CHAPTER 5221
DEPARTMENT OF LABOR AND INDUSTRY
FEES FOR MEDICAL SERVICES

5221.0100 DEFINITIONS.

[For text of subps 1 to 3, see M R]

Subp 4 **Code.** "Code" means the alphabetic, numeric, or alphanumeric symbol used to identify a specific health care service, place of service, or diagnosis as follows

A "Billing code" means a procedure code as defined in item F plus any applicable modifiers as defined in subpart 10a. A billing code is used to identify a specific health care service, article, or supply for billing purposes

B "CPT code" means a numeric code included in the Current Procedural Terminology Coding System manual, incorporated by reference in part 5221 0405, item D A CPT code is used to identify a specific medical service, article, or supply

C "HCPCS code" means a numeric or alphanumeric code included in the United States Health Care Financing Administration's Common Procedure Coding System An HCPCS code is used to identify a specific medical service, article, or supply HCPCS level I codes are the numeric CPT codes listed in the CPT manual, incorporated by reference in part 5221 0405, item D HCPCS level II codes are alphanumeric codes created for national use HCPCS level III codes are alphanumeric codes created for statewide use HCPCS level II and level III codes are listed in the HCPCS manual, incorporated by reference in part 5221 0405, item E

D "ICD–9–CM code" means a numeric code included in the International Classification of Diseases, Clinical Modification manual, incorporated by reference in part 5221 0405, item A An ICD–9–CM code is used to identify a particular medical or chiropractic diagnosis

E "Place of service code" means the code used to identify the type of facility and classification of service as inpatient or outpatient service on the HCFA 1500 claim form or the Uniform Billing Claim Form (UB–92 HCFA 1450), incorporated by reference in part 5221 0405, items B and C

F "Procedure code" means a numeric or alphanumeric code used to identify a particular health care service Procedure codes used in this chapter include CPT codes, HCPCS codes, chiropractic procedure codes, and prescription numbers

[For text of subps 5 and 6, see M R]

Subp 6a **Conversion factor.** "Conversion factor" means the dollar value of the maximum fee payable for one relative value unit of a compensable health care service delivered under Minnesota Statutes, chapter 176

Subp 6b **Division.** "Division" means the Workers' Compensation Division of the Department of Labor and Industry

Subp 7 [Repealed, 18 SR 1472]

Subp 8 [Repealed, 18 SR 1472]

[For text of subp 9, see M R]

Subp 10 **Medical fee schedule.** "Medical fee schedule" means the list of codes, service descriptions, and corresponding dollar amounts allowed under Minnesota Statutes, section 176 136, subdivisions 1 and 5, and parts 5221 4000 to 5221 4070

Subp 10a **Modifier.** "Modifier" means a two–digit number or two–letter symbol that is added to a procedure code to indicate that the service rendered differs in some material respect from the service as described in this chapter or in the CPT or HCPCS manual in effect on the date the service was rendered Only those modifiers listed and described in the CPT manual in effect on the date the service was rendered may be used Applicable modifiers must be used with a procedure code, even if the modifier has no effect on the payment level

[For text of subp 11, see M R]

Subp 11a **Physician.** "Physician" means a person who is authorized by law to practice the medical profession within the United States, is in good standing in the profession, and includes only those persons holding the degree D O (Doctor of Osteopathy) or M D (Doctor of Medicine), as defined in Minnesota Statutes, sections 176 011, subdivision 17, and 176 135, subdivision 2a

Subp 12 **Provider.** "Provider" is as defined in Minnesota Statutes, section 176 011, subdivision 24

Subp 13 [Repealed, 18 SR 1472]

Subp 14 [Repealed, 18 SR 1472]

Subp 14a **Relative value unit.** "Relative value unit" means the numeric value assigned to a health care service or procedure to represent or quantify its worth, as compared to a standard service

[For text of subp 15, see M R]

Statutory Authority: *MS s 175 171, 176 101, 176 135, 176 136, 176 231, 176 83*

History: *18 SR 1472*

5221.0200 AUTHORITY.

This chapter is adopted under the authority of Minnesota Statutes, sections 175 171, 176 101, subdivision 3e, 176.135, subdivisions 2 and 7, 176 136, 176.231, and 176.83

Statutory Authority: *MS s 175 171; 176 101, 176.135, 176 136, 176 231, 176.83*

History: *18 SR 1472*

5221.0300 PURPOSE.

This chapter is intended to prohibit health care providers treating employees with compensable injuries from receiving excessive reimbursement for their services. This chapter defines the payer's maximum liability for medical services, articles, and supplies This chapter also governs health care provider communication with parties, required reporting of medical, disability, and billing information under Minnesota Statutes, chapter 176, change of health care provider, and criteria for determining, serving, and filing maximum medical improvement.

Statutory Authority: *MS s 175 171, 176 101, 176 135, 176 136; 176 231; 176 83*

History: *18 SR 1472*

5221.0400 SCOPE.

The following are subject to this chapter all entities responsible for payment and administration of medical claims compensable under Minnesota Statutes, chapter 176, providers of medical services or supplies for compensable injuries under Minnesota Statutes, section 176 135, subdivision 1, and employees as defined in Minnesota Statutes, section 176 011, subdivision 9 This chapter shall be applied in all relevant determinations made by compensation judges at the department and the Office of Administrative Hearings, and by the commissioner

Statutory Authority: *MS s 175.171; 176 101, 176.135, 176 136; 176 231, 176 83*

History: *18 SR 2545*

5221.0405 INCORPORATIONS BY REFERENCE.

The following documents are incorporated by reference to the extent cited in this chapter.

A The International Classification of Diseases, Clinical Modification, 9th revision, 1991 (ICD–9–CM) It is subject to frequent change. It is published by the United States Department of Health and Human Services, Health Care Financing Administration, and may be purchased through the Superintendent of Documents, Umted States Government Printing Office, Washington, D.C. 20402 It is available through the Minitex interlibrary loan system.

B The Federal Health Care Financing Administration claim form (HCFA–1500) (U2)(12–90). It is not subject to frequent change It is developed by the United States Department of Health and Human Services, Health Care Financing Administration, and may be purchased through the Superintendent of Documents, United States Government Printing Office, Washington, D C 20402 It is available through the Minitex interlibrary loan system

C The Uniform Billing Claim form (UB–92, HCFA–1450) developed by the National Uniform Billing Committee. The federal Health Care Financing Administration determines the standards for printing this form It is not subject to frequent change. It may be purchased from local commercial business office supply stores after April 1993 The form will be required by the federal Medicare program as of October 1993. It is available through the Minitex interlibrary loan system.

D. The Physician's Current Procedural Terminology, (CPT manual) 4th edition, 1993 It is subject to frequent change. It is published by and may be purchased from the American Medical Association, Order Department OP054193, P.O Box 10950, Chicago, Illinois 60610 It is available through the Minitex interlibrary loan system

E The alphanumeric HCFA Common Procedural Coding System (HCPCS manual), January 1993 edition It is subject to frequent change It is published by the HCPCS subcommittee of Minnesota under the authority of the federal Health Care Financing Administration and may be obtained from the Minnesota Department of Human Services, Claims

Processing Section, 444 Lafayette Road, Saint Paul, Minnesota 55155–3849. It is available through the Minitex interlibrary loan system

Statutory Authority: *MS s 175 171, 176.101, 176 135, 176 136, 176 231, 176.83*

History: *18 SR 1472*

5221.0410 REQUIRED REPORTING AND FILING OF MEDICAL INFORMATION.

Subpart 1 **Scope.** This part prescribes information the health care provider is required to submit to the employer, insurer, or commissioner This part does not preclude any party or the commissioner from requesting supplementary reports from the health care provider under Minnesota Statutes, section 176 231, subdivision 4

Subp 2 **Health care provider report.** Within ten days of receipt of a request for information on the prescribed health care provider report form from an employer, insurer, or the commissioner, a health care provider must respond on the report form or in a narrative report that contains the same information requested on the form.

The health care provider's report form prescribed by the commissioner must include the information required by items A to M However, parties may also continue to use the maximum medical improvement and the physician's report forms prescribed by part 5220 2590 until January 1, 1994

A information identifying the employee and employer, and insurer, if known,

B date of first examination for this injury or disease by the health care provider,

C diagnosis and appropriate ICD–9–CM diagnostic codes for the injury or disease,

D. history of the injury or disease as given by the employee;

E the relationship of the injury or disease to employment activities,

F information regarding any preexisting or other conditions affecting the employee's disability,

G. information about future treatment including, but not limited to, hospital admission, surgery, or referral to another doctor,

H information regarding any surgery that has been performed,

I. information regarding the employee's ability to work, any work restrictions, and dates of disability;

J information regarding the employee's permanent partial disability rating, in accordance with subpart 4,

K information regarding whether the employee is unable to return to former employment for medical reasons attributed to the injury,

L. information regarding maximum medical improvement in accordance with subpart 3, and

M. signature of health care provider, license or registration number, and identification information

Subp 3. **Maximum medical improvement.** For injuries occurring on or after January 1, 1984, or upon request for earlier injuries, the health care provider must report to the self–insured employer or insurer, maximum medical improvement, when ascertainable, on the health care provider report form or in a narrative report "Maximum medical improvement" is a medical and legal concept defined by Minnesota Statutes, section 176 011, subdivision 25, as the date after which no further significant recovery from or significant lasting improvement to a personal injury can reasonably be anticipated, based upon reasonable medical probability

A For purposes of subitems (1) and (2), "the employee's condition" includes the signs, symptoms, physical and clinical findings, and functional status that characterize the complaint, illness, or injury "Functional status" means the ability of an individual to engage in activities of daily life and vocational activities. Except as otherwise provided in item B

(1) In determining maximum medical improvement, the following factors shall be considered by the health care provider as an indication that maximum medical improvement has been reached

(a) there has been no significant lasting improvement in the employee's condition, and significant recovery or lasting improvement is unlikely, even if there is ongoing treatment;

(b) all diagnostic evaluations and treatment options that may reasonably be expected to improve or stabilize the employee's condition have been exhausted, or declined by the employee,

(c) any further treatment is primarily for the purpose of maintaining the employee's current condition or is considered palliative in nature, and

(d) any further treatment is primarily for the purpose of temporarily or intermittently relieving symptoms.

(2) The following factors should be considered by the health care provider as an indication that maximum medical improvement has not been reached

(a) the employee's condition is significantly improving or likely to significantly improve, with or without additional treatment,

(b) there are diagnostic evaluations that could be performed that have a reasonable probability of changing or adding to the treatment plan leading to significant improvement, or

(c) there are treatment options that have not been applied that may reasonably be expected to significantly improve the employee's condition.

B This item applies to musculoskeletal injuries that fall within any category under parts 5223 0070, 5223 0080, 5223 0110 to 5223.0150, and 5223 0170 for dates of injury before July 1, 1993, and that fall within any category under parts 5223 0370 to 5223.0390 and 5223.0440 to 5223 0550 for dates of injury on or after July 1, 1993 When more than one year has elapsed since the date of a musculoskeletal injury that falls within any of the above categories, the only factors in determining maximum medical improvement shall be whether a decrease is anticipated in the employee's estimated permanent partial disability rating or a significant improvement is anticipated in the employee's work ability as documented on the report of work ability described in subpart 6 If medical reports show no decrease in the employee's estimated permanent partial disability or no significant improvement in the employee's work ability in any three–month period later than one year after the injury, the employee is presumed to have reached maximum medical improvement This presumption can only be rebutted by a showing that a decrease in the employee's permanent partial disability rating or significant improvement in the work ability has occurred or is likely to occur beyond this three–month period The medical reports relied upon as establishing maximum medical improvement under this item must be served on the employee in accordance with item C

This item applies only to injuries of the musculoskeletal system, except where the injury is a spinal cord injury resulting in permanent paralysis, a head injury with loss of consciousness, or where surgery has been performed within the previous six months. In these cases, the factors listed in item A shall be used to determine maximum medical improvement.

C If the employer or insurer does not serve a notice of intention to discontinue benefits or a petition to discontinue benefits under Minnesota Statutes, section 176 238, at the same time a narrative maximum medical improvement report is served, then the report must be served with a cover letter containing the information in subitems (1) to (6). Serving the cover letter with the maximum medical improvement report does not replace the notice of intention to discontinue benefits or petition to discontinue benefits required by Minnesota Statutes, section 176 238 The cover letter must include

(1) information identifying the employee by name, social security number, and date of injury,

(2) information identifying the employer and insurer,

(3) the date the report was mailed to the employee,

(4) a statement that the attached report indicates that in the opinion of the health care provider, the employee reached maximum medical improvement by the specified date or an explanation that the attached reports indicate the employee has reached maximum medical improvement under the circumstances specified in item B,

(5) the statement "Maximum medical improvement is defined by Minnesota Statutes, section 176 011, subdivision 25, as the date after which no further significant recovery from or significant lasting improvement to a personal injury can reasonably be anticipated, based upon reasonable medical probability", and

(6) the statement "There may be an impact on your temporary total disability benefits If we propose to stop your benefits, a notice of discontinuance of benefits will be sent to you first If you have any questions concerning your benefits or maximum medical improvement, you may call the claims person at or the workers' compensation division at (specify telephone numbers) "

Subp 4 **Permanent partial disability.** The health care provider must render an opinion of permanent partial disability when ascertainable, but no later than the date of maximum medical improvement The rating must be reported on the health care provider report form or in a narrative report In making a rating of permanent partial disability, the health care provider must specify any applicable category of the permanent partial disability schedule in effect for the employee's date of injury If a zero rating is appropriate, this rating must also be reported

The health care provider may refer the employee to another health care provider for an opinion of the employee's permanent partial disability rating if the primary health care provider feels unable to make the determination in complicated cases involving impairments to more than one body part or multiple citations under the permanent partial disability schedule In such cases, the treating provider must be available for consultation with the evaluating provider, and must make all relevant medical records available, without charge to the payer The evaluating provider is entitled to reimbursement from the payer for a consultation as limited by the medical fee schedule

Subp 5 **Required reporting to division.** For those injuries that are required to be reported to the division under Minnesota Statutes, section 176 231, subdivision 1, the self–insured employer or insurer or third–party administrator shall file with the division the health care provider report form prescribed in subpart 2 or a narrative report that indicates that the employee has reached maximum medical improvement, or that indicates a preliminary or final permanent partial disability rating The commissioner shall, by written request under Minnesota Statutes, section 176 231, subdivisions 3 and 7, require the filing of the health care provider report at additional times as necessary to monitor compliance with Minnesota Statutes, chapter 176, in accordance with Minnesota Statutes, sections 176 231, subdivision 6, and 176 251 All reports filed under this subpart must include the appropriate ICD–9–CM diagnostic codes for the injury or disease

Subp 6 **Report of work ability.** Each primary health care provider as defined in part 5221 0430, subpart 1, must complete and submit to the employee a report of work ability A health care provider providing service under the direction or prescription of another provider is not required to complete a report of work ability

A For all work injuries, the primary health care provider must complete a report of work ability within ten days of a request by an insurer or at the intervals stated in subitems (1) to (3), unless there are no restrictions or the restrictions are permanent and have been so indicated in a report of work ability

(1) every visit if visits are less frequent than once every two weeks,

(2) every two weeks if visits are more frequent than once every two weeks, unless work restrictions change sooner, or

(3) upon expiration of the ending or review date of the restriction specified in a previous report of work ability Open–ended durations of disability or restriction may not be given

B The report of work ability must be either on the form prescribed by the commissioner or in a report that contains the same information as the report of work ability The report of work ability prescribed by the commissioner shall include

(1) information identifying the employee and employer, and insurer, if known,

(2) the date of the most recent examination,

(3) information stating whether the employee is able to work without restrictions, able to work with restrictions, or unable to work,

(4) work restrictions stated in functional terms, if the employee is able to work with restrictions,

(5) the date any restriction of work activity is to begin and the anticipated ending or review date,

(6) the date of the next scheduled visit,

(7) the signature of the health care provider, license or registration number, and identification information, and

(8) a notice to the employee that a copy of the report must be promptly provided to the employer or workers' compensation insurer and assigned qualified rehabilitation consultant

C The report of work ability must be based on the health care provider's most recent evaluation of the employee's signs, symptoms, physical and clinical findings, and functional status

D The report of work ability must be provided to the employee and a copy of the report must be placed in the employee's medical record Promptly upon receipt, the employee shall submit the report of work ability to the employer or the insurer and the assigned qualified rehabilitation consultant. The commissioner shall, by written request under Minnesota Statutes, sections 176 102, subdivision 7, and 176 231, subdivisions 3 and 7, require the filing of a report of work ability when necessary to monitor compliance with Minnesota Statutes, chapter 176, in accordance with Minnesota Statutes, sections 176 231, subdivision 6, and 176 251

Subp 7 **Charge for required reporting.** No charge may be assessed for completion of a health care provider report or report of work ability required by subparts 2 and 6, or for a narrative or other report prepared in lieu of a health care provider report or report of work ability A provider may charge a reasonable amount for requested supplementary reports using CPT codes 99080 (special reports), or X9198 (special chiropractic reports)

Subp 8 **Proper filing of documents with division.** A health care provider report or narrative report required by the division under this part may be filed by facsimile or electronic transmission, if available at the division Filing is completed at the time that the facsimile or electronic transmission is received by the commissioner A report received after 4 30 p m shall be deemed received on the next open state business day The filed facsimile or transmitted information has the same force and effect as the original Where the quality of the document is at issue, the commissioner shall require the original document to be filed.

A narrative report filed with the division must, at the top of the first page, identify the employee by name, social security number, and date of injury. The name of the self–insured employer, insurer, and administrator if appropriate, must also be identified The filer must identify the reason the report is submitted, and must highlight the corresponding pertinent sections of the report.

Statutory Authority: *MS s 175 171, 176 101, 176 135, 176 136, 176.231, 176 83*

History: *18 SR 1472*

NOTE Subpart 6 is effective January 1, 1994

5221.0420 HEALTH CARE PROVIDER PARTICIPATION WITH RETURN TO WORK PLANNING.

Subpart 1 **Cooperation with return to work planning.** In addition to completing the required report of work ability under part 5221 0410, subpart 6, a health care provider must participate cooperatively in the planning of an injured employee's return to work by communicating with the employee, employer, insurer, rehabilitation providers, and the commissioner in accordance with this part A health care provider must release the employee to return to work, with restrictions if necessary, at the earliest appropriate time

If no qualified rehabilitation consultant has requested an opinion under subpart 2, item B, subitem (1), the health care provider must respond within ten calendar days of receipt of a request by the employee, employer, or insurer regarding whether the physical requirements of a proposed job are within the employee's medical restrictions or whether the health care

provider requires further information The health care provider may respond in writing, in person, or by telephone The health care provider may require that the proposed job be described in writing The provider may also agree to review a videotape of the job

Subp 2 **Communication with assigned qualified rehabilitation consultant.** When an employee is receiving vocational rehabilitation services under Minnesota Statutes, section 176 102, the health care provider must communicate with the assigned qualified rehabilitation consultant as follows

A A valid patient authorization is required for communication with the assigned qualified rehabilitation consultant Under part 5220 1802, it is the assigned qualified rehabilitation consultant's responsibility to obtain the patient authorization and send it to the health care provider Within ten calendar days of receipt of a request for information, the health care provider must respond to the assigned qualified rehabilitation consultant in person, by telephone, or in writing when any of the circumstances specified in item B occur When an opinion about a proposed job is requested, the health care provider may require that the proposed job be described m writing The provider may also agree to review a videotape of the job

B The health care provider must respond to a request for communication from the assigned qualified rehabilitation consultant upon initial assignment of a qualified rehabilitation consultant Thereafter, the health care provider must respond to a request no more than once in any 30–calendar day period, except that the provider must also respond to a request when any of the following occur

(1) when an opinion is requested regarding whether the physical requirements of a proposed job are within the employee's restrictions,

(2) when there has been an unanticipated or substantial change in the employee's condition,

(3) when a job search is initiated, or

(4) when there has been a change in the employee's work status.

Subp. 3 **Reimbursement for services.** A health care provider may not require prepayment for communication required by this part The provider must bill the employer and insurer for the services rendered Return to work services must be described, coded, and billed as special services, distinct from, and m addition to, all medical and chiropractic office and hospital visits and consultations The following procedure codes must be used for these services

A. 99080, special reports,

B. 99199, unlisted special service,

C X9198, special chiropractic reports, or

D X9199, unlisted special chiropractic service

Statutory Authority: *MS s 175 171, 176.101, 176 135; 176 136, 176 231, 176.83*

History: *18 SR 1472*

5221.0430 CHANGE OF HEALTH CARE PROVIDER.

Subpart 1 **Primary health care provider.** The individual health care provider directing and coordinating medical care to the employee following the injury is the primary health care provider If the employee receives medical care after the injury from a provider on two occasions, the provider is considered the primary health care provider if that individual directs and coordinates the course of medical care provided to the employee The employee may have only one primary health care provider at a time The selection of a provider by an employee covered by a certified managed care plan is governed by chapter 5218.

Subp 2 **Change of health care provider.** Following selection of a primary provider, the employee may change primary providers once within the first 60 days after initiation of medical treatment for the injury without the need for approval from the insurer, the department, or a workers' compensation judge Transfer of medical care coordination due to conditions beyond the employee's control such as retirement, death, cessation from practice of the primary provider, or a referral from the primary provider to another provider does not exhaust the employee's right to a change of provider without approval under this subpart After the first 60 days following initiation of medical treatment for the injury, any further changes

of primary provider must be approved by the insurer, the department, or a workers' compensation judge If the employee is covered by a certified managed care plan, a change of providers is governed by chapter 5218, Minnesota Statutes, section 176 1351, subdivision 2, clause (11), and procedures under the plan

Subp 3 **Unauthorized change; prohibited payments.** If the employee or health care provider fails to obtain approval of a change of provider before commencing treatment where required by this part, the insurer is not liable for the treatment rendered prior to approval unless the insurer has agreed to pay for the treatment Treatment rendered before a change of provider is approved under this subpart is not inappropriate if the treatment was provided in an emergency situation and prior approval could not reasonably have been obtained

Subp 4 **Change of primary provider not approved.** After the first 60 days following initiation of medical treatment for the injury, or after the employee has exercised the employee's right to change doctors once, the department, a certified managed care organization, or a compensation judge shall not approve a party's request to change primary providers, where.

A a significant reason underlying the request is an attempt to block reasonable treatment or to avoid acting on the provider's opinion concerning the employee's ability to return to work,

B the change is to develop litigation strategy rather than to pursue appropriate diagnosis and treatment;

C. the provider lacks the expertise to treat the employee for the injury,

D the travel distance to obtain treatment is an unnecessary expense and the same care is available at a more reasonable location,

E at the time of the employee's request, no further treatment is needed, or

F for another reason, the request is not in the best interest of the employee and the employer

Statutory Authority: *MS s 175 171, 176 101, 176.135, 176 136, 176 231; 176 83*

History: *18 SR 1472*

5221.0500 EXCESSIVE CHARGES; LIMITATION OF PAYER LIABILITY.

Subpart 1 **Excessive health care provider charges.** A billing charge for services, articles, or supplies provided to an employee with a compensable injury is excessive if any of the conditions in items A to I apply to the charge A payer is not liable for a charge which meets any of these conditions

A the charge wholly or partially duplicates another charge for the same service, article, or supply, such that the charge has been paid or will be paid in response to another billing, or

B the charge exceeds the provider's current usual and customary charge, as specified in subpart 2, item B, for the same or similar service, article, or supply in cases unrelated to workers' compensation injuries, or

C the charge is described by a billing code that does not accurately reflect the actual service provided, or

D the service does not comply with the treatment standards and requirements adopted under Minnesota Statutes, section 176 83, subdivision 5, concerning the reasonableness and necessity, quality, coordination, level, duration, frequency, and cost of services, or

E the service was performed by a provider prohibited from receiving reimbursement under Minnesota Statutes, chapter 176, pursuant to Minnesota Statutes, sections 176 83, 176 103, and 256B 0644, or

F the service, article, or supply is not usual, customary, and reasonably required for the cure or relief of the effects of a compensable injury or is provided at a level, duration, or frequency that is excessive, based on accepted medical standards for quality health care and accepted rehabilitation standards under Minnesota Statutes, section 176 136, subdivision 2, clause (2), or

G. the service, article, or supply was delivered in violation of the federal Medicare anti–kickback statutes and regulations as specified in part 5221.0700, subpart 1a, or

H where approval for a change of doctor is required by part 5221 0430 for the provider submitting the charge, and approval has not been obtained from the payer, commissioner, or compensation judge, or

I the service is outside the scope of practice of the particular provider or is not generally recognized within the particular profession of the provider as of therapeutic value for the specific injury or condition, under Minnesota Statutes, section 176 136, subdivision 2, clause (3)

Subp 2 **Limitation of payer liability.** A payer is not liable for health care charges which are excessive under subpart 1 If the charges are not excessive under subpart 1, a payer's liability for payment of charges is limited as provided in items A to F

A The payer's liability shall be limited to the maximum amount allowed for any service specified in the medical fee schedule of this chapter in effect on the date of the service, or the provider's usual and customary fee, whichever is lower

B Except as provided in items C to F, if the service is not included in parts 5221 4000 to 5221 4070, the payer's liability payment shall be limited to 85 percent of the provider's usual and customary charge, or 85 percent of the prevailing charge for similar treatment, articles, or supplies furnished to an injured person when paid for by the injured person, whichever is lower

(1) A usual and customary charge under Minnesota Statutes, section 176 136, subdivision 1b, paragraphs (a) and (b), means the amount actually billed by the health care provider to all payers for the same service, whether under workers' compensation or not, and regardless of the amount actually reimbursed under a contract or government payment system

(2) A prevailing charge under Minnesota Statutes, section 176 136, subdivision 1b, paragraph (b), is the 75th percentile of the usual and customary charges as defined in subitem (1) in the previous calendar year for each service, article, or supply if the database for the service meets all of the following criteria

(a) the database includes only Minnesota providers, with at least three different, identifiable providers of the same provider type, distinguished by whether the service is an inpatient hospital service, or an outpatient physician, pathology, laboratory, chiropractic, physical therapy or occupational therapy service, or provider of other similar service, article, or supply,

(b) there are at least 20 billings for the service, article, or supply, and

(c) the standard deviation is less than or equal to 50 percent of the mean of the billings for each service in the data base or the value of the 75th percentile is not greater than or equal to three times the value of the 25th percentile of the billings

C Under Minnesota Statutes, section 176 136, subdivision 1b, paragraph (a), payment for services, articles, and supplies provided to an employee while an inpatient or outpatient at a hospital with 100 or fewer licensed beds or a patient at a nursing home participating in the medical assistance program shall be 100 percent of the usual and customary charge as defined in item B, unless the charge is determined by the commissioner or compensation judge to be unreasonable or excessive

D. Under Minnesota Statutes, section 176 136, subdivision 1b, paragraph (b), payment for services, articles, and supplies provided to an employee who is an inpatient at a hospital with more than 100 licensed beds shall be limited to 85 percent of the hospital's usual and customary charge as defined in item B, or 85 percent of the prevailing charge as defined in item B, whichever is lower Outpatient charges for hospitals with more than 100 beds are limited by the maximum fees for any service set forth in parts 5221 4000 to 5221 4070 For hospitals with more than 100 beds, liability for outpatient charges that are not included in parts 5221 4000 to 5221 4070 is limited to 85 percent of the hospitals usual and customary, or prevailing charge, as described in item B A hospital charge is considered an inpatient charge if the employee spent either the night before or the night after the service in the hospital, and there is an overnight room charge

E Charges for cost of copies of medical records and postage are governed by parts 5219 0100 to 5219 0300 and are not subject to the 85 percent reimbursement limit specified in item B Travel expenses incurred by an employee for compensable medical services shall

be paid at the rate equal to the rate paid by the employer for ordinary business travel expenses, or the rate paid by the state of Minnesota for employment–related travel, whichever is lower Reimbursement for employee travel expenses is not subject to the 85 percent reimbursement limit specified in item B

F Charges for supplementary reports that are not required reports under part 5221 0410, subpart 7, and charges for return to work services under part 5221 0420, subpart 3, are not subject to the 85 percent reimbursement limit specified in item B

Subp 3 **Collection of excessive charges.** A provider may not collect or attempt to collect payment from an injured employee, or any other source, charges for a compensable injury which the payer has determined are excessive under subpart 1 or which exceed the maximum amount payable specified in subpart 2, unless payment is ordered by the commissioner, compensation judge, or workers' compensation court of appeals Unless the provider or the employee has filed a claim for a determination of the amount payable with the commissioner, the health care provider must remove the charges from the billing statement

Statutory Authority: *MS s 175 171, 176 101, 176 135, 176 136, 176 231, 176 83*

History: *18 SR 1472*

5221.0550 [Repealed, 18 SR 1472]

5221.0600 PAYER RESPONSIBILITIES.

[For text of subpart 1, see M R]

Subp 2 **Determination of excessiveness.** Subject to a determination of the commissioner or compensation judge, the payer shall determine whether a charge or service is compensable by evaluating the charge and service according to the conditions of excessiveness and payer liability specified in part 5221 0500, subparts 1 and 2, and Minnesota Statutes, section 176 136, subdivision 2 If the payer determines that the provider has assigned an incorrect code for a service, the payer may determine the correct code for the service and evaluate liability for payment on the basis of the correct code

Subp 3 **Determination of charges.** As soon as reasonably possible, and no later than 30 calendar days after receiving the bill, the payer shall

(1) pay the charge or any portion of the charge that is not denied,

(2) deny all or a portion of a charge on the basis that the injury is noncompensable, the charge is excessive or noncompensable under Minnesota Statutes, section 176 136, subdivision 2, or part 5221 0500, subparts 1 and 2, or the charges are not submitted on the appropriate billing form prescribed in part 5221 0700, or

(3) request specific additional information to determine whether the charge or the condition is compensable The payer shall make a determination as set forth in subitems (1) and (2) no later than 30 calendar days following receipt of the provider's response to the initial request for specific additional information

Subp 4 **Notification.** Within 30 calendar days of receipt of the bill, the payer shall provide written notification to the employee and provider of denial of part or all of a charge, or of any request for additional information Written notification shall include

[For text of item A, see M.R]

B the basis for denial or reduction of each charge and the specific amounts being denied or reduced for each charge meeting the conditions of an excessive or noncompensable charge under part 5221 0500, subparts 1 and 2, or Minnesota Statutes, section 176 136, subdivision 2,

C denial of a charge for failure to submit it on the billing form prescribed in part 5221 0700, subpart 2, and

D. a request for an appropriate record or the specific information requested to allow for proper determination of the bill under this part

If payment is denied under item B, C, or D, the payer shall reconsider the charges in accordance with this rule as soon as reasonably possible, and no later than 30 calendar days after receipt of additional relevant information or documents Notice of denial of part or all of a charge shall be given by the payer consistent with the guidelines in this subpart.

[For text of subps 5 and 6, see M R]

Statutory Authority: *MS s 175 171, 176 101, 176 135, 176 136, 176 231, 176 83*

History: *18 SR 1472*

5221.0650 DATA COLLECTION, RETENTION, AND REPORTING REQUIREMENTS.

Subpart 1 **Scope.** This part applies to workers' compensation insurers, self-insurers, group self-insurers, adjusters, and third-party administrators who act on behalf of an insurer, self-insurer, the assigned risk plan, and the Minnesota Insurance Guaranty Association

Subp 2 **Purpose.** The purpose of this part is to establish procedures and requirements for reporting medical and related data regarding treatment of work-related injuries The data shall be provided in order for the department to monitor and evaluate medical services and supplies under Minnesota Statutes, chapter 176

Subp 3 **Retention period.** Data described in subpart 4 shall be collected and stored by the parties listed in subpart 1, beginning July 1, 1994, for all medical services and supplies provided to an employee under Minnesota Statutes, chapter 176, for ten years from the date of injury, or four years from the date the claim is closed, whichever is later

Subp 4 **Required data.** The data in items A and B shall be collected and stored by the parties listed in subpart 1

A Required data for professional services and supplies includes all elements required on the uniform billing form under part 5221 0700, subpart 2a, and

(1) an indication of open or closed claim status,

(2) an indication of whether the employee was incapacitated from performing labor or service for more than three calendar days under Minnesota Statutes, section 176 231, subdivision 1,

(3) the amount of payments made for individual medical services, articles, and supplies, and

(4) the name of the managed care plan if services were provided under contract with or referral by a certified workers' compensation managed care plan

B Required data for inpatient and outpatient hospital services and supplies includes all elements required on the uniform billing form under part 5221 0700, subpart 2b, and

(1) an indication of open or closed claim status,

(2) an indication of whether the employee was incapacitated from performing labor or service for more than three calendar days under Minnesota Statutes, section 176.231, subdivision 1, and

(3) the name of the managed care plan if services were provided under a contract with or referral by a certified managed care plan for workers' compensation.

Subp 5 **Reporting requirements.** The data in subpart 4 shall be periodically sampled according to the sampling specifications prescribed by the research design for a study initiated by the commissioner under Minnesota Statutes, sections 175.17, 175 171, 176.103, and 176 1351 The samples shall be reported within 90 days of the request of the commissioner The requested data shall be provided without charge to the department by a mutually agreeable standard of information exchange such as hard copy, computerized form, or electronic data interchange.

Statutory Authority: *MS s 175 171, 176 101, 176 135, 176 136, 176 231, 176 83*

History: *18 SR 1472*

5221.0700 PROVIDER RESPONSIBILITIES.

[For text of subpart 1, see M.R]

Subp 1a **Conflicts of interest.** All health care providers subject to this chapter are bound by the federal Medicare antikickback statute in section 1128B(b) of the Social Security Act, United States Code, title 42, section 1320a-7b(b), and regulations adopted under it, pursuant to Minnesota Statutes, section 62J 23 Any medical services or supplies provided in violation of these provisions are not compensable under Minnesota Statutes, chapter 176

Subp 2 **Submission of information.** Providers except for hospitals must supply with the bill a copy of an appropriate record that adequately documents the service and substantiates the nature and necessity of the service or charge Hospitals must submit an appropriate record upon request by the payer All charges billed after January 1, 1994, for workers' compensation health care services, articles, and supplies, except for United States government facilities rendering health care services for veterans must be submitted to the payer on the forms prescribed in subparts 2a, 2b, and 2c, and in accordance with items A to D

A Charges for services, articles, and supplies must be submitted to the payer directly by the health care provider actually furnishing the service, article, or supply. This includes but is not limited to the following

(1) diagnostic imaging, laboratory, or pathology testing not actually performed by the health care provider, or employee of the health care provider, who ordered the test,

(2) equipment, supplies, and medication not ordmarily kept in stock by the hospital or other health care provider facility, purchased from a supplier for a specific employee,

(3) services performed by a health care provider at a hospital if the provider has an independent practice and is not a salaried employee of the hospital; and

(4) outpatient medications dispensed by a licensed pharmacy pursuant to an order written by a health care provider, as described in this subpart, including both prescription and nonprescription medications

B Charges must be submitted to the payer in the manner required by subparts 2a, 2b, and 2c within 60 days from the date the health care provider knew the condition being treated was claimed by the employee as compensable under workers' compensation.

C. When a provider orders a medication for an employee, the provider must also supply the employee with a document accurately describing the medication as ordered and including the words "workers' compensation," or the letters "W.C " on its face. This requirement applies to both prescription and nonprescription medications and may be fulfilled by a handwritten note on the provider's personalized stationary or prescription pad

D This part does not limit the collection of other information the provider may be required to report under any other state or federal jurisdiction

Subp 2a **Federal health care financing administration claim form HCFA 1500 form.** Except as provided in subparts 2b and 2c, charges for all services, articles, and supplies that are provided for a claimed workers' compensation injury must be submitted to the payer on the HCFA 1500 form. Charges for dental services may be submitted on any standard dental claim form. The following information must be submitted in the appropriate field of the claim form shown in item B as follows.

(1) The name and address of the party making payment of the medical bill is the name and address of the self–insured employer or workers' compensation insurer at the time of injury, or workers' compensation third party administrator. This information must appear at the top of the form above the field labeled "HEALTH INSURANCE COVERAGES," position 1

(2) The workers' compensation file number (the employee's social security number), if provided by employee, must appear in the field labeled "INSURED'S I D NUMBER," position 1a

(3) The employee's name and address must appear in the fields labeled "PATIENT'S NAME" and "PATIENT'S ADDRESS," positions 2 and 5 respectively

(4) The claim number, if known, of the workers' compensation payer listed in field 4 must appear in the field labeled "INSURED'S POLICY GROUP OR FECA NUMBER," position 11

(5) If services were provided under a contract with or referral by a managed care plan certified for workers' compensation by the commissioner of labor and industry under Minnesota Statutes, section 176 1351, the name of the managed care organization must appear in the field labeled "INSURANCE PLAN NAME OR PROGRAM NAME," position 11c

(6) The date of the injury must appear in the field labeled "DATE OF CURRENT ILLNESS OR INJURY," position 14

(7) The name of the referring or ordering health care provider must appear in the field labeled "NAME OF REFERRING PHYSICIAN OR OTHER SOURCE," position 17 if the patient

(a) was referred to the performing health care provider for consultation or treatment,

(b) was referred to an entity, such as a clinical laboratory, for a service, or

(c) obtained an order for an item or service from an entity, such as a durable medical equipment supplier

(8) The Unique Physician Identifier Number (UPIN) of the referring or ordering health care provider listed in field 17 must appear in the field labeled "ID NUMBER OF REFERRING PHYSICIAN," position 17a If the provider does not have a UPIN, the degree and license or registration number may be used instead of the UPIN

(9) The appropriate ICD–9–CM code describing the principal diagnosis being treated must appear in the field labeled "DIAGNOSIS OR NATURE OF ILLNESS OR INJURY," position 21 Enter up to four codes in priority order for primary and secondary conditions

(10) The date(s) of each service must appear separately in the field labeled "DATE(S) OF SERVICE," position 24A

(11) The approved procedure codes and modifiers appropriate for the service, in accordance with subpart 3, must appear in the field labeled "PROCEDURES, SERVICES OR SUPPLIES," position 24D

(12) The ICD–9–CM diagnosis code which relates to the date the service or procedure was performed must appear in the field labeled "DIAGNOSIS CODE," position 24E

(13) The charge for each service must appear in the field labeled "$ CHARGES," position 24F

(14) The code for Place of Service must appear in the field labeled "PLACE OF SERVICE," position 24B The following Health Care Financing Administration (HCFA) codes must be used

(a) 11 = office,

(b) 21 = hospital inpatient,

(c) 22 = hospital outpatient,

(d) 23 = emergency room – hospital, and

(e) 24 = ambulatory surgical center

For all other places of service, the specific identifying code established by the HCFA must be used

(15) The number of units of each service provided must appear in the field labeled "DAYS OR UNITS," position 24G

(16) The health care provider who actually provided the service must be identified as appropriate in the field labeled "RESERVED FOR LOCAL USE," position 24K The provider must be identified by a UPIN If the provider does not have a UPIN, the degree and license or registration number may be used in lieu of the UPIN If the provider does not have a UPIN or license or registration number, the name and degree of the person providing the service must be typed or printed

(17) The signature of the health care provider, or the provider's representative, and the date signed must appear in the field labeled "SIGNATURE OF PHYSICIAN OR SUPPLIER," position 31

(18) The name and address of the facility where the services were rendered must appear in the field labeled "NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED," position 32

(19) The health care provider or supplier billing name, address, and telephone number must appear in the field labeled "PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE #," position 33

Subp 2b **Uniform billing claim form UB–92 (HCFA 1450).** Hospitals licensed under Minnesota Statutes, section 144 50, must submit itemized charges on the uniform billing claim form, UB–92, (HCFA 1450)

The following information must be submitted by hospitals in the appropriate fields of the UB–92 as follows·

(1) The name of the hospital submitting the bill and the complete mailing address to which the hospital wishes payment sent must appear in the form locator field 1

(2) The patient's unique control number assigned by the provider to facilitate retrieval of financial records must appear in form locator field 3

(3) The three–digit code approved by the National Uniform Billing Committee for indicating the type of bill must appear in form locator field 4 in the following sequence

(a) type of facility – 1st digit

hospital	1
skilled nursing	2
home health	3
intermediate care	6
clinic	7
special facility	8

(b) bill classification (except clinics and special facilities) – 2nd digit

IP	1 or 2
OP	3

(c) bill classification (clinics only) – 2nd digit

rural health	1
hospital–based or independent renal dialysis center	2
free standing	3
outpatient rehab facility	4
comprehensive outpatient rehab facility	5

(d) bill classification (special facilities only) – 2nd digit

hospice (nonhospital–based)	1
hospice (hospital–based)	2
ambulatory surgery center	3

(e) frequency – 3rd digit in form locator is not information required by workers' compensation

(4) The beginning and ending service dates of the period included on this bill must appear m form locator field 6

(5) The patient's last name, first name, and middle initial must appear in this order in form locator field 12

(6) The patient's address must appear in form locator field 13

(7) The date the patient was admitted to the hospital for inpatient care must appear in form locator field 17

(8) A code indicating the priority of this admission must appear in form locator field 19 Codes must be one of the following

1 Emergency
2 Urgent
3 Elective

(9) If the services billed were provided for an employment–related accident the code 04 and the date of injury must appear in form locator field 32a.

(10) All outpatient services must be itemized on the UB–92 form as follows

(a) The approved billing codes and modifiers appropriate for the service, in accordance with subpart 3, must appear in the form locator field 44.

(b) The date each service was provided must appear in the form locator field 45

(c) The number of units of each service provided must appear m the form locator field 46

(d) The total charge for each service (charge per service x number of services) must appear in form locator field 47

(e) The sum of all charges in column 47 on this bill must appear as the last line in form locator field 47 Revenue code 001 should appear to the left of this total in form locator field 42

(11) Inpatient services must be submitted to the payer on the UB–92 form but may be summarized as follows

(a) The revenue code which identifies a specific accommodation or ancillary service may appear in form locator field 42

(b) A description of the related revenue categories must appear in the form locator field 43 Abbreviations may be used

(c) The total charges for the category of service summarized must appear in form locator field 47

(d) The sum of all charges in column 47 on this bill must appear as the last line in form locator field 47 Revenue code 001 should appear to the left of this total in form locator field 42

When the UB–92 form provides only summary information, an itemized listing of all services and supplies provided during the inpatient hospitalization must be attached to the UB–92 form. The itemized list must mclude

i Where a code is assigned to a service, the approved procedure codes and modifiers appropriate for the service, in accordance with subpart 3 Charges for supplies need not be coded, but a description and charge for specific articles and supplies must be itemized

ii The charge for each service

iii The number of units of each service provided

iv The date each service was provided.

(12) The name of the payer from which the provider might expect payment for the bill must appear in the form locator field 50 This is the self–msured employer, the workers' compensation insurer at the time of injury, or the third party administrator

(13) The workers' compensation file number (the employee's social security number) if provided by the employee, must appear in form locator field 60

(14) If services were provided under a contract with or referral by a managed care plan certified for workers' compensation by the commissioner of labor and industry under Minnesota Statutes, section 176 1351, the name of the managed care plan must appear in form locator field 61.

(15) The ICD–9–CM codes describing the principal diagnosis (i e , the condition established after study to be chiefly responsible for occasioning admission of the patient for care) must appear in form locator field 67 Enter codes for diagnosis other than the principal diagnosis in form locator fields 68–75

(16) The CPT–4 code that indicates the principal procedure performed during the period covered by this bill and the date on which the principal procedure was performed must appear in form locator field 80 Enter codes for procedures other than the principal procedure in form locator field 81

(17) The attending health care provider who has primary responsibility for the patient's medical care and treatment must be identified in form locator field 82 Enter the UPIN and the name of the provider If the provider does not have a UPIN, the degree and license or registration number may be used in lieu of the UPIN

(18) The health care provider, other than the attending provider, who performed the principal procedure, if any, must appear in form locator field 83 Enter the UPIN and name of the provider If the provider does not have a UPIN, the degree and license, or registration number may be used in lieu of the UPIN

(19) An authorized signature indicating that the information entered on the face of this bill is in conformance with the certifications on the back of this bill, must appear in form locator field 85 A facsimile signature is acceptable The date the form is signed must be completed

Subp 2c **Submission of pharmacy charges.** Itemized charges for all hospital outpatient and independent pharmacy medications provided for a claimed workers' compensation injury must be submitted to the payer on a claim form which includes the following information

A the workers' compensation file number (the employee's social security number), if provided by the employee,

B the employee's name and address,

C the insurer's name and address,

D the date of the injury,

E the name of the health care provider who ordered the medication,

F if the medication was provided under a contract with, or by referral from a managed care plan certified for workers' compensation by the commissioner of labor and industry under Minnesota Statutes, section 176 1351, the name of the managed care plan,

G the name and quantity of each medication provided,

H the prescription number for the medication;

I the date the medication was provided,

J the total charge for each medication provided, and

K the name, address, and telephone number of the pharmacy that provided the medication

Subp 3 **Billing code.** The provider shall undertake professional judgment to assign the correct approved billing code for the service rendered using the appropriate provider group designation, and according to the instructions and guidelines in this chapter and in the CPT or HCPCS manual in effect on the date the service was rendered

A Billing codes must include the correct procedure code found in the CPT or HCPCS manual in effect on the date the service was rendered or the correct chiropractic procedure code found in the medical fee schedule in effect on the date the service was rendered or the correct prescription number. The billing code must also include any appropriate modifier

B The codes for services in parts 5221 4030 to 5221 4070 may be submitted with two–digit or two–letter suffixes called "modifiers " Modifiers indicate that the service rendered differs in some material respect from the service as described in this chapter or in the CPT or HCPCS manual Modifiers used must be those listed and described in the CPT manual in effect on the date the service was rendered

C Provider group designation

(1) General The provision of services by all health care providers is limited and governed by each provider's scope of practice as stated in the applicable statute A provider shall not perform a service which is outside that provider's scope of practice, nor shall a provider use a procedure code for a service which is outside that provider's scope of practice Services delivered at the direction and under the supervision of a licensed health care provid-

er listed in this item are considered incident to the services of the licensed provider and are coded as though provided directly by the licensed provider Services delivered by support staff such as aides, assistants, or other unlicensed providers are incident to the services of a licensed provider only if the licensed provider directly responsible for the unlicensed provider is on the premises at the time the service is rendered Hospital charges are governed by part 5221 0500, subpart 2, items C and D Outpatient charges by hospitals with more than 100 licensed beds are subject to the maximum fees in parts 5221 4000 to 5221 4070

(2) Medical and surgical services Procedure codes for medical and surgical services and supplies are listed in part 5221 4030 These include services delivered by the following types of providers or services provided incident to the services of the following types of providers medical physicians, surgeons, osteopathic physicians, podiatrists, dentists, oral and maxillofacial surgeons, optometrists, opticians, speech pathologists, licensed psychologists, social workers, nurse practitioners, clinical nurse specialists, and physician's assistants

(3) Pathology and laboratory services Procedure codes for services and supplies provided by a pathologist or by a technician under the supervision of a physician are listed in part 5221 4040

(4) Physical medicine and rehabilitation services Procedure codes for services and supplies provided by a physician, an osteopathic physician, a physical therapist, or an occupational therapist or provided incident to the services of a physician, an osteopathic physician, a physical therapist, or an occupational therapist are listed in part 5221 4050

(5) Chiropractic services Procedure codes for services and supplies provided by a chiropractor or provided incident to a chiropractor's services are listed in part 5221 4060

(6) Pharmacy services Procedure codes for medications provided pursuant to the order of a health care provider, are described in part 5221 4070

[For text of subp 4, see M R]

Subp 5 [Repealed, 18 SR 1472]

Statutory Authority: *MS s 175 171, 176 101, 176 135, 176.136, 176 231, 176 83*

History: *18 SR 1472*

NOTE Subparts 2, 2a, 2b, and 2c are effective January 1 1994

5221.0800 [Repealed, 18 SR 1472]

5221.1000 INSTRUCTIONS FOR APPLICATION OF THE MEDICAL FEE SCHEDULE FOR REIMBURSEMENT OF WORKERS' COMPENSATION MEDICAL SERVICES.

[For text of this rule, see M R]

Statutory Authority: *MS s 175 171, 176 101, 176 135, 176 136; 176 231, 176 83*

History: *18 SR 1472*

NOTE This part is repealed only for services after the effective date of parts 5221 4000 to 5221 4300 (December 20, 1993)

5221.1100 PHYSICIAN SERVICES; MEDICINE.

[For text of this rule, see M R.]

Statutory Authority: *MS s 175 171; 176 101, 176.135, 176 136, 176 231, 176 83*

History: *18 SR 1472*

NOTE This part is repealed only for services after the effective date of parts 5221 4000 to 5221 4300 (December 20, 1993)

5221.1200 CONSULTATIONS.

[For text of this rule, see M R]

Statutory Authority: *MS s 175 171, 176 101, 176 135, 176 136, 176 231, 176 83*

History: *18 SR 1472*

NOTE This part is repealed only for services after the effective date of parts 5221 4000 to 5221 4300 (December 20 1993)

5221.1210 [Repealed, 18 SR 1472]

5221.1215 INFUSION THERAPY.

[For text of this rule, see M R]

Statutory Authority: *MS s 175 171, 176 101, 176 135, 176 136, 176 231, 176 83*

History: *18 SR 1472*

NOTE This part is repealed only for services after the effective date of parts 5221 4000 to 5221 4300 (December 20, 1993)

5221.1220 THERAPEUTIC INJECTIONS.

[For text of this rule, see M R]

Statutory Authority: *MS s 175 171, 176 101, 176 135, 176 136, 176 231, 176 83*

History: *18 SR 1472*

NOTE This part is repealed only for services after the effective date of parts 5221 4000 to 5221 4300 (December 20, 1993)

5221.1300 PSYCHIATRY AND PSYCHIATRIC THERAPY.

[For text of this rule, see M R]

Statutory Authority: *MS s 175 171, 176 101; 176 135, 176 136; 176 231, 176 83*

History: *18 SR 1472*

NOTE This part is repealed only for services after the effective date of parts 5221 4000 to 5221 4300 (December 20, 1993)

5221.1410 BIOFEEDBACK.

[For text of this rule, see M R]

Statutory Authority: *MS s 175 171, 176 101, 176 135, 176 136, 176 231, 176 83*

History: *18 SR 1472*

NOTE This part is repealed only for services after the effective date of parts 5221 4000 to 5221 4300 (December 20, 1993)

5221.1450 DIALYSIS.

[For text of this rule, see M.R]

Statutory Authority: *MS s 175 171, 176 101, 176 135, 176 136, 176 231, 176 83*

History: *18 SR 1472*

NOTE This part is repealed only for services after the effective date of parts 5221 4000 to 5221 4300 (December 20, 1993)

5221.1500 OPHTHALMOLOGICAL SERVICES.

[For text of this rule, see M R]

Statutory Authority: *MS s 175 171, 176.101, 176 135, 176.136, 176 231, 176 83*

History: *18 SR 1472*

NOTE. This part is repealed only for services after the effective date of parts 5221 4000 to 5221 4300 (December 20, 1993)

5221.1600 OTORHINOLARYNGOLOGIC SERVICES.

[For text of this rule, see M R.]

Statutory Authority: *MS s 175 171, 176 101, 176 135, 176 136, 176 231, 176 83*

History: *18 SR 1472*

NOTE This part is repealed only for services after the effective date of parts 5221 4000 to 5221 4300 (December 20, 1993)

5221.1800 CARDIOVASCULAR.

[For text of this rule, see M R]

Statutory Authority: *MS s 175 171, 176 101, 176 135, 176 136, 176 231, 176 83*

History: *18 SR 1472*

NOTE This part is repealed only for services after the effective date of parts 5221 4000 to 5221 4300 (December 20, 1993)

5221.1900 PULMONARY.

[For text of this rule, see M R]

Statutory Authority: *MS s 175 171, 176 101, 176 135, 176.136, 176 231, 176 83*

History: *18 SR 1472*

NOTE This part is repealed only for services after the effective date of parts 5221 4000 to 5221 4300 (December 20, 1993)

5221.1950 ALLERGY AND CLINICAL IMMUNOLOGY.

[For text of this rule, see M R]

Statutory Authority: *MS s 175.171, 176 101, 176 135, 176.136, 176.231, 176 83*

History: *18 SR 1472*

NOTE This part is repealed only for services after the effective date of parts 5221 4000 to 5221 4300 (December 20, 1993)

5221.2000 NEUROLOGY AND NEUROMUSCULAR.

[For text of this rule, see M R]

Statutory Authority: *MS s 175 171, 176 101, 176 135, 176 136, 176 231, 176 83*

History: *18 SR 1472*

NOTE This part is repealed only for services after the effective date of parts 5221 4000 to 5221 4300 (December 20, 1993)

5221.2050 CHEMOTHERAPY INJECTIONS.

[For text of this rule, see M R]

Statutory Authority: *MS s 175 171, 176 101; 176.135, 176 136, 176 231, 176 83*

History: *18 SR 1472*

NOTE This part is repealed only for services after the effective date of parts 5221 4000 to 5221 4300 (December 20, 1993)

5221.2070 DERMATOLOGICAL PROCEDURES.

[For text of this rule, see M R]

Statutory Authority: *MS s 175.171, 176 101, 176 135, 176 136, 176 231; 176 83*

History: *18 SR 1472*

NOTE This part is repealed only for services after the effective date of parts 5221 4000 to 5221 4300 (December 20, 1993)

5221.2100 PHYSICAL MEDICINE.

[For text of this rule, see M R]

Statutory Authority: *MS s 175 171, 176 101, 176 135, 176.136, 176 231, 176 83*

History: *18 SR 1472*

NOTE This part is repealed only for services after the effective date of parts 5221 4000 to 5221 4300 (December 20 1993)

5221.2150 CASE MANAGEMENT SERVICES.

[For text of this rule, see M R]

Statutory Authority: *MS s 175 171; 176 101; 176 135; 176 136; 176 231, 176 83*

History: *18 SR 1472*

NOTE This part is repealed only for services after the effective date of parts 5221 4000 to 5221 4300 (December 20, 1993)

5221.2200 SPECIAL SERVICES AND REPORTS.

[For text of this rule, see M.R]

Statutory Authority: *MS s 175 171, 176 101, 176 135; 176 136; 176.231; 176 83*

History: *18 SR 1472*

NOTE This part is repealed only for services after the effective date of parts 5221 4000 to 5221 4300 (December 20, 1993)

5221.2250 PHYSICIAN SERVICES; SURGERY.

[For text of this rule, see M R]

Statutory Authority: *MS s 175 171, 176 101, 176 135, 176 136, 176 231, 176 83*

History: *18 SR 1472*

NOTE This part is repealed only for services after the effective date of parts 5221 4000 to 5221 4300 (December 20, 1993)

5221.2300 PHYSICIAN SERVICES; RADIOLOGY.

[For text of this rule, see M.R.]

Statutory Authority: *MS s 175 171, 176.101; 176.135, 176 136, 176.231, 176.83*

History: *18 SR 1472*

NOTE This part is repealed only for services after the effective date of parts 5221 4000 to 5221 4300 (December 20, 1993)

5221.2400 PHYSICIAN SERVICES; PATHOLOGY AND LABORATORY.

[For text of this rule, see M.R]

Statutory Authority: *MS s 175 171, 176.101; 176 135; 176.136; 176.231, 176 83*

History: *18 SR 1472*

NOTE This part is repealed only for services after the effective date of parts 5221 4000 to 5221 4300 (December 20, 1993)

5221.2500 DENTISTS.

[For text of this rule, see M R]

Statutory Authority: *MS s 175 171, 176.101; 176.135, 176 136, 176 231, 176.83*

History: *18 SR 1472*

NOTE This part is repealed only for services after the effective date of parts 5221 4000 to 5221 4300 (December 20, 1993)

5221.2600 OPTOMETRISTS.

[For text of this rule, see M.R.]

Statutory Authority: *MS s 175 171, 176.101; 176.135, 176.136, 176 231, 176.83*

History: *18 SR 1472*

NOTE This part is repealed only for services after the effective date of parts 5221 4000 to 5221 4300 (December 20, 1993)

5221.2650 OPTICIANS.

[For text of this rule, see M.R.]

Statutory Authority: *MS s 175.171, 176.101, 176 135; 176 136, 176 231, 176 83*

History: *18 SR 1472*

NOTE This part is repealed only for services after the effective date of parts 5221 4000 to 5221 4300 (December 20, 1993)

5221.2750 SPEECH PATHOLOGISTS.

[For text of this rule, see M R.]

Statutory Authority: *MS s 175 171; 176.101; 176 135, 176.136; 176.231; 176.83*

History: *18 SR 1472*

NOTE This part is repealed only for services after the effective date of parts 5221 4000 to 5221 4300 (December 20, 1993)

5221.2800 PHYSICAL THERAPISTS AND OCCUPATIONAL THERAPISTS.

[For text of this rule, see M.R.]

Statutory Authority: *MS s 175.171, 176 101; 176.135, 176.136, 176 231; 176.83*

History: *18 SR 1472*

NOTE This part is repealed only for services after the effective date of parts 5221 4000 to 5221 4300 (December 20, 1993)

5221.2900 CHIROPRACTORS.

[For text of this rule, see M R]

Statutory Authority: *MS s 175.171, 176.101, 176.135; 176 136; 176.231, 176 83*

History: *18 SR 1472*

NOTE This part is repealed only for services after the effective date of parts 5221 4000 to 5221 4300 (December 20, 1993)

5221.3000 PODIATRISTS.

[For text of this rule, see M.R]

Statutory Authority: *MS s 175 171; 176.101, 176 135; 176.136, 176 231; 176.83*

History: *18 SR 1472*

NOTE This part is repealed only for services after the effective date of parts 5221 4000 to 5221 4300 (December 20, 1993)

5221.3150 LICENSED CONSULTING PSYCHOLOGISTS.

[For text of this rule, see M R]

Statutory Authority: *MS s 175 171; 176.101; 176 135; 176 136; 176.231, 176.83*

History: *18 SR 1472*

NOTE This part is repealed only for services after the effective date of parts 5221 4000 to 5221 4300 (December 20, 1993)

5221.3155 LICENSED PSYCHOLOGIST.

[For text of this rule, see M.R]

Statutory Authority: *MS s 175 171; 176 101, 176.135, 176.136; 176 231, 176.83*

History: *18 SR 1472*

NOTE This part is repealed only for services after the effective date of parts 5221 4000 to 5221 4300 (December 20, 1993)

5221.3160 SOCIAL WORKERS.

[For text of this rule, see M.R.]

Statutory Authority: *MS s 175 171, 176 101; 176 135; 176 136, 176.231, 176 83*

History: *18 SR 1472*

NOTE This part is repealed only for services after the effective date of parts 5221 4000 to 5221 4300 (December 20, 1993)

5221.3200 HOSPITAL; SEMIPRIVATE ROOM CHARGES.

[For text of this rule, see M R]

Statutory Authority: *MS s 175 171; 176 101, 176 135; 176.136, 176 231, 176 83*

History: *18 SR 1472*

NOTE This part is repealed only for services after the effective date of parts 5221 4000 to 5221 4300 (December 20, 1993)

5221.3300 EFFECTIVE DATE.

[For text of this rule, see M R]

Statutory Authority: *MS s 175 171, 176 101; 176 135, 176 136, 176 231, 176 83*

History: *18 SR 1472*

NOTE This part is repealed only for services after the effective date of parts 5221 4000 to 5221 4300 (December 20, 1993)

5221.3500 EFFECTIVE DATE.

[For text of this rule, see M.R.]

Statutory Authority: *MS s 175 171, 176 101, 176 135, 176 136; 176.231; 176.83*

History: *18 SR 1472*

NOTE This part is repealed only for services after the effective date of parts 5221 4000 to 5221 4300 (December 20, 1993)

5221.4000 APPLICATION SCHEDULE; INSTRUCTIONS.

Subpart 1 **Contents.** This part provides general guidelines for application of the relative value medical fee schedule The medical fee schedule contains codes and descriptions of services, relative value units and additional descriptive information for each service, and the conversion factor

Subp 2 **Revisions.** The current medical fee schedule is effective until annual revisions are adopted, except that the commissioner may revise the medical fee schedule at any time to improve the schedule's accuracy, fairness, or equity, or to simplify the administration of the schedule.

Subp 3 **Applicability.** The medical fee schedule applies to a charge for a particular health care service if:

A the medical service is compensable under Minnesota Statutes, section 176 135;

B. the service conforms to a billing code listed in this chapter and meets the code descriptions which appear in this chapter or in the CPT or HCPCS manual in effect on the date the service was rendered; and

C. the service is listed under the appropriate provider group designation for the health care provider that rendered the service

Statutory Authority: *MS s 175 171; 176 101, 176.135, 176 136, 176.231, 176 83*

History: *18 SR 1472*

5221.4010 EMPLOYER'S LIABILITY FOR SERVICES UNDER MEDICAL FEE SCHEDULE.

Unless the maximum fee is adjusted under part 5221.4034, 5221 4041, 5221.4051, or 5221.4061, the employer's liability for services included in parts 5221 4030 to 5221 4060 is

limited to 100 percent of the fee schedule amount calculated according to the formula in part 5221 4020 or the provider's usual and customary fee for the service, whichever is lower The employer's liability for pharmacy services is as provided in part 5221 4070

Statutory Authority: *MS s 175 171, 176 101, 176 135, 176 136, 176 231, 176 83*

History: *18 SR 1472*

5221.4020 FORMULA FOR DETERMINING FEE SCHEDULE PAYMENT LIMITS; CONVERSION FACTOR.

Subpart 1 **Formula.** Except as provided in parts 5221 4034, 5221 4041, 5221 4051, 5221 4061, and 5221 4070, the maximum fee in dollars for a health care service subject to the medical fee schedule is calculated according to the following formula

maximum fee = relative value unit (RVU) x conversion factor (CF)

Relative value units for all included services are listed in parts 5221 4030, 5221 4040, 5221 4050, and 5221 4060

Subp 2 **Conversion factor.** The conversion factor shall be updated annually, pursuant to Minnesota Statutes, section 176 136, subdivision 1a. The conversion factor for services included in parts 5221 4030 to 5221 4060 provided after October 1, 1993, is $52 05

As a sample calculation, the maximum fee for a new patient office examination by a physician, procedure code 99201, is 0 80 (relative value unit) This is multiplied by 52 05 (conversion factor for 1993) The total payment, excluding any applicable adjustment, would be equal to $41 64 for the service

Statutory Authority: *MS s 175 171, 176 101, 176 135, 176 136, 176 231, 176 83*

History: *18 SR 1472*

5221.4030 MEDICAL/SURGICAL PROCEDURE CODES.

Subpart 1 **Key to abbreviations and terms.**

A Column 1 in subpart 2 is labeled "CPT/HCPCS procedure code " This is the specific code intended to identify the health care service described in column 4

B Column 2 in subpart 2 is labeled "Tech/Prof MOD " Column 2 contains a modifier if there is a technical component (TC) and a professional component (26) for the service

C Column 3 in subpart 2 is labeled "status " These indicators, explained in subitems (1) to (5), provide additional information necessary to determine the maximum fee for the service

(1) "A" indicates an active code These services are separately paid under the medical fee schedule There are RVUs for codes with this status For example, procedure code number 99291, for critical care, first hour, is an active code with a total RVU of 5 27 The maximum fee for this service is calculated according to the formula in part 5221 4020

(2) "B" indicates a bundled code Payment for these services is always subsumed or bundled into payment for another service There are no RVUs for these codes and no separate payment is made For example, procedure code number 99371, for a telephone call from a hospital nurse regarding care of a patient, is a bundled code, with a total RVU of 0 00. This service is not separately payable because it is included in the payment for a hospital visit, procedure code number 99261

(3) "P" indicates a bundled or excluded code There are no RVUs for these services Payment for these services is determined according to the following guidelines

(a) If the item or service is provided incident to the services of a licensed provider, on the same day as the licensed provider service, payment for it is bundled into the payment for the licensed provider service to which it is incident For example, an elastic bandage, procedure code number A4202, is a "P" code If a provider furnished an employee an elastic bandage while treating the employee for a tibia fracture, the cost of the bandage is included in the cost of the treatment, procedure code number 27750 No separate payment for the bandage is allowed

(b) If the item or service is not provided incident to the services of a licensed provider, it is excluded from the fee schedule and liability for the service is limited by Minnesota Statutes, section 176 136, subdivision 1b

(4) "T" indicates injections RVUs are listed for these services, but separate payment is made only when there are no other services billed on the same date by the same provider If any other services are billed on the same date by the same provider, these injection services are bundled into the service for which payment is made

(5) "Z" indicates electrocardiograms RVUs are listed for these services, but no separate payment shall be made for these services if they are provided during, as a result of, or in conjunction with any visit or consultation, including visits in critical care and all other sites.

D Column 4 in subpart 2 is labeled "CPT/HCPCS description." This is a short narrative description of the procedure code A complete description of the service appears in the CPT or HCPCS Manual m effect on the date the service was rendered

E. Column 5 in subpart 2 is labeled "total RVU " These are the total relative value units for the service

F Column 6 in subpart 2 is labeled "global period " Symbols in column 6 indicate the application of the global surgery package in part 5221 4034, subpart 1

Subp 2 **List of medical/surgical procedure codes.**

A. Procedure code numbers 10040 to 19380 relate to skin procedures

CPT/ HCPCS Proce– dure Code	Tech/ Prof MOD	Status	CPT/HCPCS Description	Total RVU	Global Period
10040		A	Acne surgery	1 70	010
10060		A	Drainage of skin abscess	1.61	010
10061		A	Drainage of skin abscess	3.22	010
10080		A	Drainage of pilonidal cyst	2 20	010
10081		A	Drainage of pilonidal cyst	3 67	010
10120		A	Remove foreign body	1 72	010
10121		A	Remove foreign body	3 79	010
10140		A	Drainage of hematoma	2 04	010
10160		A	Puncture drainage of lesion	1 59	010
10180		A	Complex drainage, wound	3 42	010
11000		A	Surgical cleansing of skin	1 36	000
11001		A	Additional cleansing of skin	74	ZZZ
11040		A	Surgical cleansing, abrasion	95	000
11041		A	Surgical cleansing of skin	1 45	000
11042		A	Cleansing of skin/tissue	1 85	000
11043		A	Cleansing of tissue/muscle	3 92	010
11044		A	Cleansing tissue/muscle/bone	5 53	010
11050		A	Trim skin lesion	.82	000
11051		A	Trim 2 to 4 skin lesions	1 22	000
11052		A	Trim over 4 skm lesions	1 32	000
11100		A	Biopsy of skin lesion	1 37	000
11101		A	Biopsy, each added lesion	72	ZZZ
11200		A	Removal of skin tags	1 17	010
11201		A	Removal of added skin tags	44	ZZZ
11300		A	Shave skin lesion	1 10	000
11301		A	Shave skin lesion	1 58	000
11302		A	Shave skin lesion	2 02	000
11303		A	Shave skin lesion	2 76	000
11305		A	Shave skin lesion	1 25	000
11306		A	Shave skin lesion	1 77	000
11307		A	Shave skin lesion	2 18	000
11308		A	Shave skin lesion	2 97	000
11310		A	Shave skin lesion	1 48	000
11311		A	Shave skm lesion	1 97	000
11312		A	Shave skin lesion	2 42	000
11313		A	Shave skin lesion	3 26	000

11400	A	Removal of skin lesion	1 45	010
11401	A	Removal of skin lesion	2 01	010
11402	A	Removal of skin lesion	2 55	010
11403	A	Removal of skin lesion	3 17	010
11404	A	Removal of skin lesion	3 70	010
11406	A	Removal of skin lesion	4 90	010
11420	A	Removal of skin lesion	1 59	010
11421	A	Removal of skin lesion	2 28	010
11422	A	Removal of skin lesion	2 76	010
11423	A	Removal of skin lesion	3 58	010
11424	A	Removal of skin lesion	4.14	010
11426	A	Removal of skin lesion	5 85	010
11440	A	Removal of skin lesion	1 85	010
11441	A	Removal of skin lesion	2 50	010
11442	A	Removal of skin lesion	3 05	010
11443	A	Removal of skin lesion	4 06	010
11444	A	Removal of skin lesion	5 02	010
11446	A	Removal of skin lesion	6 45	010
11450	A	Removal, sweat gland lesion	5 64	090
11451	A	Removal, sweat gland lesion	7 13	090
11462	A	Removal, sweat gland lesion	5 09	090
11463	A	Removal, sweat gland lesion	6 13	090
11470	A	Removal, sweat gland lesion	6 28	090
11471	A	Removal, sweat gland lesion	7 19	090
11600	A	Removal of skin lesion	2 60	010
11601	A	Removal of skin lesion	3 40	010
11602	A	Removal of skin lesion	4 01	010
11603	A	Removal of skin lesion	4 76	010
11604	A	Removal of skin lesion	5 36	010
11606	A	Removal of skin lesion	6 94	010
11620	A	Removal of skin lesion	2 74	010
11621	A	Removal of skin lesion	3 83	010
11622	A	Removal of skin lesion	4 67	010
11623	A	Removal of skin lesion	5 70	010
11624	A	Removal of skin lesion	6 90	010
11626	A	Removal of skin lesion	8.10	010
11640	A	Removal of skin lesion	3 27	010
11641	A	Removal of skin lesion	4 66	010
11642	A	Removal of skin lesion	5 67	010
11643	A	Removal of skin lesion	6 74	010
11644	A	Removal of skin lesion	8 35	010
11646	A	Removal of skin lesion	10 76	010
11700	A	Scraping of 1 to 5 nails	65	000
11701	A	Scraping of additional nails	47	ZZZ
11710	A	Scraping of 1 to 5 nails	65	000
11711	A	Scraping of additional nails	40	ZZZ
11730	A	Removal of nail plate	1 63	000
11731	A	Removal of second nail plate	1 12	ZZZ
11732	A	Remove additional nail plate	64	ZZZ
11740	A	Dram blood from under nail	79	000
11750	A	Removal of nail bed	3 93	010
11752	A	Remove nail bed/finger tip	5 50	010
11760	A	Repair of nail bed	2.56	010
11762	A	Reconstruct, nail bed w/graft	5 64	010
11765	A	Excision of nail fold, toe	1 21	010
11770	A	Removal of pilonidal lesion	5 61	010
11771	A	Removal of pilonidal lesion	10 47	090
11772	A	Removal of pilonidal lesion	12.06	090
11900	A	Injection into skin lesions	80	000
11901	A	Added skin lesion injections	1 25	000

11960	A	Insert tissue expander(s)	15 44	090
11970	A	Replace tissue expander	16 72	090
11971	A	Remove tissue expander(s)	6 86	090
12001	A	Repair superficial wound(s)	2 30	010
12002	A	Repair superficial wound(s)	2.69	010
12004	A	Repair superficial wound(s)	3 45	010
12005	A	Repair superficial wound(s)	4 45	010
12006	A	Repair superficial wound(s)	5 62	010
12007	A	Repair superficial wound(s)	6 09	010
12011	A	Repair superficial wound(s)	2 53	010
12013	A	Repair superficial wound(s)	3 07	010
12014	A	Repair superficial wound(s)	3 73	010
12015	A	Repair superficial wound(s)	4 92	010
12016	A	Repair superficial wound(s)	6 36	010
12017	A	Repair superficial wound(s)	8 34	010
12018	A	Repair superficial wound(s)	11 11	010
12020	A	Closure of split wound	3 95	010
12021	A	Closure of split wound	2 53	010
12031	A	Layer closure of wound(s)	2 92	010
12032	A	Layer closure of wound(s)	3 59	010
12034	A	Layer closure of wound(s)	4 52	010
12035	A	Layer closure of wound(s)	5 54	010
12036	A	Layer closure of wound(s)	6 67	010
12037	A	Layer closure of wound(s)	8 17	010
12041	A	Layer closure of wound(s)	3 27	010
12042	A	Layer closure of wound(s)	4 01	010
12044	A	Layer closure of wound(s)	4 90	010
12045	A	Layer closure of wound(s)	5 97	010
12046	A	Layer closure of wound(s)	7.39	010
12047	A	Layer closure of wound(s)	9 13	010
12051	A	Layer closure of wound(s)	3 55	010
12052	A	Layer closure of wound(s)	4 36	010
12053	A	Layer closure of wound(s)	5 01	010
12054	A	Layer closure of wound(s)	6 27	010
12055	A	Layer closure of wound(s)	7 99	010
12056	A	Layer closure of wound(s)	10 43	010
12057	A	Layer closure of wound(s)	11 96	010
13100	A	Repair of wound or lesion	4 37	010
13101	A	Repair of wound or lesion	6 18	010
13120	A	Repair of wound of lesion	4.79	010
13121	A	Repair of wound or lesion	7 27	010
13131	A	Repair of wound or lesion	5 97	010
13132	A	Repair of wound or lesion	9 20	010
13150	A	Repair of wound or lesion	5 77	010
13151	A	Repair of wound or lesion	7 20	010
13152	A	Repair of wound or lesion	12 05	010
13160	A	Late closure of wound	13.52	090
13300	A	Repair of wound or lesion	11 57	010
14000	A	Skin tissue rearrangement	9 24	090
14001	A	Skin tissue rearrangement	13 26	090
14020	A	Skin tissue rearrangement	11 48	090
14021	A	Skin tissue rearrangement	16 47	090
14040	A	Skin tissue rearrangement	14 59	090
14041	A	Skin tissue rearrangement	19 60	090
14060	A	Skin tissue rearrangement	16 74	090
14061	A	Skin tissue rearrangement	23 10	090
14300	A	Skin tissue rearrangement	23 67	090
14350	A	Skin tissue rearrangement	16 10	090
15000	A	Skin grant procedure	5.56	ZZZ
15050	A	Skin pinch graft procedure	5 99	090

15100	A	Skin split graft procedure	13 44	090
15101	A	Skin split graft procedure	3 59	ZZZ
15120	A	Skin split grant procedure	16 09	090
15121	A	Skin split graft procedure	6 04	ZZZ
15200	A	Skin full graft procedure	12 28	090
15201	A	Skin full graft procedure	4 53	ZZZ
15220	A	Skin full graft procedure	13 05	090
15221	A	Skin full graft procedure	4 38	ZZZ
15240	A	Skin full graft procedure	15 35	090
15241	A	Skin full graft procedure	5 76	ZZZ
15260	A	Skin full graft procedure	17 96	090
15261	A	Skin full graft procedure	7 19	ZZZ
15350	A	Skin homograft procedure	6 43	090
15400	A	Skin heterograft procedure	6 20	090
15570	A	Form skin pedicle	16.15	090
15572	A	Form skin pedicle	15.35	090
15574	A	Form skin pedicle	15.21	090
15576	A	Form skin pedicle	7 94	090
15580	A	Cross finger flap	11 67	090
15600	A	Skin flap procedure	7 31	090
15610	A	Skin flap procedure	7 06	090
15620	A	Skin flap procedure	8 61	090
15625	A	Skin flap procedure	6 71	090
15630	A	Skin flap procedure	9 25	090
15650	A	Transfer skin pedicle flap	9 96	090
15732	A	Muscle–skin flap, head/neck	34 44	090
15734	A	Muscle–skin flap, trunk	38 29	090
15736	A	Muscle–skin flap, arm	34 05	090
15738	A	Muscle–skin flap, leg	29 87	090
15740	A	Island pedicle flap	21 26	090
15750	A	Neurovascular pedicle	24 31	090
15755	A	Microvascular free flap	63 01	090
15760	A	Composite skin graft	16 57	090
15770	A	Derma–fat–fascia graft	15 16	090
15780	A	Abrasion treatment of skin	8 50	090
15781	A	Abrasion treatment of skin	8 82	090
15782	A	Abrasion treatment of skin	5 58	090
15783	A	Abrasion treatment of skin	6 24	090
15786	A	Abrasion treatment of lesion	2 69	010
15787	A	Abrasion, added skin lesions	58	ZZZ
15790	A	Chemical peel, face	8 15	090
15791	A	Chemical peel, of skin	5 88	090
15810	A	Salabrasion	8 59	090
15811	A	Salabrasion	9 54	090
15819	A	Plastic surgery, neck	17 72	090
15820	A	Revision of lower eyelid	12 14	090
15821	A	Revision of lower eyelid	14 06	090
15822	A	Revision of upper eyelid	11 95	090
15823	A	Revision of upper eyelid	14 95	090
15831	A	Excise excessive skin tissue	23 27	090
15832	A	Excise excessive skin tissue	20 49	090
15833	A	Excise excessive skin tissue	17 29	090
15834	A	Excise excessive skin tissue	18 48	090
15835	A	Excise excessive skin tissue	19 14	090
15836	A	Excise excessive skin tissue	15 65	090
15837	A	Excise excessive skin tissue	14 87	090
15838	A	Excise excessive skin tissue	13 36	090
15839	A	Excise excessive skin tissue	11 92	090
15840	A	Graft for face nerve palsy	29 76	090
15841	A	Graft for face nerve palsy	40 93	090

15842	A	Graft for face nerve palsy	67 73	090
15845	A	Skin and muscle repair, face	30 99	090
15850	B	Removal of sutures	00	XXX
15851	A	Removal of sutures	1 19	000
15852	A	Dressing change, not for burn	1 37	000
15860	A	Test for blood flow in graft	3.53	000
15920	A	Removal of tail bone ulcer	10.96	090
15922	A	Removal of tail bone ulcer	16 25	090
15931	A	Remove sacrum pressure sore	11 66	090
15933	A	Remove sacrum pressure sore	17 85	090
15934	A	Remove sacrum pressure sore	20 24	090
15935	A	Remove sacrum pressure sore	26.28	090
15936	A	Remove sacrum pressure sore	23 36	090
15937	A	Remove sacrum pressure sore	28 73	090
15940	A	Removal of pressure sore	12 48	090
15941	A	Removal of pressure sore	18 47	090
15944	A	Removal of pressure sore	21 02	090
15945	A	Removal of pressure sore	24 27	090
15946	A	Removal of pressure sore	39 27	090
15950	A	Remove thigh pressure sore	10 39	090
15951	A	Remove thigh pressure sore	18 62	090
15952	A	Remove thigh pressure sore	18 56	090
15953	A	Remove thigh pressure sore	22 12	090
15956	A	Remove thigh pressure sore	33 94	090
15958	A	Remove thigh pressure sore	35 93	090
16000	A	Initial treatment of burn(s)	1 27	000
16010	A	Treatment of burn(s)	1 22	000
16015	A	Treatment of burn(s)	4 73	000
16020	A	Treatment of burn(s)	1 17	000
16025	A	Treatment of burn(s)	2 37	000
16030	A	Treatment of burn(s)	2 71	000
16035	A	Incision of burn scab	6 76	090
16040	A	Burn wound excision	4.49	000
16041	A	Burn wound excision	5 97	000
16042	A	Burn wound excision	5 97	000
17000	A	Destruction of facial lesion	1 10	010
17001	A	Destruction of add'l lesions	39	ZZZ
17002	A	Destruction of add'l lesions	29	ZZZ
17010	A	Destruction of skin lesion(s)	1 54	010
17100	A	Destruction of skin lesion	93	010
17101	A	Destruction of 2nd lesion	30	ZZZ
17102	A	Destruction of add'l lesions	20	ZZZ
17104	A	Destruction of skin lesions	2 13	010
17105	A	Destruction of skin lesions	1 10	010
17106	A	Destruction of skin lesions	6 70	090
17107	A	Destruction of skin lesions	13.25	090
17108	A	Destruction of skin lesions	23 20	090
17110	A	Destruction of skin lesions	99	010
17200	A	Electrocautery of skin tags	1 05	010
17201	A	Electrocautery added lesions	54	ZZZ
17250	A	Chemical cautery, tissue	88	000
17260	A	Destruction of skin lesions	2.08	010
17261	A	Destruction of skin lesions	2 62	010
17262	A	Destruction of skin lesions	3 49	010
17263	A	Destruction of skin lesions	4 18	010
17264	A	Destruction of skin lesions	4 71	010
17266	A	Destruction of skin lesions	5 82	010
17270	A	Destruction of skin lesions	2 72	010
17271	A	Destruction of skin lesions	3 34	010
17272	A	Destruction of skin lesions	4 09	010

17273	A	Destruction of skin lesions	4 80	010
17274	A	Destruction of skin lesions	6 03	010
17276	A	Destruction of skin lesions	7 02	010
17280	A	Destruction of skin lesions	2 89	010
17281	A	Destruction of skin lesions	3 92	010
17282	A	Destruction of skin lesions	4 76	010
17283	A	Destruction of skin lesions	5 85	010
17284	A	Destruction of skin lesions	6 98	010
17286	A	Destruction of skin lesions	9.26	010
17304	A	Chemosurgery of skin lesion	11 99	000
17305	A	2nd stage chemosurgery	5 30	000
17306	A	3rd stage chemosurgery	4 40	000
17307	A	Follow–up skin lesion therapy	4 47	000
17310	A	Extensive skin chemosurgery	1 10	000
17340	A	Cryotherapy of skin	1 04	010
17360	A	Skin peel therapy	1 72	010
19000	A	Drainage of breast lesion	1 28	000
19001	A	Drain added breast lesion	70	ZZZ
19020	A	Incision of breast lesion	5 05	090
19030	A	Injection for breast X–ray	2 09	000
19100	A	Biopsy of breast	2.04	000
19101	A	Biopsy of breast	5 87	010
19110	A	Nipple exploration	7 10	090
19112	A	Excise breast duct fistula	6 20	090
19120	A	Removal of breast lesion	8.29	090
19140	A	Removal of breast tissue	9.98	090
19160	A	Removal of breast tissue	11 58	090
19162	A	Remove breast tissue, nodes	23 93	090
19180	A	Removal of breast	14 81	090
19182	A	Removal of breast	14.46	090
19200	A	Removal of breast	26 38	090
19220	A	Removal of breast	27 06	090
19240	A	Removal of breast	25 97	090
19260	A	Removal of chest wall lesion	20 06	090
19271	A	Revision of chest wall	33 48	090
19272	A	Extensive chest wall surgery	34.43	090
19290	A	Place needle wire, breast	1 79	000
19291	A	Place needle wire, breast	92	ZZZ
19316	A	Suspension of breast	24 93	090
19318	A	Reduction of large breast	30.60	090
19324	A	Enlarge breast	9.46	090
19325	A	Enlarge breast with implant	14.95	090
19328	A	Removal of breast implant	9.74	090
19330	A	Removal of implant material	11 78	090
19340	A	Immediate breast prosthesis	18 89	ZZZ
19342	A	Delayed breast prosthesis	23 19	090
19350	A	Breast reconstruction	16 50	090
19355	A	Correct inverted nipple(s)	13 11	090
19357	A	Breast reconstruction	31 02	090
19361	A	Breast reconstruction	41 23	090
19362	A	Breast reconstruction	50.20	090
19364	A	Breast reconstruction	47 59	090
19366	A	Breast reconstruction	39 05	090
19370	A	Surgery of breast capsule	14 81	090
19371	A	Removal of breast capsule	18 11	090
19380	A	Revise breast reconstruction	18 11	090

B Procedure code numbers 20000 to 29898 relate to musculoskeletal procedures

CPT/ HCPCS Proce– dure Code	Tech/ Prof MOD	Status	CPT/HCPCS Description	Total RVU	Global Period
20000		A	Incision of abscess	2 79	010
20005		A	Incision of deep abscess	5 11	010
20200		A	Muscle biopsy	2 74	000
20205		A	Deep muscle biopsy	4 53	000
20206		A	Needle biopsy, muscle	2 07	000
20220		A	Bone biopsy, trocar/needle	2 67	000
20225		A	Bone biopsy, trocar/needle	4 60	000
20240		A	Bone biopsy, excisional	5 15	010
20245		A	Bone biopsy, excisional	7 67	010
20250		A	Open bone biopsy	10 37	010
20251		A	Open bone biopsy	11 79	010
20500		A	Injection of sinus tract	1 59	010
20501		A	Inject sinus tract for X–ray	1 09	000
20520		A	Removal of foreign body	2 61	010
20525		A	Removal of foreign body	5 77	010
20550		A	Inject tendon/ligament/cyst	1 29	000
20600		A	Drain/inject joint/bursa	1 19	000
20605		A	Drain/inject joint/bursa	1 19	000
20610		A	Drain/inject jomt/bursa	1 30	000
20615		A	Treatment of bone cyst	2.82	010
20650		A	Insert and remove bone pin	3 29	010
20660		A	Apply, remove fixation device	4 28	000
20661		A	Application of head brace	8 67	090
20662		A	Application of pelvis brace	12 94	090
20663		A	Application of thigh brace	10 18	090
20665		A	Removal of fixation device	1 85	010
20670		A	Removal of support implant	2 55	010
20680		A	Removal of support implant	7 03	090
20690		A	Apply bone fixation device	7 70	ZZZ
20692		A	Apply bone fixation device	12 72	ZZZ
20693		A	Adjust bone fixation device	8 34	090
20694		A	Remove bone fixation device	6 79	090
20900		A	Removal of bone for graft	8 29	090
20902		A	Removal of bone for graft	12 45	090
20910		A	Remove cartilage for graft	6 01	090
20912		A	Remove cartilage for graft	11 27	090
20920		A	Removal of fascia for graft	9 27	090
20922		A	Removal of fascia for graft	11 10	090
20924		A	Removal of tendon for graft	12.25	090
20926		A	Removal of tissue for graft	8 03	090
20950		A	Record fluid pressure, muscle	2 49	000
20974		A	Electrical bone stimulation	4 46	ZZZ
20975		A	Electrical bone stimulation	6 60	ZZZ
21010		A	Incision of jaw joint	20 17	090
21015		A	Resection of facial tumor	12 26	090
21025		A	Excision of bone, lower jaw	9 57	090
21026		A	Excision of facial bone(s)	7 96	090
21029		A	Contour of face bone lesion	17 59	090
21030		A	Removal of face bone lesion	10 76	090
21031		A	Remove exostosis, mandible	5 96	090
21032		A	Remove exostosis, maxilla	8 49	090
21034		A	Removal of face bone lesion	23 09	090
21040		A	Removal of jaw bone lesion	4 99	090

21041	A	Removal of jaw bone lesion	11 27	090
21044	A	Removal of jaw bone lesion	21 69	090
21045	A	Extensive jaw surgery	30 43	090
21050	A	Removal of jaw joint	23 39	090
21060	A	Remove jaw joint cartilage	22 11	090
21070	A	Remove coronoid process	15 25	090
21100	A	Maxillofacial fixation	5 26	090
21110	A	Interdental fixation	11 01	090
21116	A	Injection, jaw joint X–ray	1 60	000
21120	A	Reconstruction of chin	8 75	090
21121	A	Reconstruction of chin	13 76	090
21122	A	Reconstruction of chin	15 16	090
21123	A	Reconstruction of chin	19.81	090
21125	A	Augmentation lower jaw bone	11 47	090
21127	A	Augmentation lower jaw bone	19 26	090
21144	A	Reconstruct midface, lefort 1	31 24	090
21145	A	Reconstruct midface, lefort 1	34 91	090
21146	A	Reconstruct midface, lefort 1	36 13	090
21147	A	Reconstruct midface, lefort 1	37 49	090
21193	A	Reconstruct lower jaw bone	29 96	090
21194	A	Reconstruct lower jaw bone	34 72	090
21195	A	Reconstruct lower jaw bone	30 03	090
21196	A	Reconstruct lower jaw bone	33 11	090
21198	A	Reconstruct lower jaw bone	29 75	090
21206	A	Reconstruct upper jaw bone	24 67	090
21208	A	Augmentation of facial bones	21 81	090
21209	A	Reduction of facial bones	11 57	090
21210	A	Face bone graft	23 25	090
21215	A	Lower jaw bone graft	26 70	090
21230	A	Rib cartilage graft	21 92	090
21235	A	Ear cartilage graft	15 60	090
21240	A	Reconstruction of jaw joint	38.47	090
21242	A	Reconstruction of jaw joint	39 90	090
21243	A	Reconstruction of jaw joint	35 03	090
21244	A	Reconstruction of lower jaw	31 83	090
21245	A	Reconstruction of jaw	23 75	090
21246	A	Reconstruction of jaw	21.51	090
21247	A	Reconstruct lower jaw bone	51.58	090
21248	A	Reconstruction of jaw	34 08	090
21249	A	Reconstruction of jaw	60 85	090
21255	A	Reconstruct lower jaw bone	38 12	090
21256	A	Reconstruction of orbit	36 90	090
21260	A	Revise eye sockets	37 65	090
21261	A	Revise eye sockets	49 08	090
21263	A	Revise eye sockets	64 78	090
21267	A	Revise eye sockets	34 24	090
21268	A	Revise eye sockets	41 06	090
21270	A	Augmentation cheek bones	23 02	090
21275	A	Revision orbitofacial bones	20 62	090
21280	A	Revision of eyelid	13 40	090
21282	A	Revision of eyelid	12 24	090
21295	A	Revision of jaw muscle/bone	2 52	090
21296	A	Revision of jaw muscle/bone	7 82	090
21300	A	Treatment of skull fracture	2 18	000
21310	A	Treatment of nose fracture	1 62	000
21315	A	Treatment of nose fracture	3 40	010
21320	A	Treatment of nose fracture	4 84	010
21325	A	Repair of nose fracture	8 08	090
21330	A	Repair of nose fracture	12 68	090
21335	A	Repair of nose fracture	22 32	090

21336	A	Repair nasal septal fracture	9 33	090
21337	A	Repair nasal septal fracture	5 67	090
21338	A	Repair nasoethmoid fracture	11 68	090
21339	A	Repair nasoethmoid fracture	15 32	090
21340	A	Repair of nose fracture	19 96	090
21343	A	Repair of sinus fracture	22 32	090
21344	A	Open treatment of complicated (EG)	28 80	090
21345	A	Repair of nose/jaw fracture	16 29	090
21346	A	Repair of nose/jaw fracture	20 29	090
21347	A	Repair of nose/jaw fracture	23 50	090
21348	A	Repair of nose/jaw fracture	14 47	090
21355	A	Repair cheek bone fracture	5 29	010
21356	A	Repair cheek bone fracture	11 89	010
21360	A	Repair cheek bone fracture	14 11	090
21365	A	Repair cheek bone fracture	27 84	090
21366	A	Repair cheek bone fracture	22 75	090
21385	A	Repair eye socket fracture	19 17	090
21386	A	Repair eye socket fracture	18 74	090
21387	A	Repair eye socket fracture	17 42	090
21390	A	Repair eye socket fracture	22.58	090
21395	A	Repair eye socket fracture	22.77	090
21400	A	Treat eye socket fracture	3 35	090
21401	A	Repair eye socket fracture	5 92	090
21406	A	Repair eye socket fracture	12 46	090
21407	A	Repair eye socket fracture	15 89	090
21408	A	Repair eye socket fracture	18.47	090
21421	A	Treat mouth roof fracture	11 88	090
21422	A	Repair mouth roof fracture	18 62	090
21423	A	Repair mouth roof fracture	20 61	090
21431	A	Treat craniofacial fracture	13 28	090
21432	A	Repair craniofacial fracture	15 61	090
21433	A	Repair craniofacial fracture	43 72	090
21435	A	Repair craniofacial fracture	31 12	090
21436	A	Repair craniofacial fracture	42 99	090
21440	A	Repair dental ridge fracture	5.84	090
21445	A	Repair dental ridge fracture	11.67	090
21450	A	Treat lower jaw fracture	5.87	090
21451	A	Treat lower jaw fracture	12 76	090
21452	A	Treat lower jaw fracture	3 40	090
21453	A	Treat lower jaw fracture	7 21	090
21454	A	Treat lower jaw fracture	21.86	090
21461	A	Repair lower jaw fracture	21.35	090
21462	A	Repair lower jaw fracture	23.75	090
21465	A	Repair lower jaw fracture	20 53	090
21470	A	Repair lower jaw fracture	32 90	090
21480	A	Reset dislocated jaw	1 74	000
21485	A	Reset dislocated jaw	6 14	090
21490	A	Repair dislocated jaw	18 02	090
21493	A	Treat hyoid bone fracture	2 90	090
21494	A	Repair hyoid bone fracture	14 33	090
21495	A	Repair hyoid bone fracture	10.63	090
21497	A	Interdental wiring	7 93	090
21501	A	Drain neck/chest lesion	5 61	090
21502	A	Drain chest lesion	11.37	090
21510	A	Drainage of bone lesion	9 34	090
21550	A	Biopsy of neck/chest	2 99	010
21555	A	Remove lesion neck/chest	5 97	090
21556	A	Remove lesion neck/chest	9 68	090
21557	A	Remove tumor, neck or chest	18.29	090

21600	A	Partial removal of rib	11 56	090
21610	A	Partial removal of rib	14 47	090
21615	A	Removal of rib	20 81	090
21616	A	Removal of rib and nerves	19 74	090
21620	A	Partial removal of sternum	13 94	090
21627	A	Sternal debridement	11.90	090
21630	A	Extensive sternum surgery	28 64	090
21632	A	Extensive sternum surgery	30 18	090
21633	A	Extensive sternum surgery	31 09	090
21700	A	Revision of neck muscle	10 52	090
21705	A	Revision of neck muscle/rib	14.79	090
21720	A	Revision of neck muscle	9 78	090
21725	A	Revision of neck muscle	12 08	090
21740	A	Reconstruction of sternum	25 98	090
21750	A	Repair of sternum separation	18 69	090
21800	A	Treatment of rib fracture	1 75	090
21805	A	Treatment of rib fracture	4 14	090
21810	A	Treatment of rib fracture(s)	14 60	090
21820	A	Treat sternum fracture	2 72	090
21825	A	Repair sternum fracture	14 70	090
21920	A	Biopsy soft tissue of back	2 93	010
21925	A	Biopsy soft tissue of back	6 52	090
21930	A	Remove lesion, back or flank	9.79	090
21935	A	Remove tumor of back	25 07	090
22100	A	Remove part of neck vertebra	15 35	090
22101	A	Remove part, thorax vertebra	15 83	090
22102	A	Remove part, lumbar vertebra	13 83	090
22105	A	Remove part of neck vertebra	25 34	090
22106	A	Remove part, thorax vertebra	22 22	090
22107	A	Remove part, lumbar vertebra	17.38	090
22110	A	Remove part of neck vertebra	22 79	090
22112	A	Remove part, thorax vertebra	22 95	090
22114	A	Remove part, lumbar vertebra	19 97	090
22140	A	Reconstruct neck spine	41 65	090
22141	A	Reconstruct thorax spine	45 29	090
22142	A	Reconstruct lumbar spine	49 95	090
22145	A	Reconstruct vertebra(e)	14 51	ZZZ
22148	A	Harvesting bone graft	8 45	ZZZ
22150	A	Reconstruct neck spine	42 25	090
22151	A	Reconstruct thorax spine	42.72	090
22152	A	Reconstruct lumbar spine	43 40	090
22210	A	Revision of neck spine	38 65	090
22212	A	Revision of thorax spine	37 93	090
22214	A	Revision of lumbar spine	35 65	090
22220	A	Revision of neck spine	39 19	090
22222	A	Revision of thorax spine	35 37	090
22224	A	Revision of lumbar spine	37 27	090
22230	A	Additional revision of spine	11 91	ZZZ
22305	A	Treat spine process fracture	4 77	090
22310	A	Treat spine fracture	6 94	090
22315	A	Treat spine fracture	14 69	090
22325	A	Repair of spine fracture	26.89	090
22326	A	Repair neck spine fracture	36 81	090
22327	A	Repair thorax spine fracture	35.64	090
22505	A	Manipulation of spine	3 24	010
22548	A	Neck spine fusion	50.18	090
22554	A	Neck spine fusion	40 96	090
22556	A	Thorax spine fusion	48 03	090
22558	A	Lumbar spine fusion	45 29	090
22585	A	Additional spinal fusion	11 73	ZZZ

22590	A	Spine and skull spinal fusion	43 50	090
22595	A	Neck spinal fusion	45 00	090
22600	A	Neck spine fusion	40 28	090
22610	A	Thorax spine fusion	35.35	090
22612	A	Lumbar spine fusion	44 26	090
22625	A	Lumbar spine fusion	44 92	090
22630	A	Lumbar spine fusion	42 18	090
22650	A	Additional spinal fusion	12 92	ZZZ
22800	A	Fusion of spine	42 36	090
22802	A	Fusion of spine	63 76	090
22810	A	Fusion of spine	50 41	090
22812	A	Fusion of spine	56 89	090
22820	A	Harvesting of bone	7 91	ZZZ
22830	A	Exploration of spinal fusion	25 29	090
22840	A	Insert spine fixation device	38 20	000
22842	A	Insert spine fixation device	42 54	000
22845	A	Insert spine fixation device	34 26	000
22849	A	Reinsert spinal fixation	26 37	090
22850	A	Remove spine fixation device	19 46	090
22852	A	Remove spine fixation device	19 54	090
22855	A	Remove spine fixation device	17 69	090
22900	A	Remove abdominal wall lesion	10 19	090
23000	A	Removal of calcium deposits	7 81	090
23020	A	Release shoulder joint	16 51	090
23030	A	Drain shoulder lesion	5 64	010
23031	A	Drain shoulder bursa	3 30	010
23035	A	Drain shoulder bone lesion	14 96	090
23040	A	Exploratory shoulder surgery	18 93	090
23044	A	Exploratory shoulder surgery	14 33	090
23065	A	Biopsy shoulder tissues	3 02	010
23066	A	Biopsy shoulder tissues	5 35	090
23075	A	Removal of shoulder lesion	4 28	010
23076	A	Removal of shoulder lesion	11 31	090
23077	A	Remove tumor of shoulder	23.39	090
23100	A	Biopsy of shoulder joint	14 43	090
23101	A	Shoulder joint surgery	13.56	090
23105	A	Remove shoulder joint lining	19 65	090
23106	A	Incision of collarbone joint	11 02	090
23107	A	Explore, treat shoulder joint	19 09	090
23120	A	Partial removal, collarbone	11 95	090
23125	A	Removal of collarbone	18 52	090
23130	A	Partial removal, shoulder bone	15 15	090
23140	A	Removal of bone lesion	11 29	090
23145	A	Removal of bone lesion	17 84	090
23146	A	Removal of bone lesion	13 49	090
23150	A	Removal of humerus lesion	15 36	090
23155	A	Removal of humerus lesion	19 62	090
23156	A	Removal of humerus lesion	16 74	090
23170	A	Remove collarbone lesion	11 79	090
23172	A	Remove shoulder blade lesion	12 08	090
23174	A	Remove humerus lesion	18 35	090
23180	A	Remove collarbone lesion	12 80	090
23182	A	Remove shoulder blade lesion	15 01	090
23184	A	Remove humerus lesion	18 74	090
23190	A	Partial removal of scapula	13 73	090
23195	A	Removal of head of humerus	19 19	090
23200	A	Removal of collarbone	21 39	090
23210	A	Removal of shoulder blade	21 71	090
23220	A	Partial removal of humerus	27 16	090

23221	A	Partial removal of humerus	35 95	090
23222	A	Partial removal of humerus	33 74	090
23330	A	Remove shoulder foreign body	2 44	010
23331	A	Remove shoulder foreign body	9 60	090
23332	A	Remove shoulder foreign body	21 71	090
23350	A	Injection for shoulder X–ray	1 58	000
23395	A	Muscle transfer, shoulder/arm	25 19	090
23397	A	Muscle transfers	31 28	090
23400	A	Fixation of shoulder blade	24 33	090
23405	A	Incision of tendon and muscle	16 36	090
23406	A	Incise tendon(s) and muscle(s)	21 14	090
23410	A	Repair of tendon(s)	24 40	090
23412	A	Repair of tendon(s)	27 94	090
23415	A	Release of shoulder ligament	15 53	090
23420	A	Repair of shoulder	29 30	090
23430	A	Repair biceps tendon rupture	18 00	090
23440	A	Removal/transplant tendon	18 34	090
23450	A	Repair shoulder capsule	27 39	090
23455	A	Repair shoulder capsule	31 53	090
23460	A	Repair shoulder capsule	30 72	090
23462	A	Repair shoulder capsule	31 91	090
23465	A	Repair shoulder capsule	31 32	090
23466	A	Repair shoulder capsule	32 45	090
23470	A	Reconstruct shoulder joint	35 20	090
23472	A	Reconstruct shoulder joint	50 64	090
23480	A	Revision of collarbone	18 14	090
23485	A	Revision of collarbone	25 70	090
23490	A	Reinforce clavicle	22 12	090
23491	A	Reinforce shoulder bones	28 19	090
23500	A	Treat clavicle fracture	3 80	090
23505	A	Treat clavicle fracture	6 47	090
23515	A	Repair clavicle fracture	14 92	090
23520	A	Treat clavicle dislocation	3 60	090
23525	A	Treat clavicle dislocation	5 66	090
23530	A	Repair clavicle dislocation	14 42	090
23532	A	Repair clavicle dislocation	15 87	090
23540	A	Treat clavicle dislocation	3 83	090
23545	A	Treat clavicle dislocation	5 32	090
23550	A	Repair clavicle dislocation	16 71	090
23552	A	Repair clavicle dislocation	16 16	090
23570	A	Treat shoulder blade fracture	4 02	090
23575	A	Treat shoulder blade fracture	7 03	090
23585	A	Repair scapula fracture	17 25	090
23600	A	Treat humerus fracture	6 03	090
23605	A	Treat humerus fracture	9 98	090
23615	A	Repair humerus fracture	20.91	090
23616	A	Repair humerus fracture	45 26	090
23620	A	Treat humerus fracture	5 76	090
23625	A	Treat humerus fracture	7 99	090
23630	A	Repair humerus fracture	16 91	090
23650	A	Treat shoulder dislocation	5 58	090
23655	A	Treat shoulder dislocation	7.62	090
23660	A	Repair shoulder dislocation	17 35	090
23665	A	Treat dislocation/fracture	7 99	090
23670	A	Repair dislocation/fracture	20 28	090
23675	A	Treat dislocation/fracture	10 10	090
23680	A	Repair dislocation/fracture	24 41	090
23700	A	Fixation of shoulder	4 86	010
23800	A	Fusion of shoulder joint	31 92	090

23802	A	Fusion of shoulder joint	30 73	090
23900	A	Amputation of arm and girdle	33 18	090
23920	A	Amputation at shoulder joint	29 63	090
23921	A	Amputation follow–up surgery	9 98	090
23930	A	Drainage of arm lesion	4 63	010
23931	A	Drainage of arm bursa	2 50	010
23935	A	Drain arm/elbow bone lesion	10.94	090
24000	A	Exploratory elbow surgery	15 39	090
24006	A	Release elbow joint	15.68	090
24065	A	Biopsy arm/elbow soft tissue	2 94	010
24066	A	Biopsy arm/elbow soft tissue	8 09	090
24075	A	Remove arm/elbow lesion	6 11	090
24076	A	Remove arm/elbow lesion	10 33	090
24077	A	Remove tumor of arm/elbow	22 61	090
24100	A	Biopsy elbow joint lining	9 52	090
24101	A	Explore/treat elbow joint	15 57	090
24102	A	Remove elbow joint lining	20 19	090
24105	A	Removal of elbow bursa	7 75	090
24110	A	Remove humerus lesion	15.83	090
24115	A	Remove/graft bone lesion	17.75	090
24116	A	Remove/graft bone lesion	22 19	090
24120	A	Remove elbow lesion	13 24	090
24125	A	Remove/graft bone lesion	13 80	090
24126	A	Remove/graft bone lesion	16 23	090
24130	A	Removal of head of radius	13 61	090
24134	A	Removal of arm bone lesion	18 79	090
24136	A	Remove radius bone lesion	16 94	090
24138	A	Remove elbow bone lesion	14.70	090
24140	A	Partial removal of arm bone	18 61	090
24145	A	Partial removal of radius	14 41	090
24147	A	Partial removal of elbow	14 56	090
24150	A	Extensive humerus surgery	28 45	090
24151	A	Extensive humerus surgery	30 36	090
24152	A	Extensive radius surgery	17 40	090
24153	A	Extensive radius surgery	22 92	090
24155	A	Removal of elbow joint	23 38	090
24160	A	Remove elbow joint implant	13 02	090
24164	A	Remove radius head implant	12 11	090
24200	A	Removal of arm foreign body	2.36	010
24201	A	Removal of arm foreign body	7 83	090
24220	A	Injection for elbow X–ray	1 89	000
24301	A	Muscle/tendon transfer	18 82	090
24305	A	Arm tendon lengthening	10 61	090
24310	A	Revision of arm tendon	9 16	090
24320	A	Repair of arm tendon	20 37	090
24330	A	Revision of arm muscles	19 19	090
24331	A	Revision of arm muscles	21 11	090
24340	A	Repair of ruptured tendon	15 57	090
24342	A	Repair of ruptured tendon	22 04	090
24350	A	Repair of tennis elbow	9 92	090
24351	A	Repair of tennis elbow	10.97	090
24352	A	Repair of tennis elbow	12.66	090
24354	A	Repair of tennis elbow	12 63	090
24356	A	Revision of tennis elbow	14 69	090
24360	A	Reconstruct elbow joint	29 16	090
24361	A	Reconstruct elbow joint	28 41	090
24362	A	Reconstruct elbow joint	28 44	090
24363	A	Replace elbow joint	46.89	090
24365	A	Reconstruct head of radius	16 51	090
24366	A	Reconstruct head of radius	21 25	090

24400	A	Revision of humerus	20 23	090
24410	A	Revision of humerus	30 17	090
24420	A	Revision of humerus	26 97	090
24430	A	Repair of humerus	28 93	090
24435	A	Repair humerus with graft	32.28	090
24470	A	Revision of elbow joint	17 39	090
24495	A	Decompression of forearm	14 32	090
24498	A	Reinforce humerus	23 13	090
24500	A	Treat humerus fracture	5 87	090
24505	A	Treat humerus fracture	9 96	090
24515	A	Repair humerus fracture	21 96	090
24516	A	Repair humerus fracture	21 96	090
24530	A	Treat humerus fracture	6.42	090
24535	A	Treat humerus fracture	12 08	090
24538	A	Treat humerus fracture	17 97	090
24545	A	Repair humerus fracture	21 01	090
24546	A	Repair humerus fracture	26.14	090
24560	A	Treat humerus fracture	5 05	090
24565	A	Treat humerus fracture	9 20	090
24575	A	Repair humerus fracture	18 84	090
24576	A	Treat humerus fracture	5 12	090
24577	A	Treat humerus fracture	10 02	090
24579	A	Repair humerus fracture	20 45	090
24586	A	Repair elbow fracture	31 16	090
24587	A	Repair elbow fracture	29.90	090
24600	A	Treat elbow dislocation	6 31	090
24605	A	Treat elbow dislocation	7 76	090
24615	A	Repair elbow dislocation	19 34	090
24620	A	Treat elbow fracture	10.97	090
24635	A	Repair elbow fracture	25 08	090
24640	A	Treat elbow dislocation	2.24	010
24650	A	Treat radius fracture	4 55	090
24655	A	Treat radius fracture	7 62	090
24665	A	Repair radius fracture	15 85	090
24666	A	Repair radius fracture	20 52	090
24670	A	Treatment of ulna fracture	4 59	090
24675	A	Treatment of ulna fracture	8 54	090
24685	A	Repair ulna fracture	17 91	090
24800	A	Fusion of elbow joint	22 72	090
24802	A	Fusion/graft of elbow joint	26 73	090
24900	A	Amputation of upper arm	17 68	090
24920	A	Amputation of upper arm	16 56	090
24925	A	Amputation follow–up surgery	13 57	090
24930	A	Amputation follow–up surgery	18.64	090
24931	A	Amputate upper arm and implant	24 50	090
24935	A	Revision of amputation	30 04	090
25000	A	Incision of tendon sheath	7.62	090
25005	A	Incision of tendon sheath	8 05	090
25020	A	Decompression of forearm	10 60	090
25023	A	Decompression of forearm	18 20	090
25028	A	Drainage of forearm lesion	7 30	090
25031	A	Drainage of forearm bursa	4.71	090
25035	A	Treat forearm bone lesion	14.03	090
25040	A	Explore/treat wrist joint	13.11	090
25065	A	Biopsy forearm soft tissues	3 26	010
25066	A	Biopsy forearm soft tissues	5.65	090
25075	A	Removal of forearm lesion	6.15	090
25076	A	Removal of forearm lesion	9.14	090
25077	A	Remove tumor, forearm/wrist	19 17	090
25085	A	Incision of wrist capsule	10 39	090

25100	A	Biopsy of wrist joint	9 20	090
25101	A	Explore/treat wrist joint	10 86	090
25105	A	Remove wrist joint lining	13 73	090
25107	A	Remove wrist joint cartilage	11 97	090
25110	A	Remove wrist tendon lesion	7 02	090
25111	A	Remove wrist tendon lesion	6 95	090
25112	A	Reremove wrist tendon lesion	8 69	090
25115	A	Remove wrist/forearm lesion	14 45	090
25116	A	Remove wrist/forearm lesion	15 78	090
25118	A	Excise wrist tendon sheath	11 08	090
25119	A	Partial removal of ulna	14 72	090
25120	A	Removal of forearm lesion	13 21	090
25125	A	Remove/graft forearm lesion	14 82	090
25126	A	Remove/graft forearm lesion	14 91	090
25130	A	Removal of wrist lesion	9 92	090
25135	A	Remove and graft wrist lesion	12 90	090
25136	A	Remove and graft wrist lesion	11 17	090
25145	A	Remove forearm bone lesion	12 61	090
25150	A	Partial removal of ulna	14 20	090
25151	A	Partial removal of radius	13 52	090
25170	A	Extensive forearm surgery	21 60	090
25210	A	Removal of wrist bone	11 13	090
25215	A	Removal of wrist bones	17 31	090
25230	A	Partial removal of radius	11.15	090
25240	A	Partial removal of ulna	10.96	090
25246	A	Injection for wrist X-ray	2 03	000
25248	A	Remove forearm foreign body	7 53	090
25250	A	Removal of wrist prosthesis	12 74	090
25251	A	Removal of wrist prosthesis	18 57	090
25260	A	Repair forearm tendon/muscle	12 68	090
25263	A	Repair forearm tendon/muscle	14.07	090
25265	A	Repair forearm tendon/muscle	18 75	090
25270	A	Repair forearm tendon/muscle	9 61	090
25272	A	Repair forearm tendon/muscle	10 76	090
25274	A	Repair forearm tendon/muscle	16 07	090
25280	A	Revise wrist/forearm tendon	11 72	090
25290	A	Incise wrist/forearm tendon	7 93	090
25295	A	Release wrist/forearm tendon	9 84	090
25300	A	Fusion of tendons at wrist	16 89	090
25301	A	Fusion of tendons at wrist	15 93	090
25310	A	Transplant forearm tendon	15 87	090
25312	A	Transplant forearm tendon	17 88	090
25315	A	Revise palsy hand tendon(s)	18.62	090
25316	A	Revise palsy hand tendon(s)	23 26	090
25317	A	Revise hand contracture	19.55	090
25318	A	Revise hand contracture	26 00	090
25320	A	Repair/revise wrist joint	19 03	090
25330	A	Revise wrist joint	21 43	090
25331	A	Revise wrist joint	29 32	090
25332	A	Revise wrist joint	22 24	090
25335	A	Realignment of hand	24 94	090
25350	A	Revision of radius	16 95	090
25355	A	Revision of radius	19 99	090
25360	A	Revision of ulna	15 20	090
25365	A	Revise radium and ulna	23 36	090
25370	A	Revise radius or ulna	25.80	090
25375	A	Revise radius and ulna	26 54	090
25390	A	Shorten radius/ulna	20 01	090
25391	A	Lengthen radius/ulna	25 72	090
25392	A	Shorten radius and ulna	27 30	090

25393	A	Lengthen radius and ulna	31 17	090
25400	A	Repair radius or ulna	22 60	090
25405	A	Repair/graft radium or ulna	27 71	090
25415	A	Repair radius and ulna	25 77	090
25420	A	Repair/graft radius and ulna	32 07	090
25425	A	Repair/graft radius or ulna	26 12	090
25426	A	Repair/graft radius and ulna	28 57	090
25440	A	Repair/graft wrist bone	20 33	090
25441	A	Reconstruct wrist joint	25.30	090
25442	A	Reconstruct wrist joint	18 53	090
25443	A	Reconstruct wrist joint	20 60	090
25444	A	Reconstruct wrist joint	22 25	090
25445	A	Reconstruct wrist joint	21 11	090
25446	A	Wrist replacement	39 18	090
25447	A	Repair wrist joint(s)	22 31	090
25449	A	Remove wrist joint implant	22 78	090
25450	A	Revision of wrist joint	16 04	090
25455	A	Revision of wrist joint	19 12	090
25490	A	Reinforce radius	19 07	090
25491	A	Reinforce ulna	19.96	090
25492	A	Reinforce radius and ulna	24 57	090
25500	A	Treat fracture of radius	4 90	090
25505	A	Treat fracture of radius	9 04	090
25515	A	Repair fracture of radius	17 36	090
25520	A	Repair fracture of radius	12 58	090
25525	A	Repair fracture of radius	24 46	090
25526	A	Repair fracture of radius	26 00	090
25530	A	Treat fracture of ulna	4 68	090
25535	A	Treat fracture of ulna	9 00	090
25545	A	Repair fracture of ulna	17 00	090
25560	A	Treat fracture radius and ulna	4 81	090
25565	A	Treat fracture radius and ulna	10 58	090
25574	A	Repair fracture radius/ulna	18 14	090
25575	A	Repair fracture radius/ulna	21 67	090
25600	A	Treat fracture radius/ulna	5 68	090
25605	A	Treat fracture radius/ulna	9 94	090
25611	A	Repair fracture radius/ulna	13 99	090
25620	A	Repair fracture radius/ulna	16 31	090
25622	A	Treat wrist bone fracture	5 01	090
25624	A	Treat wrist bone fracture	8 48	090
25628	A	Repair wrist bone fracture	15.98	090
25630	A	Treat wrist bone fracture	5 20	090
25635	A	Treat wrist bone fracture	7 99	090
25645	A	Repair wrist bone fracture	14 38	090
25650	A	Repair wrist bone fracture	5 86	090
25660	A	Treat wrist dislocation	6 64	090
25670	A	Repair wrist dislocation	15 58	090
25675	A	Treat wrist dislocation	7 07	090
25676	A	Repair wrist dislocation	15 85	090
25680	A	Treat wrist fracture	8 46	090
25685	A	Repair wrist fracture	19 30	090
25690	A	Treat wrist dislocation	10 70	090
25695	A	Repair wrist dislocation	16 03	090
25800	A	Fusion of wrist joint	21 68	090
25805	A	Fusion/graft of wrist joint	25 20	090
25810	A	Fusion/graft of wrist joint	24 19	090
25820	A	Fusion of hand bones	17 31	090
25825	A	Fusion hand bones with graft	22 36	090

25900	A	Amputation of forearm	16 38	090
25905	A	Amputation of forearm	16 54	090
25907	A	Amputation follow–up surgery	13 91	090
25909	A	Amputation follow–up surgery	14 88	090
25920	A	Amputate hand at wrist	16 16	090
25922	A	Amputate hand at wrist	13 42	090
25924	A	Amputation follow–up surgery	16.44	090
25927	A	Amputation of hand	15 65	090
25929	A	Amputation follow–up surgery	12 74	090
25931	A	Amputation follow–up surgery	12 73	090
26010	A	Drainage of finger abscess	2 05	010
26011	A	Drainage of finger abscess	3 90	010
26020	A	Drain hand tendon sheath	8 28	090
26025	A	Drainage of palm bursa	9 50	090
26030	A	Drainage of palm bursa(s)	11 93	090
26034	A	Treat hand bone lesion	10 47	090
26035	A	Decompress fingers/hand	14 38	090
26037	A	Decompress fingers/hand	13 96	090
26040	A	Release palm contracture	6 38	090
26045	A	Release palm contracture	10 81	090
26055	A	Incise finger tendon sheath	6 47	090
26060	A	Incision of finger tendon	4 02	090
26070	A	Explore/treat hand joint	6 49	090
26075	A	Explore/treat finger joint	7 76	090
26080	A	Explore/treat finger joint	7 38	090
26100	A	Biopsy hand joint lining	6 95	090
26105	A	Biopsy finger joint lining	8 34	090
26110	A	Biopsy finger joint lining	6 79	090
26115	A	Removal of hand lesion	6 02	090
26116	A	Removal of hand lesion	9 48	090
26117	A	Remove tumor, hand/finger	14 18	090
26121	A	Release palm contracture	18.14	090
26123	A	Release palm contracture	19 08	090
26125	A	Release palm contracture	15 31	090
26130	A	Remove wrist joint lining	10.90	090
26135	A	Revise finger joint, each	12 28	090
26140	A	Revise finger joint, each	10 98	090
26145	A	Tendon excision, palm/finger	11.47	090
26160	A	Remove tendon sheath lesion	5 68	090
26170	A	Removal of palm tendon, each	7 89	090
26180	A	Removal of finger tendon	9.65	090
26200	A	Remove hand bone lesion	10 39	090
26205	A	Remove/graft bone lesion	14 57	090
26210	A	Removal of finger lesion	9.46	090
26215	A	Remove/graft finger lesion	13.21	090
26230	A	Partial removal of hand bone	10.88	090
26235	A	Partial removal, finger bone	10 66	090
26236	A	Partial removal, finger bone	9 42	090
26250	A	Extensive hand surgery	14 22	090
26255	A	Extensive hand surgery	22 01	090
26260	A	Extensive finger surgery	13 34	090
26261	A	Extensive finger surgery	17 39	090
26262	A	Partial removal of finger	10 84	090
26320	A	Removal of implant from hand	7.79	090
26350	A	Repair finger/hand tendon	12 36	090
26352	A	Repair/graft hand tendon	14.83	090
26356	A	Repair finger/hand tendon	15 34	090
26357	A	Repair finger/hand tendon	15 81	090
26358	A	Repair/graft hand tendon	17.23	090
26370	A	Repair finger/hand tendon	14 39	090

26372	A	Repair/graft hand tendon	15 70	090
26373	A	Repair finger/hand tendon	15 51	090
26390	A	Revise hand/finger tendon	17 80	090
26392	A	Repair/graft hand tendon	19 53	090
26410	A	Repair hand tendon	8 14	090
26412	A	Repair/graft hand tendon	12 78	090
26415	A	Excision, hand/finger tendon	15 65	090
26416	A	Graft hand or finger tendon	18 96	090
26418	A	Repair finger tendon	8 13	090
26420	A	Repair/graft finger tendon	12.90	090
26426	A	Repair finger/hand tendon	13.09	090
26428	A	Repair/graft finger tendon	13 29	090
26432	A	Repair finger tendon	7 48	090
26433	A	Repair finger tendon	8 94	090
26434	A	Repair/graft finger tendon	11 51	090
26437	A	Realignment of tendons	10 21	090
26440	A	Release palm/finger tendon	8 88	090
26442	A	Release palm and finger tendon	10 05	090
26445	A	Release hand/finger tendon	7 92	090
26449	A	Release forearm/hand tendon	12 81	090
26450	A	Incision of palm tendon	6 17	090
26455	A	Incision of finger tendon	5 73	090
26460	A	Incise hand/finger tendon	5.34	090
26471	A	Fusion of finger tendons	10 33	090
26474	A	Fusion of finger tendons	10 42	090
26476	A	Tendon lengthening	8 20	090
26477	A	Tendon shortening	9 62	090
26478	A	Lengthening of hand tendon	10.58	090
26479	A	Shortening of hand tendon	11 61	090
26480	A	Transplant hand tendon	13 98	090
26483	A	Transplant/graft hand tendon	17 58	090
26485	A	Transplant palm tendon	14 74	090
26489	A	Transplant/graft palm tendon	13 00	090
26490	A	Revise thumb tendon	16 92	090
26492	A	Tendon transfer with graft	19 02	090
26494	A	Hand tendon/muscle transfer	16 43	090
26496	A	Revise thumb tendon	19 25	090
26497	A	Finger tendon transfer	18 40	090
26498	A	Finger tendon transfer	27 15	090
26499	A	Revision of finger	17 43	090
26500	A	Hand tendon reconstruction	9 74	090
26502	A	Hand tendon reconstruction	12 86	090
26504	A	Hand tendon reconstruction	14.74	090
26508	A	Release thumb contracture	10 42	090
26510	A	Thumb tendon transfer	9 81	090
26516	A	Fusion of knuckle joint	11 58	090
26517	A	Fusion of knuckle joints	16 50	090
26518	A	Fusion of knuckle joints	16 13	090
26520	A	Release knuckle contracture	10 14	090
26525	A	Release finger contracture	9 27	090
26527	A	Revise wrist joint	19 51	090
26530	A	Revise knuckle joint	12 31	090
26531	A	Revise knuckle with implant	15 20	090
26535	A	Revise finger joint	10 32	090
26536	A	Revise/implant finger joint	14 29	090
26540	A	Repair hand joint	13.63	090
26541	A	Repair hand joint with graft	18.42	090
26542	A	Repair hand joint with graft	12 92	090
26545	A	Reconstruct finger joint	12 61	090

26548	A	Reconstruct finger joint	14 30	090
26560	A	Repair of web finger	10 49	090
26561	A	Repair of web finger	20 79	090
26562	A	Repair of web finger	20 98	090
26565	A	Correct metacarpal flaw	13 04	090
26567	A	Correct finger deformity	11 46	090
26568	A	Lengthen metacarpal/finger	18 08	090
26591	A	Repair muscles of hand	5 55	090
26593	A	Release muscles of hand	9 64	090
26596	A	Excision constricting tissue	18 08	090
26597	A	Release of scar contracture	18 62	090
26600	A	Treat metacarpal fracture	3 55	090
26605	A	Treat metacarpal fracture	5 29	090
26607	A	Treat metacarpal fracture	9 22	090
26608	A	Treat metacarpal fracture	9 22	090
26615	A	Repair metacarpal fracture	10 75	090
26641	A	Treat thumb dislocation	5 03	090
26645	A	Treat thumb fracture	6 77	090
26650	A	Repair thumb fracture	10 09	090
26665	A	Repair thumb fracture	14 50	090
26670	A	Treat hand dislocation	4 65	090
26675	A	Treat hand dislocation	9 33	090
26676	A	Pin hand dislocation	10 76	090
26685	A	Repair hand dislocation	13 12	090
26686	A	Repair hand dislocation	14 72	090
26700	A	Treat knuckle dislocation	4 58	090
26705	A	Treat knuckle dislocation	6 05	090
26706	A	Pin knuckle dislocation	10 26	090
26715	A	Repair knuckle dislocation	10 22	090
26720	A	Treat finger fracture, each	2 80	090
26725	A	Treat finger fracture, each	4 96	090
26727	A	Treat finger fracture, each	7 76	090
26735	A	Repair finger fracture, each	10 03	090
26740	A	Treat finger fracture, each	3 12	090
26742	A	Treat finger fracture, each	6 00	090
26746	A	Repair finger fracture, each	11 01	090
26750	A	Treat finger fracture, each	2 54	090
26755	A	Treat finger fracture, each	4 22	090
26756	A	Pin finger fracture, each	6 44	090
26765	A	Repair finger fracture, each	7 12	090
26770	A	Treat finger dislocation	3 77	090
26775	A	Treat finger dislocation	4 85	090
26776	A	Pin finger dislocation	7 04	090
26785	A	Repair finger dislocation	7 50	090
26820	A	Thumb fusion with graft	15.43	090
26841	A	Fusion of thumb	13 85	090
26842	A	Thumb fusion with graft	17 52	090
26843	A	Fusion of hand joint	14 55	090
26844	A	Fusion/graft of hand joint	16.66	090
26850	A	Fusion of knuckle	11 91	090
26852	A	Fusion of knuckle with graft	14 61	090
26860	A	Fusion of finger joint	9 40	090
26861	A	Fusion of finger joint, added	4 76	ZZZ
26862	A	Fusion/graft of finger joint	13 01	090
26863	A	Fuse/graft added joint	7 78	ZZZ
26910	A	Amputate metacarpal bone	13 20	090
26951	A	Amputation of finger/thumb	7 75	090
26952	A	Amputation of finger/thumb	10 67	090
26990	A	Drainage of pelvis lesion	10 40	090
26991	A	Drainage of pelvis bursa	8 21	090

26992	A	Drainage of bone lesion	21 45	090
27000	A	Incision of hip tendon	7 41	090
27001	A	Incision of hip tendon	10 50	090
27003	A	Incision of hip tendon	14 24	090
27005	A	Incision of hip tendon	12 98	090
27006	A	Incision of hip tendons	14 93	090
27025	A	Incision of hip/thigh fascia	17 27	090
27030	A	Drainage of hip joint	25 15	090
27033	A	Exploration of hip joint	25 54	090
27035	A	Denervation of hip joint	29 57	090
27040	A	Biopsy of soft tissues	4 14	010
27041	A	Biopsy of soft tissues	12 57	090
27047	A	Remove hip/pelvis lesion	9 46	090
27048	A	Remove hip/pelvis lesion	10 77	090
27049	A	Remove tumor, hip/pelvis	24 33	090
27050	A	Biopsy of sacroiliac joint	10 19	090
27052	A	Biopsy of hip joint	16 85	090
27054	A	Removal of hip joint lining	23 34	090
27060	A	Removal of ischial bursa	9.26	090
27062	A	Remove femur lesion/bursa	9 60	090
27065	A	Removal of hip bone lesion	11 35	090
27066	A	Removal of hip bone lesion	18 24	090
27067	A	Remove/graft hip bone lesion	25 98	090
27070	A	Partial removal of hip bone	18 11	090
27071	A	Partial removal of hip bone	20 03	090
27075	A	Extensive hip surgery	31 47	090
27076	A	Extensive hip surgery	36 63	090
27077	A	Extensive hip surgery	43 15	090
27078	A	Extensive hip surgery	22 56	090
27079	A	Extensive hip surgery	22 26	090
27080	A	Removal of tail bone	11 18	090
27086	A	Remove hip foreign body	2 49	010
27087	A	Remove hip foreign body	12 27	090
27090	A	Removal of hip prosthesis	22 44	090
27091	A	Removal of hip prosthesis	43 08	090
27093	A	Injection for hip X–ray	2 23	000
27095	A	Injection for hip X–ray	2 56	000
27097	A	Revision of hip tendon	16 91	090
27098	A	Transfer tendon to pelvis	16 91	090
27100	A	Transfer of abdominal muscle	19 55	090
27105	A	Transfer of spinal muscle	18 44	090
27110	A	Transfer of iliopsoas muscle	24 76	090
27111	A	Transfer of iliopsoas muscle	24 54	090
27120	A	Reconstruction of hip socket	37.07	090
27122	A	Reconstruction of hip socket	34 21	090
27125	A	Partial hip replacement	34 42	090
27130	A	Total hip replacement	51 16	090
27132	A	Total hip replacement	57 29	090
27134	A	Revise hip joint replacement	66 79	090
27137	A	Revise hip joint replacement	52 59	090
27138	A	Revise hip joint replacement	51 45	090
27140	A	Transplant of femur ridge	24 00	090
27146	A	Incision of hip bone	25 89	090
27147	A	Revision of hip bone	36 99	090
27151	A	Incision of hip bones	38 87	090
27156	A	Revision of hip bones	41 20	090
27158	A	Revision of pelvis	34 89	090
27161	A	Incision of neck of femur	31 56	090
27165	A	Incision/fixation of femur	35 28	090
27170	A	Repair/graft femur head/neck	33 61	090

27175	A	Treat slipped epiphysis	8.72	090
27176	A	Treat slipped epiphysis	22 79	090
27177	A	Repair slipped epiphysis	27.97	090
27178	A	Repair slipped epiphysis	22 61	090
27179	A	Revise head/neck of femur	24 46	090
27181	A	Repair slipped epiphysis	28 85	090
27185	A	Revision of femur epiphysis	11 91	090
27187	A	Reinforce hip bones	32 25	090
27193	A	Treat pelvic ring fracture	7 44	090
27194	A	Treat pelvic ring fracture	13.20	090
27200	A	Treat tail bone fracture	3 41	090
27202	A	Repair tail bone fracture	13 47	090
27215	A	Pelvic fracture(s) treatment	25 97	090
27216	A	Treat pelvic ring fracture	18 39	090
27217	A	Treat pelvic ring fracture	27 91	090
27218	A	Treat pelvic ring fracture	31 79	090
27220	A	Treat hip socket fracture	10 12	090
27222	A	Treat hip socket fracture	18 33	090
27226	A	Treat hip wall fracture	31 23	090
27227	A	Treat hip fracture(s)	37 34	090
27228	A	Treat hip fracture(s)	39 78	090
27230	A	Treat fracture of thigh	8 66	090
27232	A	Treat fracture of thigh	19 59	090
27235	A	Repair of thigh fracture	29 48	090
27236	A	Repair of thigh fracture	33 38	090
27238	A	Treatment of thigh fracture	10.61	090
27240	A	Treatment of thigh fracture	21 93	090
27244	A	Repair of thigh fracture	32 13	090
27245	A	Repair of thigh fracture	36 36	090
27246	A	Treatment of thigh fracture	8 77	090
27248	A	Repair of thigh fracture	24 52	090
27250	A	Treat hip dislocation	9 97	090
27252	A	Treat hip dislocation	14.54	090
27253	A	Repair of hip dislocation	26.95	090
27254	A	Repair of hip dislocation	32 83	090
27256	A	Treatment of hip dislocation	5 90	010
27257	A	Treatment of hip dislocation	10 08	010
27258	A	Repair of hip dislocation	30 11	090
27259	A	Repair of hip dislocation	37 72	090
27265	A	Treatment of hip dislocation	9 57	090
27266	A	Treatment of hip dislocation	12 89	090
27275	A	Manipulation of hip joint	4 14	010
27280	A	Fusion of sacroiliac joint	23 44	090
27282	A	Fusion of pubic bones	21 08	090
27284	A	Fusion of hip joint	32 24	090
27286	A	Fusion of hip joint	32 87	090
27290	A	Amputation of leg at hip	51 05	090
27295	A	Amputation of leg at hip	36 43	090
27301	A	Dram thigh/knee lesion	8 86	090
27303	A	Drainage of bone lesion	14 44	090
27305	A	Incise thigh tendon and fascia	9.85	090
27306	A	Incision of thigh tendon	6 60	090
27307	A	Incision of thigh tendons	8 79	090
27310	A	Exploration of knee joint	19.17	090
27315	A	Partial removal, thigh nerve	12 75	090
27320	A	Partial removal, thigh nerve	11 76	090
27323	A	Biopsy thigh soft tissues	3.74	010
27324	A	Biopsy thigh soft tissues	7.61	090
27327	A	Removal of thigh lesion	7 01	090
27328	A	Removal of thigh lesion	10 04	090

27329	A	Remove tumor, thigh/knee	25 29	090
27330	A	Biopsy knee joint lining	13 55	090
27331	A	Explore/treat knee joint	16 11	090
27332	A	Removal of knee cartilage	20 29	090
27333	A	Removal of knee cartilage	24 48	090
27334	A	Remove knee joint lining	20 64	090
27335	A	Remove knee joint lining	23.64	090
27340	A	Removal of kneecap bursa	8 31	090
27345	A	Removal of knee cyst	12 09	090
27350	A	Removal of kneecap	18 41	090
27355	A	Remove femur lesion	15 70	090
27356	A	Remove femur lesion/graft	17 98	090
27357	A	Remove femur lesion/graft	19 72	090
27358	A	Remove femur lesion/fixation	9 92	ZZZ
27360	A	Partial removal leg bone(s)	19 03	090
27365	A	Extensive leg surgery	29 88	090
27370	A	Injection for knee X–ray	1 62	000
27372	A	Removal of foreign body	8 74	090
27380	A	Repair of kneecap tendon	15 67	090
27381	A	Repair/graft kneecap tendon	22 50	090
27385	A	Repair of thigh muscle	17 23	090
27386	A	Repair/graft of thigh muscle	24 06	090
27390	A	Incision of thigh tendon	9 89	090
27391	A	Incision of thigh tendons	12 90	090
27392	A	Incision of thigh tendons	17 32	090
27393	A	Lengthening of thigh tendon	12 45	090
27394	A	Lengthening of thigh tendons	14 58	090
27395	A	Lengthening of thigh tendons	22 91	090
27396	A	Transplant of thigh tendon	15 37	090
27397	A	Transplants of thigh tendons	19.49	090
27400	A	Revise thigh muscles/tendons	17 47	090
27403	A	Repair of knee cartilage	17 84	090
27405	A	Repair of knee ligament	19 56	090
27407	A	Repair of knee ligament	19 59	090
27409	A	Repair of knee ligaments	29 09	090
27418	A	Repair degenerated kneecap	23 63	090
27420	A	Revision of unstable kneecap	21 63	090
27422	A	Revision of unstable kneecap	22 10	090
27424	A	Revision/removal of kneecap	22 84	090
27425	A	Lateral retinacular release	12 73	090
27427	A	Reconstruction, knee	24.64	090
27428	A	Reconstruction, knee	29 44	090
27429	A	Reconstruction, knee	24 75	090
27430	A	Revision of thigh muscles	19 58	090
27435	A	Incision of knee joint	16.81	090
27437	A	Revise kneecap	19 50	090
27438	A	Revise kneecap with implant	25 23	090
27440	A	Revision of knee joint	23 10	090
27441	A	Revision of knee joint	20 29	090
27442	A	Revision of knee joint	32 45	090
27443	A	Revision of knee joint	33.24	090
27445	A	Revision of knee joint	48 15	090
27446	A	Revision of knee joint	42 76	090
27447	A	Total knee replacement	54 72	090
27448	A	Incision of thigh	24 89	090
27450	A	Incision of thigh	29 96	090
27454	A	Realignment of thigh bone	32 04	090
27455	A	Realignment of knee	25 73	090
27457	A	Realignment of knee	27.77	090
27465	A	Shortening of thigh bone	26.85	090

27466	A	Lengthening of thigh bone	30 54	090
27468	A	Shorten/lengthen thighs	36 93	090
27470	A	Repair of thigh	33 74	090
27472	A	Repair/graft of thigh	38 97	090
27475	A	Surgery to stop leg growth	16 97	090
27477	A	Surgery to stop leg growth	27.84	090
27479	A	Surgery to stop leg growth	25 48	090
27485	A	Surgery to stop leg growth	17 37	090
27486	A	Revise knee joint replace	46 98	090
27487	A	Revise knee joint replace	63 90	090
27488	A	Removal of knee prosthesis	32 87	090
27495	A	Reinforce thigh	34 29	090
27496	A	Decompression of thigh/knee	9 93	090
27497	A	Decompression of thigh/knee	12 15	090
27498	A	Decompression of thigh/knee	13 86	090
27499	A	Decompression of thigh/knee	15 97	090
27500	A	Treatment of thigh fracture	11 42	090
27501	A	Treatment of thigh fracture	11 42	090
27502	A	Treatment of thigh fracture	18 30	090
27503	A	Treatment of thigh fracture	18 30	090
27506	A	Repair of thigh fracture	34 20	090
27507	A	Treatment of thigh fracture	31 04	090
27508	A	Treatment of thigh fracture	10 04	090
27509	A	Treatment of thigh fracture	11 64	090
27510	A	Treatment of thigh fracture	16 00	090
27511	A	Treatment of thigh fracture	30 69	090
27513	A	Treatment of thigh fracture	35.07	090
27514	A	Repair of thigh fracture	33 97	090
27516	A	Repair of thigh growth plate	10 37	090
27517	A	Repair of thigh growth plate	17 15	090
27519	A	Repair of thigh growth plate	28 32	090
27520	A	Treat kneecap fracture	6 12	090
27524	A	Repair of kneecap fracture	21 15	090
27530	A	Treatment of knee fracture	7 09	090
27532	A	Treatment of knee fracture	13 32	090
27535	A	Treatment of knee fracture	22 78	090
27536	A	Repair of knee fracture	26 67	090
27538	A	Treat knee fracture(s)	8 49	090
27540	A	Repair of knee fracture	24 89	090
27550	A	Treat knee dislocation	8 48	090
27552	A	Treat knee dislocation	11 39	090
27556	A	Repair of knee dislocation	27 70	090
27557	A	Repair of knee dislocation	32 55	090
27558	A	Repair of knee dislocation	33 52	090
27560	A	Treat kneecap dislocation	5 27	090
27562	A	Treat kneecap dislocation	11 34	090
27566	A	Repair kneecap dislocation	23 55	090
27570	A	Fixation of knee joint	3 65	010
27580	A	Fusion of knee	30.38	090
27590	A	Amputate leg at thigh	20 92	090
27591	A	Amputate leg at thigh	24 67	090
27592	A	Amputate leg at thigh	18 26	090
27594	A	Amputation follow–up surgery	10 60	090
27596	A	Amputation follow–up surgery	18 28	090
27598	A	Amputate lower leg at knee	21 13	090
27600	A	Decompression of lower leg	9 02	090
27601	A	Decompression of lower leg	8 99	090
27602	A	Decompression of lower leg	11 39	090
27603	A	Drain lower leg lesion	7 20	090
27604	A	Drain lower leg bursa	5 45	090

27605	A	Incision of achilles tendon	4 17	010
27606	A	Incision of achilles tendon	6 32	010
27607	A	Treat lower leg bone lesion	13 94	090
27610	A	Explore/treat ankle joint	15 70	090
27612	A	Exploration of ankle joint	16 09	090
27613	A	Biopsy lower leg soft tissue	2 91	010
27614	A	Biopsy lower leg soft tissue	7.95	090
27615	A	Remove tumor, lower leg	21 35	090
27618	A	Remove lower leg lesion	7 38	090
27619	A	Remove lower leg lesion	12 80	090
27620	A	Explore, treat ankle joint	12 56	090
27625	A	Remove ankle joint lining	17 72	090
27626	A	Remove ankle joint lining	21 03	090
27630	A	Removal of tendon lesion	8 19	090
27635	A	Remove lower leg bone lesion	16 44	090
27637	A	Remove/graft leg bone lesion	18 85	090
27638	A	Remove/graft leg bone lesion	20 39	090
27640	A	Partial removal of tibia	21 41	090
27641	A	Partial removal of fibula	16 54	090
27645	A	Extensive lower leg surgery	26 54	090
27646	A	Extensive lower leg surgery	23 97	090
27647	A	Extensive ankle/heel surgery	22 40	090
27648	A	Injection for ankle X–ray	1 54	000
27650	A	Repair achilles tendon	19.30	090
27652	A	Repair/graft achilles tendon	21 41	090
27654	A	Repair of achilles tendon	21 69	090
27656	A	Repair leg fascia defect	8 00	090
27658	A	Repair of leg tendon, each	9 17	090
27659	A	Repair of leg tendon, each	12 93	090
27664	A	Repair of leg tendon, each	8 24	090
27665	A	Repair of leg tendon, each	10 74	090
27675	A	Repair lower leg tendons	14.03	090
27676	A	Repair lower leg tendons	16 44	090
27680	A	Release of lower leg tendon	10 06	090
27681	A	Release of lower leg tendons	13 10	090
27685	A	Revision of lower leg tendon	10 34	090
27686	A	Revise lower leg tendons	14.31	090
27687	A	Revision of calf tendon	11.98	090
27690	A	Revise lower leg tendon	15 66	090
27691	A	Revise lower leg tendon	18 26	090
27692	A	Revise additional leg tendon	4 14	ZZZ
27695	A	Repair of ankle ligament	15 70	090
27696	A	Repair of ankle ligaments	15 81	090
27698	A	Repair of ankle ligament	22 76	090
27700	A	Revision of ankle joint	22 06	090
27702	A	Reconstruct ankle joint	40 39	090
27703	A	Reconstruction, ankle joint	30 29	090
27704	A	Removal of ankle implant	13 94	090
27705	A	Incision of tibia	21 89	090
27707	A	Incision of fibula	9 25	090
27709	A	Incision of tibia and fibula	24 09	090
27712	A	Realignment of lower leg	24 27	090
27715	A	Revision of lower leg	27 25	090
27720	A	Repair of tibia	26 84	090
27722	A	Repair/graft of tibia	22 88	090
27724	A	Repair/graft of tibia	32 15	090
27725	A	Repair of lower leg	22.85	090
27727	A	Repair of lower leg	23 91	090
27730	A	Repair of tibia epiphysis	11 26	090
27732	A	Repair of fibula epiphysis	10 60	090

27734	A	Repair lower leg epiphyses	16 52	090
27740	A	Repair of leg epiphyses	18 32	090
27742	A	Repair of leg epiphyses	20 35	090
27745	A	Reinforce tibia	19 59	090
27750	A	Treatment of tibia fracture	6 79	090
27752	A	Treatment of tibia fracture	10 97	090
27756	A	Repair of tibia fracture	17 79	090
27758	A	Repair of tibia fracture	25 78	090
27759	A	Repair of tibia fracture	27 85	090
27760	A	Treatment of ankle fracture	5 72	090
27762	A	Treatment of ankle fracture	8 63	090
27766	A	Repair of ankle fracture	16 57	090
27780	A	Treatment of fibula fracture	4 68	090
27781	A	Treatment of fibula fracture	7.96	090
27784	A	Repair of fibula fracture	12 82	090
27786	A	Treatment of ankle fracture	5 52	090
27788	A	Treatment of ankle fracture	8 00	090
27792	A	Repair of ankle fracture	15 44	090
27808	A	Treatment of ankle fracture	5 77	090
27810	A	Treatment of ankle fracture	10 57	090
27814	A	Repair of ankle fracture	21 27	090
27816	A	Treatment of ankle fracture	7 01	090
27818	A	Treatment of ankle fracture	12 64	090
27822	A	Repair of ankle fracture	21 67	090
27823	A	Repair of ankle fracture	25 45	090
27824	A	Treat lower leg fracture	7 01	090
27825	A	Treat lower leg fracture	12 64	090
27826	A	Treat lower leg fracture	20 29	090
27827	A	Treat lower leg fracture	20 87	090
27828	A	Treat lower leg fracture	24 39	090
27829	A	Treat lower leg joint	14 57	090
27830	A	Treat lower leg dislocation	7 18	090
27831	A	Treat lower leg dislocation	8 78	090
27832	A	Repair lower leg dislocation	12.46	090
27840	A	Treat ankle dislocation	6 39	090
27842	A	Treat ankle dislocation	8.31	090
27846	A	Repair ankle dislocation	18 85	090
27848	A	Repair ankle dislocation	20 02	090
27860	A	Fixation of ankle joint	3.91	010
27870	A	Fusion of ankle joint	26 21	090
27871	A	Fusion of tibiofibular joint	17 43	090
27880	A	Amputation of lower leg	20 48	090
27881	A	Amputation of lower leg	23 34	090
27882	A	Amputation of lower leg	16 40	090
27884	A	Amputation follow–up surgery	11 39	090
27886	A	Amputation follow–up surgery	16 70	090
27888	A	Amputation of foot at ankle	19 62	090
27889	A	Amputation of foot at ankle	18 60	090
27892	A	Decompression fasciotomy, leg	10 05	090
27893	A	Decompression fasciotomy, leg	10 02	090
27894	A	Decompression fasciotomy, leg	12 42	090
28001	A	Drainage of bursa of foot	3 31	010
28002	A	Treatment of foot infection	6 34	010
28003	A	Treatment of foot infection	11 60	090
28005	A	Treat foot bone lesion	12 36	090
28008	A	Incision of foot fascia	7 18	090
28010	A	Incision of toe tendon	6 89	090
28011	A	Incision of toe tendons	5 98	090
28020	A	Exploration of a foot joint	9.67	090
28022	A	Exploration of a foot joint	7.48	090

28024	A	Exploration of a toe joint	6 77	090
28030	A	Removal of foot nerve	10 14	090
28035	A	Decompression of tibia nerve	12 33	090
28043	A	Excision of foot lesion	5 36	090
28045	A	Excision of foot lesion	8 89	090
28046	A	Resection of tumor, foot	15 56	090
28050	A	Biopsy of foot joint lining	8 30	090
28052	A	Biopsy of foot joint lining	7 91	090
28054	A	Biopsy of toe joint lining	5 72	090
28060	A	Partial removal foot fascia	9 79	090
28062	A	Removal of foot fascia	14 05	090
28070	A	Removal of foot joint lining	9 67	090
28072	A	Removal of foot joint lining	7 94	090
28080	A	Removal of foot lesion	7 80	090
28086	A	Excise foot tendon sheath	8 08	090
28088	A	Excise foot tendon sheath	7 62	090
28090	A	Removal of foot lesion	7 58	090
28092	A	Removal of toe lesions	5 78	090
28100	A	Removal of ankle/heel lesion	10.48	090
28102	A	Remove/graft foot lesion	14 94	090
28103	A	Remove/graft foot lesion	12 35	090
28104	A	Removal of foot lesion	9 66	090
28106	A	Remove/graft foot lesion	13 90	090
28107	A	Remove/graft foot lesion	10 48	090
28108	A	Removal of toe lesions	8 57	090
28110	A	Part removal of metatarsal	7 67	090
28111	A	Part removal of metatarsal	10 27	090
28112	A	Part removal of metatarsal	8 61	090
28113	A	Part removal of metatarsal	8 98	090
28114	A	Removal of metatarsal heads	18 61	090
28116	A	Revision of foot	12.20	090
28118	A	Removal of heel bone	11 87	090
28119	A	Removal of heel spur	11 07	090
28120	A	Part removal of ankle/heel	10 45	090
28122	A	Partial removal of foot bone	11 65	090
28124	A	Partial removal of toe	8 86	090
28126	A	Partial removal of toe	7 70	090
28130	A	Removal of ankle bone	15 17	090
28140	A	Removal of metatarsal	11.99	090
28150	A	Removal of toe	7.48	090
28153	A	Partial removal of toe	7 72	090
28160	A	Partial removal of toe	8 06	090
28171	A	Extensive foot surgery	17 82	090
28173	A	Extensive foot surgery	14 65	090
28175	A	Extensive foot surgery	11 51	090
28190	A	Removal of foot foreign body	2.52	010
28192	A	Removal of foot foreign body	6 72	090
28193	A	Removal of foot foreign body	8 16	090
28200	A	Repair of foot tendon	9 98	090
28202	A	Repair/graft of foot tendon	12.90	090
28208	A	Repair of foot tendon	7 21	090
28210	A	Repair/graft of foot tendon	12.12	090
28220	A	Release of foot tendon	8 55	090
28222	A	Release of foot tendons	12.34	090
28225	A	Release of foot tendon	6 05	090
28226	A	Release of foot tendons	8 05	090
28230	A	Incision of foot tendon(s)	6.67	090
28232	A	Incision of toe tendon	5 04	090
28234	A	Incision of foot tendon	4.90	090
28236	A	Transfer of foot tendon	16 51	090

28238	A	Revision of foot tendon	15 29	090
28240	A	Release of big toe	6 50	090
28250	A	Revision of foot fascia	10 62	090
28260	A	Release of midfoot joint	12 45	090
28261	A	Revision of foot tendon	15 46	090
28262	A	Revision of foot and ankle	25 43	090
28264	A	Release of midfoot joint	20 44	090
28270	A	Release of foot contracture	7 47	090
28272	A	Release of toe joint, each	5.92	090
28280	A	Fusion of toes	7 47	090
28285	A	Repair of hammertoe	9 16	090
28286	A	Repair of hammertoe	8 36	090
28288	A	Partial removal of foot bone	7 87	090
28290	A	Correction of bunion	11 31	090
28292	A	Correction of bunion	13 96	090
28293	A	Correction of bunion	18.70	090
28294	A	Correction of bunion	18.10	090
28296	A	Correction of bunion	18 42	090
28297	A	Correction of bunion	18 67	090
28298	A	Correction of bunion	17 14	090
28299	A	Correction of bunion	19 56	090
28300	A	Incision of heel bone	16 42	090
28302	A	Incision of ankle bone	19 04	090
28304	A	Incision of midfoot bones	15 83	090
28305	A	Incise/graft midfoot bones	20 80	090
28306	A	Incision of metatarsal	10 75	090
28307	A	Incision of metatarsal	12 61	090
28308	A	Incision of metatarsal	11 28	090
28309	A	Incision of metatarsals	16 64	090
28310	A	Revision of big toe	9 66	090
28312	A	Revision of toe	9 28	090
28313	A	Repair deformity of toe	7 64	090
28315	A	Removal of sesamoid bone	9 24	090
28320	A	Repair of foot bones	18 41	090
28322	A	Repair of metatarsals	13 27	090
28340	A	Resect enlarged toe tissue	13 73	090
28341	A	Resect enlarged toe	16 40	090
28344	A	Repair extra toe(s)	8 12	090
28345	A	Repair webbed toe(s)	11 52	090
28400	A	Treatment of heel fracture	5 10	090
28405	A	Treatment of heel fracture	8 71	090
28406	A	Treatment of heel fracture	12 72	090
28415	A	Repair of heel fracture	23 64	090
28420	A	Repair/graft heel fracture	28 26	090
28430	A	Treatment of ankle fracture	4 71	090
28435	A	Treatment of ankle fracture	7 06	090
28436	A	Treatment of ankle fracture	9 20	090
28445	A	Repair of ankle fracture	18 83	090
28450	A	Treat midfoot fracture, each	3 85	090
28455	A	Treat midfoot fracture, each	5 79	090
28456	A	Repair midfoot fracture	4 99	090
28465	A	Repair midfoot fracture, each	12 83	090
28470	A	Treat metatarsal fracture	3 76	090
28475	A	Treat metatarsal fracture	5 36	090
28476	A	Repair metatarsal fracture	6 92	090
28485	A	Repair metatarsal fracture	10 55	090
28490	A	Treat big toe fracture	2 00	090
28495	A	Treat big toe fracture	2 72	090
28496	A	Repair big toe fracture	4 52	090
28505	A	Repair big toe fracture	6 94	090

28510	A	Treatment of toe fracture	1 98	090
28515	A	Treatment of toe fracture	2 59	090
28525	A	Repair of toe fracture	5 41	090
28530	A	Treat sesamoid bone fracture	2 09	090
28531	A	Treat sesamoid bone fracture	4 20	090
28540	A	Treat foot dislocation	2 58	090
28545	A	Treat foot dislocation	3 64	090
28546	A	Treat foot dislocation	6 03	090
28555	A	Repair foot dislocation	12 08	090
28570	A	Treat foot dislocation	3 31	090
28575	A	Treat foot dislocation	6 06	090
28576	A	Treat foot dislocation	6 92	090
28585	A	Repair foot dislocation	13 00	090
28600	A	Treat foot dislocation	2 54	090
28605	A	Treat foot dislocation	4 98	090
28606	A	Treat foot dislocation	8 49	090
28615	A	Repair foot dislocation	10 79	090
28630	A	Treat toe dislocation	2 79	010
28635	A	Treat toe dislocation	3 48	010
28636	A	Treat toe dislocation	5 60	010
28645	A	Repair toe dislocation	7 55	090
28660	A	Treat toe dislocation	1 88	010
28665	A	Treat toe dislocation	2 96	010
28666	A	Treat toe dislocation	5 35	010
28675	A	Repair of toe dislocation	6 04	090
28705	A	Fusion of foot bones	31 40	090
28715	A	Fusion of foot bones	26 18	090
28725	A	Fusion of foot bones	21 61	090
28730	A	Fusion of foot bones	20 11	090
28735	A	Fusion of foot bones	21 06	090
28737	A	Revision of foot bones	18 79	090
28740	A	Fusion of foot bones	12 01	090
28750	A	Fusion of big toe joint	10 80	090
28755	A	Fusion of big toe joint	8 61	090
28760	A	Fusion of big toe joint	11 47	090
28800	A	Amputation of midfoot	15 07	090
28805	A	Amputation through metatarsal	14 93	090
28810	A	Amputation toe and metatarsal	10 11	090
28820	A	Amputation of toe	6 57	090
28825	A	Partial amputation of toe	5 90	090
29000	A	Application of body cast	4 29	000
29010	A	Application of body cast	4 68	000
29015	A	Application of body cast	5 04	000
29020	A	Application of body cast	4 14	000
29025	A	Application of body cast	3 31	000
29035	A	Application of body cast	3 99	000
29040	A	Application of body cast	4 50	000
29044	A	Application of body cast	4 50	000
29046	A	Application of body cast	4 95	000
29049	A	Application of shoulder cast	1.37	000
29055	A	Application of shoulder cast	3 14	000
29058	A	Application of shoulder cast	2 06	000
29065	A	Application of long arm cast	1 78	000
29075	A	Application of forearm cast	1 48	000
29085	A	Apply hand/wrist cast	1 45	000
29105	A	Apply long arm splint	1 45	000
29125	A	Apply forearm splint	1 01	000
29126	A	Apply forearm splint	1 23	000
29130	A	Application of finger splint	70	000
29131	A	Application of finger splint	1 00	000

29200	A	Strapping of chest	95	000
29220	A	Strapping of low back	1 08	000
29240	A	Strapping of shoulder	1 01	000
29260	A	Strapping of elbow or wrist	82	000
29280	A	Strapping of hand or finger	75	000
29305	A	Application of hip cast	4 17	000
29325	A	Application of hip casts	4 52	000
29345	A	Application of long leg cast	2 57	000
29355	A	Application of long leg cast	2.78	000
29358	A	Apply long leg cast brace	3 76	000
29365	A	Application of long leg cast	2 17	000
29405	A	Apply short leg cast	1 76	000
29425	A	Apply short leg cast	2 09	000
29435	A	Apply short leg cast	2 52	000
29440	A	Addition of walker to cast	84	000
29450	A	Application of leg cast	1 46	000
29505	A	Application of long leg splint	1 33	000
29515	A	Application of lower leg splint	1 27	000
29520	A	Strapping of hip	.93	000
29530	A	Strapping of knee	97	000
29540	A	Strapping of ankle	84	000
29550	A	Strapping of toes	78	000
29580	A	Application of paste boot	92	000
29590	A	Application of foot splint	1 07	000
29700	A	Removal/revision of cast	1 25	000
29705	A	Removal/revision of cast	1 52	000
29710	A	Removal/revision of cast	1 88	000
29715	A	Removal/revision of cast	1 90	000
29720	A	Repair of body cast	95	000
29730	A	Windowing of cast	1 05	000
29740	A	Wedging of cast	1.55	000
29750	A	Wedging of clubfoot cast	1 85	000
29800	A	Jaw arthroscopy/surgery	9.74	090
29804	A	Jaw arthroscopy/surgery	24 75	090
29815	A	Shoulder arthroscopy	11.26	090
29819	A	Shoulder arthroscopy/surgery	19 28	090
29820	A	Shoulder arthroscopy/surgery	18 73	090
29821	A	Shoulder arthroscopy/surgery	22 48	090
29822	A	Shoulder arthroscopy/surgery	19 36	090
29823	A	Shoulder arthroscopy/surgery	24 09	090
29825	A	Shoulder arthroscopy/surgery	21.68	090
29826	A	Shoulder arthroscopy/surgery	24 80	090
29830	A	Elbow arthroscopy	11 68	090
29834	A	Elbow arthroscopy/surgery	12 82	090
29835	A	Elbow arthroscopy/surgery	13 23	090
29836	A	Elbow arthroscopy/surgery	15.42	090
29837	A	Elbow arthroscopy/surgery	14 05	090
29838	A	Elbow arthroscopy/surgery	15 48	090
29840	A	Wrist arthroscopy	9 21	090
29843	A	Wrist arthroscopy/surgery	12.26	090
29844	A	Wrist arthroscopy/surgery	12 64	090
29845	A	Wrist arthroscopy/surgery	15 36	090
29846	A	Wrist arthroscopy/surgery	20.65	090
29847	A	Wrist arthroscopy/surgery	14.58	090
29848	A	Wrist arthroscopy/surgery	8 43	090
29850	A	Knee arthroscopy/surgery	20 38	090
29851	A	Knee arthroscopy/surgery	24 89	090
29855	A	Tibial arthroscopy/surgery	22 78	090
29856	A	Tibial arthroscopy/surgery	26 67	090

29870	A	Knee arthroscopy, diagnostic	9 54	090
29871	A	Knee arthroscopy/drainage	13 91	090
29874	A	Knee arthroscopy/surgery	17 86	090
29875	A	Knee arthroscopy/surgery	17 54	090
29876	A	Knee arthroscopy/surgery	21 19	090
29877	A	Knee arthroscopy/surgery	19 76	090
29879	A	Knee arthroscopy/surgery	22 89	090
29880	A	Knee arthroscopy/surgery	23 70	090
29881	A	Knee arthroscopy/surgery	20 24	090
29882	A	Knee arthroscopy/surgery	21 59	090
29883	A	Knee arthroscopy/surgery	28 42	090
29884	A	Knee arthroscopy/surgery	17.87	090
29885	A	Knee arthroscopy/surgery	18 06	090
29886	A	Knee arthroscopy/surgery	14 91	090
29887	A	Knee arthroscopy/surgery	20.56	090
29888	A	Knee arthroscopy/surgery	35.94	090
29889	A	Knee arthroscopy/surgery	22 50	090
29894	A	Ankle arthroscopy/surgery	18 83	090
29895	A	Ankle arthroscopy/surgery	17 75	090
29897	A	Ankle arthroscopy/surgery	19 25	090
29898	A	Ankle arthroscopy/surgery	22 13	090

C Procedure code numbers 30000 to 49905 relate to respiratory, cardiovascular, lymphatic, and, diaphragm procedures

CPT/ HCPCS Proce- dure Code	Tech/ Prof MOD	Status	CPT/HCPCS Description	Total RVU	Global Period
30000		A	Drainage of nose lesion	2 04	010
30020		A	Drainage of nose lesion	2 07	010
30100		A	Intranasal biopsy	1 71	000
30110		A	Removal of nose polyp(s)	3 00	010
30115		A	Removal of nose polyp(s)	7 38	090
30117		A	Removal of intranasal lesion	6 18	090
30118		A	Removal of intranasal lesion	18 12	090
30120		A	Revision of nose	12 91	090
30124		A	Removal of nose lesion	4 52	090
30125		A	Removal of nose lesion	13 03	090
30130		A	Removal of turbinate bones	5 03	090
30140		A	Removal of turbinate bones	6.63	090
30150		A	Partial removal of nose	17.37	090
30160		A	Removal of nose	22.84	090
30200		A	Injection treatment of nose	1 19	000
30210		A	Nasal sinus therapy	1 32	010
30220		A	Insert nasal septal button	3.15	010
30300		A	Remove nasal foreign body	1 51	010
30310		A	Remove nasal foreign body	3 70	010
30320		A	Remove nasal foreign body	9 10	090
30460		A	Revision of nose	18 96	090
30462		A	Revision of nose	37 92	090
30520		A	Repair of nasal septum	15 08	090
30540		A	Repair nasal defect	14 76	090
30545		A	Repair nasal defect	22 63	090
30560		A	Release of nasal adhesions	1 84	010
30580		A	Repair upper jaw fistula	13 29	090
30600		A	Repair mouth/nose fistula	10 03	090
30620		A	Reconstruction inner nose	16 12	090
30630		A	Repair nasal septum defect	13 74	090

30801	A	Cauterization inner nose	1 55	010
30802	A	Cauterization inner nose	3 04	010
30901	A	Control of nosebleed	1 85	000
30903	A	Control of nosebleed	2 48	000
30905	A	Control of nosebleed	3 92	000
30906	A	Repeat control of nosebleed	3 66	000
30915	A	Ligation nasal sinus artery	12 20	090
30920	A	Ligation upper jaw artery	20 84	090
30930	A	Therapy fracture of nose	2 01	010
31000	A	Irrigation maxillary sinus	1 58	010
31002	A	Irrigation sphenoid sinus	2 40	010
31020	A	Exploration maxillary sinus	5 74	090
31030	A	Exploration maxillary sinus	14 48	090
31032	A	Explore sinus, remove polyps	16 42	090
31040	A	Exploration behind upper jaw	17 64	090
31050	A	Exploration sphenoid sinus	11 62	090
31051	A	Sphenoid sinus surgery	15 74	090
31070	A	Exploration of frontal sinus	9.18	090
31071	A	Exploration of frontal sinus	9 01	090
31075	A	Exploration of frontal sinus	20.07	090
31080	A	Removal of frontal sinus	20 99	090
31081	A	Removal of frontal sinus	23 47	090
31084	A	Removal of frontal sinus	28 94	090
31085	A	Removal of frontal sinus	30 61	090
31086	A	Removal of frontal sinus	23 95	090
31087	A	Removal of frontal sinus	23 78	090
31090	A	Exploration of sinuses	29 69	090
31200	A	Removal of ethmoid sinus	9 75	090
31201	A	Removal of ethmoid sinus	15 65	090
31205	A	Removal of ethmoid sinus	18 49	090
31225	A	Removal of upper jaw	36 76	090
31230	A	Removal of upper jaw	45 07	090
31250	A	Nasal endoscopy, diagnostic	2 60	000
31252	A	Nasal endoscopy, polypectomy	6 67	000
31254	A	Revision of ethmoid sinus	11 54	000
31255	A	Removal of ethmoid sinus	18.51	000
31256	A	Exploration maxillary sinus	7 43	000
31258	A	Nasal endoscopy, surgical	5 22	000
31260	A	Endoscopy, maxillary sinus	5 25	000
31263	A	Endoscopy, maxillary sinus	8 15	000
31265	A	Endoscopy, maxillary sinus	9 86	000
31267	A	Endoscopy, maxillary sinus	11 12	000
31268	A	Endoscopy, maxillary sinus	6 16	000
31270	A	Endoscopy, sphenoid sinus	3 73	000
31275	A	Sphenoid endoscopy, surgical	10 32	000
31277	A	Sphenoid endoscopy, surgical	11 91	000
31285	A	Endoscopy, combined sinuses	7 13	000
31300	A	Removal of larynx lesion	26 09	090
31320	A	Diagnostic incision larynx	8 86	090
31360	A	Removal of larynx	36.48	090
31365	A	Removal of larynx	51 70	090
31367	A	Partial removal of larynx	37 99	090
31368	A	Partial removal of larynx	53 24	090
31370	A	Partial removal of larynx	37 47	090
31375	A	Partial removal of larynx	34 90	090
31380	A	Partial removal of larynx	37.55	090
31382	A	Partial removal of larynx	36 28	090
31390	A	Removal of larynx and pharynx	59 42	090
31395	A	Reconstruct larynx and	67.52	090

		pharynx		
31400	A	Revision of larynx	17.73	090
31420	A	Removal of epiglottis	17 95	090
31500	A	Insert of emergency airway	3 63	000
31502	A	Change of windpipe airway	1 30	000
31505	A	Diagnostic laryngoscopy	1 09	000
31510	A	Laryngoscopy with biopsy	2 57	000
31511	A	Remove foreign body, larynx	3 23	000
31512	A	Removal of larynx lesion	4 04	000
31513	A	Injection into vocal cord	5 87	000
31515	A	Laryngoscopy for aspiration	3.07	000
31520	A	Diagnostic laryngoscopy	4 38	000
31525	A	Diagnostic laryngoscopy	5 04	000
31526	A	Diagnostic laryngoscopy	6.38	000
31527	A	Laryngoscopy for treatment	6 54	000
31528	A	Laryngoscopy and dilatation	5 30	000
31529	A	Laryngoscopy and dilatation	5 38	000
31530	A	Operative laryngoscopy	7 39	000
31531	A	Operative laryngoscopy	9 86	000
31535	A	Operative laryngoscopy	7 56	000
31536	A	Operative laryngoscopy	9 25	000
31540	A	Operative laryngoscopy	10 26	000
31541	A	Operative laryngoscopy	11 13	000
31560	A	Operative laryngoscopy	10 95	000
31561	A	Operative laryngoscopy	15 85	000
31570	A	Laryngoscopy with injection	10 14	000
31571	A	Laryngoscopy with injection	10 54	000
31575	A	Diagnostic laryngoscopy	2 80	000
31576	A	Laryngoscopy with biopsy	5.27	000
31577	A	Remove foreign body, larynx	6.46	000
31578	A	Removal of larynx lesion	7 87	000
31579	A	Diagnostic laryngoscopy	4 83	000
31580	A	Revision of larynx	27 92	090
31584	A	Repair of larynx fracture	32 62	090
31585	A	Repair of larynx fracture	8 56	090
31586	A	Repair of larynx fracture	14 47	090
31587	A	Revision of larynx	15 95	090
31595	A	Larynx nerve surgery	15.13	090
31600	A	Incision of windpipe	8.22	000
31601	A	Incision of windpipe	10.07	000
31603	A	Incision of windpipe	8.98	000
31605	A	Incision of windpipe	8 23	000
31610	A	Incision of windpipe	15 39	090
31611	A	Surgery/speech prosthesis	15 35	090
31612	A	Puncture/clear windpipe	2 18	000
31613	A	Repair windpipe opening	6 75	090
31614	A	Repair windpipe opening	13 51	090
31615	A	Visualization of windpipe	4 24	000
31622	A	Diagnostic bronchoscopy	6.68	000
31625	A	Bronchoscopy with biopsy	7.51	000
31628	A	Bronchoscopy with biopsy	9.32	000
31629	A	Bronchoscopy with biopsy	8 19	000
31630	A	Bronchoscopy with repair	7.99	000
31631	A	Bronchoscopy with dilation	8 76	000
31635	A	Remove foreign body, airway	8.68	000
31640	A	Bronchoscopy and remove lesion	10 57	000
31641	A	Bronchoscopy, treat blockage	13.72	000
31645	A	Bronchoscopy, clear airways	7 06	000
31646	A	Bronchoscopy, reclear airways	6.03	000

31656	A	Bronchoscopy, inject for X–ray	5 82	000
31659	A	Bronchoscopic procedures	7 56	000
31700	A	Insertion of airway catheter	2 87	000
31708	A	Instill airway contrast dye	2 28	000
31710	A	Insertion of airway catheter	2 31	000
31715	A	Injection for bronchus X–ray	1 64	000
31717	A	Bronchial brush biopsy	2 94	000
31720	A	Clearance of airways	1 88	000
31725	A	Clearance of airways	3.53	000
31730	A	Intro windpipe wire/tube	5 55	000
31750	A	Repair of windpipe	18 93	090
31760	A	Repair of windpipe	34 20	090
31766	A	Reconstruction of windpipe	48.65	090
31770	A	Repair/graft of bronchus	38 23	090
31775	A	Reconstruct bronchus	40 43	090
31780	A	Reconstruct windpipe	35 34	090
31781	A	Reconstruct windpipe	41 02	090
31785	A	Remove windpipe lesion	26 29	090
31786	A	Remove windpipe lesion	38 01	090
31800	A	Repair of windpipe injury	12 39	090
31805	A	Repair of windpipe injury	23 74	090
31820	A	Closure of windpipe lesion	8 12	090
31825	A	Repair of windpipe defect	11 88	090
31830	A	Revise windpipe scar	8.33	090
32000	A	Drainage of chest	2 53	000
32002	A	Treatment of collapsed lung	3 73	000
32005	A	Treat lung lining chemically	3.43	000
32020	A	Insertion of chest tube	7.01	000
32035	A	Exploration of chest	14.39	090
32036	A	Exploration of chest	15.84	090
32095	A	Biopsy through chest wall	16 61	090
32100	A	Exploration/biopsy of chest	23 08	090
32110	A	Explore/repair chest	25 03	090
32120	A	Reexploration of chest	20 58	090
32124	A	Explore chest, free adhesions	23 76	090
32140	A	Removal of lung lesion(s)	26 59	090
32141	A	Remove/treat lung lesions	27 72	090
32150	A	Removal of lung lesion(s)	24 55	090
32151	A	Remove lung foreign body	22 87	090
32160	A	Open chest heart massage	18 46	090
32200	A	Drainage of lung lesion	20 97	090
32215	A	Treat chest lining	18.85	090
32220	A	Release of lung	36 07	090
32225	A	Partial release of lung	25 91	090
32310	A	Removal of chest lining	27 48	090
32315	A	Partial removal chest lining	22 75	090
32320	A	Free/remove chest lining	40 20	090
32400	A	Needle biopsy chest lining	3 36	000
32402	A	Open biopsy chest lining	15 26	090
32405	A	Biopsy, lung or mediastinum	4 22	000
32420	A	Puncture/clear lung	3 82	000
32440	A	Removal of lung	40 78	090
32445	A	Removal of lung	47 24	090
32450	A	Removal of lung	45.74	090
32480	A	Partial removal of lung	37 37	090
32485	A	Partial removal of lung	46 40	090
32490	A	Partial removal of lung	48 34	090
32500	A	Partial removal of lung	28 77	090
32520	A	Remove lung and revise chest	43 45	090

32522	A	Remove lung and revise chest	47 44	090
32525	A	Remove lung and revise chest	51 80	090
32540	A	Removal of lung lesion	29 72	090
32545	A	Removal of lung lobe/lesion	35 60	090
32700	A	Visualize chest cavity	9 48	000
32705	A	Inspect/biopsy chest cavity	10 44	000
32800	A	Repair lung hernia	21 82	090
32810	A	Close chest after drainage	19 24	090
32815	A	Close bronchial fistula	39 00	090
32900	A	Removal of rib(s)	28 23	090
32905	A	Revise and repair chest wall	34 25	090
32906	A	Revise and repair chest wall	43 34	090
32940	A	Revision of lung	31.21	090
32960	A	Therapeutic pneumothorax	2 90	000
33010	A	Drainage of heart sac	3 93	000
33011	A	Repeat drainage of heart sac	3 47	000
33015	A	Incision of heart sac	10 50	090
33020	A	Incision of heart sac	26 46	090
33025	A	Incision of heart sac	27 08	090
33030	A	Partial removal of heart sac	42 28	090
33031	A	Partial removal of heart sac	35 20	090
33050	A	Removal of heart sac lesion	23 32	090
33100	A	Removal of heart sac	39 56	090
33120	A	Removal of heart lesion	56 41	090
33130	A	Removal of heart lesion	35 12	090
33200	A	Insertion of heart pacemaker	25 00	090
33201	A	Insertion of heart pacemaker	21 55	090
33206	A	Insertion of heart pacemaker	16 04	090
33207	A	Insertion of heart pacemaker	17 43	090
33208	A	Insertion of heart pacemaker	20 22	090
33210	A	Insertion of heart electrode	6 87	000
33212	A	Insertion of pulse generator	12 17	090
33216	A	Revision implanted electrode	10 84	090
33218	A	Repair pacemaker electrodes	10 24	090
33219	A	Repair of pacemaker	11 24	090
33222	A	Pacemaker AICD pocket	11 30	090
33232	A	Removal of pacemaker	9 45	090
33245	A	Implant heart defibrillator	31.31	090
33246	A	Implant heart defibrillator	42 86	090
33248	A	Revise/remove defibrillator	26 98	090
33250	A	Ablate heart dysrhythm focus	32 15	090
33251	A	Ablate heart dysrhythm focus	41 88	090
33260	A	Ablate heart dysrhythm focus	30 04	090
33261	A	Ablate heart dysrhythm focus	39 09	090
33300	A	Repair of heart wound	32 85	090
33305	A	Repair of heart wound	39 32	090
33310	A	Exploratory heart surgery	30 23	090
33315	A	Exploratory heart surgery	36 99	090
33320	A	Repair major blood vessel(s)	31 74	090
33322	A	Repair major blood vessel(s)	43 23	090
33330	A	Insert major vessel graft	33 68	090
33335	A	Insert major vessel graft	45 14	090
33400	A	Repair of aortic valve	51 95	090
33404	A	Prepare heart–aorta conduit	49 39	090
33405	A	Replacement of aortic valve	63 55	090
33411	A	Replacement of aortic valve	75 23	090
33412	A	Replacement of aortic valve	59 54	090
33415	A	Revision, subvalvular tissue	46 05	090
33416	A	Revise ventricle muscle	60 68	090
33420	A	Revision of mitral valve	42 77	090

33422	A	Revision of mitral valve	63 55	090
33425	A	Repair of mitral valve	61 43	090
33426	A	Repair of mitral valve	62.93	090
33427	A	Repair of mitral valve	72.18	090
33430	A	Replacement of mitral valve	69 46	090
33452	A	Revision of tricuspid valve	37 52	090
33460	A	Revision of tricuspid valve	53 66	090
33465	A	Replace tricuspid valve	64 25	090
33468	A	Revision of tricuspid valve	51 49	090
33474	A	Revision of pulmonary valve	35 91	090
33500	A	Repair heart vessel fistula	42 06	090
33501	A	Repair heart vessel fistula	34.09	090
33502	A	Coronary artery correction	34.91	090
33503	A	Coronary artery graft	34.92	090
33504	A	Coronary artery graft	39 09	090
33510	A	Coronary artery bypass	49 50	090
33511	A	Coronary arteries bypass	61 27	090
33512	A	Coronary arteries bypass	65.11	090
33513	A	Coronary arteries bypass	67 95	090
33514	A	Coronary arteries bypass	70 36	090
33516	A	Coronary arteries bypass	72 51	090
33517	A	CABG, artery–vein, single	5.24	090
33518	A	CABG, artery–vein, two	10 14	090
33519	A	CABG, artery–vein, three	12 65	090
33521	A	CABG, artery–vein, four	14 51	090
33522	A	CABG, artery–vein, five	16 36	090
33523	A	CABG, artery–vein, six+	18 22	090
33530	A	Coronary artery, bypass/reop	19 51	ZZZ
33533	A	CABG, arterial, single	58 21	090
33534	A	CABG, arterial, two	68 71	090
33535	A	CABG, arterial, three	74 52	090
33536	A	CABG, arterial, four+	80 32	090
33542	A	Removal of heart lesion	61 99	090
33545	A	Repair of heart damage	74.31	090
33570	A	Revise coronary circulation	33 58	090
33641	A	Repair heart septum defect	51.59	090
33645	A	Revision of heart veins	42.03	090
33800	A	Aortic suspension	28 17	090
33860	A	Ascending aorta graft	74 32	090
33865	A	Ascending aorta graft	95 88	090
33870	A	Transverse aortic arch graft	88 85	090
33875	A	Thoracic aorta graft	62 94	090
33877	A	Thoracoabdominal graft	91.54	090
33910	A	Remove lung artery emboli	39 06	090
33915	A	Remove lung artery emboli	32 93	090
33916	A	Surgery of great vessel	44 85	090
33970	A	Aortic circulation assist	16 50	000
33971	A	Aortic circulation assist	10 35	090
33972	A	Aortic circulation assist	2 76	XXX
34001	A	Removal of artery clot	22 93	090
34051	A	Removal of artery clot	23 92	090
34101	A	Removal of artery clot	18 54	090
34111	A	Removal of arm artery clot	16.12	090
34151	A	Removal of artery clot	29 31	090
34201	A	Removal of artery clot	18 45	090
34203	A	Removal of leg artery clot	21 23	090
34401	A	Removal of vein clot	21 01	090
34421	A	Removal of vein clot	17 67	090
34451	A	Removal of vein clot	25 71	090
34471	A	Removal of vein clot	13 25	090

34490	A	Removal of vein clot	15 08	090
35001	A	Repair defect of artery	36 82	090
35002	A	Repair artery rupture, neck	34 31	090
35005	A	Repair defect of artery	28 90	090
35011	A	Repair defect of artery	26 22	090
35013	A	Repair artery rupture, arm	33 28	090
35021	A	Repair defect of artery	38 40	090
35022	A	Repair artery rupture, chest	38 50	090
35045	A	Repair defect of arm artery	24 41	090
35081	A	Repair defect of artery	47 23	090
35082	A	Repair artery rupture, aorta	55 79	090
35091	A	Repair defect of artery	54 56	090
35092	A	Repair artery rupture, aorta	67 03	090
35102	A	Repair defect of artery	49 33	090
35103	A	Repair artery rupture, groin	62 07	090
35111	A	Repair defect of artery	35 82	090
35112	A	Repair artery rupture, spleen	29 88	090
35121	A	Repair defect of artery	47 07	090
35122	A	Repair artery rupture, belly	53 69	090
35131	A	Repair defect of artery	35 61	090
35132	A	Repair artery rupture, groin	42 21	090
35141	A	Repair defect of artery	30 43	090
35142	A	Repair artery rupture, thigh	33 45	090
35151	A	Repair defect of artery	33 66	090
35152	A	Repair artery rupture, knee	26 53	090
35180	A	Repair blood vessel lesion	20 92	090
35182	A	Repair blood vessel lesion	28.32	090
35184	A	Repair blood vessel lesion	22 22	090
35188	A	Repair blood vessel lesion	22 69	090
35189	A	Repair blood vessel lesion	30 49	090
35190	A	Repair blood vessel lesion	24 00	090
35201	A	Repair blood vessel lesion	20 61	090
35206	A	Repair blood vessel lesion	20 34	090
35207	A	Repair blood vessel lesion	21 49	090
35211	A	Repair blood vessel lesion	35 91	090
35216	A	Repair blood vessel lesion	29 74	090
35221	A	Repair blood vessel lesion	28 18	090
35226	A	Repair blood vessel lesion	20.08	090
35231	A	Repair blood vessel lesion	29.18	090
35236	A	Repair blood vessel lesion	24 36	090
35241	A	Repair blood vessel lesion	37 06	090
35246	A	Repair blood vessel lesion	37 07	090
35251	A	Repair blood vessel lesion	27 47	090
35256	A	Repair blood vessel lesion	24 55	090
35261	A	Repair blood vessel lesion	25 78	090
35266	A	Repair blood vessel lesion	22 76	090
35271	A	Repair blood vessel lesion	35 05	090
35276	A	Repair blood vessel lesion	30 05	090
35281	A	Repair blood vessel lesion	35 23	090
35286	A	Repair blood vessel lesion	24 47	090
35301	A	Rechanneling of artery	33 11	090
35311	A	Rechanneling of artery	48 61	090
35321	A	Rechanneling of artery	26 29	090
35331	A	Rechanneling of artery	37 99	090
35341	A	Rechanneling of artery	44 21	090
35351	A	Rechanneling of artery	36 74	090
35355	A	Rechanneling of artery	33 10	090
35361	A	Rechanneling of artery	44 92	090
35363	A	Rechanneling of artery	49 72	090
35371	A	Rechanneling of artery	25 10	090

35372	A	Rechanneling of artery	25 46	090
35381	A	Rechanneling of artery	30 51	090
35450	A	Repair arterial blockage	24 72	000
35452	A	Repair arterial blockage	11 87	000
35454	A	Repair arterial blockage	16 60	000
35456	A	Repair arterial blockage	19 16	000
35458	A	Repair arterial blockage	21 19	000
35459	A	Repair arterial blockage	14 14	000
35460	A	Repair venous blockage	9 90	000
35470	A	Repair arterial blockage	23 26	000
35471	A	Repair arterial blockage	24 72	000
35473	A	Repair arterial blockage	16 60	000
35474	A	Repair arterial blockage	19 17	000
35475	A	Repair arterial blockage	21.19	000
35476	A	Repair venous blockage	9 90	000
35480	A	Atherectomy, open	25.76	000
35481	A	Atherectomy, open	12 58	000
35482	A	Atherectomy, open	17 22	000
35483	A	Atherectomy, open	19 93	000
35484	A	Atherectomy, open	22 16	000
35485	A	Atherectomy, open	15 02	000
35490	A	Atherectomy, percutaneous	25 76	000
35491	A	Atherectomy, percutaneous	12 58	000
35492	A	Atherectomy, percutaneous	17 22	000
35493	A	Atherectomy, percutaneous	19 93	000
35494	A	Atherectomy, percutaneous	22 16	000
35495	A	Atherectomy, percutaneous	15 02	000
35501	A	Artery bypass graft	40 58	090
35506	A	Artery bypass graft	40 51	090
35507	A	Artery bypass graft	39 25	090
35508	A	Artery bypass graft	38 26	090
35509	A	Artery bypass graft	38 89	090
35511	A	Artery bypass graft	27.58	090
35515	A	Artery bypass graft	30 35	090
35516	A	Artery bypass graft	35 22	090
35518	A	Artery bypass graft	34 34	090
35521	A	Artery bypass graft	35 14	090
35526	A	Artery bypass graft	33 82	090
35531	A	Artery bypass graft	47.87	090
35533	A	Artery bypass graft	43 91	090
35536	A	Artery bypass graft	46.61	090
35541	A	Artery bypass graft	46 98	090
35546	A	Artery bypass graft	49 28	090
35551	A	Artery bypass graft	47 87	090
35556	A	Artery bypass graft	37 87	090
35558	A	Artery bypass graft	32 27	090
35560	A	Artery bypass graft	45 75	090
35563	A	Artery bypass graft	23.72	090
35565	A	Artery bypass graft	34.65	090
35566	A	Artery bypass graft	45 00	090
35571	A	Artery bypass graft	39 87	090
35582	A	Vein bypass graft	53 65	090
35583	A	Vein bypass graft	40 79	090
35585	A	Vein bypass graft	46 56	090
35587	A	Vein bypass graft	42 63	090
35601	A	Artery bypass graft	37 85	090
35606	A	Artery bypass graft	37.95	090
35612	A	Artery bypass graft	33 92	090
35616	A	Artery bypass graft	34.05	090
35621	A	Artery bypass graft	35 45	090

35626	A	Artery bypass graft	46 31	090
35631	A	Artery bypass graft	44 22	090
35636	A	Artery bypass graft	36 95	090
35637	A	Artery bypass graft	39 53	090
35638	A	Artery bypass graft	25 16	090
35641	A	Artery bypass graft	46 77	090
35642	A	Artery bypass graft	29 05	090
35645	A	Artery bypass graft	29.23	090
35646	A	Artery bypass graft	51.84	090
35650	A	Artery bypass graft	33.22	090
35651	A	Artery bypass graft	51 78	090
35654	A	Artery bypass graft	43 40	090
35656	A	Artery bypass graft	35 57	090
35661	A	Artery bypass graft	31 21	090
35663	A	Artery bypass graft	34 19	090
35665	A	Artery bypass graft	34 82	090
35666	A	Artery bypass graft	41 14	090
35671	A	Artery bypass graft	37 84	090
35681	A	Artery bypass graft	28 36	ZZZ
35701	A	Exploration, carotid artery	12 36	090
35721	A	Exploration, femoral artery	11 02	090
35741	A	Exploration, popliteal artery	11.23	090
35761	A	Exploration of artery/vein	11 30	090
35800	A	Explore neck vessels	12 18	090
35820	A	Explore chest vessels	20 89	090
35840	A	Explore abdominal vessels	17.13	090
35860	A	Explore limb vessels	11 31	090
35875	A	Removal of clot in graft	20 28	090
35900	A	Remove vessel graft	18 34	090
35910	A	Revise circulation	45.00	090
36000	A	Place needle in vein	69	XXX
36005	A	Injection, venography	1 47	000
36010	A	Place catheter in vein	4 82	000
36011	A	Place catheter in vein	5.26	XXX
36012	A	Place catheter in vein	6 51	XXX
36013	A	Place catheter in artery	4 91	XXX
36014	A	Place catheter in artery	5 56	XXX
36015	A	Place catheter in artery	6 51	XXX
36100	A	Place catheter in artery	5 90	XXX
36120	A	Place catheter in artery	4 59	XXX
36140	A	Place catheter in artery	3 65	XXX
36145	A	Place catheter in vein shunt	5 70	XXX
36160	A	Place catheter in aorta	5 15	XXX
36200	A	Place catheter in aorta	6 02	XXX
36215	A	Place catheter in arteries	7 50	XXX
36216	A	Place catheter in arteries	8 33	XXX
36217	A	Place catheter in arteries	9 37	XXX
36218	A	Place catheter in arteries	3 96	XXX
36230	A	Place catheter in artery	8 16	XXX
36245	A	Place catheter in arteries	8.12	XXX
36246	A	Place catheter in arteries	8 33	XXX
36247	A	Place catheter in arteries	9 37	XXX
36248	A	Place catheter in arteries	3.96	XXX
36260	A	Insertion of infusion pump	17 27	090
36261	A	Revision of infusion pump	7.70	090
36262	A	Removal of infusion pump	6 02	090
36400	A	Drawing blood	.27	XXX
36405	A	Drawing blood	65	XXX
36406	A	Drawing blood	34	XXX
36410	A	Drawing blood	.41	XXX

36420	A	Drawing blood	1 58	XXX
36425	A	Drawing blood	86	XXX
36430	A	Blood transfusion service	1 00	XXX
36440	A	Blood transfusion service	2.03	XXX
36450	A	Exchange transfusion service	4 28	XXX
36455	A	Exchange transfusion service	4 91	XXX
36470	A	Injection therapy of vein	1 33	010
36471	A	Injection therapy of veins	1 95	010
36481	A	Insertion of catheter, vein	12 90	000
36488	A	Insertion of catheter, vein	2 44	000
36489	A	Insertion of catheter, vein	2 48	000
36490	A	Insertion of catheter, vein	3 24	000
36491	A	Insertion of catheter, vein	3 41	000
36493	A	Repositioning of CVC	1 99	000
36500	A	Insertion of catheter, vein	3 69	000
36510	A	Insertion of catheter, vein	1 45	000
36520	A	Plasma and/or cell exchange	3 63	000
36522	A	Photophoresis	6 94	ZZZ
36530	A	Insertion of infusion pump	10 50	010
36531	A	Revision of infusion pump	9 46	010
36532	A	Removal of infusion pump	5 34	010
36533	A	Insertion of access port	8 83	010
36534	A	Revision of access port	7 48	010
36535	A	Removal of access port	4 35	010
36600	A	Withdrawal of arterial blood	61	XXX
36620	A	Insertion catheter, artery	1 94	000
36625	A	Insertion catheter, artery	3 15	000
36640	A	Insertion catheter, artery	4 77	000
36660	A	Insertion catheter, artery	1 96	000
36680	A	Insert needle, bone cavity	2 54	000
36800	A	Insertion of cannula	4 90	000
36810	A	Insertion of cannula	9 44	000
36815	A	Insertion of cannula	6 82	000
36820	A	Insertion of cannula	12.37	000
36821	A	Artery–vein fusion	16 91	090
36822	A	Insertion of cannula(s)	11 31	090
36825	A	Artery–vein graft	22.40	090
36830	A	Artery–vein graft	21.17	090
36832	A	Revise artery–vein fistula	18 83	090
36860	A	Cannula declotting	4 94	000
36861	A	Cannula declotting	8.22	000
37140	A	Revision of circulation	41.44	090
37145	A	Revision of circulation	42.06	090
37160	A	Revision of circulation	41 17	090
37180	A	Revision of circulation	39 94	090
37181	A	Splice spleen/kidney veins	44 79	090
37190	A	Repair of circulation defect	18 56	090
37200	A	Transcatheter biopsy	6.35	000
37201	A	Transcatheter therapy infuse	13 38	000
37202	A	Transcatheter therapy infuse	10.49	000
37203	A	Transcatheter retrieval	9 30	000
37204	A	Transcatheter occlusion	33 47	000
37205	A	Transcatheter stent	13.93	000
37206	A	Transcatheter stent	6.96	ZZZ
37207	A	Transcatheter stent	13 93	000
37208	A	Transcatheter stent	6.96	ZZZ
37565	A	Ligation of neck vein	8 32	090
37600	A	Ligation of neck artery	10 87	090
37605	A	Ligation of neck artery	11 05	090
37606	A	Ligation of neck artery	11 94	090

37609	A	Temporal artery procedure	4 82	010
37615	A	Ligation of neck artery	12 21	090
37616	A	Ligation of chest artery	19 87	090
37617	A	Ligation of abdomen artery	23 67	090
37618	A	Ligation of extremity artery	10 05	090
37620	A	Revision of major vein	19 36	090
37650	A	Revision of major vein	8 89	090
37660	A	Revision of major vein	16.41	090
37700	A	Revise leg vein	7.79	090
37720	A	Removal of leg vein	11 23	090
37730	A	Removal of leg veins	14 77	090
37735	A	Removal of leg veins/lesion	19 71	090
37760	A	Revision of leg veins	18 73	090
37780	A	Revision of leg vein	5 75	090
37785	A	Revise secondary varicosity	4 75	090
38100	A	Removal of spleen, total	22.16	090
38101	A	Removal of spleen, partial	21.00	090
38115	A	Repair of ruptured spleen	21.63	090
38200	A	Injection for spleen X–ray	4.52	000
38230	A	Bone marrow collection	6.16	010
38240	A	Bone marrow transplantation	4 46	XXX
38241	A	Bone marrow transplantation	4.41	XXX
38300	A	Drainage lymph node lesion	2.18	010
38305	A	Drainage lymph node lesion	6.57	090
38308	A	Incision of lymph channels	8 35	090
38380	A	Thoracic duct procedure	11.68	090
38381	A	Thoracic duct procedure	21 05	090
38382	A	Thoracic duct procedure	15 12	090
38500	A	Biopsy/removal, lymph node(s)	4 71	010
38505	A	Needle biopsy, lymph node(s)	2 40	000
38510	A	Biopsy/removal, lymph node(s)	6 85	090
38520	A	Biopsy/removal, lymph node(s)	8 37	090
38525	A	Biopsy/removal, lymph node(s)	7 46	090
38530	A	Biopsy/removal, lymph node(s)	9 61	090
38542	A	Explore deep node(s), neck	10.23	090
38550	A	Removal neck/armpit lesion	10 27	090
38555	A	Removal neck/armpit lesion	21 65	090
38562	A	Removal, pelvic lymph nodes	17 65	090
38564	A	Removal, abdomen lymph nodes	18 74	090
38700	A	Removal of lymph nodes, neck	18 33	090
38720	A	Removal of lymph nodes, neck	29 96	090
38724	A	Removal of lymph nodes, neck	29.35	090
38740	A	Remove armpit lymph nodes	11 88	090
38745	A	Remove armpits lymph nodes	17 85	090
38760	A	Remove groin lymph nodes	16 01	090
38765	A	Remove groin lymph nodes	29 79	090
38770	A	Remove pelvis lymph nodes	29 02	090
38780	A	Remove abdomen lymph nodes	33 89	090
38790	A	Injection for lymphatic X–ray	3 80	000
38794	A	Access thoracic lymph duct	7 26	090
39000	A	Exploration of chest	12 00	090
39010	A	Exploration of chest	23 57	090
39020	A	Exploration of chest	23 48	090
39200	A	Removal chest lesion	25.85	090
39220	A	Removal chest lesion	33.58	090
39400	A	Visualization of chest	11.06	010
39501	A	Repair diaphragm laceration	24.59	090
39502	A	Repair paraesophageal hernia	29 28	090
39503	A	Repair of diaphragm hernia	61 30	090
39520	A	Repair of diaphragm hernia	29.89	090

39530	A	Repair of diaphragm hernia	30 63	090
39531	A	Repair of diaphragm hernia	26 90	090
39540	A	Repair of diaphragm hernia	26 21	090
39541	A	Repair of diaphragm hernia	27 32	090
39545	A	Revision of diaphragm	21 58	090
39547	A	Revision of diaphragm	20 68	090
40490	A	Biopsy of lip	2 04	000
40500	A	Partial excision of lip	11 81	090
40510	A	Partial excision of lip	11 21	090
40520	A	Partial excision of lip	9 65	090
40525	A	Reconstruct lip with flap	17 93	090
40527	A	Reconstruct lip with flap	21.45	090
40530	A	Partial removal of lip	10 91	090
40650	A	Repair lip	8.70	090
40652	A	Repair lip	10 06	090
40654	A	Repair lip	12.93	090
40700	A	Repair cleft lip/nasal	21 71	090
40701	A	Repair cleft lip/nasal	36 83	090
40702	A	Repair cleft lip/nasal	22 78	090
40720	A	Repair cleft lip/nasal	24 12	090
40761	A	Repair cleft lip/nasal	26 45	090
40800	A	Drainage of mouth lesion	1 93	010
40801	A	Drainage of mouth lesion	4 35	010
40804	A	Removal foreign body, mouth	1 85	010
40805	A	Removal foreign body, mouth	5 42	010
40806	A	Incision of lip fold	68	000
40808	A	Biopsy of mouth lesion	1 75	010
40810	A	Excision of mouth lesion	2.55	010
40812	A	Excise/repair mouth lesion	3.92	010
40814	A	Excise/repair mouth lesion	6 80	090
40816	A	Excision of mouth lesion	7 06	090
40818	A	Excise oral mucosa for graft	4 71	090
40819	A	Excise lip or cheek fold	3.65	090
40820	A	Treatment of mouth lesion	1.84	010
40830	A	Repair mouth laceration	2 47	010
40831	A	Repair mouth laceration	4 56	010
41000	A	Drainage of mouth lesion	2 10	010
41005	A	Drainage of mouth lesion	1 91	010
41006	A	Drainage of mouth lesion	4.18	090
41007	A	Drainage of mouth lesion	6 07	090
41008	A	Drainage of mouth lesion	4 37	090
41009	A	Drainage of mouth lesion	6 97	090
41010	A	Incision of tongue fold	1 61	010
41015	A	Drainage of mouth lesion	4.75	090
41016	A	Drainage of mouth lesion	7.76	090
41017	A	Drainage of mouth lesion	5.31	090
41018	A	Drainage of mouth lesion	9.05	090
41100	A	Biopsy of tongue	2 47	010
41105	A	Biopsy of tongue	2 52	010
41108	A	Biopsy of floor of mouth	1 93	010
41110	A	Excision of tongue lesion	2.90	010
41112	A	Excision of tongue lesion	5 25	090
41113	A	Excision of tongue lesion	6 83	090
41114	A	Excision of tongue lesion	14 98	090
41115	A	Excision of tongue fold	3.62	010
41116	A	Excision of mouth lesion	5 10	090
41120	A	Partial removal of tongue	16 96	090
41130	A	Partial removal of tongue	20 40	090
41135	A	Tongue and neck surgery	37 75	090
41140	A	Removal of tongue	44 67	090

41145	A	Tongue removal, neck surgery	53.15	090
41150	A	Tongue, mouth, jaw surgery	40 56	090
41153	A	Tongue, mouth, neck surgery	48 86	090
41155	A	Tongue, jaw, and neck surgery	56 81	090
41250	A	Repair tongue laceration	3 04	010
41251	A	Repair tongue laceration	4 48	010
41252	A	Repair tongue laceration	5 52	010
41500	A	Fixation of tongue	7.05	090
41510	A	Tongue to lip surgery	6 26	090
41520	A	Reconstruction, tongue fold	5 76	090
41800	A	Drainage of gum lesion	1 88	010
41805	A	Removal foreign body, gum	2 11	010
41806	A	Removal foreign body, jawbone	4 45	010
41825	A	Excision of gum lesion	2 88	010
41826	A	Excision of gum lesion	4 51	010
41827	A	Excision of gum lesion	7 39	090
42000	A	Drainage mouth roof lesion	1 88	010
42100	A	Biopsy roof of mouth	2 14	010
42104	A	Excision lesion, mouth roof	3 37	010
42106	A	Excision lesion, mouth roof	5 06	010
42107	A	Excision lesion, mouth roof	9.58	090
42120	A	Remove palate/lesion	14 71	090
42140	A	Excision of uvula	3 03	090
42145	A	Repair, palate, pharynx/uvula	21 87	090
42160	A	Treatment mouth roof lesion	3 43	010
42180	A	Repair palate	4 93	010
42182	A	Repair palate	7.61	010
42200	A	Reconstruct cleft palate	17 52	090
42205	A	Reconstruct cleft palate	20 54	090
42210	A	Reconstruct cleft palate	23.42	090
42215	A	Reconstruct cleft palate	16 91	090
42220	A	Reconstruct cleft palate	12 79	090
42225	A	Reconstruct cleft palate	16 98	090
42226	A	Lengthening of palate	18 15	090
42227	A	Lengthening of palate	16.76	090
42235	A	Repair palate	13 57	090
42260	A	Repair nose to lip fistula	8 56	090
42280	A	Preparation, palate mold	3.64	010
42281	A	Insertion, palate prosthesis	3.39	010
42300	A	Drainage of salivary gland	2 96	010
42305	A	Drainage of salivary gland	8.08	090
42310	A	Drainage of salivary gland	2 66	010
42320	A	Drainage of salivary gland	4.34	010
42325	A	Create salivary cyst drain	4 97	090
42326	A	Create salivary cyst dram	8 30	090
42330	A	Removal of salivary stone	3 39	010
42335	A	Removal of salivary stone	5 95	090
42340	A	Removal of salivary stone	9 16	090
42400	A	Biopsy of salivary gland	1 66	000
42405	A	Biopsy of salivary gland	4 99	010
42408	A	Excision of salivary cyst	8.03	090
42409	A	Drainage of salivary cyst	5 80	090
42410	A	Excise parotid gland/lesion	15 71	090
42415	A	Excise parotid gland/lesion	30.39	090
42420	A	Excise parotid gland/lesion	35 24	090
42425	A	Excise parotid gland/lesion	24 79	090
42426	A	Excise parotid gland/lesion	46 79	090
42440	A	Excision submaxillary gland	15 46	090
42450	A	Excision sublingual gland	8 16	090
42500	A	Repair salivary duct	9 13	090

42505	A	Repair salivary duct	14 02	090
42507	A	Parotid duct diversion	11 24	090
42508	A	Parotid duct diversion	17 13	090
42509	A	Parotid duct diversion	19 55	090
42510	A	Parotid duct diversion	16 15	090
42550	A	Injection for salivary X–ray	1 75	000
42600	A	Closure of salivary fistula	8 91	090
42650	A	Dilation of salivary duct	1 46	010
42660	A	Dilation of salivary duct	1 71	000
42665	A	Ligation of salivary duct	4 70	090
42700	A	Drainage of tonsil abscess	2 53	010
42720	A	Drainage of throat abscess	4 72	010
42725	A	Drainage of throat abscess	12 61	090
42800	A	Biopsy of throat	2 17	010
42802	A	Biopsy of throat	2 63	010
42804	A	Biopsy of upper nose/throat	2 39	010
42806	A	Biopsy of upper nose/throat	3 09	010
42808	A	Excise pharynx lesion	5.02	010
42809	A	Remove pharynx foreign body	2 67	010
42810	A	Excision of neck cyst	6.76	090
42815	A	Excision of neck cyst	16 18	090
42820	A	Remove tonsils and adenoids	7 04	090
42821	A	Remove tonsils and adenoids	8 46	090
42825	A	Removal of tonsils	6 16	090
42826	A	Removal of tonsils	7 43	090
42830	A	Removal of adenoids	4 59	090
42831	A	Removal of adenoids	5 20	090
42835	A	Removal of adenoids	4 19	090
42836	A	Removal of adenoids	6 18	090
42842	A	Extensive surgery of throat	15.53	090
42844	A	Extensive surgery of throat	24 79	090
42845	A	Extensive surgery of throat	42.61	090
42860	A	Excision of tonsil tags	4.23	090
42870	A	Excision of lingual tonsil	7 79	090
42880	A	Excise nose/throat lesion	11.15	090
42890	A	Partial removal of pharynx	21 68	090
42892	A	Revision of pharyngeal walls	26.11	090
42894	A	Revision of pharyngeal walls	38 54	090
42900	A	Repair throat wound	9 72	010
42950	A	Reconstruction of throat	18 53	090
42953	A	Repair throat, esophagus	15 41	090
42955	A	Surgical opening of throat	10 28	090
42960	A	Control throat bleeding	3 50	010
42961	A	Control throat bleeding	7 18	090
42962	A	Control throat bleeding	13 27	090
42970	A	Control nose/throat bleeding	5 98	090
42971	A	Control nose/throat bleeding	8 82	090
42972	A	Control nose/throat bleeding	11 79	090
43000	A	Incision of esophagus	13 18	090
43020	A	Incision of esophagus	14 99	090
43030	A	Throat muscle surgery	18.03	090
43040	A	Incision of esophagus	18 05	090
43045	A	Incision of esophagus	33 47	090
43100	A	Excision of esophagus lesion	15 54	090
43101	A	Excision of esophagus lesion	26 34	090
43105	A	Removal of upper esophagus	35 14	090
43106	A	Removal of upper esophagus	42 05	090
43110	A	Partial removal of esophagus	53 92	090
43111	A	Partial removal of esophagus	44 57	090
43115	A	Partial removal of esophagus	59 71	090

43119	A	Removal of esophagus	53 60	090
43120	A	Remove esophagus and stomach	51 14	090
43130	A	Removal of esophagus pouch	22 61	090
43135	A	Removal of esophagus pouch	28 79	090
43136	A	Fixation of esophagus pouch	23 72	090
43200	A	Esophagus endoscopy	4 47	000
43202	A	Esophagus endoscopy, biopsy	5 39	000
43204	A	Esophagus endoscopy and inject	9.37	000
43215	A	Esophagus endoscopy	7 34	000
43217	A	Esophagus endoscopy	7 61	000
43219	A	Esophagus endoscopy	7 10	000
43220	A	Esophagus endoscopy, dilation	5 63	000
43226	A	Esophagus endoscopy, dilation	5 92	000
43227	A	Esophagus endoscopy, repair	8 82	000
43228	A	Esophagus endoscopy, repair	8 91	000
43234	A	Upper GI endoscopy, exam	5.30	000
43235	A	Upper GI endoscopy, diagnosis	6 31	000
43239	A	Upper GI endoscopy, biopsy	7 21	000
43241	A	Upper GI endoscopy with tube	7 54	000
43243	A	Upper GI endoscopy and inject	10 57	000
43245	A	Operative upper GI endoscopy	8 49	000
43246	A	Place gastrostomy tube	10 78	000
43247	A	Operative upper GI endoscopy	8 55	000
43251	A	Operative upper GI endoscopy	9 37	000
43255	A	Operative upper GI endoscopy	10 39	000
43258	A	Operative upper GI endoscopy	10 33	000
43260	A	Endoscopy, bile duct/pancreas	12 36	000
43262	A	Endoscopy, bile duct/pancreas	16 96	000
43263	A	Endoscopy, bile duct/pancreas	12 42	000
43264	A	Endoscopy, bile duct/pancreas	18 46	000
43265	A	Endoscopy, bile duct/pancreas	16 28	000
43267	A	Endoscopy, bile duct/pancreas	15 31	000
43268	A	Endoscopy, bile duct/pancreas	16 68	000
43269	A	Endoscopy, bile duct/pancreas	13 89	000
43271	A	Endoscopy, bile duct/pancreas	15 53	000
43272	A	Endoscopy, bile duct/pancreas	13 45	000
43300	A	Repair of esophagus	22 24	090
43305	A	Repair esophagus and fistula	31 51	090
43310	A	Repair of esophagus	44 15	090
43312	A	Repair esophagus and fistula	43 30	090
43320	A	Fuse esophagus and stomach	27 08	090
43321	A	Fuse esophagus and stomach	30.03	090
43324	A	Revise esophagus and stomach	29 29	090
43325	A	Revise esophagus and stomach	28 27	090
43326	A	Revise esophagus and stomach	23 52	090
43330	A	Repair of esophagus	27.74	090
43331	A	Repair of esophagus	31 36	090
43340	A	Fuse esophagus and intestine	28.81	090
43341	A	Fuse esophagus and intestine	26.66	090
43350	A	Surgical opening, esophagus	20 25	090
43351	A	Surgical opening, esophagus	23.64	090
43352	A	Surgical opening, esophagus	21 12	090
43400	A	Ligate esophagus veins	27 92	090
43401	A	Esophagus surgery for veins	27.67	090
43410	A	Repair esophagus wound	19 88	090
43415	A	Repair esophagus wound	30 84	090
43420	A	Repair esophagus opening	16 88	090
43425	A	Repair esophagus opening	27 14	090
43450	A	Dilate esophagus	2.19	000
43451	A	Redilate esophagus	1 93	000

43453	A	Dilate esophagus	3 14	000
43455	A	Dilate esophagus	5 35	000
43456	A	Dilate esophagus	6 24	000
43460	A	Pressure treatment esophagus	5 66	000
43500	A	Surgical opening of stomach	14 79	090
43501	A	Surgical repair of stomach	22 55	090
43510	A	Surgical opening of stomach	18 44	090
43520	A	Incision of pyloric muscle	12 29	090
43600	A	Biopsy of stomach	2 50	000
43605	A	Biopsy of stomach	15.29	090
43610	A	Excision of stomach lesion	19.78	090
43620	A	Removal of stomach	39.26	090
43625	A	Removal of stomach	47 14	090
43630	A	Partial removal of stomach	31 89	090
43635	A	Partial removal of stomach	34 52	090
43638	A	Partial removal of stomach	35 40	090
43640	A	Vagotomy and pylorus repair	25 56	090
43641	A	Vagotomy and pylorus repair	25 55	090
43750	A	Place gastrostomy tube	10 61	010
43760	A	Change gastrostomy tube	1 88	000
43761	A	Reposition gastrostomy tube	3 29	000
43800	A	Reconstruction of pylorus	17 58	090
43810	A	Fusion of stomach and bowel	19.08	090
43820	A	Fusion of stomach and bowel	20 26	090
43825	A	Fusion of stomach and bowel	26 38	090
43830	A	Place gastrostomy tube	12 37	090
43831	A	Place gastrostomy tube	12 45	090
43832	A	Place gastrostomy tube	19 89	090
43840	A	Repair of stomach lesion	19 77	090
43842	A	Gastroplasty, for obesity	28.02	090
43843	A	Gastroplasty, for obesity	28.02	090
43844	A	Gastric bypass for obesity	23.55	090
43846	A	Gastric bypass for obesity	30.31	090
43850	A	Revise stomach–bowel fusion	31.87	090
43855	A	Revise stomach–bowel fusion	31.73	090
43860	A	Revise stomach–bowel fusion	31.88	090
43865	A	Revise stomach–bowel fusion	35 19	090
43870	A	Repair stomach opening	13 33	090
43880	A	Repair stomach–bowel fistula	28 11	090
43885	A	Revise stomach placement	18 99	090
44005	A	Freeing of bowel adhesion	22 39	090
44010	A	Incision of small bowel	17 42	090
44015	A	Tube jejunostomy	6 23	ZZZ
44020	A	Exploration of small bowel	19 97	090
44021	A	Decompress small bowel	19 18	090
44025	A	Incision of large bowel	20 26	090
44040	A	Exteriorization of bowel	23 73	090
44050	A	Reduce bowel obstruction	19 27	090
44055	A	Correct malrotation of bowel	21.05	090
44100	A	Biopsy of bowel	3.53	000
44110	A	Excision of bowel lesion(s)	18.06	090
44111	A	Excision of bowel lesion(s)	22.57	090
44120	A	Removal of small intestine	24.43	090
44125	A	Removal of small intestine	25 91	090
44130	A	Bowel to bowel fusion	21 40	090
44140	A	Partial removal of colon	30 70	090
44141	A	Partial removal of colon	31 69	090
44143	A	Partial removal of colon	29 73	090
44144	A	Partial removal of colon	29 46	090
44145	A	Partial removal of colon	38 02	090

44146	A	Partial removal of colon	40 96	090
44147	A	Partial removal of colon	35 31	090
44150	A	Removal of colon	36 67	090
44151	A	Removal of colon/ileostomy	30 23	090
44152	A	Removal of colon/ileostomy	41.46	090
44153	A	Removal of colon/ileostomy	47 30	090
44155	A	Removal of colon	41 86	090
44156	A	Removal of colon/ileostomy	34 23	090
44160	A	Removal of colon	28 86	090
44300	A	Open bowel to skin	14 94	090
44310	A	Ileostomy/jejunostomy	19 42	090
44312	A	Revision of ileostomy	8 87	090
44314	A	Revision of ileostomy	17 57	090
44316	A	Revise bowel pouch	24 60	090
44320	A	Colostomy	20 28	090
44322	A	Colostomy with biopsies	21 01	090
44340	A	Revision of colostomy	6 97	090
44345	A	Revision of colostomy	15 87	090
44346	A	Revision of colostomy	19 06	090
44360	A	Small bowel endoscopy	7 08	000
44361	A	Small bowel endoscopy, biopsy	8 37	000
44363	A	Small bowel endoscopy	7 27	000
44364	A	Small bowel endoscopy	9 48	000
44366	A	Small bowel endoscopy	11 27	000
44369	A	Small bowel endoscopy	12.72	000
44372	A	Small bowel endoscopy	11.41	000
44373	A	Small bowel endoscopy	9 98	000
44380	A	Small bowel endoscopy	4 12	000
44382	A	Small bowel endoscopy	5.31	000
44385	A	Endoscopy of bowel pouch	5.15	000
44386	A	Endoscopy, bowel pouch, biopsy	3 81	000
44388	A	Colon endoscopy	6.91	000
44389	A	Colonoscopy with biopsy	7 82	000
44390	A	Colonoscopy for foreign body	6.74	000
44391	A	Colonoscopy for bleeding	10 07	000
44392	A	Colonoscopy and polypectomy	10 29	000
44393	A	Colonoscopy, lesion removal	10 86	000
44600	A	Repair of bowel lesion	18 80	090
44605	A	Repair of bowel lesion	23.45	090
44610	A	Repair of bowel lesions	23 78	090
44620	A	Repair bowel opening	16 79	090
44625	A	Repair bowel opening	23 47	090
44640	A	Repair bowel–skin fistula	21 20	090
44650	A	Repair bowel fistula	22 49	090
44660	A	Repair bowel–bladder fistula	22 68	090
44661	A	Repair bowel–bladder fistula	31 61	090
44680	A	Surgical revision, intestine	24.01	090
44800	A	Excision of bowel pouch	16 39	090
44820	A	Excision of mesentery lesion	16 22	090
44850	A	Repair of mesentery	15.32	090
44900	A	Drainage of appendix abscess	12 98	090
44950	A	Appendectomy	11 84	090
44955	A	Appendectomy	4 97	ZZZ
44960	A	Appendectomy	16.82	090
45000	A	Drainage of pelvic abscess	6 15	090
45005	A	Drainage of rectal abscess	3 45	010
45020	A	Drainage of rectal abscess	7.49	090
45100	A	Biopsy of rectum	5 59	090
45108	A	Removal of anorectal lesion	7 45	090

45110	A	Removal of rectum	41 06	090
45111	A	Partial removal of rectum	28 94	090
45112	A	Removal of rectum	43.13	090
45114	A	Partial removal of rectum	39 48	090
45116	A	Partial removal of rectum	32 04	090
45120	A	Removal of rectum	42 33	090
45121	A	Removal of rectum and colon	37 81	090
45130	A	Excision of rectal prolapse	23 57	090
45135	A	Excision of rectal prolapse	34 27	090
45150	A	Excision of rectal stricture	9 23	090
45160	A	Excision of rectal lesion	21 24	090
45170	A	Excision of rectal lesion	10 25	090
45180	A	Removal of rectal lesion	13 79	090
45300	A	Proctosigmoidoscopy	1 32	000
45302	A	Proctosigmoidoscopy	1 65	000
45303	A	Proctosigmoidoscopy	1 40	000
45305	A	Proctosigmoidoscopy, biopsy	1 97	000
45307	A	Proctosigmoidoscopy	3.15	000
45310	A	Proctosigmoidoscopy	3 23	000
45315	A	Proctosigmoidoscopy	3 38	000
45317	A	Proctosigmoidoscopy	4 19	000
45320	A	Proctosigmoidoscopy	5 06	000
45321	A	Proctosigmoidoscopy	3 84	000
45330	A	Sigmoidoscopy, diagnostic	2 38	000
45331	A	Sigmoidoscopy and biopsy	3 13	000
45332	A	Sigmoidoscopy	3 88	000
45333	A	Sigmoidoscopy and polypectomy	4 64	000
45334	A	Sigmoidoscopy for bleeding	5 93	000
45336	A	Sigmoidoscopy, lesion removal	6 66	000
45337	A	Sigmoidoscopy, decompression	6 10	000
45355	A	Surgical colonoscopy	4 85	000
45378	A	Diagnostic colonoscopy	8.20	000
45379	A	Colonoscopy	10 48	000
45380	A	Colonoscopy and biopsy	9 16	000
45382	A	Colonoscopy, control bleeding	12 02	000
45383	A	Colonoscopy, lesion removal	12 30	000
45385	A	Colonoscopy, lesion removal	12 42	000
45500	A	Repair of rectum	13 59	090
45505	A	Repair of rectum	12 86	090
45520	A	Treatment of rectal prolapse	1 26	000
45540	A	Correct rectal prolapse	23 70	090
45541	A	Correct rectal prolapse	21 70	090
45550	A	Repair rectum, remove sigmoid	26 95	090
45560	A	Repair of rectocele	13 16	090
45800	A	Repair rectum–bladder fistula	23 93	090
45805	A	Repair fistula, colostomy	29 52	090
45820	A	Repair rectourethral fistula	23 50	090
45825	A	Repair fistula, colostomy	26 90	090
45900	A	Reduction of rectal prolapse	2 38	010
45905	A	Dilation of anal sphincter	2 35	010
45910	A	Dilation of rectal narrowing	2 86	010
45915	A	Remove rectal obstruction	2 98	010
46000	A	Incision of anal fistula	3 79	010
46030	A	Removal of rectal marker	1 68	010
46040	A	Incision of rectal abscess	6 95	090
46045	A	Incision of rectal abscess	6 12	090
46050	A	Incision of anal abscess	1 85	010
46060	A	Incision of rectal abscess	11 33	090
46070	A	Incision of anal septum	4 31	090
46080	A	Incision of anal sphincter	4 85	010

46083	A	Incise external hemorrhoid	2.07	010
46200	A	Removal of anal fissure	6 87	090
46210	A	Removal of anal crypt	3 45	090
46211	A	Removal of anal crypts	6 35	090
46220	A	Removal of anal tab	2.27	010
46221	A	Ligation of hemorrhoid(s)	2.18	010
46230	A	Removal of anal tabs	3.49	010
46250	A	Hemorrhoidectomy	7 63	090
46255	A	Hemorrhoidectomy	10 41	090
46257	A	Remove hemorrhoids and fissure	12 04	090
46258	A	Remove hemorrhoids and fistula	13.18	090
46260	A	Hemorrhoidectomy	13 85	090
46261	A	Remove hemorrhoids and fissure	14 30	090
46262	A	Remove hemorrhoids and fistula	14.68	090
46270	A	Removal of anal fistula	6 58	090
46275	A	Removal of anal fistula	10 79	090
46280	A	Removal of anal fistula	12 75	090
46285	A	Removal of anal fistula	6 57	090
46320	A	Removal of hemorrhoid clot	2.40	010
46500	A	Injection into hemorrhoids	1.92	010
46600	A	Diagnostic anoscopy	81	000
46602	A	Diagnostic anoscopy	1 07	000
46604	A	Anoscopy and dilation	1 75	000
46606	A	Anoscopy and biopsy	1 22	000
46608	A	Anoscopy, remove foreign body	2.70	000
46610	A	Anoscopy; remove lesion	2 51	000
46612	A	Anoscopy; remove lesions	3 19	000
46614	A	Anoscopy; control bleeding	3 79	000
46700	A	Repair of anal stricture	13 61	090
46705	A	Repair of anal stricture	10.71	090
46715	A	Repair of anovaginal fistula	11.92	090
46716	A	Repair of anovaginal fistula	17.88	090
46730	A	Construction of absent anus	30 31	090
46735	A	Construction of absent anus	34 48	090
46740	A	Construction of absent anus	32 33	090
46750	A	Repair of anal sphincter	14.43	090
46751	A	Repair of anal sphincter	12 74	090
46753	A	Reconstruction of anus	11 83	090
46754	A	Removal of suture from anus	3.25	010
46760	A	Repair of anal sphincter	18 71	090
46761	A	Repair of anal sphincter	18.24	090
46762	A	Implant artificial sphincter	16 09	090
46900	A	Destruction, anal lesion(s)	2 28	010
46910	A	Destruction, anal lesion(s)	2 55	010
46916	A	Cryosurgery, anal lesion(s)	2 56	010
46917	A	Laser surgery, anal lesion(s)	4.01	010
46922	A	Excision of anal lesion(s)	3.29	010
46924	A	Destruction, anal lesion(s)	5 68	010
46934	A	Destruction of hemorrhoids	5.24	090
46935	A	Destruction of hemorrhoids	4 23	010
46936	A	Destruction of hemorrhoids	6.74	090
46937	A	Cryotherapy of rectal lesion	5 41	010
46938	A	Cryotherapy of rectal lesion	7 42	090
46940	A	Treatment of anal fissure	2 93	010
46942	A	Treatment of anal fissure	2 58	010
46945	A	Ligation of hemorrhoids	3 85	090

46946	A	Ligation of hemorrhoids	5 19	090
47000	A	Needle biopsy of liver	3.44	000
47001	A	Needle biopsy of liver	3 44	ZZZ
47010	A	Drainage of liver lesion	16 54	090
47100	A	Wedge biopsy of liver	10 70	090
47120	A	Partial removal of liver	34 29	090
47122	A	Extensive removal of liver	53 54	090
47125	A	Partial removal of liver	49 45	090
47130	A	Partial removal of liver	54 36	090
47300	A	Surgery for liver lesion	17 81	090
47350	A	Repair liver wound	20 12	090
47355	A	Repair liver wound	20.65	090
47360	A	Repair liver wound	28 24	090
47400	A	Incision of liver duct	28 86	090
47420	A	Incision of bile duct	26 63	090
47425	A	Incision of bile duct	28 66	090
47440	A	Incision of bile duct	30 86	090
47460	A	Incise bile duct sphincter	31 59	090
47480	A	Incision of gallbladder	17 02	090
47490	A	Incision of gallbladder	10 02	090
47500	A	Injection for liver X–rays	3 62	000
47505	A	Injection for liver X–rays	2 39	000
47510	A	Insert catheter, bile duct	10 60	090
47511	A	Insert bile duct dram	13 18	090
47525	A	Change bile duct catheter	7 24	010
47530	A	Revise, reinsert bile tube	7 18	090
47550	A	Bile duct endoscopy	4.90	000
47552	A	Biliary endoscopy, through skin	7 70	000
47553	A	Biliary endoscopy, through skin	10 75	000
47554	A	Biliary endoscopy, through skin	13.69	000
47555	A	Biliary endoscopy, through skin	10.57	000
47556	A	Biliary endoscopy, through skin	11 60	000
47600	A	Removal of gallbladder	19 63	090
47605	A	Removal of gallbladder	21 24	090
47610	A	Removal of gallbladder	25 02	090
47612	A	Removal of gallbladder	31.59	090
47620	A	Removal of gallbladder	29 14	090
47630	A	Remove bile duct stone	12 54	090
47700	A	Exploration of bile ducts	22 86	090
47701	A	Bile duct revision	36 82	090
47710	A	Excision of bile duct tumor	32 75	090
47715	A	Excision of bile duct cyst	24 32	090
47716	A	Fusion of bile duct cyst	20 53	090
47720	A	Fuse gallbladder and bowel	22 77	090
47721	A	Fuse upper GI structures	28 00	090
47740	A	Fuse gallbladder and bowel	26 05	090
47760	A	Fuse bile ducts and bowel	33 88	090
47765	A	Fuse liver ducts and bowel	36 28	090
47780	A	Fuse bile ducts and bowel	35.98	090
47800	A	Reconstruction of bile ducts	33 15	090
47801	A	Placement, bile duct support	17 62	090
47802	A	Fuse liver duct and intestine	27 94	090
48000	A	Drainage of abdomen	21.49	090
48020	A	Removal of pancreatic stone	21 23	090
48100	A	Biopsy of pancreas	15 23	090

48102	A	Needle biopsy, pancreas	7 12	010
48120	A	Removal of pancreas lesion	24 34	090
48140	A	Partial removal of pancreas	34.09	090
48145	A	Partial removal of pancreas	37.58	090
48148	A	Removal of pancreatic duct	24 22	090
48150	A	Partial removal of pancreas	56 97	090
48151	A	Partial removal of pancreas	40 11	090
48155	A	Removal of pancreas	43 45	090
48180	A	Fuse pancreas and bowel	35 92	090
48500	A	Surgery of pancreas cyst	22 07	090
48510	A	Drain pancreatic pseudocyst	20 08	090
48520	A	Fuse pancreas cyst and bowel	26 37	090
48540	A	Fuse pancreas cyst and bowel	30 77	090
49000	A	Exploration of abdomen	17 04	090
49002	A	Reopening of abdomen	16 57	090
49010	A	Exploration behind abdomen	19 36	090
49020	A	Drain abdominal abscess	14 75	090
49040	A	Drain abdominal abscess	16 43	090
49060	A	Drain abdominal abscess	17 08	090
49080	A	Puncture, peritoneal cavity	2.30	000
49081	A	Removal of abdominal fluid	2 09	000
49085	A	Remove abdomen foreign body	12 07	090
49180	A	Biopsy, abdominal mass	3 48	000
49200	A	Removal of abdominal lesion	19.03	090
49201	A	Removal of abdominal lesion	27 86	090
49215	A	Excise sacral spine tumor	31.21	090
49220	A	Multiple surgery, abdomen	28 15	090
49250	A	Excision of umbilicus	12 82	090
49255	A	Removal of omentum	10 39	090
49300	A	Peritoneoscopy	8 23	000
49301	A	Peritoneoscopy with biopsy	9 71	000
49302	A	Peritoneoscopy with X–ray	7 90	000
49303	A	Peritoneoscopy, X–ray and biopsy	9 56	000
49310	A	Laparoscopic cholecystectomy	20 21	090
49311	A	Laparoscopic cholecystectomy	21.58	090
49315	A	Laparoscopy, surgical	11 84	090
49400	A	Air injection into abdomen	3 21	000
49401	A	Air injection into abdomen	2 84	000
49420	A	Insert abdominal dram	3 99	000
49421	A	Insert abdominal drain	9 74	090
49425	A	Insert abdomen–venous drain	20 25	090
49426	A	Revise abdomen–venous shunt	14 95	090
49427	A	Injection, abdominal shunt	1 43	000
49500	A	Repair inguinal hernia	10.83	090
49505	A	Repair inguinal hernia	11 52	090
49510	A	Repair hernia, remove testis	12 72	090
49515	A	Repair inguinal hernia	12 81	090
49520	A	Rerepair inguinal hernia	14 09	090
49525	A	Repair inguinal hernia	13 54	090
49530	A	Repair incarcerated hernia	13 69	090
49535	A	Repair strangulated hernia	16 24	090
49540	A	Repair lumbar hernia	14 13	090
49550	A	Repair femoral hernia	11.64	090
49552	A	Repair femoral hernia	12.86	090
49555	A	Repair femoral hernia	14 47	090
49560	A	Repair abdominal hernia	16 24	090
49565	A	Rerepair abdominal hernia	15.96	090
49570	A	Repair epigastric hernia	9 62	090
49575	A	Repair epigastric hernia	13 03	090

49580	A	Repair umbilical hernia	8 62	090
49581	A	Repair umbilical hernia	10 15	090
49590	A	Repair abdominal hernia	13 24	090
49600	A	Repair umbilical lesion	15 53	090
49605	A	Repair umbilical lesion	32 31	090
49606	A	Repair umbilical lesion	27 35	090
49610	A	Repair umbilical lesion	16 48	090
49611	A	Repair umbilical lesion	17 84	090
49900	A	Repair of abdominal wall	8 86	090
49905	A	Omental flap	10 72	ZZZ

D Procedure code numbers 50010 to 59870 relate to genitourinary and maternity procedures

CPT HCPCS Proce–dure Code	Tech/ Prof MOD	Status	CPT/HCPCS Description	Total RVU	Global Period
50010		A	Exploration of kidney	20 67	090
50020		A	Drainage of kidney abscess	20 13	090
50040		A	Drainage of kidney	21 74	090
50045		A	Exploration of kidney	25 25	090
50060		A	Removal of kidney stone	31.54	090
50065		A	Incision of kidney	34 98	090
50070		A	Incision of kidney	33 43	090
50075		A	Removal of kidney stone	42 64	090
50080		A	Removal of kidney stone	27 34	090
50081		A	Removal of kidney stone	37 05	090
50100		A	Revise kidney blood vessels	26 79	090
50120		A	Exploration of kidney	27.16	090
50125		A	Explore and drain kidney	27 68	090
50130		A	Removal of kidney stone	30 19	090
50135		A	Exploration of kidney	36 77	090
50200		A	Biopsy of kidney	5 45	000
50205		A	Biopsy of kidney	19 13	090
50220		A	Removal of kidney	30 70	090
50225		A	Removal of kidney	37.10	090
50230		A	Removal of kidney	40 74	090
50234		A	Removal of kidney and ureter	39 43	090
50236		A	Removal of kidney and ureter	42 86	090
50240		A	Partial removal of kidney	37 94	090
50280		A	Removal of kidney lesion	26.65	090
50290		A	Removal of kidney lesion	23 74	090
50340		A	Removal of kidney	25 12	090
50360		A	Transplantation of kidney	55 26	090
50365		A	Transplantation of kidney	66 82	090
50370		A	Remove transplanted kidney	23.86	090
50380		A	Reimplantation of kidney	28 24	090
50390		A	Drainage of kidney lesion	5.11	000
50392		A	Insert kidney dram	8 21	000
50393		A	Insert ureteral tube	10 23	000
50394		A	Injection for kidney X–ray	1 37	000
50395		A	Create passage to kidney	8.80	000
50396		A	Measure kidney pressure	2 68	000
50398		A	Change kidney tube	2.07	000
50400		A	Revision of kidney/ureter	33 12	090
50405		A	Revision of kidney/ureter	41 50	090
50500		A	Repair of kidney wound	32 35	090
50520		A	Close kidney–skin fistula	27 75	090

50525	A	Repair renal–abdomen fistula	35 14	090
50526	A	Repair renal–abdomen fistula	31 81	090
50540	A	Revision of horseshoe kidney	34 11	090
50551	A	Kidney endoscopy	8 06	000
50553	A	Kidney endoscopy	7 91	000
50555	A	Kidney endoscopy and biopsy	11 71	000
50557	A	Kidney endoscopy and treatment	11 83	000
50559	A	Renal endoscopy; radio tracer	8 38	000
50561	A	Kidney endoscopy and treatment	13 24	000
50570	A	Kidney endoscopy	11 32	000
50572	A	Kidney endoscopy	18 39	000
50574	A	Kidney endoscopy and biopsy	18 81	000
50576	A	Kidney endoscopy and treatment	20 49	000
50578	A	Renal endoscopy, radio tracer	16 30	000
50580	A	Kidney endoscopy and treatment	15 96	000
50590	A	Fragmenting of kidney stone	20 64	090
50600	A	Exploration of ureter	25 54	090
50605	A	Insert ureteral support	21 28	090
50610	A	Removal of ureter stone	27 82	090
50620	A	Removal of ureter stone	26 82	090
50630	A	Removal of ureter stone	27 89	090
50650	A	Removal of ureter	29 68	090
50660	A	Removal of ureter	32 48	090
50684	A	Injection for ureter X–ray	1.31	000
50686	A	Measure ureter pressure	1 94	000
50688	A	Change of ureter tube	1 59	010
50690	A	Injection for ureter X–ray	1 52	000
50700	A	Revision of ureter	27 93	090
50715	A	Release of ureter	30 34	090
50722	A	Release of ureter	27 24	090
50725	A	Release/revise ureter	30 84	090
50727	A	Revise ureter	13 48	090
50728	A	Revise ureter	19 84	090
50740	A	Fusion of ureter and kidney	31.91	090
50750	A	Fusion of ureter and kidney	33 50	090
50760	A	Fusion of ureters	32.06	090
50770	A	Splicing of ureters	34 88	090
50780	A	Reimplant ureter in bladder	32 35	090
50782	A	Ureteroneocystostomy	33.47	090
50783	A	Ureteroneocystostomy	34 44	090
50785	A	Reimplant ureter in bladder	36.31	090
50800	A	Implant ureter in bowel	29 16	090
50810	A	Fusion of ureter and bowel	32 41	090
50815	A	Urine shunt to bowel	40.32	090
50820	A	Construct bowel bladder	41 40	090
50825	A	Construct bowel bladder	59.74	090
50830	A	Revise urine flow	52.54	090
50840	A	Replace ureter by bowel	32 86	090
50860	A	Transplant ureter to skin	26 08	090
50900	A	Repair of ureter	23.68	090
50920	A	Closure ureter/skin fistula	23 77	090
50930	A	Closure ureter/bowel fistula	31 40	090
50940	A	Release of ureter	24 36	090
50951	A	Endoscopy of ureter	7 76	000
50953	A	Endoscopy of ureter	8 15	000
50955	A	Ureter endoscopy and biopsy	9.63	000

50957		A	Ureter endoscopy and treatment	9 63	000
50959		A	Ureter endoscopy and tracer	8 08	000
50961		A	Ureter endoscopy and treatment	8 99	000
50970		A	Ureter endoscopy	12 86	000
50972		A	Ureter endoscopy and catheter	8 71	000
50974		A	Ureter endoscopy and biopsy	16.85	000
50976		A	Ureter endoscopy and treatment	16 11	000
50978		A	Ureter endoscopy and tracer	9 63	000
50980		A	Ureter endoscopy and treatment	10 34	000
51000		A	Drainage of bladder	1 32	000
51005		A	Drainage of bladder	1 53	000
51010		A	Drainage of bladder	3 64	010
51020		A	Incise and treat bladder	13 55	090
51030		A	Incise and treat bladder	11.02	090
51040		A	Incise and drain bladder	12.03	090
51045		A	Incise bladder, dram ureter	11 52	090
51050		A	Removal of bladder stone	13 80	090
51060		A	Removal of ureter stone	21 26	090
51065		A	Removal of ureter stone	15 83	090
51080		A	Drainage of bladder abscess	11 13	090
51500		A	Removal of bladder cyst	17 52	090
51520		A	Removal of bladder lesion	18 04	090
51525		A	Removal of bladder lesion	24 50	090
51530		A	Removal of bladder lesion	21 56	090
51535		A	Repair of ureter lesion	20 30	090
51550		A	Partial removal of bladder	26 22	090
51555		A	Partial removal of bladder	33 26	090
51565		A	Revise bladder and ureter(s)	37 52	090
51570		A	Removal of bladder	39.50	090
51575		A	Removal of bladder and nodes	53 04	090
51580		A	Remove bladder, revise tract	50 27	090
51585		A	Removal of bladder and nodes	59.82	090
51590		A	Remove bladder, revise tract	57 27	090
51595		A	Remove bladder; revise tract	71.24	090
51596		A	Remove bladder, create pouch	74 46	090
51597		A	Removal of pelvic structures	69 87	090
51600		A	Injection for bladder X–ray	1 19	000
51605		A	Preparation for bladder X–ray	1 46	000
51610		A	Injection for bladder X–ray	1.91	000
51700		A	Irrigation of bladder	1 13	000
51705		A	Change of bladder tube	1 41	010
51710		A	Change of bladder tube	2.12	010
51720		A	Treatment of bladder lesion	2.50	000
51725	26	A	Simple cystometrogram	2 23	000
51725		A	Simple cystometrogram	2.63	000
51725	TC	A	Simple cystometrogram	.40	000
51726	26	A	Complex cystometrogram	2 61	000
51726		A	Complex cystometrogram	3.14	000
51726	TC	A	Complex cystometrogram	.52	000
51736	26	A	Urine flow measurement	1 13	000
51736		A	Urine flow measurement	1 29	000
51736	TC	A	Urine flow measurement	.15	000
51739	26	A	Sound record of urine stream	1 16	000
51739		A	Sound record of urine stream	1 31	000
51739	TC	A	Sound record of urine stream	15	000
51741	26	A	Electro–uroflowmetry, first	1 98	000

51741		A	Electro–uroflowmetry, first	2 20	000
51741	TC	A	Electro–uroflowmetry, first	.22	000
51772	26	A	Urethra pressure profile	2.22	000
51772		A	Urethra pressure profile	2 67	000
51772	TC	A	Urethra pressure profile	45	000
51785	26	A	Anal/urinary muscle study	2 27	000
51785		A	Anal/urinary muscle study	2 69	000
51785	TC	A	Anal/urinary muscle study	42	000
51792	26	A	Urinary reflex study	1 76	000
51792		A	Urinary reflex study	3 19	000
51792	TC	A	Urinary reflex study	1 43	000
51795	26	A	Urine voiding pressure study	2 19	000
51795		A	Urine voiding pressure study	3.13	000
51795	TC	A	Urine voiding pressure study	94	000
51797	26	A	Intra–abdominal pressure test	2.19	000
51797		A	Intra–abdominal pressure test	2 67	000
51797	TC	A	Intra–abdominal pressure test	48	000
51800		A	Revision of bladder/urethra	29 78	090
51820		A	Revision of urinary tract	25 42	090
51840		A	Attach bladder/urethra	20 14	090
51841		A	Attach bladder/urethra	24 47	090
51845		A	Repair bladder neck	20 75	090
51860		A	Repair of bladder wound	19 70	090
51865		A	Repair of bladder wound	26 20	090
51880		A	Repair of bladder opening	12 73	090
51900		A	Repair bladder/vagina lesion	24 63	090
51920		A	Close bladder–uterus fistula	18 85	090
51925		A	Hysterectomy/bladder repair	26 23	090
51940		A	Correction of bladder defect	46 13	090
51960		A	Revision of bladder and bowel	44 68	090
51980		A	Construct bladder opening	18 67	090
52000		A	Cystoscopy	3 48	000
52005		A	Cystoscopy and ureter catheter	4 78	000
52007		A	Cystoscopy and biopsy	6 10	000
52010		A	Cystoscopy and duct catheter	5 13	000
52204		A	Cystoscopy	4.98	000
52214		A	Cystoscopy and treatment	6 79	000
52224		A	Cystoscopy and treatment	6.31	000
52234		A	Cystoscopy and treatment	9 77	000
52235		A	Cystoscopy and treatment	14 45	000
52240		A	Cystoscopy and treatment	21 34	000
52250		A	Cystoscopy and radio tracer	7 67	000
52260		A	Cystoscopy and treatment	6 27	000
52265		A	Cystoscopy and treatment	4 45	000
52270		A	Cystoscopy and revise urethra	7.64	000
52275		A	Cystoscopy and revise urethra	8.47	000
52276		A	Cystoscopy and treatment	8 91	000
52277		A	Cystoscopy and treatment	11 47	000
52281		A	Cystoscopy and treatment	5 34	000
52283		A	Cystoscopy and treatment	5 44	000
52285		A	Cystoscopy and treatment	6.84	000
52290		A	Cystoscopy and treatment	7 21	000
52300		A	Cystoscopy and treatment	9 20	000
52305		A	Cystoscopy and treatment	9.18	000
52310		A	Cystoscopy and treatment	6 07	000
52315		A	Cystoscopy and treatment	9 69	000
52317		A	Remove bladder stone	13 49	000
52318		A	Remove bladder stone	17 84	000
52320		A	Cystoscopy and treatment	10 00	000
52325		A	Cystoscopy, stone removal	13 80	000

52330	A	Cystoscopy and treatment	8 88	000
52332	A	Cystoscopy and treatment	6 33	000
52334	A	Create passage to kidney	8 50	000
52335	A	Endoscopy of urinary tract	11 02	000
52336	A	Cystoscopy, stone removal	17 92	000
52337	A	Cystoscopy, stone removal	19 91	000
52338	A	Cystoscopy and treatment	13 85	000
52339	A	Cystoscopy and treatment	15 37	000
52340	A	Cystoscopy and treatment	13 46	090
52450	A	Incision of prostate	12 57	090
52500	A	Revision of bladder neck	15 95	090
52510	A	Dilation prostatic urethra	14 36	090
52601	A	Prostatectomy (TURP)	24 48	090
52606	A	Control postop bleeding	11 23	090
52612	A	Prostatectomy, first stage	17 95	090
52614	A	Prostatectomy, second stage	13 76	090
52620	A	Remove residual prostate	11 88	090
52630	A	Remove prostate regrowth	18.98	090
52640	A	Relieve bladder contracture	13 06	090
52650	A	Prostatectomy	18 59	090
52700	A	Drainage of prostate abscess	9 99	090
53000	A	Incision of urethra	3 93	010
53010	A	Incision of urethra	6 87	090
53020	A	Incision of urethra	2 69	000
53025	A	Incision of urethra	2 01	000
53040	A	Drainage of urethra abscess	8 13	090
53060	A	Drainage of urethra abscess	3 20	010
53080	A	Drainage of urinary leakage	10 31	090
53085	A	Drainage of urinary leakage	17 16	090
53200	A	Biopsy of urethra	3 82	000
53210	A	Removal of urethra	19 11	090
53215	A	Removal of urethra	25 60	090
53220	A	Treatment of urethra lesion	11 85	090
53230	A	Removal of urethra lesion	17 75	090
53235	A	Removal of urethra lesion	15 21	090
53240	A	Surgery for urethra pouch	10 83	090
53250	A	Removal of urethra gland	10 15	090
53260	A	Treatment of urethra lesion	4 22	010
53265	A	Treatment of urethra lesion	5 18	010
53270	A	Removal of urethra gland	3 97	010
53275	A	Repair of urethra defect	7 02	010
53400	A	Revise urethra, 1st stage	20 08	090
53405	A	Revise urethra, 2nd stage	25 27	090
53410	A	Reconstruction of urethra	25 11	090
53415	A	Reconstruction of urethra	31 63	090
53420	A	Reconstruct urethra, stage 1	25 21	090
53425	A	Reconstruct urethra, stage 2	25 40	090
53430	A	Reconstruction of urethra	23 61	090
53440	A	Correct bladder function	25 91	090
53442	A	Remove perineal prosthesis	14 17	090
53443	A	Reconstruction of urethra	30 21	090
53445	A	Correct urine flow control	35 40	090
53447	A	Remove artificial sphincter	22.45	090
53449	A	Correct artificial sphincter	18 36	090
53450	A	Revision of urethra	8 78	090
53460	A	Revision of urethra	9 47	090
53502	A	Repair of urethra injury	12 77	090
53505	A	Repair of urethra injury	12 94	090
53510	A	Repair of urethra injury	17 25	090
53515	A	Repair of urethra injury	22 66	090

53520		A	Repair of urethra defect	14 70	090
53600		A	Dilate urethra stricture	1.58	000
53601		A	Dilate urethra stricture	1 30	000
53605		A	Dilate urethra stricture	1 81	000
53620		A	Dilate urethra stricture	2 17	000
53621		A	Dilate urethra stricture	1 78	000
53640		A	Relieve bladder retention	2 25	000
53660		A	Dilation of urethra	1 02	000
53661		A	Dilation of urethra	1 00	000
53665		A	Dilation of urethra	1 16	000
53670		A	Insert urinary catheter	75	000
53675		A	Insert urinary catheter	2 02	000
54000		A	Slitting of prepuce	2 21	010
54001		A	Slitting of prepuce	3 09	010
54015		A	Drain penis lesion	6 18	010
54050		A	Destruction, penis lesion(s)	1 62	010
54055		A	Destruction, penis lesion(s)	1 88	010
54056		A	Cryosurgery, penis lesion(s)	1 78	010
54057		A	Laser surgery, penis lesion(s)	3 40	010
54060		A	Excision of penis lesion(s)	3.17	010
54065		A	Destruction, penis lesion(s)	5 07	010
54100		A	Biopsy of penis	2 65	000
54105		A	Biopsy of penis	4.62	010
54110		A	Treatment of penis lesion	16 36	090
54111		A	Treat penis lesion, graft	23.19	090
54112		A	Treat penis lesion, graft	27 15	090
54115		A	Treatment of penis lesion	10 32	090
54120		A	Partial removal of penis	16 37	090
54125		A	Removal of penis	25 49	090
54130		A	Remove penis and nodes	34 95	090
54135		A	Remove penis and nodes	44 59	090
54150		A	Circumcision	2 40	010
54152		A	Circumcision	4 27	010
54160		A	Circumcision	4 30	010
54161		A	Circumcision	5 62	010
54200		A	Treatment of penis lesion	1 36	010
54205		A	Treatment of penis lesion	12 85	090
54220		A	Treatment of penis lesion	4 18	000
54230		A	Prepare penis study	2.80	000
54235		A	Penile injection	1.68	000
54240	26	A	Penis pressure study	1 90	000
54240		A	Penis pressure study	2 43	000
54240	TC	A	Penis pressure study	53	000
54250	26	A	Test penile erection/rigid	2 81	000
54250		A	Test penile erection/rigid	3 12	000
54250	TC	A	Test penile erection/rigid	31	000
54300		A	Revision of penis	17 79	090
54304		A	Revision of penis	21.72	090
54308		A	Reconstruction of urethra	18 23	090
54312		A	Reconstruction of urethra	23 48	090
54316		A	Reconstruction of urethra	28.48	090
54318		A	Reconstruction of urethra	19.05	090
54322		A	Reconstruction of urethra	20 76	090
54324		A	Reconstruction of urethra	27 57	090
54326		A	Reconstruction of urethra	26 40	090
54328		A	Revise penis, urethra	26 76	090
54332		A	Revise penis, urethra	29 88	090
54336		A	Revise penis, urethra	39 16	090
54340		A	Secondary urethral surgery	15 25	090
54344		A	Secondary urethral surgery	32 93	090

54348	A	Secondary urethral surgery	29.18	090
54352	A	Reconstruct urethra, penis	41.65	090
54360	A	Penis plastic surgery	19 20	090
54380	A	Repair penis	22 83	090
54385	A	Repair penis	26 18	090
54390	A	Repair penis and bladder	36 17	090
54400	A	Insert semi–rigid prosthesis	22 77	090
54401	A	Insert self–contd prosthesis	28 96	090
54402	A	Remove penis prosthesis	15 30	090
54405	A	Insert multi–comp prosthesis	35.99	090
54407	A	Remove multi–comp prosthesis	24 90	090
54409	A	Revise penis prosthesis	21 39	090
54420	A	Revision of penis	19 36	090
54430	A	Revision of penis	17 26	090
54435	A	Revision of penis	10.19	090
54450	A	Preputial stretching	1 87	000
54500	A	Biopsy of testis	1 81	000
54505	A	Biopsy of testis	5 51	010
54510	A	Removal of testis lesion	8.66	090
54520	A	Removal of testis	10 73	090
54530	A	Removal of testis	16 11	090
54535	A	Extensive testis surgery	20.96	090
54550	A	Exploration for testis	13 23	090
54560	A	Exploration for testis	18 53	090
54600	A	Reduce testis torsion	11.71	090
54620	A	Suspension of testis	8 34	010
54640	A	Suspension of testis	15 18	090
54645	A	Suspension of testis, stage 2	9 58	090
54660	A	Revision of testis	8.55	090
54680	A	Relocation of testis(es)	20 56	090
54700	A	Drainage of scrotum	4 44	010
54800	A	Biopsy of epididymis	4.49	000
54820	A	Exploration of epididymis	7 64	090
54830	A	Remove epididymis lesion	8.99	090
54840	A	Remove epididymis lesion	10 32	090
54860	A	Removal of epididymis	11.69	090
54861	A	Removal of epididymis	16 55	090
54900	A	Fusion of spermatic ducts	22.48	090
54901	A	Fusion of spermatic ducts	30.85	090
55000	A	Drainage of hydrocele	1 90	000
55040	A	Removal of hydrocele	10 55	090
55041	A	Removal of hydroceles	15.60	090
55060	A	Repair of hydrocele	9 84	090
55100	A	Drainage of scrotum abscess	2.76	010
55110	A	Explore scrotum	9 15	090
55120	A	Removal of scrotum lesion	6 82	090
55150	A	Removal of scrotum	12 63	090
55175	A	Revision of scrotum	9.89	090
55180	A	Revision of scrotum	17 73	090
55200	A	Incision of sperm duct	6 36	090
55250	A	Removal of sperm duct(s)	6 12	090
55300	A	Preparation, sperm duct X–ray	6 50	000
55400	A	Repair of sperm duct	15 45	090
55450	A	Ligation of sperm duct	6 83	010
55500	A	Removal of hydrocele	10 10	090
55520	A	Removal of sperm cord lesion	9 35	090
55530	A	Revise spermatic cord veins	11 21	090
55535	A	Revise spermatic cord veins	11 12	090
55540	A	Revise hernia and sperm veins	12.63	090
55600	A	Incise sperm duct pouch	10.93	090

55605	A	Incise sperm duct pouch	13 79	090
55650	A	Remove sperm duct pouch	19 30	090
55680	A	Remove sperm pouch lesion	9 63	090
55700	A	Biopsy of prostate	3 22	000
55705	A	Biopsy of prostate	8 12	010
55720	A	Drainage of prostate abscess	11 48	090
55725	A	Drainage of prostate abscess	13 88	090
55801	A	Removal of prostate	30 43	090
55810	A	Extensive prostate surgery	40.85	090
55812	A	Extensive prostate surgery	45 34	090
55815	A	Extensive prostate surgery	56 07	090
55821	A	Removal of prostate	27.85	090
55831	A	Removal of prostate	30 22	090
55840	A	Extensive prostate surgery	39 45	090
55842	A	Extensive prostate surgery	43 73	090
55845	A	Extensive prostate surgery	54.20	090
55860	A	Surgical exposure, prostate	21.27	090
55862	A	Extensive prostate surgery	30.05	090
55865	A	Extensive prostate surgery	48 38	090
56300	A	Pelvis laparoscopy, DX	9 18	010
56301	A	Laparoscopy, surgical	10 92	010
56302	A	Laparoscopy, surgical	7 58	010
56303	A	Laparoscopy, surgical	12 21	010
56304	A	Laparoscopy, surgical	11 04	010
56305	A	Laparoscopy, surgical	9 84	010
56306	A	Laparoscopy, surgical	10 12	010
56307	A	Laparoscopy, surgical	14 09	010
56308	A	Laparoscopy, surgical	25.11	010
56309	A	Laparoscopy, surgical	11 24	010
56350	A	Hysteroscopy, diagnostic	4 76	000
56351	A	Hysteroscopy, surgical	5 23	000
56352	A	Hysteroscopy, surgical	7 61	000
56353	A	Hysteroscopy, surgical	8 00	000
56354	A	Hysteroscopy, surgical	10 86	000
56355	A	Hysteroscopy, surgical	5 47	000
56356	A	Hysteroscopy, surgical	11 27	000
56405	A	I & D of vulva/perineum	2.30	010
56420	A	Drainage of gland abscess	2 26	010
56440	A	Surgery for vulva lesion	5 87	010
56441	A	Lysis of labial lesion(s)	3.83	010
56501	A	Destruction, vulva lesion(s)	2.14	010
56515	A	Destruction, vulva lesion(s)	5.46	010
56605	A	Biopsy of vulva/perineum	1 43	000
56606	A	Biopsy of vulva/perineum	72	000
56620	A	Partial removal of vulva	14 97	090
56625	A	Removal of vulva	19 98	090
56630	A	Extensive vulva surgery	30 21	090
56631	A	Vulvectomy, radical, partial	40 30	090
56633	A	Vulvectomy, radical, complete	32 09	090
56634	A	Vulvectomy, radical, complete	41.76	090
56637	A	Vulvectomy, radical, complete	42 69	090
56640	A	Extensive vulva surgery	42 61	090
56700	A	Partial removal of hymen	4 55	010
56720	A	Incision of hymen	1 27	000
56740	A	Remove vagina gland lesion	6.97	010
56800	A	Repair of vagina	7 16	010
56805	A	Repair of clitoris	28 60	090
56810	A	Repair of perineum	7 05	010
57000	A	Exploration of vagina	5 27	010
57010	A	Drainage of pelvic abscess	8 57	090

57020	A	Drainage of pelvic fluid	2 29	000
57061	A	Destruction vagina lesion(s)	2 17	010
57065	A	Destruction vagina lesion(s)	6.56	010
57100	A	Biopsy of vagina	1 71	000
57105	A	Biopsy of vagina	3 49	010
57108	A	Partial removal of vagina	11 92	090
57110	A	Removal of vagina	19 86	090
57120	A	Closure of vagina	14 99	090
57130	A	Remove vagina lesion	5 49	010
57135	A	Remove vagina lesion	4 92	010
57150	A	Treat vagina infection	1 17	000
57160	A	Insertion of pessary	1 19	000
57170	A	Fitting of diaphragm/cap	1 28	000
57180	A	Treat vaginal bleeding	2 20	010
57200	A	Repair of vagina	6.93	090
57210	A	Repair vagina/perineum	8 59	090
57220	A	Revision of urethra	8 99	090
57230	A	Repair of urethral lesion	9 50	090
57240	A	Repair bladder and vagina	14 34	090
57250	A	Repair rectum and vagina	14 16	090
57260	A	Repair of vagina	17 81	090
57265	A	Extensive repair of vagina	18 81	090
57268	A	Repair of bowel bulge	14 42	090
57270	A	Repair of bowel pouch	15 44	090
57280	A	Suspension of vagina	18 43	090
57282	A	Repair of vaginal prolapse	18 38	090
57288	A	Repair bladder defect	24.34	090
57289	A	Repair bladder and vagina	16 41	090
57291	A	Construction of vagina	13 87	090
57292	A	Construct vagina with graft	20 20	090
57300	A	Repair rectum–vagina fistula	16 12	090
57305	A	Repair rectum–vagina fistula	17 60	090
57307	A	Fistula repair and colostomy	17 34	090
57310	A	Repair urethrovaginal lesion	10 92	090
57311	A	Repair urethrovaginal lesion	13 26	090
57320	A	Repair bladder–vagina lesion	18 24	090
57330	A	Repair bladder–vagina lesion	20.81	090
57335	A	Repair of vagina	16 82	090
57400	A	Dilation of vagina	1 21	000
57410	A	Pelvic examination	1 00	000
57415	A	Removal vaginal foreign body	1 32	010
57452	A	Examination of vagina	1 76	000
57454	A	Vagina examination and biopsy	2.70	000
57460	A	Colposcopy (vaginoscopy)	5 27	000
57500	A	Biopsy of cervix	1 65	000
57505	A	Endocervical curettage	1 84	010
57510	A	Cauterization of cervix	2 48	010
57511	A	Cryocautery of cervix	2 86	010
57513	A	Laser surgery of cervix	5 49	010
57520	A	Conization cervix	7 49	090
57530	A	Removal of cervix	8 72	090
57540	A	Removal of residual cervix	14 01	090
57545	A	Remove cervix, repair pelvic	12 12	090
57550	A	Removal of residual cervix	13 54	090
57555	A	Remove cervix, repair vagina	20 03	090
57556	A	Remove cervix, repair bowel	18 61	090
57700	A	Revision of cervix	6 01	090
57720	A	Revision of cervix	7 09	090
57800	A	Dilation of cervical canal	1 35	000
57820	A	D&C of residual cervix	4 47	010

58100		A	Biopsy of uterus lining	1 49	000
58120		A	Dilation and curettage (D&C)	5 63	010
58140		A	Removal of uterus lesion	17 37	090
58145		A	Removal of uterus lesion	16 91	090
58150		A	Total hysterectomy	24 42	090
58152		A	Total hysterectomy	28 34	090
58180		A	Partial hysterectomy	20 60	090
58200		A	Extensive hysterectomy	35 87	090
58210		A	Extensive hysterectomy	45 18	090
58240		A	Removal of pelvis contents	62 75	090
58260		A	Vaginal hysterectomy	22 59	090
58262		A	Vaginal hysterectomy	24 29	090
58263		A	Vaginal hysterectomy	26 57	090
58267		A	Hysterectomy and vagina repair	27 63	090
58270		A	Hysterectomy and vagina repair	24 86	090
58275		A	Hysterectomy, revise vagina	27 07	090
58280		A	Hysterectomy, revise vagina	26 90	090
58285		A	Extensive hysterectomy	31 46	090
58300		A	Insert intrauterine device	1 89	000
58301		A	Remove intrauterine device	1 27	000
58310		A	Artificial insemination	1 76	000
58311		A	Artificial insemination	2 04	000
58340		A	Inject for uterus/tube X–ray	1 53	000
58345		A	Reopen fallopian tube	8 51	010
58350		A	Reopen fallopian tube	1 79	010
58400		A	Suspension of uterus	12 30	090
58410		A	Suspension of uterus	13 08	090
58520		A	Repair of ruptured uterus	11 47	090
58540		A	Revision of uterus	15 97	090
58600		A	Division of fallopian tube	11 83	090
58605		A	Division of fallopian tube	9 12	090
58611		A	Ligate oviduct(s)	1 20	ZZZ
58615		A	Occlude fallopian tube(s)	7 09	010
58700		A	Removal of fallopian tube	13 36	090
58720		A	Removal of ovary/tube(s)	15 05	090
58740		A	Revise fallopian tube(s)	15.40	090
58750		A	Repair oviduct(s)	16 43	090
58752		A	Revise ovarian tube(s)	15 54	090
58760		A	Remove tubal obstruction	13.33	090
58770		A	Create new tubal opening	13 22	090
58800		A	Drainage of ovarian cyst(s)	6 94	090
58805		A	Drainage of ovarian cyst(s)	12 95	090
58820		A	Drainage of ovarian abscess	7 18	090
58822		A	Drainage of ovarian abscess	10.48	090
58825		A	Transposition, ovary(s)	10 47	090
58900		A	Biopsy of ovary(s)	11 60	090
58920		A	Partial removal of ovary(s)	14 26	090
58925		A	Removal of ovarian cyst(s)	14 14	090
58940		A	Removal of ovary(s)	14 17	090
58943		A	Removal of ovary(s)	31.94	090
58950		A	Resect ovarian malignancy	27 45	090
58951		A	Resect ovarian malignancy	42 06	090
58952		A	Resect ovarian malignancy	42 86	090
58960		A	Exploration of abdomen	25 88	090
59000		A	Amniocentesis	2 42	000
59012		A	Fetal cord puncture, prenatal	6 37	000
59015		A	Chorion biopsy	3 52	000
59020	26	A	Fetal contract stress test	1 74	000

59020		A	Fetal contract stress test	2.32	000
59020	TC	A	Fetal contract stress test	.58	000
59025	26	A	Fetal nonstress test	1.00	000
59025		A	Fetal nonstress test	1.24	000
59025	TC	A	Fetal nonstress test	.24	000
59030		A	Fetal scalp blood sample	3.77	000
59050		A	Fetal monitor with report	2.50	XXX
59100		A	Remove uterus lesion	10.96	090
59120		A	Treat ectopic pregnancy	16 24	090
59121		A	Treat ectopic pregnancy	13 32	090
59130		A	Treat ectopic pregnancy	14 53	090
59135		A	Treat ectopic pregnancy	23 98	090
59136		A	Treat ectopic pregnancy	16.19	090
59140		A	Treat ectopic pregnancy	10.06	090
59150		A	Treat ectopic pregnancy	11 79	090
59151		A	Treat ectopic pregnancy	16.47	090
59160		A	D&C after delivery	6.04	010
59200		A	Insert cervical dilator	1.44	000
59300		A	Episiotomy or vaginal repair	3.52	000
59320		A	Revision of cervix	4.62	000
59325		A	Revision of cervix	7.26	000
59350		A	Repair of uterus	9.22	000
59400		A	Obstetrical care	35.78	MMM
59410		A	Obstetrical care	22.76	MMM
59412		A	Antepartum manipulation	3 18	MMM
59414		A	Deliver placenta	3 00	MMM
59430		A	Care after delivery	2 48	MMM
59510		A	Cesarean delivery	34 12	MMM
59515		A	Cesarean delivery	23.56	MMM
59525		A	Remove uterus after Cesarean	13.20	MMM
59812		A	Treatment of miscarriage	7 35	090
59820		A	Care of miscarriage	8.14	090
59821		A	Treatment of miscarriage	7.55	090
59830		A	Treat uterus infection	11.01	090
59840		A	Abortion	6.71	010
59841		A	Abortion	7.63	010
59850		A	Abortion	10.21	090
59851		A	Abortion	10.68	090
59852		A	Abortion	14.33	090
59870		A	Evacuate mole of uterus	7.59	090

E Procedure code numbers 60000 to 69970 relate to neurological procedures.

CPT/ HCPCS Proce– dure Code	Tech/ Prof. MOD	Status	CPT/HCPCS Description	Total RVU	Global Period
60000		A	Drain thyroid/tongue cyst	2.42	010
60100		A	Biopsy of thyroid	2 12	000
60200		A	Remove thyroid lesion	15.82	090
60220		A	Partial removal of thyroid	19 81	090
60225		A	Partial removal of thyroid	23 84	090
60240		A	Removal of thyroid	28 05	090
60245		A	Partial removal of thyroid	22 63	090
60246		A	Partial removal of thyroid	28.30	090
60252		A	Removal of thyroid	31.29	090
60254		A	Extensive thyroid surgery	38.54	090
60260		A	Repeat thyroid surgery	18.20	090
60270		A	Removal of thyroid	32.67	090

60280	A	Remove thyroid duct lesion	14 37	090
60281	A	Remove thyroid duct lesion	13 94	090
60500	A	Explore parathyroid glands	28 84	090
60502	A	Reexplore parathyroids	32 82	090
60505	A	Explore parathyroid glands	35 44	090
60520	A	Removal of thymus gland	32 87	090
60540	A	Explore adrenal gland	29 66	090
60545	A	Explore adrenal gland	34 94	090
60600	A	Remove carotid body lesion	29 34	090
60605	A	Remove carotid body lesion	30.96	090
61000	A	Remove cranial cavity fluid	2.80	000
61001	A	Remove cranial cavity fluid	2 53	000
61020	A	Remove brain cavity fluid	2.95	000
61026	A	Injection into brain canal	3 91	000
61050	A	Remove brain canal fluid	2 88	000
61055	A	Injection into brain canal	4 16	000
61070	A	Brain canal shunt procedure	1 43	000
61105	A	Drill skull for examination	16.19	090
61106	A	Drill skull for exam/surgery	14.52	ZZZ
61107	A	Drill skull for implantation	12 40	000
61108	A	Drill skull for drainage	24 73	090
61120	A	Pierce skull for examination	16 27	090
61130	A	Pierce skull, exam/surgery	12 18	ZZZ
61140	A	Pierce skull for biopsy	31.20	090
61150	A	Pierce skull for drainage	33 34	090
61151	A	Pierce skull for drainage	14 06	090
61154	A	Pierce skull, remove clot	34 23	090
61156	A	Pierce skull for drainage	34 03	090
61210	A	Pierce skull, implant device	14 33	000
61215	A	Insert brain–fluid device	20 48	090
61250	A	Pierce skull and explore	20.39	090
61253	A	Pierce skull and explore	24 16	090
61304	A	Open skull for exploration	50 66	090
61305	A	Open skull for exploration	58 18	090
61312	A	Open skull for drainage	48.44	090
61313	A	Open skull for drainage	48 29	090
61314	A	Open skull for drainage	52 38	090
61315	A	Open skull for drainage	54.23	090
61320	A	Open skull for drainage	45.69	090
61321	A	Open skull for drainage	49.73	090
61330	A	Decompress eye socket	29 84	090
61332	A	Explore/biopsy eye socket	49 42	090
61333	A	Explore orbit, remove lesion	50.23	090
61334	A	Explore orbit, remove object	33 43	090
61340	A	Relieve cranial pressure	29 24	090
61343	A	Incise skull, pressure relief	62 46	090
61345	A	Relieve cranial pressure	47 68	090
61440	A	Incise skull for surgery	48 31	090
61450	A	Incise skull for surgery	47 81	090
61458	A	Incise skull for brain wound	57 44	090
61460	A	Incise skull for surgery	55 34	090
61470	A	Incise skull for surgery	36 99	090
61480	A	Incise skull for surgery	33 52	090
61490	A	Incise skull for surgery	29 31	090
61500	A	Removal of skull lesion	40 04	090
61501	A	Remove infected skull bone	35 38	090
61510	A	Removal of brain lesion	54.59	090
61512	A	Remove bram lining lesion	57 74	090
61514	A	Removal of brain abscess	53 05	090
61516	A	Removal of brain lesion	53 20	090

61518	A	Removal of brain lesion	67 07	090
61519	A	Remove brain lining lesion	70 12	090
61520	A	Removal of brain lesion	77 44	090
61521	A	Removal of brain lesion	77 70	090
61522	A	Removal of brain abscess	50 96	090
61524	A	Removal of brain lesion	57 90	090
61526	A	Removal of brain lesion	67 90	090
61531	A	Implant brain electrodes	37 22	090
61533	A	Insert brain electrodes	36 92	090
61534	A	Removal of bram lesion	27 45	090
61535	A	Remove bram electrodes	19 05	090
61536	A	Removal of brain lesion	55 01	090
61538	A	Removal of bram tissue	61 44	090
61539	A	Removal of brain tissue	56 72	090
61541	A	Incision of bram tissue	50 17	090
61542	A	Removal of brain tissue	50 81	090
61543	A	Removal of brain tissue	40 15	090
61544	A	Remove and treat brain lesion	53.92	090
61545	A	Excision of bram tumor	64.50	090
61546	A	Removal of pituitary gland	60 55	090
61548	A	Removal of pituitary gland	48.35	090
61550	A	Release of skull seams	27 17	090
61552	A	Release of skull seams	35 28	090
61570	A	Remove bram foreign body	42 16	090
61571	A	Incise skull for brain wound	45 80	090
61575	A	Skull base/brainstem surgery	69 78	090
61576	A	Skull base/brainstem surgery	65 69	090
61624	A	Occlusion/embolization cath	37 18	000
61626	A	Occlusion/embolization cath	30 67	000
61680	A	Intracranial vessel surgery	72 65	090
61682	A	Intracranial vessel surgery	83 19	090
61684	A	Intracranial vessel surgery	72 44	090
61686	A	Intracranial vessel surgery	87 58	090
61690	A	Intracranial vessel surgery	65 07	090
61692	A	Intracranial vessel surgery	70.06	090
61700	A	Inner skull vessel surgery	71 51	090
61702	A	Inner skull vessel surgery	81.30	090
61703	A	Clamp neck artery	30 51	090
61705	A	Revise circulation to head	69 57	090
61708	A	Revise circulation to head	61 23	090
61710	A	Revise circulation to head	46 68	090
61711	A	Fusion of skull arteries	73 05	090
61712	A	Skull or spine microsurgery	9 58	ZZZ
61720	A	Incise skull/brain surgery	44 06	090
61735	A	Incise skull/brain surgery	31 53	090
61750	A	Incise skull; bram biopsy	37 48	090
61751	A	Bram biopsy with CAT scan	44 14	090
61760	A	Implant brain electrodes	38.46	090
61770	A	Incise skull for treatment	37.63	090
61790	A	Treat trigeminal nerve	30.00	090
61791	A	Treat trigeminal tract	27.04	090
61793	A	Focus radiation beam	39.83	090
61795	A	Bram surgery using computer	14.13	000
61850	A	Implant neuroelectrodes	29.65	090
61855	A	Implant neuroelectrodes	24 71	090
61860	A	Implant neuroelectrodes	20 78	090
61865	A	Implant neuroelectrodes	40 27	090
61870	A	Implant neuroelectrodes	10 71	090
61875	A	Implant neuroelectrodes	17.06	090
61880	A	Revise/remove neuroelectrode	11.12	090

61885	A	Implant neuroreceiver	4 58	090
61888	A	Revise/remove neuroreceiver	5 74	010
62000	A	Repair of skull fracture	17 95	090
62005	A	Repair of skull fracture	27 72	090
62010	A	Treatment of head injury	40 56	090
62100	A	Repair brain fluid leakage	45 63	090
62121	A	Incise skull repair	40 76	090
62140	A	Repair of skull defect	28 12	090
62141	A	Repair of skull defect	34 38	090
62142	A	Remove skull plate/flap	26 15	090
62143	A	Replace skull plate/flap	22 77	090
62145	A	Repair of skull and brain	32 96	090
62146	A	Repair of skull with graft	28 04	090
62147	A	Repair of skull with graft	33 64	090
62180	A	Establish brain cavity shunt	29 23	090
62190	A	Establish brain cavity shunt	29 12	090
62192	A	Establish brain cavity shunt	28 34	090
62194	A	Replace/irrigate catheter	4 96	010
62200	A	Establish brain cavity shunt	33 34	090
62201	A	Establish brain cavity shunt	22 43	090
62220	A	Establish brain cavity shunt	31 76	090
62223	A	Establish brain cavity shunt	31 93	090
62225	A	Replace/irrigate catheter	10 03	090
62230	A	Replace/revise brain shunt	21 11	090
62256	A	Remove brain cavity shunt	13 29	090
62258	A	Replace brain cavity shunt	30 57	090
62268	A	Drain spinal cord cyst	7 19	000
62269	A	Needle biopsy spinal cord	6 11	000
62270	A	Spinal fluid tap, diagnostic	1 90	000
62272	A	Drain spinal fluid	2 48	000
62273	A	Treat lumbar spine lesion	3 50	000
62274	A	Inject spinal anesthetic	2 68	000
62275	A	Inject spinal anesthetic	2 56	000
62276	A	Inject spinal anesthetic	3 48	000
62277	A	Inject spinal anesthetic	3 20	000
62278	A	Inject spinal anesthetic	2 71	000
62279	A	Inject spinal anesthetic	2 61	000
62280	A	Treat spinal cord lesion	3 45	010
62281	A	Treat spinal cord lesion	3.74	010
62282	A	Treat spinal canal lesion	4.33	010
62284	A	Injection for myelogram	4.06	000
62287	A	Percutaneous diskectomy	21.64	090
62288	A	Injection into spinal canal	3 06	000
62289	A	Injection into spinal canal	2 95	000
62290	A	Inject for spine disk X–ray	5 69	000
62291	A	Inject for spine disk X–ray	5 04	000
62292	A	Injection into disk lesion	21 53	090
62294	A	Injection into spinal artery	14 57	090
62298	A	Injection into spinal canal	3.37	000
63001	A	Removal of spinal lamina	36 52	090
63003	A	Removal of spinal lamina	35 28	090
63005	A	Removal of spinal lamina	34 01	090
63011	A	Removal of spinal lamina	22 73	090
63012	A	Removal of spinal lamina	34 93	090
63015	A	Removal of spinal lamina	43 24	090
63016	A	Removal of spinal lamina	43 22	090
63017	A	Removal of spinal lamina	42 02	090
63020	A	Neck spine disk surgery	33 83	090
63030	A	Low back disk surgery	30 35	090
63035	A	Added spinal disk surgery	8 04	ZZZ

63040	A	Neck spine disk surgery	44 87	090
63042	A	Low back disk surgery	45.43	090
63045	A	Removal of spinal lamina	43 07	090
63046	A	Removal of spinal lamina	43 23	090
63047	A	Removal of spinal lamina	42 21	090
63048	A	Removal of spinal lamina	9.90	ZZZ
63055	A	Decompress spinal cord	47 97	090
63056	A	Decompress spinal cord	44 15	090
63057	A	Decompress spinal cord	8 92	ZZZ
63064	A	Decompress spinal cord	50 62	090
63066	A	Decompress spinal cord	6.15	ZZZ
63075	A	Neck spine disk surgery	40 17	090
63076	A	Neck spine disk surgery	10.33	ZZZ
63077	A	Spine disk surgery, thorax	41 48	090
63078	A	Spine disk surgery, thorax	6 30	ZZZ
63081	A	Removal of vertebral body	52 17	090
63082	A	Removal of vertebral body	12 59	ZZZ
63085	A	Removal of vertebral body	56 48	090
63086	A	Removal of vertebral body	10 04	ZZZ
63087	A	Removal of vertebral body	60 02	090
63088	A	Removal of vertebral body	12.29	ZZZ
63090	A	Removal of vertebral body	59 65	090
63091	A	Removal of vertebral body	6.17	ZZZ
63170	A	Incise spinal cord tract(s)	39 89	090
63172	A	Drainage of spinal cyst	44 44	090
63173	A	Drainage of spinal cyst	37 65	090
63180	A	Revise spinal cord ligaments	30 26	090
63182	A	Revise spinal cord ligaments	37.39	090
63185	A	Incise spinal column/nerves	31.88	090
63190	A	Incise spinal column/nerves	40 68	090
63191	A	Incise spinal column/nerves	31 47	090
63194	A	Incise spinal column and cord	32 66	090
63195	A	Incise spinal column and cord	32 96	090
63196	A	Incise spinal column and cord	37.95	090
63197	A	Incise spinal column and cord	36.13	090
63198	A	Incise spinal column and cord	41.66	090
63199	A	Incise spinal column and cord	47 74	090
63200	A	Release of spinal cord	31 91	090
63250	A	Revise spinal cord vessels	71 41	090
63251	A	Revise spinal cord vessels	65 70	090
63252	A	Revise spinal cord vessels	72 09	090
63265	A	Excise intraspinal lesion	45 38	090
63266	A	Excise intraspinal lesion	49 16	090
63267	A	Excise intraspinal lesion	43 64	090
63268	A	Excise intraspinal lesion	32 05	090
63270	A	Excise intraspinal lesion	46.09	090
63271	A	Excise intraspinal lesion	55 67	090
63272	A	Excise intraspinal lesion	50 55	090
63273	A	Excise intraspinal lesion	43 04	090
63275	A	Biopsy/excise spinal tumor	54 15	090
63276	A	Biopsy/excise spinal tumor	50 98	090
63277	A	Biopsy/excise spinal tumor	46 86	090
63278	A	Biopsy/excise spinal tumor	46 22	090
63280	A	Biopsy/excise spinal tumor	59.11	090
63281	A	Biopsy/excise spinal tumor	58 37	090
63282	A	Biopsy/excise spinal tumor	52 93	090
63283	A	Biopsy/excise spinal tumor	45.43	090
63285	A	Biopsy/excise spinal tumor	62 85	090
62386	A	Biopsy/excise spinal tumor	67 11	090
63287	A	Biopsy/excise spinal tumor	64 29	090

63290	A	Biopsy/excise spinal tumor	66.44	090
63300	A	Removal of vertebral body	42.03	090
63301	A	Removal of vertebral body	46.77	090
63302	A	Removal of vertebral body	49.75	090
63303	A	Removal of vertebral body	50 15	090
63304	A	Removal of vertebral body	51.86	090
63305	A	Removal of vertebral body	55.35	090
63306	A	Removal of vertebral body	55.38	090
63307	A	Removal of vertebral body	56.69	090
63308	A	Removal of vertebral body	9.97	ZZZ
63600	A	Remove spinal cord lesion	26 05	090
63610	A	Stimulation of spinal cord	17 21	000
63615	A	Remove lesion of spinal cord	28 81	090
63650	A	Implant neuroelectrodes	17 83	090
63655	A	Implant neuroelectrodes	32 70	090
63657	A	Implant neuroelectrodes	16.37	090
63658	A	Implant neuroelectrodes	28.73	090
63660	A	Revise/remove neuroelectrode	14.70	090
63685	A	Implant neuroreceiver	14 92	090
63688	A	Revise/remove neuroreceiver	12 58	090
63690	A	Analysis of neuroreceiver	1 42	XXX
63691	A	Analysis of neuroreceiver	1 16	XXX
63707	A	Repair spinal fluid leakage	27 11	090
63709	A	Repair spinal fluid leakage	34.23	090
63710	A	Graft repair of spine defect	24.22	090
63740	A	Install spinal shunt	29.08	090
63741	A	Install spinal shunt	21 77	090
63744	A	Revision of spinal shunt	16 39	090
63746	A	Removal of spinal shunt	12.03	090
63750	A	Insert spinal canal catheter	24 89	090
63780	A	Insert spinal canal catheter	8 71	090
64400	A	Injection for nerve block	1 88	010
64402	A	Injection for nerve block	2 16	010
64405	A	Injection for nerve block	2.17	010
64408	A	Injection for nerve block	2.90	010
64410	A	Injection for nerve block	2 63	010
64412	A	Injection for nerve block	2 07	010
64413	A	Injection for nerve block	2.48	010
64415	A	Injection for nerve block	2.03	010
64417	A	Injection for nerve block	2.45	010
64418	A	Injection for nerve block	2 47	010
64420	A	Injection for nerve block	2 19	010
64421	A	Injection for nerve block	3 07	010
64425	A	Injection for nerve block	2.44	010
64430	A	Injection for nerve block	2.63	010
64435	A	Injection for nerve block	2 38	010
64440	A	Injection for nerve block	2 57	010
64441	A	Injection for nerve block	3.28	010
64442	A	Injection for nerve block	3.13	010
64443	A	Injection for nerve block	2.39	ZZZ
64445	A	Injection for nerve block	2.41	010
64450	A	Injection for nerve block	2.21	010
64505	A	Injection for nerve block	2 36	010
64508	A	Injection for nerve block	2 54	010
64510	A	Injection for nerve block	2 50	010
64520	A	Injection for nerve block	2.53	010
64530	A	Injection for nerve block	3.39	010
64550	A	Apply neurostimulator	.65	000
64553	A	Implant neuroelectrodes	3 40	010
64555	A	Implant neuroelectrodes	2 76	010

64560	A	Implant neuroelectrodes	3 99	010
64565	A	Implant neuroelectrodes	2 57	010
64573	A	Implant neuroelectrodes	8 07	090
64575	A	Implant neuroelectrodes	7 73	090
64577	A	Implant neuroelectrodes	7 74	090
64580	A	Implant neuroelectrodes	7 17	090
64585	A	Revise/remove neuroelectrode	3 09	010
64590	A	Implant neuroreceiver	4 49	010
64595	A	Revise/remove neuroreceiver	2 98	010
64600	A	Injection treatment of nerve	5 29	010
64605	A	Injection treatment of nerve	7 48	010
64610	A	Injection treatment of nerve	15 54	010
64612	A	Destroy nerve, face muscle	3 53	010
64613	A	Destroy nerve, spine muscle	3 53	010
64620	A	Injection treatment of nerve	4 37	090
64622	A	Injection treatment of nerve	5 60	090
64623	A	Injection treatment of nerve	1 98	ZZZ
64630	A	Injection treatment of nerve	5 36	090
64640	A	Injection treatment of nerve	4 32	090
64680	A	Injection treatment of nerve	4.94	090
64702	A	Revise finger/toe nerve	8.85	090
64704	A	Revise hand/foot nerve	10 46	090
64708	A	Revise arm/leg nerve	14 20	090
64712	A	Revision of sciatic nerve	17 94	090
64713	A	Revision of arm nerve(s)	21 25	090
64714	A	Revise low back nerve(s)	17 28	090
64716	A	Revision of cranial nerve	11 25	090
64718	A	Revise ulnar nerve at elbow	13 15	090
64719	A	Revise ulnar nerve at wrist	10 40	090
64721	A	Carpal tunnel surgery	9 59	090
64722	A	Relieve pressure on nerve(s)	12 07	090
64726	A	Release foot/toe nerve	4.83	090
64727	A	Internal nerve revision	6.82	ZZZ
64732	A	Incision of brow nerve	9.10	090
64734	A	Incision of cheek nerve	9 82	090
64736	A	Incision of chin nerve	9 26	090
64738	A	Incision of jaw nerve	11 06	090
64740	A	Incision of tongue nerve	11 04	090
64742	A	Incision of facial nerve	11 37	090
64744	A	Incise nerve, back of head	11 88	090
64746	A	Incise diaphragm nerve	10 08	090
64752	A	Incision of vagus nerve	11 35	090
64755	A	Incision of stomach nerves	25 57	090
64760	A	Incision of vagus nerve	14.46	090
64761	A	Incision of pelvis nerve	11 26	090
64763	A	Incise hip/thigh nerve	12 34	090
64766	A	Incise hip/thigh nerve	16 05	090
64771	A	Sever cranial nerve	14 10	090
64772	A	Incision of spinal nerve	14 69	090
64774	A	Remove skin nerve lesion	8 05	090
64776	A	Remove digit nerve lesion	8 05	090
64778	A	Added digit nerve surgery	6.22	ZZZ
64782	A	Remove limb nerve lesion	10 97	090
64783	A	Added limb nerve surgery	7 42	ZZZ
64784	A	Remove nerve lesion	16 04	090
64786	A	Remove sciatic nerve lesion	29 69	090
64787	A	Implant nerve end	8 33	ZZZ
64788	A	Remove skin nerve lesion	8 41	090
64790	A	Removal of nerve lesion	19 21	090
64792	A	Removal of nerve lesion	24 95	090

64795	A	Biopsy of nerve	5 75	000
64802	A	Remove sympathetic nerves	14 62	090
64804	A	Remove sympathetic nerves	28 54	090
64809	A	Remove sympathetic nerves	25 15	090
64818	A	Remove sympathetic nerves	19 48	090
64830	A	Microrepair of nerve	5 45	ZZZ
64831	A	Repair of digit nerve	12 84	090
64832	A	Repair additional nerve	7 37	ZZZ
64834	A	Repair of hand or foot nerve	13 92	090
64835	A	Repair of hand or foot nerve	17 44	090
64836	A	Repair of hand or foot nerve	18 32	090
64837	A	Repair additional nerve	11 48	ZZZ
64840	A	Repair of leg nerve	23 44	090
64856	A	Repair/transpose nerve	22 39	090
64857	A	Repair arm/leg nerve	24 41	090
64858	A	Repair sciatic nerve	28 33	090
64859	A	Additional nerve surgery	8 30	ZZZ
64861	A	Repair of arm nerves	32 78	090
64862	A	Repair of low back nerves	41 25	090
64864	A	Repair of facial nerve	20 85	090
64865	A	Repair of facial nerve	28.47	090
64866	A	Fusion of facial/other nerve	27 83	090
64868	A	Fusion of facial/other nerve	25 93	090
64870	A	Fusion of facial/other nerve	30 68	090
64885	A	Nerve graft, head or neck	30 88	090
64886	A	Nerve graft, head or neck	36 82	090
64890	A	Nerve graft, hand or foot	28 50	090
64891	A	Nerve graft, hand or foot	27 26	090
64892	A	Nerve graft, arm or leg	26 44	090
64893	A	Nerve graft, arm or leg	30 54	090
64895	A	Nerve graft, hand or foot	33 86	090
64896	A	Nerve graft, hand or foot	38 74	090
64897	A	Nerve graft, arm or leg	32 24	090
64898	A	Nerve graft, arm or leg	34 94	090
64901	A	Additional nerve graft	21 23	ZZZ
64902	A	Additional nerve graft	24 72	ZZZ
64905	A	Nerve pedicle transfer	23 43	090
64907	A	Nerve pedicle transfer	33 22	090
65091	A	Revise eye	15 18	090
65093	A	Revise eye with implant	16 98	090
65101	A	Removal of eye	15 70	090
65103	A	Remove eye/insert implant	17 27	090
65105	A	Remove eye/attach implant	18 77	090
65110	A	Removal of eye	30 28	090
65112	A	Remove eye, revise socket	28 73	090
65114	A	Remove eye, revise socket	31 24	090
65130	A	Insert ocular implant	16 04	090
65135	A	Insert ocular implant	12 74	090
65140	A	Attach ocular implant	14 06	090
65150	A	Revise ocular implant	17 37	090
65155	A	Reinsert ocular implant	23 03	090
65175	A	Removal of ocular implant	13 83	090
65205	A	Remove foreign body from eye	1 17	000
65210	A	Remove foreign body from eye	1 35	000
65220	A	Remove foreign body from eye	1.28	000
65222	A	Remove foreign body from eye	1 54	000
65235	A	Remove foreign body from eye	13 08	090
65260	A	Remove foreign body from eye	19 53	090
65265	A	Remove foreign body from eye	22 70	090
65270	A	Repair of eye wound	3 11	010

65272	A	Repair of eye wound	5.36	090
65273	A	Repair of eye wound	7 34	090
65275	A	Repair of eye wound	5 86	090
65280	A	Repair of eye wound	16 81	090
65285	A	Repair of eye wound	25 03	090
65286	A	Repair of eye wound	10 23	090
65290	A	Repair of eye socket wound	11 63	090
65400	A	Removal of eye lesion	12.42	090
65410	A	Biopsy of cornea	3 17	000
65420	A	Removal of eye lesion	8.49	090
65426	A	Removal of eye lesion	12 60	090
65430	A	Corneal smear	1 46	000
65435	A	Curette/treat cornea	1 74	000
65436	A	Curette/treat cornea	5 66	090
65450	A	Treatment of corneal lesion	6 53	090
65600	A	Revision of cornea	5.92	090
65710	A	Corneal transplant	31 75	090
65730	A	Corneal transplant	37.68	090
65750	A	Corneal transplant	39 19	090
65755	A	Corneal transplant	40 29	090
65770	A	Revise cornea with implant	31 22	090
65772	A	Correction of astigmatism	10.19	090
65775	A	Correction of astigmatism	15 69	090
65800	A	Drainage of eye	3 74	000
65805	A	Drainage of eye	3 83	000
65810	A	Drainage of eye	10.32	090
65815	A	Drainage of eye	9 50	090
65820	A	Relieve inner eye pressure	17 67	090
65850	A	Incision of eye	24 15	090
65855	A	Laser surgery of eye	15 21	090
65860	A	Incise inner eye adhesions	10 55	090
65865	A	Incise inner eye adhesions	13 33	090
65870	A	Incise inner eye adhesions	12.13	090
65875	A	Incise inner eye adhesions	12 78	090
65880	A	Incise inner eye adhesions	13 94	090
65900	A	Remove eye lesion	19 26	090
65920	A	Remove implant from eye	16 74	090
65930	A	Remove blood clot from eye	15 15	090
66020	A	Injection treatment of eye	4 18	010
66030	A	Injection treatment of eye	1.79	010
66130	A	Remove eye lesion	13 17	090
66150	A	Incision of eye	19 22	090
66155	A	Incision of eye	17 76	090
66160	A	Incision of eye	20 84	090
66165	A	Incision of eye	18 79	090
66170	A	Incision of eye	24 15	090
66180	A	Implant eye shunt	31 99	090
66185	A	Revise eye shunt	18 95	090
66220	A	Repair eye lesion	13 67	090
66225	A	Repair/graft eye lesion	28 11	090
66250	A	Follow–up surgery of eye	13.29	090
66500	A	Incision of iris	8 83	090
66505	A	Incision of iris	7 40	090
66600	A	Remove iris and lesion	18 12	090
66605	A	Removal of iris	24 95	090
66625	A	Removal of iris	14 66	090
66630	A	Removal of iris	14 92	090
66635	A	Removal of iris	15 92	090
66680	A	Repair iris and ciliary body	11 92	090
66682	A	Repair iris and ciliary body	13 59	090

66700	A	Destruction, ciliary body	11 36	090
66710	A	Destruction, ciliary body	12.53	090
66720	A	Destruction, ciliary body	12.00	090
66740	A	Destruction, ciliary body	12 41	090
66761	A	Revision of iris	13.34	090
66762	A	Revision of iris	15 53	090
66770	A	Removal of inner eye lesion	14 01	090
66820	A	Incision, secondary cataract	9 48	090
66821	A	Lasering, secondary cataract	9 95	090
66825	A	Reposition intraocular lens	15 50	090
66830	A	Removal of lens lesion	15 92	090
66840	A	Removal of lens material	18 37	090
66850	A	Removal of lens material	22 23	090
66852	A	Removal of lens material	27 30	090
66920	A	Extraction of lens	20 19	090
66930	A	Extraction of lens	20 84	090
66940	A	Extraction of lens	20 89	090
66983	A	Remove cataract, insert lens	27 23	090
66984	A	Remove cataract, insert lens	28 70	090
66985	A	Insert lens prosthesis	20 71	090
66986	A	Exchange lens prosthesis	24 68	090
67005	A	Partial removal of eye fluid	28 75	090
67010	A	Partial removal of eye fluid	27.40	090
67015	A	Release of eye fluid	13.52	090
67025	A	Replace eye fluid	13.58	090
67028	A	Injection eye drug	6 14	000
67030	A	Incise inner eye strands	14 58	090
67031	A	Laser surgery, eye strands	18.35	090
67036	A	Removal of inner eye fluid	41 22	090
67038	A	Strip retinal membrane	56 18	090
67039	A	Laser treatment of retina	47 11	090
67040	A	Laser treatment of retina	51 28	090
67101	A	Repair, detached retina	20 29	090
67105	A	Repair, detached retina	23 12	090
67107	A	Repair detached retina	35 93	090
67108	A	Repair detached retina	55 08	090
67109	A	Repair detached retina	33 80	090
67110	A	Repair detached retina	26.97	090
67112	A	Rerepair detached retina	33.61	090
67115	A	Release, encircling material	13.12	090
67120	A	Remove eye implant material	13.16	090
67121	A	Remove eye implant material	20 16	090
67141	A	Treatment of retina	14 62	090
67145	A	Treatment of retina	14 94	090
67208	A	Treatment of retinal lesion	17 08	090
67210	A	Treatment of retinal lesion	19 05	090
67218	A	Treatment of retinal lesion	26.81	090
67227	A	Treatment of retinal lesion	16.71	090
67228	A	Treatment of retinal lesion	22 38	090
67250	A	Reinforce eye wall	15 81	090
67255	A	Reinforce/graft eye wall	25 99	090
67311	A	Revise eye muscle	15.78	090
67312	A	Revise two eye muscles	18 41	090
67314	A	Revise eye muscle	18 91	090
67316	A	Revise two eye muscles	21 32	090
67318	A	Revise eye muscle(s)	14 04	090
67320	A	Revise eye muscle(s)	21 42	090
67331	A	Eye surgery follow–up	18 42	090
67332	A	Rerevise eye muscles	20 34	090
67334	A	Revise eye muscle w/suture	14 24	090

67335	A	Eye suture during surgery	10.91	ZZZ
67340	A	Revise eye muscle	17.83	090
67343	A	Release eye tissue	13 19	090
67345	A	Destroy nerve of eye muscle	5.38	010
67350	A	Biopsy eye muscle	5 41	000
67400	A	Explore/biopsy eye socket	20 75	090
67405	A	Explore/drain eye socket	18 07	090
67412	A	Explore/treat eye socket	21 73	090
67413	A	Explore/treat eye socket	18 47	090
67414	A	Explore/decompress eye socket	18 98	090
67415	A	Biopsy of eye	3 90	000
67420	A	Explore/treat eye socket	31.21	090
67430	A	Explore/treat eye socket	24.10	090
67440	A	Explore/drain eye socket	29 52	090
67445	A	Explore/decompress eye socket	25 19	090
67450	A	Explore/biopsy eye socket	28 97	090
67500	A	Inject/treat eye socket	1 58	000
67505	A	Inject/treat eye socket	1 91	000
67515	A	Inject/treat eye socket	1 21	000
67550	A	Insert eye socket implant	20 03	090
67560	A	Revise eye socket implant	18.96	090
67570	A	Decompress optic nerve	20.63	090
67700	A	Drainage of eyelid abscess	1 85	010
67710	A	Incision of eyelid	2 03	010
67715	A	Incision of eyelid fold	2 77	010
67800	A	Remove eyelid lesion	2 36	010
67801	A	Remove eyelid lesions	3 34	010
67805	A	Remove eyelid lesions	3 66	010
67808	A	Remove eyelid lesion(s)	5.85	090
67810	A	Biopsy of eyelid	2.36	000
67820	A	Revise eyelashes	1 29	000
67825	A	Revise eyelashes	2 29	010
67830	A	Revise eyelashes	4 89	010
67835	A	Revise eyelashes	14 33	090
67840	A	Remove eyelid lesion	3 30	010
67850	A	Treat eyelid lesion	2.53	010
67875	A	Closure of eyelid by suture	3 48	000
67880	A	Revision of eyelid	7 72	090
67882	A	Revision of eyelid	11.43	090
67900	A	Repair brow defect	8 55	090
67901	A	Repair eyelid defect	17 37	090
67902	A	Repair eyelid defect	18 24	090
67903	A	Repair eyelid defect	19 13	090
67904	A	Repair eyelid defect	18.57	090
67906	A	Repair eyelid defect	12.49	090
67908	A	Repair eyelid defect	15 52	090
67909	A	Revise eyelid defect	13 33	090
67911	A	Revise eyelid defect	16.79	090
67914	A	Repair eyelid defect	10 69	090
67915	A	Repair eyelid defect	4.46	090
67916	A	Repair eyelid defect	12.01	090
67917	A	Repair eyelid defect	14 31	090
67921	A	Repair eyelid defect	7.34	090
67922	A	Repair eyelid defect	4.28	090
67923	A	Repair eyelid defect	12 96	090
67924	A	Repair eyelid defect	14.01	090
67930	A	Repair eyelid wound	4 97	010
67935	A	Repair eyelid wound	10 16	090
67938	A	Remove eyelid foreign body	1 86	010
67950	A	Revision of eyelid	13.85	090

67961	A	Revision of eyelid	13 78	090
67966	A	Revision of eyelid	17 34	090
67971	A	Reconstruction of eyelid	20 91	090
67973	A	Reconstruction of eyelid	27 05	090
67974	A	Reconstruction of eyelid	27 52	090
67975	A	Reconstruction of eyelid	13.43	090
68020	A	Incise/dram eyelid lining	1 89	010
68040	A	Treatment of eyelid lesions	1 33	000
68100	A	Biopsy of eyelid lining	2 41	000
68110	A	Remove eyelid lining lesion	3 04	010
68115	A	Remove eyelid lining lesion	4 37	010
68130	A	Remove eyelid lining lesion	9 09	090
68135	A	Remove eyelid lining lesion	2 60	010
68200	A	Treat eyelid by injection	1 06	000
68320	A	Revise/graft eyelid lining	13 15	090
68325	A	Revise/graft eyelid lining	17 67	090
68326	A	Revise/graft eyelid lining	15 87	090
68328	A	Revise/graft eyelid lining	20 39	090
68330	A	Revise eyelid lining	11 30	090
68335	A	Revise/graft eyelid lining	18 89	090
68340	A	Separate eyelid adhesions	7 25	090
68360	A	Revise eyelid lining	10 35	090
68362	A	Revise eyelid lining	15 40	090
68400	A	Incise/drain tear gland	2 71	010
68420	A	Incise/dram tear sac	3.35	010
68440	A	Incise tear duct opening	1 70	010
68500	A	Removal of tear gland	18.86	090
68505	A	Partial removal tear gland	19 67	090
68510	A	Biopsy of tear gland	8 60	000
68520	A	Removal of tear sac	16.85	090
68525	A	Biopsy of tear sac	8 37	000
68530	A	Clearance of tear duct	6 66	010
68540	A	Remove tear gland lesion	18 98	090
68550	A	Remove tear gland lesion	24 81	090
68700	A	Repair tear ducts	9 14	090
68705	A	Revise tear duct opening	3 11	010
68720	A	Create tear sac drain	21 07	090
68745	A	Create tear duct dram	15 30	090
68750	A	Create tear duct drain	23 74	090
68760	A	Close tear duct opening	2 66	010
68761	A	Closure of the lacrimal punctum	2 28	010
68770	A	Close tear system fistula	11 17	090
68800	A	Dilate tear duct openmg(s)	1 56	010
68820	A	Explore tear duct system	2 08	010
68825	A	Explore tear duct system	3 12	010
68830	A	Reopen tear duct channel	4 17	010
68840	A	Explore/irrigate tear ducts	1.77	010
68850	A	Injection for tear sac X–ray	1 36	000
69000	A	Dram external ear lesion	1 80	010
69005	A	Dram external ear lesion	3 36	010
69020	A	Dram outer ear canal lesion	1 95	010
69100	A	Biopsy of external ear	1 49	000
69105	A	Biopsy of external ear canal	1 73	000
69110	A	Partial removal external ear	6 31	090
69120	A	Removal of external ear	4 87	090
69140	A	Remove ear canal lesion(s)	16.50	090
69145	A	Remove ear canal lesion(s)	5.30	090
69150	A	Extensive ear canal surgery	24 67	090
69155	A	Extensive ear/neck surgery	34 50	090

69200	A	Clear outer ear canal	1 24	000
69205	A	Clear outer ear canal	2 32	010
69210	A	Remove impacted ear wax	87	000
69220	A	Clean out mastoid cavity	1 39	000
69222	A	Clean out mastoid cavity	2 19	010
69310	A	Rebuild outer ear canal	21 45	090
69320	A	Rebuild outer ear canal	32.82	090
69400	A	Inflate middle ear canal	1 33	000
69401	A	Inflate middle ear canal	91	000
69405	A	Catheterize middle ear canal	3 15	010
69410	A	Inset middle ear baffle	.98	000
69420	A	Incision of eardrum	2.06	010
69421	A	Incision of eardrum	2.95	010
69424	A	Remove ventilating tube	1 52	000
69433	A	Create eardrum opening	2.94	010
69436	A	Create eardrum opening	4.25	010
69440	A	Exploration of middle ear	16.84	090
69450	A	Eardrum revision	17 12	090
69501	A	Mastoidectomy	20 76	090
69502	A	Mastoidectomy	26 65	090
69505	A	Remove mastoid structures	30.47	090
69511	A	Extensive mastoid surgery	31 76	090
69530	A	Extensive mastoid surgery	36.40	090
69535	A	Remove part of temporal bone	62.63	090
69540	A	Remove ear lesion	2 55	010
69550	A	Remove ear lesion	30.69	090
69552	A	Remove ear lesion	37.34	090
69554	A	Remove ear lesion	51.14	090
69601	A	Mastoid surgery revision	28 23	090
69602	A	Mastoid surgery revision	31.00	090
69603	A	Mastoid surgery revision	32 60	090
69604	A	Mastoid surgery revision	41 66	090
69605	A	Mastoid surgery revision	34.76	090
69610	A	Repair of eardrum	5.48	010
69620	A	Repair of eardrum	17.65	090
69631	A	Repair eardrum structures	26.03	090
69632	A	Rebuild eardrum structures	30.02	090
69633	A	Rebuild eardrum structures	30 06	090
69635	A	Repair eardrum structures	32.59	090
69636	A	Rebuild eardrum structures	36.20	090
69637	A	Rebuild eardrum structures	37.46	090
69641	A	Revise middle ear and mastoid	31 55	090
69642	A	Revise middle ear and mastoid	38.95	090
69643	A	Revise middle ear and mastoid	39 27	090
69644	A	Revise middle ear and mastoid	43.67	090
69645	A	Revise middle ear and mastoid	41 51	090
69646	A	Revise middle ear and mastoid	41.44	090
69650	A	Release middle ear bone	23 32	090
69660	A	Revise middle ear bone	30 09	090
69661	A	Revise middle ear bone	35 51	090
69662	A	Revise middle ear bone	34 81	090
69666	A	Repair middle ear structures	26 91	090
69667	A	Repair middle ear structures	26.52	090
69670	A	Remove mastoid air cells	22 26	090
69676	A	Remove middle ear nerve	18 58	090
69700	A	Close mastoid fistula	16.62	090
69711	A	Remove/repair hearing aid	19 09	090
69720	A	Release facial nerve	35 86	090
69725	A	Release facial nerve	35 14	090
69740	A	Repair facial nerve	28 82	090

69745		A	Repair facial nerve	33 51	090
69801		A	Incise inner ear	26 29	090
69802		A	Incise inner ear	24 86	090
69805		A	Explore inner ear	30 72	090
69806		A	Explore inner ear	36 99	090
69820		A	Establish inner ear window	19 95	090
69840		A	Revise inner ear window	19 12	090
69905		A	Remove inner ear	30 82	090
69910		A	Remove inner ear and mastoid	37 96	090
69915		A	Incise inner ear nerve	39 52	090
69930		A	Implant cochlear device	48 97	090
69950		A	Incise inner ear nerve	41 32	090
69955		A	Release facial nerve	44 54	090
69960		A	Release inner ear canal	39 45	090
69970		A	Remove inner ear lesion	44.15	090

F Procedure code numbers 70010 to 79440 relate to radiology procedures

CPT HCPCS Procedure Code	Tech/ Prof MOD	Status	CPT/HCPCS Description	Total RVU	Global Period
70010	26	A	Contrast X–ray of brain	1.80	XXX
70010		A	Contrast X–ray of brain	6 10	XXX
70010	TC	A	Contrast X–ray of brain	4 30	XXX
70015	26	A	Contrast X–ray of brain	1 80	XXX
70015		A	Contrast X–ray of brain	3 15	XXX
70015	TC	A	Contrast X–ray of brain	1 35	XXX
70030	26	A	X–ray eye for foreign body	25	XXX
70030		A	X–ray eye for foreign body	68	XXX
70030	TC	A	X–ray eye for foreign body	42	XXX
70100	26	A	X–ray exam of jaw	27	XXX
70100		A	X–ray exam of jaw	80	XXX
70100	TC	A	X–ray exam of jaw	53	XXX
70110	26	A	X–ray exam of jaw	38	XXX
70110		A	X–ray exam of jaw	1.00	XXX
70110	TC	A	X–ray exam of jaw	.62	XXX
70120	26	A	X–ray exam of mastoids	.27	XXX
70120		A	X–ray exam of mastoids	90	XXX
70120	TC	A	X–ray exam of mastoids	62	XXX
70130	26	A	X–ray exam of mastoids	51	XXX
70130		A	X–ray exam of mastoids	1 30	XXX
70130	TC	A	X–ray exam of mastoids	79	XXX
70134	26	A	X–ray exam of middle ear	51	XXX
70134		A	X–ray exam of middle ear	1 25	XXX
70134	TC	A	X–ray exam of middle ear	74	XXX
70140	26	A	X–ray exam of facial bones	28	XXX
70140		A	X–ray exam of facial bones	91	XXX
70140	TC	A	X–ray exam of facial bones	62	XXX
70150	26	A	X–ray exam of facial bones	39	XXX
70150		A	X–ray exam of facial bones	1 18	XXX
70150	TC	A	X–ray exam of facial bones	79	XXX
70160	26	A	X–ray exam of nasal bones	25	XXX
70160		A	X–ray exam of nasal bones	78	XXX
70160	TC	A	X–ray exam of nasal bones	53	XXX
70170	26	A	X–ray exam of tear duct	45	XXX
70170		A	X–ray exam of tear duct	1 39	XXX
70170	TC	A	X–ray exam of tear duct	94	XXX
70190	26	A	X–ray exam of eye sockets	31	XXX

70190		A	X–ray exam of eye sockets	94	XXX
70190	TC	A	X–ray exam of eye sockets	62	XXX
70200	26	A	X–ray exam of eye sockets	42	XXX
70200		A	X–ray exam of eye sockets	1 21	XXX
70200	TC	A	X–ray exam of eye sockets	79	XXX
70210	26	A	X–ray exam of sinuses	25	XXX
70210		A	X–ray exam of sinuses	88	XXX
70210	TC	A	X–ray exam of sinuses	62	XXX
70220	26	A	X–ray exam of sinuses	38	XXX
70220		A	X–ray exam of sinuses	1 17	XXX
70220	TC	A	X–ray exam of sinuses	79	XXX
70240	26	A	X–ray exam pituitary saddle	28	XXX
70240		A	X–ray exam pituitary saddle	.71	XXX
70240	TC	A	X–ray exam pituitary saddle	42	XXX
70250	26	A	X–ray exam of skull	36	XXX
70250		A	X–ray exam of skull	98	XXX
70250	TC	A	X–ray exam of skull	62	XXX
70260	26	A	X–ray exam of skull	51	XXX
70260		A	X–ray exam of skull	1 40	XXX
70260	TC	A	X–ray exam of skull	89	XXX
70300	26	A	X–ray exam of teeth	16	XXX
70300		A	X–ray exam of teeth	41	XXX
70300	TC	A	X–ray exam of teeth	.26	XXX
70310	26	A	X–ray exam of teeth	24	XXX
70310		A	X–ray exam of teeth	66	XXX
70310	TC	A	X–ray exam of teeth	42	XXX
70320	26	A	Full mouth X–ray of teeth	33	XXX
70320		A	Full mouth X–ray of teeth	1 12	XXX
70320	TC	A	Full mouth X–ray of teeth	.79	XXX
70328	26	A	X–ray exam of jaw joint	27	XXX
70328		A	X–ray exam of jaw joint	77	XXX
70328	TC	A	X–ray exam of jaw joint	50	XXX
70330	26	A	X–ray exam of jaw joints	36	XXX
70330		A	X–ray exam of jaw joints	1 20	XXX
70330	TC	A	X–ray exam of jaw joints	83	XXX
70332	26	A	X–ray exam of jaw joint	83	XXX
70332		A	X–ray exam of jaw joint	2 92	XXX
70332	TC	A	X–ray exam of jaw joint	2 09	XXX
70336	26	A	Magnetic image jaw joint	1 44	XXX
70336		A	Magnetic image jaw joint	12 58	XXX
70336	TC	A	Magnetic image jaw joint	11 14	XXX
70350	26	A	X–ray head for orthodontia	25	XXX
70350		A	X–ray head for orthodontia	62	XXX
70350	TC	A	X–ray head for orthodontia	36	XXX
70355	26	A	Panoramic X–ray of jaws	29	XXX
70355		A	Panoramic X–ray of jaws	87	XXX
70355	TC	A	Panoramic X–ray of jaws	57	XXX
70360	26	A	X–ray exam of neck	25	XXX
70360		A	X–ray exam of neck	.68	XXX
70360	TC	A	X–ray exam of neck	42	XXX
70370	26	A	Throat X–ray and fluoroscopy	48	XXX
70370		A	Throat X–ray and fluoroscopy	1 77	XXX
70370	TC	A	Throat X–ray and fluoroscopy	1 29	XXX
70371	26	A	Speech evaluation, complex	1 28	XXX
70371		A	Speech evaluation, complex	3 37	XXX
70371	TC	A	Speech evaluation, complex	2 09	XXX
70373	26	A	Contrast X–ray of larynx	67	XXX
70373		A	Contrast X–ray of larynx	2 44	XXX
70373	TC	A	Contrast X–ray of larynx	1 77	XXX
70380	26	A	X–ray exam of salivary gland	25	XXX

70380		A	X–ray exam of salivary gland	93	XXX
70380	TC	A	X–ray exam of salivary gland	67	XXX
70390	26	A	X–ray exam of salivary duct	57	XXX
70390		A	X–ray exam of salivary duct	2 34	XXX
70390	TC	A	X–ray exam of salivary duct	1 77	XXX
70450	26	A	CAT scan of head or brain	1 29	XXX
70450		A	CAT scan of head or brain	5 99	XXX
70450	TC	A	CAT scan of head or brain	4 69	XXX
70460	26	A	Contrast CAT scan of head	1 72	XXX
70460		A	Contrast CAT scan of head	7.35	XXX
70460	TC	A	Contrast CAT scan of head	5 62	XXX
70470	26	A	Contrast CAT scans of head	1 93	XXX
70470		A	Contrast CAT scans of head	8 96	XXX
70470	TC	A	Contrast CAT scans of head	7 03	XXX
70480	26	A	CAT scan of skull	1 95	XXX
70480		A	CAT scan of skull	6 64	XXX
70480	TC	A	CAT scan of skull	4 69	XXX
70481	26	A	Contrast CAT scan of skull	2 10	XXX
70481		A	Contrast CAT scan of skull	7 72	XXX
70481	TC	A	Contrast CAT scan of skull	5 62	XXX
70482	26	A	Contrast CAT scans of skull	2 20	XXX
70482		A	Contrast CAT scans of skull	9 23	XXX
70482	TC	A	Contrast CAT scans of skull	7 03	XXX
70486	26	A	CAT scan of face, jaw	1 73	XXX
70486		A	CAT scan of face, jaw	6 43	XXX
70486	TC	A	CAT scan of face, jaw	4 69	XXX
70487	26	A	Contrast CAT scan, face/jaw	1 97	XXX
70487		A	Contrast CAT scan, face/jaw	7 59	XXX
70487	TC	A	Contrast CAT scan, face/jaw	5 62	XXX
70488	26	A	Contrast CAT scans face/jaw	2 16	XXX
70488		A	Contrast CAT scans face/jaw	9 19	XXX
70488	TC	A	Contrast CAT scans face/jaw	7 03	XXX
70490	26	A	CAT scan of neck tissue	1 95	XXX
70490		A	CAT scan of neck tissue	6 64	XXX
70490	TC	A	CAT scan of neck tissue	4 69	XXX
70491	26	A	Contrast CAT of neck tissue	2 10	XXX
70491		A	Contrast CAT of neck tissue	7 72	XXX
70491	TC	A	Contrast CAT of neck tissue	5 62	XXX
70492	26	A	Contrast CAT of neck tissue	2 20	XXX
70492		A	Contrast CAT of neck tissue	9 23	XXX
70492	TC	A	Contrast CAT of neck tissue	7.03	XXX
70540	26	A	Magnetic image, face, neck (MRI)	2 25	XXX
70540		A	Magnetic image, face, neck (MRI)	13 39	XXX
70540	TC	A	Magnetic image, face, neck (MRI)	11 14	XXX
70551	26	A	Magnetic image, brain (MRI)	2 25	XXX
70551		A	Magnetic image, brain (MRI)	13 39	XXX
70551	TC	A	Magnetic image, brain (MRI)	11 14	XXX
70552	26	A	Magnetic image, brain (MRI)	2 70	XXX
70552		A	Magnetic image, brain (MRI)	16.06	XXX
70552	TC	A	Magnetic image, brain (MRI)	13 36	XXX
70553	26	A	Magnetic image, brain (MRI)	3 60	XXX
70553		A	Magnetic image, brain (MRI)	28 34	XXX
70553	TC	A	Magnetic image, brain (MRI)	24 74	XXX
71010	26	A	Chest X–ray	.26	XXX
71010		A	Chest X–ray	74	XXX
71010	TC	A	Chest X–ray	48	XXX
71015	26	A	Chest X–ray	31	XXX

71015		A	Chest X–ray	84	XXX
71015	TC	A	Chest X–ray	53	XXX
71020	26	A	Chest X–ray	32	XXX
71020		A	Chest X–ray	.95	XXX
71020	TC	A	Chest X–ray	62	XXX
71021	26	A	Chest X–ray	40	XXX
71021		A	Chest X–ray	1.14	XXX
71021	TC	A	Chest X–ray	74	XXX
71022	26	A	Chest X–ray	.46	XXX
71022		A	Chest X–ray	1 20	XXX
71022	TC	A	Chest X–ray	74	XXX
71023	26	A	Chest X–ray and fluoroscopy	58	XXX
71023		A	Chest X–ray and fluoroscopy	1 36	XXX
71023	TC	A	Chest X–ray and fluoroscopy	79	XXX
71030	26	A	Chest X–ray	46	XXX
71030		A	Chest X–ray	1 25	XXX
71030	TC	A	Chest X–ray	.79	XXX
71034	26	A	Chest X–ray and fluoroscopy	71	XXX
71034		A	Chest X–ray and fluoroscopy	2 14	XXX
71034	TC	A	Chest X–ray and fluoroscopy	1 44	XXX
71035	26	A	Chest X–ray	26	XXX
71035		A	Chest X–ray	79	XXX
71035	TC	A	Chest X–ray	53	XXX
71036	26	A	X–ray guidance for biopsy	83	XXX
71036		A	X–ray guidance for biopsy	2 40	XXX
71036	TC	A	X–ray guidance for biopsy	1.57	XXX
71038	26	A	X–ray guidance for biopsy	83	XXX
71038		A	X–ray guidance for biopsy	2.51	XXX
71038	TC	A	X–ray guidance for biopsy	1.67	XXX
71040	26	A	Contrast X–ray of bronchi	.89	XXX
71040		A	Contrast X–ray of bronchi	2.35	XXX
71040	TC	A	Contrast X–ray of bronchi	1.46	XXX
71060	26	A	Contrast X–ray of bronchi	1 13	XXX
71060		A	Contrast X–ray of bronchi	3 32	XXX
71060	TC	A	Contrast X–ray of bronchi	2 19	XXX
71090	26	A	X–ray and pacemaker insertion	83	XXX
71090		A	X–ray and pacemaker insertion	2 51	XXX
71090	TC	A	X–ray and pacemaker insertion	1 67	XXX
71100	26	A	X–ray exam of ribs	33	XXX
71100		A	X–ray exam of ribs	91	XXX
71100	TC	A	X–ray exam of ribs	.57	XXX
71101	26	A	X–ray exam of ribs, chest	.41	XXX
71101		A	X–ray exam of ribs, chest	1 08	XXX
71101	TC	A	X–ray exam of ribs, chest	67	XXX
71110	26	A	X–ray exam of ribs	.41	XXX
71110		A	X–ray exam of ribs	1.20	XXX
71110	TC	A	X–ray exam of ribs	79	XXX
71111	26	A	X–ray exam of ribs, chest	.48	XXX
71111		A	X–ray exam of ribs, chest	1.37	XXX
71111	TC	A	X–ray exam of ribs, chest	89	XXX
71120	26	A	X–ray exam of breastbone	29	XXX
71120		A	X–ray exam of breastbone	95	XXX
71120	TC	A	X–ray exam of breastbone	65	XXX
71130	26	A	X–ray exam of breastbone	32	XXX
71130		A	X–ray exam of breastbone	1.02	XXX
71130	TC	A	X–ray exam of breastbone	.70	XXX
71250	26	A	CAT scan of chest	1 76	XXX
71250		A	CAT scan of chest	7 63	XXX
71250	TC	A	CAT scan of chest	5 86	XXX
71260	26	A	Contrast CAT scan of chest	1 88	XXX

71260		A	Contrast CAT scan of chest	8.91	XXX
71260	TC	A	Contrast CAT scan of chest	7 03	XXX
71270	26	A	Contrast CAT scans of chest	2 10	XXX
71270		A	Contrast CAT scans of chest	10 88	XXX
71270	TC	A	Contrast CAT scans of chest	8 78	XXX
71550	26	A	Magnetic image, chest	2.44	XXX
71550		A	Magnetic image, chest	13.58	XXX
71550	TC	A	Magnetic image, chest	11.14	XXX
72010	26	A	X-ray exam of spine	68	XXX
72010		A	X-ray exam of spine	1.69	XXX
72010	TC	A	X-ray exam of spine	1.02	XXX
72020	26	A	X-ray exam of spine	23	XXX
72020		A	X-ray exam of spine	65	XXX
72020	TC	A	X-ray exam of spine	.42	XXX
72040	26	A	X-ray exam of neck spine	32	XXX
72040		A	X-ray exam of neck spine	93	XXX
72040	TC	A	X-ray exam of neck spine	.60	XXX
72050	26	A	X-ray exam of neck spine	46	XXX
72050		A	X-ray exam of neck spine	1 35	XXX
72050	TC	A	X-ray exam of neck spine	.89	XXX
72052	26	A	X-ray exam of neck spine	.54	XXX
72052		A	X-ray exam of neck spine	1 66	XXX
72052	TC	A	X-ray exam of neck spine	1 12	XXX
72069	26	A	X-ray exam of trunk spine	.32	XXX
72069		A	X-ray exam of trunk spine	82	XXX
72069	TC	A	X-ray exam of trunk spine	50	XXX
72070	26	A	X-ray exam of thorax spine	32	XXX
72070		A	X-ray exam of thorax spine	98	XXX
72070	TC	A	X-ray exam of thorax spine	.65	XXX
72072	26	A	X-ray exam of thoracic spine	32	XXX
72072		A	X-ray exam of thoracic spine	1.06	XXX
72072	TC	A	X-ray exam of thoracic spine	.74	XXX
72074	26	A	X-ray exam of thoracic spine	32	XXX
72074		A	X-ray exam of thoracic spine	1 23	XXX
72074	TC	A	X-ray exam of thoracic spine	91	XXX
72080	26	A	X-ray exam of trunk spine	32	XXX
72080		A	X-ray exam of trunk spine	1.00	XXX
72080	TC	A	X-ray exam of trunk spine	.67	XXX
72090	26	A	X-ray exam of trunk spine	42	XXX
72090		A	X-ray exam of trunk spine	1 09	XXX
72090	TC	A	X-ray exam of trunk spine	67	XXX
72100	26	A	X-ray exam of lower spine	32	XXX
72100		A	X-ray exam of lower spine	1 00	XXX
72100	TC	A	X-ray exam of lower spine	.67	XXX
72110	26	A	X-ray exam of lower spine	46	XXX
72110		A	X-ray exam of lower spine	1 37	XXX
72110	TC	A	X-ray exam of lower spine	91	XXX
72114	26	A	X-ray exam of lower spine	54	XXX
72114		A	X-ray exam of lower spine	1.71	XXX
72114	TC	A	X-ray exam of lower spine	1.17	XXX
72120	26	A	X-ray exam of lower spine	.32	XXX
72120		A	X-ray exam of lower spine	1 21	XXX
72120	TC	A	X-ray exam of lower spine	89	XXX
72125	26	A	CAT scan of neck spine	1 76	XXX
72125		A	CAT scan of neck spine	7 63	XXX
72125	TC	A	CAT scan of neck spine	5 86	XXX
72126	26	A	Contrast CAT scan of neck	1 84	XXX
72126		A	Contrast CAT scan of neck	8.87	XXX
72126	TC	A	Contrast CAT scan of neck	7 03	XXX
72127	26	A	Contrast CAT scans of neck	1.93	XXX

72127		A	Contrast CAT scans of neck	10 71	XXX
72127	TC	A	Contrast CAT scans of neck	8 78	XXX
72128	26	A	CAT scan of thorax spine	1 76	XXX
72128		A	CAT scan of thorax spine	7 63	XXX
72128	TC	A	CAT scan of thorax spine	5 86	XXX
72129	26	A	Contrast CAT scan of thorax	1 84	XXX
72129		A	Contrast CAT scan of thorax	8 87	XXX
72129	TC	A	Contrast CAT scan of thorax	7 03	XXX
72130	26	A	Contrast CAT scans of thorax	1 93	XXX
72130		A	Contrast CAT scans of thorax	10 71	XXX
72130	TC	A	Contrast CAT scans of thorax	8 78	XXX
72131	26	A	CAT scan of lower spine	1 76	XXX
72131		A	CAT scan of lower spine	7 63	XXX
72131	TC	A	CAT scan of lower spine	5 86	XXX
72132	26	A	Contrast CAT of lower spine	1 84	XXX
72132		A	Contrast CAT of lower spine	8 87	XXX
72132	TC	A	Contrast CAT of lower spine	7 03	XXX
72133	26	A	Contrast CAT scans, low spine	1 93	XXX
72133		A	Contrast CAT scans, low spine	10.71	XXX
72133	TC	A	Contrast CAT scans, low spine	8 78	XXX
72141	26	A	Magnetic image, neck spine	2 44	XXX
72141		A	Magnetic image, neck spine	13 58	XXX
72141	TC	A	Magnetic image, neck spine	11 14	XXX
72142	26	A	Magnetic image, neck spine	2 92	XXX
72142		A	Magnetic image, neck spine	16 28	XXX
72142	TC	A	Magnetic image, neck spine	13 36	XXX
72146	26	A	Magnetic image, chest spine	2 44	XXX
72146		A	Magnetic image, chest spine	14 81	XXX
72146	TC	A	Magnetic image, chest spine	12 37	XXX
72147	26	A	Magnetic image, chest spine	2 92	XXX
72147		A	Magnetic image, chest spine	16 28	XXX
72147	TC	A	Magnetic image, chest spine	13 36	XXX
72148	26	A	Magnetic image, lumbar spine	2 25	XXX
72148		A	Magnetic image, lumbar spine	14 62	XXX
72148	TC	A	Magnetic image, lumbar spine	12 37	XXX
72149	26	A	Magnetic image, lumbar spine	2.70	XXX
72149		A	Magnetic image, lumbar spine	16 06	XXX
72149	TC	A	Magnetic image, lumbar spine	13.36	XXX
72156	26	A	Magnetic image, spine (MRI)	3 90	XXX
72156		A	Magnetic image, spine (MRI)	28 64	XXX
72156	TC	A	Magnetic image, spine (MRI)	24.74	XXX
72157	26	A	Magnetic image, spine (MRI)	3 90	XXX
72157		A	Magnetic image, spine (MRI)	28 64	XXX
72157	TC	A	Magnetic image, spine (MRI)	24 74	XXX
72158	26	A	Magnetic image, spine (MRI)	3.60	XXX
72158		A	Magnetic image, spine (MRI)	28 34	XXX
72158	TC	A	Magnetic image, spine (MRI)	24 74	XXX
72170	26	A	X-ray exam of pelvis	25	XXX
72170		A	X-ray exam of pelvis	77	XXX
72170	TC	A	X-ray exam of pelvis	53	XXX
72190	26	A	X-ray exam of pelvis	31	XXX
72190		A	X-ray exam of pelvis	.99	XXX
72190	TC	A	X-ray exam of pelvis	.67	XXX
72192	26	A	CAT scan of pelvis	1 65	XXX
72192		A	CAT scan of pelvis	7 51	XXX
72192	TC	A	CAT scan of pelvis	5.86	XXX
72193	26	A	Contrast CAT scan of pelvis	1 76	XXX
72193		A	Contrast CAT scan of pelvis	8.56	XXX
72193	TC	A	Contrast CAT scan of pelvis	6 80	XXX
72194	26	A	Contrast CAT scans of pelvis	1 84	XXX

72194		A	Contrast CAT scans of pelvis	10 28	XXX
72194	TC	A	Contrast CAT scans of pelvis	8 44	XXX
72196	26	A	Magnetic image, pelvis	2 44	XXX
72196		A	Magnetic image, pelvis	13 58	XXX
72196	TC	A	Magnetic image, pelvis	11 14	XXX
72200	26	A	X–ray exam sacroiliac joints	25	XXX
72200		A	X–ray exam sacroiliac joints	78	XXX
72200	TC	A	X–ray exam sacroiliac joints	53	XXX
72202	26	A	X–ray exam sacroiliac joints	28	XXX
72202		A	X–ray exam sacroiliac joints	91	XXX
72202	TC	A	X–ray exam sacroiliac joints	62	XXX
72220	26	A	X–ray exam of tailbone	25	XXX
72220		A	X–ray exam of tailbone	83	XXX
72220	TC	A	X–ray exam of tailbone	.57	XXX
72240	26	A	Contrast X–ray of neck spine	1 38	XXX
72240		A	Contrast X–ray of neck spine	6 09	XXX
72240	TC	A	Contrast X–ray of neck spine	4 71	XXX
72255	26	A	Contrast X–ray thorax spine	1 38	XXX
72255		A	Contrast X–ray thorax spine	5 68	XXX
72255	TC	A	Contrast X–ray thorax spine	4 30	XXX
72265	26	A	Contrast X–ray lower spine	1.26	XXX
72265		A	Contrast X–ray lower spine	5 30	XXX
72265	TC	A	Contrast X–ray lower spine	4.04	XXX
72270	26	A	Contrast X–ray of spine	2 02	XXX
72270		A	Contrast X–ray of spine	8 07	XXX
72270	TC	A	Contrast X–ray of spine	6 05	XXX
72285	26	A	X–ray of neck spine disk	1.26	XXX
72285		A	X–ray of neck spine disk	9 60	XXX
72285	TC	A	X–ray of neck spine disk	8 34	XXX
72295	26	A	X–ray of lower spine disk	1 26	XXX
72295		A	X–ray of lower spine disk	9 07	XXX
72295	TC	A	X–ray of lower spine disk	7 81	XXX
73000	26	A	X–ray exam of collarbone	24	XXX
73000		A	X–ray exam of collarbone	76	XXX
73000	TC	A	X–ray exam of collarbone	53	XXX
73010	26	A	X–ray exam of shoulder blade	25	XXX
73010		A	X–ray exam of shoulder blade	78	XXX
73010	TC	A	X–ray exam of shoulder blade	53	XXX
73020	26	A	X–ray exam of shoulder	.23	XXX
73020		A	X–ray exam of shoulder	.70	XXX
73020	TC	A	X–ray exam of shoulder	48	XXX
73030	26	A	X–ray exam of shoulder	26	XXX
73030		A	X–ray exam of shoulder	84	XXX
73030	TC	A	X–ray exam of shoulder	57	XXX
73040	26	A	Contrast X–ray of shoulder	83	XXX
73040		A	Contrast X–ray of shoulder	2 92	XXX
73040	TC	A	Contrast X–ray of shoulder	2 09	XXX
73050	26	A	X–ray exam of shoulders	29	XXX
73050		A	X–ray exam of shoulders	.97	XXX
73050	TC	A	X–ray exam of shoulders	67	XXX
73060	26	A	X–ray exam of humerus	25	XXX
73060		A	X–ray exam of humerus	83	XXX
73060	TC	A	X–ray exam of humerus	57	XXX
73070	26	A	X–ray exam of elbow	.23	XXX
73070		A	X–ray exam of elbow	75	XXX
73070	TC	A	X–ray exam of elbow	53	XXX
73080	26	A	X–ray exam of elbow	25	XXX
73080		A	X–ray exam of elbow	83	XXX
73080	TC	A	X–ray exam of elbow	57	XXX
73085	26	A	Contrast X–ray of elbow	83	XXX

73085		A	Contrast X–ray of elbow	2 92	XXX
73085	TC	A	Contrast X–ray of elbow	2.09	XXX
73090	26	A	X–ray exam of forearm	.24	XXX
73090		A	X–ray exam of forearm	76	XXX
73090	TC	A	X–ray exam of forearm	53	XXX
73092	26	A	X–ray exam of arm, infant	.24	XXX
73092		A	X–ray exam of arm, infant	.73	XXX
73092	TC	A	X–ray exam of arm, infant	50	XXX
73100	26	A	X–ray exam of wrist	24	XXX
73100		A	X–ray exam of wrist	73	XXX
73100	TC	A	X–ray exam of wrist	50	XXX
73110	26	A	X–ray exam of wrist	25	XXX
73110		A	X–ray exam of wrist	79	XXX
73110	TC	A	X–ray exam of wrist	54	XXX
73115	26	A	Contrast X–ray of wrist	83	XXX
73115		A	Contrast X–ray of wrist	2 40	XXX
73115	TC	A	Contrast X–ray of wrist	1 57	XXX
73120	26	A	X–ray exam of hand	24	XXX
73120		A	X–ray exam of hand	73	XXX
73120	TC	A	X–ray exam of hand	50	XXX
73130	26	A	X–ray exam of hand	25	XXX
73130		A	X–ray exam of hand	79	XXX
73130	TC	A	X–ray exam of hand	54	XXX
73140	26	A	X–ray exam of finger(s)	.20	XXX
73140		A	X–ray exam of fmger(s)	62	XXX
73140	TC	A	X–ray exam of fmger(s)	42	XXX
73200	26	A	CAT scan of arm	1 65	XXX
73200		A	CAT scan of arm	6 57	XXX
73200	TC	A	CAT scan of arm	4 92	XXX
73201	26	A	Contrast CAT scan of arm	1 76	XXX
73201		A	Contrast CAT scan of arm	7.63	XXX
73201	TC	A	Contrast CAT scan of arm	5 86	XXX
73202	26	A	Contrast CAT scans of arm	1.84	XXX
73202		A	Contrast CAT scans of arm	9 23	XXX
73202	TC	A	Contrast CAT scans of arm	7.38	XXX
73220	26	A	Magnetic image, arm, hand	2 25	XXX
73220		A	Magnetic image, arm, hand	13 39	XXX
73220	TC	A	Magnetic image, arm, hand	11 14	XXX
73221	26	A	Magnetic image, joint of arm	1.44	XXX
73221		A	Magnetic image, joint of arm	12 58	XXX
73221	TC	A	Magnetic image, joint of arm	11 14	XXX
73500	26	A	X–ray exam of hip	25	XXX
73500		A	X–ray exam of hip	73	XXX
73500	TC	A	X–ray exam of hip	48	XXX
73510	26	A	X–ray exam of hip	31	XXX
73510		A	X–ray exam of hip	89	XXX
73510	TC	A	X–ray exam of hip	.57	XXX
73520	26	A	X–ray exam of hips	39	XXX
73520		A	X–ray exam of hips	1 06	XXX
73520	TC	A	X–ray exam of hips	67	XXX
73525	26	A	Contrast X–ray of hip	83	XXX
73525		A	Contrast X–ray of hip	2 92	XXX
73525	TC	A	Contrast X–ray of hip	2 09	XXX
73530	26	A	X–ray exam of hip	43	XXX
73530		A	X–ray exam of hip	96	XXX
73530	TC	A	X–ray exam of hip	53	XXX
73540	26	A	X–ray exam of pelvis and hips	30	XXX
73540		A	X–ray exam of pelvis and hips	88	XXX
73540	TC	A	X–ray exam of pelvis and hips	57	XXX
73550	26	A	X–ray exam of thigh	.25	XXX

73550		A	X–ray exam of thigh	83	XXX
73550	TC	A	X–ray exam of thigh	57	XXX
73560	26	A	X–ray exam of knee	25	XXX
73560		A	X–ray exam of knee	77	XXX
73560	TC	A	X–ray exam of knee	53	XXX
73562	26	A	X–ray exam of knee	27	XXX
73562		A	X–ray exam of knee	85	XXX
73562	TC	A	X–ray exam of knee	57	XXX
73564	26	A	X–ray exam of knee	.33	XXX
73564		A	X–ray exam of knee	95	XXX
73564	TC	A	X–ray exam of knee	.62	XXX
73565	26	A	X–ray exam of knee	25	XXX
73565		A	X–ray exam of knee	.74	XXX
73565	TC	A	X–ray exam of knee	50	XXX
73580	26	A	Contrast X–ray of knee joint	83	XXX
73580		A	Contrast X–ray of knee joint	3 45	XXX
73580	TC	A	Contrast X–ray of knee joint	2 61	XXX
73590	26	A	X–ray exam of lower leg	25	XXX
73590		A	X–ray exam of lower leg	77	XXX
73590	TC	A	X–ray exam of lower leg	53	XXX
73592	26	A	X–ray exam of leg, infant	24	XXX
73592		A	X–ray exam of leg, infant	73	XXX
73592	TC	A	X–ray exam of leg, infant	.50	XXX
73600	26	A	X–ray exam of ankle	24	XXX
73600		A	X–ray exam of ankle	73	XXX
73600	TC	A	X–ray exam of ankle	.50	XXX
73610	26	A	X–ray exam of ankle	25	XXX
73610		A	X–ray exam of ankle	79	XXX
73610	TC	A	X–ray exam of ankle	54	XXX
73615	26	A	Contrast X–ray of ankle	83	XXX
73615		A	Contrast X–ray of ankle	2 92	XXX
73615	TC	A	Contrast X–ray of ankle	2 09	XXX
73620	26	A	X–ray exam of foot	24	XXX
73620		A	X–ray exam of foot	73	XXX
73620	TC	A	X–ray exam of foot	.50	XXX
73630	26	A	X–ray exam of foot	25	XXX
73630		A	X–ray exam of foot	79	XXX
73630	TC	A	X–ray exam of foot	.54	XXX
73650	26	A	X–ray exam of heel	.24	XXX
73650		A	X–ray exam of heel	71	XXX
73650	TC	A	X–ray exam of heel	48	XXX
73660	26	A	X–ray exam of toe(s)	20	XXX
73660		A	X–ray exam of toe(s)	.62	XXX
73660	TC	A	X–ray exam of toe(s)	42	XXX
73700	26	A	CAT scan of leg	1 65	XXX
73700		A	CAT scan of leg	6 57	XXX
73700	TC	A	CAT scan of leg	4 92	XXX
73701	26	A	Contrast CAT scan of leg	1.76	XXX
73701		A	Contrast CAT scan of leg	7 63	XXX
73701	TC	A	Contrast CAT scan of leg	5 86	XXX
73702	26	A	Contrast CAT scans of leg	1.84	XXX
73702		A	Contrast CAT scans of leg	9 23	XXX
73702	TC	A	Contrast CAT scans of leg	7 38	XXX
73720	26	A	Magnetic image, leg, foot	2.25	XXX
73720		A	Magnetic image, leg, foot	13 39	XXX
73720	TC	A	Magnetic image, leg, foot	11 14	XXX
73721	26	A	Magnetic image, joint of leg	1.44	XXX
73721		A	Magnetic image, joint of leg	12 58	XXX
73721	TC	A	Magnetic image, joint of leg	11.14	XXX
74000	26	A	X–ray exam of abdomen	.26	XXX

74000		A	X–ray exam of abdomen	79	XXX
74000	TC	A	X–ray exam of abdomen	53	XXX
74010	26	A	X–ray exam of abdomen	35	XXX
74010		A	X–ray exam of abdomen	93	XXX
74010	TC	A	X–ray exam of abdomen	57	XXX
74020	26	A	X–ray exam of abdomen	41	XXX
74020		A	X–ray exam of abdomen	1 03	XXX
74020	TC	A	X–ray exam of abdomen	62	XXX
74022	26	A	X–ray exam series, abdomen	48	XXX
74022		A	X–ray exam series, abdomen	1 22	XXX
74022	TC	A	X–ray exam series, abdomen	74	XXX
74150	26	A	CAT scan of abdomen	1.80	XXX
74150		A	CAT scan of abdomen	7 42	XXX
74150	TC	A	CAT scan of abdomen	5 62	XXX
74160	26	A	Contrast CAT scan of abdomen	1 93	XXX
74160		A	Contrast CAT scan of abdomen	8 73	XXX
74160	TC	A	Contrast CAT scan of abdomen	6 80	XXX
74170	26	A	Contrast CAT scans, abdomen	2 13	XXX
74170		A	Contrast CAT scans, abdomen	10 57	XXX
74170	TC	A	Contrast CAT scans, abdomen	8 44	XXX
74181	26	A	Magnetic image, abdomen (MRI)	2 44	XXX
74181		A	Magnetic image, abdomen (MRI)	13 58	XXX
74181	TC	A	Magnetic image, abdomen (MRI)	11 14	XXX
74210	26	A	Contrast X–ray exam of throat	53	XXX
74210		A	Contrast X–ray exam of throat	1 70	XXX
74210	TC	A	Contrast X–ray exam of throat	1 17	XXX
74220	26	A	Contrast X–ray exam, esophagus	71	XXX
74220		A	Contrast X–ray exam, esophagus	1 87	XXX
74220	TC	A	Contrast X–ray exam, esophagus	1 17	XXX
74230	26	A	Cinema X–ray throat/esophagus	.82	XXX
74230		A	Cinema X–ray throat/esophagus	2 12	XXX
74230	TC	A	Cinema X–ray throat/esophagus	1.29	XXX
74235	26	A	Remove esophagus obstruction	1 80	XXX
74235		A	Remove esophagus obstruction	4 42	XXX
74235	TC	A	Remove esophagus obstruction	2 61	XXX
74240	26	A	X–ray exam upper GI tract	1 06	XXX
74240		A	X–ray exam upper GI tract	2.51	XXX
74240	TC	A	X–ray exam upper GI tract	1 46	XXX
74241	26	A	X–ray exam upper GI tract	1 06	XXX
74241		A	X–ray exam upper GI tract	2 54	XXX
74241	TC	A	X–ray exam upper GI tract	1 48	XXX
74245	26	A	X–ray exam upper GI tract	1 38	XXX
74245		A	X–ray exam upper GI tract	3 76	XXX
74245	TC	A	X–ray exam upper GI tract	2 37	XXX
74246	26	A	Contrast X–ray upper GI tract	1 06	XXX
74246		A	Contrast X–ray upper GI tract	2 70	XXX
74246	TC	A	Contrast X–ray upper GI tract	1 64	XXX
74247	26	A	Contrast X–ray upper GI tract	1 06	XXX
74247		A	Contrast X–ray upper GI tract	2.73	XXX
74247	TC	A	Contrast X–ray upper GI tract	1 67	XXX
74249	26	A	Contrast X–ray upper GI tract	1.38	XXX
74249		A	Contrast X–ray upper GI tract	3 94	XXX
74249	TC	A	Contrast X–ray upper GI tract	2.56	XXX
74250	26	A	X–ray exam of small bowel	72	XXX
74250		A	X–ray exam of small bowel	2 01	XXX
74250	TC	A	X–ray exam of small bowel	1 29	XXX
74260	26	A	X–ray exam of small bowel	77	XXX
74260		A	X–ray exam of small bowel	2 25	XXX
74260	TC	A	X–ray exam of small bowel	1.48	XXX
74270	26	A	Contrast X–ray exam of colon	1 06	XXX

74270		A	Contrast X–ray exam of colon	2 75	XXX
74270	TC	A	Contrast X–ray exam of colon	1 69	XXX
74280	26	A	Contrast X–ray exam of colon	1 51	XXX
74280		A	Contrast X–ray exam of colon	3 73	XXX
74280	TC	A	Contrast X–ray exam of colon	2 22	XXX
74283	26	A	Contrast X–ray exam of colon	3 07	XXX
74283		A	Contrast X–ray exam of colon	5 61	XXX
74283	TC	A	Contrast X–ray exam of colon	2 55	XXX
74290	26	A	Contrast X–ray, gallbladder	48	XXX
74290		A	Contrast X–ray, gallbladder	1 22	XXX
74290	TC	A	Contrast X–ray, gallbladder	74	XXX
74291	26	A	Contrast X–rays, gallbladder	29	XXX
74291		A	Contrast X–rays, gallbladder	72	XXX
74291	TC	A	Contrast X–rays, gallbladder	42	XXX
74300	26	A	X–ray bile ducts, pancreas	54	XXX
74301	26	A	Additional X–rays at surgery	31	XXX
74305	26	A	X–ray bile ducts, pancreas	64	XXX
74305		A	X–ray bile ducts, pancreas	1 42	XXX
74305	TC	A	X–ray bile ducts, pancreas	79	XXX
74320	26	A	Contrast X–ray of bile ducts	83	XXX
74320		A	Contrast X–ray of bile ducts	3.96	XXX
74320	TC	A	Contrast X–ray of bile ducts	3 12	XXX
74327	26	A	X–ray for bile stone removal	1 07	XXX
74327		A	X–ray for bile stone removal	2 82	XXX
74327	TC	A	X–ray for bile stone removal	1 75	XXX
74328	26	A	X–ray for bile duct endoscopy	1 07	XXX
74328		A	X–ray for bile duct endoscopy	4 19	XXX
74328	TC	A	X–ray for bile duct endoscopy	3 12	XXX
74329	26	A	X–ray for pancreas endoscopy	1 07	XXX
74329		A	X–ray for pancreas endoscopy	4.19	XXX
74329	TC	A	X–ray for pancreas endoscopy	3 12	XXX
74330	26	A	X–ray, bile/pancreas endoscopy	1 07	XXX
74330		A	X–ray, bile/pancreas endoscopy	4 19	XXX
74330	TC	A	X–ray, bile/pancreas endoscopy	3 12	XXX
74340	26	A	X–ray guide for GI tube	83	XXX
74340		A	X–ray guide for GI tube	3 45	XXX
74340	TC	A	X–ray guide for GI tube	2.61	XXX
74350	26	A	X–ray guide, stomach tube	1 16	XXX
74350		A	X–ray guide, stomach tube	4 28	XXX
74350	TC	A	X–ray guide, stomach tube	3.12	XXX
74355	26	A	X–ray guide, intestinal tube	1 16	XXX
74355		A	X–ray guide, intestinal tube	3 77	XXX
74355	TC	A	X–ray guide, intestinal tube	2 61	XXX
74360	26	A	X–ray guide, GI dilation	83	XXX
74360		A	X–ray guide, GI dilation	3.96	XXX
74360	TC	A	X–ray guide, GI dilation	3 12	XXX
74363	26	A	X–ray, bile duct dilatation	1 34	XXX
74400	26	A	Contrast X–ray urinary tract	.75	XXX
74400		A	Contrast X–ray urinary tract	2 42	XXX
74400	TC	A	Contrast X–ray urinary tract	1 67	XXX
74405	26	A	Contrast X–ray urinary tract	.75	XXX
74405		A	Contrast X–ray urinary tract	2 73	XXX
74405	TC	A	Contrast X–ray urinary tract	1 98	XXX
74410	26	A	Contrast X–ray urinary tract	75	XXX
74410		A	Contrast X–ray urinary tract	2 68	XXX
74410	TC	A	Contrast X–ray urinary tract	1 93	XXX
74415	26	A	Contrast X–ray urinary tract	75	XXX
74415		A	Contrast X–ray urinary tract	2 85	XXX
74415	TC	A	Contrast X–ray urinary tract	2 11	XXX
74420	26	A	Contrast X–ray urinary tract	53	XXX

74420		A	Contrast X–ray urinary tract	3 14	XXX
74420	TC	A	Contrast X–ray urinary tract	2.61	XXX
74425	26	A	Contrast X–ray urinary tract	.53	XXX
74425		A	Contrast X–ray urinary tract	1 82	XXX
74425	TC	A	Contrast X–ray urinary tract	1 29	XXX
74430	26	A	Contrast X–ray of bladder	48	XXX
74430		A	Contrast X–ray of bladder	1 52	XXX
74430	TC	A	Contrast X–ray of bladder	1 04	XXX
74440	26	A	X–ray exam male genital tract	57	XXX
74440		A	X–ray exam male genital tract	1 69	XXX
74440	TC	A	X–ray exam male genital tract	1 12	XXX
74445	26	A	X–ray exam of penis	1.73	XXX
74445		A	X–ray exam of penis	2 85	XXX
74445	TC	A	X–ray exam of penis	1 12	XXX
74450	26	A	X–ray exam urethra/bladder	49	XXX
74450		A	X–ray exam urethra/bladder	1 95	XXX
74450	TC	A	X–ray exam urethra/bladder	1.46	XXX
74455	26	A	X–ray exam urethra/bladder	49	XXX
74455		A	X–ray exam urethra/bladder	2 06	XXX
74455	TC	A	X–ray exam urethra/bladder	1 57	XXX
74470	26	A	X–ray exam of kidney lesion	83	XXX
74470		A	X–ray exam of kidney lesion	2 08	XXX
74470	TC	A	X–ray exam of kidney lesion	1 24	XXX
74475	26	A	X–ray control catheter insert	83	XXX
74475		A	X–ray control catheter insert	4 87	XXX
74475	TC	A	X–ray control catheter insert	4 04	XXX
74480	26	A	X–ray control catheter insert	.83	XXX
74480		A	X–ray control catheter insert	4 87	XXX
74480	TC	A	X–ray control catheter insert	4 04	XXX
74485	26	A	X–ray guide, GU dilation	83	XXX
74485		A	X–ray guide, GU dilation	3.96	XXX
74485	TC	A	X–ray guide, GU dilation	3 12	XXX
74710	26	A	X–ray measurement of pelvis	51	XXX
74710		A	X–ray measurement of pelvis	1 55	XXX
74710	TC	A	X–ray measurement of pelvis	1 04	XXX
74740	26	A	X–ray female genital tract	57	XXX
74740		A	X–ray female genital tract	1.86	XXX
74740	TC	A	X–ray female genital tract	1 29	XXX
74742	26	A	X–ray fallopian tube	90	XXX
74742		A	X–ray fallopian tube	4.03	XXX
74742	TC	A	X–ray fallopian tube	3 12	XXX
74775	26	A	X–ray exam of perineum	95	XXX
74775		A	X–ray exam of perineum	2 41	XXX
74775	TC	A	X–ray exam of perineum	1 46	XXX
75500	26	A	Cmema X–ray heart vessels	1 73	XXX
75500		A	Cmema X–ray heart vessels	13 21	XXX
75500	TC	A	Cmema X–ray heart vessels	11 47	XXX
75505	26	A	X–ray exam of heart vessels	1 73	XXX
75505		A	X–ray exam of heart vessels	13 21	XXX
75505	TC	A	X–ray exam of heart vessels	11 47	XXX
75507	26	A	X–ray exam of heart vessels	1 99	XXX
75507		A	X–ray exam of heart vessels	13.46	XXX
75507	TC	A	X–ray exam of heart vessels	11 47	XXX
75519	26	A	Heart X–ray/catheterization	1 28	XXX
75519		A	Heart X–ray/catheterization	12.76	XXX
75519	TC	A	Heart X–ray/catheterization	11 47	XXX
75523	26	A	Heart X–ray/catheterization	1 28	XXX
75523		A	Heart X–ray/catheterization	12 76	XXX
75523	TC	A	Heart X–ray/catheterization	11 47	XXX
75527	26	A	Heart X–ray/catheterization	2.28	XXX

75527		A	Heart X–ray/catheterization	13 76	XXX
75527	TC	A	Heart X–ray/catheterization	11 47	XXX
75552	26	A	Magnetic image, myocardium	2 44	XXX
75552		A	Magnetic image, myocardium	13 58	XXX
75552	TC	A	Magnetic image, myocardium	11 14	XXX
75600	26	A	Contrast X–ray exam of aorta	.75	XXX
75600		A	Contrast X–ray exam of aorta	13.26	XXX
75600	TC	A	Contrast X–ray exam of aorta	12 52	XXX
75605	26	A	Contrast X–ray exam of aorta	1 73	XXX
75605		A	Contrast X–ray exam of aorta	14.25	XXX
75605	TC	A	Contrast X–ray exam of aorta	12 52	XXX
75625	26	A	Contrast X–ray exam of aorta	1 73	XXX
75625		A	Contrast X–ray exam of aorta	14 25	XXX
75625	TC	A	Contrast X–ray exam of aorta	12 52	XXX
75630	26	A	X–ray aorta, leg arteries	1 99	XXX
75630		A	X–ray aorta, leg arteries	15 04	XXX
75630	TC	A	X–ray aorta, leg arteries	13 05	XXX
75650	26	A	Artery X–rays, head and neck	2 26	XXX
75650		A	Artery X–rays, head and neck	14 78	XXX
75650	TC	A	Artery X–rays, head and neck	12 52	XXX
75658	26	A	X–ray exam of arm arteries	1 99	XXX
75658		A	X–ray exam of arm arteries	14.51	XXX
75658	TC	A	X–ray exam of arm arteries	12 52	XXX
75660	26	A	Artery X–rays, head and neck	1.99	XXX
75660		A	Artery X–rays, head and neck	14 51	XXX
75660	TC	A	Artery X–rays, head and neck	12 52	XXX
75662	26	A	Artery X–rays, head and neck	2.52	XXX
75662		A	Artery X–rays, head and neck	15 04	XXX
75662	TC	A	Artery X–rays, head and neck	12 52	XXX
75665	26	A	Artery X–rays, head and neck	1.99	XXX
75665		A	Artery X–rays, head and neck	14 51	XXX
75665	TC	A	Artery X–rays, head and neck	12 52	XXX
75671	26	A	Artery X–rays, head and neck	2.52	XXX
75671		A	Artery X–rays, head and neck	15 04	XXX
75671	TC	A	Artery X–rays, head and neck	12 52	XXX
75676	26	A	Artery X–rays, neck	1.99	XXX
75676		A	Artery X–rays, neck	14.51	XXX
75676	TC	A	Artery X–rays, neck	12.52	XXX
75680	26	A	Artery X–rays, neck	2.52	XXX
75680		A	Artery X–rays, neck	15 04	XXX
75680	TC	A	Artery X–rays, neck	12 52	XXX
75685	26	A	Artery X–rays, spine	1.99	XXX
75685		A	Artery X–rays, spine	14 51	XXX
75685	TC	A	Artery X–rays, spine	12 52	XXX
75705	26	A	Artery X–rays, spine	3 31	XXX
75705		A	Artery X–rays, spine	15 83	XXX
75705	TC	A	Artery X–rays, spine	12 52	XXX
75710	26	A	Artery X–rays, arm/leg	1 73	XXX
75710		A	Artery X–rays, arm/leg	14 25	XXX
75710	TC	A	Artery X–rays, arm/leg	12.52	XXX
75716	26	A	Artery X–rays, arms/legs	1.99	XXX
75716		A	Artery X–rays, arms/legs	14 51	XXX
75716	TC	A	Artery X–rays, arms/legs	12 52	XXX
75722	26	A	Artery X–rays, kidney	1.73	XXX
75722		A	Artery X–rays, kidney	14 25	XXX
75722	TC	A	Artery X–rays, kidney	12 52	XXX
75724	26	A	Artery X–rays, kidneys	2 26	XXX
75724		A	Artery X–rays, kidneys	14 78	XXX
75724	TC	A	Artery X–rays, kidneys	12 52	XXX
75726	26	A	Artery X–rays, abdomen	1 73	XXX

75726		A	Artery X–rays, abdomen	14 25	XXX
75726	TC	A	Artery X–rays, abdomen	12 52	XXX
75731	26	A	Artery X–rays, adrenal gland	1 73	XXX
75731		A	Artery X–rays, adrenal gland	14 25	XXX
75731	TC	A	Artery X–rays, adrenal gland	12.52	XXX
75733	26	A	Artery X–rays, adrenal glands	1.99	XXX
75733		A	Artery X–rays, adrenal glands	14 51	XXX
75733	TC	A	Artery X–rays, adrenal glands	12 52	XXX
75736	26	A	Artery X–rays, pelvis	1 73	XXX
75736		A	Artery X–rays, pelvis	14 25	XXX
75736	TC	A	Artery X–rays, pelvis	12 52	XXX
75741	26	A	Artery X–rays, lung	1 99	XXX
75741		A	Artery X–rays, lung	14 51	XXX
75741	TC	A	Artery X–rays, lung	12 52	XXX
75743	26	A	Artery X–rays, lungs	2 52	XXX
75743		A	Artery X–rays, lungs	15 04	XXX
75743	TC	A	Artery X–rays, lungs	12 52	XXX
75746	26	A	Artery X–rays, lung	1 73	XXX
75746		A	Artery X–rays, lung	14 25	XXX
75746	TC	A	Artery X–rays, lung	12 52	XXX
75750	26	A	Artery X–rays, heart	1 73	XXX
75750		A	Artery X–rays, heart	14 25	XXX
75750	TC	A	Artery X–rays, heart	12 52	XXX
75752	26	A	Artery X–rays, heart	1 73	XXX
75752		A	Artery X–rays, heart	14 25	XXX
75752	TC	A	Artery X–rays, heart	12 52	XXX
75754	26	A	Artery X–rays, heart	2 00	XXX
75754		A	Artery X–rays, heart	14 52	XXX
75754	TC	A	Artery X–rays, heart	12 52	XXX
75756	26	A	Artery X–rays, chest	1 73	XXX
75756		A	Artery X–rays, chest	14.25	XXX
75756	TC	A	Artery X–rays, chest	12 52	XXX
75762	26	A	Coronary bypass X–ray	1 73	XXX
75762		A	Coronary bypass X–ray	14 25	XXX
75762	TC	A	Coronary bypass X–ray	12 52	XXX
75766	26	A	Coronary bypass X–ray	1 99	XXX
75766		A	Coronary bypass X–ray	14 51	XXX
75766	TC	A	Coronary bypass X–ray	12 52	XXX
75774	26	A	Artery X–ray, each vessel	53	XXX
75774		A	Artery X–ray, each vessel	13 05	XXX
75774	TC	A	Artery X–ray, each vessel	12 52	XXX
75790	26	A	Visualize A–V shunt	2 79	XXX
75790		A	Visualize A–V shunt	4.14	XXX
75790	TC	A	Visualize A–V shunt	1 35	XXX
75801	26	A	Lymph vessel X–ray, arm/leg	1 23	XXX
75801		A	Lymph vessel X–ray, arm/leg	6 61	XXX
75801	TC	A	Lymph vessel X–ray, arm/leg	5 38	XXX
75803	26	A	Lymph vessel X–ray, arms/legs	1 77	XXX
75803		A	Lymph vessel X–ray, arms/legs	7.16	XXX
75803	TC	A	Lymph vessel X–ray, arms/legs	5 38	XXX
75805	26	A	Lymph vessel X–ray, trunk	1.23	XXX
75805		A	Lymph vessel X–ray, trunk	7 28	XXX
75805	TC	A	Lymph vessel X–ray, trunk	6 05	XXX
75807	26	A	Lymph vessel X–ray, trunk	1 77	XXX
75807		A	Lymph vessel X–ray, trunk	7.83	XXX
75807	TC	A	Lymph vessel X–ray, trunk	6 05	XXX
75809	26	A	Nonvascular shunt, X–ray	70	XXX

75809		A	Nonvascular shunt, X–ray	1.48	XXX
75809	TC	A	Nonvascular shunt, X–ray	.79	XXX
75810	26	A	Vein X–ray, spleen/liver	1 73	XXX
75810		A	Vein X–ray, spleen/liver	14 25	XXX
75810	TC	A	Vein X–ray, spleen/liver	12 52	XXX
75820	26	A	Vein X–ray, arm/leg	1 07	XXX
75820		A	Vein X–ray, arm/leg	2 01	XXX
75820	TC	A	Vein X–ray, arm/leg	.94	XXX
75822	26	A	Vein X–ray, arms/legs	1 61	XXX
75822		A	Vein X–ray, arms/legs	3 08	XXX
75822	TC	A	Vein X–ray, arms/legs	1 48	XXX
75825	26	A	Vein X–ray, trunk	1 73	XXX
75825		A	Vein X–ray, trunk	14 25	XXX
75825	TC	A	Vein X–ray, trunk	12 52	XXX
75827	26	A	Vein X–ray, chest	1.73	XXX
75827		A	Vein X–ray, chest	14 25	XXX
75827	TC	A	Vein X–ray, chest	12 52	XXX
75831	26	A	Vein X–ray, kidney	1 73	XXX
75831		A	Vein X–ray, kidney	14 25	XXX
75831	TC	A	Vein X–ray, kidney	12 52	XXX
75833	26	A	Vein X–ray, kidneys	2 26	XXX
75833		A	Vein X–ray, kidneys	14.78	XXX
75833	TC	A	Vein X–ray, kidneys	12 52	XXX
75840	26	A	Vein X–ray, adrenal gland	1 73	XXX
75840		A	Vein X–ray, adrenal gland	14.25	XXX
75840	TC	A	Vein X–ray, adrenal gland	12 52	XXX
75842	26	A	Vein X–ray, adrenal glands	2 26	XXX
75842		A	Vein X–ray, adrenal glands	14 78	XXX
75842	TC	A	Vein X–ray, adrenal glands	12 52	XXX
75860	26	A	Vein X–ray, neck	1 73	XXX
75860		A	Vein X–ray, neck	14 25	XXX
75860	TC	A	Vein X–ray, neck	12 52	XXX
75870	26	A	Vein X–ray, skull	1 73	XXX
75870		A	Vein X–ray, skull	14 25	XXX
75870	TC	A	Vein X–ray, skull	12.52	XXX
75872	26	A	Vein X–ray, skull	1.73	XXX
75872		A	Vein X–ray, skull	14 25	XXX
75872	TC	A	Vein X–ray, skull	12 52	XXX
75880	26	A	Vein X–ray, eye socket	1.07	XXX
75880		A	Vein X–ray, eye socket	2.01	XXX
75880	TC	A	Vein X–ray, eye socket	.94	XXX
75885	26	A	Vein X–ray, liver	2.19	XXX
75885		A	Vein X–ray, liver	14.71	XXX
75885	TC	A	Vein X–ray, liver	12 52	XXX
75887	26	A	Vein X–ray, liver	2 19	XXX
75887		A	Vein X–ray, liver	14 71	XXX
75887	TC	A	Vein X–ray, liver	12 52	XXX
75889	26	A	Vein X–ray, liver	1 73	XXX
75889		A	Vein X–ray, liver	14.25	XXX
75889	TC	A	Vein X–ray, liver	12.52	XXX
75891	26	A	Vein X–ray, liver	1 73	XXX
75891		A	Vein X–ray, liver	14 25	XXX
75891	TC	A	Vein X–ray, liver	12 52	XXX
75893	26	A	Venous sampling by catheter	83	XXX
75893		A	Venous sampling by catheter	13.35	XXX
75893	TC	A	Venous sampling by catheter	12 52	XXX
75894	26	A	X–rays, transcatheter therapy	1.99	XXX
75894		A	X–rays, transcatheter therapy	25 98	XXX
75894	TC	A	X–rays, transcatheter therapy	23 99	XXX
75896	26	A	X–rays, transcatheter therapy	1 99	XXX

75896		A	X–rays, transcatheter therapy	22 84	XXX
75896	TC	A	X–rays, transcatheter therapy	20.85	XXX
75898	26	A	Follow–up angiogram	2 51	XXX
75898		A	Follow–up angiogram	3 55	XXX
75898	TC	A	Follow–up angiogram	1 04	XXX
75940	26	A	X–ray placement, vein filter	83	XXX
75940		A	X–ray placement, vein filter	13 35	XXX
75940	TC	A	X–ray placement, vein filter	12 52	XXX
75960	26	A	Transcatheter intro, stent	1 24	XXX
75960		A	Transcatheter intro, stent	16.04	XXX
75960	TC	A	Transcatheter intro, stent	14 80	XXX
75961	26	A	Transcatheter retrieval	6.46	XXX
75961		A	Transcatheter retrieval	16 89	XXX
75961	TC	A	Transcatheter retrieval	10 43	XXX
75962	26	A	Repair arterial blockage	83	XXX
75962		A	Repair arterial blockage	16 47	XXX
75962	TC	A	Repair arterial blockage	15.64	XXX
75964	26	A	Repair artery blockage, each	53	XXX
75964		A	Repair artery blockage, each	8.88	XXX
75964	TC	A	Repair artery blockage, each	8 35	XXX
75966	26	A	Repair arterial blockage	1 99	XXX
75966		A	Repair arterial blockage	17 63	XXX
75966	TC	A	Repair arterial blockage	15 64	XXX
75968	26	A	Repair artery blockage, each	53	XXX
75968		A	Repair artery blockage, each	8.88	XXX
75968	TC	A	Repair artery blockage, each	8 35	XXX
75970	26	A	Transcatheter biopsy	1 26	XXX
75970		A	Transcatheter biopsy	12 74	XXX
75970	TC	A	Transcatheter biopsy	11 47	XXX
75978	26	A	Repair venous blockage	1 07	XXX
75980	26	A	Contrast X–ray exam bile duct	2.19	XXX
75980		A	Contrast X–ray exam bile duct	7 58	XXX
75980	TC	A	Contrast X–ray exam bile duct	5 38	XXX
75982	26	A	Contrast X–ray exam bile duct	2 19	XXX
75982		A	Contrast X–ray exam bile duct	8.25	XXX
75982	TC	A	Contrast X–ray exam bile duct	6 05	XXX
75984	26	A	X–ray control catheter change	1 10	XXX
75984		A	X–ray control catheter change	3.03	XXX
75984	TC	A	X–ray control catheter change	1 93	XXX
75989	26	A	Abscess drainage under X–ray	1 80	XXX
75989		A	Abscess drainage under X–ray	4 93	XXX
75989	TC	A	Abscess drainage under X–ray	3.12	XXX
75992	26	A	Atherectomy, X–ray exam	83	XXX
75992		A	Atherectomy, X–ray exam	16 47	XXX
75992	TC	A	Atherectomy, X–ray exam	15 64	XXX
75993	26	A	Atherectomy, X–ray exam	.53	XXX
75993		A	Atherectomy, X–ray exam	8 88	XXX
75993	TC	A	Atherectomy, X–ray exam	8 35	XXX
75994	26	A	Atherectomy, X–ray exam	1.99	XXX
75994		A	Atherectomy, X–ray exam	17 63	XXX
75994	TC	A	Atherectomy, X–ray exam	15.64	XXX
75995	26	A	Atherectomy, X–ray exam	1.99	XXX
75995		A	Atherectomy, X–ray exam	17 63	XXX
75995	TC	A	Atherectomy, X–ray exam	15 64	XXX
75996	26	A	Atherectomy, X–ray exam	53	XXX
75996		A	Atherectomy, X–ray exam	8.88	XXX
75996	TC	A	Atherectomy, X–ray exam	8 35	XXX
76000	26	A	Fluoroscope examination	25	XXX
76000		A	Fluoroscope examination	1 54	XXX
76000	TC	A	Fluoroscope examination	1 29	XXX

76001	26	A	Fluoroscope exam, extensive	1 03	XXX
76001		A	Fluoroscope exam, extensive	3 64	XXX
76001	TC	A	Fluoroscope exam, extensive	2 61	XXX
76003	26	A	Needle localization by X-ray	83	XXX
76003		A	Needle localization by X-ray	2 13	XXX
76003	TC	A	Needle localization by X-ray	1 29	XXX
76010	26	A	X-ray, nose to rectum	26	XXX
76010		A	X-ray, nose to rectum	79	XXX
76010	TC	A	X-ray, nose to rectum	53	XXX
76020	26	A	X-rays for bone age	28	XXX
76020		A	X-rays for bone age	81	XXX
76020	TC	A	X-rays for bone age	53	XXX
76040	26	A	X-rays, bone evaluation	41	XXX
76040		A	X-rays, bone evaluation	1 20	XXX
76040	TC	A	X-rays, bone evaluation	.79	XXX
76061	26	A	X-rays, bone survey	68	XXX
76061		A	X-rays, bone survey	1 66	XXX
76061	TC	A	X-rays, bone survey	99	XXX
76062	26	A	X-rays, bone survey	.83	XXX
76062		A	X-rays, bone survey	2.27	XXX
76062	TC	A	X-rays, bone survey	1.44	XXX
76065	26	A	X-rays, bone evaluation	42	XXX
76065		A	X-rays, bone evaluation	1 16	XXX
76065	TC	A	X-rays, bone evaluation	74	XXX
76066	26	A	Joint(s) survey, single film	46	XXX
76066		A	Joint(s) survey, single film	1.56	XXX
76066	TC	A	Joint(s) survey, single film	1 10	XXX
76070	26	A	CT scan, bone density study	.38	XXX
76070		A	CT scan, bone density study	3.31	XXX
76070	TC	A	CT scan, bone density study	2.93	XXX
76080	26	A	X-ray exam of fistula	83	XXX
76080		A	X-ray exam of fistula	1 87	XXX
76080	TC	A	X-ray exam of fistula	1 04	XXX
76086	26	A	X-ray of mammary duct	54	XXX
76086		A	X-ray of mammary duct	3 15	XXX
76086	TC	A	X-ray of mammary duct	2.61	XXX
76088	26	A	X-ray of mammary ducts	.68	XXX
76088		A	X-ray of mammary ducts	4 32	XXX
76088	TC	A	X-ray of mammary ducts	3 64	XXX
76090	26	A	Mammogram, one breast	38	XXX
76090		A	Mammogram, one breast	1 42	XXX
76090	TC	A	Mammogram, one breast	1 04	XXX
76091	26	A	Mammogram, both breasts	62	XXX
76091		A	Mammogram, both breasts	1 91	XXX
76091	TC	A	Mammogram, both breasts	1 29	XXX
76096	26	A	X-ray exam, breast nodule	86	XXX
76096		A	X-ray exam, breast nodule	2 15	XXX
76096	TC	A	X-ray exam, breast nodule	1 29	XXX
76098	26	A	X-ray exam, breast specimen	24	XXX
76098		A	X-ray exam, breast specimen	.66	XXX
76098	TC	A	X-ray exam, breast specimen	42	XXX
76100	26	A	X-ray exam of body section	.89	XXX
76100		A	X-ray exam of body section	2.14	XXX
76100	TC	A	X-ray exam of body section	1 24	XXX
76101	26	A	Complex body section X-ray	89	XXX
76101		A	Complex body section X-ray	2.30	XXX
76101	TC	A	Complex body section X-ray	1 41	XXX
76102	26	A	Complex body section X-rays	89	XXX
76102		A	Complex body section X-rays	2 61	XXX
76102	TC	A	Complex body section X-rays	1.72	XXX

76120	26	A	Cinematic X–rays	58	XXX
76120		A	Cinematic X–rays	1 62	XXX
76120	TC	A	Cinematic X–rays	1 04	XXX
76125	26	A	Cinematic X–rays	40	XXX
76125		A	Cinematic X–rays	1 19	XXX
76125	TC	A	Cinematic X–rays	79	XXX
76150		A	X–ray exam, dry process	42	XXX
76355	26	A	CAT scan for localization	1 83	XXX
76355		A	CAT scan for localization	10 04	XXX
76355	TC	A	CAT scan for localization	8 21	XXX
76360	26	A	CAT scan for needle biopsy	1 75	XXX
76360		A	CAT scan for needle biopsy	9 96	XXX
76360	TC	A	CAT scan for needle biopsy	8 21	XXX
76365	26	A	CAT scan for cyst aspiration	1 75	XXX
76365		A	CAT scan for cyst aspiration	9 96	XXX
76365	TC	A	CAT scan for cyst aspiration	8 21	XXX
76370	26	A	CAT scan for therapy guide	1 29	XXX
76370		A	CAT scan for therapy guide	4 22	XXX
76370	TC	A	CAT scan for therapy guide	2.93	XXX
76375	26	A	CAT scans, other planes	24	XXX
76375		A	CAT scans, other planes	3 74	XXX
76375	TC	A	CAT scans, other planes	3 51	XXX
76380	26	A	CAT scan follow–up study	1 49	XXX
76380		A	CAT scan follow–up study	4 97	XXX
76380	TC	A	CAT scan follow–up study	3 48	XXX
76400	26	A	Magnetic image, bone marrow	2 44	XXX
76400		A	Magnetic image, bone marrow	13 58	XXX
76400	TC	A	Magnetic image, bone marrow	11 14	XXX
76506	26	A	Echo exam of head	96	XXX
76506		A	Echo exam of head	2 37	XXX
76506	TC	A	Echo exam of head	1 41	XXX
76511	26	A	Echo exam of eye	1 23	XXX
76511		A	Echo exam of eye	2 48	XXX
76511	TC	A	Echo exam of eye	1.24	XXX
76512	26	A	Echo exam of eye	1.01	XXX
76512		A	Echo exam of eye	2.53	XXX
76512	TC	A	Echo exam of eye	1.52	XXX
76513	26	A	Echo exam of eye, water bath	1 01	XXX
76513		A	Echo exam of eye, water bath	2 53	XXX
76513	TC	A	Echo exam of eye, water bath	1 52	XXX
76516	26	A	Echo exam of eye	83	XXX
76516		A	Echo exam of eye	2 08	XXX
76516	TC	A	Echo exam of eye	1 24	XXX
76519	26	A	Echo exam of eye	83	XXX
76519		A	Echo exam of eye	2 08	XXX
76519	TC	A	Echo exam of eye	1.24	XXX
76529	26	A	Echo exam of eye	87	XXX
76529		A	Echo exam of eye	2 23	XXX
76529	TC	A	Echo exam of eye	1 36	XXX
76536	26	A	Echo exam of head and neck	86	XXX
76536		A	Echo exam of head and neck	2 27	XXX
76536	TC	A	Echo exam of head and neck	1 41	XXX
76604	26	A	Echo exam of chest	85	XXX
76604		A	Echo exam of chest	2 14	XXX
76604	TC	A	Echo exam of chest	1 29	XXX
76645	26	A	Echo exam of breast	83	XXX
76645		A	Echo exam of breast	1 87	XXX
76645	TC	A	Echo exam of breast	1 04	XXX
76700	26	A	Echo exam of abdomen	1 23	XXX
76700		A	Echo exam of abdomen	3 18	XXX

76700	TC	A	Echo exam of abdomen	1 95	XXX
76705	26	A	Echo exam of abdomen	90	XXX
76705		A	Echo exam of abdomen	2 31	XXX
76705	TC	A	Echo exam of abdomen	1 41	XXX
76770	26	A	Echo exam abdomen back wall	1 13	XXX
76770		A	Echo exam abdomen back wall	3.08	XXX
76770	TC	A	Echo exam abdomen back wall	1.95	XXX
76775	26	A	Echo exam abdomen back wall	.89	XXX
76775		A	Echo exam abdomen back wall	2.30	XXX
76775	TC	A	Echo exam abdomen back wall	1.41	XXX
76778	26	A	Echo exam kidney transplant	1.13	XXX
76778		A	Echo exam kidney transplant	3.08	XXX
76778	TC	A	Echo exam kidney transplant	1.95	XXX
76800	26	A	Echo exam spinal canal	1 72	XXX
76800		A	Echo exam spinal canal	3.13	XXX
76800	TC	A	Echo exam spinal canal	1 41	XXX
76805	26	A	Echo exam of pregnant uterus	1 51	XXX
76805		A	Echo exam of pregnant uterus	3.60	XXX
76805	TC	A	Echo exam of pregnant uterus	2 09	XXX
76810	26	A	Echo exam of pregnant uterus	2 99	XXX
76810		A	Echo exam of pregnant uterus	7.15	XXX
76810	TC	A	Echo exam of pregnant uterus	4 16	XXX
76815	26	A	Echo exam of pregnant uterus	99	XXX
76815		A	Echo exam of pregnant uterus	2 40	XXX
76815	TC	A	Echo exam of pregnant uterus	1 41	XXX
76816	26	A	Echo exam follow–up or repeat	87	XXX
76816		A	Echo exam follow–up or repeat	1 97	XXX
76816	TC	A	Echo exam follow–up or repeat	1 10	XXX
76818	26	A	Fetal biophysical profile	1 17	XXX
76818		A	Fetal biophysical profile	2 78	XXX
76818	TC	A	Fetal biophysical profile	1 61	XXX
76825	26	A	Echo exam of fetal heart	1 16	XXX
76825		A	Echo exam of fetal heart	3 11	XXX
76825	TC	A	Echo exam of fetal heart	1.95	XXX
76826	26	A	Echo exam of fetal heart	1 50	XXX
76826		A	Echo exam of fetal heart	2 20	XXX
76826	TC	A	Echo exam of fetal heart	.71	XXX
76827	26	A	Echo exam of fetal heart	1.22	XXX
76827		A	Echo exam of fetal heart	2 94	XXX
76827	TC	A	Echo exam of fetal heart	1.73	XXX
76828	26	A	Echo exam of fetal heart	.78	XXX
76828		A	Echo exam of fetal heart	.94	XXX
76828	TC	A	Echo exam of fetal heart	16	XXX
76830	26	A	Echo exam, transvaginal	1.06	XXX
76830		A	Echo exam, transvaginal	2 58	XXX
76830	TC	A	Echo exam, transvaginal	1 52	XXX
76856	26	A	Echo exam of pelvis	1.06	XXX
76856		A	Echo exam of pelvis	2.58	XXX
76856	TC	A	Echo exam of pelvis	1.52	XXX
76857	26	A	Echo exam of pelvis	.57	XXX
76857		A	Echo exam of pelvis	1.61	XXX
76857	TC	A	Echo exam of pelvis	1.04	XXX
76870	26	A	Echo exam of scrotum	.97	XXX
76870		A	Echo exam of scrotum	2 49	XXX
76870	TC	A	Echo exam of scrotum	1.52	XXX
76872	26	A	Echo exam of prostate	1 06	XXX
76872		A	Echo exam of prostate	2.58	XXX
76872	TC	A	Echo exam of prostate	1 52	XXX
76880	26	A	Echo exam of extremity	90	XXX
76880		A	Echo exam of extremity	2 31	XXX

76880	TC	A	Echo exam of extremity	1 41	XXX
76930	26	A	Echo guide for heart sac tap	1 03	XXX
76930		A	Echo guide for heart sac tap	2.55	XXX
76930	TC	A	Echo guide for heart sac tap	1 52	XXX
76932	26	A	Echo guide for heart biopsy	1 03	XXX
76932		A	Echo guide for heart biopsy	2.55	XXX
76932	TC	A	Echo guide for heart biopsy	1 52	XXX
76934	26	A	Echo guide for chest tap	1 03	XXX
76934		A	Echo guide for chest tap	2 55	XXX
76934	TC	A	Echo guide for chest tap	1 52	XXX
76938	26	A	Echo exam for drainage	1 03	XXX
76938		A	Echo exam for drainage	2.55	XXX
76938	TC	A	Echo exam for drainage	1 52	XXX
76942	26	A	Echo guide for biopsy	1 03	XXX
76942		A	Echo guide for biopsy	2 55	XXX
76942	TC	A	Echo guide for biopsy	1 52	XXX
76946	26	A	Echo guide for amniocentesis	57	XXX
76946		A	Echo guide for amniocentesis	2 09	XXX
76946	TC	A	Echo guide for amniocentesis	1 52	XXX
76948	26	A	Echo guide, ova aspiration	57	XXX
76948		A	Echo guide, ova aspiration	2.09	XXX
76948	TC	A	Echo guide, ova aspiration	1.52	XXX
76950	26	A	Echo guidance radiotherapy	.89	XXX
76950		A	Echo guidance radiotherapy	2 18	XXX
76950	TC	A	Echo guidance radiotherapy	1 29	XXX
76960	26	A	Echo guidance radiotherapy	89	XXX
76960		A	Echo guidance radiotherapy	2 18	XXX
76960	TC	A	Echo guidance radiotherapy	1 29	XXX
76970	26	A	Ultrasound exam follow–up	.61	XXX
76970		A	Ultrasound exam follow–up	1.65	XXX
76970	TC	A	Ultrasound exam follow–up	1.04	XXX
76986	26	A	Echo exam at surgery	1.82	XXX
76986		A	Echo exam at surgery	4.44	XXX
76986	TC	A	Echo exam at surgery	2 61	XXX
77261		A	Radiation therapy planning	2.12	XXX
77262		A	Radiation therapy planning	3.19	XXX
77263		A	Radiation therapy planning	4 75	XXX
77280	26	A	Set radiation therapy field	1 07	XXX
77280		A	Set radiation therapy field	4 52	XXX
77280	TC	A	Set radiation therapy field	3 45	XXX
77285	26	A	Set radiation therapy field	1 59	XXX
77285		A	Set radiation therapy field	7.12	XXX
77285	TC	A	Set radiation therapy field	5.54	XXX
77290	26	A	Set radiation therapy field	2 38	XXX
77290		A	Set radiation therapy field	8 84	XXX
77290	TC	A	Set radiation therapy field	6.47	XXX
77300	26	A	Radiation therapy dose plan	.94	XXX
77300		A	Radiation therapy dose plan	2.27	XXX
77300	TC	A	Radiation therapy dose plan	1.33	XXX
77305	26	A	Radiation therapy dose plan	1.07	XXX
77305		A	Radiation therapy dose plan	2.91	XXX
77305	TC	A	Radiation therapy dose plan	1.85	XXX
77310	26	A	Radiation therapy dose plan	1 59	XXX
77310		A	Radiation therapy dose plan	3 90	XXX
77310	TC	A	Radiation therapy dose plan	2 32	XXX
77315	26	A	Radiation therapy dose plan	2 38	XXX
77315		A	Radiation therapy dose plan	5 02	XXX
77315	TC	A	Radiation therapy dose plan	2 64	XXX
77321	26	A	Radiation therapy port plan	1.44	XXX
77321		A	Radiation therapy port plan	5.45	XXX

77321	TC	A	Radiation therapy port plan	4 01	XXX
77326	26	A	Radiation therapy dose plan	1 41	XXX
77326		A	Radiation therapy dose plan	3 77	XXX
77326	TC	A	Radiation therapy dose plan	2 36	XXX
77327	26	A	Radiation therapy dose plan	2 12	XXX
77327		A	Radiation therapy dose plan	5 57	XXX
77327	TC	A	Radiation therapy dose plan	3 45	XXX
77328	26	A	Radiation therapy dose plan	3 17	XXX
77328		A	Radiation therapy dose plan	8 09	XXX
77328	TC	A	Radiation therapy dose plan	4 92	XXX
77331	26	A	Special radiation dosimetry	1.32	XXX
77331		A	Special radiation dosimetry	1 83	XXX
77331	TC	A	Special radiation dosimetry	51	XXX
77332	26	A	Radiation treatment aid(s)	83	XXX
77332		A	Radiation treatment aid(s)	2 16	XXX
77332	TC	A	Radiation treatment aid(s)	1 33	XXX
77333	26	A	Radiation treatment aid(s)	1 27	XXX
77333		A	Radiation treatment aid(s)	3 16	XXX
77333	TC	A	Radiation treatment aid(s)	1 89	XXX
77334	26	A	Radiation treatment aid(s)	1.87	XXX
77334		A	Radiation treatment aid(s)	5 09	XXX
77334	TC	A	Radiation treatment aid(s)	3 22	XXX
77336		A	Radiation physics consult	2 96	XXX
77370		A	Radiation physics consult	3 47	XXX
77401		A	Radiation treatment delivery	1 76	XXX
77402		A	Radiation treatment delivery	1 76	XXX
77403		A	Radiation treatment delivery	1.76	XXX
77404		A	Radiation treatment delivery	1.76	XXX
77406		A	Radiation treatment delivery	1 76	XXX
77407		A	Radiation treatment delivery	2 08	XXX
77408		A	Radiation treatment delivery	2.08	XXX
77409		A	Radiation treatment delivery	2 08	XXX
77411		A	Radiation treatment delivery	2.08	XXX
77412		A	Radiation treatment delivery	2 32	XXX
77413		A	Radiation treatment delivery	2 32	XXX
77414		A	Radiation treatment delivery	2.32	XXX
77416		A	Radiation treatment delivery	2 32	XXX
77417		A	Radiology port film(s)	59	XXX
77420		A	Weekly radiation therapy	2 45	XXX
77425		A	Weekly radiation therapy	3 71	XXX
77430		A	Weekly radiation therapy	5 46	XXX
77431		A	Radiation therapy management	2 74	XXX
77470	26	A	Special radiation treatment	3 17	XXX
77470		A	Special radiation treatment	14.24	XXX
77470	TC	A	Special radiation treatment	11 07	XXX
77600	26	A	Hyperthermia treatment	2 38	XXX
77600		A	Hyperthermia treatment	5 40	XXX
77600	TC	A	Hyperthermia treatment	3 02	XXX
77605	26	A	Hyperthermia treatment	3 17	XXX
77605		A	Hyperthermia treatment	7 20	XXX
77605	TC	A	Hyperthermia treatment	4.03	XXX
77610	26	A	Hyperthermia treatment	2 38	XXX
77610		A	Hyperthermia treatment	5 40	XXX
77610	TC	A	Hyperthermia treatment	3 02	XXX
77615	26	A	Hyperthermia treatment	3 17	XXX
77615		A	Hyperthermia treatment	7 20	XXX
77615	TC	A	Hyperthermia treatment	4.03	XXX
77620	26	A	Hyperthermia treatment	2 38	XXX
77620		A	Hyperthermia treatment	5.40	XXX
77620	TC	A	Hyperthermia treatment	3 02	XXX

77750	26	A	Infuse radioactive materials	6 96	XXX
77750		A	Infuse radioactive materials	8 28	XXX
77750	TC	A	Infuse radioactive materials	1 32	XXX
77761	26	A	Radioelement application	5 40	XXX
77761		A	Radioelement application	7.90	XXX
77761	TC	A	Radioelement application	2 50	XXX
77762	26	A	Radioelement application	8 12	XXX
77762		A	Radioelement application	11 71	XXX
77762	TC	A	Radioelement application	3 59	XXX
77763	26	A	Radioelement application	12 15	XXX
77763		A	Radioelement application	16 62	XXX
77763	TC	A	Radioelement application	4 46	XXX
77776	26	A	Radioelement application	7 08	XXX
77776		A	Radioelement application	9 24	XXX
77776	TC	A	Radioelement application	2.16	XXX
77777	26	A	Radioelement application	10 60	XXX
77777		A	Radioelement application	14 81	XXX
77777	TC	A	Radioelement application	4 20	XXX
77778	26	A	Radioelement application	15 89	XXX
77778		A	Radioelement application	20 97	XXX
77778	TC	A	Radioelement application	5 09	XXX
77781	26	A	High intensity brachytherapy	2 36	XXX
77781		A	High intensity brachytherapy	22 54	XXX
77781	TC	A	High intensity brachytherapy	20 18	XXX
77782	26	A	High intensity brachytherapy	3.55	XXX
77782		A	High intensity brachytherapy	23 73	XXX
77782	TC	A	High intensity brachytherapy	20.18	XXX
77783	26	A	High intensity brachytherapy	5 29	XXX
77783		A	High intensity brachytherapy	25.47	XXX
77783	TC	A	High intensity brachytherapy	20.18	XXX
77784	26	A	High intensity brachytherapy	7 96	XXX
77784		A	High intensity brachytherapy	28 14	XXX
77784	TC	A	High intensity brachytherapy	20 18	XXX
77789	26	A	Radioelement application	1 59	XXX
77789		A	Radioelement application	2.04	XXX
77789	TC	A	Radioelement application	.45	XXX
77790	26	A	Radioelement handling	1 59	XXX
77790		A	Radioelement handling	2 10	XXX
77790	TC	A	Radioelement handling	51	XXX
78000	26	A	Nuclear exam of thyroid	.28	XXX
78000		A	Nuclear exam of thyroid	1.24	XXX
78000	TC	A	Nuclear exam of thyroid	96	XXX
78001	26	A	Nuclear exams of thyroid	39	XXX
78001		A	Nuclear exams of thyroid	1.68	XXX
78001	TC	A	Nuclear exams of thyroid	1.29	XXX
78003	26	A	Special thyroid nuclear exam	49	XXX
78003		A	Special thyroid nuclear exam	1 45	XXX
78003	TC	A	Special thyroid nuclear exam	96	XXX
78006	26	A	Thyroid imaging, with uptake	.75	XXX
78006		A	Thyroid imaging, with uptake	3 12	XXX
78006	TC	A	Thyroid imaging, with uptake	2.37	XXX
78007	26	A	Thyroid imaging, with uptake	77	XXX
78007		A	Thyroid imaging, with uptake	3 32	XXX
78007	TC	A	Thyroid imaging, with uptake	2 56	XXX
78010	26	A	Nuclear scan of thyroid	59	XXX
78010		A	Nuclear scan of thyroid	2 39	XXX
78010	TC	A	Nuclear scan of thyroid	1 80	XXX
78011	26	A	Nuclear scan, thyroid flow	70	XXX
78011		A	Nuclear scan, thyroid flow	3 09	XXX
78011	TC	A	Nuclear scan, thyroid flow	2 39	XXX

78015	26	A	Nuclear scan of thyroid	1 03	XXX
78015		A	Nuclear scan of thyroid	3 58	XXX
78015	TC	A	Nuclear scan of thyroid	2 56	XXX
78016	26	A	Extensive thyroid scan	1 25	XXX
78016		A	Extensive thyroid scan	4 71	XXX
78016	TC	A	Extensive thyroid scan	3 46	XXX
78017	26	A	Multiple nuclear scans	1 32	XXX
78017		A	Multiple nuclear scans	5 02	XXX
78017	TC	A	Multiple nuclear scans	3 70	XXX
78018	26	A	Whole body nuclear scans	1 44	XXX
78018		A	Whole body nuclear scans	6 83	XXX
78018	TC	A	Whole body nuclear scans	5 39	XXX
78070	26	A	Nuclear scan of parathyroid	78	XXX
78070		A	Nuclear scan of parathyroid	2 58	XXX
78070	TC	A	Nuclear scan of parathyroid	1 80	XXX
78075	26	A	Nuclear scan of adrenals	1 13	XXX
78075		A	Nuclear scan of adrenals	6 52	XXX
78075	TC	A	Nuclear scan of adrenals	5 39	XXX
78102	26	A	Nuclear scan of bone marrow	84	XXX
78102		A	Nuclear scan of bone marrow	2 87	XXX
78102	TC	A	Nuclear scan of bone marrow	2 03	XXX
78103	26	A	Nuclear scan of bone marrow	1 14	XXX
78103		A	Nuclear scan of bone marrow	4 28	XXX
78103	TC	A	Nuclear scan of bone marrow	3 14	XXX
78104	26	A	Nuclear scan of bone marrow	1 22	XXX
78104		A	Nuclear scan of bone marrow	5 26	XXX
78104	TC	A	Nuclear scan of bone marrow	4 04	XXX
78110	26	A	Nuclear exam, plasma volume	28	XXX
78110		A	Nuclear exam, plasma volume	1 22	XXX
78110	TC	A	Nuclear exam, plasma volume	.94	XXX
78111	26	A	Nuclear exam, plasma volume	33	XXX
78111		A	Nuclear exam, plasma volume	2 89	XXX
78111	TC	A	Nuclear exam, plasma volume	2 56	XXX
78120	26	A	Nuclear exam of RBC mass	35	XXX
78120		A	Nuclear exam of RBC mass	2 07	XXX
78120	TC	A	Nuclear exam of RBC mass	1 72	XXX
78121	26	A	Nuclear exam of RBC mass	48	XXX
78121		A	Nuclear exam of RBC mass	3 37	XXX
78121	TC	A	Nuclear exam of RBC mass	2 88	XXX
78122	26	A	Nuclear exam, blood volume	.68	XXX
78122		A	Nuclear exam, blood volume	5 26	XXX
78122	TC	A	Nuclear exam, blood volume	4 58	XXX
78130	26	A	Red cell survival exam	93	XXX
78130		A	Red cell survival exam	3 77	XXX
78130	TC	A	Red cell survival exam	2 84	XXX
78135	26	A	Red cell survival exam	97	XXX
78135		A	Red cell survival exam	5 81	XXX
78135	TC	A	Red cell survival exam	4 84	XXX
78140	26	A	Nuclear exam, red blood cells	93	XXX
78140		A	Nuclear exam, red blood cells	4 84	XXX
78140	TC	A	Nuclear exam, red blood cells	3 91	XXX
78160	26	A	Nuclear exam of plasma iron	49	XXX
78160		A	Nuclear exam of plasma iron	4 13	XXX
78160	TC	A	Nuclear exam of plasma iron	3 64	XXX
78162	26	A	Nuclear exam, iron absorption	68	XXX
78162		A	Nuclear exam, iron absorption	3 85	XXX
78162	TC	A	Nuclear exam, iron absorption	3 17	XXX
78170	26	A	Nuclear exam, red cell iron	62	XXX
78170		A	Nuclear exam, red cell iron	5 90	XXX
78170	TC	A	Nuclear exam, red cell iron	5.28	XXX

78172	26	A	Nuclear exam, total body iron	.82	XXX
78185	26	A	Nuclear scan of spleen	61	XXX
78185		A	Nuclear scan of spleen	2 95	XXX
78185	TC	A	Nuclear scan of spleen	2.35	XXX
78190	26	A	Nuclear exam of platelets	1 65	XXX
78190		A	Nuclear exam of platelets	7 33	XXX
78190	TC	A	Nuclear exam of platelets	5 68	XXX
78191	26	A	Nuclear exam of platelets	.93	XXX
78191		A	Nuclear exam of platelets	8 22	XXX
78191	TC	A	Nuclear exam of platelets	7.29	XXX
78192	26	A	Nuclear exam, WBC scan	1 21	XXX
78192		A	Nuclear exam, WBC scan	4.58	XXX
78192	TC	A	Nuclear exam, WBC scan	3 37	XXX
78193	26	A	Nuclear exam, WBC scan	1 33	XXX
78193		A	Nuclear exam, WBC scan	11.02	XXX
78193	TC	A	Nuclear exam, WBC scan	9.69	XXX
78195	26	A	Nuclear scan of lymph system	1.07	XXX
78195		A	Nuclear scan of lymph system	5 11	XXX
78195	TC	A	Nuclear scan of lymph system	4 04	XXX
78201	26	A	Nuclear scan of liver	66	XXX
78201		A	Nuclear scan of liver	3 00	XXX
78201	TC	A	Nuclear scan of liver	2 35	XXX
78202	26	A	Nuclear scan of liver	78	XXX
78202		A	Nuclear scan of liver	3 65	XXX
78202	TC	A	Nuclear scan of liver	2 87	XXX
78205	26	A	Nuclear scan of liver (3D)	1 09	XXX
78205		A	Nuclear scan of liver (3D)	6 95	XXX
78205	TC	A	Nuclear scan of liver (3D)	5 86	XXX
78215	26	A	Nuclear scan, liver and spleen	75	XXX
78215		A	Nuclear scan, liver and spleen	3 66	XXX
78215	TC	A	Nuclear scan, liver and spleen	2 91	XXX
78216	26	A	Nuclear scan, liver/spleen	87	XXX
78216		A	Nuclear scan, liver/spleen	4 33	XXX
78216	TC	A	Nuclear scan, liver/spleen	3 46	XXX
78220	26	A	Nuclear scan, liver function	75	XXX
78220		A	Nuclear scan, liver function	4 44	XXX
78220	TC	A	Nuclear scan, liver function	3 70	XXX
78223	26	A	Nuclear scan, biliary tract	1 27	XXX
78223		A	Nuclear scan, biliary tract	4 91	XXX
78223	TC	A	Nuclear scan, biliary tract	3 64	XXX
78230	26	A	Nuclear scan, salivary gland	.70	XXX
78230		A	Nuclear scan, salivary gland	2 86	XXX
78230	TC	A	Nuclear scan, salivary gland	2.16	XXX
78231	26	A	Nuclear scans, salivary gland	.80	XXX
78231		A	Nuclear scans, salivary gland	3 94	XXX
78231	TC	A	Nuclear scans, salivary gland	3 14	XXX
78232	26	A	Nuclear exam, salivary gland	.73	XXX
78232		A	Nuclear exam, salivary gland	4.23	XXX
78232	TC	A	Nuclear exam, salivary gland	3.51	XXX
78258	26	A	Nuclear imaging of esophagus	1 13	XXX
78258		A	Nuclear imaging of esophagus	3.99	XXX
78258	TC	A	Nuclear imaging of esophagus	2.87	XXX
78261	26	A	Nuclear scan, gastric mucosa	1.06	XXX
78261		A	Nuclear scan, gastric mucosa	5.13	XXX
78261	TC	A	Nuclear scan, gastric mucosa	4 07	XXX
78262	26	A	Gullet reflux nuclear exam	1 04	XXX
78262		A	Gullet reflux nuclear exam	5 25	XXX
78262	TC	A	Gullet reflux nuclear exam	4.21	XXX
78264	26	A	Nuclear exam, stomach	1.19	XXX
78264		A	Nuclear exam, stomach	5.28	XXX

78264	TC	A	Nuclear exam, stomach	4 09	XXX
78270	26	A	Vit B–12 absorption exams	30	XXX
78270		A	Vit B–12 absorption exams	1 85	XXX
78270	TC	A	Vit B–12 absorption exams	1 54	XXX
78271	26	A	Vit B–12 absorption exams	30	XXX
78271		A	Vit B–12 absorption exams	1 94	XXX
78271	TC	A	Vit B–12 absorption exams	1 64	XXX
78272	26	A	Vit B–12 absorption exams	41	XXX
78272		A	Vit B–12 absorption exams	2 72	XXX
78272	TC	A	Vit B–12 absorption exams	2 31	XXX
78276	26	A	Nuclear exam, GI blood loss	1 09	XXX
78276		A	Nuclear exam, GI blood loss	4 26	XXX
78276	TC	A	Nuclear exam, GI blood loss	3 17	XXX
78278	26	A	Nuclear scan, GI blood loss	1.51	XXX
78278		A	Nuclear scan, GI blood loss	6 34	XXX
78278	TC	A	Nuclear scan, GI blood loss	4 84	XXX
78280	26	A	GI Blood loss exam	58	XXX
78280		A	GI Blood loss exam	3 80	XXX
78280	TC	A	GI Blood loss exam	3 22	XXX
78282	26	A	GI Protein loss exam	58	XXX
78290	26	A	Nuclear scan of bowel	1 04	XXX
78290		A	Nuclear scan of bowel	4 06	XXX
78290	TC	A	Nuclear scan of bowel	3 02	XXX
78291	26	A	Test venous drain, abdomen	1 33	XXX
78291		A	Test venous drain, abdomen	4 37	XXX
78291	TC	A	Test venous dram, abdomen	3 04	XXX
78300	26	A	Nuclear scan of bone	95	XXX
78300		A	Nuclear scan of bone	3.43	XXX
78300	TC	A	Nuclear scan of bone	2 48	XXX
78305	26	A	Nuclear scan of bones	1 26	XXX
78305		A	Nuclear scan of bones	4 90	XXX
78305	TC	A	Nuclear scan of bones	3 64	XXX
78306	26	A	Nuclear scan of skeleton	1 31	XXX
78306		A	Nuclear scan of skeleton	5.56	XXX
78306	TC	A	Nuclear scan of skeleton	4 24	XXX
78310	26	A	Bone blood flow scan	.83	XXX
78310		A	Bone blood flow scan	2 00	XXX
78310	TC	A	Bone blood flow scan	1.17	XXX
78315	26	A	Nuclear scan of bone	1 55	XXX
78315		A	Nuclear scan of bone	6 29	XXX
78315	TC	A	Nuclear scan of bone	4 74	XXX
78320	26	A	Nuclear scan of bone (3D)	1 58	XXX
78320		A	Nuclear scan of bone (3D)	7 44	XXX
78320	TC	A	Nuclear scan of bone (3D)	5.86	XXX
78350	26	A	Bone mineral content study	33	XXX
78350		A	Bone mineral content study	1 09	XXX
78350	TC	A	Bone mineral content study	76	XXX
78414	26	A	Nuclear exam of heart flow	68	XXX
78428	26	A	Nuclear exam, heart shunt	1.19	XXX
78428		A	Nuclear exam, heart shunt	3 43	XXX
78428	TC	A	Nuclear exam, heart shunt	2 24	XXX
78445	26	A	Nuclear scan of blood flow	75	XXX
78445		A	Nuclear scan of blood flow	2 62	XXX
78445	TC	A	Nuclear scan of blood flow	1.88	XXX
78455	26	A	Nuclear scan of vein clot	1 11	XXX
78455		A	Nuclear scan of vein clot	5.06	XXX
78455	TC	A	Nuclear scan of vein clot	3 96	XXX
78457	26	A	Nuclear scan vein thrombosis	1 17	XXX
78457		A	Nuclear scan vein thrombosis	3 81	XXX
78457	TC	A	Nuclear scan vein thrombosis	2 64	XXX

78458	26	A	Nuclear scan vein thrombosis	1 36	XXX
78458		A	Nuclear scan vein thrombosis	5 35	XXX
78458	TC	A	Nuclear scan vein thrombosis	3 99	XXX
78460	26	A	Nuclear scan, heart muscle	1 31	XXX
78460		A	Nuclear scan, heart muscle	3 66	XXX
78460	TC	A	Nuclear scan, heart muscle	2 35	XXX
78461	26	A	Nuclear scan, heart muscle	1 86	XXX
78461		A	Nuclear scan, heart muscle	6.56	XXX
78461	TC	A	Nuclear scan, heart muscle	4 69	XXX
78464	26	A	Nuclear scan, heart muscle	1 65	XXX
78464		A	Nuclear scan, heart muscle	8 69	XXX
78464	TC	A	Nuclear scan, heart muscle	7 04	XXX
78465	26	A	Nuclear scan, heart muscle	2 22	XXX
78465		A	Nuclear scan, heart muscle	13 94	XXX
78465	TC	A	Nuclear scan, heart muscle	11 71	XXX
78466	26	A	Nuclear scan, heart muscle	1 06	XXX
78466		A	Nuclear scan, heart muscle	3.67	XXX
78466	TC	A	Nuclear scan, heart muscle	2 61	XXX
78468	26	A	Nuclear scan, heart muscle	1 21	XXX
78468		A	Nuclear scan, heart muscle	4 85	XXX
78468	TC	A	Nuclear scan, heart muscle	3.64	XXX
78469	26	A	Nuclear scan, heart muscle	1 39	XXX
78469		A	Nuclear scan, heart muscle	6 59	XXX
78469	TC	A	Nuclear scan, heart muscle	5 20	XXX
78472	26	A	Nuclear scan, heart muscle	1.49	XXX
78472		A	Nuclear scan, heart muscle	6 97	XXX
78472	TC	A	Nuclear scan, heart muscle	5 48	XXX
78473	26	A	Nuclear scan, cardiac muga	2 23	XXX
78473		A	Nuclear scan, cardiac muga	10 44	XXX
78473	TC	A	Nuclear scan, cardiac muga	8 21	XXX
78478	26	A	Nuclear scan, heart muscle	94	XXX
78478		A	Nuclear scan, heart muscle	2 49	XXX
78478	TC	A	Nuclear scan, heart muscle	1 55	XXX
78480	26	A	Nuclear scan, heart muscle	94	XXX
78480		A	Nuclear scan, heart muscle	2 49	XXX
78480	TC	A	Nuclear scan, heart muscle	1 55	XXX
78481	26	A	Nuclear scan, heart muscle	1 49	XXX
78481		A	Nuclear scan, heart muscle	6 69	XXX
78481	TC	A	Nuclear scan, heart muscle	5 20	XXX
78483	26	A	Nuclear scan, heart muscle	2 23	XXX
78483		A	Nuclear scan, heart muscle	10 06	XXX
78483	TC	A	Nuclear scan, heart muscle	7 82	XXX
78580	26	A	Nuclear scan of lung	1 13	XXX
78580		A	Nuclear scan of lung	4 54	XXX
78580	TC	A	Nuclear scan of lung	3.41	XXX
78581	26	A	Nuclear scan of lung	1 06	XXX
78581		A	Nuclear scan of lung	3 43	XXX
78581	TC	A	Nuclear scan of lung	2 37	XXX
78582	26	A	Nuclear scan of lung	1 38	XXX
78582		A	Nuclear scan of lung	5 13	XXX
78582	TC	A	Nuclear scan of lung	3 75	XXX
78584	26	A	Nuclear scan of lung	1 51	XXX
78584		A	Nuclear scan of lung	4 68	XXX
78584	TC	A	Nuclear scan of lung	3 17	XXX
78585	26	A	Nuclear scan of lung	1 65	XXX
78585		A	Nuclear scan of lung	7.24	XXX
78585	TC	A	Nuclear scan of lung	5 59	XXX
78586	26	A	Nuclear scan of lung	61	XXX
78586		A	Nuclear scan of lung	3 18	XXX
78586	TC	A	Nuclear scan of lung	2 58	XXX

78587	26	A	Nuclear scan of lung	75	XXX
78587		A	Nuclear scan of lung	3 53	XXX
78587	TC	A	Nuclear scan of lung	2 79	XXX
78591	26	A	Nuclear scan of lung	61	XXX
78591		A	Nuclear scan of lung	3 44	XXX
78591	TC	A	Nuclear scan of lung	2 84	XXX
78593	26	A	Nuclear scan of lung	75	XXX
78593		A	Nuclear scan of lung	4 17	XXX
78593	TC	A	Nuclear scan of lung	3 43	XXX
78594	26	A	Nuclear scan of lung	82	XXX
78594		A	Nuclear scan of lung	5.77	XXX
78594	TC	A	Nuclear scan of lung	4 94	XXX
78596	26	A	Nuclear study of lung	1 93	XXX
78596		A	Nuclear study of lung	8 97	XXX
78596	TC	A	Nuclear study of lung	7 04	XXX
78600	26	A	Nuclear scan of brain	67	XXX
78600		A	Nuclear scan of brain	3.53	XXX
78600	TC	A	Nuclear scan of brain	2.87	XXX
78601	26	A	Nuclear scan of bram	79	XXX
78601		A	Nuclear scan of brain	4 17	XXX
78601	TC	A	Nuclear scan of brain	3 37	XXX
78605	26	A	Nuclear scan of brain	82	XXX
78605		A	Nuclear scan of brain	4 20	XXX
78605	TC	A	Nuclear scan of brain	3.37	XXX
78606	26	A	Nuclear scan of brain	.97	XXX
78606		A	Nuclear scan of brain	4.81	XXX
78606	TC	A	Nuclear scan of brain	3 84	XXX
78607	26	A	Nuclear scan of brain (3D)	1.86	XXX
78607		A	Nuclear scan of brain (3D)	8 38	XXX
78607	TC	A	Nuclear scan of brain (3D)	6 51	XXX
78610	26	A	Nuclear scan of brain	45	XXX
78610		A	Nuclear scan of brain	2.02	XXX
78610	TC	A	Nuclear scan of brain	1 57	XXX
78615	26	A	Cerebral blood flow scan	64	XXX
78615		A	Cerebral blood flow scan	4.46	XXX
78615	TC	A	Cerebral blood flow scan	3 82	XXX
78630	26	A	Cerebrospinal fluid scan	1 04	XXX
78630		A	Cerebrospinal fluid scan	6.04	XXX
78630	TC	A	Cerebrospinal fluid scan	5.00	XXX
78635	26	A	Cerebrospinal fluid scan	.93	XXX
78635		A	Cerebrospinal fluid scan	3.46	XXX
78635	TC	A	Cerebrospinal fluid scan	2.53	XXX
78645	26	A	Cerebrospinal fluid scan	87	XXX
78645		A	Cerebrospinal fluid scan	4.28	XXX
78645	TC	A	Cerebrospinal fluid scan	3.41	XXX
78650	26	A	Cerebrospinal fluid scan	.93	XXX
78650		A	Cerebrospinal fluid scan	5 54	XXX
78650	TC	A	Cerebrospinal fluid scan	4 61	XXX
78652	26	A	Cerebrospinal fluid scan (3D)	1 37	XXX
78652		A	Cerebrospinal fluid scan (3D)	7.23	XXX
78652	TC	A	Cerebrospinal fluid scan (3D)	5 86	XXX
78655	26	A	Nuclear exam of eye lesion	86	XXX
78655		A	Nuclear exam of eye lesion	5 81	XXX
78655	TC	A	Nuclear exam of eye lesion	4 94	XXX
78660	26	A	Nuclear exam of tear flow	.82	XXX
78660		A	Nuclear exam of tear flow	2.93	XXX
78660	TC	A	Nuclear exam of tear flow	2.11	XXX
78700	26	A	Nuclear scan of kidney	68	XXX
78700		A	Nuclear scan of kidney	3 69	XXX
78700	TC	A	Nuclear scan of kidney	3 02	XXX

78701	26	A	Nuclear scan of kidney	75	XXX
78701		A	Nuclear scan of kidney	4 28	XXX
78701	TC	A	Nuclear scan of kidney	3 54	XXX
78704	26	A	Nuclear scan of kidney	1 13	XXX
78704		A	Nuclear scan of kidney	5 05	XXX
78704	TC	A	Nuclear scan of kidney	3 93	XXX
78707	26	A	Nuclear scan of kidney	1 42	XXX
78707		A	Nuclear scan of kidney	5 87	XXX
78707	TC	A	Nuclear scan of kidney	4 45	XXX
78710	26	A	Nuclear scan of kidney (3D)	1 01	XXX
78710		A	Nuclear scan of kidney (3D)	6 87	XXX
78710	TC	A	Nuclear scan of kidney (3D)	5 86	XXX
78715	26	A	Nuclear exam of kidney	45	XXX
78715		A	Nuclear exam of kidney	2 02	XXX
78715	TC	A	Nuclear exam of kidney	1 57	XXX
78725	26	A	Nuclear exam of kidney	57	XXX
78725		A	Nuclear exam of kidney	2.34	XXX
78725	TC	A	Nuclear exam of kidney	1 77	XXX
78726	26	A	Nuclear exam of kidney	1.32	XXX
78726		A	Nuclear exam of kidney	4 26	XXX
78726	TC	A	Nuclear exam of kidney	2 94	XXX
78727	26	A	Nuclear exam renal surgery	1 51	XXX
78727		A	Nuclear exam renal surgery	5 46	XXX
78727	TC	A	Nuclear exam renal surgery	3 96	XXX
78730	26	A	Nuclear exam of bladder	53	XXX
78730		A	Nuclear exam of bladder	1 99	XXX
78730	TC	A	Nuclear exam of bladder	1 46	XXX
78740	26	A	Nuclear exam of ureter	87	XXX
78740		A	Nuclear exam of ureter	2 98	XXX
78740	TC	A	Nuclear exam of ureter	2 11	XXX
78760	26	A	Nuclear scan of testes	1 00	XXX
78760		A	Nuclear scan of testes	3.66	XXX
78760	TC	A	Nuclear scan of testes	2.66	XXX
78761	26	A	Scan of testes/blood flow	1.09	XXX
78761		A	Scan of testes/blood flow	4 26	XXX
78761	TC	A	Scan of testes/blood flow	3.17	XXX
78800	26	A	Nuclear exam of lesion	.99	XXX
78800		A	Nuclear exam of lesion	4 36	XXX
78800	TC	A	Nuclear exam of lesion	3 37	XXX
78801	26	A	Nuclear exam of lesions	1 20	XXX
78801		A	Nuclear exam of lesions	5 39	XXX
78801	TC	A	Nuclear exam of lesions	4.20	XXX
78802	26	A	Nuclear exam of lesions	1 31	XXX
78802		A	Nuclear exam of lesions	6 81	XXX
78802	TC	A	Nuclear exam of lesions	5 50	XXX
78803	26	A	Nuclear scan of tumor (3D)	1 65	XXX
78803		A	Nuclear scan of tumor (3D)	8 16	XXX
78803	TC	A	Nuclear scan of tumor (3D)	6 51	XXX
78805	26	A	Nuclear exam of abscess	1 04	XXX
78805		A	Nuclear exam of abscess	4 41	XXX
78805	TC	A	Nuclear exam of abscess	3 37	XXX
78806	26	A	Nuclear exam of abscess	1 29	XXX
78806		A	Nuclear exam of abscess	6 79	XXX
78806	TC	A	Nuclear exam of abscess	5 50	XXX
78890	26	A	Automated data, nuclear med	.07	XXX
78890		A	Automated data, nuclear med	1 36	XXX
78890	TC	A	Automated data, nuclear med	1 29	XXX
78891	26	A	Automated data, nuclear med	16	XXX
78891		A	Automated data, nuclear med	2 77	XXX
78891	TC	A	Automated data, nuclear med	2 61	XXX

79000	26	A	Nuclear therapy, thyroid	2 73	XXX
79000		A	Nuclear therapy, thyroid	5 35	XXX
79000	TC	A	Nuclear therapy, thyroid	2 61	XXX
79001	26	A	Nuclear therapy, thyroid	1 59	XXX
79001		A	Nuclear therapy, thyroid	2 88	XXX
79001	TC	A	Nuclear therapy, thyroid	1 29	XXX
79020	26	A	Nuclear therapy, thyroid	2 74	XXX
79020		A	Nuclear therapy, thyroid	5 36	XXX
79020	TC	A	Nuclear therapy, thyroid	2 61	XXX
79030	26	A	Nuclear therapy, thyroid	3 18	XXX
79030		A	Nuclear therapy, thyroid	5 80	XXX
79030	TC	A	Nuclear therapy, thyroid	2.61	XXX
79035	26	A	Nuclear therapy, thyroid	3.82	XXX
79035		A	Nuclear therapy, thyroid	6.43	XXX
79035	TC	A	Nuclear therapy, thyroid	2.61	XXX
79100	26	A	Nuclear therapy, blood	2 00	XXX
79100		A	Nuclear therapy, blood	4 61	XXX
79100	TC	A	Nuclear therapy, blood	2 61	XXX
79200	26	A	Radionuclide therapy	3 03	XXX
79200		A	Radionuclide therapy	5.64	XXX
79200	TC	A	Radionuclide therapy	2.61	XXX
79300	26	A	Radionuclide therapy	2.43	XXX
79400	26	A	Radionuclide therapy	2.97	XXX
79400		A	Radionuclide therapy	5 58	XXX
79400	TC	A	Radionuclide therapy	2 61	XXX
79420	26	A	Radionuclide therapy	2.29	XXX
79440	26	A	Radionuclide therapy	3 03	XXX
79440		A	Radionuclide therapy	5.64	XXX
79440	TC	A	Radionuclide therapy	2.61	XXX

G Procedure code numbers 90780 to 99373 relate to medical services and evaluation and management services.

CPT/ HCPCS Procedure Code	Tech/ Prof MOD	Status	CPT/HCPCS Description	Total RVU	Global Period
90780		A	IV infusion therapy, one hour	1.18	XXX
90781		A	IV infusion, additional hour	59	XXX
90782		T	Injection (SC)/(IM)	10	XXX
90783		T	Injection (IA)	41	XXX
90784		T	Injection (IV)	.52	XXX
90788		T	Injection of antibiotic	11	XXX
90798		A	Injection for severe allergy	.41	XXX
90801		A	Psychiatric interview	2 98	XXX
90820		A	Diagnostic interview	2 71	XXX
90825		A	Evaluation of tests/records	1 32	XXX
90830		A	Psychological testing	1.82	XXX
90835		A	Special interview	3 44	XXX
90841		B	Psychotherapy	.00	XXX
90843		A	Psychotherapy, 20 to 30 minutes	1.50	XXX
90844		A	Psychotherapy, 45 to 50 minutes	2 36	XXX
90845		A	Medical psychoanalysis	2 26	XXX
90846		A	Special family therapy	2 54	XXX
90847		A	Special family therapy	2 88	XXX
90853		A	Special group therapy	71	XXX
90855		A	Individual psychotherapy	2.51	XXX

90857		A	Special group therapy	60	XXX
90862		A	Medication management	1.37	XXX
90870		A	Electroconvulsive therapy	2 45	000
90871		A	Electroconvulsive therapy	3 71	000
90880		A	Medical hypnotherapy	2 93	XXX
90887		A	Consultation with family	1 87	XXX
90889		B	Preparation of report	00	XXX
90900		A	Biofeedback, electromyogram	1.86	000
90902		A	Biofeedback, nerve impulse	1.58	000
90904		A	Biofeedback, blood pressure	1.27	000
90906		A	Biofeedback, blood flow	2 58	000
90908		A	Biofeedback, brain waves	1.81	000
90910		A	Biofeedback, oculogram	1.65	000
90915		A	Biofeedback, unspecified	1 71	000
90935		A	Hemodialysis, one evaluation	2 72	000
90937		A	Hemodialysis, repeated evaluations	5 10	000
90945		A	Dialysis, one evaluation	2 53	000
90947		A	Dialysis, repeated evaluations	4 27	000
90997		A	Hemoperfusion	4 44	000
91000	26	A	Esophageal intubation	1.64	000
91000		A	Esophageal intubation	1 71	000
91000	TC	A	Esophageal intubation	08	000
91010	26	A	Esophagus motility study	3 27	000
91010		A	Esophagus motility study	4.09	000
91010	TC	A	Esophagus motility study	82	000
91011	26	A	Esophagus motility study	3 78	000
91011		A	Esophagus motility study	4.80	000
91011	TC	A	Esophagus motility study	1.02	000
91012	26	A	Esophagus motility study	4 09	000
91012		A	Esophagus motility study	5 24	000
91012	TC	A	Esophagus motility study	1 15	000
91020	26	A	Esophagogastric study	3.79	000
91020		A	Esophagogastric study	4.56	000
91020	TC	A	Esophagogastric study	77	000
91030	26	A	Acid perfusion of esophagus	1 59	000
91030		A	Acid perfusion of esophagus	1 81	000
91030	TC	A	Acid perfusion of esophagus	.22	000
91032	26	A	Esophagus, acid reflux test	2 95	000
91032		A	Esophagus, acid reflux test	3 70	000
91032	TC	A	Esophagus, acid reflux test	75	000
91033	26	A	Prolonged acid reflux test	3.53	000
91033		A	Prolonged acid reflux test	4 89	000
91033	TC	A	Prolonged acid reflux test	1 35	000
91052	26	A	Gastric analysis test	2.28	000
91052		A	Gastric analysis test	2.62	000
91052	TC	A	Gastric analysis test	.33	000
91055	26	A	Gastric intubation for smear	1 85	000
91055		A	Gastric intubation for smear	2 15	000
91055	TC	A	Gastric intubation for smear	30	000
91060	26	A	Gastric saline load test	1 00	000
91060		A	Gastric saline load test	1 22	000
91060	TC	A	Gastric saline load test	.22	000
91065	26	A	Breath hydrogen test	.98	000
91065		A	Breath hydrogen test	1 32	000
91065	TC	A	Breath hydrogen test	.35	000
91100		A	Pass intestine bleeding tube	1.70	000
91105		A	Gastric intubation treatment	95	000
91122	26	A	Anal pressure record	2 95	000
91122		A	Anal pressure record	3.69	000

91122	TC	A	Anal pressure record	.74	000
92002		A	Eye exam, new patient	1 54	XXX
92004		A	Eye exam, new patient	2 24	XXX
92012		A	Eye exam, established patient	1 29	XXX
92014		A	Eye exam, established patient	1 64	XXX
92018		A	New eye exam and treatment	2 05	XXX
92019		A	Eye exam and treatment	1 84	XXX
92020		A	Special eye evaluation	66	XXX
92060	26	A	Special eye evaluation	73	XXX
92060		A	Special eye evaluation	91	XXX
92060	TC	A	Special eye evaluation	18	XXX
92065	26	A	Orthoptic/pleoptic training	57	XXX
92065		A	Orthoptic/pleoptic training	73	XXX
92065	TC	A	Orthoptic/pleoptic training	16	XXX
92070		A	Fitting of contact lens	1 96	XXX
92081	26	A	Visual field examination(s)	53	XXX
92081		A	Visual field examination(s)	.68	XXX
92081	TC	A	Visual field examination(s)	15	XXX
92082	26	A	Visual field exammation(s)	75	XXX
92082		A	Visual field examination(s)	94	XXX
92082	TC	A	Visual field examination(s)	19	XXX
92083	26	A	Visual field examination(s)	1 10	XXX
92083		A	Visual field examination(s)	1 37	XXX
92083	TC	A	Visual field examination(s)	28	XXX
92100		A	Serial tonometry exam(s)	1 19	XXX
92120		A	Tonography and eye evaluation	1 15	XXX
92130		A	Water provocation tonography	1 34	XXX
92140		A	Glaucoma provocative tests	82	XXX
92225		A	Special eye exam, initial	1 07	XXX
92226		A	Special eye exam, subsequent	93	XXX
92230		A	Eye exam with photos	1 34	XXX
92235	26	A	Eye exam with photos	1 44	XXX
92235		A	Eye exam with photos	2 47	XXX
92235	TC	A	Eye exam with photos	1 03	XXX
92250	26	A	Eye exam with photos	70	XXX
92250		A	Eye exam with photos	87	XXX
92250	TC	A	Eye exam with photos	17	XXX
92260		A	Ophthalmoscopy/dynamometry	1 09	XXX
92265	26	A	Eye muscle evaluation	90	XXX
92265		A	Eye muscle evaluation	1 13	XXX
92265	TC	A	Eye muscle evaluation	23	XXX
92270	26	A	Electro–oculography	1 21	XXX
92270		A	Electro–oculography	1 52	XXX
92270	TC	A	Electro–oculography	31	XXX
92275	26	A	Electroretinography	1 57	XXX
92275		A	Electroretinography	1 97	XXX
92275	TC	A	Electroretinography	40	XXX
92280	26	A	Special eye evaluation	96	XXX
92280		A	Special eye evaluation	1.21	XXX
92280	TC	A	Special eye evaluation	.25	XXX
92283	26	A	Color vision examination	43	XXX
92283		A	Color vision examination	55	XXX
92283	TC	A	Color vision examination	12	XXX
92284	26	A	Dark adaptation eye exam	65	XXX
92284		A	Dark adaptation eye exam	82	XXX
92284	TC	A	Dark adaptation eye exam	17	XXX
92285	26	A	Eye photography	38	XXX
92285		A	Eye photography	49	XXX
92285	TC	A	Eye photography	.11	XXX
92286	26	A	Internal eye photography	1.54	XXX

92286		A	Internal eye photography	1 95	XXX
92286	TC	A	Internal eye photography	40	XXX
92287		A	Internal eye photography	2 40	XXX
92311		A	Contact lens fitting	2.01	XXX
92312		A	Contact lens fitting	2 47	XXX
92313		A	Contact lens fitting	1 84	XXX
92315		A	Prescription of contact lens	1.15	XXX
92316		A	Prescription of contact lens	1 67	XXX
92317		A	Prescription of contact lens	87	XXX
92325		A	Modification of contact lens	38	XXX
92326		A	Replacement of contact lens	1 60	XXX
92330		A	Fitting of artificial eye	2 29	XXX
92335		A	Fitting of artificial eye	2 51	XXX
92352		A	Special spectacles fitting	67	XXX
92353		A	Special spectacles fitting	93	XXX
92354		A	Special spectacles fitting	8.46	XXX
92355		A	Special spectacles fitting	4 11	XXX
92358		A	Eye prosthesis service	.95	XXX
92371		A	Repair and adjust spectacles	61	XXX
92392		A	Supply of low vision aids	3.84	XXX
92393		A	Supply of artificial eye	12.41	XXX
92395		A	Supply of spectacles	1 38	XXX
92396		A	Supply of contact lenses	2.23	XXX
92502		A	Ear and throat examination	2 75	000
92504		A	Ear microscopy examination	45	XXX
92506		A	Speech and hearing evaluation	1 44	XXX
92507		A	Speech/hearing therapy	.88	XXX
92508		A	Speech/hearing therapy	45	XXX
92511		A	Nasopharyngoscopy	1.77	000
92512		A	Nasal function studies	1 08	XXX
92516		A	Facial nerve function test	86	XXX
92520		A	Laryngeal function studies	1.35	XXX
92531		B	Spontaneous nystagmus study	.00	XXX
92532		B	Positional nystagmus study	.00	XXX
92533		B	Caloric vestibular test	00	XXX
92534		B	Optokinetic nystagmus	.00	XXX
92541	26	A	Spontaneous nystagmus test	.90	XXX
92541		A	Spontaneous nystagmus test	1.13	XXX
92541	TC	A	Spontaneous nystagmus test	23	XXX
92542	26	A	Positional nystagmus test	.71	XXX
92542		A	Positional nystagmus test	97	XXX
92542	TC	A	Positional nystagmus test	27	XXX
92543	26	A	Caloric vestibular test	83	XXX
92543		A	Caloric vestibular test	1.26	XXX
92543	TC	A	Caloric vestibular test	43	XXX
92544	26	A	Optokinetic nystagmus test	54	XXX
92544		A	Optokinetic nystagmus test	75	XXX
92544	TC	A	Optokinetic nystagmus test	.21	XXX
92545	26	A	Oscillating tracking test	44	XXX
92545		A	Oscillating tracking test	65	XXX
92545	TC	A	Oscillating tracking test	.21	XXX
92546	26	A	Torsion swing recording	.60	XXX
92546		A	Torsion swing recording	.84	XXX
92546	TC	A	Torsion swing recording	24	XXX
92547		A	Supplemental electrical test	.58	XXX
92552		A	Pure tone audiometry, air	45	XXX
92553		A	Audiometry, air and bone	68	XXX
92555		A	Speech threshold audiometry	38	XXX
92556		A	Speech audiometry, complete	59	XXX
92557		A	Comprehensive hearing test	1 21	XXX

92561		A	Bekesy audiometry, diagnosis	.73	XXX
92562		A	Loudness balance test	.42	XXX
92563		A	Tone decay hearing test	38	XXX
92564		A	SISI hearing test	48	XXX
92565		A	Stenger test, pure tone	40	XXX
92567		A	Tympanometry	55	XXX
92568		A	Acoustic reflex testing	38	XXX
92569		A	Acoustic reflex decay test	.42	XXX
92571		A	Filtered speech hearing test	39	XXX
92572		A	Staggered spondaic word test	09	XXX
92573		A	Lombard test	35	XXX
92574		A	Swinging story test	1 22	XXX
92575		A	Sensorineural acuity test	30	XXX
92576		A	Synthetic sentence test	45	XXX
92577		A	Stenger test, speech	74	XXX
92578		A	Delayed auditory feedback	56	XXX
92580		A	Electrodermal audiometry	69	XXX
92582		A	Conditioning play audiometry	.74	XXX
92583		A	Select picture audiometry	91	XXX
92584		A	Electrocochleography	2 54	XXX
92585	26	A	Brainstem evoked audiometry	2.11	XXX
92585		A	Brainstem evoked audiometry	3.98	XXX
92585	TC	A	Brainstem evoked audiometry	1 87	XXX
92589		A	Auditory function test(s)	.56	XXX
92596		A	Ear protector evaluation	61	XXX
92950		A	Heart/lung resuscitation/CPR	6 28	000
92953		A	Temporary external pacing	2 33	000
92960		A	Heart electroconversion	4 29	000
92970		A	Cardioassist, internal	7 38	000
92971		A	Cardioassist, external	2 97	000
92975		A	Dissolve clot, heart vessel	13.42	000
92977		A	Dissolve clot, heart vessel	8 06	XXX
92982		A	Coronary artery dilation	27 18	000
92984		A	Coronary artery dilation	7 86	000
92986		A	Revision of aortic valve	33 48	090
92990		A	Revision of pulmonary valve	26 69	090
92995		A	Coronary atherectomy	28 17	XXX
92996		A	Coronary atherectomy	8.04	XXX
93000		Z	Electrocardiogram, complete	77	XXX
93005		A	Electrocardiogram, tracing	45	XXX
93010		Z	Electrocardiogram report	33	XXX
93012		A	Transmission of ECG	26	XXX
93014		A	Report on transmitted ECG	.38	XXX
93015		A	Cardiovascular stress test	3 25	XXX
93017		A	Cardiovascular stress test	1.68	XXX
93018		A	Cardiovascular stress test	1 27	XXX
93024	26	A	Cardiac drug stress test	2 98	XXX
93024		A	Cardiac drug stress test	4 11	XXX
93024	TC	A	Cardiac drug stress test	1 13	XXX
93040		Z	Rhythm ECG with report	42	XXX
93041		A	Rhythm ECG, tracing	.14	XXX
93042		Z	Rhythm ECG, report	28	XXX
93201		A	Phonocardiogram and ECG lead	1 52	XXX
93202		A	Phonocardiogram and ECG lead	80	XXX
93204		A	Phonocardiogram and ECG lead	72	XXX
93205		A	Special phonocardiogram	1.41	XXX
93208		A	Special phonocardiogram	.34	XXX
93209		A	Special phonocardiogram	1 06	XXX
93210	26	A	Intracardiac phonocardiogram	1 80	XXX
93210		A	Intracardiac phonocardiogram	2 75	XXX

93210	TC	A	Intracardiac phonocardiogram	96	XXX
93220		A	Vectorcardiogram	1 34	XXX
93221		A	Vectorcardiogram tracing	.61	XXX
93222		A	Vectorcardiogram report	73	XXX
93224		A	ECG monitor/report, 24 hours	4.87	XXX
93225		A	ECG monitor/record, 24 hours	1 24	XXX
93226		A	ECG monitor/report, 24 hours	2 19	XXX
93227		A	ECG monitor/review, 24 hours	1 45	XXX
93230		A	ECG monitor/report, 24 hours	5 36	XXX
93231		A	ECG monitor/record, 24 hours	1 53	XXX
93232		A	ECG monitor/report, 24 hours	2 17	XXX
93233		A	ECG monitor/review, 24 hours	1 67	XXX
93235		A	ECG monitor/report, 24 hours	4 02	XXX
93236		A	ECG monitor/report, 24 hours	2 61	XXX
93237		A	ECG monitor/review, 24 hours	1 41	XXX
93255	26	A	Apexcardiography	33	XXX
93255		A	Apexcardiography	49	XXX
93255	TC	A	Apexcardiography	15	XXX
93268	26	A	ECG record/review	73	XXX
93268		A	ECG record/review	1 20	XXX
93268	TC	A	ECG record/review	47	XXX
93278	26	A	ECG/signal–averaged	1 14	XXX
93278		A	ECG/signal–averaged	2 32	XXX
93278	TC	A	ECG/signal–averaged	1 18	XXX
93280	26	A	Cardiac fluoroscopy	95	XXX
93280		A	Cardiac fluoroscopy	1 36	XXX
93280	TC	A	Cardiac fluoroscopy	40	XXX
93307	26	A	Echo exam of heart	2 05	XXX
93307		A	Echo exam of heart	5 91	XXX
93307	TC	A	Echo exam of heart	3 86	XXX
93308	26	A	Echo exam of heart	1 27	XXX
93308		A	Echo exam of heart	3 21	XXX
93308	TC	A	Echo exam of heart	1 94	XXX
93312	26	A	Echo exam of heart	3 05	XXX
93312		A	Echo exam of heart	6 88	XXX
93312	TC	A	Echo exam of heart	3 83	XXX
93313		A	Echo exam of heart	1 68	XXX
93314	26	A	Echo exam of heart	1 68	XXX
93314		A	Echo exam of heart	5 51	XXX
93314	TC	A	Echo exam of heart	3 83	XXX
93320	26	A	Doppler echo exam, heart	1 11	XXX
93320		A	Doppler echo exam, heart	2 83	XXX
93320	TC	A	Doppler echo exam, heart	1.72	XXX
93321	26	A	Doppler echo exam, heart	44	XXX
93321		A	Doppler echo exam, heart	1 55	XXX
93321	TC	A	Doppler echo exam, heart	1 12	XXX
93325	26	A	Doppler color flow	1 58	XXX
93325		A	Doppler color flow	3.04	XXX
93325	TC	A	Doppler color flow	1 46	XXX
93350	26	A	Echo exam of heart	3 78	XXX
93350		A	Echo exam of heart	7 23	XXX
93350	TC	A	Echo exam of heart	3 46	XXX
93501	26	A	Right heart catheterization	6 93	000
93501		A	Right heart catheterization	23 88	000
93501	TC	A	Right heart catheterization	16 94	000
93503		A	Insert/place heart catheter	5 12	000
93505	26	A	Biopsy of heart lining	7 88	000
93505		A	Biopsy of heart lining	9 90	000
93505	TC	A	Biopsy of heart lining	2 02	000
93510	26	A	Left heart catheterization	8.62	000

93510		A	Left heart catheterization	44 69	000
93510	TC	A	Left heart catheterization	36 07	000
93511	26	A	Left heart catheterization	7 91	000
93511		A	Left heart catheterization	43 98	000
93511	TC	A	Left heart catheterization	36.07	000
93514	26	A	Left heart catheterization	12 02	000
93514		A	Left heart catheterization	48 09	000
93514	TC	A	Left heart catheterization	36 07	000
93524	26	A	Left heart catheterization	11 99	000
93524		A	Left heart catheterization	59 12	000
93524	TC	A	Left heart catheterization	47.13	000
93526	26	A	Right and left heart catheters	13 12	000
93526		A	Right and left heart catheters	60 25	000
93526	TC	A	Right and left heart catheters	47 13	000
93527	26	A	Right and left heart catheters	14 95	000
93527		A	Right and left heart catheters	62.08	000
93527	TC	A	Right and left heart catheters	47 13	000
93528	26	A	Right and left heart catheters	13 87	000
93528		A	Right and left heart catheters	61 00	000
93528	TC	A	Right and left heart catheters	47 13	000
93529	26	A	Right, left heart catheterization	7 98	000
93529		A	Right, left heart catheterization	55 12	000
93529	TC	A	Right, left heart catheterization	47 13	000
93536		A	Insert circulation assist	13 39	000
93541		A	Injection for lung angiogram	2 47	000
93542		A	Injection for heart X–rays	2 49	000
93543		A	Injection for heart X–rays	1 86	000
93544		A	Injection for aortography	1 83	000
93545		A	Injection for coronary X–rays	3 70	000
93546	26	A	Heart catheter and angiogram	11 48	000
93546		A	Heart catheter and angiogram	51 28	000
93546	TC	A	Heart catheter and angiogram	39 80	000
93547	26	A	Heart catheter and angiogram	13 38	000
93547		A	Heart catheter and angiogram	53 17	000
93547	TC	A	Heart catheter and angiogram	39 80	000
93548	26	A	Heart catheter and angiogram	14.49	000
93548		A	Heart catheter and angiogram	54 29	000
93548	TC	A	Heart catheter and angiogram	39 80	000
93549	26	A	Heart catheter and angiogram	17 40	000
93549		A	Heart catheter and angiogram	57 19	000
93549	TC	A	Heart catheter and angiogram	39 80	000
93550	26	A	Heart catheter and angiogram	19 26	000
93550		A	Heart catheter and angiogram	59 06	000
93550	TC	A	Heart catheter and angiogram	39 80	000
93551		A	X–ray aortocoronary bypass	1 78	000
93552	26	A	Heart catheter and angiogram	16 13	000
93552		A	Heart catheter and angiogram	60 16	000
93552	TC	A	Heart catheter and angiogram	44 04	000

93553	26	A	Heart catheter and angiogram	18 74	000
93553		A	Heart catheter and angiogram	62.78	000
93553	TC	A	Heart catheter and angiogram	44 04	000
93561	26	A	Cardiac output measurement	1 99	000
93561		A	Cardiac output measurement	2 55	000
93561	TC	A	Cardiac output measurement	56	000
93562	26	A	Cardiac output measurement	91	000
93562		A	Cardiac output measurement	1.23	000
93562	TC	A	Cardiac output measurement	.32	000
93600	26	A	Bundle of HIS recording	5 58	000
93600		A	Bundle of HIS recording	7 53	000
93600	TC	A	Bundle of HIS recording	1 95	000
93602	26	A	Intra–atrial recording	4 03	000
93602		A	Intra–atrial recording	5.14	000
93602	TC	A	Intra–atrial recording	1 11	000
93603	26	A	Right ventricular recording	4 46	000
93603		A	Right ventricular recording	6 14	000
93603	TC	A	Right ventricular recording	1.68	000
93607	26	A	Right ventricular recording	5.66	000
93607		A	Right ventricular recording	7.16	000
93607	TC	A	Right ventricular recording	1.50	000
93609	26	A	Mapping of tachycardia	14 33	000
93609		A	Mapping of tachycardia	17 04	000
93609	TC	A	Mapping of tachycardia	2.72	000
93610	26	A	Intra–atrial pacing	5.52	000
93610		A	Intra–atrial pacing	6 87	000
93610	TC	A	Intra–atrial pacing	1 36	000
93612	26	A	Intraventricular pacing	5 54	000
93612		A	Intraventricular pacing	7 17	000
93612	TC	A	Intraventricular pacing	1 62	000
93615	26	A	Esophageal recording	1.36	000
93615		A	Esophageal recording	1.67	000
93615	TC	A	Esophageal recording	31	000
93616	26	A	Esophageal recording	2 95	000
93616		A	Esophageal recording	3 25	000
93616	TC	A	Esophageal recording	31	000
93618	26	A	Heart rhythm pacing	10 75	000
93618		A	Heart rhythm pacing	14 72	000
93618	TC	A	Heart rhythm pacing	3.97	000
93620	26	A	Electrophysiology evaluation	26.04	000
93620		A	Electrophysiology evaluation	34.99	000
93620	TC	A	Electrophysiology evaluation	8.95	000
93621	26	A	Electrophysiology evaluation	28.67	000
93622	26	A	Electrophysiology evaluation	28.51	000
93623	26	A	Stimulation, pacing heart	5 83	000
93624	26	A	Electrophysiologic study	7 28	000
93624		A	Electrophysiologic study	9 27	000
93624	TC	A	Electrophysiologic study	1 99	000
93631	26	A	Heart pacing, mapping	14 02	000
93631		A	Heart pacing, mapping	20 39	000
93631	TC	A	Heart pacing, mapping	6.37	000
93640	26	A	Evaluation heart device	12.15	000
93640		A	Evaluation heart device	19.33	000
93640	TC	A	Evaluation heart device	7 18	000
93650	26	A	Ablate heart dysrhythm focus	34 30	000
93660	26	A	Tilt table evaluation	3.50	000
93720		A	Total body plethysmography	1 23	XXX
93721		A	Plethysmography tracing	72	XXX
93722		A	Plethysmography report	.50	XXX
93731	26	A	Analyze pacemaker system	.80	XXX

93731		A	Analyze pacemaker system	1.31	XXX
93731	TC	A	Analyze pacemaker system	.51	XXX
93732	26	A	Analyze pacemaker system	1.32	XXX
93732		A	Analyze pacemaker system	1 84	XXX
93732	TC	A	Analyze pacemaker system	.53	XXX
93733	26	A	Telephone analysis, pacemaker	.45	XXX
93733		A	Telephone analysis, pacemaker	1.18	XXX
93733	TC	A	Telephone analysis, pacemaker	.73	XXX
93734	26	A	Analyze pacemaker system	.70	XXX
93734		A	Analyze pacemaker system	1.05	XXX
93734	TC	A	Analyze pacemaker system	.34	XXX
93735	26	A	Analyze pacemaker system	.98	XXX
93735		A	Analyze pacemaker system	1.42	XXX
93735	TC	A	Analyze pacemaker system	45	XXX
93736	26	A	Telephone analysis, pacemaker	.44	XXX
93736		A	Telephone analysis, pacemaker	1.09	XXX
93736	TC	A	Telephone analysis, pacemaker	65	XXX
93737	26	A	Analyze cardio/defibrillator	.74	XXX
93737		A	Analyze cardio/defibrillator	1 24	XXX
93737	TC	A	Analyze cardio/defibrillator	.51	XXX
93738	26	A	Analyze cardio/defibrillator	1.35	XXX
93738		A	Analyze cardio/defibrillator	1.88	XXX
93738	TC	A	Analyze cardio/defibrillator	.53	XXX
93740	26	A	Temperature gradient studies	.47	XXX
93740		A	Temperature gradient studies	.63	XXX
93740	TC	A	Temperature gradient studies	15	XXX
93760	26	A	Cephalic thermogram	72	XXX
93760		A	Cephalic thermogram	1 88	XXX
93760	TC	A	Cephalic thermogram	1.16	XXX
93762	26	A	Peripheral thermogram	.75	XXX
93762		A	Peripheral thermogram	2.25	XXX
93762	TC	A	Peripheral thermogram	1 50	XXX
93770	26	A	Measure venous pressure	.34	XXX
93770		A	Measure venous pressure	.37	XXX
93770	TC	A	Measure venous pressure	.03	XXX
93797		A	Cardiac rehab	.49	000
93798		A	Cardiac rehab/monitor	.79	000
93875	26	A	Extracranial study	.81	XXX
93875		A	Extracranial study	1.94	XXX
93875	TC	A	Extracranial study	1.13	XXX
93880	26	A	Extracranial study	1.11	XXX
93880		A	Extracranial study	4.71	XXX
93880	TC	A	Extracranial study	3 60	XXX
93882	26	A	Extracranial study	.55	XXX
93882		A	Extracranial study	4.14	XXX
93882	TC	A	Extracranial study	3.60	XXX
93886	26	A	Intracranial study	1.67	XXX
93886		A	Intracranial study	5.26	XXX
93886	TC	A	Intracranial study	3.60	XXX
93888	26	A	Intracranial study	1 13	XXX
93888		A	Intracranial study	4.72	XXX
93888	TC	A	Intracranial study	3.60	XXX
93920	26	A	Upper extremity study	1.00	XXX
93920		A	Upper extremity study	3.70	XXX
93920	TC	A	Upper extremity study	2.70	XXX
93921	26	A	Lower extremity study	1.12	XXX
93921		A	Lower extremity study	3.13	XXX
93921	TC	A	Lower extremity study	2 01	XXX
93925	26	A	Lower extremity study	1.11	XXX
93925		A	Lower extremity study	4 71	XXX

93925	TC	A	Lower extremity study	3.60	XXX
93926	26	A	Lower extremity study	55	XXX
93926		A	Lower extremity study	4 14	XXX
93926	TC	A	Lower extremity study	3 60	XXX
93930	26	A	Upper extremity study	93	XXX
93930		A	Upper extremity study	4 52	XXX
93930	TC	A	Upper extremity study	3 60	XXX
93931	26	A	Upper extremity study	45	XXX
93931		A	Upper extremity study	4 04	XXX
93931	TC	A	Upper extremity study	3 60	XXX
93965	26	A	Extremity study	87	XXX
93965		A	Extremity study	2 00	XXX
93965	TC	A	Extremity study	1.13	XXX
93970	26	A	Extremity study	1 31	XXX
93970		A	Extremity study	4 90	XXX
93970	TC	A	Extremity study	3 60	XXX
93971	26	A	Extremity study	64	XXX
93971		A	Extremity study	4 24	XXX
93971	TC	A	Extremity study	3 60	XXX
93975	26	A	Visceral vascular study	2 73	XXX
93975		A	Visceral vascular study	6 33	XXX
93975	TC	A	Visceral vascular study	3.60	XXX
93976	26	A	Visceral vascular study	1 38	XXX
93976		A	Visceral vascular study	4 97	XXX
93976	TC	A	Visceral vascular study	3.60	XXX
93978	26	A	Visceral vascular study	1 24	XXX
93978		A	Visceral vascular study	4 83	XXX
93978	TC	A	Visceral vascular study	3 60	XXX
93979	26	A	Visceral vascular study	62	XXX
93979		A	Visceral vascular study	4 22	XXX
93979	TC	A	Visceral vascular study	3 60	XXX
93980	26	A	Penile vascular study	3 29	XXX
93980		A	Penile vascular study	6 88	XXX
93980	TC	A	Penile vascular study	3.60	XXX
93981	26	A	Penile vascular study	1 62	XXX
93981		A	Penile vascular study	4 94	XXX
93981	TC	A	Penile vascular study	3.32	XXX
94010	26	A	Breathing capacity test	46	XXX
94010		A	Breathing capacity test	88	XXX
94010	TC	A	Breathing capacity test	42	XXX
94060	26	A	Evaluation of wheezing	70	XXX
94060		A	Evaluation of wheezing	1 63	XXX
94060	TC	A	Evaluation of wheezing	93	XXX
94070	26	A	Evaluation of wheezing	1 01	XXX
94070		A	Evaluation of wheezing	2 47	XXX
94070	TC	A	Evaluation of wheezing	1 46	XXX
94150	26	A	Vital capacity test	23	XXX
94150		A	Vital capacity test	.32	XXX
94150	TC	A	Vital capacity test	09	XXX
94160	26	A	Vital capacity screening	37	XXX
94160		A	Vital capacity screening	.55	XXX
94160	TC	A	Vital capacity screening	.18	XXX
94200	26	A	Lung function test (MBC/MVV)	.29	XXX
94200		A	Lung function test (MBC/MVV)	54	XXX
94200	TC	A	Lung function test (MBC/MVV)	25	XXX
94240	26	A	Residual lung capacity	50	XXX
94240		A	Residual lung capacity	1.19	XXX
94240	TC	A	Residual lung capacity	69	XXX
94250	26	A	Expired gas collection	26	XXX
94250		A	Expired gas collection	40	XXX

94250	TC	A	Expired gas collection	13	XXX
94260	26	A	Thoracic gas volume	40	XXX
94260		A	Thoracic gas volume	95	XXX
94260	TC	A	Thoracic gas volume	55	XXX
94350	26	A	Lung nitrogen washout curve	47	XXX
94350		A	Lung nitrogen washout curve	1.03	XXX
94350	TC	A	Lung nitrogen washout curve	.55	XXX
94360	26	A	Measure airflow resistance	.45	XXX
94360		A	Measure airflow resistance	1.41	XXX
94360	TC	A	Measure airflow resistance	96	XXX
94370	26	A	Breath airway closing volume	40	XXX
94370		A	Breath airway closing volume	67	XXX
94370	TC	A	Breath airway closing volume	27	XXX
94375	26	A	Respiratory flow volume loop	52	XXX
94375		A	Respiratory flow volume loop	1 01	XXX
94375	TC	A	Respiratory flow volume loop	49	XXX
94400	26	A	CO_2 breathing response curve	.98	XXX
94400		A	CO_2 breathing response curve	1.32	XXX
94400	TC	A	CO_2 breathing response curve	.34	XXX
94450	26	A	Hypoxia response curve	66	XXX
94450		A	Hypoxia response curve	1 04	XXX
94450	TC	A	Hypoxia response curve	38	XXX
94620	26	A	Pulmonary stress testing	1 64	XXX
94620		A	Pulmonary stress testing	3 06	XXX
94620	TC	A	Pulmonary stress testing	1.42	XXX
94640		A	Airway inhalation treatment	.41	XXX
94650		A	Pressure breathing (IPPB)	.38	XXX
94651		A	Pressure breathing (IPPB)	37	XXX
94652		A	Pressure breathing (IPPB)	47	XXX
94656		A	Initial, ventilator management	2 46	000
94657		A	Cont. ventilator management	1 51	000
94660		A	Pos airway pressure, CPAP	1.53	000
94662		A	Neg pressure ventilation, CNP	1 09	000
94664		A	Aerosol or vapor inhalations	53	XXX
94665		A	Aerosol or vapor inhalations	50	XXX
94667		A	Chest wall manipulation	59	XXX
94668		A	Chest wall manipulation	.35	XXX
94680	26	A	Exhaled air analysis. O_2	.60	XXX
94680		A	Exhaled air analysis: O_2	1 15	XXX
94680	TC	A	Exhaled air analysis· O_2	55	XXX
94681	26	A	Exhaled air analysis. O_2, CO_2	.69	XXX
94681		A	Exhaled air analysis O_2, CO_2	2 09	XXX
94681	TC	A	Exhaled air analysis O_2, CO_2	1.41	XXX
94690	26	A	Exhaled air analysis	12	XXX
94690		A	Exhaled air analysis	66	XXX
94690	TC	A	Exhaled air analysis	54	XXX
94720	26	A	Monoxide diffusing capacity	50	XXX
94720		A	Monoxide diffusing capacity	1.34	XXX
94720	TC	A	Monoxide diffusing capacity	.84	XXX
94725	26	A	Membrane diffusion capacity	44	XXX
94725		A	Membrane diffusion capacity	2 19	XXX
94725	TC	A	Membrane diffusion capacity	1 75	XXX
94750	26	A	Pulmonary compliance study	.52	XXX
94750		A	Pulmonary compliance study	1.10	XXX
94750	TC	A	Pulmonary compliance study	58	XXX
94760		A	Measure blood oxygen level	26	XXX
94761		A	Measure blood oxygen level	69	XXX
94762		A	Measure blood oxygen level	1 14	XXX
94770	26	A	Exhaled carbon dioxide test	.33	XXX
94770		A	Exhaled carbon dioxide test	.67	XXX

94770	TC	A	Exhaled carbon dioxide test	.34	XXX
95004		A	Allergy skin tests	09	XXX
95010		A	Sensitivity skin tests	36	XXX
95015		A	Sensitivity skin tests	26	XXX
95024		A	Allergy skin tests	14	XXX
95027		A	Skin end point titration	.14	XXX
95028		A	Allergy skin tests	22	XXX
95040		A	Allergy patch tests, 1 to 10	.19	XXX
95041		A	Allergy patch tests, 11 to 20	.19	XXX
95042		A	Allergy patch tests, 21 to 30	19	XXX
95043		A	Allergy patch tests, over 30	19	XXX
95050		A	Photo patch tests, 1 to 10	.47	XXX
95051		A	Photo patch tests, over 10	13	XXX
95056		A	Photosensitivity tests	.17	XXX
95060		A	Eye allergy tests	.34	XXX
95065		A	Nose allergy test	.19	XXX
95070		A	Bronchial allergy tests	2.17	XXX
95071		A	Bronchial allergy tests	2 78	XXX
95075		A	Ingestion challenge test	2.95	XXX
95078		A	Provocative testing	25	XXX
95105		A	Allergy patient counseling	75	XXX
95115		A	Immunotherapy, one injection	.44	XXX
95117		A	Immunotherapy injections	.68	XXX
95180		A	Rapid desensitization	2 20	XXX
95805	26	A	Multiple sleep latency Test	2.54	XXX
95805		A	Multiple sleep latency Test	7.75	XXX
95805	TC	A	Multiple sleep latency Test	5 21	XXX
95816	26	A	Electroencephalogram (EEG)	1 39	XXX
95816		A	Electroencephalogram (EEG)	2.72	XXX
95816	TC	A	Electroencephalogram (EEG)	1.33	XXX
95817	26	A	Electroencephalogram (EEG)	1.39	XXX
95817		A	Electroencephalogram (EEG)	3 35	XXX
95817	TC	A	Electroencephalogram (EEG)	1.96	XXX
95819	26	A	Electroencephalogram (EEG)	1 63	XXX
95819		A	Electroencephalogram (EEG)	2.96	XXX
95819	TC	A	Electroencephalogram (EEG)	1.33	XXX
95821	26	A	Portable EEG	1.70	XXX
95821		A	Portable EEG	3.66	XXX
95821	TC	A	Portable EEG	1.96	XXX
95822	26	A	Sleep electroencephalogram	1.69	XXX
95822		A	Sleep electroencephalogram	3 51	XXX
95822	TC	A	Sleep electroencephalogram	1.81	XXX
95823	26	A	Activation EEG	3.63	XXX
95823		A	Activation EEG	5 33	XXX
95823	TC	A	Activation EEG	1.71	XXX
95824	26	A	Electroencephalography	1.37	XXX
95824		A	Electroencephalography	1 79	XXX
95824	TC	A	Electroencephalography	42	XXX
95826	26	A	Depth electroencephalogram	1.94	XXX
95826		A	Depth electroencephalogram	2.66	XXX
95826	TC	A	Depth electroencephalogram	73	XXX
95827	26	A	Night electroencephalogram	2 03	XXX
95827		A	Night electroencephalogram	4.32	XXX
95827	TC	A	Night electroencephalogram	2.29	XXX
95828	26	A	Polysomnography	4.70	XXX
95828		A	Polysomnography	9 91	XXX
95828	TC	A	Polysomnography	5 21	XXX
95829	26	A	Surgery electrocorticogram	6.82	XXX
95829		A	Surgery electrocorticogram	6.97	XXX
95829	TC	A	Surgery electrocorticogram	.15	XXX

95830		A	Insert electrodes for EEG	2.57	XXX
95831		A	Limb muscle testing, manual	58	XXX
95832		A	Hand muscle testing, manual	55	XXX
95833		A	Body muscle testing, manual	91	XXX
95834		A	Body muscle testing, manual	1 28	XXX
95842	26	A	Muscle testing, electrical	1.01	XXX
95842		A	Muscle testing, electrical	1 21	XXX
95842	TC	A	Muscle testing, electrical	20	XXX
95851		A	Range of motion measurements	53	XXX
95852		A	Range of motion measurements	35	XXX
95857		A	Tensilon test	1.08	XXX
95858	26	A	Tensilon test and myogram	2 28	XXX
95858		A	Tensilon test and myogram	2 69	XXX
95858	TC	A	Tensilon test and myogram	41	XXX
95860	26	A	Muscle test, one limb	1.75	XXX
95860		A	Muscle test, one limb	2.12	XXX
95860	TC	A	Muscle test, one limb	37	XXX
95861	26	A	Muscle test, two limbs	2 92	XXX
95861		A	Muscle test, two limbs	3.66	XXX
95861	TC	A	Muscle test, two limbs	74	XXX
95863	26	A	Muscle test, three limbs	3 40	XXX
95863		A	Muscle test, three limbs	4.33	XXX
95863	TC	A	Muscle test, three limbs	.94	XXX
95864	26	A	Muscle test, four limbs	3.88	XXX
95864		A	Muscle test, four limbs	5 67	XXX
95864	TC	A	Muscle test, four limbs	1 79	XXX
95867	26	A	Muscle test, head or neck	1.26	XXX
95867		A	Muscle test, head or neck	1.84	XXX
95867	TC	A	Muscle test, head or neck	58	XXX
95868	26	A	Muscle test, head or neck	2.87	XXX
95868		A	Muscle test, head or neck	3 56	XXX
95868	TC	A	Muscle test, head or neck	.70	XXX
95869	26	A	Muscle test, limited	.71	XXX
95869		A	Muscle test, limited	92	XXX
95869	TC	A	Muscle test, limited	21	XXX
95872	26	A	Muscle test, one fiber	2.26	XXX
95872		A	Muscle test, one fiber	2 87	XXX
95872	TC	A	Muscle test, one fiber	61	XXX
95875	26	A	Limb exercise test	1 61	XXX
95875		A	Limb exercise test	2 04	XXX
95875	TC	A	Limb exercise test	42	XXX
95880		A	Cerebral aphasia testing	1 82	XXX
95881		A	Cerebral developmental test	1 82	XXX
95882		A	Cognitive function testing	1 82	XXX
95883		A	Neuropsychological testing	1 82	XXX
95900	26	A	Motor nerve conduction test	79	XXX
95900		A	Motor nerve conduction test	1.07	XXX
95900	TC	A	Motor nerve conduction test	28	XXX
95904	26	A	Sense nerve conduction test	69	XXX
95904		A	Sense nerve conduction test	91	XXX
95904	TC	A	Sense nerve conduction test	.22	XXX
95920	26	A	Intraoperative nerve testing	3.67	XXX
95920		A	Intraoperative nerve testing	4 97	XXX
95920	TC	A	Intraoperative nerve testing	1.29	XXX
95925	26	A	Somatosensory testing	1 84	XXX
95925		A	Somatosensory testing	3 23	XXX
95925	TC	A	Somatosensory testing	1 39	XXX
95933	26	A	Blink reflex test	1.14	XXX
95933		A	Blink reflex test	1 94	XXX
95933	TC	A	Blink reflex test	79	XXX

95935	26	A	"H" or "F" reflex study	96	XXX
95935		A	"H" or "F" reflex study	1 17	XXX
95935	TC	A	"H" or "F" reflex study	.21	XXX
95937	26	A	Neuromuscular junction test	1 10	XXX
95937		A	Neuromuscular junction test	1 43	XXX
95937	TC	A	Neuromuscular junction test	33	XXX
95950	26	A	Ambulatory EEG monitoring	2 83	XXX
95950		A	Ambulatory EEG monitoring	9 23	XXX
95950	TC	A	Ambulatory EEG monitoring	6.40	XXX
95951	26	A	EEG momtoring/videorecord	5 46	XXX
95951		A	EEG monitoring/videorecord	13 17	XXX
95951	TC	A	EEG monitoring/videorecord	7 70	XXX
95953	26	A	EEG monitoring/computer	4 43	XXX
95953		A	EEG monitoring/computer	10 83	XXX
95953	TC	A	EEG monitoring/computer	6.40	XXX
95954	26	A	EEG monitoring/giving drugs	4 53	XXX
95954		A	EEG monitoring/giving drugs	5 03	XXX
95954	TC	A	EEG momtoring/giving drugs	50	XXX
95955	26	A	EEG during surgery	2 13	XXX
95955		A	EEG during surgery	4 13	XXX
95955	TC	A	EEG during surgery	2.00	XXX
95956	26	A	EEG monitoring/cable/radio	4 72	XXX
95956		A	EEG monitoring/cable/radio	12 43	XXX
95956	TC	A	EEG monitoring/cable/radio	7 70	XXX
95958	26	A	EEG monitoring/function test	7 86	XXX
95958		A	EEG momtoring/function test	9 62	XXX
95958	TC	A	EEG momtoring/function test	1 76	XXX
95961	26	A	Electrode stimulation, bram	4 55	XXX
95961		A	Electrode stimulation, brain	5 85	XXX
95961	TC	A	Electrode stimulation, brain	1.29	XXX
95962	26	A	Electrode stimulation, brain	4.80	XXX
95962		A	Electrode stimulation, bram	6 10	XXX
95962	TC	A	Electrode stimulation, bram	1 29	XXX
96400		A	Chemotherapy, (SC)/(IM)	.13	XXX
96408		A	Chemotherapy, push technique	.96	XXX
96410		A	Chemotherapy, infusion method	1.53	XXX
96412		A	Chemotherapy, infusion method	1 15	XXX
96414		A	Chemotherapy, infusion method	1 33	XXX
96420		A	Chemotherapy, push technique	1.25	XXX
96422		A	Chemotherapy, infusion method	1 23	XXX
96423		A	Chemotherapy, infusion method	49	XXX
96425		A	Chemotherapy, infusion method	1 43	XXX
96440		A	Chemotherapy, intracavitary	3 28	000
96445		A	Chemotherapy, intracavitary	3 29	000
96450		A	Chemotherapy, into CNS	2 85	000
96520		A	Pump refilling, maintenance	89	XXX
96530		A	Pump refilling, maintenance	1 05	XXX
96542		A	Chemotherapy injection	2.63	XXX
96545		B	Provide chemotherapy agent	00	XXX
96900		A	Ultraviolet light therapy	40	XXX
96910		A	Photochemotherapy with UV–B	.58	XXX
96912		A	Photochemotherapy with UV–A	67	XXX
99000		B	Specimen handling	00	XXX
99001		B	Specimen handling	00	XXX
99002		B	Device handling	00	XXX
99024		B	Postop follow–up visit	.00	XXX
99025		B	Initial surgical evaluation	00	XXX
99050		B	Postop follow–up visit	00	XXX
99052		B	Medical services at night	00	XXX
99054		B	Medical services, unusual hours	00	XXX

99056	B	Nonoffice medical services	.00	XXX
99058	B	Office emergency care	00	XXX
99070	B	Special supplies	00	XXX
99071	B	Patient education materials	00	XXX
99078	B	Group health education	00	XXX
99080	B	Special reports or forms	00	XXX
99090	B	Computer data analysis	00	XXX
99150	B	Prolonged MD attendance	00	XXX
99151	B	Prolonged MD attendance	00	XXX
99175	A	Induction of vomiting	1 40	XXX
99180	A	Hyperbaric oxygen, initial	2 00	XXX
99182	A	Hyperbaric oxygen, subsequent	1 57	XXX
99185	A	Regional hypothermia	.64	XXX
99186	A	Total body hypothermia	2 09	XXX
99190	A	Special pump services	3 17	000
99191	A	Special pump services	1 95	000
99192	A	Special pump services	1 45	000
99195	A	Phlebotomy	44	XXX
99201	A	Office/outpatient visit, new	80	XXX
99202	A	Office/outpatient visit, new	1 29	XXX
99203	A	Office/outpatient visit, new	1 77	XXX
99204	A	Office/outpatient visit, new	2 61	XXX
99205	A	Office/outpatient visit, new	3 28	XXX
99211	A	Office/outpatient visit, est	39	XXX
99212	A	Office/outpatient visit, est	70	XXX
99213	A	Office/outpatient visit, est	98	XXX
99214	A	Office/outpatient visit, est	1 52	XXX
99215	A	Office/outpatient visit, est	2 39	XXX
99218	A	Observation care	1 82	XXX
99219	A	Observation care	2.89	XXX
99220	A	Observation care	3 67	XXX
99221	A	Initial hospital care	1 82	XXX
99222	A	Initial hospital care	3 00	XXX
99223	A	Initial hospital care	3 85	XXX
99231	A	Subsequent hospital care	96	XXX
99232	A	Subsequent hospital care	1 42	XXX
99233	A	Subsequent hospital care	1 94	XXX
99238	A	Hospital discharge day	1 66	XXX
99241	A	Office consultation	1 21	XXX
99242	A	Office consultation	1 94	XXX
99243	A	Office consultation	2.50	XXX
99244	A	Office consultation	3 56	XXX
99245	A	Office consultation	4.75	XXX
99251	A	Initial inpatient consult	1 32	XXX
99252	A	Initial inpatient consult	2 00	XXX
99253	A	Initial inpatient consult	2 64	XXX
99254	A	Initial inpatient consult	3 63	XXX
99255	A	Initial inpatient consult	4 91	XXX
99261	A	Follow–up inpatient consult	72	XXX
99262	A	Follow–up inpatient consult	1 28	XXX
99263	A	Follow–up inpatient consult	1 92	XXX
99271	A	Confirmatory consultation	1 14	XXX
99272	A	Confirmatory consultation	1.66	XXX
99273	A	Confirmatory consultation	2 19	XXX
99274	A	Confirmatory consultation	2 98	XXX
99275	A	Confirmatory consultation	3 93	XXX
99281	A	Emergency department visit	59	XXX
99282	A	Emergency department visit	.91	XXX
99283	A	Emergency department visit	1 64	XXX
99284	A	Emergency department visit	2 49	XXX

99285	A	Emergency department visit	3 90	XXX
99288	B	Direct advanced life support	00	XXX
99291	A	Critical care, first hour	5.27	XXX
99292	A	Critical care, additional 30 minutes	2.58	XXX
99301	A	Nursing facility care	1 58	XXX
99302	A	Nursing facility care	2.25	XXX
99303	A	Nursing facility care	3 35	XXX
99311	A	Nursing facility care, subsequent	.91	XXX
99312	A	Nursing facility care, subsequent	1.34	XXX
99313	A	Nursing facility care, subsequent	1.73	XXX
99321	A	Rest home visit, new patient	1 11	XXX
99322	A	Rest home visit, new patient	1 59	XXX
99323	A	Rest home visit, new patient	2.10	XXX
99331	A	Rest home visit, established patient	.91	XXX
99332	A	Rest home visit, established patient	1 21	XXX
99333	A	Rest home visit, established patient	1.50	XXX
99341	A	Home visit, new patient	1.71	XXX
99342	A	Home visit, new patient	2 27	XXX
99343	A	Home visit, new patient	2.96	XXX
99351	A	Home visit, established patient	1 34	XXX
99352	A	Home visit, established patient	1 71	XXX
99353	A	Home visit, established patient	2 19	XXX
99361	B	Physician/team conference	.00	XXX
99362	B	Physician/team conference	.00	XXX
99371	B	Physician phone consultation	00	XXX
99372	B	Physician phone consultation	00	XXX
99373	B	Physician phone consultation	00	XXX

H. Procedure code numbers A4190 to Q0092 relate to miscellaneous services and supplies

CPT/ HCPCS Proce– dure Code	Tech/ Prof MOD	Status	CPT/HCPCS Description	Total RVU	Global Period
A4190		P	Transparent film	.00	XXX
A4200		P	Gauze pads, sterile or nonsterile	.00	XXX
A4202		P	Gauze bandage, elastic	00	XXX
A4203		P	Gauze bandage, nonelastic	.00	XXX
A4204		P	Absorptive dressing	.00	XXX
A4205		P	Nonabsorptive dressing	00	XXX
A4206		P	Syringe with needle, sterile 1 cc	00	XXX
A4207		P	Syringe with needle, sterile 2 cc	.00	XXX

A4208	P	Syringe with needle, sterile 3 cc	00	XXX
A4209	P	Syringe with needle, sterile 5+ cc	00	XXX
A4211	P	Supplied for self–Adm injection	.00	XXX
A4212	P	Huber–type needle, each	00	XXX
A4213	P	Syringe, sterile, 20 cc or greater	.00	XXX
A4214	P	Sterile saline or water, 30 cc	.00	XXX
A4215	P	Needles only, sterile, any size	00	XXX
A4216	P	Hemostatis cellulose any size	00	XXX
A4244	P	Alcohol or peroxide, per pint	00	XXX
A4245	P	Alcohol wipes, per box	00	XXX
A4246	P	Betidine or Phisohex solution	00	XXX
A4247	P	Betadine or iodine swabs/wipes	00	XXX
A4253	P	Blood glucose test	00	XXX
A4256	P	Normal, low and high cal solution	.00	XXX
A4259	P	Lancets, per box	00	XXX
A4265	P	Paraffin	.00	XXX
A4305	P	Disposable drug delivery system	00	XXX
A4306	P	Disposable drug delivery system	.00	XXX
A4310	P	Insertion tray w/o drainage bag	.00	XXX
A4311	P	Insertion tray w/o drainage bag	.00	XXX
A4312	P	Insertion tray w/o drainage bag	00	XXX
A4313	P	Insertion tray w/o drainage bag	00	XXX
A4314	P	Insertion tray with drainage bag	00	XXX
A4315	P	Insertion tray with drainage bag	00	XXX
A4316	P	Insertion tray with drainage bag	00	XXX
A4320	P	Irrigation tray for bladder	00	XXX
A4322	P	Irrigation syringe, bulb or piston	.00	XXX
A4323	P	Sterile saline irrigation solution	.00	XXX
A4326	P	Male external catheter	.00	XXX
A4327	P	Female external urinary collection	.00	XXX
A4328	P	Female external urinary collection	00	XXX
A4329	P	External catheter starter set	00	XXX
A4330	P	Perianal fecal collection pouch	.00	XXX
A4335	P	Incontinence supply, miscellaneous	.00	XXX
A4338	P	Indwelling catheter, foley type	00	XXX
A4340	P	Indwelling catheter; spec type	00	XXX
A4344	P	Indwelling catheter; foley type	00	XXX
A4346	P	Indwelling catheter; foley type	00	XXX
A4347	P	Male external catheter	00	XXX
A4351	P	Intermittent urinary catheter	00	XXX
A4352	P	Intermittent urinary catheter	.00	XXX
A4354	P	Insertion tray with drainage bag	.00	XXX
A4355	P	Irrigation tubing set	.00	XXX
A4356	P	External urethral clamp device	00	XXX
A4357	P	Bedside drainage bag, day or night	00	XXX
A4358	P	Urinary leg bag; vinyl	.00	XXX

A4359	P	Urinary suspensory without leg bag	00	XXX
A4361	P	Ostomy faceplate	00	XXX
A4362	P	Skin barrier, solid, 4 x 4	00	XXX
A4363	P	Skin barrier, liquid, powder	00	XXX
A4364	P	Adhesive for ostomy or catheter	.00	XXX
A4367	P	Ostomy belt	00	XXX
A4397	P	Irrigation supply, sleeve	00	XXX
A4398	P	Irrigation supply, bags	.00	XXX
A4399	P	Irrigation supply, cone/catheter	00	XXX
A4400	P	Ostomy irrigation set	00	XXX
A4402	P	Lubricant	00	XXX
A4404	P	Ostomy rings	00	XXX
A4421	P	Ostomy supply, miscellaneous	00	XXX
A4454	P	Tape, all types, all sizes	00	XXX
A4455	P	Adhesive remover or solvent	00	XXX
A4460	P	Elastic bandage	00	XXX
A4470	P	Gravlee jet washer	00	XXX
A4480	P	Vabra aspirator	00	XXX
A4550	A	Surgical trays	94	XXX
A4556	P	Electrodes, (e g , apnea monitor)	00	XXX
A4557	P	Lead wires, (e g , apnea monitor)	00	XXX
A4558	P	Conductive paste or gel	.00	XXX
A4647	B	Paramagnetic contrast material	00	XXX
A4649	B	Surgical supply, miscellaneous	00	XXX
A5051	P	Pouch, closed, with barrier	00	XXX
A5052	P	Pouch, closed, without barrier	00	XXX
A5053	P	Pouch, closed, use on faceplate	00	XXX
A5054	P	Pouch, closed, use on barrier	00	XXX
A5055	P	Stoma cap	00	XXX
A5061	P	Pouch, drainable, with barrier	.00	XXX
A5062	P	Pouch, drainable, without barrier	00	XXX
A5063	P	Pouch, drainable, use on barrier	00	XXX
A5064	P	Pouch, drainable, with faceplate	00	XXX
A5065	P	Pouch, drainable, use on faceplate	00	XXX
A5071	P	Pouch, urinary, with barrier	00	XXX
A5072	P	Pouch, urinary, without barrier	.00	XXX
A5073	P	Pouch, urinary; use on barrier	00	XXX
A5074	P	Pouch, urinary, with faceplate	00	XXX
A5075	P	Pouch, urinary; use on faceplate	00	XXX
A5081	P	Continent device, plug	00	XXX
A5082	P	Continent device, catheter	00	XXX
A5093	P	Ostomy accessory, convex insert	00	XXX
A5102	P	Bedside drainage bottle	00	XXX
A5105	P	Urinary suspensory; with leg bag	00	XXX
A5112	P	Urinary leg bag, latex	00	XXX
A5113	P	Leg strap, latex, per set	00	XXX
A5114	P	Leg strap, foam or fabric	00	XXX
A5119	P	Skin barrier, wipes, box per 50	00	XXX

A5121		P	Skin barrier, solid, 6 x 6	00	XXX
A5122		P	Skin barrier, solid, 8 x 8	00	XXX
A5123		P	Skin barrier, with flange	00	XXX
A5126		P	Adhesive, disc or foam pad	00	XXX
A5131		P	Appliance cleaner	00	XXX
A5149		P	Incontinence/ostomy supply	00	XXX
M0064		A	Monitoring drug prescription visits	58	XXX
M0101		A	Cutting or removal of corns	73	XXX
M0702		A	Brief, osteopathic manip therapy	.71	000
M0704		A	Limited, osteopathic manip therapy	1.08	000
M0706		A	Intermediate osteopathic manip therapy	1.29	000
M0708		A	Extended osteopathic manip therapy	1 51	000
M0710		A	Comprehensive osteopathic manip	1 62	000
M0722		A	Brief inpatient hospital OMT	1 08	000
M0724		A	Limited inpatient hospital OMT	1 53	000
M0726		A	Intermediate inpatient hospital OMT	1 71	000
M0728		A	Extended inpatient hospital OMT	1 41	000
M0730		A	Comprehensive inpatient hospital OMT	1 76	000
M0900		A	Excision, revision of A–V shunt	8 06	000
Q0035	26	A	Cardiokymography	29	XXX
Q0035		A	Cardiokymography	68	XXX
Q0035	TC	A	Cardiokymography	38	XXX
Q0068		A	Extracorporeal plasmapheresis	3 09	000
Q0091		A	Screening pap smear, obtaining	66	XXX
Q0092		A	Set–up portable X–ray equipment	30	XXX

Statutory Authority: *MS s 175 171, 176 101; 176.135, 176 136, 176 231, 176.83*

History: *18 SR 1472*

5221.4032 PROFESSIONAL/TECHNICAL COMPONENTS FOR MEDICAL/SURGICAL SERVICES.

Subpart 1 **General.** Fees for certain services which are a combination of professional and technical care shall be adjusted when the professional and technical components of the service are performed by different individuals or entities The professional component of the service represents the care rendered by the health care provider, such as examination of the patient, performance and supervision of the procedure, and consultation with other providers. The technical component of the service represents all other costs associated with the service, such as the cost of equipment, the salary of technicians, and supplies normally used in delivering the service Services subject to this distinction are identified in part 5221.4030, subpart 2, by modifiers appearing in column 3 alongside the service codes. Modifier TC indicates relative RVUs for the technical component of the service and modifier 26 indicates RVUs for the professional component of the service. The maximum fee for either component of the service is calculated using the RVUs for the component provided and the formula in part 5221 4020

Subp 2 **Separate billing for both components.** If the professional component is split from the technical component and both are billed separately, the total cost for both cannot exceed the maximum fee allowed for the complete service, unless there are extenuating circumstances and there is documented justification for the additional cost

Subp. 3 **One billing for both components.** If the same health care provider renders both the professional and technical components of the service, the maximum fee is calculated for the complete service by using the RVUs corresponding to the service code listed without a modifier in part 5221 4030, subpart 2, and the formula in part 5221 4020.

Statutory Authority: *MS s 175 171; 176 101; 176 135, 176 136, 176.231, 176 83*

History: *18 SR 1472*

5221.4033 OUTPATIENT LIMITATION FOR MEDICAL/SURGICAL SERVICES.

Procedures whose codes are listed below are predominantly performed in office settings and, therefore, no additional facility fees are payable when the procedure is performed by the employee's treating health care provider, unless it is an emergency or medically necessary to perform the procedure in a nonoffice setting or after normal office hours This part does not preclude payment of a facility fee where the employee is treated by emergency room or urgent care staff

CPT/ HCPCS Procedure Code	CPT/ HCPCS Description
10040	Acne surgery
10060	Drainage of skin abscess
10061	Drainage of skin abscess
10080	Drainage of pilonidal cyst
10120	Remove foreign body
10121	Remove foreign body
10140	Drainage of hematoma
10160	Puncture drainage of lesion
11000	Surgical cleansing of skin
11001	Additional cleansing of skin
11040	Surgical cleansing, abrasion
11041	Surgical cleansing of skin
11050	Trim skin lesion
11051	Trim 2 to 4 skin lesions
11052	Trim over 4 skin lesions
11100	Biopsy of lesion
11101	Biopsy, each additional lesion
11200	Removal of skin tags
11201	Removal of added skin tags
11300	Shaving of skin lesion
11301	Shaving of skin lesion
11302	Shaving of skin lesion
11303	Shaving of skin lesion
11306	Shaving of skin lesion
11307	Shaving of skin lesion
11310	Shaving of skin lesion
11311	Shaving of skin lesion
11312	Shaving of skin lesion
11400	Removal of skin lesion
11401	Removal of skin lesion
11402	Removal of skin lesion
11403	Removal of skin lesion
11420	Removal of skin lesion
11421	Removal of skin lesion
11422	Removal of skin lesion
11423	Removal of skin lesion
11440	Removal of skin lesion
11441	Removal of skin lesion
11442	Removal of skin lesion
11443	Removal of skin lesion
11600	Removal of skin lesion

11601	Removal of skin lesion
11602	Removal of skin lesion
11603	Removal of skin lesion
11620	Removal of skin lesion
11621	Removal of skin lesion
11622	Removal of skin lesion
11623	Removal of skin lesion
11640	Removal of skin lesion
11641	Removal of skin lesion
11642	Removal of skin lesion
11643	Removal of skin lesion
11700	Surgical cleansing of nails
11701	Surgical cleansing of nails
11710	Surgical cleansing of nails
11711	Surgical cleansing of nails
11730	Removal of nail plate
11731	Removal of second nail plate
11732	Remove nail plate, additional
11740	Drain blood from under nail
11750	Removal of nail bed
11760	Reconstruction of nail bed
11762	Reconstruction of nail bed
11765	Excision of nail fold, toe
11900	Injection into skin lesions
11901	Skin lesion injections, additional
15851	Removal of sutures
16000	Initial treatment of burn(s)
16010	Treatment of burn(s)
16020	Treatment of burn(s)
16025	Treatment of burn(s)
17000	Destruction of face lesion
17001	Destruction of added lesions
17002	Destruction of added lesions
17010	Destruction skin lesion(s)
17100	Destruction of skin lesions
17101	Destruction of 2nd lesion
17102	Destruction of added lesions
17104	Destruction of skin lesions
17105	Destruction of skin lesions
17110	Destruction of skin lesions
17200	Electrocautery of skin tags
17201	Electrocautery added lesions
17250	Chemical cautery of wound
17304	Chemosurgery of skin lesion
17305	2nd stage chemosurgery
17306	3rd stage chemosurgery
17307	Follow–up skin lesion therapy
17310	Extensive skin chemosurgery
17340	Cryotherapy of skin
17360	Skin peel therapy
19000	Drainage of breast lesion
20000	Incision of abscess
20500	Injection of sinus tract
20520	Removal of foreign body
20550	Injection treatment
20600	Drainage joint/bursa/cyst
20605	Drainage joint/bursa/cyst
20610	Inject/drain joint/bursa
20615	Treatment of bone cyst
21030	Removal of face bone lesion

24650	Treat radius fracture
25500	Treat fracture of radius
25600	Treat fracture radius/ulna
26010	Drainage of finger abscess
26600	Treat metacarpal fracture
26720	Treat finger fracture, each
28001	Drainage of bursa of foot
28010	Incision of toe tendon
28108	Removal of toe lesions
28124	Partial removal of toe
28126	Partial removal of toe
28153	Partial removal of toe
28160	Partial removal of toe
28190	Removal of foot foreign body
28230	Incision of foot tendon(s)
28232	Incision of toe tendon
28234	Incision of foot tendon
28270	Release of foot contracture
28272	Release of toe joint, each
28470	Treat metatarsal fracture
28475	Treat metatarsal fracture
28490	Treat big toe fracture
28510	Treatment of toe fracture
28515	Treatment of toe fracture
29065	Application of long arm cast
29075	Application of forearm cast
29085	Apply hand/wrist cast
29105	Apply long arm splint
29125	Apply forearm splint
29126	Apply forearm splint
29130	Application of finger splint
29200	Strapping of chest
29260	Strapping of elbow or wrist
29345	Application of long leg cast
29355	Application of long leg cast
29365	Application of long leg cast
29405	Apply short leg cast
29425	Apply short leg cast
29435	Apply short leg cast
29440	Addition of walker to cast
29515	Application lower leg splint
29520	Strapping of hip
29530	Strapping of knee
29540	Strapping of ankle
29550	Strapping of toes
29580	Application of paste boot
29700	Removal/revision of cast
29705	Removal/revision of cast
30100	Intranasal biopsy
30110	Removal of nose polyp(s)
30200	Injection treatment of nose
30210	Nasal sinus therapy
30901	Control of nosebleed
31000	Irrigation maxillary sinus
31250	Nasal endoscopy, diagnostic
31505	Diagnostic laryngoscopy
31575	Fiberscopic laryngoscopy
36400	Establish access to vein
36425	Establish access to vein
36470	Injection therapy of vein

36471	Injection therapy of veins
36500	Insertion of catheter, vein
40490	Biopsy of lip
40808	Biopsy of mouth lesion
40810	Excision of mouth lesion
40812	Excise/repair mouth lesion
41100	Biopsy of tongue
41108	Biopsy of floor of mouth
42100	Biopsy roof of mouth
42330	Removal of salivary stone
42650	Dilation of salivary duct
42800	Biopsy of throat
45300	Proctosigmoidoscopy
45302	Proctosigmoidoscopy
45303	Proctosigmoidoscopy
45330	Sigmoidoscopy
46083	Incise external hemorrhoid
46221	Ligation of hemorrhoid(s)
46230	Removal of anal tabs
46320	Removal of hemorrhoid clot
46500	Injection into hemorrhoids
46600	Diagnostic anoscopy
46602	Diagnostic anoscopy
46604	Anoscopy and dilation
46614	Anoscopy; control bleeding
46900	Destruction, anal lesion(s)
46934	Destruction of hemorrhoids
46936	Destruction of hemorrhoids
46945	Ligation of hemorrhoids
51700	Irrigation of bladder
51705	Change of bladder tube
51720	Treatment of bladder lesion
53600	Dilate urethra stricture
53601	Dilate urethra stricture
53620	Dilate urethra stricture
53621	Dilate urethra stricture
53660	Dilation of urethra
53661	Dilation of urethra
53670	Insert urinary catheter
54235	Penile injection
55000	Drainage of hydrocele
56501	Destruction, vulva lesion(s)
57100	Biopsy of vagina
57150	Treat vagina infection
57160	Insertion of pessary
57452	Examination of vagina
57454	Vagina examination and biopsy
57500	Biopsy of cervix
57505	Endocervical curettage
57510	Cauterization of cervix
57511	Cryocautery of cervix
58100	Biopsy of uterus lining
60100	Biopsy of thyroid
64400	Injection for nerve block
64405	Injection for nerve block
64413	Injection for nerve block
64418	Injection for nerve block
64425	Injection for nerve block
64440	Injection for nerve block
64441	Injection for nerve block

64445	Injection for nerve block
64450	Injection for nerve block
64505	Injection for nerve block
64550	Apply neurostimulator
64565	Implant neuroelectrodes
64640	Injection treatment of nerve
65205	Remove foreign body from eye
65210	Remove foreign body from eye
65220	Remove foreign body from eye
65222	Remove foreign body from eye
65430	Corneal smear
65435	Curette/treat cornea
66761	Revision of iris
67145	Treatment of retina
67210	Treatment of retinal lesion
67228	Treatment of retinal lesion
67505	Inject/treat eye socket
67515	Inject/treat eye socket
67700	Drainage of eyelid abscess
67800	Remove eyelid lesion
67801	Remove eyelid lesions
67810	Biopsy of eyelid
67820	Revise eyelashes
67825	Revise eyelashes
67840	Remove eyelid lesion
67850	Treat eyelid lesion
68020	Incise/drain eyelid lining
68110	Remove eyelid lining lesion
68200	Treat eyelid by injection
68440	Incise tear duct opening
68760	Close tear duct opening
68761	Close tear duct system
68800	Dilate tear duct opening(s)
68820	Explore tear duct system
68830	Reopen tear duct channel
68840	Explore/irrigate tear ducts
69000	Dram external ear lesion
69020	Dram outer ear canal lesion
69100	Biopsy of external ear
69200	Clear outer ear canal
69210	Remove impacted ear wax
69220	Clean out mastoid cavity
69222	Clean out mastoid cavity
69400	Inflate middle ear canal
69401	Inflate middle ear canal
69420	Incision of eardrum
69433	Create eardrum opening
69610	Repair of eardrum
92002	Eye exam and treatment, new
92004	Eye exam and treatment, new
92012	Eye exam and treatment, established
92014	Eye exam and treatment, established
92018	Eye exam and treatment, new
92020	Special eye evaluation
92070	Fitting of contact lens
92100	Serial tonometry exam(s)
92120	Tonography and eye evaluation
92130	Water provocation tonography
92140	Glaucoma provocative tests
92225	Extended ophthalmoscopy, new

92226	Extended ophthalmoscopy
92230	Ophthalmoscopy/angioscopy
92311	Special contact lens fitting
92312	Special contact lens fitting
92352	Special spectacles fitting
92353	Special spectacles fitting
92504	Ear microscopy examination
92506	Speech and hearing evaluation
92507	Speech/hearing therapy
92511	Nasopharyngoscopy
92516	Facial nerve function test
93797	Cardiac rehab
93798	Cardiac rehab/monitor
95831	Limb muscle testing, manual
93832	Hand muscle testing, manual
95833	Body muscle testing, manual
95834	Body muscle testing, manual
95851	Range of motion measurements
95852	Range of motion measurements
95857	Tensilon test
96440	Chemotherapy, intracavitary
99201	Office and other outpatient, new patient, level 1
99202	Office and other outpatient, new patient, level 2
99203	Office and other outpatient, new patient, level 3
99204	Office and other outpatient, new patient, level 4
99205	Office and other outpatient, new patient, level 5
99211	Office and other outpatient, established patient, level 1
99212	Office and other outpatient, established patient, level 1
99213	Office and other outpatient, established patient, level 1
99214	Office and other outpatient, established patient, level 1
99215	Office and other outpatient, established patient, level 1

Statutory Authority: *MS s 175 171; 176 101, 176 135; 176 136; 176 231; 176 83*

History: *18 SR 1472*

5221.4034 FEE ADJUSTMENTS FOR MEDICAL/SURGICAL SERVICES.

Subpart 1 **Global surgery fee.** Except as described in item B, codes for surgical procedures and their corresponding maximum fees include all services normally furnished by the surgeon or the surgeon's designee before, during, and after the procedure within a predetermined postoperative period This concept is referred to as the "global surgery package" or "global surgery fee " Services included in the global surgery package for a given procedure include. Preoperative visits related to the surgery on the day before surgery and the day of surgery, the hospital admission workup, the primary operation, local infiltration, digital block or topical anesthesia when used; immediate postoperative care including conferences with the family and other health care providers and evaluations of the patient in the recovery room; postoperative hospital and office visits, as well as all additional medical or surgical services required of the surgeon because of complications, which do not require additional trips to the operating room Also included in the global surgery fee are all written reports and records normally maintained by the surgeon during the preoperative, intraoperative, and postoperative periods

All coded procedures have been placed into a specific surgical category, listed and described in items **A** to F Rules for the application of the global surgery policy are included in each category description The category symbol for each procedure appears in part

5221 4030, subpart 2, in column 6 The symbol also indicates the number of days included in the global fee period for the procedure

A 090, major surgical procedures the global surgery policy applies, as described above, and the calculated fee includes care provided on the day before surgery, on the day of surgery, and care provided during the 90–day postoperative period beginning the day after surgery

B 010, minor surgical procedures the global surgery policy applies, and the calculated maximum fee includes care provided on the day of surgery and care provided during the ten–day postoperative period beginning the day after surgery

C 000, minor/endoscopic procedures the global surgery policy applies, and the calculated maximum fee includes care provided on the day of surgery only

D XXX the global surgery policy does not apply to these procedures

E ZZZ these procedures are part of other services and fall within the global definition of the major service

F MMM, maternity related procedures the global surgery policy does not apply to these procedures

Subp 2 **Exclusions from the global surgery package.** The services in items A to E are not included in the global surgery package

A. For purposes of the global surgery package, preoperative care does not include any care administered before the provider determines that surgery is required, nor does it include an initial evaluation or consultation by the surgeon during which the decision to have surgery is made These visits shall be paid separately at maximum fees calculated according to the formula in part 5221 4020

B. If the surgeon performs a significant, separately identifiable service during the global surgery period that is not a usual part of the global surgery package, then separate payment for the service may be made, according to the guidelines in subitems (1) to (3)

(1) If the surgeon performed an evaluation and management service during the global period, for reasons unrelated to the original procedure, then the surgeon may bill for this additional service by using the correct procedure code, plus the modifier 24 Evaluation and management services include office visits, hospital visits, and other related services and have been assigned CPT procedure code numbers 99201 to 99499. Maximum fees for these additional services are calculated using the RVUs for the coded service and the formula in part 5221 4020.

(2) If the surgeon performed an evaluation and management service on the day of a procedure, that was above and beyond the usual care associated with the procedure, then the surgeon may bill for this additional service by using the correct procedure code, plus the modifier 25 Evaluation and management services include office visits, hospital visits, and other related services and have been assigned CPT procedure code numbers 99210 to 99499 Maximum fees for these additional services are calculated using the RVUs for the coded service and the formula in part 5221 4020

(3) If during the global period, the surgeon performed an additional related procedure which required a return trip to the operating room, this additional procedure, referred to as a reoperation, may be separately billed and paid for, as provided in this subitem

Some reoperations have been assigned separate, distinct procedure codes and RVUs, which are included in part 5221 4030 The surgeon may bill for the reoperation using the correct code The maximum fee for these procedures is calculated using the RVUs for the coded reoperation and the formula in part 5221.4020 For example:

Original surgery Coronary artery bypass, billing code number 33516, Reoperation billing code number 33530 The maximum fee for each is calculated using the formula in part 5221 4020 and the RVUs corresponding to each code

Maximum fee for 33516 72 51 (total RVUs) x $52 05 (CF) = $3,774 15

Maximum fee for the reoperation, 33530: 19 51 (total RVUs) x $52 05 (CF) = $1,015 50

Reoperations which have not been assigned separate, distinct codes and RVUs must be identified on the bill with the original procedure code plus the modifier 78. The maximum fee for a reoperation without a separate distinct procedure code is calculated according to the

following formula Maximum fee = 43 x (total RVUs for original procedure x CF) No additional preoperative and postoperative payments shall be made, because they are included in the original global fee For example

Original surgery Hemilaminectomy with decompression of nerve root(s) and excision of herniated intervertebral disc, cervical, billing code number 63020, Reoperation no separate procedure code

The maximum payment for the original surgery is calculated using the formula in part 5221 4020 and the RVUs corresponding to the service code

Maximum fee for the original surgery, 63020 33 83 (total RVUs) x $52 05 (CF) = $1,760 85

The maximum fee for the reoperation is calculated at 43 percent of the maximum fee for the original surgery

The maximum fee for the reoperation, 63020–78 43 x 33 83 (total RVUs) x $52 50 (CF) = $757 17

(4) If the surgeon performed a procedure or service during the global period that was unrelated to the original procedure and that does not fit into subitems (1) to (3), the surgeon may bill for this additional service by using the correct procedure code for the service plus the modifier 79 Maximum fees for these additional services are calculated using the RVUs for the coded service and the formula in part 5221 4020

C Except as provided in part 5221 0410, subpart 7, the physician may separately bill a reasonable amount for supplementary reports and services directly related to the employee's ability to return to work, fitness for job offers, and opinions as to whether or not the condition was related to a work–related injury Fees for these services are governed by parts 5221 0410, subpart 7, 5221 0420, subpart 3, and 5221 0500, subpart 2

D The global fees for transplant surgeries do not include organ acquisition services and postoperative immunosuppressive therapy Organ acquisition services are considered hospital costs, and no separate payment to the surgeon is allowed Separate billing and payment to the surgeon for postoperative immunosuppressive therapy is allowed at maximum fees calculated according to the formula in part 5221 4020

E Physical and occupational therapy services are not included in the global surgery package Separate billing and payment for these services is allowed at maximum fees calculated according to the formula in part 5221 4020

Subp 3 **Multiple surgery fee reduction.**

A Except as provided in item B, maximum fees for multiple procedures performed on the same patient on the same day are determined according to the following payment schedule 100 percent of the global fee for the most expensive procedure only, 50 percent of the global fee for the second most expensive procedure, 25 percent of the global fee for all additional procedures

The most expensive procedure is coded using the correct procedure code listed in part 5221 4030 The additional, less expensive procedures are coded by adding modifier 51 to the correct procedure code

Example

On the same day, the surgeon performed three procedures on the same patient removal of foreign body, knee area, procedure code number 27372, total RVUs 8 74, repair of torn ligament, knee, procedure code number 27405, total RVUs 19 56, and removal of foreign body, foot, complicated, procedure code number 28193, total RVUs 8 16

The most expensive procedure is the repair of the torn ligament, because of the three procedures it has the highest number of RVUs, 19 56 The maximum fee for this procedure is calculated according to the formula in part 5221 4020, using total RVUs for procedure code number 27405

The second most expensive procedure is the removal of foreign body, knee area, total RVUs of 8 74 The maximum fee for this procedure is calculated according to the following formula

50 x 8 74 (total RVUs) x $52 05 (CF) = $227 45

Procedure code number 27372–51 is used for billing

The third most expensive procedure is removal of the foreign body, foot, complicated, total RVUs 8 16. The maximum fee for this procedure is calculated according to the following formula.

25 x 8 16 (total RVUs) x $52 05 (CF) = $106.18

Procedure code number 28193–51 is used for billing

B Services whose codes are listed below are not subject to the multiple surgery fee reduction described in item A Maximum fees for these services are calculated according to the formula in part 5221 4020

(1) 11001, 11101, 11201, 11700, 11701, 11711, 11731, 11732, 11920, 11921, 11922, 11950, 11951, 11952, 11954, 11975, 11976, 15000, 15101, 15121, 15201, 15221, 15241, 15261, 15410, 15412, 15414, 15416, 15500, 15505, 15510, 15515, 15540, 15545, 15550, 15555, 15700, 15710, 15720, 15730, 15775, 15776, 15787, 15824, 15825, 15826, 15828, 15829, 15850, 15876, 15877, 15878, 15879, 15954, 15955, 15960, 15961, 15964, 15965, 15966, 15967, 15970, 15971, 15972, 15973, 15974, 15975, 15980, 15981, 15982, 15983, 17001, 17002, 17101, 17102, 17201, 17303, 17304, 17305, 17306, 17307, 17310, 17380, 19001, 19340, 19360,

(2) 20690, 20692, 20974, 20975, 22145, 22148, 22230, 22585, 22650, 22820, 22840, 22842, 22845, 26861, 26863, 27358, 27692,

(3) 33471, 33480, 33481, 33482, 33483, 33485, 33490, 33492, 33520, 33525, 33528, 33530, 33930, 33940, 33960, 33972, 35681, 36218, 36248, 36415, 36430, 36468, 36469, 36490, 36495, 36496, 36497, 36660,

(4) 40842, 40843, 40844, 40845, 41820, 41821, 41822, 41823, 41828, 41830, 41850, 41870, 41872, 41874, 44015, 44131, 44955, 47001, 47133, 48160,

(5) 50300, 50320, 51725, 51726, 51736, 51739, 51741, 51772, 51785, 51792, 51795, 51797, 53800, 54240, 54250, 55970, 55980, 56680, 56685, 58611, 59020, 59025, 59050, 59412, 59525,

(6) 61106, 61130, 61712, 61795, 63035, 63048, 63057, 63066, 63076, 63078, 63082, 63096, 63088, 63091, 63308, 64550, 64623, 64727, 64778, 64783, 64787, 64830, 64832, 64837, 64859, 64872, 64874, 64876, 64901, 64902, 65760, 65765, 65767, 65771, 66702, 67335, 67907, 69090, 69300, 69710,

(7) 93501, 93505, 93510, 93511, 93514, 93524, 93526, 93527, 93528, 93529, 93546, 93547, 93548, 93549, 93550, 93552, 93553

Subp. 4 **Bilateral procedures.** When a procedure which normally is done on only one side of the body is performed on both sides of the body, payment for the complete bilateral procedure is made at the rate of 150 percent of the global fee for one procedure Modifier 50 is added to the correct procedure code in these instances.

If a procedure is normally performed on both sides of the body, and this is noted in the procedure code description, the maximum payment for the complete bilateral procedure is calculated using the RVUs listed for the applicable procedure code Modifier 50 must not be used with these codes

Subp 5. **Cosurgeons.** When the procedure is performed by two physicians, acting as cosurgeons, the amount paid for the procedure is 125 percent of the global fee, divided equally between the two surgeons For purposes of this part, a physician is considered a cosurgeon if the physician performed a discrete function during the operative procedure If the cosurgeons have agreed to a different payment distribution, payments will be made accordingly, if the agreed–upon distribution is documented and explained on the bill for the procedure, and is not prohibited by Minnesota Statutes, section 147 091, subdivision 1, paragraph (p). Modifier 62 must be used to identify procedures performed by cosurgeons

Subp 6 **Assistant–at–surgery.**

A Except as described in item B, the maximum fee allowed for an assistant–at–surgery is 16 percent of the global fee for the procedure For purposes of this part, a physician is considered an assistant–at–surgery if the physician did not perform a discrete function but merely assisted the primary surgeon during the operative procedure. Modifier 80, 81, or 82, as appropriate, must be used to identify services of an assistant–at–surgery

B No payment will be made for an assistant–at–surgery for procedures listed below, unless an unusual, documented need is present

(1) 10000, 10001, 10002, 10003, 10020, 10040, 10060, 10061, 10080, 10100, 10101, 10120, 10121, 10140, 10141, 10160, 10180, 11000, 11001, 11040, 11041, 11042, 11043, 11044, 11050, 11051, 11052, 11100, 11101, 11200, 11201, 11300, 11301, 11302, 11303, 11305, 11306, 11307, 11308, 11310, 11311, 11312, 11313, 11400, 11401, 11402, 11403, 11404, 11406, 11420, 11421, 11422, 11423, 11424, 11426, 11440, 11441, 11442, 11443, 11444, 11446, 11450, 11451, 11462, 11463, 11470, 11471, 11600, 11601, 11602, 11603, 11604, 11606, 11620, 11621, 11622, 11623, 11624, 11626, 11640, 11641, 11642, 11643, 11644, 11646, 11700, 11701, 11710, 11711, 11730, 11731, 11732, 11740, 11750, 11752, 11760, 11762, 11765, 11770, 11771, 11772, 11900, 11901, 11920, 11950, 11951, 11952, 11954, 11960, 11970, 11971, 12001, 12002, 12004, 12005, 12006, 12007, 12011, 12013, 12014, 12015, 12016, 12017, 12018, 12020, 12021, 12031, 12032, 12034, 12035, 12036, 12037, 12041, 12042, 12044, 12045, 12046, 12047, 12051, 12052, 12053, 12054, 12055, 12056, 12057, 13100, 13101, 13120, 13121, 13131, 13132, 13150, 13151, 13152, 13160, 13300, 14000, 14001, 14020, 14021, 14040, 14041, 14060, 14061, 15000, 15050, 15100, 15200, 15201, 15220, 15240, 15241, 15260, 15261, 15400, 15416, 15505, 15510, 15515, 15555, 15580, 15600, 15610, 15620, 15625, 15630, 15700, 15720, 15730, 15734, 15736, 15738, 15740, 15760, 15775, 15780, 15781, 15782, 15783, 15786, 15787, 15790, 15791, 15810, 15811, 15819, 15820, 15821, 15822, 15823, 15824, 15825, 15828, 15833, 15834, 15836, 15837, 15838, 15839, 15841, 15842, 15850, 15851, 15852, 15860, 15875, 15879, 15920, 15931, 15940, 15950, 15960, 15961, 15964, 15966, 15967, 15970, 15972, 15973, 15975, 15980, 15982, 15983, 16000, 16010, 16015, 16020, 16025, 16030, 16035, 16040, 16041, 16042, 17000, 17001, 17002, 17010, 17100, 17101, 17102, 17104, 17105, 17110, 17200, 17201, 17250, 17300, 17303, 17304, 17305, 17306, 17307, 17310, 17340, 17360, 17380, 19000, 19001, 19020, 19030, 19100, 19101, 19110, 19112, 19120, 19290, 19291, 19324, 19350, 19355, 19370, 19396,

(2) 20000, 20005, 20010, 20200, 20205, 20206, 20220, 20225, 20240, 20245, 20250, 20500, 20505, 20520, 20525, 20550, 20600, 20605, 20610, 20615, 20660, 20661, 20662, 20663, 20665, 20670, 20690, 20804, 20805, 20806, 20816, 20820, 20824, 20826, 20827, 20828, 20832, 20834, 20910, 20912, 20926, 20950, 20969, 20970, 20974, 20976, 21010, 21011, 21025, 21026, 21030, 21031, 21032, 21040, 21041, 21070, 21071, 21100, 21110, 21116, 21230, 21245, 21246, 21248, 21249, 21254, 21260, 21261, 21267, 21275, 21282, 21300, 21310, 21315, 21320, 21325, 21330, 21335, 21336, 21337, 21339, 21344, 21345, 21348, 21355, 21356, 21366, 21386, 21387, 21400, 21401, 21408, 21421, 21423, 21433, 21436, 21440, 21445, 21450, 21451, 21452, 21453, 21455, 21480, 21485, 21495, 21501, 21510, 21550, 21555, 21556, 21800, 21805, 21810, 21820, 21920, 21925, 21930, 22120, 22200, 22212, 22222, 22305, 22310, 22315, 22330, 22345, 22360, 22505, 23030, 23031, 23035, 23065, 23066, 23075, 23076, 23140, 23146, 23156, 23170, 23172, 23221, 23330, 23331, 23350, 23406, 23500, 23505, 23510, 23520, 23525, 23530, 23540, 23545, 23570, 23575, 23600, 23605, 23620, 23625, 23650, 23655, 23658, 23665, 23675, 23700, 23921, 23930, 23931, 23935, 24065, 24066, 24075, 24076, 24105, 24120, 24126, 24153, 24200, 24201, 24220, 24305, 24330, 24351, 24362, 24495, 24500, 24505, 24530, 24535, 24536, 24540, 24542, 24560, 24565, 24570, 24576, 24577, 24578, 24580, 24581, 24600, 24605, 24620, 24625, 24640, 24650, 24655, 24660, 24670, 24675, 24680, 24802, 24930, 24935, 24940, 25000, 25005, 25020, 25023, 25028, 25031, 25035, 25040, 25065, 25066, 25075, 25076, 25077, 25100, 25101, 25110, 25111, 25112, 25125, 25126, 25130, 25145, 25246, 25248, 25251, 25260, 25270, 25290, 25301, 25316, 25335, 25355, 25370, 25392, 25393, 25444, 25450, 25455, 25490, 25491, 25492, 25500, 25505, 25510, 25530, 25535, 25540, 25560, 25565, 25600, 25605, 25610, 25611, 25615, 25622, 25624, 25626, 25628, 25630, 25635, 25640, 25650, 25660, 25665, 25675, 25680, 25690, 25905, 25907, 25920, 25922, 25924, 25927, 25931, 26010, 26011, 26020, 26025, 26030, 26034, 26040, 26045, 26055, 26060, 26070, 26075, 26080, 26100, 26105, 26110, 26115, 26116, 26117, 26130, 26145, 26160, 26170, 26180, 26200, 26205, 26210, 26230, 26235, 26236, 26250, 26260, 26261, 26320, 26350, 26356, 26357, 26370, 26410, 26415, 26416, 26418, 26420, 26428, 26432, 26433, 26434, 26437, 26440, 26442, 26449, 26450, 26455, 26474, 26476, 26478, 26479, 26489, 26497, 26500, 26504, 26517, 26550, 26552, 26555, 26557, 26560,

26562, 26568, 26585, 26587, 26590, 26591, 26593, 26600, 26605, 26607, 26610, 26615, 26641, 26645, 26655, 26660, 26670, 26675, 26676, 26680, 26700, 26705, 26706, 26710, 26715, 26720, 26725, 26727, 26730, 26735, 26740, 26742, 26744, 26746, 26750, 26755, 26756, 26760, 26765, 26770, 26775, 26776, 26780, 26785, 26863, 26910, 26951, 26952, 26989, 26990, 26991, 27010, 27040, 27041, 27086, 27093, 27095, 27158, 27175, 27190, 27195, 27196, 27200, 27201, 27202, 27210, 27212, 27220, 27222, 27230, 27232, 27238, 27246, 27250, 27252, 27256, 27259, 27265, 27266, 27275, 27301, 27315, 27323, 27324, 27327, 27340, 27370, 27374, 27397, 27500, 27502, 27508, 27510, 27517, 27518, 27520, 27530, 27532, 27534, 27538, 27550, 27552, 27554, 27560, 27562, 27564, 27570, 27603, 27604, 27605, 27613, 27614, 27618, 27626, 27630, 27648, 27664, 27732, 27734, 27750, 27752, 27754, 27760, 27762, 27780, 27781, 27782, 27786, 27788, 27790, 27800, 27802, 27808, 27810, 27816, 27818, 27830, 27840, 27842, 27844, 27860, 27884, 28001, 28002, 28003, 28004, 28005, 28008, 28010, 28011, 28022, 28024, 28043, 28088, 28092, 28102, 28107, 28126, 28150, 28153, 28160, 28190, 28192, 28193, 28222, 28232, 28261, 28264, 28272, 28307, 28313, 28340, 28341, 28345, 28360, 28400, 28405, 28406, 28430, 28435, 28440, 28450, 28455, 28456, 28460, 28470, 28475, 28476, 28480, 28490, 28495, 28496, 28500, 28505, 28510, 28520, 28525, 28530, 28540, 28545, 28546, 28570, 28575, 28580, 28600, 28605, 28610, 28630, 28635, 28640, 28665, 28670, 28675, 28810, 28820, 28825, 29000, 29010, 29015, 29020, 29025, 29035, 29040, 29044, 29046, 29049, 29055, 29058, 29065, 29075, 29085, 29105, 29125, 29126, 29130, 29131, 29200, 29220, 29240, 29260, 29280, 29305, 29325, 29345, 29355, 29358, 29365, 29405, 29425, 29435, 29440, 29450, 29505, 29515, 29520, 29530, 29540, 29550, 29580, 29590, 29700, 29705, 29710, 29715, 29720, 29730, 29740, 29750, 29830, 29847, 29871, 29872, 29886, 29890,

(3) 30000, 30020, 30100, 30110, 30115, 30117, 30120, 30124, 30125, 30130, 30140, 30200, 30210, 30220, 30300, 30310, 30320, 30400, 30410, 30420, 30430, 30435, 30450, 30520, 30540, 30545, 30560, 30580, 30600, 30620, 30630, 30800, 30805, 30820, 30901, 30903, 30905, 30906, 30915, 30920, 30930, 31000, 31002, 31020, 31030, 31032, 31033, 31050, 31051, 31070, 31090, 31200, 31201, 31250, 31252, 31254, 31255, 31256, 31258, 31260, 31263, 31265, 31267, 31268, 31270, 31275, 31277, 31500, 31505, 31511, 31512, 31513, 31515, 31520, 31525, 31526, 31527, 31528, 31529, 31530, 31531, 31535, 31536, 31540, 31541, 31560, 31561, 31570, 31571, 31575, 31576, 31577, 31578, 31579, 31580, 31582, 31585, 31586, 31590, 31595, 31600, 31601, 31603, 31605, 31611, 31612, 31613, 31614, 31615, 31622, 31625, 31628, 31629, 31630, 31631, 31635, 31640, 31641, 31645, 31646, 31656, 31659, 31700, 31708, 31710, 31715, 31717, 31719, 31720, 31725, 31766, 31781, 31820, 31825, 31830, 32000, 32002, 32005, 32020, 32400, 32405, 32420, 32700, 32705, 32810, 32960, 33010, 33011, 33015, 33207, 33208, 33210, 33212, 33216, 33218, 33219, 33222, 33232, 33250, 33471, 33478, 33694, 33738, 33739, 33762, 33764, 33774, 33779, 33780, 33786, 33803, 33813, 33851, 33940, 33971, 33972, 34471, 35450, 36000, 36010, 36100, 36101, 36120, 36140, 36145, 36160, 36200, 36215, 36230, 36245, 36261, 36262, 36400, 36405, 36406, 36410, 36415, 36420, 36425, 36430, 36440, 36450, 36455, 36470, 36471, 36488, 36489, 36490, 36491, 36495, 36496, 36497, 36500, 36510, 36520, 36600, 36620, 36625, 36640, 36660, 36680, 36800, 36810, 36815, 36832, 36840, 36845, 36860, 36861, 37565, 37606, 37609, 37616, 37785, 38200, 38230, 38240, 38300, 38305, 38308, 38500, 38505, 38510, 38520, 38525, 38790, 38794, 39400,

(4) 40490, 40500, 40510, 40520, 40525, 40527, 40530, 40650, 40652, 40654, 40700, 40701, 40702, 40720, 40761, 40801, 40804, 40805, 40806, 40808, 40810, 40812, 40814, 40816, 40818, 40819, 40820, 40830, 40831, 40840, 40843, 40844, 41000, 41005, 41006, 41007, 41008, 41009, 41010, 41015, 41016, 41017, 41018, 41100, 41105, 41108, 41110, 41112, 41113, 41114, 41115, 41116, 41250, 41251, 41252, 41500, 41510, 41520, 41800, 41805, 41806, 41820, 41821, 41822, 41823, 41825, 41826, 41827, 41828, 41830, 41850, 41870, 41872, 41874, 42000, 42100, 42104, 42106, 42107, 42140, 42145, 42160, 42180, 42182, 42200, 42205, 42215, 42226, 42227, 42235, 42250, 42260, 42280, 42281, 42300, 42305, 42310, 42320, 42325, 42326, 42330, 42335, 42340, 42400, 42405, 42408, 42409, 42450, 42500, 42505, 42507, 42509, 42550, 42600, 42650, 42660, 42700, 42720, 42725, 42800, 42802, 42804, 42806, 42808, 42809, 42810, 42820, 42821, 42825, 42826, 42830, 42831, 42836, 42842, 42860, 42870, 42880, 42900, 42960, 42961, 42962, 42970, 42971, 42972, 43200, 43202, 43204, 43215, 43217, 43219, 43220, 43226, 43227,

43228, 43234, 43235, 43239, 43241, 43243, 43245, 43246, 43247, 43251, 43255, 43258, 43260, 43262, 43263, 43264, 43265, 43267, 43268, 43269, 43271, 43272, 43420, 43450, 43451, 43453, 43455, 43456, 43460, 43600, 43750, 43760, 44100, 44360, 44361, 44363, 44364, 44366, 43369, 44372, 44373, 44380, 44382, 44385, 44386, 44388, 44389, 44391, 44392, 44393, 45005, 45020, 45100, 45150, 45300, 45302, 45303, 45305, 45307, 45310, 45315, 45317, 45320, 45321, 45330, 45331, 45332, 45333, 45334, 45336, 45337, 45355, 45378, 45379, 45380, 45382, 45383, 45385, 45386, 45500, 45520, 45521, 45900, 45905, 45910, 45915, 46000, 46030, 46040, 46045, 46050, 46060, 46070, 46080, 46083, 46200, 46210, 46211, 46220, 46221, 46230, 46250, 46255, 46257, 46258, 46260, 46270, 46275, 46280, 46285, 46320, 46500, 46600, 46602, 46604, 46606, 46608, 46610, 46612, 46614, 46705, 46715, 46730, 46751, 46753, 46754, 46900, 46910, 46916, 46917, 46922, 46924, 46934, 46935, 46936, 46937, 46938, 46940, 46942, 46845, 46946, 47000, 47490, 47510, 47525, 47530, 47716, 48102, 48160, 49080, 49081, 49085, 49180, 49300, 49301, 49302, 49303, 49400, 49401, 49420, 49421, 49611,

(5) 50080, 50200, 50390, 50392, 50393, 50394, 50395, 50396, 50398, 50551, 50553, 50555, 50557, 50559, 50561, 50570, 50572, 50574, 50576, 50590, 50684, 50686, 50688, 50690, 50951, 50953, 50955, 50957, 50959, 50961, 50970, 50972, 50974, 50976, 50978, 50980, 51000, 51005, 51010, 51065, 51600, 51605, 51610, 51700, 51705, 51710, 51720, 51725, 51726, 51727, 51736, 51739, 51741, 51772, 51785, 51792, 51795, 51797, 51820, 51940, 52000, 52005, 52007, 52010, 52204, 52214, 52224, 52234, 52235, 52240, 52550, 52260, 52265, 52270, 52275, 52276, 52277, 52281, 52283, 52285, 52290, 52300, 52305, 52310, 52315, 52317, 52318, 52320, 52325, 52330, 52332, 52334, 52335, 52336, 52337, 52338, 52340, 52500, 52601, 52606, 52612, 52614, 52620, 52630, 52640, 52650, 52700, 53000, 53010, 53020, 53025, 53040, 53060, 53080, 53200, 53220, 53235, 53240, 53250, 53260, 53265, 53270, 53275, 53420, 53450, 53460, 53502, 53520, 53600, 53601, 53605, 53621, 53640, 53660, 53661, 53665, 53670, 53675, 54000, 54001, 54015, 54050, 54055, 54056, 54057, 54060, 54065, 54100, 54105, 54150, 54152, 54160, 54161, 54200, 54220, 54230, 54235, 54240, 54250, 54300, 54308, 54318, 54328, 54332, 54336, 54340, 54344, 54348, 54352, 54380, 54385, 54435, 54450, 54500, 54505, 54520, 54600, 54620, 54660, 54670, 54700, 54800, 54860, 54900, 55000, 55100, 55120, 55180, 55200, 55250, 55450, 55600, 55651, 55700, 55705, 55720, 55740, 55980, 56000, 56100, 56400, 56405, 56420, 56440, 56501, 56600, 56605, 56606, 56685, 56700, 56710, 56720, 56740, 57000, 57010, 57020, 57061, 57065, 57100, 57105, 57135, 57150, 57160, 57170, 57180, 57291, 57311, 57400, 57410, 57415, 57450, 57451, 57452, 57454, 57500, 57505, 57510, 57511, 57513, 57520, 57700, 57800, 57820, 58100, 58101, 58102, 58120, 58300, 58301, 58310, 58320, 58340, 58345, 58820, 58970, 58980, 58982, 58983, 58986, 58987, 58988, 58990, 58992, 58994, 59000, 59015, 59020, 59025, 59030, 59050, 59130, 59135, 59140, 59150, 59151, 59160, 59200, 59300, 59325, 59400, 59410, 59412, 59420, 59430, 59812, 59820, 59840, 59841, 59850, 59851, 59852,

(6) 60000, 60100, 61000, 61001, 61020, 61026, 61050, 61055, 61070, 61105, 61107, 61108, 61120, 61151, 61334, 61470, 61535, 61541, 61542, 61553, 61690, 61710, 61790, 61791, 61795, 61850, 61865, 61870, 61885, 61888, 62194, 62256, 62268, 62269, 62270, 62272, 62273, 62274, 62276, 62277, 62278, 62279, 62280, 62282, 62284, 62288, 62289, 62290, 62291, 62292, 62294, 63196, 63198, 63306, 63307, 63600, 63650, 63652, 63656, 63657, 63660, 63688, 63780, 64400, 64402, 64405, 64408, 64410, 64412, 64413, 64415, 64417, 64418, 64420, 64421, 64425, 64430, 64435, 64440, 64441, 64442, 64443, 64445, 64450, 64505, 64508, 64510, 64520, 64530, 64550, 64553, 64555, 64560, 64565, 64573, 64575, 64577, 64580, 64585, 64595, 64600, 64605, 64610, 64620, 64622, 64623, 64630, 64640, 64680, 64721, 64726, 64727, 64732, 64734, 64736, 64738, 64761, 64774, 64778, 64783, 64795, 64831, 64832, 64834, 64837, 64840, 64858, 64861, 64870, 64895, 64896, 64898, 64901, 64905, 64907, 65140, 65150, 65205, 65210, 65220, 65222, 65230, 65235, 65240, 65245, 65260, 65270, 65272, 65275, 65280, 65286, 65300, 65400, 65410, 65420, 65426, 65430, 65435, 65436, 65450, 65600, 65772, 65775, 65800, 65805, 65810, 65815, 65820, 65825, 65830, 65855, 65860, 66020, 66030, 66130, 66155, 66165, 66600, 66625, 66630, 66700, 66701, 66720, 66721, 66761, 66762, 66770, 66800, 66801, 66802, 66820, 66821, 66825, 66830, 66840, 66850, 66915, 66983, 67031, 67105, 67141, 67145, 67208, 67210, 67227, 67228, 67345, 67350, 67415, 67430, 67500, 67505, 67515,

67700, 67710, 67715, 67800, 67801, 67805, 67808, 67810, 67820, 67825, 67830, 67835, 67840, 67850, 67880, 67882, 67906, 67909, 67914, 67915, 67916, 67921, 67922, 67923, 67930, 67935, 67938, 67975, 67999, 68020, 68040, 68100, 68110, 68115, 68130, 68135, 68200, 68328, 68330, 68340, 68360, 68400, 68420, 68440, 68500, 68510, 68530, 68700, 68705, 68760, 68761, 68770, 68800, 68820, 68825, 68830, 68840, 68850, 69000, 69005, 69020, 69090, 69100, 69105, 69110, 69120, 69140, 69145, 69200, 69205, 69210, 69220, 69221, 69222, 69300, 69310, 69320, 69400, 69401, 69405, 69410, 69420, 69421, 69424, 69425, 69433, 69436, 69440, 69450, 69501, 69502, 69505, 69511, 69530, 69540, 69550, 69554, 69601, 69602, 69603, 69604, 69610, 69611, 69620, 69631, 69632, 69633, 69635, 69636, 69637, 69641, 69642, 69643, 69644, 69645, 69646, 69650, 69660, 69661, 69662, 69667, 69676, 69700, 69710, 69725, 69801, 69802, 69805, 69806, 69820, 69905, 69910, 69930, 69955, 69960, 69970, 92995, 92996

Subp 7. **Multiple physicians.** If more than one physician provides services that are part of a global surgery package, maximum fees for each physician's portion of the package are calculated according to items A to E.

A. If a surgeon who performs surgery in an inpatient hospital cares for the patient only until discharged from the hospital, then the maximum fee for this surgeon's services are calculated according to the following formula:

Maximum fee = .86 x (total RVUs x CF).

Modifier 54 is used to identify these services.

B If a health care provider who did not perform the surgery assumes surgical follow–up care of a patient after discharge from the inpatient hospital, then the maximum fee for this practitioner's services is calculated according to the following formula:

Maximum fee = 14 x (total RVUs x CF).

Modifier 55 is used to identify these services.

C. If several health care providers furnish postoperative care, the maximum fee for the postoperative period is divided among the practitioners based on the number of days for which each health care provider was primarily responsible for care of the patient. Both modifiers 55 and 52 are used to identify postoperative services furnished by more than one provider.

D. If the providers have agreed to a payment distribution of the global fee that differs from the distributions set forth in items A to C, then payments will be made accordingly, if the agreed–upon distribution is documented and explained on the bill for the procedure and is not prohibited by Minnesota Statutes, section 147.091, subdivision 1, paragraph (p).

E The sum of the fees allowed for all practitioners providing care included in the global surgery package shall not exceed the amount of the global fee for the procedure, calculated according to the formula in part 5221 4020, for a single practitioner.

Statutory Authority: *MS s 175.171, 176.101; 176.135; 176.136, 176.231; 176.83*

History: *18 SR 1472*

5221.4040 PATHOLOGY AND LABORATORY PROCEDURE CODES.

Subpart 1. Key to abbreviations and terms.

A Column 1 in subpart 2 is labeled "CPT/HCPCS procedure code " This is the specific code intended to identify the health care service described in column 2

B Column 2 in subpart 2 is labeled "CPT/HCPCS description." This is a short narrative description of the procedure code A complete description of the service appears in the CPT or HCPCS Manual in effect on the date the service was rendered.

C Column 3 in subpart 2 is labeled "total RVU." These are the total relative value units for the service.

Subp 2 **List of pathology and laboratory procedure codes.**

CPT/–HCPCS Proce–dure Code	CPT/HCPCS Description	Total RVU
80007	7 Clinical chemistry tests	.78
80500	Lab pathology consultation	.48
80502	Lab pathology consultation	1 41
81000	Urinalysis with microscopy	23
81002	Urinalysis without scope	13
82565	Assay blood creatinine	09
82947	Assay body fluid, glucose	37
84132	Assay blood potassium	.23
84295	Assay blood sodium	.30
85007	Differential WBC count	.28
85014	Hematocrit	15
85018	Hemoglobin, colorimetric	18
85021	Automated hemogram	24
85022	Automated hemogram	42
85023	Automated hemogram	53
85024	Automated hemogram	45
85025	Automated hemogram	65
85031	Manual hemogram, complete CBC	47
85048	White blood cell (WBC) count	16
85060	Blood smear interpretation	.58
85095	Bone marrow aspiration	1 51
85097	Bone marrow interpretation	1.23
85100	Bone marrow examination	2 99
85101	Aspirate, stain bond marrow	1.70
85102	Bone marrow biopsy	2 35
85103	Bone marrow biopsy and exam	1.34
85105	Bone marrow, interpretation	.95
85109	Bone marrow preparation	1.04
85580	Blood platelet count	36
85610	Prothrombin time	26
85651	RBC sedimentation rate	.18
85730	Thromboplastin time, partial	36
86068	Blood compatibility test	58
86077	Physician blood bank service	56
86078	Physician blood bank service	1.09
86079	Physician blood bank service	.59
86083	Blood typing, antibody screen	.79
86455	Reduced allergy skin test	.35
86490	Coccidioidomycosis skin test	.24
86510	Histoplasmosis skin test	.26
86540	Mumps skin test	22
86580	TB intradermal test	21
86585	TB tine test	16
87040	Blood culture for bacteria	.94
87070	Culture specimen, bacteria	.48
88104	Microscopic exam of cells	87
88106	Microscopic exam of cells	80
88107	Microscopic exam of cells	1 06
88108	Microscopic exam of cells	.89
88125	Forensic cytopathology	31
88160	Cytopathology	72
88161	Cytopathology	.77
88162	Cytopathology, extensive	1 34

88170	Fine needle aspiration	1 33
88171	Fine needle aspiration	2 08
88172	Evaluation of smear	1 12
88173	Interpretation of smear	1 68
88180	Cell marker study	59
88182	Cell marker study	1 44
88300	Tissue exam by pathologist	25
88302	Tissue exam by pathologist	53
88304	Tissue exam by pathologist	79
88305	Tissue exam by pathologist	1 56
88307	Tissue exam by pathologist	2 70
88309	Tissue exam by pathologist	3 62
88311	Decalcify tissue	38
88312	Special stains	68
88313	Special stains	38
88314	Histochemical stain	92
88318	Chemical histochemistry	56
88319	Enzyme histochemistry	.88
88321	Microslide consultation	1 47
88323	Microslide consultation	1 78
88325	Comprehensive review of data	2 32
88329	Pathology consult in surgery	89
88331	Pathology consult in surgery	1 99
88332	Pathology consult in surgery	99
88342	Immunocytochemistry	1 27
88346	Immunofluorescent study	1 23
88347	Immunofluorescent study	1 10
88348	Electron microscopy	3 28
88349	Scanning electron microscopy	2 01
88355	Analysis, skeletal muscle	3 10
88356	Analysis, nerve	4 90
88358	Analysis, tumor	4 44
88362	Nerve teasing preparations	3 56
88365	Tissue hybridization	1.44
89100	Sample intestinal contents	88
89105	Sample intestinal contents	.78
89130	Sample stomach contents	74
89132	Sample stomach contents	33
89135	Sample stomach contents	1 19
89136	Sample stomach contents	37
89140	Sample stomach contents	1 52
89141	Sample stomach contents	1 37
89350	Sputum specimen collection	34
89360	Collect sweat for test	38

Statutory Authority: *MS s 175 171, 176 101; 176 135, 176 136, 176 231, 176.83*

History: *18 SR 1472*

5221.4041 FEE ADJUSTMENTS FOR PROFESSIONAL/TECHNICAL COMPONENTS FOR PATHOLOGY/LABORATORY SERVICES.

Subpart 1 **General.** Fees for pathology and laboratory services shall be adjusted when the professional and technical components of the service are performed by different individuals or entities The professional component of the service represents the care rendered by the health care provider, such as examination of the patient, performance and supervision of the procedure, and consultation with other practitioners The technical component of the service represents all other costs associated with the service, such as the cost of equipment, the salary of technicians, and supplies normally used in delivering the service The maximum fee for the professional component of the service is calculated according to the following formula

Maximum fee = 75 x (total RVUs x CF) The billing code for the professional component of the service is the specific procedure code plus the modifier 26 The maximum fee for the technical component of the service is calculated according to the following formula Maximum fee = 25 x (total RVUs x CF) The billing code for the technical component of the service is the specific procedure code plus the modifier TC

Subp 2 **Services provided to hospital inpatients.** The maximum fee for a service rendered by a provider to an employee while hospitalized as an inpatient is that calculated for the professional component of the service only Charges for the technical component of the service for an inpatient may be included in the separate billing by hospital and are limited by Minnesota Statutes, section 176 136, subdivision 1b

Subp 3 **Separate billing for each component.** If the professional component is split from the technical component and both are billed separately, the total cost for both shall not exceed the maximum fee allowed for the complete service, unless there are extenuating circumstances and there is documented justification for the additional cost.

Subp 4 **One billing for both components.** If the same health care provider renders both the professional and technical components of the service, the maximum fee is calculated according to the formula in part 5221.4020

Subp 5 **Services performed in an independent laboratory.** The maximum fee for physician pathology services performed in an independent laboratory is that calculated for the complete service, using the RVUs corresponding to the service code listed without a modifier in part 5221 4040, subpart 2, and the formula in part 5221 4020

Statutory Authority: *MS s 175 171, 176 101, 176 135, 176 136, 176 231, 176.83*

History: *18 SR 1472*

5221.4050 PHYSICAL MEDICINE AND REHABILITATION PROCEDURE CODES.

Subpart 1 **Key to abbreviations and terms.**

A Column 1 in subpart 2 is labeled "CPT/HCPCS procedure code " This is the specific code intended to identify the health care service described in column 2

B Column 2 in subpart 2 is labeled "CPT/HCPCS description " This is a short narrative description of the procedure code A complete description of the service appears in the CPT or HCPCS Manual in effect on the date the service was rendered

C Column 3 in subpart 2 is labeled "total RVU " These are the total relative value units for the service

Subp 2 **List of physical medicine and rehabilitation procedure codes.**

CPT/ HCPCS Procedure Code	CPT/HCPCS Description	Total RVU
97010	Hot and cold packs therapy	36
97012	Mechanical traction therapy	33
97014	Electric stimulation therapy	33
97016	Vasopneumatic device therapy	39
97018	Paraffin bath therapy	40
97020	Microwave therapy	30
97022	Whirlpool therapy	32
97024	Diathermy treatment	32
97026	Infrared therapy	33
97028	Ultraviolet therapy	29
97039	Physical therapy treatment	44
97110	Therapeutic exercises 30 min	41
97112	Neuromuscular reeducation	.39
97114	Functional activity therapy	32
97116	Gait training therapy	34
97118	Manual electric stimulation	40

97120	Electric current therapy	41
97122	Manual traction therapy	32
97124	Massage therapy	32
97126	Contrast baths therapy	32
97128	Ultrasound therapy	33
97139	Physical medicine procedure	52
97145	Extended physiotherapy	.21
97220	Hydrotherapy	62
97221	Extended hydrotherapy	20
97240	Hydrotherapy	.69
97241	Extended hydrotherapy	.18
97260	Regional manipulation	32
97261	Supplemental manipulations	19
97500	Orthotics training	49
97501	Supplemental training	27
97520	Prosthetic training	56
97521	Supplemental training	32
97530	Kinetic therapy	57
97531	Added kinetic therapy	28
97540	Training for daily living	67
97541	Supplemental training	30
97700	Traimng checkout	62
97701	Supplemental checkout	30
97720	Extremity testing	.64
97721	Supplemental limb testing	.34
97752	Muscle testing with exercise	89
H5300	Occupational therapy	47
Q0103	Physical therapy evaluation	1 17
Q0104	Physical therapy evaluation	46

Statutory Authority: *MS s 175 171, 176 101, 176.135, 176 136, 176.231; 176.83*

History: *18 SR 1472*

5221.4051 FEE ADJUSTMENTS FOR PHYSICAL MEDICINE AND REHABILITATION SERVICES.

Maximum fees for the physical medicine and rehabilitation modalities in the following list are determined according to the following payment schedule when more than one modality is provided to the same patient on the same day 100 percent of the fee calculated according to the formula in part 5221 4020 for the most expensive procedure and 75 percent of the fee calculated according to the formula in part 5221 4020 for each additional procedure. All modalities after the first, most expensive modality shall be coded by adding modifier 51 to the applicable procedure code

97010	Hot or cold packs therapy
97012	Mechanical traction therapy
97014	Electric stimulation therapy
97016	Vasopneumatic device therapy
97018	Paraffin bath therapy
97020	Microwave therapy
97022	Whirlpool therapy
97024	Diathermy treatment
97026	Infrared therapy
97028	Ultraviolet therapy
97039	Physical therapy treatment
97118	Manual electric stimulation
97120	Electric current therapy
97122	Manual traction therapy
97124	Massage therapy
97126	Contrast baths therapy
97128	Ultrasound therapy
97139	Physical medicine procedure

97145	Extended physiotherapy
97220	Hydrotherapy
97221	Extended hydrotherapy
97240	Hydrotherapy
97241	Extended hydrotherapy

Statutory Authority: *MS s 175 171; 176 101; 176 135; 176 136, 176 231, 176 83*

History: *18 SR 1472*

5221.4060 CHIROPRACTIC PROCEDURE CODES.

Subpart 1 **Key to abbreviations and terms.**

A Column 1 in subpart 2 is labeled "CPT/HCPCS procedure code " This is the specific code intended to identify the health care service described in column 3

B Column 2 in subpart 2 is labeled "CPT/HCPCS description " This is a short narrative description of the procedure code Complete descriptions of included chiropractic services appear either in the CPT or HCPCS manual in effect on the date the service was rendered or in subpart 3

C Column 3 in subpart 2 is labeled "total RVU " These are the total relative value units for the service

Subp 2 **List of chiropractic procedure codes.**

CPT/ HCPCS Proce– dure Code	Cpt/HCPCS Description	Total RVU
72010	X–ray exam of spme	1 06
72020	X–ray exam of spine	53
72040	X–ray exam of neck spine	85
72050	X–ray exam of neck spine	79
72052	X–ray exam of neck spme	97
72070	X–ray exam of thorax spine	1 06
72074	X–ray exam of thoracic spme	73
72080	X–ray exam of trunk spine	1 06
72090	X–ray exam of trunk spine	64
72100	X–ray exam of lower spine	.59
72110	X–ray exam of lower spine	1.71
72114	X–ray exam of lower spine	1 00
72120	X–ray exam of lower spine	71
72170	X–ray exam of pelvis	45
72190	X–ray exam of pelvis	.58
73020	X–ray exam of shoulder	41
73030	X–ray exam of shoulder	50
73070	X–ray exam of elbow	44
73100	X–ray exam of wrist	43
73500	X–ray exam of hip	43
73562	X–ray exam of knee	50
73610	X–ray exam of ankle	47
81000	Urinalysis with microscopy	12
81002	Without microscopy	07
X2005	Chiropractic visit with manipulation/adjustment, initial, office	39
X2006	Subsequent, office	43
X2009	Each additional manipulation/adjustment on same day, office, home, or nursing	26
X2100	New patient, brief examination	44
X2120	Extensive examination	1 15
X2125	Established patient, brief examination	53
X2130	Intermediate examination	71

X2135	Extensive examination	1 06
X2201	Application of hot pack	21
X2202	Application of cold pack	19
X2205	Diathermy	26
X2210	Electrical stimulation	21
X2212	Intersegmental motorized mobilization	25
X2214	Muscle stimulation, manual	22
X2220	Ultrasound therapy	21
X2225	Traction	23
X2230	Acupressure, manual or mechanical	25
X2245	Infrared – heat lamp	.21
X2255	Trigger point therapy	25
X2392	Exercise consultation/instruction	26
X9557	Medical conference up to 25 minutes	89

Subp 3 **Select chiropractic procedure code descriptions.**

X9198 Special chiropractic report. Review of medical and vocational data and preparation of a report to clarify the patient's status, which report includes more information than that contained in the usual chiropractic communication or standard reporting form

X9199 Unlisted special chiropractic service Chiropractic services specifically related to planning and coordinating the employee's return to work, including but not limited to office visits, telephone calls, or conferences with the employee, the employer, the insurer, the qualified rehabilitation consultant, and/or other health care providers

X9557 Conference Conference by a chiropractor with the patient and/or the patient's representative and/or additional health care providers to coordinate activities of patient care, up to 25 minutes

Statutory Authority: MS s 175 171, 176 101, 176 135, 176 136, 176 231, 176.83
History: *18 SR 1472*

5221.4061 FEE ADJUSTMENTS FOR CHIROPRACTIC SERVICES.

Maximum fees for the chiropractic modalities in the following list are determined according to the following payment schedule when more than one modality is provided to the same patient on the same day· 100 percent of the fee calculated according to the formula in part 5221 4020 for the most expensive procedure and 75 percent of the fee calculated according to the formula in part 5221 4020 for each additional procedure All modalities after the first, most expensive modality shall be coded by adding modifier 51 to the applicable procedure code

X2201	Application of hot pack
X2202	Application of cold pack
X2205	Diathermy
X2210	Electrical stimulation
X2212	Intersegmental motorized mobilization
X2214	Muscle stimulation, manual
X2220	Ultrasound therapy
X2225	Traction
X2230	Acupressure, manual or mechanical
X2245	Infrared – heat lamp
X2250	Ultraviolet
X2255	Trigger point therapy

Statutory Authority: *MS s 175 171, 176 101, 176 135, 176 136, 176 231; 176 83*
History: *18 SR 1472*

5221.4070 PHARMACY.

Subpart 1. **Substitution of generically equivalent drugs.** A generically equivalent drug as defined in Minnesota Statutes, section 151 21, subdivision 2, must be dispensed in place of the ordered drug if

A the generically equivalent drug is approved by the United States Food and Drug Administration and is also determined as therapeutically equivalent by the United States Food and Drug Administration,

B in the professional judgment of the pharmacist, the substituted drug is therapeutically equivalent to the ordered drug, and

C the charge for the substituted generically equivalent drug is less than the charge for the drug originally ordered

However, a substitution shall not be made if the ordering provider has written in his or her own handwriting "Dispense as written" or "DAW" on the prescription, as provided in the Minnesota Drug Selection Act, Minnesota Statutes, section 151 21. The dispensing provider must notify the recipient and the payer when a generically equivalent drug is dispensed The notice to the recipient may be given orally or by appropriate labeling on the medication's container The notice to the payer must be in writing on a claim form prescribed in part 5221 0700, subpart 2

Subp 2 **Procedure code.** The procedure code for a medication is the current HCPCS code which correctly describes the medication as provided or the prescription number Procedure codes are not required for nonprescription medications

Subp 3 **Maximum fee.**

A The employer's liability for compensable prescription medications shall be limited to the sum of the average wholesale price (AWP) of the medication on the date the medication was dispensed, and a professional dispensing fee of $5 14 per medication.

B The employer's liability for compensable nonprescription medications shall be the lower of the actual retail price of the medication or the sum of the average wholesale price (AWP) of the medication, on the date the medication was dispensed, and a professional dispensing fee of $5 14 per medication

Statutory Authority: *MS s 175 171; 176 101, 176 135, 176.136, 176 231, 176 83*

History: *18 SR 1472*

5221.6010 AUTHORITY.

Parts 5221 6010 to 5221.8900 are adopted under the authority of Minnesota Statutes, sections 176 83, subdivisions 1, 3, 4, and 5, and 176 103, subdivision 2

Statutory Authority: *MS s 176 103, 176 83*

History: *19 SR 1412*

5221.6020 PURPOSE AND APPLICATION.

Subpart 1 **Purpose.** Parts 5221 6010 to 5221 6600 establish parameters for reasonably required treatment of employees with compensable workers' compensation injuries to prevent excessive services under Minnesota Statutes, sections 176.135 and 176.136, subdivision 2 Parts 5221 6010 to 5221 6600 do not affect any determination of liability for an injury under Minnesota Statutes, chapter 176, and are not intended to expand or restrict a health care provider's scope of practice under any other statute

Subp 2 **Application.** All treatment must be medically necessary as defined in part 5221.6040, subpart 10 In the absence of a specific parameter, any applicable general parameters govern. A departure from a parameter that limits the duration or type of treatment may be appropriate in any one of the circumstances specified in part 5221 6050, subpart 8. Parts 5221 6010 to 5221 6600 apply to all treatment provided after January 4, 1995, regardless of the date of injury All limitations on the duration of a specific treatment modality or type of modality begin with the first time the modality is initiated after January 4, 1995 However, consideration may be given to treatment initiated under the emergency rules (parts 5221.6050 to 5221.6500 [Emergency]) Parts 5221 6010 to 5221 6600 do not apply to treatment of an injury after an insurer has denied liability for the injury However, in such cases

the rules do apply to treatment initiated after liability has been established References to days and weeks in parts 5221 6050 to 5221 6600 mean calendar days and weeks unless specified otherwise.

Statutory Authority: *MS s 176 103, 176 83*

History: *19 SR 1412*

5221.6030 INCORPORATION BY REFERENCE.

The ICD–9–CM diagnostic codes referenced in parts 5221.6010 to 5221.6600 are contained in the fourth edition of the International Classification of Diseases, Clinical Modification, 9th Revision, 1994, and corresponding annual updates. This document is subject to annual revisions and is incorporated by reference It is published by the United States Department of Health and Human Services, Health Care Financing Administration, and may be purchased through the Superintendent of Documents, United States Government Printing Office, Washington, D.C. 20402 It is available through the Minitex interlibrary loan system

Statutory Authority: *MS s 176 103, 176 83*

History: *19 SR 1412*

5221.6040 DEFINITIONS.

Subpart 1. **Scope.** The terms used in parts 5221.6010 to 5221.6600 have the meanings given them in this part.

Subp 2. **Active treatment.** "Active treatment" means treatment specified in parts 5221 6200, subpart 4, 5221.6205, subpart 4; 5221.6210, subpart 4; 5221 6300, subpart 4; and 5221 6305, subpart 2, item C, which requires active patient participation in a therapeutic program to increase flexibility, strength, endurance, or awareness of proper body mechanics.

Subp. 3 **Chronic pain syndrome.** "Chronic pain syndrome" means any set of verbal or nonverbal behaviors that

A. involve the complaint of enduring pain,

B differ significantly from the patient's preinjury behavior;

C. have not responded to previous appropriate treatment;

D are not consistent with a known organic syndrome which has remained untreated, and

E interfere with physical, psychological, social, or vocational functioning

Subp 4. **Condition.** A patient's "condition" means the symptoms, physical signs, clinical findings, and functional status that characterize the complaint, illness, or injury related to a current claim for compensation

Subp 5 **Emergency treatment.** "Emergency treatment" means treatment that is:

A. required for the immediate diagnosis and treatment of a medical condition that, if not immediately diagnosed and treated, could lead to serious physical or mental disability or death; or

B. immediately necessary to alleviate severe pain

Emergency treatment includes treatment delivered in response to symptoms that may or may not represent an actual emergency but that is necessary to determine whether an emergency exists.

Subp 6. **Etiology.** "Etiology" means the anatomic alteration, physiologic dysfunction, or other biological or psychological abnormality which is considered a cause of the patient's condition.

Subp. 7. **Functional status.** "Functional status" means the ability of an individual to engage in activities of daily living and other social, recreational, and vocational activities

Subp 8. **Initial nonsurgical management or treatment.** "Initial nonsurgical management or treatment" is initial treatment provided after an injury that includes passive treatment, active treatment, injections, and durable medical equipment under parts 5221.6200, subparts 3, 4, 5, and 8; 5221 6205, subparts 3, 4, 5, and 8, 5221 6210, subparts 3, 4, 5, and 8; 5221.6300, subparts 3, 4, 5, and 8; and 5221 6305, subpart 2 Scheduled and nonscheduled medication may be a part of initial nonsurgical treatment Initial nonsurgical management does not include surgery or chronic management modalities under part 5221.6600

Subp 9 **Medical imaging procedures.** A "medical imaging procedure" is a technique, process, or technology used to create a visual image of the body or its function Medical imaging includes, but is not limited to X–rays, tomography, angiography, venography, myelography, computed tomography (CT) scanning, magnetic resonance imaging (MRI) scanning, ultrasound imaging, nuclear isotope imaging, PET scanning, and thermography

Subp 10 **Medically necessary treatment.** "Medically necessary treatment" means those health services for a compensable injury that are reasonable and necessary for the diagnosis and cure or significant relief of a condition consistent with any applicable treatment parameter in parts 5221 6050 to 5221 6600 Where parts 5221 6050 to 5221.6600 do not govern, the treatment must be reasonable and necessary for the diagnosis or cure and significant relief of a condition consistent with the current accepted standards of practice within the scope of the provider's license or certification

Subp 11. **Neurologic deficit.** "Neurologic deficit" means a loss of function secondary to involvement of the central or peripheral nervous system This may include, but is not limited to, motor loss, spasticity; loss of reflex, radicular or anatomic sensory loss, loss of bowel, bladder, or erectile function, impairment of special senses, including vision, hearing, taste, or smell, or deficits in cognitive or memory function

A "Static neurologic deficit" means any neurologic deficit that has remained the same by history or noted by repeated examination since onset

B "Progressive neurologic deficit" means any neurologic deficit that has become worse by history or noted by repeated examination since onset

Subp 12. **Passive treatment.** "Passive treatment" is any treatment modality specified in parts 5221 6200, subpart 3, 5221 6205, subpart 3; 5221 6210, subpart 3; 5221 6300, subpart 3; and 5221.6305, subpart 2, item B Passive treatment modalities include bedrest, thermal treatment, traction, acupuncture, electrical muscle stimulation, braces, manual and mechanical therapy, massage, and adjustments.

Subp 13. **Therapeutic injection.** "Therapeutic injection" is any injection modality specified in parts 5221 6200, subpart 5, 5221 6205, subpart 5, 5221 6210, subpart 5, 5221 6300, subpart 5, and 5221 6305, subpart 2, item A Therapeutic injections include trigger point injections, sacroiliac injections, facet joint injections, facet nerve blocks, nerve root blocks, epidural injections, soft tissue injections, peripheral nerve blocks, injections for peripheral nerve entrapment, and sympathetic blocks

Statutory Authority: *MS s 176 103, 176 83*

History: *19 SR 1412*

5221.6050 GENERAL TREATMENT PARAMETERS; EXCESSIVE TREATMENT; PRIOR NOTIFICATION.

Subpart 1. **General.**

A All treatment must be medically necessary treatment, as defined in part 5221.6040, subpart 10 The health care provider must evaluate the medical necessity of all treatment under item B on an ongoing basis

Parts 5221 6050 to 5221 6600 do not require or permit any more frequent examinations than would normally be required for the condition being treated, but do require ongoing evaluation of the patient that is medically necessary, consistent with accepted medical practice

B The health care provider must evaluate at each visit whether initial nonsurgical treatment for the low back, cervical, thoracic, and upper extremity conditions specified in parts 5221 6200, 5221.6205, 5221 6210, and 5221.6300, is effective according to subitems (1) to (3) No later than any applicable treatment response time in parts 5221 6200 to 5221 6300, the health care provider must evaluate whether the passive, active, injection, or medication treatment modality is resulting in progressive improvement as specified in subitems (1) to (3):

(1) the employee's subjective complaints of pain or disability are progressively improving, as evidenced by documentation in the medical record of decreased distribution, frequency, or intensity of symptoms,

(2) the objective clinical findings are progressively improving, as evidenced by documentation in the medical record of resolution or objectively measured improvement in physical signs of injury; and

(3) the employee's functional status, especially vocational activities, is progressively improving, as evidenced by documentation in the medical record, or successive reports of work ability, of less restrictive limitations on activity

Except as otherwise provided under parts 5221 6200, subpart 3, item B, 5221 6205, subpart 3, item B, 5221 6210, subpart 3, item B, and 5221 6300, subpart 3, item B, if there is not progressive improvement in at least two of subitems (1) to (3), the modality must be discontinued or significantly modified, or the provider must reconsider the diagnosis The evaluation of the effectiveness of the treatment modality can be delegated to an allied health professional directly providing the treatment, but remains the ultimate responsibility of the treating health care provider who ordered the treatment

C The health care provider must use the least intensive setting appropriate and must assist the employee in becoming independent in the employee's own care to the extent possible so that prolonged or repeated use of health care providers and medical facilities is minimized

Subp 2 **Documentation.** A health care provider must maintain an appropriate record, as defined in part 5221 0100, subpart 1a, of any treatment provided to a patient

Subp 3 **Nonoperative treatment.** Health care providers shall provide a trial of nonoperative treatment before offering or performing surgical treatment unless the treatment for the condition requires immediate surgery, unless an emergency situation exists, or unless the accepted standard of initial treatment for the condition is surgery

Subp 4 **Chemical dependency.** The health care provider shall maintain diligence to detect incipient or actual chemical dependency to any medication prescribed for treatment of the employee's condition In cases of incipient or actual dependency, the health care provider shall refer the employee for appropriate evaluation and treatment of the dependency

Subp 5 **Referrals between health care providers.** The primary health care provider directing the course of treatment shall make timely and appropriate referrals for consultation for opinion or for the transfer of care if the primary health care provider does not have any reasonable alternative treatment to offer and there is a reasonable likelihood that the consultant may offer or recommend a reasonable alternative treatment plan This subpart does not prohibit a referral for consultation in other circumstances based on accepted medical practice and the patient's condition

A Referrals from consulting health care provider If the consultant has reasonable belief that another consultation is appropriate, that consultant must coordinate further referral with the original treating health care provider unless the consultant has been approved as the employee's treating health care provider The consultant is under no obligation to provide or recommend treatment or further referral, if in the consultant's opinion, all reasonable and necessary treatment has been rendered The consultant shall in this situation refer the employee back to the original treating health care provider for further follow–up

B Information sent to consultant When a referring health care provider arranges for consultation or transfer of care, except in cases of emergency, the referring health care provider shall, with patient authorization, summarize for the consultant orally or in writing the conditions of injury, the working diagnosis, the treatment to date, the patient's response to treatment, all relevant laboratory and medical imaging studies, return to work considerations, and any other information relevant to the consultation In addition, the referring health care provider shall make available to the consultant, with patient authorization, a copy of all medical records relevant to the employee's injury

Subp 6 **Communication between health care providers and consideration of prior care.**

A Information requested by new health care provider Upon accepting for treatment a patient with a workers' compensation injury, the health care provider shall ask the patient if treatment has been previously given for the injury by another health care provider If the patient reports that treatment has been previously given for the injury by another health care provider and if the medical records for the injury have not been transferred, the new health care provider shall request authorization from the employee for relevant medical records Upon receipt of the employee authorization, the new health care provider shall request relevant medical records from the previous health care providers Upon receipt of the request

for medical records and employee authorization, the previous health care providers shall provide the records within seven working days

B Treatment by prior health care provider If the employee has reported that care for an injury has been previously given

(1) Where a previous health care provider has performed diagnostic imaging, a health care provider may not repeat the imaging or perform alternate diagnostic imaging for the same condition except as permitted in part 5221 6100

(2) When a therapeutic modality employed by a health care provider was no longer improving the employee's condition under subpart 1, item B, or has been used for the maximum duration allowed under parts 5221 6050 to 5221 6600, another health care provider may not employ the same modality at any time thereafter to treat the same injury except if one of the departures applies under subpart 8, after surgery, or for treatment of reflex sympathetic dystrophy under part 5221 6305

(3) It is also inappropriate for two health care providers to use the same treatment modality concurrently

C Employee refusal An employee's refusal to provide authorization for release of medical records does not justify repeat treatment or diagnostic testing An insurer is not liable for repeat diagnostic testing or other duplicative treatment prohibited by this subpart

Subp 7 **Determinations of excessive treatment; notice of denial to health care providers and employee; expedited processing of medical requests.**

A In addition to services deemed excessive under part 5221 0500 and Minnesota Statutes, section 176 136, subdivision 2, treatment is excessive if

(1) the treatment is inconsistent with an applicable parameter or other rule in parts 5221 6050 to 5221 6600, or

(2) the treatment is consistent with the parameters in parts 5221 6050 to 5221 6600, but is not medically necessary treatment

B If the insurer denies payment for treatment that departs from a parameter under parts 5221 6050 to 5221 6600, the insurer must provide the employee and health care provider with written notice of the reason for the denial and that the treatment rules permit departure from the parameters in specified circumstances If the insurer denies authorization for proposed treatment after prior notification has been given under subpart 9, the insurer must provide the employee and health care provider in writing with notice of the reason why the information given by the health care provider does not support the proposed treatment and notice of the right to review of the denial under subpart 9, item C The insurer may not deny payment for a program of chronic management that the insurer has previously authorized for an employee, either in writing or by routine payment for services, without providing the employee and the employee's health care provider with at least 30 days' notice of intent to apply any of the chronic management parameters in part 5221 6600 to future treatment. The notice must include the specific parameters that will be applied in future determinations of compensability by the insurer

C If the insurer denies authorization or payment for treatment governed by parts 5221 6050 to 5221 6600, the health care provider or the employee may request a determination from the commissioner or compensation judge by filing a medical request or petition under chapter 5220 and Minnesota Statutes, sections 176 106, 176 2615, and 176 305 The medical request may not be filed before completion of the managed care plan's dispute resolution process, if applicable If the health care provider has notified the insurer of proposed treatment requiring prior notification under subpart 9, the health care provider or employee must describe or attach a copy of the notification, and any response from the insurer, to the medical request filed with the department The insurer may, but is not required to, file a medical response where the insurer's response to prior notification under subpart 9 has been attached to the medical request If the insurer elects to file a medical response in such cases, it must be received withm ten working days of the date the medical request was filed with the department The commissioner or compensation judge may issue a decision based on written submissions no earlier than ten working days after receipt of the medical request, unless a medical response has been filed sooner

D A determination of the compensability of medical treatment under Minnesota Statutes, chapter 176, must include consideration of the following factors

(1) whether a treatment parameter or other rule in parts 5221 6050 to 5221 6600 applies to the etiology or diagnosis for the condition;

(2) if a specific or general parameter applies, whether the treatment is consistent with the treatment parameter and whether the treatment was medically necessary as defined in part 5221.6040, subpart 10, and

(3) whether a departure from the applicable parameter is or was necessary because of any of the factors in subpart 8

Subp 8. **Departures from parameters.** A departure from a parameter that limits the duration or type of treatment in parts 5221 6050 to 5221 6600 may be appropriate in any one of the circumstances specified in items A to E The health care provider must provide prior notification of the departure as required by subpart 9

A Where there is a documented medical complication

B Where previous treatment did not meet the accepted standard of practice and the requirements of parts 5221 6050 to 5221.6600 for the health care provider who ordered the treatment

C Where the treatment is necessary to assist the employee in the initial return to work where the employee's work activities place stress on the part of the body affected by the work injury The health care provider must document in the medical record the specific work activities that place stress on the affected body part, the details of the treatment plan and treatment delivered on each visit, the employee's response to the treatment, and efforts to promote employee independence in the employee's own care to the extent possible so that prolonged or repeated use of health care providers and medical facilities is minimized.

D. Where the treatment continues to meet two of the following three criteria, as documented in the medical record

(1) the employee's subjective complaints of pain are progressively improving as evidenced by documentation in the medical record of decreased distribution, frequency, or intensity of symptoms;

(2) the employee's objective clinical findings are progressively improving, as evidenced by documentation in the medical record of resolution or objectively measured improvement in physical signs of injury, and

(3) the employee's functional status, especially vocational activity, is objectively improving as evidenced by documentation in the medical record, or successive reports of work ability, of less restrictive limitations on activity

E. Where there is an incapacitating exacerbation of the employee's condition However, additional treatment for the incapacitating exacerbation may not exceed, and must comply with, the parameters in parts 5221.6050 to 5221 6600

Subp. 9 **Prior notification; health care provider and insurer responsibilities.** Prior notification is the responsibility of the health care provider who wants to provide the treatment in item A Prior notification need not be given in any case where emergency treatment is required

A. The health care provider must notify the insurer of proposed treatment in subitems (1) to (4) at least seven working days before the treatment is initiated, except as otherwise provided in subitem (4)

(1) for chronic management modalities where prior notification is required under part 5221 6600,

(2) for durable medical equipment requiring prior notification in parts 5221 6200, subpart 8, 5221 6205, subpart 8, 5221 6210, subpart 8, and 5221 6300, subpart 8,

(3) for any nonemergency inpatient hospitalization or nonemergency inpatient surgery. A surgery or hospitalization is considered inpatient if the patient spends at least one night in the facility, and

(4) for treatment that departs from a parameter limiting the duration or type of treatment in parts 5221 6050 to 5221.6600 The health care provider must notify the insurer

within two business days after initiation of treatment if the departure from a parameter is for an incapacitating exacerbation or an emergency

B The health care provider's prior notification required by item A may be made orally, or in writing, and shall provide the following information, when relevant.

(1) the diagnosis,

(2) when giving prior notification for chronic management modalities, durable medical equipment, or inpatient hospitalization or surgery required by item A, subitems (1) to (3), whether the proposed treatment is consistent with the applicable treatment parameter,

(3) when giving prior notification for treatment that departs from a treatment parameter, or notification of treatment for an incapacitating exacerbation or emergency, the basis for departure from any applicable treatment parameter specified in subpart 8, the treatment plan, including the nature and anticipated length of the proposed treatment, and the anticipated effect of treatment on the employee's condition.

C The insurer must provide a toll–free facsimile and telephone number for health care providers to provide prior notification The insurer must respond orally or in writing to the requesting health care provider's prior notification of proposed treatment in item A within seven working days of receipt of the request. Within the seven days, the insurer must either approve the request, deny authorization, request additional information, request that the employee obtain a second opinion, or request an examination by the employer's physician A denial must include notice to the employee and health care provider of the reason why the information given by the health care provider in item B does not support the treatment proposed, along with notice of the right to review of the denial under subitem (3)

(1) If the health care provider does not receive a response from the insurer within the seven working days, authorization is deemed to have been given

(2) If the insurer authorizes the treatment, the insurer may not later deny payment for the treatment authorized

(3) If the insurer denies authorization, the health care provider or employee may orally or in writing request that the insurer review its denial of authorization

The insurer's review of its denial must be made by a currently licensed registered nurse, medical doctor, doctor of osteopathy, doctor of chiropractic, or a person credentialled by a program approved by the commissioner of Labor and Industry The insurer may also delegate the review to a certified managed care plan under subpart 10 In lieu of or in addition to the insurer's review under this subitem, the insurer may request an examination of the employee under subitem (4), (5), or (6) and the requirements of those subitems apply to the proposed treatment Unless an examination of the employee is requested under subitem (4), (5), or (6), the insurer's determination following review must be communicated orally or in writing to the requestor within seven working days of receipt of the request for review

Instead of requesting a review, or if the insurer maintains its denial after the review, the health care provider or the employee may file with the commissioner a medical request or a petition for authorization of the treatment under subpart 7, item C, or except as specified in subitem (4), (5), or (6), may proceed with the proposed treatment subject to a later determination of compensability by the commissioner or compensation judge

(4) If the insurer requests an examination of the employee by the employer's physician, the health care provider may elect to provide the treatment subject to a determination of compensability by the commissioner or compensation judge under subpart 7, item B However, the health care provider may not provide nonemergency surgery where the insurer has requested an examination for surgery except as provided in subitems (5) and (6), and may not provide continued passive care modalities where prior approval by the insurer, commissioner, or compensation judge is required under parts 5221 6200, subpart 3, item B, subitem (2), 5221 6205, subpart 3, item B, subitem (2), 5221 6210, subpart 3, item B, subitem (2), and 5221.6300, subpart 3, item B, subitem (2).

(5) If prior notification of surgery is required under item A, subitem (3), the insurer may require that the employee obtain a second opinion from a physician of the employee's choice under Minnesota Statutes, section 176 135, subdivision 1a If within seven working days of the prior notification the insurer notifies the employee and health care pro-

vider that a second opinion is required, the health care provider may not perform the nonemergency surgery until the employee provides the second opinion to the insurer Except as otherwise provided in parts 5221 6200, subpart 6, items B and C, 5221 6205, subpart 6, items B and C, 5221 6300, subpart 6, item B, and 5221 6305, subpart 3, item B, if the insurer denies authorization within seven working days of receiving the second opinion, the health care provider may elect to perform the surgery, subject to a determination of compensability by the commissioner or compensation judge under subpart 7

(6) In any case where prior notification of proposed surgery is required, the insurer may elect to obtain an examination of the employee by the employer's physician under Minnesota Statutes, section 176 155, sometimes referred to as an "independent medical examination " If the insurer notifies the employee and health care provider of the examination within seven working days of the provider's notification, the proposed nonemergency surgery may not be provided pending the examination However, after 45 days following the insurer's request for an examination, the health care provider may elect to proceed with the surgery, subject to a determination of compensability by the commissioner or compensation judge under subpart 7

(7) The insurer's request for additional information must be directed to the requesting health care provider and must specify the additional information required that is necessary to respond to the health care provider's notification of proposed treatment The proposed treatment may not be given until the provider provides reasonable additional information Once the additional information has been received, the insurer must respond within seven working days according to subitems (1) to (6)

Subp 10 **Certified managed care plans.** The insurer may delegate responsibility for the notices required in subpart 7, item B, and the response to prior notification under subpart 9, to the certified managed care plan with which the insurer has contracted to manage the employee's medical treatment under Minnesota Statutes, section 176 135, subdivision 1f Alternatively, the managed care plan may act as an intermediary between the treating health care provider and the insurer In either case, the notices and time periods in subparts 7, 8, and 9 also apply to the managed care plan Where the insurer has delegated responsibility to the managed care plan, the insurer may not later deny treatment authorized by the plan

Subp 11 **Outcome studies.** The commissioner shall perform outcome studies on the treatment modalities in parts 5221 6200 to 5221 6600 The modalities to be studied shall be selected in consultation with the Workers' Compensation Medical Services Review Board The commissioner may require health care providers who use these modalities to prospectively gather and report outcome information on patients treated, with necessary consent of the employee The health care providers shall report the outcome information on the modalities in parts 5221 6200 to 5221 6600 on a form prescribed by the commissioner, which may include

A the name of the health care provider,

B the name of the patient, date of injury, date of birth, gender, and, with patient permission, level of education and social security number,

C the name of the workers' compensation insurer and managed care plan, if any,

D the pretreatment and posttreatment employment status,

E the nature of treatment given before and after the treatment being studied for the same condition,

F the diagnosis, symptoms, physical findings, and functional status before and after the treatment being studied for the same condition, and

G the presence or absence of preexisting or concurrent conditions

Statutory Authority: *MS s 176 103, 176 83*

History: *19 SR 1412*

5221.6100 PARAMETERS FOR MEDICAL IMAGING.

Subpart 1 **General principles.** All medical imaging must comply with items A to E Except for emergency evaluation of significant trauma, a health care provider must document in the medical record an appropriate history and physical examination, along with a review of any existing medical records and laboratory or imaging studies regarding the patient's condition, before ordering any imaging study

A Effective imaging A health care provider should initially order the single most effective imaging study for diagnosing the suspected etiology of a patient's condition No concurrent or additional imaging studies should be ordered until the results of the first study are known and reviewed by the treating health care provider If the first imaging study is negative, no additional imaging is indicated except for repeat and alternative imaging allowed under items D and E

B Appropriate imaging Imaging solely to rule out a diagnosis not seriously being considered as the etiology of the patient's condition is not indicated

C Routine imaging Imaging on a routine basis is not indicated unless the information from the study is necessary to develop a treatment plan

D Repeat imaging Repeat imaging, of the same views of the same body part with the same imaging modality is not indicated except as follows

(1) to diagnose a suspected fracture or suspected dislocation,

(2) to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment, repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment,

(3) to follow up a surgical procedure,

(4) to diagnose a change in the patient's condition marked by new or altered physical findings,

(5) to evaluate a new episode of injury or exacerbation which in itself would warrant an imaging study, or

(6) when the treating health care provider and a radiologist from a different practice have reviewed a previous imaging study and agree that it is a technically inadequate study

E Alternative imaging

(1) Persistence of a patient's subjective complaint or failure of the condition to respond to treatment are not legitimate indications for repeat imaging In this instance an alternative imaging study may be indicated if another etiology of the patient's condition is suspected because of the failure of the condition to improve

(2) Alternative imaging is not allowed to follow up negative findings unless there has been a change in the suspected etiology and the first imaging study is not an appropriate evaluation for the suspected etiology

(3) Alternative imaging is allowed to follow up abnormal but inconclusive findings in another imaging study An inconclusive finding is one that does not provide an adequate basis for accurate diagnosis

Subp 2 **Specific imaging procedures for low back pain.** Except for the emergency evaluation of significant trauma, a health care provider must document in the medical record an appropriate history and physical examination, along with a review of any existing medical records and laboratory or imaging studies regarding the patient's condition, before ordering any imaging study of the low back

A Computed tomography (CT) scanning is indicated any time that one of the following conditions is met

(1) when cauda equina syndrome is suspected,

(2) for evaluation of progressive neurologic deficit, or

(3) when bony lesion is suspected on the basis of other tests or imaging procedures

Except as specified in subitems (1) to (3), CT scanning is not indicated in the first eight weeks after an injury

Computed tomography scanning is indicated after eight weeks if the patient continues with symptoms and physical findings after the course of initial nonsurgical care and if the patient's condition prevents the resumption of the regular activities of daily life including regular vocational activities

B Magnetic resonance imaging (MRI) scanning is indicated any time that one of the following conditions is met

(1) when cauda equina syndrome is suspected,

(2) for evaluation of progressive neurologic deficit,

(3) when previous spinal surgery has been performed and there is a need to differentiate scar due to previous surgery from disc herniation, tumor, or hemorrhage, or

(4) suspected discitis

Except as specified in subitems (1) to (4), MRI scanning is not indicated in the first eight weeks after an injury

Magnetic resonance imaging scanning is indicated after eight weeks if the patient continues with symptoms and physical findings after the course of initial nonsurgical care and if the patient's condition prevents the resumption of the regular activities of daily life including regular vocational activities

C Myelography is indicated in the following circumstances.

(1) may be substituted for otherwise indicated CT scanning or MRI scanning in accordance with items A and B, if those imaging modalities are not locally available,

(2) in addition to CT scanning or MRI scanning, if there are progressive neurologic deficits or changes and CT scanning or MRI scanning has been negative, or

(3) for preoperative evaluation in cases of surgical intervention, but only if CT scanning or MRI scanning have failed to provide a definite preoperative diagnosis

D Computed tomography myelography is indicated in the following circumstances

(1) the patient's condition is predominantly sciatica, and there has been previous spinal surgery, and tumor is suspected,

(2) the patient's condition is predominantly sciatica and there has been previous spinal surgery and MRI scanning is equivocal,

(3) when spinal stenosis is suspected and the CT or MRI scanning is equivocal,

(4) in addition to CT scanning or MRI scanning, if there are progressive neurologic symptoms or changes and CT scanning or MRI scanning has been negative; or

(5) for preoperative evaluation in cases of surgical intervention, but only if CT scanning or MRI scanning have failed to provide a definite preoperative diagnosis

E Intravenous enhanced CT scanning is indicated only if there has been previous spinal surgery, and the imaging study is being used to differentiate scar due to previous surgery from disc herniation or tumor, but only if intrathecal contrast for CT–myelography is contraindicated and MRI scanning is not available or is also contraindicated

F. Gadolinium enhanced MRI scanning is indicated when

(1) there has been previous spinal surgery, and the imaging study is being used to differentiate scar due to previous surgery from disc herniation or tumor,

(2) hemorrhage is suspected,

(3) tumor or vascular malformation is suspected,

(4) infection or inflammatory disease is suspected, or

(5) unenhanced MRI scanning was equivocal

G Discography is indicated when·

(1) all of the following are present

(a) back pain is the predominant complaint,

(b) the patient has failed to improve with initial nonsurgical management,

(c) other imaging has not established a diagnosis, and

(d) lumbar fusion surgery is being considered as a therapy, or

(2) there has been previous spinal surgery, and pseudoarthrosis, recurrent disc herniation, annular tear, or internal disc disruption is suspected.

H Computed tomography discography is indicated when.

(1) sciatica is the predominant complaint and lateral disc herniation is suspected, or

(2) if appropriately performed discography is equivocal or paradoxical, with a normal X–ray pattern but a positive pain response, and an annular tear or intra–annular injection is suspected

I. Nuclear isotope imaging (including technicium, indium, and gallium scans) are not indicated unless tumor, stress fracture, infection, avascular necrosis, or inflammatory lesion is suspected on the basis of history, physical examination findings, laboratory studies, or the results of other imaging studies

J. Thermography is not indicated for the diagnosis of any of the clinical categories of low back conditions in part 5221.6200, subpart 1, item A

K Anterior–posterior (AP) and lateral X–rays of the lumbosacral spine are limited by subitems (1) and (2)

(1) They are indicated in the following circumstances

(a) when there is a history of significant acute trauma as the precipitating event of the patient's condition, and fracture, dislocation, or fracture dislocation is suspected,

(b) when the history, signs, symptoms, or laboratory studies indicate possible tumor, infection, or inflammatory lesion;

(c) for postoperative follow–up of lumbar fusion surgery,

(d) when the patient is more than 50 years of age,

(e) before beginning a course of treatment with spinal adjustment or manipulation, or

(f) eight weeks after an injury if the patient continues with symptoms and physical findings after the course of initial nonsurgical care and if the patient's condition prevents the resumption of the regular activities of daily life including regular vocational activities

(2) They are not indicated in the following circumstances

(a) to verify progress during initial nonsurgical treatment; or

(b) to evaluate a successful initial nonsurgical treatment program.

L Oblique X–rays of the lumbosacral spine are limited by subitems (1) and (2)

(1) They are indicated in the following circumstances

(a) to follow up abnormalities detected on anterior–posterior or lateral X–ray,

(b) for postoperative follow–up of lumbar fusion surgery, or

(c) to follow up spondylolysis or spondylolisthesis not adequately diagnosed by other indicated imaging procedures

(2) They are not indicated as part of a package of X–rays including anterior–posterior and lateral X–rays of the lumbosacral spine

M Electronic X–ray analysis of plain radiographs and diagnostic ultrasound of the lumbar spine are not indicated for diagnosis of any of the low back conditions in part 5221 6200, subpart 1, item A

Statutory Authority: *MS s 176 103; 176 83*

History: *19 SR 1412*

5221.6200 LOW BACK PAIN.

Subpart 1 **Diagnostic procedures for treatment of low back injury.** A health care provider shall determine the nature of the condition before initiating treatment.

A An appropriate history and physical examination must be performed and documented. Based on the history and physical examination the health care provider must assign the patient at each visit to the appropriate clinical category according to subitems (1) to (4) The diagnosis must be documented in the medical record For the purposes of subitems (2) and (3), "radicular pain" means pain radiating distal to the knee, or pain conforming to a dermatomal distribution and accompanied by anatomically congruent motor weakness or reflex changes This part does not apply to fractures of the lumbar spine, or back pain due to an infectious, immunologic, metabolic, endocrine, neurologic, visceral, or neoplastic disease process.

(1) Regional low back pain, includes referred pain to the leg above the knee unless it conforms to an L2, L3, or L4 dermatomal distribution and is accompanied by anatomically congruent motor weakness or reflex changes Regional low back pain includes the diagnoses of lumbar, lumbosacral, or sacroiliac strain, sprain, myofascial syndrome, musculoligamentous injury, soft tissue injury, spondylosis, and other diagnoses for pain believed to originate in the discs, ligaments, muscles, or other soft tissues of the lumbar spine or sacroiliac joints and which effects the lumbosacral region, with or without referral to the buttocks and/or leg above the knee, including, but not limited to, ICD–9–CM codes 720 to 720 9, 721, 721 3, 721 5 to 721 90, 722, 722 3, 722 32, 722 5, 722 51, 722 52, 722 6, 722 9, 722 90, 722 93, 724 2, 724 5, 724 6, 724 8, 724 9, 732 0, 737 to 737 9, 738 4, 738 5, 739 2 to 739 4, 756 1 to 756 19, 847 2 to 847 9, 922 3, 926 1, 926 11, and 926 12

(2) Radicular pain, with or without regional low back pain, with static or no neurologic deficit This includes the diagnoses of sciatica, lumbar or lumbosacral radiculopathy, radiculitis or neuritis, displacement or herniation of intervertebral disc with myelopathy, radiculopathy, radiculitis or neuritis, spinal stenosis with myelopathy, radiculopathy, radiculitis or neuritis, and any other diagnoses for pain in the leg below the knee believed to originate with irritation of a nerve root in the lumbar spine, including, but not limited to, the ICD–9–CM codes 721 4, 721 42, 721 91, 722 1, 722 10, 722 2, 722 7, 722 73, 724.0, 724.00, 724 02, 724 09, 724 3, 724 4, and 724 9 In these cases, neurologic findings on history and physical examination are either absent or do not show progressive deterioration

(3) Radicular pain, with or without regional low back pain, with progressive neurologic deficit This includes the same diagnoses as subitem (2), however, this category applies when there is a history of progressive deterioration in the neurologic symptoms and physical findings which include worsening sensory loss, increasing muscle weakness, or progressive reflex changes

(4) Cauda equina syndrome, which is a syndrome characterized by anesthesia in the buttocks, genitalia, or thigh and accompanied by disturbed bowel and bladder function, ICD–9–CM codes 344 6, 344 60, and 344 61

B Laboratory tests are not indicated in the evaluation of a patient with regional low back pain, radicular pain, or cauda equina syndrome, except in any of the following circumstances

(1) when a patient's history, age, or examination suggests infection, metabolic–endocrinologic disorders, tumorous conditions, systemic musculoskeletal disorders, such as rheumatoid arthritis or ankylosing spondylitis,

(2) to evaluate potential adverse side effects of medications, or

(3) as part of a preoperative evaluation

Laboratory tests may be ordered at any time the health care provider suspects any of these conditions, but the health care provider must justify the need for the tests ordered with clear documentation of the indications

C Medical imaging evaluation of the lumbosacral spine must be based on the findings of the history and physical examination and cannot be ordered before the health care provider's clinical evaluation of the patient Medical imaging may not be performed as a routine procedure and must comply with all of the standards in part 5221 6100, subparts 1 and 2 The health care provider must document the appropriate indications for any medical imaging studies obtained

D EMG and nerve conduction studies are always mappropriate for regional low back pain as defined in item A, subitem (1) EMG and nerve conduction studies may be an appropriate diagnostic tool for radicular pain and cauda equina syndrome as defined in item A, subitems (2) to (4), after the first three weeks of radicular symptoms Repeat EMG and nerve conduction studies for radicular pain and cauda equina syndrome are not indicated unless a new neurologic symptom or finding has developed which in itself would warrant electrodiagnostic testing Failure to improve with treatment is not an indication for repeat testing

E The use of the following procedures or tests is not indicated for the diagnosis of any of the clinical categories in item A

(1) surface electromyography or surface paraspinal electromyography,

(2) thermography,

(3) plethysmography,

(4) electronic X–ray analysis of plain radiographs,

(5) diagnostic ultrasound of the lumbar spine, or

(6) somatosensory evoked potentials (SSEP) and motor evoked potentials (MEP)

F Computerized range of motion or strength measuring tests are not indicated during the period of initial nonsurgical management, but may be indicated during the period of chronic management when used in conjunction with a computerized exercise program, work hardening program, or work conditioning program During the period of initial nonsurgical management, computerized range of motion or strength testing may be performed but must be done in conjunction with and shall not be reimbursed separately from an office visit with a physician, chiropractic evaluation or treatment, or physical or occupational therapy evaluation or treatment

G Personality or psychosocial evaluations may be indicated for evaluating patients who continue to have problems despite appropriate care The treating health care provider may perform this evaluation or may refer the patient for consultation with another health care provider in order to obtain a psychological evaluation These evaluations may be used to assess the patient for a number of psychological conditions which may interfere with recovery from the injury Since more than one of these psychological conditions may be present in a given case, the health care provider performing the evaluation must consider all of the following

(1) Is symptom magnification occurring?

(2) Does the patient exhibit an emotional reaction to the injury, such as depression, fear, or anger, which is interfering with recovery?

(3) Are there other personality factors or disorders which are interfering with recovery?

(4) Is the patient chemically dependent?

(5) Are there any interpersonal conflicts interfering with recovery?

(6) Does the patient have a chronic pain syndrome or psychogenic pain?

(7) In cases in which surgery is a possible treatment, are psychological factors likely to interfere with the potential benefit of the surgery?

H Diagnostic analgesic blocks or injection studies include facet joint injection, facet nerve injection, epidural differential spinal block, nerve block, and nerve root block

(1) These procedures are used to localize the source of pain before surgery and to diagnose conditions which fail to respond to initial nonsurgical management

(2) These injections are invasive and when done as diagnostic procedures only, are not indicated unless noninvasive procedures have failed to establish the diagnosis

(3) Selection of patients, choice of procedure, and localization of the level of injection should be determined by documented clinical findings indicating possible pathologic conditions and the source of pain symptoms

(4) These blocks and injections can also be used as therapeutic modalities and as such are subject to the parameters of subpart 5

I Functional capacity assessment or evaluation is a comprehensive and objective assessment of a patient's ability to perform work tasks The components of a functional capacity assessment or evaluation include, but are not limited to, neuromusculoskeletal screening, tests of manual material handling, assessment of functional mobility, and measurement of postural tolerance A functional capacity assessment or evaluation is an individualized testing process and the component tests and measurements are determined by the patient's condition and the requested information Functional capacity assessments and evaluations are performed to determine and report a patient's physical capacities in general or to determine work tolerance for a specific job, task, or work activity

(1) Functional capacity assessment or evaluation is not indicated during the period of initial nonsurgical management

(2) After the period of initial nonsurgical management functional capacity assessment or evaluation is indicated in either of the following circumstances

(a) activity restrictions and capabilities must be identified, or

(b) there is a question about the patient's ability to do a specific job

(3) A functional capacity evaluation is not appropriate to establish baseline performance before treatment, or for subsequent assessments, to evaluate change during or after treatment

(4) Only one completed functional capacity evaluation is indicated per injury

J Consultations with other health care providers can be initiated at any time by the treating health care provider consistent with accepted medical practice

Subp 2 **General treatment parameters for low back pain.**

A All medical care for low back pain, appropriately assigned to a clinical category in subpart 1, item A, is determined by the clinical category to which the patient has been assigned General parameters for treatment modalities are set forth in subparts 3 to 10 Specific treatment parameters for each clinical category are set forth in subparts 11 to 13, as follows

(1) subpart 11 governs regional low back pain,

(2) subpart 12 governs radicular pain with no or static neurologic deficits, and

(3) subpart 13 governs cauda equina syndrome and radicular pain with progressive neurologic deficits

The health care provider must, at each visit, reassess the appropriateness of the clinical category assigned and reassign the patient if warranted by new clinical information including symptoms, signs, results of diagnostic testing, and opinions and information obtained from consultations with other health care providers When the clinical category is changed, the treatment plan must be appropriately modified to reflect the new clinical category However, a change of clinical category does not in itself allow the health care provider to continue a therapy or treatment modality past the maximum duration specified in subparts 3 to 10, or to repeat a therapy or treatment previously provided for the same injury

B. In general, a course of treatment is divided into three phases

(1) First, all patients with low back problems, except patients with progressive neurologic deficit or cauda equina syndrome under subpart 1, item A, subitems (3) and (4), must be given initial nonsurgical management which may include active treatment modalities, passive treatment modalities, injections, durable medical equipment, and medications These modalities and parameters are described in subparts 3, 4, 5, 8, and 10 The period of initial nonsurgical treatment begins with the first active, passive, medication, durable medical equipment, or injection modality initiated Initial nonsurgical treatment must result in progressive improvement as specified in subpart 9

(2) Second, for patients with persistent symptoms, initial nonsurgical management is followed by a period of surgical evaluation This evaluation should be completed in a timely manner Surgery, if indicated, should be performed as expeditiously as possible consistent with sound medical practice and subparts 6 and 11 to 13, and part 5221.6500. The treating health care provider may do the evaluation, if it is within the provider's scope of practice, or may refer the employee to a consultant

(a) Patients with radicular pain with progressive neurological deficit, or cauda equina syndrome may require immediate surgical therapy

(b) Any patient who has had surgery may require postoperative therapy in a clinical setting with active and passive treatment modalities This therapy may be in addition to any received during the period of initial nonsurgical care

(c) Surgery must follow the parameters in subparts 6 and 11 to 13, and part 5221.6500.

(d) A decision against surgery at this time does not preclude a decision for surgery made at a later date

(3) Third, for those patients who are not candidates for or refuse surgical therapy, or who do not have complete resolution of their symptoms with surgery, a period of chronic management may be indicated Chronic management modalities are described in part 5221 6600, and may include durable medical equipment as described in subpart 8

C A treating health care provider may refer the employee for a consultation at any time during the course of treatment consistent with accepted medical practice

Subp 3 **Passive treatment modalities.**

A Except as set forth in item B or part 5221 6050, subpart 8, the use of passive treatment modalities in a clinical setting as set forth in items C to I is not indicated beyond 12 calendar weeks after any of the passive modalities in item C to I are initiated. There are no limitations on the use of passive treatment modalities by the employee at home

B (1) An additional 12 visits for the use of passive treatment modalities over an additional 12 months may be provided if all of the following apply

(a) the employee is released to work or is permanently totally disabled and the additional passive treatment must result in progressive improvement in, or maintenance of, functional status achieved during the initial 12 weeks of passive care,

(b) the treatment must not be given on a regularly scheduled basis;

(c) the health care provider must document in the medical record a plan to encourage the employee's independence and decreased reliance on health care providers,

(d) management of the employee's condition must include active treatment modalities during this period,

(e) the additional 12 visits for passive treatment must not delay the required surgical or chronic pain evaluation required by this chapter, and

(f) passive care is inappropriate while the employee has chronic pain syndrome.

(2) Except as otherwise provided in part 5221 6050, subpart 8, treatment may continue beyond the additional 12 visits only after prior approval by the insurer, commissioner, or compensation judge based on documentation in the medical record of the effectiveness of further passive treatment in maintaining employability, if the employee is permanently totally disabled, or if upon retirement the employee is eligible for ongoing medical benefits for the work injury, treatment may continue beyond the additional 12 visits only after prior approval by the insurer, commissioner, or compensation judge based on documentation in the medical record of the effectiveness of further passive treatment in maintaining functional status

C Adjustment or manipulation of joints includes chiropractic and osteopathic adjustments or manipulations

(1) time for treatment response, three to five treatments,

(2) maximum treatment frequency, up to five times per week for the first one to two weeks decreasing in frequency thereafter, and

(3) maximum treatment duration, 12 weeks

D. Thermal treatment includes all superficial and deep heating and cooling modalities Superficial thermal modalities include hot packs, hot soaks, hot water bottles, hydrocollators, heating pads, ice packs, cold soaks, infrared, whirlpool, and fluidotherapy Deep thermal modalities include diathermy, ultrasound, and microwave

(1) Treatment given in a clinical setting

(a) time for treatment response, two to four treatments,

(b) maximum treatment frequency, up to five times per week for the first one to three weeks decreasing in frequency thereafter, and

(c) maximum treatment duration, 12 weeks of treatment in a clinical setting but only if given in conjunction with other therapies

(2) Home use of thermal modalities may be prescribed at any time during the course of treatment Home use may only involve hot packs, hot soaks, hot water bottles, hydrocollators, heating pads, ice packs, and cold soaks which can be applied by the patient without health care provider assistance Home use of thermal modalities does not require any special training or monitoring, other than that usually provided by the health care provider during an office visit

E Electrical muscle stimulation includes galvanic stimulation, TENS, interferential, and microcurrent techniques

(1) Treatment given in a clinical setting.

(a) time for treatment response, two to four treatments,

(b) maximum treatment frequency, up to five times per week for the first one to three weeks decreasing in frequency thereafter, and

(c) maximum treatment duration, 12 weeks of treatment in a clinical setting but only if given in conjunction with other therapies

(2) Home use of an electrical stimulation device may be prescribed at any time during a course of treatment Initial use of an electrical stimulation device must be in a supervised setting in order to ensure proper electrode placement and patient education

(a) time for patient education and training, one to three sessions, and

(b) patient may use the electrical stimulation device for one month, at which time effectiveness of the treatment must be reevaluated by the health care provider before continuing home use of the device

F Mechanical traction

(1) Treatment given in a clinical setting

(a) time for treatment response, three treatments,

(b) maximum treatment frequency, up to three times per week for the first one to three weeks decreasing in frequency thereafter, and

(c) maximum treatment duration, 12 weeks in a clinical setting but only if used in conjunction with other therapies

(2) Home use of a mechanical traction device may be prescribed as follow–up to use of traction in a clinical setting if it has proven to be effective treatment and is expected to continue to be effective treatment Initial use of a mechanical traction device must be in a supervised setting in order to ensure proper patient education

(a) time for patient education and training, one session, and

(b) patient may use the mechanical traction device for one month, at which time effectiveness of the treatment must be reevaluated by the health care provider before continuing home use of the device

G Acupuncture treatments Endorphin–mediated analgesic therapy includes classic acupuncture and acupressure

(1) time for treatment response, three to five sessions,

(2) maximum treatment frequency, up to three times per week for one to three weeks decreasing in frequency thereafter, and

(3) maximum treatment duration, 12 weeks

H. Manual therapy includes soft tissue and joint mobilization, therapeutic massage, and manual traction

(1) time for treatment response, three to five treatments,

(2) maximum treatment frequency, up to five times per week for the first one to two weeks decreasing in frequency thereafter, and

(3) maximum treatment duration, 12 weeks

I Phoresis includes iontophoresis and phonophoresis

(1) time for treatment response, three to five sessions,

(2) maximum treatment frequency, up to three times per week for the first one to three weeks decreasing in frequency thereafter, and

(3) maximum treatment is nine sessions of either iontophoresis or phonophoresis, or combination, to any one site, with a maximum duration of 12 weeks for all treatment.

J Bedrest Prolonged restriction of activity and immobilization are detrimental to a patient's recovery Bedrest should not be prescribed for more than seven days

K Spinal braces and other movement–restricting appliances Bracing required for longer than two weeks must be accompanied by active muscle strengthening exercise to avoid deconditioning and prolonged disability.

(1) time for treatment response, three days,

(2) treatment frequency, limited to intermittent use during times of increased physical stress or prophylactic use at work, and

(3) maximum continuous duration, three weeks unless patient is status post-fusion

Subp 4 **Active treatment modalities.** Active treatment modalities must be used as set forth in items A to D Use of active treatment modalities can extend past the 12–week limitation on passive treatment modalities so long as the maximum duration for the active modality is not exceeded

A Education must teach the patient about pertinent anatomy and physiology as it relates to spinal function for the purpose of injury prevention Education includes training on posture, biomechanics, and relaxation The maximum number of treatments is three visits, which includes an initial education and training session, and two follow–up visits

B Posture and work method training must instruct the patient in the proper performance of job activities Topics include proper positioning of the trunk, neck, and arms, use of optimum biomechanics in performing job tasks, and appropriate pacing of activities Methods include didactic sessions, demonstrations, exercises, and simulated work tasks The maximum number of treatments is three visits

C Worksite analysis and modification must examine the patient's work station, tools, and job duties Recommendations are made for the alteration of the work station, selection of alternate tools, modification of job duties, and provision of adaptive equipment The maximum number of treatments is three visits

D Exercise, which is important to the success of an initial nonsurgical treatment program and a return to normal activity, must include active patient participation in activities designed to increase flexibility, strength, endurance, or muscle relaxation Exercise must, at least in part, be specifically aimed at the musculature of the lumbosacral spine While aerobic exercise and extremity strengthening may be performed as adjunctive treatment, this shall not be the primary focus of the exercise program

Exercises must be evaluated to determine if the desired goals are being attained Strength, flexibility, and endurance must be objectively measured While the provider may objectively measure the treatment response as often as necessary for optimal care, after the initial evaluation the health care provider may not bill for the tests sooner than two weeks after the initial evaluation and monthly thereafter

Subitems (1) and (2) govern supervised and unsupervised exercise, except for computerized exercise programs and health clubs, which are governed by part 5221 6600

(1) Supervised exercise One goal of an exercise program must be to teach the patient how to maintain and maximize any gains experienced from exercise Self–management of the condition must be promoted

(a) maximum treatment frequency, three times per week for three weeks, and should decrease in frequency thereafter, and

(b) maximum duration, 12 weeks

(2) Unsupervised exercise must be provided in the least intensive setting appropriate to the goals of the exercise program, and may supplement or follow the period of supervised exercise

(a) maximum treatment frequency, up to three visits for instruction and monitoring, and

(b) there is no limit on the duration or frequency of exercise at home

Subp 5 **Therapeutic injections.** Injection modalities are indicated as set forth in items A to C Use of injections can extend past the 12–week limit on passive treatment modalities so long as the maximum treatment for injections is not exceeded

A Therapeutic injections, including injections of trigger points, facet joints, facet nerves, sacroiliac joints, sympathetic nerves, epidurals, nerve roots, and peripheral nerves Therapeutic injections can only be given in conjunction with active treatment modalities directed to the same anatomical site

(1) Trigger point injections

(a) time for treatment response, within 30 minutes,

(b) maximum treatment frequency, once per week to any one site if a positive response to the first injection at that site If subsequent injections at that site demonstrate diminishing control of symptoms or fail to facilitate objective functional gains, then trigger point injections should be redirected to other areas or discontinued No more than three injections to different sites are reimbursable per patient visit, and

(c) maximum treatment, four injections to any one site

(2) Sacroiliac joint injections.

(a) time for treatment response, within one week,

(b) maximum treatment frequency, can repeat injection two weeks after the previous injection if a positive response to the first injection Only two injections are reimbursable per patient visit, and

(c) maximum treatment, two injections to any one site

(3) Facet joint or nerve injections

(a) time for treatment response, within one week,

(b) maximum treatment frequency, once every two weeks to any one site if a positive response to the first injection If subsequent injections demonstrate diminishing control of symptoms or fail to facilitate objective functional gains, then injections should be discontinued No more than three injections to different sites are reimbursable per patient visit, and

(c) maximum treatment, three injections to any one site.

(4) Nerve root blocks

(a) time for treatment response, within one week,

(b) maximum treatment frequency, can repeat injection two weeks after the previous injection if a positive response to the first injection Only three injections to different sites are reimbursable per patient visit; and

(c) maximum treatment, two injections to any one site

(5) Epidural injections.

(a) time for treatment response, within one week,

(b) maximum treatment frequency, once every two weeks if a positive response to the first injection If subsequent injections demonstrate diminishing control of symptoms or fail to facilitate objective functional gams, then injections should be discontinued Only one injection is reimbursable per patient visit, and

(c) maximum treatment, three injections.

B Permanent lytic or sclerosing injections, including radio frequency denervation of the facet joints. These injections can only be given in conjunction with active treatment modalities directed to the same anatomical site·

(1) time for treatment response, within one week,

(2) maximum treatment frequency, may repeat once for any site, and

(3) maximum duration, two injections to any one site.

C Prolotherapy and botulinum toxin injections are not indicated in the treatment of low back problems and are not reimbursable

Subp 6 **Surgery, including decompression procedures and arthrodesis.** Surgery may only be performed if it also meets the specific parameters specified in subparts 11 to 13 and part 5221 6500. The health care provider must provide prior notification of nonemergency inpatient surgery according to part 5221 6050, subpart 9

A In order to optimize the beneficial effect of surgery, postoperative therapy with active and passive treatment modalities may be provided, even if these modalities had been used in the preoperative treatment of the condition In the postoperative period the maximum treatment duration with passive treatment modalities in a clinical setting from the initiation of the first passive modality used, except bedrest or bracing, is as follows

(1) eight weeks following lumbar decompression or implantation of a dorsal column stimulator or morphine pump, or

(2) 12 weeks following arthrodesis

B Repeat surgery must also meet the parameters of subparts 11 to 13 and part 5221 6500, and is not indicated unless the need for the repeat surgery is confirmed by a second opinion obtained before surgery, if a second opinion is requested by the insurer.

C The following surgical therapies have very limited application and require a second opinion that confirms that the treatment is indicated and within the parameters listed,

and a personality or psychosocial evaluation that indicates that the patient is likely to benefit from the treatment

(1) Dorsal column stimulator is indicated for a patient who has neuropathic pain, and is not a candidate for any other surgical therapy, and has had a favorable response to a trial screening period

(2) Morphine pump is indicated for a patient who has somatic pain, and is not a candidate for any other surgical therapy, and has had a favorable response to a trial screening period

Subp. 7. **Chronic management.** Chronic management of low back pain must be provided according to the parameters of part 5221 6600

Subp 8 **Durable medical equipment.** Durable medical equipment is indicated only in the situations specified in items A to D The health care provider must provide prior notification as required in items B and C according to part 5221 6050, subpart 9

A. Lumbar braces, corsets, or supports are indicated as specified in subpart 3, item K

B For patients using electrical stimulation or mechanical traction devices at home, the device and any required supplies are indicated within the parameters of subpart 3, items E and F Prior notification must be provided to the insurer for purchase of the device or for use longer than one month The insurer may provide equipment if it is comparable to that prescribed by the health care provider

C Exercise equipment for home use, including bicycles, treadmills, and stairclimbers, are indicated only within the context of a program or plan of an approved chronic management program This equipment is not indicated during initial nonsurgical care or during reevaluation and surgical therapy Prior notification must be provided to the insurer for the purchase of home exercise equipment The insurer may decide which brand of a prescribed type of exercise equipment is provided to the patient If the employer has an appropriate exercise facility on its premises with the prescribed equipment, the insurer may mandate use of that facility instead of authorizing purchase of the equipment for home use

(1) Indications the patient is deconditioned and requires reconditioning which can be accomplished only with the use of the prescribed exercise equipment. The health care provider must document specific reasons why the exercise equipment is necessary and cannot be replaced with other activities

(2) Requirements the use of the equipment must have specific goals and there must be a specific set of prescribed activities

D The following durable medical equipment is not indicated for home use for low back conditions

(1) whirlpools, Jacuzzi, hot tubs, and special bath or shower attachments, or

(2) beds, waterbeds, mattresses, chairs, recliners, and loungers

Subp. 9 **Evaluation of treatment by health care provider.** The health care provider must evaluate at each visit whether the treatment is medically necessary, and must evaluate whether initial nonsurgical treatment is effective according to items A to C No later than the time for treatment response established for the specific modality as specified in subparts 3, 4, and 5, the health care provider must evaluate whether the passive, active, injection, or medication treatment modality is resulting in progressive improvement as specified in items A to C

A the employee's subjective complaints of pain or disability are progressively improving, as evidenced by documentation in the medical record of decreased distribution, frequency, or intensity of symptoms,

B. the objective clinical findings are progressively improving, as evidenced by documentation m the medical record of resolution or objectively measured improvement in physical signs of the injury; and

C the employee's functional status, especially vocational activity, is progressively improving, as evidenced by documentation in the medical record, or successive reports of work ability, of less restrictive limitations on activity

If there is not progressive improvement in at least two items of items A to C, the modality must be discontinued or significantly modified, or the provider must reconsider the diag-

nosis The evaluation of the effectiveness of the treatment modality can be delegated to an allied health professional directly providing the treatment, but remains the ultimate responsibility of the treating health care provider

Subp 10 **Scheduled and nonscheduled medication.** Prescription of controlled substance medications scheduled under Minnesota Statutes, section 152 02, including without limitation, narcotics, is indicated only for the treatment of severe acute pain These medications are not indicated in the treatment of patients with regional low back pain after the first two weeks

Patients with radicular pain may require longer periods of treatment

The health care provider must document the rationale for the use of any scheduled medication Treatment with nonscheduled medication may be appropriate during any phase of treatment and intermittently after all other treatment has been discontinued The prescribing health care provider must determine that ongoing medication is effective treatment for the patient's condition and that the most cost–effective regimen is used

Subp 11 **Specific treatment parameters for regional low back pain.**

A Initial nonsurgical treatment must be the first phase of treatment for all patients with regional low back pain under subpart 1, item A, subitem (1)

(1) The passive, active, injection, durable medical equipment, and medication treatment modalities and procedures in subparts 3, 4, 5, 8, and 10, may be used in sequence or simultaneously during the period of initial nonsurgical management, depending on the severity of the condition

(2) The only therapeutic injections indicated for patients with regional back pain are trigger point injections, facet joint injections, facet nerve injections, sacroiliac joint injections, and epidural blocks, and their use must meet the parameters of subpart 5

(3) After the first week of treatment, initial nonsurgical treatment must at all times contain active treatment modalities according to the parameters of subpart 4

(4) Initial nonsurgical treatment must be provided in the least intensive setting consistent with quality health care practices

(5) Except as otherwise specified in subpart 3, passive treatment modalities in a clinic setting or requiring attendance by a health care provider are not indicated beyond 12 weeks after any passive modality other than bedrest or bracing is first initiated

B Surgical evaluation or chronic management is indicated if the patient continues with symptoms and physical findings after the course of initial nonsurgical care, and if the patient's condition prevents the resumption of the regular activities of daily life including regular vocational activities The purpose of surgical evaluation is to determine whether surgery is indicated in the treatment of a patient who has failed to recover with initial nonsurgical care If the patient is not a surgical candidate, then chronic management is indicated

(1) Surgical evaluation, if indicated, may begin as soon as eight weeks after, but must begin no later than 12 weeks after, beginning initial nonsurgical management An initial recommendation or decision against surgery does not preclude surgery at a later date

(2) Surgical evaluation may include the use of appropriate medical imaging techniques The imaging technique must be chosen on the basis of the suspected etiology of the patient's condition but the health care provider must follow the parameters of part 5221 6100 Medical imaging studies which do not meet these parameters are not indicated

(3) Surgical evaluation may also include diagnostic blocks and injections These blocks and injections are only indicated if their use is consistent with the parameters of subpart 1, item H

(4) Surgical evaluation may also include personality or psychosocial evaluation, consistent with the parameters of subpart 1, item G

(5) Consultation with other health care providers may be appropriate as part of the surgical evaluation The need for consultation and the choice of consultant will be determined by the findings on medical imaging, diagnostic analgesic blocks and injections, if performed, and the patient's ongoing subjective complaints and physical findings

(6) The only surgical procedures indicated for patients with regional low back pam only are decompression of a lumbar nerve root or lumbar arthrodesis, with or with-

out instrumentation, which must meet the parameters of subpart 6 and part 5221 6500, subpart 2, items A and C For patients with failed back surgery, dorsal column stimulators or morphine pumps may be indicated, their use must meet the parameters of subpart 6, item C

(a) If surgery is indicated, it should be offered to the patient as soon as possible If the patient agrees to the proposed surgery, it should be performed as expeditiously as possible consistent with sound medical practice, and consistent with any requirements of part 5221 6050, subpart 9, for prior notification of the insurer or second opinions

(b) If surgery is not indicated, or if the patient does not wish to proceed with surgery, then the patient is a candidate for chronic management according to the parameters of part 5221 6600

C If the patient continues with symptoms and objective physical findings after surgical therapy has been rendered or the patient refuses surgical therapy or the patient was not a candidate for surgical therapy, and if the patient's condition prevents the resumption of the regular activities of daily life including regular vocational activities, then the patient may be a candidate for chronic management which must be provided according to the parameters of part 5221 6600

Subp 12 **Specific treatment parameters for radicular pain, with or without regional low back pain, with no or static neurologic deficits.**

A Initial nonsurgical treatment is appropriate for all patients with radicular pain, with or without regional low back pain, with no or static neurologic deficits under subpart 1, item A, subitem (2), and must be the first phase of treatment It must be provided within the parameters of subpart 11, item A, with the following modifications epidural blocks, and nerve root and peripheral nerve blocks are the only therapeutic injections indicated for patients with radicular pain only If there is a component of regional low back pain, therapeutic facet joint injections, facet nerve injections, trigger point injections, and sacroiliac injections may also be indicated

B Surgical evaluation or chronic management is indicated if the patient continues with symptoms and physical findings after the course of initial nonsurgical care, and if the patient's condition prevents the resumption of the regular activities of daily life including regular vocational activities It must be provided within the parameters of subpart 11, item B

C If the patient continues with symptoms and objective physical findings after surgical therapy has been rendered, the patient refused surgical therapy, or the patient was not a candidate for surgical therapy, and if the patient's condition prevents the resumption of the regular activities of daily life including regular vocational activities, then the patient may be a candidate for chronic management Any course or program of chronic management for patients with radicular pain, with or without regional back pain, with static neurologic deficits must meet all of the parameters of part 5221 6600

Subp 13 **Specific treatment parameters for cauda equina syndrome and for radicular pain, with or without regional low back pain, with progressive neurologic deficits.**

A Patients with cauda equina syndrome or with radicular pain, with or without regional low back pain, with progressive neurologic deficits may require immediate or emergency surgical evaluation at any time during the course of the overall treatment The decision to proceed with surgical evaluation is made by the health care provider based on the type of neurologic changes observed, the severity of the changes, the rate of progression of the changes, and the response to any initial nonsurgical treatments Surgery, if indicated, may be performed at any time during the course of treatment Surgical evaluation and surgery shall be provided within the parameters of subpart 11, item B, except that surgical evaluation and surgical therapy may begin at any time

B If the health care provider decides to proceed with a course of initial nonsurgical care for a patient with radicular pain with progressive neurologic changes, it must follow the parameters of subpart 12, item A

C If the patient continues with symptoms and objective physical findings after surgical therapy has been rendered or the patient refuses surgical therapy or the patient was not a candidate for surgical therapy, and if the patient's condition prevents the resumption of the regular activities of daily life including regular vocational activities, then the patient may be a candidate for chronic management Any course or program of chronic management for

patients with radicular pain, with or without regional back pain, with foot drop or progressive neurologic changes at first presentation must meet the parameters of part 5221 6600

Statutory Authority: *MS s 176.103, 176 83*

History: *19 SR 1412*

5221.6205 NECK PAIN.

Subpart 1. **Diagnostic procedures for treatment of neck injury.** A health care provider shall determine the nature of the condition before initiating treatment

A An appropriate history and physical examination must be performed and documented Based on the history and physical examination the health care provider must assign the patient at each visit to the appropriate clinical category according to subitems (1) to (4) The diagnosis must be documented in the medical record For the purposes of subitems (2) and (3), "radicular pain" means pain radiating distal to the shoulder This part does not apply to fractures of the cervical spine or cervical pain due to an infectious, immunologic, metabolic, endocrine, neurologic, visceral, or neoplastic disease process

(1) Regional neck pain includes referred pain to the shoulder and upper back Regional neck pain includes the diagnoses of cervical strain, sprain, myofascial syndrome, musculoligamentous injury, soft tissue injury, and other diagnoses for pain believed to originate in the discs, ligaments, muscles, or other soft tissues of the cervical spine and which affects the cervical region, with or without referral to the upper back or shoulder, including, but not limited to, ICD–9–CM codes 720 to 720 9, 721 to 721 0, 721 5 to 721 90, 722 3 to 722 30, 722 4, 722 6, 722 9 to 722.91, 723 to 723 3, 723 5 to 723 9, 724 5, 724.8, 724.9, 732 0, 737 to 737 9, 738 4, 738 5, 739 1, 756 1 to 756 19, 847 to 847 0, 920, 922 3, 925, and 926 1 to 926.12

(2) Radicular pain, with or without regional neck pain, with no or static neurologic deficit This includes the diagnoses of brachialgia, cervical radiculopathy, radiculitis, or neuritis, displacement or herniation of intervertebral disc with radiculopathy, radiculitis, or neuritis, spinal stenosis with radiculopathy, radiculitis, or neuritis, and other diagnoses for pain in the arm distal to the shoulder believed to originate with irritation of a nerve root in the cervical spine, including, but not limited to, the ICD–9–CM codes 721 1, 721 91, 722 to 722 0, 722.2, 722 7 to 722 71, 723 4, and 724 to 724 00 In these cases neurologic findings on history and examination are either absent or do not show progressive deterioration

(3) Radicular pain, with or without regional neck pain, with progressive neurologic deficit, which includes the same diagnoses as subitem (2), however, in these cases there is a history of progressive deterioration in the neurologic symptoms and physical findings, including worsening sensory loss, increasing muscle weakness, and progressive reflex changes

(4) Cervical compressive myelopathy, with or without radicular pain, is a condition characterized by weakness and spasticity in one or both legs and associated with any of the following exaggerated reflexes, an extensor plantar response, bowel or bladder dysfunction, sensory ataxia, or bilateral sensory changes

B. Laboratory tests are not indicated in the evaluation of a patient with regional neck pain, or radicular pain, except

(1) when a patient's history, age, or examination suggests infection, metabolic–endocrinologic disorders, tumorous conditions, systemic musculoskeletal disorders, such as rheumatoid arthritis or ankylosing spondylitis,

(2) to evaluate potential adverse side effects of medications; or

(3) as part of a preoperative evaluation

Laboratory tests may be ordered at any time the health care provider suspects any of these conditions, but the health care provider must justify the need for the tests ordered with clear documentation of the indications

C Medical imaging evaluation of the cervical spine must be based on the findings of the history and physical examination and cannot be ordered prior to the health care provider's clinical evaluation of the patient Medical imaging may not be performed as a routine procedure and must comply with the standards in part 5221 6100, subpart 1 The health care

provider must document the appropriate indications for any medical imaging studies obtained

D EMG and nerve conduction studies are always inappropriate for the regional neck pain diagnoses in item A, subitem (1) EMG and nerve conduction studies may be an appropriate diagnostic tool for radicular pain and myelopathy diagnoses in item A, subitems (2) to (4), after the first three weeks of radicular or myelopathy symptoms Repeat EMG and nerve conduction studies for radicular pain and myelopathy are not indicated unless a new neurologic symptom or finding has developed which in itself would warrant electrodiagnostic testing Failure to improve with treatment is not an indication for repeat testing

E The use of the following procedures or tests is not indicated for the diagnosis of any of the clinical categories in item A·

(1) surface electromyography or surface paraspinal electromyography,

(2) thermography,

(3) plethysmography,

(4) electronic X–ray analysis of plain radiographs,

(5) diagnostic ultrasound of the spine, or

(6) somatosensory evoked potentials (SSEP) and motor evoked potentials (MEP)

F Computerized range of motion or strength measuring tests are not indicated during the period of initial nonsurgical management, but may be indicated during the period of chronic management when used in conjunction with a computerized exercise program, work hardening program, or work conditioning program During the period of initial nonsurgical management, computerized range of motion or strength testing can be performed but must be done in conjunction with and shall not be reimbursed separately from an office visit, chiropractic evaluation or treatment, or physical or occupational therapy evaluation or treatment.

G Personality or psychological evaluations may be a useful tool for evaluating patients who continue to have problems despite appropriate care The treating health care provider may perform this evaluation or may refer the patient for consultation with another health care provider in order to obtain a psychological evaluation These evaluations may be used to assess the patient for a number of psychological conditions which may interfere with recovery from the injury Since more than one of these psychological conditions may be present in a given case, the health care provider performing the evaluation must consider all of the following

(1) Is symptom magnification occurring?

(2) Does the patient exhibit an emotional reaction to the injury, such as depression, fear, or anger, which is interfering with recovery?

(3) Are there other personality factors or disorders which are interfering with recovery?

(4) Is the patient chemically dependent?

(5) Are there any interpersonal conflicts interfering with recovery?

(6) Does the patient have a chronic pain syndrome or psychogenic pain?

(7) In cases in which surgery is a possible treatment, are psychological factors, such as those in subitems (1) to (6), likely to interfere with the potential benefit of the surgery?

H Diagnostic analgesic blocks or injection studies include facet joint injection, facet nerve block, epidural differential spinal block, nerve block, and nerve root block

(1) These procedures are used to localize the source of pain prior to surgery and to diagnose conditions which fail to respond to initial nonsurgical management

(2) These blocks and injections are invasive and when done as diagnostic procedures only, are not indicated unless noninvasive procedures have failed to establish the diagnosis

(3) Selection of patients, choice of procedure, and localization of the level of injection should be determined by documented clinical findings indicating possible pathologic conditions and the source of pain symptoms

(4) These blocks and injections can also be used as therapeutic modalities and as such are subject to the parameters of subpart 5

I Functional capacity assessment or evaluation is a comprehensive and objective assessment of a patient's ability to perform work tasks The components of a functional capacity assessment or evaluation include, but are not necessarily limited to, neuromusculoskeletal screening, tests of manual material handling, assessment of functional mobility, and measurement of postural tolerance A functional capacity assessment or evaluation is an individualized testing process and the component tests and measurements are determined by the patient's condition and the requested information Functional capacity assessments and evaluations are performed to determine a patient's physical capacities in general or to determine and report work tolerance for a specific job, task, or work activity

(1) Functional capacity assessment or evaluation is not reimbursable during the period of initial nonoperative care

(2) Functional capacity assessment or evaluation is reimbursable in either of the following circumstances

(a) permanent activity restrictions and capabilities must be identified, or

(b) there is a question about the patient's ability to do a specific job

J Consultations with other health care providers may be initiated at any time by the treating health care provider, consistent with accepted medical practice

Subp 2 **General treatment parameters for neck pain.**

A All medical care for neck pain appropriately assigned to a clinical category in subpart 1, item A, is determined by the diagnosis and clinical category in subpart 1, item A, to which the patient has been assigned General parameters for treatment modalities are set forth m subparts 3 to 10 Specific treatment parameters for each clinical category are set forth in subparts 11 to 14, as follows

(1) subpart 11 governs regional neck pain,

(2) subpart 12 governs radicular pain with static neurologic deficits,

(3) subpart 13 governs radicular pam with progressive neurologic deficits, and

(4) subpart 14 governs myelopathy

The health care provider must, at each visit, reassess the appropriateness of the clinical category assigned and reassign the patient if warranted by new clinical information including symptoms, signs, results of diagnostic testing, and opinions and information obtained from consultations with other health care providers When the clinical category is changed the treatment plan must be appropriately modified to reflect the new clinical category However, a change of clinical category does not in itself allow the health care provider to continue a therapy or treatment modality past the maximum duration specified in subparts 3 to 10, or to repeat a therapy or treatment previously provided for the same injury

B In general, a course of treatment is divided into three phases

(1) First, all patients with neck problems, except patients with radicular pam with progressive neurological deficit, or myelopathy under subpart 1, item A, subitems (3) and (4), must be given initial nonsurgical care which may include both active and passive treatment modalities, injections, durable medical equipment, and medications These modalities and parameters are described in subparts 3, 4, 5, 8, and 10 The period of initial nonsurgical management begins with the first passive, active, injection, durable medical equipment, or medication modality initiated Initial nonsurgical treatment must result in progressive improvement as specified in subpart 9

(2) Second, for patients with persistent symptoms, initial nonoperative care is followed by a period of surgical evaluation This evaluation should be completed in a timely manner Surgery, if indicated, should be performed as expeditiously as possible consistent with sound medical practice, and subparts 6 and 11 to 14, and part 5221 6500 The treating health care provider may do the evaluation, if it is within the provider's scope of practice, or may refer the employee to a consultant.

(a) Patients with radicular pain with progressive neurological deficit, or myelopathy may require immediate surgical therapy

(b) Any patient who has had surgery may require postoperative therapy with active and passive treatment modalities. This therapy may be in addition to any received during the period of initial nonsurgical management.

(c) Surgery must follow the parameters in subparts 6 and 11 to 14, and part 5221.6500.

(d) A decision against surgery at this time does not preclude a decision for surgery made at a later date.

(3) Third, for those patients who are not candidates for or refuse surgical therapy, or who do not have complete resolution of their symptoms with surgery, a period of chronic management may be indicated. Chronic management modalities are described in part 5221.6600, and may include durable medical equipment as described in subpart 8.

C. A treating health care provider may refer the employee for a consultation at any time during the course of treatment consistent with accepted medical practice.

Subp. 3. **Passive treatment modalities.**

A. Except as set forth in item B or part 5221.6050, subpart 8, the use of passive treatment modalities in a clinical setting as set forth in items C to I is not indicated beyond 12 calendar weeks after any of the passive modalities in item C to I are initiated. There are no limitations on the use of passive treatment modalities by the employee at home.

B. (1) An additional 12 visits for the use of passive treatment modalities over an additional 12 months may be provided if all of the following apply:

(a) the employee is released to work or is permanently totally disabled and the additional passive treatment must result in progressive improvement in, or maintenance of, functional status achieved during the initial 12 weeks of passive care;

(b) the treatment must not be given on a regularly scheduled basis;

(c) the health care provider must document in the medical record a plan to encourage the employee's independence and decreased reliance on health care providers;

(d) management of the employee's condition must include active treatment modalities during this period;

(e) the additional 12 visits for passive treatment must not delay the required surgical or chronic pain evaluation required by this chapter; and

(f) passive care is inappropriate while the employee has chronic pain syndrome.

(2) Except as otherwise provided in part 5221.6050, subpart 8, treatment may continue beyond the additional 12 visits only after prior approval by the insurer, commissioner, or compensation judge based on documentation in the medical record of the effectiveness of further passive treatment in maintaining employability, if the employee is permanently totally disabled, or if upon retirement the employee is eligible for ongoing medical benefits for the work injury, treatment may continue beyond the additional 12 visits only after prior approval by the insurer, commissioner, or compensation judge based on documentation in the medical record of the effectiveness of further passive treatment in maintaining functional status.

C. Adjustment or manipulation of joints includes chiropractic and osteopathic adjustments or manipulations.

(1) time for treatment response, three to five treatments;

(2) maximum treatment frequency, up to five times per week for the first one to two weeks decreasing in frequency thereafter; and

(3) maximum treatment duration, 12 weeks.

D. Thermal treatment includes all superficial and deep heating modalities and cooling modalities. Superficial thermal modalities include hot packs, hot soaks, hot water bottles, hydrocollators, heating pads, ice packs, cold soaks, infrared, whirlpool, and fluidotherapy. Deep thermal modalities include diathermy, ultrasound, and microwave.

(1) Treatment given in a clinical setting:

(a) time for treatment response, two to four treatments;

(b) maximum treatment frequency, up to five times per week for the first one to three weeks decreasing in frequency thereafter; and

(c) maximum treatment duration, 12 weeks of treatment in a clinical setting, but only if given in conjunction with other therapies

(2) Home use of thermal modalities may be prescribed at any time during the course of treatment Home use may only involve hot packs, hot soaks, hot water bottles, hydrocollators, heating pads, ice packs, and cold soaks which can be applied by the patient without health care provider assistance Home use of thermal modalities does not require any special training or monitoring, other than that usually provided by the health care provider during an office visit.

E Electrical muscle stimulation includes galvanic stimulation, TENS, interferential, and microcurrent techniques

(1) Treatment given in a clinical setting

(a) time for treatment response, two to four treatments,

(b) maximum treatment frequency, up to five times per week for the first one to three weeks decreasing in frequency thereafter, and

(c) maximum treatment duration, 12 weeks of treatment in a clinical setting, but only if given in conjunction with other therapies.

(2) Home use of an electrical stimulation device may be prescribed at any time during a course of treatment Initial use of an electrical stimulation device must be in a supervised setting in order to ensure proper electrode placement and patient education·

(a) time for patient education and training, one to three sessions, and

(b) patient may use the electrical stimulation device for one month, at which time effectiveness of the treatment must be reevaluated by the health care provider before continuing home use of the device

F Mechanical traction

(1) Treatment given in a clinical setting

(a) time for treatment response, three treatments,

(b) maximum treatment frequency, up to three times per week for the first one to three weeks decreasing in frequency thereafter, and

(c) maximum treatment duration, 12 weeks m a clinical setting, but only if used in conjunction with other therapies

(2) Home use of a mechanical traction device may be prescribed as follow–up to use of traction in a clinical setting if it has proven to be effective treatment and is expected to continue to be effective treatment. Initial use of a mechanical traction device must be in a supervised setting in order to ensure proper patient education

(a) time for patient education and training, one session, and

(b) a patient may use the mechanical traction device for one month, at which time effectiveness of the treatment must be reevaluated by the health care provider before continuing home use of the device

G Acupuncture treatments Endorphin–mediated analgesic therapy includes classic acupuncture and acupressure

(1) time for treatment response, three to five sessions,

(2) maximum treatment frequency, up to three times per week for one to three weeks decreasing in frequency thereafter, and

(3) maximum treatment duration, 12 weeks

H Manual therapy includes soft tissue and joint mobilization, therapeutic massage, and manual traction

(1) time for treatment response, three to five treatments,

(2) maximum treatment frequency, up to five times per week for the first one to two weeks decreasing in frequency thereafter, and

(3) maximum treatment duration, 12 weeks

I Phoresis includes iontophoresis and phonophoresis:

(1) time for treatment response, three to five sessions;

(2) maximum treatment frequency, up to three times per week for the first one to three weeks decreasing in frequency thereafter, and

(3) maximum treatment duration, 12 weeks.

J Bedrest Prolonged restriction of activity and immobilization are detrimental to a patient's recovery Bedrest should not be prescribed for more than seven days

K Cervical collars, spinal braces, and other movement–restricting appliances Bracing required for longer than two weeks must be accompanied by active muscle strengthening exercise to avoid deconditioning and prolonged disability·

(1) time for treatment response, three days;

(2) treatment frequency, limited to intermittent use during times of increased physical stress or prophylactic use at work, and

(3) maximum continuous duration, up to three weeks unless patient is status postfusion.

Subp. 4 **Active treatment modalities.** Active treatment modalities must be used as set forth in items A to D Use of active treatment modalities may extend past the 12–week limitation on passive treatment modalities, so long as the maximum duration for the active modality is not exceeded.

A Education must teach the patient about pertinent anatomy and physiology as it relates to spinal function for the purpose of injury prevention Education includes training on posture, biomechanics, and relaxation The maximum number of treatments is three visits, which includes an initial education and training session, and two follow–up visits

B. Posture and work method training must instruct the patient in the proper performance of job activities. Topics include proper positioning of the trunk, neck, and arms, use of optimum biomechanics in performing job tasks, and appropriate pacing of activities Methods include didactic sessions, demonstrations, exercises, and simulated work tasks The maximum number of treatments is three visits

C. Worksite analysis and modification must examine the patient's work station, tools, and job duties Recommendations are made for the alteration of the work station, selection of alternate tools, modification of job duties, and provision of adaptive equipment. The maximum number of treatments is three visits.

D Exercise, which is important to the success of an initial nonsurgical treatment program and a return to normal activity, must include active patient participation in activities designed to increase flexibility, strength, endurance, or muscle relaxation. Exercise must, at least in part, be specifically aimed at the musculature of the cervical spme While aerobic exercise and extremity strengthening may be performed as adjunctive treatment, it must not be the primary focus of the exercise program

Exercises must be evaluated to determine if the desired goals are being attained Strength, flexibility, and endurance must be objectively measured While the provider may objectively measure the treatment response as often as necessary for optimal care, after the initial evaluation the health care provider may not bill for the tests sooner than two weeks after the initial evaluation and monthly thereafter. Subitems (1) and (2) govern supervised and unsupervised exercise, except for computerized exercise programs and health clubs, which are governed by part 5221 6600

(1) Supervised exercise One goal of an exercise program must be to teach the patient how to maintain and maximize any gams experienced from exercise Self–management of the condition must be promoted·

(a) maximum treatment frequency, three times per week for three weeks, decreasing in frequency thereafter; and

(b) maximum duration, 12 weeks.

(2) Unsupervised exercise must be provided in the least intensive setting appropriate to the goals of the exercise program, and may supplement or follow the period of supervised exercise

(a) maximum treatment frequency, up to three visits for instruction and monitoring, and

(b) there is no limit on the duration or frequency of exercise at home

Subp 5 **Therapeutic injections.** Injection modalities are indicated as set forth in items A to C Use of injections may extend past the 12–week limit on passive treatment modalities, so long as the maximum treatment for injections is not exceeded

A Therapeutic injections include trigger points injections, facet joint injections, facet nerve blocks, sympathetic nerve blocks, epidurals, nerve root blocks, and peripheral nerve blocks Therapeutic injections can only be given in conjunction with active treatment modalities directed to the same anatomical site

(1) Trigger point injections

(a) time for treatment response, within 30 minutes,

(b) maximum treatment frequency, once per week if a positive response to the first injection at that site If subsequent injections at that site demonstrate diminishing control of symptoms or fail to facilitate objective functional gains, then trigger point injections should be redirected to other areas or discontinued Only three injections are reimbursable per patient visit, and

(c) maximum treatment, four injections to any one site

(2) Facet joint injections or facet nerve blocks

(a) time for treatment response, within one week,

(b) maximum treatment frequency, once every two weeks if a positive response to the first injection or block If subsequent injections or blocks demonstrate diminishing control of symptoms or fail to facilitate objective functional gains, then injections or blocks should be discontinued Only three injections or blocks are reimbursable per patient visit; and

(c) maximum treatment, three injections or blocks to any one site

(3) Nerve root blocks

(a) time for treatment response, within one week,

(b) maximum treatment frequency, can repeat injection no sooner than two weeks after the previous injection if a positive response to the first injection No more than three blocks are reimbursable per patient visit, and

(c) maximum treatment, two blocks to any one site

(4) Epidural injections

(a) time for treatment response, within one week,

(b) maximum treatment frequency, once every two weeks if a positive response to the first injection If subsequent injections demonstrate diminishing control of symptoms or fail to facilitate objective functional gains, then injections should be discontinued Only one injection is reimbursable per patient visit; and

(c) maximum treatment, three injections

B Permanent lytic or sclerosing injections, including radio frequency denervation of the facet joints These injections can only be given in conjunction with active treatment modalities directed to the same anatomical site

(1) time for treatment response, within one week,

(2) maximum treatment frequency, may repeat once for any site, and

(3) maximum duration, two injections to any one site

C Prolotherapy and botulinum toxin injections are not indicated in the treatment of neck problems and are not reimbursable

Subp. 6. **Surgery, including decompression procedures and arthrodesis.** Surgery may only be performed if it meets the specific parameters of subparts 11 to 14 and part 5221.6500 The health care provider must provide prior notification for nonemergency inpatient surgery according to part 5221 6050, subpart 9

A In order to optimize the beneficial effect of surgery, postoperative therapy with active and passive treatment modalities may be provided, even if these modalities had been used in the preoperative treatment of the condition In the postoperative period the maximum treatment duration with passive treatment modalities in a clinical setting from the initiation of the first passive modality used, except bedrest or bracing, is as follows

(1) eight weeks following decompression or implantation of a dorsal column stimulator or morphine pump, or

(2) 12 weeks following arthrodesis

B. Repeat surgery must also meet the parameters of subparts 11 to 14 and part 5221.6500 and is not indicated unless the need for the repeat surgery is confirmed by a second opinion obtained before surgery, if requested by the insurer

C. The following surgical therapies have very limited application and require a second opinion which confirms that the treatment is indicated and within the parameters listed, and a personality or psychosocial evaluation indicates that the patient is likely to benefit from the treatment

(1) Dorsal column stimulator is indicated for a patient who has neuropathic pain, is not a candidate for any other invasive therapy, and has had a favorable response to a trial screening period.

(2) Morphine pump is indicated for a patient who has somatic pain, is not a candidate for any other invasive therapy, and has had a favorable response to a trial screening period

Subp 7 **Chronic management.** Chronic management of neck disorders must be provided according to the parameters of part 5221 6600

Subp 8 **Durable medical equipment.** Durable medical equipment is indicated only as specified in items A to D The health care provider must provide prior notification as required in items B and C according to part 5221.6050, subpart 9

A. Cervical collars, braces, or supports and home cervical traction devices may be indicated within the parameters of subpart 3, items F and K.

B For patients using electrical stimulation at home, the device and any required supplies are indicated within the parameters of subpart 3, item E Prior notification must be given for purchase of the device or for use longer than one month The insurer may provide equipment if it is comparable to that prescribed by the health care provider

C Exercise equipment for home use, including bicycles, treadmills, and stairclimbers, are indicated only within the context of a program or plan of an approved chronic management program. This equipment is not indicated during initial nonoperative care or during reevaluation and surgical therapy Prior notification must be given to the insurer before purchase of the home exercise equipment The insurer may decide which brand of a prescribed type of exercise equipment is provided to the patient If the employer has an appropriate exercise facility on its premises with the prescribed equipment, the insurer may mandate the use of that facility instead of authorizing purchase of equipment for home use

(1) Indications· the patient is deconditioned and requires reconditioning which can be accomplished only with the use of the prescribed exercise equipment. The health care provider must document specific reasons why the exercise equipment is necessary and cannot be replaced with other activities.

(2) Requirements the use of the equipment must have specific goals and there must be a specific set of prescribed activities

D The following durable medical equipment is not indicated for home use for neck pain conditions

(1) whirlpools, Jacuzzis, hot tubs, and special bath or shower attachments, or

(2) beds, waterbeds, mattresses, chairs, recliners, and loungers.

Subp 9 **Evaluation of treatment by health care provider.** The health care provider must evaluate at each visit whether the treatment is medically necessary, and shall evaluate whether initial nonsurgical management is effective according to items A to C

No later than the time for treatment response established for the specific modality as specified in subparts 3, 4, and 5, the health care provider must evaluate whether the passive, active, injection, or medication treatment modality has resulted in progressive improvement as specified in items A to C·

A the employee's subjective complaints of pain or disability are progressively improving, as evidenced by documentation in the medical record of decreased distribution, frequency, or intensity of symptoms,

B the objective clinical findings are progressively improving, as evidenced by documentation in the medical record of resolution or objectively measured improvement in physical signs of injury, and

C the employee's functional status, especially vocational activity, is progressively improving, as evidenced by documentation in the medical record, or successive reports of work ability, of less restrictive limitations on activity

If there is not progressive improvement in at least two items of items A to C, the modality must be discontinued or significantly modified or the provider must reconsider the diagnosis The evaluation of the effectiveness of the treatment modality can be delegated to an allied health professional working under the direction of the treating health care provider but remains the ultimate responsibility of the treating health care provider.

Subp 10 **Scheduled and nonscheduled medication.** Prescription of controlled substance medications scheduled under Minnesota Statutes, section 152 02, including, without limitation, narcotics, is indicated only for the treatment of severe acute pain These medications are not indicated in the treatment of patients with regional neck pain after the first two weeks

Patients with radicular pain may require longer periods of treatment.

The health care provider must document the rationale for the use of any scheduled medication Treatment with nonnarcotic medication may be appropriate during any phase of treatment and intermittently after all other treatment has been discontinued. The prescribing health care provider must determine that ongoing medication is effective treatment for the patient's condition and the most cost–effective regimen is used

Subp 11 **Specific treatment parameters for regional neck pain.**

A Initial nonsurgical treatment must be the first phase of treatment for all patients with regional neck pam under subpart 1, item A, subitem (1)

(1) The active, passive, injection, durable medical equipment, and medication treatment modalities and procedures in subparts 3, 4, 5, 8, and 10, may be used in sequence or simultaneously during the period of initial nonsurgical management depending on the severity of the condition

(2) The only therapeutic injections indicated for patients with regional neck pain are trigger point injections, facet joint injections, facet nerve blocks, and epidural blocks, and their use must meet the parameters of subpart 5

(3) After the first week of treatment, initial nonsurgical treatment must at all times contain active treatment modalities according to the parameters of subpart 4

(4) Initial nonsurgical treatment must be provided m the least intensive setting consistent with quality health care practices

(5) Except as otherwise provided in subpart 3, passive treatment modalities in a clinic setting or requiring attendance by a health care provider are not indicated beyond 12 weeks after any passive modality other than bedrest or bracing is first initiated

B Surgical evaluation or chronic management is indicated if the patient continues with symptoms and physical findings after the course of initial nonsurgical management, and if the patient's condition prevents the resumption of the regular activities of daily life including regular vocational activities The purpose of surgical evaluation is to determine whether surgery is indicated in the treatment of a patient who has failed to recover with initial nonsurgical care If the patient is not a surgical candidate, then chronic management is indicated

(1) Surgical evaluation if indicated may begin as soon as eight weeks after, but must begin no later than 12 weeks after, beginning initial nonsurgical management. An initial recommendation or decision against surgery does not preclude surgery at a later date.

(2) Surgical evaluation may include the use of appropriate medical imaging techniques. The imaging technique must be chosen on the basis of the suspected etiology of the patient's condition but the health care provider must follow the parameters of part 5221.6100, subpart 1

(3) Surgical evaluation may also include diagnostic blocks and injections These blocks and injections are only indicated if their use is consistent with the parameters of subpart 1, item H.

(4) Surgical evaluation may also include personality or psychosocial evaluation, consistent with the parameters of subpart 1, item G

(5) Consultation with other health care providers may be appropriate as part of the surgical evaluation The need for consultation and the choice of consultant will be de-

termined by the findings on medical imaging, diagnostic analgesic blocks and injections, if performed, and the patient's ongoing subjective complaints and physical findings

(6) The only surgical procedure indicated for patients with regional neck pain only is cervical arthrodesis, with or without instrumentation, which must meet the parameters of subpart 6 For patients with failed surgery, dorsal column stimulators or morphine pumps may be indicated consistent with the parameters of subpart 6, item C.

(a) If surgery is indicated, it should be offered to the patient as soon as possible. If the patient agrees to the proposed surgery, it should be performed as expeditiously as possible consistent with sound medical practice, and consistent with any requirements of part 5221 6050, subpart 9, for prior notification of the insurer or second opinions.

(b) If surgery is not indicated or if the patient does not wish to proceed with surgical therapy, then the patient is a candidate for chronic management.

C If the patient continues with symptoms and objective physical findings after surgery has been rendered or the patient refuses surgery or the patient was not a candidate for surgery, and if the patient's condition prevents the resumption of the regular activities of daily life including regular vocational activities, then the patient may be a candidate for chronic management according to part 5221 6600

Subp. 12 **Specific treatment parameters for radicular pain, with or without regional neck pain, with no or static neurologic deficits.**

A Initial nonsurgical treatment is appropriate for all patients with radicular pain, with or without regional neck pain, with no or static neurologic deficits under subpart 1, item A, subitem (2), and must be the first phase of treatment It must be provided within the parameters of subpart 11, item A, with the following modifications epidural blocks and nerve root and peripheral nerve blocks are the only therapeutic injections indicated for patients with radicular pain only If there is a component of regional neck pam, therapeutic facet joint injections, facet nerve blocks, and trigger point injections may also be indicated.

B Surgical evaluation or chronic management is indicated if the patient continues with symptoms and physical findings after the course of initial nonsurgical care, and if the patient's condition prevents the resumption of the regular activities of daily life including regular vocational activities It must be provided within the parameters of subpart 11, item B, with the following modifications the only surgical procedures indicated for patients with radicular pain are decompression of a cervical nerve root which must meet the parameters of subpart 6 and part 5221 6500, subpart 2, item B, and cervical arthrodesis, with or without instrumentation For patients with failed surgery, dorsal column stimulators or morphine pumps may be indicated consistent with subpart 6, item C

C If the patient continues with symptoms and objective physical findings after surgical therapy has been rendered, the patient refused surgical therapy, or the patient was not a candidate for surgical therapy, and if the patient's condition prevents the resumption of the regular activities of daily life including regular vocational activities, then the patient may be a candidate for chronic management Any course or program of chronic management for patients with radicular pain, with or without regional neck pain, with static neurologic changes must meet all of the parameters of part 5221 6600.

Subp. 13 **Specific treatment parameters for radicular pain, with or without regional neck pain, with progressive neurologic changes.**

A. Patients with radicular pain, with or without regional neck pam, with progressive neurologic deficits may require immediate or emergency evaluation at any time during the course of their overall treatment The decision to proceed with surgical evaluation is made by the health care provider based on the type of neurologic changes observed, the severity of the changes, the rate of progression of the changes, and the response to any nonsurgical treatments Surgery, if indicated, may be performed at any time during the course of treatment Surgical evaluation and surgery shall be provided withm the parameters of subpart 11, item B, with the following modifications

(1) surgical evaluation and surgical therapy may begin at any time, and

(2) the only surgical procedures indicated for patients with radicular pain are decompression of a cervical nerve root which must meet the parameters of subpart 6 and part 5221.6500, subpart 2, item B, or cervical arthrodesis, with or without instrumentation For

patients with failed back surgery, dorsal column stimulators or morphine pumps may be indicated consistent with the parameters of subpart 6, item C

B If the health care provider decides to proceed with a course of nonsurgical care for a patient with radicular pain with progressive neurologic changes, it must follow the parameters of subpart 12, item A

C If the patient continues with symptoms and objective physical findings after surgical therapy has been rendered or the patient refuses surgical therapy or the patient was not a candidate for surgical therapy, and if the patient's condition prevents the resumption of the regular activities of daily life including regular vocational activities, then the patient may be a candidate for chronic management Any course or program of chronic management for patients with radicular pain, with or without regional neck pain, with progressive neurologic changes at first presentation must meet all of the parameters of part 5221 6600

Subp 14 **Specific treatment parameters for myelopathy.**

A Patients with myelopathy may require emergency surgical evaluation at any time during the course of their overall treatment The decision to proceed with surgical evaluation is made by the health care provider based on the type of neurologic changes observed, the severity of the changes, the rate of progression of the changes, and the response to any nonsurgical treatments Surgery, if indicated, may be performed at any time during the course of treatment Surgical evaluation and surgery shall be provided within the parameters of subpart 11, item B, with the following modifications

(1) surgical evaluation and surgical therapy may begin at any time, and

(2) the only surgical procedures indicated for patients with myelopathy are anterior or posterior decompression of the spinal cord, or cervical arthrodesis with or without instrumentation For patients with failed back surgery, dorsal column stimulators or morphine pumps may be indicated consistent with the parameters of subpart 6, item C

B If the health care provider decides to proceed with a course of nonsurgical care for a patient with myelopathy, it must follow the parameters of subpart 12, item A

C If the patient continues with symptoms and objective physical findings after surgical therapy has been rendered or the patient refuses surgical therapy or the patient was not a candidate for surgical therapy, and if the patient's condition prevents the resumption of the regular activities of daily life including regular vocational activities, then the patient may be a candidate for chronic management Any course or program of chronic management for patients with myelopathy must meet all of the parameters of part 5221 6600

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History: *19 SR 1412*

5221.6210 THORACIC BACK PAIN.

Subpart 1 **Diagnostic procedures for treatment of thoracic back injury.** A health care provider shall determine the nature of the condition before initiating treatment

A An appropriate history and physical examination must be performed and documented Based on the history and physical examination the health care provider must assign the patient at each visit to the consistency appropriate clinical category according to subitems (1) to (4) The diagnosis must be documented in the medical record For the purposes of subitems (2) and (3), "radicular pain" means pain radiating in a dermatomal distribution around the chest or abdomen This part does not apply to fractures of the thoracic spine or thoracic back pain due to an infectious, immunologic, metabolic, endocrine, neurologic, visceral, or neoplastic disease process

(1) Regional thoracic back pain includes the diagnoses of thoracic strain, sprain, myofascial syndrome, musculoligamentous injury, soft tissue injury, and any other diagnosis for pain believed to originate in the discs, ligaments, muscles, or other soft tissues of the thoracic spine and which effects the thoracic region, including, but not limited to, ICD–9–CM codes 720 to 720 9, 721 to 721 0, 721 5 to 721 90, 722 3 to 722 30, 722 4, 722 6, 722.9 to 722 91, 723 to 723 3, 723 5 to 723 9, 724 5, 724 8, 724 9, 732 0, 737 to 737 9, 738 4, 738 5, 739 1, 756 1 to 756 19, 847 to 847 0, 920, 922 3, 925, and 926 1 to 926 12

(2) Radicular pain, with or without regional thoracic back pain, includes the diagnoses of thoracic radiculopathy, radiculitis, or neuritis, displacement or herniation of in-

tervertebral disc with radiculopathy, radiculitis, or neuritis, spinal stenosis with radiculopathy, radiculitis, or neuritis, and any other diagnoses for pain believed to originate with irritation of a nerve root in the thoracic spine, including, but not limited to, the ICD–9–CM codes 721 1, 721 91, 722 to 722 0, 722 2, 722 7 to 722 71, 723 4, and 724 to 724 00

(3) Thoracic compressive myelopathy, with or without radicular pain, is a condition characterized by weakness and spasticity in one or both legs and associated with any of the following exaggerated reflexes, an extensor plantar response, bowel or bladder dysfunction, sensory ataxia, or bilateral sensory changes

B Laboratory tests are not indicated in the evaluation of a patient with regional thoracic back pain, or radicular pain, except when a patient's history, age, or examination suggests infection, metabolic–endocrinologic disorders, tumorous conditions, systemic musculoskeletal disorders, such as rheumatoid arthritis or ankylosing spondylitis, or side effects of medications Laboratory tests may be ordered at any time the health care provider suspects any of these conditions, but the health care provider must justify the need for the tests ordered with clear documentation of the indications Laboratory tests may also be ordered as part of a preoperative evaluation

C Medical imaging evaluation of the thoracic spine must be based on the findings of the history and physical examination and cannot be ordered prior to the health care provider's clinical evaluation of the patient Medical imaging may not be performed as a routine procedure and must comply with all of the standards in part 5221 6100, subpart 1 The health care provider must document the appropriate indications for any medical imaging studies obtained

D EMG and nerve conduction studies are always inappropriate for regional thoracic back pain and radicular pain under item A, subitems (1) to (3)

E The use of the following procedures or tests is not indicated for the diagnosis of any of the clinical categories in item A

(1) surface electromyography or surface paraspinal EMG,

(2) thermography,

(3) plethysmography,

(4) electronic X–ray analysis of plain radiographs,

(5) diagnostic ultrasound of the spine, or

(6) somatosensory evoked potentials (SSEP) and motor evoked potentials (MEP)

F Computerized range of motion or strength measuring tests are not reimbursable during the period of initial nonsurgical care, but may be reimbursable during a period of chronic management when used in conjunction with a computerized exercise program, work hardening program, or work conditioning program During the period of initial nonoperative care computerized range of motion or strength testing can be performed but must be done in conjunction with and shall not be reimbursed separately from an office visit, chiropractic evaluation or treatment, or physical or occupational therapy evaluation or treatment.

G Personality or psychological evaluations may be a useful tool for evaluating patients who continue to have problems despite appropriate care The treating health care provider may perform this evaluation or may refer the patient for consultation with another health care provider in order to obtain a psychological evaluation These evaluations may be used to assess the patient for a number of psychological conditions which may interfere with recovery from the injury Since more than one of these psychological conditions may be present in a given case, the health care provider performing the evaluation must consider all of the following

(1) Is symptom magnification occurring?

(2) Does the patient exhibit an emotional reaction to the injury, such as depression, fear, or anger, which is interfering with recovery?

(3) Are there other personality factors or disorders which are interfering with recovery?

(4) Is the patient chemically dependent?

(5) Are there any interpersonal conflicts interfering with recovery?

(6) Does the patient have a chronic pain syndrome or psychogenic pain?

(7) In cases in which surgery is a possible treatment, are psychological factors, such as those listed in subitems (1) to (6), likely to interfere with the potential benefit of the surgery?

H Diagnostic analgesic blocks or injection studies include facet joint injection, facet nerve block, epidural differential spinal block, nerve block, and nerve root block

(1) These procedures are used to localize the source of pain prior to surgery and to diagnose conditions which fail to respond to initial nonoperative care

(2) These blocks and injections are invasive and when done as diagnostic procedures only are not indicated unless noninvasive procedures have failed to establish the diagnosis

(3) Selection of patients, choice of procedure, and localization of the level of injection should be determined by documented clinical findings indicating possible pathologic conditions and the source of pain symptoms

(4) These blocks and injections can also be used as therapeutic modalities and as such are subject to the guidelines of subpart 5

I Functional capacity assessment or evaluation is a comprehensive and objective assessment of a patient's ability to perform work tasks The components of a functional capacity assessment or evaluation include, but are not limited to, neuromusculoskeletal screening, tests of manual material handling, assessment of functional mobility, and measurement of postural tolerance A functional capacity assessment or evaluation is an individualized testing process and the component tests and measurements are determined by the patient's condition and the requested information Functional capacity assessments and evaluations are performed to determine and report a patient's physical capacities in general or to determine work tolerance for a specific job, task, or work activity

(1) Functional capacity assessment or evaluation is not reimbursable during the period of initial nonoperative care.

(2) Functional capacity assessment or evaluation is reimbursable in either of the following circumstances

(a) permanent activity restrictions and capabilities must be identified, or

(b) there is a question about the patient's ability to do a specific job

J. Consultations with other health care providers can be initiated at any time by the treating health care provider consistent with standard medical practice

Subp 2 **General treatment parameters for thoracic back pain.**

A All medical care for thoracic back pain, appropriately assigned to a category of subpart 1, item A, is determined by the diagnosis and clinical category in subpart 1, item A, to which the patient has been assigned General parameters for treatment modalities are set forth in subparts 3 to 10. Specific treatment parameters for each clinical category are set forth in subparts 11 to 13, as follows:

(1) subpart 11 governs regional thoracic back pain;

(2) subpart 12 governs radicular pain, and

(3) subpart 13 governs myelopathy

The health care provider must, at each visit, reassess the appropriateness of the clinical category assigned and reassign the patient if warranted by new clinical information including symptoms, signs, results of diagnostic testing, and opinions and information obtained from consultations with other health care providers When the clinical category is changed the treatment plan must be appropriately modified to reflect the new clinical category. However, a change of clinical category does not in itself allow the health care provider to continue a therapy or treatment modality past the maximum duration specified in items C to F, or to repeat a therapy or treatment previously provided for the same injury

B In general, a course of treatment is divided into three phases

(1) First, all patients with thoracic back problems, except patients with myelopathy under subpart 1, item A, subitem (3), must be given initial nonoperative care which may include active and passive treatment modalities, injections, durable medical equipment, and medications These modalities and parameters are described in subparts 3, 4, 5, 8, and 10

The period of initial nonsurgical treatment begins with the first clinical passive, active, injection, durable medical equipment, or medication modality initiated Initial nonsurgical treatment must result in progressive improvement as specified in subpart 9

(2) Second, for patients with persistent symptoms, initial nonsurgical management is followed by a period of surgical evaluation This evaluation should be completed in a timely manner Surgery, if indicated, should be performed as expeditiously as possible consistent with sound medical practice and subparts 6 and 11 to 13, and part 5221 6500 The treating health care provider may do the evaluation, if it is within the provider's scope of practice, or may refer the employee to a consultant.

(a) Patients with myelopathy may require immediate surgical therapy

(b) Any patient who has had surgery may require postoperative therapy with active and passive treatment modalities This therapy may be in addition to any received during the period of initial nonsurgical care

(c) Surgery must follow the parameters in subparts 6 and 11 to 13, and part 5221 6500.

(d) A decision against surgery at this time does not preclude a decision for surgery made at a later date in light of new clinical information

(3) Third, for those patients who are not candidates for or refuse surgical therapy, or who do not have complete resolution of their symptoms with surgery, a period of chronic management may be indicated. Chronic management modalities are described in part 5221 6600, and may also include durable medical equipment as described in subpart 8

C A treating health care provider may refer the employee for a consultation at any time during the course of treatment consistent with accepted medical practice

Subp. 3 **Passive treatment modalities.**

A Except as set forth in item B or part 5221.6050, subpart 8, the use of passive treatment modalities in a clinical setting as set forth in items C to I is not indicated beyond 12 calendar weeks after any of the passive modalities in item C to I are initiated There are no limitations on the use of passive treatment modalities by the employee at home

B (1) An additional 12 visits for the use of passive treatment modalities over an additional 12 months may be provided if all of the following apply

(a) the employee is released to work or is permanently totally disabled and the additional passive treatment must result in progressive improvement in, or maintenance of, functional status achieved during the initial 12 weeks of passive care,

(b) the treatment must not be given on a regularly scheduled basis,

(c) the health care provider must document in the medical record a plan to encourage the employee's independence and decreased reliance on health care providers,

(d) management of the employee's condition must include active treatment modalities during this period;

(e) the additional 12 visits for passive treatment must not delay the required surgical or chronic pain evaluation required by this chapter, and

(f) passive care is inappropriate while the employee has chronic pain syndrome

(2) Except as otherwise provided in part 5221 6050, subpart 8, treatment may continue beyond the additional 12 visits only after prior approval by the insurer, commissioner, or compensation judge based on documentation in the medical record of the effectiveness of further passive treatment in maintaining employability, if the employee is permanently totally disabled, or if upon retirement the employee is eligible for ongoing medical benefits for the work injury, treatment may continue beyond the additional 12 visits only after prior approval by the insurer, commissioner, or compensation judge based on documentation in the medical record of the effectiveness of further passive treatment in maintaining functional status

C Adjustment or manipulation of joints includes chiropractic and osteopathic adjustments or manipulations

(1) time for treatment response, three to five treatments;

(2) maximum treatment frequency, up to five times per week for the first one to two weeks decreasing in frequency thereafter, and

(3) maximum treatment duration, 12 weeks

D Thermal treatment includes all superficial and deep heating modalities and cooling modalities Superficial thermal modalities include hot packs, hot soaks, hot water bottles, hydrocollators, heating pads, ice packs, cold soaks, infrared, whirlpool, and fluidotherapy Deep thermal modalities include diathermy, ultrasound, and microwave

(1) Treatment given in a clinical setting

(a) time for treatment response, two to four treatments,

(b) maximum treatment frequency, up to five times per week for the first one to three weeks decreasing in frequency thereafter, and

(c) maximum treatment duration, 12 weeks of treatment in a clinical setting but only if given in conjunction with other therapies

(2) Home use of thermal modalities may be prescribed at any time during the course of treatment Home use may only involve hot packs, hot soaks, hot water bottles, hydrocollators, heating pads, ice packs, and cold soaks which can be applied by the patient without health care provider assistance Home use of thermal modalities does not require any special training or monitoring, other than that usually provided by the health care provider during an office visit

E Electrical muscle stimulation includes galvanic stimulation, TENS, interferential, and microcurrent techniques.

(1) Treatment given in a clinical setting

(a) time for treatment response, two to four treatments,

(b) maximum treatment frequency, up to five times per week for the first one to three weeks decreasing in frequency thereafter, and

(c) maximum treatment duration, 12 weeks of treatment in a clinical setting but only if given in conjunction with other therapies

(2) Home use of an electrical stimulation device may be prescribed at any time during a course of treatment Initial use of an electrical stimulation device must be in a supervised setting in order to ensure proper electrode placement and patient education

(a) maximum time for patient education and training, up to three sessions, and

(b) patient may use the electrical stimulation device for one month, at which time effectiveness of the treatment must be reevaluated by the health care provider before continuing home use of the device

F Mechanical traction

(1) Treatment given in a clinical setting

(a) time for treatment response, three treatments,

(b) maximum treatment frequency, up to three times per week for the first one to three weeks decreasing in frequency thereafter, and

(c) maximum treatment duration, 12 weeks in a clinical setting but only if used in conjunction with other therapies

(2) Home use of a mechanical traction device may be prescribed as follow–up to use of traction in a clinical setting if it has proven to be effective treatment and is expected to continue to be effective treatment Initial use of a mechanical traction device must be in a supervised setting in order to ensure proper patient education·

(a) maximum time for patient education and training, one session, and

(b) a patient may use the mechanical traction device for one month, at which time effectiveness of the treatment must be reevaluated by the health care provider before continuing home use of the device

G Acupuncture treatments Endorphin–mediated analgesic therapy includes classic acupuncture and acupressure

(1) time for treatment response, three to five sessions,

(2) maximum treatment frequency, up to three times per week for one to three weeks decreasing in frequency thereafter, and

(3) maximum treatment duration, 12 weeks

H Manual therapy includes soft tissue and joint mobilization, therapeutic massage, and manual traction

(1) time for treatment response, three to five treatments,

(2) maximum treatment frequency, up to five times per week for the first one to two weeks decreasing in frequency thereafter, and

(3) maximum treatment duration, 12 weeks

I Phoresis includes iontophoresis and phonophoresis

(1) time for treatment response, three to five sessions,

(2) maximum treatment frequency, up to three times per week for the first one to three weeks decreasing in frequency thereafter, and

(3) maximum treatment duration, 12 weeks

J Bedrest Prolonged restriction of activity and immobilization are detrimental to a patient's recovery Bedrest should not be prescribed for more than seven days

K. Spinal braces and other movement–restricting appliances Bracing required for longer than two weeks must be accompanied by active muscle strengthening exercise to avoid deconditioning and prolonged disability

(1) time for treatment response, three days,

(2) maximum treatment frequency, limited to intermittent use during times of increased physical stress or prophylactic use at work, and

(3) maximum continuous duration, three weeks unless patient is status post-fusion

Subp 4 **Active treatment modalities.** Active treatment modalities must be used as set forth in items A to D Use of active treatment modalities may extend past the 12–week limit on passive treatment modalities, so long as the maximum durations for the active treatment modalities are not exceeded

A Education must teach the patient about pertinent anatomy and physiology as it relates to spinal function for the purpose of injury prevention Education includes training on posture, biomechanics, and relaxation The maximum number of treatments is three visits, which includes an initial education and training session, and two follow–up visits

B Posture and work method training must instruct the patient in the proper performance of job activities Topics include proper positioning of the trunk, back, and arms, use of optimum biomechanics in performing job tasks, and appropriate pacing of activities Methods include didactic sessions, demonstrations, exercises, and simulated work tasks The maximum number of treatments is three visits

C Worksite analysis and modification must examine the patient's work station, tools, and job duties. Recommendations are made for the alteration of the work station, selection of alternate tools, modification of job duties, and provision of adaptive equipment The maximum number of treatments is three visits.

D Exercise, which is important to the success of an initial nonsurgical treatment program and a return to normal activity, must include active patient participation in activities designed to increase flexibility, strength, endurance, or muscle relaxation Exercise must, at least in part, be specifically aimed at the musculature of the thoracic spme While aerobic exercise and extremity strengthening may be performed as adjunctive treatment this shall not be the primary focus of the exercise program

Exercises shall be evaluated to determine if the desired goals are being attained Strength, flexibility, and endurance shall be objectively measured While the provider may objectively measure the treatment response as often as necessary for optimal care, after the initial evaluation the health care provider may not bill for the tests sooner than two weeks after the initial evaluation and monthly thereafter Subitems (1) and (2) govern supervised and unsupervised exercise, except for computerized exercise programs and health clubs, which are governed by part 5221 6600

(1) Supervised exercise One goal of an exercise program must be to teach the patient how to maintain and maximize any gains experienced from exercise Self–management of the condition must be promoted

(a) maximum treatment frequency, three times per week for three weeks and should decrease with time thereafter; and

(b) maximum duration, 12 weeks

(2) Unsupervised exercise must be provided in the least intensive setting appropriate to the goals of the exercise program and may supplement or follow the period of supervised exercise

(a) maximum treatment frequency, one to three visits for instruction and monitoring, and

(b) there is no limit on the duration and frequency of exercise at home

Subp 5. **Therapeutic injections.** Injection modalities are indicated as set forth in items A to C. Use of injections may extend past the 12–week limit on passive treatment modalities, so long as the maximum treatment for injections is not exceeded

A. Therapeutic injections include trigger points injections, facet joint injections, facet nerve blocks, sympathetic nerve blocks, epidurals, nerve root blocks, and peripheral nerve blocks. Therapeutic injections can only be given in conjunction with active treatment modalities directed to the same anatomical site

(1) Trigger point injections

(a) time for treatment response, within 30 minutes,

(b) maximum treatment frequency, once per week if a positive response to the first injection at that site If subsequent injections at that site demonstrate diminishing control of symptoms or fail to facilitate objective functional gams, then trigger point injections should be redirected to other areas or discontinued No more than three injections are reimbursable per patient visit, and

(c) maximum treatment, four injections to any one site

(2) Facet joint injections or facet nerve blocks.

(a) time for treatment response, within one week,

(b) maximum treatment frequency, once every two weeks if a positive response to the first injection or block. If subsequent injections or blocks demonstrate diminishing control of symptoms or fail to facilitate objective functional gains, then injections or blocks should be discontinued Only three injections or blocks are reimbursable per patient visit, and

(c) maximum treatment, three injections or blocks to any one site

(3) Nerve root blocks

(a) time for treatment response, within one week;

(b) maximum treatment frequency, can repeat injection two weeks after the previous injection if a positive response to the first block. Only three injections are reimbursable per patient visit, and

(c) maximum treatment, two blocks to any one site.

(4) Epidural injections:

(a) time for treatment response, within one week;

(b) maximum treatment frequency, once every two weeks if a positive response to the first injection. If subsequent injections demonstrate diminishing control of symptoms or fail to facilitate objective functional gains, then injections should be discontinued. Only one injection is reimbursable per patient visit; and

(c) maximum treatment, three injections

B Permanent lytic or sclerosing injections, including radio frequency denervation of the facet joints These injections can only be given in conjunction with active treatment modalities directed to the same anatomical site·

(1) time for treatment response, within one week,

(2) optimum treatment frequency, may repeat once for any site, and

(3) maximum duration, two injections to any one site.

C. Prolotherapy and botulinum toxin injections are not indicated in the treatment of thoracic back problems and are not reimbursable

Subp 6 **Surgery, including decompression procedures.** Surgery may only be performed if it meets the specific parameters of subparts 11 to 13 and part 5221 6500. The health care provider must provide prior notification of nonemergency inpatient surgery according to part 5221 6050, subpart 9

A In order to optimize the beneficial effect of surgery, postoperative therapy with active and passive treatment modalities may be provided, even if these modalities had been used in the preoperative treatment of the condition. In the postoperative period the maximum treatment duration with passive treatment modalities m a clinical setting from the initiation of the first passive modality used, except bedrest or bracing, is as follows

(1) eight weeks following decompression or implantation of a dorsal column stimulator or morphine pump, or

(2) 12 weeks following arthrodesis

B Repeat surgery must also meet the parameters of subparts 11 to 13 and part 5221 6500 and is not indicated unless the need for the repeat surgery is confirmed by a second opinion obtained before surgery, if a second opinion is requested by the insurer

C The surgical therapies in subitems (1) and (2) have very limited application and require a second opinion which confirms that the treatment is indicated and within the parameters listed, and a personality or psychosocial evaluation which indicates that the patient is likely to benefit from the treatment

(1) Dorsal column stimulator is indicated for a patient who has neuropathic pam, and is not a candidate for any other invasive therapy, and has had a favorable response to a trial screening period.

(2) Morphine pump is indicated for a patient who has somatic pam, and is not a candidate for any other invasive therapy, and has had a favorable response to a trial screening period.

Subp 7. **Chronic management.** Chronic management of thoracic back pam must be provided according to the parameters of part 5221 6600

Subp 8 **Durable medical equipment.** Durable medical equipment is indicated only in certain specific situations, as specified in items A to D. The health care provider must provide the insurer with prior notification as required by items B and C, according to part 5221 6050, subpart 9

A Braces or supports may be indicated within the parameters of subpart 3, item K

B For patients using electrical stimulation or mechanical traction devices at home, the device and any required supplies are indicated withm the parameters of subpart 3, items E and F. Prior notification of the insurer is required for purchase of the device or for use longer than one month The insurer may provide equipment if it is comparable to that prescribed by the health care provider.

C Exercise equipment for home use, including bicycles, treadmills, and stairclimbers, are indicated only within the context of a program or plan of an approved chronic management program. This equipment is not indicated during initial nonoperative care or during reevaluation and surgical therapy Prior notification of the insurer is required for the purchase of home exercise equipment The insurer may decide which brand of a prescribed type of exercise equipment is provided to the patient If the employer has an appropriate exercise facility on its premises with the prescribed equipment, the insurer may mandate the use of that facility instead of authorizing purchase of equipment for home use

(1) Indications the patient is deconditioned and requires reconditioning which can be accomplished only with the use of the prescribed exercise equipment The health care provider must document specific reasons why the exercise equipment is necessary and cannot be replaced with other activities

(2) Requirements. the use of the equipment must have specific goals and there must be a specific set of prescribed activities

D The following durable medical equipment is not indicated for home use for thoracic back pain conditions.

(1) whirlpools, Jacuzzis, hot tubs, special bath or shower attachments; or

(2) beds, waterbeds, mattresses, chairs, recliners, or loungers.

Subp 9 **Evaluation of treatment by health care provider.** The health care provider must evaluate at each visit whether the treatment is medically necessary, and must evaluate whether initial nonsurgical management is effective according to items A to C No later than the time for treatment response established for the specific modality as specified in subparts 3, 4, and 5, the health care provider must evaluate whether the passive, active, injection, or medication treatment modality is resulting in progressive improvement as specified in items A to C

A the employee's subjective complaints of pain or disability are progressively improving, as evidenced by documentation in the medical record of decreased distribution, frequency, or intensity of symptoms,

B the objective clinical findings are progressively improving, as evidenced by documentation in the medical record of resolution or objectively measured improvement in physical signs of injury, and

C the employee's functional status, especially vocational activity, is progressively improving, as evidenced by documentation in the medical record, or successive reports of work ability, of less restrictive limitations on activity

If there is not progressive improvement in at least two items of items A to C, the modality must be discontinued or significantly modified or the provider must reconsider the diagnosis. The evaluation of the effectiveness of the treatment modality can be delegated to an allied health professional working under the direction of the treating health care provider but remains the ultimate responsibility of the treating health care provider

Subp 10 **Scheduled and nonscheduled medication.** Prescription of controlled substance medications scheduled under Minnesota Statutes, section 152 02, including, without limitation, narcotics, is indicated only for the treatment of severe acute pain. These medications are not indicated in the treatment of patients with regional thoracic back pain after the first two weeks

Patients with radicular pain may require longer periods of treatment.

The health care provider must document the rationale for the use of any scheduled medication Treatment with nonnarcotic medication may be appropriate during any phase of treatment and intermittently after all other treatment has been discontinued The prescribing health care provider must determine that ongoing medication is effective treatment for the patient's condition and the most cost–effective regimen is used

Subp 11 **Specific treatment parameters for regional thoracic back pain.**

A Initial nonsurgical treatment must be the first phase of treatment for all patients with regional thoracic back pam under subpart 1, item A, subitem (1)

(1) The active, passive, injection, durable medical equipment, and medication treatment modalities and procedures in subparts 3, 4, 5, 8, and 10, may be used in sequence or simultaneously during the period of initial nonsurgical management, depending on the severity of the condition

(2) The only therapeutic injections indicated for patients with regional thoracic back pam are trigger point injections, facet joint injections, facet nerve blocks, and epidural blocks, and their use must meet the parameters of subpart 5

(3) After the first week of treatment, initial nonsurgical management must at all times contain active treatment modalities according to the parameters of subpart 4.

(4) Initial nonsurgical treatment must be provided in the least intensive setting consistent with quality health care practices

(5) Except as provided in subpart 3, passive treatment modalities in a clinic setting or requiring attendance by a health care provider are not indicated beyond 12 weeks after any passive modality other than bedrest or bracing is first initiated.

B Surgical evaluation or chronic management is indicated if the patient continues with symptoms and objective physical findings after the course of initial nonsurgical care, and if the patient's condition prevents the resumption of the regular activities of daily life including regular vocational activities The purpose of surgical evaluation is to determine whether surgery is indicated in the treatment of a patient who has failed to recover with initial nonsurgical care If the patient is not a surgical candidate, then chronic management is indicated.

(1) Surgical evaluation may begin as soon as eight weeks after, but must begin no later than 12 weeks after, beginning initial nonsurgical management An initial recommendation or decision against surgical therapy does not preclude surgery at a later date

(2) Surgical evaluation may include the use of appropriate medical imaging techniques The imaging technique must be chosen on the basis of the suspected etiology of the patient's condition but the health care provider must follow the parameters of part 5221 6100 Medical imaging studies which do not meet these parameters are not indicated.

(3) Surgical evaluation may also include diagnostic blocks and injections These blocks and injections are only indicated if their use is consistent with the parameters of subpart 1, item H

(4) Surgical evaluation may also include personality or psychosocial evaluation, consistent with the parameters of subpart 1, item G

(5) Consultation with other health care providers may be appropriate as part of the surgical evaluation. The need for consultation and the choice of consultant will be determined by the findings on medical imaging, diagnostic analgesic blocks and injections, if performed, and the patient's ongoing subjective complaints and objective physical findings.

(6) The only surgical procedure indicated for patients with regional thoracic back pain only is thoracic arthrodesis with or without instrumentation, which must meet the parameters of subpart 6, and part 5221 6500, subpart 2, item C For patients with failed surgery, dorsal column stimulators or morphine pumps may be indicated consistent with subpart 6, item C

(a) If surgery is indicated, it should be offered to the patient as soon as possible If the patient agrees to the proposed surgery it should be performed as expeditiously as possible consistent with sound medical practice, and consistent with any requirements of parts 5221 6010 to 5221 6500 for prior notification of the insurer or second opinions

(b) If surgery is not indicated or if the patient does not wish to proceed with surgery, then the patient is a candidate for chronic management

C If the patient continues with symptoms and objective physical findings after surgery has been rendered or the patient refuses surgery or the patient was not a candidate for surgery, and if the patient's condition prevents the resumption of the regular activities of daily life including regular vocational activities, then the patient may be a candidate for chronic management according to the parameters of part 5221 6600

Subp 12 **Specific treatment parameters for radicular pain.**

A Initial nonsurgical treatment is appropriate for all patients with radicular pain under subpart 1, item A, subitem (2), and must be the first phase of treatment. It must be provided within the parameters of subpart 11, item A, with the following modifications. epidural blocks and nerve root and peripheral nerve blocks are the only therapeutic injections indicated for patients with radicular pain only. If there is a component of regional thoracic back pain, therapeutic facet joint injections, facet nerve blocks, and trigger point injections may also be indicated

B Surgical evaluation or chronic management is indicated if the patient continues with symptoms and physical findings after the course of initial nonsurgical care, and if the patient's condition prevents the resumption of the regular activities of daily life including regular vocational activities. It shall be provided within the parameters of subpart 11, item B, with the following modifications. the only surgical procedures indicated for patients with radicular pain are decompression or arthrodesis For patients with failed surgery, dorsal column stimulators or morphine pumps may be indicated consistent with subpart 6, item C

C. If the patient continues with symptoms and objective physical findings after surgical therapy has been rendered or the patient refused surgical therapy or the patient was not a candidate for surgical therapy, and if the patient's condition prevents the resumption of the regular activities of daily life including regular vocational activities, then the patient may be a candidate for chronic management. Any course or program of chronic management for patients with radicular pain, with or without regional thoracic back pain, must meet all of the parameters of part 5221.6600.

Subp 13 **Specific treatment parameters for myelopathy.**

A. Patients with myelopathy may require emergency surgical evaluation at any time during the course of their overall treatment The decision to proceed with surgical evaluation is made by the health care provider based on the type of neurologic changes observed, the severity of the changes, the rate of progression of the changes, and the response to any nonsurgical treatments Surgery, if indicated, may be performed at any time during the course of treatment. Surgical evaluation and surgery shall be provided within the parameters of subpart 11, item B, with the following modifications:

(1) surgical evaluation and surgical therapy may begin at any time; and

(2) the only surgical procedures indicated for patients with myelopathy are decompression and arthrodesis For patients with failed surgery, dorsal column stimulators or morphine pumps may be indicated consistent with subpart 6, item C.

B. If the health care provider decides to proceed with a course of nonsurgical care for a patient with myelopathy, it must follow the parameters of subpart 12, item A

C If the patient continues with symptoms and objective physical findings after surgical therapy has been rendered or the patient refuses surgical therapy or the patient was not a candidate for surgical therapy, and if the patient's condition prevents the resumption of the regular activities of daily life including regular vocational activities, then the patient may be a candidate for chronic management Any course or program of chronic management for patients with myelopathy must meet all of the parameters of part 5221 6600

Statutory Authority: *MS s 176 103, 176.83*

History: *19 SR 1412*

5221.6300 UPPER EXTREMITY DISORDERS.

Subpart 1 **Diagnostic procedures for treatment of upper extremity disorders (UED).** A health care provider shall determine the nature of an upper extremity disorder before initiating treatment

A. An appropriate history and physical examination must be performed and documented. Based on the history and physical examination the health care provider must at each visit assign the patient to the appropriate clinical category according to subitems (1) to (6) The diagnosis must be documented m the medical record Patients may have multiple disorders requiring assignment to more than one clinical category This part does not apply to upper extremity conditions due to a visceral, vascular, infectious, immunological, metabolic, endocrine, systemic neurologic, or neoplastic disease process, fractures, lacerations, amputations, or sprains or strains with complete tissue disruption

(1) Epicondylitis. This clinical category includes medial epicondylitis and lateral epicondylitis, ICD–9–CM codes 726.31 and 726.32

(2) Tendonitis of the forearm, wrist, and hand. This clinical category encompasses any inflammation, pain, tenderness, or dysfunction or irritation of a tendon, tendon sheath, tendon insertion, or musculotendinous junction in the upper extremity at or distal to the elbow due to mechanical injury or irritation, including, but not limited to, the diagnoses of tendonitis, tenosynovitis, tendovaginitis, peritendimtis, extensor tendinitis, de Quervain's syndrome, intersection syndrome, flexor tendinitis, and trigger digit, including, but not limited to, ICD–9–CM codes 726.4, 726 5, 726 8, 726 9, 726 90, 727, 727 0, 727 00, 727.03, 727 04, 727 05, and 727 2

(3) Nerve entrapment syndromes This clinical category encompasses any compression or entrapment of the radial, ulnar, or median nerves, or any of their branches, including, but not limited to, carpal tunnel syndrome, pronator syndrome, anterior interosseous syndrome, cubital tunnel syndrome, Guyon's canal syndrome, radial tunnel syndrome, posterior interosseous syndrome, and Wartenburg's syndrome, including, but not limited to, ICD–9–CM codes 354, 354.0, 354 1, 354 2, 354.3, 354 8, and 354 9

(4) Muscle pam syndromes This clinical category encompasses any painful condition of any of the muscles of the upper extremity, including the muscles responsible for movement of the shoulder and scapula, characterized by pain and stiffness, including, but not limited to, the diagnoses of chronic nontraumatic muscle strain, repetitive strain injury, cervicobrachial syndrome, tension neck syndrome, overuse syndrome, myofascial pain syndrome, myofasciitis, nonspecific myalgia, fibrositis, fibromyalgia, and fibromyositis, in-

cluding, but not limited to, ICD–9–CM codes 723 3, 729 0, 729 1, 729 5, 840, 840 3, 840 5, 840 6, 840 8, 840 9, 841, 841 8, 841.9, and 842

(5) Shoulder impingement syndromes, including tendonitis, bursitis, and related conditions This clinical category encompasses any inflammation, pain, tenderness, dysfunction, or irritation of a tendon, tendon insertion, tendon sheath, musculotendinous junction, or bursa in the shoulder due to mechanical injury or irritation, including, but not limited to, the diagnoses of impingement syndrome, supraspinatus tendonitis, infraspinatus tendonitis, calcific tendonitis, bicipital tendonitis, subacromial bursitis, subcoracoid bursitis, subdeltoid bursitis, and rotator cuff tendinitis, including, but not limited to, ICD–9–CM codes 726 1 to 726 2, 726 9, 726 90, 727 to 727.01, 727 2, 727.3, 840, 840 4, 840.6, 840.8, and 840.9.

(6) Traumatic sprains or strains of the upper extremity This clinical category encompasses an instantaneous or acute injury, as a result of a single precipitating event to the ligaments or the muscles of the upper extremity including, without limitation, ICD–9–CM codes 840 to 842.19 Injuries to muscles as a result of repetitive use, or occurring gradually over time without a single precipitating trauma, are considered muscle pain syndromes under subitem (4) Injuries with complete tissue disruption are not subject to this parameter

B Certain laboratory tests may be indicated in the evaluation of a patient with upper extremity disorder to rule out infection, metabolic–endocrinologic disorders, tumorous conditions, systemic musculoskeletal disorders such as rheumatoid arthritis, or side effects of medications Laboratory tests may be ordered at any time the health care provider suspects any of these conditions, but the health care provider must justify the need for the tests ordered with clear documentation of the indications

C Medical imaging evaluation of upper extremity disorders must be based on the findings of the history and physical examination and cannot be ordered before the health care provider's clinical evaluation of the patient Medical imaging may not be performed as a routine procedure and must comply with the standards in part 5221.6100, subpart 1 The health care provider must document the appropriate indications for any medical imaging studies obtained.

D EMG and nerve conduction studies are only appropriate for nerve entrapment disorders and recurrent nerve entrapment after surgery

E The following diagnostic procedures or tests are not indicated for diagnosis of upper extremity disorders.

(1) surface electromyography,

(2) thermography, or

(3) somatosensory evoked potentials (SSEP) and motor evoked potentials (MEP)

F The following diagnostic procedures or tests are considered adjuncts to the physical examination and are not reimbursed separately from the office visit

(1) vibrometry;

(2) neurometry,

(3) Semmes–Weinstein monofilament testing, or

(4) algometry

G Computerized range of motion or strength measuring tests are not indicated during the period of initial nonsurgical management, but may be indicated during the period of chronic management when used in conjunction with a computerized exercise program, work hardening program, or work conditioning program. During the period of initial nonsurgical management, computerized range of motion or strength testing can be performed but must be done in conjunction with and are not reimbursed separately from an office visit with a physician, chiropractic evaluation or treatment, or physical or occupational therapy evaluation or treatment

H Personality or psychosocial evaluations may be a useful tool for evaluating patients who continue to have problems despite appropriate initial nonsurgical care The treating health care provider may perform this evaluation or may refer the patient for consultation with another health care provider in order to obtain a psychological evaluation These evalu-

ations may be used to assess the patient for a number of psychological conditions which may interfere with recovery from the injury Since more than one of these psychological conditions may be present in a given case, the health care provider performing the evaluation must consider all of the following

(1) Is symptom magnification occurring?

(2) Does the patient exhibit an emotional reaction to the injury, such as depression, fear, or anger, which is interfering with recovery?

(3) Are there other personality factors or disorders which are interfering with recovery?

(4) Is the patient chemically dependent?

(5) Are there any interpersonal conflicts interfering with recovery?

(6) Does the patient have a chronic pain syndrome or psychogenic pain?

(7) In cases in which surgery is a possible treatment, are psychological factors likely to interfere with the potential benefit of the surgery?

I Diagnostic analgesic blocks or injection studies.

(1) These procedures are used to localize the source of pain and to diagnose conditions which fail to respond to appropriate initial nonsurgical management

(2) Selection of patients, choice of procedure, and localization of the site of injection should be determined by documented clinical findings indicating possible pathologic conditions and the source of pain symptoms

(3) These blocks and injections can also be used as therapeutic modalities and as such are subject to the parameters of subpart 5

J Functional capacity assessment or evaluation is a comprehensive and objective assessment of a patient's ability to perform work tasks The components of a functional capacity assessment or evaluation include, but are not limited to, neuromusculoskeletal screening, tests of manual material handling, assessment of functional mobility, and measurement of postural tolerance A functional capacity assessment or evaluation is an individualized testing process and the component tests and measurements are determined by the patient's condition and the required information Functional capacity assessments and evaluations are performed to determine and report a patient's physical capacities in general or to determine work tolerance for a specific job, task, or work activity

(1) Functional capacity assessment or evaluation is not indicated during the first 12 weeks of initial nonsurgical treatment

(2) Functional capacity assessment or evaluation is indicated after the first 12 weeks of care in either of the following circumstances

(a) activity restrictions and capabilities must be identified, or

(b) there is a question about the patient's ability to return to do a specific job

(3) A functional capacity evaluation is not appropriate to establish baseline performance before treatment, or for subsequent assessments, to evaluate change during or after treatment.

(4) Only one completed functional capacity evaluation is indicated per injury.

K Consultations with other health care providers can be initiated at any time by the treating health care provider consistent with accepted medical practice

Subp 2 **General treatment parameters for upper extremity disorders.**

A. All medical care for upper extremity disorders, appropriately assigned to a category of subpart 1, item A, is determined by the diagnosis and clinical category in subpart 1, item A, to which the patient has been assigned General parameters for treatment modalities are set forth in subparts 3 to 10 Specific treatment parameters for each clinical category are set forth in subparts 11 to 16 as follows

(1) subpart 11 governs epicondylitis,

(2) subpart 12 governs tendonitis of the forearm, wrist, and hand,

(3) subpart 13 governs upper extremity nerve entrapment syndromes,

(4) subpart 14 governs upper extremity muscle pain syndromes;

(5) subpart 15 governs shoulder impingement syndromes, and

(6) subpart 16 governs traumatic sprains and strains of the upper extremity

The health care provider must at each visit reassess the appropriateness of the clinical category assigned and reassign the patient if warranted by new clinical information including symptoms, signs, results of diagnostic testing and opinions, and information obtained from consultations with other health care providers When the clinical category is changed the treatment plan must be appropriately modified to reflect the new clinical category and these changes must be recorded in the medical record However, a change of clinical category does not in itself allow the health care provider to continue a therapy or treatment modality past the maximum duration specified in subparts 3 to 10, or to repeat a therapy or treatment previously provided for the same injury, unless the treatment or therapy is subsequently delivered to a different part of the body

When treating more than one clinical category or body part for which the same treatment modality is appropriate, then the treatment modality should be applied simultaneously, if possible, to all indicated areas

B In general, a course of treatment must be divided into three phases

(1) First, all patients with an upper extremity disorder must be given initial nonsurgical management, unless otherwise specified. Initial nonsurgical management may include any combination of the passive, active, injection, durable medical equipment, and medication treatment modalities listed in subparts 3, 4, 5, 8, and 10, appropriate to the clinical category The period of initial nonsurgical treatment begins with the first passive, active, injection, durable medical equipment, or medication modality initiated Initial nonsurgical treatment must result in progressive improvement as specified in subpart 9

(2) Second, for patients with persistent symptoms, initial nonsurgical management is followed by a period of surgical evaluation This evaluation should be completed in a timely manner Surgery, if indicated, should be performed as expeditiously as possible consistent with sound medical practice and subparts 6 and 11 to 16, and part 5221 6500 The treating health care provider may do the evaluation, if it is within the provider's scope of practice, or may refer the employee to a consultant

(a) Any patient who has had surgery may require postoperative therapy with active and passive treatment modalities This therapy can be in addition to any received during the period of initial nonsurgical management

(b) Surgery must follow the parameters in subparts 6 and 11 to 16, and part 5221.6500.

(c) A decision against surgery at this time does not preclude a decision for surgery made at a later date

(3) Third, for those patients who are not candidates for surgery or refuse surgery, or who do not have complete resolution of their symptoms with surgery, a period of chronic management may be indicated. Chronic management modalities are described in part 5221 6600, and may include durable medical equipment is described in subpart 8

C A treating health care provider may refer the employee for a consultation at any time during the course of treatment consistent with accepted medical practice

Subp 3. **Passive treatment modalities.**

A Except as set forth in item B or part 5221 6050, subpart 8, the use of passive treatment modalities in a clinical setting as set forth in items C to H is not indicated beyond 12 calendar weeks after any of the passive modalities in item C to H are initiated. There are no limitations on the use of passive treatment modalities by the employee at home

B (1) An additional 12 visits for the use of passive treatment modalities over an additional 12 months may be provided if all of the following apply

(a) the employee is released to work or is permanently totally disabled and the additional passive treatment must result in progressive improvement in, or maintenance of, functional status achieved during the initial 12 weeks of passive care,

(b) the treatment must not be given on a regularly scheduled basis;

(c) the health care provider must document in the medical record a plan to encourage the employee's independence and decreased reliance on health care providers;

(d) management of the employee's condition must include active treatment modalities during this period;

(e) the additional 12 visits for passive treatment must not delay the required surgical or chronic pain evaluation required by this chapter, and

(f) passive care is inappropriate while the employee has chronic pain syndrome

(2) Except as otherwise provided in part 5221 6050, subpart 8, treatment may continue beyond the additional 12 visits only after prior approval by the insurer, commissioner, or compensation judge based on documentation in the medical record of the effectiveness of further passive treatment in maintaining employability, if the employee is permanently totally disabled, or if upon retirement the employee is eligible for ongoing medical benefits for the work injury, treatment may continue beyond the additional 12 visits only after prior approval by the insurer, commissioner, or compensation judge based on documentation in the medical record of the effectiveness of further passive treatment in maintaining functional status

C Adjustment or manipulation of joints includes chiropractic and osteopathic adjustments or manipulations

(1) time for treatment response, three to five treatments;

(2) maximum treatment frequency, up to five times per week the first one to two weeks decreasing in frequency thereafter, and

(3) maximum treatment duration, 12 weeks

D Thermal treatment includes all superficial and deep heating and cooling modalities Superficial thermal modalities include hot packs, hot soaks, hot water bottles, hydrocollators, heating pads, ice packs, cold soaks, infrared, whirlpool, and fluidotherapy. Deep thermal modalities include diathermy, ultrasound, and microwave

(1) Treatment given in a clinical setting

(a) time for treatment response, two to four treatments,

(b) maximum treatment frequency, up to five times per week for the first one to three weeks, decreasing in frequency thereafter; and

(c) maximum treatment duration, 12 weeks of treatment in a clinical setting but only if given in conjunction with other therapies

(2) Home use of thermal modalities may be prescribed at any time during the course of treatment Home use may only involve hot packs, hot soaks, hot water bottles, hydrocollators, heating pads, ice packs, and cold soaks which can be applied by the patient without health care provider assistance Home use of thermal modalities does not require any special training or monitoring, other than that usually provided by the health care provider during an office visit

E Electrical muscle stimulation includes galvanic stimulation, TENS, interferential, and microcurrent techniques

(1) Treatment given in a clinical setting

(a) time for treatment response, two to four treatments,

(b) maximum treatment frequency, up to five times per week for the first one to three weeks, decreasing in frequency thereafter, and

(c) maximum treatment duration, 12 weeks of treatment in a clinical setting but only if given in conjunction with other therapies.

(2) Home use of an electrical stimulation device may be prescribed at any time during a course of treatment Initial use of an electrical stimulation device must be in a supervised setting in order to ensure proper electrode placement and patient education.

(a) time for patient education and training, one to three sessions, and

(b) patient may use the electrical stimulation device unsupervised for one month, at which time effectiveness of the treatment must be reevaluated by the provider before continuing home use of the device

F Acupuncture treatments Endorphin–mediated analgesic therapy includes classic acupuncture and acupressure

(1) time for treatment response, three to five sessions,

(2) maximum treatment frequency, up to three times per week for the first one to three weeks, decreasing in frequency thereafter; and

(3) maximum treatment duration, 12 weeks

G Phoresis includes phonopheresis and iontophoresis

(1) time for treatment response, three to five sessions,

(2) maximum treatment frequency, up to three times per week for the first one to three weeks, decreasing in frequency thereafter, and

(3) maximum treatment duration is nine sessions of either iontophoresis or phonophoresis, or combination, to any one site, with a maximum duration of 12 weeks for all treatment

H. Manual therapy includes soft tissue and joint mobilization and therapeutic massage.

(1) time for treatment response, three to five treatments,

(2) maximum treatment frequency, up to five times per week for the first one to two weeks decreasing in frequency thereafter; and

(3) maximum treatment duration, 12 weeks

I Splints, braces, and other movement–restricting appliances. Bracing required for longer than two weeks must be accompanied by active motion exercises to avoid stiffness and prolonged disability

(1) time for treatment response, ten days,

(2) maximum treatment frequency, limited to intermittent use during times of increased physical stress or prophylactic use at work; and

(3) maximum continuous duration, eight weeks Prophylactic use is allowed indefinitely.

J Rest Prolonged restriction of activity and immobilization are detrimental to a patient's recovery Total restriction of use of an affected body part should not be prescribed for more than two weeks, unless rigid immobilization is required In cases of rigid immobilization, active motion exercises at adjacent joints should begin no later than two weeks after application of the immobilization

Subp 4 **Active treatment modalities.** Active treatment modalities must be used as set forth in items A to D Use of active treatment modalities may extend past the 12–week limitation on passive treatment modalities so long as the maximum treatment for the active treatment modality is not exceeded

A. Education must teach the patient about pertinent anatomy and physiology as it relates to upper extremity function for the purpose of injury prevention Education includes training on posture, biomechanics, and relaxation The maximum number of treatments is three visits, which include an initial education and training session, and two follow–up visits

B Posture and work method training must instruct the patient in the proper performance of job activities Topics include proper positioning of the trunk, neck, and arms, use of optimum biomechanics in performing job tasks, and appropriate pacing of activities Methods include didactic sessions, demonstrations, exercises, and simulated work tasks. The maximum number of treatments is three visits

C Worksite analysis and modification must examine the patient's work station, tools, and job duties Recommendations are made for the alteration of the work station, selection of alternate tools, modification of job duties, and provision of adaptive equipment. The maximum number of treatments is three visits

D Exercise, which is important to the success of a nonsurgical treatment program and a return to normal activity, must include active patient participation in activities designed to increase flexibility, strength, endurance, or muscle relaxation Exercise must, at least in part, be specifically aimed at the musculature of the upper extremity. While aerobic exercise may be performed as adjunctive treatment this must not be the primary focus of the exercise program

Exercises must be evaluated to determine if the desired goals are being attained Strength, flexibility, or endurance must be objectively measured. While the provider may

objectively measure the treatment response as often as necessary for optimal care, after the initial evaluation the health care provider may not bill for the testing sooner than two weeks after the initial evaluation and monthly thereafter

Subitems (1) and (2) govern supervised and unsupervised exercise, except for computerized exercise programs and health clubs, which are governed by part 5221 6600

(1) Supervised exercise One goal of an exercise program must be to teach the patient how to maintain and maximize any gains experienced from exercise Self–management of the condition must be promoted

(a) maximum treatment frequency, up to three times per week for three weeks Should decrease with time thereafter, and

(b) maximum duration, 12 weeks

(2) Unsupervised exercise must be provided in the least intensive setting and may supplement or follow the period of supervised exercise

Subp 5 **Therapeutic injections.** Therapeutic injections include injections of trigger points, sympathetic nerves, peripheral nerves, and soft tissues Therapeutic injections can only be given in conjunction with active treatment modalities directed to the same anatomical site Use of injections may extend past the 12–week limitation on passive modalities, so long as the maximum treatment for injections in items A to C is not exceeded

A Trigger point injections

(1) time for treatment response, within 30 minutes,

(2) maximum treatment frequency, once per week to any one site if a positive response to the first injection at that site If subsequent injections at that site demonstrate diminishing control of symptoms or fail to facilitate objective functional gains, then trigger point injections should be redirected to other areas or discontinued No more than three injections to different sites are reimbursable per patient visit, and

(3) maximum treatment, four injections to any one site over the course of treatment

B Soft tissue injections include injections of a bursa, tendon, tendon sheath, ganglion, tendon insertion, ligament, or ligament insertion

(1) time for treatment response, within one week;

(2) maximum treatment frequency, once per month to any one site if a positive response to the first injection If subsequent injections demonstrate diminishing control of symptoms or fail to facilitate objective functional gains, then injections should be discontinued Only three injections to different sites are reimbursable per patient visit, and

(3) maximum treatment, three injections to any one site over the course of treatment

C Injections for median nerve entrapment at the carpal tunnel

(1) time for treatment response, within one week,

(2) maximum treatment frequency, can repeat injection in one month if a positive response to the first injection Only three injections to different sites are reimbursable per patient visit, and

(3) maximum treatment, two injections to any one site over the course of treatment

Subp 6 **Surgery.** Surgery may only be performed if it meets applicable parameters in subparts 11 to 16 and part 5221 6500

A In order to optimize the beneficial effect of surgery, postoperative therapy with active and passive treatment modalities may be provided, even if these modalities had been used in the preoperative treatment of the condition. In the postoperative period the maximum treatment duration with passive treatment modalities in a clinical setting from initiation of the first passive modality used, except bedrest or bracing, is as follows

(1) for rotator cuff repair, acromioclavicular ligament repair, or any surgery for a clinical category in this part which requires joint reconstruction, 16 weeks, or

(2) for all other surgery for clinical categories in this part, eight weeks

The health care provider must provide the insurer with prior notification of nonemergency inpatient surgery according to part 5221 6050, subpart 9

B Repeat surgery must also meet the parameters of subparts 11 to 16 and part 5221 6500 and is not indicated unless the need for the repeat surgery is confirmed by a second opinion obtained before surgery, if requested by the insurer

Subp 7. **Chronic management.** Chronic management of upper extremity disorders must be provided according to the parameters of part 5221 6600

Subp 8 **Durable medical equipment.** Durable medical equipment is indicated only in the situations specified in items A to D The health care provider must provide the insurer with prior notification as required in items B and C and part 5221 6050, subpart 9

A Splints, braces, straps, or supports may be indicated as specified in subpart 3, item I

B For patients using an electrical stimulation device at home, the device and any required supplies are indicated within the parameters of subpart 3, item E Prior notification of the insurer is required for purchase of the device or for use longer than one month The insurer may provide the equipment if it is comparable to that prescribed by the health care provider

C Exercise equipment for home use, including bicycles, treadmills, and stairclimbers, are indicated only within the context of a program or plan of an approved chronic management program This equipment is not indicated during initial nonsurgical care or during reevaluation and surgical therapy Prior notification of the insurer is required for the purchase of home exercise equipment The insurer may decide which brand of a prescribed type of equipment is provided to the patient If the employer has an appropriate exercise facility on its premises with the prescribed equipment the insurer may mandate use of that facility instead of authorizing purchase of the equipment for home use

(1) Indications the patient is deconditioned and requires reconditioning which can be accomplished only with the use of the prescribed exercise equipment The health care provider must document specific reasons why the exercise equipment is necessary and cannot be replaced with other activities

(2) Requirements the use of the equipment must have specific goals and there must be a specific set of prescribed activities

D The following durable medical equipment is not indicated for home use for the upper extremity disorders specified in subparts 11 to 16

(1) whirlpools, Jacuzzi, hot tubs, and special bath or shower attachments; or

(2) beds, waterbeds, mattresses, chairs, recliners, and loungers

Subp 9 **Evaluation of treatment by health care provider.** The health care provider must evaluate at each visit whether the treatment is medically necessary and whether initial nonsurgical treatment is effective according to items A to C

No later than the time for treatment response established for the specific modality as specified in subparts 3, 4, and 5, the health care provider must evaluate whether the passive, active, injection, or medication treatment modality is resulting in progressive improvement as specified in items A to C

A the employee's subjective complaints of pain or disability are progressively improving, as evidenced by documentation in the medical record of decreased distribution, frequency, or intensity of symptoms,

B the objective clinical findings are progressively improving as evidenced by documentation in the medical record of resolution or objectively measured improvement in physical signs of injury, and

C the employee's functional status, especially vocational activity, is progressively improving, as evidenced by documentation in the medical record, or successive reports of work ability, of less restrictive limitations on activity.

If there is not progressive improvement in at least two items in items A to C, the modality must be discontinued or significantly modified or the provider must reconsider the diagnosis The evaluation of the effectiveness of the treatment modality can be delegated to an allied health professional directly providing the treatment, but remains the ultimate responsibility of the treating health care provider

Subp 10. **Scheduled and nonscheduled medication.** Prescription of controlled substance medications scheduled under Minnesota Statutes, section 152 02, including, without

limitation, narcotics, is indicated only for the treatment of severe acute pain Therefore, these medications are not routinely indicated in the treatment of patients with upper extremity disorders The health care provider must document the rationale for the use of any scheduled medication Treatment with nonscheduled medication may be appropriate during any phase of treatment and intermittently after all other treatment has been discontinued. The prescribing health care provider must determine that ongoing medication is effective treatment for the patient's condition and the most cost–effective regimen is used.

Subp 11 **Specific treatment parameters for epicondylitis.**

A Initial nonsurgical management is appropriate for all patients with epicondylitis and must be the first phase of treatment

(1) The passive, active, injection, durable medical equipment, and medication treatment modalities and procedures specified m subparts 3, 4, 5, 8, and 10, may be used in sequence or simultaneously during the period of initial nonsurgical management depending on the severity of the condition After the first week of treatment, initial nonsurgical care must at all times include active treatment modalities according to subpart 4

(2) Initial nonsurgical management must be provided in the least intensive setting consistent with quality health care practices

(3) Except as provided in subpart 3, use of passive treatment modalities in a clinic setting or requiring attendance by a health care provider for a period in excess of 12 weeks is not indicated

(4) Use of home–based treatment modalities with monitoring by the treating health care provider may continue for up to 12 months At any time during this period the patient may be a candidate for chronic management if surgery is ruled out as an appropriate treatment

B If the patient continues with symptoms and objective physical findings after initial nonsurgical management, and if the patient's condition prevents the resumption of the regular activities of daily life including regular vocational activities, then surgical evaluation or chronic management is indicated The purpose and goal of surgical evaluation is to determine whether surgery is indicated for the patient who has failed to recover with appropriate nonsurgical care or chronic management

(1) Surgical evaluation, if indicated, must begin no later than 12 months after beginning initial nonsurgical management

(2) Surgical evaluation may include the use of appropriate laboratory and electrodiagnostic testing within the parameters of subpart 1, if not already obtained during the initial evaluation Repeat testing is not indicated unless there has been an objective change in the patient's condition which in itself would warrant further testing Failure to improve with therapy does not, by itself, warrant further testing

(3) Plain films may be appropriate if there is a history of trauma, infection, or inflammatory disorder and are subject to the general parameters in part 5221 6100, subpart 1. Other medical imaging studies are not indicated.

(4) Surgical evaluation may also include personality or psychological evaluation consistent with the parameters of subpart 1, item H

(5) Consultation with other health care providers is an important part of surgical evaluation of a patient who fails to recover with appropriate initial nonsurgical management The need for consultation and the choice of consultant will be determined by the diagnostic findings and the patient's condition Consultation is governed by part 5221 6050, subpart 6

(6) If surgery is indicated, it may not be performed until 12 months after initial nonsurgical management was begun except in a patient who has had resolution of symptoms with appropriate treatment followed by a recurrence with intractable pain. In this instance, a second surgical opinion must confirm the need for surgery sooner than 12 months after initial nonsurgical management was begun.

(7) If surgery is not indicated, or if the patient does not wish to proceed with surgery, then the patient is a candidate for chronic management. An initial recommendation or decision against surgery does not preclude surgery at a later date

C If the patient continues with symptoms and objective physical findings after surgery or the patient refused surgery or the patient was not a candidate for surgery, and if the patient's condition prevents the resumption of the regular activities of daily life including regular vocational activities, then the patient may be a candidate for chronic management according to part 5221 6600

Subp 12 **Specific treatment parameters for tendonitis of forearm, wrist, and hand.**

A Except as provided in item B, subitem (3), initial nonsurgical management is appropriate for all patients with tendonitis and must be the first phase of treatment Any course or program of initial nonsurgical management must meet all of the parameters of subpart 11, item A

B If the patient continues with symptoms and objective physical findings after initial nonsurgical management, and if the patient's condition prevents the resumption of the regular activities of daily life including regular vocational activities, then surgical evaluation or chronic management is indicated Surgical evaluation and surgical therapy must meet all of the parameters of subpart 11, item B, with the modifications in subitems (1) to (3)

(1) For patients with a specific diagnosis of de Quervain's syndrome, surgical evaluation and surgical therapy, if indicated, may begin after only two months of initial nonsurgical management

(2) For patients with a specific diagnosis of trigger finger or trigger thumb, surgical evaluation and potential surgical therapy may begin after only one month of initial nonsurgical management

(3) For patients with a locked finger or thumb, surgery may be indicated immediately without any preceding nonsurgical management

C If the patient continues with symptoms and objective physical findings after surgery, or the patient refused surgery or the patient was not a candidate for surgery, and if the patient's condition prevents the resumption of the regular activities of daily life including regular vocational activities, then the patient may be a candidate for chronic management Any course or program of chronic management for patients with tendonitis must meet all of the parameters of part 5221 6600

Subp 13 **Specific treatment parameters for nerve entrapment syndromes.**

A Initial nonsurgical management is appropriate for all patients with nerve entrapment syndromes, except as specified in subitem (2), and must be the first phase of treatment Any course or program of initial nonsurgical management must meet all of the parameters of subpart 11, item A, with the following modifications nonsurgical management may be inappropriate for patients with advanced symptoms and signs of nerve compression, such as abnormal two–point discrimination, motor weakness, or muscle atrophy, or for patients with symptoms of nerve entrapment due to acute trauma In these cases, immediate surgical evaluation may be indicated

B If the patient continues with symptoms and objective physical findings after 12 weeks of initial nonsurgical management, and if the patient's condition prevents the resumption of the regular activities of daily life including regular vocational activities, then surgical evaluation or chronic management is indicated Surgical evaluation and surgical therapy must meet all of the parameters of subpart 11, item B, with the modifications in subitems (1) to (3)

(1) Surgical evaluation may begin, and surgical therapy may be provided, if indicated, after 12 weeks of initial nonsurgical management, except where immediate surgical evaluation is indicated under item A

(2) Surgery is indicated if an EMG confirms the diagnosis, or if there has been temporary resolution of symptoms lasting at least seven days with local injection

(3) If there is neither a confirming EMG or appropriate response to local injection, or if surgery has been previously performed at the same site, surgery is not indicated unless a second opinion confirms the need for surgery

C If the patient continues with symptoms and objective physical findings after all surgery, or the patient refused surgery therapy or the patient was not a candidate for surgery therapy, and if the patient's condition prevents the resumption of the regular activities of dai-

ly life including regular vocational activities, then the patient may be a candidate for chronic management. Any course or program of chronic management for patients with nerve entrapment syndromes must meet all of the parameters of part 5221 6600

Subp 14 **Specific treatment parameters for muscle pain syndromes.**

A Initial nonsurgical management is appropriate for all patients with muscle pain syndromes and must be the first phase of treatment Any course or program of initial nonsurgical management must meet all of the parameters of subpart 11, item A

B Surgery is not indicated for the treatment of muscle pain syndrome

C If the patient continues with symptoms and objective physical findings after initial nonsurgical management, and if the patient's condition prevents the resumption of the regular activities of daily life including regular vocational activities, then the patient may be a candidate for chronic management Any course or program of chronic management for patients with muscle pain syndrome must meet all of the parameters of part 5221 6600

Subp 15 **Specific treatment parameters for shoulder impingement syndromes.**

A Initial nonsurgical management is appropriate for all patients with shoulder impingement syndromes without clinical evidence of rotator cuff tear and must be the first phase of treatment Any course or program of initial nonsurgical management must meet all of the parameters of subpart 11, item A, except as follows

(1) continued nonsurgical management may be inappropriate, and early surgical evaluation may be indicated, for patients with

(a) clinical findings of rotator cuff tear, or

(b) acute rupture of the proximal biceps tendon,

(2) use of home–based treatment modalities with monitoring by the health care provider may continue for up to six months At any time during this period the patient may be a candidate for chronic management if surgery is ruled out as an appropriate treatment

B If the patient continues with symptoms and objective physical findings after six months of initial nonsurgical management, and if the patient's condition prevents the resumption of the regular activities of daily life including regular vocational activities, then surgical evaluation or chronic management is indicated Surgical evaluation and surgical therapy must meet all of the parameters of subpart 11, item B, with the modifications in subitems (1) to (3)

(1) Surgical evaluation must begin no later than six months after beginning initial nonsurgical management

(2) Diagnostic injection, arthrography, CT–arthrography, or MRI scanning may be indicated as part of the surgical evaluation

(3) The only surgical procedures indicated for patients with shoulder impingement syndrome and related conditions are rotator cuff repair, acromioplasty, excision of distal clavicle, excision of bursa, removal of adhesion, or repair of proximal biceps tendon, all of which must meet the parameters of part 5221 6500, subpart 3

C If the patient continues with symptoms and objective physical findings after surgery, or the patient refused surgery or was not a candidate for surgery, and if the patient's condition prevents the resumption of the regular activities of daily life including regular vocational activities, then the patient may be a candidate for chronic management Any course or program of chronic management for patients with shoulder impingement syndrome must meet the parameters of part 5221 6600

Subp 16 **Specific treatment parameters for traumatic sprains and strains of the upper extremity.**

A Initial nonsurgical management must be the first phase of treatment for all patients with traumatic sprains and strains of the upper extremity without evidence of complete tissue disruption Any course or program of initial nonsurgical management must meet all of the parameters of subpart 11

B Surgery is not indicated for the treatment of traumatic sprains and strains, unless there is clinical evidence of complete tissue disruption Patients with complete tissue disruption may need immediate surgery

C If the patient continues with symptoms and objective physical findings after 12 weeks of initial nonsurgical management, and if the patient's condition prevents the resumption of the regular activities of daily life, including regular vocational activities, then the patient may be a candidate for chronic management Any course or program of chronic management must meet all of the parameters of part 5221 6600

Statutory Authority: *MS s 176 103, 176 83*

History: *19 SR 1412*

5221.6305 REFLEX SYMPATHETIC DYSTROPHY OF THE UPPER AND LOWER EXTREMITIES.

Subpart 1 **Scope.**

A This clinical category encompasses any condition of the upper or lower extremity characterized by concurrent presence in the involved extremity of five of the following conditions edema, local skin color change of red or purple, osteoporosis in underlying bony structures demonstrated by radiograph, local dyshidrosis, local abnormality of skin temperature regulation, reduced passive range of motion in contiguous joints, local alteration of skin texture of smooth or shiny, or typical findings of reflex sympathetic dystrophy on bone scan This clinical category includes, but is not limited to, the diagnoses of reflex sympathetic dystrophy, causalgia, Sudek's atrophy, algoneurodystrophy, and shoulder–hand syndrome, and including, but not limited to, ICD–9–CM codes 337 9, 354 4, and 733 7

B Reflex sympathetic dystrophy occurs as a complication of another preceding injury The treatment parameters of this part refer to the treatment of the body part affected by the reflex sympathetic dystrophy The treatment for any condition not affected by reflex sympathetic dystrophy continues to be subject to whatever treatment parameters otherwise apply Any treatment under this part for the reflex sympathetic dystrophy may be in addition to treatment received for the original condition

C Thermography may be used in the diagnosis of reflex sympathetic dystrophy, but is considered an adjunct to physical examination and is not reimbursed separately from the office visit

Subp 2 **Initial nonsurgical management.** Initial nonsurgical management is appropriate for all patients with reflex sympathetic dystrophy and must be the first phase of treatment Any course or program of initial nonsurgical management is limited to the modalities specified in items A to D

A Therapeutic injection modalities The only injections allowed for reflex sympathetic dystrophy are sympathetic block, intravenous infusion of steroids or sympatholytics, or epidural block

(1) Unless medically contraindicated, sympathetic blocks or the intravenous infusion of steroids or sympatholytics must be used if reflex sympathetic dystrophy has continued for four weeks and the employee remains disabled as a result of the reflex sympathetic dystrophy

(a) Time for treatment response within 30 minutes

(b) Maximum treatment frequency. can repeat an injection at a site if there was a positive response to the first injection If subsequent injections demonstrate diminishing control of symptoms or fail to facilitate objective functional gains, then injections must be discontinued No more than three injections to different sites are reimbursable per patient visit

(c) Maximum treatment duration may be continued as long as injections control symptoms and facilitate objective functional gams, if the period of improvement is progressively longer with each injection

(2) Epidural block may only be performed in patients who had an incomplete improvement with sympathetic block or intravenous infusion of steroids or sympatholytics

B Only the passive treatment modalities set forth in subitems (1) to (4) are indicated These passive treatment modalities in a clinical setting or requiring attendance by a health care provider are not indicated beyond 12 weeks from the first modality initiated for treatment of the reflex sympathetic dystrophy

(1) Thermal treatment includes all superficial and deep heating and cooling modalities. Superficial thermal modalities include hot packs, hot soaks, hot water bottles, hydrocollators, heating pads, ice packs, cold soaks, infrared, whirlpool, and fluidotherapy. Deep thermal modalities include diathermy, ultrasound, and microwave.

(a) Treatment given in a clinical setting:

(i) time for treatment response, two to four treatments;

(ii) maximum treatment frequency, up to five times per week for the first one to three weeks, decreasing in frequency thereafter; and

(iii) maximum treatment duration, 12 weeks of treatment in a clinical setting but only if given in conjunction with other therapies specified in this subpart.

(b) Home use of thermal modalities may be prescribed at any time during the course of treatment. Home use may only involve hot packs, hot soaks, hot water bottles, hydrocollators, heating pads, ice packs, and cold soaks which can be applied by the patient without professional assistance. Home use of thermal modalities does not require any special training or monitoring, other than that usually provided by the health care provider during an office visit.

(2) Desensitizing procedures, such as stroking or friction massage, stress loading, and contrast baths:

(a) time for treatment response, three to five treatments;

(b) maximum treatment frequency in a clinical setting, up to five times per week for the first one to two weeks decreasing in frequency thereafter; and

(c) maximum treatment duration in a clinical setting, 12 weeks. Home use of desensitizing procedures may be prescribed at any time during the course of treatment.

(3) Electrical stimulation includes galvanic stimulation, TENS, interferential, and microcurrent techniques.

(a) Treatment given in a clinical setting:

(i) time for treatment response, two to four treatments;

(ii) maximum treatment frequency, up to five times per week for the first one to three weeks, decreasing in frequency thereafter; and

(iii) maximum treatment duration, 12 weeks of treatment in a clinical setting, but only if given in conjunction with other therapies.

(b) Home use of an electrical stimulation device may be prescribed at any time during a course of treatment. Initial use of an electrical stimulation device must be in a supervised setting in order to ensure proper electrode placement and patient education.

(i) time for patient education and training, one to three sessions; and

(ii) patient may use the electrical stimulation device unsupervised for one month, at which time effectiveness of the treatment must be reevaluated by the provider before continuing home use of the device.

(4) Acupuncture treatments. Endorphin–mediated analgesic therapy includes classic acupuncture and acupressure.

(a) time for treatment response, three to five sessions;

(b) maximum treatment frequency, up to three times per week for the first one to three weeks, decreasing in frequency thereafter; and

(c) maximum treatment duration, 12 weeks.

C. Active treatment includes supervised and unsupervised exercise. After the first week of treatment, initial nonsurgical management must include exercise. Exercise is essential for a return to normal activity and must include active patient participation in activities designed to increase flexibility, strength, endurance, or muscle relaxation. Exercise must be specifically aimed at the involved musculature. Exercises must be evaluated to determine if the desired goals are being attained. Strength, flexibility, or endurance must be objectively measured. While the provider may objectively measure the treatment response as often as necessary for optimal care, after the initial evaluation the health care provider may not bill for the tests sooner than two weeks after the initial evaluation, and monthly thereafter.

(1) Supervised exercise. One goal of a supervised exercise program must be to teach the patient how to maintain and maximize any gains experienced from exercise Self–management of the condition must be promoted·

(a) maximum treatment frequency, up to five times per week for three weeks Should decrease in frequency thereafter, and

(b) maximum duration, 12 weeks

(2) Unsupervised exercise must be provided in the least intensive setting and may supplement or follow the period of supervised exercise Maximum duration is unlimited.

D. Oral medications may be indicated in accordance with accepted medical practice

Subp 3 **Surgery.**

A Surgical sympathectomy may only be performed in patients who had a sustained but incomplete improvement with sympathetic blocks by injection

B Dorsal column stimulator or morphine pump may be indicated for a patient with neuropathic pain unresponsive to all other treatment modalities who is not a candidate for any other therapy and has had a favorable response to a trial screening period Use of these devices is indicated only if a second opinion confirms that this treatment is indicated, and a personality or psychosocial evaluation indicates that the patient is likely to benefit from this treatment.

Subp 4. **Chronic management.** If the patient continues with symptoms and objective physical findings after surgery, or the patient refuses surgery, or the patient was not a candidate for surgery, and if the patient's condition prevents the resumption of the regular activities of daily life including regular vocational activities, then the patient may be a candidate for chronic management Any course or program of chronic management must satisfy all of the treatment parameters of part 5221 6600

Statutory Authority: *MS s 176 103, 176 83*

History: *19 SR 1412*

5221.6400 INPATIENT HOSPITALIZATION PARAMETERS.

Subpart 1 **General principles.**

A The health care provider must provide prior notification of inpatient hospital admission for nonemergency care according to part 5221 6050, subpart 9 Hospitalization is characterized as inpatient if the patient spends at least one night in the hospital

B Treatment for emergency conditions, including incapacitating pain, should not be delayed to provide the insurer with prior notification The admitting health care provider should notify the insurer withm two business days following an emergency admission, or within two business days after the health care provider learns that it is a workers' compensation injury. The medical necessity for the emergency hospitalization is subject to retrospective review, based on the information available at the time of the emergency hospitalization

C Unless the patient's condition requires special care, only ward or semiprivate accommodations are indicated The admitting health care provider must document the special care needs

D Admissions before the day of surgery are indicated only if they are medically necessary to stabilize the patient before surgery Admission before the day of surgery to perform any or all of a preoperative work–up which could have been completed as an outpatient is not indicated

E Inpatient hospitalization solely for physical therapy, bedrest, or administration of injectable drugs is indicated only if the treatment is otherwise indicated and the patient's condition makes the patient unable to perform the activities of daily life and participate in the patient's own treatment and self–care

F Discharge from the hospital must be at the earliest possible date consistent with proper health care

G If transfer to a convalescent center or nursing home is indicated, prior notification is required as provided for inpatient hospitalization

Subp 2. **Specific requirements for hospital admission of patients with low back pain.** Hospitalization for low back pain is indicated in the circumstances in items A to D

A When the patient experiences incapacitating pain as evidenced by inability to mobilize for activities of daily living, for example unable to ambulate to the bathroom, and in addition, the intensity of service during admission meets the criteria in subitems (1) and (2)

(1) Physical therapy is necessary at least twice daily for assistance with mobility Heat, cold, ultrasound, and massage therapy alone do not meet this criterion.

(2) Muscle relaxants or narcotic analgesics are necessary intramuscularly or intravenously for a minimum of three injections in 24 hours Need for parenteral analgesics is determined by.

(a) an inability to take oral medications or diet (N P O), or

(b) an inability to achieve relief with aggressive oral analgesics.

B For surgery which is otherwise indicated according to part 5221 6500 and is appropriately scheduled as an inpatient procedure

C For evaluation and treatment of cauda equina syndrome, according to part 5221 6200, subpart 13

D For evaluation and treatment of foot drop or progressive neurologic deficit, according to part 5221 6200, subpart 13

Statutory Authority: *MS s 176 103, 176 83*

History: *19 SR 1412*

5221.6500 PARAMETERS FOR SURGICAL PROCEDURES.

Subpart 1 **General.**

A. The health care provider must provide prior notification according to part 5221.6050, subpart 9, before proceeding with any elective inpatient surgery

B Emergency surgery may proceed without prior notification The reasonableness and necessity for the emergency surgery is subject to retrospective review based on the information available at the time of the emergency surgery

Subp 2 **Spinal surgery.** Initial nonsurgical, surgical, and chronic management parameters are also included in parts 5221 6200, low back pain, 5221.6205, neck pain, and 5221 6210, thoracic back pain.

A Surgical decompression of a lumbar nerve root or roots includes, but is not limited to, the following lumbar procedures laminectomy, laminotomy, discectomy, microdiscectomy, percutaneous discectomy, or foraminotomy When providing prior notification for decompression of multiple nerve roots, the procedure at each nerve root is subject independently to the requirements of subitems (1) to (3)

(1) Diagnoses surgical decompression of a lumbar nerve root may be performed for the following diagnoses

(a) intractable and incapacitating regional low back pain with positive nerve root tension signs and an imaging study showing displacement of lumbar intervertebral disc which impinges significantly on a nerve root or the thecal sac, ICD–9–CM code 722.10,

(b) sciatica, ICD–9–CM code 724 3; or

(c) lumbosacral radiculopathy or radiculitis, ICD–9–CM code 724.4

(2) Indications· both of the following conditions in units (a) and (b) must be satisfied to indicate that the surgery is reasonably required

(a) Response to nonsurgical care the employee's condition includes one of the following

i failure to improve with a minimum of eight weeks of initial nonsurgical care; or

ii. cauda equina syndrome, ICD–9–CM code 344 6, 344.60, or 344 61, or

iii progressive neurological deficits

(b) Clinical findings the employee exhibits one of the findings of subunit i in combination with the test results of subumt ii or, in the case of diagnosis in subitem

(1), unit (a), a second opinion confirms that decompression of the lumbar nerve root is the appropriate treatment for the patient's condition.

i subjective sensory symptoms in a dermatomal distribution which may include radiating pain, burning, numbness, tingling, or paresthesia, or objective clinical findings of nerve root specific motor deficit, including, but not limited to, foot drop or quadriceps weakness, reflex changes, or positive EMG, and

ii medical imaging test results that correlate with the level of nerve root involvement consistent with both the subjective and objective findings

(3) Repeat surgical decompression of a lumbar nerve root is not indicated at the same nerve root unless a second opinion, if requested by the insurer, confirms that surgery is indicated

B Surgical decompression of a cervical nerve root. Surgical decompression of a cervical nerve root or roots includes, but is not limited to, the following cervical procedures laminectomy, laminotomy, discectomy, foraminotomy with or without fusion When providing prior notification for decompression of multiple nerve roots, the procedure at each nerve root is subject independently to the requirements of subitems (1) to (3)

(1) Diagnoses surgical decompression of a cervical nerve root may be performed for the following diagnoses

(a) displacement of cervical intervertebral disc, ICD–9–CM code 722 0, excluding fracture, or

(b) cervical radiculopathy or radiculitis, ICD–9–CM code 723 4, excluding fracture

(2) Indications the requirements in units (a) and (b) must be satisfied to indicate that surgery is reasonably required

(a) response to nonsurgical care, the employee's condition includes one of the following

i failure to improve with a minimum of eight weeks of initial nonsurgical care,

ii cervical compressive myelopathy, or

iii progressive neurologic deficits,

(b) clinical findings the employee exhibits one of the findings of subunit i, in combination with the test results of subunit ii

i subjective sensory symptoms in a dermatomal distribution which may include radiating pain, burning, numbness, tingling, or paresthesia, or objective clinical findings of nerve root specific motor deficit, reflex changes, or positive EMG, and

ii medical imaging test results that correlate with the level of nerve root involvement consistent with both the subjective and objective findings

(3) Second opinions surgical decompression of a cervical nerve root is not indicated for the following conditions, unless a second opinion, if requested by the insurer, confirms that the surgery is indicated

(a) repeat surgery at same level, or

(b) request for surgery at the C3–4 level

C. Lumbar arthrodesis with or without instrumentation

(1) Indications one of the following conditions must be satisfied to indicate that the surgery is reasonably required

(a) unstable lumbar vertebral fracture, ICD–9–CM codes 805 4, 805 5, 806 4, and 806 5; or

(b) for a second or third surgery only, documented reextrusion or redisplacement of lumbar intervertebral disc, ICD–9–CM code 722 10, after previous successful disc surgery at the same level and new lumbar radiculopathy with or without incapacitating back pain, ICD–9–CM code 724.4 Documentation under this item must include an MRI or CT scan or a myelogram, or

(c) traumatic spinal deformity including a history of compression (wedge) fracture or fractures, ICD–9–CM code 733 1, and demonstrated acquired kyphosis or scoliosis, ICD–9–CM codes 737 1, 737 10, 737 30, 737 41, and 737 43, or

(d) incapacitating low back pain, ICD–9–CM code 724 2, for longer than three months, and one of the following conditions involving lumbar segments L–3 and below is present

i for the first surgery only, degenerative disc disease, ICD–9–CM code 722.4, 722.5, 722 6, or 722 7, with postoperative documentation of instability created or found at the time of surgery, or positive discogram at one or two levels, or

ii. pseudoarthrosis, ICD–9–CM code 733 82,

iii for the second or third surgery only, previously operated disc, or

iv spondylolisthesis.

(2) Contraindications lumbar arthrodesis is not indicated as the first primary surgical procedure for a new, acute lumbosacral disc herniation with unilateral radiating leg pain in a radicular pattern with or without neurological deficit.

(3) Retrospective review. when lumbar arthrodesis is performed to correct instability created during a decompression, laminectomy, or discectomy, approval for the arthrodesis will be based on a retrospective review of the operative report.

Subp. 3 **Upper extremity surgery.** Initial nonsurgical, surgical, and chronic management parameters for upper extremity disorders are found m part 5221 6300, subparts 1 to 16.

A Rotator cuff repair.

(1) Diagnoses. rotator cuff surgery may be performed for the following diagnoses

(a) rotator cuff syndrome of the shoulder, ICD–9–CM code 726 1, and allied disorders. unspecified disorders of shoulder bursae and tendons, ICD–9–CM code 726 10, calcifying tendinitis of shoulder, ICD–9–CM code 726.11, bicipital tenosynovitis, ICD–9–CM code 726 12, and other specified disorders, ICD–9–CM code 726.19; or

(b) tear of rotator cuff, ICD–9–CM code 727 61

(2) Criteria and indications: in addition to one of the diagnoses in subitem (1), both of the following conditions must be satisfied to indicate that surgery is reasonably required

(a) response to nonsurgical care the employee's condition has failed to improve with adequate initial nonsurgical treatment, and

(b) clinical findings the employee exhibits:

i severe shoulder pain and inability to elevate the shoulder; or

ii weak or absent abduction and tenderness over rotator cuff, or pain relief obtained with an injection of anesthetic for diagnostic or therapeutic trial; and

iii positive findings in arthrogram, MRI, or ultrasound, or positive findings on previous arthroscopy, if performed.

B Acromioplasty.

(1) Diagnosis· acromioplasty may be performed for acromial impingement syndrome, ICD–9–CM codes 726 0 to 726 2

(2) Criteria and indications. in addition to the diagnosis in subitem (1), both of the following conditions must be satisfied for acromioplasty

(a) response to nonsurgical care the employee's condition has failed to improve after adequate initial nonsurgical care; and

(b) clinical findings. the employee exhibits pain with active elevation from 90 to 130 degrees and pain at night, and a positive impingement test.

C Repair of acromioclavicular or costoclavicular ligaments

(1) Diagnosis: surgical repair of acromioclavicular or costoclavicular ligaments may be performed for acromioclavicular separation, ICD–9–CM codes 831.04 to 831 14

(2) Criteria and indications. in addition to the diagnosis in subitem (1), the requirements of units (a) and (b) must be satisfied for repair of acromioclavicular or costoclavicular ligaments.

(a) response to nonsurgical care the employee's condition includes.

i. failure to improve after at least a one-week trial period in a support brace, or

ii separation cannot be reduced and held in a brace, or

iii grade III separation has occurred, and

(b) clinical findings the employee exhibits localized pain at the acromioclavicular joint and prominent distal clavicle and radiographic evidence of separation at the acromioclavicular joint

D Excision of distal clavicle

(1) Diagnosis excision of the distal clavicle may be performed for the following conditions

(a) acromioclavicular separation, ICD-9-CM codes 831.01 to 831 14,

(b) osteoarthrosis of the acromioclavicular joint, ICD-9-CM codes 715 11, 715 21, and 715.31; or

(c) shoulder impingement syndrome

(2) Criteria and indications m addition to one of the diagnosis in subitem (1), the following conditions must be satisfied for excision of distal clavicle

(a) response to nonsurgical care the employee's condition fails to improve with adequate initial nonsurgical care, and

(b) clinical findings· the employee exhibits

i. pam at the acromioclavicular joint, with aggravation of pam with motion of shoulder or carrying weight,

ii confirmation that separation of AC joint is unresolved and prominent distal clavicle, or pain relief obtained with an injection of anesthetic for diagnostic/therapeutic trial; and

iii separation at the acromioclavicular joint with weight-bearing films, or severe degenerative joint disease at the acromioclavicular joint noted on X-rays

E. Repair of shoulder dislocation or subluxation (any procedure)

(1) Diagnosis surgical repair of a shoulder dislocation may be performed for the following diagnoses

(a) recurrent dislocations, ICD-9-CM code 718.31,

(b) recurrent subluxations, or

(c) persistent instability following traumatic dislocation

(2) Criteria and indications in addition to one of the diagnoses in subitem (1), the following clinical findings must exist for repair of a shoulder dislocation·

(a) the employee exhibits a history of multiple dislocations or subluxations that inhibit activities of daily living, and

(b) X-ray findings are consistent with multiple dislocations or subluxations

F. Repair of proximal biceps tendon.

(1) Diagnosis surgical repair of a proximal biceps tendon may be performed for proximal rupture of the biceps, ICD-9-CM code 727 62 or 840 8

(2) Criteria and indications in addition to the diagnosis in subitem (1), both of the following conditions must be satisfied for repair of proximal biceps tendon:

(a) the procedure may be done alone or in conjunction with another indicated repair of the rotator cuff, and

(b) clinical findings the employee exhibits

i. complaint of pain that does not resolve with attempt to use arm, and

ii palpation of "bulge" in upper aspect of arm

G. Epicondylitis. Specific requirements for surgery for epicondylitis are included in part 5221 6300, subpart 11

H. Tendinitis. Specific requirements for surgery for tendinitis are included in part 5221 6300, subpart 12.

I Nerve entrapment syndromes Specific requirements for nerve entrapment syndromes are included in part 5221 6300, subpart 13

J Muscle pain syndromes Surgery is not indicated for muscle pam syndromes

K Traumatic sprains and strains Surgery is not indicated for the treatment of traumatic sprains and strains, unless there is clinical evidence of complete tissue disruption Patients with complete tissue disruption may need immediate surgery

Subp 4 **Lower extremity surgery.**

A Anterior cruciate ligament (ACL) reconstruction

(1) Diagnoses surgical repair of the anterior cruciate ligament, including arthroscopic repair, may be performed for the following diagnoses

(a) old disruption of anterior cruciate ligament, ICD–9–CM code 717 83, or

(b) sprain of cruciate ligament of knee, ICD–9–CM code 844 2

(2) Criteria and indications in addition to one of the diagnoses in subitem (1) the conditions in units (a) to (c) must be satisfied for anterior cruciate ligament reconstruction. Pam alone is not an indication

(a) the employee gives a history of instability of the knee described as "buckling or giving way" with significant effusion at time of injury, or description of injury indicates a rotary twisting or hyperextension occurred,

(b) there are objective clinical findings of positive Lachman's sign, positive pivot shift, and/or positive anterior drawer, and

(c) there are positive diagnostic findings with arthrogram, MRI, or arthroscopy and there is no evidence of severe compartmental arthritis

B Patella tendon realignment or Maquet procedure

(1) Diagnosis patella tendon realignment may be performed for dislocation of patella, open, ICD–9–CM code 836 3, or closed, ICD–9–CM code 836 4, or chronic residuals of dislocation

(2) Criteria and indications in addition to the diagnosis in subitem (1), all of the following conditions must be satisfied for a patella tendon realignment

(a) the employee gives a history of rest pain as well as pain with patellofemoral movement, and recurrent effusion, or recurrent dislocation, and

(b) there are objective clinical findings of patellar apprehension, synovitis, lateral tracking, or Q angle greater than 15 degrees

C Knee joint replacement

(1) Diagnoses knee joint replacement may be performed for degeneration of articular cartilage or meniscus of knee, ICD–9–CM codes 717 1 to 717 4

(2) Criteria and indications in addition to the diagnosis in subitem (1), the following conditions must be satisfied for a knee joint replacement.

(a) clinical findings the employee exhibits limited range of motion, night pain m the joint or pain with weight–bearing, and no significant relief of pain with an adequate course of initial nonsurgical care, and

(b) diagnostic findings there is significant loss or erosion of cartilage to the bone, and positive findings of advanced arthritis and joint destruction with standing films, MRI, or arthroscopy

D Fusion, ankle, tarsal, metatarsal

(1) Diagnoses fusion may be performed for the following conditions

(a) malunion or nonunion of fracture of ankle, tarsal, or metatarsal, ICD–9–CM code 733 81 or 733 82, or

(b) traumatic arthritis (arthropathy), ICD–9–CM code 716 17

(2) Criteria and indications in addition to one of the diagnoses in subitem (1), the following conditions must be satisfied for an ankle, tarsal, or metatarsal fusion

(a) initial nonsurgical care the employee must have failed to improve with an adequate course of initial nonsurgical care which included

i immobilization which may include casting, bracing, shoe modification, or other orthotics, and

ii anti–inflammatory medications,

(b) clinical findings

i the employee gives a history of pain which is aggravated by activity and weight–bearing, and relieved by xylocaine injection, and

ii there are objective findings on physical examination of malalignment or specific joint line tenderness, and decreased range of motion, and

(c) diagnostic findings there are medical imaging studies confirming the presence of

i loss of articular cartilage and joint space narrowing,

ii bone deformity with hypertrophic spurring and sclerosis, or

iii nonunion or malunion of a fracture

E Lateral ligament ankle reconstruction

(1) Diagnoses ankle reconstruction surgery involving the lateral ligaments may be performed for the following conditions

(a) chronic ankle instability, ICD–9–CM code 718 87, or

(b) grade III sprain, ICD–9–CM codes 845 0 to 845.09

(2) Criteria and indications in addition to one of the diagnoses in subitem (1), the following conditions must be satisfied for a lateral ligament ankle reconstruction

(a) initial nonsurgical care· the employee must have received an adequate course of initial nonsurgical care including, at least.

i immobilization with support, cast, or ankle brace, followed by

ii a physical rehabilitation program, and

(b) clinical findings:

i the employee gives a history of ankle instability and swelling, and

ii there is a positive anterior drawer sign on examination, or

iii there are positive stress X–rays identifying motion at ankle or subtalar joint with at least a 15 degree lateral opening at the ankle joint, or demonstrable subtalar movement, and negative to minimal arthritic joint changes on X–ray, or ligamentous injury is shown on MRI scan

(3) Prosthetic ligaments prosthetic ligaments are not indicated

(4) Implants requests for any plastic implant must be confirmed by a second opinion

(5) Calcaneus osteotomy requests for calcaneus osteotomies must be confirmed by a second opinion

Statutory Authority: *MS s 176 103, 176 83*

History: *19 SR 1412*

5221.6600 CHRONIC MANAGEMENT.

Subpart 1 **Scope.** This part applies to chronic management of all types of physical injuries, even if the injury is not specifically governed by parts 5221 6200 to 5221 6500 If a patient continues with symptoms and physical findings after all appropriate initial nonsurgical and surgical treatment has been rendered, and if the patient's condition prevents the resumption of the regular activities of daily life including regular vocational activities, then the patient may be a candidate for chronic management The purpose of chronic management is twofold the patient should be made independent of health care providers in the ongoing care of a chronic condition, and the patient should be returned to the highest functional status reasonably possible

A Personality or psychological evaluation may be indicated for patients who are candidates for chronic management The treating health care provider may perform this evaluation or may refer the patient for consultation with another health care provider in order to

obtain a psychological evaluation These evaluations may be used to assess the patient for a number of psychological conditions which may interfere with recovery from the injury Since more than one of these psychological conditions may be present in a given case, the health care provider performing the evaluation must consider all of the following·

(1) Is symptom magnification occurring?

(2) Does the patient exhibit an emotional reaction to the injury, such as depression, fear, or anger, which is interfering with recovery?

(3) Are there other personality factors or disorders which are interfering with recovery?

(4) Is the patient chemically dependent?

(5) Are there any interpersonal conflicts interfering with recovery?

(6) Does the patient have a chronic pain syndrome or psychogenic pain?

(7) In cases in which surgery is a possible treatment, are psychological factors likely to interfere with the potential benefit of the surgery?

B Any of the chronic management modalities of subpart 2 may be used singly or in combination as part of a program of chronic management

C No further passive treatment modalities or therapeutic injections are indicated, except as otherwise provided in parts 5221 6200, subpart 3, item B, 5221 6205, subpart 3, item B, 5221 6210, subpart 3, item B, and 5221.6300, subpart 3, item B

D No further diagnostic evaluation is indicated unless there is the development of symptoms or physical findings which would in themselves warrant diagnostic evaluation.

E A program of chronic management must include appropriate means by which use of scheduled medications can be discontinued or severely limited.

Subp 2 **Chronic management modalities.** The health care provider must provide prior notification of the chronic management modalities in items B to F according to part 5221 6050, subpart 9. Prior notification is not required for home-based exercises in item A, unless durable medical equipment is prescribed for home use The insurer may not deny payment for a program of chronic management that the insurer has previously authorized for an employee, either in writing or by routine payment for services, without providing the employee and the employee's health care provider with at least 30 days' notice of intent to apply any of the chronic management parameters in part 5221 6600 to future treatment. The notice must include the specific parameters that will be applied in future determinations of compensability by the insurer.

A Home-based exercise programs consist of aerobic conditioning, stretching and flexibility exercises, and strengthening exercises done by the patient on a regular basis at home without the need for supervision or attendance by a health care provider Maximum effectiveness may require the use of certain durable medical equipment that may be prescribed and reimbursed within any applicable treatment parameters in parts 5221 6200 to 5221.6305

(1) Indications: exercise is necessary on a long-term basis to maintain function

(2) Requirements the patient should receive specific instruction and training in the exercise program Repetitions, durations, and frequencies of exercises must be specified Any durable medical equipment needed must be prescribed in advance and the insurer must be given prior notification of proposed purchase

(3) Treatment period, one to three visits for instruction and monitoring

B. Health clubs:

(1) Indications the patient is deconditioned and requires a structured environment to perform prescribed exercises The health care provider must document the reasons why reconditioning cannot be accomplished with a home-based program of exercise

(2) Requirements the program must have specific prescribed exercises stated in objective terms, for example "30 minutes ridmg stationary bicycle three times per week " There must be a specific set of prescribed activities and a specific timetable of progression in those activities, designed so that the goals can be achieved in the prescribed time There must be a prescribed frequency of attendance and the patient must maintain adequate documentation of attendance There must be a prescribed duration of attendance

(3) Treatment period, 13 weeks Additional periods of treatment require additional prior notification of the insurer Additional periods of treatment at a health club are not indicated unless there is documentation of attendance and progression in activities during the preceding period of treatment. If the employer has an appropriate exercise facility on its premises the insurer may mandate use of that facility instead of providing a health club membership.

C Computerized exercise programs utilize computer controlled exercise equipment that allows for the isolation of specific muscle groups and the performance of graded exercise designed to increase strength, tone, flexibility, and range of motion In combination with computerized range of motion or strength measuring tests, these programs allow for quantitative measurement of effort and progress

(1) Indications the patient is deconditioned and requires a structured environment to accomplish rehabilitation goals The health care provider must document the reasons why reconditioning cannot be accomplished with a home–based program of exercise

(2) Requirements the program must have specific goals stated in objective terms, for example "improve strength of back extensors 50 percent " There must be a specific set of prescribed activities and a specific timetable of progression in those activities, designed so that the goals can be achieved in the prescribed time There must be a prescribed frequency and duration of attendance

(3) Treatment period, six weeks Additional periods of treatment require additional prior notification of the insurer Additional periods of treatment are not indicated unless there is documentation of attendance and progression in activities during the preceding period of treatment

D Work conditioning and work hardening programs are intensive, highly structured, job oriented, individualized treatment plans based on an assessment of the patient's work setting or job demands, and designed to maximize the patient's return to work These programs must include real or simulated work activities Work conditioning is designed to restore an individual's neuromusculoskeletal strength, endurance, movement, flexibility, and motor control, and cardiopulmonary function Work conditioning uses physical conditioning and functional activities related to the individual's work Services may be provided by one discipline of health care provider Work hardening is designed to restore an individual's physical, behavioral, and vocational functions within an interdisciplinary model Work hardening addresses the issues of productivity, safety, physical tolerances, and work behaviors An interdisciplinary team includes professionals qualified to evaluate and treat behavioral, vocational, physical, and functional needs of the individual

(1) Indications the patient is disabled from usual work and requires reconditioning for specific job tasks or activities and the reconditioning cannot be done on the job. The health care provider must document the reasons why work hardening cannot be accomplished through a structured return to work program Work conditioning is indicated where only physical and functional needs are identified Work hardening is indicated where, in addition to physical and functional needs, behavioral and vocational needs are also identified that are not otherwise being addressed

(2) Requirements· the program must have specific goals stated in terms of work activities, for example "able to type for 30 minutes " There must be an individualized program of activities and the activities must be chosen to simulate required work activities or to enable the patient to participate in simulated work activities There must be a specific timetable of progression in those activities, designed so that the goals can be achieved in the prescribed time There must be a set frequency and hours of attendance and the program must maintain adequate documentation of attendance. There must be a set duration of attendance Activity restrictions must be identified at completion of the program

(3) Treatment period, six weeks Additional periods of treatment require prior notification of the insurer Additional periods of treatment at a work hardening program or work conditioning program are not indicated unless there is documentation of attendance and progression in activities during the preceding period of treatment or unless there has been a change in the patient's targeted return to work job which necessitates a redesign of the program

E Chronic pain management programs consist of multidisciplinary teams who provide coordinated, goal–oriented services to reduce pain disability, improve functional status, promote return to work, and decrease dependence on the health system of persons with chronic pain syndrome Pam management programs must provide physical rehabilitation, education on pain, relaxation training, psychosocial counseling, medical evaluation, and, if indicated, chemical dependency evaluation The program of treatment must be individualized and based on an organized evaluative process for screening and selecting patients Treatment may be provided in an inpatient setting, outpatient setting, or both as appropriate

(1) Indications the patient is diagnosed as having a chronic pain syndrome

(2) Requirements an admission evaluation must be performed by a doctor, and a licensed mental health professional, each with at least two years experience in evaluation of chronic pain patients and chronic pain treatment, or one year of formal training in a pain fellowship program The evaluation must confirm the diagnosis of chronic pain syndrome and a willingness and ability of the patient to benefit from a pam management program There must be a specific set of prescribed activities and treatments, and a specific timetable of progression in those activities There must be a set frequency and hours of attendance and the program must maintain adequate documentation of attendance There must be a set duration of attendance

(3) Treatment period for initial treatment, a maximum of 20 eight–hour days, though fewer or shorter days can be used, and a maximum duration of four weeks no matter how many or how long the days prescribed For aftercare, a maximum of 12 sessions is allowed Only one completed pain management program is indicated for an injury

F Individual or group psychological or psychiatric counseling

(1) Indications a personality or psychosocial evaluation has revealed one or more of the problems listed in subpart 1, item A, which interfere with recovery from the physical injury, but the patient does not need or is not a candidate for a pam management program

(2) Requirements there must be a specific set of goals based on the initial personality or psychosocial evaluation and a timetable for achieving those goals within the prescribed number of treatment or therapy sessions There must be a prescribed frequency of attendance and the treating health care provider must maintain adequate documentation of attendance There must be a prescribed duration of treatment

(3) Treatment period a maximum of 12 sessions Only one completed program of individual or group psychological or psychiatric counseling is indicated for an injury

Statutory Authority: *MS s 176 103, 176 83*

History: *19 SR 1412*

5221.8900 DISCIPLINARY ACTION; PENALTIES.

Subpart 1 **Discipline.** A health care provider is subject to disciplinary action under Minnesota Statutes, section 176 103, for failure to comply with the requirements in parts 5221 6010 to 5221 6600 or the violation of any of the provisions of Minnesota Statutes, chapter 176, or other rules or orders issued pursuant thereto.

Subp 2 **Complaints.** Complaints about professional behavior or services of health care providers relating to noncompliance with established workers' compensation laws, rules, or orders shall be made in writing to the commissioner The commissioner or a designee shall assist a person in filing a complaint, if necessary A complaint may be submitted by any person who becomes aware of a violation, including designees of the commissioner, administrative law judges, and presiding officials at judicial proceedings

Subp 3 **Review and investigation.** The commissioner shall investigate all complaints to determine whether there has been a violation of established workers' compensation laws, rules, or orders The commissioner may refer a matter to another agency that has jurisdiction over the provider's license or conduct, or to an agency that has prosecuting authority in the event of suspected theft or fraud or to a peer review organization for an opinion Absent suspected theft or fraud, providing treatment outside a parameter set forth in parts 5221.6020 to 5221 6500 shall not in itself result in a referral to a prosecuting authority

If an investigation indicates that discipline may be warranted, the commissioner shall determine whether the violation involves inappropriate, unnecessary, or excessive treatment, or whether the violation involves other statutes or rules The commissioner shall take appropriate action according to subpart 6, 7, or 8

Subp 4 **Cooperation with disciplinary proceedings.** A health care provider who is the subject of a complaint investigated by the commissioner under Minnesota Statutes, section 176 103, shall cooperate fully with the investigation Cooperation includes, but is not limited to, responding fully and promptly to any questions raised by the commissioner relating to the subject of the investigation and providing copies of records, reports, logs, data, and cost information as requested by the commissioner to assist in the investigation The health care provider shall not charge for services but may charge for the cost of copies of medical records, at the rate set in part 5219 0300, subpart 2, for this investigation Cooperation includes attending, in person, a meeting scheduled by the commissioner for the purposes of subpart 5 This subpart does not limit the health care provider's right to be represented by an attorney

Subp 5 **In–person meeting.** When conferring with the parties to a complaint is deemed appropriate, the commissioner shall schedule a meeting for the purpose of clarification of issues, obtaining information, instructing parties to the complaint, or for the purpose of resolving disciplinary issues

Subp 6 **Resolution by instruction or written agreement.** The commissioner may resolve a complaint through instruction of a provider, or may enter into stipulated consent agreements regarding discipline with a provider in lieu of initiating a contested case or medical services review board proceeding

Subp 7 **Inappropriate, unnecessary, or excessive treatment.**

A Except as otherwise provided in subparts 3 and 6, if the suspected violation involves a treatment standard set forth in parts 5221 6020 to 5221 6500 the commissioner must refer the health care provider to the medical services review board for review under Minnesota Statutes, section 176 103, subdivision 2, if

(1) the situation requires medical expertise in matters beyond the department's general scope,

(2) wherever possible under Minnesota Statutes, chapter 176, a final determination has been made by a workers' compensation presiding official, or provider licensing or registration body that the medical treatment in issue was inappropriate, unnecessary, or excessive, and

(3) a pattern of consistently providing inappropriate, unnecessary, or excessive services exists for three or more employees

B Where the medical service review board's report to the commissioner indicates a violation of treatment standards or other inappropriate, unnecessary, or excessive treatment the commissioner shall order a sanction Sanctions may include, but are not limited to, a warning, a fine of up to $200 per violation; a restriction on providing treatment, requiring preauthorization by the board, the payor, or the commissioner for a plan of treatment, and suspension from receiving compensation for the provision of treatment

C Within 30 days of receipt of the order of sanction, the health care provider may request in writing a review by the commissioner of the sanction in accordance with the procedure set forth in Minnesota Statutes, section 176 103, subdivision 2a Within 30 days following receipt of the compensation judge's decision reviewing the sanction, a provider may petition the workers' compensation court of appeals for review according to the procedures in Minnesota Statutes, section 176 103, subdivision 2a

Subp 8 **Violations of statutes and rules other than those involving inappropriate, unnecessary, or excessive treatment.** If the suspected violation warranting discipline involves a statute or rule other than treatment standards, the commissioner shall initiate a contested case hearing for disciplinary action under Minnesota Statutes, section 176 103, subdivision 3, paragraph (b), and the administrative procedure act in Minnesota Statutes, chapter 14

A Upon petition of the commissioner and following receipt of the recommendation of the administrative law judge, the medical services review board may issue a fine of up

to $200 for each violation, or disqualify or suspend the health care provider from receiving payment for services, according to Minnesota Statutes, section 176 103, subdivision 3, paragraph (b)

B Within 30 days after service of the board's decision, a provider may petition the workers' compensation court of appeals for review according to Minnesota Statutes, section 176 421

Subp 9 **Penalties.** In addition to disciplinary action under subparts 1 to 8, the commissioner may assess a penalty under part 5220 2810 if a health care provider fails to release existing written medical data according to Minnesota Statutes, section 176 138. A penalty may also be assessed under part 5220 2830 and Minnesota Statutes, section 176 231, subdivision 10, if a health care provider fails to provide reports required by part 5221 0410

Statutory Authority: *MS s 176 103, 176.83*

History: *19 SR 1412*