/ft
L5979	PO	\$2,058.12	Multi-axial ankle/ft prosth
L5980	PO	\$4,391.63	Flex foot system
L5981	PO	\$2,799.03	Flex-walk sys low ext prosth
L5982	PO	\$521.45	Exoskeletal axial rotation u
L5984	PO	\$513.84	Endoskeletal axial rotation
L5985	PO	\$255.06	Lwr ext dynamic prosth pylon
L5986	PO	\$571.58	Multi-axial rotation unit
L5987	PO	\$6,369.90	Shank ft w vert load pylon
L5988	PO	\$1,768.94	Vertical shock reducing pylo
L5990	PO	\$1,606.45	User adjustable heel height
L6000	PO	\$1,225.74	Par hand robin-aids thum rem
L6010	PO	\$1,400.35	Hand robin-aids little/ring
L6020	PO	\$1,243.46	Part hand robin-aids no fing
L6025	PO	\$7,085.97	Part hand disart myoelectric
L6050	PO	\$1,998.97	Wrst MLd sck flx hng tri pad
L6055	PO	\$2,604.97	Wrst mold sock w/exp interfa
L6100	PO	\$2,314.64	Elb mold sock flex hinge pad
L6110	PO	\$2,455.06	Elbow mold sock suspension t
L6120	PO	\$2,667.06	Elbow mold doub splt soc ste
L6130	PO	\$2,886.40	Elbow stump activated lock h
L6200	PO	\$2,460.70	Elbow mold outsid lock hinge
L6205	PO	\$3,692.89	Elbow molded w/ expand inter
L6250	PO	\$2,552.59	Elbow inter loc elbow forarm
L6300	PO	\$4,078.78	Shlder disart int lock elbow
L6310	PO	\$2,912.39	Shoulder passive restor comp
L6320	PO	\$1,541.44	Shoulder passive restor cap
L6350	PO	\$4,710.70	Thoracic intern lock elbow
L6360	PO	\$2,873.00	Thoracic passive restor comp
L6370	PO	\$2,442.68	Thoracic passive restor cap
L6380	PO	\$1,248.88	Postop dsg cast chg wrst/elb
L6382	PO	\$1,780.73	Postop dsg cast chg elb dis/
L6384	PO	\$2,292.98	Postop dsg cast chg shlder/t
L6386	PO	\$482.97	Postop ea cast chg & realign
L6388	PO	\$396.54	Postop applicat rigid dsg on
L6400	PO	\$2,436.00	Below elbow prosth tiss shap

L6450	PO	\$2,798.60	Elb disart prosth tiss shap
L6500	PO	\$2,883.85	Above elbow prosth tiss shap
L6550	PO	\$3,439.51	Shldr disar prosth tiss shap
L6570	PO	\$4,204.05	Scap thorac prosth tiss shap
L6580	PO	\$1,413.43	Wrist/elbow bowden cable mol
L6582	PO	\$1,248.88	Wrist/elbow bowden cbl dir f
L6584	PO	\$1,895.51	Elbow fair lead cable molded
L6586	PO	\$1,698.83	Elbow fair lead cable dir fo
L6588	PO	\$2,602.47	Shdr fair lead cable molded
L6590	PO	\$2,423.98	Shdr fair lead cable direct
L6600	PO	\$225.59	Polycentric hinge pair
L6605	PO	\$222.75	Single pivot hinge pair
L6610	PO	\$150.17	Flexible metal hinge pair
L6611	PO	\$364.58	Additional switch, ext power
L6615	PO	\$165.77	Disconnect locking wrist uni
L6616	PO	\$68.22	Disconnect insert locking wr
L6620	PO	\$273.49	Flexion/extension wrist unit
L6621	PO	\$2,025.37	Flex/ext wrist w/wo friction
L6623	PO	\$578.59	Spring-ass rot wrst w/ latch
L6624	PO	\$3,334.81	Flex/ext/rotation wrist unit
L6625	PO	\$479.73	Rotation wrst w/ cable lock
L6628	PO	\$432.10	Quick disconn hook adapter o
L6629	PO	\$158.07	Lamination collar w/ couplin
L6630	PO	\$194.40	Stainless steel any wrist
L6632	PO	\$58.60	Latex suspension sleeve each
L6635	PO	\$182.27	Lift assist for elbow
L6637	PO	\$331.20	Nudge control elbow lock
L6638	PO	\$2,214.36	Elec lock on manual pw elbow
L6640	PO	\$336.88	Shoulder abduction joint pai
L6641	PO	\$192.94	Excursion amplifier pulley t
L6642	PO	\$261.51	Excursion amplifier lever ty
L6645	PO	\$291.09	Shoulder flexion-abduction j
L6646	PO	\$2,792.80	Multipo locking shoulder jnt
L6647	PO	\$459.77	Shoulder lock actuator
L6648	PO	\$2,880.38	Ext pwrd shlder lock/unlock
L6650	PO	\$349.67	Shoulder universal joint
L6655	PO	\$72.10	Standard control cable extra
L6660	PO	\$82.79	Heavy duty control cable
L6665	PO	\$48.11	Teflon or equal cable lining
L6670	PO	\$53.31	Hook to hand cable adapter
L6672	PO	\$184.88	Harness chest/shlder saddle
L6675	PO	\$122.61	Harness figure of 8 sing con
L6676	PO	\$131.59	Harness figure of 8 dual con
L6677	PO	\$262.67	UE triple control harness
L6680	PO	\$263.73	Test sock wrist disart/bel e
L6682	PO	\$282.84	Test sock elbw disart/above
L6684	PO	\$401.49	Test socket shldr disart/tho
L6686	PO	\$540.30	Suction socket
L6687	PO	\$529.49	Frame typ socket bel elbow/w
L6688	PO	\$491.68	Frame typ sock above elb/dis

L6689	PO	\$810.35	Frame typ socket shoulder di
L6690	PO	\$697.00	Frame typ sock interscap-tho
L6691	PO	\$332.43	Removable insert each
L6692	PO	\$511.61	Silicone gel insert or equal
L6693	PO	\$2,513.89	Lockingelbow forearm cntrbal
L6694	PO	\$602.72	Elbow socket ins use w/lock
L6695	PO	\$502.25	Elbow socket ins use w/o lck
L6696	PO	\$1,164.74	Cus elbo skt in for con/atyp
L6697	PO	\$1,164.74	Cus elbo skt in not con/atyp
L6698	PO	\$448.66	Below/above elbow lock mech
L6703	PO	\$390.97	Term dev, passive hand mitt
L6704	PO	\$529.24	Term dev, sport/rec/work att
L6706	PO	\$314.73	Term dev mech hook vol open
L6707	PO	\$1,236.49	Term dev mech hook vol close
L6708	PO	\$828.61	Term dev mech hand vol open
L6709	PO	\$1,109.29	Term dev mech hand vol close
L6711	PO	\$595.31	Ped term dev, hook, vol open
L6712	PO	\$1,096.10	Ped term dev, hook, vol clos
L6713	PO	\$1,383.40	Ped term dev, hand, vol open
L6714	PO	\$1,171.72	Ped term dev, hand, vol clos
L6721	PO	\$2,082.62	Hook/hand, hvy dty, vol open
L6722	PO	\$1,795.38	Hook/hand, hvy dty, vol clos
L6805	PO	\$360.23	Term dev modifier wrist unit
L6810	PO	\$168.25	Term dev precision pinch dev
L6881	PO	\$3,620.07	Term dev auto grasp feature
L6882	PO	\$2,745.98	Microprocessor control uplmb
L6883	PO	\$1,908.47	Replc sockt below e/w disa
L6884	PO	\$2,098.76	Replc sockt above elbow disa
L6885	PO	\$2,873.00	Replc sockt shldr dis/interc
L6890	PO	\$204.56	Prefab glove for term device
L6895	PO	\$503.66	Custom glove for term device
L6900	PO	\$1,601.01	Hand restorat thumb/1 finger
L6905	PO	\$1,581.91	Hand restoration multiple fi
L6910	PO	\$1,644.79	Hand restoration no fingers
L6915	PO	\$564.67	Hand restoration replacmnt g
L6920	PO	\$6,019.63	Wrist disarticul switch ctrl
L6925	PO	\$6,949.58	Wrist disart myoelectronic c
L6930	PO	\$6,056.96	Below elbow switch control
L6935	PO	\$7,079.68	Below elbow myoelectronic ct
L6940	PO	\$8,389.82	Elbow disarticulation switch
L6945	PO	\$9,406.38	Elbow disart myoelectronic c
L6950	PO	\$8,995.16	Above elbow switch control
L6955	PO	\$10,772.93	Above elbow myoelectronic ct
L6960	PO	\$10,865.31	Shldr disartic switch contro
L6965	PO	\$12,783.55	Shldr disartic myoelectronic
L6970	PO	\$13,155.45	Interscapular-thor switch ct
L6975	PO	\$14,414.20	Interscap-thor myoelectronic
L7007	PO	\$3,535.52	Adult electric hand
L7008	PO	\$5,543.02	Pediatric electric hand
L7009	PO	\$3,354.86	Adult electric hook

L7040		PO	\$2,752.06	Prehensile actuator
L7045		PO	\$1,457.92	Pediatric electric hook
L7170		PO	\$5,288.82	Electronic elbow hosmer swit
L7180		PO	\$32,424.45	Electronic elbow sequential
L7181		PO	\$35,479.56	Electronic elbo simultaneous
L7185		PO	\$6,467.88	Electron elbow adolescent sw
L7186		PO	\$9,853.56	Electron elbow child switch
L7190		PO	\$9,085.38	Elbow adolescent myoelectron
L7191		PO	\$10,187.64	Elbow child myoelectronic ct
L7260		PO	\$1,775.14	Electron wrist rotator otto
L7261		PO	\$3,231.43	Electron wrist rotator utah
L7266		PO	\$893.04	Servo control steeper or equ
L7272		PO	\$2,007.51	Analogue control unb or equa
L7274		PO	\$5,662.80	Proportional ctl 12 volt uta
L7360		PO	\$273.48	Six volt bat otto bock/eq ea
L7362		PO	\$252.04	Battery chrgr six volt otto
L7364		PO	\$479.23	Twelve volt battery utah/equ
L7366		PO	\$645.54	Battery chrgr 12 volt utah/e
L7367		PO	\$344.74	Replacemnt lithium ionbatter
L7368		PO	\$446.90	Lithium ion battery charger
L7400		PO	\$271.39	Add UE prost be/wd, utl lite
L7401		PO	\$303.82	Add UE prost a/e utl lite mat
L7402		PO	\$328.10	Add UE prost s/d utl lite mat
L7403		PO	\$326.09	Add UE prost b/e acrylic
L7404		PO	\$492.16	Add UE prost a/e acrylic
L7405		PO	\$643.68	Add UE prost s/d acrylic
L7900		PO	\$465.26	Male vacuum erection system
L8000		PO	\$33.23	Mastectomy bra
L8001		PO	\$111.06	Breast prosthesis bra & form
L8002		PO	\$146.08	Brst prsth bra & bilat form
L8015		PO	\$53.08	Ext breastprosthesis garment
L8020		PO	\$216.32	Mastectomy form
L8030		PO	\$291.72	Breast prosthes w/o adhesive
L8031		PO	\$291.72	Breast prosthesis w adhesive
L8032		PO	\$34.69	Reusable nipple prosthesis
L8035		PO	\$3,244.08	Custom breast prosthesis
L8040		PO	\$2,461.37	Nasal prosthesis
L8040	KM	PO	\$2,338.31	Nasal prosthesis
L8040	KN	PO	\$984.54	Nasal prosthesis
L8041		PO	\$2,966.74	Midfacial prosthesis
L8041	KM	PO	\$2,818.41	Midfacial prosthesis
L8041	KN	PO	\$1,186.69	Midfacial prosthesis
L8042		PO	\$3,333.44	Orbital prosthesis
L8042	KM	PO	\$3,166.75	Orbital prosthesis
L8042	KN	PO	\$1,333.37	Orbital prosthesis
L8043		PO	\$3,733.45	Upper facial prosthesis
L8043	KM	PO	\$3,546.76	Upper facial prosthesis
L8043	KN	PO	\$1,493.37	Upper facial prosthesis
L8044		PO	\$4,133.46	Hemi-facial prosthesis
L8044	KM	PO	\$3,926.79	Hemi-facial prosthesis

L8044	KN	PO	\$1,653.38	Hemi-facial prosthesis
L8045		PO	\$2,598.34	Auricular prosthesis
L8045	KM	PO	\$2,468.43	Auricular prosthesis
L8045	KN	PO	\$1,039.33	Auricular prosthesis
L8046		PO	\$2,666.74	Partial facial prosthesis
L8046	KM	PO	\$2,533.42	Partial facial prosthesis
L8046	KN	PO	\$1,066.70	Partial facial prosthesis
L8047		PO	\$1,366.71	Nasal septal prosthesis
L8047	KM	PO	\$1,298.39	Nasal septal prosthesis
L8047	KN	PO	\$546.68	Nasal septal prosthesis
L8300		PO	\$76.08	Truss single w/ standard pad
L8310		PO	\$159.29	Truss double w/ standard pad
L8320		PO	\$48.22	Truss addition to std pad wa
L8330		PO	\$44.53	Truss add to std pad scrotal
L8400		PO	\$18.93	Sheath below knee
L8410		PO	\$22.92	Sheath above knee
L8415		PO	\$21.68	Sheath upper limb
L8417		PO	\$66.49	Pros sheath/sock w gel cushn
L8420		PO	\$20.33	Prosthetic sock multi ply BK
L8430		PO	\$23.50	Prosthetic sock multi ply AK
L8435		PO	\$19.82	Pros sock multi ply upper lm
L8440		PO	\$48.81	Shrinker below knee
L8460		PO	\$60.12	Shrinker above knee
L8465		PO	\$44.00	Shrinker upper limb
L8470		PO	\$6.02	Pros sock single ply BK
L8480		PO	\$8.30	Pros sock single ply AK
L8485		PO	\$10.08	Pros sock single ply upper l
L8500		PO	\$685.49	Artificial larynx
L8501		PO	\$108.96	Tracheostomy speaking valve
L8507		PO	\$37.10	Trach-esoph voice pros pt in
L8509		PO	\$96.71	Trach-esoph voice pros md in
L8510		PO	\$223.74	Voice amplifier
L8511		PO	\$64.40	Indwelling trach insert
L8512		PO	\$1.91	Gel cap for trach voice pros
L8513		PO	\$4.60	Trach pros cleaning device
L8514		PO	\$83.50	Repl trach puncture dilator
L8515		PO	\$55.89	Gel cap app device for trach
L8600		PO	\$563.24	Implant breast silicone/eq
L8603		PO	\$393.90	Collagen imp urinary 2.5 ml
L8606		PO	\$193.99	Synthetic implnt urinary 1ml
L8609		PO	\$5,769.31	Artificial cornea
L8610		PO	\$625.30	Ocular implant
L8612		PO	\$597.23	Aqueous shunt prosthesis
L8613		PO	\$302.32	Ossicular implant
L8614		PO	\$17,284.73	Cochlear device
L8615		PO	\$399.36	Coch implant headset replace
L8616		PO	\$93.02	Coch implant microphone repl
L8617		PO	\$81.24	Coch implant trans coil repl
L8618		PO	\$23.22	Coch implant tran cable repl
L8619		PO	\$7,420.22	Coch imp ext proc/contr rplc

L8621	PO	\$0.55	Repl zinc air battery
L8622	PO	\$0.29	Repl alkaline battery
L8623	PO	\$57.28	Lith ion batt CID,non-earlvl
L8624	PO	\$142.80	Lith ion batt CID, ear level
L8627	PO	\$6,324.80	CID ext speech process repl
L8628	PO	\$1,095.43	CID ext controller repl
L8629	PO	\$158.55	CID transmit coil and cable
L8630	PO	\$303.88	Metacarpophalangeal implant
L8631	PO	\$1,957.77	MCP joint repl 2 pc or more
L8641	PO	\$315.74	Metatarsal joint implant
L8642	PO	\$276.79	Hallux implant
L8658	PO	\$275.29	Interphalangeal joint spacer
L8659	PO	\$1,708.71	Interphalangeal joint repl
L8670	PO	\$502.09	Vascular graft, synthetic
L8680	PO	\$406.73	Implt neurostim elctr each
L8681	PO	\$1,297.42	Pt prgrm for implt neurostim
L8682	PO	\$5,278.95	Implt neurostim radiofq rec
L8683	PO	\$4,646.68	Radiofq trsmtr for implt neu
L8684	PO	\$614.20	Radiof trsmtr implt scrll neu
L8685	PO	\$11,579.27	Implt nrostm pls gen sng rec
L8686	PO	\$7,388.47	Implt nrostm pls gen sng non
L8687	PO	\$15,069.25	Implt nrostm pls gen dua rec
L8688	PO	\$9,615.40	Implt nrostm pls gen dua non
L8689	PO	\$1,527.41	External recharg sys intern
L8690	PO	\$4,212.39	Aud osseo dev, int/ext comp
L8691	PO	\$2,361.18	Osseointegrated snd proc rpl
L8695	PO	\$14.74	External recharg sys extern
Q0480	PO	\$79,750.51	Driver pneumatic vad, rep
Q0481	PO	\$12,866.81	Microprcsr cu elec vad, rep
Q0482	PO	\$4,030.13	Microprcsr cu combo vad, rep
Q0483	PO	\$16,602.32	Monitor elec vad, rep
Q0484	PO	\$3,224.12	Monitor elec or comb vad rep
Q0485	PO	\$311.28	Monitor cable elec vad, rep
Q0486	PO	\$259.09	Mon cable elec/pneum vad rep
Q0487	PO	\$302.26	Leads any type vad, rep only
Q0489	PO	\$14,393.32	Pwr pck base combo vad, rep
Q0490	PO	\$622.58	Emr pwr source elec vad, rep
Q0491	PO	\$978.78	Emr pwr source combo vad rep
Q0492	PO	\$78.84	Emr pwr cbl elec vad, rep
Q0493	PO	\$224.53	Emr pwr cbl combo vad, rep
Q0494	PO	\$190.00	Emr hd pmp elec/combo, rep
Q0495	PO	\$3,698.71	Charger elec/combo vad, rep
Q0496	PO	\$1,327.53	Battery elec/combo vad, rep
Q0497	PO	\$414.53	Bat clips elec/comb vad, rep
Q0498	PO	\$454.83	Holster elec/combo vad, rep
Q0499	PO	\$147.78	Belt/vest elec/combo vad rep
Q0500	PO	\$27.04	Filters elec/combo vad, rep
Q0501	PO	\$452.21	Shwr cov elec/combo vad, rep
Q0502	PO	\$575.73	Mobility cart pneum vad, rep
Q0503	PO	\$1,151.46	Battery pneum vad replacemnt

Q0504	PO	\$607.60	Pwr adpt pneum vad, rep veh
Q0506	PO	\$756.33	Lith-ion batt elec/pneum VAD
V2020	PO	\$56.55	Vision svcs frames purchases
V2100	PO	\$47.11	Lens spher single plano 4.00
V2101	PO	\$49.64	Single visn sphere 4.12-7.00
V2102	PO	\$57.49	Singl visn sphere 7.12-20.00
V2103	PO	\$40.91	Spherocylindr 4.00d/12-2.00d
V2104	PO	\$45.30	Spherocylindr 4.00d/2.12-4d
V2105	PO	\$49.32	Spherocylinder 4.00d/4.25-6d
V2106	PO	\$54.46	Spherocylinder 4.00d/>6.00d
V2107	PO	\$52.05	Spherocylinder 4.25d/12-2d
V2108	PO	\$51.82	Spherocylinder 4.25d/2.12-4d
V2109	PO	\$57.62	Spherocylinder 4.25d/4.25-6d
V2110	PO	\$58.84	Spherocylinder 4.25d/over 6d
V2111	PO	\$61.34	Spherocylindr 7.25d/.25-2.25
V2112	PO	\$66.96	Spherocylindr 7.25d/2.25-4d
V2113	PO	\$73.58	Spherocylindr 7.25d/4.25-6d
V2114	PO	\$81.74	Spherocylinder over 12.00d
V2115	PO	\$68.90	Lens lenticular bifocal
V2118	PO	\$75.59	Lens aniseikonic single
V2121	PO	\$76.05	Lenticular lens, single
V2200	PO	\$61.66	Lens spher bifoc plano 4.00d
V2201	PO	\$66.76	Lens sphere bifocal 4.12-7.0
V2202	PO	\$75.75	Lens sphere bifocal 7.12-20.
V2203	PO	\$62.20	Lens sphcyl bifocal 4.00d/.1
V2204	PO	\$63.86	Lens sphcy bifocal 4.00d/2.1
V2205	PO	\$69.62	Lens sphcy bifocal 4.00d/4.2
V2206	PO	\$70.32	Lens sphcy bifocal 4.00d/ove
V2207	PO	\$64.74	Lens sphcy bifocal 4.25-7d/.
V2208	PO	\$66.85	Lens sphcy bifocal 4.25-7/2.
V2209	PO	\$67.97	Lens sphcy bifocal 4.25-7/4.
V2210	PO	\$72.61	Lens sphcy bifocal 4.25-7/ov
V2211	PO	\$75.41	Lens sphcy bifo 7.25-12/.25-
V2212	PO	\$76.61	Lens sphcyl bifo 7.25-12/2.2
V2213	PO	\$79.47	Lens sphcyl bifo 7.25-12/4.2
V2214	PO	\$96.83	Lens sphcyl bifocal over 12.
V2215	PO	\$90.00	Lens lenticular bifocal
V2218	PO	\$117.06	Lens aniseikonic bifocal
V2219	PO	\$50.39	Lens bifocal seg width over
V2220	PO	\$43.43	Lens bifocal add over 3.25d
V2221	PO	\$87.23	Lenticular lens, bifocal
V2300	PO	\$76.06	Lens sphere trifocal 4.00d
V2301	PO	\$73.45	Lens sphere trifocal 4.12-7.
V2302	PO	\$74.50	Lens sphere trifocal 7.12-20
V2303	PO	\$72.61	Lens sphcy trifocal 4.0/.12-
V2304	PO	\$78.29	Lens sphcy trifocal 4.0/2.25
V2305	PO	\$80.77	Lens sphcy trifocal 4.0/4.25
V2306	PO	\$82.90	Lens sphcyl trifocal 4.00/>6
V2307	PO	\$79.89	Lens sphcy trifocal 4.25-7/.
V2308	PO	\$80.01	Lens sphc trifocal 4.25-7/2.

V2309	PO	\$82.31	Lens sphc trifocal 4.25-7/4.
V2310	PO	\$83.69	Lens sphc trifocal 4.25-7/>6
V2311	PO	\$80.66	Lens sphc trifo 7.25-12/.25-
V2312	PO	\$81.17	Lens sphc trifo 7.25-12/2.25
V2313	PO	\$91.43	Lens sphc trifo 7.25-12/4.25
V2314	PO	\$104.24	Lens sphcyl trifocal over 12
V2315	PO	\$129.87	Lens lenticular trifocal
V2318	PO	\$176.41	Lens aniseikonic trifocal
V2319	PO	\$51.33	Lens trifocal seg width > 28
V2320	PO	\$63.01	Lens trifocal add over 3.25d
V2321	PO	\$128.30	Lenticular lens, trifocal
V2410	PO	\$99.73	Lens variab asphericity sing
V2430	PO	\$129.96	Lens variable asphericity bi
V2500	PO	\$97.75	Contact lens pmma spherical
V2501	PO	\$148.90	Cntct lens pmma-toric/prism
V2502	PO	\$183.43	Contact lens pmma bifocal
V2503	PO	\$168.94	Cntct lens pmma color vision
V2510	PO	\$113.95	Cntct gas permeable sphericl
V2511	PO	\$191.73	Cntct toric prism ballast
V2512	PO	\$226.56	Cntct lens gas permbl bifocl
V2513	PO	\$190.21	Contact lens extended wear
V2520	PO	\$125.43	Contact lens hydrophilic
V2521	PO	\$218.37	Cntct lens hydrophilic toric
V2522	PO	\$212.51	Cntct lens hydrophil bifocl
V2523	PO	\$169.30	Cntct lens hydrophil extend
V2530	PO	\$201.17	Contact lens gas impermeable
V2531	PO	\$489.09	Contact lens gas permeable
V2623	PO	\$1,045.38	Plastic eye prosth custom
V2624	PO	\$54.91	Polishing artifical eye
V2625	PO	\$333.85	Enlargemnt of eye prosthesis
V2626	PO	\$179.96	Reduction of eye prosthesis
V2627	PO	\$1,426.01	Scleral cover shell
V2628	PO	\$278.76	Fabrication & fitting
V2700	PO	\$45.54	Balance lens
V2710	PO	\$77.11	Glass/plastic slab off prism
V2715	PO	\$13.98	Prism lens/es
V2718	PO	\$31.89	Fresnell prism press-on lens
V2730	PO	\$19.02	Special base curve
V2744	PO	\$14.98	Tint photochromatic lens/es
V2745	PO	\$12.02	Tint, any color/solid/grad
V2750	PO	\$18.47	Anti-reflective coating
V2755	PO	\$14.99	UV lens/es
V2760	PO	\$15.31	Scratch resistant coating
V2762	PO	\$52.77	Polarization, any lens
V2770	PO	\$22.59	Occluder lens/es
V2780	PO	\$11.30	Oversize lens/es
V2782	PO	\$57.00	Lens, 1.54-1.65 p/1.60-1.79g
V2783	PO	\$64.27	Lens, >= 1.66 p/>=1.80 g
V2784	PO	\$41.80	Lens polycarb or equal
V2786	PO	\$0.00	Occupational multifocal lens

Modifiers: (MOD)	NU	Purchased, New
	RR	Rented
	UE	Purchased, Used
	KM	Replacement of Facial Prosthesis including new impression/moulage
	KN	Replacement of Facial Prosthesis using previous master mold
	AU	Urological, ostomy or trach item
	AV	Item with prosthetic/orthotic device
	AW	Item with a surgical dressing
		Bid Under Round I of the DMEPOS Competitive Bid Program ForUse
	KE	With Non-Competitive Bid Base Equipment KF--Class III device
	KL	DMEPOS Item Delivered Via Mail
	KC	Replacement of Special Power Wheelchair Interface
Categories: (CATG)	IN	Inexpensive and Other Routinely Purchased Items
	FS	Frequently Serviced Items
	CR	Capped Rental Items
	OX	Oxygen and Oxygen Equipment
	OS	Ostomy, Tracheostomy & Urological Items
	SD	Surgical Dressings
	PO	Prosthetics & Orthotics
	SU	Supplies
	TE	Transcutaneous Electrical Nerve Stimulators
TS	Therapeutic Shoes	

Exhibit 6

Codes Subject to the Daily Maximum

CPT*/HCPCS Description

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29200	STRAP CHEST		
29240	STRAP SHOULDER		
29260	STRAP ELBOW OR WRIST		
29280	STRAP HAND OR FINGER		
29520	STRAP HIP		
29530	STRAP KNEE		
29540	STRAP ANKLE AND/OR FT		
29550	STRAP TOES		
29580	APPLY PASTE BOOT		
29581	APPLY MULTILAY COMPRESS LWR LEG		
29590	APPLY FOOT SPLINT		
29799	CAST/STRAP PROCEDURE		
97012	MECHANICAL TRACTION THERAPY	SUPERVISED MODALITY	includes treatment with VAX-D, DRX and similar machines
G0283	ELECTRICAL STIMULATION, (UNATTENDED), TO ONE OR MORE AREAS		
97016	VASOPNEUMATIC DEVICE THERAPY	SUPERVISED MODALITY	
97018	PARAFFIN BATH THERAPY	SUPERVISED MODALITY	
97022	WHIRLPOOL THERAPY	SUPERVISED MODALITY	
97024	DIATHERMY EG, MICROWAVE	SUPERVISED MODALITY	
97026	INFRARED THERAPY	SUPERVISED MODALITY	includes cold laser or low-power laser treatment
97028	ULTRAVIOLET THERAPY	SUPERVISED MODALITY	
97032	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ELECTRICAL STIMULATION (MANUAL), EACH 15 MINUTES	DIRECT ONE-ON-ONE PATIENT CONTACT REQUIRED	
97033	IONTOPHORESIS, EACH 15 MINUTES	DIRECT ONE-ON-ONE PATIENT CONTACT REQUIRED	
97034	CONTRAST BATHS, EACH 15 MINUTES	DIRECT ONE-ON-ONE PATIENT CONTACT REQUIRED	

97035	ULTRASOUND, EACH 15 MINUTES	DIRECT ONE-ON-ONE PATIENT CONTACT REQUIRED	
97036	HUBBARD TANK, EACH 15 MINUTES	DIRECT ONE-ON-ONE PATIENT CONTACT REQUIRED	
97039	UNLISTED PHYSICAL MEDICINE & REHAB MODALITY		
97110	THERAPEUTIC PROCEDURE, 1 OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AND ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	DIRECT ONE-ON-ONE PATIENT CONTACT REQUIRED	
97112	NEUROMUSCULAR REEDUCATION OF MOVEMENT, BALANCE COORDINATION, KINESTHETIC SENSE, POSTURE, AND/OR PROPRIOCEPTION FOR SITTING OR STANDING ACTIVITIES	DIRECT ONE-ON-ONE PATIENT CONTACT REQUIRED	
97113	AQUATIC THERAPY WITH THERAPEUTIC EXERCISES		
97124	MASSAGE THERAPY	DIRECT ONE-ON-ONE PATIENT CONTACT REQUIRED	
97139	UNLISTED PHYSICAL MEDICINE PROCEDURE		
97140	MANUAL THERAPY TECHNIQUES (eg MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION, 1 OR MORE REGIONS, EACH 15 MINUTES	DIRECT ONE-ON-ONE PATIENT CONTACT REQUIRED	
97150	GROUP THERAPEUTIC PROCEDURES, (2 OR MORE INDIVIDUALS)	CONSTANT ATTENDANCE OF PROVIDER REQUIRED	
97530	THERAPEUTIC ACTIVITIES, (USE OF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE)	DIRECT ONE-ON-ONE PATIENT CONTACT REQUIRED	
97535	SELF CARE MANAGEMENT TRAINING		
97810	ACUPUNCTURE, 1 OR MORE NEEDLES, WITHOUT ELECTRICAL STIMULATION, INITIAL 15 MINUTES	DIRECT ONE-ON-ONE PATIENT CONTACT REQUIRED	
97811	ACUPUNCTURE, 1 OR MORE NEEDLES, WITHOUT ELECTRICAL STIMULATION, EACH ADDITIONAL 15 MINUTES, WITH REINSERTION OF NEEDLES	DIRECT ONE-ON-ONE PATIENT CONTACT REQUIRED	
97813	ACUPUNCTURE, 1 OR MORE NEEDLES, WITH ELECTRICAL STIMULATION, INITIAL 15 MINUTES	DIRECT ONE-ON-ONE PATIENT CONTACT REQUIRED	
97814	ACUPUNCTURE, 1 OR MORE NEEDLES, WITH ELECTRICAL STIMULATION, EACH ADDITIONAL 15 MINUTES, WITH REINSERTION OF NEEDLES	DIRECT ONE-ON-ONE PATIENT CONTACT REQUIRED	
98925	OSTEOPATHIC MANIPULATION 1-2 REGIONS		
98926	OSTEOPATHIC MANIPULATION 3-4 REGIONS		
98927	OSTEOPATHIC MANIPULATION 5-6 REGIONS		
98928	OSTEOPATHIC MANIPULATION 7-8 REGIONS		

98929	OSTEOPATHIC MANIPULATION 9-10 REGIONS		
98940	CHIROPRACTIC MANIPULATION 1-2 REGIONS		
98941	CHIROPRACTIC MANIPULATION 3-4 REGIONS		
98942	CHIROPRACTIC MANIPULATION 5 REGIONS		
98943	CHIROPRACTIC MANIPULATION EXTRASPINAL, 1 OR MORE REGIONS		

NOTE: FOR CHIROPRACTIC MANIPULATIVE TREATMENT, THE 5 SPINAL REGIONS REFERRED TO ARE: CERVICAL REGION (INCLUDES ATLANTO-OCCIPITAL JOINT); THORACIC REGION (INCLUDES COSTOVERTEBRAL AND COSTOTRANSVERSE JOINTS); LUMBAR REGION; SACRAL REGION; AND PELVIC (SACRO-ILIAC JOINT) REGION. THE FIVE EXTRA-SPINAL REGIONS REFERRED TO ARE: HEAD (INCLUDING TEMPOROMANDIBULAR JOINT, EXCLUDING ATLANTO-OCCIPITAL) (EXCLUDING COSTOTRANSVERSE AND COSTOVERTEBRAL JOINTS AND ABDOMEN)

NOTE: FOR OSTEOMANIPULATIVE TREATMENT, THE BODY REGIONS REFERRED TO ARE: HEAD REGION; CERVICAL REGION; THORACIC REGION; LUMBAR REGION; SACRAL REGION; PELVIC REGION; LOWER EXTREMITIES; UPPER EXTREMITIES; RIB CAGE REGION; ABDOMEN AND VISCERA REGION

NOTE: FOR STRAPPING, THIS IS A REPLACEMENT PROCEDURE USED DURING OR AFTER THE PERIOD OF FOLLOW-UP CARE OR WHEN THE APPLICATION IS AN INITIAL SERVICE PERFORMED WITHOUT A RESTORATIVE TREATMENT TO STABILIZE OR PROTECT A FRACTURE, INJURY OR DISLOCATION AND/OR TO AFFORD COMFORT TO A PATIENT.