CHAPTER 5221
DEPARTMENT OF LABOR AND INDUSTRY
FEES FOR MEDICAL SERVICES

5221.0100 DEFINITIONS.

Subpart 1. **Scope.** The following terms have the meanings given in this chapter unless the context clearly indicates a different meaning.

Subp. 1a. **Ambulatory surgical center.** "Ambulatory surgical center" means a distinct entity that operates exclusively for the purpose of providing surgical services to patients not requiring hospitalization and is accredited by Medicare or is an outpatient surgical center as defined in part 4675.0100, subpart 8, and licensed by the Minnesota Department of Health.

Subp. 1b. **Appropriate record.** "Appropriate record" is a legible medical record or report which substantiates the nature and necessity of a service being billed and its relationship to the work injury.

Subp. 2. **Bill or billing.** "Bill" or "billing" means a provider's statement of charges and services rendered for treatment of a work related injury.

Subp. 3. **Charge.** "Charge" means the payment requested by a provider on a bill for a particular service. This chapter does not prohibit a provider from billing usual and customary charges which are in excess of the amount listed in the fee schedule.

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 Centers for Medicare and Medicaid Services' 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

II 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 CMS 1500 claim form or the Uniform Billing Claim Form (UB–92 CMS 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, revenue codes, dental codes, and codes in the National Drug Code Directory (NDC).

G. "Revenue code" means a numeric or alphanumeric code included in the UB–92 manual, incorporated by reference in part 5221.0405, item G. Revenue codes are used in institutional settings such as hospitals to identify an individual or group of medical services, articles, or supplies.

Subp. 5. **Commissioner.** "Commissioner" means the commissioner of the Department of Labor and Industry.

Subp. 6. **Compensable injury.** "Compensable injury" means an injury or condition for which a payer is liable under Minnesota Statutes, chapter 176.

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. 6c. **Emergency care.** "Emergency care" means those medical services that are required for the immediate diagnosis and treatment of medical conditions that, if not immediately diagnosed and treated, could lead to serious physical or mental disability or death, or that are 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 is necessary to determine whether an emergency exists.

Subp. 7. [Repealed, 18 SR 1472]

Subp. 8. [Repealed, 18 SR 1472]

Subp. 9. **Injury.** "Injury" is as defined in Minnesota Statutes, section 176.011, subdivision 16 as a "personal injury."

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 or HCPCS 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.

Subp. 11. **Payer.** "Payer" refers to any entity responsible for payment and administration of workers' compensation claims under Minnesota Statutes, chapter 176.

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

Subp. 15. **Service or treatment.** "Service" or "treatment" means any procedure, operation, consultation, supply, product, or other thing performed or provided for the purpose of curing or relieving an injured worker from the effects of a compensable injury under Minnesota Statutes, section 176.135, subdivision 1.

Statutory Authority: *MS s 175.171; 176.101; 176.135; 176.1351; 176.136; 176.231; 176.83*

History: *9 SR 601; 13 SR 2609; 15 SR 124; 18 SR 1472; 25 SR 1142; L 2002 c 277 s 32; 30 SR 1053*

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: *9 SR 601; 13 SR 2609; 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: *9 SR 601; 13 SR 2609; 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: *9 SR 601; 13 SR 2609; 18 SR 2545*

5221.0405 INCORPORATIONS BY REFERENCE.

The following documents are incorporated by reference to the extent cited in this chapter. Many of these documents may be accessed through the Internet by contacting the organization listed.

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, Centers for Medicare and Medicaid Services, 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.

B. The Centers for Medicare and Medicaid Services claim form (CMS–1500)(U2)(12–90), and any subsequent revisions. It is not subject to frequent change. It is developed by the National Uniform Claim Committee, and may be purchased through the Superintendent of Documents, United States Government Printing Office, Washington, D.C. 20402, telephone number (202) 512–1800. It is available through the Minitex interlibrary loan system.

C. The Uniform Billing Claim form (UB–92, CMS–1450) developed by the National Uniform Billing Committee, and any subsequent revisions. The Centers for Medicare and Medicaid Services determines the standards for printing this form. It is not subject to frequent change. It may be purchased through the Superintendent of Documents, United States Government Printing Office, P.O. Box 371954, Pittsburgh, PA, 15250, telephone number (202) 512–1800 or from local commercial business office supply stores. It is available through the Minitex interlibrary loan system.

D. The Physician's Current Procedural Terminology, (CPT manual) 4th edition, 1998, 1999, 2000, and any subsequent revisions. CPT codes are subject to frequent change. They are published by and may be purchased from the American Medical Association, Order Department: OP054196, P.O. Box 10950, Chicago, Illinois 60610. They are available through the Minitex interlibrary loan system.

E. The alphanumeric Healthcare Common Procedure Coding System (HCPCS manual), 2006 edition, (previously known as the HCFA Common Procedural Coding System (HCPCS manual) for the 1998 through 2003 editions and Healthcare Procedure Coding System (HCPSC manual) for the 2004 and 2005 editions), and any subsequent revisions. It is subject to frequent change. It is published by the Practice Management Information Corporation (PMIC) under the authority of the Centers for Medicare and Medicaid Services and may be purchased from Minnesota's Bookstore, (651) 297–3000 or (800) 657–3757, medical bookstores, or through PMIC, 4727 Wilshire Blvd., Suite 300, Los Angeles, CA 90010, (800) 633–7467, or www.pmiconline.com. It is available through the Minitex interlibrary loan system.

F. Minnesota Standards for the Use of the CMS 1500 Claim Form, CMS–1500 Manual, fifth edition, effective May 19, 2004 (previous editions were known as the Minnesota Standards for the Use of the HCFA 1500 Claim Form), and any subsequent revisions adopted by the Department of Health under Minnesota Statutes, sections 62J.52 and 62J.61. It is subject to frequent change. It is published by the Administrative Uniformity Committee in conjunction with the Department of Health pursuant to Minnesota Statutes, sections 62J.52 and 62J.61. It is available on the Internet at www.mmaonline.net/auc or it may be purchased from Minnesota's Bookstore, (651) 297–3000 or (800) 657–3757. It is available through the Minitex interlibrary loan system.

G. The Minnesota UB–92 Manual, 1994, and any subsequent revisions adopted by the Department of Health pursuant to Minnesota Statutes, sections 62J.52 and 62J.61. It is subject to frequent change. It is developed by the Minnesota Uniform Billing Committee incorporating standards established by the National Uniform Billing Committee. It is published by and may be purchased from the Minnesota Hospital Association, Education Division, 2550 University Avenue West, Suite 350 S, St. Paul, MN, 55114–1900, (651) 641–1121 or (800) 462–5393. It is available through the Minitex interlibrary loan system.

H. The National Drug Code Directory, published, maintained, and distributed by the federal Department of Health and Human Services, U.S. Food and Drug Administration. The directory is available for viewing or printing free of charge on the Internet at the U.S. Food and Drug Administration's Web site at http://www.fda.gov/cder/ndc/. The directory is subject to frequent change and amendments to the directory are also incorporated by reference into this chapter.

Statutory Authority: *MS s 175.171; 176.101; 176.135; 176.1351; 176.136; 176.231; 176.83*

History: *18 SR 1472; 20 SR 530; 25 SR 1142; L 2002 c 277 s 32; 30 SR 1053*

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:

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.

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 definition of maximum medical improvement as defined by Minnesota Statutes, section 176.011, subdivision 25; 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. **Payment and coding for required and supplementary reporting.**

A. 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. If a provider itemizes this service on the billing form, the provider must use code 99080 (special reports) when reporting this service.

B. A payer or other party may request supplementary reports from the health care provider for information not required in the health care provider report or the report of work ability. A provider may charge a reasonable amount for requested supplementary reports using code 99199 (unlisted special service or report). Payment for supplementary reports is not subject to the 85 percent payment limit as specified in part 5221.0500, subpart 2, item F.

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; 176.1351; 176.136; 176.231; 176.83*

History: *18 SR 1472; 25 SR 1142*

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 in 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 for communication directly with the employee alone must be included in the appropriate level of evaluation and management service. For a return to work service provided to anyone other than the employee, a provider may charge a reasonable amount under this part using code 99199 (unlisted special service or report). Payment for return to work services coded as 99199 under this subpart is not subject to the 85 percent payment limit as specified in part 5221.0500, subpart 2, item F.

Statutory Authority: *MS s 175.171; 176.101; 176.135; 176.1351; 176.136; 176.231; 176.83*

History: *18 SR 1472; 25 SR 1142*

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. 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. However, at any time throughout the claim, 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 require prior approval. 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; 176.1351; 176.136; 176.231; 176.83*

History: *18 SR 1472; 25 SR 1142*

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, 176.1351, 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. If the medical fee schedule applies to the service according to part 5221.4000, subpart 3, the payer's liability shall be limited to the maximum amount allowed for any service, article, or supply in the medical fee schedule 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 maximum fee for service, article, or supply is not limited by parts 5221.4000 to 5221.4070, the payer's liability for 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 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 unreasonably excessive. The payer's liability for services provided by a nursing home that participates in the medical assistance program shall be the rate established by the commissioner of human services.

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 ex-

penses, or the rate paid by the state of Minnesota under the commissioner's plan 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. If a dispute exists as to whether an employee's injury is compensable under Minnesota Statutes, chapter 176, and the employee has general health insurance, payment of medical bills is governed by Minnesota Statutes, section 176.191, subdivision 3.

Statutory Authority: *MS s 175.171; 176.101; 176.135; 176.1351; 176.136; 176.231; 176.83*

History: *9 SR 601; 13 SR 2609; 18 SR 1472; 25 SR 1142*

5221.0550 [Repealed, 18 SR 1472]

5221.0600 PAYER RESPONSIBILITIES.

Subpart 1. **Compensability.** This chapter does not require a payer to pay a charge for a service that is not for the treatment of a compensable injury or a charge that is the primary obligation of another payer.

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:

A. pay the charge or any portion of the charge that is not denied;

B. 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

C. request specific additional information to determine whether the charge or the condition is compensable. The payer shall make a determination as set forth in items A and B 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:

A. the basis for denial of all or part of a charge that the payer has determined is not for a compensable injury under part 5221.0100, subpart 6;

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.

The payer shall specify the applicable rule, part, and subpart in this chapter supporting its denial or reduction of a charge. A general statement that a service or charge "exceeds the fee schedule or treatment parameters" is not adequate notification.

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.

Subp. 5. **Penalties.** Failure to comply with the requirements of this part may subject the payer to the penalties provided in Minnesota Statutes, sections 176.221, 176.225, and 176.194.

Subp. 6. **Collection of excessive payment.** Any payment made to a provider which is determined to be wholly or partially excessive, according to the conditions prevailing at the time of payment, may be collected from the provider by the payer in the amount that the reimbursement was excessive. The payer must demand reimbursement of the excessive payment from the provider within one year of the payment.

Statutory Authority: *MS s 175.171; 176.101; 176.135; 176.1351; 176.136; 176.231; 176.83*

History: *9 SR 601; 13 SR 2609; 18 SR 1472; 25 SR 1142*

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.

Subpart 1. **Usual charges.** No provider shall submit a charge for a service which exceeds the amount which the provider charges for the same type of service in cases unrelated to workers' compensation injuries.

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 C.

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 ordinarily 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 small or large hospital, as defined in part 5221.0500, subpart 2, items C and D, if the provider has an independent practice, except that a hospital may charge for services furnished by a provider who receives at least a base payment from the hospital, which is paid regardless of the number of patients seen; 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. Failure to submit charges within the 60 days is not a basis to deny payment, but is a basis for disciplinary action against the provider under Minnesota Statutes, section 176.103. Failure to submit claims within the time frames specified in Minnesota Statutes, section 62Q.75, subdivision 3, may result in denial of payment.

C. 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. **Centers for Medicare and Medicaid Services CMS 1500 form.** Except as provided in subparts 2b and 2c, charges for all services, articles, and supplies that are pro-

vided for a claimed workers' compensation injury must be submitted to the payer on the CMS 1500 form. Charges for dental services may be submitted on the dental claim form required by Minnesota Statutes, section 62J.52, subdivision 3. The CMS 1500 form must be filled out in accordance with Minnesota Statutes, section 62J.52, and directions set forth in the "Minnesota Standards for the Use of the CMS 1500 Claim Form" manual adopted by the Department of Health under Minnesota Statutes, section 62J.61.

Subp. 2b. **Uniform billing claim form UB–92 (CMS 1450).** Hospitals licensed under Minnesota Statutes, section 144.50, must submit itemized charges on the uniform billing claim form, UB–92, (CMS 1450). The UB–92 form must be filled out according to Minnesota Statutes, section 62J.52, and the "Minnesota UB–92 manual" published by the Minnesota Hospital Association.

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 include:

A. 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;

B. the charge for each service;

C. the number of units of each service provided; and

D. the date each service was provided.

Subp. 2c. **Submission of drug charges.**

A. Itemized charges for drugs dispensed for a claimed workers' compensation injury by a licensed community/retail pharmacy must be submitted to the payer on a pharmacy billing form that includes the data elements required by Minnesota Statutes, section 62J.52, subdivision 4, or according to the electronic transaction standards that apply to retail pharmacies specified in Code of Federal Regulations, title 45, part 162, as amended.

B. Charges for drugs dispensed by a practitioner as defined in Minnesota Statutes, section 151.01, subdivision 23, who is permitted to dispense drugs under Minnesota Statutes, chapter 151, may be submitted to the payer according to the applicable requirements of any of the following: subpart 2a; Minnesota Statutes, section 62J.535; or one of the billing methods described in item A.

C. Charges for drugs dispensed by a hospital may be submitted according to the applicable requirements of any of the following: subpart 2b; Minnesota Statutes, section 62J.535; or one of the billing methods described in item A.

D. In addition to the requirements of subpart 3 and part 5221.4070, all bills or claims for reimbursement of drug charges under this part must include the following information:

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

(2) the employee's name and address;

(3) the insurer's name and address;

(4) the date of the injury;

(5) the name of the health care provider who ordered the drug;

(6) the name and quantity of each drug provided;

(7) the prescription number for the drug;

(8) the date the drug was provided;

(9) the total charge for each drug provided;

(10) the name, address, and telephone number of the pharmacy or practitioner that provided the drug; and

(11) the pharmacy's or practitioner's usual and customary charge for the drug at the time it is dispensed.

E. The terms "community/retail pharmacy," "dispense," "drug," "practitioner," and "usual and customary charge" in this subpart have the meanings given to them in part 5221.4070, subpart 1a.

Subp. 3. **Billing code.**

A. The provider shall undertake professional judgment to assign the correct approved billing code, and any applicable modifiers, in the CPT, HCPCS, NDC, or UB–92 manual in effect on the date the service, article, or supply was rendered, using the appropriate provider group designation, and according to the instructions and guidelines in this chapter. No provider may use a billing code which is assigned a "D," "G," "H," or "I" status in part 5221.4030. Where several component services which have different CPT codes may be described in one more comprehensive CPT code, only the single CPT code most accurately describing the procedure performed or service rendered may be reported.

Dental procedures not included in CPT or HCPCS shall be coded using any standard dental coding system.

B. The codes for services in parts 5221.4030 to 5221.4070 may be submitted with two–digit or two–letter suffixes called "modifiers" as defined in part 5221.0100, subpart 10a. Except as otherwise specifically provided in parts 5221.4000 to 5221.4070, the use of a modifier does not change the maximum fee to be calculated according to part 5221.4020.

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 provider 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, an occupational therapist, a physical therapist assistant under the direction and supervision of a physical therapist, or a certified occupational therapy assistant under the direction and supervision of 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 drugs dispensed pursuant to the order of a health care provider, are described in part 5221.4070.

Subp. 4. **Cooperation with payer.** Pursuant to Minnesota Statutes, section 176.138, providers shall comply within seven working days with payers' proper written requests for copies of existing medical data concerning the services provided, the patient's condition, the plan of treatment, and other issues pertaining to the payer's determination of compensability or excessiveness.

Subp. 5. [Repealed, 18 SR 1472]

Statutory Authority: *MS s 175.171; 176.101; 176.135; 176.1351; 176.136; 176.231; 176.83*

History: *9 SR 601; 13 SR 2609; 18 SR 1472; 25 SR 1142; 30 SR 1053*

5221.0800 [Repealed, 18 SR 1472]

5221.0900 [Repealed, 13 SR 2609]

5221.1000 Subpart 1. [Repealed, 18 SR 1472]

Subp. 2. [Repealed, 18 SR 1472]

Subp. 3. [Repealed, 18 SR 1472]

Subp. 4. [Repealed, 18 SR 1472]

Subp. 5. [Repealed, 18 SR 1472]

Subp. 6. [Repealed, 18 SR 1472]

Subp. 7. [Renumbered 5221.0700, subpart 3, item C, subitems (1) to (20)]

5221.1100 [Repealed, 18 SR 1472]

5221.1200 [Repealed, 18 SR 1472]

5221.1210 [Repealed, 16 SR 622; 18 SR 1472]

5221.1215 [Repealed, 18 SR 1472]

5221.1220 [Repealed, 18 SR 1472]

5221.1300 [Repealed, 18 SR 1472]

5221.1400 [Repealed, 13 SR 2609]

5221.1410 [Repealed, 18 SR 1472]

5221.1450 [Repealed, 18 SR 1472]

5221.1500 [Repealed, 18 SR 1472]

5221.1600 MR 1987 [Repealed, 12 SR 662]

5221.1600 [Repealed, 18 SR 1472]

5221.1700 [Repealed, 13 SR 2609]

5221.1800 [Repealed, 18 SR 1472]

5221.1900 [Repealed, 18 SR 1472]

5221.1950 [Repealed, 18 SR 1472]

5221.2000 [Repealed, 18 SR 1472]

5221.2050 [Repealed, 18 SR 1472]

5221.2070 [Repealed, 18 SR 1472]

5221.2100 [Repealed, 18 SR 1472]

5221.2150 [Repealed, 18 SR 1472]

5221.2200 [Repealed, 18 SR 1472]

5221.2250 [Repealed, 18 SR 1472]

5221.2300 [Repealed, 18 SR 1472]

5221.2400 [Repealed, 18 SR 1472]

5221.2500 Subpart 1. [Repealed, 18 SR 1472]

Subp. 2. [Repealed, 18 SR 1472]
Subp. 3. [Repealed, 10 SR 765]
Subp. 4. [Repealed, 10 SR 765]
Subp. 5. [Repealed, 10 SR 765]
Subp. 6. [Repealed, 10 SR 765]
Subp. 7. [Repealed, 10 SR 765]
Subp. 8. [Repealed, 10 SR 765]
Subp. 9. [Repealed, 10 SR 765]
Subp. 10. [Repealed, 10 SR 765]

5221.2600 Subpart 1. [Repealed, 18 SR 1472]
Subp. 2. [Repealed by amendment, 13 SR 2609]
Subp. 3. [Repealed, 10 SR 765]
Subp. 4. [Repealed, 10 SR 765]
Subp. 5. [Repealed, 10 SR 765]

5221.2650 [Repealed, 18 SR 1472]

5221.2700 [Repealed, 14 SR 722]

5221.2750 [Repealed, 18 SR 1472]

5221.2800 Subpart 1. [Repealed, 18 SR 1472]
Subp. 2. [Repealed, 18 SR 1472]
Subp. 3. MR 1985 [Repealed, 10 SR 765]
Subp. 3. [Repealed, 18 SR 1472]
Subp. 4. [Repealed, 18 SR 1472]

5221.2900 [Repealed, 18 SR 1472]

5221.3000 Subpart 1. [Repealed, 18 SR 1472]
Subp. 2. [Repealed, 18 SR 1472]
Subp. 3. [Repealed, 10 SR 765]
Subp. 3. [Repealed, 18 SR 1472]
Subp. 4. [Repealed, 10 SR 765]
Subp. 5. [Repealed, 10 SR 765]

5221.3100 [Repealed, 14 SR 722]

5221.3150 [Repealed, 18 SR 1472]

5221.3155 [Repealed, 18 SR 1472]

5221.3160 [Repealed, 18 SR 1472]

5221.3200 [Repealed, 18 SR 1472]

5221.3300 [Repealed, 18 SR 1472]

5221.3310 [Repealed, 14 SR 722]

5221.3400 [Repealed, 13 SR 2609]

5221.3500 [Repealed, 18 SR 1472]

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 the CPT, HCPCS, or UB–92 manual in effect on the date the service was rendered; and

C. the billing code for 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; 176.1351; 176.136; 176.231; 176.83*

History: *18 SR 1472; 25 SR 1142*

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

Unless the maximum fee is adjusted under part 5221.4035, 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; 176.1351; 176.136; 176.231; 176.83*

History: *18 SR 1472; 25 SR 1142*

5221.4020 DETERMINING FEE SCHEDULE PAYMENT LIMITS.

Subpart 1. **Conversion factor.**

A. Except as provided in parts 5221.4035, 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), rounded to the nearest cent, according to standard mathematical principles.

RVUs for all included services are listed in parts 5221.4030, 5221.4040, 5221.4050, and 5221.4060.

B. 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. This initial conversion factor is annually adjusted as follows:

(1) for dates of service from October 1, 1994, to September 30, 1995: $52.91;

(2) for dates of service from October 1, 1995, to September 30, 1996: $54.31;

(3) for dates of service from October 1, 1996, to September 30, 1997: $56.35;

(4) for dates of service from October 1, 1997, to September 30, 1998: $59.47;

(5) for dates of service from October 1, 1998, to September 30, 1999: $62.27;

(6) for dates of service from October 1, 1999, to September 30, 2000: $66.14;

(7) for dates of service from October 1, 2000, to September 30, 2001: $69.04;

(8) for dates of service from October 1, 2001, to September 30, 2002: $73.13;

(9) for dates of service from October 1, 2002, to September 30, 2003: $75.18;

(10) for dates of service from October 1, 2003, to September 30, 2004: $75.18; and

(11) for dates of service from October 1, 2004, to September 30, 2005: $76.31.

C. For dates of service from October 1, 2005, to September 30, 2006, the conversion factors are as follows:

(1) for medical/surgical services in part 5221.4030: $76.31;

(2) for pathology and laboratory services in part 5221.4040: $63.72;

(3) for physical medicine and rehabilitation services in part 5221.4050: $66.16; and

(4) for chiropractic services in part 5221.4060: $48.08.

D. For dates of service from October 1, 2006, to September 30, 2007, the conversion factors are as follows:

(1) for medical/surgical services in part 5221.4030: $76.87;

(2) for pathology and laboratory services in part 5221.4040: $64.19;

(3) for physical medicine and rehabilitation services in part 5221.4050: $66.64; and

(4) for chiropractic services in part 5221.4060: $55.35.

Subp. 1a. **Sample calculation.** As a sample calculation, assume the RVU for a new patient office examination, nonfacility, by a physician, procedure code 99201, is 0.84 RVU. If the date of service was September 1, 2000, this RVU is multiplied by 66.14 (conversion factor effective October 1, 1999). The maximum fee under parts 5221.4030 to 5221.4070, excluding any applicable adjustment, would be equal to $55.56 for the service. For a physical therapy evaluation provided on November 15, 2005, procedure code 97001 in part 5221.4050, the RVU is 1.49. This 1.49 RVU is multiplied by the conversion factor of $66.16 for services in part 5221.4050, for a maximum fee of $98.58, excluding any applicable adjustment.

Subp. 2. **Key to abbreviations and terms and payment instructions.** Columns 1 to 12 found in parts 5221.4030, subpart 2b, 5221.4040, subpart 2c, 5221.4050, subpart 2c, and 5221.4060, subpart 2c, list indicators necessary to determine the maximum fee for the service. Further payment adjustments may apply as specified in this subpart.

A. Column 1 identifies CPT/HCPCS code. This is the specific procedure code intended to identify the health care service described in column 4.

B. Column 2 identifies when there is a technical/professional modifier. Column 2 contains a modifier if there is a technical component (TC) and a professional component (26) for the service. Parts 5221.4032 and 5221.4062 provide additional instructions for applying these modifiers. The technical/professional modifier for pathology/laboratory services is as described in part 5221.4041. Column 2 also contains a modifier "53" to identify a separate RVU for a procedure that has been terminated by the physician before completion.

(1) 26 indicates professional component only codes. This indicator identifies codes that describe the physician work portion of selected services for which there is an associated code that describes the technical component of the service only.

(2) TC indicates technical component only codes. This indicator identifies codes that describe the technical component, such as staff and equipment costs, of selected services for which there is an associated code that describes the professional component of the service only.

C. Column 3 identifies the status of the code.

(1) "A" status indicates an active code. These services are separately paid under the medical fee schedule. The maximum fee for this service is calculated according to the formula in subpart 1 and as adjusted by other instructions in this subpart.

(2) "B" status indicates a bundled code. Payment for covered services are always bundled into payment for other services. There is no separate payment for these services even if an RVU is listed. When these services are covered, payment for them is subsumed by the payment for the services to which they are incident. An example is a telephone call from a hospital nurse regarding care of a patient.

(3) "C" status indicates a coverage status that is unique to the federal Medicare fee schedule. If the service is compensable for workers' compensation under Minnesota Statutes, section 176.135, the maximum fee for the service is governed by part 5221.0500, subpart 2, items B to F, and Minnesota Statutes, section 176.136, subdivision 1b.

(4) "D" status indicates an invalid or deleted CPT or HCPCS code. Another CPT or HCPCS code must be used to describe the service. No payment is allowed for codes with a "D" status even if a positive RVU is listed.

(5) "E" status indicates a coverage status that is unique to the federal Medicare fee schedule. If the service is compensable for workers' compensation under Minnesota Statutes, section 176.135, the maximum fee for the service is governed by part 5221.0500, subpart 2, items B to F, and Minnesota Statutes, section 176.136, subdivision 1b, if the code has an RVU of zero. If a positive RVU is listed, the liability for the service is limited to the listed RVU.

(6) "G" and "I" status indicates an invalid CPT or HCPCS code and "H" status indicates an invalid modifier code. Another code must be used to describe these services. No payment is allowed for codes with a "G," "H," or "I" status even if a positive RVU is listed.

(7) "N" status indicates a code that is unique to the federal Medicare fee schedule. If the service is compensable for workers' compensation under Minnesota Statutes, section 176.135, the liability for the service is governed by part 5221.0500, subpart 2, items B to F, and Minnesota Statutes, section 176.136, subdivision 1b, if the code has an RVU of zero. If a positive RVU is listed, the liability for the service is limited to the listed RVU.

(8) "P" status indicates a bundled or excluded code.

(a) If the item or service is covered as incident to a physician service and is provided on the same day as a physician service, payment for it is bundled into the payment for the physician service to which it is incident. An example is an elastic bandage furnished by a physician incident to physician service.

(b) If the item or service is covered as other than incident to a physician service, such as colostomy supplies, it may be paid for separately. If the item or service is not provided incident to the services of a licensed provider, the maximum fee for the service is governed by any listed positive RVU or, if there is a zero RVU listed, by part 5221.0500, subpart 2, items B to F, and Minnesota Statutes, section 176.136, subdivision 1b.

(9) "R" status indicates a coverage status that is unique to the federal Medicare fee schedule. If the service is compensable for workers' compensation under Minnesota Statutes, section 176.135, the maximum fee for the service is governed by part 5221.0500, subpart 2, items B to F, and Minnesota Statutes, section 176.136, subdivision 1b, if the code has an RVU of zero. If a positive RVU is listed, the liability for the service is limited to the listed RVU.

(10) "T" status indicates injections. There are RVUs listed for these services, but they are only paid if there are no other services payable under the fee schedule billed on the same date by the same provider. If any other services payable under the fee schedule are billed on the same date by the same provider, these services are bundled into the physician services for which payment is made. Payment for the injected material is separate from the injection services and is governed by part 5221.0500, subpart 2, items B to F.

(11) "X" status indicates a code that is unique to the federal Medicare fee schedule. If the service is compensable for workers' compensation under Minnesota Statutes, section 176.135, the maximum fee for the service is governed by part 5221.0500, subpart 2, items B to F, and Minnesota Statutes, section 176.136, subdivision 1b, if the code has an RVU of zero. If a positive RVU is listed, the liability for the service is limited to the listed RVU.

D. Column 4 is an abbreviated CPT/HCPCS description. This is a short narrative description of the procedure code. A detailed description of the service appears in the CPT or HCPCS manual incorporated by reference in the applicable medical fee schedule.

E. Column 5 lists the total RVUs for the service when the service is provided by a health care provider in the provider's office.

F. Column 6 lists the total RVUs for the professional service when the service is provided by a health care provider in a facility such as a hospital or ambulatory surgical center.

G. Column 7 indicates the application of the global surgery package. It provides time frames and other circumstances that apply to each surgical procedure. Part 5221.4035 provides additional factors affecting payment.

(1) 000 indicates endoscopic or minor procedure with related preoperative and postoperative relative values on the day of the procedure only included in the RVU amount.

(2) 010 indicates a procedure with preoperative relative values on the day of the procedure and postoperative relative values during a ten–day postoperative period included in the RVU amount.

(3) 090 indicates major surgery with a one–day preoperative period and a 90–day postoperative period included in the RVU amount.

(4) MMM indicates maternity codes. The usual global period does not apply.

(5) XXX indicates the global surgery package concept does not apply to the code.

(6) YYY indicates the global surgery package concept may apply. If the provider and payor cannot agree to a specified global period, the global period shall be determined by the commissioner or compensation judge. For purposes of this subitem, the global period shall include normal, uncomplicated follow–up care for the procedure.

(7) ZZZ indicates the code is related to a primary service and has the same global period as the primary service. However, it is considered an add–on code and is paid separately.

H. Column 8 governs payment for multiple procedures. Symbols in column 8 indicate applicable payment adjustment rule for multiple procedures.

(1) O indicates no payment adjustment rules for multiple procedures apply.

(2) 2 indicates standard payment adjustment rules for multiple procedures apply as provided in part 5221.4035, subpart 5.

(3) 3 indicates special rules for multiple endoscopic/arthroscopic procedures apply as provided in part 5221.4035, subpart 5, item E.

(4) 4 indicates special rules for multiple procedures. See parts 5221.4051 and 5221.4061 for specific instructions.

(5) 9 indicates that the concept of multiple procedure does not apply.

I. Column 9 governs payment for bilateral procedure. Symbols in column 9 indicate services subject to payment adjustment if they are bilateral procedures.

(1) 0 indicates that no payment adjustments apply to bilateral procedures.

(2) 1 indicates that bilateral payment adjustments apply.

(3) 2 indicates that no further bilateral payment adjustments apply.

(4) 3 indicates that no bilateral payment adjustments apply.

(5) 9 indicates that the concept of bilateral procedures does not apply.

J. Column 10 governs payment for assistant–at–surgery. Symbols in column 10 indicate services when an assistant–at–surgery may be paid.

(1) 0 indicates an assistant–at–surgery may not be paid unless supporting documentation is submitted to establish medical necessity, in which case payment is according to part 5221.4035, subpart 7.

(2) 1 indicates an assistant–at–surgery may not be paid.

(3) 2 indicates that an assistant–at–surgery may be paid according to part 5221.4035, subpart 7.

(4) 9 indicates that the concept of assistant–at–surgery does not apply.

K. Column 11 governs payment for cosurgeons. Symbols in column 11 indicate services for which two surgeons may be paid.

(1) 0 indicates cosurgeons are not permitted for this procedure and no payment for a cosurgeon may be made.

(2) 1 indicates cosurgeons may be paid, with supporting documentation establishing the medical necessity of two surgeons for the procedure. Where necessity is established, payment is according to part 5221.4035, subpart 8.

(3) 2 indicates cosurgeons are paid according to part 5221.4035, subpart 8.

(4) 9 indicates that the concept of cosurgeons does not apply.

L. Column 12 governs payment for team surgery. Symbols in column 12 indicate services for which team surgeons may be paid. Part 5221.4035, subpart 9, defines team surgery.

(1) 0 indicates team surgeons are not permitted for this procedure and no payment may be made for team surgeons.

(2) 1 indicates team surgeons may be paid, if supporting documentation establishes medical necessity of a team. The maximum fee for the service is limited by part 5221.0500, subpart 2, items B to F, and Minnesota Statutes, section 176.136, subdivision 1b.

(3) 2 indicates team surgeons are permitted. The maximum fee for the service is limited by part 5221.0500, subpart 2, items B to F, and Minnesota Statutes, section 176.136, subdivision 1b.

(4) 9 indicates that the concept of team surgery does not apply.

Subp. 3. **Supplies, separate billing allowed.** Except as otherwise provided in subpart 2, charges for the following supplies provided during an evaluation and management service in the office may be billed separately and paid according to the assigned RVU or, if no positive RVU is assigned, the charges are limited by part 5221.0500, subpart 2:

A. surgical trays for services specified in part 5221.4035, subpart 3, item I;

B. injectable drugs and antigens;

C. splints, casts, and other devices used in the treatment of fractures and dislocations;

D. all take–home supplies provided by the health care provider or hospital, regardless of type;

E. orthotic device used for the purpose of supporting a weak or deformed body member or restricting or eliminating motion in a diseased or injured part of the body. Braces meet this definition. Elastic stockings and bandages applied in the office do not meet this definition; and

F. prosthetic devices which replace all or part of an internal body organ, or replace all or part of the function of a permanently inoperative or malfunctioning internal body organ. A foley catheter for a permanently incontinent patient meets this definition. A catheter used to obtain a urine specimen does not meet this definition.

Subp. 4. **Codes 99455 and 99456.** The CPT manual describes two codes for "Work Related or Medical Disability Evaluation Services" (codes 99455 and 99456). These codes are used to report evaluations performed to establish baseline information prior to life or disability insurance certificates being issued. They are not to be used for reporting services for treatment or evaluation of a compensable work injury under parts 5221.0410 and 5221.0420 or Minnesota Statutes, chapter 176.

Statutory Authority: *MS s 14.38; 14.386; 14.388; 175.171; 176.101; 176.135; 176.1351; 176.136; 176.231; 176.83*

History: *18 SR 1472; 21 SR 420; 22 SR 500; 23 SR 595; 24 SR 302; 25 SR 730; 25 SR 1142; 26 SR 490; 27 SR 378; 28 SR 315; 29 SR 358; 30 SR 291; 31 SR 324*

5221.4030 MEDICAL/SURGICAL PROCEDURE CODES.

Subpart 1. **Key to abbreviations and terms.** For descriptions of columns, abbreviations, and terms, see part 5221.4020, subpart 2.

Subp. 2. [Repealed, 20 SR 530]

Subp. 2a. [Repealed, 25 SR 1142]

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

A. Procedure code numbers 10040 to 19499 relate to skin procedures.

1	2	3	4	5	6	7	8	9	10	11	12
(1) Skin, incision and drainage:											
10040		A	Acne surgery	1.40	1.24	010	2	0	1	0	0
10060		A	Drainage of skin abscess	1.51	1.30	010	2	0	1	0	0
10061		A	Drainage of skin abscess	2.83	2.52	010	2	0	1	0	0
10080		A	Drainage of pilondial	1.57	1.33	010	2	0	1	0	0
10081		A	Drainage of pilondial	3.38	2.85	010	2	0	1	0	0
10120		A	Remove foreign body	1.58	1.36	010	2	0	1	0	0
10121		A	Remove foreign body	3.47	2.99	010	2	0	1	0	0
10140		A	Drainage of hematoma	1.88	1.65	010	2	0	1	0	0
10160		A	Puncture drainage of cyst	1.48	1.30	010	2	0	1	0	0
10180		A	Complex drainage, cyst	3.16	3.16	010	2	0	1	0	0
(2) Skin, excision, debridement:											
11000		A	Debride infected skin	0.95	0.76	000	2	0	1	0	0
11001		A	Debride infected skin	0.53	0.41	ZZZ	0	0	1	0	0
11010		A	Debride skin, foreign	8.00	8.00	010	2	2	2	0	0
11011		A	Debride skin/muscle	9.48	9.48	000	2	2	2	0	0
11012		A	Debride skin/muscle	13.17	13.17	000	2	2	2	0	0
11040		A	Debride skin, partial	0.86	0.67	000	2	0	1	0	0
11041		A	Debride skin, full	1.32	1.05	000	2	0	1	0	0
11042		A	Debride skin/tissue	1.69	1.37	000	2	0	1	0	0
11043		A	Debride tissue/muscle	4.10	4.10	010	2	0	1	0	0
11044		A	Debride tissue/muscle	5.77	5.77	010	2	0	1	0	0
(3) Skin, paring or cutting:											
11050		D	Trim skin lesion	0.76	0.59	000	2	0	1	0	0
11051		D	Trim 2 to 4 skin lesions	1.11	0.87	000	2	0	1	0	0
11052		D	Trim over 4 skin lesions	1.20	1.00	000	2	0	1	0	0
11055		R	Trim skin lesion	0.50	0.38	000	2	0	1	0	0
11056		R	Trim 2 to 4 skin lesions	0.70	0.53	000	2	0	1	0	0
11057		R	Trim over 4 skin lesions	0.74	0.60	000	2	0	1	0	0
(4) Skin, biopsy:											
11100		A	Biopsy of skin	1.25	1.00	000	2	0	1	0	0
11101		A	Biopsy, each additional	0.66	0.52	ZZZ	0	0	1	0	0
(5) Skin, removal of skin tags:											
11200		A	Removal of skin tags	1.14	0.93	010	2	0	1	0	0
11201		A	Removal of additional	0.44	0.36	ZZZ	0	0	1	0	0
(6) Skin, shaving of epidermal or dermal lesions:											
11300		A	Shave skin lesion	1.00	0.75	000	2	0	0	0	0
11301		A	Shave skin lesion	1.45	1.13	000	2	0	0	0	0
11302		A	Shave skin lesion	1.86	1.43	000	2	0	0	0	0
11303		A	Shave skin lesion	2.53	1.88	000	2	0	0	2	0
11305		A	Shave skin lesion	1.14	0.89	000	2	0	0	0	0
11306		A	Shave skin lesion	1.62	1.28	000	2	0	0	0	0
11307		A	Shave skin lesion	2.00	1.54	000	2	0	0	0	0
11308		A	Shave skin lesion	2.73	2.05	000	2	0	0	0	0
11310		A	Shave skin lesion	1.36	1.03	000	2	0	0	0	0
11311		A	Shave skin lesion	1.82	1.41	000	2	0	0	0	0
11312		A	Shave skin lesion	2.23	1.69	000	2	0	0	0	0

11313	A Shave skin lesion	2.99	2.27	000	2	0	0	0	0
(7) Skin, excision, benign lesions:									
11400	A Removal of skin	1.37	1.11	010	2	0	1	0	0
11401	A Removal of skin	1.88	1.56	010	2	0	1	0	0
11402	A Removal of skin	2.37	1.94	010	2	0	1	0	0
11403	A Removal of skin	2.94	2.38	010	2	0	1	0	0
11404	A Removal of skin	3.42	2.76	010	2	0	1	0	0
11406	A Removal of skin	4.50	4.50	010	2	0	1	0	0
11420	A Removal of skin	1.49	1.24	010	2	0	1	0	0
11421	A Removal of skin	2.11	1.77	010	2	0	1	0	0
11422	A Removal of skin	2.56	2.11	010	2	0	1	0	0
11423	A Removal of skin	3.32	2.69	010	2	0	1	0	0
11424	A Removal of skin	3.81	3.14	010	2	0	1	0	0
11426	A Removal of skin	5.36	5.36	010	2	0	1	0	0
11440	A Removal of skin	1.74	1.41	010	2	0	1	0	0
11441	A Removal of skin	2.33	1.92	010	2	0	1	0	0
11442	A Removal of skin	2.84	2.30	010	2	0	1	0	0
11443	A Removal of skin	3.74	3.04	010	2	0	1	0	0
11444	A Removal of skin	4.60	3.89	010	2	0	1	0	0
11446	A Removal of skin	5.89	5.04	010	2	0	1	0	0
11450	A Removal, sweat	5.31	5.31	090	2	0	1	0	0
11451	A Removal, sweat	6.64	6.64	090	2	0	0	0	0
11462	A Removal, sweat	4.81	4.81	090	2	0	0	0	0
11463	A Removal, sweat	5.71	5.71	090	2	0	0	0	0
11470	A Removal, sweat	5.88	5.88	090	2	0	1	0	0
11471	A Removal, sweat	6.64	6.64	090	2	0	0	0	0
(8) Skin, excision, malignant lesions:									
11600	A Removal of skin	2.43	1.88	010	2	0	1	0	0
11601	A Removal of skin	3.16	2.49	010	2	0	1	0	0
11602	A Removal of skin	3.74	2.86	010	2	0	1	0	0
11603	A Removal of skin	4.42	3.34	010	2	0	1	0	0
11604	A Removal of skin	4.99	3.74	010	2	0	1	0	0
11606	A Removal of skin	6.39	6.39	010	2	0	1	0	0
11620	A Removal of skin	2.58	1.93	010	2	0	1	0	0
11621	A Removal of skin	3.57	2.72	010	2	0	1	0	0
11622	A Removal of skin	4.35	3.29	010	2	0	1	0	0
11623	A Removal of skin	5.29	4.04	010	2	0	1	0	0
11624	A Removal of skin	6.39	4.84	010	2	0	1	0	0
11626	A Removal of skin	7.48	7.48	010	2	0	1	0	0
11640	A Removal of skin	3.07	2.27	010	2	0	1	0	0
11641	A Removal of skin	4.33	3.32	010	2	0	1	0	0
11642	A Removal of skin	5.27	4.03	010	2	0	1	0	0
11643	A Removal of skin	6.24	4.79	010	2	0	1	0	0
11644	A Removal of skin	7.70	6.01	010	2	0	1	0	0
11646	A Removal of skin	9.91	9.91	010	2	0	1	0	0
(9) Nails:									
11719	R Trim nails	0.34	0.16	000	2	0	1	0	0
11720	A Debride nails, 1 to 5	0.62	0.46	000	0	0	1	0	0
11721	A Debride nails, 6 or more	1.04	0.78	000	0	0	1	0	0
11730	A Removal of nail	1.48	1.27	000	2	0	1	0	0
11731	A Removal of second nail	1.04	0.79	ZZZ	0	0	1	0	0
11732	A Remove additional nail	0.77	0.65	ZZZ	0	0	1	0	0
11740	A Drain blood from	0.73	0.55	000	2	0	1	0	0
11750	A Removal of nail	3.82	2.81	010	2	0	1	0	0
11752	A Remove nail bed	5.35	3.98	010	2	0	1	0	0
11755	A Biopsy of nail unit	2.21	2.21	000	2	0	0	0	0

11760	A Reconstruction	2.38	1.93	010	2	0	1	0	0
11762	A Reconstruction	5.24	4.00	010	2	0	1	0	0
11765	A Excision of skin of nail	1.15	0.90	010	2	0	1	0	0
11770	A Removal of pilondial	5.19	5.19	010	2	0	1	0	0
11771	A Removal of pilondial	10.08	10.08	090	2	0	1	0	0
11772	A Removal of pilondial	11.55	11.55	090	2	0	1	0	0
(10) Nails, introduction:									
11900	A Injection, intralesional	0.72	0.60	000	2	0	1	0	0
11901	A Added skin lesions	1.14	0.94	000	2	0	1	0	0
11920	R Correct skin color	2.73	2.73	000	2	0	0	0	0
11921	R Correct skin color	3.26	3.26	000	2	0	0	0	0
11922	R Correct skin color	0.83	0.83	ZZZ	0	0	0	0	0
11950	R Therapy, contour defects	1.97	1.97	000	2	0	0	0	0
11951	R Therapy, contour defects	2.29	2.29	000	2	0	0	0	0
11952	R Therapy, contour defects	2.74	2.74	000	2	0	0	0	0
11954	R Therapy, contour defects	2.89	2.89	000	2	0	0	0	0
11960	A Insert tissue expander	16.53	16.53	090	2	0	1	0	0
11970	A Replace tissue expander	14.80	14.80	090	2	0	1	0	0
11971	A Remove tissue expander	4.61	4.61	090	2	0	0	0	0
11975	N Insert contraceptive	0.00	0.00	XXX	9	9	9	9	9
11976	R Remove contraceptive	3.02	3.02	XXX	2	0	0	0	0
11977	N Removal/reinsertion	0.00	0.00	XXX	9	9	9	9	9
(11) Repair, simple:									
12001	A Repair superficial	2.12	2.12	010	2	0	1	0	0
12002	A Repair superficial	2.49	2.49	010	2	0	1	0	0
12004	A Repair superficial	3.19	3.19	010	2	0	1	0	0
12005	A Repair superficial	4.09	4.09	010	2	0	1	0	0
12006	A Repair superficial	5.16	5.16	010	2	0	1	0	0
12007	A Repair superficial	5.58	5.58	010	2	0	1	1	0
12011	A Repair superficial	2.35	2.35	010	2	0	1	0	0
12013	A Repair superficial	2.85	2.85	010	2	0	1	0	0
12014	A Repair superficial	3.44	3.44	010	2	0	1	0	0
12015	A Repair superficial	4.54	4.54	010	2	0	1	0	0
12016	A Repair superficial	5.86	5.86	010	2	0	1	0	0
12017	A Repair superficial	7.69	7.69	010	2	0	0	0	0
12018	A Repair superficial	10.26	10.26	010	2	0	2	1	0
12020	A Closure of split wound	3.63	3.63	010	2	0	1	0	0
12021	A Closure of split wound	2.33	2.03	010	2	0	1	0	0
(12) Repair, intermediate:									
12031	A Layer closure of wounds	2.69	2.34	010	2	0	1	0	0
12032	A Layer closure of wounds	3.31	2.80	010	2	0	1	0	0
12034	A Layer closure of wounds	4.15	4.15	010	2	0	1	0	0
12035	A Layer closure of wounds	5.10	5.10	010	2	0	1	0	0
12036	A Layer closure of wounds	6.12	6.12	010	2	0	1	0	0
12037	A Layer closure of wounds	7.49	7.49	010	2	0	0	1	0
12041	A Layer closure of wounds	3.01	2.60	010	2	0	1	0	0
12042	A Layer closure of wounds	3.68	3.12	010	2	0	1	0	0
12044	A Layer closure of wounds	4.51	4.51	010	2	0	1	0	0
12045	A Layer closure of wounds	5.49	5.49	010	2	0	1	0	0
12046	A Layer closure of wounds	6.79	6.79	010	2	0	0	0	0
12047	A Layer closure of wounds	8.41	8.41	010	2	0	2	1	0
12051	A Layer closure of wounds	3.27	2.79	010	2	0	1	0	0
12052	A Layer closure of wounds	4.01	3.30	010	2	0	1	0	0
12053	A Layer closure of wounds	4.63	4.63	010	2	0	1	0	0
12054	A Layer closure of wounds	5.79	5.79	010	2	0	1	0	0
12055	A Layer closure of wounds	7.36	7.36	010	2	0	1	0	0

12056	A Layer closure of wounds	9.62	9.62	010	2	0	0	0	0
12057	A Layer closure of wounds	11.06	11.06	010	2	0	2	1	0
(13) Repair, complex:									
13100	A Repair of wound	4.01	3.45	010	2	0	1	0	0
13101	A Repair of wound	5.68	4.68	010	2	0	1	0	0
13120	A Repair of wound	4.39	3.74	010	2	0	1	0	0
13121	A Repair of wound	6.67	5.39	010	2	0	1	0	0
13131	A Repair of wound	5.48	4.52	010	2	0	1	0	0
13132	A Repair of wound	10.06	7.85	010	2	0	1	0	0
13150	A Repair of wound	5.29	5.29	010	2	0	1	0	0
13151	A Repair of wound	6.60	5.42	010	2	0	1	0	0
13152	A Repair of wound	11.08	8.60	010	2	0	1	0	0
13160	A Late closure of wound	13.05	13.05	090	2	0	1	0	0
13300	A Repair of wound	10.77	10.77	010	2	0	1	0	0
(14) Repair, adjacent tissue transfer or rearrangement:									
14000	A Rearrange skin tissue	8.85	7.20	090	2	0	1	0	0
14001	A Rearrange skin tissue	12.70	12.70	090	2	0	1	0	0
14020	A Rearrange skin tissue	10.99	10.99	090	2	0	1	0	0
14021	A Rearrange skin tissue	15.65	15.65	090	2	0	1	0	0
14040	A Rearrange skin tissue	14.04	10.77	090	2	0	1	0	0
14041	A Rearrange skin tissue	18.61	14.80	090	2	0	1	0	0
14060	A Rearrange skin tissue	15.78	15.78	090	2	0	1	0	0
14061	A Rearrange skin tissue	21.99	16.92	090	2	0	1	0	0
14300	A Rearrange skin tissue	22.62	22.62	090	2	0	1	0	0
14350	A Rearrange skin tissue	15.17	15.17	090	2	0	0	0	0
(15) Repair, free skin grafts:									
15000	A Skin graft procedure	4.14	4.14	ZZZ	0	0	1	0	0
15050	A Skin pinch graft	5.80	5.80	090	2	0	1	0	0
15100	A Skin split graft	13.09	13.09	090	2	0	1	0	0
15101	A Skin split graft	3.28	3.28	ZZZ	0	0	1	0	0
15120	A Skin split graft	15.29	15.29	090	2	0	1	0	0
15121	A Skin split graft	5.53	5.53	ZZZ	0	0	1	1	0
15200	A Skin full graft	11.66	11.66	090	2	0	1	0	0
15201	A Skin full graft	3.10	2.87	ZZZ	0	0	0	0	0
15220	A Skin full graft	12.29	12.29	090	2	0	1	0	0
15221	A Skin full graft	2.89	2.62	ZZZ	0	0	1	0	0
15240	A Skin full graft	14.67	14.67	090	2	0	1	0	0
15241	A Skin full graft	4.31	3.99	ZZZ	0	0	1	0	0
15260	A Skin full graft	16.88	16.88	090	2	0	1	0	0
15261	A Skin full graft	5.11	4.72	ZZZ	0	0	1	0	0
15350	A Skin homograft	6.27	6.27	090	2	0	1	0	0
15400	A Skin heterograft	6.36	6.36	090	2	0	1	0	0
(16) Repair, flaps:									
15570	A Form skin pedicle	14.82	14.82	090	2	0	1	0	0
15572	A Form skin pedicle	14.64	14.64	090	2	0	1	0	0
15574	A Form skin pedicle	15.10	15.10	090	2	0	1	0	0
15576	A Form skin pedicle	11.23	11.23	090	2	0	1	0	0
15580	A Attach skin pedicle	13.47	13.47	090	2	0	0	0	0
15600	A Skin graft procedure	4.64	4.25	090	2	0	0	0	0
15610	A Skin graft procedure	5.36	5.21	090	2	0	0	0	0
15620	A Skin graft procedure	6.47	6.26	090	2	0	1	0	0
15625	A Skin graft procedure	4.19	4.19	090	2	0	0	0	0
15630	A Skin graft procedure	6.94	6.94	090	2	0	1	0	0
15650	A Transfer skin pedicle	8.34	8.34	090	2	0	0	0	0
15732	A Muscle–skin graft	33.06	33.06	090	2	0	2	1	0

15734	A Muscle–skin graft	36.30	36.30	090	2	0	2	1	0
15736	A Muscle–skin graft	32.09	32.09	090	2	0	1	1	0
15738	A Muscle–skin graft	30.53	30.53	090	2	0	2	1	0
(17) Repair, other flaps and grafts:									
15740	A Island pedicle	20.23	20.23	090	2	0	1	0	0
15750	A Neurovascular pedicle	23.03	23.03	090	2	0	2	0	0
15756	A Free muscle flap	63.99	63.99	090	2	0	2	2	0
15757	A Free skin flap	63.99	63.99	090	2	0	2	2	0
15758	A Free fascial flap	63.87	63.87	090	2	0	2	2	0
15760	A Composite skin	15.59	15.59	090	2	0	1	0	0
15770	A Derma–fat–fascia	14.56	14.56	090	2	0	2	1	0
15775	R Hair transplant	6.69	6.69	000	2	0	0	0	0
15776	R Hair transplant	9.36	9.36	000	2	0	0	0	0
(18) Repair, other procedures:									
15780	A Abrasion treatment	8.17	7.43	090	2	0	0	0	0
15781	A Abrasion treatment	8.26	6.44	090	2	0	1	0	0
15782	A Abrasion treatment	5.14	4.57	090	2	0	0	0	0
15783	A Abrasion treatment	5.79	4.89	090	2	0	0	0	0
15786	A Abrasion treatment	2.47	2.18	010	2	0	1	0	0
15787	A Abrasion, additional	0.54	0.43	ZZZ	0	0	1	0	0
15788	R Chemical peel	3.39	3.39	090	2	0	1	0	0
15789	R Chemical peel	5.96	5.96	090	2	0	1	0	0
15792	R Chemical peel	2.20	2.20	090	2	0	0	0	0
15793	A Chemical peel	3.91	3.91	090	2	0	0	0	0
15810	A Salabrasion	8.13	8.13	090	2	0	0	0	0
15811	A Salabrasion	8.91	8.91	090	2	0	0	0	0
15819	A Plastic surgery	16.73	16.73	090	2	0	0	0	0
15820	A Revision of lower eyelid	10.51	10.51	090	2	1	0	0	0
15821	A Revision of lower eyelid	11.64	11.64	090	2	1	0	0	0
15822	A Revision of upper eyelid	9.08	9.08	090	2	1	1	0	0
15823	A Revision of upper eyelid	14.18	14.18	090	2	1	1	0	0
15824	R Removal of forehead	0.00	0.00	XXX	2	0	0	0	0
15825	R Removal of neck	0.00	0.00	XXX	2	0	0	0	0
15826	R Removal of brow	0.00	0.00	XXX	2	0	0	0	0
15828	R Removal of face	0.00	0.00	XXX	2	0	0	0	0
15829	R Removal of skin	0.00	0.00	XXX	2	0	0	0	0
15831	A Excise excessive skin	21.87	21.87	090	2	0	2	1	0
15832	A Excise excessive skin	19.26	19.26	090	2	0	2	1	0
15833	A Excise excessive skin	16.28	16.28	090	2	0	0	0	0
15834	A Excise excessive skin	17.46	17.46	090	2	0	0	0	0
15835	A Excise excessive skin	18.03	18.03	090	2	0	0	0	0
15836	A Excise excessive skin	14.69	14.69	090	2	0	0	0	0
15837	A Excise excessive skin	13.89	13.89	090	2	0	0	0	0
15838	A Excise excessive skin	12.56	12.56	090	2	0	0	0	0
15839	A Excise excessive skin	11.13	11.13	090	2	0	0	0	0
15840	A Graft for face	27.39	27.39	090	2	0	1	0	0
15841	A Graft for face	38.93	38.93	090	2	0	2	1	0
15842	A Graft for face	63.95	63.95	090	2	0	2	1	0
15845	A Skin and muscle	26.17	26.17	090	2	0	2	0	0
15850	B Removal of sutures	0.00	0.00	XXX	9	9	9	9	9
15851	A Removal of sutures	1.09	0.94	000	2	0	1	0	0
15852	A Dressing change	1.24	1.03	000	2	0	1	0	0
15860	A Test for blood	3.21	3.21	000	2	0	0	0	0
15876	R Suction assisted	0.00	0.00	XXX	2	0	0	0	0
15877	R Suction assisted	0.00	0.00	XXX	2	0	0	0	0
15878	R Suction assisted	0.00	0.00	XXX	2	0	0	0	0
15879	R Suction assisted	0.00	0.00	XXX	2	0	0	0	0

(19) Repair, pressure ulcers:

15920	A Removal of tail	10.41	10.41	090	2	0	0	0	0
15922	A Removal of tail	15.42	15.42	090	2	0	2	1	0
15931	A Remove sacrum ulcer	11.52	11.52	090	2	0	1	0	0
15933	A Remove sacrum ulcer	17.32	17.32	090	2	0	0	0	0
15934	A Remove sacrum ulcer	19.55	19.55	090	2	0	1	0	0
15935	A Remove sacrum ulcer	25.34	25.34	090	2	0	2	1	0
15936	A Remove sacrum ulcer	22.29	22.29	090	2	0	1	1	0
15937	A Remove sacrum ulcer	27.38	27.38	090	2	0	2	1	0
15940	A Remove ischial ulcer	12.31	12.31	090	2	0	1	0	0
15941	A Remove ischial ulcer	17.95	17.95	090	2	0	0	0	0
15944	A Remove ischial ulcer	20.35	20.35	090	2	0	0	0	0
15945	A Remove ischial ulcer	23.43	23.43	090	2	0	0	0	0
15946	A Remove ischial ulcer	37.41	37.41	090	2	0	2	1	0
15950	A Remove thigh ulcer	10.07	10.07	090	2	0	1	0	0
15951	A Remove thigh ulcer	17.99	17.99	090	2	0	0	1	0
15952	A Remove thigh ulcer	17.98	17.98	090	2	0	2	1	0
15953	A Remove thigh ulcer	21.27	21.27	090	2	0	1	1	0
15956	A Remove thigh ulcer	32.45	32.45	090	2	0	2	1	0
15958	A Remove thigh ulcer	32.58	32.58	090	2	0	2	1	0
15999	C Remove ulcer	0.00	0.00	YYY	2	0	0	1	1

(20) Repair, burns, local treatment:

16000	A Initial treatment	1.16	0.99	000	2	0	1	0	0
16010	A Treatment of burn	1.12	0.96	000	2	0	1	0	0
16015	A Treatment of burn	4.31	4.31	000	2	0	1	0	0
16020	A Treatment of burn	1.07	0.91	000	2	0	1	0	0
16025	A Treatment of burn	2.14	1.92	000	2	0	1	0	0
16030	A Treatment of burn	2.43	2.43	000	2	0	1	0	0
16035	A Incision of burn	6.38	6.38	090	2	0	1	0	0
16040	A Burn wound excision	2.72	2.30	000	2	0	0	0	0
16041	A Burn wound excision	5.61	5.61	000	2	0	0	0	0
16042	A Burn wound excision	4.93	4.93	000	2	0	0	0	0

(21) Destruction, benign or premalignant lesions:

17000	A Destroy lesions	0.97	0.76	010	2	0	1	0	0
17001	D Destroy lesions	0.37	0.28	ZZZ	0	0	1	0	0
17002	D Destroy lesions	0.27	0.23	ZZZ	0	0	1	0	0
17003	A Destroy 2 to 14 lesions	0.27	0.20	ZZZ	0	0	1	0	0
17004	A Destroy 15 or more	4.82	3.73	010	0	0	1	0	0
17010	D Destroy lesions	1.45	1.22	010	2	0	1	0	0
17100	D Destroy lesions	0.88	0.70	010	2	0	1	0	0
17101	D Destroy lesions	0.23	0.17	ZZZ	0	0	1	0	0
17102	D Destroy lesions	0.18	0.14	ZZZ	0	0	1	0	0
17104	D Destroy lesions	1.93	1.89	010	2	0	1	0	0
17105	D Destroy lesions	1.03	0.88	010	2	0	1	0	0
17106	A Destroy lesions	6.13	5.20	090	2	0	1	0	0
17107	A Destroy lesions	12.10	10.32	090	2	0	1	0	0
17108	A Destroy lesions	21.37	21.37	090	2	0	0	0	0
17110	A Destroy lesions	0.99	0.80	010	2	0	1	0	0
17111	A Destroy lesions	1.44	1.15	010	2	0	1	0	0
17200	D Electrocautery	1.00	0.80	010	2	0	1	0	0
17201	D Electrocautery	0.50	0.42	ZZZ	0	0	1	0	0
17250	A Chemical cauterization	0.80	0.64	000	2	0	1	0	0

(22) Destruction, malignant lesions, any method:

17260	A Destroy lesions	1.97	1.43	010	2	0	1	0	0
17261	A Destroy lesions	2.47	1.80	010	2	0	1	0	0
17262	A Destroy lesions	3.28	2.40	010	2	0	1	0	0

17263	A Destroy lesions	3.91	2.83	010	2	0	1	0	0
17264	A Destroy lesions	4.41	3.16	010	2	0	1	0	0
17266	A Destroy lesions	5.40	3.90	010	2	0	1	0	0
17270	A Destroy lesions	2.56	1.91	010	2	0	1	0	0
17271	A Destroy lesions	3.13	2.29	010	2	0	1	0	0
17272	A Destroy lesions	3.84	2.77	010	2	0	1	0	0
17273	A Destroy lesions	4.49	3.24	010	2	0	1	0	0
17274	A Destroy lesions	5.63	4.08	010	2	0	1	0	0
17276	A Destroy lesions	6.48	4.83	010	2	0	1	0	0
17280	A Destroy lesions	2.74	1.94	010	2	0	1	0	0
17281	A Destroy lesions	3.68	2.67	010	2	0	1	0	0
17282	A Destroy lesions	4.46	3.22	010	2	0	1	0	0
17283	A Destroy lesions	5.46	4.00	010	2	0	1	0	0
17284	A Destroy lesions	6.49	4.79	010	2	0	1	0	0
17286	A Destroy lesions	8.53	6.45	010	2	0	1	0	0

(23) Destruction, Mohs' micrographic surgery:

17304	A 1st stage chemosurgery	10.95	9.01	000	0	0	1	0	0
17305	A 2nd stage chemosurgery	4.86	3.77	000	0	0	1	0	0
17306	A 3rd stage chemosurgery	4.00	3.32	000	0	0	1	0	0
17307	A Follow–up skin, l to 5	4.07	3.36	000	0	0	1	0	0
17310	A Extensive skin, over 5	0.99	0.93	000	0	0	1	0	0

(24) Destruction, other procedures:

17340	A Cryotherapy for acne	0.97	0.84	010	2	0	1	0	0
17360	A Skin peel therapy	1.57	1.44	010	2	0	1	0	0
17380	R Hair removal	0.00	0.00	XXX	2	0	0	0	0
17999	C Skin tissue procedure	0.00	0.00	YYY	2	0	0	1	1

(25) Breast, incision:

19000	A Drainage of breast cyst	1.17	0.98	000	2	1	1	0	0
19001	A Drain additional cyst	0.64	0.52	ZZZ	0	1	1	0	0
19020	A Incision of breast	4.75	4.75	090	2	1	1	0	0
19030	A Injection for breast	1.88	1.88	000	2	1	1	0	0

(26) Breast, excision:

19100	A Biopsy of breast	1.84	1.53	000	2	1	1	0	0
19101	A Biopsy of breast	5.40	5.40	010	2	1	1	0	0
19110	A Nipple exploration	6.56	6.56	090	2	1	1	0	0
19112	A Excise breast duct	5.79	5.79	090	2	1	0	0	0
19120	A Removal of breast	8.18	8.18	090	2	1	1	0	0
19125	A Excision, breast lesion	8.63	8.63	090	2	1	1	1	0
19126	A Excision, additional	4.23	4.23	ZZZ	0	0	1	1	0
19140	A Removal of breast	9.31	9.31	090	2	1	1	0	0
19160	A Removal of breast	9.91	9.91	090	2	1	0	0	0
19162	A Removal of breast	22.42	22.42	090	2	1	2	1	0
19180	A Removal of breast	14.05	14.05	090	2	1	2	1	0
19182	A Removal of breast	13.58	13.58	090	2	1	2	1	0
19200	A Removal of breast	25.12	25.12	090	2	1	2	1	0
19220	A Removal of breast	25.95	25.95	090	2	1	2	1	0
19240	A Removal of breast	24.74	24.74	090	2	1	2	1	0
19260	A Removal of chest tumor	19.47	19.47	090	2	0	2	1	0
19271	A Revision of chest tumor	32.16	32.16	090	2	0	2	1	0
19272	A Extensive chest	33.15	33.15	090	2	0	2	1	0

(27) Breast, introduction:

19290	A Place needle wire	1.62	1.62	000	2	1	1	2	0
19291	A Place needle wire	0.84	0.84	ZZZ	0	0	0	2	0

(28) Breast, repair and/or reconstruction:

19316	A Suspension of breast	22.40	22.40	090	2	1	2	1	0
19318	A Reduce large breast	29.66	29.66	090	2	1	2	1	0
19324	A Enlarge breast	8.86	8.86	090	2	1	0	0	0
19325	A Enlarge breast	13.96	13.96	090	2	1	0	0	0
19328	A Removal of breast	9.19	9.19	090	2	1	1	0	0
19330	A Removal of implant	11.05	11.05	090	2	1	1	0	0
19340	A Immediate breast implant	13.60	13.60	ZZZ	0	1	1	1	0
19342	A Delayed breast implant	21.73	21.73	090	2	1	0	1	0
19350	A Breast reconstruction	15.70	15.70	090	2	1	1	0	0
19355	A Correct inverted nipple	12.19	12.19	090	2	1	0	0	0
19357	A Breast reconstruction	29.53	29.53	090	2	1	2	1	0
19361	A Breast reconstruction	39.07	39.07	090	2	1	2	1	0
19364	A Breast reconstruction	44.45	44.45	090	2	1	2	1	0
19366	A Breast reconstruction	36.91	36.91	090	2	1	2	1	0
19367	A Breast reconstruction	44.94	44.94	090	2	1	2	1	0
19368	A Breast reconstruction	51.02	51.02	090	2	1	2	1	0
19369	A Breast reconstruction	48.65	48.65	090	2	1	2	1	0
19370	A Surgery of breast	13.92	13.92	090	2	1	1	0	0
19371	A Removal of breast	16.98	16.98	090	2	1	1	0	0
19380	A Breast reconstruction	17.00	17.00	090	2	1	1	0	0
19396	A Design custom breast	3.66	3.66	000	2	1	0	0	0

(29) Breast, other procedures:

19499	C Breast surgery	0.00	0.00	YYY	2	1	0	1	1

B. Procedure code numbers 20000 to 29909 relate to musculoskeletal procedures.

1	2	3	4	5	6	7	8	9	10	11	12

(1) General, incision:

20000	A Incision of abscess	2.79	2.38	010	2	0	1	0	0
20005	A Incision of deep abscess	5.03	5.03	010	2	0	1	0	0

(2) General, wound exploration, trauma:

20100	A Explore wound, neck	14.59	14.59	010	2	1	2	0	0
20101	A Explore wound, chest	4.64	4.64	010	2	0	2	0	0
20102	A Explore wound, abdomen	5.68	5.68	010	2	0	2	0	0
20103	A Explore wound, extremity	7.64	7.64	010	2	0	0	0	0

(3) General, excision:

20150	A Excise epiphyseal bar	25.53	25.53	090	2	1	2	1	0
20200	A Muscle biopsy	2.51	2.51	000	2	0	1	0	0
20205	A Deep muscle biopsy	4.13	4.13	000	2	0	1	0	0
20206	A Needle biopsy, muscle	1.90	1.90	000	2	0	1	0	0
20220	A Bone biopsy, trocar	2.47	2.47	000	2	0	1	0	0
20225	A Bone biopsy, trocar	4.16	3.84	000	2	0	1	0	0
20240	A Bone biopsy, excisional	4.85	4.85	010	2	0	1	0	0
20245	A Bone biopsy, excisional	7.29	7.29	010	2	0	1	0	0
20250	A Open bone biopsy	9.88	9.88	010	2	0	1	0	0
20251	A Open bone biopsy	11.20	11.20	010	2	0	2	0	0

(4) General, introduction or removal:

20500	A Injection of sinus tract	1.49	1.31	010	2	0	1	0	0
20501	A Injection of sinus tract	0.99	0.99	000	2	0	1	0	0
20520	A Removal of foreign body	2.41	2.07	010	2	0	1	0	0
20525	A Removal of foreign body	5.51	5.51	010	2	0	1	0	0
20550	A Inject tendon/ligament	1.17	0.99	000	2	0	1	0	0
20600	A Drain or inject joint	1.08	0.85	000	2	1	1	0	0
20605	A Drain or inject joint	1.08	0.86	000	2	1	1	0	0
20610	A Drain or inject joint	1.18	0.96	000	2	1	1	0	0
20615	A Treatment of bone cyst	2.58	2.34	010	2	0	1	0	0
20650	A Insert and removal	3.14	3.14	010	2	0	1	1	0
20660	A Apply, remove	3.90	3.90	000	0	0	1	0	0
20661	A Application of halo	8.49	8.49	090	2	0	1	0	0
20662	A Application of halo	12.40	12.40	090	2	0	0	0	0
20663	A Application of halo	9.83	9.83	090	2	0	0	0	0
20664	A Halo brace application	11.37	11.37	090	2	0	1	0	0
20665	A Removal of fixation	1.71	1.71	010	2	0	0	0	0
20670	A Removal of implant	2.36	2.00	010	2	0	1	0	0
20680	A Removal of implant	6.54	6.54	090	2	0	0	0	0
20690	A Apply bone fixation	7.05	7.05	ZZZ	0	0	1	0	0
20692	A Apply bone fixation	11.63	11.63	ZZZ	0	0	2	1	0
20693	A Adjust bone fixation	7.96	7.96	090	2	0	1	0	0
20694	A Remove bone fixation	6.51	6.51	090	2	0	1	0	0

(5) General, replantation:

20802	A Replantation, arm	77.19	77.19	090	2	1	2	1	0
20805	A Replantation, forearm	94.16	94.16	090	2	1	2	1	0
20808	A Replantation, hand	116.60	116.60	090	2	1	2	1	0
20816	A Replantation, digit	57.98	57.98	090	2	0	2	1	0
20822	A Replantation, digit	47.94	47.94	090	2	0	2	1	0
20824	A Replantation, thumb	57.98	57.98	090	2	1	2	1	0
20827	A Replantation, thumb	49.38	49.38	090	2	1	2	1	0
20838	A Replantation, foot	77.43	77.43	090	2	1	2	1	0

(6) General, grafts:

20900	A Removal of bone	8.02	8.02	090	2	0	2	1	0
20902	A Removal of bone	12.08	12.08	090	2	0	2	1	0
20910	A Remove cartilage	5.66	5.66	090	2	0	0	0	0
20912	A Remove cartilage	10.58	10.58	090	2	0	0	0	0
20920	A Removal of fascia	8.89	8.89	090	2	0	1	1	0
20922	A Removal of fascia	10.63	10.63	090	2	0	2	1	0
20924	A Removal of tendon	11.62	11.62	090	2	0	2	1	0
20926	A Removal of tissue	7.74	7.74	090	2	0	1	0	0
20930	B Spinal bone allograft	0.00	0.00	XXX	9	9	9	9	9
20931	A Spinal bone allograft	3.47	3.47	ZZZ	0	1	1	1	0
20936	B Spinal bone autograft	0.00	0.00	XXX	9	9	9	9	9
20937	A Spinal bone autograft	5.34	5.34	ZZZ	0	1	2	1	0
20938	A Spinal bone autograft	5.78	5.78	ZZZ	0	1	2	1	0

(7) General, other procedures:

20950	A Record fluid pressure	2.29	2.29	000	2	0	0	0	0
20955	A Fibula bone graft	73.45	73.45	090	2	0	2	1	0
20956	A Iliac bone graft	64.53	64.53	090	2	0	2	1	0
20957	A Metatarsal bone graft	66.83	66.83	090	2	0	2	1	0
20962	A Other bone graft	64.53	64.53	090	2	0	2	1	0
20969	A Bone/skin graft	82.26	82.26	090	2	0	2	1	0
20970	A Bone/skin graft	80.61	80.61	090	2	0	2	1	0
20972	A Bone/skin graft	80.87	80.87	090	2	0	2	0	0
20973	A Bone/skin graft	86.16	86.16	090	2	0	2	1	0
20974	A Electrical, bone healing	4.16	2.51	000	0	0	1	0	0

20975	A Electrical, bone healing	5.43	5.43	ZZZ	0	0	2	1	0
20999	C Musculoskeletal	0.00	0.00	YYY	2	0	0	1	1
(8) Head, incision:									
21010	A Incision of jaw	19.61	19.61	090	2	1	0	0	0
(9) Head, excision:									
21015	A Resection of face	11.05	11.05	090	2	0	1	0	0
21025	A Excision of bone	13.34	11.34	090	2	0	1	0	0
21026	A Excision of face bone	7.59	6.07	090	2	0	1	0	0
21029	A Contour of face bone	15.62	11.52	090	2	0	0	0	0
21030	A Removal of face tumor	9.26	7.64	090	2	0	1	0	0
21031	A Remove exostosis	6.67	4.90	090	2	0	1	0	0
21032	A Remove exostosis	6.88	5.01	090	2	0	1	0	0
21034	A Removal of face tumor	21.91	21.91	090	2	0	2	1	0
21040	A Removal of jaw tumor	4.71	3.38	090	2	0	1	0	0
21041	A Removal of jaw tumor	11.93	9.15	090	2	0	1	0	0
21044	A Removal of jaw tumor	20.60	20.60	090	2	0	2	1	0
21045	A Extensive jaw resection	28.91	28.91	090	2	0	2	1	0
21050	A Removal of jaw	21.82	21.82	090	2	1	0	0	0
21060	A Remove jaw joint	20.73	20.73	090	2	1	2	1	0
21070	A Remove coronoidectomy	14.47	14.47	090	2	1	0	0	0
(10) Head, introduction or removal:									
21076	A Prepare face/oral	27.19	20.06	010	2	0	0	0	0
21077	A Prepare face/oral	68.37	50.44	090	2	1	0	0	0
21079	A Prepare face/oral	48.50	35.01	090	2	0	1	0	0
21080	A Prepare face/oral	54.49	39.33	090	2	0	1	0	0
21081	A Prepare face/oral	49.66	35.85	090	2	0	0	0	0
21082	A Prepare face/oral	42.28	31.19	090	2	0	0	0	0
21083	A Prepare face/oral	41.90	30.24	090	2	0	0	0	0
21084	A Prepare face/oral	48.87	35.28	090	2	0	0	0	0
21085	A Prepare face/oral	18.23	13.45	010	2	0	0	0	0
21086	A Prepare face/oral	54.10	39.05	090	2	1	0	0	0
21087	A Prepare face/oral	50.48	37.25	090	2	0	0	0	0
21088	C Prepare face/oral	0.00	0.00	090	0	0	0	0	0
21089	C Prepare face/oral	0.00	0.00	090	0	0	1	0	0
21100	A Maxillofacial fixation	4.92	4.92	090	2	0	0	0	0
21110	A Interdental fixation	10.33	7.65	090	2	0	1	0	0
21116	A Injection, jaw joint	1.47	1.47	000	2	0	1	0	0
(11) Head, repair, revision, and/or reconstruction:									
21120	A Reconstruction	8.17	8.17	090	2	0	1	1	0
21121	A Reconstruction	12.76	12.76	090	2	0	2	0	0
21122	A Reconstruction	14.16	14.16	090	2	0	2	0	0
21123	A Reconstruction	18.52	18.52	090	2	0	2	1	0
21125	A Augmentation	14.50	14.50	090	2	0	2	0	0
21127	A Augmentation	18.24	18.24	090	2	0	2	1	0
21137	A Reduction of forehead	16.24	16.24	090	2	0	2	0	0
21138	A Reduction of forehead	20.20	20.20	090	2	0	2	1	0
21139	A Reduction of forehead	24.23	24.23	090	2	0	2	1	0
21141	A Reconstruct midface	31.21	31.21	090	2	0	2	1	0
21142	A Reconstruct midface	32.37	32.37	090	2	0	2	1	0
21143	A Reconstruct midface	33.65	33.65	090	2	0	2	1	0
21145	A Reconstruct midface	32.88	32.88	090	2	0	2	0	0
21146	A Reconstruct midface	34.10	34.10	090	2	0	2	1	0
21147	A Reconstruct midface	35.64	35.64	090	2	0	2	0	0
21150	A Reconstruct midface	41.94	41.94	090	2	0	2	0	0
21151	A Reconstruct midface	47.00	47.00	090	2	0	2	0	0

21154	A Reconstruct midface	50.53	50.53	090	2	0	2	1	0
21155	A Reconstruct midface	57.15	57.15	090	2	0	2	0	0
21159	A Reconstruct midface	70.44	70.44	090	2	0	2	1	0
21160	A Reconstruct midface	77.16	77.16	090	2	0	2	0	0
21172	A Reconstruct orbital rim	46.15	46.15	090	2	0	2	1	0
21175	A Reconstruct orbital rim	55.22	55.22	090	2	0	2	0	0
21179	A Reconstruct forehead	36.93	36.93	090	2	0	2	0	0
21180	A Reconstruct forehead	41.90	41.90	090	2	0	2	1	0
21181	A Contour cranial bones	16.31	16.31	090	2	0	0	0	0
21182	A Reconstruct cranial bone	53.58	53.58	090	2	0	2	1	0
21183	A Reconstruct cranial bone	58.70	58.70	090	2	0	2	1	0
21184	A Reconstruct cranial bone	63.63	63.63	090	2	0	2	0	0
21188	A Reconstruct midface	37.12	37.12	090	2	0	2	0	0
21193	A Reconstruct lower jaw	28.25	28.25	090	2	2	2	1	0
21194	A Reconstruct lower jaw	32.71	32.71	090	2	2	2	0	0
21195	A Reconstruct lower jaw	28.36	28.36	090	2	2	2	0	0
21196	A Reconstruct lower jaw	31.18	31.18	090	2	2	2	1	0
21198	A Reconstruct lower jaw	28.13	28.13	090	2	0	2	1	0
21206	A Reconstruct upper jaw	23.25	23.25	090	2	0	2	1	0
21208	A Augmentation of face	20.74	20.74	090	2	0	0	0	0
21209	A Reduction of face	10.95	10.95	090	2	0	2	0	0
21210	A Face bone graft	20.87	15.43	090	2	0	1	0	0
21215	A Lower jaw bone graft	22.01	16.28	090	2	0	1	1	0
21230	A Rib cartilage graft	20.73	20.73	090	2	0	0	0	0
21235	A Ear cartilage graft	13.84	13.84	090	2	0	1	0	0
21240	A Reconstruction	28.84	28.84	090	2	1	2	1	0
21242	A Reconstruction	26.76	26.76	090	2	1	2	1	0
21243	A Reconstruction	33.71	33.71	090	2	1	2	1	0
21244	A Reconstruction	24.44	24.44	090	2	0	2	1	0
21245	A Reconstruction	22.57	22.57	090	2	0	2	0	0
21246	A Reconstruction	20.42	20.42	090	2	0	2	0	0
21247	A Reconstruct lower jaw	45.84	45.84	090	2	0	2	1	0
21248	A Reconstruction	23.59	17.49	090	2	0	1	0	0
21249	A Reconstruction	36.33	27.03	090	2	0	0	0	0
21255	A Reconstruct lower jaw	33.87	33.87	090	2	0	2	1	0
21256	A Reconstruction	32.80	32.80	090	2	0	2	1	0
21260	A Revise eye socket	33.46	33.46	090	2	0	2	1	0
21261	A Revise eye socket	46.67	46.67	090	2	0	2	1	0
21263	A Revise eye socket	57.57	57.57	090	2	0	2	1	0
21267	A Revise eye socket	32.44	32.44	090	2	0	2	1	0
21268	A Revise eye socket	38.78	38.78	090	2	0	2	1	0
21270	A Augmentation, chin	19.34	19.34	090	2	0	2	1	0
21275	A Revise orbitofacial	19.54	19.54	090	2	0	2	1	0
21280	A Revision of eye	12.21	12.21	090	2	1	0	0	0
21282	A Revision of eye	7.31	7.31	090	2	1	1	0	0
21295	A Revision of jaw	2.39	2.39	090	2	0	0	0	0
21296	A Revision of jaw	7.48	7.48	090	2	0	0	0	0
(12) Head, other procedures:									
21299	C Cranio/maxillofacial	0.00	0.00	YYY	2	0	0	1	1
(13) Head, fracture and/or dislocation:									
21300	A Treatment of skull	1.60	1.48	000	2	0	0	0	0
21310	A Treatment of nose	1.30	1.19	000	2	0	1	0	0
21315	A Treatment of nose	3.23	3.09	010	2	0	1	0	0
21320	A Treatment of nose	4.12	3.84	010	2	0	1	0	0
21325	A Repair of nose	7.66	7.66	090	2	0	0	0	0
21330	A Repair of nose	11.08	11.08	090	2	0	0	0	0
21335	A Repair of nose	17.82	17.82	090	2	0	1	0	0
21336	A Repair nasal septal	9.43	9.43	090	2	0	0	0	0

21337	A Repair nasal septal	5.38	5.38	090	2	0	0	0	0
21338	A Repair nasoethmoid	11.07	11.07	090	2	0	0	0	0
21339	A Repair nasoethmoid	14.58	14.58	090	2	0	2	1	0
21340	A Repair of nose	18.96	18.96	090	2	0	0	0	0
21343	A Repair of sinus	21.21	21.21	090	2	0	2	1	0
21344	A Repair of sinus	27.36	27.36	090	2	0	2	2	0
21345	A Repair of nose	15.49	15.49	090	2	0	0	0	0
21346	A Repair of nose	19.29	19.29	090	2	0	1	1	0
21347	A Repair of nose	22.28	22.28	090	2	0	2	1	0
21348	A Repair of nose	27.33	27.33	090	2	0	2	2	0
21355	A Repair cheek bone	5.02	5.02	010	2	0	0	0	0
21356	A Repair cheek bone	8.67	8.67	010	2	0	0	0	0
21360	A Repair cheek bone	13.22	13.22	090	2	0	2	0	0
21365	A Repair cheek bone	26.40	26.40	090	2	0	2	1	0
21366	A Repair cheek bone	29.10	29.10	090	2	0	2	2	0
21385	A Repair eye socket	18.20	18.20	090	2	0	2	1	0
21386	A Repair eye socket	17.77	17.77	090	2	0	2	0	0
21387	A Repair eye socket	16.53	16.53	090	2	0	2	0	0
21390	A Repair eye socket	20.71	20.71	090	2	0	2	1	0
21395	A Repair eye socket	21.57	21.57	090	2	0	2	1	0
21400	A Treat eye socket	2.98	2.85	090	2	0	0	0	0
21401	A Repair eye socket	5.63	5.63	090	2	0	2	0	0
21406	A Repair eye socket	11.80	11.80	090	2	0	2	1	0
21407	A Repair eye socket	15.10	15.10	090	2	0	2	1	0
21408	A Repair eye socket	19.99	19.99	090	2	0	2	2	0
21421	A Treat mouth roof	10.94	10.47	090	2	0	0	0	0
21422	A Repair mouth roof	17.05	17.05	090	2	0	2	1	0
21423	A Repair mouth roof	19.56	19.56	090	2	0	2	2	0
21431	A Treat craniofacial	12.61	12.61	090	2	0	2	0	0
21432	A Repair craniofacial	14.81	14.81	090	2	0	2	0	0
21433	A Repair craniofacial	41.52	41.52	090	2	0	2	1	0
21435	A Repair craniofacial	29.50	29.50	090	2	0	2	0	0
21436	A Repair craniofacial	40.75	40.75	090	2	0	2	2	0
21440	A Repair dental ridge	5.57	5.47	090	2	0	0	0	0
21445	A Repair dental ridge	11.09	10.91	090	2	0	2	0	0
21450	A Treat lower jaw	5.58	5.58	090	2	0	0	0	0
21451	A Treat lower jaw	10.46	10.01	090	2	0	0	0	0
21452	A Treat lower jaw	3.23	3.23	090	2	0	0	0	0
21453	A Treat lower jaw	11.75	11.22	090	2	0	0	0	0
21454	A Treat lower jaw	13.52	13.52	090	2	0	0	1	0
21461	A Repair lower jaw	16.66	16.66	090	2	0	2	1	0
21462	A Repair lower jaw	20.03	20.03	090	2	0	2	1	0
21465	A Repair lower jaw	19.51	19.51	090	2	0	2	1	0
21470	A Repair lower jaw	31.18	31.18	090	2	0	2	1	0
21480	A Reset dislocation	1.36	1.25	000	2	1	1	0	0
21485	A Reset dislocation	5.85	4.79	090	2	1	0	0	0
21490	A Repair dislocation	17.15	17.15	090	2	1	2	1	0
21493	A Treat hyoid bone	2.69	2.58	090	2	0	1	1	0
21494	A Repair hyoid bone	13.31	13.31	090	2	0	2	1	0
21495	A Repair hyoid bone	10.10	10.10	090	2	0	2	0	0
21497	A Interdental wiring	7.55	7.55	090	2	0	0	0	0

(14) Head, other procedures:

21499	C Head surgery procedure	0.00	0.00	YYY	2	0	0	1	1

(15) Neck and thorax, incision:									
21501	A Drain neck/chest	5.36	5.36	090	2	0	1	0	0
21502	A Drain chest lesion	10.95	10.95	090	2	0	2	0	0
21510	A Drainage of bone	9.18	9.18	090	2	0	0	0	0
(16) Neck and thorax, excision									
21550	A Biopsy of neck	2.76	2.35	010	2	0	1	0	0
21555	A Remove lesion, neck	5.63	5.63	090	2	0	1	0	0
21556	A Remove lesion, neck	9.08	9.08	090	2	0	1	0	0
21557	A Remove tumor, neck	17.05	17.05	090	2	0	2	1	0
21600	A Partial removal	11.09	11.09	090	2	0	2	1	0
21610	A Partial removal	18.68	18.68	090	2	0	2	0	0
21615	A Removal of rib	19.83	19.83	090	2	1	2	1	0
21616	A Removal of rib	18.77	18.77	090	2	1	2	0	0
21620	A Partial removal	13.46	13.46	090	2	0	2	1	0
21627	A Sternal debridement	11.54	11.54	090	2	0	2	0	0
21630	A Extensive sternum	29.55	29.55	090	2	0	2	1	0
21632	A Extensive sternum	28.84	28.84	090	2	0	2	1	0
(17) Neck and thorax, repair, revision, and/or reconstruction:									
21700	A Revision of neck	9.91	9.91	090	2	0	2	0	0
21705	A Revision of neck	13.93	13.93	090	2	0	2	0	0
21720	A Revision of neck	9.15	9.15	090	2	0	2	0	0
21725	A Revision of neck	11.43	11.43	090	2	0	2	1	0
21740	A Reconstruction	24.57	24.57	090	2	0	2	1	0
21750	A Repair of sternum	17.65	17.65	090	2	0	2	1	0
(18) Neck and thorax, fracture and/or dislocation:									
21800	A Treat rib fracture	1.65	1.65	090	2	0	1	0	0
21805	A Treat rib fracture	3.89	3.89	090	2	0	0	0	0
21810	A Treat rib fracture	13.64	13.64	090	2	0	2	0	0
21820	A Treat sternum fracture	2.57	2.57	090	2	0	1	0	0
21825	A Repair sternum fracture	14.01	14.01	090	2	0	2	1	0
(19) Neck and thorax, other procedures:									
21899	C Neck/chest surgery	0.00	0.00	YYY	2	0	0	1	1
(20) Back and flank, excision:									
21920	A Biopsy soft tissue	2.69	2.31	010	2	0	1	0	0
21925	A Biopsy soft tissue	6.14	6.14	090	2	0	1	0	0
21930	A Remove lesion, back	7.44	7.44	090	2	0	1	0	0
21935	A Remove tumor, back	23.39	23.39	090	2	0	1	1	0
(21) Spine, excision:									
22100	A Remove part of vertebra	16.81	16.81	090	2	0	2	1	0
22101	A Remove part of thoracic	17.40	17.40	090	2	0	2	1	0
22102	A Remove part of lumbar	13.62	13.62	090	2	0	2	1	0
22103	A Remove extra segment	4.48	4.48	ZZZ	0	0	2	1	0
22110	A Remove part of lesion	21.86	21.86	090	2	0	2	1	0
22112	A Remove part of thoracic	22.09	22.09	090	2	0	2	1	0
22114	A Remove part of lumbar	19.28	19.28	090	2	0	2	1	0
22116	A Remove extra segment	4.44	4.44	ZZZ	0	0	2	1	0
(22) Spine, osteotomy:									
22210	A Revision of neck	36.32	36.32	090	2	0	2	1	0
22212	A Revision of thoracic	35.89	35.89	090	2	0	0	0	0
22214	A Revision of lumbar	33.73	33.73	090	2	0	2	1	0

22216	A Revise extra segment	10.87	10.87	ZZZ	0	1	2	1	0
22220	A Revision of neck	36.92	36.92	090	2	0	2	1	0
22222	A Revision of thoracic	33.55	33.55	090	2	0	0	0	0
22224	A Revision of lumbar	35.18	35.18	090	2	0	2	1	0
22226	A Revise extra segment	10.87	10.87	ZZZ	0	1	2	1	0
(23) Spine, fracture and/or dislocation:									
22305	A Treat spine process	4.25	4.25	090	2	0	1	0	0
22310	A Treat spine fracture	5.18	5.18	090	2	0	1	0	0
22315	A Treat spine fracture	13.82	13.82	090	2	0	1	0	0
22325	A Repair of spine	25.39	25.39	090	2	0	2	1	0
22326	A Repair cervical	34.68	34.68	090	2	0	2	1	0
22327	A Repair thoracic	34.13	34.13	090	2	0	2	1	0
22328	A Repair each additional	8.83	8.83	ZZZ	0	0	2	1	0
(24) Spine, manipulation:									
22505	A Manipulation of spine	3.06	3.06	010	2	0	1	0	0
(25) Spine, anterior or anterolateral approach technique:									
22548	A Neck spine fusion	47.51	47.51	090	2	0	2	2	0
22554	A Neck spine fusion	37.98	37.98	090	2	0	2	2	0
22556	A Thorax spine fusion	44.21	44.21	090	2	0	2	2	0
22558	A Lumbar spine fusion	41.57	41.57	090	2	0	2	2	0
22585	A Additional spine	10.75	10.75	ZZZ	0	0	2	2	0
(26) Spine, posterior, posterolateral or lateral transverse process technique:									
22590	A Spine and skull	41.35	41.35	090	2	0	2	2	0
22595	A Neck spine fusion	40.34	40.34	090	2	0	2	2	0
22600	A Neck spine fusion	33.63	33.63	090	2	0	2	2	0
22610	A Thorax spine fusion	33.08	33.08	090	2	0	2	2	0
22612	A Lumbar spine fusion	40.80	40.80	090	2	0	2	2	0
22614	A Spine fusion	11.81	11.81	ZZZ	0	0	2	2	0
22630	A Lumbar spine fusion	38.47	38.47	090	2	0	2	2	0
22632	A Spine fusion	10.02	10.02	ZZZ	0	0	2	2	0
(27) Spine, deformity:									
22800	A Fusion of spine	37.94	37.94	090	2	0	2	1	0
22802	A Fusion of spine	57.93	57.93	090	2	0	2	1	0
22804	A Fusion of spine	62.82	62.82	090	2	0	2	1	0
22808	A Fusion of spine	43.37	43.37	090	2	0	2	1	0
22810	A Fusion of spine	47.00	47.00	090	2	0	2	1	0
22812	A Fusion of spine	57.07	57.07	090	2	0	2	1	0
22818	A Kyphectomy, 1–2 segments	58.86	58.86	090	2	0	2	2	2
22819	A Kyphectomy, 3 or more	63.04	63.04	090	2	0	2	2	2
(28) Spine, exploration									
22830	A Exploration of fusion	22.59	22.59	090	2	0	2	1	0
(29) Spine, spinal instrumentation:									
22840	A Insert spine fixation	17.70	17.70	ZZZ	0	0	2	1	0
22841	B Insert spine fixation	0.00	0.00	XXX	9	9	9	9	9
22842	A Insert spine fixation	18.66	18.66	ZZZ	0	0	2	2	0
22843	A Insert spine fixation	21.25	21.25	ZZZ	0	0	2	2	0
22844	A Insert spine fixation	25.96	25.96	ZZZ	0	0	2	2	0
22845	A Insert spine fixation	16.88	16.88	ZZZ	0	0	2	2	0
22846	A Insert spine fixation	19.62	19.62	ZZZ	0	0	2	2	0
22847	A Insert spine fixation	21.79	21.79	ZZZ	0	0	2	2	0

22848	A Insert pelvic fixation	11.49	11.49	ZZZ	0	0	2	2	0
22849	A Reinsert spine fixation	29.25	29.25	090	2	0	2	1	0
22850	A Remove spine fixation	18.33	18.33	090	2	0	2	1	0
22851	A Apply spine prosthesis	12.85	12.85	ZZZ	0	0	2	2	0
22852	A Remove spine fixation	18.51	18.51	090	2	0	2	1	0
22855	A Remove spine fixation	21.63	21.63	090	2	0	2	1	0
(30) Spine, other procedures:									
22899	C Spine surgery procedure	0.00	0.00	YYY	2	0	2	1	1
(31) Abdomen, excision:									
22900	A Remove abdominal tumor	8.52	8.52	090	2	0	2	1	0
(32) Abdomen, other procedures:									
22999	C Abdomen surgery procedure	0.00	0.00	YYY	2	0	0	1	1
(33) Shoulder, incision:									
23000	A Remove deposits	7.35	7.35	090	2	0	2	1	0
23020	A Release shoulder	15.73	15.73	090	2	1	2	0	0
23030	A Drain shoulder	5.39	5.39	010	2	0	1	0	0
23031	A Drain shoulder	3.00	2.76	010	2	1	1	0	0
23035	A Drain shoulder	14.40	14.40	090	2	1	2	0	0
23040	A Exploratory, shoulder	18.12	18.12	090	2	1	2	1	0
23044	A Exploratory, shoulder	13.79	13.79	090	2	1	1	1	0
(34) Shoulder, excision:									
23065	A Biopsy of shoulder	2.75	2.75	010	2	1	1	0	0
23066	A Biopsy of shoulder	4.97	4.97	090	2	1	1	0	0
23075	A Removal of shoulder	3.95	3.95	010	2	1	1	0	0
23076	A Removal of shoulder	10.70	10.70	090	2	1	1	0	0
23077	A Remove tumor	22.50	22.50	090	2	1	2	1	0
23100	A Biopsy of shoulder	12.56	12.56	090	2	1	2	1	0
23101	A Shoulder joint	11.66	11.66	090	2	1	1	1	0
23105	A Remove shoulder	17.17	17.17	090	2	1	2	1	0
23106	A Incision of collar bone	10.44	10.44	090	2	1	1	1	0
23107	A Explore, treat shoulder	17.86	17.86	090	2	1	2	1	0
23120	A Partial removal	11.32	11.32	090	2	0	2	1	0
23125	A Removal collar bone	17.43	17.43	090	2	1	2	1	0
23130	A Partial removal	14.29	14.29	090	2	1	1	1	0
23140	A Removal of bone	10.68	10.68	090	2	1	1	0	0
23145	A Removal of bone	16.84	16.84	090	2	1	2	1	0
23146	A Removal of bone	12.72	12.72	090	2	1	0	0	0
23150	A Removal of humerus	14.67	14.67	090	2	1	2	1	0
23155	A Removal of humerus	18.65	18.65	090	2	1	2	1	0
23156	A Removal of humerus	15.95	15.95	090	2	1	2	0	0
23170	A Remove collar bone	11.30	11.30	090	2	1	1	0	0
23172	A Remove shoulder	11.65	11.65	090	2	1	2	0	0
23174	A Remove humerus	17.56	17.56	090	2	1	2	1	0
23180	A Remove collar bone	12.27	12.27	090	2	1	1	1	0
23182	A Remove shoulder	14.37	14.37	090	2	1	2	0	0
23184	A Remove humerus	17.86	17.86	090	2	1	2	1	0
23190	A Partial removal	12.98	12.98	090	2	1	2	1	0
23195	A Removal of humeral head	18.31	18.31	090	2	1	2	1	0
23200	A Removal of collar bone	20.52	20.52	090	2	1	2	1	0
23210	A Removal of shoulder	20.82	20.82	090	2	1	2	1	0
23220	A Partial removal	25.98	25.98	090	2	1	2	1	0
23221	A Partial removal	34.27	34.27	090	2	1	2	0	0
23222	A Partial removal	37.49	37.49	090	2	1	2	1	0

(35) Shoulder, introduction or removal:									
23330	A Remove shoulder	2.25	1.98	010	2	1	0	0	0
23331	A Remove shoulder	9.09	9.09	090	2	1	0	0	0
23332	A Remove shoulder	20.80	20.80	090	2	1	2	1	0
23350	A Injection for shoulder	1.44	1.44	000	2	1	1	0	0
(36) Shoulder, repair, revision, and/or reconstruction:									
23395	A Muscle transfer	27.06	27.06	090	2	0	2	1	0
23397	A Muscle transfer	29.43	29.43	090	2	0	2	1	0
23400	A Fixation of shoulder	22.72	22.72	090	2	1	2	1	0
23405	A Incision of tendon	15.38	15.38	090	2	0	2	1	0
23406	A Incision of tendons	19.76	19.76	090	2	0	2	0	0
23410	A Repair of tendon	22.83	22.83	090	2	0	2	1	0
23412	A Repair of tendon	26.19	26.19	090	2	1	2	1	0
23415	A Release of shoulder	14.51	14.51	090	2	1	1	1	0
23420	A Repair of shoulder	27.50	27.50	090	2	1	2	1	0
23430	A Repair biceps tendon	16.81	16.81	090	2	1	2	1	0
23440	A Removal/transplant	17.08	17.08	090	2	1	2	1	0
23450	A Repair shoulder	25.61	25.61	090	2	1	2	1	0
23455	A Repair shoulder	29.45	29.45	090	2	1	2	1	0
23460	A Repair shoulder	28.78	28.78	090	2	1	2	1	0
23462	A Repair shoulder	29.87	29.87	090	2	1	2	1	0
23465	A Repair shoulder	29.31	29.31	090	2	1	2	1	0
23466	A Repair shoulder	29.49	29.49	090	2	1	2	1	0
23470	A Reconstruct shoulder	33.22	33.22	090	2	1	2	1	0
23472	A Reconstruct shoulder	36.03	36.03	090	2	1	2	1	0
23480	A Revision of collar bone	17.08	17.08	090	2	1	1	1	0
23485	A Revision of collar bone	24.19	24.19	090	2	1	2	1	0
23490	A Reinforce clavicle	20.85	20.85	090	2	1	2	0	0
23491	A Reinforce shoulder	26.33	26.33	090	2	1	2	1	0
(37) Shoulder, fracture and/or dislocation:									
23500	A Treat clavicle	3.60	3.60	090	2	1	1	0	0
23505	A Treat clavicle	6.04	6.04	090	2	1	1	0	0
23515	A Repair clavicle	14.04	14.04	090	2	1	2	1	0
23520	A Treat clavicle	3.40	3.40	090	2	1	0	0	0
23525	A Treat clavicle	5.33	5.33	090	2	1	0	0	0
23530	A Repair clavicle	13.49	13.49	090	2	1	2	0	0
23532	A Repair clavicle	14.91	14.91	090	2	1	2	0	0
23540	A Treat clavicle	3.63	3.63	090	2	1	1	0	0
23545	A Treat clavicle	5.02	5.02	090	2	1	0	0	0
23550	A Repair clavicle	15.07	15.07	090	2	1	2	1	0
23552	A Repair clavicle	15.36	15.36	090	2	1	2	1	0
23570	A Treat shoulder bone	3.80	3.80	090	2	1	1	0	0
23575	A Treat shoulder bone	6.58	6.58	090	2	1	0	0	0
23585	A Repair scapula	16.28	16.28	090	2	1	2	1	0
23600	A Treat humerus fixation	5.70	5.70	090	2	1	1	0	0
23605	A Treat humerus fixation	9.44	9.44	090	2	1	1	0	0
23615	A Repair humerus	19.41	19.41	090	2	1	2	1	0
23616	A Repair humerus	42.82	42.82	090	2	1	2	2	0
23620	A Treat humerus	5.21	3.71	090	2	1	1	0	0
23625	A Treat humerus	7.59	7.59	090	2	1	1	0	0
23630	A Repair humerus	15.26	15.26	090	2	1	2	1	0
23650	A Treat shoulder	5.24	5.24	090	2	1	1	0	0
23655	A Treat shoulder	7.22	7.22	090	2	1	1	0	0
23660	A Repair shoulder	15.53	15.53	090	2	1	2	1	0
23665	A Treat dislocation	7.58	7.58	090	2	1	1	0	0
23670	A Repair dislocation	16.59	16.59	090	2	1	2	1	0
23675	A Treat dislocation	9.62	9.62	090	2	1	1	0	0
23680	A Repair dislocation	21.00	21.00	090	2	1	2	1	0

(38) Shoulder, manipulation:									
23700	A Fixation of shoulder	4.49	4.49	010	2	0	1	0	0
(39) Shoulder, arthrodesis:									
23800	A Fusion of shoulder	29.35	29.35	090	2	1	2	1	0
23802	A Fusion of shoulder	29.90	29.90	090	2	0	2	1	0
(40) Shoulder, amputation:									
23900	A Amputation of arm	31.37	31.37	090	2	0	2	0	0
23920	A Amputation of shoulder	28.04	28.04	090	2	0	2	1	0
23921	A Amputation	9.52	9.52	090	2	0	1	0	0
(41) Shoulder, other procedures:									
23929	C Shoulder surgery	0.00	0.00	YYY	2	0	2	1	1
(42) Humerus and elbow, incision:									
23930	A Drainage of arm	4.36	4.36	010	2	1	1	0	0
23931	A Drainage of arm	2.41	2.05	010	2	1	1	0	0
23935	A Drain arm/elbow	10.49	10.49	090	2	1	0	0	0
24000	A Exploratory elbow	12.26	12.26	090	2	1	0	1	0
24006	A Release elbow joint	15.99	15.99	090	2	1	2	2	0
(43) Humerus and elbow, excision:									
24065	A Biopsy arm or elbow	2.71	2.32	010	2	1	1	0	0
24066	A Biopsy arm or elbow	7.57	7.57	090	2	1	1	0	0
24075	A Remove arm or elbow	5.66	5.66	090	2	1	1	0	0
24076	A Remove arm or elbow	9.64	9.64	090	2	1	1	0	0
24077	A Remove tumor	21.16	21.16	090	2	1	2	1	0
24100	A Biopsy elbow joint	8.94	8.94	090	2	1	2	1	0
24101	A Explore/treat elbow	12.85	12.85	090	2	1	2	0	0
24102	A Remove elbow joint	16.82	16.82	090	2	1	2	1	0
24105	A Removal of elbow	7.27	7.27	090	2	1	1	0	0
24110	A Remove humerus	14.81	14.81	090	2	1	1	1	0
24115	A Remove/graft bone	16.89	16.89	090	2	1	2	1	0
24116	A Remove/graft bone	20.92	20.92	090	2	1	2	0	0
24120	A Remove elbow lesion	12.39	12.39	090	2	1	0	0	0
24125	A Remove/graft bone	13.09	13.09	090	2	1	2	1	0
24126	A Remove/graft bone	15.36	15.36	090	2	1	2	0	0
24130	A Removal of radial head	12.76	12.76	090	2	1	1	1	0
24134	A Removal of arm	17.91	17.91	090	2	1	2	0	0
24136	A Remove radius bone	16.24	16.24	090	2	1	1	0	0
24138	A Remove elbow bone	14.06	14.06	090	2	1	2	0	0
24140	A Partial removal	17.60	17.60	090	2	1	2	0	0
24145	A Partial removal	13.61	13.61	090	2	1	1	1	0
24147	A Partial removal	13.83	13.83	090	2	1	1	1	0
24149	A Radical resection	26.24	26.24	090	2	1	2	1	0
24150	A Extensive humerus	26.88	26.88	090	2	1	2	1	0
24151	A Extensive humerus	28.67	28.67	090	2	1	2	1	0
24152	A Extensive radius	16.34	16.34	090	2	1	2	1	0
24153	A Extensive radius	21.50	21.50	090	2	1	0	0	0
24155	A Removal of elbow	21.98	21.98	090	2	1	2	1	0
(44) Humerus and elbow, introduction or removal:									
24160	A Remove elbow joint	12.22	12.22	090	2	1	1	1	0
24164	A Remove radial head	11.49	11.49	090	2	1	1	1	0
24200	A Removal of arm	2.17	1.90	010	2	1	0	0	0
24201	A Removal of arm	7.37	7.37	090	2	1	1	0	0
24220	A Injection for elbow	1.71	1.71	000	2	1	0	0	0

(45) Humerus and elbow, repair, revision, and/or reconstruction:

24301	A Muscle/tendon transfer	17.57	17.57	090	2	0	2	1	0
24305	A Arm tendon lengthening	9.90	9.90	090	2	0	0	0	0
24310	A Revision of arm	8.54	8.54	090	2	0	0	0	0
24320	A Repair of arm tenoplasty	19.18	19.18	090	2	0	2	1	0
24330	A Revision of arm	17.95	17.95	090	2	1	2	0	0
24331	A Revision of arm	19.83	19.83	090	2	1	2	0	0
24340	A Repair of biceps	14.55	14.55	090	2	1	2	1	0
24341	A Repair tendon/muscle	14.55	14.55	090	2	1	2	1	0
24342	A Repair of rupture	20.64	20.64	090	2	1	2	1	0
24350	A Repair of tennis elbow	9.23	9.23	090	2	1	0	0	0
24351	A Repair of tennis elbow	10.18	10.18	090	2	1	0	0	0
24352	A Repair of tennis elbow	11.85	11.85	090	2	1	2	1	0
24354	A Repair of tennis elbow	11.82	11.82	090	2	1	1	0	0
24356	A Revision of tennis elbow	13.75	13.75	090	2	1	0	0	0
24360	A Reconstruct elbow	25.67	25.67	090	2	1	2	1	0
24361	A Reconstruct elbow	26.57	26.57	090	2	1	2	1	0
24362	A Reconstruct elbow	26.74	20.40	090	2	1	2	0	0
24363	A Replace elbow joint	38.71	38.71	090	2	1	2	0	0
24365	A Reconstruct radial head	15.54	15.54	090	2	1	2	1	0
24366	A Reconstruct radial head	18.98	18.98	090	2	1	2	1	0
24400	A Revision of humerus	18.94	18.94	090	2	1	2	1	0
24410	A Revision of humerus	28.15	28.15	090	2	1	2	1	0
24420	A Revision of humerus	25.19	25.19	090	2	1	2	1	0
24430	A Repair of humerus	26.53	26.53	090	2	1	2	1	0
24435	A Repair of humerus	27.52	27.52	090	2	1	2	1	0
24470	A Revision of elbow	16.30	16.30	090	2	1	2	0	0
24495	A Decompression of forearm	13.53	13.53	090	2	1	0	0	0
24498	A Reinforce humerus	21.73	21.73	090	2	1	2	1	0

(46) Humerus and elbow, fracture and/or dislocation:

24500	A Treat humerus fracture	5.57	5.57	090	2	1	1	0	0
24505	A Treat humerus fracture	9.43	9.43	090	2	1	1	0	0
24515	A Repair humerus	20.75	20.75	090	2	1	2	1	0
24516	A Repair humerus	20.75	20.75	090	2	1	2	2	0
24530	A Treat humerus fracture	6.05	6.05	090	2	1	1	0	0
24535	A Treat humerus fracture	11.35	11.35	090	2	1	1	0	0
24538	A Treat humerus fracture	16.96	16.96	090	2	1	1	0	0
24545	A Repair humerus	20.00	20.00	090	2	1	2	1	0
24546	A Repair humerus	24.75	24.75	090	2	1	2	2	0
24560	A Treat humerus fracture	4.79	4.79	090	2	1	1	0	0
24565	A Treat humerus fracture	8.68	8.68	090	2	1	1	0	0
24566	A Treat humerus fracture	13.45	13.45	090	2	1	1	0	0
24575	A Repair humerus	17.89	17.89	090	2	1	2	1	0
24576	A Treat humerus fracture	4.86	4.86	090	2	1	1	0	0
24577	A Treat humerus fracture	9.46	9.46	090	2	1	1	0	0
24579	A Repair humerus	19.36	19.36	090	2	1	2	1	0
24582	A Treat humerus fracture	14.74	14.74	090	2	1	1	0	0
24586	A Repair elbow fracture	29.33	29.33	090	2	1	2	1	0
24587	A Repair elbow fracture	28.21	28.21	090	2	1	2	1	0
24600	A Treat elbow dislocation	5.87	5.87	090	2	1	1	0	0
24605	A Treat elbow dislocation	7.34	7.34	090	2	1	1	0	0
24615	A Repair elbow dislocation	18.34	18.34	090	2	1	2	1	0
24620	A Treat elbow fracture	10.30	10.30	090	2	1	0	0	0
24635	A Repair elbow fracture	23.64	23.64	090	2	1	2	1	0
24640	A Treat elbow dislocation	2.11	2.11	010	2	1	0	0	0
24650	A Treat radius fracture	4.32	3.23	090	2	1	1	0	0
24655	A Treat radius fracture	7.15	7.15	090	2	1	1	0	0
24665	A Repair radius fracture	14.91	14.91	090	2	1	2	1	0
24666	A Repair radius fracture	19.42	19.42	090	2	1	2	1	0

24670	A Treat ulnar fracture	4.34	4.34	090	2	1	1	0	0
24675	A Treat ulnar fracture	7.97	7.97	090	2	1	1	0	0
24685	A Repair ulnar fracture	16.84	16.84	090	2	1	2	1	0
(47) Humerus and elbow, arthrodesis:									
24800	A Fusion of elbow	21.25	21.25	090	2	1	2	1	0
24802	A Fusion/graft of elbow	25.29	25.29	090	2	1	2	0	0
(48) Humerus and elbow, amputation:									
24900	A Amputation of ulna	16.90	16.90	090	2	1	2	1	0
24920	A Amputation of ulna	15.87	15.87	090	2	1	2	1	0
24925	A Amputation	12.89	12.89	090	2	1	2	0	0
24930	A Amputation	17.83	17.83	090	2	1	2	0	0
24931	A Upper arm and implant	23.35	23.35	090	2	1	2	0	0
24935	A Revision of amputation	28.59	28.59	090	2	1	0	0	0
24940	C Revision of extremity	0.00	0.00	090	2	1	2	0	0
(49) Humerus and elbow, other procedures:									
24999	C Upper arm/elbow surgery	0.00	0.00	YYY	2	1	0	1	1
(50) Forearm and wrist, incision:									
25000	A Incision of tendon	7.00	7.00	090	2	1	1	0	0
25020	A Decompression	10.00	10.00	090	2	1	1	0	0
25023	A Decompression	17.54	17.54	090	2	1	0	0	0
25028	A Drainage of forearm	6.95	6.95	090	2	1	1	0	0
25031	A Drainage of forearm	4.45	4.45	090	2	1	0	0	0
25035	A Treat forearm	13.32	13.32	090	2	1	0	0	0
25040	A Explore/treat wrist	12.51	12.51	090	2	1	0	0	0
(51) Forearm and wrist, excision:									
25065	A Biopsy of forearm	2.58	2.22	010	2	1	1	0	0
25066	A Biopsy of forearm	5.36	5.36	090	2	1	1	0	0
25075	A Removal of forearm	5.71	5.71	090	2	1	1	0	0
25076	A Removal of forearm	8.48	8.48	090	2	1	1	0	0
25077	A Remove tumor, forearm	17.97	17.97	090	2	1	1	0	0
25085	A Incision of wrist	9.85	9.85	090	2	1	2	0	0
25100	A Biopsy of wrist	8.12	8.12	090	2	1	0	0	0
25101	A Explore/treat wrist	9.78	9.78	090	2	1	0	0	0
25105	A Remove wrist joint	12.19	12.19	090	2	1	0	1	0
25107	A Remove wrist joint	11.43	11.43	090	2	1	2	1	0
25110	A Remove wrist tendon	6.52	6.52	090	2	1	1	0	0
25111	A Remove wrist tendon	6.49	6.49	090	2	1	1	0	0
25112	A Reremove wrist tendon	8.07	8.07	090	2	1	1	0	0
25115	A Remove wrist/forearm	15.58	15.58	090	2	1	1	0	0
25116	A Remove wrist/forearm	14.77	14.77	090	2	1	0	1	0
25118	A Excise wrist tendon	9.18	9.18	090	2	1	1	0	0
25119	A Partial removal of ulna	12.62	12.62	090	2	1	2	1	0
25120	A Removal of forearm	12.47	12.47	090	2	1	0	1	0
25125	A Remove/graft forearm	13.97	13.97	090	2	1	0	0	0
25126	A Remove/graft forearm	14.04	14.04	090	2	1	2	0	0
25130	A Removal of wrist	9.21	9.21	090	2	1	0	0	0
25135	A Remove and graft	12.06	12.06	090	2	1	2	1	0
25136	A Remove and graft	10.47	10.47	090	2	1	2	1	0
25145	A Remove forearm	11.94	11.94	090	2	1	2	0	0
25150	A Partial removal	13.50	13.50	090	2	1	1	1	0
25151	A Partial removal	12.83	12.83	090	2	1	2	1	0
25170	A Extensive forearm	20.36	20.36	090	2	1	2	1	0
25210	A Removal of wrist	10.56	10.56	090	2	0	0	1	0

25215	A Removal of wrist	16.33	16.33	090	2	0	2	1	0
25230	A Partial removal	10.60	10.60	090	2	1	1	1	0
25240	A Partial removal	10.29	10.29	090	2	1	0	1	0
(52) Forearm and wrist, introduction or removal:									
25246	A Injection for wrist	1.83	1.83	000	2	1	1	0	0
25248	A Removal of forearm	6.98	6.98	090	2	1	1	0	0
25250	A Removal of wrist	11.93	11.93	090	2	1	2	0	0
25251	A Removal of wrist	17.42	17.42	090	2	0	2	0	0
(53) Forearm and wrist, repair, revision, and/or reconstruction:									
25260	A Repair forearm	11.96	11.96	090	2	0	1	0	0
25263	A Repair forearm	13.24	13.24	090	2	0	2	0	0
25265	A Repair forearm	17.41	17.41	090	2	0	2	0	0
25270	A Repair forearm	9.00	9.00	090	2	0	0	0	0
25272	A Repair forearm	10.01	10.01	090	2	0	0	0	0
25274	A Repair forearm	14.96	14.96	090	2	0	0	1	0
25280	A Revise wrist/forearm	11.01	11.01	090	2	0	0	1	0
25290	A Incise wrist/forearm	7.41	7.41	090	2	0	1	0	0
25295	A Release wrist/forearm	9.18	9.18	090	2	0	1	0	0
25300	A Fusion of tendon	15.75	15.75	090	2	1	2	0	0
25301	A Fusion of tendon	14.82	14.82	090	2	1	2	0	0
25310	A Transplant forearm	14.93	14.93	090	2	0	2	1	0
25312	A Transplant forearm	16.78	16.78	090	2	0	2	1	0
25315	A Revise palsy hand	17.78	17.78	090	2	1	2	0	0
25316	A Revise palsy hand	22.39	22.39	090	2	1	2	0	0
25320	A Repair/revise wrist	18.88	18.88	090	2	1	2	0	0
25332	A Revise wrist joint	20.89	20.89	090	2	1	2	0	0
25335	A Realignment of wrist	23.57	23.57	090	2	1	2	0	0
25337	A Reconstruct ulna	18.34	18.34	090	2	1	1	0	0
25350	A Revision of radius	16.02	16.02	090	2	1	2	0	0
25355	A Revision of radius	18.86	18.86	090	2	1	2	0	0
25360	A Revision of ulna	14.39	14.39	090	2	1	2	1	0
25365	A Revise radius and ulna	22.08	22.08	090	2	1	2	0	0
25370	A Revise radius or ulna	24.55	24.55	090	2	1	2	0	0
25375	A Revise radius and ulna	25.24	25.24	090	2	1	2	1	0
25390	A Shorten radius or ulna	18.79	18.79	090	2	1	2	1	0
25391	A Lengthen radius or ulna	24.32	24.32	090	2	1	2	1	0
25392	A Shorten radius and ulna	25.81	25.81	090	2	1	2	0	0
25393	A Lengthen radius and ulna	29.41	29.41	090	2	1	2	0	0
25400	A Repair radius or ulna	21.29	21.29	090	2	1	2	1	0
25405	A Repair/graft radius	26.17	26.17	090	2	1	2	1	0
25415	A Repair radius and ulna	24.21	24.21	090	2	1	2	1	0
25420	A Repair/graft radius	30.28	30.28	090	2	1	2	1	0
25425	A Repair/graft radius	24.63	24.63	090	2	1	2	1	0
25426	A Repair/graft radius	26.86	26.86	090	2	1	2	1	0
25440	A Repair/graft wrist	19.05	19.05	090	2	1	2	1	0
25441	A Reconstruct wrist	23.73	23.73	090	2	1	2	1	0
25442	A Reconstruct wrist	17.34	17.34	090	2	1	2	1	0
25443	A Reconstruct wrist	19.33	19.33	090	2	1	2	1	0
25444	A Reconstruct wrist	20.83	20.83	090	2	1	2	0	0
25445	A Reconstruct wrist	19.75	19.75	090	2	1	1	1	0
25446	A Wrist replacement	34.54	34.54	090	2	1	2	1	0
25447	A Repair wrist joint	19.60	19.60	090	2	1	2	1	0
25449	A Remove wrist joint	21.37	21.37	090	2	1	2	1	0
25450	A Revision of wrist	14.86	14.86	090	2	1	1	0	0
25455	A Revision of wrist	17.81	17.81	090	2	1	1	0	0
25490	A Reinforce radius	17.84	17.84	090	2	1	2	0	0
25491	A Reinforce ulna	18.65	18.65	090	2	1	2	0	0
25492	A Reinforce radius	23.03	23.03	090	2	1	2	0	0

(54) Forearm and wrist, fracture and/or dislocation:

25500	A Treat fracture	4.63	3.51	090	2	1	1	0	0
25505	A Treat fracture	8.46	8.46	090	2	1	1	0	0
25515	A Repair fracture	16.38	16.38	090	2	1	2	1	0
25520	A Repair fracture	11.75	11.75	090	2	1	1	2	0
25525	A Repair fracture	22.89	22.89	090	2	1	2	2	0
25526	A Repair fracture	24.30	24.30	090	2	1	2	2	0
25530	A Treat fracture	4.45	3.20	090	2	1	1	0	0
25535	A Treat fracture	8.41	8.41	090	2	1	1	0	0
25545	A Repair fracture	16.06	16.06	090	2	1	2	1	0
25560	A Treat fracture	4.56	4.56	090	2	1	1	0	0
25565	A Treat fracture	10.00	10.00	090	2	1	1	0	0
25574	A Treat fracture	14.76	14.76	090	2	1	2	2	0
25575	A Repair fracture	20.78	20.78	090	2	1	2	1	0
25600	A Treat fracture	5.36	3.99	090	2	1	1	0	0
25605	A Treat fracture	9.43	9.43	090	2	1	1	0	0
25611	A Repair fracture	13.39	13.39	090	2	1	1	0	0
25620	A Repair fracture	15.28	15.28	090	2	1	2	0	0
25622	A Treat wrist bone	4.75	3.65	090	2	1	1	0	0
25624	A Treat wrist bone	7.97	6.20	090	2	1	0	0	0
25628	A Repair wrist bone	15.18	15.18	090	2	1	2	0	0
25630	A Treat wrist bone	4.90	3.84	090	2	1	1	0	0
25635	A Treat wrist bone	7.51	5.88	090	2	1	0	0	0
25645	A Repair wrist bone	13.56	13.56	090	2	1	2	0	0
25650	A Repair wrist bone	5.54	4.25	090	2	1	1	0	0
25660	A Treat wrist dislocation	6.22	6.22	090	2	1	0	0	0
25670	A Repair wrist dislocation	14.65	14.65	090	2	1	2	1	0
25675	A Treat wrist dislocation	6.63	6.63	090	2	1	0	0	0
25676	A Repair wrist dislocation	14.98	14.98	090	2	1	2	0	0
25680	A Treat wrist fracture	7.99	7.99	090	2	1	0	0	0
25685	A Repair wrist fracture	18.16	18.16	090	2	1	2	0	0
25690	A Treat wrist dislocation	10.12	10.12	090	2	1	0	0	0
25695	A Repair wrist dislocation	15.02	15.02	090	2	1	2	1	0

(55) Forearm and wrist, arthrodesis:

25800	A Fusion of wrist	20.23	20.23	090	2	1	2	1	0
25805	A Fusion/graft of wrist	23.38	23.38	090	2	1	2	1	0
25810	A Fusion/graft of wrist	21.97	21.97	090	2	1	2	1	0
25820	A Fusion of hand	15.50	15.50	090	2	1	2	1	0
25825	A Fusion of hand bone	19.37	19.37	090	2	1	2	1	0
25830	A Fusion of radioulnar	18.24	18.24	090	2	1	2	1	0

(56) Forearm and wrist, amputation:

25900	A Amputation of forearm	15.74	15.74	090	2	1	0	0	0
25905	A Amputation of forearm	15.78	15.78	090	2	1	2	0	0
25907	A Amputation follow–up	13.18	13.18	090	2	1	2	0	0
25909	A Amputation follow–up	14.08	14.08	090	2	1	2	0	0
25915	A Amputation	32.22	32.22	090	2	1	2	0	0
25920	A Amputation of hand	15.30	15.30	090	2	1	0	0	0
25922	A Amputation of hand	12.66	12.66	090	2	1	2	0	0
25924	A Amputation follow–up	15.60	15.60	090	2	1	2	0	0
25927	A Amputation of hand	14.74	14.74	090	2	1	0	0	0
25929	A Amputation follow–up	12.00	12.00	090	2	1	2	0	0
25931	A Amputation follow–up	11.97	11.97	090	2	1	1	0	0

(57) Forearm and wrist, other procedures:									
25999	C Forearm or wrist surgery	0.00	0.00	YYY	2	1	0	1	1
(58) Hand and fingers, incision:									
26010	A Drainage of finger	1.89	1.66	010	2	0	1	0	0
26011	A Drainage of finger	3.61	3.61	010	2	0	1	0	0
26020	A Drainage of hand tendon	8.18	8.18	090	2	0	1	0	0
26025	A Drainage of palmar	9.15	9.15	090	2	0	0	0	0
26030	A Drainage of palmar	11.46	11.46	090	2	0	0	0	0
26034	A Treat hand bone	10.13	10.13	090	2	0	1	0	0
26035	A Decompress finger	14.10	14.10	090	2	0	0	0	0
26037	A Decompress finger	13.31	13.31	090	2	0	0	0	0
26040	A Release palm contracture	6.06	6.06	090	2	1	1	0	0
26045	A Release palm contracture	10.16	10.16	090	2	1	1	0	0
26055	A Incise finger tendon	5.92	5.92	090	2	0	1	0	0
26060	A Incision of finger	3.74	3.74	090	2	0	0	0	0
26070	A Explore/treat hand	6.25	4.91	090	2	1	1	0	0
26075	A Explore/treat finger	7.43	7.43	090	2	1	1	0	0
26080	A Explore/treat finger	7.16	7.16	090	2	0	1	0	0
(59) Hand and fingers, excision:									
26100	A Biopsy hand joint	6.47	6.47	090	2	1	0	0	0
26105	A Biopsy finger joint	7.77	7.77	090	2	1	0	0	0
26110	A Biopsy finger joint	6.31	6.31	090	2	0	1	0	0
26115	A Removal of hand	5.63	5.63	090	2	0	1	0	0
26116	A Removal of hand	8.95	8.95	090	2	0	1	0	0
26117	A Remove tumor, hand	13.16	13.16	090	2	0	1	0	0
26121	A Release palm contracture	15.74	15.74	090	2	1	1	0	0
26123	A Release palm contracture	18.07	18.07	090	2	1	1	0	0
26125	A Release palm contracture	6.96	6.96	ZZZ	0	0	1	0	0
26130	A Remove wrist joint	10.23	10.23	090	2	1	1	0	0
26135	A Revise finger joint	11.47	11.47	090	2	0	0	0	0
26140	A Revise finger joint	10.26	10.26	090	2	0	1	0	0
26145	A Tendon excision	10.73	10.73	090	2	0	1	0	0
26160	A Remove tendon sheath	5.32	5.32	090	2	0	1	0	0
26170	A Removal of palm	7.31	7.31	090	2	0	0	0	0
26180	A Removal of finger	8.97	8.97	090	2	0	0	0	0
26185	A Remove finger bone	9.09	9.09	090	2	1	2	1	0
26200	A Remove hand bone	9.73	9.73	090	2	0	0	0	0
26205	A Remove/graft bone	13.74	13.74	090	2	0	1	0	0
26210	A Removal of finger	8.80	8.80	090	2	0	1	0	0
26215	A Remove/graft finger	12.32	12.32	090	2	0	1	0	0
26230	A Partial removal	10.24	10.24	090	2	0	0	0	0
26235	A Partial removal	10.04	10.04	090	2	0	0	0	0
26236	A Partial removal	8.92	8.92	090	2	0	1	0	0
26250	A Extensive hand	13.24	13.24	090	2	0	0	0	0
26255	A Extensive hand	20.77	20.77	090	2	0	2	1	0
26260	A Extensive finger	12.45	12.45	090	2	0	2	0	0
26261	A Extensive finger	16.41	16.41	090	2	0	2	0	0
26262	A Partial removal	10.15	10.15	090	2	0	2	0	0
(60) Hand and fingers, introduction or removal:									
26320	A Removal of implant	7.35	7.35	090	2	0	1	0	0
(61) Hand and fingers, repair, revision, and/or reconstruction:									
26350	A Repair finger/hand	11.53	11.53	090	2	0	1	0	0
26352	A Repair/graft hand	13.95	13.95	090	2	0	2	1	0
26356	A Repair finger/hand	14.97	14.97	090	2	0	1	0	0
26357	A Repair finger/hand	14.80	14.80	090	2	0	2	0	0

26358	A Repair/graft hand	16.15	16.15	090	2	0	2	0	0
26370	A Repair finger/hand	13.56	13.56	090	2	0	0	0	0
26372	A Repair/graft hand	14.76	14.76	090	2	0	2	0	0
26373	A Repair finger/hand	14.64	14.64	090	2	0	2	0	0
26390	A Revise hand/finger	16.70	16.70	090	2	0	2	1	0
26392	A Repair/graft hand	18.33	18.33	090	2	0	2	1	0
26410	A Repair hand tendon	7.66	7.66	090	2	0	1	0	0
26412	A Repair/graft hand	12.07	12.07	090	2	0	0	0	0
26415	A Excision, hand	14.59	14.59	090	2	0	0	0	0
26416	A Graft hand or finger	17.63	17.63	090	2	0	1	0	0
26418	A Repair finger tendon	7.64	7.64	090	2	0	1	0	0
26420	A Repair/graft finger	12.16	12.16	090	2	0	2	0	0
26426	A Repair finger/hand	12.27	12.27	090	2	0	1	0	0
26428	A Repair/graft finger	12.41	12.41	090	2	0	0	0	0
26432	A Repair finger tendon	6.97	5.45	090	2	0	1	0	0
26433	A Repair finger tendon	8.31	8.31	090	2	0	1	0	0
26434	A Repair/graft finger	10.77	10.77	090	2	0	2	0	0
26437	A Realignment of finger	9.57	9.57	090	2	0	1	0	0
26440	A Release palm or finger	8.33	8.33	090	2	0	1	0	0
26442	A Release palm and finger	10.99	10.99	090	2	0	1	0	0
26445	A Release hand/finger	7.35	7.35	090	2	0	1	0	0
26449	A Release forearm	12.26	12.26	090	2	0	0	0	0
26450	A Incision of palm	5.73	5.73	090	2	0	0	0	0
26455	A Incision of finger	5.31	5.31	090	2	0	0	0	0
26460	A Incise hand/finger	4.97	4.97	090	2	0	1	0	0
26471	A Fusion of finger	9.58	9.58	090	2	0	0	0	0
26474	A Fusion of finger	9.70	9.70	090	2	0	2	0	0
26476	A Tendon lengthening	7.64	7.64	090	2	0	1	0	0
26477	A Tendon shortening	8.93	8.93	090	2	0	1	1	0
26478	A Lengthen hand tendon	9.82	9.82	090	2	0	0	0	0
26479	A Shorten hand tendon	10.79	10.79	090	2	0	2	0	0
26480	A Transplant hand tendon	12.99	12.99	090	2	0	0	0	0
26483	A Transplant/graft	16.51	16.51	090	2	0	2	1	0
26485	A Transplant palm tendon	13.86	13.86	090	2	0	2	1	0
26489	A Transplant/graft	12.24	12.24	090	2	0	0	0	0
26490	A Revise thumb tendon	15.87	15.87	090	2	0	0	0	0
26492	A Tendon transfer	17.85	17.85	090	2	0	2	1	0
26494	A Hand tendon/muscle	15.40	15.40	090	2	0	2	1	0
26496	A Revise thumb tendon	17.98	17.98	090	2	0	0	0	0
26497	A Finger tendon transfer	17.20	17.20	090	2	0	2	0	0
26498	A Finger tendon transfer	25.21	25.21	090	2	0	2	1	0
26499	A Revision of finger	16.33	16.33	090	2	0	2	1	0
26500	A Reconstruct hand tendon	9.11	9.11	090	2	0	0	0	0
26502	A Reconstruct hand tendon	12.10	12.10	090	2	0	2	0	0
26504	A Reconstruct hand tendon	13.88	13.88	090	2	0	2	0	0
26508	A Release thumb contracture	9.86	9.86	090	2	0	0	0	0
26510	A Thumb tendon transfer	9.31	9.31	090	2	0	0	0	0
26516	A Fusion of knuckle	10.88	10.88	090	2	0	0	0	0
26517	A Fusion of knuckle	15.52	15.52	090	2	0	2	0	0
26518	A Fusion of knuckle	15.15	15.15	090	2	0	2	1	0
26520	A Release knuckle	9.53	9.53	090	2	0	1	0	0
26525	A Release finger	8.70	8.70	090	2	0	1	1	0
26530	A Revise knuckle	11.53	11.53	090	2	0	2	0	0
26531	A Revise knuckle	14.22	14.22	090	2	0	2	1	0
26535	A Revise finger joint	9.75	9.75	090	2	0	1	0	0
26536	A Revise/implant	13.21	13.21	090	2	0	0	0	0
26540	A Repair hand joint	12.87	12.87	090	2	0	0	1	0
26541	A Repair hand joint	17.27	17.27	090	2	0	2	1	0
26542	A Repair hand joint	12.17	12.17	090	2	0	0	0	0
26545	A Reconstruct finger	11.89	11.89	090	2	0	0	0	0

26546	A Repair nonunion	16.66	16.66	090	2	1	2	0	0
26548	A Reconstruct finger	13.43	13.43	090	2	0	0	0	0
26550	A Construct thumb	40.20	40.20	090	2	0	2	0	0
26551	A Great toe–hand	86.91	86.91	090	2	0	2	0	0
26553	A Single toe–hand	86.32	86.32	090	2	0	2	1	0
26554	A Double toe–hand	102.76	102.76	090	2	0	2	1	0
26555	A Positional change	31.37	31.37	090	2	0	2	0	0
26556	A Toe joint transfer	87.97	87.97	090	2	0	2	1	0
26560	A Repair of web finger	9.74	9.74	090	2	0	2	0	0
26561	A Repair of web finger	19.36	19.36	090	2	0	2	1	0
26562	A Repair of web finger	19.53	19.53	090	2	0	2	0	0
26565	A Correct metacarpal	12.21	12.21	090	2	0	2	0	0
26567	A Correct finger	10.70	10.70	090	2	0	0	0	0
26568	A Lengthen metacarpal	16.99	16.99	090	2	0	2	0	0
26580	A Repair hand defect	34.34	34.34	090	2	0	2	0	0
26585	A Repair finger defect	26.43	26.43	090	2	0	2	0	0
26587	C Reconstruct extension	0.00	0.00	090	2	0	2	0	0
26590	A Repair finger defect	33.87	33.87	090	2	0	2	0	0
26591	A Repair muscles	5.38	5.38	090	2	0	0	0	0
26593	A Release muscles	9.19	9.19	090	2	0	1	0	0
26596	A Excision constriction	16.83	16.83	090	2	0	2	0	0
26597	A Release of scar	17.42	17.42	090	2	0	0	0	0

(62) Hand and fingers, fracture and/or dislocation:

26600	A Treat metacarpal	3.39	2.64	090	2	0	1	0	0
26605	A Treat metacarpal	5.00	3.89	090	2	0	1	0	0
26607	A Treat metacarpal	8.61	8.61	090	2	0	0	0	0
26608	A Treat metacarpal	8.61	8.61	090	2	0	0	0	0
26615	A Repair metacarpal	9.98	9.98	090	2	0	1	0	0
26641	A Treat thumb dislocation	4.73	4.73	090	2	0	0	0	0
26645	A Treat thumb fracture	6.31	6.31	090	2	0	0	0	0
26650	A Repair thumb fracture	9.42	9.42	090	2	0	1	0	0
26665	A Repair thumb fracture	13.67	13.67	090	2	0	1	1	0
26670	A Treat hand dislocation	4.33	4.33	090	2	0	0	0	0
26675	A Treat hand dislocation	8.74	8.74	090	2	0	0	0	0
26676	A Pin hand dislocation	10.08	10.08	090	2	0	1	0	0
26685	A Repair hand dislocation	12.40	12.40	090	2	0	1	1	0
26686	A Repair hand dislocation	13.88	13.88	090	2	0	2	0	0
26700	A Treat knuckle dislocation	4.26	4.26	090	2	0	1	0	0
26705	A Treat knuckle dislocation	5.67	5.67	090	2	0	0	0	0
26706	A Pin knuckle dislocation	9.58	9.58	090	2	0	1	0	0
26715	A Repair knuckle	9.56	9.56	090	2	0	0	0	0
26720	A Treat finger fracture	2.65	2.12	090	2	0	1	0	0
26725	A Treat finger fracture	4.64	3.89	090	2	0	1	0	0
26727	A Treat finger fracture	7.32	7.32	090	2	0	1	0	0
26735	A Repair finger fracture	9.37	9.37	090	2	0	1	0	0
26740	A Treat finger fracture	2.97	2.41	090	2	0	1	0	0
26742	A Treat finger fracture	5.58	5.58	090	2	0	1	0	0
26746	A Repair finger fracture	10.30	10.30	090	2	0	1	0	0
26750	A Treat finger fracture	2.40	2.40	090	2	0	1	0	0
26755	A Treat finger fracture	3.94	3.94	090	2	0	1	0	0
26756	A Pin finger fracture	6.00	6.00	090	2	0	0	0	0
26765	A Repair finger fracture	6.60	6.60	090	2	0	1	0	0
26770	A Treat finger dislocation	3.52	3.52	090	2	0	1	0	0
26775	A Treat finger dislocation	4.55	4.55	090	2	0	1	0	0
26776	A Pin finger dislocation	6.56	6.56	090	2	0	1	0	0
26785	A Repair finger dislocation	6.96	6.96	090	2	0	1	0	0

(63) Hand and fingers, arthrodesis:									
26820	A Thumb fusion with graft	14.50	14.50	090	2	0	2	1	0
26841	A Fusion of thumb	12.98	12.98	090	2	0	0	1	0
26842	A Thumb fusion with graft	16.52	16.52	090	2	0	2	1	0
26843	A Fusion of hand	13.67	13.67	090	2	0	2	1	0
26844	A Fusion/graft	15.68	15.68	090	2	0	2	1	0
26850	A Fusion of knuckle	11.22	11.22	090	2	0	0	0	0
26852	A Fusion of knuckle	13.76	13.76	090	2	0	2	1	0
26860	A Fusion of finger	8.79	8.79	090	2	0	1	0	0
26861	A Fusion of finger	3.66	3.66	ZZZ	0	0	1	0	0
26862	A Fusion/graft	12.14	12.14	090	2	0	2	1	0
26863	A Fusion/graft	7.11	7.11	ZZZ	0	0	2	0	0
(64) Hand and fingers, amputation:									
26910	A Amputation of metacarpal	12.40	12.40	090	2	0	1	0	0
26951	A Amputation of finger	7.21	7.21	090	2	0	1	0	0
26952	A Amputation of finger	9.97	9.97	090	2	0	1	0	0
(65) Hand and fingers, other procedures:									
26989	C Hand/finger surgery	0.00	0.00	YYY	2	0	1	0	1
(66) Pelvis and hip joint, incision:									
26990	A Drainage of pelvis	10.07	10.07	090	2	0	1	0	0
26991	A Drainage of pelvis	7.97	7.97	090	2	0	0	0	0
26992	A Drainage of bone	18.56	18.56	090	2	0	0	0	0
27000	A Incision of hip	7.02	7.02	090	2	1	1	1	0
27001	A Incision of hip	8.77	8.77	090	2	1	2	1	0
27003	A Incision of hip	13.80	13.80	090	2	1	2	1	0
27005	A Incision of hip	12.32	12.32	090	2	1	2	1	0
27006	A Incision of hip	13.69	13.69	090	2	1	2	1	0
27025	A Incision of hip	16.61	16.61	090	2	1	0	1	0
27030	A Drainage of hip	23.87	23.87	090	2	1	2	1	0
27033	A Exploration of hip	24.30	24.30	090	2	1	2	1	0
27035	A Denervation of hip	27.83	27.83	090	2	1	2	1	0
27036	A Excision of hip	23.77	23.77	090	2	1	2	1	0
(67) Pelvis and hip joint, excision:									
27040	A Biopsy of soft tissue	3.36	3.36	010	2	1	1	0	0
27041	A Biopsy of soft tissue	11.80	11.80	090	2	1	1	0	0
27047	A Remove hip/pelvis	8.77	8.77	090	2	1	1	0	0
27048	A Remove hip/pelvis	10.31	10.31	090	2	1	2	1	0
27049	A Remove tumor, hip	23.23	23.23	090	2	1	2	1	0
27050	A Biopsy of sacroiliac	9.07	9.07	090	2	1	0	1	0
27052	A Biopsy of hip joint	13.15	13.15	090	2	1	2	1	0
27054	A Removal of hip	18.07	18.07	090	2	1	2	1	0
27060	A Removal of ischia	9.10	9.10	090	2	1	2	0	0
27062	A Remove femur lesion	9.35	9.35	090	2	1	1	1	0
27065	A Removal of hip	11.25	11.25	090	2	1	2	1	0
27066	A Removal of hip	17.73	17.73	090	2	1	2	1	0
27067	A Remove/graft hip	24.85	24.85	090	2	1	2	0	0
27070	A Partial removal	17.56	17.56	090	2	1	2	1	0
27071	A Partial removal	19.41	19.41	090	2	1	2	1	0
27075	A Extensive hip	30.00	30.00	090	2	0	2	1	0
27076	A Extensive hip	37.33	37.33	090	2	0	2	1	0
27077	A Extensive hip	41.12	41.12	090	2	0	2	1	0
27078	A Extensive hip	22.01	22.01	090	2	0	2	1	0
27079	A Extensive hip	21.74	21.74	090	2	0	2	1	0
27080	A Removal of tailbone	10.90	10.90	090	2	0	2	1	0

(68) Pelvis and hip joint, introduction or removal:

27086	A Removal of hip	2.30	2.02	010	2	1	0	0	0
27087	A Removal of hip	11.58	11.58	090	2	1	2	1	0
27090	A Removal of hip	19.71	19.71	090	2	1	2	1	0
27091	A Removal of hip	40.98	40.98	090	2	1	2	1	0
27093	A Injection for hip	2.03	2.03	000	2	1	1	0	0
27095	A Injection for hip	2.33	2.33	000	2	1	1	0	0

(69) Pelvis and hip joint, repair, revision, and/or reconstruction:

27097	A Revision of hip	16.13	16.13	090	2	1	2	0	0
27098	A Transfer tendon	16.16	16.16	090	2	1	2	0	0
27100	A Transfer	18.26	18.26	090	2	1	2	1	0
27105	A Transfer	17.12	17.12	090	2	1	2	0	0
27110	A Transfer of iliopsoas	23.31	23.31	090	2	1	2	1	0
27111	A Transfer of iliopsoas	23.17	23.17	090	2	1	2	1	0
27120	A Reconstruction	35.46	35.46	090	2	1	2	1	0
27122	A Reconstruction	31.14	31.14	090	2	1	2	1	0
27125	A Partial hip replacement	30.61	30.61	090	2	1	2	1	0
27130	A Total hip replacement	42.17	42.17	090	2	1	2	1	0
27132	A Total hip replacement	48.72	48.72	090	2	1	2	1	0
27134	A Revise hip joint	59.48	59.48	090	2	1	2	1	0
27137	A Revise hip joint	44.37	44.37	090	2	1	2	1	0
27138	A Revise hip joint	46.06	46.06	090	2	1	2	1	0
27140	A Transplant	22.73	22.73	090	2	1	2	1	0
27146	A Incision of hip	27.08	27.08	090	2	1	2	1	0
27147	A Revision of hip	36.60	36.60	090	2	1	2	1	0
27151	A Incision of hip	39.14	39.14	090	2	1	2	1	0
27156	A Revision of hip	41.75	41.75	090	2	1	2	1	0
27158	A Revision of pelvis	33.30	33.30	090	2	2	2	0	0
27161	A Incision of neck	30.27	30.27	090	2	1	2	1	0
27165	A Incision/fixation	33.90	33.90	090	2	0	2	1	0
27170	A Repair/graft femur	31.90	31.90	090	2	1	2	1	0
27175	A Treat slipped epiphysis	8.92	8.92	090	2	1	0	0	0
27176	A Treat slipped epiphysis	21.91	21.91	090	2	1	2	1	0
27177	A Repair slipped epiphysis	26.79	26.79	090	2	1	2	1	0
27178	A Repair slipped epiphysis	21.84	21.84	090	2	1	2	1	0
27179	A Revise head/neck	23.56	23.56	090	2	1	2	0	0
27181	A Repair slipped epiphysis	27.21	27.21	090	2	1	2	0	0
27185	A Revision of femur	11.49	11.49	090	2	1	1	1	0
27187	A Reinforce hip bone	28.20	28.20	090	2	1	2	1	0

(70) Pelvis and hip joint, fracture and/or dislocation:

27193	A Treat pelvic ring	7.59	7.59	090	2	1	1	2	0
27194	A Treat pelvic ring	12.80	12.80	090	2	0	0	2	0
27200	A Treat tailbone	3.20	3.20	090	2	0	1	0	0
27202	A Repair tailbone	12.82	12.82	090	2	0	2	0	0
27215	A Pelvic fracture	21.09	21.09	090	2	0	2	2	0
27216	A Treat pelvic ring	18.31	18.31	090	2	0	2	2	0
27217	A Treat pelvic ring	28.15	28.15	090	2	0	2	2	0
27218	A Treat pelvic ring	33.63	33.63	090	2	0	2	2	0
27220	A Treat hip socket	10.08	10.08	090	2	1	1	0	0
27222	A Treat hip socket	18.25	18.25	090	2	1	1	0	0
27226	A Treat hip wall	30.17	30.17	090	2	1	2	2	0
27227	A Treat hip fracture	42.08	42.08	090	2	1	2	2	0
27228	A Treat hip fracture	45.69	45.69	090	2	1	2	2	0
27230	A Treat fracture	8.41	8.41	090	2	1	1	0	0
27232	A Treat fracture	19.17	19.17	090	2	1	1	0	0
27235	A Repair of thigh	25.40	25.40	090	2	1	1	1	0
27236	A Repair of thigh	31.99	31.99	090	2	1	2	1	0

27238	A Treatment of thigh	10.15	10.15	090	2	1	1	0	0
27240	A Treatment of thigh	21.56	21.56	090	2	1	1	0	0
27244	A Repair of thigh	31.66	31.66	090	2	1	2	1	0
27245	A Repair of thigh	35.63	35.63	090	2	1	2	2	0
27246	A Treatment of thigh	8.34	8.34	090	2	1	1	0	0
27248	A Repair of thigh	21.76	21.76	090	2	1	2	1	0
27250	A Treat hip dislocation	9.64	9.64	090	2	1	1	0	0
27252	A Treat hip dislocation	14.00	14.00	090	2	1	1	0	0
27253	A Repair of hip	25.59	25.59	090	2	1	2	1	0
27254	A Repair of hip	30.84	30.84	090	2	1	2	1	0
27256	A Treatment of hip	5.73	5.73	010	2	1	0	0	0
27257	A Treatment of hip	9.60	9.60	010	2	1	0	0	0
27258	A Repair of hip	28.51	28.51	090	2	1	2	1	0
27259	A Repair of hip	37.73	37.73	090	2	1	2	0	0
27265	A Treatment of hip	8.22	8.22	090	2	1	1	0	0
27266	A Treatment of hip	11.49	11.49	090	2	1	1	0	0
(71) Pelvis and hip joint, manipulation:									
27275	A Manipulation of hip	4.04	4.04	010	2	0	1	0	0
(72) Pelvis and hip joint, arthrodesis:									
27280	A Fusion of sacroiliac	22.85	22.85	090	2	1	2	1	0
27282	A Fusion of pubis	19.93	19.93	090	2	0	2	1	0
27284	A Fusion of hip joint	30.54	30.54	090	2	1	2	1	0
27286	A Fusion of hip joint	31.17	31.17	090	2	1	2	1	0
(73) Pelvis and hip joint, amputation:									
27290	A Amputation of limb	48.26	48.26	090	2	0	2	1	0
27295	A Amputation of limb	34.53	34.53	090	2	0	2	1	0
(74) Pelvis and hip joint, other procedures:									
27299	C Pelvis/hip joint surgery	0.00	0.00	YYY	2	1	2	1	1
(75) Femur and knee joint, incision:									
27301	A Drain thigh/knee	8.49	8.49	090	2	1	1	0	0
27303	A Drainage of bone	13.71	13.71	090	2	1	2	1	0
27305	A Incise thigh tendon	9.42	9.42	090	2	1	2	1	0
27306	A Incision of thigh	6.29	6.29	090	2	1	2	0	0
27307	A Incision of thigh	8.44	8.44	090	2	1	0	1	0
27310	A Exploration of knee	18.52	18.52	090	2	1	2	1	0
27315	A Partial removal	12.05	12.05	090	2	1	2	0	0
27320	A Partial removal	11.13	11.13	090	2	1	2	1	0
(76) Femur and knee joint, excision:									
27323	A Biopsy thigh tissue	3.02	2.58	010	2	1	1	0	0
27324	A Biopsy thigh tissue	7.24	7.24	090	2	1	1	0	0
27327	A Removal of thigh	6.49	6.49	090	2	1	1	0	0
27328	A Removal of thigh	9.39	9.39	090	2	1	1	0	0
27329	A Remove tumor	25.31	25.31	090	2	1	2	1	0
27330	A Biopsy knee joint	10.45	10.45	090	2	1	1	1	0
27331	A Explore/treat knee	12.41	12.41	090	2	1	2	1	0
27332	A Removal of knee	17.25	17.25	090	2	1	2	1	0
27333	A Removal of knee	15.77	15.77	090	2	1	2	1	0
27334	A Remove knee joint	18.12	18.12	090	2	1	2	1	0
27335	A Remove knee joint	20.83	20.83	090	2	1	2	1	0
27340	A Removal of knee	7.86	7.86	090	2	1	1	0	0
27345	A Removal of knee	11.34	11.34	090	2	1	2	1	0
27350	A Removal of knee	16.95	16.95	090	2	1	2	1	0

27355	A Remove femur lesion	14.94	14.94	090	2	1	2	1	0
27356	A Remove femur lesion	17.27	17.27	090	2	1	2	1	0
27357	A Remove femur lesion	18.85	18.85	090	2	1	2	1	0
27358	A Remove femur lesion	9.10	9.10	ZZZ	0	1	2	0	0
27360	A Partial removal	18.57	18.57	090	2	1	2	1	0
27365	A Extensive leg surgery	29.58	29.58	090	2	1	2	1	0
(77) Femur and knee joint, introduction or removal:									
27370	A Injection for knee	1.48	1.48	000	2	1	1	0	0
27372	A Removal of foreign body	8.20	8.20	090	2	1	0	0	0
(78) Femur and knee joint, repair, revision, and/or reconstruction:									
27380	A Repair of kneecap	14.82	14.82	090	2	1	2	1	0
27381	A Repair/graft kneecap	21.28	21.28	090	2	1	2	1	0
27385	A Repair of thigh	16.08	16.08	090	2	1	2	1	0
27386	A Repair/graft thigh	21.92	21.92	090	2	1	2	1	0
27390	A Incision of thigh	9.44	9.44	090	2	0	2	0	0
27391	A Incision of thigh	12.27	12.27	090	2	0	0	1	0
27392	A Incision of thigh	16.47	16.47	090	2	2	2	1	0
27393	A Lengthening of hamstring	11.79	11.79	090	2	0	2	1	0
27394	A Lengthening of hamstring	13.77	13.77	090	2	0	2	0	0
27395	A Lengthening of hamstring	21.68	21.68	090	2	2	2	1	0
27396	A Transplant of tendon	14.57	14.57	090	2	0	2	1	0
27397	A Transplants of tendons	19.62	19.62	090	2	0	2	0	0
27400	A Revise thigh muscle	16.49	16.49	090	2	1	2	1	0
27403	A Repair of knee	16.85	16.85	090	2	1	2	1	0
27405	A Repair of knee	17.97	17.97	090	2	1	2	1	0
27407	A Repair of knee	18.68	18.68	090	2	1	2	1	0
27409	A Repair of knee	26.79	26.79	090	2	1	2	1	0
27418	A Repair degeneration	22.40	22.40	090	2	1	2	1	0
27420	A Revision of patella	20.33	20.33	090	2	1	2	1	0
27422	A Revision of patella	20.28	20.28	090	2	1	2	1	0
27424	A Revision/removal	20.37	20.37	090	2	1	2	1	0
27425	A Lateral retinacular	10.88	10.88	090	2	1	1	1	0
27427	A Reconstruction	19.69	19.69	090	2	1	2	1	0
27428	A Reconstruction	27.41	27.41	090	2	1	2	1	0
27429	A Reconstruction	25.98	25.98	090	2	1	2	1	0
27430	A Revision of thigh	18.65	18.65	090	2	1	2	1	0
27435	A Incision of knee	16.03	16.03	090	2	1	2	1	0
27437	A Revise kneecap	17.53	17.53	090	2	1	1	1	0
27438	A Revise kneecap	23.30	23.30	090	2	1	2	1	0
27440	A Revision of knee	21.71	21.71	090	2	1	2	1	0
27441	A Revision of knee	19.48	19.48	090	2	1	2	1	0
27442	A Revision of knee	25.11	25.11	090	2	1	2	1	0
27443	A Revision of knee	23.37	23.37	090	2	1	2	1	0
27445	A Revision of knee	37.16	37.16	090	2	1	2	1	0
27446	A Revision of knee	33.34	33.34	090	2	1	2	1	0
27447	A Total knee replacement	45.05	45.05	090	2	1	2	1	0
27448	A Incision of thigh	22.95	22.95	090	2	1	2	1	0
27450	A Incision of thigh	28.33	28.33	090	2	1	2	1	0
27454	A Realignment	32.66	32.66	090	2	1	2	1	0
27455	A Realignment	24.31	24.31	090	2	1	2	1	0
27457	A Realignment	26.24	26.24	090	2	1	2	1	0
27465	A Shortening femur	25.52	25.52	090	2	1	2	1	0
27466	A Lengthening femur	29.05	29.05	090	2	1	2	1	0
27468	A Shorten/lengthen	35.00	35.00	090	2	1	2	1	0
27470	A Repair of thigh	32.12	32.12	090	2	1	2	1	0
27472	A Repair/graft	36.66	36.66	090	2	1	2	1	0
27475	A Surgery	16.02	16.02	090	2	1	1	1	0
27477	A Surgery	20.83	20.83	090	2	1	1	1	0

27479	A Surgery	23.90	23.90	090	2	1	2	0	0
27485	A Surgery	16.38	16.38	090	2	1	1	0	0
27486	A Revise knee joint	40.32	40.32	090	2	1	2	1	0
27487	A Revise knee joint	53.05	53.05	090	2	1	2	1	0
27488	A Removal of knee	31.32	31.32	090	2	1	2	1	0
27495	A Reinforce thigh	32.20	32.20	090	2	1	2	1	0
27496	A Decompression	10.33	10.33	090	2	1	1	2	0
27497	A Decompression	12.37	12.37	090	2	1	0	2	0
27498	A Decompression	13.93	13.93	090	2	1	2	2	0
27499	A Decompression	15.86	15.86	090	2	1	2	2	0
(79) Femur and knee joint, fracture and/or dislocation:									
27500	A Treatment of thigh	11.05	11.05	090	2	1	1	0	0
27501	A Treatment of thigh	11.05	11.05	090	2	1	0	0	0
27502	A Treatment of thigh	17.68	17.68	090	2	1	1	0	0
27503	A Treatment of thigh	17.68	17.68	090	2	1	0	0	0
27506	A Repair of thigh	32.73	32.73	090	2	1	2	1	0
27507	A Treatment of thigh	28.98	28.98	090	2	1	2	2	0
27508	A Treatment of thigh	9.73	9.73	090	2	1	1	0	0
27509	A Treatment of thigh	11.43	11.43	090	2	1	0	0	0
27510	A Treatment of thigh	15.48	15.48	090	2	1	1	0	0
27511	A Treatment of thigh	28.28	28.28	090	2	1	2	2	0
27513	A Treatment of thigh	33.15	33.15	090	2	1	2	2	0
27514	A Repair of thigh	32.32	32.32	090	2	1	2	1	0
27516	A Repair of thigh	9.92	9.92	090	2	1	1	0	0
27517	A Repair of thigh	16.23	16.23	090	2	1	0	0	0
27519	A Repair of thigh	27.01	27.01	090	2	1	2	1	0
27520	A Treat kneecap fracture	5.78	4.31	090	2	1	1	0	0
27524	A Repair of kneecap	19.98	19.98	090	2	1	2	1	0
27530	A Treatment of kneecap	7.00	7.00	090	2	1	1	0	0
27532	A Treatment of kneecap	12.62	12.62	090	2	1	1	0	0
27535	A Treatment of kneecap	22.77	22.77	090	2	1	2	2	0
27536	A Repair of kneecap	26.54	26.54	090	2	1	2	1	0
27538	A Treat knee fracture	7.96	7.96	090	2	1	0	0	0
27540	A Repair of knee	23.43	23.43	090	2	1	2	1	0
27550	A Treat knee dislocation	7.91	7.91	090	2	1	0	0	0
27552	A Treat knee dislocation	10.78	10.78	090	2	1	0	0	0
27556	A Repair of knee	26.21	26.21	090	2	1	2	1	0
27557	A Repair of knee	30.67	30.67	090	2	1	2	1	0
27558	A Repair of knee	31.53	31.53	090	2	1	2	2	0
27560	A Treat kneecap	4.94	4.94	090	2	1	1	0	0
27562	A Treat kneecap	10.68	10.68	090	2	1	0	0	0
27566	A Repair kneecap	22.24	22.24	090	2	1	2	1	0
(80) Femur and knee joint, manipulation:									
27570	A Fixation of knee	3.40	3.40	010	2	0	1	0	0
(81) Femur and knee joint, arthrodesis:									
27580	A Fusion of knee	34.16	34.16	090	2	1	2	1	0
(82) Femur and knee joint, amputation:									
27590	A Amputate leg at thigh	20.71	20.71	090	2	1	2	1	0
27591	A Amputate leg at thigh	24.04	24.04	090	2	1	2	1	0
27592	A Amputate leg at thigh	17.82	17.82	090	2	1	2	1	0
27594	A Amputation follow–up	10.18	10.18	090	2	1	1	0	0
27596	A Amputation follow–up	17.52	17.52	090	2	1	1	1	0
27598	A Amputate lower leg	20.24	20.24	090	2	1	2	1	0

(83) Femur and knee joint, other procedures:									
27599	C Leg surgery	0.00	0.00	YYY	2	1	2	1	1
(84) Leg and ankle joint, incision:									
27600	A Decompression of leg	8.76	8.76	090	2	1	1	1	0
27601	A Decompression of leg	8.75	8.75	090	2	1	1	0	0
27602	A Decompression of leg	11.01	11.01	090	2	1	2	1	0
27603	A Drain lower leg	7.01	7.01	090	2	1	1	0	0
27604	A Drain lower leg	5.12	4.63	090	2	1	0	0	0
27605	A Incision of tendon	3.82	3.82	010	2	1	0	0	0
27606	A Incision of tendon	6.00	6.00	010	2	1	1	1	0
27607	A Treat lower leg	13.58	13.58	090	2	1	1	0	0
27610	A Explore/treat ankle	15.37	15.37	090	2	1	1	0	0
27612	A Exploration of ankle	15.07	15.07	090	2	1	2	1	0
(85) Leg and ankle joint, excision:									
27613	A Biopsy lower leg	2.67	2.35	010	2	1	1	0	0
27614	A Biopsy lower leg	7.53	7.53	090	2	1	1	0	0
27615	A Remove tumor, leg	20.13	20.13	090	2	1	0	1	0
27618	A Remove lower leg	6.83	6.83	090	2	1	1	0	0
27619	A Remove lower leg	11.98	11.98	090	2	1	1	0	0
27620	A Explore, treat	11.78	11.78	090	2	1	2	1	0
27625	A Remove ankle joint	16.65	16.65	090	2	1	2	1	0
27626	A Remove ankle joint	18.24	18.24	090	2	1	2	0	0
27630	A Removal of tendon	7.61	7.61	090	2	1	1	0	0
27635	A Remove lower leg	15.53	15.53	090	2	1	1	1	0
27637	A Remove/graft leg	17.90	17.90	090	2	1	2	1	0
27638	A Remove/graft leg	19.27	19.27	090	2	1	2	1	0
27640	A Partial removal	20.66	20.66	090	2	1	1	1	0
27641	A Partial removal	15.93	15.93	090	2	1	1	1	0
27645	A Extensive lower leg	25.20	25.20	090	2	1	2	1	0
27646	A Extensive lower leg	22.82	22.82	090	2	1	2	1	0
27647	A Extensive ankle	21.47	21.47	090	2	1	2	0	0
(86) Leg and ankle joint, introduction or removal:									
27648	A Injection for ankle	1.40	1.40	000	2	1	0	0	0
(87) Leg and ankle joint, repair, revision, and/or reconstruction:									
27650	A Repair Achilles	18.25	18.25	090	2	1	2	1	0
27652	A Repair/graft Achilles	20.29	20.29	090	2	1	1	1	0
27654	A Repair Achilles	20.56	20.56	090	2	1	2	1	0
27656	A Repair leg	7.52	7.52	090	2	1	2	0	0
27658	A Repair of leg tendon	8.73	8.73	090	2	0	2	1	0
27659	A Repair of leg tendon	12.33	12.33	090	2	0	2	1	0
27664	A Repair of leg tendon	7.75	7.75	090	2	0	0	0	0
27665	A Repair of leg tendon	10.10	10.10	090	2	0	2	1	0
27675	A Repair lower leg	13.22	13.22	090	2	1	2	1	0
27676	A Repair lower leg	15.58	15.58	090	2	1	2	0	0
27680	A Release of lower leg	9.53	9.53	090	2	0	1	1	0
27681	A Release of lower leg	12.43	12.43	090	2	0	1	1	0
27685	A Revision of lower leg	9.83	9.83	090	2	0	2	1	0
27686	A Revise lower leg	13.61	13.61	090	2	0	1	1	0
27687	A Revision of calf	11.35	11.35	090	2	1	2	1	0
27690	A Revise lower leg	14.90	14.90	090	2	1	2	1	0
27691	A Revise lower leg	17.34	17.34	090	2	1	2	1	0
27692	A Revise additional	3.82	3.82	ZZZ	0	1	2	1	0
27695	A Repair of ankle	13.55	13.55	090	2	1	1	1	0
27696	A Repair of ankle	14.97	14.97	090	2	1	1	1	0
27698	A Repair of ankle	19.47	19.47	090	2	1	2	1	0

27700	A Revision of ankle	19.14	19.14	090	2	1	2	1	0
27702	A Reconstruct ankle	29.14	29.14	090	2	1	2	1	0
27703	A Reconstruction	29.00	29.00	090	2	1	2	0	0
27704	A Removal of ankle	13.10	13.10	090	2	1	2	1	0
27705	A Incision of tibia	20.77	20.77	090	2	1	2	1	0
27707	A Incision of fibula	8.99	8.99	090	2	1	1	1	0
27709	A Incision of tibia	20.79	20.79	090	2	1	2	1	0
27712	A Realignment of rod	24.45	24.45	090	2	1	2	1	0
27715	A Revision of lower leg	26.28	26.28	090	2	1	2	1	0
27720	A Repair of tibia	24.47	24.47	090	2	1	2	1	0
27722	A Repair/graft	21.78	21.78	090	2	1	2	1	0
27724	A Repair/graft	30.16	30.16	090	2	1	2	1	0
27725	A Repair of lower leg	25.07	25.07	090	2	1	2	1	0
27727	A Repair of lower leg	22.79	22.79	090	2	1	2	1	0
27730	A Repair of tibia	10.66	10.66	090	2	1	1	1	0
27732	A Repair of fibula	9.94	9.94	090	2	1	1	0	0
27734	A Repair lower leg	15.66	15.66	090	2	1	1	0	0
27740	A Repair of leg	17.27	17.27	090	2	1	2	0	0
27742	A Repair of leg	19.16	19.16	090	2	1	2	1	0
27745	A Reinforce tibia	18.57	18.57	090	2	1	2	1	0

(88) Leg and ankle joint, fracture and/or dislocation:

27750	A Treatment of tibia	6.50	6.50	090	2	1	1	0	0
27752	A Treatment of tibia	10.66	10.66	090	2	1	1	0	0
27756	A Repair of tibia	14.30	14.30	090	2	1	2	1	0
27758	A Repair of tibia	24.22	24.22	090	2	1	2	1	0
27759	A Repair of tibia	26.99	26.99	090	2	1	2	2	0
27760	A Treatment of ankle	5.43	4.18	090	2	1	1	0	0
27762	A Treatment of ankle	8.29	8.29	090	2	1	1	0	0
27766	A Repair of ankle	15.89	15.89	090	2	1	1	1	0
27780	A Treatment of fibula	4.45	3.50	090	2	1	1	0	0
27781	A Treatment of fibula	7.44	7.44	090	2	1	1	0	0
27784	A Repair of fibula	12.33	12.33	090	2	1	1	1	0
27786	A Treatment of ankle	5.22	4.00	090	2	1	1	0	0
27788	A Treatment of ankle	7.47	5.89	090	2	1	1	0	0
27792	A Repair of ankle	14.73	14.73	090	2	1	1	1	0
27808	A Treatment of ankle	5.48	5.48	090	2	1	1	0	0
27810	A Treatment of ankle	9.98	9.98	090	2	1	1	0	0
27814	A Repair of ankle	20.24	20.24	090	2	1	2	1	0
27816	A Treatment of ankle	6.28	6.00	090	2	1	1	0	0
27818	A Treatment of ankle	11.42	11.42	090	2	1	1	0	0
27822	A Repair of ankle	19.16	19.16	090	2	1	2	1	0
27823	A Repair of ankle	24.20	24.20	090	2	1	2	1	0
27824	A Treat lower leg	6.28	6.00	090	2	1	1	0	0
27825	A Treat lower leg	12.49	12.49	090	2	1	0	0	0
27826	A Treat lower leg	17.86	17.86	090	2	1	2	2	0
27827	A Treat lower leg	25.11	25.11	090	2	1	2	2	0
27828	A Treat lower leg	28.22	28.22	090	2	1	2	2	0
27829	A Treat lower leg	11.57	11.57	090	2	1	2	2	0
27830	A Treat lower leg	6.83	6.83	090	2	1	0	0	0
27831	A Treat lower leg	8.31	8.31	090	2	1	0	0	0
27832	A Repair lower leg	11.89	11.89	090	2	1	2	1	0
27840	A Treat ankle dislocation	6.08	6.08	090	2	1	1	0	0
27842	A Treat ankle dislocation	7.97	7.97	090	2	1	1	0	0
27846	A Repair ankle dislocation	17.94	17.94	090	2	1	2	1	0
27848	A Repair ankle dislocation	18.97	18.97	090	2	1	2	1	0

(89) Leg and ankle joint, manipulation:									
27860	A Fixation of ankle	3.59	3.59	010	2	0	0	0	0
(90) Leg and ankle joint, arthrodesis:									
27870	A Fusion of ankle	26.74	26.74	090	2	1	2	1	0
27871	A Fusion of tibiofibula	16.52	16.52	090	2	1	2	1	0
(91) Leg and ankle joint, amputation:									
27880	A Amputation of leg	19.72	19.72	090	2	1	2	1	0
27881	A Amputation of leg	22.69	22.69	090	2	1	2	1	0
27882	A Amputation of leg	16.01	16.01	090	2	1	0	1	0
27884	A Amputation follow–up	11.04	11.04	090	2	1	1	0	0
27886	A Amputation follow–up	16.13	16.13	090	2	1	1	1	0
27888	A Amputation of fibula	18.86	18.86	090	2	1	2	1	0
27889	A Amputation of fibula	18.06	18.06	090	2	1	2	1	0
(92) Leg and ankle joint, other procedures:									
27892	A Decompression of leg	10.34	10.34	090	2	1	0	2	0
27893	A Decompression of leg	10.31	10.31	090	2	1	0	0	0
27894	A Decompression of leg	13.86	13.86	090	2	1	2	2	0
27899	C Leg/ankle surgery	0.00	0.00	YYY	2	1	0	1	1
(93) Foot and toes, incision:									
28001	A Drainage of bursa	3.01	2.76	010	2	0	1	0	0
28002	A Treatment of foot	6.55	6.55	010	2	0	1	0	0
28003	A Treatment of foot	11.34	9.65	090	2	0	1	0	0
28005	A Treat foot bone	12.16	12.16	090	2	0	1	0	0
28008	A Incision of foot	6.79	6.79	090	2	0	1	0	0
28010	A Incision of toe	6.26	4.51	090	2	0	1	0	0
28011	A Incision of toe	5.57	4.72	090	2	0	1	0	0
28020	A Exploration	9.11	9.11	090	2	0	1	1	0
28022	A Exploration	7.06	5.73	090	2	0	1	0	0
28024	A Exploration	6.42	5.26	090	2	0	1	0	0
28030	A Removal of foot	9.61	9.61	090	2	0	0	0	0
28035	A Decompression	11.09	10.53	090	2	0	1	1	0
(94) Foot and toes, excision:									
28043	A Excision of foot	5.00	5.00	090	2	1	1	0	0
28045	A Excision of foot	8.39	8.39	090	2	1	0	0	0
28046	A Resection of tumor	14.85	14.85	090	2	1	1	1	0
28050	A Biopsy of foot	7.86	7.86	090	2	1	1	1	0
28052	A Biopsy of foot	7.50	5.66	090	2	1	1	1	0
28054	A Biopsy of toe joint	5.45	5.45	090	2	1	0	0	0
28060	A Partial removal	9.12	9.12	090	2	1	1	0	0
28062	A Removal of foot	13.21	13.21	090	2	0	1	1	0
28070	A Removal of foot	9.22	9.22	090	2	0	1	0	0
28072	A Removal of foot	7.49	7.49	090	2	0	1	0	0
28080	A Removal of foot	7.43	7.43	090	2	0	0	0	0
28086	A Excise foot tendon	7.61	7.61	090	2	1	2	1	0
28088	A Excise foot tendon	7.22	7.22	090	2	1	0	0	0
28090	A Removal of foot	7.08	7.08	090	2	1	1	0	0
28092	A Removal of toe	5.40	5.40	090	2	0	1	0	0
28100	A Removal of ankle	9.87	9.87	090	2	1	2	1	0
28102	A Remove/graft foot	14.09	14.09	090	2	1	2	0	0
28103	A Remove/graft foot	11.70	11.70	090	2	1	2	0	0
28104	A Removal of foot	9.10	9.10	090	2	0	2	1	0
28106	A Remove/graft foot	13.14	13.14	090	2	0	2	1	0
28107	A Remove/graft foot	10.01	10.01	090	2	0	2	0	0

28108	A Removal of toe	8.04	6.01	090	2	0	1	0	0
28110	A Partial removal of toe	7.28	7.28	090	2	1	1	1	0
28111	A Partial removal of toe	9.78	9.78	090	2	1	1	1	0
28112	A Partial removal of toe	8.15	8.15	090	2	1	1	1	0
28113	A Partial removal of toe	8.90	8.90	090	2	1	0	0	0
28114	A Removal of metatarsal	18.53	18.53	090	2	1	2	1	0
28116	A Revision of foot	12.64	12.64	090	2	1	1	0	0
28118	A Removal of heel	11.29	11.29	090	2	1	2	1	0
28119	A Removal of heel	10.46	10.46	090	2	1	1	1	0
28120	A Partial removal of bone	10.14	10.14	090	2	1	1	1	0
28122	A Partial removal	11.24	11.24	090	2	1	2	1	0
28124	A Partial removal	8.54	6.56	090	2	1	1	0	0
28126	A Partial removal	7.24	5.32	090	2	0	1	0	0
28130	A Removal of ankle	14.64	14.64	090	2	1	2	1	0
28140	A Removal of metatarsal	11.38	11.38	090	2	0	1	1	0
28150	A Removal of toe	7.10	7.10	090	2	0	1	0	0
28153	A Partial removal	7.38	5.45	090	2	0	1	0	0
28160	A Partial removal	7.58	5.59	090	2	0	1	0	0
28171	A Extensive foot	16.92	16.92	090	2	0	2	0	0
28173	A Extensive foot	13.94	13.94	090	2	0	1	1	0
28175	A Extensive foot	11.01	11.01	090	2	0	1	1	0

(95) Foot and toes, introduction or removal:

28190	A Removal of foot	2.31	2.06	010	2	1	1	0	0
28192	A Removal of foot	6.23	6.23	090	2	1	1	0	0
28193	A Removal of foot	7.67	7.67	090	2	1	1	0	0

(96) Foot and toes, repair, revision, and/or reconstruction:

28200	A Repair of foot	9.34	9.34	090	2	0	1	1	0
28202	A Repair/graft	12.26	12.26	090	2	0	2	1	0
28208	A Repair of foot	6.84	6.84	090	2	0	1	1	0
28210	A Repair/graft	11.50	11.50	090	2	0	2	0	0
28220	A Release of foot	8.09	6.22	090	2	0	1	0	0
28222	A Release of foot	11.63	8.54	090	2	0	1	0	0
28225	A Release of foot	5.75	5.75	090	2	0	1	1	0
28226	A Release of foot	7.60	7.60	090	2	0	1	0	0
28230	A Incision of foot	6.32	5.14	090	2	0	1	0	0
28232	A Incision of toe	4.71	3.93	090	2	0	1	0	0
28234	A Incision of foot	4.61	3.88	090	2	0	1	0	0
28238	A Revision of foot	14.47	14.47	090	2	1	2	1	0
28240	A Release of big toe	6.14	6.14	090	2	1	1	0	0
28250	A Revision of foot	9.96	9.96	090	2	1	2	1	0
28260	A Release of midfoot	11.77	11.77	090	2	1	2	1	0
28261	A Revision of foot	16.68	16.68	090	2	1	0	0	0
28262	A Revision of foot	26.67	26.67	090	2	1	2	1	0
28264	A Release of midfoot	19.28	19.28	090	2	1	2	0	0
28270	A Release of foot	6.99	5.72	090	2	1	1	0	0
28272	A Release of toe	5.52	4.53	090	2	1	1	0	0
28280	A Fusion of toes	7.02	7.02	090	2	1	0	0	0
28285	A Repair of hammertoe	8.60	8.60	090	2	0	1	1	0
28286	A Repair of hammertoe	7.81	7.81	090	2	0	1	0	0
28288	A Partial removal	8.16	8.16	090	2	0	1	0	0
28290	A Correction of bunion	10.66	10.66	090	2	1	1	0	0
28292	A Correction of bunion	13.61	13.61	090	2	1	2	1	0
28293	A Correction of bunion	18.07	18.07	090	2	1	2	1	0
28294	A Correction of bunion	17.09	17.09	090	2	1	2	1	0
28296	A Correction of bunion	17.38	17.38	090	2	1	2	1	0
28297	A Correction of bunion	17.63	17.63	090	2	1	2	1	0
28298	A Correction of bunion	16.08	16.08	090	2	1	2	1	0
28299	A Correction of bunion	18.09	18.09	090	2	1	2	1	0

28300	A Incision of heel	15.39	15.39	090	2	1	2	1	0
28302	A Incision of ankle	17.87	17.87	090	2	1	2	1	0
28304	A Incision of midfoot	14.92	14.92	090	2	0	2	1	0
28305	A Incise/graft midfoot	19.61	19.61	090	2	0	2	1	0
28306	A Incision of metatarsal	9.99	9.99	090	2	0	2	1	0
28307	A Incision of metatarsal	11.84	11.84	090	2	0	0	0	0
28308	A Incision of metatarsal	10.59	10.59	090	2	0	2	1	0
28309	A Incision of metatarsal	18.79	18.79	090	2	0	0	0	0
28310	A Revision of big toe	9.19	9.19	090	2	0	1	1	0
28312	A Revision of toe	8.78	8.78	090	2	0	1	1	0
28313	A Repair deformity	7.20	5.96	090	2	0	1	0	0
28315	A Removal of toe	8.73	8.73	090	2	1	1	1	0
28320	A Repair of foot	17.30	17.30	090	2	0	2	1	0
28322	A Repair of metatarsal	12.37	12.37	090	2	0	2	1	0
28340	A Resect enlarged toe	12.96	12.96	090	2	0	1	0	0
28341	A Resect enlarged toe	15.56	15.56	090	2	0	1	0	0
28344	A Repair extra toe	7.77	7.77	090	2	0	1	1	0
28345	A Repair webbed toes	10.94	10.94	090	2	0	0	0	0
28360	A Reconstruct cleft foot	24.69	24.69	090	2	0	2	0	0

(97) Foot and toes, fracture and/or dislocation:

28400	A Treatment of heel	4.66	3.42	090	2	1	1	0	0
28405	A Treatment of heel	8.24	8.24	090	2	1	0	0	0
28406	A Treatment of heel	12.12	12.12	090	2	1	0	0	0
28415	A Repair of heel	23.98	23.98	090	2	1	2	1	0
28420	A Repair/graft heel	26.52	26.52	090	2	1	2	1	0
28430	A Treatment of ankle	4.46	3.27	090	2	1	1	0	0
28435	A Treatment of ankle	6.61	6.61	090	2	1	0	0	0
28436	A Treatment of ankle	8.70	8.70	090	2	1	1	0	0
28445	A Repair of ankle	17.74	17.74	090	2	1	2	1	0
28450	A Treat midfoot fracture	3.67	2.77	090	2	0	1	0	0
28455	A Treat midfoot fracture	5.45	4.22	090	2	0	0	0	0
28456	A Repair midfoot	4.84	4.84	090	2	0	1	0	0
28465	A Repair midfoot	12.16	12.16	090	2	0	1	0	0
28470	A Treat metatarsal	3.67	2.80	090	2	0	1	0	0
28475	A Treat metatarsal	5.12	3.99	090	2	0	1	0	0
28476	A Repair metatarsal	6.57	6.57	090	2	0	0	0	0
28485	A Repair metatarsal	10.04	10.04	090	2	0	1	1	0
28490	A Treat big toe fracture	1.91	1.48	090	2	0	1	0	0
28495	A Treat big toe fracture	2.59	2.05	090	2	0	1	0	0
28496	A Repair big toe	4.29	4.29	090	2	0	1	0	0
28505	A Repair big toe	6.58	6.58	090	2	0	1	0	0
28510	A Treatment of toe	1.90	1.47	090	2	0	1	0	0
28515	A Treatment of toe	2.47	1.93	090	2	0	1	0	0
28525	A Repair of toe fracture	5.16	5.16	090	2	0	0	0	0
28530	A Treat sesamoid fracture	1.98	1.50	090	2	0	0	0	0
28531	A Treat sesamoid fracture	4.15	4.15	090	2	0	1	2	0
28540	A Treat foot dislocation	2.46	2.17	090	2	0	0	0	0
28545	A Treat foot dislocation	3.57	3.57	090	2	0	0	0	0
28546	A Treat foot dislocation	5.80	5.80	090	2	0	0	0	0
28555	A Repair foot dislocation	11.51	11.51	090	2	0	2	1	0
28570	A Treat foot dislocation	3.14	2.37	090	2	0	0	0	0
28575	A Treat foot dislocation	5.91	5.91	090	2	0	0	0	0
28576	A Treat foot dislocation	6.69	6.69	090	2	0	0	0	0
28585	A Repair foot dislocation	12.35	12.35	090	2	0	2	1	0
28600	A Treat foot dislocation	2.42	2.09	090	2	0	0	0	0
28605	A Treat foot dislocation	4.83	4.83	090	2	0	0	0	0
28606	A Treat foot dislocation	8.12	8.12	090	2	0	1	0	0
28615	A Repair foot dislocation	12.27	12.27	090	2	0	2	1	0
28630	A Treat toe dislocation	2.60	2.10	010	2	0	0	0	0

28635	A Treat toe dislocation	3.23	2.53	010	2	0	0	0	0
28636	A Treat toe dislocation	5.22	5.22	010	2	0	1	2	0
28645	A Repair toe dislocation	7.17	7.17	090	2	0	1	1	0
28660	A Treat toe dislocation	1.76	1.76	010	2	0	1	0	0
28665	A Treat toe dislocation	2.75	2.28	010	2	0	0	0	0
28666	A Treat toe dislocation	4.99	4.99	010	2	0	1	2	0
28675	A Repair toe dislocation	5.77	5.77	090	2	0	1	0	0

(98) Foot and toes, arthrodesis:

28705	A Fusion of foot	29.70	29.70	090	2	0	2	1	0
28715	A Fusion of foot	24.84	24.84	090	2	0	2	1	0
28725	A Fusion of foot	20.45	20.45	090	2	0	2	1	0
28730	A Fusion of foot	19.20	19.20	090	2	0	2	1	0
28735	A Fusion of foot	20.03	20.03	090	2	0	2	1	0
28737	A Revision of foot	17.94	17.94	090	2	0	2	1	0
28740	A Fusion of foot	12.64	12.64	090	2	0	2	1	0
28750	A Fusion of big toe	12.22	12.22	090	2	1	0	0	0
28755	A Fusion of big toe	8.12	8.12	090	2	1	1	1	0
28760	A Fusion of big toe	12.61	12.61	090	2	1	2	1	0

(99) Foot and toes, amputation:

28800	A Amputation of midtarsal	14.53	14.53	090	2	1	2	1	0
28805	A Amputation	14.39	14.39	090	2	1	0	0	0
28810	A Amputation of toe	9.83	9.83	090	2	0	0	0	0
28820	A Amputation of toe	6.75	6.75	090	2	0	1	0	0
28825	A Partial amputation	5.80	5.80	090	2	0	1	0	0

(100) Foot and toes, other procedures:

28899	C Foot/toes surgery	0.00	0.00	YYY	2	0	0	1	1

(101) Casts and strapping, body and upper extremity:

29000	A Application of casts	3.95	3.95	000	2	0	0	0	0
29010	A Application of casts	4.31	4.25	000	2	0	0	0	0
29015	A Application of casts	4.62	3.50	000	2	0	0	0	0
29020	A Application of casts	3.80	2.92	000	2	0	0	0	0
29025	A Application of casts	2.98	2.62	000	2	0	0	0	0
29035	A Application of casts	3.67	2.73	000	2	0	0	0	0
29040	A Application of casts	4.13	4.13	000	2	0	0	0	0
29044	A Application of casts	4.13	4.13	000	2	0	0	0	0
29046	A Application of casts	4.54	4.54	000	2	0	0	0	0
29049	A Application of casts	1.25	1.04	000	2	0	0	0	0
29055	A Application of casts	2.87	2.87	000	2	0	0	0	0
29058	A Application of casts	1.87	1.87	000	2	0	0	0	0
29065	A Application of casts	1.63	1.25	000	2	1	1	0	0
29075	A Application of casts	1.34	1.05	000	2	1	1	0	0
29085	A Apply hand/wrist	1.32	1.08	000	2	1	1	0	0
29105	A Apply long arm	1.32	1.08	000	2	1	1	0	0
29125	A Apply forearm splint	0.92	0.74	000	2	1	1	0	0
29126	A Apply forearm splint	1.12	0.93	000	2	1	1	0	0
29130	A Application of splint	0.63	0.55	000	2	1	1	0	0
29131	A Application of splint	0.91	0.72	000	2	1	1	0	0
29200	A Strapping	0.87	0.74	000	2	0	1	0	0
29220	A Strapping of low back	0.98	0.79	000	2	0	1	0	0
29240	A Strapping of shoulder	0.92	0.92	000	2	0	1	0	0
29260	A Strapping of elbow	0.74	0.63	000	2	1	1	0	0
29280	A Strapping of hand	0.68	0.58	000	2	1	1	0	0

(102) Casts and strapping, lower extremity:									
29305	A Application of cast	3.83	3.83	000	2	0	0	0	0
29325	A Application of cast	4.13	4.13	000	2	0	0	0	0
29345	A Application of cast	2.34	1.85	000	2	1	1	0	0
29355	A Application of cast	2.55	2.01	000	2	1	1	0	0
29358	A Apply long leg cast	3.00	2.24	000	2	1	1	0	0
29365	A Application of cast	1.98	1.56	000	2	1	1	0	0
29405	A Apply short leg cast	1.61	1.23	000	2	1	1	0	0
29425	A Apply short leg cast	1.93	1.46	000	2	1	1	0	0
29435	A Apply short leg cast	2.31	1.74	000	2	1	1	0	0
29440	A Addition of walker	0.76	0.65	000	2	1	1	0	0
29445	A Apply rigid leg cast	3.41	3.41	000	2	1	1	0	0
29450	A Application of cast	1.32	1.14	000	2	1	1	0	0
29505	A Application of cast	1.22	1.22	000	2	1	1	0	0
29515	A Application of splint	1.15	0.92	000	2	1	1	0	0
29520	A Strapping of hip	0.85	0.68	000	2	0	0	0	0
29530	A Strapping of knee	0.88	0.88	000	2	0	1	0	0
29540	A Strapping of ankle	0.77	0.62	000	2	0	1	0	0
29550	A Strapping of toe	0.71	0.58	000	2	0	1	0	0
29580	A Application of unna boot	1.30	0.92	000	2	1	1	0	0
29590	A Application of splint	0.98	0.84	000	2	0	1	0	0
(103) Casts and strapping, removal or repair:									
29700	A Removal/revision	0.85	0.70	000	2	0	1	0	0
29705	A Removal/revision	1.06	0.89	000	2	1	1	0	0
29710	A Removal/revision	1.69	1.47	000	2	1	0	0	0
29715	A Removal/revision	1.75	1.33	000	2	0	0	0	0
29720	A Repair of body cast	0.86	0.75	000	2	0	1	0	0
29730	A Windowing of cast	0.95	0.83	000	2	0	1	0	0
29740	A Wedging of cast	1.42	1.23	000	2	0	1	0	0
29750	A Wedging of clubfoot cast	1.67	1.42	000	2	1	0	0	0
(104) Casts and strapping, other procedures:									
29799	C Casts/strapping procedure	0.00	0.00	YYY	2	0	0	1	1
(105) Endoscopy/Arthroscopy:									
29800	A Jaw arthroscopy	9.96	9.96	090	2	1	0	0	0
29804	A Jaw arthroscopy	16.84	16.84	090	2	1	2	1	0
29815	A Shoulder arthroscopy	10.44	10.44	090	2	1	1	1	0
29819	A Shoulder arthroscopy	15.97	15.97	090	3	1	1	1	0
29820	A Shoulder arthroscopy	14.89	14.89	090	3	1	2	1	0
29821	A Shoulder arthroscopy	16.38	16.38	090	3	1	2	1	0
29822	A Shoulder arthroscopy	15.60	15.60	090	3	1	2	0	0
29823	A Shoulder arthroscopy	17.38	17.38	090	3	1	2	1	0
29825	A Shoulder arthroscopy	16.14	16.14	090	3	1	2	1	0
29826	A Shoulder arthroscopy	18.99	18.99	090	3	1	2	1	0
29830	A Elbow arthroscopy	10.83	10.83	090	2	1	1	0	0
29834	A Elbow arthroscopy	11.87	11.87	090	3	1	2	1	0
29835	A Elbow arthroscopy	12.25	12.25	090	3	1	2	1	0
29836	A Elbow arthroscopy	14.28	14.28	090	3	1	2	1	0
29837	A Elbow arthroscopy	13.00	13.00	090	3	1	2	1	0
29838	A Elbow arthroscopy	14.44	14.44	090	3	1	0	0	0
29840	A Wrist arthroscopy	8.51	8.51	090	2	1	0	0	0
29843	A Wrist arthroscopy	11.37	11.37	090	3	1	2	1	0
29844	A Wrist arthroscopy	11.71	11.71	090	3	1	2	0	0
29845	A Wrist arthroscopy	14.22	14.22	090	3	1	2	1	0
29846	A Wrist arthroscopy	14.52	14.52	090	3	1	0	0	0
29847	A Wrist arthroscopy	13.51	13.51	090	3	1	2	0	0
29848	A Wrist arthroscopy	9.00	9.00	090	2	1	1	0	0

29850	A Knee arthroscopy	17.10	12.75	090	2	1	0	2	0
29851	A Knee arthroscopy	23.43	23.43	090	2	1	2	2	0
29855	A Tibial arthroscopy	21.96	21.96	090	2	1	2	2	0
29856	A Tibial arthroscopy	25.17	25.17	090	2	1	2	2	0
29860	A Hip arthroscopy	12.40	12.40	090	2	1	2	1	0
29861	A Hip arthroscopy	18.32	18.32	090	3	1	2	1	0
29862	A Hip arthroscopy	19.99	19.99	090	3	1	2	1	0
29863	A Hip arthroscopy	18.36	18.36	090	3	1	2	1	0
29870	A Knee arthroscopy	8.84	8.84	090	2	1	1	1	0
29871	A Knee arthroscopy	13.02	13.02	090	3	1	1	0	0
29874	A Knee arthroscopy	14.73	14.73	090	3	1	0	0	0
29875	A Knee arthroscopy	13.32	13.32	090	3	1	0	0	0
29876	A Knee arthroscopy	16.68	16.68	090	3	1	1	0	0
29877	A Knee arthroscopy	15.48	15.48	090	3	1	0	0	0
29879	A Knee arthroscopy	17.05	17.05	090	3	1	0	0	0
29880	A Knee arthroscopy	17.97	17.97	090	3	1	0	1	0
29881	A Knee arthroscopy	16.30	16.30	090	3	1	0	0	0
29882	A Knee arthroscopy	18.10	18.10	090	3	1	1	0	0
29883	A Knee arthroscopy	20.19	20.19	090	3	1	0	0	0
29884	A Knee arthroscopy	15.30	15.30	090	3	1	2	1	0
29885	A Knee arthroscopy	16.95	16.95	090	3	1	2	1	0
29886	A Knee arthroscopy	14.03	14.03	090	3	1	2	0	0
29887	A Knee arthroscopy	18.75	18.75	090	3	1	2	1	0
29888	A Knee arthroscopy	29.14	29.14	090	2	1	2	1	0
29889	A Knee arthroscopy	24.57	24.57	090	2	1	2	1	0
29891	A Ankle arthroscopy	17.16	17.16	090	2	1	2	0	0
29892	A Ankle arthroscopy	17.70	17.70	090	2	1	2	0	0
29893	A Scope, plantar	10.02	10.02	090	2	1	2	1	0
29894	A Ankle arthroscopy	15.02	15.02	090	2	1	2	1	0
29895	A Ankle arthroscopy	14.61	14.61	090	2	1	2	1	0
29897	A Ankle arthroscopy	15.12	15.12	090	2	1	2	0	0
29898	A Ankle arthroscopy	17.44	17.44	090	2	1	2	1	0
29909	C Arthroscopy of joint	0.00	0.00	YYY	2	1	1	1	1

C. Procedure code numbers 30000 to 49999 relate to respiratory, cardiovascular, lymphatic, and diaphragm procedures.

1	2	3	4	5	6	7	8	9	10	11	12
(1) Nose, incision:											
30000		A	Drainage of nose	1.89	1.61	010	2	0	0	0	0
30020		A	Drainage of nose	1.91	1.62	010	2	0	1	0	0
(2) Nose, excision:											
30100		A	Intranasal biopsy	1.56	1.23	000	2	0	1	0	0
30110		A	Remove nose polyp	2.80	2.18	010	2	1	1	0	0
30115		A	Remove nose polyp	6.83	6.83	090	2	1	1	0	0
30117		A	Remove intranasal lesion	5.78	5.78	090	2	0	1	0	0
30118		A	Remove intranasal lesion	17.04	17.04	090	2	0	2	1	0
30120		A	Revision of nose	10.94	10.94	090	2	0	1	0	0
30124		A	Remove nose cyst	4.20	3.55	090	2	0	1	0	0
30125		A	Remove nose cyst	12.26	12.26	090	2	0	2	0	0
30130		A	Removal of turbinate	4.78	4.78	090	2	1	1	0	0
30140		A	Removal of turbinate	6.24	6.24	090	2	1	1	0	0
30150		A	Partial removal of nose	16.54	16.54	090	2	0	1	1	0
30160		A	Removal of nose	19.83	19.83	090	2	0	2	1	0

(3) Nose, introduction:									
30200	A Injection, therapeutic	1.09	0.91	000	2	0	1	0	0
30210	A Nasal sinus therapy	1.25	1.12	010	2	0	1	0	0
30220	A Insert nasal septal	2.94	2.22	010	2	0	1	0	0
(4) Nose, removal of foreign body:									
30300	A Remove foreign body	1.42	1.19	010	2	0	1	0	0
30310	A Remove foreign body	3.44	3.44	010	2	0	0	0	0
30320	A Remove foreign body	8.48	8.48	090	2	0	0	0	0
(5) Nose, repair:									
30400	R Reconstruction	19.30	19.30	090	2	0	0	0	0
30410	R Reconstruction	26.69	26.69	090	2	0	2	0	0
30420	R Reconstruction	32.52	32.52	090	2	0	1	0	0
30430	R Revision of nose	12.79	12.79	090	2	0	2	0	0
30435	R Revision of nose	21.06	21.06	090	2	0	2	0	0
30450	R Revision of nose	28.29	28.29	090	2	0	2	0	0
30460	A Revision of nose	17.84	17.84	090	2	0	2	2	0
30462	A Revision of nose	35.37	35.37	090	2	0	2	2	0
30520	A Repair of nasal septum	11.76	11.76	090	2	0	1	0	0
30540	A Repair nasal defect	13.83	13.83	090	2	0	2	0	0
30545	A Repair nasal defect	21.31	21.31	090	2	0	2	0	0
30560	A Release nasal adhesions	1.71	1.44	010	2	0	1	0	0
30580	A Repair upper jaw	12.42	9.40	090	2	0	1	0	0
30600	A Repair mouth/nose	9.31	9.31	090	2	0	0	0	0
30620	A Intranasal dermatoplasty	12.37	12.37	090	2	0	1	0	0
30630	A Repair nasal septal	12.88	12.88	090	2	0	0	0	0
(6) Nose, destruction:									
30801	A Cauterization, ablation	1.47	1.24	010	2	2	1	0	0
30802	A Cauterization, intramural	2.81	2.81	010	2	2	1	0	0
(7) Nose, other procedures:									
30901	A Control hemorrhage	1.67	1.40	000	2	1	1	0	0
30903	A Control hemorrhage	2.26	2.26	000	2	1	1	0	0
30905	A Control hemorrhage	3.61	3.61	000	2	2	1	0	0
30906	A Repeat control	3.33	3.33	000	2	2	1	0	0
30915	A Ligation arteries	11.60	11.60	090	2	0	1	0	0
30920	A Ligation upper artery	18.87	18.87	090	2	0	1	0	0
30930	A Therapy fracture	1.87	1.87	010	2	0	1	0	0
30999	C Nasal surgery	0.00	0.00	YYY	2	0	0	1	1
(8) Accessory sinuses, incision:									
31000	A Irrigation, maxillary	1.49	1.28	010	2	1	1	0	0
31002	A Irrigation, sphenoid	2.21	1.98	010	2	1	0	0	0
31020	A Exploration, maxillary	5.40	5.40	090	2	1	1	0	0
31030	A Exploration, maxillary	12.14	12.14	090	2	1	1	0	0
31032	A Explore sinus, radical	13.49	13.49	090	2	1	1	0	0
31040	A Explore behind upper jaw	16.73	16.73	090	2	0	1	1	0
31050	A Exploration, sphenoid	10.76	10.76	090	2	1	1	0	0
31051	A Sphenoid sinus	14.48	14.48	090	2	1	1	0	0
31070	A Exploration	8.69	8.69	090	2	1	1	0	0
31075	A Exploration	18.66	18.66	090	2	1	2	1	0
31080	A Removal of frontal	19.88	19.88	090	2	1	2	0	0
31081	A Removal of frontal	22.26	22.26	090	2	1	2	1	0
31084	A Removal of frontal	27.44	27.44	090	2	1	2	1	0
31085	A Removal of frontal	28.95	28.95	090	2	1	2	1	0
31086	A Removal of frontal	22.81	22.81	090	2	1	2	0	0

31087	A Removal of frontal	22.66	22.66	090	2	1	2	1	0
31090	A Exploration	19.94	19.94	090	2	1	1	0	0
(9) Accessory sinuses, excision:									
31200	A Remove ethmoidectomy	9.24	9.24	090	2	1	1	0	0
31201	A Remove ethmoidectomy	14.78	14.78	090	2	1	1	0	0
31205	A Remove ethmoidectomy	17.50	17.50	090	2	1	2	1	0
31225	A Removal of upper jaw	37.54	37.54	090	2	1	2	1	0
31230	A Removal of upper jaw	42.29	42.29	090	2	1	2	1	0
(10) Accessory sinuses, endoscopy:									
31231	A Nasal endoscopy	2.40	2.40	000	2	2	1	0	0
31233	A Nasal/sinus endoscopy	4.85	3.50	000	2	1	1	0	0
31235	A Nasal/sinus endoscopy	4.85	3.69	000	2	1	1	0	0
31237	A Nasal/sinus endoscopy	6.08	4.49	000	2	1	1	0	0
31238	A Nasal/sinus endoscopy	6.68	4.94	000	2	1	0	0	0
31239	A Nasal/sinus endoscopy	17.79	17.79	010	2	1	0	0	0
31240	A Nasal/sinus endoscopy	5.35	5.35	000	2	1	0	0	0
31254	A Revise ethmoidectomy	9.55	9.55	000	2	1	1	0	0
31255	A Remove ethmoidectomy	14.35	14.35	000	2	1	1	0	0
31256	A Exploration, maxillary	6.71	6.71	000	2	1	1	0	0
31267	A Endoscopy, maxillary	10.46	10.46	000	2	1	1	0	0
31276	A Sinus, surgical	14.93	14.93	000	2	1	1	0	0
31287	A Nasal/sinus endoscopy	8.08	8.08	000	2	1	0	0	0
31288	A Nasal/sinus endoscopy	9.46	9.46	000	2	1	0	0	0
31290	A Nasal/sinus endoscopy	32.55	32.55	010	2	1	0	0	0
31291	A Nasal/sinus endoscopy	34.27	34.27	010	2	1	0	0	0
31292	A Nasal/sinus endoscopy	27.12	27.12	010	2	1	0	0	0
31293	A Nasal/sinus endoscopy	29.73	29.73	010	2	1	0	0	0
31294	A Nasal/sinus endoscopy	34.46	34.46	010	2	1	0	0	0
(11) Accessory sinuses, other procedures:									
31299	C Sinus surgery	0.00	0.00	YYY	2	0	0	1	1
(12) Larynx, excision:									
31300	A Removal of larynx	24.86	24.86	090	2	0	2	1	0
31320	A Diagnostic	8.78	8.78	090	2	0	0	0	0
31360	A Removal of larynx	34.86	34.86	090	2	0	2	1	0
31365	A Removal of larynx	49.32	49.32	090	2	0	2	1	0
31367	A Partial removal, larynx	37.52	37.52	090	2	0	2	1	0
31368	A Partial removal, larynx	52.13	52.13	090	2	0	2	1	0
31370	A Partial removal, larynx	37.04	37.04	090	2	0	2	1	0
31375	A Partial removal, larynx	33.54	33.54	090	2	0	2	1	0
31380	A Partial removal, larynx	36.07	36.07	090	2	0	2	1	0
31382	A Partial removal, larynx	35.12	35.12	090	2	0	2	1	0
31390	A Removal of larynx	53.38	53.38	090	2	0	2	1	0
31395	A Reconstruct larynx	63.04	63.04	090	2	0	2	1	0
31400	A Revision of larynx	17.41	17.41	090	2	0	2	0	0
31420	A Epiglottidectomy	17.55	17.55	090	2	0	2	1	0
(13) Larynx, introduction:									
31500	A Intubation, emergency	3.29	3.29	000	0	0	1	0	0
31502	A Change of windpipe	1.19	1.19	000	2	0	1	0	0
(14) Larynx, endoscopy:									
31505	A Diagnostic, larynx	1.00	0.79	000	2	0	1	0	0
31510	A Laryngoscopy, biopsy	2.31	2.31	000	3	0	0	0	0
31511	A Remove foreign body	2.94	2.94	000	3	0	1	0	0

31512	A Removal of larynx	3.72	3.72	000	3	0	0	0	0
31513	A Injection, vocal cord	4.35	4.35	000	3	0	0	0	0
31515	A Laryngoscopy, aspiration	2.80	2.80	000	2	0	1	0	0
31520	A Diagnostic, larynx	4.01	4.01	000	2	0	0	0	0
31525	A Diagnostic, larynx	4.64	3.58	000	2	0	1	0	0
31526	A Diagnostic, larynx	5.28	5.28	000	2	0	1	0	0
31527	A Laryngoscopy	6.02	6.02	000	3	0	0	0	0
31528	A Laryngoscopy	4.84	4.84	000	3	0	0	0	0
31529	A Laryngoscopy	4.95	4.95	000	3	0	0	0	0
31530	A Operative larynx	6.80	6.80	000	3	0	1	0	0
31531	A Operative larynx	7.41	7.41	000	3	0	0	0	0
31535	A Operative larynx	6.48	6.48	000	3	0	1	0	0
31536	A Operative larynx	7.34	7.34	000	3	0	1	0	0
31540	A Operative larynx	8.47	8.47	000	3	0	1	0	0
31541	A Operative larynx	8.93	8.93	000	3	0	1	0	0
31560	A Operative larynx	10.06	10.06	000	3	0	0	0	0
31561	A Operative larynx	12.10	12.10	000	3	0	0	0	0
31570	A Laryngoscopy, injection	7.96	5.90	000	3	0	1	0	0
31571	A Laryngoscopy, injection	8.61	8.61	000	3	0	1	0	0
31575	A Diagnostic, larynx	2.60	1.85	000	2	0	1	0	0
31576	A Diagnostic, larynx	4.07	4.07	000	3	0	1	0	0
31577	A Remove foreign body	5.07	5.07	000	3	0	0	0	0
31578	A Removal of larynx	5.86	5.86	000	3	0	0	0	0
31579	A Diagnostic, larynx	4.45	3.32	000	3	0	1	0	0
(15) Larynx, repair:									
31580	A Revision of larynx	25.29	25.29	090	2	0	2	1	0
31582	A Revision of larynx	37.96	37.96	090	2	0	1	1	0
31584	A Repair of larynx	30.86	30.86	090	2	0	2	1	0
31585	A Repair of larynx	8.07	8.07	090	2	0	0	0	0
31586	A Repair of larynx	14.01	14.01	090	2	0	0	0	0
31587	A Revision of larynx	18.29	18.29	090	2	0	2	1	0
31588	A Revision of larynx	22.88	22.88	090	2	0	2	0	0
31590	A Reinnervation of larynx	12.23	12.23	090	2	0	2	1	0
(16) Larynx, destruction:									
31595	A Larynx nerve section	14.59	14.59	090	2	0	2	1	0
(17) Larynx, other procedures:									
31599	C Larynx surgery	0.00	0.00	YYY	2	0	0	1	1
(18) Trachea and bronchi, incision:									
31600	A Incision of windpipe	7.49	7.49	000	2	0	1	0	0
31601	A Incision of windpipe	9.14	9.14	000	2	0	2	1	0
31603	A Incision of windpipe	8.22	8.22	000	2	0	1	0	0
31605	A Incision of windpipe	7.33	7.33	000	2	0	1	0	0
31610	A Incision of windpipe	14.90	14.90	090	2	0	1	0	0
31611	A Surgery/speech	11.92	11.92	090	2	0	2	1	0
31612	A Puncture/clear	2.02	1.86	000	2	0	0	0	0
31613	A Repair windpipe	6.46	6.46	090	2	0	1	0	0
31614	A Repair windpipe	13.38	13.38	090	2	0	1	0	0
(19) Trachea and bronchi, endoscopy:									
31615	A Visualization	3.90	3.90	000	2	0	1	0	0
31622	A Diagnostic, bronchi	5.70	5.70	000	2	0	1	0	0
31625	A Bronchoscopy, biopsy	6.84	6.84	000	3	0	1	0	0
31628	A Bronchoscopy, biopsy	7.72	7.72	000	3	0	1	0	0
31629	A Bronchoscopy, biopsy	6.83	6.83	000	3	0	1	0	0

31630	A Bronchoscopy, dilation	7.34	7.34	000	3	0	1	0	0
31631	A Bronchoscopy, removal	8.04	8.04	000	3	0	1	0	0
31635	A Remove foreign body	7.55	7.55	000	3	0	1	0	0
31640	A Bronchoscopy, excision	9.70	9.70	000	3	0	1	0	0
31641	A Bronchoscopy, tumor	10.38	10.38	000	3	0	1	0	0
31645	A Bronchoscopy	6.40	6.40	000	3	0	1	0	0
31646	A Bronchoscopy	5.51	5.51	000	2	0	1	0	0
31656	A Bronchoscopy, injection	4.45	4.45	000	2	0	0	0	0
(20) Trachea and bronchi, introduction:									
31700	A Insertion of airway	2.64	2.64	000	2	0	0	0	0
31708	A Instill airway	2.07	2.07	000	2	1	0	0	0
31710	A Insertion of airway	2.12	2.12	000	2	1	0	0	0
31715	A Injection for brush	1.49	1.49	000	2	1	0	0	0
31717	A Bronchial brush biopsy	2.66	2.66	000	2	0	1	0	0
31720	A Clearance of airway	1.73	1.73	000	2	0	1	0	0
31725	A Clearance of airway	3.22	3.22	000	2	0	1	0	0
31730	A Introduction, windpipe	5.10	5.10	000	2	0	1	2	0
(21) Trachea and bronchi, repair:									
31750	A Repair of windpipe	21.00	21.00	090	2	0	2	1	0
31755	A Repair of windpipe	28.10	28.10	090	2	0	2	1	0
31760	A Repair of windpipe	32.24	32.24	090	2	0	2	1	0
31766	A Reconstruction	46.02	46.02	090	2	0	2	1	0
31770	A Repair/graft	36.14	36.14	090	2	0	2	1	0
31775	A Reconstruct bronchi	38.24	38.24	090	2	0	2	0	0
31780	A Reconstruct windpipe	33.97	33.97	090	2	0	2	1	0
31781	A Reconstruct windpipe	38.73	38.73	090	2	0	2	1	0
31785	A Remove windpipe	24.90	24.90	090	2	0	2	1	0
31786	A Remove windpipe	35.85	35.85	090	2	0	2	1	0
31800	A Repair of windpipe	11.90	11.90	090	2	0	0	0	0
31805	A Repair of windpipe	22.18	22.18	090	2	0	2	1	0
31820	A Closure of windpipe	7.79	7.79	090	2	0	0	0	0
31825	A Repair of windpipe	11.33	11.33	090	2	0	0	0	0
31830	A Revise windpipe	7.85	7.85	090	2	0	0	0	0
(22) Trachea and bronchi, other procedures:									
31899	C Airways surgery procedure	0.00	0.00	YYY	2	0	0	1	1
(23) Lungs and pleura, incision:									
32000	A Drainage of chest	2.31	2.31	000	0	0	1	0	0
32002	A Treat collapsed lung	3.40	3.40	000	0	0	1	1	0
32005	A Treat lung lining	3.12	3.12	000	2	0	1	0	0
32020	A Insertion of tube	6.39	6.39	000	0	0	1	0	0
32035	A Exploration	15.09	15.09	090	2	0	2	1	0
32036	A Exploration	16.40	16.40	090	2	0	2	1	0
32095	A Biopsy of lung or pleura	16.36	16.36	090	2	0	2	1	0
32100	A Exploration/biopsy	22.76	22.76	090	2	0	2	1	0
32110	A Explore/repair	24.59	24.59	090	2	0	2	1	0
32120	A Re-exploration	20.55	20.55	090	2	0	2	1	0
32124	A Explore chest	23.33	23.33	090	2	0	2	1	0
32140	A Removal of lung	25.93	25.93	090	2	0	2	1	0
32141	A Remove/treat lung	27.07	27.07	090	2	0	2	1	0
32150	A Removal of lung	23.94	23.94	090	2	0	2	1	0
32151	A Remove lung foreign body	22.49	22.49	090	2	0	2	1	0
32160	A Open chest heart	18.10	18.10	090	2	0	2	1	0
32200	A Open drainage of abscess	21.05	21.05	090	2	0	2	1	0
32201	A Percutaneous drainage	6.75	6.75	000	2	0	2	0	0
32215	A Treat chest lining	18.35	18.35	090	2	0	2	1	0

32220	A Release of lung	34.42	34.42	090	2	0	2	1	0
32225	A Partial release of lung	25.37	25.37	090	2	0	2	1	0
(24) Lungs and pleura, excision:									
32310	A Removal of chest	24.60	24.60	090	2	0	2	1	0
32320	A Free/remove chest	38.00	38.00	090	2	0	2	1	0
32400	A Needle biopsy, chest	3.09	3.09	000	2	0	1	0	0
32402	A Open biopsy, chest	14.92	14.92	090	2	0	2	1	0
32405	A Biopsy, lung	3.90	3.90	000	2	0	1	0	0
32420	A Puncture/clear lung	3.50	3.50	000	2	0	1	0	0
32440	A Removal of lung	38.97	38.97	090	2	0	2	1	0
32442	A Sleeve pneumonectomy	43.08	43.08	090	2	0	2	1	0
32445	A Removal of lung	44.68	44.68	090	2	0	2	1	0
32480	A Partial removal of lung	34.98	34.98	090	2	0	2	1	0
32482	A Bilobectomy	36.24	36.24	090	2	0	2	1	0
32484	A Segmentectomy	37.13	37.13	090	2	0	2	1	0
32486	A Sleeve lobectomy	39.47	39.47	090	2	0	2	1	0
32488	A Completion pneumonectomy	42.38	42.38	090	2	0	2	1	0
32491	R Lung volume reduction	35.88	35.88	090	2	1	2	1	0
32500	A Partial removal	27.40	27.40	090	2	0	2	1	0
32501	A Repair bronchus	8.81	8.81	ZZZ	0	1	2	1	0
32520	A Remove lung, resection	41.81	41.81	090	2	0	2	1	0
32522	A Remove lung, resection	45.43	45.43	090	2	0	2	1	0
32525	A Remove lung, resection	49.30	49.30	090	2	0	2	1	0
32540	A Removal of lung	25.69	25.69	090	2	0	2	1	0
(25) Lungs and pleura, endoscopy:									
32601	A Thoracoscopy, diagnostic	8.62	8.62	000	2	0	0	0	0
32602	A Thoracoscopy, diagnostic	9.50	9.50	000	2	0	0	0	0
32603	A Thoracoscopy, diagnostic	10.76	10.76	000	2	0	0	0	0
32604	A Thoracoscopy, diagnostic	12.06	12.06	000	2	0	0	0	0
32605	A Thoracoscopy, diagnostic	9.96	9.96	000	2	0	0	0	0
32606	A Thoracoscopy, diagnostic	11.72	11.72	000	2	0	0	0	0
32650	A Thoracoscopy, surgical	17.83	17.83	090	2	0	2	1	0
32651	A Thoracoscopy, surgical	24.41	24.41	090	2	0	2	1	0
32652	A Thoracoscopy, surgical	33.87	33.87	090	2	0	2	1	0
32653	A Thoracoscopy, surgical	22.78	22.78	090	2	0	2	1	0
32654	A Thoracoscopy, surgical	23.52	23.52	090	2	0	2	1	0
32655	A Thoracoscopy, surgical	26.25	26.25	090	2	0	2	1	0
32656	A Thoracoscopy, surgical	25.93	25.93	090	2	0	2	1	0
32657	A Thoracoscopy, surgical	26.81	26.81	090	2	0	2	1	0
32658	A Thoracoscopy, surgical	24.30	24.30	090	2	0	2	1	0
32659	A Thoracoscopy, surgical	24.28	24.28	090	2	0	2	1	0
32660	A Thoracoscopy, surgical	36.30	36.30	090	2	0	2	1	0
32661	A Thoracoscopy, surgical	21.77	21.77	090	2	0	2	1	0
32662	A Thoracoscopy, surgical	30.49	30.49	090	2	0	2	1	0
32663	A Thoracoscopy, surgical	35.11	35.11	090	2	0	2	1	0
32664	A Thoracoscopy, surgical	24.21	24.21	090	2	1	2	1	0
32665	A Thoracoscopy, surgical	29.41	29.41	090	2	0	2	1	0
(26) Lungs and pleura, repair:									
32800	A Repair lung hernia	21.30	21.30	090	2	0	2	1	0
32810	A Close chest	18.78	18.78	090	2	0	2	0	0
32815	A Close bronchial	37.16	37.16	090	2	0	2	1	0
32820	A Reconstruct injury	39.65	39.65	090	2	0	2	1	0
(27) Lungs and pleura, lung transplantation:									
32850	X Donor pneumonectomy	0.00	0.00	XXX	9	9	9	9	9
32851	A Lung transplant	62.50	62.50	090	2	0	2	1	2

32852	A Lung transplant	67.70	67.70	090	2	0	2	1	2
32853	A Lung transplant	77.70	77.70	090	2	2	2	1	2
32854	A Lung transplant	82.90	82.90	090	2	2	2	1	2
(28) Lungs and pleura, surgical collapse therapy; thoracoplasty:									
32900	A Removal of ribs	27.48	27.48	090	2	0	2	1	0
32905	A Revise and repair	32.58	32.58	090	2	0	2	1	0
32906	A Revise and repair	40.81	40.81	090	2	0	2	1	0
32940	A Revision of lung	29.59	29.59	090	2	0	2	1	0
32960	A Therapeutic pneumothorax	2.64	2.64	000	2	0	1	0	0
(29) Lungs and pleura, other procedures:									
32999	C Chest surgery	0.00	0.00	YYY	2	0	2	1	1
(30) Heart and pericardium:									
33010	A Drainage of heart	3.60	3.60	000	2	0	1	0	0
33011	A Repeat drainage	3.17	2.64	000	2	0	0	0	0
33015	A Incision of heart	10.63	10.63	090	2	0	1	0	0
33020	A Incision of heart	25.65	25.65	090	2	0	2	1	0
33025	A Incision of heart	25.26	25.26	090	2	0	2	1	0
33030	A Partial removal	39.03	39.03	090	2	0	2	1	0
33031	A Partial removal	33.96	33.96	090	2	0	2	1	0
33050	A Removal of heart	22.78	22.78	090	2	0	2	1	0
(31) Heart and pericardium, cardiac tumor:									
33120	A Removal of heart	51.25	51.25	090	2	0	2	1	0
33130	A Removal of heart	33.68	33.68	090	2	0	2	1	0
(32) Heart and pericardium, pacemaker or defibrillator:									
33200	A Insertion of pacemaker	24.23	24.23	090	2	0	1	0	0
33201	A Insertion of pacemaker	20.97	20.97	090	2	0	1	0	0
33206	A Insertion of pacemaker	13.88	13.88	090	2	0	1	2	0
33207	A Insertion of pacemaker	16.57	16.57	090	2	0	1	2	0
33208	A Insertion of pacemaker	16.87	16.87	090	2	0	1	2	0
33210	A Insertion of pacemaker	6.33	6.33	000	2	0	1	0	0
33211	A Insertion of electrodes	6.42	6.42	000	2	0	1	0	0
33212	A Insertion of pulse	10.69	10.69	090	2	0	1	0	0
33213	A Insertion of pulse	11.46	11.46	090	2	0	1	0	0
33214	A Upgrade of pacemaker	12.84	12.84	090	2	0	0	2	0
33216	A Revision of implant	10.05	10.05	090	2	0	1	0	0
33217	A Insert/revise	10.37	10.37	090	2	0	1	0	0
33218	A Repair pacemaker	9.71	9.71	090	2	0	1	0	0
33220	A Repair pacemaker	9.79	9.79	090	2	0	1	0	0
33222	A Revision of pacemaker	10.33	10.33	090	2	0	1	0	0
33223	A Revision of pacemaker	11.93	11.93	090	2	0	0	0	0
33233	A Removal of pacemaker	5.56	5.56	090	2	0	1	0	0
33234	A Removal of pacemaker	9.97	9.97	090	2	0	1	0	0
33235	A Removal of pacemaker	11.75	11.75	090	2	0	1	0	0
33236	A Remove electrodes	15.62	15.62	090	2	0	0	2	0
33237	A Remove electrodes	22.34	22.34	090	2	0	0	2	0
33238	A Remove electrodes	24.86	24.86	090	2	0	0	2	0
33240	A Insert/replace	12.58	12.58	090	2	0	1	0	0
33241	A Remove pulse generator	5.26	5.26	090	2	0	0	1	0
33242	A Repair pulse generator	13.01	13.01	090	2	0	0	1	0
33243	A Remove pulse generator	30.12	30.12	090	2	0	2	1	0
33244	A Remove pulse generator	17.71	17.71	090	2	0	1	1	0
33245	A Implant defibrillator	29.48	29.48	090	2	0	2	1	0
33246	A Implant defibrillator	40.64	40.64	090	2	0	2	1	0

33247	A Insert/replace	21.42	21.42	090	2	0	1	1	0
33249	A Insert/replace	27.93	27.93	090	2	0	1	1	0
33250	A Ablate heart	31.48	31.48	090	2	0	2	1	0
33251	A Ablate heart	40.21	40.21	090	2	0	2	1	0
33253	A Reconstruct atria	51.61	51.61	090	2	0	2	1	0
33261	A Ablate heart	37.58	37.58	090	2	0	2	1	0
(33) Heart and pericardium, wounds of heart and great vessels:									
33300	A Repair of heart	31.57	31.57	090	2	0	2	1	0
33305	A Repair of heart	37.96	37.96	090	2	0	2	1	0
33310	A Exploratory, heart	28.76	28.76	090	2	0	2	1	0
33315	A Exploratory, heart	35.71	35.71	090	2	0	2	1	0
33320	A Repair major vessels	30.28	30.28	090	2	0	2	1	0
33321	A Repair major vessels	41.34	41.34	090	2	0	2	1	0
33322	A Repair major vessels	41.72	41.72	090	2	0	2	1	0
33330	A Insert major vessels	32.76	32.76	090	2	0	2	1	0
33332	A Insert major vessels	37.63	37.63	090	2	0	2	1	0
33335	A Insert major vessels	43.12	43.12	090	2	0	2	1	0
(34) Heart and pericardium, cardiac valves:									
33400	A Repair of aortic valve	49.88	49.88	090	2	0	2	1	0
33401	A Valvuloplasty	48.58	48.58	090	2	0	2	1	0
33403	A Valvuloplasty	49.47	49.47	090	2	0	2	1	0
33404	A Prepare heart–aortic	59.18	59.18	090	2	0	2	1	0
33405	A Replace aortic valve	60.17	60.17	090	2	0	2	1	0
33406	A Replace aortic valve	67.75	67.75	090	2	0	2	1	0
33411	A Replace aortic valve	68.09	68.09	090	2	0	2	0	0
33412	A Replace aortic valve	72.66	72.66	090	2	0	2	1	0
33413	A Replace aortic valve	73.42	73.42	090	2	0	2	1	0
33414	A Repair, aortic	63.91	63.91	090	2	0	2	1	0
33415	A Revision, subvalvular	56.44	56.44	090	2	0	2	1	0
33416	A Revise ventriclar	57.49	57.49	090	2	0	2	1	0
33417	A Repair of aortic	59.62	59.62	090	2	0	2	1	0
33420	A Revision of mitral valve	41.10	41.10	090	2	0	2	1	0
33422	A Revision of mitral valve	54.66	54.66	090	2	0	2	1	0
33425	A Repair of mitral valve	56.19	56.19	090	2	0	2	1	0
33426	A Repair of mitral valve	62.24	62.24	090	2	0	2	1	0
33427	A Repair of mitral valve	67.61	67.61	090	2	0	2	1	0
33430	A Replace mitral valve	65.29	65.29	090	2	0	2	1	0
33460	A Revision of tricuspid	49.11	49.11	090	2	0	2	1	0
33463	A Valvuloplasty	53.76	53.76	090	2	0	2	1	0
33464	A Valvuloplasty	57.13	57.13	090	2	0	2	1	0
33465	A Replace tricuspid valve	60.01	60.01	090	2	0	2	1	0
33468	A Revision of tricuspid	62.82	62.82	090	2	0	2	1	0
33470	A Revision of pulmonary	39.39	39.39	090	2	0	2	0	0
33471	A Valvotomy, pulmonary	45.41	45.41	090	2	0	2	1	0
33472	A Revision of pulmonary	45.41	45.41	090	2	0	2	0	0
33474	A Revision of pulmonary	46.95	46.95	090	2	0	2	1	0
33475	A Replacement, pulmonary	59.35	59.35	090	2	0	2	1	0
33476	A Revision of heart	53.33	53.33	090	2	0	2	1	0
33478	A Revision of heart	55.67	55.67	090	2	0	2	1	0
(35) Heart and pericardium, other valvular procedures:									
33496	A Repair, prosthetic	56.64	56.64	090	2	0	2	1	0
(36) Heart and pericardium, coronary artery anomalies:									
33500	A Repair heart vein	53.21	53.21	090	2	0	2	1	0
33501	A Repair heart vein	31.18	31.18	090	2	0	2	2	0
33502	A Repair coronary artery	34.14	34.14	090	2	0	2	1	0

33503	A Repair coronary artery	45.78	45.78	090	2	0	0	1	0
33504	A Repair coronary artery	51.46	51.46	090	2	0	2	1	0
33505	A Repair artery	56.21	56.21	090	2	0	2	1	0
33506	A Repair artery	55.95	55.95	090	2	0	2	1	0
(37) Heart and pericardium, venous grafting only for bypass:									
33510	A CABG, vein, single	52.36	52.36	090	2	0	2	0	0
33511	A CABG, vein, two	57.14	57.14	090	2	0	2	0	0
33512	A CABG, vein, three	61.89	61.89	090	2	0	2	0	0
33513	A CABG, vein, four	66.67	66.67	090	2	0	2	0	0
33514	A CABG, vein, five	72.95	72.95	090	2	0	2	0	0
33516	A CABG, vein, six	77.96	77.96	090	2	0	2	0	0
(38) Heart and pericardium, combined arterial–venous grafting for bypass:									
33517	A CABG, artery–vein	5.34	5.34	090	0	0	2	0	0
33518	A CABG, artery–vein	10.12	10.12	ZZZ	0	0	2	0	0
33519	A CABG, artery–vein	14.87	14.87	ZZZ	0	0	2	0	0
33521	A CABG, artery–vein	19.64	19.64	ZZZ	0	0	2	0	0
33522	A CABG, artery–vein	24.40	24.40	ZZZ	0	0	2	0	0
33523	A CABG, artery–vein	29.17	29.17	ZZZ	0	0	2	0	0
33530	A Coronary artery	12.75	12.75	ZZZ	0	0	2	0	0
(39) Heart and pericardium, arterial grafting for bypass:									
33533	A CABG, arterial, single	53.85	53.85	090	2	0	2	0	0
33534	A CABG, arterial, two	60.11	60.11	090	2	0	2	0	0
33535	A CABG, arterial, three	66.37	66.37	090	2	0	2	0	0
33536	A CABG, arterial, four	72.61	72.61	090	2	0	2	0	0
33542	A Removal of heart	58.92	58.92	090	2	0	2	1	0
33545	A Repair of heart	70.58	70.58	090	2	0	2	1	0
(40) Heart and pericardium, coronary endarterectomy:									
33572	A Open coronary	7.51	7.51	ZZZ	0	0	2	0	0
(41) Heart and pericardium, single ventricle and other anomalies:									
33600	A Closure of valve	61.51	61.51	090	2	0	2	1	0
33602	A Closure of valve	58.29	58.29	090	2	0	2	1	0
33606	A Anastomosis/artery	64.67	64.67	090	2	0	2	1	0
33608	A Repair anomaly	65.37	65.37	090	2	0	2	1	0
33610	A Repair by enlargement	64.42	64.42	090	2	0	2	1	0
33611	A Repair double ventricle	67.75	67.75	090	2	0	2	1	0
33612	A Repair double ventricle	69.65	69.65	090	2	0	2	1	0
33615	A Repair (simple)	67.28	67.28	090	2	0	2	1	0
33617	A Repair by modification	71.16	71.16	090	2	0	2	1	0
33619	A Repair single ventricle	78.46	78.46	090	2	0	2	1	0
(42) Heart and pericardium, septal defect:									
33641	A Repair heart septal	44.83	44.83	090	2	0	2	1	0
33645	A Revision of heart	51.59	51.59	090	2	0	2	1	0
33647	A Repair heart septal	60.07	60.07	090	2	0	2	1	0
33660	A Repair of heart	53.31	53.31	090	2	0	2	1	0
33665	A Repair of heart	59.16	59.16	090	2	0	2	1	0
33670	A Repair of heart	68.59	68.59	090	2	0	2	1	0
33681	A Repair heart septal	57.98	57.98	090	2	0	2	1	0
33684	A Repair heart septal	61.89	61.89	090	2	0	2	1	0
33688	A Repair heart septal	63.79	63.79	090	2	0	2	1	0
33690	A Reinforce pulmonary	40.89	40.89	090	2	0	2	1	0
33692	A Repair of heart	64.70	64.70	090	2	0	2	1	0
33694	A Repair of heart	66.62	66.62	090	2	0	2	1	0
33697	A Repair of heart	70.53	70.53	090	2	0	2	1	0

(43) Heart and pericardium, sinus of Valsalva:									
33702	A Repair of heart	55.23	55.23	090	2	0	2	1	0
33710	A Repair of heart	62.00	62.00	090	2	0	2	0	0
33720	A Repair of heart	55.28	55.28	090	2	0	2	1	0
33722	A Repair of heart	58.17	58.17	090	2	0	2	1	0
(44) Heart and pericardium, total anomalous pulmonary venous drainage:									
33730	A Repair of heart–venous	66.51	66.51	090	2	0	2	1	0
33732	A Repair of heart–venous	58.48	58.48	090	2	0	2	1	0
(45) Heart and pericardium, shunting procedures:									
33735	A Revision of heart	46.92	46.92	090	2	0	2	0	0
33736	A Revision of heart	48.85	48.85	090	2	0	2	1	0
33737	A Revision of heart	45.56	45.56	090	2	0	2	1	0
33750	A Major vessel shunt	43.15	43.15	090	2	0	2	1	0
33755	A Major vessel shunt	43.49	43.49	090	2	0	2	1	0
33762	A Major vessel shunt	43.49	43.49	090	2	0	2	1	0
33764	A Major vessel shunt	43.49	43.49	090	2	0	2	1	0
33766	A Major vessel shunt	44.37	44.37	090	2	0	2	1	0
33767	A Atrial septectomy	49.74	49.74	090	2	0	2	1	0
(46) Heart and pericardium, transposition of great vessels:									
33770	A Repair great vein	69.70	69.70	090	2	0	2	1	0
33771	A Repair great vein	72.39	72.39	090	2	0	2	1	0
33774	A Repair great vein	61.32	61.32	090	2	0	2	1	0
33775	A Repair great vein	62.43	62.43	090	2	0	2	0	0
33776	A Repair great vein	68.10	68.10	090	2	0	2	1	0
33777	A Repair great vein	63.57	63.57	090	2	0	2	0	0
33778	A Repair great vein	74.64	74.64	090	2	0	2	1	0
33779	A Repair great vein	75.41	75.41	090	2	0	2	1	0
33780	A Repair great vein	76.84	76.84	090	2	0	2	1	0
33781	A Repair great vein	75.89	75.89	090	2	0	2	0	0
(47) Heart and pericardium, truncus arteriosus:									
33786	A Repair arterial	72.75	72.75	090	2	0	2	1	0
33788	A Revision of pulmonary	55.32	55.32	090	2	0	2	1	0
(48) Heart and pericardium, aortic anomalies:									
33800	A Aortic suspension	29.79	29.79	090	2	0	2	2	0
33802	A Repair vessel division	37.17	37.17	090	2	0	2	1	0
33803	A Repair vessel division	40.98	40.98	090	2	0	2	1	0
33813	A Repair septal division	42.46	42.46	090	2	0	2	1	0
33814	A Repair septal division	53.72	53.72	090	2	0	2	1	0
33820	A Revise major vein	34.46	34.46	090	2	0	2	0	0
33822	A Revise major vein	36.49	36.49	090	2	0	2	1	0
33824	A Revise major vein	40.82	40.82	090	2	0	2	1	0
33840	A Remove aorta coarctation	43.73	43.73	090	2	0	2	1	0
33845	A Remove aorta coarctation	46.66	46.66	090	2	0	2	1	0
33851	A Remove aorta coarctation	44.99	44.99	090	2	0	2	1	0
33852	A Repair septal division	49.80	49.80	090	2	0	2	0	0
33853	A Repair septal division	66.61	66.61	090	2	0	2	1	0
(49) Heart and pericardium, thoracic aortic aneurysm:									
33860	A Ascending aorta graft	67.76	67.76	090	2	0	2	1	0
33861	A Ascending aorta graft	68.27	68.27	090	2	0	2	1	0
33863	A Ascending aorta graft	70.04	70.04	090	2	0	2	1	0
33870	A Transverse aorta graft	83.82	83.82	090	2	0	2	1	0
33875	A Thoracic aorta graft	63.28	63.28	090	2	0	2	1	0
33877	A Thoracoabdominal	85.90	85.90	090	2	0	2	1	0

(50) Heart and pericardium, pulmonary artery:

33910	A Remove lung artery	38.00	38.00	090	2	0	2	1	0
33915	A Remove lung artery	31.92	31.92	090	2	0	2	1	0
33916	A Surgery of pulmonary	42.31	42.31	090	2	0	2	1	0
33917	A Repair pulmonary	51.75	51.75	090	2	0	2	1	0
33918	A Repair pulmonary	54.99	54.99	090	2	0	2	1	0
33919	A Repair pulmonary	68.48	68.48	090	2	0	2	1	0
33920	A Repair pulmonary	67.07	67.07	090	2	0	2	1	0
33922	A Transect pulmonary	47.90	47.90	090	2	0	2	1	0
33924	A Remove pulmonary	9.29	9.29	ZZZ	0	0	2	1	0

(51) Heart and pericardium, heart/lung transplantation:

33930	X Removal of donor	0.00	0.00	XXX	9	9	9	9	9
33935	R Transplantation	127.58	127.58	090	2	0	2	1	2
33940	X Removal of donor	0.00	0.00	XXX	9	9	9	9	9
33945	R Transplantation	89.04	89.04	090	2	0	2	1	2

(52) Heart and pericardium, cardiac assist:

33960	A External circulation	24.87	24.87	XXX	0	0	2	1	0
33961	A External circulation	17.21	17.21	XXX	0	0	2	1	0
33970	A Aortic circulation	13.86	13.86	000	2	0	2	1	0
33971	A Aortic circulation	14.28	14.28	090	2	0	1	0	0
33973	A Insert balloon	16.70	16.70	000	2	0	2	1	0
33974	A Remove intra–aortic	18.95	18.95	090	2	0	1	0	0
33975	A Implant ventricular	34.84	34.84	090	2	0	2	0	0
33976	A Implant ventricular	47.17	47.17	090	2	2	2	0	0
33977	A Remove ventricular	30.84	30.84	090	2	0	2	0	0
33978	A Remove ventricular	34.96	34.96	090	2	2	2	0	0

(53) Heart and pericardium, other procedures:

33999	C Cardiac surgery	0.00	0.00	YYY	2	0	2	1	1

(54) Arteries and veins, embolectomy/thrombectomy:

34001	A Removal of artery	22.00	22.00	090	2	1	2	1	0
34051	A Removal of artery	23.19	23.19	090	2	1	2	1	0
34101	A Removal of artery	18.05	18.05	090	2	1	2	1	0
34111	A Removal of arm	15.53	15.53	090	2	1	2	1	0
34151	A Removal of artery	28.18	28.18	090	2	1	2	1	0
34201	A Removal of artery	17.87	17.87	090	2	1	2	1	0
34203	A Removal of leg	20.37	20.37	090	2	1	2	1	0
34401	A Removal of vein	20.24	20.24	090	2	1	2	1	0
34421	A Removal of vein	17.04	17.04	090	2	1	2	1	0
34451	A Removal of vein	24.61	24.61	090	2	1	2	1	0
34471	A Removal of vein	12.94	12.94	090	2	1	1	1	0
34490	A Removal of vein	14.77	14.77	090	2	1	1	0	0

(55) Arteries and veins, venous reconstruction:

34501	A Repair valve, femoral	17.50	17.50	090	2	1	2	1	0
34502	A Reconstruct, vena cava	44.49	44.49	090	2	0	2	0	0
34510	A Transposition	21.19	21.19	090	2	1	2	1	0
34520	A Cross–over vein graft	22.09	22.09	090	2	1	2	1	0
34530	A Leg vein fusion	28.71	28.71	090	2	1	2	1	0

(56) Arteries and veins, repair of and graft for aneurysm:

35001	A Repair defect occlusive	34.94	34.94	090	2	1	2	1	0
35002	A Repair artery ruptured	32.60	32.60	090	2	1	2	1	0
35005	A Repair defect occlusive	27.59	27.59	090	2	1	2	1	0
35011	A Repair defect occlusive	24.48	24.48	090	2	1	2	1	0

35013	A Repair artery ruptured	31.67	31.67	090	2	1	2	1	0
35021	A Repair defect occlusive	37.04	37.04	090	2	1	2	1	0
35022	A Repair artery ruptured	36.86	36.86	090	2	1	2	1	0
35045	A Repair defect occlusive	23.53	23.53	090	2	1	2	1	0
35081	A Repair defect occlusive	48.45	48.45	090	2	0	2	1	0
35082	A Repair artery ruptured	57.66	57.66	090	2	0	2	1	0
35091	A Repair defect occlusive	56.38	56.38	090	2	1	2	1	0
35092	A Repair artery ruptured	63.10	63.10	090	2	1	2	1	0
35102	A Repair defect occlusive	51.70	51.70	090	2	1	2	1	0
35103	A Repair artery ruptured	58.62	58.62	090	2	1	2	1	0
35111	A Repair defect occlusive	33.96	33.96	090	2	1	2	1	0
35112	A Repair artery ruptured	28.29	28.29	090	2	1	2	1	0
35121	A Repair defect occlusive	44.08	44.08	090	2	1	2	0	0
35122	A Repair artery ruptured	49.86	49.86	090	2	1	2	1	0
35131	A Repair defect occlusive	33.92	33.92	090	2	1	2	1	0
35132	A Repair artery ruptured	39.94	39.94	090	2	1	2	1	0
35141	A Repair defect occlusive	28.91	28.91	090	2	1	2	1	0
35142	A Repair artery ruptured	31.74	31.74	090	2	1	2	1	0
35151	A Repair defect occlusive	31.89	31.89	090	2	1	2	1	0
35152	A Repair artery ruptured	25.19	25.19	090	2	1	2	1	0
35161	A Repair defect occlusive	34.11	34.11	090	2	1	2	1	0
35162	A Repair artery ruptured	37.97	37.97	090	2	1	2	1	0

(57) Arteries and veins, repair arteriovenous fistula:

35180	A Repair blood vein	20.30	20.30	090	2	0	2	1	0
35182	A Repair blood vein	27.28	27.28	090	2	0	2	1	0
35184	A Repair blood vein	21.60	21.60	090	2	0	2	1	0
35188	A Repair blood vein	21.67	21.67	090	2	0	2	1	0
35189	A Repair blood vein	28.89	28.89	090	2	0	2	1	0
35190	A Repair blood vein	22.74	22.74	090	2	0	2	1	0

(58) Arteries and veins, repair vessel, other than for fistula:

35201	A Repair blood vein	19.87	19.87	090	2	1	2	1	0
35206	A Repair blood vein	19.32	19.32	090	2	1	2	1	0
35207	A Repair blood vein	20.71	20.71	090	2	1	1	1	0
35211	A Repair blood vein	34.43	34.43	090	2	1	2	1	0
35216	A Repair blood vein	28.48	28.48	090	2	1	2	1	0
35221	A Repair blood vein	26.83	26.83	090	2	1	2	1	0
35226	A Repair blood vein	18.93	18.93	090	2	1	2	1	0
35231	A Repair blood vein	25.25	25.25	090	2	1	2	1	0
35236	A Repair blood vein	22.18	22.18	090	2	1	2	1	0
35241	A Repair blood vein	35.45	35.45	090	2	1	2	1	0
35246	A Repair blood vein	35.57	35.57	090	2	1	2	1	0
35251	A Repair blood vein	26.18	26.18	090	2	1	2	1	0
35256	A Repair blood vein	23.63	23.63	090	2	1	2	1	0
35261	A Repair blood vein	24.38	24.38	090	2	1	2	1	0
35266	A Repair blood vein	21.62	21.62	090	2	1	2	1	0
35271	A Repair blood vein	33.60	33.60	090	2	1	2	1	0
35276	A Repair blood vein	28.75	28.75	090	2	1	2	1	0
35281	A Repair blood vein	33.51	33.51	090	2	1	2	1	0
35286	A Repair blood vein	23.37	23.37	090	2	1	2	1	0

(59) Arteries and veins, thromboendarterectomy:

35301	A Rechanneling	32.49	32.49	090	2	1	2	1	0
35311	A Rechanneling	45.50	45.50	090	2	1	2	1	0
35321	A Rechanneling	24.87	24.87	090	2	1	2	1	0
35331	A Rechanneling	35.70	35.70	090	2	1	2	1	0
35341	A Rechanneling	41.52	41.52	090	2	1	2	1	0
35351	A Rechanneling	34.33	34.33	090	2	1	2	1	0

35355	A Rechanneling	31.15	31.15	090	2	1	2	1	0
35361	A Rechanneling	42.27	42.27	090	2	1	2	1	0
35363	A Rechanneling	46.81	46.81	090	2	1	2	1	0
35371	A Rechanneling	24.03	24.03	090	2	1	2	1	0
35372	A Rechanneling	24.39	24.39	090	2	1	2	1	0
35381	A Rechanneling	29.05	29.05	090	2	1	2	1	0
35390	A Reoperation, cartoid	4.72	4.72	ZZZ	0	1	2	1	0
(60) Arteries and veins, angioscopy:									
35400	A Angioscopy	5.07	5.07	ZZZ	0	0	0	1	0
(61) Arteries and veins, transluminal angioplasty:									
35450	A Repair arterial	20.61	20.61	000	2	1	2	1	0
35452	A Repair arterial	10.81	10.81	000	2	1	2	1	0
35454	A Repair arterial	12.74	12.74	000	2	1	2	1	0
35456	A Repair arterial	15.42	15.42	000	2	1	2	1	0
35458	A Repair arterial	19.41	19.41	000	2	1	2	1	0
35459	A Repair arterial	17.93	17.93	000	2	1	2	1	0
35460	A Repair venous	8.94	8.94	000	2	1	1	1	0
35470	A Repair arterial	17.93	17.93	000	2	1	1	0	0
35471	A Repair arterial	20.61	20.61	000	2	1	1	0	0
35472	A Repair arterial	10.23	10.23	000	2	1	0	1	0
35473	A Repair arterial	12.74	12.74	000	2	1	1	0	0
35474	A Repair arterial	15.44	15.44	000	2	1	1	0	0
35475	R Repair arterial	19.41	19.41	000	2	1	1	0	0
35476	A Repair venous	8.94	8.94	000	2	1	1	0	0
(62) Arteries and veins, transluminal atherectomy:									
35480	A Atherectomy, open	22.59	22.59	000	2	0	2	2	0
35481	A Atherectomy, open	11.45	11.45	000	2	0	2	2	0
35482	A Atherectomy, open	13.95	13.95	000	2	0	2	2	0
35483	A Atherectomy, open	16.89	16.89	000	2	0	2	2	0
35484	A Atherectomy, open	20.27	20.27	000	2	0	2	2	0
35485	A Atherectomy, open	13.57	13.57	000	2	0	2	2	0
35490	A Atherectomy, peripheral	22.59	22.59	000	2	0	2	2	0
35491	A Atherectomy, peripheral	11.45	11.45	000	2	0	2	2	0
35492	A Atherectomy, peripheral	13.95	13.95	000	2	0	2	2	0
35493	A Atherectomy, peripheral	16.89	16.89	000	2	0	1	2	0
35494	A Atherectomy, peripheral	20.27	20.27	000	2	0	1	2	0
35495	A Atherectomy, peripheral	13.57	13.57	000	2	0	0	2	0
(63) Arteries and veins, bypass graft:									
35501	A Artery bypass graft	38.04	38.04	090	2	1	2	1	0
35506	A Artery bypass graft	38.38	38.38	090	2	1	2	1	0
35507	A Artery bypass graft	37.16	37.16	090	2	1	2	1	0
35508	A Artery bypass graft	36.32	36.32	090	2	1	2	1	0
35509	A Artery bypass graft	36.82	36.82	090	2	1	2	1	0
35511	A Artery bypass graft	26.38	26.38	090	2	1	2	1	0
35515	A Artery bypass graft	28.91	28.91	090	2	1	2	1	0
35516	A Artery bypass graft	33.55	33.55	090	2	1	2	1	0
35518	A Artery bypass graft	32.24	32.24	090	2	1	2	1	0
35521	A Artery bypass graft	33.45	33.45	090	2	1	2	1	0
35526	A Artery bypass graft	32.01	32.01	090	2	1	2	1	0
35531	A Artery bypass graft	44.96	44.96	090	2	1	2	1	0
35533	A Artery bypass graft	41.39	41.39	090	2	1	2	1	0
35536	A Artery bypass graft	43.92	43.92	090	2	1	2	1	0
35541	A Artery bypass graft	44.32	44.32	090	2	0	2	1	0
35546	A Artery bypass graft	46.20	46.20	090	2	1	2	1	0
35548	A Artery bypass graft	40.48	40.48	090	2	0	2	1	0

35549	A Artery bypass graft	44.21	44.21	090	2	2	2	1	0
35551	A Artery bypass graft	44.94	44.94	090	2	1	2	1	0
35556	A Artery bypass graft	39.87	39.87	090	2	1	2	1	0
35558	A Artery bypass graft	29.44	29.44	090	2	1	2	1	0
35560	A Artery bypass graft	43.09	43.09	090	2	1	2	1	0
35563	A Artery bypass graft	22.72	22.72	090	2	1	2	1	0
35565	A Artery bypass graft	31.76	31.76	090	2	1	2	1	0
35566	A Artery bypass graft	46.61	46.61	090	2	1	2	1	0
35571	A Artery bypass graft	37.70	37.70	090	2	1	2	1	0
35582	A Vein bypass graft	50.26	50.26	090	2	1	2	1	0
35583	A Vein bypass graft	42.33	42.33	090	2	1	2	1	0
35585	A Vein bypass graft	50.49	50.49	090	2	1	2	1	0
35587	A Vein bypass graft	39.82	39.82	090	2	1	2	1	0
35601	A Artery bypass graft	35.91	35.91	090	2	1	2	1	0
35606	A Artery bypass graft	35.87	35.87	090	2	1	2	1	0
35612	A Artery bypass graft	32.31	32.31	090	2	1	2	1	0
35616	A Artery bypass graft	32.36	32.36	090	2	1	2	1	0
35621	A Artery bypass graft	30.74	30.74	090	2	1	2	1	0
35623	A Artery bypass graft	23.91	23.91	090	2	1	2	1	0
35626	A Artery bypass graft	43.51	43.51	090	2	1	2	1	0
35631	A Artery bypass graft	41.56	41.56	090	2	1	2	1	0
35636	A Artery bypass graft	34.78	34.78	090	2	1	2	1	0
35641	A Artery bypass graft	44.41	44.41	090	2	0	2	1	0
35642	A Artery bypass graft	27.51	27.51	090	2	1	2	1	0
35645	A Artery bypass graft	27.76	27.76	090	2	1	2	1	0
35646	A Artery bypass graft	49.01	49.01	090	2	1	2	1	0
35650	A Artery bypass graft	30.26	30.26	090	2	1	2	1	0
35651	A Artery bypass graft	48.59	48.59	090	2	1	2	1	0
35654	A Artery bypass graft	39.10	39.10	090	2	1	2	1	0
35656	A Artery bypass graft	36.84	36.84	090	2	1	2	1	0
35661	A Artery bypass graft	27.79	27.79	090	2	1	2	1	0
35663	A Artery bypass graft	30.02	30.02	090	2	1	2	1	0
35665	A Artery bypass graft	32.31	32.31	090	2	1	2	1	0
35666	A Artery bypass graft	39.00	39.00	090	2	1	2	1	0
35671	A Artery bypass graft	30.75	30.75	090	2	1	2	1	0
35681	A Artery bypass graft	17.81	17.81	ZZZ	0	1	2	1	0
(64) Arteries and veins, arterial transposition:									
35691	A Arterial transposition	37.44	37.44	090	2	1	2	1	0
35693	A Arterial transposition	24.08	24.08	090	2	1	2	1	0
35694	A Arterial transposition	27.60	27.60	090	2	1	2	1	0
35695	A Arterial transposition	27.60	27.60	090	2	1	2	1	0
(65) Arteries and veins, exploration:									
35700	A Reoperation	4.56	4.56	ZZZ	0	1	2	1	0
35701	A Exploration, carotid	11.35	11.35	090	2	1	2	1	0
35721	A Exploration, femoral	10.78	10.78	090	2	1	2	1	0
35741	A Exploration, popliteal	11.04	11.04	090	2	1	2	1	0
35761	A Exploration	11.12	11.12	090	2	1	2	1	0
35800	A Explore neck	12.01	12.01	090	2	0	2	1	0
35820	A Explore chest	20.13	20.13	090	2	0	2	1	0
35840	A Explore abdominal	16.65	16.65	090	2	0	2	1	0
35860	A Explore limb	11.28	11.28	090	2	0	2	1	0
35870	A Repair vessel graft	31.77	31.77	090	2	0	2	1	0
35875	A Removal of clot	17.93	17.93	090	2	0	1	1	0
35876	A Removal of clot	21.25	21.25	090	2	0	2	1	0
35901	A Excision, graft	15.18	15.18	090	2	0	2	1	0
35903	A Excision, graft	16.26	16.26	090	2	0	2	1	0
35905	A Excision, graft	24.25	24.25	090	2	0	2	1	0
35907	A Excision, graft	25.21	25.21	090	2	0	2	1	0

(66) Arteries and veins, intravenous:

36000	A Place needle	0.42	0.28	XXX	2	1	1	0	0
36005	A Injection, venography	1.34	1.34	000	2	0	0	0	0
36010	A Place catheter	4.42	4.42	XXX	2	1	1	0	0
36011	A Place catheter	4.81	4.81	XXX	2	1	1	0	0
36012	A Place catheter	5.95	5.95	XXX	2	1	1	0	0
36013	A Place catheter	4.50	4.50	XXX	2	0	1	0	0
36014	A Place catheter	5.09	5.09	XXX	2	1	1	0	0
36015	A Place catheter	5.95	5.95	XXX	2	1	1	0	0

(67) Arteries and veins, intra–arterial, intra–aortic:

36100	A Establish access	5.42	5.42	XXX	2	1	1	0	0
36120	A Establish access	4.12	4.12	XXX	2	0	1	0	0
36140	A Establish access	3.32	3.32	XXX	2	0	1	0	0
36145	A Artery to vein	4.23	4.23	XXX	2	0	1	0	0
36160	A Establish access	4.72	4.72	XXX	2	0	1	0	0
36200	A Place catheter	5.53	5.53	XXX	2	1	1	0	0
36215	A Place catheter	7.06	7.06	XXX	2	1	1	0	0
36216	A Place catheter	8.12	8.12	XXX	2	1	1	0	0
36217	A Place catheter	9.68	9.68	XXX	2	1	1	0	0
36218	A Place catheter	1.54	1.54	XXX	0	0	1	0	0
36245	A Place catheter	7.43	7.43	XXX	2	1	1	0	0
36246	A Place catheter	8.12	8.12	XXX	2	1	1	0	0
36247	A Place catheter	9.68	9.68	XXX	2	1	1	0	0
36248	A Place catheter	1.54	1.54	XXX	0	0	1	0	0
36260	A Insert infusion pump	16.10	16.10	090	2	0	1	0	0
36261	A Revise infusion pump	7.33	7.33	090	2	0	2	0	0
36262	A Remove infusion pump	5.73	5.73	090	2	0	1	0	0
36299	C Vessel injection	0.00	0.00	YYY	2	0	0	1	1

(68) Arteries and veins, venous:

36400	A Drawing blood	0.26	0.21	XXX	2	0	1	0	0
36405	A Drawing blood	0.61	0.40	XXX	2	0	1	0	0
36406	A Drawing blood	0.32	0.25	XXX	2	0	1	0	0
36410	A Drawing blood	0.39	0.27	XXX	2	0	1	0	0
36415	I Drawing blood	0.00	0.00	XXX	9	9	9	9	9
36420	A Establish access	1.44	1.44	XXX	2	0	0	0	0
36425	A Establish access	0.77	0.77	XXX	2	0	1	0	0
36430	A Blood transfusion	0.97	0.50	XXX	0	0	1	0	0
36440	A Blood transfusion	1.88	1.88	XXX	2	0	0	0	0
36450	A Exchange transfusion	3.94	3.03	XXX	2	0	0	0	0
36455	A Exchange transfusion	4.52	4.52	XXX	2	0	1	0	0
36460	A Transfusion	11.13	11.13	XXX	2	0	2	0	0
36468	R Injection(s)	0.00	0.00	XXX	2	0	0	0	0
36469	R Injection(s)	0.00	0.00	XXX	2	0	0	0	0
36470	A Injection therapy	1.27	1.14	010	2	0	1	0	0
36471	A Injection therapy	1.83	1.64	010	2	0	1	0	0
36481	A Insertion of catheter	11.80	11.80	000	2	0	1	0	0
36488	A Insertion of catheter	2.24	2.24	000	0	0	1	0	0
36489	A Insertion of catheter	2.28	2.28	000	0	0	1	0	0
36490	A Insertion of catheter	2.96	2.96	000	0	0	1	0	0
36491	A Insertion of catheter	2.99	2.99	000	0	0	1	0	0
36493	A Repositioning catheter	1.80	1.80	000	2	0	1	0	0
36500	A Insertion of catheter	3.28	3.28	000	2	0	1	0	0
36510	A Insertion of catheter	1.33	1.16	000	2	0	0	0	0
36520	A Plasma/cell exchange	3.49	3.49	000	2	0	1	0	0
36522	A Photopheresis	4.12	3.50	000	2	0	1	0	0
36530	R Insert infusion pump	10.85	10.85	010	2	0	0	0	0
36531	R Revise infusion pump	8.79	8.79	010	2	0	0	0	0

36532	R Remove infusion pump	4.91	4.91	010	2	0	0	0	0
36533	A Insert access port	9.44	9.44	010	2	0	0	0	0
36534	A Revise access port	5.63	5.63	010	2	0	0	0	0
36535	A Remove access port	4.02	4.02	010	2	0	0	0	0
(69) Arteries and veins, arterial:									
36600	A Withdrawal of blood	0.57	0.57	XXX	2	0	1	0	0
36620	A Insertion of catheter	1.76	1.76	000	0	0	1	0	0
36625	A Insertion of catheter	2.85	2.85	000	0	0	1	0	0
36640	A Insertion of catheter	4.36	4.36	000	2	0	1	0	0
36660	A Insertion of catheter	1.77	1.77	000	0	0	0	0	0
(70) Arteries and veins, intraosseous:									
36680	A Insert needle, infusion	2.34	2.34	000	2	0	0	0	0
(71) Arteries and veins, intervascular cannulization or shunt:									
36800	A Insertion of cannula	4.50	4.50	000	2	0	1	0	0
36810	A Insertion of cannula	8.23	8.23	000	2	0	1	0	0
36815	A Insertion of cannula	5.55	5.55	000	2	0	1	0	0
36821	A Artery–vein	15.91	15.91	090	2	0	2	1	0
36822	A Insertion of cannula	10.75	10.75	090	2	0	1	0	0
36825	A Artery–vein graft	20.60	20.60	090	2	0	2	1	0
36830	A Artery–vein graft	21.82	21.82	090	2	0	2	1	0
36832	A Revise artery–vein	14.03	14.03	090	2	0	2	1	0
36834	A Repair A–V aneurysm	17.46	17.46	090	2	0	2	1	0
36835	A Artery to vein	10.23	10.23	090	2	0	1	0	0
36860	A Cannula declotting	4.54	4.20	000	2	0	1	0	0
36861	A Cannula declotting	5.52	5.52	000	2	0	1	0	0
(72) Arteries and veins, portal decompression procedures:									
37140	A Revision	39.00	39.00	090	2	0	1	1	0
37145	A Revision	39.84	39.84	090	2	0	2	0	0
37160	A Revision	38.83	38.83	090	2	0	2	1	0
37180	A Revision	37.57	37.57	090	2	0	2	1	0
37181	A Splice spleen/kidney	42.01	42.01	090	2	0	2	1	0
(73) Arteries and veins, transcatheter procedures:									
37195	A Thrombolytic therapy	7.72	7.72	XXX	0	0	0	0	0
37200	A Transcatheter biopsy	5.75	5.75	000	2	0	1	0	0
37201	A Transcatheter therapy	10.20	10.20	000	2	0	1	0	0
37202	A Transcatheter therapy	9.59	9.59	000	2	0	1	0	0
37203	A Transcatheter retrieval	8.50	8.50	000	2	0	1	0	0
37204	A Transcatheter occlusion	30.64	30.64	000	2	0	1	0	0
37205	A Transcatheter stents	12.73	12.73	000	2	0	0	2	0
37206	A Transcatheter stents	6.36	6.36	ZZZ	0	0	0	2	0
37207	A Transcatheter stents	12.73	12.73	000	2	1	2	2	0
37208	A Transcatheter stents	6.36	6.36	ZZZ	0	0	2	2	0
37209	A Exchange arterial	3.48	3.48	000	2	0	1	0	0
(74) Arteries and veins, intravascular ultrasound services:									
37250	A Intravascular ultrasound	3.08	3.08	ZZZ	0	0	0	1	0
37251	A Intravascular ultrasound	2.35	2.35	ZZZ	0	0	0	1	0
(75) Arteries and veins, ligation and other procedures:									
37565	A Ligation of neck	8.10	8.10	090	2	0	0	1	0
37600	A Ligation of neck	9.40	9.40	090	2	0	2	1	0
37605	A Ligation of neck	11.56	11.56	090	2	0	2	1	0

37606	A Ligation of neck	11.82	11.82	090	2	0	2	0	0
37607	A Ligation of fistula	8.94	8.94	090	2	0	1	1	0
37609	A Temporal artery	4.44	4.44	010	2	0	1	0	0
37615	A Ligation of neck	11.24	11.24	090	2	0	2	1	0
37616	A Ligation of chest	19.49	19.49	090	2	0	2	1	0
37617	A Ligation of abdomen	23.06	23.06	090	2	0	2	1	0
37618	A Ligation of extremity	9.79	9.79	090	2	0	2	1	0
37620	A Revision of major vein	18.91	18.91	090	2	0	1	1	0
37650	A Revision of major vein	8.83	8.83	090	2	1	1	1	0
37660	A Revision of major vein	15.78	15.78	090	2	0	2	1	0
37700	A Revise leg vein	7.30	7.30	090	2	1	1	0	0
37720	A Removal of leg vein	10.65	10.65	090	2	1	1	1	0
37730	A Removal of leg vein	14.14	14.14	090	2	1	1	1	0
37735	A Removal of leg vein	18.54	18.54	090	2	1	2	1	0
37760	A Revision of leg vein	17.57	17.57	090	2	0	2	1	0
37780	A Revision of leg vein	5.50	5.50	090	2	1	1	1	0
37785	A Revise secondary veins	4.57	4.57	090	2	1	1	0	0
37788	A Revascularization	35.42	35.42	090	2	0	2	1	0
37790	A Penile venous occlusive	13.38	13.38	090	2	0	0	0	0
37799	C Vascular surgery	0.00	0.00	YYY	2	0	0	1	1
(76) Spleen, excision:									
38100	A Removal of spleen	21.07	21.07	090	2	0	2	1	0
38101	A Removal of spleen	20.06	20.06	090	2	0	2	1	0
38102	A Removal of spleen	7.10	7.10	ZZZ	0	0	2	1	0
(77) Spleen, repair:									
38115	A Repair ruptured spleen	21.08	21.08	090	2	0	2	1	0
(78) Spleen, introduction:									
38200	A Splenoportography	4.13	4.13	000	2	0	0	0	0
(79) Bone marrow or stem cell transplantation services:									
38230	R Bone marrow collection	6.92	6.92	010	2	0	0	0	0
38231	R Stem cell collection	2.73	2.73	000	2	0	0	0	0
38240	R Bone marrow/stem	4.12	4.12	XXX	2	0	0	0	0
38241	R Bone marrow/stem	4.08	4.08	XXX	2	0	0	0	0
(80) Lymph nodes and lymphatic channels, incision:									
38300	A Drain lymph abscess	2.00	1.72	010	2	0	1	0	0
38305	A Drain lymph abscess	6.28	6.28	090	2	0	1	0	0
38308	A Incision of lymph	8.00	8.00	090	2	0	2	1	0
38380	A Thoracic duct	11.48	11.48	090	2	0	2	1	0
38381	A Thoracic duct	19.82	19.82	090	2	0	2	1	0
38382	A Thoracic duct	14.45	14.45	090	2	0	2	1	0
(81) Lymph nodes and lymphatic channels, excision:									
38500	A Biopsy/removal	4.32	4.32	010	2	1	1	0	0
38505	A Needle biopsy	2.21	1.67	000	2	1	1	0	0
38510	A Biopsy/removal	6.46	6.46	090	2	1	1	0	0
38520	A Biopsy/removal	7.84	7.84	090	2	1	1	0	0
38525	A Biopsy/removal	7.02	7.02	090	2	1	1	0	0
38530	A Biopsy/removal	8.99	8.99	090	2	1	2	1	0
38542	A Explore deep node	9.81	9.81	090	2	1	2	1	0
38550	A Removal of neck/arm	9.58	9.58	090	2	0	0	0	0
38555	A Removal of neck/arm	20.74	20.74	090	2	0	2	1	0

(82) Lymph nodes and lymphatic channels, limited lymphadenectomy for staging:

38562	A Removal, pelvic	16.83	16.83	090	2	2	2	1	0
38564	A Removal, abdomen	17.80	17.80	090	2	0	2	1	0

(83) Lymph nodes and lymphatic channels, radical lymphadenectomy:

38700	A Removal of lymph	16.95	16.95	090	2	1	2	1	0
38720	A Removal of lymph	27.94	27.94	090	2	1	2	1	0
38724	A Removal of lymph	28.17	28.17	090	2	0	2	1	0
38740	A Remove armpit	11.26	11.26	090	2	0	2	1	0
38745	A Remove armpits	16.99	16.99	090	2	0	2	1	0
38746	A Remove thoracic lymph	6.49	6.49	ZZZ	0	0	2	1	0
38747	A Remove abdominal lymph	7.24	7.24	ZZZ	0	0	2	1	0
38760	A Remove groin lymph	15.08	15.08	090	2	1	2	1	0
38765	A Remove groin lymph	28.15	28.15	090	2	1	2	1	0
38770	A Remove pelvis lymph	27.02	27.02	090	2	1	2	1	0
38780	A Remove abdomen lymph	32.30	32.30	090	2	0	2	1	0

(84) Lymph nodes and lymphatic channels, introduction:

38790	A Injection for lymphatic	2.86	2.65	000	2	1	1	0	0
38794	A Access thoracic duct	6.99	6.99	090	2	0	0	0	0

(85) Lymph nodes and lymphatic channels, other procedures:

38999	C Blood/lymph system	0.00	0.00	YYY	2	0	2	1	1

(86) Mediastinum, incision:

39000	A Exploration	11.98	11.98	090	2	0	2	1	0
39010	A Exploration	22.92	22.92	090	2	0	2	1	0

(87) Mediastinum, excision:

39200	A Removal of chest lesion	24.73	24.73	090	2	0	2	1	0
39220	A Removal of chest lesion	31.81	31.81	090	2	0	2	1	0

(88) Mediastinum, endoscopy:

39400	A Visualization	10.56	10.56	010	2	0	1	0	0

(89) Mediastinum, other procedures:

39499	C Chest surgery	0.00	0.00	YYY	2	0	2	1	1

(90) Diaphragm, repair:

39501	A Repair of diaphragm	23.43	23.43	090	2	0	2	1	0
39502	A Repair paraesophageal	27.70	27.70	090	2	0	2	1	0
39503	A Repair of diaphragm	57.58	57.58	090	2	0	2	1	0
39520	A Repair of diaphragm	28.08	28.08	090	2	0	2	1	0
39530	A Repair of diaphragm	29.06	29.06	090	2	0	2	1	0
39531	A Repair of diaphragm	25.56	25.56	090	2	0	2	1	0
39540	A Repair of diaphragm	25.05	25.05	090	2	0	2	1	0
39541	A Repair of diaphragm	26.13	26.13	090	2	0	2	1	0
39545	A Revision of diaphragm	20.49	20.49	090	2	0	2	1	0

(91) Diaphragm, other procedures:

39599	C Diaphragm surgery	0.00	0.00	YYY	2	0	2	1	1

(92) Lips, excision:

40490	A Biopsy of lip	1.86	1.50	000	2	0	1	0	0
40500	A Partial excision	8.95	8.95	090	2	0	1	0	0

40510	A Partial excision	9.72	9.72	090	2	0	1	0	0
40520	A Partial excision	8.96	8.96	090	2	0	1	0	0
40525	A Reconstruct lip	15.67	15.67	090	2	0	1	0	0
40527	A Reconstruct lip	18.90	18.90	090	2	0	0	0	0
40530	A Partial removal of lip	10.24	10.24	090	2	0	1	0	0
(93) Lips, repair:									
40650	A Repair lip	7.53	7.53	090	2	0	0	0	0
40652	A Repair lip	8.83	8.83	090	2	0	0	0	0
40654	A Repair lip	11.01	11.01	090	2	0	1	0	0
40700	A Repair cleft lip	20.49	20.49	090	2	0	0	0	0
40701	A Repair cleft lip	33.95	33.95	090	2	2	2	0	0
40702	A Repair cleft lip	21.50	21.50	090	2	2	2	0	0
40720	A Repair cleft lip	22.55	22.55	090	2	1	0	0	0
40761	A Repair cleft lip	24.79	24.79	090	2	0	1	0	0
(94) Lips, other procedures:									
40799	C Lip surgery	0.00	0.00	YYY	2	0	2	1	1
(95) Vestibule of mouth, incision:									
40800	A Drainage of mouth	1.82	1.46	010	2	0	1	0	0
40801	A Drainage of mouth	4.03	3.21	010	2	0	1	0	0
40804	A Removal of foreign body	1.72	1.44	010	2	0	0	0	0
40805	A Removal of foreign body	5.02	5.02	010	2	0	0	0	0
40806	A Incision of lip	0.65	0.65	000	2	0	0	0	0
(96) Vestibule of mouth, excision, destruction:									
40808	A Biopsy of mouth	1.65	1.28	010	2	0	1	0	0
40810	A Excision of mouth	2.39	1.82	010	2	0	1	0	0
40812	A Excise/repair mouth	3.62	2.90	010	2	0	1	0	0
40814	A Excise/repair mouth	6.40	4.84	090	2	0	1	0	0
40816	A Excision of mouth	6.62	5.07	090	2	0	1	0	0
40818	A Excise mucosa	4.47	4.47	090	2	0	0	0	0
40819	A Excise lip or cheek	3.45	2.86	090	2	0	0	0	0
40820	A Treatment of mouth	1.71	1.45	010	2	0	1	0	0
(97) Vestibule of mouth, repair:									
40830	A Repair mouth laceration	2.28	2.28	010	2	0	0	0	0
40831	A Repair mouth laceration	4.22	4.22	010	2	0	0	0	0
40840	R Reconstruction	14.39	14.39	090	2	0	2	0	0
40842	R Reconstruction	14.39	14.39	090	2	0	0	0	0
40843	R Reconstruction	20.05	20.05	090	2	2	2	0	0
40844	R Reconstruction	26.52	26.52	090	2	0	2	0	0
40845	R Reconstruction	37.68	37.68	090	2	0	0	0	0
(98) Vestibule of mouth, other procedures:									
40899	C Mouth surgery	0.00	0.00	YYY	2	0	0	1	1
(99) Tongue and floor of mouth, incision:									
41000	A Drainage of mouth	1.96	1.59	010	2	0	1	0	0
41005	A Drainage of mouth	1.78	1.78	010	2	0	0	0	0
41006	A Drainage of mouth	3.98	3.98	090	2	0	0	0	0
41007	A Drainage of mouth	5.78	5.78	090	2	0	0	0	0
41008	A Drainage of mouth	4.14	3.63	090	2	0	0	0	0
41009	A Drainage of mouth	6.64	6.64	090	2	0	0	0	0
41010	A Incision of tongue	1.34	1.34	010	2	0	0	0	0
41015	A Drainage of mouth	4.49	4.49	090	2	0	0	0	0

41016	A Drainage of mouth	7.47	7.47	090	2	0	0	0	0
41017	A Drainage of mouth	5.12	5.12	090	2	0	0	0	0
41018	A Drainage of mouth	8.64	8.64	090	2	0	0	0	0
(100) Tongue and floor of mouth, excision:									
41100	A Biopsy of tongue	2.30	1.91	010	2	0	1	0	0
41105	A Biopsy of tongue	2.35	1.85	010	2	0	1	0	0
41108	A Biopsy of floor of mouth	1.82	1.41	010	2	0	1	0	0
41110	A Excision of tongue	2.71	2.08	010	2	0	1	0	0
41112	A Excision of tongue	4.91	3.76	090	2	0	1	0	0
41113	A Excision of tongue	6.39	4.75	090	2	0	1	0	0
41114	A Excision of tongue	14.26	14.26	090	2	0	0	0	0
41115	A Excision of tongue	3.39	3.39	010	2	0	0	0	0
41116	A Excision of mouth	4.77	4.77	090	2	0	1	0	0
41120	A Partial removal, tongue	16.39	16.39	090	2	0	2	1	0
41130	A Partial removal, tongue	19.50	19.50	090	2	0	2	1	0
41135	A Tongue and neck	40.09	40.09	090	2	0	2	1	0
41140	A Removal of tongue	42.75	42.75	090	2	0	2	1	0
41145	A Removal of tongue, neck	50.93	50.93	090	2	0	2	1	0
41150	A Tongue, mouth, and jaw	40.59	40.59	090	2	0	2	1	0
41153	A Tongue, mouth, and neck	47.40	47.40	090	2	0	2	1	0
41155	A Tongue, jaw, and neck	56.16	56.16	090	2	0	2	1	0
(101) Tongue and floor of mouth, repair:									
41250	A Repair tongue laceration	2.83	2.83	010	2	0	0	0	0
41251	A Repair tongue laceration	4.18	4.18	010	2	0	0	0	0
41252	A Repair tongue laceration	5.11	5.11	010	2	0	0	0	0
(102) Tongue and floor of mouth, other procedures:									
41500	A Fixation of tongue	6.69	6.69	090	2	0	0	0	0
41510	A Tongue to lip suture	5.80	5.80	090	2	0	0	0	0
41520	A Reconstruction	5.41	5.41	090	2	0	0	0	0
41599	C Tongue and mouth surgery	0.00	0.00	YYY	2	0	0	1	1
(103) Dentoalveolar structures, incision:									
41800	A Drainage of gum	1.77	1.43	010	2	0	1	0	0
41805	A Removal of foreign body	1.98	1.98	010	2	0	0	0	0
41806	A Removal of foreign body	4.11	3.32	010	2	0	0	0	0
(104) Dentoalveolar structures, excision, destruction:									
41820	R Excision of gum	0.00	0.00	XXX	2	0	0	0	0
41821	R Excision of gum	0.00	0.00	XXX	2	0	0	0	0
41822	R Excision of gum	5.16	5.16	010	2	0	0	0	0
41823	R Excision of gum	6.69	6.69	090	2	0	0	0	0
41825	A Excision of gum	2.71	1.99	010	2	0	1	0	0
41826	A Excision of gum	4.20	3.20	010	2	0	1	0	0
41827	A Excision of gum	6.95	5.13	090	2	0	1	0	0
41828	R Excision of gum	6.92	6.92	010	2	0	0	0	0
41830	R Removal of gum	6.80	6.80	010	2	0	0	0	0
41850	R Treatment of gum	0.00	0.00	XXX	2	0	0	0	0
(105) Dentoalveolar structures, other procedures:									
41870	R Gum graft	0.00	0.00	XXX	2	0	0	0	0
41872	R Repair gum	5.25	5.25	090	2	0	0	0	0
41874	R Repair tooth sockets	6.27	6.27	090	2	0	0	0	0
41899	C Dental surgery	0.00	0.00	YYY	2	0	0	1	1

(106) Palate and uvula, incision:

42000	A Drainage of mouth	1.75	1.45	010	2	0	0	0	0

(107) Palate and uvula, excision, destruction:

42100	A Biopsy roof of mouth	2.00	1.61	010	2	0	1	0	0
42104	A Excision of lesion	3.15	2.36	010	2	0	1	0	0
42106	A Excision of lesion	4.17	3.09	010	2	0	1	0	0
42107	A Excision of lesion	9.02	6.66	090	2	0	1	0	0
42120	A Remove palate/lesion	12.72	12.72	090	2	0	2	1	0
42140	A Excision of uvula	2.86	2.86	090	2	0	1	0	0
42145	A Repair of palate	16.67	16.67	090	2	0	1	0	0
42160	A Treatment of mouth	3.20	2.46	010	2	0	0	0	0

(108) Palate and uvula, repair:

42180	A Repair palate	4.58	4.58	010	2	0	0	0	0
42182	A Repair palate	7.04	7.04	010	2	0	0	0	0
42200	A Reconstruct cleft palate	18.31	18.31	090	2	0	2	0	0
42205	A Reconstruct cleft palate	19.33	19.33	090	2	0	2	0	0
42210	A Reconstruct cleft palate	25.77	25.77	090	2	0	2	0	0
42215	A Reconstruct cleft palate	15.90	15.90	090	2	0	2	0	0
42220	A Reconstruct cleft palate	12.04	12.04	090	2	0	2	0	0
42225	A Reconstruct cleft palate	15.92	15.92	090	2	0	2	0	0
42226	A Lengthening of palate	17.18	17.18	090	2	0	2	0	0
42227	A Lengthening of palate	16.01	16.01	090	2	0	2	0	0
42235	A Repair palate	12.78	12.78	090	2	0	2	0	0
42260	A Repair nose to lip	12.98	12.98	090	2	0	2	0	0
42280	A Preparation, palate	3.41	3.41	010	2	0	0	0	0
42281	A Insertion, palate	3.25	3.25	010	2	0	0	0	0

(109) Palate and uvula, other procedures:

42299	C Palate/uvula surgery	0.00	0.00	YYY	2	0	2	1	1

(110) Salivary glands and ducts, incision:

42300	A Drain salivary gland	2.75	2.28	010	2	0	1	0	0
42305	A Drain salivary gland	7.77	7.77	090	2	0	0	0	0
42310	A Drain salivary gland	2.48	1.98	010	2	0	0	0	0
42320	A Drain salivary gland	4.02	4.02	010	2	0	0	0	0
42325	A Create salivary gland	4.65	4.65	090	2	0	2	0	0
42326	A Create salivary gland	7.63	7.63	090	2	0	2	0	0
42330	A Remove salivary gland	3.14	2.60	010	2	0	1	0	0
42335	A Remove salivary gland	5.54	4.35	090	2	0	1	0	0
42340	A Remove salivary gland	8.53	6.48	090	2	0	0	0	0

(111) Salivary glands and ducts, excision:

42400	A Biopsy of salivary gland	1.53	1.14	000	2	0	1	0	0
42405	A Biopsy of salivary gland	4.58	3.84	010	2	0	1	0	0
42408	A Excision of salivary cyst	7.46	7.46	090	2	0	0	0	0
42409	A Drainage of salivary cyst	5.43	5.43	090	2	0	2	0	0
42410	A Excise parotid	14.72	14.72	090	2	0	2	1	0
42415	A Excise parotid	28.51	28.51	090	2	0	2	1	0
42420	A Excise parotid	33.13	33.13	090	2	0	2	1	0
42425	A Excise parotid	23.33	23.33	090	2	0	2	1	0
42426	A Excise parotid	43.66	43.66	090	2	0	2	1	0
42440	A Excise submaxillary	14.28	14.28	090	2	0	2	1	0
42450	A Excise sublingual	7.69	7.69	090	2	0	0	0	0

(112) Salivary glands and ducts, repair:

42500	A Repair salivary duct	8.63	8.63	090	2	0	0	0	0
42505	A Repair salivary duct	12.65	12.65	090	2	0	1	0	0
42507	A Parotid duct diversion	10.41	10.41	090	2	2	2	0	0
42508	A Parotid duct diversion	16.13	16.13	090	2	2	2	0	0
42509	A Parotid duct diversion	18.22	18.22	090	2	2	0	0	0
42510	A Parotid duct diversion	15.25	15.25	090	2	2	2	1	0

(113) Salivary glands and ducts, other procedures:

42550	A Injection, sialography	1.58	1.58	000	2	0	1	0	0
42600	A Closure of salivary	8.39	8.39	090	2	0	0	0	0
42650	A Dilation of salivary duct	1.10	0.91	000	2	0	1	0	0
42660	A Dilation of salivary duct	1.54	1.30	000	2	0	0	0	0
42665	A Ligation of salivary duct	4.41	4.41	090	2	0	0	0	0
42699	C Salivary surgery	0.00	0.00	YYY	2	0	2	1	1

(114) Pharynx, adenoids, and tonsils, incision:

42700	A Drainage of tonsils	2.35	1.94	010	2	0	1	0	0
42720	A Drainage of throat	6.87	6.87	010	2	0	0	0	0
42725	A Drainage of throat	14.32	14.32	090	2	0	2	1	0

(115) Pharynx, adenoids, and tonsils, excision, destruction:

42800	A Biopsy of throat	2.02	1.66	010	2	0	1	0	0
42802	A Biopsy of throat	2.45	2.45	010	2	0	1	0	0
42804	A Biopsy upper nose/throat	2.25	2.25	010	2	0	1	0	0
42806	A Biopsy upper nose/throat	2.87	2.87	010	2	0	1	0	0
42808	A Excise pharynx	4.68	4.68	010	2	0	1	0	0
42809	A Remove pharynx	2.48	2.48	010	2	0	1	0	0
42810	A Excision of neck	6.32	6.32	090	2	0	2	0	0
42815	A Excision of neck	14.86	14.86	090	2	0	2	1	0
42820	A Remove tonsils	6.77	6.77	090	2	0	0	0	0
42821	A Remove tonsils	7.94	7.94	090	2	0	0	0	0
42825	A Removal of tonsils	5.84	5.84	090	2	0	0	0	0
42826	A Removal of tonsils	6.90	6.90	090	2	0	1	0	0
42830	A Removal of adenoids	4.28	4.28	090	2	0	0	0	0
42831	A Removal of adenoids	4.88	4.88	090	2	0	0	0	0
42835	A Removal of adenoids	3.94	3.94	090	2	0	0	0	0
42836	A Removal of adenoids	5.75	5.75	090	2	0	0	0	0
42842	A Extensive surgery	14.82	14.82	090	2	0	0	0	0
42844	A Extensive surgery	24.17	24.17	090	2	0	2	1	0
42845	A Extensive surgery	41.26	41.26	090	2	0	2	1	0
42860	A Excision of tonsil tags	3.96	3.96	090	2	0	0	0	0
42870	A Excision of lingual	7.29	7.29	090	2	0	0	0	0
42890	A Partial removal	21.00	21.00	090	2	0	2	1	0
42892	A Revision of pharynx	25.62	25.62	090	2	0	2	1	0
42894	A Revision of pharynx	37.29	37.29	090	2	0	2	1	0

(116) Pharynx, adenoids, and tonsils, repair:

42900	A Repair throat wound	9.15	9.15	010	2	0	0	0	0
42950	A Reconstruction	16.57	16.57	090	2	0	2	1	0
42953	A Repair throat	14.77	14.77	090	2	0	2	0	0

(117) Pharynx, adenoids, and tonsils, other procedures:

42955	A Surgical opening	10.15	10.15	090	2	0	2	0	0
42960	A Control throat hemorrhage	3.22	3.22	010	2	0	0	0	0
42961	A Control throat	6.87	6.87	090	2	0	2	0	0
42962	A Control throat	12.63	12.63	090	2	0	2	0	0
42970	A Control nose/throat	5.98	5.98	090	2	0	1	0	0

42971	A Control nose/throat	8.63	8.63	090	2	0	2	0	0
42972	A Control nose/throat	11.33	11.33	090	2	0	2	0	0
42999	C Throat surgery	0.00	0.00	YYY	2	0	0	1	1
(118) Esophagus, incision:									
43020	A Incision of esophagus	14.09	14.09	090	2	0	2	1	0
43030	A Throat muscle surgery	15.82	15.82	090	2	0	2	1	0
43045	A Incision of esophagus	31.59	31.59	090	2	0	2	1	0
(119) Esophagus, excision:									
43100	A Excision of esophagus	14.85	14.85	090	2	0	2	1	0
43101	A Excision of esophagus	24.94	24.94	090	2	0	2	1	0
43107	A Removal of esophagus	50.31	50.31	090	2	0	2	1	0
43108	A Removal of esophagus	58.08	58.08	090	2	0	2	1	0
43112	A Removal of esophagus	51.58	51.58	090	2	0	2	2	0
43113	A Removal of esophagus	59.06	59.06	090	2	0	2	2	0
43116	A Partial removal	55.38	55.38	090	2	0	2	1	0
43117	A Partial removal	54.29	54.29	090	2	0	2	2	0
43118	A Partial removal	57.18	57.18	090	2	0	2	2	0
43121	A Partial removal	49.44	49.44	090	2	0	2	2	0
43122	A Partial removal	49.37	49.37	090	2	0	2	1	0
43123	A Partial removal	57.18	57.18	090	2	0	2	1	0
43124	A Removal of esophagus	48.97	48.97	090	2	0	2	1	0
43130	A Removal of esophagus	21.70	21.70	090	2	0	2	1	0
43135	A Removal of esophagus	27.13	27.13	090	2	0	2	1	0
(120) Esophagus, endoscopy:									
43200	A Esophagus endoscopy	3.56	3.28	000	2	0	1	0	0
43202	A Esophagus endoscopy	4.21	3.90	000	3	0	1	0	0
43204	A Esophagus endoscopy	7.63	7.63	000	3	0	1	0	0
43205	A Esophagus endoscopy	6.15	6.15	000	3	0	0	0	0
43215	A Esophagus endoscopy	5.38	5.38	000	3	0	1	0	0
43216	A Esophagus endoscopy	4.93	4.93	000	3	0	0	0	0
43217	A Esophagus endoscopy	5.92	5.92	000	3	0	1	0	0
43219	A Esophagus endoscopy	5.70	5.70	000	3	0	1	0	0
43220	A Esophagus endoscopy	4.29	4.29	000	3	0	1	0	0
43226	A Esophagus endoscopy	4.75	4.75	000	3	0	1	0	0
43227	A Esophagus endoscopy	7.28	7.28	000	3	0	1	0	0
43228	A Esophagus endoscopy	7.64	7.64	000	3	0	1	0	0
43234	A Upper GI endoscopy	4.47	4.12	000	2	0	1	0	0
43235	A Upper GI endoscopy	5.30	4.87	000	2	0	1	0	0
43239	A Upper GI endoscopy	5.95	5.48	000	3	0	1	0	0
43241	A Upper GI endoscopy	5.31	5.31	000	3	0	1	0	0
43243	A Upper GI endoscopy	9.22	9.22	000	3	0	1	0	0
43244	A Upper GI endoscopy	7.74	7.74	000	3	0	0	0	0
43245	A Operative upper endoscopy	6.90	6.90	000	3	0	1	0	0
43246	A Place gastrostomy tube	8.81	8.81	000	3	0	0	2	0
43247	A Operative upper endoscopy	6.89	6.89	000	3	0	1	0	0
43248	A Upper GI endoscopy	6.40	6.40	000	2	0	1	0	0
43249	A Esophagus endoscopy	5.88	5.88	000	3	0	1	0	0
43250	A Upper GI endoscopy	6.54	6.54	000	3	0	1	0	0
43251	A Operative upper endoscopy	7.53	7.53	000	3	0	1	0	0
43255	A Operative upper endoscopy	8.88	8.88	000	3	0	1	0	0
43258	A Operative upper endoscopy	9.18	9.18	000	3	0	1	0	0
43259	A Endoscopic ultrasound	8.52	8.52	000	3	0	0	0	0
43260	A Endoscopy, bile	11.40	11.40	000	2	0	1	0	0
43261	A Endoscopy, bile	11.68	11.68	000	3	0	1	0	0
43262	A Endoscopy, bile	14.88	14.88	000	3	0	1	0	0
43263	A Endoscopy, bile	11.46	11.46	000	3	0	1	0	0

43264	A Endoscopy, bile	17.03	17.03	000	3	0	1	0	0
43265	A Endoscopy, bile	14.94	14.94	000	3	0	1	0	0
43267	A Endoscopy, bile	14.13	14.13	000	3	0	1	0	0
43268	A Endoscopy, bile	14.87	14.87	000	3	0	1	0	0
43269	A Endoscopy, bile	12.18	12.18	000	3	0	1	0	0
43271	A Endoscopy, bile	14.35	14.35	000	3	0	1	0	0
43272	A Endoscopy, bile	12.35	12.35	000	3	0	0	0	0
(121) Esophagus, repair:									
43300	A Repair of esophagus	18.94	18.94	090	2	0	2	1	0
43305	A Repair of esophagus	29.79	29.79	090	2	0	2	1	0
43310	A Repair of esophagus	41.24	41.24	090	2	0	2	1	0
43312	A Repair of esophagus	40.32	40.32	090	2	0	2	1	0
43320	A Fuse esophagus	27.00	27.00	090	2	0	2	1	0
43324	A Revise esophagus	27.92	27.92	090	2	0	2	1	0
43325	A Revise esophagus	27.16	27.16	090	2	0	2	1	0
43326	A Revise esophagus	22.67	22.67	090	2	0	2	1	0
43330	A Repair of esophagus	26.76	26.76	090	2	0	2	1	0
43331	A Repair of esophagus	30.03	30.03	090	2	0	2	1	0
43340	A Fuse esophagus	27.76	27.76	090	2	0	2	1	0
43341	A Fuse esophagus	25.68	25.68	090	2	0	2	1	0
43350	A Surgical opening	19.79	19.79	090	2	0	2	1	0
43351	A Surgical opening	22.74	22.74	090	2	0	2	1	0
43352	A Surgical opening	20.54	20.54	090	2	0	2	1	0
43360	A Gastrointestinal	49.07	49.07	090	2	0	2	1	0
43361	A Gastrointestinal	56.68	56.68	090	2	0	2	1	0
43400	A Ligate esophagus	26.87	26.87	090	2	0	2	1	0
43401	A Esophagus surgery	26.50	26.50	090	2	0	2	1	0
43405	A Ligate/staple esophagus	29.94	29.94	090	2	0	2	1	0
43410	A Repair esophagus	19.30	19.30	090	2	0	2	1	0
43415	A Repair esophagus	29.18	29.18	090	2	0	2	1	0
43420	A Repair esophagus	16.61	16.61	090	2	0	0	1	0
43425	A Repair esophagus	25.93	25.93	090	2	0	2	1	0
(122) Esophagus, manipulation:									
43450	A Dilate esophagus	1.94	1.94	000	2	0	1	0	0
43453	A Dilate esophagus	2.89	2.89	000	2	0	1	0	0
43456	A Dilate esophagus	4.85	4.85	000	2	0	1	0	0
43458	A Dilate esophagus	4.40	4.40	000	2	0	1	0	0
43460	A Pressure treatment	5.15	5.15	000	2	0	1	0	0
(123) Esophagus, other procedures:									
43496	C Free jejunum transfer	0.00	0.00	090	2	0	2	1	0
43499	C Esophagus surgery	0.00	0.00	YYY	2	0	2	1	1
(124) Stomach, incision:									
43500	A Surgical opening	14.24	14.24	090	2	0	2	1	0
43501	A Surgical repair	23.20	23.20	090	2	0	2	1	0
43502	A Surgical repair	25.34	25.34	090	2	0	2	1	0
43510	A Surgical opening	17.60	17.60	090	2	0	2	1	0
43520	A Incise pyloric muscle	11.73	11.73	090	2	0	2	1	0
(125) Stomach, excision:									
43600	A Biopsy of stomach	2.24	2.24	000	2	0	1	0	0
43605	A Biopsy of stomach	14.73	14.73	090	2	0	2	1	0
43610	A Excision of stomach	18.96	18.96	090	2	0	2	1	0
43611	A Excision of stomach	21.21	21.21	090	2	0	2	1	0
43620	A Removal of stomach	37.08	37.08	090	2	0	2	1	0

43621	A Removal of stomach	37.55	37.55	090	2	0	2	1	0
43622	A Removal of stomach	38.77	38.77	090	2	0	2	1	0
43631	A Removal of stomach	31.31	31.31	090	2	0	2	1	0
43632	A Removal of stomach	31.31	31.31	090	2	0	2	1	0
43633	A Removal of stomach	31.71	31.71	090	2	0	2	1	0
43634	A Removal of stomach	42.49	42.49	090	2	0	2	1	0
43635	A Partial removal	3.06	3.06	ZZZ	0	0	2	1	0
43638	A Partial removal	33.58	33.58	090	2	0	2	1	0
43639	A Removal of stomach	34.02	34.02	090	2	0	2	1	0
43640	A Vagotomy, pyloroplasty	24.64	24.64	090	2	0	2	1	0
43641	A Vagotomy, pyloroplasty	24.83	24.83	090	2	0	2	1	0
(126) Stomach, introduction:									
43750	A Place gastrostomy tube	8.59	8.59	010	2	0	1	0	0
43760	A Change gastrostomy tube	1.71	1.71	000	2	0	1	0	0
43761	A Reposition gastric tube	2.99	2.99	000	2	0	1	0	0
(127) Stomach, other procedures:									
43800	A Reconstruction	16.92	16.92	090	2	0	2	1	0
43810	A Fusion of stoma	18.38	18.38	090	2	0	2	1	0
43820	A Fusion of stoma	19.63	19.63	090	2	0	2	1	0
43825	A Fusion of stoma	25.30	25.30	090	2	0	2	1	0
43830	A Place gastrostomy tube	13.24	13.24	090	2	0	2	1	0
43831	A Place gastrostomy tube	12.19	12.19	090	2	0	2	1	0
43832	A Place gastrostomy tube	19.25	19.25	090	2	0	2	1	0
43840	A Repair of stoma	19.28	19.28	090	2	0	2	1	0
43842	A Gastroplasty	28.22	28.22	090	2	0	2	2	0
43843	A Gastroplasty	28.35	28.35	090	2	0	2	2	0
43846	A Gastric bypass	33.50	33.50	090	2	0	2	1	0
43847	A Gastric bypass	35.58	35.58	090	2	0	2	1	0
43848	A Revise gastroplasty	37.37	37.37	090	2	0	2	1	0
43850	A Revise stomach–bowel	30.36	30.36	090	2	0	2	1	0
43855	A Revise stomach–bowel	30.25	30.25	090	2	0	2	1	0
43860	A Revise stomach–bowel	30.53	30.53	090	2	0	2	1	0
43865	A Revise stomach–bowel	33.75	33.75	090	2	0	2	1	0
43870	A Repair stomach opening	12.92	12.92	090	2	0	2	1	0
43880	A Repair stomach–bowel	26.76	26.76	090	2	0	2	1	0
43999	C Stomach surgery	0.00	0.00	YYY	2	0	0	1	1
(128) Intestines, incision:									
44005	A Freeing of bowel	21.53	21.53	090	2	0	2	1	0
44010	A Incision of small bowel	17.15	17.15	090	2	0	2	1	0
44015	A Insert needle catheter	5.41	5.41	ZZZ	0	0	2	1	0
44020	A Explore small bowel	19.28	19.28	090	2	0	2	1	0
44021	A Decompress small bowel	18.48	18.48	090	2	0	2	1	0
44025	A Incision of large bowel	19.42	19.42	090	2	0	2	1	0
44050	A Reduce bowel obstruction	18.76	18.76	090	2	0	2	1	0
44055	A Correct malrotation	20.21	20.21	090	2	0	2	1	0
(129) Intestines, excision:									
44100	A Biopsy of bowel	3.23	3.23	000	2	0	1	0	0
44110	A Excision of bowel	17.42	17.42	090	2	0	2	1	0
44111	A Excision of bowel	21.59	21.59	090	2	0	2	1	0
44120	A Remove small intestine	23.41	23.41	090	2	0	2	1	0
44121	A Remove small intestine	6.58	6.58	ZZZ	0	0	2	1	0
44125	A Remove small intestine	25.22	25.22	090	2	0	2	1	0
44130	A Bowel to bowel fusion	20.62	20.62	090	2	0	2	1	0
44139	A Mobilization of flexure	3.30	3.30	ZZZ	0	0	2	1	0
44140	A Partial removal of colon	28.96	28.96	090	2	0	2	1	0

44141	A Partial removal of colon	30.57	30.57	090	2	0	2	1	0
44143	A Partial removal of colon	31.60	31.60	090	2	0	2	1	0
44144	A Partial removal of colon	30.19	30.19	090	2	0	2	1	0
44145	A Partial removal of colon	35.37	35.37	090	2	0	2	1	0
44146	A Partial removal of colon	38.13	38.13	090	2	0	2	1	0
44147	A Partial removal of colon	33.13	33.13	090	2	0	2	1	0
44150	A Removal of colon	35.16	35.16	090	2	0	2	1	0
44151	A Removal of colon	29.28	29.28	090	2	0	2	1	0
44152	A Removal of colon	38.93	38.93	090	2	0	2	1	0
44153	A Removal of colon	45.05	45.05	090	2	0	2	1	0
44155	A Removal of colon	40.20	40.20	090	2	0	2	1	0
44156	A Removal of colon	33.29	33.29	090	2	0	2	1	0
44160	A Removal of colon	27.91	27.91	090	2	0	2	1	0
(130) Intestines, enterostomy, external fistulization of intestines:									
44300	A Open bowel to skin	14.60	14.60	090	2	0	2	1	0
44310	A Ileostomy/jejunostomy	19.15	19.15	090	2	0	2	1	0
44312	A Revision of ileostomy	8.56	8.56	090	2	0	0	0	0
44314	A Revision of ileostomy	17.14	17.14	090	2	0	2	1	0
44316	A Devise bowel pouch	24.14	24.14	090	2	0	2	1	0
44320	A Colostomy	19.82	19.82	090	2	0	2	1	0
44322	A Colostomy with biopsies	20.67	20.67	090	2	0	2	1	0
44340	A Revision of colostomy	6.95	6.95	090	2	0	1	1	0
44345	A Revision of colostomy	15.52	15.52	090	2	0	2	1	0
44346	A Revision of colostomy	18.50	18.50	090	2	0	2	1	0
(131) Intestines, endoscopy, small bowel and stomach:									
44360	A Small bowel endoscopy	5.93	5.93	000	2	0	1	0	0
44361	A Small bowel endoscopy	6.55	6.55	000	3	0	1	0	0
44363	A Small bowel endoscopy	6.66	6.66	000	3	0	0	0	0
44364	A Small bowel endoscopy	8.71	8.71	000	3	0	0	0	0
44365	A Small bowel endoscopy	7.74	7.74	000	3	0	0	0	0
44366	A Small bowel endoscopy	10.04	10.04	000	3	0	1	0	0
44369	A Small bowel endoscopy	10.31	10.31	000	3	0	0	0	0
44372	A Small bowel endoscopy	10.17	10.17	000	3	0	1	0	0
44373	A Small bowel endoscopy	8.04	8.04	000	3	0	1	0	0
44376	A Small bowel endoscopy	9.22	9.22	000	2	0	0	0	0
44377	A Small bowel endoscopy	9.70	9.70	000	3	0	0	0	0
44378	A Small bowel endoscopy	12.28	12.28	000	3	0	0	0	0
44380	A Small bowel endoscopy	3.10	3.10	000	2	0	1	0	0
44382	A Small bowel endoscopy	3.74	3.74	000	2	0	1	0	0
44385	A Endoscopy of bowel	4.09	3.77	000	2	0	1	0	0
44386	A Endoscopy of bowel	3.49	3.49	000	2	0	0	0	0
44388	A Colonoscopy	6.32	5.83	000	2	0	1	0	0
44389	A Colonoscopy with biopsy	6.95	6.41	000	3	0	1	0	0
44390	A Colonoscopy, foreign body	6.17	6.17	000	3	0	0	0	0
44391	A Colonoscopy for bleeding	9.30	8.80	000	3	0	0	0	0
44392	A Colonoscopy, polypectomy	8.84	7.91	000	3	0	1	0	0
44393	A Colonoscopy, lesion	10.01	9.92	000	3	0	1	0	0
44394	A Colonoscopy, snare	9.39	9.11	000	3	0	1	0	0
(132) Intestines, introduction:									
44500	A Gastrointestinal tube	0.80	0.80	000	0	0	0	0	0
(133) Intestines, repair:									
44602	A Suture, small intestine	17.91	17.91	090	2	0	2	1	0
44603	A Suture, small intestine	22.57	22.57	090	2	0	2	1	0
44604	A Suture, large intestine	21.49	21.49	090	2	0	2	1	0
44605	A Repair of bowel	24.12	24.12	090	2	0	2	1	0

44615	A Stricturoplasty	20.26	20.26	090	2	0	2	1	0
44620	A Repair bowel opening	16.33	16.33	090	2	0	2	1	0
44625	A Repair bowel opening	22.55	22.55	090	2	0	2	1	0
44626	A Repair bowel opening	32.81	32.81	090	2	0	2	1	0
44640	A Repair bowel–skin	20.52	20.52	090	2	0	2	1	0
44650	A Repair bowel fistula	21.73	21.73	090	2	0	2	1	0
44660	A Repair bowel–bladder	22.00	22.00	090	2	0	2	1	0
44661	A Repair bowel–bladder	30.28	30.28	090	2	0	2	1	0
44680	A Surgical revision	23.01	23.01	090	2	0	2	1	0
(134) Intestines, other procedures:									
44700	A Suspend bowel	25.33	25.33	090	2	0	2	1	0
44799	C Intestine surgery	0.00	0.00	YYY	2	0	2	1	1
(135) Meckel's diverticulum and mesentery, excision:									
44800	A Excision of bowel	15.85	15.85	090	2	0	2	1	0
44820	A Excision of mesentery	15.63	15.63	090	2	0	2	1	0
(136) Meckel's diverticulum and mesentery, suture:									
44850	A Repair of mesentery	14.75	14.75	090	2	0	2	1	0
(137) Meckel's diverticulum and mesentery, other procedures:									
44899	C Bowel surgery	0.00	0.00	YYY	2	0	2	1	1
(138) Appendix, incision:									
44900	A Drain appendix abscess	12.63	12.63	090	2	0	2	1	0
44901	A Drain appendix abscess	5.71	5.71	000	2	0	2	0	0
(139) Appendix, excision:									
44950	A Appendectomy	13.18	13.18	090	2	0	2	1	0
44955	A Appendectomy	3.34	3.34	ZZZ	0	0	2	1	0
44960	A Appendectomy	16.12	16.12	090	2	0	2	1	0
(140) Rectum, incision:									
45000	A Drain pelvic abscess	5.77	5.77	090	2	0	1	0	0
45005	A Drain rectum abscess	3.17	3.17	010	2	0	1	0	0
45020	A Drain rectum abscess	7.09	7.09	090	2	0	1	0	0
(141) Rectum, excision:									
45100	A Biopsy of rectum	5.35	5.35	090	2	0	1	0	0
45108	A Removal of anorectal	7.18	7.18	090	2	0	2	1	0
45110	A Removal of rectum	39.26	39.26	090	2	0	2	1	0
45111	A Partial removal	27.70	27.70	090	2	0	2	1	0
45112	A Removal of rectum	40.93	40.93	090	2	0	2	1	0
45113	A Partial removal	40.96	40.96	090	2	0	2	1	0
45114	A Partial removal	37.73	37.73	090	2	0	2	1	0
45116	A Partial removal	30.66	30.66	090	2	0	2	1	0
45119	A Removal of rectum	41.16	41.16	090	2	0	2	1	0
45120	A Removal of rectum	40.12	40.12	090	2	0	2	1	0
45121	A Removal of rectum	36.08	36.08	090	2	0	2	1	0
45123	A Partial removal	25.63	25.63	090	2	0	2	1	0
45130	A Excision of rectum	22.29	22.29	090	2	0	2	1	0
45135	A Excision of rectum	32.22	32.22	090	2	0	2	1	0
45150	A Excision of rectum	8.76	8.76	090	2	0	0	0	0
45160	A Excision of rectum	19.89	19.89	090	2	0	2	1	0
45170	A Excision of rectum	13.86	13.86	090	2	0	2	1	0

(142) Rectum, destruction:

45190	A Destruction of rectum	13.02	13.02	090	2	0	2	1	0

(143) Rectum, endoscopy:

45300	A Proctosigmoidoscopy	1.21	0.94	000	2	0	1	0	0
45303	A Proctosigmoidoscopy	1.41	1.10	000	3	0	1	0	0
45305	A Proctosigmoidoscopy	1.81	1.40	000	3	0	1	0	0
45307	A Proctosigmoidoscopy	2.88	2.88	000	3	0	0	0	0
45308	A Proctosigmoidoscopy	2.57	2.03	000	3	0	1	0	0
45309	A Proctosigmoidoscopy	3.03	2.48	000	3	0	1	0	0
45315	A Proctosigmoidoscopy	3.55	3.55	000	3	0	1	0	0
45317	A Proctosigmoidoscopy	3.80	3.80	000	3	0	1	0	0
45320	A Proctosigmoidoscopy	4.61	4.61	000	3	0	1	0	0
45321	A Proctosigmoidoscopy	3.49	3.49	000	3	0	1	0	0
45330	A Sigmoidoscopy, flexible	2.13	1.45	000	2	0	1	0	0
45331	A Sigmoidoscopy and biopsy	2.78	2.57	000	3	0	1	0	0
45332	A Sigmoidoscopy	3.57	3.57	000	3	0	1	0	0
45333	A Sigmoidoscopy/polypectomy	4.09	4.01	000	3	0	1	0	0
45334	A Sigmoidoscopy, bleeding	5.46	5.46	000	3	0	1	0	0
45337	A Sigmoidoscopy	4.86	4.86	000	3	0	1	0	0
45338	A Sigmoidoscopy	4.64	4.64	000	3	0	1	0	0
45339	A Sigmoidoscopy	6.15	6.15	000	3	0	1	0	0
45355	A Surgical colonoscopy	4.38	4.38	000	2	0	1	0	0
45378	A Diagnostic colonoscopy	7.56	7.51	000	2	0	1	0	0
45378 53	A Diagnostic colonoscopy	2.13	1.96	000	2	0	1	0	0
45379	A Colonoscopy	9.68	9.55	000	3	0	1	0	0
45380	A Colonoscopy and biopsy	8.49	8.12	000	3	0	1	0	0
45382	A Colonoscopy for bleeding	11.10	11.10	000	3	0	1	0	0
45383	A Colonoscopy, lesion	11.32	11.32	000	3	0	1	0	0
45384	A Colonoscopy	9.58	9.58	000	3	0	1	0	0
45385	A Colonoscopy, lesion	11.56	10.78	000	3	0	1	0	0

(144) Rectum, repair:

45500	A Repair of rectum	13.03	13.03	090	2	0	0	0	0
45505	A Repair of rectum	12.22	12.22	090	2	0	1	0	0
45520	A Treatment of rectum	1.14	0.85	000	2	0	1	0	0
45540	A Correct rectal prolapse	22.44	22.44	090	2	0	2	1	0
45541	A Correct rectal prolapse	20.61	20.61	090	2	0	2	1	0
45550	A Repair rectum, remove	28.99	28.99	090	2	0	2	1	0
45560	A Repair of rectocele	12.79	12.79	090	2	0	2	1	0
45562	A Explore/repair injury	19.77	19.77	090	2	0	2	1	0
45563	A Explore/repair injury	30.62	30.62	090	2	0	2	1	0
45800	A Repair rectumbladder	23.09	23.09	090	2	0	2	1	0
45805	A Repair fistula	28.20	28.20	090	2	0	2	1	0
45820	A Repair rectourethral	22.67	22.67	090	2	0	2	1	0
45825	A Repair fistula	25.76	25.76	090	2	0	2	1	0

(145) Rectum, manipulation:

45900	A Reduce rectal prolapse	2.28	2.28	010	2	0	0	0	0
45905	A Dilate anal sphincter	2.21	2.21	010	2	0	1	0	0
45910	A Dilate rectal stricture	2.69	2.69	010	2	0	1	0	0
45915	A Remove rectal obstruction	2.80	2.80	010	2	0	1	0	0

(146) Rectum, other procedures:

45999	C Rectum surgery	0.00	0.00	YYY	2	0	0	1	1

(147) Anus, incision:									
46030	A Removal of rectum	1.54	1.54	010	2	0	0	0	0
46040	A Incision of rectum	6.32	6.32	090	2	0	1	0	0
46045	A Incision of rectum	5.92	5.92	090	2	0	1	0	0
46050	A Incision of anal abscess	1.72	1.43	010	2	0	1	0	0
46060	A Incision of rectum	10.95	10.95	090	2	0	1	0	0
46070	A Incision of anal septum	3.97	3.97	090	2	0	0	0	0
46080	A Incise anal sphincter	4.56	4.56	010	2	0	1	0	0
46083	A Incise hemorrhoid	1.92	1.62	010	2	0	1	0	0
(148) Anus, excision:									
46200	A Removal of anal fissure	6.65	6.65	090	2	0	1	0	0
46210	A Removal of anal crypt	3.24	3.24	090	2	0	0	0	0
46211	A Removal of anal crypts	5.90	5.90	090	2	0	0	0	0
46220	A Removal of anal tab	2.09	2.09	010	2	0	1	0	0
46221	A Ligation of hemorrhoid	2.01	1.69	010	2	0	1	0	0
46230	A Removal of anal tabs	3.20	2.80	010	2	0	1	0	0
46250	A Hemorrhoidectomy	7.14	7.14	090	2	0	1	0	0
46255	A Hemorrhoidectomy	9.89	9.89	090	2	0	1	0	0
46257	A Remove hemorrhoid	11.35	11.35	090	2	0	1	0	0
46258	A Remove hemorrhoid	12.40	12.40	090	2	0	0	0	0
46260	A Hemorrhoidectomy	13.29	13.29	090	2	0	1	0	0
46261	A Remove hemorrhoid	14.61	14.61	090	2	0	1	0	0
46262	A Remove hemorrhoid	15.18	15.18	090	2	0	1	0	0
46270	A Removal of anal fistula	5.39	5.39	090	2	0	1	0	0
46275	A Removal of anal fistula	9.61	9.61	090	2	0	1	0	0
46280	A Removal of anal fistula	11.99	11.99	090	2	0	1	0	0
46285	A Removal of anal fistula	6.15	6.15	090	2	0	2	0	0
46288	A Repair anal fistula	10.38	10.38	090	2	0	1	0	0
46320	A Removal of hemorrhoid	2.20	1.86	010	2	0	1	0	0
(149) Anus, introduction:									
46500	A Injection, hemorrhoids	1.80	1.65	010	2	0	1	0	0
(150) Anus, endoscopy:									
46600	A Diagnostic anoscopy	0.74	0.61	000	2	0	1	0	0
46604	A Anoscopy and dilation	1.59	1.41	000	3	0	1	0	0
46606	A Anoscopy and biopsy	1.12	0.94	000	3	0	1	0	0
46608	A Anoscopy, remove foreign	2.47	2.47	000	3	0	0	0	0
46610	A Anoscopy, remove tumor	2.10	2.10	000	3	0	1	0	0
46611	A Anoscopy	2.55	2.14	000	3	0	0	0	0
46612	A Anoscopy, remove tumor	3.58	3.58	000	3	0	0	0	0
46614	A Anoscopy, bleeding	3.46	2.71	000	3	0	1	0	0
46615	A Anoscopy	4.07	3.32	000	3	0	0	0	0
(151) Anus, repair:									
46700	A Repair of anal stricture	13.20	13.20	090	2	0	1	0	0
46705	A Repair of anal stricture	10.41	10.41	090	2	0	2	1	0
46715	A Repair of anovaginal	10.61	10.61	090	2	0	2	0	0
46716	A Repair of anovaginal	17.65	17.65	090	2	0	2	1	0
46730	A Construction of absent	31.33	31.33	090	2	0	2	1	0
46735	A Construction of absent	37.82	37.82	090	2	0	2	1	0
46740	A Construction of absent	33.61	33.61	090	2	0	2	1	0
46742	A Repair imperforated anus	47.08	47.08	090	2	0	2	1	0
46744	A Repair, cloacalanomaly	52.76	52.76	090	2	0	2	1	0
46746	A Repair, cloacalanomaly	58.09	58.09	090	2	0	2	1	0
46748	A Repair, cloacalanomaly	64.35	64.35	090	2	0	2	1	0
46750	A Repair of anal sphincter	13.86	13.86	090	2	0	2	1	0
46751	A Repair of anal sphincter	12.23	12.23	090	2	0	2	1	0

46753	A Reconstruction	11.26	11.26	090	2	0	1	0	0
46754	A Removal of suture	2.99	2.99	010	2	0	0	0	0
46760	A Repair of anal sphincter	17.75	17.75	090	2	0	2	1	0
46761	A Repair of anal sphincter	17.32	17.32	090	2	0	2	1	0
46762	A Implant sphincter	15.35	15.35	090	2	0	2	1	0
(152) Anus, destruction:									
46900	A Destruction, anus	2.14	1.96	010	2	0	1	0	0
46910	A Destruction, anus	2.35	2.04	010	2	0	1	0	0
46916	A Cryosurgery, anus	2.37	2.05	010	2	0	1	0	0
46917	A Laser surgery, anus	3.73	2.80	010	2	0	1	0	0
46922	A Excision of anus	3.05	3.05	010	2	0	1	0	0
46924	A Destruction, anus	5.23	5.23	010	2	0	1	0	0
46934	A Destruction, hemorrhoids	4.95	4.37	090	2	0	1	0	0
46935	A Destruction, hemorrhoids	3.89	3.11	010	2	0	1	0	0
46936	A Destruction, hemorrhoids	6.25	5.14	090	2	0	1	0	0
46937	A Cryotherapy, rectal tumor	4.96	4.96	010	2	0	0	0	0
46938	A Cryotherapy, rectal tumor	6.93	6.93	090	2	0	0	0	0
46940	A Treatment of anus	2.65	2.40	010	2	0	1	0	0
46942	A Treatment of anus	2.34	2.12	010	2	0	0	0	0
(153) Anus, suture:									
46945	A Ligation of hemorrhoids	2.62	2.31	090	2	0	1	0	0
46946	A Ligation of hemorrhoids	3.73	3.27	090	2	0	1	0	0
(154) Anus, other procedures:									
46999	C Anus surgery	0.00	0.00	YYY	2	0	0	1	1
(155) Liver, incision:									
47000	A Needle biopsy of liver	3.15	3.15	000	2	0	1	0	0
47001	A Needle biopsy of liver	3.15	3.15	ZZZ	0	0	1	1	0
47010	A Open drainage of abscess	16.48	16.48	090	2	0	2	1	0
47011	A Percutaneous drainage	6.25	6.25	000	2	0	2	0	0
47015	A Inject/aspirate	15.95	15.95	090	2	0	2	1	0
(156) Liver, excision:									
47100	A Wedge biopsy of liver	10.35	10.35	090	2	0	2	1	0
47120	A Partial removal	33.65	33.65	090	2	0	2	1	0
47122	A Extensive removal	51.09	51.09	090	2	0	2	1	0
47125	A Partial removal	47.50	47.50	090	2	0	2	1	0
47130	A Partial removal	51.77	51.77	090	2	0	2	1	0
47133	X Removal of donor	0.00	0.00	XXX	9	9	9	9	9
47134	R Partial removal	57.95	57.95	XXX	2	0	2	1	2
47135	R Transplantation	131.31	131.31	090	2	0	2	1	2
47136	R Transplantation	98.93	98.93	090	2	0	2	1	2
(157) Liver, repair:									
47300	A Surgery for liver	17.07	17.07	090	2	0	2	1	0
47350	A Repair liver wound	19.43	19.43	090	2	0	2	1	0
47360	A Repair liver wound	27.45	27.45	090	2	0	2	1	0
47361	A Repair liver wound	43.48	43.48	090	2	0	2	1	0
47362	A Repair liver wound	16.51	16.51	090	2	0	2	1	0
(158) Liver, other procedures:									
47399	C Liver surgery	0.00	0.00	YYY	2	0	2	1	1

(159) Biliary tract, incision:									
47400	A Incision of liver	27.93	27.93	090	2	0	2	1	0
47420	A Incision of bile duct	25.43	25.43	090	2	0	2	1	0
47425	A Incision of bile duct	27.80	27.80	090	2	0	2	1	0
47460	A Incise bile duct	29.79	29.79	090	2	0	2	1	0
47480	A Incision of gallbladder	16.48	16.48	090	2	0	2	1	0
47490	A Incision of gallbladder	10.22	10.22	090	2	0	1	0	0
(160) Biliary tract, introduction:									
47500	A Injection for liver	3.32	3.32	000	2	0	1	0	0
47505	A Injection for liver	1.71	1.58	000	2	0	0	0	0
47510	A Insert catheter	10.02	10.02	090	2	0	1	0	0
47511	A Insert bile duct	12.44	12.44	090	2	1	1	0	0
47525	A Change bile duct	6.66	6.66	010	2	0	1	0	0
47530	A Revise/reinsert bile tube	6.87	6.87	090	2	0	1	0	0
(161) Biliary tract, endoscopy:									
47550	A Biliary endoscopy	4.44	4.44	000	0	0	2	1	0
47552	A Biliary endoscopy	6.91	6.91	000	2	0	1	1	0
47553	A Biliary endoscopy	9.78	9.78	000	3	0	1	0	0
47554	A Biliary endoscopy	12.39	12.39	000	3	0	1	1	0
47555	A Biliary endoscopy	9.57	9.57	000	3	0	1	0	0
47556	A Biliary endoscopy	10.48	10.48	000	3	0	1	0	0
(162) Biliary tract, excision:									
47600	A Removal of gallbladder	18.51	18.51	090	2	0	2	1	0
47605	A Removal of gallbladder	20.05	20.05	090	2	0	2	1	0
47610	A Removal of gallbladder	24.52	24.52	090	2	0	2	1	0
47612	A Removal of gallbladder	29.77	29.77	090	2	0	2	1	0
47620	A Removal of gallbladder	27.91	27.91	090	2	0	2	1	0
47630	A Remove bile duct	12.11	12.11	090	2	0	1	1	0
47700	A Explore bile ducts	21.80	21.80	090	2	0	2	1	0
47701	A Bile duct revision	34.22	34.22	090	2	0	0	0	0
47711	A Excision of bile duct	30.59	30.59	090	2	0	2	1	0
47712	A Excision of bile duct	36.10	36.10	090	2	0	2	1	0
47715	A Excision of bile duct	23.24	23.24	090	2	0	2	1	0
47716	A Fusion of bile duct cyst	19.74	19.74	090	2	0	2	1	0
(163) Biliary tract, repair:									
47720	A Fuse gallbladder	22.06	22.06	090	2	0	2	1	0
47721	A Fuse upper GI structures	26.99	26.99	090	2	0	2	1	0
47740	A Fuse gallbladder	25.15	25.15	090	2	0	2	1	0
47741	A Fuse gallbladder	31.82	31.82	090	2	0	2	1	0
47760	A Fuse bile ducts	32.35	32.35	090	2	0	2	1	0
47765	A Fuse liver ducts	34.75	34.75	090	2	0	2	1	0
47780	A Fuse bile ducts	34.37	34.37	090	2	0	2	1	0
47785	A Fuse bile ducts	37.94	37.94	090	2	0	2	1	0
47800	A Reconstruction	31.90	31.90	090	2	0	2	1	0
47801	A Placement, bile duct	17.32	17.32	090	2	0	2	1	0
47802	A Fuse liver duct	27.34	27.34	090	2	0	2	1	0
47900	A Suture bile duct	29.31	29.31	090	2	0	2	1	0
(164) Biliary tract, other procedures:									
47999	C Bile tract surgery	0.00	0.00	YYY	2	0	2	1	1
(165) Pancreas, incision:									
48000	A Drainage of abdomen	21.12	21.12	090	2	0	2	1	0
48001	A Placement of drains	25.99	25.99	090	2	0	2	1	0

48005	A Resect/debride pancreas	30.39	30.39	090	2	0	2	1	0
48020	A Removal of calculus	20.32	20.32	090	2	0	2	1	0
(166) Pancreas, excision:									
48100	A Biopsy of pancreas	14.56	14.56	090	2	0	2	1	0
48102	A Needle biopsy, pancreas	6.71	6.71	010	2	0	1	0	0
48120	A Removal of pancreas	23.57	23.57	090	2	0	2	1	0
48140	A Partial removal	33.26	33.26	090	2	0	2	1	0
48145	A Partial removal	36.67	36.67	090	2	0	2	1	0
48146	A Pancreatectomy	38.69	38.69	090	2	0	2	1	0
48148	A Removal of pancreas	23.14	23.14	090	2	0	2	1	0
48150	A Partial removal	63.86	63.86	090	2	0	2	1	0
48152	A Pancreatectomy	60.37	60.37	090	2	0	2	1	0
48153	A Pancreatectomy	63.77	63.77	090	2	0	2	1	0
48154	A Pancreatectomy	60.66	60.66	090	2	0	2	1	0
48155	A Removal of pancreas	42.32	42.32	090	2	0	2	1	0
48160	N Pancreas removal	0.00	0.00	XXX	9	9	9	9	9
48180	A Fuse pancreas and bowel	33.95	33.95	090	2	0	2	1	0
(167) Pancreas, introduction:									
48400	A Injection, intraoperative	2.90	2.90	ZZZ	0	0	0	0	0
(168) Pancreas, repair:									
48500	A Surgery of pancreas	21.72	21.72	090	2	0	2	1	0
48510	A Drain pancreatic cyst	19.84	19.84	090	2	0	2	1	0
48511	A Drain pancreatic cyst	6.75	6.75	000	2	0	2	0	0
48520	A Fuse pancreatic cyst	25.07	25.07	090	2	0	2	1	0
48540	A Fuse pancreatic cyst	29.90	29.90	090	2	0	2	1	0
48545	A Pancreatorrhaphy	23.34	23.34	090	2	0	2	1	0
48547	A Duodenal exclusion	33.37	33.37	090	2	0	2	1	0
(169) Pancreas, transplantation:									
48550	N Donor pancreatectomy	0.00	0.00	XXX	9	9	9	9	9
48554	N Transplant allograft	0.00	0.00	XXX	9	9	9	9	9
48556	A Removal, allograft	22.21	22.21	090	2	0	2	1	0
(170) Pancreas, other procedures:									
48999	C Pancreas surgery	0.00	0.00	YYY	2	0	2	1	1
(171) Abdomen, peritoneum, and omentum, incision:									
49000	A Exploration of abdomen	17.93	17.93	090	2	0	2	1	0
49002	A Reopening of abdomen	16.03	16.03	090	2	0	2	1	0
49010	A Explore behind abdomen	18.58	18.58	090	2	0	2	1	0
49020	A Drain abdominal abscess	20.40	20.40	090	2	0	2	0	0
49021	A Drain abdominal abscess	7.16	7.16	000	2	0	2	0	0
49040	A Open drainage of abscess	16.04	16.04	090	2	0	2	1	0
49041	A Percutaneous drainage	6.75	6.75	000	2	0	2	0	0
49060	A Open drainage of abscess	16.49	16.49	090	2	0	2	1	0
49061	A Percutaneous drainage	6.25	6.25	000	2	0	2	0	0
49062	A Drain to peritoneal	18.54	18.54	090	2	0	2	1	0
49080	A Puncture, peritoneal	2.11	2.11	000	2	0	1	0	0
49081	A Removal of abdomen	1.91	1.91	000	2	0	1	0	0
49085	A Removal of abdomen	11.82	11.82	090	2	0	1	1	0
(172) Abdomen, peritoneum, and omentum, excision, destruction:									
49180	A Biopsy, abdominal mass	3.44	3.44	000	2	0	1	0	0
49200	A Removal of abdomen	18.34	18.34	090	2	0	2	1	0

49201	A Removal of abdomen	26.54	26.54	090	2	0	2	1	0
49215	A Excise sacral tumor	29.39	29.39	090	2	0	2	1	0
49220	A Multiple surgery	26.78	26.78	090	2	0	2	1	0
49250	A Excision of umbilicus	12.48	12.48	090	2	0	1	1	0
49255	A Removal of omentum	15.73	15.73	090	2	0	2	1	0

(173) Abdomen, peritoneum, and omentum, introduction, revision, and/or removal:

49400	A Air injection	2.88	2.88	000	2	0	1	0	0
49420	A Insert abdominal catheter	3.65	3.65	000	2	0	1	0	0
49421	A Insert abdominal catheter	9.47	9.47	090	2	0	1	0	0
49422	A Remove permanent	10.12	10.12	010	2	0	1	0	0
49423	A Exchange drainage	2.46	2.46	000	2	0	0	0	0
49424	A Assess cyst, contrast	1.28	1.28	000	2	0	0	0	0
49425	A Insert abdomen–vein	19.49	19.49	090	2	0	2	1	0
49426	A Revise abdomen–vein	14.54	14.54	090	2	0	1	0	0
49427	A Injection, abdomen–vein	1.30	1.30	000	2	0	0	0	0
49428	A Ligation of shunt	3.30	3.30	010	2	0	1	0	0
49429	A Removal of shunt	10.35	10.35	010	2	0	1	0	0

(174) Abdomen, peritoneum, and omentum, repair:

49495	A Repair inguinal hernia	10.68	10.68	090	2	1	2	1	0
49496	A Repair inguinal hernia	13.44	13.44	090	2	1	2	1	0
49500	A Repair inguinal hernia	9.58	9.58	090	2	1	2	1	0
49501	A Repair inguinal hernia	12.35	12.35	090	2	1	2	1	0
49505	A Repair inguinal hernia	10.77	10.77	090	2	1	2	1	0
49507	A Repair inguinal hernia	12.88	12.88	090	2	1	2	1	0
49520	A Re–repair inguinal	13.12	13.12	090	2	1	2	1	0
49521	A Repair inguinal hernia	14.74	14.74	090	2	1	2	1	0
49525	A Repair inguinal hernia	12.65	12.65	090	2	1	2	1	0
49540	A Repair lumbar hernia	13.69	13.69	090	2	1	2	1	0
49550	A Repair femoral hernia	11.68	11.68	090	2	1	2	1	0
49553	A Repair femoral hernia	12.30	12.30	090	2	1	2	1	0
49555	A Repair femoral hernia	13.56	13.56	090	2	1	2	1	0
49557	A Repair femoral hernia	15.20	15.20	090	2	1	2	1	0
49560	A Repair abdominal hernia	15.08	15.08	090	2	1	2	1	0
49561	A Repair incision	17.16	17.16	090	2	1	2	1	0
49565	A Re–repair hernia	15.91	15.91	090	2	1	2	1	0
49566	A Repair incision	18.10	18.10	090	2	1	2	1	0
49568	A Hernia repair with mesh	7.24	7.24	ZZZ	0	1	2	1	0
49570	A Repair epigastric hernia	9.14	9.14	090	2	1	2	1	0
49572	A Repair epigastric hernia	11.28	11.28	090	2	1	2	1	0
49580	A Repair umbilical hernia	7.43	7.43	090	2	0	2	1	0
49582	A Repair umbilical hernia	10.13	10.13	090	2	0	2	1	0
49585	A Repair umbilical hernia	9.59	9.59	090	2	0	2	1	0
49587	A Repair umbilical hernia	10.63	10.63	090	2	0	2	1	0
49590	A Repair abdominal hernia	12.73	12.73	090	2	1	2	1	0
49600	A Repair umbilical hernia	14.90	14.90	090	2	0	2	1	0
49605	A Repair umbilical hernia	29.83	29.83	090	2	0	2	1	0
49606	A Repair umbilical hernia	25.44	25.44	090	2	0	2	1	0
49610	A Repair umbilical hernia	15.53	15.53	090	2	0	2	1	0
49611	A Repair umbilical hernia	17.11	17.11	090	2	0	2	1	0

(175) Abdomen, peritoneum, and omentum, suture:

49900	A Repair of abdominal wall	15.10	15.10	090	2	0	2	1	0

(176) Abdomen, peritoneum, and omentum, other procedures:

49905	A Omental flap	9.69	9.69	ZZZ	0	0	2	2	0
49906	C Free omental flap	0.00	0.00	090	2	0	2	1	0
49999	C Abdomen surgery	0.00	0.00	YYY	2	0	2	1	1

D. Procedure code numbers 50010 to 59899 relate to genitourinary and maternity procedures.

1	2	3	4	5	6	7	8	9	10	11	12

(1) Kidney, incision:

50010	A	Exploration of renal	19.82	19.82	090	2	0	2	1	0
50020	A	Open drain renal	20.35	20.35	090	2	0	1	1	0
50021	A	Percutaneous drain renal	5.71	5.71	000	2	0	2	0	0
50040	A	Drainage of kidney	20.84	20.84	090	2	0	2	1	0
50045	A	Exploration of kidney	24.00	24.00	090	2	0	2	1	0
50060	A	Removal of kidney	30.02	30.02	090	2	0	2	1	0
50065	A	Incision of kidney	33.07	33.07	090	2	0	2	0	0
50070	A	Incision of kidney	31.62	31.62	090	2	0	2	1	0
50075	A	Removal of kidney	40.19	40.19	090	2	0	2	1	0
50080	A	Removal of kidney	25.77	25.77	090	2	0	1	0	0
50081	A	Removal of kidney	35.04	35.04	090	2	0	2	1	0
50100	A	Revise kidney	25.34	25.34	090	2	0	2	1	0
50120	A	Exploration	25.67	25.67	090	2	0	2	1	0
50125	A	Explore and drain	26.16	26.16	090	2	0	2	1	0
50130	A	Removal of kidney	28.76	28.76	090	2	0	2	1	0
50135	A	Exploration	34.78	34.78	090	2	0	2	1	0

(2) Kidney, excision:

50200	A	Biopsy of kidney	5.03	5.03	000	2	0	1	0	0
50205	A	Biopsy of kidney	16.10	16.10	090	2	0	2	1	0
50220	A	Removal of kidney	29.21	29.21	090	2	0	2	1	0
50225	A	Removal of kidney	35.26	35.26	090	2	0	2	1	0
50230	A	Removal of kidney	38.82	38.82	090	2	0	2	2	0
50234	A	Removal of kidney	37.33	37.33	090	2	0	2	1	0
50236	A	Removal of kidney	40.66	40.66	090	2	0	2	1	0
50240	A	Partial removal	36.36	36.36	090	2	0	2	1	0
50280	A	Removal of kidney	25.36	25.36	090	2	0	2	1	0
50290	A	Removal of kidney	22.60	22.60	090	2	0	2	1	0

(3) Kidney, renal transplantation:

50300	X	Removal of donor kidney	0.00	0.00	XXX	9	9	9	9	9
50320	A	Removal of donor kidney	37.41	37.41	090	2	1	2	1	0
50340	A	Removal of kidney	24.33	24.33	090	2	1	2	1	0
50360	A	Transplantation	54.58	54.58	090	2	0	2	2	2
50365	A	Transplantation	65.23	65.23	090	2	1	2	2	2
50370	A	Remove transplant	24.22	24.22	090	2	0	2	1	0
50380	A	Reimplantation	29.56	29.56	090	2	0	2	1	0

(4) Kidney, introduction:

50390	A	Drainage of kidney	3.49	3.49	000	2	1	1	0	0
50392	A	Insert kidney drain	5.46	5.46	000	2	1	1	0	0
50393	A	Insert ureteral catheter	6.83	6.83	000	2	1	1	0	0
50394	A	Injection for kidney	1.25	1.25	000	2	1	1	0	0
50395	A	Create passage	6.45	6.45	000	2	1	1	0	0
50396	A	Measure kidney	2.41	2.41	000	2	1	0	0	0
50398	A	Change kidney tube	1.86	1.86	000	2	1	1	0	0

(5) Kidney, repair:									
50400	A Revision of kidney	31.65	31.65	090	2	0	2	1	0
50405	A Revision of kidney	39.39	39.39	090	2	0	2	1	0
50500	A Repair of kidney	30.71	30.71	090	2	0	2	1	0
50520	A Close kidney–skin	26.46	26.46	090	2	0	2	1	0
50525	A Repair renal–abscess	33.50	33.50	090	2	0	2	1	0
50526	A Repair renal–abscess	30.22	30.22	090	2	0	2	0	0
50540	A Revision of horseshoe	31.90	31.90	090	2	2	2	1	0
(6) Kidney, endoscopy:									
50551	A Kidney endoscopy	7.32	7.32	000	2	1	0	0	0
50553	A Kidney endoscopy	7.14	7.14	000	2	1	1	0	0
50555	A Kidney endoscopy	10.72	10.72	000	3	1	0	0	0
50557	A Kidney endoscopy	10.83	10.83	000	3	1	0	0	0
50559	A Renal endoscopy	7.53	7.53	000	3	1	0	0	0
50561	A Kidney endoscopy	12.11	12.11	000	3	1	0	0	0
50570	A Kidney endoscopy	10.14	10.14	000	2	1	0	0	0
50572	A Kidney endoscopy	16.81	16.81	000	3	1	0	0	0
50574	A Kidney endoscopy	17.20	17.20	000	3	1	0	0	0
50575	A Kidney endoscopy	22.82	22.82	000	3	1	1	0	0
50576	A Kidney endoscopy	18.80	18.80	000	3	1	0	0	0
50578	A Renal endoscopy	14.62	14.62	000	3	1	0	0	0
50580	A Kidney endoscopy	14.42	14.42	000	3	1	0	0	0
(7) Kidney, other procedures:									
50590	A Fragmenting	18.45	18.45	090	2	1	1	0	0
(8) Ureter, incision:									
50600	A Exploration	24.30	24.30	090	2	1	2	1	0
50605	A Insert ureteral	20.27	20.27	090	2	1	2	1	0
50610	A Removal of ureteral	26.47	26.47	090	2	1	2	1	0
50620	A Removal of ureteral	25.50	25.50	090	2	1	2	1	0
50630	A Removal of ureteral	26.53	26.53	090	2	1	2	1	0
(9) Ureter, excision:									
50650	A Removal of ureteral	28.13	28.13	090	2	0	2	1	0
50660	A Removal of ureteral	30.66	30.66	090	2	0	2	1	0
(10) Ureter, introduction:									
50684	A Injection, ureterography	1.19	1.19	000	2	1	1	0	0
50686	A Measure ureteral	1.75	1.75	000	2	0	0	0	0
50688	A Change of ureteral	1.46	1.46	010	2	0	1	0	0
50690	A Ureteropyelography	1.38	1.38	000	2	0	1	0	0
(11) Ureter, repair:									
50700	A Revision of ureteral	26.66	26.66	090	2	0	2	1	0
50715	A Release of ureteral	28.84	28.84	090	2	1	2	1	0
50722	A Release of ureteral	25.90	25.90	090	2	0	2	1	0
50725	A Release/revise	29.39	29.39	090	2	0	2	1	0
50727	A Revise ureteral	12.89	12.89	090	2	0	2	2	0
50728	A Revise ureteral	18.97	18.97	090	2	0	2	2	0
50740	A Fusion of ureteral	30.35	30.35	090	2	0	2	1	0
50750	A Fusion of ureteral	31.97	31.97	090	2	0	2	0	0
50760	A Fusion of ureteral	30.55	30.55	090	2	0	2	1	0
50770	A Splicing of ureteral	33.27	33.27	090	2	0	2	1	0
50780	A Reimplant ureteral	30.78	30.78	090	2	1	2	1	0
50782	A Reimplant ureteral	31.85	31.85	090	2	1	2	2	0
50783	A Reimplant ureteral	32.77	32.77	090	2	1	2	2	0

50785	A Reimplant ureteral	34.52	34.52	090	2	1	2	1	0
50800	A Implant ureteral	28.18	28.18	090	2	1	2	1	0
50810	A Fusion of ureteral	31.31	31.31	090	2	0	2	1	0
50815	A Urine shunt	38.70	38.70	090	2	1	2	1	0
50820	A Construct bowel	39.57	39.57	090	2	1	2	1	0
50825	A Construct bowel	56.92	56.92	090	2	0	2	1	0
50830	A Revise urine fluid	49.87	49.87	090	2	0	2	1	0
50840	A Replace ureteral	31.77	31.77	090	2	1	2	1	0
50845	A Appendico–vesicostomy	33.11	33.11	090	2	0	2	1	0
50860	A Transplant ureteral	25.13	25.13	090	2	1	2	1	0
50900	A Repair of ureteral	22.64	22.64	090	2	0	2	1	0
50920	A Closure of ureter	22.75	22.75	090	2	0	2	1	0
50930	A Closure of ureter	29.74	29.74	090	2	0	2	1	0
50940	A Release of ureteral	23.26	23.26	090	2	1	2	1	0
(12) Ureter, endoscopy:									
50951	A Endoscopy of ureteral	7.01	7.01	000	2	1	0	0	0
50953	A Endoscopy of ureteral	7.36	7.36	000	3	1	0	0	0
50955	A Ureter endoscopy	8.73	8.73	000	3	1	0	0	0
50957	A Ureter endoscopy	8.72	8.72	000	3	1	0	0	0
50959	A Ureter endoscopy	7.42	7.42	000	3	1	0	0	0
50961	A Ureter endoscopy	8.17	8.17	000	3	1	0	0	0
50970	A Ureter endoscopy	11.76	11.76	000	2	1	0	0	0
50972	A Ureter endoscopy	7.83	7.83	000	2	1	0	0	0
50974	A Ureter endoscopy	15.45	15.45	000	3	1	0	0	0
50976	A Ureter endoscopy	14.74	14.74	000	3	1	0	0	0
50978	A Ureter endoscopy	8.81	8.81	000	2	1	0	0	0
50980	A Ureter endoscopy	9.41	9.41	000	2	1	0	0	0
(13) Bladder, incision:									
51000	A Drainage of bladder	1.20	1.20	000	2	0	1	0	0
51005	A Drainage of bladder	1.39	1.39	000	2	0	1	0	0
51010	A Drainage of bladder	4.20	4.20	010	2	0	1	0	0
51020	A Incise and treat	13.10	13.10	090	2	0	2	1	0
51030	A Incise and treat	10.76	10.76	090	2	0	0	0	0
51040	A Incise and drain	9.08	9.08	090	2	0	2	1	0
51045	A Incise bladder	11.21	11.21	090	2	0	2	0	0
51050	A Removal of bladder	13.55	13.55	090	2	0	2	1	0
51060	A Removal of ureteral	18.10	18.10	090	2	0	2	1	0
51065	A Removal of ureteral	15.26	15.26	090	2	0	0	0	0
51080	A Drainage of bladder	10.73	10.73	090	2	0	2	1	0
(14) Bladder, excision:									
51500	A Removal of bladder	16.50	16.50	090	2	0	2	1	0
51520	A Removal of bladder	17.15	17.15	090	2	0	2	1	0
51525	A Removal of bladder	23.57	23.57	090	2	0	2	1	0
51530	A Removal of bladder	20.74	20.74	090	2	0	2	1	0
51535	A Repair of ureteral	19.46	19.46	090	2	1	2	1	0
51550	A Partial removal	25.21	25.21	090	2	0	2	1	0
51555	A Partial removal	31.84	31.84	090	2	0	2	1	0
51565	A Revise bladder	35.85	35.85	090	2	0	2	1	0
51570	A Removal of bladder	38.03	38.03	090	2	0	2	1	0
51575	A Removal of bladder	50.98	50.98	090	2	2	2	1	0
51580	A Remove bladder	48.61	48.61	090	2	0	2	1	0
51585	A Removal of bladder	57.58	57.58	090	2	2	2	1	0
51590	A Remove bladder	54.75	54.75	090	2	0	2	1	0
51595	A Remove bladder	68.21	68.21	090	2	2	2	1	0
51596	A Remove bladder	71.48	71.48	090	2	0	2	1	0
51597	A Removal of pelvis	66.78	66.78	090	2	0	2	1	0

(15) Bladder, introduction:

51600	A Injection for bladder	1.09	1.09	000	2	0	1	0	0
51605	A Preparation for chain	.89	.89	000	2	0	1	0	0
51610	A Injection for bladder	1.23	1.23	000	2	0	1	0	0
51700	A Irrigation of bladder	1.02	0.92	000	2	0	1	0	0
51705	A Change of bladder tube	1.32	1.13	010	2	0	1	0	0
51710	A Change of bladder tube	1.94	1.66	010	2	0	1	0	0
51715	A Endoscopic injection	6.10	6.10	000	2	0	0	0	0
51720	A Treatment of bladder	2.24	2.02	000	2	0	1	0	0

(16) Bladder, urodynamics:

51725	A Simple cystometrogram	2.41	2.41	000	2	0	0	0	0
51725	26 A Simple cystometrogram	2.02	2.02	000	2	0	0	0	0
51725	TC A Simple cystometrogram	0.39	0.39	000	0	0	0	0	0
51726	A Complex cystometrogram	2.87	2.87	000	2	0	1	0	0
51726	26 A Complex cystometrogram	2.38	2.38	000	2	0	1	0	0
51726	TC A Complex cystometrogram	0.49	0.49	000	0	0	1	0	0
51736	A Urine flow measure	0.97	0.97	000	2	0	0	0	0
51736	26 A Urine flow measure	0.82	0.82	000	2	0	0	0	0
51736	TC A Urine flow measure	0.15	0.15	000	0	0	0	0	0
51741	A Electro–uroflow	1.61	1.61	000	2	0	1	0	0
51741	26 A Electro–uroflow	1.40	1.40	000	2	0	1	0	0
51741	TC A Electro–uroflow	0.21	0.21	000	0	0	1	0	0
51772	A Urethra pressure	2.43	2.43	000	2	0	0	0	0
51772	26 A Urethra pressure	2.00	2.00	000	2	0	0	0	0
51772	TC A Urethra pressure	0.43	0.43	000	0	0	0	0	0
51784	A Anal/urinary muscle	2.45	2.45	000	2	0	1	0	0
51784	26 A Anal/urinary muscle	2.06	2.06	000	2	0	1	0	0
51784	TC A Anal/urinary muscle	0.40	0.40	000	0	0	1	0	0
51785	A Anal/urinary muscle	2.45	2.45	000	2	0	0	0	0
51785	26 A Anal/urinary muscle	2.06	2.06	000	2	0	0	0	0
51785	TC A Anal/urinary muscle	0.40	0.40	000	0	0	0	0	0
51792	A Urinary reflex	2.97	2.97	000	2	0	0	0	0
51792	26 A Urinary reflex	1.60	1.60	000	2	0	0	0	0
51792	TC A Urinary reflex	1.37	1.37	000	0	0	0	0	0
51795	A Urine voiding pressure	2.87	2.87	000	2	0	0	0	0
51795	26 A Urine voiding pressure	1.97	1.97	000	2	0	0	0	0
51795	TC A Urine voiding pressure	0.90	0.90	000	0	0	0	0	0
51797	A Intra–abdominal	2.43	2.43	000	2	0	0	0	0
51797	26 A Intra–abdominal	1.97	1.97	000	2	0	0	0	0
51797	TC A Intra–abdominal	0.46	0.46	000	0	0	0	0	0

(17) Bladder, repair:

51800	A Revision of bladder	28.24	28.24	090	2	0	2	1	0
51820	A Revision of urine	24.11	24.11	090	2	2	2	1	0
51840	A Attach bladder	19.32	19.32	090	2	0	2	1	0
51841	A Attach bladder	23.28	23.28	090	2	0	2	1	0
51845	A Repair bladder	19.77	19.77	090	2	0	2	1	0
51860	A Repair of bladder	18.77	18.77	090	2	0	2	1	0
51865	A Repair of bladder	24.94	24.94	090	2	0	2	1	0
51880	A Repair of bladder	12.03	12.03	090	2	0	2	1	0
51900	A Repair bladder	23.81	23.81	090	2	0	2	1	0
51920	A Close bladder	18.38	18.38	090	2	0	2	1	0
51925	A Hysterectomy/bladder	25.16	25.16	090	2	0	2	1	0
51940	A Correction of bladder	43.87	43.87	090	2	0	2	1	0
51960	A Revision of bladder	42.81	42.81	090	2	0	2	1	0
51980	A Construct bladder	17.93	17.93	090	2	0	2	1	0

(18) Bladder, endoscopy, cystoscopy, urethroscopy, cystourethroscopy:

52000	A Cystoscopy	3.19	2.54	000	2	0	1	0	0
52005	A Cystoscopy and ureteral	4.40	4.40	000	2	0	1	0	0
52007	A Cystoscopy	5.62	5.62	000	3	1	1	0	0
52010	A Cystoscopy and duct	4.69	3.77	000	3	0	1	0	0

(19) Bladder, transurethral surgery:

52204	A Cystoscopy	4.58	4.58	000	3	0	1	0	0
52214	A Cystoscopy	6.23	6.23	000	3	0	1	0	0
52224	A Cystoscopy	5.81	5.81	000	3	0	1	0	0
52234	A Cystoscopy	9.00	9.00	000	2	0	1	0	0
52235	A Cystoscopy	11.19	11.19	000	2	0	1	0	0
52240	A Cystoscopy	19.69	19.69	000	2	0	1	0	0
52250	A Cystoscopy	7.01	7.01	000	3	0	1	0	0
52260	A Cystoscopy	5.72	5.72	000	3	0	1	0	0
52265	A Cystoscopy	4.05	3.40	000	3	0	1	0	0
52270	A Cystoscopy	6.60	6.60	000	3	0	1	0	0
52275	A Cystoscopy	7.76	7.76	000	3	0	1	0	0
52276	A Cystoscopy	9.21	9.21	000	3	0	1	0	0
52277	A Cystoscopy	10.52	10.52	000	3	0	0	0	0
52281	A Cystoscopy	4.90	3.78	000	3	0	1	0	0
52282	A Cystoscopy, implant	10.48	10.48	000	3	0	1	0	0
52283	A Cystoscopy	4.94	4.94	000	3	0	1	0	0
52285	A Cystoscopy	6.28	4.86	000	3	0	1	0	0
52290	A Cystoscopy	6.56	6.56	000	3	2	1	0	0
52300	A Cystoscopy	8.37	8.37	000	3	2	0	0	0
52301	A Cystoscopy	8.55	8.55	000	3	2	0	0	0
52305	A Cystoscopy	8.39	8.39	000	3	0	1	0	0
52310	A Cystoscopy	5.60	5.60	000	3	0	1	0	0
52315	A Cystoscopy	8.88	8.88	000	3	0	1	0	0
52317	A Remove bladder	12.41	12.41	000	3	0	1	0	0
52318	A Remove bladder	16.38	16.38	000	3	0	1	0	0

(20) Bladder, ureter and pelvis:

52320	A Cystoscopy	9.22	9.22	000	3	1	1	0	0
52325	A Cystoscopy	12.52	12.52	000	3	1	1	0	0
52327	A Cystoscopy, injection	8.47	8.47	000	3	0	1	0	0
52330	A Cystoscopy	8.12	8.12	000	3	1	1	0	0
52332	A Cystoscopy	5.85	5.75	000	3	1	1	0	0
52334	A Create passage	7.79	7.79	000	3	1	1	0	0
52335	A Endoscopy, ureteroscopy	10.10	10.10	000	2	0	1	0	0
52336	A Cystoscopy	14.10	14.10	000	3	0	1	0	0
52337	A Cystoscopy	16.30	16.30	000	3	1	1	0	0
52338	A Cystoscopy	12.70	12.70	000	3	1	1	0	0
52339	A Cystoscopy	14.04	14.04	000	3	0	0	0	0

(21) Bladder, vesical neck and prostate:

52340	A Cystoscopy	14.04	14.04	090	2	0	1	0	0
52450	A Incision of prostate	12.03	12.03	090	2	0	1	0	0
52500	A Revision of bladder	15.27	15.27	090	2	0	1	0	0
52510	A Dilation prostate	13.65	13.65	090	2	0	1	0	0
52601	A Prostatectomy	23.34	23.34	090	2	0	1	0	0
52606	A Control postoperative	10.77	10.77	090	2	0	1	0	0
52612	A Prostatectomy	16.27	16.27	090	2	0	1	0	0
52614	A Prostatectomy	13.43	13.43	090	2	0	1	0	0
52620	A Remove residual	11.43	11.43	090	2	0	1	0	0
52630	A Remove prostate	14.93	14.93	090	2	0	1	0	0
52640	A Relieve bladder	12.56	12.56	090	2	0	1	0	0
52647	A Laser surgery	21.06	21.06	090	2	0	1	0	0

52648	A Laser surgery	22.28	22.28	090	2	0	1	0	0
52700	A Drainage of prostate	9.55	9.55	090	2	0	0	0	0
(22) Urethra, incision:									
53000	A Incision of urethra	3.86	3.86	010	2	0	1	0	0
53010	A Incision of urethra	6.91	6.91	090	2	0	1	0	0
53020	A Incision of urethra	2.45	2.45	000	2	0	1	0	0
53025	A Incision of urethra	1.84	1.84	000	2	0	0	0	0
53040	A Drainage of urethra	7.70	7.70	090	2	0	0	0	0
53060	A Drainage of urethra	2.92	2.92	010	2	0	1	0	0
53080	A Drainage of urine	9.80	9.80	090	2	0	1	0	0
53085	A Drainage of urine	16.23	16.23	090	2	0	2	1	0
(23) Urethra, excision:									
53200	A Biopsy of urethra	3.48	3.48	000	2	0	1	0	0
53210	A Removal of urethra	18.19	18.19	090	2	0	2	1	0
53215	A Removal of urethra	24.33	24.33	090	2	0	2	1	0
53220	A Treatment of urethra	11.23	11.23	090	2	0	0	0	0
53230	A Removal of urethra	16.79	16.79	090	2	0	2	1	0
53235	A Removal of urethra	14.32	14.32	090	2	0	2	1	0
53240	A Surgery of urethra	10.29	10.29	090	2	0	1	0	0
53250	A Removal of urethra	9.48	9.48	090	2	0	1	0	0
53260	A Treatment of urethra	3.88	3.88	010	2	0	1	0	0
53265	A Treatment of urethra	4.77	4.77	010	2	0	1	0	0
53270	A Removal of urethra	3.72	3.31	010	2	0	1	0	0
53275	A Repair of urethra	6.54	6.54	010	2	0	1	0	0
(24) Urethra, repair:									
53400	A Revise urethra	19.23	19.23	090	2	0	2	1	0
53405	A Revise urethra	23.84	23.84	090	2	0	2	1	0
53410	A Reconstruction	23.66	23.66	090	2	0	2	1	0
53415	A Reconstruction	29.72	29.72	090	2	0	2	1	0
53420	A Reconstruct urethra	23.87	23.87	090	2	0	1	1	0
53425	A Reconstruct urethra	23.93	23.93	090	2	0	2	1	0
53430	A Reconstruction	22.17	22.17	090	2	0	2	1	0
53440	A Correct bladder	24.66	24.66	090	2	0	2	1	0
53442	A Remove perineal	13.52	13.52	090	2	0	2	0	0
53443	A Reconstruction	28.34	28.34	090	2	0	2	1	0
53445	A Correct urine flow	28.83	28.83	090	2	0	2	1	0
53447	A Remove artificial	21.30	21.30	090	2	0	2	1	0
53449	A Correct artificial	17.38	17.38	090	2	0	2	1	0
53450	A Revision of urethra	8.37	8.37	090	2	0	1	0	0
53460	A Revision of urethra	8.96	8.96	090	2	0	0	0	0
53502	A Repair of urethra	12.04	12.04	090	2	0	1	0	0
53505	A Repair of urethra	12.21	12.21	090	2	0	2	0	0
53510	A Repair of urethra	16.28	16.28	090	2	0	2	1	0
53515	A Repair of urethra	21.29	21.29	090	2	0	2	1	0
53520	A Repair of urethra	13.88	13.88	090	2	0	1	0	0
(25) Urethra, manipulation:									
53600	A Dilate urethra	1.43	1.27	000	2	0	1	0	0
53601	A Dilate urethra	1.19	1.05	000	2	0	1	0	0
53605	A Dilate urethra	1.63	1.63	000	2	0	1	0	0
53620	A Dilate urethra	1.95	1.73	000	2	0	1	0	0
53621	A Dilate urethra	1.61	1.43	000	2	0	1	0	0
53660	A Dilation of urethra	0.93	0.80	000	2	0	1	0	0
53661	A Dilation of urethra	0.91	0.79	000	2	0	1	0	0
53665	A Dilation of urethra	1.06	1.06	000	2	0	1	0	0

53670	A Insert urinary catheter	0.68	0.57	000	2	0	1	0	0
53675	A Insert urinary catheter	1.82	1.82	000	2	0	1	0	0
(26) Urethra, other procedures:									
53850	A Prostatic microwave	15.42	15.42	090	2	0	1	0	0
53852	A Prostatic radiofrequency	16.12	16.12	090	2	0	1	0	0
53899	C Urology surgery	0.00	0.00	YYY	2	0	0	1	1
(27) Penis, incision:									
54000	A Slitting of penis	2.05	2.05	010	2	0	0	0	0
54001	A Slitting of penis	2.85	2.85	010	2	0	1	0	0
54015	A Drain penis lesion	5.68	5.68	010	2	0	0	0	0
(28) Penis, destruction:									
54050	A Destruction, penis	1.51	1.33	010	2	0	1	0	0
54055	A Destruction, penis	1.73	1.44	010	2	0	1	0	0
54056	A Cryosurgery, penis	1.66	1.40	010	2	0	1	0	0
54057	A Laser surgery, penis	2.71	2.56	010	2	0	1	0	0
54060	A Excision of penis	2.95	2.95	010	2	0	1	0	0
54065	A Destruction, penis	4.72	3.53	010	2	0	1	0	0
(29) Penis, excision:									
54100	A Biopsy of penis	2.39	2.39	000	2	0	1	0	0
54105	A Biopsy of penis	4.21	4.21	010	2	0	1	0	0
54110	A Treatment of penis	15.36	15.36	090	2	0	2	0	0
54111	A Treat penis lesion	21.72	21.72	090	2	0	2	1	0
54112	A Treat penis lesion	25.50	25.50	090	2	0	2	1	0
54115	A Treatment of penis	9.86	9.86	090	2	0	2	0	0
54120	A Partial removal of penis	15.64	15.64	090	2	0	2	1	0
54125	A Removal of penis	24.09	24.09	090	2	0	2	1	0
54130	A Removal of penis	33.17	33.17	090	2	2	2	1	0
54135	A Removal of penis	42.04	42.04	090	2	2	2	0	0
54150	A Circumcision	2.19	2.19	010	2	0	0	0	0
54152	A Circumcision	3.97	3.97	010	2	0	1	0	0
54160	A Circumcision	3.97	3.97	010	2	0	1	0	0
54161	A Circumcision	5.19	5.19	010	2	0	1	0	0
(30) Penis, introduction:									
54200	A Treatment of penis	1.29	1.13	010	2	0	1	0	0
54205	A Treatment of penis	12.41	12.41	090	2	0	2	0	0
54220	A Treatment of penis	3.82	3.82	000	2	0	1	0	0
54230	A Prepare penis	2.58	1.94	000	2	0	1	0	0
54231	A Dynamic cavernosometry	3.32	3.32	000	2	0	1	0	0
54235	A Penile injection	1.52	1.31	000	2	0	1	0	0
54240	A Penis study	2.21	2.21	000	2	0	0	0	0
54240 26	A Penis study	1.71	1.71	000	2	0	0	0	0
54240 TC	A Penis study	0.50	0.50	000	0	0	0	0	0
54250	A Penis study	2.83	2.83	000	2	0	0	0	0
54250 26	A Penis study	2.53	2.53	000	2	0	0	0	0
54250 TC	A Penis study	0.31	0.31	000	0	0	0	0	0
(31) Penis, repair:									
54300	A Revision of penis	16.58	16.58	090	2	0	2	1	0
54304	A Revision of penis	20.20	20.20	090	2	0	2	0	0
54308	A Reconstruction	16.79	16.79	090	2	0	2	1	0
54312	A Reconstruction	21.87	21.87	090	2	0	2	1	0
54316	A Reconstruction	26.84	26.84	090	2	0	2	1	0

54318	A Reconstruction	18.10	18.10	090	2	0	2	1	0
54322	A Reconstruction	19.57	19.57	090	2	0	2	0	0
54324	A Reconstruction	26.01	26.01	090	2	0	2	1	0
54326	A Reconstruction	24.99	24.99	090	2	0	2	1	0
54328	A Revise penis	25.25	25.25	090	2	0	2	1	0
54332	A Revise penis	28.22	28.22	090	2	0	2	1	0
54336	A Revise penis	37.12	37.12	090	2	0	2	1	0
54340	A Secondary urethra	14.28	14.28	090	2	0	2	1	0
54344	A Secondary urethra	31.12	31.12	090	2	0	2	1	0
54348	A Secondary urethra	27.42	27.42	090	2	0	2	1	0
54352	A Reconstruct urethra	38.91	38.91	090	2	0	2	1	0
54360	A Penis plastic surgery	18.01	18.01	090	2	0	2	1	0
54380	A Repair penis	21.48	21.48	090	2	0	2	1	0
54385	A Repair penis	24.57	24.57	090	2	0	2	1	0
54390	A Repair penis	33.60	33.60	090	2	0	2	1	0
54400	A Insert semi–rigid	18.41	18.41	090	2	0	1	1	0
54401	A Insert self–contained	21.21	21.21	090	2	0	1	1	0
54402	A Remove penis prosthesis	14.48	14.48	090	2	0	2	1	0
54405	A Insert multicomponent	27.62	27.62	090	2	0	2	1	0
54407	A Remove multicomponent	23.56	23.56	090	2	0	2	1	0
54409	A Revise penis prosthesis	20.22	20.22	090	2	0	2	1	0
54420	A Revision of penis	18.32	18.32	090	2	0	2	0	0
54430	A Revision of penis	16.35	16.35	090	2	2	2	0	0
54435	A Revision of penis	9.78	9.78	090	2	0	1	0	0
54440	C Repair of penis	0.00	0.00	090	2	0	2	1	0
(32) Penis, manipulation:									
54450	A Preputial stretching	1.71	1.71	000	2	0	1	0	0
(33) Testis, excision:									
54500	A Biopsy of testis	1.64	1.64	000	2	1	0	0	0
54505	A Biopsy of testis	5.06	5.06	010	2	1	0	0	0
54510	A Removal of testis	8.08	8.08	090	2	1	0	0	0
54520	A Removal of testis	10.16	10.16	090	2	1	1	0	0
54530	A Removal of testis	15.28	15.28	090	2	1	2	1	0
54535	A Extensive testis	19.85	19.85	090	2	1	2	0	0
54550	A Exploration	12.47	12.47	090	2	1	2	0	0
54560	A Exploration	17.53	17.53	090	2	1	2	1	0
(34) Testis, repair:									
54600	A Reduce testis torsion	11.09	11.09	090	2	1	1	0	0
54620	A Suspension of testis	7.84	7.84	010	2	1	1	0	0
54640	A Suspension of testis	14.10	14.10	090	2	1	1	0	0
54650	A Orchiopexy, abdominal	18.45	18.45	090	2	1	2	0	0
54660	A Revision of testis	8.11	8.11	090	2	1	0	0	0
54670	A Repair testis	10.21	10.21	090	2	1	0	0	0
54680	A Relocation of testis	19.84	19.84	090	2	1	2	1	0
(35) Epididymis, incision:									
54700	A Drainage of scrotum	4.04	4.04	010	2	0	1	0	0
(36) Epididymis, excision:									
54800	A Biopsy of epididymis	4.12	4.12	000	2	0	0	0	0
54820	A Exploration of epididymis	7.36	7.36	090	2	0	0	0	0
54830	A Removal of epididymis	8.49	8.49	090	2	0	0	0	0
54840	A Removal of epididymis	9.66	9.66	090	2	0	1	0	0
54860	A Removal of epididymis	11.01	11.01	090	2	0	1	0	0
54861	A Removal of epididymis	15.53	15.53	090	2	0	0	0	0

(37) Epididymis, repair:									
54900	A Fusion of sperm	21.11	21.11	090	2	0	0	0	0
54901	A Fusion of sperm	28.82	28.82	090	2	2	0	0	0
(38) Tunica vaginalis, incision:									
55000	A Drainage of hydrocele	1.71	1.51	000	2	0	1	0	0
(39) Tunica vaginalis, excision:									
55040	A Removal of hydrocele	9.88	9.88	090	2	0	1	0	0
55041	A Removal of hydrocele	14.69	14.69	090	2	2	1	0	0
(40) Tunica vaginalis, repair:									
55060	A Repair of hydrocele	9.28	9.28	090	2	1	0	0	0
(41) Scrotum, incision:									
55100	A Drainage of scrotum	2.58	2.58	010	2	0	1	0	0
55110	A Exploration of scrotum	8.74	8.74	090	2	0	1	0	0
55120	A Removal of scrotum	6.47	6.47	090	2	0	0	0	0
(42) Scrotum, excision:									
55150	A Removal of scrotum	12.13	12.13	090	2	0	2	1	0
(43) Scrotum, repair:									
55175	A Revision of scrotum	9.36	9.36	090	2	0	0	0	0
55180	A Revision of scrotum	16.78	16.78	090	2	0	0	0	0
(44) Vas deferens, incision:									
55200	A Incision	5.86	5.86	090	2	2	0	0	0
(45) Vas deferens, excision:									
55250	A Removal	5.68	4.41	090	2	2	1	0	0
(46) Vas deferens, introduction:									
55300	A Preparation	5.95	5.95	000	2	2	0	0	0
(47) Vas deferens, repair:									
55400	A Repair of sperm	14.39	14.39	090	2	1	2	1	0
(48) Vas deferens, suture:									
55450	A Ligation of sperm	6.44	6.44	010	2	2	0	0	0
(49) Spermatic cord, excision:									
55500	A Removal of hydrocele	9.52	9.52	090	2	0	0	0	0
55520	A Removal of sperm	8.77	8.77	090	2	0	2	1	0
55530	A Revise spermatic	10.49	10.49	090	2	0	1	1	0
55535	A Revise spermatic	10.45	10.45	090	2	0	2	1	0
55540	A Revise hernia	11.85	11.85	090	2	0	2	1	0
(50) Seminal vesicles, incision:									
55600	A Incise sperm duct	10.26	10.26	090	2	1	0	0	0
55605	A Incise sperm duct	12.96	12.96	090	2	1	0	0	0
(51) Seminal vesicles, excision:									

55650	A Remove sperm duct	18.11	18.11	090	2	1	2	1	0
55680	A Remove sperm	9.20	9.20	090	2	0	0	0	0
(52) Prostate, incision:									
55700	A Biopsy of prostate	2.96	2.23	000	2	0	1	0	0
55705	A Biopsy of prostate	7.59	7.59	010	2	0	1	1	0
55720	A Drainage of prostate	10.53	10.53	090	2	0	2	1	0
55725	A Drainage of prostate	13.61	13.61	090	2	0	2	1	0
(53) Prostate, excision:									
55801	A Removal of prostate	29.28	29.28	090	2	0	2	1	0
55810	A Extensive prostate	38.75	38.75	090	2	0	2	1	0
55812	A Extensive prostate	43.12	43.12	090	2	0	2	1	0
55815	A Extensive prostate	53.33	53.33	090	2	2	2	1	0
55821	A Removal of prostate	26.81	26.81	090	2	0	2	1	0
55831	A Removal of prostate	29.04	29.04	090	2	0	2	1	0
55840	A Extensive prostate	37.52	37.52	090	2	0	2	1	0
55842	A Extensive prostate	41.68	41.68	090	2	0	2	1	0
55845	A Extensive prostate	51.51	51.51	090	2	2	2	1	0
55859	A Percutaneous/needle	17.38	17.38	090	2	0	0	0	0
55860	A Surgical exposure	20.39	20.39	090	2	0	1	1	0
55862	A Extensive prostate	28.65	28.65	090	2	0	2	1	0
55865	A Extensive prostate	45.77	45.77	090	2	2	2	1	0
(54) Prostate, other procedures:									
55870	A Electroejaculation	4.21	4.21	000	2	0	1	1	0
55899	C Genital surgery	0.00	0.00	YYY	2	0	2	1	1
(55) Intersex surgery:									
55970	N Sex transformation	0.00	0.00	XXX	9	9	9	9	9
55980	N Sex transformation	0.00	0.00	XXX	9	9	9	9	9
(56) Laparoscopy/hysteroscopy:									
56300	A Laparoscopy, diagnostic	9.44	9.44	010	2	0	2	2	0
56301	A Laparoscopy	10.34	10.34	010	3	0	1	2	0
56302	A Laparoscopy	10.89	10.89	010	3	0	1	2	0
56303	A Laparoscopy, excision	16.68	16.68	090	3	0	2	2	0
56304	A Laparoscopy, lysis	16.32	16.32	090	3	0	2	2	0
56305	A Laparoscopy, biopsy	10.07	10.07	010	3	0	2	2	0
56306	A Laparoscopy, aspiration	10.53	10.53	010	3	0	2	2	0
56307	A Laparoscopy, removal	17.83	17.83	010	3	0	2	2	0
56308	A Laparoscopy/hysterectomy	23.09	23.09	010	3	0	2	2	0
56309	A Laparoscopy, removal	18.07	18.07	010	3	0	2	2	0
56310	A Laparoscopy, enterolysis	22.07	22.07	090	2	0	2	1	0
56311	A Laparoscopy, lymph	15.37	15.37	010	3	0	2	2	0
56312	A Laparoscopy, lymph	19.97	19.97	010	2	2	2	2	0
56313	A Laparoscopy, lymph	23.94	23.94	010	2	2	2	2	0
56314	A Laparoscopy, drainage	15.47	15.47	090	3	0	2	2	0
56315	A Laparoscopy/appendectomy	13.18	13.18	090	2	0	2	2	0
56316	A Laparoscopy, hernia	10.57	10.57	090	2	1	2	1	0
56317	A Laparoscopy, hernia	13.13	13.13	090	2	1	2	1	0
56318	A Laparoscopy, orchiectomy	17.38	17.38	090	2	1	2	1	0
56320	A Laparoscopy, spermatic	10.46	10.46	090	2	1	2	1	0
56322	A Laparoscopy, vagus	14.76	14.76	090	2	0	2	1	0
56323	A Laparoscopy, vagus	17.69	17.69	090	2	0	2	1	0
56324	A Cholecystoenterostomy	21.33	21.33	090	2	0	2	1	0
56340	A Cholecystoenterostomy	18.74	18.74	090	2	0	2	1	0
56341	A Cholecystoenterostomy	20.00	20.00	090	2	0	2	1	0

56342	A Cholecystoenterostomy	23.07	23.07	090	2	0	2	1	0
56343	A Salpingostomy	18.19	18.19	090	3	1	2	0	0
56344	A Fimbrioplasty	17.28	17.28	090	3	1	2	0	0
56345	C Laparoscopy, splenectomy	0.00	0.00	XXX	0	0	0	0	0
56346	A Laparoscopy, gastrostomy	13.65	13.65	090	2	0	2	1	0
56347	C Laparoscopy, jejunostomy	0.00	0.00	XXX	0	0	0	0	0
56348	A Laparoscopy, resection	34.34	34.34	090	2	0	2	1	0
56349	A Laparoscopy, fundoplasty	28.53	28.53	090	2	0	2	1	0
56350	A Hysteroscopy, diagnostic	5.19	5.19	000	2	0	0	2	0
56351	A Hysteroscopy, biopsy	6.48	6.48	000	3	0	1	2	0
56352	A Hysteroscopy, lysis	9.71	9.71	000	3	0	1	2	0
56353	A Hysteroscopy, resection	10.46	10.46	000	3	0	2	2	0
56354	A Hysteroscopy, resection	14.56	14.56	000	3	0	0	2	0
56355	A Hysteroscopy, resection	6.89	6.89	000	3	0	1	2	0
56356	A Hysteroscopy, ablation	10.66	10.66	000	3	0	0	2	0
56362	A Cholangiography	7.22	7.22	000	2	0	0	0	0
56363	A Laparoscopy, biopsy	8.75	8.75	000	2	0	0	0	0
(57) Laparoscopy/hysteroscopy, other procedures:									
56399	C Laparoscopy procedure	0.00	0.00	YYY	2	1	2	0	0
(58) Vulva, perineum and introitus, incision:									
56405	A Vulva incision, drainage	2.12	1.76	010	2	0	1	2	0
56420	A Drainage of gland	2.11	1.72	010	2	0	1	0	0
56440	A Surgery for vulva	5.41	5.41	010	2	0	1	0	0
56441	A Lysis of labial adhesions	3.55	3.55	010	2	0	0	0	0
(59) Vulva, perineum and introitus, destruction:									
56501	A Destruction of vulva	1.97	1.71	010	2	0	1	0	0
56515	A Destruction of vulva	4.35	4.07	010	2	0	1	0	0
(60) Vulva, perineum and introitus, excision:									
56605	A Biopsy of vulva	1.74	1.41	000	2	0	1	2	0
56606	A Biopsy of vulva	0.88	0.71	000	0	0	1	2	0
56620	A Partial removal	13.80	13.80	090	2	0	2	1	0
56625	A Complete removal	17.73	17.73	090	2	0	2	1	0
56630	A Extensive vulva	26.03	26.03	090	2	0	2	1	0
56631	A Extensive vulva	34.41	34.41	090	2	0	2	2	0
56632	A Extensive vulva	41.50	41.50	090	2	2	2	2	0
56633	A Extensive vulva	32.19	32.19	090	2	0	2	2	0
56634	A Extensive vulva	37.72	37.72	090	2	0	2	2	0
56637	A Extensive vulva	43.12	43.12	090	2	0	2	2	0
56640	A Extensive vulva	41.80	41.80	090	2	1	2	1	0
56700	A Partial removal	4.24	4.24	010	2	0	2	1	0
56720	A Incision	1.14	1.14	000	2	0	0	0	0
56740	A Remove vagina gland	6.49	6.49	010	2	0	1	0	0
(61) Vulva, perineum and introitus, repair:									
56800	A Repair of vagina	6.67	6.67	010	2	0	2	1	0
56805	A Repair clitoris	29.23	29.23	090	2	0	2	1	0
56810	A Repair of perineum	6.56	6.56	010	2	0	2	2	0
(62) Vagina, incision:									
57000	A Exploration of colpotomy	4.85	4.85	010	2	0	0	0	0
57010	A Drain pelvic abscess	8.32	8.32	090	2	0	0	0	0
57020	A Drain pelvic abscess	2.07	2.07	000	2	0	0	0	0

(63) Vagina, destruction:

57061	A Destroy vaginal lesion	2.02	1.62	010	2	0	1	0	0
57065	A Destroy vaginal lesion	5.55	5.55	010	2	0	1	0	0

(64) Vagina, excision:

57100	A Biopsy of vagina	1.55	1.25	000	2	0	1	0	0
57105	A Biopsy of vagina	3.23	3.23	010	2	0	1	0	0
57108	A Partial removal	11.48	11.48	090	2	0	2	1	0
57110	A Removal of vagina	21.55	21.55	090	2	0	2	1	0
57120	A Closure of vagina	14.31	14.31	090	2	0	2	1	0
57130	A Remove vagina lesion	5.04	5.04	010	2	0	2	1	0
57135	A Remove vagina lesion	4.50	4.50	010	2	0	1	0	0

(65) Vagina, introduction:

57150	A Treat vagina infection	0.70	0.61	000	2	0	1	0	0
57160	A Insert pessary device	1.08	0.96	000	2	0	1	0	0
57170	A Fitting of diaphragm	1.17	1.01	000	2	0	0	0	0
57180	A Treat vaginal bleeding	2.03	1.76	010	2	0	1	0	0

(66) Vagina, repair:

57200	A Repair of vagina	6.53	6.53	090	2	0	2	1	0
57210	A Repair vagina/perineum	8.21	8.21	090	2	0	2	1	0
57220	A Revision of urethra	8.64	8.64	090	2	0	2	1	0
57230	A Repair of urethra	9.18	9.18	090	2	0	2	1	0
57240	A Repair bladder	12.85	12.85	090	2	0	2	1	0
57250	A Repair rectum	11.82	11.82	090	2	0	2	1	0
57260	A Repair of vagina	16.90	16.90	090	2	0	2	1	0
57265	A Extensive repair	20.56	20.56	090	2	0	2	1	0
57268	A Repair of bowel	13.74	13.74	090	2	0	2	1	0
57270	A Repair of bowel	18.39	18.39	090	2	0	2	1	0
57280	A Suspension of vagina	22.91	22.91	090	2	0	2	1	0
57282	A Repair of vagina	17.51	17.51	090	2	0	2	1	0
57284	A Repair paravaginal	20.29	20.29	090	2	0	2	2	0
57288	A Repair bladder	22.92	22.92	090	2	0	2	1	0
57289	A Repair bladder	19.05	19.05	090	2	0	2	1	0
57291	A Construction of vagina	13.04	13.04	090	2	0	2	0	0
57292	A Construction of vagina	18.97	18.97	090	2	0	2	1	0
57300	A Repair rectum–vagina	15.46	15.46	090	2	0	2	1	0
57305	A Repair rectum–vagina	20.65	20.65	090	2	0	2	1	0
57307	A Fistula repair	21.07	21.07	090	2	0	2	1	0
57308	A Fistula repair	16.78	16.78	090	2	0	2	1	0
57310	A Repair urethrovaginal	10.59	10.59	090	2	0	2	1	0
57311	A Repair urethrovaginal	12.86	12.86	090	2	0	2	1	0
57320	A Repair bladder	16.53	16.53	090	2	0	2	1	0
57330	A Repair bladder	19.67	19.67	090	2	0	2	1	0
57335	A Repair vagina	24.13	24.13	090	2	0	2	1	0

(67) Vagina, manipulation:

57400	A Dilation of vagina	2.41	2.41	000	2	0	0	0	0
57410	A Pelvic examination	1.96	1.96	000	2	0	1	0	0
57415	A Removal of foreign body	2.35	2.35	010	2	0	0	0	0

(68) Vagina, endoscopy:

57452	A Examination	1.60	1.29	000	2	0	1	0	0
57454	A Vagina examination	2.47	1.88	000	3	0	1	0	0
57460	A Cervix excision	4.77	3.80	000	3	0	1	2	0

(69) Cervix uteri, excision:									
57500	A Biopsy of cervix	1.50	1.22	000	2	0	1	0	0
57505	A Endocervical curettage	1.72	1.41	010	2	0	1	0	0
57510	A Cauterization of cervix	2.28	2.03	010	2	0	1	0	0
57511	A Cryocautery of cervix	2.64	2.23	010	2	0	1	0	0
57513	A Laser surgery	4.11	4.11	010	2	0	1	0	0
57520	A Conization of cervix	7.40	7.40	090	2	0	1	0	0
57522	A Conization of cervix	6.79	6.79	090	2	0	1	0	0
57530	A Removal of cervix	8.27	8.27	090	2	0	2	1	0
57531	A Removal of cervix	39.31	39.31	090	2	2	2	1	0
57540	A Remove residual cervix	18.44	18.44	090	2	0	2	1	0
57545	A Removal of cervix	16.82	16.82	090	2	0	2	1	0
57550	A Remove residual cervix	11.74	11.74	090	2	0	2	1	0
57555	A Removal of cervix	18.84	18.84	090	2	0	2	1	0
57556	A Removal of cervix	17.55	17.55	090	2	0	2	1	0
(70) Cervix uteri, repair:									
57700	A Revision of cervix	5.72	5.72	090	2	0	0	0	0
57720	A Revision of cervix	6.69	6.69	090	2	0	2	0	0
(71) Cervix uteri, manipulation:									
57800	A Dilation of cervix	1.22	0.99	000	2	0	1	0	0
57820	A Dilation and curettage	3.78	3.78	010	2	0	1	0	0
(72) Corpus uteri, excision:									
58100	A Biopsy of uterus	1.36	1.04	000	2	0	1	0	0
58120	A Dilation and curettage	5.89	5.89	010	2	0	1	0	0
58140	A Removal of uterus	22.24	22.24	090	2	0	2	1	0
58145	A Removal of uterus	16.11	16.11	090	2	0	2	1	0
58150	A Total hysterectomy	24.23	24.23	090	2	0	2	1	0
58152	A Total hysterectomy	26.71	26.71	090	2	0	2	1	0
58180	A Partial hysterectomy	24.47	24.47	090	2	0	2	1	0
58200	A Extensive hysterectomy	33.68	33.68	090	2	0	2	1	0
58210	A Extensive hysterectomy	45.49	45.49	090	2	2	2	1	0
58240	A Removal of pelvis	65.99	65.99	090	2	0	2	1	0
58260	A Vaginal hysterectomy	21.29	21.29	090	2	0	2	1	0
58262	A Vaginal hysterectomy	22.91	22.91	090	2	0	2	2	0
58263	A Vaginal hysterectomy	25.06	25.06	090	2	0	2	2	0
58267	A Hysterectomy	26.11	26.11	090	2	0	2	1	0
58270	A Hysterectomy	23.43	23.43	090	2	0	2	1	0
58275	A Hysterectomy	25.52	25.52	090	2	0	2	1	0
58280	A Hysterectomy	25.40	25.40	090	2	0	2	1	0
58285	A Extensive hysterectomy	29.55	29.55	090	2	0	2	1	0
(73) Corpus uteri, introduction:									
58300	N Insert IUD	0.00	0.00	XXX	9	9	9	9	9
58301	A Remove IUD	1.63	1.41	000	2	0	0	0	0
58321	A Artificial insemination	1.60	1.60	000	2	0	0	0	0
58322	A Artificial insemination	1.77	1.77	000	2	0	0	0	0
58323	A Sperm washing	0.39	0.39	000	2	0	0	0	0
58340	A Catheter	1.39	1.39	000	2	0	1	0	0
58345	A Reopen fallopian tube	7.83	7.83	010	2	1	2	2	0
58350	A Reopen fallopian tube	1.67	1.67	010	2	0	1	0	0
(74) Corpus uteri, repair:									
58400	A Suspension of uterus	11.86	11.86	090	2	0	2	1	0
58410	A Suspension of uterus	17.36	17.36	090	2	0	2	1	0
58520	A Repair of rupture	15.46	15.46	090	2	0	2	1	0
58540	A Revision of uterus	19.99	19.99	090	2	0	2	0	0

(75) Oviduct, incision:									
58600	A Ligate fallopian tube	8.32	8.32	090	2	2	2	1	0
58605	A Ligate fallopian tube	7.13	7.13	090	2	2	2	0	0
58611	A Ligate oviduct(s)	1.08	1.08	ZZZ	0	0	2	0	0
58615	A Occlude fallopian tube	6.54	6.54	010	2	0	2	0	0
(76) Oviduct, excision:									
58700	A Remove fallopian tube	12.73	12.73	090	2	2	2	1	0
58720	A Remove ovary	18.46	18.46	090	2	2	2	1	0
(77) Oviduct, repair:									
58740	A Revise fallopian tube(s)	12.52	12.52	090	2	0	2	1	0
58750	A Repair oviduct	20.37	20.37	090	2	0	2	1	0
58752	A Revise ovarian tube(s)	20.50	20.50	090	2	0	2	0	0
58760	A Remove tubal obstruction	17.51	17.51	090	2	1	2	1	0
58770	A Create new tubal opening	18.39	18.39	090	2	1	2	0	0
(78) Ovary, incision:									
58800	A Drainage of ovarian cyst	6.64	6.64	090	2	2	1	0	0
58805	A Drainage of ovarian cyst	12.25	12.25	090	2	2	2	1	0
58820	A Open drainage of cyst	6.77	6.77	090	2	0	2	0	0
58822	A Percutaneous drainage	13.07	13.07	090	2	0	2	1	0
58823	A Percutaneous drainage	5.71	5.71	000	2	0	2	0	0
58825	A Transposition, ovary	9.97	9.97	090	2	0	2	1	0
(79) Ovary, excision:									
58900	A Biopsy of ovary	11.04	11.04	090	2	2	2	1	0
58920	A Partial removal of ovary	13.48	13.48	090	2	2	2	1	0
58925	A Removal of ovary	17.41	17.41	090	2	2	2	1	0
58940	A Removal of ovary	13.62	13.62	090	2	2	2	1	0
58943	A Removal of ovary	29.88	29.88	090	2	0	2	1	0
58950	A Resect malignancy	26.03	26.03	090	2	2	2	1	0
58951	A Resect malignancy	39.68	39.68	090	2	2	2	1	0
58952	A Resect malignancy	42.36	42.36	090	2	2	2	1	0
58960	A Exploration	27.46	27.46	090	2	0	2	1	0
(80) In vitro fertilization:									
58970	A Retrieval of oocyte	5.96	5.96	000	2	0	0	0	0
58974	C Transfer of embryo	0.00	0.00	000	2	0	2	1	0
58976	A Transfer of embryo	6.46	6.46	000	2	0	2	1	0
(81) In vitro fertilization, other procedures:									
58999	C Genital surgery	0.00	0.00	YYY	2	0	2	1	1
(82) Maternity care and delivery, antepartum services:									
59000	A Amniocentesis	2.22	2.22	000	2	0	1	0	0
59012	A Fetal cord puncture	5.83	5.83	000	2	0	0	0	0
59015	A Chorion biopsy	3.21	3.21	000	2	0	0	0	0
59020	A Fetal contraction	1.95	1.95	000	2	0	0	0	0
59020 26	A Fetal contraction	1.41	1.41	000	2	0	0	0	0
59020 TC	A Fetal contraction	0.54	0.54	000	0	0	0	0	0
59025	A Fetal nonstress test	1.14	1.14	000	2	0	0	0	0
59025 26	A Fetal nonstress test	0.90	0.90	000	2	0	0	0	0
59025 TC	A Fetal nonstress test	0.23	0.23	000	0	0	0	0	0
59030	A Fetal scalp blood sample	3.45	3.45	000	2	0	0	0	0
59050	A Fetal monitor, report	1.67	1.67	XXX	0	0	0	0	0
59051	A Fetal monitor, interpret	1.54	1.54	XXX	0	0	0	0	0

(83) Maternity care and delivery, excision:									
59100	A Remove uterus	15.74	15.74	090	2	0	2	1	0
59120	A Treat ectopic pregnancy	18.85	18.85	090	2	0	2	1	0
59121	A Treat ectopic pregnancy	16.38	16.38	090	2	0	2	1	0
59130	A Treat ectopic pregnancy	19.05	19.05	090	2	0	0	0	0
59135	A Treat ectopic pregnancy	22.75	22.75	090	2	0	0	0	0
59136	A Treat ectopic pregnancy	18.77	18.77	090	2	0	2	0	0
59140	A Treat ectopic pregnancy	9.62	9.62	090	2	0	2	0	0
59150	A Treat ectopic pregnancy	11.21	11.21	090	2	0	2	0	0
59151	A Treat ectopic pregnancy	15.81	15.81	090	2	0	2	0	0
59160	A Postpartum curettage	5.58	5.58	010	2	0	0	0	0
(84) Maternity care and delivery, introduction:									
59200	A Insert cervical dilator	1.30	1.04	000	2	0	1	0	0
(85) Maternity care and delivery, repair:									
59300	A Episiotomy, vagina repair	3.20	2.72	000	2	0	0	0	0
59320	A Revision of cervix	4.20	4.20	000	2	0	0	0	0
59325	A Revision of cervix	6.65	6.65	000	2	0	0	0	0
59350	A Repair of uterus	8.37	8.37	000	2	0	2	0	0
(86) Maternity care and delivery, vaginal delivery, antepartum and postpartum care:									
59400	A Obstetrical care	37.33	37.33MMM		2	0	1	0	0
59409	A Obstetrical care	22.63	22.63MMM		2	0	0	0	0
59410	A Obstetrical care	24.69	24.69MMM		2	0	1	0	0
59412	A Antepartum manipulation	2.89	2.89MMM		0	0	0	0	0
59414	A Deliver placenta	2.72	2.72MMM		2	0	0	0	0
59425	A Antepartum care	7.51	6.12MMM		0	0	0	0	0
59426	A Antepartum care	12.92	10.53MMM		0	0	0	0	0
59430	A Care after delivery	2.34	2.16MMM		2	0	1	0	0
(87) Maternity care and delivery, Cesarean delivery:									
59510	A Cesarean delivery	42.29	42.29MMM		2	0	1	0	0
59514	A Cesarean delivery	26.52	26.52MMM		2	0	2	1	0
59515	A Cesarean delivery	28.69	28.69MMM		2	0	1	0	0
59525	A Remove uterus, Cesarean	11.92	11.92MMM		0	0	2	1	0
(88) Maternity care and delivery, after previous Cesarean delivery:									
59610	A VBAC delivery	38.74	38.74MMM		2	0	0	0	0
59612	A VBAC delivery	24.04	24.04MMM		2	0	0	0	0
59614	A VBAC care after delivery	26.11	26.11MMM		2	0	0	0	0
59618	A Attempted VBAC	43.70	43.70MMM		2	0	2	0	0
59620	A Attempted VBAC	27.94	27.94MMM		2	0	2	0	0
59622	A Attempted VBAC	30.11	30.11MMM		2	0	2	0	0
(89) Maternity care and delivery, abortion:									
59812	A Treatment of miscarriage	6.86	6.83	090	2	0	1	0	0
59820	A Care of miscarriage	7.69	7.69	090	2	0	1	0	0
59821	A Treatment of miscarriage	7.03	7.03	090	2	0	0	0	0
59830	A Treat uterus	10.21	10.21	090	2	0	0	0	0
59840	A Abortion	6.22	6.22	010	2	0	0	0	0
59841	A Abortion	8.80	8.80	010	2	0	0	0	0
59850	A Abortion	9.70	9.70	090	2	0	0	0	0
59851	A Abortion	10.00	10.00	090	2	0	0	0	0
59852	A Abortion	13.50	13.50	090	2	0	0	0	0
59855	A Abortion	10.08	10.08	090	2	0	0	0	0
59856	A Abortion	12.38	12.38	090	2	0	0	0	0
59857	A Abortion	15.24	15.24	090	2	0	0	0	0

(90) Maternity care and delivery, other procedures:

59866	A Abortion	6.76	6.76	000	2	0	2	1	0
59870	A Evacuate mole	7.07	7.07	090	2	0	2	0	0
59871	A Remove cerclage suture	3.88	3.88	000	2	0	0	0	0
59899	C Maternity care	0.00	0.00	YYY	2	0	2	1	1

E. Procedure code numbers 60000 to 69979 relate to neurological procedures.

1	2	3	4	5	6	7	8	9	10	11	12

(1) Thyroid gland, incision:

60000	A Drain thyroid	2.23	1.94	010	2	0	0	0	0

(2) Thyroid gland, excision:

60001	A Aspirate/inject thyroid	1.96	1.96	000	2	0	1	0	0
60100	A Biopsy of thyroid	1.96	1.45	000	2	0	1	0	0
60200	A Remove thyroid	15.06	15.06	090	2	0	2	1	0
60210	A Partial excision	19.17	19.17	090	2	0	2	1	0
60212	A Partial excision	24.24	24.24	090	2	0	2	1	0
60220	A Partial removal	18.70	18.70	090	2	0	2	1	0
60225	A Partial removal	24.07	24.07	090	2	0	2	1	0
60240	A Removal of thyroid	25.88	25.88	090	2	0	2	1	0
60252	A Removal of thyroid	31.11	31.11	090	2	0	2	1	0
60254	A Extensive thyroid	41.93	41.93	090	2	0	2	1	0
60260	A Repeat thyroid removal	17.26	17.26	090	2	2	2	1	0
60270	A Removal of thyroid	31.18	31.18	090	2	0	2	1	0
60271	A Removal of thyroid	26.48	26.48	090	2	0	2	1	0
60280	A Remove thyroid	12.59	12.59	090	2	0	2	1	0
60281	A Remove thyroid	13.14	13.14	090	2	0	2	1	0

(3) Parathyroid, thymus, adrenal glands, and carotid body, excision:

60500	A Parathyroidectomy	26.98	26.98	090	2	0	2	1	0
60502	A Re–explore parathyroid	30.76	30.76	090	2	0	2	1	0
60505	A Parathyroidectomy	33.61	33.61	090	2	0	2	1	0
60512	A Autotransplant	6.58	6.58	ZZZ	0	0	2	1	0
60520	A Removal of thymus	29.70	29.70	090	2	0	2	1	0
60521	A Removal of thymus	31.57	31.57	090	2	0	2	1	0
60522	A Removal of thymus	35.40	35.40	090	2	0	2	1	0
60540	A Explore adrenal gland	28.25	28.25	090	2	1	2	1	0
60545	A Explore adrenal gland	33.12	33.12	090	2	0	2	1	0
60600	A Remove carotid tumor	28.38	28.38	090	2	0	2	1	0
60605	A Remove carotid tumor	29.94	29.94	090	2	0	2	1	0

(4) Parathyroid, thymus, adrenal glands, and carotid body, other procedures:

60699	C Endocrine surgery	0.00	0.00	YYY	2	0	2	1	1

(5) Skull, meninges, and brain, injection, drainage, or aspiration:

61000	A Remove cranial	2.56	2.56	000	2	2	1	0	0
61001	A Remove cranial	2.30	1.87	000	2	2	1	0	0
61020	A Remove brain catheter	2.70	2.70	000	2	0	1	0	0
61026	A Injection	3.45	3.45	000	2	0	1	0	0
61050	A Remove brain catheter	2.64	2.64	000	2	0	0	0	0
61055	A Injection	3.83	3.83	000	0	0	1	0	0
61070	A Brain canal shunt	1.30	1.06	000	2	0	1	0	0

(6) Skull, meninges, and brain, twist drill, burr holes, or trephine:

61105	A Drill skull	10.81	10.81	090	2	0	0	0	0
61106	A Drill skull	9.74	9.74	ZZZ	0	0	1	0	0

61107	A Drill skull	10.55	10.55	000	0	0	1	0	0
61108	A Drill skull	21.30	21.30	090	2	0	1	0	0
61120	A Pierce skull	14.30	14.30	090	2	0	0	0	0
61130	A Pierce skull	11.09	11.09	ZZZ	0	0	1	1	0
61140	A Pierce skull	29.49	29.49	090	2	0	2	0	0
61150	A Pierce skull	31.55	31.55	090	2	0	1	1	0
61151	A Pierce skull	13.54	13.54	090	2	0	1	0	0
61154	A Pierce skull	31.34	31.34	090	2	1	2	1	0
61156	A Pierce skull	32.14	32.14	090	2	0	2	1	0
61210	A Pierce skull	11.98	11.98	000	0	0	1	0	0
61215	A Insert brain fluid	10.53	10.53	090	2	0	1	1	0
61250	A Pierce skull	18.01	18.01	090	2	1	2	1	0
61253	A Pierce skull	21.44	21.44	090	2	2	2	0	0

(7) Skull, meninges, and brain, craniectomy or craniotomy:

61304	A Open skull	45.91	45.91	090	2	0	2	1	0
61305	A Open skull	55.06	55.06	090	2	0	2	1	0
61312	A Open skull	48.07	48.07	090	2	0	2	1	0
61313	A Open skull	48.27	48.27	090	2	0	2	1	0
61314	A Open skull	49.32	49.32	090	2	0	2	1	0
61315	A Open skull	51.17	51.17	090	2	0	2	1	0
61320	A Open skull	43.20	43.20	090	2	0	2	1	0
61321	A Open skull	46.98	46.98	090	2	0	2	1	0
61330	A Decompress eye socket	34.37	34.37	090	2	1	2	1	0
61332	A Explore/biopsy	46.30	46.30	090	2	0	2	1	0
61333	A Explore/remove lesion	46.93	46.93	090	2	0	2	1	0
61334	A Explore/remove object	31.74	31.74	090	2	0	2	1	0
61340	A Relieve cranial	32.64	32.64	090	2	1	2	1	0
61343	A Incise skull	58.96	58.96	090	2	0	2	1	0
61345	A Relieve cranial	45.12	45.12	090	2	0	2	1	0
61440	A Incise skull	45.87	45.87	090	2	0	2	1	0
61450	A Incise skull	45.18	45.18	090	2	0	2	1	0
61458	A Incise skull	53.81	53.81	090	2	0	2	1	0
61460	A Incise skull	52.16	52.16	090	2	0	2	2	0
61470	A Incise skull	38.44	38.44	090	2	0	2	1	0
61480	A Incise skull	39.59	39.59	090	2	0	2	1	0
61490	A Incise skull	35.81	35.81	090	2	1	2	1	0
61500	A Removal of skull	37.28	37.28	090	2	0	2	1	0
61501	A Remove infected	31.07	31.07	090	2	0	2	1	0
61510	A Removal of brain	54.65	54.65	090	2	0	2	1	0
61512	A Removal of brain	62.80	62.80	090	2	0	2	1	0
61514	A Removal of brain	50.20	50.20	090	2	0	2	1	0
61516	A Removal of brain	50.44	50.44	090	2	0	2	1	0
61518	A Removal of brain	65.89	65.89	090	2	0	2	1	0
61519	A Removal of brain	70.91	70.91	090	2	0	2	1	0
61520	A Removal of brain	85.73	85.73	090	2	0	2	2	0
61521	A Removal of brain	75.45	75.45	090	2	0	2	1	0
61522	A Removal of brain	48.11	48.11	090	2	0	2	1	0
61524	A Removal of brain	54.65	54.65	090	2	0	2	1	0
61526	A Removal of brain	82.85	82.85	090	2	0	1	2	0
61530	A Removal of brain	75.31	75.31	090	2	0	1	2	0
61531	A Implant brain electrodes	28.72	28.72	090	2	0	2	2	0
61533	A Implant brain electrodes	36.17	36.17	090	2	0	2	1	0
61534	A Removal of brain	26.31	26.31	090	2	0	2	1	0
61535	A Remove brain electrodes	18.65	18.65	090	2	0	2	1	0
61536	A Removal of brain	55.66	55.66	090	2	0	2	1	0
61538	A Removal of brain	55.17	55.17	090	2	0	2	1	0
61539	A Removal of brain	53.55	53.55	090	2	0	2	1	0
61541	A Incision of brain	47.40	47.40	090	2	0	2	1	0
61542	A Removal of brain	49.54	49.54	090	2	0	2	1	0

61543	A Removal of brain	44.55	44.55	090	2	0	2	1	0
61544	A Remove and treat brain	51.41	51.41	090	2	0	2	0	0
61545	A Excision of brain	67.20	67.20	090	2	0	2	1	0
61546	A Remove pituitary tumor	57.14	57.14	090	2	0	2	1	0
61548	A Remove pituitary tumor	44.64	44.64	090	2	0	2	2	0
61550	A Release of skull	25.32	25.32	090	2	0	2	1	0
61552	A Release of skull	32.60	32.60	090	2	0	2	1	0
61556	A Incise skull	36.89	36.89	090	2	0	2	0	0
61557	A Incise skull	37.09	37.09	090	2	0	2	0	0
61558	A Excision of skull	42.27	42.27	090	2	0	2	0	0
61559	A Excision of skull	54.47	54.47	090	2	0	2	1	0
61563	A Excision of skull	44.56	44.56	090	2	0	2	1	0
61564	A Excision of skull	56.19	56.19	090	2	0	2	1	0
61570	A Remove foreign body	39.95	39.95	090	2	0	2	1	0
61571	A Incise skull	43.42	43.42	090	2	0	2	1	0
61575	A Skull base/brain	65.84	65.84	090	2	0	2	1	0
61576	A Skull base/brain	77.02	77.02	090	2	0	2	1	0

(8) Skull, meninges, and brain, approach procedures:

61580	A Craniofacial approach	50.11	50.11	090	2	1	2	1	2
61581	A Craniofacial approach	57.01	57.01	090	2	1	2	1	2
61582	A Craniofacial approach	51.98	51.98	090	2	0	2	1	2
61583	A Craniofacial approach	59.39	59.39	090	2	0	2	1	2
61584	A Orbitocranial approach	57.13	57.13	090	2	1	2	1	2
61585	A Orbitocranial approach	63.77	63.77	090	2	1	2	1	2
61586	A Resect	44.72	44.72	090	2	0	2	1	2
61590	A Infratemporal approach	69.17	69.17	090	2	1	2	1	2
61591	A Infratemporal approach	72.42	72.42	090	2	1	2	1	2
61592	A Orbitocranial approach	65.71	65.71	090	2	1	2	1	2
61595	A Transtemporal approach	48.79	48.79	090	2	1	2	1	2
61596	A Transcochlear approach	59.02	59.02	090	2	1	2	1	2
61597	A Transcondylar approach	62.66	62.66	090	2	1	2	1	2
61598	A Transpetrosal approach	55.16	55.16	090	2	0	2	1	2

(9) Skull, meninges, and brain, definitive procedures:

61600	A Resect/excise lesion	42.51	42.51	090	2	0	2	1	2
61601	A Resect/excise lesion	45.75	45.75	090	2	0	2	1	2
61605	A Resect/excise lesion	48.20	48.20	090	2	0	2	1	2
61606	A Resect/excise lesion	64.13	64.13	090	2	0	2	1	2
61607	A Resect/excise lesion	59.91	59.91	090	2	0	2	1	2
61608	A Resect/excise lesion	69.61	69.61	090	2	0	2	1	2
61609	A Transect, ligate artery	16.70	16.70	ZZZ	0	1	2	1	2
61610	A Transect, ligate artery	50.09	50.09	ZZZ	0	1	2	1	2
61611	A Transect, ligate artery	12.53	12.53	ZZZ	0	1	2	1	2
61612	A Transect, ligate artery	47.07	47.07	ZZZ	0	1	2	1	2
61613	A Remove aneurysm	67.88	67.88	090	2	1	2	1	2
61615	A Resect/excise lesion	52.81	52.81	090	2	0	2	1	2
61616	A Resect/excise lesion	71.57	71.57	090	2	0	2	1	2

(10) Skull, meninges, and brain, repair and/or reconstruction of surgical defects of skull base:

61618	A Repair dura	27.61	27.61	090	2	0	2	1	2
61619	A Repair dura	34.03	34.03	090	2	0	2	1	2

(11) Skull, meninges, and brain, endovascular therapy:

61624	A Occlusion/embolism	34.04	34.04	000	2	0	1	0	0
61626	A Occlusion/embolism	28.07	28.07	000	2	0	1	0	0

(12) Skull, meninges, and brain, surgery for aneurysm, arteriovenous malformation or vascular disease:

61680	A Intracranial vein	61.07	61.07	090	2	0	2	1	0
61682	A Intracranial vein	93.51	93.51	090	2	0	2	1	0
61684	A Intracranial vein	66.80	66.80	090	2	0	2	1	0
61686	A Intracranial vein	95.62	95.62	090	2	0	2	1	0
61690	A Intracranial vein	55.39	55.39	090	2	0	2	1	0
61692	A Intracranial vein	76.75	76.75	090	2	0	2	1	0
61700	A Inner skull vessel	79.60	79.60	090	2	0	2	1	0
61702	A Inner skull vessel	82.67	82.67	090	2	0	2	1	0
61703	A Clamp neck artery	28.89	28.89	090	2	0	2	1	0
61705	A Revise circulation	65.13	65.13	090	2	0	2	1	0
61708	A Revise circulation	57.67	57.67	090	2	0	2	0	0
61710	A Revise circulation	43.96	43.96	090	2	0	0	0	0
61711	A Fusion of skull	68.31	68.31	090	2	0	2	1	0
61712	A Skull or spine surgery	7.39	7.39	ZZZ	0	0	2	1	0

(13) Skull, meninges, and brain, stereotaxis:

61720	A Incise skull/brain	35.28	35.28	090	2	0	1	0	0
61735	A Incise skull/brain	31.90	31.90	090	2	0	1	1	0
61750	A Incise skull/brain	31.98	31.98	090	2	0	1	1	0
61751	A Brain biopsy	37.16	37.16	090	2	0	1	1	0
61760	A Implant brain electrodes	35.65	35.65	090	2	0	1	2	0
61770	A Incise skull	40.07	40.07	090	2	0	1	1	0
61790	A Treat trigeminal	23.07	23.07	090	2	0	1	0	0
61791	A Treat trigeminal	24.44	24.44	090	2	0	0	0	0
61793	A Focus radiation	35.05	35.05	090	2	0	1	0	0
61795	A Brain surgery	8.81	8.81	000	0	0	1	0	0

(14) Skull, meninges, and brain, neurostimulators:

61850	A Implant neuroelectrodes	23.73	23.73	090	2	0	2	0	0
61855	A Implant neuroelectrodes	23.00	23.00	090	2	0	2	0	0
61860	A Implant neuroelectrodes	27.69	27.69	090	2	0	2	0	0
61865	A Implant neuroelectrodes	37.80	37.80	090	2	0	2	1	0
61870	A Implant neuroelectrodes	18.06	18.06	090	2	0	2	1	0
61875	A Implant neuroelectrodes	20.86	20.86	090	2	0	2	0	0
61880	A Revise neuroelectrodes	10.70	10.70	090	2	0	2	1	0
61885	A Implant neuroelectrodes	7.36	7.36	090	2	0	0	0	0
61888	A Revise neuroelectrodes	7.02	7.02	010	2	0	1	0	0

(15) Skull, meninges, and brain, repair:

62000	A Repair of skull	17.43	17.43	090	2	0	2	0	0
62005	A Repair of skull	26.47	26.47	090	2	0	2	1	0
62010	A Treatment	38.40	38.40	090	2	0	2	1	0
62100	A Repair brain fluid	42.93	42.93	090	2	0	2	1	0
62115	A Reduction of skull	35.65	35.65	090	2	0	2	1	0
62116	A Reduction of skull	38.91	38.91	090	2	0	2	0	0
62117	A Reduction of skull	43.94	43.94	090	2	0	2	1	0
62120	A Repair of skull	38.61	38.61	090	2	0	2	1	0
62121	A Incise skull	38.38	38.38	090	2	0	2	0	0
62140	A Repair of skull	26.56	26.56	090	2	0	2	1	0
62141	A Repair of skull	31.19	31.19	090	2	0	2	1	0
62142	A Remove skull plate	22.72	22.72	090	2	0	2	0	0
62143	A Replace skull plate	21.61	21.61	090	2	0	2	1	0
62145	A Repair of skull	31.06	31.06	090	2	0	2	1	0

62146		A Repair of skull	26.44	26.44	090	2	0	2	1	0
62147		A Repair of skull	31.70	31.70	090	2	0	2	1	0
(16) Skull, meninges, and brain, CSF shunt:										
62180		A Establish brain	34.33	34.33	090	2	0	2	0	0
62190		A Establish brain	23.58	23.58	090	2	0	1	1	0
62192		A Establish brain	25.65	25.65	090	2	0	2	1	0
62194		A Replace/irrigate catheter	6.54	6.54	010	2	0	0	0	0
62200		A Establish brain	34.71	34.71	090	2	0	2	1	0
62201		A Establish brain	22.92	22.92	090	2	0	1	0	0
62220		A Establish brain	27.33	27.33	090	2	0	2	1	0
62223		A Establish brain	27.03	27.03	090	2	0	2	1	0
62225		A Replace/irrigate catheter	9.87	9.87	090	2	0	1	0	0
62230		A Replace/revise catheter	20.07	20.07	090	2	0	2	1	0
62256		A Remove brain catheter	12.80	12.80	090	2	0	2	0	0
62258		A Replace brain catheter	28.88	28.88	090	2	0	2	1	0
(17) Spine and spinal cord, injection, drainage, or aspiration:										
62268		A Drain spinal cord	7.38	7.38	000	2	0	1	0	0
62269		A Needle biopsy, spinal	6.40	6.40	000	2	0	0	0	0
62270		A Spinal fluid tap	1.74	1.74	000	2	0	1	0	0
62272		A Drain spinal fluid	2.27	2.27	000	2	0	1	0	0
62273		A Treat lumbar spine	3.18	3.18	000	2	0	1	0	0
62274		A Inject spinal anesthetic	2.42	2.42	000	2	0	1	0	0
62275		A Inject spinal anesthetic	2.30	2.30	000	2	0	1	0	0
62276		A Inject spinal anesthetic	3.17	3.17	000	2	0	1	0	0
62277		A Inject spinal anesthetic	2.89	2.89	000	2	0	1	0	0
62278		A Inject spinal anesthetic	2.46	2.46	000	2	0	1	0	0
62279		A Inject spinal anesthetic	2.36	2.36	000	2	0	1	0	0
62280		A Treat spinal cord	3.15	3.15	010	2	0	1	0	0
62281		A Treat spinal cord	3.41	3.41	010	2	0	1	0	0
62282		A Treat spinal caudal	3.98	3.98	010	2	0	1	0	0
62284		A Inject for myelography	3.50	3.22	000	0	0	1	0	0
62287		A Percutaneous disk	15.52	15.52	090	2	0	1	0	0
62288		A Injection	2.79	2.79	000	2	0	1	0	0
62289		A Injection	2.68	2.68	000	2	0	1	0	0
62290		A Inject for spine	4.65	4.65	000	2	0	1	0	0
62291		A Inject for spine	4.58	4.58	000	2	0	1	0	0
62292		A Injection	16.67	16.67	090	2	0	0	0	0
62294		A Injection	16.76	16.76	090	2	0	1	0	0
62298		A Injection	3.07	3.07	000	2	0	1	0	0
(18) Spine and spinal cord, catheter implantation:										
62350		A Implant spinal catheter	10.17	10.17	090	2	0	2	1	0
62351		A Implant spinal catheter	14.89	14.89	090	2	0	2	2	0
62355		A Remove spinal catheter	8.69	8.69	090	2	0	0	0	0
(19) Spine and spinal cord, reservoir/pump implantation:										
62360		A Insert spine infusion	3.64	3.64	090	2	0	0	1	0
62361		A Implant spine infusion	7.94	7.94	090	2	0	0	1	0
62362		A Implant spine infusion	10.34	10.34	090	2	0	0	1	0
62365		A Remove spine infusion	8.65	8.65	090	2	0	0	0	0
62367		C Analyze spine infusion	0.00	0.00	XXX	0	0	0	0	0
62367	26	A Analyze spine infusion	0.81	0.81	XXX	0	0	0	0	0
62367	TC	C Analyze spine infusion	0.00	0.00	XXX	0	0	0	0	0
62368		C Analyze spine infusion	0.00	0.00	XXX	0	0	0	0	0
62368	26	A Analyze spine infusion	1.27	1.27	XXX	0	0	0	0	0
62368	TC	C Analyze spine infusion	0.00	0.00	XXX	0	0	0	0	0

(20) Spine and spinal cord, posterior extradural laminotomy or laminectomy for exploration/decompression of neural elements or excision of herniated intervertebral disks:

63001	A Removal of spinal cord	33.05	33.05	090	2	0	2	2	0
63003	A Removal of spinal cord	33.21	33.21	090	2	0	2	2	0
63005	A Removal of spinal cord	31.10	31.10	090	2	0	2	2	0
63011	A Removal of spinal cord	23.86	23.86	090	2	0	2	2	0
63012	A Removal of spinal cord	32.08	32.08	090	2	0	2	2	0
63015	A Removal of spinal cord	40.38	40.38	090	2	0	2	2	0
63016	A Removal of spinal cord	40.10	40.10	090	2	0	2	2	0
63017	A Removal of spinal cord	33.61	33.61	090	2	0	2	2	0
63020	A Neck spine disk	30.80	30.80	090	2	1	2	2	0
63030	A Low back disk space	25.19	25.19	090	2	1	2	2	0
63035	A Added spinal disk	6.63	6.63	ZZZ	0	1	2	2	0
63040	A Neck spine disk	39.43	39.43	090	2	1	2	2	0
63042	A Low back disk space	36.84	36.84	090	2	1	2	2	0
63045	A Removal of spinal cord	34.93	34.93	090	2	2	2	2	0
63046	A Removal of spinal cord	33.66	33.66	090	2	2	2	2	0
63047	A Removal of spinal cord	31.26	31.26	090	2	2	2	2	0
63048	A Removal of spinal cord	6.99	6.99	ZZZ	0	2	2	2	0

(21) Spine and spinal cord, transpedicular or costovertebral approach for posterolateral extradural exploration/decompression:

63055	A Decompress spinal cord	45.19	45.19	090	2	0	2	1	0
63056	A Decompress spinal cord	41.65	41.65	090	2	0	2	1	0
63057	A Decompress spinal cord	8.95	8.95	ZZZ	0	0	2	1	0
63064	A Decompress spinal cord	47.62	47.62	090	2	0	2	1	0
63066	A Decompress spinal cord	5.60	5.60	ZZZ	0	0	2	1	0

(22) Spine and spinal cord, anterior or anterolateral approach for extradural exploration/decompression:

63075	A Neck spine disk	36.36	36.36	090	2	0	2	2	0
63076	A Neck spine disk	8.52	8.52	ZZZ	0	0	2	2	0
63077	A Spine disk surgery	39.00	39.00	090	2	0	2	2	0
63078	A Spine disk surgery	5.75	5.75	ZZZ	0	0	2	2	0
63081	A Removal of vertebra	49.23	49.23	090	2	0	2	1	2
63082	A Removal of vertebra	9.29	9.29	ZZZ	0	0	2	1	2
63085	A Removal of vertebra	53.48	53.48	090	2	0	2	2	2
63086	A Removal of vertebra	6.88	6.88	ZZZ	0	0	2	2	2
63087	A Removal of vertebra	62.25	62.25	090	2	0	2	2	2
63088	A Removal of vertebra	9.18	9.18	ZZZ	0	0	2	2	2
63090	A Removal of vertebra	56.50	56.50	090	2	0	2	2	2
63091	A Removal of vertebra	5.64	5.64	ZZZ	0	0	2	2	2

(23) Spine and spinal cord, incision:

63170	A Incise spinal cord	38.05	38.05	090	2	0	2	1	0
63172	A Drainage of spine	37.15	37.15	090	2	0	2	1	0
63173	A Drainage of spine	35.90	35.90	090	2	0	2	1	0
63180	A Revise spinal cord	28.93	28.93	090	2	0	2	1	0
63182	A Revise spinal cord	35.71	35.71	090	2	0	2	1	0
63185	A Incise spinal cord	30.29	30.29	090	2	0	2	1	0
63190	A Incise spinal cord	36.54	36.54	090	2	0	2	1	0
63191	A Incise spinal cord	29.74	29.74	090	2	1	2	1	0
63194	A Incise spinal cord	31.28	31.28	090	2	0	2	1	0
63195	A Incise spinal cord	31.65	31.65	090	2	0	2	1	0
63196	A Incise spinal cord	36.31	36.31	090	2	0	2	1	0
63197	A Incise spinal cord	34.48	34.48	090	2	0	2	1	0
63198	A Incise spinal cord	40.56	40.56	090	2	0	2	1	0
63199	A Incise spinal cord	46.52	46.52	090	2	0	2	1	0
63200	A Release of spinal cord	30.49	30.49	090	2	0	2	0	0

(24) Spine and spinal cord, excision by laminectomy of lesion other than herniated disk:

63250	A Revise spinal cord	66.92	66.92	090	2	0	2	1	0
63251	A Revise spinal cord	61.75	61.75	090	2	0	2	1	0
63252	A Revise spinal cord	67.72	67.72	090	2	0	2	1	0
63265	A Excise intraspinal	42.98	42.98	090	2	0	2	1	0
63266	A Excise intraspinal	46.38	46.38	090	2	0	2	1	0
63267	A Excise intraspinal	37.69	37.69	090	2	0	2	1	0
63268	A Excise intraspinal	30.30	30.30	090	2	0	2	1	0
63270	A Excise intraspinal	43.74	43.74	090	2	0	2	1	0
63271	A Excise intraspinal	52.77	52.77	090	2	0	2	1	0
63272	A Excise intraspinal	47.70	47.70	090	2	0	2	1	0
63273	A Excise intraspinal	40.73	40.73	090	2	0	2	0	0
63275	A Biopsy/excise neoplasm	49.47	49.47	090	2	0	2	1	0
63276	A Biopsy/excise neoplasm	48.28	48.28	090	2	0	2	1	0
63277	A Biopsy/excise neoplasm	43.38	43.38	090	2	0	2	1	0
63278	A Biopsy/excise neoplasm	42.90	42.90	090	2	0	2	1	0
63280	A Biopsy/excise neoplasm	55.61	55.61	090	2	0	2	1	0
63281	A Biopsy/excise neoplasm	54.93	54.93	090	2	0	2	1	0
63282	A Biopsy/excise neoplasm	49.69	49.69	090	2	0	2	1	0
63283	A Biopsy/excise neoplasm	42.72	42.72	090	2	0	2	1	0
63285	A Biopsy/excise neoplasm	58.81	58.81	090	2	0	2	1	0
63286	A Biopsy/excise neoplasm	62.84	62.84	090	2	0	2	1	0
63287	A Biopsy/excise neoplasm	60.66	60.66	090	2	0	2	1	0
63290	A Biopsy/excise neoplasm	62.73	62.73	090	2	0	2	1	0

(25) Spine and spinal cord, excision, anterior or anterolateral approach, intraspinal lesion:

63300	A Removal of vertebra	39.97	39.97	090	2	0	2	1	0
63301	A Removal of vertebra	44.85	44.85	090	2	0	2	1	0
63302	A Removal of vertebra	47.54	47.54	090	2	0	2	1	0
63303	A Removal of vertebra	47.43	47.43	090	2	0	2	1	0
63304	A Removal of vertebra	49.49	49.49	090	2	0	2	0	0
63305	A Removal of vertebra	52.87	52.87	090	2	0	2	1	0
63306	A Removal of vertebra	52.70	52.70	090	2	0	2	1	0
63307	A Removal of vertebra	53.95	53.95	090	2	0	2	1	0
63308	A Removal of vertebra	9.08	9.08	ZZZ	0	0	2	0	0

(26) Spine and spinal cord, stereotaxis:

63600	A Remove spinal cord	24.51	24.51	090	2	0	0	0	0
63610	A Stimulate spinal cord	15.56	15.56	000	2	0	0	0	0
63615	A Remove lesion	27.06	27.06	090	2	0	1	1	0

(27) Spine and spinal cord, neurostimulators:

63650	A Implant neuroelectrodes	14.45	14.45	090	2	0	1	0	0
63655	A Implant neuroelectrodes	22.28	22.28	090	2	0	2	1	0
63660	A Revise neuroelectrodes	13.00	13.00	090	2	0	2	1	0
63685	A Implant neuroelectrodes	14.34	14.34	090	2	0	2	1	0
63688	A Revise neuroelectrodes	11.32	11.32	090	2	0	1	0	0
63690	A Analyze neuroelectrodes	1.03	0.72	XXX	0	0	0	0	0
63691	A Analyze neuroelectrodes	1.05	0.85	XXX	2	0	1	0	0

(28) Spine and spinal cord, repair:

63700	A Repair of spinal cord	27.19	27.19	090	2	0	2	1	0
63702	A Repair of spinal cord	30.49	30.49	090	2	0	2	1	0
63704	A Repair of spinal cord	34.46	34.46	090	2	0	2	1	0
63706	A Repair of spinal cord	39.41	39.41	090	2	0	2	1	0
63707	A Repair spinal fluid	23.60	23.60	090	2	0	2	1	0
63709	A Repair spinal fluid	30.03	30.03	090	2	0	2	1	0
63710	A Graft repair	23.06	23.06	090	2	0	2	1	0

(29) Spine and spinal cord, shunt, spinal CSF:

63740	A Install spinal shunt	24.04	24.04	090	2	0	2	1	0
63741	A Install spinal shunt	17.58	17.58	090	2	0	2	1	0
63744	A Revision of spine	16.15	16.15	090	2	0	2	1	0
63746	A Removal of spine	11.76	11.76	090	2	0	0	0	0

(30) Extracranial nerves, peripheral nerves, and autonomic nervous system, introduction/injection of anesthetic agent, diagnostic or therapeutic:

64400	A Injection for nerve	1.50	1.27	000	2	0	1	0	0
64402	A Injection for nerve	1.78	1.78	000	2	0	1	0	0
64405	A Injection for nerve	1.86	1.55	000	2	0	1	0	0
64408	A Injection for nerve	2.35	1.84	000	2	0	0	0	0
64410	A Injection for nerve	2.07	2.07	000	2	0	0	0	0
64412	A Injection for nerve	1.71	1.41	000	2	0	1	0	0
64413	A Injection for nerve	2.03	1.67	000	2	0	1	0	0
64415	A Injection for nerve	1.63	1.63	000	2	0	1	0	0
64417	A Injection for nerve	2.00	2.00	000	2	0	1	0	0
64418	A Injection for nerve	2.07	1.66	000	2	0	1	0	0
64420	A Injection for nerve	1.73	1.73	000	2	0	1	0	0
64421	A Injection for nerve	2.42	2.42	000	2	0	1	0	0
64425	A Injection for nerve	2.19	2.19	000	2	0	1	0	0
64430	A Injection for nerve	2.07	2.07	000	2	0	1	0	0
64435	A Injection for nerve	1.82	1.59	000	2	0	1	0	0
64440	A Injection for nerve	2.03	1.65	000	2	0	1	0	0
64441	A Injection for nerve	2.67	2.18	000	2	0	1	0	0
64442	A Injection for nerve	2.52	2.52	000	2	0	1	0	0
64443	A Injection for nerve	1.56	1.56	ZZZ	0	0	1	0	0
64445	A Injection for nerve	1.85	1.61	000	2	0	1	0	0
64450	A Injection for nerve	1.69	1.44	000	2	0	1	0	0
64505	A Injection for nerve	1.87	1.57	000	2	0	1	0	0
64508	A Injection for nerve	2.07	1.56	000	2	0	0	0	0
64510	A Injection for nerve	1.89	1.89	000	2	0	1	0	0
64520	A Injection for nerve	2.01	2.01	000	2	0	1	0	0
64530	A Injection for nerve	2.72	2.72	000	2	0	1	0	0

(31) Extracranial nerves, peripheral nerves, and autonomic nervous system, neurostimulators:

64550	A Apply neurostimulator	0.61	0.40	000	0	0	1	0	0
64553	A Implant neuroelectrodes	3.14	2.64	010	2	0	0	0	0
64555	A Implant neuroelectrodes	2.52	2.32	010	2	0	1	0	0
64560	A Implant neuroelectrodes	3.68	2.98	010	2	0	0	0	0
64565	A Implant neuroelectrodes	2.38	2.01	010	2	0	1	0	0
64573	A Implant neuroelectrodes	7.41	7.41	090	2	0	0	0	0
64575	A Implant neuroelectrodes	7.14	7.14	090	2	0	1	0	0
64577	A Implant neuroelectrodes	7.11	7.11	090	2	0	1	0	0
64580	A Implant neuroelectrodes	6.66	6.66	090	2	0	2	0	0
64585	A Revise neuroelectrodes	2.86	2.86	010	2	0	2	0	0
64590	A Implant neuroelectrodes	4.15	4.15	010	2	0	2	1	0
64595	A Revise neuroelectrodes	2.77	2.77	010	2	0	2	0	0

(32) Extracranial nerves, peripheral nerves, and autonomic nervous system, destruction by neurolytic agent:

64600	A Injection treatment	4.86	4.86	010	2	2	1	0	0
64605	A Injection treatment	6.78	6.78	010	2	0	0	0	0
64610	A Injection treatment	14.26	14.26	010	2	0	1	0	0
64612	A Destroy nerve	3.27	2.57	010	2	0	1	0	0
64613	A Destroy nerve	3.27	2.57	010	2	0	1	0	0
64620	A Injection treatment	3.65	3.65	010	2	0	1	0	0
64622	A Injection treatment	4.67	4.67	010	2	0	1	0	0

64623	A Injection treatment	1.81	1.81	ZZZ	0	0	1	0	0
64630	A Injection treatment	4.61	4.61	010	2	0	0	0	0
64640	A Injection treatment	3.44	3.44	010	2	0	1	0	0
64680	A Injection treatment	4.10	4.10	010	2	0	1	0	0

(33) Extracranial nerves, peripheral nerves, and autonomic nervous system, neuroplasty:

64702	A Revise finger/toe	8.30	8.30	090	2	0	1	0	0
64704	A Revise hand/foot	9.42	9.42	090	2	0	2	1	0
64708	A Revise arm/leg	12.75	12.75	090	2	0	2	1	0
64712	A Revise sciatic nerve	16.20	16.20	090	2	0	2	1	0
64713	A Revise arm	20.01	20.01	090	2	0	2	1	0
64714	A Revise low back	16.08	16.08	090	2	0	2	1	0
64716	A Revise cranial nerve	10.76	10.76	090	2	0	2	1	0
64718	A Revise ulnar nerve	12.43	12.43	090	2	0	0	0	0
64719	A Revise ulnar nerve	9.65	9.65	090	2	0	1	0	0
64721	A Carpal tunnel	8.91	8.91	090	2	1	1	0	0
64722	A Relieve pressure	9.87	9.87	090	2	0	2	1	0
64726	A Release foot/toe	4.53	4.53	090	2	0	1	0	0
64727	A Internal nerve	6.25	6.25	ZZZ	0	0	1	0	0

(34) Extracranial nerves, peripheral nerves, and autonomic nervous system, transection or avulsion:

64702	A Revise finger/toe	8.30	8.30	090	2	0	1	0	0
64732	A Incision of brow nerve	8.56	8.56	090	2	0	2	0	0
64734	A Incision of cheek	9.29	9.29	090	2	0	0	0	0
64736	A Incision of chin	8.72	8.72	090	2	0	2	0	0
64738	A Incision of jaw	10.44	10.44	090	2	0	2	0	0
64740	A Incision of tongue nerve	10.42	10.42	090	2	0	2	0	0
64742	A Incision of face	10.72	10.72	090	2	0	2	0	0
64744	A Incision of back of head	10.93	10.93	090	2	1	0	0	0
64746	A Incise diaphragm	9.45	9.45	090	2	0	2	1	0
64752	A Incision of vagus	10.67	10.67	090	2	0	2	1	0
64755	A Incision of stomach	23.64	23.64	090	2	0	2	1	0
64760	A Incision of vagus	13.57	13.57	090	2	0	2	1	0
64761	A Incision of pelvus nerve	10.60	10.60	090	2	1	2	0	0
64763	A Incise hip/thigh	11.43	11.43	090	2	1	2	1	0
64766	A Incise hip/thigh	14.98	14.98	090	2	1	2	0	0
64771	A Sever cranial nerve	13.28	13.28	090	2	0	2	0	0
64772	A Incision of spinal nerve	13.80	13.80	090	2	0	2	1	0

(35) Extracranial nerves, peripheral nerves, and autonomic nervous system, excision:

64774	A Remove skin nerve	7.59	7.59	090	2	0	1	0	0
64776	A Remove digit nerve	7.56	7.56	090	2	0	0	0	0
64778	A Additional digit nerve	5.70	5.70	ZZZ	0	0	1	0	0
64782	A Remove limb nerve	10.45	10.45	090	2	0	1	1	0
64783	A Additional limb nerve	6.79	6.79	ZZZ	0	0	1	0	0
64784	A Remove nerve lesion	14.89	14.89	090	2	0	0	0	0
64786	A Remove sciatic nerve	27.44	27.44	090	2	0	2	0	0
64787	A Implant nerve end	7.59	7.59	ZZZ	0	0	0	0	0
64788	A Remove skin nerve	7.97	7.97	090	2	0	1	0	0
64790	A Removal of nerve	17.81	17.81	090	2	0	0	1	0
64792	A Removal of nerve	23.14	23.14	090	2	0	2	1	0
64795	A Biopsy of nerve	5.25	5.25	000	2	0	1	0	0
64802	A Remove sympathetic nerve	14.13	14.13	090	2	1	2	1	0
64804	A Remove sympathetic nerve	26.97	26.97	090	2	1	2	1	0
64809	A Remove sympathetic nerve	23.73	23.73	090	2	1	2	1	0
64818	A Remove sympathetic nerve	18.58	18.58	090	2	1	2	1	0
64820	A Remove sympathetic nerve	17.22	17.22	090	2	0	1	0	0

(36) Extracranial nerves, peripheral nerves, and autonomic nervous system, neurorrhaphy:

64830	A Microrepair of nerve	4.97	4.97	ZZZ	0	0	1	0	0
64831	A Repair of digit	12.14	12.14	090	2	0	1	0	0
64832	A Repair additional digit	6.62	6.62	ZZZ	0	0	0	0	0
64834	A Repair of hand	12.94	12.94	090	2	0	0	0	0
64835	A Repair of hand	16.26	16.26	090	2	0	2	0	0
64836	A Repair of hand	17.08	17.08	090	2	0	2	0	0
64837	A Repair additional nerve	10.45	10.45	ZZZ	0	0	2	0	0
64840	A Repair of leg nerve	22.11	22.11	090	2	0	2	0	0
64856	A Repair/transposition	21.26	21.26	090	2	0	1	1	0
64857	A Repair arm/leg	23.21	23.21	090	2	0	2	1	0
64858	A Repair sciatic nerve	26.74	26.74	090	2	0	2	1	0
64859	A Repair additional nerve	7.57	7.57	ZZZ	0	0	2	1	0
64861	A Repair of arm nerve	31.19	31.19	090	2	0	2	1	0
64862	A Repair of low back	39.36	39.36	090	2	0	2	0	0
64864	A Repair of facial nerve	19.63	19.63	090	2	0	2	1	0
64865	A Repair of facial nerve	26.58	26.58	090	2	0	2	1	0
64866	A Fusion of facial nerve	26.11	26.11	090	2	0	2	1	0
64868	A Fusion of facial nerve	24.37	24.37	090	2	0	2	1	0
64870	A Fusion of facial nerve	28.89	28.89	090	2	0	2	1	0
64872	A Subsequent repair	3.36	3.36	ZZZ	0	0	2	1	0
64874	A Repair and revise	5.04	5.04	ZZZ	0	0	2	1	0
64876	A Repair nerve	5.71	5.71	ZZZ	0	0	2	1	0

(37) Extracranial nerves, peripheral nerves, and autonomic nervous system, neurorrhaphy with nerve graft:

64885	A Nerve graft, head/neck	28.99	28.99	090	2	0	2	1	0
64886	A Nerve graft, head/neck	34.43	34.43	090	2	0	2	1	0
64890	A Nerve graft, hand/foot	26.76	26.76	090	2	0	2	0	0
64891	A Nerve graft, hand/foot	25.67	25.67	090	2	0	2	0	0
64892	A Nerve graft, arm/leg	24.90	24.90	090	2	0	2	1	0
64893	A Nerve graft, arm/leg	28.87	28.87	090	2	0	2	0	0
64895	A Nerve graft, hand/foot	31.59	31.59	090	2	0	2	1	0
64896	A Nerve graft, hand/foot	36.58	36.58	090	2	0	2	1	0
64897	A Nerve graft, arm/leg	30.12	30.12	090	2	0	2	0	0
64898	A Nerve graft, arm/leg	32.91	32.91	090	2	0	2	1	0
64901	A Graft additional nerve	19.57	19.57	ZZZ	0	0	2	1	0
64902	A Graft additional nerve	22.80	22.80	ZZZ	0	0	2	0	0
64905	A Nerve pedicle transfer	22.19	22.19	090	2	0	2	1	0
64907	A Nerve pedicle transfer	31.08	31.08	090	2	0	2	1	0

(38) Extracranial nerves, peripheral nerves, and autonomic nervous system, other procedures:

64999	C Nervous system surgery	0.00	0.00	YYY	2	0	0	1	1

(39) Eyeball, removal of eye:

65091	A Revise eye	12.98	12.98	090	2	1	0	1	0
65093	A Revise eye	13.83	13.83	090	2	1	1	1	0
65101	A Removal of eye	14.11	14.11	090	2	1	1	0	0
65103	A Remove eye/insert	15.19	15.19	090	2	1	1	1	0
65105	A Remove eye/attached	17.03	17.03	090	2	1	2	1	0
65110	A Removal of eye	28.12	28.12	090	2	1	2	1	0
65112	A Removal of eye	27.22	27.22	090	2	1	2	1	0
65114	A Removal of eye	29.45	29.45	090	2	1	2	1	0

(40) Eyeball, secondary implant procedures:

65125	A Revise ocular implant	5.29	5.29	090	2	1	1	1	0
65130	A Insert ocular implant	14.37	14.37	090	2	1	1	1	0
65135	A Insert ocular implant	12.08	12.08	090	2	1	1	0	0

65140	A Attach ocular implant	13.47	13.47	090	2	1	1	0	0
65150	A Revise ocular implant	12.65	12.65	090	2	1	0	0	0
65155	A Reinsert ocular implant	17.56	17.56	090	2	1	1	0	0
65175	A Remove ocular implant	12.60	12.60	090	2	1	1	1	0
(41) Eyeball, removal of foreign body:									
65205	A Remove foreign body	1.01	0.83	000	2	1	1	0	0
65210	A Remove foreign body	1.22	1.00	000	2	1	1	0	0
65220	A Remove foreign body	1.17	0.92	000	2	1	1	0	0
65222	A Remove foreign body	1.41	1.14	000	2	1	1	0	0
65235	A Remove foreign body	12.46	12.46	090	2	1	0	0	0
65260	A Remove foreign body	18.53	18.53	090	2	1	2	0	0
65265	A Remove foreign body	21.41	21.41	090	2	1	2	1	0
(42) Eyeball, repair of laceration:									
65270	A Repair of eye	2.89	2.89	010	2	1	0	0	0
65272	A Repair of eye	5.11	5.11	090	2	1	1	0	0
65273	A Repair of eye	7.18	7.18	090	2	1	1	1	0
65275	A Repair of eye	5.51	5.51	090	2	1	0	0	0
65280	A Repair of eye	15.37	15.37	090	2	1	0	0	0
65285	A Repair of eye	23.91	23.91	090	2	1	2	0	0
65286	A Repair of eye	9.77	7.45	090	2	1	1	0	0
65290	A Repair of eye	10.86	10.86	090	2	1	1	1	0
(43) Anterior segment, cornea:									
65400	A Removal of eye	11.93	11.93	090	2	1	1	0	0
65410	A Biopsy of cornea	2.93	2.93	000	2	1	0	0	0
65420	A Removal of eye	8.05	8.05	090	2	1	1	0	0
65426	A Removal of eye	10.56	10.56	090	2	1	1	0	0
65430	A Corneal smear	1.87	1.61	000	2	1	1	0	0
65435	A Curette/treat cornea	1.60	1.23	000	2	1	1	0	0
65436	A Curette/treat cornea	5.33	4.59	090	2	1	1	0	0
65450	A Treatment of cornea	6.23	6.23	090	2	1	1	0	0
65600	A Revision of cornea	5.69	4.43	090	2	1	1	0	0
65710	A Corneal transplant	23.85	23.85	090	2	1	2	1	0
65730	A Corneal transplant	28.27	28.27	090	2	1	2	1	0
65750	A Corneal transplant	29.90	29.90	090	2	1	2	1	0
65755	A Corneal transplant	29.84	29.84	090	2	1	2	1	0
65760	N Revision of cornea	0.00	0.00	XXX	9	9	9	9	9
65765	N Revision of cornea	0.00	0.00	XXX	9	9	9	9	9
65767	N Corneal tissue	0.00	0.00	XXX	9	9	9	9	9
65770	A Revise cornea	29.67	29.67	090	2	1	2	0	0
65771	N Radial keratotomy	0.00	0.00	XXX	9	9	9	9	9
65772	A Correct astigmatism	8.62	6.35	090	2	1	1	0	0
65775	A Correct astigmatism	11.69	11.69	090	2	1	1	0	0
(44) Anterior segment, anterior chamber:									
65800	A Drainage of eye	3.45	3.45	000	2	1	1	0	0
65805	A Drainage of eye	3.54	2.66	000	2	1	1	0	0
65810	A Drainage of eye	9.76	9.76	090	2	1	1	0	0
65815	A Drainage of eye	9.05	9.05	090	2	1	1	0	0
65820	A Relieve inner eye	16.88	16.88	090	2	1	0	0	0
65850	A Incision of eye	21.11	21.11	090	2	1	1	1	0
65855	A Laser surgery	10.00	7.09	090	2	1	1	0	0
65860	A Incise inner eye	7.20	5.32	090	2	1	0	0	0
65865	A Incise inner eye	11.26	11.26	090	2	1	1	1	0
65870	A Incise inner eye	11.52	11.52	090	2	1	1	1	0
65875	A Incise inner eye	12.19	12.19	090	2	1	1	1	0
65880	A Incise inner eye	13.26	13.26	090	2	1	1	0	0

65900	A Remove eye lesion	18.07	18.07	090	2	1	2	0	0
65920	A Remove implant	15.94	15.94	090	2	1	1	1	0
65930	A Remove blood clot	14.40	14.40	090	2	1	1	1	0
66020	A Injection treatment	3.21	3.21	010	2	1	1	0	0
66030	A Injection treatment	1.67	1.41	010	2	1	1	0	0

(45) Anterior segment, anterior sclera:

66130	A Remove eye lesion	12.24	12.24	090	2	1	0	0	0
66150	A Glaucoma surgery	16.68	16.68	090	2	1	1	1	0
66155	A Glaucoma surgery	16.61	16.61	090	2	1	1	0	0
66160	A Glaucoma surgery	19.94	19.94	090	2	1	2	1	0
66165	A Glaucoma surgery	16.10	16.10	090	2	1	2	0	0
66170	A Glaucoma surgery	23.12	23.12	090	2	1	2	1	0
66172	A Incision of eye	25.74	25.74	090	2	1	2	1	0
66180	A Implant eye shunt	29.24	29.24	090	2	1	2	1	0
66185	A Revise eye shunt	16.36	16.36	090	2	1	2	0	0
66220	A Repair eye lesion	12.99	12.99	090	2	1	2	1	0
66225	A Repair/graft eye	22.25	22.25	090	2	1	2	1	0
66250	A Follow–up surgery	11.99	11.99	090	2	1	1	0	0

(46) Anterior segment, iris, ciliary body:

66500	A Incision of iris	7.46	7.46	090	2	1	1	1	0
66505	A Incision of iris	6.96	6.96	090	2	1	1	0	0
66600	A Remove iris	17.20	17.20	090	2	1	1	0	0
66605	A Removal of iris	23.45	23.45	090	2	1	1	0	0
66625	A Removal of iris	10.37	10.37	090	2	1	1	0	0
66630	A Removal of iris	12.39	12.39	090	2	1	1	0	0
66635	A Removal of iris	12.59	12.59	090	2	1	1	0	0
66680	A Repair iris and ciliary	10.91	10.91	090	2	1	1	1	0
66682	A Repair iris and ciliary	12.44	12.44	090	2	1	1	0	0
66700	A Destruction, ciliary	9.61	9.61	090	2	1	0	0	0
66710	A Destruction, ciliary	9.65	9.65	090	2	1	1	0	0
66720	A Destruction, ciliary	9.63	9.63	090	2	1	1	0	0
66740	A Destruction, ciliary	9.64	9.64	090	2	1	1	0	0
66761	A Revision of iris	8.28	6.12	090	2	1	1	0	0
66762	A Revision of iris	9.33	6.90	090	2	1	1	0	0
66770	A Remove inner eye lesion	10.46	7.70	090	2	1	1	0	0

(47) Anterior segment, lens:

66820	A Incision, secondary	7.83	7.83	090	2	1	1	0	0
66821	A After cataract	4.84	4.84	090	2	1	1	0	0
66825	A Reposition intraocular	14.76	14.76	090	2	1	0	0	0
66830	A Removal of lens	15.07	15.07	090	2	1	1	0	0
66840	A Removal of lens	15.88	15.88	090	2	1	1	0	0
66850	A Removal of lens	18.34	18.34	090	2	1	1	0	0
66852	A Removal of lens	20.14	20.14	090	2	1	0	1	0
66920	A Extraction of lens	17.79	17.79	090	2	1	0	1	0
66930	A Extraction of lens	19.69	19.69	090	2	1	0	0	0
66940	A Extraction of lens	17.93	17.93	090	2	1	0	1	0
66983	A Remove cataract	18.24	18.24	090	2	1	1	0	0
66984	A Remove cataract	20.78	20.78	090	2	1	1	0	0
66985	A Insert lens procedure	16.88	16.88	090	2	1	1	1	0
66986	A Exchange lens procedure	23.28	23.28	090	2	1	1	1	0

(48) Anterior segment, other procedures:

66999	C Eye surgery	0.00	0.00	YYY	2	1	0	1	1

(49) Posterior segment, vitreous:									
67005	A Partial removal	11.85	11.85	090	2	1	1	1	0
67010	A Partial removal	14.11	14.11	090	2	1	2	1	0
67015	A Release of eye	12.71	12.71	090	2	1	1	1	0
67025	A Replace eye fluid	12.93	12.93	090	2	1	1	1	0
67027	A Implant drug delivery	18.84	18.84	090	2	1	2	1	0
67028	A Inject eye	5.50	5.06	000	2	1	1	0	0
67030	A Incise inner eye	9.81	9.81	090	2	1	2	1	0
67031	A Laser surgery	7.65	5.70	090	2	1	1	0	0
67036	A Remove inner eye fluid	24.25	24.25	090	2	1	2	1	0
67038	A Strip retinal membrane	42.84	42.84	090	2	1	2	1	0
67039	A Laser treatment	29.53	29.53	090	2	1	2	1	0
67040	A Laser treatment	34.91	34.91	090	2	1	2	1	0
(50) Posterior segment, retina or choroid:									
67101	A Repair detached retina	15.20	11.20	090	2	1	1	0	0
67105	A Repair detached retina	16.00	11.58	090	2	1	1	0	0
67107	A Repair detached retina	29.84	29.84	090	2	1	2	1	0
67108	A Repair detached retina	41.99	41.99	090	2	1	2	1	0
67110	A Repair detached retina	17.89	17.89	090	2	1	1	0	0
67112	A Re–repair detached	31.73	31.73	090	2	1	2	1	0
67115	A Release, encircling	10.08	10.08	090	2	1	1	0	0
67120	A Remove eye implant	11.99	11.99	090	2	1	1	1	0
67121	A Remove eye implant	19.06	19.06	090	2	1	2	1	0
67141	A Treatment of retina	10.51	7.75	090	2	1	1	0	0
67145	A Treatment of retina	11.42	8.28	090	2	1	1	0	0
67208	A Treatment of retina	13.49	9.93	090	2	1	1	0	0
67210	A Treatment of retina	18.10	13.74	090	2	1	1	0	0
67218	A Treatment of retina	25.52	25.52	090	2	1	1	0	0
67227	A Treatment of retina	13.25	13.25	090	2	1	1	0	0
67228	A Treatment of retina	20.90	16.37	090	2	1	1	0	0
(51) Posterior segment, sclera:									
67250	A Reinforce eye	14.83	14.83	090	2	1	1	1	0
67255	A Reinforce/graft eye	18.02	18.02	090	2	1	2	1	0
(52) Posterior segment, other procedures:									
67299	C Eye surgery	0.00	0.00	YYY	2	1	0	1	1
(53) Ocular adnexa, extraocular muscles:									
67311	A Revise eye muscles	13.37	13.37	090	2	1	1	0	0
67312	A Revise two eye muscles	17.12	17.12	090	2	1	1	1	0
67314	A Revise eye muscles	15.14	15.14	090	2	1	1	0	0
67316	A Revise two eye muscles	19.06	19.06	090	2	1	0	0	0
67318	A Revise eye muscles	13.31	13.31	090	2	1	1	1	0
67320	A Revise eye muscle	17.45	17.45	090	2	1	1	0	0
67331	A Eye surgery	16.30	16.30	090	2	1	1	1	0
67332	A Re–revise eye muscle	18.03	18.03	090	2	1	2	1	0
67334	A Revise eye muscle	13.49	13.49	090	2	1	1	1	0
67335	A Eye suture	5.14	5.14	ZZZ	0	1	1	1	0
67340	A Revise eye muscle	16.78	16.78	090	2	1	2	0	0
67343	A Release eye tissue	12.48	12.48	090	2	1	2	1	0
67345	A Destroy nerve	4.97	3.90	010	2	1	1	0	0
67350	A Biopsy eye muscle	4.99	4.99	000	2	1	0	0	0
67399	C Eye muscle surgery	0.00	0.00	YYY	2	1	2	1	1
(54) Ocular adnexa, orbit:									
67400	A Explore/biopsy eye	19.58	19.58	090	2	1	2	1	0
67405	A Explore/drain eye	15.99	15.99	090	2	1	2	0	0

67412	A Explore/treat eye	19.09	19.09	090	2	1	2	1	0
67413	A Explore/treat eye	17.21	17.21	090	2	1	2	0	0
67414	A Explore/decompress eye	18.45	18.45	090	2	1	2	1	0
67415	A Aspirate orbital contents	3.54	3.54	000	2	1	0	0	0
67420	A Explore/treat eye	35.03	35.03	090	2	1	2	1	0
67430	A Explore/treat eye	22.74	22.74	090	2	1	2	0	0
67440	A Explore/drain eye	26.33	26.33	090	2	1	2	1	0
67445	A Explore/decompress eye	24.16	24.16	090	2	1	2	1	0
67450	A Explore/biopsy eye	27.10	27.10	090	2	1	2	1	0
67500	A Inject/treat eye	1.46	1.46	000	2	1	1	0	0
67505	A Inject/treat eye	1.78	1.21	000	2	1	1	0	0
67515	A Inject/treat eye	1.11	0.84	000	2	1	1	0	0
67550	A Insert eye socket	18.93	18.93	090	2	1	1	1	0
67560	A Revise eye socket	17.91	17.91	090	2	1	0	0	0
67570	A Decompress optic nerve	19.85	19.85	090	2	1	2	1	0
67599	C Orbit surgery procedure	0.00	0.00	YYY	2	1	2	1	1

(55) Ocular adnexa, eyelids:

67700	A Drainage of eyelid	1.72	1.48	010	2	1	1	0	0
67710	A Incision of eyelid	1.93	1.45	010	2	1	1	0	0
67715	A Incision of eyelid	2.45	2.45	010	2	1	1	0	0
67800	A Remove eyelid lesion	2.19	1.73	010	2	0	1	0	0
67801	A Remove eyelid lesion	3.09	2.42	010	2	0	1	0	0
67805	A Remove eyelid lesion	3.39	2.73	010	2	0	1	0	0
67808	A Remove eyelid lesion	5.58	5.58	090	2	0	1	0	0
67810	A Biopsy of eyelid	2.15	1.76	000	2	0	1	0	0
67820	A Revise eyelashes	1.19	1.00	000	2	0	1	0	0
67825	A Revise eyelashes	2.15	1.72	010	2	0	1	0	0
67830	A Revise eyelashes	3.68	3.44	010	2	0	1	0	0
67835	A Revise eyelashes	11.21	11.21	090	2	0	0	0	0
67840	A Remove eyelid lesion	3.07	2.48	010	2	0	1	0	0
67850	A Treat eyelid lesion	2.35	1.96	010	2	0	1	0	0
67875	A Closure of eyelid	2.96	2.74	000	2	0	1	0	0
67880	A Revision of eyelid	7.38	7.38	090	2	0	1	0	0
67882	A Revision of eyelid	10.20	10.20	090	2	0	1	0	0
67900	A Repair brow	9.34	9.34	090	2	0	1	0	0
67901	A Repair eyelid	14.09	14.09	090	2	1	1	0	0
67902	A Repair eyelid	14.25	14.25	090	2	1	2	1	0
67903	A Repair eyelid	12.96	12.96	090	2	1	1	1	0
67904	A Repair eyelid	12.73	12.73	090	2	1	1	1	0
67906	A Repair eyelid	11.64	11.64	090	2	1	1	0	0
67908	A Repair eyelid	10.40	10.40	090	2	1	1	0	0
67909	A Revise eyelid	10.90	10.90	090	2	1	1	0	0
67911	A Revise eyelid	10.82	10.82	090	2	1	1	0	0
67914	A Repair eyelid	7.47	7.47	090	2	1	1	0	0
67915	A Repair eyelid	4.13	3.53	090	2	1	1	0	0
67916	A Repair eyelid	10.67	10.67	090	2	1	1	0	0
67917	A Repair eyelid	12.12	12.12	090	2	1	1	0	0
67921	A Repair eyelid	6.81	6.81	090	2	1	1	0	0
67922	A Repair eyelid	3.97	3.39	090	2	1	1	0	0
67923	A Repair eyelid	11.80	11.80	090	2	1	1	0	0
67924	A Repair eyelid	11.65	11.65	090	2	1	1	0	0
67930	A Repair eyelid	4.55	3.93	010	2	0	1	0	0
67935	A Repair eyelid	9.44	9.44	090	2	0	1	0	0
67938	A Remove eyelid	1.73	1.48	010	2	0	1	0	0
67950	A Revision of eyelid	11.71	11.71	090	2	0	2	1	0
67961	A Revision of eyelid	11.49	11.49	090	2	0	0	0	0
67966	A Revision of eyelid	13.31	13.31	090	2	0	1	0	0
67971	A Reconstruction of eyelid	19.56	19.56	090	2	0	2	1	0
67973	A Reconstruction of eyelid	25.26	25.26	090	2	0	2	1	0

67974	A Reconstruction of eyelid	25.73	25.73	090	2	0	2	1	0
67975	A Reconstruction of eyelid	12.43	12.43	090	2	0	1	0	0
67999	C Revision of eyelid	0.00	0.00	YYY	2	0	0	1	1
(56) Conjunctiva, incision and drainage:									
68020	A Incise/drain eye	1.75	1.51	010	2	0	1	0	0
68040	A Treatment of eye	1.22	1.00	000	2	0	1	0	0
(57) Conjunctiva, excision and/or drainage:									
68100	A Biopsy of eyelid	2.21	1.74	000	2	0	1	0	0
68110	A Remove eyelid lesion	2.84	2.24	010	2	0	1	0	0
68115	A Remove eyelid lesion	4.07	4.07	010	2	0	1	0	0
68130	A Remove eyelid lesion	8.55	8.55	090	2	0	1	0	0
68135	A Remove eyelid lesion	2.41	2.05	010	2	0	1	0	0
(58) Conjunctiva, injection:									
68200	A Treat eyelid	0.96	0.71	000	2	1	1	0	0
(59) Conjunctiva, conjunctivoplasty:									
68320	A Revise/graft eyelid	10.82	10.82	090	2	0	1	1	0
68325	A Revise/graft eyelid	14.85	14.85	090	2	0	1	1	0
68326	A Revise/graft eyelid	14.36	14.36	090	2	0	1	0	0
68328	A Revise/graft eyelid	16.57	16.57	090	2	0	0	0	0
68330	A Revise eyelid	9.71	9.71	090	2	0	0	0	0
68335	A Revise/graft eyelid	14.54	14.54	090	2	0	1	1	0
68340	A Separate eyelid	6.91	6.91	090	2	0	0	0	0
(60) Conjunctiva, other procedures:									
68360	A Revise eyelid	8.80	8.80	090	2	0	1	0	0
68362	A Revise eyelid	14.63	14.63	090	2	0	1	1	0
68399	C Eyelid lining surgery	0.00	0.00	YYY	2	0	0	1	1
(61) Conjunctiva, lacrimal system:									
68400	A Incise/drain tear duct	2.53	2.05	010	2	0	1	0	0
68420	A Incise/drain tear duct	3.11	2.61	010	2	0	1	0	0
68440	A Incise tear duct	1.61	1.24	010	2	0	1	0	0
68500	A Removal of tear duct	17.77	17.77	090	2	0	1	0	0
68505	A Partial removal	18.60	18.60	090	2	0	1	0	0
68510	A Biopsy of tear duct	7.90	7.90	000	2	0	0	0	0
68520	A Removal of tear duct	15.08	15.08	090	2	0	0	0	0
68525	A Biopsy of tear duct	7.70	7.70	000	2	0	1	1	0
68530	A Clearance of tear duct	6.17	4.79	010	2	0	1	0	0
68540	A Remove tear gland	17.93	17.93	090	2	0	1	1	0
68550	A Remove tear gland	23.40	23.40	090	2	0	1	0	0
68700	A Repair tear duct	8.67	8.67	090	2	0	1	0	0
68705	A Revise tear duct	2.88	2.39	010	2	0	1	0	0
68720	A Create tear sac	18.05	18.05	090	2	0	2	1	0
68745	A Create tear duct	14.42	14.42	090	2	0	2	1	0
68750	A Create tear duct	17.53	17.53	090	2	0	2	1	0
68760	A Close tear duct	2.48	2.04	010	2	1	1	0	0
68761	A Close tear duct	2.15	1.70	010	2	1	0	0	0
68770	A Close tear system	10.60	8.55	090	2	0	0	0	0
68801	A Dilate tear duct	1.27	1.07	010	2	1	1	0	0
68810	A Probe nasolacrimal duct	2.27	2.01	010	2	1	1	0	0
68811	A Probe nasolacrimal duct	3.62	3.62	010	2	1	1	0	0
68815	A Probe nasolacrimal duct	4.82	3.89	010	2	1	1	0	0
68840	A Explore/irrigate	1.62	1.39	010	2	0	1	0	0
68850	A Injection	1.24	1.24	000	2	0	1	0	0

68899	C Tear duct system surgery	0.00	0.00	YYY	2	0	0	1	1
(62) External ear, incision:									
69000	A Drain external ear	1.67	1.50	010	2	0	1	0	0
69005	A Drain external ear	3.11	2.55	010	2	0	1	0	0
69020	A Drain outer ear	1.80	1.58	010	2	0	1	0	0
69090	N Pierce earlobes	0.00	0.00	XXX	9	9	9	9	9
(63) External ear, excision:									
69100	A Biopsy of external ear	1.41	1.09	000	2	0	1	0	0
69105	A Biopsy of external ear	1.59	1.21	000	2	0	1	0	0
69110	A Partial removal	5.87	5.87	090	2	0	1	0	0
69120	A Removal of external ear	4.47	4.47	090	2	0	1	0	0
69140	A Remove ear canal	15.45	15.45	090	2	0	0	0	0
69145	A Remove ear canal	4.96	4.96	090	2	0	1	0	0
69150	A Extensive ear canal	22.99	22.99	090	2	0	2	1	0
69155	A Extensive ear/neck	35.15	35.15	090	2	0	2	1	0
(64) External ear, removal of foreign body:									
69200	A Clear outer ear	1.13	0.92	000	2	0	1	0	0
69205	A Clear outer ear	2.18	2.18	010	2	0	1	0	0
69210	A Remove impacted cerumen	0.79	0.68	000	2	2	1	0	0
69220	A Clean out mastoid	1.26	1.02	000	2	1	1	0	0
69222	A Clean out mastoid	2.03	1.67	010	2	1	1	0	0
(65) External ear, repair:									
69300	R Revise external ear	11.05	11.05	YYY	0	0	0	0	0
69310	A Rebuild outer ear	19.90	19.90	090	2	0	1	0	0
69320	A Rebuild outer ear	30.46	30.46	090	2	0	2	0	0
(66) External ear, other procedures:									
69399	C Outer ear surgery	0.00	0.00	YYY	2	0	0	1	1
(67) Middle ear, introduction:									
69400	A Inflate middle ear	1.22	1.00	000	2	0	1	0	0
69401	A Inflate middle ear	0.83	0.71	000	2	0	1	0	0
69405	A Catheterize middle ear	2.87	2.64	010	2	0	0	0	0
69410	A Inset middle ear	0.92	0.63	000	2	0	0	0	0
(68) Middle ear, incision:									
69420	A Incision of ear	1.92	1.58	010	2	1	1	0	0
69421	A Incision of ear	2.74	2.74	010	2	1	1	0	0
69424	A Remove ventilation	1.38	1.09	000	2	1	1	0	0
69433	A Create eardrum	2.75	2.10	010	2	1	1	0	0
69436	A Create eardrum	3.96	3.96	010	2	1	1	0	0
69440	A Exploration of ear	15.43	15.43	090	2	0	1	0	0
69450	A Eardrum revision	11.61	11.61	090	2	0	0	0	0
(69) Middle ear, excision:									
69501	A Simple mastoidectomy	18.52	18.52	090	2	0	1	0	0
69502	A Complete mastoidectomy	24.94	24.94	090	2	0	0	0	0
69505	A Remove mastoid	26.58	26.58	090	2	0	0	0	0
69511	A Extensive mastoid	27.65	27.65	090	2	0	0	0	0
69530	A Extensive mastoid	34.51	34.51	090	2	0	2	0	0
69535	A Remove part of bone	58.79	58.79	090	2	0	2	1	0
69540	A Remove ear lesion	2.39	1.78	010	2	0	1	0	0
69550	A Remove ear lesion	22.76	22.76	090	2	0	2	0	0

69552	A Remove ear lesion	34.85	34.85	090	2	0	2	0	0
69554	A Remove ear lesion	53.65	53.65	090	2	0	2	1	0

(70) Middle ear, repair:

69601	A Mastoid surgery	26.42	26.42	090	2	0	0	0	0
69602	A Mastoid surgery	27.72	27.72	090	2	0	0	0	0
69603	A Mastoid surgery	28.66	28.66	090	2	0	0	0	0
69604	A Mastoid surgery	29.11	29.11	090	2	0	2	0	0
69605	A Mastoid surgery	32.25	32.25	090	2	0	2	0	0
69610	A Repair eardrum	4.98	4.53	010	2	0	1	0	0
69620	A Repair eardrum	12.25	12.25	090	2	0	1	0	0
69631	A Repair eardrum	20.32	20.32	090	2	0	1	0	0
69632	A Rebuild eardrum	26.08	26.08	090	2	0	1	0	0
69633	A Rebuild eardrum	24.82	24.82	090	2	0	1	0	0
69635	A Repair eardrum	27.32	27.32	090	2	0	1	0	0
69636	A Rebuild eardrum	31.15	31.15	090	2	0	0	0	0
69637	A Rebuild eardrum	31.00	31.00	090	2	0	0	0	0
69641	A Revise middle ear	26.07	26.07	090	2	0	1	0	0
69642	A Revise middle ear	34.40	34.40	090	2	0	1	0	0
69643	A Revise middle ear	31.57	31.57	090	2	0	1	0	0
69644	A Revise middle ear	34.93	34.93	090	2	0	1	0	0
69645	A Revise middle ear	33.66	33.66	090	2	0	1	0	0
69646	A Revise middle ear	36.77	36.77	090	2	0	0	0	0
69650	A Release middle ear	19.77	19.77	090	2	0	1	0	0
69660	A Revise middle ear	24.45	24.45	090	2	0	1	0	0
69661	A Revise middle ear	32.07	32.07	090	2	0	0	0	0
69662	A Revise middle ear	31.49	31.49	090	2	0	1	0	0
69666	A Repair middle ear	20.19	20.19	090	2	0	0	0	0
69667	A Repair middle ear	20.15	20.15	090	2	0	0	0	0
69670	A Remove mastoid	20.88	20.88	090	2	0	2	0	0
69676	A Remove middle ear	17.36	17.36	090	2	1	1	0	0

(71) Middle ear, other procedures:

69700	A Close mastoid fistula	15.53	15.53	090	2	0	1	0	0
69710	N Implant/replace hearing	0.00	0.00	XXX	9	9	9	9	9
69711	A Remove/repair hearing	17.87	17.87	090	2	0	2	0	0
69720	A Release facial nerve	29.59	29.59	090	2	0	0	1	0
69725	A Release facial nerve	38.02	38.02	090	2	0	2	0	0
69740	A Repair facial nerve	26.85	26.85	090	2	0	2	0	0
69745	A Repair facial nerve	31.40	31.40	090	2	0	2	0	0
69799	C Middle ear surgery	0.00	0.00	YYY	2	0	0	1	1

(72) Inner ear, incision and/or destruction:

69801	A Incise inner ear	17.88	17.88	090	2	0	0	0	0
69802	A Incise inner ear	23.42	23.42	090	2	0	2	0	0
69805	A Explore inner ear	26.34	26.34	090	2	0	2	0	0
69806	A Explore inner ear	25.74	25.74	090	2	0	1	0	0
69820	A Establish inner ear	18.49	18.49	090	2	0	2	0	0
69840	A Revise inner ear	17.80	17.80	090	2	0	2	0	0

(73) Inner ear, excision:

69905	A Remove inner ear	23.01	23.01	090	2	0	1	0	0
69910	A Remove inner ear	28.14	28.14	090	2	0	0	0	0
69915	A Incise inner ear	37.49	37.49	090	2	0	2	1	0

(74) Inner ear, introduction:											
69930		A Implant cochlea	34.96	34.96	090	2	0	0	0	0
(75) Inner ear, other procedures:											
69949		C Inner ear surgery	0.00	0.00	YYY	2	0	0	1	1
(76) Temporal bone, middle fossa approach:											
69950		A Incise inner ear	41.93	41.93	090	2	0	2	1	0
69955		A Release facial nerve	45.38	45.38	090	2	0	2	1	0
69960		A Release inner ear	42.85	42.85	090	2	0	2	1	0
69970		A Remove inner ear	47.54	47.54	090	2	0	2	1	0
(77) Temporal bone, middle fossa approach, other procedures:											
69979		C Temporal bone surgery	0.00	0.00	YYY	2	0	0	1	1

F. Procedure code numbers 70010 to 79999 relate to radiology procedures.

1	2	3	4	5	6	7	8	9	10	11	12
(1) Diagnostic radiology, head and neck:											
70010			A Contrast x-ray	5.76	5.76	XXX	0	0	0	0	0
70010	26		A Contrast x-ray	1.63	1.63	XXX	0	0	0	0	0
70010	TC		A Contrast x-ray	4.13	4.13	XXX	0	0	0	0	0
70015			A Contrast x-ray	2.92	2.92	XXX	0	0	0	0	0
70015	26		A Contrast x-ray	1.63	1.63	XXX	0	0	0	0	0
70015	TC		A Contrast x-ray	1.30	1.30	XXX	0	0	0	0	0
70030			A X-ray eye, foreign body	0.64	0.64	XXX	0	3	0	0	0
70030	26		A X-ray eye, foreign body	0.24	0.24	XXX	0	3	0	0	0
70030	TC		A X-ray eye, foreign body	0.40	0.40	XXX	0	3	0	0	0
70100			A X-ray exam of jaw	0.76	0.76	XXX	0	0	0	0	0
70100	26		A X-ray exam of jaw	0.26	0.26	XXX	0	0	0	0	0
70100	TC		A X-ray exam of jaw	0.50	0.50	XXX	0	0	0	0	0
70110			A X-ray exam of jaw	0.95	0.95	XXX	0	0	0	0	0
70110	26		A X-ray exam of jaw	0.35	0.35	XXX	0	0	0	0	0
70110	TC		A X-ray exam of jaw	0.59	0.59	XXX	0	0	0	0	0
70120			A X-ray exam of mastoids	0.85	0.85	XXX	0	3	0	0	0
70120	26		A X-ray exam of mastoids	0.26	0.26	XXX	0	3	0	0	0
70120	TC		A X-ray exam of mastoids	0.59	0.59	XXX	0	3	0	0	0
70130			A X-ray exam of mastoids	1.23	1.23	XXX	0	3	0	0	0
70130	26		A X-ray exam of mastoids	0.47	0.47	XXX	0	3	0	0	0
70130	TC		A X-ray exam of mastoids	0.75	0.75	XXX	0	3	0	0	0
70134			A X-ray exam of meati	1.18	1.18	XXX	0	0	0	0	0
70134	26		A X-ray exam of meati	0.47	0.47	XXX	0	0	0	0	0
70134	TC		A X-ray exam of meati	0.70	0.70	XXX	0	0	0	0	0
70140			A X-ray exam, facial bones	0.86	0.86	XXX	0	0	0	0	0
70140	26		A X-ray exam, facial bones	0.26	0.26	XXX	0	0	0	0	0
70140	TC		A X-ray exam, facial bones	0.59	0.59	XXX	0	0	0	0	0
70150			A X-ray exam, facial bones	1.12	1.12	XXX	0	0	0	0	0
70150	26		A X-ray exam, facial bones	0.36	0.36	XXX	0	0	0	0	0
70150	TC		A X-ray exam, facial bones	0.75	0.75	XXX	0	0	0	0	0
70160			A X-ray exam, nasal bones	0.74	0.74	XXX	0	0	0	0	0
70160	26		A X-ray exam, nasal bones	0.24	0.24	XXX	0	0	0	0	0
70160	TC		A X-ray exam, nasal bones	0.50	0.50	XXX	0	0	0	0	0
70170			A X-ray exam of tear duct	1.32	1.32	XXX	0	0	0	0	0
70170	26		A X-ray exam of tear duct	0.42	0.42	XXX	0	0	0	0	0
70170	TC		A X-ray exam of tear duct	0.90	0.90	XXX	0	0	0	0	0
70190			A X-ray exam of eye	0.88	0.88	XXX	0	3	0	0	0
70190	26		A X-ray exam of eye	0.29	0.29	XXX	0	3	0	0	0

70190	TC	A	X–ray exam of eye	0.59	0.59	XXX	0	3	0	0	0
70200		A	X–ray exam of eye	1.14	1.14	XXX	0	0	0	0	0
70200	26	A	X–ray exam of eye	0.39	0.39	XXX	0	0	0	0	0
70200	TC	A	X–ray exam of eye	0.75	0.75	XXX	0	0	0	0	0
70210		A	X–ray exam of sinuses	0.83	0.83	XXX	0	0	0	0	0
70210	26	A	X–ray exam of sinuses	0.24	0.24	XXX	0	0	0	0	0
70210	TC	A	X–ray exam of sinuses	0.59	0.59	XXX	0	0	0	0	0
70220		A	X–ray exam of sinuses	1.11	1.11	XXX	0	0	0	0	0
70220	26	A	X–ray exam of sinuses	0.35	0.35	XXX	0	0	0	0	0
70220	TC	A	X–ray exam of sinuses	0.75	0.75	XXX	0	0	0	0	0
70240		A	X–ray exam, pituitary	0.67	0.67	XXX	0	0	0	0	0
70240	26	A	X–ray exam, pituitary	0.26	0.26	XXX	0	0	0	0	0
70240	TC	A	X–ray exam, pituitary	0.40	0.40	XXX	0	0	0	0	0
70250		A	X–ray exam of skull	0.93	0.93	XXX	0	0	0	0	0
70250	26	A	X–ray exam of skull	0.34	0.34	XXX	0	0	0	0	0
70250	TC	A	X–ray exam of skull	0.59	0.59	XXX	0	0	0	0	0
70260		A	X–ray exam of skull	1.33	1.33	XXX	0	0	0	0	0
70260	26	A	X–ray exam of skull	0.47	0.47	XXX	0	0	0	0	0
70260	TC	A	X–ray exam of skull	0.85	0.85	XXX	0	0	0	0	0
70300		A	X–ray exam of teeth	0.40	0.40	XXX	0	0	0	0	0
70300	26	A	X–ray exam of teeth	0.14	0.14	XXX	0	0	0	0	0
70300	TC	A	X–ray exam of teeth	0.25	0.25	XXX	0	0	0	0	0
70310		A	X–ray exam of teeth	0.62	0.62	XXX	0	0	0	0	0
70310	26	A	X–ray exam of teeth	0.22	0.22	XXX	0	0	0	0	0
70310	TC	A	X–ray exam of teeth	0.40	0.40	XXX	0	0	0	0	0
70320		A	Full mouth x–ray	1.06	1.06	XXX	0	0	0	0	0
70320	26	A	Full mouth x–ray	0.31	0.31	XXX	0	0	0	0	0
70320	TC	A	Full mouth x–ray	0.75	0.75	XXX	0	0	0	0	0
70328		A	X–ray exam of jaw	0.73	0.73	XXX	0	0	0	0	0
70328	26	A	X–ray exam of jaw	0.26	0.26	XXX	0	0	0	0	0
70328	TC	A	X–ray exam of jaw	0.47	0.47	XXX	0	0	0	0	0
70330		A	X–ray exam of jaw	1.14	1.14	XXX	0	2	0	0	0
70330	26	A	X–ray exam of jaw	0.34	0.34	XXX	0	2	0	0	0
70330	TC	A	X–ray exam of jaw	0.80	0.80	XXX	0	2	0	0	0
70332		A	X–ray exam of jaw	2.76	2.76	XXX	0	3	0	0	0
70332	26	A	X–ray exam of jaw	0.75	0.75	XXX	0	3	0	0	0
70332	TC	A	X–ray exam of jaw	2.00	2.00	XXX	0	3	0	0	0
70336		A	Magnetic image	12.48	12.48	XXX	0	3	0	0	0
70336	26	A	Magnetic image	1.79	1.79	XXX	0	3	0	0	0
70336	TC	A	Magnetic image	10.69	10.69	XXX	0	3	0	0	0
70350		A	X–ray head for teeth	0.60	0.60	XXX	0	0	0	0	0
70350	26	A	X–ray head for teeth	0.24	0.24	XXX	0	0	0	0	0
70350	TC	A	X–ray head for teeth	0.36	0.36	XXX	0	0	0	0	0
70355		A	Panoramic x–ray	0.82	0.82	XXX	0	0	0	0	0
70355	26	A	Panoramic x–ray	0.27	0.27	XXX	0	0	0	0	0
70355	TC	A	Panoramic x–ray	0.54	0.54	XXX	0	0	0	0	0
70360		A	X–ray exam of neck	0.64	0.64	XXX	0	0	0	0	0
70360	26	A	X–ray exam of neck	0.24	0.24	XXX	0	0	0	0	0
70360	TC	A	X–ray exam of neck	0.40	0.40	XXX	0	0	0	0	0
70370		A	Throat x–ray	1.69	1.69	XXX	0	0	0	0	0
70370	26	A	Throat x–ray	0.45	0.45	XXX	0	0	0	0	0
70370	TC	A	Throat x–ray	1.24	1.24	XXX	0	0	0	0	0
70371		A	Speech evaluation	3.17	3.17	XXX	0	0	0	0	0
70371	26	A	Speech evaluation	1.16	1.16	XXX	0	0	0	0	0
70371	TC	A	Speech evaluation	2.00	2.00	XXX	0	0	0	0	0
70373		A	Contrast x–ray	2.31	2.31	XXX	0	0	0	0	0
70373	26	A	Contrast x–ray	0.61	0.61	XXX	0	0	0	0	0
70373	TC	A	Contrast x–ray	1.70	1.70	XXX	0	0	0	0	0
70380		A	X–ray exam of salivary	0.88	0.88	XXX	0	0	0	0	0
70380	26	A	X–ray exam of salivary	0.24	0.24	XXX	0	0	0	0	0

70380	TC	A	X–ray exam of salivary	0.64	0.64	XXX	0	0	0	0	0
70390		A	X–ray exam of salivary	2.23	2.23	XXX	0	0	0	0	0
70390	26	A	X–ray exam of salivary	0.53	0.53	XXX	0	0	0	0	0
70390	TC	A	X–ray exam of salivary	1.70	1.70	XXX	0	0	0	0	0
70450		A	CAT scan of head	5.68	5.68	XXX	0	0	0	0	0
70450	26	A	CAT scan of head	1.17	1.17	XXX	0	0	0	0	0
70450	TC	A	CAT scan of head	4.51	4.51	XXX	0	0	0	0	0
70460		A	Contrast CAT scan	6.95	6.95	XXX	0	0	0	0	0
70460	26	A	Contrast CAT scan	1.55	1.55	XXX	0	0	0	0	0
70460	TC	A	Contrast CAT scan	5.40	5.40	XXX	0	0	0	0	0
70470		A	Contrast CAT scan	8.49	8.49	XXX	0	0	0	0	0
70470	26	A	Contrast CAT scan	1.74	1.74	XXX	0	0	0	0	0
70470	TC	A	Contrast CAT scan	6.75	6.75	XXX	0	0	0	0	0
70480		A	CAT scan of skull	6.27	6.27	XXX	0	0	0	0	0
70480	26	A	CAT scan of skull	1.76	1.76	XXX	0	0	0	0	0
70480	TC	A	CAT scan of skull	4.51	4.51	XXX	0	0	0	0	0
70481		A	Contrast CAT scan	7.29	7.29	XXX	0	0	0	0	0
70481	26	A	Contrast CAT scan	1.89	1.89	XXX	0	0	0	0	0
70481	TC	A	Contrast CAT scan	5.40	5.40	XXX	0	0	0	0	0
70482		A	Contrast CAT scan	8.74	8.74	XXX	0	0	0	0	0
70482	26	A	Contrast CAT scan	1.99	1.99	XXX	0	0	0	0	0
70482	TC	A	Contrast CAT scan	6.75	6.75	XXX	0	0	0	0	0
70486		A	CAT scan of face	6.07	6.07	XXX	0	0	0	0	0
70486	26	A	CAT scan of face	1.56	1.56	XXX	0	0	0	0	0
70486	TC	A	CAT scan of face	4.51	4.51	XXX	0	0	0	0	0
70487		A	Contrast CAT scan	7.18	7.18	XXX	0	0	0	0	0
70487	26	A	Contrast CAT scan	1.78	1.78	XXX	0	0	0	0	0
70487	TC	A	Contrast CAT scan	5.40	5.40	XXX	0	0	0	0	0
70488		A	Contrast CAT scan	8.70	8.70	XXX	0	0	0	0	0
70488	26	A	Contrast CAT scan	1.95	1.95	XXX	0	0	0	0	0
70488	TC	A	Contrast CAT scan	6.75	6.75	XXX	0	0	0	0	0
70490		A	CAT scan of neck	6.27	6.27	XXX	0	0	0	0	0
70490	26	A	CAT scan of neck	1.76	1.76	XXX	0	0	0	0	0
70490	TC	A	CAT scan of neck	4.51	4.51	XXX	0	0	0	0	0
70491		A	Contrast CAT scan	7.29	7.29	XXX	0	0	0	0	0
70491	26	A	Contrast CAT scan	1.89	1.89	XXX	0	0	0	0	0
70491	TC	A	Contrast CAT scan	5.40	5.40	XXX	0	0	0	0	0
70492		A	Contrast CAT scan	8.74	8.74	XXX	0	0	0	0	0
70492	26	A	Contrast CAT scan	1.99	1.99	XXX	0	0	0	0	0
70492	TC	A	Contrast CAT scan	6.75	6.75	XXX	0	0	0	0	0
70540		A	Magnetic image	12.72	12.72	XXX	0	0	0	0	0
70540	26	A	Magnetic image	2.04	2.04	XXX	0	0	0	0	0
70540	TC	A	Magnetic image	10.69	10.69	XXX	0	0	0	0	0
70541		R	Magnetic image	13.02	13.02	XXX	0	0	0	0	0
70541	26	R	Magnetic image	2.34	2.34	XXX	0	0	0	0	0
70541	TC	R	Magnetic image	10.69	10.69	XXX	0	0	0	0	0
70551		A	Magnetic image	12.72	12.72	XXX	0	0	0	0	0
70551	26	A	Magnetic image	2.04	2.04	XXX	0	0	0	0	0
70551	TC	A	Magnetic image	10.69	10.69	XXX	0	0	0	0	0
70552		A	Magnetic image	15.28	15.28	XXX	0	0	0	0	0
70552	26	A	Magnetic image	2.45	2.45	XXX	0	0	0	0	0
70552	TC	A	Magnetic image	12.82	12.82	XXX	0	0	0	0	0
70553		A	Magnetic image	27.00	27.00	XXX	0	0	0	0	0
70553	26	A	Magnetic image	3.26	3.26	XXX	0	0	0	0	0
70553	TC	A	Magnetic image	23.73	23.73	XXX	0	0	0	0	0

(2) Diagnostic radiology, chest:

71010		A	Chest x–ray	0.70	0.70	XXX	0	0	0	0	0
71010	26	A	Chest x–ray	0.25	0.25	XXX	0	0	0	0	0
71010	TC	A	Chest x–ray	0.45	0.45	XXX	0	0	0	0	0

71015		A X-ray exam of chest	0.79	0.79	XXX	0	0	0	0	0
71015	26	A X-ray exam of chest	0.29	0.29	XXX	0	0	0	0	0
71015	TC	A X-ray exam of chest	0.50	0.50	XXX	0	0	0	0	0
71020		A Chest x-ray	0.89	0.89	XXX	0	0	0	0	0
71020	26	A Chest x-ray	0.30	0.30	XXX	0	0	0	0	0
71020	TC	A Chest x-ray	0.59	0.59	XXX	0	0	0	0	0
71021		A Chest x-ray	1.08	1.08	XXX	0	0	0	0	0
71021	26	A Chest x-ray	0.37	0.37	XXX	0	0	0	0	0
71021	TC	A Chest x-ray	0.70	0.70	XXX	0	0	0	0	0
71022		A Chest x-ray	1.13	1.13	XXX	0	0	0	0	0
71022	26	A Chest x-ray	0.43	0.43	XXX	0	0	0	0	0
71022	TC	A Chest x-ray	0.70	0.70	XXX	0	0	0	0	0
71023		A Chest x-ray	1.28	1.28	XXX	0	0	0	0	0
71023	26	A Chest x-ray	0.53	0.53	XXX	0	0	0	0	0
71023	TC	A Chest x-ray	0.75	0.75	XXX	0	0	0	0	0
71030		A Chest x-ray	1.18	1.18	XXX	0	0	0	0	0
71030	26	A Chest x-ray	0.43	0.43	XXX	0	0	0	0	0
71030	TC	A Chest x-ray	0.75	0.75	XXX	0	0	0	0	0
71034		A Chest x-ray	2.01	2.01	XXX	0	0	0	0	0
71034	26	A Chest x-ray	0.64	0.64	XXX	0	0	0	0	0
71034	TC	A Chest x-ray	1.37	1.37	XXX	0	0	0	0	0
71035		A Chest x-ray	0.75	0.75	XXX	0	0	0	0	0
71035	26	A Chest x-ray	0.25	0.25	XXX	0	0	0	0	0
71035	TC	A Chest x-ray	0.50	0.50	XXX	0	0	0	0	0
71036		A X-ray guidance	2.26	2.26	XXX	0	0	0	0	0
71036	26	A X-ray guidance	0.75	0.75	XXX	0	0	0	0	0
71036	TC	A X-ray guidance	1.50	1.50	XXX	0	0	0	0	0
71038		A X-ray guidance	2.36	2.36	XXX	0	0	0	0	0
71038	26	A X-ray guidance	0.75	0.75	XXX	0	0	0	0	0
71038	TC	A X-ray guidance	1.61	1.61	XXX	0	0	0	0	0
71040		A Contrast x-ray	2.20	2.20	XXX	0	0	0	0	0
71040	26	A Contrast x-ray	0.81	0.81	XXX	0	0	0	0	0
71040	TC	A Contrast x-ray	1.39	1.39	XXX	0	0	0	0	0
71060		A Contrast x-ray	3.13	3.13	XXX	0	2	0	0	0
71060	26	A Contrast x-ray	1.03	1.03	XXX	0	2	0	0	0
71060	TC	A Contrast x-ray	2.11	2.11	XXX	0	2	0	0	0
71090		A X-ray and pacemaker	2.36	2.36	XXX	0	0	0	0	0
71090	26	A X-ray and pacemaker	0.75	0.75	XXX	0	0	0	0	0
71090	TC	A X-ray and pacemaker	1.61	1.61	XXX	0	0	0	0	0
71100		A X-ray exam of ribs	0.85	0.85	XXX	0	0	0	0	0
71100	26	A X-ray exam of ribs	0.31	0.31	XXX	0	0	0	0	0
71100	TC	A X-ray exam of ribs	0.54	0.54	XXX	0	0	0	0	0
71101		A X-ray exam of ribs	1.02	1.02	XXX	0	0	0	0	0
71101	26	A X-ray exam of ribs	0.38	0.38	XXX	0	0	0	0	0
71101	TC	A X-ray exam of ribs	0.64	0.64	XXX	0	0	0	0	0
71110		A X-ray exam of ribs	1.13	1.13	XXX	0	2	0	0	0
71110	26	A X-ray exam of ribs	0.38	0.38	XXX	0	2	0	0	0
71110	TC	A X-ray exam of ribs	0.75	0.75	XXX	0	2	0	0	0
71111		A X-ray exam of ribs	1.30	1.30	XXX	0	2	0	0	0
71111	26	A X-ray exam of ribs	0.45	0.45	XXX	0	2	0	0	0
71111	TC	A X-ray exam of ribs	0.85	0.85	XXX	0	2	0	0	0
71120		A X-ray exam of sternum	0.89	0.89	XXX	0	0	0	0	0
71120	26	A X-ray exam of sternum	0.27	0.27	XXX	0	0	0	0	0
71120	TC	A X-ray exam of sternum	0.62	0.62	XXX	0	0	0	0	0
71130		A X-ray exam of sternum	0.97	0.97	XXX	0	0	0	0	0
71130	26	A X-ray exam of sternum	0.30	0.30	XXX	0	0	0	0	0
71130	TC	A X-ray exam of sternum	0.67	0.67	XXX	0	0	0	0	0
71250		A CAT scan of chest	7.23	7.23	XXX	0	0	0	0	0
71250	26	A CAT scan of chest	1.59	1.59	XXX	0	0	0	0	0
71250	TC	A CAT scan of chest	5.64	5.64	XXX	0	0	0	0	0

71260		A Contrast CAT scan	8.45	8.45 XXX	0	0	0	0	0
71260	26	A Contrast CAT scan	1.70	1.70 XXX	0	0	0	0	0
71260	TC	A Contrast CAT scan	6.75	6.75 XXX	0	0	0	0	0
71270		A Contrast CAT scan	10.32	10.32 XXX	0	0	0	0	0
71270	26	A Contrast CAT scan	1.89	1.89 XXX	0	0	0	0	0
71270	TC	A Contrast CAT scan	8.43	8.43 XXX	0	0	0	0	0
71550		A Magnetic image	12.89	12.89 XXX	0	0	0	0	0
71550	26	A Magnetic image	2.21	2.21 XXX	0	0	0	0	0
71550	TC	A Magnetic image	10.69	10.69 XXX	0	0	0	0	0
71555		R Magnetic image	0.00	0.00 XXX	9	9	9	9	9
71555	26	R Magnetic image	0.00	0.00 XXX	9	9	9	9	9
71555	TC	R Magnetic image	0.00	0.00 XXX	9	9	9	9	9

(3) Diagnostic radiology, spine and pelvis:

72010		A X–ray exam of spine	1.60	1.60 XXX	0	0	0	0	0
72010	26	A X–ray exam of spine	0.62	0.62 XXX	0	0	0	0	0
72010	TC	A X–ray exam of spine	0.98	0.98 XXX	0	0	0	0	0
72020		A X–ray exam of spine	0.61	0.61 XXX	0	0	0	0	0
72020	26	A X–ray exam of spine	0.21	0.21 XXX	0	0	0	0	0
72020	TC	A X–ray exam of spine	0.40	0.40 XXX	0	0	0	0	0
72040		A X–ray exam of neck	0.87	0.87 XXX	0	0	0	0	0
72040	26	A X–ray exam of neck	0.30	0.30 XXX	0	0	0	0	0
72040	TC	A X–ray exam of neck	0.57	0.57 XXX	0	0	0	0	0
72050		A X–ray exam of neck	1.28	1.28 XXX	0	0	0	0	0
72050	26	A X–ray exam of neck	0.43	0.43 XXX	0	0	0	0	0
72050	TC	A X–ray exam of neck	0.85	0.85 XXX	0	0	0	0	0
72052		A X–ray exam of neck	1.58	1.58 XXX	0	0	0	0	0
72052	26	A X–ray exam of neck	0.50	0.50 XXX	0	0	0	0	0
72052	TC	A X–ray exam of neck	1.08	1.08 XXX	0	0	0	0	0
72069		A X–ray exam, thoracolumbar	0.77	0.77 XXX	0	0	0	0	0
72069	26	A X–ray exam, thoracolumbar	0.30	0.30 XXX	0	0	0	0	0
72069	TC	A X–ray exam, thoracolumbar	0.47	0.47 XXX	0	0	0	0	0
72070		A X–ray exam of thoracic	0.92	0.92 XXX	0	0	0	0	0
72070	26	A X–ray exam of thoracic	0.30	0.30 XXX	0	0	0	0	0
72070	TC	A X–ray exam of thoracic	0.62	0.62 XXX	0	0	0	0	0
72072		A X–ray exam of thoracic	1.01	1.01 XXX	0	0	0	0	0
72072	26	A X–ray exam of thoracic	0.30	0.30 XXX	0	0	0	0	0
72072	TC	A X–ray exam of thoracic	0.70	0.70 XXX	0	0	0	0	0
72074		A X–ray exam of thoracic	1.18	1.18 XXX	0	0	0	0	0
72074	26	A X–ray exam of thoracic	0.30	0.30 XXX	0	0	0	0	0
72074	TC	A X–ray exam of thoracic	0.87	0.87 XXX	0	0	0	0	0
72080		A X–ray exam, thoracolumbar	0.94	0.94 XXX	0	0	0	0	0
72080	26	A X–ray exam, thoracolumbar	0.30	0.30 XXX	0	0	0	0	0
72080	TC	A X–ray exam, thoracolumbar	0.64	0.64 XXX	0	0	0	0	0
72090		A X–ray exam, scoliosis	1.03	1.03 XXX	0	0	0	0	0
72090	26	A X–ray exam, scoliosis	0.39	0.39 XXX	0	0	0	0	0
72090	TC	A X–ray exam, scoliosis	0.64	0.64 XXX	0	0	0	0	0
72100		A X–ray exam of lumbar	0.94	0.94 XXX	0	0	0	0	0
72100	26	A X–ray exam of lumbar	0.30	0.30 XXX	0	0	0	0	0
72100	TC	A X–ray exam of lumbar	0.64	0.64 XXX	0	0	0	0	0
72110		A X–ray exam of lumbar	1.30	1.30 XXX	0	0	0	0	0
72110	26	A X–ray exam of lumbar	0.43	0.43 XXX	0	0	0	0	0
72110	TC	A X–ray exam of lumbar	0.87	0.87 XXX	0	0	0	0	0
72114		A X–ray exam of lumbar	1.63	1.63 XXX	0	0	0	0	0
72114	26	A X–ray exam of lumbar	0.50	0.50 XXX	0	0	0	0	0
72114	TC	A X–ray exam of lumbar	1.13	1.13 XXX	0	0	0	0	0
72120		A X–ray exam of lumbar	1.16	1.16 XXX	0	0	0	0	0
72120	26	A X–ray exam of lumbar	0.30	0.30 XXX	0	0	0	0	0
72120	TC	A X–ray exam of lumbar	0.85	0.85 XXX	0	0	0	0	0
72125		A CAT scan of neck	7.23	7.23 XXX	0	0	0	0	0

72125	26	A	CAT scan of neck	1.59	1.59	XXX	0	0	0	0	0
72125	TC	A	CAT scan of neck	5.64	5.64	XXX	0	0	0	0	0
72126		A	Contrast CAT scan	8.41	8.41	XXX	0	0	0	0	0
72126	26	A	Contrast CAT scan	1.66	1.66	XXX	0	0	0	0	0
72126	TC	A	Contrast CAT scan	6.75	6.75	XXX	0	0	0	0	0
72127		A	Contrast CAT scan	10.17	10.17	XXX	0	0	0	0	0
72127	26	A	Contrast CAT scan	1.74	1.74	XXX	0	0	0	0	0
72127	TC	A	Contrast CAT scan	8.43	8.43	XXX	0	0	0	0	0
72128		A	CAT scan of thoracic	7.23	7.23	XXX	0	0	0	0	0
72128	26	A	CAT scan of thoracic	1.59	1.59	XXX	0	0	0	0	0
72128	TC	A	CAT scan of thoracic	5.64	5.64	XXX	0	0	0	0	0
72129		A	Contrast CAT scan	8.41	8.41	XXX	0	0	0	0	0
72129	26	A	Contrast CAT scan	1.66	1.66	XXX	0	0	0	0	0
72129	TC	A	Contrast CAT scan	6.75	6.75	XXX	0	0	0	0	0
72130		A	Contrast CAT scan	10.17	10.17	XXX	0	0	0	0	0
72130	26	A	Contrast CAT scan	1.74	1.74	XXX	0	0	0	0	0
72130	TC	A	Contrast CAT scan	8.43	8.43	XXX	0	0	0	0	0
72131		A	CAT scan of low back	7.23	7.23	XXX	0	0	0	0	0
72131	26	A	CAT scan of low back	1.59	1.59	XXX	0	0	0	0	0
72131	TC	A	CAT scan of low back	5.64	5.64	XXX	0	0	0	0	0
72132		A	Contrast CAT scan	8.41	8.41	XXX	0	0	0	0	0
72132	26	A	Contrast CAT scan	1.66	1.66	XXX	0	0	0	0	0
72132	TC	A	Contrast CAT scan	6.75	6.75	XXX	0	0	0	0	0
72133		A	Contrast CAT scan	10.17	10.17	XXX	0	0	0	0	0
72133	26	A	Contrast CAT scan	1.74	1.74	XXX	0	0	0	0	0
72133	TC	A	Contrast CAT scan	8.43	8.43	XXX	0	0	0	0	0
72141		A	Magnetic image	12.89	12.89	XXX	0	0	0	0	0
72141	26	A	Magnetic image	2.21	2.21	XXX	0	0	0	0	0
72141	TC	A	Magnetic image	10.69	10.69	XXX	0	0	0	0	0
72142		A	Magnetic image	15.47	15.47	XXX	0	0	0	0	0
72142	26	A	Magnetic image	2.65	2.65	XXX	0	0	0	0	0
72142	TC	A	Magnetic image	12.82	12.82	XXX	0	0	0	0	0
72146		A	Magnetic image	14.07	14.07	XXX	0	0	0	0	0
72146	26	A	Magnetic image	2.21	2.21	XXX	0	0	0	0	0
72146	TC	A	Magnetic image	11.86	11.86	XXX	0	0	0	0	0
72147		A	Magnetic image	15.47	15.47	XXX	0	0	0	0	0
72147	26	A	Magnetic image	2.65	2.65	XXX	0	0	0	0	0
72147	TC	A	Magnetic image	12.82	12.82	XXX	0	0	0	0	0
72148		A	Magnetic image	13.90	13.90	XXX	0	0	0	0	0
72148	26	A	Magnetic image	2.04	2.04	XXX	0	0	0	0	0
72148	TC	A	Magnetic image	11.86	11.86	XXX	0	0	0	0	0
72149		A	Magnetic image	15.28	15.28	XXX	0	0	0	0	0
72149	26	A	Magnetic image	2.45	2.45	XXX	0	0	0	0	0
72149	TC	A	Magnetic image	12.82	12.82	XXX	0	0	0	0	0
72156		A	Magnetic image	27.27	27.27	XXX	0	0	0	0	0
72156	26	A	Magnetic image	3.54	3.54	XXX	0	0	0	0	0
72156	TC	A	Magnetic image	23.73	23.73	XXX	0	0	0	0	0
72157		A	Magnetic image	27.27	27.27	XXX	0	0	0	0	0
72157	26	A	Magnetic image	3.54	3.54	XXX	0	0	0	0	0
72157	TC	A	Magnetic image	23.73	23.73	XXX	0	0	0	0	0
72158		A	Magnetic image	27.00	27.00	XXX	0	0	0	0	0
72158	26	A	Magnetic image	3.26	3.26	XXX	0	0	0	0	0
72158	TC	A	Magnetic image	23.73	23.73	XXX	0	0	0	0	0
72159		N	Magnetic image	0.00	0.00	XXX	9	9	9	9	9
72159	26	N	Magnetic image	0.00	0.00	XXX	9	9	9	9	9
72159	TC	N	Magnetic image	0.00	0.00	XXX	9	9	9	9	9
72170		A	X–ray exam of pelvis	0.73	0.73	XXX	0	0	0	0	0
72170	26	A	X–ray exam of pelvis	0.23	0.23	XXX	0	0	0	0	0
72170	TC	A	X–ray exam of pelvis	0.50	0.50	XXX	0	0	0	0	0
72190		A	X–ray exam of pelvis	0.93	0.93	XXX	0	0	0	0	0

72190	26	A	X-ray exam of pelvis	0.29	0.29	XXX	0	0	0	0	0
72190	TC	A	X-ray exam of pelvis	0.64	0.64	XXX	0	0	0	0	0
72192		A	CAT scan of pelvis	7.13	7.13	XXX	0	0	0	0	0
72192	26	A	CAT scan of pelvis	1.49	1.49	XXX	0	0	0	0	0
72192	TC	A	CAT scan of pelvis	5.64	5.64	XXX	0	0	0	0	0
72193		A	Contrast CAT scan	8.11	8.11	XXX	0	0	0	0	0
72193	26	A	Contrast CAT scan	1.59	1.59	XXX	0	0	0	0	0
72193	TC	A	Contrast CAT scan	6.52	6.52	XXX	0	0	0	0	0
72194		A	Contrast CAT scan	9.75	9.75	XXX	0	0	0	0	0
72194	26	A	Contrast CAT scan	1.66	1.66	XXX	0	0	0	0	0
72194	TC	A	Contrast CAT scan	8.09	8.09	XXX	0	0	0	0	0
72196		A	Magnetic image	12.89	12.89	XXX	0	0	0	0	0
72196	26	A	Magnetic image	2.21	2.21	XXX	0	0	0	0	0
72196	TC	A	Magnetic image	10.69	10.69	XXX	0	0	0	0	0
72198		N	Magnetic image	0.00	0.00	XXX	9	9	9	9	9
72198	26	N	Magnetic image	0.00	0.00	XXX	9	9	9	9	9
72198	TC	N	Magnetic image	0.00	0.00	XXX	9	9	9	9	9
72200		A	X-ray exam of sacroiliac	0.74	0.74	XXX	0	0	0	0	0
72200	26	A	X-ray exam of sacroiliac	0.24	0.24	XXX	0	0	0	0	0
72200	TC	A	X-ray exam of sacroiliac	0.50	0.50	XXX	0	0	0	0	0
72202		A	X-ray exam of sacroiliac	0.86	0.86	XXX	0	0	0	0	0
72202	26	A	X-ray exam of sacroiliac	0.26	0.26	XXX	0	0	0	0	0
72202	TC	A	X-ray exam of sacroiliac	0.59	0.59	XXX	0	0	0	0	0
72220		A	X-ray exam of tailbone	0.78	0.78	XXX	0	0	0	0	0
72220	26	A	X-ray exam of tailbone	0.24	0.24	XXX	0	0	0	0	0
72220	TC	A	X-ray exam of tailbone	0.54	0.54	XXX	0	0	0	0	0
72240		A	Contrast x-ray	5.78	5.78	XXX	0	0	0	0	0
72240	26	A	Contrast x-ray	1.26	1.26	XXX	0	0	0	0	0
72240	TC	A	Contrast x-ray	4.53	4.53	XXX	0	0	0	0	0
72255		A	Contrast x-ray	5.39	5.39	XXX	0	0	0	0	0
72255	26	A	Contrast x-ray	1.26	1.26	XXX	0	0	0	0	0
72255	TC	A	Contrast x-ray	4.13	4.13	XXX	0	0	0	0	0
72265		A	Contrast x-ray	5.04	5.04	XXX	0	0	0	0	0
72265	26	A	Contrast x-ray	1.15	1.15	XXX	0	0	0	0	0
72265	TC	A	Contrast x-ray	3.89	3.89	XXX	0	0	0	0	0
72270		A	Contrast x-ray	7.64	7.64	XXX	0	0	0	0	0
72270	26	A	Contrast x-ray	1.83	1.83	XXX	0	0	0	0	0
72270	TC	A	Contrast x-ray	5.82	5.82	XXX	0	0	0	0	0
72285		A	X-ray of neck	9.15	9.15	XXX	0	0	0	0	0
72285	26	A	X-ray of neck	1.15	1.15	XXX	0	0	0	0	0
72285	TC	A	X-ray of neck	7.99	7.99	XXX	0	0	0	0	0
72295		A	X-ray of lower back	8.64	8.64	XXX	0	0	0	0	0
72295	26	A	X-ray of lower back	1.15	1.15	XXX	0	0	0	0	0
72295	TC	A	X-ray of lower back	7.49	7.49	XXX	0	0	0	0	0

(4) Diagnostic radiology, upper extremities:

73000		A	X-ray exam of clavicle	0.72	0.72	XXX	0	3	0	0	0
73000	26	A	X-ray exam of clavicle	0.22	0.22	XXX	0	3	0	0	0
73000	TC	A	X-ray exam of clavicle	0.50	0.50	XXX	0	3	0	0	0
73010		A	X-ray exam of scapula	0.74	0.74	XXX	0	3	0	0	0
73010	26	A	X-ray exam of scapula	0.24	0.24	XXX	0	3	0	0	0
73010	TC	A	X-ray exam of scapula	0.50	0.50	XXX	0	3	0	0	0
73020		A	X-ray exam of shoulder	0.66	0.66	XXX	0	3	0	0	0
73020	26	A	X-ray exam of shoulder	0.21	0.21	XXX	0	3	0	0	0
73020	TC	A	X-ray exam of shoulder	0.45	0.45	XXX	0	3	0	0	0
73030		A	X-ray exam of shoulder	0.79	0.79	XXX	0	3	0	0	0
73030	26	A	X-ray exam of shoulder	0.25	0.25	XXX	0	3	0	0	0
73030	TC	A	X-ray exam of shoulder	0.54	0.54	XXX	0	3	0	0	0
73040		A	Contrast x-ray	2.76	2.76	XXX	0	3	0	0	0
73040	26	A	Contrast x-ray	0.75	0.75	XXX	0	3	0	0	0

73040	TC	A	Contrast x–ray	2.00	2.00	XXX	0	3	0	0	0
73050		A	X–ray exam of shoulder	0.91	0.91	XXX	0	2	0	0	0
73050	26	A	X–ray exam of shoulder	0.27	0.27	XXX	0	2	0	0	0
73050	TC	A	X–ray exam of shoulder	0.64	0.64	XXX	0	2	0	0	0
73060		A	X–ray exam of humerus	0.78	0.78	XXX	0	3	0	0	0
73060	26	A	X–ray exam of humerus	0.24	0.24	XXX	0	3	0	0	0
73060	TC	A	X–ray exam of humerus	0.54	0.54	XXX	0	3	0	0	0
73070		A	X–ray exam of elbow	0.71	0.71	XXX	0	3	0	0	0
73070	26	A	X–ray exam of elbow	0.21	0.21	XXX	0	3	0	0	0
73070	TC	A	X–ray exam of elbow	0.50	0.50	XXX	0	3	0	0	0
73080		A	X–ray exam of elbow	0.78	0.78	XXX	0	3	0	0	0
73080	26	A	X–ray exam of elbow	0.24	0.24	XXX	0	3	0	0	0
73080	TC	A	X–ray exam of elbow	0.54	0.54	XXX	0	3	0	0	0
73085		A	Contrast x–ray	2.76	2.76	XXX	0	3	0	0	0
73085	26	A	Contrast x–ray	0.75	0.75	XXX	0	3	0	0	0
73085	TC	A	Contrast x–ray	2.00	2.00	XXX	0	3	0	0	0
73090		A	X–ray exam of forearm	0.72	0.72	XXX	0	3	0	0	0
73090	26	A	X–ray exam of forearm	0.22	0.22	XXX	0	3	0	0	0
73090	TC	A	X–ray exam of forearm	0.50	0.50	XXX	0	3	0	0	0
73092		A	X–ray exam of infant	0.69	0.69	XXX	0	3	0	0	0
73092	26	A	X–ray exam of infant	0.22	0.22	XXX	0	3	0	0	0
73092	TC	A	X–ray exam of infant	0.47	0.47	XXX	0	3	0	0	0
73100		A	X–ray exam of wrist	0.69	0.69	XXX	0	3	0	0	0
73100	26	A	X–ray exam of wrist	0.22	0.22	XXX	0	3	0	0	0
73100	TC	A	X–ray exam of wrist	0.47	0.47	XXX	0	3	0	0	0
73110		A	X–ray exam of wrist	0.75	0.75	XXX	0	3	0	0	0
73110	26	A	X–ray exam of wrist	0.24	0.24	XXX	0	3	0	0	0
73110	TC	A	X–ray exam of wrist	0.51	0.51	XXX	0	3	0	0	0
73115		A	Contrast x–ray	2.26	2.26	XXX	0	3	0	0	0
73115	26	A	Contrast x–ray	0.75	0.75	XXX	0	3	0	0	0
73115	TC	A	Contrast x–ray	1.50	1.50	XXX	0	3	0	0	0
73120		A	X–ray exam of hand	0.69	0.69	XXX	0	3	0	0	0
73120	26	A	X–ray exam of hand	0.22	0.22	XXX	0	3	0	0	0
73120	TC	A	X–ray exam of hand	0.47	0.47	XXX	0	3	0	0	0
73130		A	X–ray exam of hand	0.75	0.75	XXX	0	3	0	0	0
73130	26	A	X–ray exam of hand	0.24	0.24	XXX	0	3	0	0	0
73130	TC	A	X–ray exam of hand	0.51	0.51	XXX	0	3	0	0	0
73140		A	X–ray exam of fingers	0.58	0.58	XXX	0	3	0	0	0
73140	26	A	X–ray exam of fingers	0.18	0.18	XXX	0	3	0	0	0
73140	TC	A	X–ray exam of fingers	0.40	0.40	XXX	0	3	0	0	0
73200		A	CAT scan of arm	6.23	6.23	XXX	0	3	0	0	0
73200	26	A	CAT scan of arm	1.49	1.49	XXX	0	3	0	0	0
73200	TC	A	CAT scan of arm	4.73	4.73	XXX	0	3	0	0	0
73201		A	Contrast CAT scan	7.23	7.23	XXX	0	3	0	0	0
73201	26	A	Contrast CAT scan	1.59	1.59	XXX	0	3	0	0	0
73201	TC	A	Contrast CAT scan	5.64	5.64	XXX	0	3	0	0	0
73202		A	Contrast CAT scan	8.75	8.75	XXX	0	3	0	0	0
73202	26	A	Contrast CAT scan	1.66	1.66	XXX	0	3	0	0	0
73202	TC	A	Contrast CAT scan	7.09	7.09	XXX	0	3	0	0	0
73220		A	Magnetic image	12.72	12.72	XXX	0	3	0	0	0
73220	26	A	Magnetic image	2.04	2.04	XXX	0	3	0	0	0
73220	TC	A	Magnetic image	10.69	10.69	XXX	0	3	0	0	0
73221		A	Magnetic image	12.48	12.48	XXX	0	3	0	0	0
73221	26	A	Magnetic image	1.79	1.79	XXX	0	3	0	0	0
73221	TC	A	Magnetic image	10.69	10.69	XXX	0	3	0	0	0
73225		N	Magnetic image	0.00	0.00	XXX	9	9	9	9	9
73225	26	N	Magnetic image	0.00	0.00	XXX	9	9	9	9	9
73225	TC	N	Magnetic image	0.00	0.00	XXX	9	9	9	9	9

(5) Diagnostic radiology, lower extremities:

73500		A X-ray exam of hip	0.69	0.69	XXX	0	0	0	0	0
73500	26	A X-ray exam of hip	0.24	0.24	XXX	0	0	0	0	0
73500	TC	A X-ray exam of hip	0.45	0.45	XXX	0	0	0	0	0
73510		A X-ray exam of hip	0.84	0.84	XXX	0	0	0	0	0
73510	26	A X-ray exam of hip	0.29	0.29	XXX	0	0	0	0	0
73510	TC	A X-ray exam of hip	0.54	0.54	XXX	0	0	0	0	0
73520		A X-ray exam of hip	1.00	1.00	XXX	0	2	0	0	0
73520	26	A X-ray exam of hip	0.36	0.36	XXX	0	2	0	0	0
73520	TC	A X-ray exam of hip	0.64	0.64	XXX	0	2	0	0	0
73525		A Contrast x-ray	2.76	2.76	XXX	0	3	0	0	0
73525	26	A Contrast x-ray	0.75	0.75	XXX	0	3	0	0	0
73525	TC	A Contrast x-ray	2.00	2.00	XXX	0	3	0	0	0
73530		A X-ray exam of hip	0.90	0.90	XXX	0	3	0	0	0
73530	26	A X-ray exam of hip	0.40	0.40	XXX	0	3	0	0	0
73530	TC	A X-ray exam of hip	0.50	0.50	XXX	0	3	0	0	0
73540		A X-ray exam of pelvis	0.83	0.83	XXX	0	0	0	0	0
73540	26	A X-ray exam of pelvis	0.28	0.28	XXX	0	0	0	0	0
73540	TC	A X-ray exam of pelvis	0.54	0.54	XXX	0	0	0	0	0
73550		A X-ray exam of thigh	0.78	0.78	XXX	0	3	0	0	0
73550	26	A X-ray exam of thigh	0.24	0.24	XXX	0	3	0	0	0
73550	TC	A X-ray exam of thigh	0.54	0.54	XXX	0	3	0	0	0
73560		A X-ray exam of knee	0.73	0.73	XXX	0	3	0	0	0
73560	26	A X-ray exam of knee	0.23	0.23	XXX	0	3	0	0	0
73560	TC	A X-ray exam of knee	0.50	0.50	XXX	0	3	0	0	0
73562		A X-ray exam of knee	0.80	0.80	XXX	0	3	0	0	0
73562	26	A X-ray exam of knee	0.26	0.26	XXX	0	3	0	0	0
73562	TC	A X-ray exam of knee	0.54	0.54	XXX	0	3	0	0	0
73564		A X-ray exam of knee	0.90	0.90	XXX	0	3	0	0	0
73564	26	A X-ray exam of knee	0.31	0.31	XXX	0	3	0	0	0
73564	TC	A X-ray exam of knee	0.59	0.59	XXX	0	3	0	0	0
73565		A X-ray exam of knee	0.70	0.70	XXX	0	2	0	0	0
73565	26	A X-ray exam of knee	0.23	0.23	XXX	0	2	0	0	0
73565	TC	A X-ray exam of knee	0.47	0.47	XXX	0	2	0	0	0
73580		A Contrast x-ray	3.26	3.26	XXX	0	3	0	0	0
73580	26	A Contrast x-ray	0.75	0.75	XXX	0	3	0	0	0
73580	TC	A Contrast x-ray	2.51	2.51	XXX	0	3	0	0	0
73590		A X-ray exam of calf	0.73	0.73	XXX	0	3	0	0	0
73590	26	A X-ray exam of calf	0.23	0.23	XXX	0	3	0	0	0
73590	TC	A X-ray exam of calf	0.50	0.50	XXX	0	3	0	0	0
73592		A X-ray exam of calf	0.69	0.69	XXX	0	3	0	0	0
73592	26	A X-ray exam of calf	0.22	0.22	XXX	0	3	0	0	0
73592	TC	A X-ray exam of calf	0.47	0.47	XXX	0	3	0	0	0
73600		A X-ray exam of ankle	0.69	0.69	XXX	0	3	0	0	0
73600	26	A X-ray exam of ankle	0.22	0.22	XXX	0	3	0	0	0
73600	TC	A X-ray exam of ankle	0.47	0.47	XXX	0	3	0	0	0
73610		A X-ray exam of ankle	0.75	0.75	XXX	0	3	0	0	0
73610	26	A X-ray exam of ankle	0.24	0.24	XXX	0	3	0	0	0
73610	TC	A X-ray exam of ankle	0.51	0.51	XXX	0	3	0	0	0
73615		A Contrast x-ray	2.76	2.76	XXX	0	3	0	0	0
73615	26	A Contrast x-ray	0.75	0.75	XXX	0	3	0	0	0
73615	TC	A Contrast x-ray	2.00	2.00	XXX	0	3	0	0	0
73620		A X-ray exam of foot	0.69	0.69	XXX	0	3	0	0	0
73620	26	A X-ray exam of foot	0.22	0.22	XXX	0	3	0	0	0
73620	TC	A X-ray exam of foot	0.47	0.47	XXX	0	3	0	0	0
73630		A X-ray exam of foot	0.75	0.75	XXX	0	3	0	0	0
73630	26	A X-ray exam of foot	0.24	0.24	XXX	0	3	0	0	0
73630	TC	A X-ray exam of foot	0.51	0.51	XXX	0	3	0	0	0
73650		A X-ray exam of heel	0.67	0.67	XXX	0	3	0	0	0
73650	26	A X-ray exam of heel	0.22	0.22	XXX	0	3	0	0	0

73650	TC	A	X–ray exam of heel	0.45	0.45	XXX	0	3	0	0	0
73660		A	X–ray exam of toes	0.58	0.58	XXX	0	3	0	0	0
73660	26	A	X–ray exam of toes	0.18	0.18	XXX	0	3	0	0	0
73660	TC	A	X–ray exam of toes	0.40	0.40	XXX	0	3	0	0	0
73700		A	CAT scan of leg	6.23	6.23	XXX	0	2	0	0	0
73700	26	A	CAT scan of leg	1.49	1.49	XXX	0	2	0	0	0
73700	TC	A	CAT scan of leg	4.73	4.73	XXX	0	2	0	0	0
73701		A	Contrast CAT scan	7.23	7.23	XXX	0	2	0	0	0
73701	26	A	Contrast CAT scan	1.59	1.59	XXX	0	2	0	0	0
73701	TC	A	Contrast CAT scan	5.64	5.64	XXX	0	2	0	0	0
73702		A	Contrast CAT scan	8.75	8.75	XXX	0	2	0	0	0
73702	26	A	Contrast CAT scan	1.66	1.66	XXX	0	2	0	0	0
73702	TC	A	Contrast CAT scan	7.09	7.09	XXX	0	2	0	0	0
73720		A	Magnetic image	12.72	12.72	XXX	0	2	0	0	0
73720	26	A	Magnetic image	2.04	2.04	XXX	0	2	0	0	0
73720	TC	A	Magnetic image	10.69	10.69	XXX	0	2	0	0	0
73721		A	Magnetic image	12.48	12.48	XXX	0	3	0	0	0
73721	26	A	Magnetic image	1.79	1.79	XXX	0	3	0	0	0
73721	TC	A	Magnetic image	10.69	10.69	XXX	0	3	0	0	0
73725		R	Magnetic image	13.03	13.03	XXX	0	2	0	0	0
73725	26	R	Magnetic image	2.34	2.34	XXX	0	2	0	0	0
73725	TC	R	Magnetic image	10.69	10.69	XXX	0	2	0	0	0

(6) Diagnostic radiology, abdomen:

74000		A	X–ray exam of abdomen	0.75	0.75	XXX	0	0	0	0	0
74000	26	A	X–ray exam of abdomen	0.25	0.25	XXX	0	0	0	0	0
74000	TC	A	X–ray exam of abdomen	0.50	0.50	XXX	0	0	0	0	0
74010		A	X–ray exam of abdomen	0.87	0.87	XXX	0	0	0	0	0
74010	26	A	X–ray exam of abdomen	0.33	0.33	XXX	0	0	0	0	0
74010	TC	A	X–ray exam of abdomen	0.54	0.54	XXX	0	0	0	0	0
74020		A	X–ray exam of abdomen	0.97	0.97	XXX	0	0	0	0	0
74020	26	A	X–ray exam of abdomen	0.38	0.38	XXX	0	0	0	0	0
74020	TC	A	X–ray exam of abdomen	0.59	0.59	XXX	0	0	0	0	0
74022		A	X–ray exam series	1.15	1.15	XXX	0	0	0	0	0
74022	26	A	X–ray exam series	0.45	0.45	XXX	0	0	0	0	0
74022	TC	A	X–ray exam series	0.70	0.70	XXX	0	0	0	0	0
74150		A	CAT scan of abdomen	7.03	7.03	XXX	0	0	0	0	0
74150	26	A	CAT scan of abdomen	1.63	1.63	XXX	0	0	0	0	0
74150	TC	A	CAT scan of abdomen	5.40	5.40	XXX	0	0	0	0	0
74160		A	Contrast CAT scan	8.27	8.27	XXX	0	0	0	0	0
74160	26	A	Contrast CAT scan	1.74	1.74	XXX	0	0	0	0	0
74160	TC	A	Contrast CAT scan	6.52	6.52	XXX	0	0	0	0	0
74170		A	Contrast CAT scan	10.02	10.02	XXX	0	0	0	0	0
74170	26	A	Contrast CAT scan	1.92	1.92	XXX	0	0	0	0	0
74170	TC	A	Contrast CAT scan	8.09	8.09	XXX	0	0	0	0	0
74181		A	Magnetic image	12.89	12.89	XXX	0	0	0	0	0
74181	26	A	Magnetic image	2.21	2.21	XXX	0	0	0	0	0
74181	TC	A	Magnetic image	10.69	10.69	XXX	0	0	0	0	0
74185		R	Magnetic image	0.00	0.00	XXX	9	9	9	9	9
74185	26	R	Magnetic image	0.00	0.00	XXX	9	9	9	9	9
74185	TC	R	Magnetic image	0.00	0.00	XXX	9	9	9	9	9
74190		A	X–ray exam of peritoneum	1.81	1.81	XXX	0	0	0	0	0
74190	26	A	X–ray exam of peritoneum	0.57	0.57	XXX	0	0	0	0	0
74190	TC	A	X–ray exam of peritoneum	1.24	1.24	XXX	0	0	0	0	0

(7) Diagnostic radiology, gastrointestinal tract:

74210		A	Contrast x–ray	1.62	1.62	XXX	0	0	0	0	0
74210	26	A	Contrast x–ray	0.49	0.49	XXX	0	0	0	0	0
74210	TC	A	Contrast x–ray	1.13	1.13	XXX	0	0	0	0	0
74220		A	Contrast x–ray	1.77	1.77	XXX	0	0	0	0	0

74220	26	A	Contrast x–ray	0.64	0.64	XXX	0	0	0	0	0
74220	TC	A	Contrast x–ray	1.13	1.13	XXX	0	0	0	0	0
74230		A	Cinema x–ray of throat	1.99	1.99	XXX	0	0	0	0	0
74230	26	A	Cinema x–ray of throat	0.74	0.74	XXX	0	0	0	0	0
74230	TC	A	Cinema x–ray of throat	1.24	1.24	XXX	0	0	0	0	0
74235		A	Remove obstruction	4.14	4.14	XXX	0	0	0	0	0
74235	26	A	Remove obstruction	1.63	1.63	XXX	0	0	0	0	0
74235	TC	A	Remove obstruction	2.51	2.51	XXX	0	0	0	0	0
74240		A	X–ray exam of upper	2.36	2.36	XXX	0	0	0	0	0
74240	26	A	X–ray exam of upper	0.96	0.96	XXX	0	0	0	0	0
74240	TC	A	X–ray exam of upper	1.39	1.39	XXX	0	0	0	0	0
74241		A	X–ray exam of upper	2.38	2.38	XXX	0	0	0	0	0
74241	26	A	X–ray exam of upper	0.96	0.96	XXX	0	0	0	0	0
74241	TC	A	X–ray exam of upper	1.42	1.42	XXX	0	0	0	0	0
74245		A	X–ray exam of upper	3.53	3.53	XXX	0	0	0	0	0
74245	26	A	X–ray exam of upper	1.26	1.26	XXX	0	0	0	0	0
74245	TC	A	X–ray exam of upper	2.28	2.28	XXX	0	0	0	0	0
74246		A	Contrast x–ray	2.53	2.53	XXX	0	0	0	0	0
74246	26	A	Contrast x–ray	0.96	0.96	XXX	0	0	0	0	0
74246	TC	A	Contrast x–ray	1.57	1.57	XXX	0	0	0	0	0
74247		A	Contrast x–ray	2.57	2.57	XXX	0	0	0	0	0
74247	26	A	Contrast x–ray	0.96	0.96	XXX	0	0	0	0	0
74247	TC	A	Contrast x–ray	1.61	1.61	XXX	0	0	0	0	0
74249		A	Contrast x–ray	3.71	3.71	XXX	0	0	0	0	0
74249	26	A	Contrast x–ray	1.26	1.26	XXX	0	0	0	0	0
74249	TC	A	Contrast x–ray	2.45	2.45	XXX	0	0	0	0	0
74250		A	X–ray exam of small bowel	1.89	1.89	XXX	0	0	0	0	0
74250	26	A	X–ray exam of small bowel	0.65	0.65	XXX	0	0	0	0	0
74250	TC	A	X–ray exam of small bowel	1.24	1.24	XXX	0	0	0	0	0
74251		A	X–ray exam of small bowel	2.09	2.09	XXX	0	0	0	0	0
74251	26	A	X–ray exam of small bowel	0.85	0.85	XXX	0	0	0	0	0
74251	TC	A	X–ray exam of small bowel	1.24	1.24	XXX	0	0	0	0	0
74260		A	X–ray exam of small bowel	2.11	2.11	XXX	0	0	0	0	0
74260	26	A	X–ray exam of small bowel	0.69	0.69	XXX	0	0	0	0	0
74260	TC	A	X–ray exam of small bowel	1.42	1.42	XXX	0	0	0	0	0
74270		A	Contrast x–ray	2.59	2.59	XXX	0	0	0	0	0
74270	26	A	Contrast x–ray	0.96	0.96	XXX	0	0	0	0	0
74270	TC	A	Contrast x–ray	1.63	1.63	XXX	0	0	0	0	0
74280		A	Contrast x–ray	3.51	3.51	XXX	0	0	0	0	0
74280	26	A	Contrast x–ray	1.37	1.37	XXX	0	0	0	0	0
74280	TC	A	Contrast x–ray	2.13	2.13	XXX	0	0	0	0	0
74283		A	Contrast x–ray	5.23	5.23	XXX	0	0	0	0	0
74283	26	A	Contrast x–ray	2.78	2.78	XXX	0	0	0	0	0
74283	TC	A	Contrast x–ray	2.45	2.45	XXX	0	0	0	0	0
74290		A	Contrast x–ray	1.15	1.15	XXX	0	0	0	0	0
74290	26	A	Contrast x–ray	0.45	0.45	XXX	0	0	0	0	0
74290	TC	A	Contrast x–ray	0.70	0.70	XXX	0	0	0	0	0
74291		A	Contrast x–rays	0.68	0.68	XXX	0	0	0	0	0
74291	26	A	Contrast x–rays	0.27	0.27	XXX	0	0	0	0	0
74291	TC	A	Contrast x–rays	0.40	0.40	XXX	0	0	0	0	0
74300		C	X–ray bile duct	0.00	0.00	XXX	0	0	0	0	0
74300	26	A	X–ray bile duct	0.50	0.50	XXX	0	0	0	0	0
74300	TC	C	X–ray bile duct	0.00	0.00	XXX	0	0	0	0	0
74301		C	Additional x–ray	0.00	0.00	XXX	0	0	0	0	0
74301	26	A	Additional x–ray	0.29	0.29	XXX	0	0	0	0	0
74301	TC	C	Additional x–ray	0.00	0.00	XXX	0	0	0	0	0
74305		A	X–ray bile duct	1.33	1.33	XXX	0	0	0	0	0
74305	26	A	X–ray bile duct	0.58	0.58	XXX	0	0	0	0	0
74305	TC	A	X–ray bile duct	0.75	0.75	XXX	0	0	0	0	0
74320		A	Contrast x–ray	3.76	3.76	XXX	0	0	0	0	0

74320	26	A	Contrast x-ray	0.75	0.75	XXX	0	0	0	0	0
74320	TC	A	Contrast x-ray	3.00	3.00	XXX	0	0	0	0	0
74327		A	X-ray bile duct	2.66	2.66	XXX	0	0	0	0	0
74327	26	A	X-ray bile duct	0.97	0.97	XXX	0	0	0	0	0
74327	TC	A	X-ray bile duct	1.68	1.68	XXX	0	0	0	0	0
74328		A	X-ray bile duct	3.97	3.97	XXX	0	0	0	0	0
74328	26	A	X-ray bile duct	0.97	0.97	XXX	0	0	0	0	0
74328	TC	A	X-ray bile duct	3.00	3.00	XXX	0	0	0	0	0
74329		A	X-ray pancreas	3.97	3.97	XXX	0	0	0	0	0
74329	26	A	X-ray pancreas	0.97	0.97	XXX	0	0	0	0	0
74329	TC	A	X-ray pancreas	3.00	3.00	XXX	0	0	0	0	0
74330		A	X-ray bile duct/pancreas	4.16	4.16	XXX	0	0	0	0	0
74330	26	A	X-ray bile duct/pancreas	1.15	1.15	XXX	0	0	0	0	0
74330	TC	A	X-ray bile duct/pancreas	3.00	3.00	XXX	0	0	0	0	0
74340		A	X-ray guide	3.26	3.26	XXX	0	0	0	0	0
74340	26	A	X-ray guide	0.75	0.75	XXX	0	0	0	0	0
74340	TC	A	X-ray guide	2.51	2.51	XXX	0	0	0	0	0
74350		A	X-ray guide	4.06	4.06	XXX	0	0	0	0	0
74350	26	A	X-ray guide	1.06	1.06	XXX	0	0	0	0	0
74350	TC	A	X-ray guide	3.00	3.00	XXX	0	0	0	0	0
74355		A	X-ray guide	3.56	3.56	XXX	0	0	0	0	0
74355	26	A	X-ray guide	1.06	1.06	XXX	0	0	0	0	0
74355	TC	A	X-ray guide	2.51	2.51	XXX	0	0	0	0	0
74360		A	X-ray guide, GI dilation	3.76	3.76	XXX	0	0	0	0	0
74360	26	A	X-ray guide, GI dilation	0.75	0.75	XXX	0	0	0	0	0
74360	TC	A	X-ray guide, GI dilation	3.00	3.00	XXX	0	0	0	0	0
74363		A	X-ray bile duct	7.03	7.03	XXX	0	0	0	0	0
74363	26	A	X-ray bile duct	1.22	1.22	XXX	0	0	0	0	0
74363	TC	A	X-ray bile duct	5.82	5.82	XXX	0	0	0	0	0

(8) Diagnostic radiology, urinary tract:

74400		A	Contrast x-ray	2.28	2.28	XXX	0	0	0	0	0
74400	26	A	Contrast x-ray	0.67	0.67	XXX	0	0	0	0	0
74400	TC	A	Contrast x-ray	1.61	1.61	XXX	0	0	0	0	0
74405		A	Contrast x-ray	2.57	2.57	XXX	0	0	0	0	0
74405	26	A	Contrast x-ray	0.67	0.67	XXX	0	0	0	0	0
74405	TC	A	Contrast x-ray	1.90	1.90	XXX	0	0	0	0	0
74410		A	Contrast x-ray	2.54	2.54	XXX	0	0	0	0	0
74410	26	A	Contrast x-ray	0.67	0.67	XXX	0	0	0	0	0
74410	TC	A	Contrast x-ray	1.86	1.86	XXX	0	0	0	0	0
74415		A	Contrast x-ray	2.70	2.70	XXX	0	0	0	0	0
74415	26	A	Contrast x-ray	0.67	0.67	XXX	0	0	0	0	0
74415	TC	A	Contrast x-ray	2.02	2.02	XXX	0	0	0	0	0
74420		A	Contrast x-ray	3.00	3.00	XXX	0	0	0	0	0
74420	26	A	Contrast x-ray	0.49	0.49	XXX	0	0	0	0	0
74420	TC	A	Contrast x-ray	2.51	2.51	XXX	0	0	0	0	0
74425		A	Contrast x-ray	1.73	1.73	XXX	0	0	0	0	0
74425	26	A	Contrast x-ray	0.49	0.49	XXX	0	0	0	0	0
74425	TC	A	Contrast x-ray	1.24	1.24	XXX	0	0	0	0	0
74430		A	Contrast x-ray	1.45	1.45	XXX	0	0	0	0	0
74430	26	A	Contrast x-ray	0.45	0.45	XXX	0	0	0	0	0
74430	TC	A	Contrast x-ray	1.00	1.00	XXX	0	0	0	0	0
74440		A	X-ray exam of male	1.61	1.61	XXX	0	0	0	0	0
74440	26	A	X-ray exam of male	0.53	0.53	XXX	0	0	0	0	0
74440	TC	A	X-ray exam of male	1.08	1.08	XXX	0	0	0	0	0
74445		A	X-ray exam of penis	2.64	2.64	XXX	0	0	0	0	0
74445	26	A	X-ray exam of penis	1.56	1.56	XXX	0	0	0	0	0
74445	TC	A	X-ray exam of penis	1.08	1.08	XXX	0	0	0	0	0
74450		A	X-ray exam urethro	1.85	1.85	XXX	0	0	0	0	0
74450	26	A	X-ray exam urethro	0.46	0.46	XXX	0	0	0	0	0

74450	TC	A	X–ray exam urethro	1.39	1.39	XXX	0	0	0	0	0
74455		A	X–ray exam urethro	1.96	1.96	XXX	0	0	0	0	0
74455	26	A	X–ray exam urethro	0.46	0.46	XXX	0	0	0	0	0
74455	TC	A	X–ray exam urethro	1.50	1.50	XXX	0	0	0	0	0
74470		A	X–ray exam of kidney	1.95	1.95	XXX	0	0	0	0	0
74470	26	A	X–ray exam of kidney	0.75	0.75	XXX	0	0	0	0	0
74470	TC	A	X–ray exam of kidney	1.19	1.19	XXX	0	0	0	0	0
74475		A	X–ray control catheter	4.64	4.64	XXX	0	0	0	0	0
74475	26	A	X–ray control catheter	0.75	0.75	XXX	0	0	0	0	0
74475	TC	A	X–ray control catheter	3.89	3.89	XXX	0	0	0	0	0
74480		A	X–ray control catheter	4.64	4.64	XXX	0	0	0	0	0
74480	26	A	X–ray control catheter	0.75	0.75	XXX	0	0	0	0	0
74480	TC	A	X–ray control catheter	3.89	3.89	XXX	0	0	0	0	0
74485		A	X–ray guide, GU dilation	3.76	3.76	XXX	0	0	0	0	0
74485	26	A	X–ray guide, GU dilation	0.75	0.75	XXX	0	0	0	0	0
74485	TC	A	X–ray guide, GU dilation	3.00	3.00	XXX	0	0	0	0	0

(9) Diagnostic radiology, gynecological and obstetrical:

74710		A	X–ray measurement	1.48	1.48	XXX	0	0	0	0	0
74710	26	A	X–ray measurement	0.47	0.47	XXX	0	0	0	0	0
74710	TC	A	X–ray measurement	1.00	1.00	XXX	0	0	0	0	0
74740		A	X–ray of uterus, oviducts	1.77	1.77	XXX	0	0	0	0	0
74740	26	A	X–ray of uterus, oviducts	0.53	0.53	XXX	0	0	0	0	0
74740	TC	A	X–ray of uterus, oviducts	1.24	1.24	XXX	0	0	0	0	0
74742		A	X–ray of fallopian tube	3.82	3.82	XXX	0	0	0	0	0
74742	26	A	X–ray of fallopian tube	0.82	0.82	XXX	0	0	0	0	0
74742	TC	A	X–ray of fallopian tube	3.00	3.00	XXX	0	0	0	0	0
74775		A	X–ray exam of perineum	2.26	2.26	XXX	0	0	0	0	0
74775	26	A	X–ray exam of perineum	0.87	0.87	XXX	0	0	0	0	0
74775	TC	A	X–ray exam of perineum	1.39	1.39	XXX	0	0	0	0	0

(10) Diagnostic radiology, heart:

75552		A	Magnetic image	12.89	12.89	XXX	0	0	0	0	0
75552	26	A	Magnetic image	2.21	2.21	XXX	0	0	0	0	0
75552	TC	A	Magnetic image	10.69	10.69	XXX	0	0	0	0	0
75553		A	Magnetic image	13.26	13.26	XXX	0	0	0	0	0
75553	26	A	Magnetic image	2.57	2.57	XXX	0	0	0	0	0
75553	TC	A	Magnetic image	10.69	10.69	XXX	0	0	0	0	0
75554		A	Cardiac MRI/function	13.10	13.10	XXX	0	0	0	0	0
75554	26	A	Cardiac MRI/function	2.42	2.42	XXX	0	0	0	0	0
75554	TC	A	Cardiac MRI/function	10.69	10.69	XXX	0	0	0	0	0
75555		A	Cardiac MRI/limited	13.02	13.02	XXX	0	0	0	0	0
75555	26	A	Cardiac MRI/limited	2.34	2.34	XXX	0	0	0	0	0
75555	TC	A	Cardiac MRI/limited	10.69	10.69	XXX	0	0	0	0	0
75556		N	Cardiac MRI/flow mapping	0.00	0.00	XXX	9	9	9	9	9

(11) Diagnostic radiology, aorta and arteries:

75600		A	Contrast x–ray	12.69	12.69	XXX	0	0	0	0	0
75600	26	A	Contrast x–ray	0.67	0.67	XXX	0	0	0	0	0
75600	TC	A	Contrast x–ray	12.01	12.01	XXX	0	0	0	0	0
75605		A	Contrast x–ray	13.58	13.58	XXX	0	0	0	0	0
75605	26	A	Contrast x–ray	1.56	1.56	XXX	0	0	0	0	0
75605	TC	A	Contrast x–ray	12.01	12.01	XXX	0	0	0	0	0
75625		A	Contrast x–ray	13.58	13.58	XXX	0	0	0	0	0
75625	26	A	Contrast x–ray	1.56	1.56	XXX	0	0	0	0	0
75625	TC	A	Contrast x–ray	12.01	12.01	XXX	0	0	0	0	0
75630		A	X–ray of aorta	14.75	14.75	XXX	0	0	0	0	0
75630	26	A	X–ray of aorta	2.23	2.23	XXX	0	0	0	0	0
75630	TC	A	X–ray of aorta	12.52	12.52	XXX	0	0	0	0	0

75650		A Artery x–ray	14.06	14.06	XXX	0	0	0	0	0
75650	26	A Artery x–ray	2.05	2.05	XXX	0	0	0	0	0
75650	TC	A Artery x–ray	12.01	12.01	XXX	0	0	0	0	0
75658		A X–ray exam, arm arteries	13.81	13.81	XXX	0	0	0	0	0
75658	26	A X–ray exam, arm arteries	1.80	1.80	XXX	0	0	0	0	0
75658	TC	A X–ray exam, arm arteries	12.01	12.01	XXX	0	0	0	0	0
75660		A Artery x–ray	13.81	13.81	XXX	0	0	0	0	0
75660	26	A Artery x–ray	1.80	1.80	XXX	0	0	0	0	0
75660	TC	A Artery x–ray	12.01	12.01	XXX	0	0	0	0	0
75662		A Artery x–ray	14.30	14.30	XXX	0	2	0	0	0
75662	26	A Artery x–ray	2.28	2.28	XXX	0	2	0	0	0
75662	TC	A Artery x–ray	12.01	12.01	XXX	0	2	0	0	0
75665		A Artery x–ray	13.81	13.81	XXX	0	0	0	0	0
75665	26	A Artery x–ray	1.80	1.80	XXX	0	0	0	0	0
75665	TC	A Artery x–ray	12.01	12.01	XXX	0	0	0	0	0
75671		A Artery x–ray	14.30	14.30	XXX	0	2	0	0	0
75671	26	A Artery x–ray	2.28	2.28	XXX	0	2	0	0	0
75671	TC	A Artery x–ray	12.01	12.01	XXX	0	2	0	0	0
75676		A Artery x–ray	13.81	13.81	XXX	0	0	0	0	0
75676	26	A Artery x–ray	1.80	1.80	XXX	0	0	0	0	0
75676	TC	A Artery x–ray	12.01	12.01	XXX	0	0	0	0	0
75680		A Artery x–ray	14.30	14.30	XXX	0	2	0	0	0
75680	26	A Artery x–ray	2.28	2.28	XXX	0	2	0	0	0
75680	TC	A Artery x–ray	12.01	12.01	XXX	0	2	0	0	0
75685		A Artery x–ray	13.81	13.81	XXX	0	0	0	0	0
75685	26	A Artery x–ray	1.80	1.80	XXX	0	0	0	0	0
75685	TC	A Artery x–ray	12.01	12.01	XXX	0	0	0	0	0
75705		A Artery x–ray	15.02	15.02	XXX	0	0	0	0	0
75705	26	A Artery x–ray	3.01	3.01	XXX	0	0	0	0	0
75705	TC	A Artery x–ray	12.01	12.01	XXX	0	0	0	0	0
75710		A Artery x–ray	13.58	13.58	XXX	0	0	0	0	0
75710	26	A Artery x–ray	1.56	1.56	XXX	0	0	0	0	0
75710	TC	A Artery x–ray	12.01	12.01	XXX	0	0	0	0	0
75716		A Artery x–ray	13.81	13.81	XXX	0	2	0	0	0
75716	26	A Artery x–ray	1.80	1.80	XXX	0	2	0	0	0
75716	TC	A Artery x–ray	12.01	12.01	XXX	0	2	0	0	0
75722		A Artery x–ray	13.58	13.58	XXX	0	0	0	0	0
75722	26	A Artery x–ray	1.56	1.56	XXX	0	0	0	0	0
75722	TC	A Artery x–ray	12.01	12.01	XXX	0	0	0	0	0
75724		A Artery x–ray	14.06	14.06	XXX	0	2	0	0	0
75724	26	A Artery x–ray	2.05	2.05	XXX	0	2	0	0	0
75724	TC	A Artery x–ray	12.01	12.01	XXX	0	2	0	0	0
75726		A Artery x–ray	13.58	13.58	XXX	0	0	0	0	0
75726	26	A Artery x–ray	1.56	1.56	XXX	0	0	0	0	0
75726	TC	A Artery x–ray	12.01	12.01	XXX	0	0	0	0	0
75731		A Artery x–ray	13.58	13.58	XXX	0	0	0	0	0
75731	26	A Artery x–ray	1.56	1.56	XXX	0	0	0	0	0
75731	TC	A Artery x–ray	12.01	12.01	XXX	0	0	0	0	0
75733		A Artery x–ray	13.81	13.81	XXX	0	2	0	0	0
75733	26	A Artery x–ray	1.80	1.80	XXX	0	2	0	0	0
75733	TC	A Artery x–ray	12.01	12.01	XXX	0	2	0	0	0
75736		A Artery x–ray	13.58	13.58	XXX	0	0	0	0	0
75736	26	A Artery x–ray	1.56	1.56	XXX	0	0	0	0	0
75736	TC	A Artery x–ray	12.01	12.01	XXX	0	0	0	0	0
75741		A Artery x–ray	13.81	13.81	XXX	0	0	0	0	0
75741	26	A Artery x–ray	1.80	1.80	XXX	0	0	0	0	0
75741	TC	A Artery x–ray	12.01	12.01	XXX	0	0	0	0	0
75743		A Artery x–ray	14.30	14.30	XXX	0	2	0	0	0
75743	26	A Artery x–ray	2.28	2.28	XXX	0	2	0	0	0
75743	TC	A Artery x–ray	12.01	12.01	XXX	0	2	0	0	0

75746		A	Artery x–ray	13.58	13.58	XXX	0	0	0	0	0
75746	26	A	Artery x–ray	1.56	1.56	XXX	0	0	0	0	0
75746	TC	A	Artery x–ray	12.01	12.01	XXX	0	0	0	0	0
75756		A	Artery x–ray	13.58	13.58	XXX	0	0	0	0	0
75756	26	A	Artery x–ray	1.56	1.56	XXX	0	0	0	0	0
75756	TC	A	Artery x–ray	12.01	12.01	XXX	0	0	0	0	0
75774		A	Artery x–ray	12.51	12.51	XXX	0	0	0	0	0
75774	26	A	Artery x–ray	0.49	0.49	XXX	0	0	0	0	0
75774	TC	A	Artery x–ray	12.01	12.01	XXX	0	0	0	0	0
75790		A	Visualize A–V shunt	3.83	3.83	XXX	0	0	0	0	0
75790	26	A	Visualize A–V shunt	2.54	2.54	XXX	0	0	0	0	0
75790	TC	A	Visualize A–V shunt	1.30	1.30	XXX	0	0	0	0	0

(12) Diagnostic radiology, veins and lymphatics:

75801		A	Lymph vessel x–ray	6.29	6.29	XXX	0	0	0	0	0
75801	26	A	Lymph vessel x–ray	1.12	1.12	XXX	0	0	0	0	0
75801	TC	A	Lymph vessel x–ray	5.17	5.17	XXX	0	0	0	0	0
75803		A	Lymph vessel x–ray	6.77	6.77	XXX	0	2	0	0	0
75803	26	A	Lymph vessel x–ray	1.60	1.60	XXX	0	2	0	0	0
75803	TC	A	Lymph vessel x–ray	5.17	5.17	XXX	0	2	0	0	0
75805		A	Lymph vessel x–ray	6.94	6.94	XXX	0	0	0	0	0
75805	26	A	Lymph vessel x–ray	1.12	1.12	XXX	0	0	0	0	0
75805	TC	A	Lymph vessel x–ray	5.82	5.82	XXX	0	0	0	0	0
75807		A	Lymph vessel x–ray	7.42	7.42	XXX	0	2	0	0	0
75807	26	A	Lymph vessel x–ray	1.60	1.60	XXX	0	2	0	0	0
75807	TC	A	Lymph vessel x–ray	5.82	5.82	XXX	0	2	0	0	0
75809		A	Nonvascular shunt	1.38	1.38	XXX	0	0	0	0	0
75809	26	A	Nonvascular shunt	0.63	0.63	XXX	0	0	0	0	0
75809	TC	A	Nonvascular shunt	0.75	0.75	XXX	0	0	0	0	0
75810		A	Vein x–ray	13.58	13.58	XXX	0	0	0	0	0
75810	26	A	Vein x–ray	1.56	1.56	XXX	0	0	0	0	0
75810	TC	A	Vein x–ray	12.01	12.01	XXX	0	0	0	0	0
75820		A	Vein x–ray, arm	1.87	1.87	XXX	0	0	0	0	0
75820	26	A	Vein x–ray, arm	0.97	0.97	XXX	0	0	0	0	0
75820	TC	A	Vein x–ray, arm	0.90	0.90	XXX	0	0	0	0	0
75822		A	Vein x–ray, arm	2.87	2.87	XXX	0	2	0	0	0
75822	26	A	Vein x–ray, arm	1.45	1.45	XXX	0	2	0	0	0
75822	TC	A	Vein x–ray, arm	1.41	1.41	XXX	0	2	0	0	0
75825		A	Vein x–ray, trunk	13.58	13.58	XXX	0	0	0	0	0
75825	26	A	Vein x–ray, trunk	1.56	1.56	XXX	0	0	0	0	0
75825	TC	A	Vein x–ray, trunk	12.01	12.01	XXX	0	0	0	0	0
75827		A	Vein x–ray, chest	13.58	13.58	XXX	0	0	0	0	0
75827	26	A	Vein x–ray, chest	1.56	1.56	XXX	0	0	0	0	0
75827	TC	A	Vein x–ray, chest	12.01	12.01	XXX	0	0	0	0	0
75831		A	Vein x–ray, kidney	13.58	13.58	XXX	0	0	0	0	0
75831	26	A	Vein x–ray, kidney	1.56	1.56	XXX	0	0	0	0	0
75831	TC	A	Vein x–ray, kidney	12.01	12.01	XXX	0	0	0	0	0
75833		A	Vein x–ray, kidney	14.06	14.06	XXX	0	2	0	0	0
75833	26	A	Vein x–ray, kidney	2.05	2.05	XXX	0	2	0	0	0
75833	TC	A	Vein x–ray, kidney	12.01	12.01	XXX	0	2	0	0	0
75840		A	Vein x–ray, adrenal	13.58	13.58	XXX	0	0	0	0	0
75840	26	A	Vein x–ray, adrenal	1.56	1.56	XXX	0	0	0	0	0
75840	TC	A	Vein x–ray, adrenal	12.01	12.01	XXX	0	0	0	0	0
75842		A	Vein x–ray, adrenal	14.06	14.06	XXX	0	2	0	0	0
75842	26	A	Vein x–ray, adrenal	2.05	2.05	XXX	0	2	0	0	0
75842	TC	A	Vein x–ray, adrenal	12.01	12.01	XXX	0	2	0	0	0
75860		A	Vein x–ray, neck	13.58	13.58	XXX	0	0	0	0	0
75860	26	A	Vein x–ray, neck	1.56	1.56	XXX	0	0	0	0	0
75860	TC	A	Vein x–ray, neck	12.01	12.01	XXX	0	0	0	0	0
75870		A	Vein x–ray, skull	13.58	13.58	XXX	0	0	0	0	0

75870	26	A	Vein x–ray, skull	1.56	1.56	XXX	0	0	0	0	0
75870	TC	A	Vein x–ray, skull	12.01	12.01	XXX	0	0	0	0	0
75872		A	Vein x–ray, skull	13.58	13.58	XXX	0	0	0	0	0
75872	26	A	Vein x–ray, skull	1.56	1.56	XXX	0	0	0	0	0
75872	TC	A	Vein x–ray, skull	12.01	12.01	XXX	0	0	0	0	0
75880		A	Vein x–ray, eye	1.87	1.87	XXX	0	0	0	0	0
75880	26	A	Vein x–ray, eye	0.97	0.97	XXX	0	0	0	0	0
75880	TC	A	Vein x–ray, eye	0.90	0.90	XXX	0	0	0	0	0
75885		A	Vein x–ray, liver	14.00	14.00	XXX	0	0	0	0	0
75885	26	A	Vein x–ray, liver	1.98	1.98	XXX	0	0	0	0	0
75885	TC	A	Vein x–ray, liver	12.01	12.01	XXX	0	0	0	0	0
75887		A	Vein x–ray, liver	14.00	14.00	XXX	0	0	0	0	0
75887	26	A	Vein x–ray, liver	1.98	1.98	XXX	0	0	0	0	0
75887	TC	A	Vein x–ray, liver	12.01	12.01	XXX	0	0	0	0	0
75889		A	Vein x–ray, liver	13.58	13.58	XXX	0	0	0	0	0
75889	26	A	Vein x–ray, liver	1.56	1.56	XXX	0	0	0	0	0
75889	TC	A	Vein x–ray, liver	12.01	12.01	XXX	0	0	0	0	0
75891		A	Vein x–ray, liver	13.58	13.58	XXX	0	0	0	0	0
75891	26	A	Vein x–ray, liver	1.56	1.56	XXX	0	0	0	0	0
75891	TC	A	Vein x–ray, liver	12.01	12.01	XXX	0	0	0	0	0
75893		A	Venous sampling	12.77	12.77	XXX	0	0	0	0	0
75893	26	A	Venous sampling	0.75	0.75	XXX	0	0	0	0	0
75893	TC	A	Venous sampling	12.01	12.01	XXX	0	0	0	0	0

(13) Diagnostic radiology, transcatheter procedures:

75894		A	X–ray, transcatheter	24.81	24.81	XXX	0	0	0	0	0
75894	26	A	X–ray, transcatheter	1.80	1.80	XXX	0	0	0	0	0
75894	TC	A	X–ray, transcatheter	23.01	23.01	XXX	0	0	0	0	0
75896		A	X–ray, transcatheter	21.81	21.81	XXX	0	0	0	0	0
75896	26	A	X–ray, transcatheter	1.80	1.80	XXX	0	0	0	0	0
75896	TC	A	X–ray, transcatheter	20.01	20.01	XXX	0	0	0	0	0
75898		A	Follow–up angiogram	3.28	3.28	XXX	0	0	0	0	0
75898	26	A	Follow–up angiogram	2.27	2.27	XXX	0	0	0	0	0
75898	TC	A	Follow–up angiogram	1.00	1.00	XXX	0	0	0	0	0
75900		A	Arterial catheter	20.69	20.69	XXX	0	0	0	0	0
75900	26	A	Arterial catheter	0.68	0.68	XXX	0	0	0	0	0
75900	TC	A	Arterial catheter	20.00	20.00	XXX	0	0	0	0	0
75940		A	X–ray placement	12.77	12.77	XXX	0	0	0	0	0
75940	26	A	X–ray placement	0.75	0.75	XXX	0	0	0	0	0
75940	TC	A	X–ray placement	12.01	12.01	XXX	0	0	0	0	0
75945		A	Intravascular ultrasound	4.95	4.95	XXX	0	0	0	0	0
75945	26	A	Intravascular ultrasound	0.59	0.59	XXX	0	0	0	0	0
75945	TC	A	Intravascular ultrasound	4.36	4.36	XXX	0	0	0	0	0
75946		A	Intravascular ultrasound	2.78	2.78	XXX	0	0	0	0	0
75946	26	A	Intravascular ultrasound	0.59	0.59	XXX	0	0	0	0	0
75946	TC	A	Intravascular ultrasound	2.18	2.18	XXX	0	0	0	0	0
75960		A	Transcatheter, stent	15.34	15.34	XXX	0	0	0	0	0
75960	26	A	Transcatheter, stent	1.13	1.13	XXX	0	0	0	0	0
75960	TC	A	Transcatheter, stent	14.20	14.20	XXX	0	0	0	0	0
75961		A	Retrieval	15.86	15.86	XXX	0	0	0	0	0
75961	26	A	Retrieval	5.85	5.85	XXX	0	0	0	0	0
75961	TC	A	Retrieval	10.01	10.01	XXX	0	0	0	0	0
75962		A	Repair arterial	15.76	15.76	XXX	0	0	0	0	0
75962	26	A	Repair arterial	0.75	0.75	XXX	0	0	0	0	0
75962	TC	A	Repair arterial	15.01	15.01	XXX	0	0	0	0	0
75964		A	Repair artery balloon	8.50	8.50	XXX	0	0	0	0	0
75964	26	A	Repair artery balloon	0.49	0.49	XXX	0	0	0	0	0
75964	TC	A	Repair artery balloon	8.00	8.00	XXX	0	0	0	0	0
75966		A	Repair arterial	16.81	16.81	XXX	0	0	0	0	0
75966	26	A	Repair arterial	1.80	1.80	XXX	0	0	0	0	0

75966	TC	A	Repair arterial	15.01	15.01	XXX	0	0	0	0	0
75968		A	Repair artery balloon	8.50	8.50	XXX	0	0	0	0	0
75968	26	A	Repair artery balloon	0.49	0.49	XXX	0	0	0	0	0
75968	TC	A	Repair artery balloon	8.00	8.00	XXX	0	0	0	0	0
75970		A	Vascular biopsy	12.16	12.16	XXX	0	0	0	0	0
75970	26	A	Vascular biopsy	1.15	1.15	XXX	0	0	0	0	0
75970	TC	A	Vascular biopsy	11.01	11.01	XXX	0	0	0	0	0
75978		A	Repair venous balloon	15.98	15.98	XXX	0	0	0	0	0
75978	26	A	Repair venous balloon	0.98	0.98	XXX	0	0	0	0	0
75978	TC	A	Repair venous balloon	15.01	15.01	XXX	0	0	0	0	0
75980		A	Contrast x–ray	7.15	7.15	XXX	0	0	0	0	0
75980	26	A	Contrast x–ray	1.98	1.98	XXX	0	0	0	0	0
75980	TC	A	Contrast x–ray	5.17	5.17	XXX	0	0	0	0	0
75982		A	Contrast x–ray	7.80	7.80	XXX	0	0	0	0	0
75982	26	A	Contrast x–ray	1.98	1.98	XXX	0	0	0	0	0
75982	TC	A	Contrast x–ray	5.82	5.82	XXX	0	0	0	0	0
75984		A	X–ray control catheter	2.86	2.86	XXX	0	0	0	0	0
75984	26	A	X–ray control catheter	1.00	1.00	XXX	0	0	0	0	0
75984	TC	A	X–ray control catheter	1.86	1.86	XXX	0	0	0	0	0
75989		A	Abscess drainage	4.63	4.63	XXX	0	0	0	0	0
75989	26	A	Abscess drainage	1.63	1.63	XXX	0	0	0	0	0
75989	TC	A	Abscess drainage	3.00	3.00	XXX	0	0	0	0	0

(14) Diagnostic radiology, transluminal atherectomy:

75992		A	Atherectomy, x–ray	15.76	15.76	XXX	0	0	0	0	0
75992	26	A	Atherectomy, x–ray	0.75	0.75	XXX	0	0	0	0	0
75992	TC	A	Atherectomy, x–ray	15.01	15.01	XXX	0	0	0	0	0
75993		A	Atherectomy, x–ray	8.50	8.50	XXX	0	0	0	0	0
75993	26	A	Atherectomy, x–ray	0.49	0.49	XXX	0	0	0	0	0
75993	TC	A	Atherectomy, x–ray	8.00	8.00	XXX	0	0	0	0	0
75994		A	Atherectomy, x–ray	16.81	16.81	XXX	0	0	0	0	0
75994	26	A	Atherectomy, x–ray	1.80	1.80	XXX	0	0	0	0	0
75994	TC	A	Atherectomy, x–ray	15.01	15.01	XXX	0	0	0	0	0
75995		A	Atherectomy, x–ray	16.81	16.81	XXX	0	0	0	0	0
75995	26	A	Atherectomy, x–ray	1.80	1.80	XXX	0	0	0	0	0
75995	TC	A	Atherectomy, x–ray	15.01	15.01	XXX	0	0	0	0	0
75996		A	Atherectomy, x–ray	8.50	8.50	XXX	0	0	0	0	0
75996	26	A	Atherectomy, x–ray	0.49	0.49	XXX	0	0	0	0	0
75996	TC	A	Atherectomy, x–ray	8.00	8.00	XXX	0	0	0	0	0

(15) Diagnostic radiology, other procedures:

76000		A	Fluoroscope exam	1.47	1.47	XXX	0	0	0	0	0
76000	26	A	Fluoroscope exam	0.23	0.23	XXX	0	0	0	0	0
76000	TC	A	Fluoroscope exam	1.24	1.24	XXX	0	0	0	0	0
76001		A	Fluoroscope exam	3.44	3.44	XXX	0	0	0	0	0
76001	26	A	Fluoroscope exam	0.94	0.94	XXX	0	0	0	0	0
76001	TC	A	Fluoroscope exam	2.51	2.51	XXX	0	0	0	0	0
76003		A	Needle localization	2.00	2.00	XXX	0	0	0	0	0
76003	26	A	Needle localization	0.75	0.75	XXX	0	0	0	0	0
76003	TC	A	Needle localization	1.24	1.24	XXX	0	0	0	0	0
76010		A	X–ray, nose to rectum	0.75	0.75	XXX	0	0	0	0	0
76010	26	A	X–ray, nose to rectum	0.25	0.25	XXX	0	0	0	0	0
76010	TC	A	X–ray, nose to rectum	0.50	0.50	XXX	0	0	0	0	0
76020		A	X–ray, bone age	0.76	0.76	XXX	0	0	0	0	0
76020	26	A	X–ray, bone age	0.26	0.26	XXX	0	0	0	0	0
76020	TC	A	X–ray, bone age	0.50	0.50	XXX	0	0	0	0	0
76040		A	X–ray, bone length	1.13	1.13	XXX	0	0	0	0	0
76040	26	A	X–ray, bone length	0.38	0.38	XXX	0	0	0	0	0
76040	TC	A	X–ray, bone length	0.75	0.75	XXX	0	0	0	0	0
76061		A	X–ray, bone survey	1.57	1.57	XXX	0	0	0	0	0

76061	26	A	X-ray, bone survey	0.62	0.62	XXX	0	0	0	0	0
76061	TC	A	X-ray, bone survey	0.95	0.95	XXX	0	0	0	0	0
76062		A	X-ray, bone survey	2.13	2.13	XXX	0	0	0	0	0
76062	26	A	X-ray, bone survey	0.75	0.75	XXX	0	0	0	0	0
76062	TC	A	X-ray, bone survey	1.37	1.37	XXX	0	0	0	0	0
76065		A	X-ray, bone, infant	1.09	1.09	XXX	0	0	0	0	0
76065	26	A	X-ray, bone, infant	0.39	0.39	XXX	0	0	0	0	0
76065	TC	A	X-ray, bone, infant	0.70	0.70	XXX	0	0	0	0	0
76066		A	Joint survey	1.49	1.49	XXX	0	0	0	0	0
76066	26	A	Joint survey	0.43	0.43	XXX	0	0	0	0	0
76066	TC	A	Joint survey	1.06	1.06	XXX	0	0	0	0	0
76070		I	CT scan, bone density	3.17	3.17	XXX	0	0	0	0	0
76070	26	I	CT scan, bone density	0.35	0.35	XXX	0	0	0	0	0
76070	TC	I	CT scan, bone density	2.81	2.81	XXX	0	0	0	0	0
76075		A	Dual energy x-ray	3.35	3.35	XXX	0	0	0	0	0
76075	26	A	Dual energy x-ray	0.40	0.40	XXX	0	0	0	0	0
76075	TC	A	Dual energy x-ray	2.95	2.95	XXX	0	0	0	0	0
76076		A	Dual energy x-ray	1.03	1.03	XXX	0	0	0	0	0
76076	26	A	Dual energy x-ray	0.31	0.31	XXX	0	0	0	0	0
76076	TC	A	Dual energy x-ray	0.72	0.72	XXX	0	0	0	0	0
76078		A	Photodensitometry	1.01	1.01	XXX	0	0	0	0	0
76078	26	A	Photodensitometry	0.29	0.29	XXX	0	0	0	0	0
76078	TC	A	Photodensitometry	0.72	0.72	XXX	0	0	0	0	0
76080		A	X-ray exam of fistula	1.76	1.76	XXX	0	0	0	0	0
76080	26	A	X-ray exam of fistula	0.75	0.75	XXX	0	0	0	0	0
76080	TC	A	X-ray exam of fistula	1.00	1.00	XXX	0	0	0	0	0
76086		A	X-ray of mammary	3.01	3.01	XXX	0	0	0	0	0
76086	26	A	X-ray of mammary	0.50	0.50	XXX	0	0	0	0	0
76086	TC	A	X-ray of mammary	2.51	2.51	XXX	0	0	0	0	0
76088		A	X-ray of mammary	4.11	4.11	XXX	0	0	0	0	0
76088	26	A	X-ray of mammary	0.62	0.62	XXX	0	0	0	0	0
76088	TC	A	X-ray of mammary	3.49	3.49	XXX	0	0	0	0	0
76090		A	Mammogram, one	1.66	1.66	XXX	0	0	0	0	0
76090	26	A	Mammogram, one	0.65	0.65	XXX	0	0	0	0	0
76090	TC	A	Mammogram, one	1.00	1.00	XXX	0	0	0	0	0
76091		A	Mammogram, both	2.06	2.06	XXX	0	2	0	0	0
76091	26	A	Mammogram, both	0.82	0.82	XXX	0	2	0	0	0
76091	TC	A	Mammogram, both	1.24	1.24	XXX	0	2	0	0	0
76092		X	Mammogram, screening	0.00	0.00	XXX	9	9	9	9	9
76093		A	Magnetic image	19.04	19.04	XXX	0	0	0	0	0
76093	26	A	Magnetic image	2.24	2.24	XXX	0	0	0	0	0
76093	TC	A	Magnetic image	16.81	16.81	XXX	0	0	0	0	0
76094		A	Magnetic image	25.03	25.03	XXX	0	2	0	0	0
76094	26	A	Magnetic image	2.24	2.24	XXX	0	2	0	0	0
76094	TC	A	Magnetic image	22.80	22.80	XXX	0	2	0	0	0
76095		A	Stereotactic breast	9.02	9.02	XXX	0	0	0	0	0
76095	26	A	Stereotactic breast	2.19	2.19	XXX	0	0	0	0	0
76095	TC	A	Stereotactic breast	6.83	6.83	XXX	0	0	0	0	0
76096		A	X-ray of needle	2.02	2.02	XXX	0	0	0	0	0
76096	26	A	X-ray of needle	0.78	0.78	XXX	0	0	0	0	0
76096	TC	A	X-ray of needle	1.24	1.24	XXX	0	0	0	0	0
76098		A	X-ray exam, breast	0.62	0.62	XXX	0	0	0	0	0
76098	26	A	X-ray exam, breast	0.22	0.22	XXX	0	0	0	0	0
76098	TC	A	X-ray exam, breast	0.40	0.40	XXX	0	0	0	0	0
76100		A	X-ray exam, body section	2.00	2.00	XXX	0	0	0	0	0
76100	26	A	X-ray exam, body section	0.81	0.81	XXX	0	0	0	0	0
76100	TC	A	X-ray exam, body section	1.19	1.19	XXX	0	0	0	0	0
76101		A	Complex body section	2.16	2.16	XXX	0	0	0	0	0
76101	26	A	Complex body section	0.81	0.81	XXX	0	0	0	0	0
76101	TC	A	Complex body section	1.35	1.35	XXX	0	0	0	0	0

76102		A	Complex body section	2.46	2.46	XXX	0	2	0	0	0
76102	26	A	Complex body section	0.81	0.81	XXX	0	2	0	0	0
76102	TC	A	Complex body section	1.65	1.65	XXX	0	2	0	0	0
76120		A	Cinematic x–ray	1.53	1.53	XXX	0	0	0	0	0
76120	26	A	Cinematic x–ray	0.53	0.53	XXX	0	0	0	0	0
76120	TC	A	Cinematic x–ray	1.00	1.00	XXX	0	0	0	0	0
76125		A	Cinematic x–ray	1.12	1.12	XXX	0	0	0	0	0
76125	26	A	Cinematic x–ray	0.37	0.37	XXX	0	0	0	0	0
76125	TC	A	Cinematic x–ray	0.75	0.75	XXX	0	0	0	0	0
76140		I	X–ray consultation	0.00	0.00	XXX	9	9	9	9	9
76150		A	X–ray exam, dry	0.40	0.40	XXX	0	0	0	0	0
76350		C	Special x–ray	0.00	0.00	XXX	0	0	0	0	0
76355		A	CAT scan for localization	9.53	9.53	XXX	0	0	0	0	0
76355	26	A	CAT scan for localization	1.65	1.65	XXX	0	0	0	0	0
76355	TC	A	CAT scan for localization	7.87	7.87	XXX	0	0	0	0	0
76360		A	CAT scan for needle	9.45	9.45	XXX	0	0	0	0	0
76360	26	A	CAT scan for needle	1.58	1.58	XXX	0	0	0	0	0
76360	TC	A	CAT scan for needle	7.87	7.87	XXX	0	0	0	0	0
76365		A	CAT scan for cyst	9.45	9.45	XXX	0	0	0	0	0
76365	26	A	CAT scan for cyst	1.58	1.58	XXX	0	0	0	0	0
76365	TC	A	CAT scan for cyst	7.87	7.87	XXX	0	0	0	0	0
76370		A	CAT scan for therapy	3.99	3.99	XXX	0	0	0	0	0
76370	26	A	CAT scan for therapy	1.17	1.17	XXX	0	0	0	0	0
76370	TC	A	CAT scan for therapy	2.81	2.81	XXX	0	0	0	0	0
76375		A	3–dimensional/holograph	3.59	3.59	XXX	0	0	0	0	0
76375	26	A	3–dimensional/holograph	0.22	0.22	XXX	0	0	0	0	0
76375	TC	A	3–dimensional/holograph	3.37	3.37	XXX	0	0	0	0	0
76380		A	CAT scan follow–up	4.70	4.70	XXX	0	0	0	0	0
76380	26	A	CAT scan follow–up	1.35	1.35	XXX	0	0	0	0	0
76380	TC	A	CAT scan follow–up	3.34	3.34	XXX	0	0	0	0	0

(16) Diagnostic radiology, other procedures:

76390		A	Magnetic spectroscopy	12.65	12.65	XXX	0	0	0	0	0
76390	26	A	Magnetic spectroscopy	1.96	1.96	XXX	0	0	0	0	0
76390	TC	A	Magnetic spectroscopy	10.69	10.69	XXX	0	0	0	0	0
76400		A	Magnetic image	12.89	12.89	XXX	0	0	0	0	0
76400	26	A	Magnetic image	2.21	2.21	XXX	0	0	0	0	0
76400	TC	A	Magnetic image	10.69	10.69	XXX	0	0	0	0	0
76499		C	Radiographic procedure	0.00	0.00	XXX	0	0	0	0	0
76499	26	C	Radiographic procedure	0.00	0.00	XXX	0	0	0	0	0
76499	TC	C	Radiographic procedure	0.00	0.00	XXX	0	0	0	0	0

(17) Diagnostic ultrasound, head and neck:

76506		A	Echo exam of head	2.23	2.23	XXX	0	0	0	0	0
76506	26	A	Echo exam of head	0.87	0.87	XXX	0	0	0	0	0
76506	TC	A	Echo exam of head	1.35	1.35	XXX	0	0	0	0	0
76511		A	Echo exam of eye	2.31	2.31	XXX	0	3	0	0	0
76511	26	A	Echo exam of eye	1.12	1.12	XXX	0	3	0	0	0
76511	TC	A	Echo exam of eye	1.19	1.19	XXX	0	3	0	0	0
76512		A	Echo exam of eye	2.37	2.37	XXX	0	3	0	0	0
76512	26	A	Echo exam of eye	0.92	0.92	XXX	0	3	0	0	0
76512	TC	A	Echo exam of eye	1.46	1.46	XXX	0	3	0	0	0
76513		A	Echo exam of eye	2.37	2.37	XXX	0	3	0	0	0
76513	26	A	Echo exam of eye	0.92	0.92	XXX	0	3	0	0	0
76513	TC	A	Echo exam of eye	1.46	1.46	XXX	0	3	0	0	0
76516		A	Echo exam of eye	1.95	1.95	XXX	0	2	0	0	0
76516	26	A	Echo exam of eye	0.75	0.75	XXX	0	2	0	0	0
76516	TC	A	Echo exam of eye	1.19	1.19	XXX	0	2	0	0	0
76519		A	Echo exam of eye	1.95	1.95	XXX	0	2	0	0	0
76519	26	A	Echo exam of eye	0.75	0.75	XXX	0	3	0	0	0

76519	TC	A	Echo exam of eye	1.19	1.19	XXX	0	2	0	0	0
76529		A	Echo exam of eye	2.10	2.10	XXX	0	3	0	0	0
76529	26	A	Echo exam of eye	0.79	0.79	XXX	0	3	0	0	0
76529	TC	A	Echo exam of eye	1.31	1.31	XXX	0	3	0	0	0
76536		A	Echo exam of head, neck	2.14	2.14	XXX	0	0	0	0	0
76536	26	A	Echo exam of head, neck	0.78	0.78	XXX	0	0	0	0	0
76536	TC	A	Echo exam of head, neck	1.35	1.35	XXX	0	0	0	0	0

(18) Diagnostic ultrasound, chest:

76604		A	Echo exam of chest	2.01	2.01	XXX	0	0	0	0	0
76604	26	A	Echo exam of chest	0.77	0.77	XXX	0	0	0	0	0
76604	TC	A	Echo exam of chest	1.24	1.24	XXX	0	0	0	0	0
76645		A	Echo exam of breasts	1.76	1.76	XXX	0	2	0	0	0
76645	26	A	Echo exam of breasts	0.75	0.75	XXX	0	2	0	0	0
76645	TC	A	Echo exam of breasts	1.00	1.00	XXX	0	2	0	0	0

(19) Diagnostic ultrasound, abdomen and retroperitoneum:

76700		A	Echo exam of abdomen	3.00	3.00	XXX	0	0	0	0	0
76700	26	A	Echo exam of abdomen	1.12	1.12	XXX	0	0	0	0	0
76700	TC	A	Echo exam of abdomen	1.88	1.88	XXX	0	0	0	0	0
76705		A	Echo exam of abdomen	2.17	2.17	XXX	0	0	0	0	0
76705	26	A	Echo exam of abdomen	0.82	0.82	XXX	0	0	0	0	0
76705	TC	A	Echo exam of abdomen	1.35	1.35	XXX	0	0	0	0	0
76770		A	Echo exam of abdomen	2.91	2.91	XXX	0	0	0	0	0
76770	26	A	Echo exam of abdomen	1.03	1.03	XXX	0	0	0	0	0
76770	TC	A	Echo exam of abdomen	1.88	1.88	XXX	0	0	0	0	0
76775		A	Echo exam of abdomen	2.16	2.16	XXX	0	0	0	0	0
76775	26	A	Echo exam of abdomen	0.81	0.81	XXX	0	0	0	0	0
76775	TC	A	Echo exam of abdomen	1.35	1.35	XXX	0	0	0	0	0
76778		A	Echo exam of kidney	2.91	2.91	XXX	0	0	0	0	0
76778	26	A	Echo exam of kidney	1.03	1.03	XXX	0	0	0	0	0
76778	TC	A	Echo exam of kidney	1.88	1.88	XXX	0	0	0	0	0

(20) Diagnostic ultrasound, spinal canal:

76800		A	Echo exam of spinal canal	2.91	2.91	XXX	0	0	0	0	0
76800	26	A	Echo exam of spinal canal	1.55	1.55	XXX	0	0	0	0	0
76800	TC	A	Echo exam of spinal canal	1.35	1.35	XXX	0	0	0	0	0

(21) Diagnostic ultrasound, pelvis:

76805		A	Echo of pregnant uterus	3.38	3.38	XXX	0	0	0	0	0
76805	26	A	Echo of pregnant uterus	1.37	1.37	XXX	0	0	0	0	0
76805	TC	A	Echo of pregnant uterus	2.00	2.00	XXX	0	0	0	0	0
76810		A	Echo of pregnant uterus	6.71	6.71	XXX	0	0	0	0	0
76810	26	A	Echo of pregnant uterus	2.71	2.71	XXX	0	0	0	0	0
76810	TC	A	Echo of pregnant uterus	4.00	4.00	XXX	0	0	0	0	0
76815		A	Echo of pregnant uterus	2.26	2.26	XXX	0	0	0	0	0
76815	26	A	Echo of pregnant uterus	0.90	0.90	XXX	0	0	0	0	0
76815	TC	A	Echo of pregnant uterus	1.35	1.35	XXX	0	0	0	0	0
76816		A	Echo exam follow–up	1.85	1.85	XXX	0	0	0	0	0
76816	26	A	Echo exam follow–up	0.79	0.79	XXX	0	0	0	0	0
76816	TC	A	Echo exam follow–up	1.06	1.06	XXX	0	0	0	0	0
76818		A	Fetal biophysical profile	2.61	2.61	XXX	0	0	0	0	0
76818	26	A	Fetal biophysical profile	1.06	1.06	XXX	0	0	0	0	0
76818	TC	A	Fetal biophysical profile	1.54	1.54	XXX	0	0	0	0	0
76825		A	Echo exam of fetus	3.76	3.76	XXX	0	0	0	0	0
76825	26	A	Echo exam of fetus	1.88	1.88	XXX	0	0	0	0	0
76825	TC	A	Echo exam of fetus	1.88	1.88	XXX	0	0	0	0	0
76826		A	Echo exam of fetus	2.11	2.11	XXX	0	0	0	0	0
76826	26	A	Echo exam of fetus	1.44	1.44	XXX	0	0	0	0	0

76826	TC	A	Echo exam of fetus	0.67	0.67	XXX	0	0	0	0	0
76827		A	Echo exam of fetus	2.83	2.83	XXX	0	0	0	0	0
76827	26	A	Echo exam of fetus	1.17	1.17	XXX	0	0	0	0	0
76827	TC	A	Echo exam of fetus	1.66	1.66	XXX	0	0	0	0	0
76828		A	Echo exam of fetus	1.86	1.86	XXX	0	0	0	0	0
76828	26	A	Echo exam of fetus	0.79	0.79	XXX	0	0	0	0	0
76828	TC	A	Echo exam of fetus	1.07	1.07	XXX	0	0	0	0	0
76830		A	Echo exam, transvaginal	2.42	2.42	XXX	0	0	0	0	0
76830	26	A	Echo exam, transvaginal	0.96	0.96	XXX	0	0	0	0	0
76830	TC	A	Echo exam, transvaginal	1.46	1.46	XXX	0	0	0	0	0
76831		A	Echo exam of uterus	2.45	2.45	XXX	0	0	0	0	0
76831	26	A	Echo exam of uterus	0.99	0.99	XXX	0	0	0	0	0
76831	TC	A	Echo exam of uterus	1.46	1.46	XXX	0	0	0	0	0
76856		A	Echo exam of pelvis	2.42	2.42	XXX	0	0	0	0	0
76856	26	A	Echo exam of pelvis	0.96	0.96	XXX	0	0	0	0	0
76856	TC	A	Echo exam of pelvis	1.46	1.46	XXX	0	0	0	0	0
76857		A	Echo exam of pelvis	1.53	1.53	XXX	0	0	0	0	0
76857	26	A	Echo exam of pelvis	0.53	0.53	XXX	0	0	0	0	0
76857	TC	A	Echo exam of pelvis	1.00	1.00	XXX	0	0	0	0	0

(22) Diagnostic ultrasound, genitalia:

76870		A	Echo exam of scrotum	2.34	2.34	XXX	0	0	0	0	0
76870	26	A	Echo exam of scrotum	0.88	0.88	XXX	0	0	0	0	0
76870	TC	A	Echo exam of scrotum	1.46	1.46	XXX	0	0	0	0	0
76872		A	Echo exam of transrectal	2.42	2.42	XXX	0	0	0	0	0
76872	26	A	Echo exam of transrectal	0.96	0.96	XXX	0	0	0	0	0
76872	TC	A	Echo exam of transrectal	1.46	1.46	XXX	0	0	0	0	0

(23) Diagnostic ultrasound, extremities:

76880		A	Echo exam of extremity	2.17	2.17	XXX	0	0	0	0	0
76880	26	A	Echo exam of extremity	0.82	0.82	XXX	0	0	0	0	0
76880	TC	A	Echo exam of extremity	1.35	1.35	XXX	0	0	0	0	0
76885		A	Echo exam of infant	2.46	2.46	XXX	0	0	0	0	0
76885	26	A	Echo exam of infant	1.01	1.01	XXX	0	0	0	0	0
76885	TC	A	Echo exam of infant	1.46	1.46	XXX	0	0	0	0	0
76886		A	Echo exam of infant	2.20	2.20	XXX	0	0	0	0	0
76886	26	A	Echo exam of infant	0.85	0.85	XXX	0	0	0	0	0
76886	TC	A	Echo exam of infant	1.35	1.35	XXX	0	0	0	0	0

(24) Diagnostic ultrasound, ultrasonic guidance procedures:

76930		A	Echo guide, pericardium	2.39	2.39	XXX	0	0	0	0	0
76930	26	A	Echo guide, pericardium	0.94	0.94	XXX	0	0	0	0	0
76930	TC	A	Echo guide, pericardium	1.46	1.46	XXX	0	0	0	0	0
76932		A	Echo guide, biopsy	2.39	2.39	XXX	0	0	0	0	0
76932	26	A	Echo guide, biopsy	0.94	0.94	XXX	0	0	0	0	0
76932	TC	A	Echo guide, biopsy	1.46	1.46	XXX	0	0	0	0	0
76934		A	Echo guide, puncture	2.39	2.39	XXX	0	0	0	0	0
76934	26	A	Echo guide, puncture	0.94	0.94	XXX	0	0	0	0	0
76934	TC	A	Echo guide, puncture	1.46	1.46	XXX	0	0	0	0	0
76936		A	Echo guide, repair	9.06	9.06	XXX	0	0	0	0	0
76936	26	A	Echo guide, repair	3.06	3.06	XXX	0	0	0	0	0
76936	TC	A	Echo guide, repair	6.01	6.01	XXX	0	0	0	0	0
76938		A	Echo exam, cyst	2.39	2.39	XXX	0	0	0	0	0
76938	26	A	Echo exam, cyst	0.94	0.94	XXX	0	0	0	0	0
76938	TC	A	Echo exam, cyst	1.46	1.46	XXX	0	0	0	0	0
76941		A	Echo guide, fetal	3.32	3.32	XXX	0	0	0	0	0
76941	26	A	Echo guide, fetal	1.86	1.86	XXX	0	0	0	0	0
76941	TC	A	Echo guide, fetal	1.46	1.46	XXX	0	0	0	0	0
76942		A	Echo guide, fetal	2.39	2.39	XXX	0	0	0	0	0

76942	26	A	Echo guide, fetal	0.94	0.94	XXX	0	0	0	0	0
76942	TC	A	Echo guide, fetal	1.46	1.46	XXX	0	0	0	0	0
76945		A	Echo guide, villus	2.71	2.71	XXX	0	0	0	0	0
76945	26	A	Echo guide, villus	1.25	1.25	XXX	0	0	0	0	0
76945	TC	A	Echo guide, villus	1.46	1.46	XXX	0	0	0	0	0
76946		A	Echo guide, amniocentesis	1.98	1.98	XXX	0	0	0	0	0
76946	26	A	Echo guide, amniocentesis	0.53	0.53	XXX	0	0	0	0	0
76946	TC	A	Echo guide, amniocentesis	1.46	1.46	XXX	0	0	0	0	0
76948		A	Echo guide, ova	1.98	1.98	XXX	0	0	0	0	0
76948	26	A	Echo guide, ova	0.53	0.53	XXX	0	0	0	0	0
76948	TC	A	Echo guide, ova	1.46	1.46	XXX	0	0	0	0	0
76950		A	Echo guide radiotherapy	2.05	2.05	XXX	0	0	0	0	0
76950	26	A	Echo guide radiotherapy	0.81	0.81	XXX	0	0	0	0	0
76950	TC	A	Echo guide radiotherapy	1.24	1.24	XXX	0	0	0	0	0
76960		A	Echo guide radiotherapy	2.05	2.05	XXX	0	0	0	0	0
76960	26	A	Echo guide radiotherapy	0.81	0.81	XXX	0	0	0	0	0
76960	TC	A	Echo guide radiotherapy	1.24	1.24	XXX	0	0	0	0	0
76965		A	Echo guide radiotherapy	8.05	8.05	XXX	0	0	0	0	0
76965	26	A	Echo guide radiotherapy	2.74	2.74	XXX	0	0	0	0	0
76965	TC	A	Echo guide radiotherapy	5.31	5.31	XXX	0	0	0	0	0

(25) Diagnostic ultrasound, other procedures:

76970		A	Ultrasound follow–up	1.56	1.56	XXX	0	0	0	0	0
76970	26	A	Ultrasound follow–up	0.55	0.55	XXX	0	0	0	0	0
76970	TC	A	Ultrasound follow–up	1.00	1.00	XXX	0	0	0	0	0
76975		A	GI endoscopic ultrasound	2.55	2.55	XXX	0	0	0	0	0
76975	26	A	GI endoscopic ultrasound	1.09	1.09	XXX	0	0	0	0	0
76975	TC	A	GI endoscopic ultrasound	1.46	1.46	XXX	0	0	0	0	0
76986		A	Echo exam at surgery	4.15	4.15	XXX	0	0	0	0	0
76986	26	A	Echo exam at surgery	1.65	1.65	XXX	0	0	0	0	0
76986	TC	A	Echo exam at surgery	2.51	2.51	XXX	0	0	0	0	0
76999		C	Echo exam procedure	0.00	0.00	XXX	0	0	0	0	0
76999	26	C	Echo exam procedure	0.00	0.00	XXX	0	0	0	0	0
76999	TC	C	Echo exam procedure	0.00	0.00	XXX	0	0	0	0	0

(26) Radiation oncology, clinical treatment planning:

77261		A	Radiation therapy	1.91	1.91	XXX	0	0	0	0	0
77262		A	Radiation therapy	2.90	2.90	XXX	0	0	0	0	0
77263		A	Radiation therapy	4.31	4.31	XXX	0	0	0	0	0
77280		A	Set radiation therapy	4.29	4.29	XXX	0	0	0	0	0
77280	26	A	Set radiation therapy	0.97	0.97	XXX	0	0	0	0	0
77280	TC	A	Set radiation therapy	3.31	3.31	XXX	0	0	0	0	0
77285		A	Set radiation therapy	6.75	6.75	XXX	0	0	0	0	0
77285	26	A	Set radiation therapy	1.44	1.44	XXX	0	0	0	0	0
77285	TC	A	Set radiation therapy	5.32	5.32	XXX	0	0	0	0	0
77290		A	Set radiation therapy	8.36	8.36	XXX	0	0	0	0	0
77290	26	A	Set radiation therapy	2.15	2.15	XXX	0	0	0	0	0
77290	TC	A	Set radiation therapy	6.20	6.20	XXX	0	0	0	0	0
77295		A	Set radiation therapy	32.92	32.92	XXX	0	0	0	0	0
77295	26	A	Set radiation therapy	6.27	6.27	XXX	0	0	0	0	0
77295	TC	A	Set radiation therapy	26.65	26.65	XXX	0	0	0	0	0
77299		C	Radiation therapy	0.00	0.00	XXX	0	0	0	0	0
77299	26	C	Radiation therapy	0.00	0.00	XXX	0	0	0	0	0
77299	TC	C	Radiation therapy	0.00	0.00	XXX	0	0	0	0	0

(27) Radiation oncology, medical radiation physics, dosimetry, treatment devices, and special services:

77300		A	Radiation therapy	2.14	2.14	XXX	0	0	0	0	0
77300	26	A	Radiation therapy	0.86	0.86	XXX	0	0	0	0	0

77300	TC	A	Radiation therapy	1.28	1.28	XXX	0	0	0	0	0
77305		A	Radiation therapy	2.75	2.75	XXX	0	0	0	0	0
77305	26	A	Radiation therapy	0.97	0.97	XXX	0	0	0	0	0
77305	TC	A	Radiation therapy	1.78	1.78	XXX	0	0	0	0	0
77310		A	Radiation therapy	3.66	3.66	XXX	0	0	0	0	0
77310	26	A	Radiation therapy	1.44	1.44	XXX	0	0	0	0	0
77310	TC	A	Radiation therapy	2.23	2.23	XXX	0	0	0	0	0
77315		A	Radiation therapy	4.69	4.69	XXX	0	0	0	0	0
77315	26	A	Radiation therapy	2.15	2.15	XXX	0	0	0	0	0
77315	TC	A	Radiation therapy	2.54	2.54	XXX	0	0	0	0	0
77321		A	Radiation therapy	5.16	5.16	XXX	0	0	0	0	0
77321	26	A	Radiation therapy	1.31	1.31	XXX	0	0	0	0	0
77321	TC	A	Radiation therapy	3.85	3.85	XXX	0	0	0	0	0
77326		A	Radiation therapy	3.54	3.54	XXX	0	0	0	0	0
77326	26	A	Radiation therapy	1.28	1.28	XXX	0	0	0	0	0
77326	TC	A	Radiation therapy	2.26	2.26	XXX	0	0	0	0	0
77327		A	Radiation therapy	5.22	5.22	XXX	0	0	0	0	0
77327	26	A	Radiation therapy	1.91	1.91	XXX	0	0	0	0	0
77327	TC	A	Radiation therapy	3.31	3.31	XXX	0	0	0	0	0
77328		A	Radiation therapy	7.61	7.61	XXX	0	0	0	0	0
77328	26	A	Radiation therapy	2.87	2.87	XXX	0	0	0	0	0
77328	TC	A	Radiation therapy	4.73	4.73	XXX	0	0	0	0	0
77331		A	Special radiation	1.68	1.68	XXX	0	0	0	0	0
77331	26	A	Special radiation	1.20	1.20	XXX	0	0	0	0	0
77331	TC	A	Special radiation	0.48	0.48	XXX	0	0	0	0	0
77332		A	Radiation treatment	2.03	2.03	XXX	0	0	0	0	0
77332	26	A	Radiation treatment	0.75	0.75	XXX	0	0	0	0	0
77332	TC	A	Radiation treatment	1.28	1.28	XXX	0	0	0	0	0
77333		A	Radiation treatment	2.98	2.98	XXX	0	0	0	0	0
77333	26	A	Radiation treatment	1.16	1.16	XXX	0	0	0	0	0
77333	TC	A	Radiation treatment	1.81	1.81	XXX	0	0	0	0	0
77334		A	Radiation treatment	4.79	4.79	XXX	0	0	0	0	0
77334	26	A	Radiation treatment	1.69	1.69	XXX	0	0	0	0	0
77334	TC	A	Radiation treatment	3.10	3.10	XXX	0	0	0	0	0
77336		A	Radiation physics	2.84	2.84	XXX	0	0	0	0	0
77370		A	Radiation physics	3.33	3.33	XXX	0	0	0	0	0
77399		C	External radiation	0.00	0.00	XXX	0	0	0	0	0
77399	26	C	External radiation	0.00	0.00	XXX	0	0	0	0	0
77399	TC	C	External radiation	0.00	0.00	XXX	0	0	0	0	0

(28) Radiation oncology, radiation treatment delivery:

77401		A	Radiation treatment	1.69	1.69	XXX	0	0	0	0	0
77402		A	Radiation treatment	1.69	1.69	XXX	0	0	0	0	0
77403		A	Radiation treatment	1.69	1.69	XXX	0	0	0	0	0
77404		A	Radiation treatment	1.69	1.69	XXX	0	0	0	0	0
77406		A	Radiation treatment	1.69	1.69	XXX	0	0	0	0	0
77407		A	Radiation treatment	1.99	1.99	XXX	0	0	0	0	0
77408		A	Radiation treatment	1.99	1.99	XXX	0	0	0	0	0
77409		A	Radiation treatment	1.99	1.99	XXX	0	0	0	0	0
77411		A	Radiation treatment	1.99	1.99	XXX	0	0	0	0	0
77412		A	Radiation treatment	2.23	2.23	XXX	0	0	0	0	0
77413		A	Radiation treatment	2.23	2.23	XXX	0	0	0	0	0
77414		A	Radiation treatment	2.23	2.23	XXX	0	0	0	0	0
77416		A	Radiation treatment	2.23	2.23	XXX	0	0	0	0	0
77417		A	Radiology port films	0.56	0.56	XXX	0	0	0	0	0

(29) Radiation oncology, clinical treatment management:

77419		A	Weekly radiation	4.95	4.95	XXX	0	0	0	0	0
77420		A	Weekly radiation	2.22	2.22	XXX	0	0	0	0	0
77425		A	Weekly radiation	3.37	3.37	XXX	0	0	0	0	0

77430		A	Weekly radiation	4.95	4.95	XXX	0	0	0	0	0
77431		A	Radiation therapy	2.49	2.49	XXX	0	0	0	0	0
77432		A	Stereotactic radiation	12.19	12.19	XXX	0	0	0	0	0
77470		A	Special radiation	13.50	13.50	XXX	0	0	0	0	0
77470	26	A	Special radiation	2.87	2.87	XXX	0	0	0	0	0
77470	TC	A	Special radiation	10.62	10.62	XXX	0	0	0	0	0
77499		C	Radiation therapy	0.00	0.00	XXX	0	0	0	0	0
77499	26	C	Radiation therapy	0.00	0.00	XXX	0	0	0	0	0
77499	TC	C	Radiation therapy	0.00	0.00	XXX	0	0	0	0	0

(30) Radiation oncology, hyperthermia:

77600		R	Hyperthermia treatment	5.05	5.05	ZZZ	0	0	0	0	0
77600	26	R	Hyperthermia treatment	2.15	2.15	ZZZ	0	0	0	0	0
77600	TC	R	Hyperthermia treatment	2.90	2.90	ZZZ	0	0	0	0	0
77605		R	Hyperthermia treatment	6.75	6.75	ZZZ	0	0	0	0	0
77605	26	R	Hyperthermia treatment	2.87	2.87	ZZZ	0	0	0	0	0
77605	TC	R	Hyperthermia treatment	3.88	3.88	ZZZ	0	0	0	0	0
77610		R	Hyperthermia treatment	5.05	5.05	ZZZ	0	0	0	0	0
77610	26	R	Hyperthermia treatment	2.15	2.15	ZZZ	0	0	0	0	0
77610	TC	R	Hyperthermia treatment	2.90	2.90	ZZZ	0	0	0	0	0
77615		R	Hyperthermia treatment	6.75	6.75	ZZZ	0	0	0	0	0
77615	26	R	Hyperthermia treatment	2.87	2.87	ZZZ	0	0	0	0	0
77615	TC	R	Hyperthermia treatment	3.88	3.88	ZZZ	0	0	0	0	0

(31) Radiation oncology, clinical intracavitary hyperthermia:

77620		R	Hyperthermia treatment	5.05	5.05	ZZZ	0	0	0	0	0
77620	26	R	Hyperthermia treatment	2.15	2.15	ZZZ	0	0	0	0	0
77620	TC	R	Hyperthermia treatment	2.90	2.90	ZZZ	0	0	0	0	0

(32) Radiation oncology, clinical brachytherapy:

77750		A	Infuse radioelement	7.87	7.87	090	0	0	0	0	0
77750	26	A	Infuse radioelement	6.60	6.60	090	0	0	0	0	0
77750	TC	A	Infuse radioelement	1.27	1.27	090	0	0	0	0	0
77761		A	Radioelement application	7.52	7.52	090	0	0	0	0	0
77761	26	A	Radioelement application	5.12	5.12	090	0	0	0	0	0
77761	TC	A	Radioelement application	2.40	2.40	090	0	0	0	0	0
77762		A	Radioelement application	11.14	11.14	090	0	0	0	0	0
77762	26	A	Radioelement application	7.69	7.69	090	0	0	0	0	0
77762	TC	A	Radioelement application	3.44	3.44	090	0	0	0	0	0
77763		A	Radioelement application	15.80	15.80	090	0	0	0	0	0
77763	26	A	Radioelement application	11.51	11.51	090	0	0	0	0	0
77763	TC	A	Radioelement application	4.28	4.28	090	0	0	0	0	0
77776		A	Radioelement application	8.50	8.50	XXX	0	0	0	0	0
77776	26	A	Radioelement application	6.42	6.42	XXX	0	0	0	2	0
77776	TC	A	Radioelement application	2.08	2.08	XXX	0	0	0	0	0
77777		A	Radioelement application	14.11	14.11	090	0	0	0	0	0
77777	26	A	Radioelement application	10.06	10.06	090	0	0	0	2	0
77777	TC	A	Radioelement application	4.05	4.05	090	0	0	0	0	0
77778		A	Radioelement application	19.95	19.95	090	0	0	0	0	0
77778	26	A	Radioelement application	15.06	15.06	090	0	0	0	2	0
77778	TC	A	Radioelement application	4.89	4.89	090	0	0	0	0	0
77781		A	High intensity	21.59	21.59	090	0	0	0	0	0
77781	26	A	High intensity	2.23	2.23	090	0	0	0	0	0
77781	TC	A	High intensity	19.36	19.36	090	0	0	0	0	0
77782		A	High intensity	22.72	22.72	090	0	0	0	0	0
77782	26	A	High intensity	3.36	3.36	090	0	0	0	0	0
77782	TC	A	High intensity	19.36	19.36	090	0	0	0	0	0
77783		A	High intensity	24.37	24.37	090	0	0	0	0	0
77783	26	A	High intensity	5.01	5.01	090	0	0	0	0	0

77783	TC	A	High intensity	19.36	19.36	090	0	0	0	0	0
77784		A	High intensity	26.91	26.91	090	0	0	0	0	0
77784	26	A	High intensity	7.55	7.55	090	0	0	0	0	0
77784	TC	A	High intensity	19.36	19.36	090	0	0	0	0	0
77789		A	Radioelement application	1.93	1.93	090	0	0	0	0	0
77789	26	A	Radioelement application	1.50	1.50	090	0	0	0	0	0
77789	TC	A	Radioelement application	0.43	0.43	090	0	0	0	0	0
77790		A	Radioelement handling	1.92	1.92	XXX	0	0	0	0	0
77790	26	A	Radioelement handling	1.44	1.44	XXX	0	0	0	0	0
77790	TC	A	Radioelement handling	0.48	0.48	XXX	0	0	0	0	0
77799		C	Radium/radioisotope	0.00	0.00	XXX	0	0	0	0	0
77799	26	C	Radium/radioisotope	0.00	0.00	XXX	0	0	0	0	0
77799	TC	C	Radium/radioisotope	0.00	0.00	XXX	0	0	0	0	0

(33) Nuclear medicine, diagnostic:

78000		A	Thyroid, single	1.19	1.19	XXX	0	0	0	0	0
78000	26	A	Thyroid, single	0.26	0.26	XXX	0	0	0	0	0
78000	TC	A	Thyroid, single	0.92	0.92	XXX	0	0	0	0	0
78001		A	Thyroid, multiple	1.60	1.60	XXX	0	0	0	0	0
78001	26	A	Thyroid, multiple	0.36	0.36	XXX	0	0	0	0	0
78001	TC	A	Thyroid, multiple	1.24	1.24	XXX	0	0	0	0	0
78003		A	Thyroid, suppression	1.38	1.38	XXX	0	0	0	0	0
78003	26	A	Thyroid, suppression	0.46	0.46	XXX	0	0	0	0	0
78003	TC	A	Thyroid, suppression	0.92	0.92	XXX	0	0	0	0	0
78006		A	Thyroid imaging	2.95	2.95	XXX	0	0	0	0	0
78006	26	A	Thyroid imaging	0.67	0.67	XXX	0	0	0	0	0
78006	TC	A	Thyroid imaging	2.28	2.28	XXX	0	0	0	0	0
78007		A	Thyroid imaging	3.15	3.15	XXX	0	0	0	0	0
78007	26	A	Thyroid imaging	0.69	0.69	XXX	0	0	0	0	0
78007	TC	A	Thyroid imaging	2.45	2.45	XXX	0	0	0	0	0
78010		A	Thyroid imaging	2.27	2.27	XXX	0	0	0	0	0
78010	26	A	Thyroid imaging	0.53	0.53	XXX	0	0	0	0	0
78010	TC	A	Thyroid imaging	1.73	1.73	XXX	0	0	0	0	0
78011		A	Thyroid imaging	2.92	2.92	XXX	0	0	0	0	0
78011	26	A	Thyroid imaging	0.63	0.63	XXX	0	0	0	0	0
78011	TC	A	Thyroid imaging	2.29	2.29	XXX	0	0	0	0	0
78015		A	Thyroid metastases image	3.39	3.39	XXX	0	0	0	0	0
78015	26	A	Thyroid metastases image	0.94	0.94	XXX	0	0	0	0	0
78015	TC	A	Thyroid metastases image	2.45	2.45	XXX	0	0	0	0	0
78016		A	Thyroid metastases image	4.47	4.47	XXX	0	0	0	0	0
78016	26	A	Thyroid metastases image	1.14	1.14	XXX	0	0	0	0	0
78016	TC	A	Thyroid metasteses image	3.32	3.32	XXX	0	0	0	0	0
78017		A	Thyroid metasteses image	4.75	4.75	XXX	0	0	0	0	0
78017	26	A	Thyroid metasteses image	1.20	1.20	XXX	0	0	0	0	0
78017	TC	A	Thyroid metasteses image	3.55	3.55	XXX	0	0	0	0	0
78018		A	Thyroid metasteses image	6.49	6.49	XXX	0	0	0	0	0
78018	26	A	Thyroid, met imaging	1.31	1.31	XXX	0	0	0	0	0
78018	TC	A	Thyroid, met imaging	5.18	5.18	XXX	0	0	0	0	0
78070		A	Parathyroid nuclear	2.72	2.72	XXX	0	0	0	0	0
78070	26	A	Parathyroid nuclear	0.99	0.99	XXX	0	0	0	0	0
78070	TC	A	Parathyroid nuclear	1.73	1.73	XXX	0	0	0	0	0
78075		A	Adrenal nuclear	6.20	6.20	XXX	0	0	0	0	0
78075	26	A	Adrenal nuclear	1.03	1.03	XXX	0	0	0	0	0
78075	TC	A	Adrenal nuclear	5.18	5.18	XXX	0	0	0	0	0
78099		C	Endocrine, nuclear	0.00	0.00	XXX	0	0	0	0	0
78099	26	C	Endocrine, nuclear	0.00	0.00	XXX	0	0	0	0	0
78099	TC	C	Endocrine, nuclear	0.00	0.00	XXX	0	0	0	0	0

(34) Nuclear medicine, hematopoietic, reticuloendothelial and lymphatic system:

78102		A	Bone marrow imaging	2.71	2.71	XXX	0	0	0	0	0
78102	26	A	Bone marrow imaging	0.76	0.76	XXX	0	0	0	0	0
78102	TC	A	Bone marrow imaging	1.95	1.95	XXX	0	0	0	0	0
78103		A	Bone marrow imaging	4.06	4.06	XXX	0	0	0	0	0
78103	26	A	Bone marrow imaging	1.04	1.04	XXX	0	0	0	0	0
78103	TC	A	Bone marrow imaging	3.02	3.02	XXX	0	0	0	0	0
78104		A	Bone marrow imaging	5.00	5.00	XXX	0	0	0	0	0
78104	26	A	Bone marrow imaging	1.11	1.11	XXX	0	0	0	0	0
78104	TC	A	Bone marrow imaging	3.89	3.89	XXX	0	0	0	0	0
78110		A	Plasma volume	1.17	1.17	XXX	0	0	0	0	0
78110	26	A	Plasma volume	0.26	0.26	XXX	0	0	0	0	0
78110	TC	A	Plasma volume	0.90	0.90	XXX	0	0	0	0	0
78111		A	Plasma volume	2.76	2.76	XXX	0	0	0	0	0
78111	26	A	Plasma volume	0.31	0.31	XXX	0	0	0	0	0
78111	TC	A	Plasma volume	2.45	2.45	XXX	0	0	0	0	0
78120		A	Red cell mass, single	1.98	1.98	XXX	0	0	0	0	0
78120	26	A	Red cell mass, single	0.33	0.33	XXX	0	0	0	0	0
78120	TC	A	Red cell mass, single	1.65	1.65	XXX	0	0	0	0	0
78121		A	Red cell mass, multiple	3.22	3.22	XXX	0	0	0	0	0
78121	26	A	Red cell mass, multiple	0.45	0.45	XXX	0	0	0	0	0
78121	TC	A	Red cell mass, multiple	2.77	2.77	XXX	0	0	0	0	0
78122		A	Whole blood volume	5.01	5.01	XXX	0	0	0	0	0
78122	26	A	Whole blood volume	0.62	0.62	XXX	0	0	0	0	0
78122	TC	A	Whole blood volume	4.40	4.40	XXX	0	0	0	0	0
78130		A	Red cell survival	3.57	3.57	XXX	0	0	0	0	0
78130	26	A	Red cell survival	0.85	0.85	XXX	0	0	0	0	0
78130	TC	A	Red cell survival	2.72	2.72	XXX	0	0	0	0	0
78135		A	Red cell survival	5.53	5.53	XXX	0	0	0	0	0
78135	26	A	Red cell survival	0.88	0.88	XXX	0	0	0	0	0
78135	TC	A	Red cell survival	4.65	4.65	XXX	0	0	0	0	0
78140		A	Red cell sequestration	4.60	4.60	XXX	0	0	0	0	0
78140	26	A	Red cell sequestration	0.85	0.85	XXX	0	0	0	0	0
78140	TC	A	Red cell sequestration	3.75	3.75	XXX	0	0	0	0	0
78160		A	Plasma iron turnover	3.95	3.95	XXX	0	0	0	0	0
78160	26	A	Plasma iron turnover	0.46	0.46	XXX	0	0	0	0	0
78160	TC	A	Plasma iron turnover	3.49	3.49	XXX	0	0	0	0	0
78162		A	Iron absorption	3.67	3.67	XXX	0	0	0	0	0
78162	26	A	Iron absorption	0.62	0.62	XXX	0	0	0	0	0
78162	TC	A	Iron absorption	3.05	3.05	XXX	0	0	0	0	0
78170		A	Red cell iron use	5.63	5.63	XXX	0	0	0	0	0
78170	26	A	Red cell iron use	0.56	0.56	XXX	0	0	0	0	0
78170	TC	A	Red cell iron use	5.06	5.06	XXX	0	0	0	0	0
78172		C	Total body iron	0.00	0.00	XXX	0	0	0	0	0
78172	26	A	Total body iron	0.74	0.74	XXX	0	0	0	0	0
78172	TC	C	Total body iron	0.00	0.00	XXX	0	0	0	0	0
78185		A	Spleen imaging	2.81	2.81	XXX	0	0	0	0	0
78185	26	A	Spleen imaging	0.55	0.55	XXX	0	0	0	0	0
78185	TC	A	Spleen imaging	2.26	2.26	XXX	0	0	0	0	0
78190		A	Platelet survival	6.95	6.95	XXX	0	0	0	0	0
78190	26	A	Platelet survival	1.49	1.49	XXX	0	0	0	0	0
78190	TC	A	Platelet survival	5.46	5.46	XXX	0	0	0	0	0
78191		A	Platelet survival	7.84	7.84	XXX	0	0	0	0	0
78191	26	A	Platelet survival	0.85	0.85	XXX	0	0	0	0	0
78191	TC	A	Platelet survival	6.99	6.99	XXX	0	0	0	0	0
78195		A	Lymph system imaging	5.31	5.31	XXX	0	0	0	0	0
78195	26	A	Lymph system imaging	1.43	1.43	XXX	0	0	0	0	0
78195	TC	A	Lymph system imaging	3.89	3.89	XXX	0	0	0	0	0
78199		C	Blood/lymph, nuclear	0.00	0.00	XXX	0	0	0	0	0
78199	26	C	Blood/lymph, nuclear	0.00	0.00	XXX	0	0	0	0	0

78199	TC	C	Blood/lymph, nuclear	0.00	0.00	XXX	0	0	0	0	0
(35) Nuclear medicine, gastrointestinal system:											
78201		A	Liver imaging	2.86	2.86	XXX	0	0	0	0	0
78201	26	A	Liver imaging	0.60	0.60	XXX	0	0	0	0	0
78201	TC	A	Liver imaging	2.26	2.26	XXX	0	0	0	0	0
78202		A	Liver imaging	3.46	3.46	XXX	0	0	0	0	0
78202	26	A	Liver imaging	0.71	0.71	XXX	0	0	0	0	0
78202	TC	A	Liver imaging	2.75	2.75	XXX	0	0	0	0	0
78205		A	Liver imaging	6.63	6.63	XXX	0	0	0	0	0
78205	26	A	Liver imaging	0.99	0.99	XXX	0	0	0	0	0
78205	TC	A	Liver imaging	5.64	5.64	XXX	0	0	0	0	0
78215		A	Liver and spleen imaging	3.47	3.47	XXX	0	0	0	0	0
78215	26	A	Liver and spleen imaging	0.67	0.67	XXX	0	0	0	0	0
78215	TC	A	Liver and spleen imaging	2.80	2.80	XXX	0	0	0	0	0
78216		A	Liver and spleen imaging	4.11	4.11	XXX	0	0	0	0	0
78216	26	A	Liver and spleen imaging	0.79	0.79	XXX	0	0	0	0	0
78216	TC	A	Liver and spleen imaging	3.32	3.32	XXX	0	0	0	0	0
78220		A	Liver function study	4.22	4.22	XXX	0	0	0	0	0
78220	26	A	Liver function study	0.67	0.67	XXX	0	0	0	0	0
78220	TC	A	Liver function study	3.55	3.55	XXX	0	0	0	0	0
78223		A	Hepatobiliary imaging	4.66	4.66	XXX	0	0	0	0	0
78223	26	A	Hepatobiliary imaging	1.16	1.16	XXX	0	0	0	0	0
78223	TC	A	Hepatobiliary imaging	3.49	3.49	XXX	0	0	0	0	0
78230		A	Salivary gland imaging	2.70	2.70	XXX	0	0	0	0	0
78230	26	A	Salivary gland imaging	0.63	0.63	XXX	0	0	0	0	0
78230	TC	A	Salivary gland imaging	2.08	2.08	XXX	0	0	0	0	0
78231		A	Serial salivary imaging	3.75	3.75	XXX	0	0	0	0	0
78231	26	A	Serial salivary imaging	0.73	0.73	XXX	0	0	0	0	0
78231	TC	A	Serial salivary imaging	3.02	3.02	XXX	0	0	0	0	0
78232		A	Salivary gland study	4.03	4.03	XXX	0	0	0	0	0
78232	26	A	Salivary gland study	0.66	0.66	XXX	0	0	0	0	0
78232	TC	A	Salivary gland study	3.37	3.37	XXX	0	0	0	0	0
78258		A	Esophageal motion	3.78	3.78	XXX	0	0	0	0	0
78258	26	A	Esophageal motion	1.03	1.03	XXX	0	0	0	0	0
78258	TC	A	Esophageal motion	2.75	2.75	XXX	0	0	0	0	0
78261		A	Gastric mucosa imaging	4.88	4.88	XXX	0	0	0	0	0
78261	26	A	Gastric mucosa imaging	0.96	0.96	XXX	0	0	0	0	0
78261	TC	A	Gastric mucosa imaging	3.91	3.91	XXX	0	0	0	0	0
78262		A	Gastroesophageal study	5.00	5.00	XXX	0	0	0	0	0
78262	26	A	Gastroesophageal study	0.94	0.94	XXX	0	0	0	0	0
78262	TC	A	Gastroesophageal study	4.06	4.06	XXX	0	0	0	0	0
78264		A	Gastric emptying study	5.02	5.02	XXX	0	0	0	0	0
78264	26	A	Gastric emptying study	1.08	1.08	XXX	0	0	0	0	0
78264	TC	A	Gastric emptying study	3.93	3.93	XXX	0	0	0	0	0
78270		A	Vitamin B–12 absorption	1.76	1.76	XXX	0	0	0	0	0
78270	26	A	Vitamin B–12 absorption	0.28	0.28	XXX	0	0	0	0	0
78270	TC	A	Vitamin B–12 absorption	1.48	1.48	XXX	0	0	0	0	0
78271		A	Vitamin B–12 absorption	1.86	1.86	XXX	0	0	0	0	0
78271	26	A	Vitamin B–12 absorption	0.28	0.28	XXX	0	0	0	0	0
78271	TC	A	Vitamin B–12 absorption	1.57	1.57	XXX	0	0	0	0	0
78272		A	Vitamin B–12 absorption	2.60	2.60	XXX	0	0	0	0	0
78272	26	A	Vitamin B–12 absorption	0.38	0.38	XXX	0	0	0	0	0
78272	TC	A	Vitamin B–12 absorption	2.22	2.22	XXX	0	0	0	0	0
78278		A	Acute GI blood loss	6.02	6.02	XXX	0	0	0	0	0
78278	26	A	Acute GI blood loss	1.37	1.37	XXX	0	0	0	0	0
78278	TC	A	Acute GI blood loss	4.65	4.65	XXX	0	0	0	0	0
78282		C	GI protein loss	0.00	0.00	XXX	0	0	0	0	0
78282	26	A	GI protein loss	0.53	0.53	XXX	0	0	0	0	0
78282	TC	C	GI protein loss	0.00	0.00	XXX	0	0	0	0	0

78290		A	Meckel's divert exam	3.84	3.84	XXX	0	0	0	0	0
78290	26	A	Meckel's divert exam	0.94	0.94	XXX	0	0	0	0	0
78290	TC	A	Meckel's divert exam	2.90	2.90	XXX	0	0	0	0	0
78291		A	Shunt patency test	4.13	4.13	XXX	0	0	0	0	0
78291	26	A	Shunt patency test	1.21	1.21	XXX	0	0	0	0	0
78291	TC	A	Shunt patency test	2.92	2.92	XXX	0	0	0	0	0
78299		C	GI nuclear procedure	0.00	0.00	XXX	0	0	0	0	0
78299	26	C	GI nuclear procedure	0.00	0.00	XXX	0	0	0	0	0
78299	TC	C	GI nuclear procedure	0.00	0.00	XXX	0	0	0	0	0

(36) Nuclear medicine, musculoskeletal system:

78300		A	Bone imaging, limited	3.24	3.24	XXX	0	0	0	0	0
78300	26	A	Bone imaging, limited	0.87	0.87	XXX	0	0	0	0	0
78300	TC	A	Bone imaging, limited	2.38	2.38	XXX	0	0	0	0	0
78305		A	Bone imaging, multiple	4.65	4.65	XXX	0	0	0	0	0
78305	26	A	Bone imaging, multiple	1.15	1.15	XXX	0	0	0	0	0
78305	TC	A	Bone imaging, multiple	3.49	3.49	XXX	0	0	0	0	0
78306		A	Bone imaging, whole body	5.27	5.27	XXX	2	0	0	0	0
78306	26	A	Bone imaging, whole body	1.19	1.19	XXX	2	0	0	0	0
78306	TC	A	Bone imaging, whole body	4.07	4.07	XXX	2	0	0	0	0
78315		A	Bone imaging, three	5.95	5.95	XXX	0	0	0	0	0
78315	26	A	Bone imaging, three	1.40	1.40	XXX	0	0	0	0	0
78315	TC	A	Bone imaging, three	4.56	4.56	XXX	0	0	0	0	0
78320		A	Bone imaging	7.06	7.06	XXX	2	0	0	0	0
78320	26	A	Bone imaging	1.43	1.43	XXX	2	0	0	0	0
78320	TC	A	Bone imaging	5.64	5.64	XXX	2	0	0	0	0
78350		A	Bone mineral, study	1.03	1.03	XXX	0	0	0	0	0
78350	26	A	Bone mineral, study	0.31	0.31	XXX	0	0	0	0	0
78350	TC	A	Bone mineral, study	0.72	0.72	XXX	0	0	0	0	0
78351		N	Bone mineral, dual	0.00	0.00	XXX	9	9	9	9	9
78399		C	Musculoskeletal procedure	0.00	0.00	XXX	0	0	0	0	0
78399	26	C	Musculoskeletal procedure	0.00	0.00	XXX	0	0	0	0	0
78399	TC	C	Musculoskeletal procedure	0.00	0.00	XXX	0	0	0	0	0

(37) Nuclear medicine, cardiovascular system:

78414		C	Nonimaging heart	0.00	0.00	XXX	0	0	0	0	0
78414	26	A	Nonimaging heart	0.62	0.62	XXX	0	0	0	0	0
78414	TC	C	Nonimaging heart	0.00	0.00	XXX	0	0	0	0	0
78428		A	Cardiac shunt imaging	3.24	3.24	XXX	0	0	0	0	0
78428	26	A	Cardiac shunt imaging	1.08	1.08	XXX	0	0	0	0	0
78428	TC	A	Cardiac shunt imaging	2.15	2.15	XXX	0	0	0	0	0
78445		A	Vascular flow imaging	2.47	2.47	XXX	0	0	0	0	0
78445	26	A	Vascular flow imaging	0.70	0.70	XXX	0	0	0	0	0
78445	TC	A	Vascular flow imaging	1.77	1.77	XXX	0	0	0	0	0
78455		A	Venous thrombosis study	4.81	4.81	XXX	0	0	0	0	0
78455	26	A	Venous thrombosis study	1.01	1.01	XXX	0	0	0	0	0
78455	TC	A	Venous thrombosis study	3.80	3.80	XXX	0	0	0	0	0
78457		A	Venous thrombosis imaging	3.60	3.60	XXX	0	0	0	0	0
78457	26	A	Venous thrombosis imaging	1.06	1.06	XXX	0	0	0	0	0
78457	TC	A	Venous thrombosis imaging	2.54	2.54	XXX	0	0	0	0	0
78458		A	Venous thrombosis imaging	5.07	5.07	XXX	0	2	0	0	0
78458	26	A	Venous thrombosis imaging	1.24	1.24	XXX	0	2	0	0	0
78458	TC	A	Venous thrombosis imaging	3.83	3.83	XXX	0	2	0	0	0
78459		I	Heart muscle imaging	0.00	0.00	XXX	9	9	9	9	9
78459	26	I	Heart muscle imaging	0.00	0.00	XXX	9	9	9	9	9
78459	TC	I	Heart muscle imaging	0.00	0.00	XXX	9	9	9	9	9
78460		A	Heart muscle blood	3.45	3.45	XXX	0	0	0	0	0
78460	26	A	Heart muscle blood	1.19	1.19	XXX	0	0	0	0	0
78460	TC	A	Heart muscle blood	2.26	2.26	XXX	0	0	0	0	0
78461		A	Heart muscle blood	6.19	6.19	XXX	0	0	0	0	0

78461	26	A	Heart muscle blood	1.68	1.68	XXX	0	0	0	0	0
78461	TC	A	Heart muscle blood	4.51	4.51	XXX	0	0	0	0	0
78464		A	Heart image	8.24	8.24	XXX	0	0	0	0	0
78464	26	A	Heart image	1.49	1.49	XXX	0	0	0	0	0
78464	TC	A	Heart image	6.75	6.75	XXX	0	0	0	0	0
78465		A	Heart image	13.25	13.25	XXX	0	0	0	0	0
78465	26	A	Heart image	2.01	2.01	XXX	0	0	0	0	0
78465	TC	A	Heart image	11.24	11.24	XXX	0	0	0	0	0
78466		A	Heart infarct image	3.47	3.47	XXX	0	0	0	0	0
78466	26	A	Heart infarct image	0.96	0.96	XXX	0	0	0	0	0
78466	TC	A	Heart infarct image	2.51	2.51	XXX	0	0	0	0	0
78468		A	Heart infarct image	4.59	4.59	XXX	0	0	0	0	0
78468	26	A	Heart infarct image	1.10	1.10	XXX	0	0	0	0	0
78468	TC	A	Heart infarct image	3.49	3.49	XXX	0	0	0	0	0
78469		A	Heart infarct image	6.25	6.25	XXX	0	0	0	0	0
78469	26	A	Heart infarct image	1.26	1.26	XXX	0	0	0	0	0
78469	TC	A	Heart infarct image	4.99	4.99	XXX	0	0	0	0	0
78472		A	Gated heart	6.61	6.61	XXX	0	0	0	0	0
78472	26	A	Gated heart	1.35	1.35	XXX	0	0	0	0	0
78472	TC	A	Gated heart	5.26	5.26	XXX	0	0	0	0	0
78473		A	Gated heart, multiple	9.89	9.89	XXX	0	0	0	0	0
78473	26	A	Gated heart, multiple	2.02	2.02	XXX	0	0	0	0	0
78473	TC	A	Gated heart, multiple	7.87	7.87	XXX	0	0	0	0	0
78478		A	Heart wall motion	2.34	2.34	XXX	0	0	0	0	0
78478	26	A	Heart wall motion	0.86	0.86	XXX	0	0	0	0	0
78478	TC	A	Heart wall motion	1.48	1.48	XXX	0	0	0	0	0
78480		A	Heart function	2.34	2.34	XXX	0	0	0	0	0
78480	26	A	Heart function	0.86	0.86	XXX	0	0	0	0	0
78480	TC	A	Heart function	1.48	1.48	XXX	0	0	0	0	0
78481		A	Heart first pass	6.34	6.34	XXX	0	0	0	0	0
78481	26	A	Heart first pass	1.35	1.35	XXX	0	0	0	0	0
78481	TC	A	Heart first pass	4.99	4.99	XXX	0	0	0	0	0
78483		A	Heart first pass	9.52	9.52	XXX	0	0	0	0	0
78483	26	A	Heart first pass	2.02	2.02	XXX	0	0	0	0	0
78483	TC	A	Heart first pass	7.50	7.50	XXX	0	0	0	0	0
78491		I	Heart image	0.00	0.00	XXX	9	9	9	9	9
78491	26	I	Heart image	0.00	0.00	XXX	9	9	9	9	9
78491	TC	I	Heart image	0.00	0.00	XXX	9	9	9	9	9
78492		I	Heart image	0.00	0.00	XXX	9	9	9	9	9
78492	26	I	Heart image	0.00	0.00	XXX	9	9	9	9	9
78492	TC	I	Heart image	0.00	0.00	XXX	9	9	9	9	9
78499		C	Cardiovascular procedure	0.00	0.00	XXX	0	0	0	0	0
78499	26	C	Cardiovascular procedure	0.00	0.00	XXX	0	0	0	0	0
78499	TC	C	Cardiovascular procedure	0.00	0.00	XXX	0	0	0	0	0

(38) Nuclear medicine, respiratory system:

78580		A	Lung perfusion imaging	4.30	4.30	XXX	0	0	0	0	0
78580	26	A	Lung perfusion imaging	1.03	1.03	XXX	0	0	0	0	0
78580	TC	A	Lung perfusion imaging	3.27	3.27	XXX	0	0	0	0	0
78584		A	Lung V/Q imaging	4.42	4.42	XXX	0	0	0	0	0
78584	26	A	Lung V/Q imaging	1.37	1.37	XXX	0	0	0	0	0
78584	TC	A	Lung V/Q imaging	3.05	3.05	XXX	0	0	0	0	0
78585		A	Lung V/Q imaging	6.87	6.87	XXX	0	0	0	0	0
78585	26	A	Lung V/Q imaging	1.49	1.49	XXX	0	0	0	0	0
78585	TC	A	Lung V/Q imaging	5.37	5.37	XXX	0	0	0	0	0
78586		A	Aerosol lung imaging	3.03	3.03	XXX	0	0	0	0	0
78586	26	A	Aerosol lung imaging	0.55	0.55	XXX	0	0	0	0	0
78586	TC	A	Aerosol lung imaging	2.47	2.47	XXX	0	0	0	0	0
78587		A	Aerosol lung imaging	3.35	3.35	XXX	0	0	0	0	0
78587	26	A	Aerosol lung imaging	0.67	0.67	XXX	0	0	0	0	0

78587	TC	A	Aerosol lung imaging	2.67	2.67	XXX	0	0	0	0	0
78591		A	Vent imaging, 1 breath	3.27	3.27	XXX	0	0	0	0	0
78591	26	A	Vent imaging, 1 breath	0.55	0.55	XXX	0	0	0	0	0
78591	TC	A	Vent imaging, 1 breath	2.72	2.72	XXX	0	0	0	0	0
78593		A	Vent imaging, 1 pulse	3.97	3.97	XXX	0	0	0	0	0
78593	26	A	Vent imaging, 1 pulse	0.67	0.67	XXX	0	0	0	0	0
78593	TC	A	Vent imaging, 1 pulse	3.29	3.29	XXX	0	0	0	0	0
78594		A	Vent imaging, multiple	5.50	5.50	XXX	0	0	0	0	0
78594	26	A	Vent imaging, multiple	0.74	0.74	XXX	0	0	0	0	0
78594	TC	A	Vent imaging, multiple	4.75	4.75	XXX	0	0	0	0	0
78596		A	Lung differential	8.49	8.49	XXX	0	0	0	0	0
78596	26	A	Lung differential	1.74	1.74	XXX	0	0	0	0	0
78596	TC	A	Lung differential	6.75	6.75	XXX	0	0	0	0	0
78599		C	Respiratory, nuclear	0.00	0.00	XXX	0	0	0	0	0
78599	26	C	Respiratory, nuclear	0.00	0.00	XXX	0	0	0	0	0
78599	TC	C	Respiratory, nuclear	0.00	0.00	XXX	0	0	0	0	0

(39) Nuclear medicine, nervous system:

78600		A	Brain imaging	3.36	3.36	XXX	0	0	0	0	0
78600	26	A	Brain imaging	0.61	0.61	XXX	0	0	0	0	0
78600	TC	A	Brain imaging	2.75	2.75	XXX	0	0	0	0	0
78601		A	Brain ltd imaging	3.96	3.96	XXX	0	0	0	0	0
78601	26	A	Brain ltd imaging	0.72	0.72	XXX	0	0	0	0	0
78601	TC	A	Brain ltd imaging	3.24	3.24	XXX	0	0	0	0	0
78605		A	Brain imaging	3.98	3.98	XXX	0	0	0	0	0
78605	26	A	Brain imaging	0.74	0.74	XXX	0	0	0	0	0
78605	TC	A	Brain imaging	3.24	3.24	XXX	0	0	0	0	0
78606		A	Brain imaging	4.57	4.57	XXX	0	0	0	0	0
78606	26	A	Brain imaging	0.88	0.88	XXX	0	0	0	0	0
78606	TC	A	Brain imaging	3.69	3.69	XXX	0	0	0	0	0
78607		A	Brain imaging	7.93	7.93	XXX	0	0	0	0	0
78607	26	A	Brain imaging	1.68	1.68	XXX	0	0	0	0	0
78607	TC	A	Brain imaging	6.25	6.25	XXX	0	0	0	0	0
78608		N	Brain imaging	0.00	0.00	XXX	9	9	9	9	9
78609		N	Brain imaging	0.00	0.00	XXX	9	9	9	9	9
78610		A	Brain flow imaging	1.92	1.92	XXX	0	0	0	0	0
78610	26	A	Brain flow imaging	0.42	0.42	XXX	0	0	0	0	0
78610	TC	A	Brain flow imaging	1.50	1.50	XXX	0	0	0	0	0
78615		A	Cerebral blood flow	4.25	4.25	XXX	0	0	0	0	0
78615	26	A	Cerebral blood flow	0.58	0.58	XXX	0	0	0	0	0
78615	TC	A	Cerebral blood flow	3.67	3.67	XXX	0	0	0	0	0
78630		A	Cerebrospinal fluid flow	5.75	5.75	XXX	0	0	0	0	0
78630	26	A	Cerebrospinal fluid flow	0.94	0.94	XXX	0	0	0	0	0
78630	TC	A	Cerebrospinal fluid flow	4.81	4.81	XXX	0	0	0	0	0
78635		A	CSF ventriculography	3.27	3.27	XXX	0	0	0	0	0
78635	26	A	CSF ventriculography	0.85	0.85	XXX	0	0	0	0	0
78635	TC	A	CSF ventriculography	2.43	2.43	XXX	0	0	0	0	0
78645		A	CSF shunt evaluation	4.07	4.07	XXX	0	0	0	0	0
78645	26	A	CSF shunt evaluation	0.79	0.79	XXX	0	0	0	0	0
78645	TC	A	CSF shunt evaluation	3.27	3.27	XXX	0	0	0	0	0
78647		A	Cerebrospinal	6.88	6.88	XXX	0	0	0	0	0
78647	26	A	Cerebrospinal	1.25	1.25	XXX	0	0	0	0	0
78647	TC	A	Cerebrospinal	5.64	5.64	XXX	0	0	0	0	0
78650		A	CSF leakage imaging	5.27	5.27	XXX	0	0	0	0	0
78650	26	A	CSF leakage imaging	0.85	0.85	XXX	0	0	0	0	0
78650	TC	A	CSF leakage imaging	4.42	4.42	XXX	0	0	0	0	0
78660		A	Nuclear exam	2.77	2.77	XXX	0	0	0	0	0
78660	26	A	Nuclear exam	0.74	0.74	XXX	0	0	0	0	0
78660	TC	A	Nuclear exam	2.02	2.02	XXX	0	0	0	0	0
78699		C	Nervous system procedure	0.00	0.00	XXX	0	0	0	0	0

78699	26	C	Nervous system procedure	0.00	0.00	XXX	0	0	0	0	0
78699	TC	C	Nervous system procedure	0.00	0.00	XXX	0	0	0	0	0
(40) Nuclear medicine, genitourinary system:											
78700		A	Kidney imaging	3.52	3.52	XXX	0	0	0	0	0
78700	26	A	Kidney imaging	0.62	0.62	XXX	0	0	0	0	0
78700	TC	A	Kidney imaging	2.90	2.90	XXX	0	0	0	0	0
78701		A	Kidney imaging	4.06	4.06	XXX	0	0	0	0	0
78701	26	A	Kidney imaging	0.67	0.67	XXX	0	0	0	0	0
78701	TC	A	Kidney imaging	3.39	3.39	XXX	0	0	0	0	0
78704		A	Imaging renogram	4.80	4.80	XXX	0	0	0	0	0
78704	26	A	Imaging renogram	1.03	1.03	XXX	0	0	0	0	0
78704	TC	A	Imaging renogram	3.77	3.77	XXX	0	0	0	0	0
78707		A	Kidney flow and function	5.57	5.57	XXX	0	0	0	0	0
78707	26	A	Kidney flow and function	1.31	1.31	XXX	0	0	0	0	0
78707	TC	A	Kidney flow and function	4.26	4.26	XXX	0	0	0	0	0
78708		A	Kidney flow and function	5.80	5.80	XXX	0	0	0	0	0
78708	26	A	Kidney flow and function	1.54	1.54	XXX	0	0	0	0	0
78708	TC	A	Kidney flow and function	4.26	4.26	XXX	0	0	0	0	0
78709		A	Kidney flow and function	5.98	5.98	XXX	0	0	0	0	0
78709	26	A	Kidney flow and function	1.72	1.72	XXX	0	0	0	0	0
78709	TC	A	Kidney flow and function	4.26	4.26	XXX	0	0	0	0	0
78710		A	Kidney imaging	6.55	6.55	XXX	0	0	0	0	0
78710	26	A	Kidney imaging	0.92	0.92	XXX	0	0	0	0	0
78710	TC	A	Kidney imaging	5.64	5.64	XXX	0	0	0	0	0
78715		A	Renal vascular	1.92	1.92	XXX	0	0	0	0	0
78715	26	A	Renal vascular	0.42	0.42	XXX	0	0	0	0	0
78715	TC	A	Renal vascular	1.50	1.50	XXX	0	0	0	0	0
78725		A	Kidney function study	2.23	2.23	XXX	0	0	0	0	0
78725	26	A	Kidney function study	0.53	0.53	XXX	0	0	0	0	0
78725	TC	A	Kidney function study	1.70	1.70	XXX	0	0	0	0	0
78726		D	Kidney function	4.02	4.02	XXX	0	0	0	0	0
78726	26	D	Kidney function	1.20	1.20	XXX	0	0	0	0	0
78726	TC	D	Kidney function	2.82	2.82	XXX	0	0	0	0	0
78727		D	Kidney transplant	5.18	5.18	XXX	0	0	0	0	0
78727	26	D	Kidney transplant	1.37	1.37	XXX	0	0	0	0	0
78727	TC	D	Kidney transplant	3.80	3.80	XXX	0	0	0	0	0
78730		A	Urinary bladder study	1.88	1.88	XXX	0	0	0	0	0
78730	26	A	Urinary bladder study	0.49	0.49	XXX	0	0	0	0	0
78730	TC	A	Urinary bladder study	1.39	1.39	XXX	0	0	0	0	0
78740		A	Ureteral reflux study	2.81	2.81	XXX	0	0	0	0	0
78740	26	A	Ureteral reflux study	0.79	0.79	XXX	0	0	0	0	0
78740	TC	A	Ureteral reflux study	2.02	2.02	XXX	0	0	0	0	0
78760		A	Testicular imaging	3.47	3.47	XXX	0	0	0	0	0
78760	26	A	Testicular imaging	0.91	0.91	XXX	0	0	0	0	0
78760	TC	A	Testicular imaging	2.56	2.56	XXX	0	0	0	0	0
78761		A	Testicular imaging	4.04	4.04	XXX	0	0	0	0	0
78761	26	A	Testicular imaging	0.99	0.99	XXX	0	0	0	0	0
78761	TC	A	Testicular imaging	3.05	3.05	XXX	0	0	0	0	0
78799		C	Genitourinary, nuclear	0.00	0.00	XXX	0	0	0	0	0
78799	26	C	Genitourinary, nuclear	0.00	0.00	XXX	0	0	0	0	0
78799	TC	C	Genitourinary, nuclear	0.00	0.00	XXX	0	0	0	0	0
(41) Nuclear medicine, other procedures:											
78800		A	Tumor imaging	4.15	4.15	XXX	0	0	0	0	0
78800	26	A	Tumor imaging	0.91	0.91	XXX	0	0	0	0	0
78800	TC	A	Tumor imaging	3.24	3.24	XXX	0	0	0	0	0
78801		A	Tumor imaging	5.13	5.13	XXX	0	0	0	0	0
78801	26	A	Tumor imaging	1.09	1.09	XXX	0	0	0	0	0
78801	TC	A	Tumor imaging	4.04	4.04	XXX	0	0	0	0	0

78802		A	Tumor imaging	6.47	6.47	XXX	2	0	0	0	0
78802	26	A	Tumor imaging	1.19	1.19	XXX	2	0	0	0	0
78802	TC	A	Tumor imaging	5.28	5.28	XXX	2	0	0	0	0
78803		A	Tumor imaging	7.74	7.74	XXX	2	0	0	0	0
78803	26	A	Tumor imaging	1.49	1.49	XXX	2	0	0	0	0
78803	TC	A	Tumor imaging	6.25	6.25	XXX	2	0	0	0	0
78805		A	Abscess imaging	4.25	4.25	XXX	0	0	0	0	0
78805	26	A	Abscess imaging	1.01	1.01	XXX	0	0	0	0	0
78805	TC	A	Abscess imaging	3.24	3.24	XXX	0	0	0	0	0
78806		A	Abscess imaging	7.32	7.32	XXX	2	0	0	0	0
78806	26	A	Abscess imaging	1.18	1.18	XXX	2	0	0	0	0
78806	TC	A	Abscess imaging	6.14	6.14	XXX	2	0	0	0	0
78807		A	Nuclear localization	7.74	7.74	XXX	2	0	0	0	0
78807	26	A	Nuclear localization	1.49	1.49	XXX	2	0	0	0	0
78807	TC	A	Nuclear localization	6.25	6.25	XXX	2	0	0	0	0
78810		N	Tumor imaging	0.00	0.00	XXX	9	9	9	9	9
78810	26	N	Tumor imaging	0.00	0.00	XXX	9	9	9	9	9
78810	TC	N	Tumor imaging	0.00	0.00	XXX	9	9	9	9	9
78890		B	Nuclear medicine	0.00	0.00	XXX	9	9	9	9	9
78890	26	B	Nuclear medicine	0.00	0.00	XXX	9	9	9	9	9
78890	TC	B	Nuclear medicine	0.00	0.00	XXX	9	9	9	9	9
78891		B	Nuclear medicine data	0.00	0.00	XXX	9	9	9	9	9
78891	26	B	Nuclear medicine data	0.00	0.00	XXX	9	9	9	9	9
78891	TC	B	Nuclear medicine data	0.00	0.00	XXX	9	9	9	9	9
78990		I	Provide diagnostic	0.00	0.00	XXX	9	9	9	9	9
78999		C	Nuclear diagnostic	0.00	0.00	XXX	0	0	0	0	0
78999	26	C	Nuclear diagnostic	0.00	0.00	XXX	0	0	0	0	0
78999	TC	C	Nuclear diagnostic	0.00	0.00	XXX	0	0	0	0	0

(42) Nuclear medicine, therapeutic:

79000		A	Initial hyperthyroidism	4.99	4.99	XXX	0	0	0	0	0
79000	26	A	Initial hyperthyroidism	2.48	2.48	XXX	0	0	0	0	0
79000	TC	A	Initial hyperthyroidism	2.51	2.51	XXX	0	0	0	0	0
79001		A	Repeat hyperthyroidism	2.68	2.68	XXX	0	0	0	0	0
79001	26	A	Repeat hyperthyroidism	1.44	1.44	XXX	0	0	0	0	0
79001	TC	A	Repeat hyperthyroidism	1.24	1.24	XXX	0	0	0	0	0
79020		A	Thyroid ablation	5.00	5.00	XXX	0	0	0	0	0
79020	26	A	Thyroid ablation	2.49	2.49	XXX	0	0	0	0	0
79020	TC	A	Thyroid ablation	2.51	2.51	XXX	0	0	0	0	0
79030		A	Thyroid ablation	5.40	5.40	XXX	0	0	0	0	0
79030	26	A	Thyroid ablation	2.89	2.89	XXX	0	0	0	0	0
79030	TC	A	Thyroid ablation	2.51	2.51	XXX	0	0	0	0	0
79035		A	Thyroid metastases	5.98	5.98	XXX	0	0	0	0	0
79035	26	A	Thyroid metastases	3.47	3.47	XXX	0	0	0	0	0
79035	TC	A	Thyroid metastases	2.51	2.51	XXX	0	0	0	0	0
79100		A	Hematopoetic nuclear	4.32	4.32	XXX	0	0	0	0	0
79100	26	A	Hematopoetic nuclear	1.81	1.81	XXX	0	0	0	0	0
79100	TC	A	Hematopoetic nuclear	2.51	2.51	XXX	0	0	0	0	0
79200		A	Intracavitary nuclear	5.25	5.25	XXX	0	0	0	0	0
79200	26	A	Intracavitary nuclear	2.74	2.74	XXX	0	0	0	0	0
79200	TC	A	Intracavitary nuclear	2.51	2.51	XXX	0	0	0	0	0
79300		C	Interstitial nuclear	0.00	0.00	XXX	0	0	0	0	0
79300	26	A	Interstitial nuclear	2.20	2.20	XXX	0	0	0	0	0
79300	TC	C	Interstitial nuclear	0.00	0.00	XXX	0	0	0	0	0
79400		A	Nonhematologic nuclear	5.20	5.20	XXX	0	0	0	0	0
79400	26	A	Nonhematologic nuclear	2.69	2.69	XXX	0	0	0	0	0
79400	TC	A	Nonhematologic nuclear	2.51	2.51	XXX	0	0	0	0	0
79420		C	Intravascular nuclear	0.00	0.00	XXX	0	0	0	0	0
79420	26	A	Intravascular nuclear	2.07	2.07	XXX	0	0	0	0	0
79420	TC	C	Intravascular nuclear	0.00	0.00	XXX	0	0	0	0	0

79440		A	Nuclear joint therapy	5.25	5.25	XXX	0	0	0	0	0
79440	26	A	Nuclear joint therapy	2.74	2.74	XXX	0	0	0	0	0
79440	TC	A	Nuclear joint therapy	2.51	2.51	XXX	0	0	0	0	0
79900		C	Provide therapy	0.00	0.00	XXX	0	0	0	0	0
79999		C	Nuclear medicine	0.00	0.00	XXX	0	0	0	0	0
79999	26	C	Nuclear medicine	0.00	0.00	XXX	0	0	0	0	0
79999	TC	C	Nuclear medicine	0.00	0.00	XXX	0	0	0	0	0

G. For codes 80000 through 89999, see part 5221.4040.

H. Procedure code numbers 90700 to 99199 relate to medical services.

1	2	3	4	5	6	7	8	9	10	11	12
(1) Immunization injections:											
90281		I	Human ig, intramuscular	0.00	0.00	XXX	9	9	9	9	9
90283		I	Human ig, intravenous	0.00	0.00	XXX	9	9	9	9	9
90287		I	Botulinum antitoxin	0.00	0.00	XXX	9	9	9	9	9
90288		I	Botulism ig, intravenous	0.00	0.00	XXX	9	9	9	9	9
90291		I	Cmv ig, intravenous	0.00	0.00	XXX	9	9	9	9	9
90384		I	Rh ig, full–dose	0.00	0.00	XXX	9	9	9	9	9
90386		I	Rh ig, intravenous	0.00	0.00	XXX	9	9	9	9	9
90399		I	Immune globulin	0.00	0.00	XXX	9	9	9	9	9
90700		E	DTaP immunization	0.00	0.00	XXX	9	9	9	9	9
90701		E	DTP immunization	0.00	0.00	XXX	9	9	9	9	9
90702		E	DT immunization	0.00	0.00	XXX	9	9	9	9	9
90703		E	Tetanus immunization	0.00	0.00	XXX	9	9	9	9	9
90704		E	Mumps immunization	0.00	0.00	XXX	9	9	9	9	9
90705		E	Measles immunization	0.00	0.00	XXX	9	9	9	9	9
90706		E	Rubella immunization	0.00	0.00	XXX	9	9	9	9	9
90707		E	MMR virus immunization	0.00	0.00	XXX	9	9	9	9	9
90708		E	Measles and rubella	0.00	0.00	XXX	9	9	9	9	9
90709		E	Rubella and mumps	0.00	0.00	XXX	9	9	9	9	9
90710		E	Combined vaccine	0.00	0.00	XXX	9	9	9	9	9
90711		E	Combined vaccine	0.00	0.00	XXX	9	9	9	9	9
90712		E	Oral poliovirus vaccine	0.00	0.00	XXX	9	9	9	9	9
90713		E	Poliomyelitis vaccine	0.00	0.00	XXX	9	9	9	9	9
90714		E	Typhoid immunization	0.00	0.00	XXX	9	9	9	9	9
90716		E	Chicken pox vaccine	0.00	0.00	XXX	9	9	9	9	9
90717		E	Yellow fever immunization	0.00	0.00	XXX	9	9	9	9	9
90718		E	Td immunization	0.00	0.00	XXX	9	9	9	9	9
90719		E	Diphtheria immunization	0.00	0.00	XXX	9	9	9	9	9
90720		E	DTP/HIB vaccine	0.00	0.00	XXX	9	9	9	9	9
90721		E	DTaP/HIB vaccine	0.00	0.00	XXX	9	9	9	9	9
90724		X	Influenza immunization	0.00	0.00	XXX	9	9	9	9	9
90725		E	Cholera immunization	0.00	0.00	XXX	9	9	9	9	9
90726		E	Rabies immunization	0.00	0.00	XXX	9	9	9	9	9
90727		E	Plague immunization	0.00	0.00	XXX	9	9	9	9	9
90728		E	BCG immunization	0.00	0.00	XXX	9	9	9	9	9
90730		E	Hepatitis A vaccine	0.00	0.00	XXX	9	9	9	9	9
90732		X	Pneumococcal immunization	0.00	0.00	XXX	9	9	9	9	9
90733		E	Meningococcal vaccine	0.00	0.00	XXX	9	9	9	9	9
90735		E	Encephalitis vaccine	0.00	0.00	XXX	9	9	9	9	9
90737		E	Influenza B immunization	0.00	0.00	XXX	9	9	9	9	9
90741		E	Passive immunization	0.00	0.00	XXX	9	9	9	9	9
90742		E	Special passive	0.00	0.00	XXX	9	9	9	9	9
90744		X	Hepatitis B vaccine	0.00	0.00	XXX	9	9	9	9	9
90745		X	Hepatitis B vaccine	0.00	0.00	XXX	9	9	9	9	9
90746		X	Hepatitis B vaccine	0.00	0.00	XXX	9	9	9	9	9
90747		X	Hepatitis B vaccine	0.00	0.00	XXX	9	9	9	9	9

90748	X Hepatitis B/HIB vaccine	0.00	0.00 XXX	9	9	9	9	9
90749	C Immunization procedure	0.00	0.00 XXX	0	0	0	0	0
(2) Therapeutic or diagnostic infusions:									
90780	A IV infusion for therapy	1.07	1.07 XXX	0	0	0	0	0
90781	A IV infusion, additional	0.53	0.53 XXX	0	0	0	0	0
(3) Therapeutic or diagnostic injections:									
90782	T Injection (SC)	0.10	0.10 XXX	0	0	0	0	0
90783	T Injection (IA)	0.39	0.39 XXX	0	0	0	0	0
90784	T Injection (IV)	0.46	0.46 XXX	0	0	0	0	0
90788	T Injection of antibiotic	0.11	0.11 XXX	0	0	0	0	0
90799	C Therapeutic/diagnostic	0.00	0.00 XXX	0	0	0	0	0
(4) Psychiatry, diagnostic or evaluative interview procedures:									
90801	A Diagnostic interview	3.24	3.24 XXX	0	0	0	0	0
90802	A Interactive interview	3.13	3.13 XXX	0	0	0	0	0
(5) Psychiatry, therapeutic procedures, office or other outpatient facility:									
90804	A Psychotherapy. office	1.37	1.37 XXX	0	0	0	0	0
90805	A Psychotherapy, office	1.70	1.70 XXX	0	0	0	0	0
90806	A Psychotherapy, office	2.14	2.14 XXX	0	0	0	0	0
90807	A Psychotherapy, office	2.38	2.38 XXX	0	0	0	0	0
90808	A Psychotherapy, office	3.60	3.60 XXX	0	0	0	0	0
90809	A Psychotherapy, office	3.96	3.96 XXX	0	0	0	0	0
90810	A Interactive, office	1.70	1.70 XXX	0	0	0	0	0
90811	A Interactive, office	2.05	2.05 XXX	0	0	0	0	0
90812	A Interactive, office	2.31	2.31 XXX	0	0	0	0	0
90813	A Interactive, office	2.57	2.57 XXX	0	0	0	0	0
90814	A Interactive, office	3.32	3.32 XXX	0	0	0	0	0
90815	A Interactive, office	3.70	3.70 XXX	0	0	0	0	0
(6) Psychiatry, therapeutic procedures, inpatient hospital, partial hospital, or residential care facility:									
90816	A Psychotherapy, hospital	1.49	1.49 XXX	0	0	0	0	0
90817	A Psychotherapy, hospital	1.86	1.86 XXX	0	0	0	0	0
90818	A Psychotherapy, hospital	2.33	2.33 XXX	0	0	0	0	0
90819	A Psychotherapy, hospital	2.60	2.60 XXX	0	0	0	0	0
90820	D Diagnostic interview	3.13	3.13 XXX	0	0	0	0	0
90821	A Psychotherapy, hospital	3.90	3.90 XXX	0	0	0	0	0
90822	A Psychotherapy, hospital	4.30	4.30 XXX	0	0	0	0	0
90823	A Interactive, hospital	1.83	1.83 XXX	0	0	0	0	0
90824	A Interactive, hospital	2.23	2.23 XXX	0	0	0	0	0
90825	D Evaluation of therapy	1.20	1.20 XXX	9	9	9	9	9
90826	A Interactive, hospital	2.51	2.51 XXX	0	0	0	0	0
90827	A Interactive, hospital	2.81	2.81 XXX	0	0	0	0	0
90828	A Interactive, hospital	3.63	3.63 XXX	0	0	0	0	0
90829	A Interactive, hospital	4.07	4.07 XXX	0	0	0	0	0
90835	D Special interview	3.10	3.10 XXX	0	0	0	0	0
90841	D Psychotherapy	0.00	0.00 XXX	9	9	9	9	9
90842	D Psychotherapy	3.94	3.94 XXX	0	0	0	0	0
90843	D Psychotherapy	1.70	1.70 XXX	0	0	0	0	0
90844	D Psychotherapy	2.38	2.38 XXX	0	0	0	0	0
(7) Psychiatry, therapeutic procedures, other psychotherapy:									
90845	A Psychoanalysis	2.05	2.05 XXX	0	0	0	0	0
90846	R Family psychotherapy	2.30	2.30 XXX	0	0	0	0	0
90847	R Family psychotherapy	2.61	2.61 XXX	0	0	0	0	0

90849		R Multiple family	0.80	0.80	XXX	0	0	0	0	0
90853		A Group psychotherapy	0.80	0.80	XXX	0	0	0	0	0
90855		D Individual psychotherapy	2.57	2.57	XXX	0	0	0	0	0
90857		A Interactive group	0.73	0.73	XXX	0	0	0	0	0
(8) Psychiatry, therapeutic procedures, other services or procedures:										
90862		A Medication management	1.25	1.25	XXX	0	0	0	0	0
90865		A Narcosynthesis	3.10	3.10	XXX	0	0	0	0	0
90870		A Electroconvulsive therapy	2.28	2.28	000	0	0	0	0	0
90871		A Electroconvulsive therapy	3.34	3.34	000	0	0	0	0	0
90875		N Psychophysiology therapy	1.09	1.09	XXX	9	9	9	9	9
90876		N Psychophysiology therapy	1.72	1.72	XXX	9	9	9	9	9
90880		A Hypnotherapy	2.64	2.64	XXX	0	0	0	0	0
90882		N Environmental management	0.00	0.00	XXX	9	9	9	9	9
90885		B Psychiatric evaluation	0.00	0.00	XXX	9	9	9	9	9
90887		B Consultation	0.00	0.00	XXX	9	9	9	9	9
90889		B Prepare report	0.00	0.00	XXX	9	9	9	9	9
90899		C Psychiatric service	0.00	0.00	XXX	0	0	0	0	0
(9) Biofeedback:										
90901		A Biofeedback training	1.35	1.35	000	0	0	0	0	0
90911		A Biofeedback, perineal	2.05	2.05	000	0	0	0	0	0
(10) Dialysis, end stage renal disease services:										
90918		A ESRD related services	12.34	12.34	XXX	0	0	0	0	0
90919		A ESRD related services	9.95	9.95	XXX	0	0	0	0	0
90920		A ESRD related services	8.79	8.79	XXX	0	0	0	0	0
90921		A ESRD related services	6.25	6.25	XXX	0	0	0	0	0
90922		A ESRD related services	0.41	0.41	XXX	0	0	0	0	0
90923		A ESRD related services	0.33	0.33	XXX	0	0	0	0	0
90924		A ESRD related services	0.29	0.29	XXX	0	0	0	0	0
90925		A ESRD related services	0.21	0.21	XXX	0	0	0	0	0
(11) Dialysis, hemodialysis:										
90935		A Hemodialysis, one	2.46	2.46	000	0	0	0	0	0
90937		A Hemodialysis, repeated	4.26	4.26	000	0	0	0	0	0
(12) Dialysis, miscellaneous procedures:										
90945		A Dialysis, one evaluation	2.43	2.43	000	0	0	0	0	0
90947		A Dialysis, repeated	4.06	4.06	000	0	0	0	0	0
90989		X Dialysis training	0.00	0.00	XXX	9	9	9	9	9
90993		X Dialysis training	0.00	0.00	XXX	9	9	9	9	9
90997		A Hemoperfusion	3.71	3.71	000	0	0	0	0	0
90999		C Dialysis procedure	0.00	0.00	XXX	0	0	0	0	0
(13) Gastroenterology:										
91000		A Esophageal intubation	1.33	1.33	000	0	0	0	0	0
91000	26	A Esophageal intubation	1.26	1.26	000	0	0	0	0	0
91000	TC	A Esophageal intubation	0.07	0.07	000	0	0	0	0	0
91010		A Esophagus motility study	3.32	3.32	000	0	0	0	0	0
91010	26	A Esophagus motility study	2.53	2.53	000	0	0	0	0	0
91010	TC	A Esophagus motility study	0.79	0.79	000	0	0	0	0	0
91011		A Esophagus motility study	4.00	4.00	000	0	0	0	0	0
91011	26	A Esophagus motility study	3.02	3.02	000	0	0	0	0	0
91011	TC	A Esophagus motility study	0.99	0.99	000	0	0	0	0	0
91012		A Esophagus motility study	4.07	4.07	000	0	0	0	0	0
91012	26	A Esophagus motility study	2.96	2.96	000	0	0	0	0	0
91012	TC	A Esophagus motility study	1.11	1.11	000	0	0	0	0	0

91020		A	Gastric motility studies	3.64	3.64	000	0	0	0	0	0
91020	26	A	Gastric motility studies	2.90	2.90	000	0	0	0	0	0
91020	TC	A	Gastric motility studies	0.74	0.74	000	0	0	0	0	0
91030		A	Acid perfusion test	1.39	1.39	000	0	0	0	0	0
91030	26	A	Acid perfusion test	1.18	1.18	000	0	0	0	0	0
91030	TC	A	Acid perfusion test	0.21	0.21	000	0	0	0	0	0
91032		A	Esophagus, acid reflux	3.08	3.08	000	0	0	0	0	0
91032	26	A	Esophagus, acid reflux	2.36	2.36	000	0	0	0	0	0
91032	TC	A	Esophagus, acid reflux	0.72	0.72	000	0	0	0	0	0
91033		A	Prolonged recording	3.94	3.94	000	0	0	0	0	0
91033	26	A	Prolonged recording	2.64	2.64	000	0	0	0	0	0
91033	TC	A	Prolonged recording	1.30	1.30	000	0	0	0	0	0
91052		A	Gastric analysis test	1.55	1.55	000	0	0	0	0	0
91052	26	A	Gastric analysis test	1.22	1.22	000	0	0	0	0	0
91052	TC	A	Gastric analysis test	0.33	0.33	000	0	0	0	0	0
91055		A	Gastric intubation	1.66	1.66	000	0	0	0	0	0
91055	26	A	Gastric intubation	1.37	1.37	000	0	0	0	0	0
91055	TC	A	Gastric intubation	0.29	0.29	000	0	0	0	0	0
91060		A	Gastric saline load test	1.13	1.13	000	0	0	0	0	0
91060	26	A	Gastric saline load test	0.91	0.91	000	0	0	0	0	0
91060	TC	A	Gastric saline load test	0.21	0.21	000	0	0	0	0	0
91065		A	Breath hydrogen test	0.75	0.75	000	0	0	0	0	0
91065	26	A	Breath hydrogen test	0.41	0.41	000	0	0	0	0	0
91065	TC	A	Breath hydrogen test	0.34	0.34	000	0	0	0	0	0
91100		A	Pass intestine	1.55	1.55	000	0	0	0	0	0
91105		A	Gastric intubation	0.75	0.75	000	0	0	0	0	0
91122		A	Anal pressure	3.40	3.40	000	0	0	0	0	0
91122	26	A	Anal pressure	2.70	2.70	000	0	0	0	0	0
91122	TC	A	Anal pressure	0.70	0.70	000	0	0	0	0	0
91299		C	Gastroenterology	0.00	0.00	XXX	0	0	0	0	0
91299	26	C	Gastroenterology	0.00	0.00	XXX	0	0	0	0	0
91299	TC	C	Gastroenterology	0.00	0.00	XXX	0	0	0	0	0

(14) Ophthalmology, general services:

92002		A	Eye exam, new patient	1.28	1.05	XXX	0	2	0	0	0
92004		A	Eye exam, new patient	2.08	1.80	XXX	0	2	0	0	0
92012		A	Established patient	1.04	0.83	XXX	0	2	0	0	0
92014		A	Established patient	1.53	1.27	XXX	0	2	0	0	0

(15) Ophthalmology, special services:

92015		N	Refraction	0.00	0.00	XXX	9	9	9	9	9
92018		A	Eye exam and evaluation	1.84	1.84	XXX	0	0	0	0	0
92019		A	Eye exam and treatment	1.66	1.43	XXX	0	0	0	0	0
92020		A	Special eye evaluation	0.62	0.48	XXX	0	2	0	0	0
92060		A	Special eye evaluation	1.01	1.01	XXX	0	2	0	0	0
92060	26	A	Special eye evaluation	0.83	0.83	XXX	0	2	0	0	0
92060	TC	A	Special eye evaluation	0.18	0.18	XXX	0	2	0	0	0
92065		A	Orthoptic/pleoptic train	0.69	0.69	XXX	0	2	0	0	0
92065	26	A	Orthoptic/pleoptic train	0.53	0.53	XXX	0	2	0	0	0
92065	TC	A	Orthoptic/pleoptic train	0.15	0.15	XXX	0	2	0	0	0
92070		A	Fitting of contact lens	1.83	1.25	XXX	0	3	0	0	0
92081		A	Visual field examination	0.64	0.64	XXX	0	2	0	0	0
92081	26	A	Visual field examination	0.50	0.50	XXX	0	2	0	0	0
92081	TC	A	Visual field examination	0.14	0.14	XXX	0	2	0	0	0
92082		A	Visual field examination	0.88	0.88	XXX	0	2	0	0	0
92082	26	A	Visual field examination	0.69	0.69	XXX	0	2	0	0	0
92082	TC	A	Visual field examination	0.19	0.19	XXX	0	2	0	0	0
92083		A	Visual field examination	1.28	1.28	XXX	0	2	0	0	0
92083	26	A	Visual field examination	1.00	1.00	XXX	0	2	0	0	0
92083	TC	A	Visual field examination	0.28	0.28	XXX	0	2	0	0	0

92100		A Serial tonometry	1.08	0.96	XXX	0	2	0	0	0
92120		A Tonography	1.05	0.90	XXX	0	2	0	0	0
92130		A Water provocation	1.22	0.98	XXX	0	2	0	0	0
92140		A Glaucoma provocation	0.75	0.60	XXX	0	2	0	0	0

(16) Ophthalmology, ophthalmoscopy:

92225		A Special eye examination	0.79	0.57	XXX	0	3	0	0	0
92226		A Special eye examination	0.70	0.50	XXX	0	3	0	0	0
92230		A Eye exam with report	1.23	0.90	XXX	0	3	0	0	0
92235		A Eye exam with report	2.31	2.31	XXX	0	3	0	0	0
92235	26	A Eye exam with report	1.32	1.32	XXX	0	3	0	0	0
92235	TC	A Eye exam with report	0.99	0.99	XXX	0	3	0	0	0
92240		A ICG angiography	2.57	2.57	XXX	0	3	0	0	0
92240	26	A ICG angiography	1.59	1.59	XXX	0	3	0	0	0
92240	TC	A ICG angiography	0.99	0.99	XXX	0	3	0	0	0
92250		A Eye exam with report	0.82	0.82	XXX	0	2	0	0	0
92250	26	A Eye exam with report	0.65	0.65	XXX	0	2	0	0	0
92250	TC	A Eye exam with report	0.17	0.17	XXX	0	2	0	0	0
92260		A Ophthalmoscopy	0.72	0.46	XXX	0	2	0	0	0

(17) Ophthalmology, other specialized services:

92265		A Eye muscle evaluation	1.03	1.03	XXX	0	2	0	0	0
92265	26	A Eye muscle evaluation	0.80	0.80	XXX	0	2	0	0	0
92265	TC	A Eye muscle evaluation	0.22	0.22	XXX	0	2	0	0	0
92270		A Electro–oculography	1.41	1.41	XXX	0	2	0	0	0
92270	26	A Electro–oculography	1.11	1.11	XXX	0	2	0	0	0
92270	TC	A Electro–oculography	0.30	0.30	XXX	0	2	0	0	0
92275		A Electroretinography	1.81	1.81	XXX	0	2	0	0	0
92275	26	A Electroretinography	1.43	1.43	XXX	0	2	0	0	0
92275	TC	A Electroretinography	0.39	0.39	XXX	0	2	0	0	0
92283		A Color vision examination	0.44	0.44	XXX	0	2	0	0	0
92283	26	A Color vision examination	0.32	0.32	XXX	0	2	0	0	0
92283	TC	A Color vision examination	0.12	0.12	XXX	0	2	0	0	0
92284		A Dark adaptation exam	0.66	0.66	XXX	0	2	0	0	0
92284	26	A Dark adaptation exam	0.49	0.49	XXX	0	2	0	0	0
92284	TC	A Dark adaptation exam	0.17	0.17	XXX	0	2	0	0	0
92285		A Eye photography	0.47	0.47	XXX	0	2	0	0	0
92285	26	A Eye photography	0.36	0.36	XXX	0	2	0	0	0
92285	TC	A Eye photography	0.11	0.11	XXX	0	2	0	0	0
92286		A Internal eye photography	1.82	1.82	XXX	0	2	0	0	0
92286	26	A Internal eye photography	1.43	1.43	XXX	0	2	0	0	0
92286	TC	A Internal eye photography	0.39	0.39	XXX	0	2	0	0	0
92287		A Internal eye photography	2.25	1.51	XXX	0	2	0	0	0

(18) Ophthalmology, contact lens services:

92310		N Contact lens fitting	0.00	0.00	XXX	9	9	9	9	9
92311		A Contact lens fitting	1.87	1.43	XXX	0	0	0	0	0
92312		A Contact lens fitting	2.28	1.72	XXX	0	2	0	0	0
92313		A Contact lens fitting	1.70	1.28	XXX	0	0	0	0	0
92314		N Prescription	0.00	0.00	XXX	9	9	9	9	9
92315		A Prescription	1.06	0.74	XXX	0	0	0	0	0
92316		A Prescription	1.56	1.10	XXX	0	2	0	0	0
92317		A Prescription	0.80	0.61	XXX	0	0	0	0	0
92325		A Modify contact lens	0.37	0.37	XXX	0	0	0	0	0
92326		A Replace contact lens	1.54	1.54	XXX	0	0	0	0	0

(19) Ophthalmology, ocular prosthetics, artificial eye:

92330		A Fitting, artificial eye	2.12	1.58	XXX	0	0	0	0	0
92335		A Fitting, artificial eye	2.37	1.42	XXX	0	0	0	0	0

(20) Ophthalmology, spectacle services:

92340		N Fitting spectacles	0.00	0.00	XXX	9	9	9	9	9
92341		N Fitting spectacles	0.00	0.00	XXX	9	9	9	9	9
92342		N Fitting spectacles	0.00	0.00	XXX	9	9	9	9	9
92352		B Special spectacles	0.00	0.00	XXX	9	9	9	9	9
92353		B Special spectacles	0.00	0.00	XXX	9	9	9	9	9
92354		B Special spectacles	0.00	0.00	XXX	9	9	9	9	9
92355		B Special spectacles	0.00	0.00	XXX	9	9	9	9	9
92358		B Eye prosthesis	0.00	0.00	XXX	9	9	9	9	9
92370		N Repair and adjustment	0.00	0.00	XXX	9	9	9	9	9
92371		B Repair and adjustment	0.00	0.00	XXX	9	9	9	9	9

(21) Ophthalmology, supply of materials:

92390		N Supply of spectacles	0.00	0.00	XXX	9	9	9	9	9
92391		N Supply of contact lenses	0.00	0.00	XXX	9	9	9	9	9
92392		I Supply of low vision aids	0.00	0.00	XXX	9	9	9	9	9
92393		I Supply of artificial eye	0.00	0.00	XXX	9	9	9	9	9
92395		I Supply of spectacles	0.00	0.00	XXX	9	9	9	9	9
92396		I Supply of contact lenses	0.00	0.00	XXX	9	9	9	9	9

(22) Ophthalmology, other procedures:

92499		C Eye service or procedure	0.00	0.00	XXX	0	0	0	0	0
92499	26	C Eye service or procedure	0.00	0.00	XXX	0	0	0	0	0
92499	TC	C Eye service or procedure	0.00	0.00	XXX	0	0	0	0	0

(23) Special otorhinolaryngologic services:

92502		A Ear and throat exam	2.52	2.52	000	0	0	0	0	0
92504		A Ear microscopy	0.43	0.30	XXX	0	0	0	0	0
92506		A Speech and hearing	1.31	1.06	XXX	0	0	0	0	0
92507		A Speech and hearing	0.81	0.65	XXX	0	0	0	0	0
92508		A Speech and hearing	0.42	0.33	XXX	0	0	0	0	0
92510		A Rehab for ear	2.76	2.10	XXX	0	0	0	0	0
92511		A Nasopharyngoscopy	1.63	1.22	000	0	0	0	0	0
92512		A Nasal function studies	0.98	0.75	XXX	0	0	0	0	0
92516		A Facial nerve function	0.79	0.60	XXX	0	0	0	0	0
92520		A Laryngeal function	1.23	0.97	XXX	0	0	0	0	0
92525		A Oral function evaluation	2.41	1.92	XXX	0	0	0	0	0
92526		A Oral function treatment	0.98	0.75	XXX	0	0	0	0	0

(24) Special otorhinolaryngologic services, vestibular function tests, with observation and evaluation by physician, without electrical recording:

92531		B Spontaneous nystagmus	0.00	0.00	XXX	9	9	9	9	9
92532		B Positional nystagmus	0.00	0.00	XXX	9	9	9	9	9
92533		B Caloric vestibular test	0.00	0.00	XXX	9	9	9	9	9
92534		B Optokinetic nystagmus	0.00	0.00	XXX	9	9	9	9	9

(25) Special otorhinolaryngologic services, vestibular function tests, with recording, and medical diagnostic evaluation:

92541		A Spontaneous nystagmus	1.05	1.05	XXX	0	0	0	0	0
92541	26	A Spontaneous nystagmus	0.83	0.83	XXX	0	0	0	0	0
92541	TC	A Spontaneous nystagmus	0.22	0.22	XXX	0	0	0	0	0
92542		A Positional nystagmus test	0.93	0.93	XXX	0	0	0	0	0
92542	26	A Positional nystagmus test	0.67	0.67	XXX	0	0	0	0	0

92542	TC	A	Positional nystagmus test	0.26	0.26	XXX	0	0	0	0	0
92543		A	Caloric vestibular test	0.30	0.30	XXX	0	9	0	0	0
92543	26	A	Caloric vestibular test	0.20	0.20	XXX	0	9	0	0	0
92543	TC	A	Caloric vestibular test	0.10	0.10	XXX	0	9	0	0	0
92544		A	Optokinetic nystagmus	0.72	0.72	XXX	0	0	0	0	0
92544	26	A	Optokinetic nystagmus	0.51	0.51	XXX	0	0	0	0	0
92544	TC	A	Optokinetic nystagmus	0.20	0.20	XXX	0	0	0	0	0
92545		A	Oscillating tracking test	0.62	0.62	XXX	0	0	0	0	0
92545	26	A	Oscillating tracking test	0.41	0.41	XXX	0	0	0	0	0
92545	TC	A	Oscillating tracking test	0.20	0.20	XXX	0	0	0	0	0
92546		A	Sinusoidal rotation	0.80	0.80	XXX	0	0	0	0	0
92546	26	A	Sinusoidal rotation	0.57	0.57	XXX	0	0	0	0	0
92546	TC	A	Sinusoidal rotation	0.23	0.23	XXX	0	0	0	0	0
92547		A	Supplemental electrodes	0.55	0.55	XXX	0	0	0	0	0
92548		A	Posturography	2.35	2.35	XXX	0	0	0	0	0
92548	26	A	Posturography	0.92	0.92	XXX	0	0	0	0	0
92548	TC	A	Posturography	1.43	1.43	XXX	0	0	0	0	0

(26) Special otorhinolaryngologic services, audiologic function tests with medical diagnostic evaluation:

92551		N	Pure tone hearing	0.00	0.00	XXX	9	9	9	9	9
92552		A	Pure tone audiometry	0.43	0.43	XXX	0	2	0	0	0
92553		A	Audiometry, air and bone	0.65	0.65	XXX	0	2	0	0	0
92555		A	Speech threshold	0.37	0.37	XXX	0	2	0	0	0
92556		A	Speech audiometry	0.55	0.55	XXX	0	2	0	0	0
92557		A	Comprehensive hearing	1.16	1.16	XXX	0	2	0	0	0
92559		N	Group audiometry	0.00	0.00	XXX	9	9	9	9	9
92560		N	Bekesy audiometry	0.00	0.00	XXX	9	9	9	9	9
92561		A	Bekesy audiometry	0.70	0.70	XXX	0	2	0	0	0
92562		A	Loudness balance test	0.40	0.40	XXX	0	2	0	0	0
92563		A	Tone decay test	0.37	0.37	XXX	0	2	0	0	0
92564		A	SISI hearing test	0.46	0.46	XXX	0	2	0	0	0
92565		A	Stenger test, pure tone	0.39	0.21	XXX	0	2	0	0	0
92567		A	Tympanometry	0.52	0.52	XXX	0	2	0	0	0
92568		A	Acoustic reflex testing	0.37	0.37	XXX	0	2	0	0	0
92569		A	Acoustic reflex decay	0.40	0.40	XXX	0	2	0	0	0
92571		A	Filtered speech test	0.38	0.20	XXX	0	2	0	0	0
92572		A	Staggered spondaic test	0.08	0.08	XXX	0	2	0	0	0
92573		A	Lombard test	0.34	0.34	XXX	0	2	0	0	0
92575		A	Sensorineural acuity test	0.30	0.16	XXX	0	2	0	0	0
92576		A	Synthetic sentence test	0.43	0.23	XXX	0	2	0	0	0
92577		A	Stenger test, speech	0.70	0.37	XXX	0	2	0	0	0
92579		A	Visual audiometry	0.71	0.71	XXX	0	2	0	0	0
92582		A	Conditioning play	0.71	0.37	XXX	0	2	0	0	0
92583		A	Select picture audiometry	0.87	0.87	XXX	0	2	0	0	0
92584		A	Electrocochleography	2.42	2.42	XXX	0	2	0	0	0
92585		A	Auditory evoked	3.76	3.76	XXX	0	2	0	0	0
92585	26	A	Auditory evoked	1.97	1.97	XXX	0	2	0	0	0
92585	TC	A	Auditory evoked	1.79	1.79	XXX	0	2	0	0	0
92587		A	Evoked auditory emissions	1.49	1.49	XXX	0	2	0	0	0
92587	26	A	Evoked auditory emissions	0.23	0.23	XXX	0	2	0	0	0
92587	TC	A	Evoked auditory emissions	1.26	1.26	XXX	0	2	0	0	0
92588		A	Evoked auditory emissions	2.06	2.06	XXX	0	2	0	0	0
92588	26	A	Evoked auditory emissions	0.63	0.63	XXX	0	2	0	0	0
92588	TC	A	Evoked auditory emissions	1.43	1.43	XXX	0	2	0	0	0
92589		A	Auditory function test	0.53	0.53	XXX	0	2	0	0	0
92590		N	Hearing aid examination	0.00	0.00	XXX	9	9	9	9	9
92591		N	Hearing aid examination	0.00	0.00	XXX	9	9	9	9	9
92592		N	Hearing aid check	0.00	0.00	XXX	9	9	9	9	9
92593		N	Hearing aid check	0.00	0.00	XXX	9	9	9	9	9

92594		N	Electroacoustic test	0.00	0.00	XXX	9	9	9	9	9
92595		N	Electroacoustic test	0.00	0.00	XXX	9	9	9	9	9
92596		A	Ear protector	0.57	0.57	XXX	0	2	0	0	0
92597		A	Oral speech device	2.26	2.26	XXX	0	0	0	0	0
92598		A	Modify oral speech	1.57	1.57	XXX	0	0	0	0	0
(27) Special otorhinolaryngologic services, other procedures:											
92599		C	ENT service or procedure	0.00	0.00	XXX	0	0	0	0	0
92599	26	C	ENT service or procedure	0.00	0.00	XXX	0	0	0	0	0
92599	TC	C	ENT service or procedure	0.00	0.00	XXX	0	0	0	0	0
(28) Cardiovascular, therapeutic services:											
92950		A	Heart/lung resuscitation	5.74	5.74	000	0	0	0	0	0
92953		A	Temporary pacing	0.53	0.53	000	0	0	0	0	0
92960		A	Heart electrocodes	3.95	3.95	000	0	0	0	0	0
92970		A	Cardioassist, internal	6.77	6.77	000	0	0	0	0	0
92971		A	Cardioassist, external	2.72	2.72	000	0	0	0	0	0
92975		A	Dissolve clot	12.33	12.33	000	2	0	0	0	0
92977		A	Dissolve clot	7.72	7.72	XXX	0	0	0	0	0
92978		A	Ultrasound, heart	7.06	7.06	ZZZ	0	0	0	0	0
92978	26	A	Ultrasound, heart	2.70	2.70	ZZZ	0	0	0	0	0
92978	TC	A	Ultrasound, heart	4.36	4.36	ZZZ	0	0	0	0	0
92979		A	Ultrasound, heart	4.34	4.34	ZZZ	0	0	0	0	0
92979	26	A	Ultrasound, heart	2.16	2.16	ZZZ	0	0	0	0	0
92979	TC	A	Ultrasound, heart	2.18	2.18	ZZZ	0	0	0	0	0
92980		A	Insert intracoronary	29.91	29.91	000	2	0	0	0	0
92981		A	Insert intracoronary	8.46	8.46	ZZZ	0	0	0	0	0
92982		A	Coronary artery	22.31	22.31	000	2	0	0	0	0
92984		A	Coronary artery	6.10	6.10	ZZZ	0	0	0	0	0
92986		A	Revision of aortic valve	31.92	31.92	090	2	0	0	0	0
92987		A	Revision of mitral valve	32.89	32.89	090	2	0	0	0	0
92990		A	Revision of pulmonary	25.40	25.40	090	2	0	0	0	0
92992		C	Revision of heart	0.00	0.00	090	2	0	2	0	0
92993		C	Revision of heart	0.00	0.00	090	2	0	2	0	0
92995		A	Coronary atherectomy	24.50	24.50	000	2	0	0	0	0
92996		A	Coronary atherectomy	6.67	6.67	ZZZ	0	0	0	0	0
92997		A	Pulmonary artery balloon	24.32	24.32	000	2	0	0	0	0
92998		A	Pulmonary artery balloon	9.36	9.36	ZZZ	0	0	0	0	0
(29) Cardiovascular, cardiography:											
93000		A	Electrocardiogram	0.75	0.75	XXX	0	0	0	0	0
93005		A	Electrocardiogram	0.43	0.43	XXX	0	0	0	0	0
93010		A	Electrocardiogram	0.31	0.31	XXX	0	0	0	0	0
93012		A	Transmission of rhythm	2.29	2.29	XXX	0	0	0	0	0
93014		A	Report on transmission	0.89	0.89	XXX	0	0	0	0	0
93015		A	Stress test	3.02	3.02	XXX	0	0	0	0	0
93016		A	Stress test	0.80	0.80	XXX	0	0	0	0	0
93017		A	Stress test	1.61	1.61	XXX	0	0	0	0	0
93018		A	Stress test	0.61	0.61	XXX	0	0	0	0	0
93024		A	Cardiac drug	3.47	3.47	XXX	0	0	0	0	0
93024	26	A	Cardiac drug	2.39	2.39	XXX	0	0	0	0	0
93024	TC	A	Cardiac drug	1.08	1.08	XXX	0	0	0	0	0
93040		A	Rhythm ECG with leads	0.41	0.41	XXX	0	0	0	0	0
93041		A	Rhythm ECG, tracing only	0.14	0.14	XXX	0	0	0	0	0
93042		A	Rhythm ECG, report only	0.27	0.27	XXX	0	0	0	0	0
93224		A	ECG monitor/report	4.34	4.34	XXX	0	0	0	0	0
93225		A	ECG monitor/recording	1.19	1.19	XXX	0	0	0	0	0
93226		A	ECG monitor/report	2.10	2.10	XXX	0	0	0	0	0
93227		A	ECG monitor/review	1.06	1.06	XXX	0	0	0	0	0

93230		A	ECG monitor/report	4.61	4.61	XXX	0	0	0	0	0
93231		A	ECG monitor/recording	1.46	1.46	XXX	0	0	0	0	0
93232		A	ECG monitor/report	2.08	2.08	XXX	0	0	0	0	0
93233		A	ECG monitor/review	1.07	1.07	XXX	0	0	0	0	0
93235		A	ECG monitor/report	3.43	3.43	XXX	0	0	0	0	0
93236		A	ECG monitor/report	2.51	2.51	XXX	0	0	0	0	0
93237		A	ECG monitor/review	0.92	0.92	XXX	0	0	0	0	0
93268		A	ECG record/review	4.37	4.37	XXX	0	0	0	0	0
93270		A	ECG recording	1.19	1.19	XXX	0	0	0	0	0
93271		A	ECG monitoring	2.29	2.29	XXX	0	0	0	0	0
93272		A	ECG review	0.89	0.89	XXX	0	0	0	0	0
93278		A	ECG, signal–averaged	1.66	1.66	XXX	0	0	0	0	0
93278	26	A	ECG, signal–averaged	0.53	0.53	XXX	0	0	0	0	0
93278	TC	A	ECG, signal–averaged	1.13	1.13	XXX	0	0	0	0	0
(30) Cardiovascular, echocardiography:											
93303		A	Echo, transthoracic	5.90	5.90	XXX	0	0	0	0	0
93303	26	A	Echo, transthoracic	2.20	2.20	XXX	0	0	0	0	0
93303	TC	A	Echo, transthoracic	3.70	3.70	XXX	0	0	0	0	0
93304		A	Echo, transthoracic	3.23	3.23	XXX	0	0	0	0	0
93304	26	A	Echo, transthoracic	1.37	1.37	XXX	0	0	0	0	0
93304	TC	A	Echo, transthoracic	1.86	1.86	XXX	0	0	0	0	0
93307		A	Echo exam of heart	5.55	5.55	XXX	0	0	0	0	0
93307	26	A	Echo exam of heart	1.85	1.85	XXX	0	0	0	0	0
93307	TC	A	Echo exam of heart	3.70	3.70	XXX	0	0	0	0	0
93308		A	Echo exam of heart	2.93	2.93	XXX	0	0	0	0	0
93308	26	A	Echo exam of heart	1.07	1.07	XXX	0	0	0	0	0
93308	TC	A	Echo exam of heart	1.86	1.86	XXX	0	0	0	0	0
93312		A	Echo, transesophageal	7.03	7.03	XXX	0	0	0	0	0
93312	26	A	Echo, transesophageal	3.37	3.37	XXX	0	0	0	0	0
93312	TC	A	Echo, transesophageal	3.66	3.66	XXX	0	0	0	0	0
93313		A	Echo, transesophageal	1.54	1.54	XXX	0	0	0	0	0
93314		A	Echo, transesophageal	5.47	5.47	XXX	0	0	0	0	0
93314	26	A	Echo, transesophageal	1.82	1.82	XXX	0	0	0	0	0
93314	TC	A	Echo, transesophageal	3.66	3.66	XXX	0	0	0	0	0
93315		A	Echo, transesophageal	7.55	7.55	XXX	0	0	0	0	0
93315	26	A	Echo, transesophageal	3.89	3.89	XXX	0	0	0	0	0
93315	TC	A	Echo, transesophageal	3.66	3.66	XXX	0	0	0	0	0
93316		A	Echo, transesophageal	1.54	1.54	XXX	0	0	0	0	0
93317		A	Echo, transesophageal	6.00	6.00	XXX	0	0	0	0	0
93317	26	A	Echo, transesophageal	2.34	2.34	XXX	0	0	0	0	0
93317	TC	A	Echo, transesophageal	3.66	3.66	XXX	0	0	0	0	0
93320		A	Doppler echo exam	2.42	2.42	ZZZ	0	0	0	0	0
93320	26	A	Doppler echo exam	0.78	0.78	ZZZ	0	0	0	0	0
93320	TC	A	Doppler echo exam	1.65	1.65	ZZZ	0	0	0	0	0
93321		A	Doppler echo exam	1.38	1.38	ZZZ	0	0	0	0	0
93321	26	A	Doppler echo exam	0.31	0.31	ZZZ	0	0	0	0	0
93321	TC	A	Doppler echo exam	1.07	1.07	ZZZ	0	0	0	0	0
93325		A	Doppler color flow	2.91	2.91	ZZZ	0	0	0	0	0
93325	26	A	Doppler color flow	0.11	0.11	ZZZ	0	0	0	0	0
93325	TC	A	Doppler color flow	2.80	2.80	ZZZ	0	0	0	0	0
93350		A	Echo, transthoracic	3.29	3.29	XXX	0	0	0	0	0
93350	26	A	Echo, transthoracic	1.59	1.59	XXX	0	0	0	0	0
93350	TC	A	Echo, transthoracic	1.70	1.70	XXX	0	0	0	0	0
(31) Cardiovascular, cardiac catheterization:											
93501		A	Right heart catheter	22.36	22.36	000	2	0	0	0	0
93501	26	A	Right heart catheter	6.14	6.14	000	2	0	0	0	0
93501	TC	A	Right heart catheter	16.22	16.22	000	0	0	0	0	0
93503		A	Insert/place catheter	5.13	5.13	000	0	0	0	0	0

93505		A	Biopsy of heart	8.98	8.98	000	2	0	0	0
93505	26	A	Biopsy of heart	7.06	7.06	000	2	0	0	0
93505	TC	A	Biopsy of heart	1.92	1.92	000	0	0	0	0
93508		A	Catheter placement	18.55	18.55	000	2	0	0	0
93508	26	A	Catheter placement	6.53	6.53	000	2	0	0	0
93508	TC	A	Catheter placement	12.01	12.01	000	0	0	0	0
93510		A	Left heart catheter	42.49	42.49	000	2	0	0	0
93510	26	A	Left heart catheter	7.01	7.01	000	2	0	0	0
93510	TC	A	Left heart catheter	35.47	35.47	000	0	0	0	0
93511		A	Left heart catheter	41.74	41.74	000	2	0	0	0
93511	26	A	Left heart catheter	7.21	7.21	000	2	0	0	0
93511	TC	A	Left heart catheter	34.53	34.53	000	0	0	0	0
93514		A	Left heart catheter	45.54	45.54	000	2	0	0	0
93514	26	A	Left heart catheter	11.00	11.00	000	2	0	0	0
93514	TC	A	Left heart catheter	34.53	34.53	000	0	0	0	0
93524		A	Left heart catheter	56.11	56.11	000	2	0	0	0
93524	26	A	Left heart catheter	10.99	10.99	000	2	0	0	0
93524	TC	A	Left heart catheter	45.12	45.12	000	0	0	0	0
93526		A	Right and left catheter	57.28	57.28	000	2	0	0	0
93526	26	A	Right and left catheter	10.92	10.92	000	2	0	0	0
93526	TC	A	Right and left catheter	46.36	46.36	000	0	0	0	0
93527		A	Right and left catheter	58.90	58.90	000	2	0	0	0
93527	26	A	Right and left catheter	13.78	13.78	000	2	0	0	0
93527	TC	A	Right and left catheter	45.12	45.12	000	0	0	0	0
93528		A	Right and left catheter	57.75	57.75	000	2	0	0	0
93528	26	A	Right and left catheter	12.63	12.63	000	2	0	0	0
93528	TC	A	Right and left catheter	45.12	45.12	000	0	0	0	0
93529		A	Right and left catheter	52.43	52.43	000	2	0	0	0
93529	26	A	Right and left catheter	7.31	7.31	000	2	0	0	0
93529	TC	A	Right and left catheter	45.12	45.12	000	0	0	0	0
93530		A	Right heart catheter	23.74	23.74	000	2	0	0	0
93530	26	A	Right heart catheter	7.51	7.51	000	2	0	0	0
93530	TC	A	Right heart catheter	16.22	16.22	000	0	0	0	0
93531		A	Right and left catheter	59.42	59.42	000	2	0	0	0
93531	26	A	Right and left catheter	13.06	13.06	000	2	0	0	0
93531	TC	A	Right and left catheter	46.36	46.36	000	0	0	0	0
93532		A	Right and left catheter	61.37	61.37	000	2	0	0	0
93532	26	A	Right and left catheter	16.25	16.25	000	2	0	0	0
93532	TC	A	Right and left catheter	45.12	45.12	000	0	0	0	0
93533		A	Right and left catheter	54.16	54.16	000	2	0	0	0
93533	26	A	Right and left catheter	9.03	9.03	000	2	0	0	0
93533	TC	A	Right and left catheter	45.12	45.12	000	0	0	0	0
93536		A	Insert circulation	9.95	9.95	000	2	0	0	0
93539		A	Injection, cardiac	1.32	0.90	000	0	0	0	0
93540		A	Injection, cardiac	1.35	0.95	000	0	0	0	0
93541		A	Injection for lung	0.66	0.66	000	0	0	0	0
93542		A	Injection for heart	0.66	0.66	000	0	0	0	0
93543		A	Injection for heart	0.87	0.63	000	0	0	0	0
93544		A	Injection for aorta	0.84	0.56	000	0	0	0	0
93545		A	Injection for coronary	0.92	0.92	000	0	0	0	0
93555		A	Imaging, cardiac	7.00	7.00	XXX	0	0	0	0
93555	26	A	Imaging, cardiac	1.02	1.02	XXX	0	0	0	0
93555	TC	A	Imaging, cardiac	5.99	5.99	XXX	0	0	0	0
93556		A	Imaging, cardiac	10.66	10.66	XXX	0	0	0	0
93556	26	A	Imaging, cardiac	1.23	1.23	XXX	0	0	0	0
93556	TC	A	Imaging, cardiac	9.43	9.43	XXX	0	0	0	0
93561		A	Cardiac output	1.56	1.56	000	0	0	0	0
93561	26	A	Cardiac output	1.03	1.03	000	0	0	0	0
93561	TC	A	Cardiac output	0.52	0.52	000	0	0	0	0
93562		A	Cardiac output	0.66	0.66	000	0	0	0	0

93562	26	A	Cardiac output	0.35	0.35	000	0	0	0	0	0
93562	TC	A	Cardiac output	0.31	0.31	000	0	0	0	0	0

(32) Cardiovascular, intracardiac eletrophysiological procedures:

93600		A	Bundle of His recording	6.18	6.18	000	0	0	0	0	0
93600	26	A	Bundle of His recording	4.31	4.31	000	0	0	0	0	0
93600	TC	A	Bundle of His recording	1.87	1.87	000	0	0	0	0	0
93602		A	Intra–atrial recording	4.78	4.78	000	0	0	0	0	0
93602	26	A	Intra–atrial recording	3.71	3.71	000	0	0	0	0	0
93602	TC	A	Intra–atrial recording	1.07	1.07	000	0	0	0	0	0
93603		A	Right ventricular	5.74	5.74	000	0	0	0	0	0
93603	26	A	Right ventricular	4.13	4.13	000	0	0	0	0	0
93603	TC	A	Right ventricular	1.61	1.61	000	0	0	0	0	0
93607		A	Left ventricular	6.62	6.62	000	0	0	0	0	0
93607	26	A	Left ventricular	5.19	5.19	000	0	0	0	0	0
93607	TC	A	Left ventricular	1.43	1.43	000	0	0	0	0	0
93609		A	Mapping of tachycardia	15.61	15.61	000	0	0	0	0	0
93609	26	A	Mapping of tachycardia	13.01	13.01	000	0	0	0	0	0
93609	TC	A	Mapping of tachycardia	2.61	2.61	000	0	0	0	0	0
93610		A	Intra–atrial pacing	6.37	6.37	000	0	0	0	0	0
93610	26	A	Intra–atrial pacing	5.07	5.07	000	0	0	0	0	0
93610	TC	A	Intra–atrial pacing	1.30	1.30	000	0	0	0	0	0
93612		A	Intraventricular pacing	6.65	6.65	000	0	0	0	0	0
93612	26	A	Intraventricular pacing	5.10	5.10	000	0	0	0	0	0
93612	TC	A	Intraventricular pacing	1.55	1.55	000	0	0	0	0	0
93615		A	Esophageal recording	1.55	1.55	000	0	0	0	0	0
93615	26	A	Esophageal recording	1.25	1.25	000	0	0	0	0	0
93615	TC	A	Esophageal recording	0.30	0.30	000	0	0	0	0	0
93616		A	Esophageal recording	3.01	3.01	000	0	0	0	0	0
93616	26	A	Esophageal recording	2.71	2.71	000	0	0	0	0	0
93616	TC	A	Esophageal recording	0.30	0.30	000	0	0	0	0	0
93618		A	Heart rhythm pacing	12.45	12.45	000	0	0	0	0	0
93618	26	A	Heart rhythm pacing	8.64	8.64	000	0	0	0	0	0
93618	TC	A	Heart rhythm pacing	3.81	3.81	000	0	0	0	0	0
93619		A	Electrophysiologic	22.28	22.28	000	0	0	0	0	0
93619	26	A	Electrophysiologic	14.90	14.90	000	0	0	0	0	0
93619	TC	A	Electrophysiologic	7.39	7.39	000	0	0	0	0	0
93620		A	Electrophysiologic	31.94	31.94	000	0	0	0	0	0
93620	26	A	Electrophysiologic	23.36	23.36	000	0	0	0	0	0
93620	TC	A	Electrophysiologic	8.58	8.58	000	0	0	0	0	0
93621		C	Electrophysiologic	0.00	0.00	000	0	0	0	0	0
93621	26	A	Electrophysiologic	25.56	25.56	000	0	0	0	0	0
93621	TC	C	Electrophysiologic	0.00	0.00	000	0	0	0	0	0
93622		C	Electrophysiologic	0.00	0.00	000	0	0	0	0	0
93622	26	A	Electrophysiologic	25.69	25.69	000	0	0	0	0	0
93622	TC	C	Electrophysiologic	0.00	0.00	000	0	0	0	0	0
93623		C	Stimulation and pacing	0.00	0.00	000	0	0	0	0	0
93623	26	A	Stimulation and pacing	5.38	5.38	000	0	0	0	0	0
93623	TC	C	Stimulation and pacing	0.00	0.00	000	0	0	0	0	0
93624		A	Electrophysiologic	9.27	9.27	000	0	0	0	0	0
93624	26	A	Electrophysiologic	7.37	7.37	000	0	0	0	0	0
93624	TC	A	Electrophysiologic	1.90	1.90	000	0	0	0	0	0
93631		A	Heart pacing and mapping	18.88	18.88	000	0	0	0	0	0
93631	26	A	Heart pacing and mapping	12.83	12.83	000	0	0	0	0	0
93631	TC	A	Heart pacing and mapping	6.05	6.05	000	0	0	0	0	0
93640		A	Evaluate heart device	14.14	14.14	000	0	0	0	0	0
93640	26	A	Evaluate heart device	7.27	7.27	000	0	0	0	0	0
93640	TC	A	Evaluate heart device	6.87	6.87	000	0	0	0	0	0
93641		A	Electrophysiologic	18.89	18.89	000	0	0	0	0	0
93641	26	A	Electrophysiologic	12.02	12.02	000	0	0	0	0	0

93641	TC	A	Electrophysiologic	6.87	6.87	000	0	0	0	0	0
93642		A	Electrophysiologic	16.84	16.84	000	0	0	0	0	0
93642	26	A	Electrophysiologic	9.97	9.97	000	0	0	0	0	0
93642	TC	A	Electrophysiologic	6.87	6.87	000	0	0	0	0	0
93650		A	Ablate heart	21.45	21.45	000	0	0	0	0	0
93651		A	Ablate heart	32.71	32.71	000	0	0	0	0	0
93652		A	Ablate heart	34.01	34.01	000	0	0	0	0	0
93660		C	Tilt table evaluation	0.00	0.00	000	0	0	0	0	0
93660	26	A	Tilt table evaluation	3.20	3.20	000	0	0	0	0	0
93660	TC	C	Tilt table evaluation	0.00	0.00	000	0	0	0	0	0

(33) Cardiovascular, other vascular studies:

93720		A	Body plethysmography	1.07	1.04	XXX	0	0	0	0	0
93721		A	Plethysmography	0.69	0.36	XXX	0	0	0	0	0
93722		A	Plethysmography	0.38	0.35	XXX	0	0	0	0	0
93724		A	Analyze pacemaker	11.15	11.15	000	0	0	0	0	0
93724	26	A	Analyze pacemaker	7.34	7.34	000	0	0	0	0	0
93724	TC	A	Analyze pacemaker	3.81	3.81	000	0	0	0	0	0
93731		A	Analyze pacemaker	1.21	1.21	XXX	0	0	0	0	0
93731	26	A	Analyze pacemaker	0.73	0.73	XXX	0	0	0	0	0
93731	TC	A	Analyze pacemaker	0.48	0.48	XXX	0	0	0	0	0
93732		A	Analyze pacemaker	1.76	1.76	XXX	0	0	0	0	0
93732	26	A	Analyze pacemaker	1.26	1.26	XXX	0	0	0	0	0
93732	TC	A	Analyze pacemaker	0.50	0.50	XXX	0	0	0	0	0
93733		A	Telephone analysis	1.05	1.05	XXX	0	0	0	0	0
93733	26	A	Telephone analysis	0.35	0.35	XXX	0	0	0	0	0
93733	TC	A	Telephone analysis	0.70	0.70	XXX	0	0	0	0	0
93734		A	Analyze pacemaker	1.00	1.00	XXX	0	0	0	0	0
93734	26	A	Analyze pacemaker	0.66	0.66	XXX	0	0	0	0	0
93734	TC	A	Analyze pacemaker	0.34	0.34	XXX	0	0	0	0	0
93735		A	Analyze pacemaker	1.54	1.54	XXX	0	0	0	0	0
93735	26	A	Analyze pacemaker	1.11	1.11	XXX	0	0	0	0	0
93735	TC	A	Analyze pacemaker	0.43	0.43	XXX	0	0	0	0	0
93736		A	Telephone analysis	0.93	0.93	XXX	0	0	0	0	0
93736	26	A	Telephone analysis	0.32	0.32	XXX	0	0	0	0	0
93736	TC	A	Telephone analysis	0.61	0.61	XXX	0	0	0	0	0
93737		A	Analyze cardio/defib	1.16	1.16	XXX	0	0	0	0	0
93737	26	A	Analyze cardio/defib	0.68	0.68	XXX	0	0	0	0	0
93737	TC	A	Analyze cardio/defib	0.48	0.48	XXX	0	0	0	0	0
93738		A	Analyze cardio/defib	1.72	1.72	XXX	0	0	0	0	0
93738	26	A	Analyze cardio/defib	1.23	1.23	XXX	0	0	0	0	0
93738	TC	A	Analyze cardio/defib	0.50	0.50	XXX	0	0	0	0	0
93740		A	Temperature gradient	0.60	0.60	XXX	0	0	0	0	0
93740	26	A	Temperature gradient	0.45	0.45	XXX	0	0	0	0	0
93740	TC	A	Temperature gradient	0.15	0.15	XXX	0	0	0	0	0
93760		N	Cephalic thermogram	0.00	0.00	XXX	9	9	9	9	9
93762		N	Peripheral thermogram	0.00	0.00	XXX	9	9	9	9	9
93770		A	Measure venous pressure	0.35	0.35	XXX	0	0	0	0	0
93770	26	A	Measure venous pressure	0.32	0.32	XXX	0	0	0	0	0
93770	TC	A	Measure venous pressure	0.03	0.03	XXX	0	0	0	0	0
93784		N	Ambulatory BP monitoring	0.00	0.00	XXX	9	9	9	9	9
93786		N	Ambulatory BP recording	0.00	0.00	XXX	9	9	9	9	9
93788		N	Ambulatory BP analysis	0.00	0.00	XXX	9	9	9	9	9
93790		N	Ambulatory BP review	0.00	0.00	XXX	9	9	9	9	9

(34) Cardiovascular, other procedures:

93797		A	Cardiac rehabilitation	0.37	0.27	000	0	0	0	0	0
93798		A	With monitoring	0.73	0.50	000	0	0	0	0	0
93799		C	Cardiovascular procedure	0.00	0.00	XXX	0	0	0	0	0
93799	26	C	Cardiovascular procedure	0.00	0.00	XXX	0	0	0	0	0

93799	TC	C	Cardiovascular procedure	0.00	0.00	XXX	0	0	0	0	0

(35) Noninvasive vascular diagnostic studies, cerebrovascular arterial studies:

93875		A	Extracranial studies	1.55	1.55	XXX	0	2	0	0	0
93875	26	A	Extracranial studies	0.46	0.46	XXX	0	2	0	0	0
93875	TC	A	Extracranial studies	1.08	1.08	XXX	0	2	0	0	0
93880		A	Extracranial studies	4.59	4.59	XXX	0	2	0	0	0
93880	26	A	Extracranial studies	0.94	0.94	XXX	0	2	0	0	0
93880	TC	A	Extracranial studies	3.65	3.65	XXX	0	2	0	0	0
93882		A	Extracranial studies	3.05	3.05	XXX	0	0	0	0	0
93882	26	A	Extracranial studies	0.63	0.63	XXX	0	0	0	0	0
93882	TC	A	Extracranial studies	2.42	2.42	XXX	0	0	0	0	0
93886		A	Intracranial studies	5.42	5.42	XXX	0	0	0	0	0
93886	26	A	Intracranial studies	1.29	1.29	XXX	0	0	0	0	0
93886	TC	A	Intracranial studies	4.13	4.13	XXX	0	0	0	0	0
93888		A	Intracranial studies	3.61	3.61	XXX	0	0	0	0	0
93888	26	A	Intracranial studies	0.85	0.85	XXX	0	0	0	0	0
93888	TC	A	Intracranial studies	2.76	2.76	XXX	0	0	0	0	0

(36) Noninvasive vascular diagnostic studies, extremity arterial studies:

93922		A	Extremity study	1.66	1.66	XXX	0	2	0	0	0
93922	26	A	Extremity study	0.52	0.52	XXX	0	2	0	0	0
93922	TC	A	Extremity study	1.14	1.14	XXX	0	2	0	0	0
93923		A	Extremity study	3.09	3.09	XXX	0	2	0	0	0
93923	26	A	Extremity study	0.94	0.94	XXX	0	2	0	0	0
93923	TC	A	Extremity study	2.15	2.15	XXX	0	2	0	0	0
93924		A	Extremity study	3.38	3.38	XXX	0	2	0	0	0
93924	26	A	Extremity study	1.04	1.04	XXX	0	2	0	0	0
93924	TC	A	Extremity study	2.34	2.34	XXX	0	2	0	0	0
93925		A	Lower extremity study	4.59	4.59	XXX	0	2	0	0	0
93925	26	A	Lower extremity study	0.93	0.93	XXX	0	2	0	0	0
93925	TC	A	Lower extremity study	3.67	3.67	XXX	0	2	0	0	0
93926		A	Lower extremity study	3.07	3.07	XXX	0	0	0	0	0
93926	26	A	Lower extremity study	0.62	0.62	XXX	0	0	0	0	0
93926	TC	A	Lower extremity study	2.45	2.45	XXX	0	0	0	0	0
93930		A	Upper extremity study	4.71	4.71	XXX	0	2	0	0	0
93930	26	A	Upper extremity study	0.82	0.82	XXX	0	2	0	0	0
93930	TC	A	Upper extremity study	3.89	3.89	XXX	0	2	0	0	0
93931		A	Upper extremity study	3.14	3.14	XXX	0	0	0	0	0
93931	26	A	Upper extremity study	0.55	0.55	XXX	0	0	0	0	0
93931	TC	A	Upper extremity study	2.59	2.59	XXX	0	0	0	0	0

(37) Noninvasive vascular diagnostic studies, extremity venous studies:

93965		A	Extremity study	1.80	1.80	XXX	0	2	0	0	0
93965	26	A	Extremity study	0.73	0.73	XXX	0	2	0	0	0
93965	TC	A	Extremity study	1.08	1.08	XXX	0	2	0	0	0
93970		A	Extremity study	5.08	5.08	XXX	0	2	0	0	0
93970	26	A	Extremity study	1.03	1.03	XXX	0	2	0	0	0
93970	TC	A	Extremity study	4.05	4.05	XXX	0	2	0	0	0
93971		A	Extremity study	3.39	3.39	XXX	0	0	0	0	0
93971	26	A	Extremity study	0.69	0.69	XXX	0	0	0	0	0
93971	TC	A	Extremity study	2.70	2.70	XXX	0	0	0	0	0

(38) Noninvasive vascular diagnostic studies, visceral and penile vascular studies:

93975		A	Vascular study	6.67	6.67	XXX	0	0	0	0	0
93975	26	A	Vascular study	2.07	2.07	XXX	0	0	0	0	0
93975	TC	A	Vascular study	4.60	4.60	XXX	0	0	0	0	0
93976		A	Vascular study	4.46	4.46	XXX	0	0	0	0	0
93976	26	A	Vascular study	1.39	1.39	XXX	0	0	0	0	0

93976	TC	A	Vascular study	3.08	3.08	XXX	0	0	0	0	0
93978		A	Vascular study	4.77	4.77	XXX	0	0	0	0	0
93978	26	A	Vascular study	0.99	0.99	XXX	0	0	0	0	0
93978	TC	A	Vascular study	3.78	3.78	XXX	0	0	0	0	0
93979		A	Vascular study	3.18	3.18	XXX	0	0	0	0	0
93979	26	A	Vascular study	0.67	0.67	XXX	0	0	0	0	0
93979	TC	A	Vascular study	2.51	2.51	XXX	0	0	0	0	0
93980		A	Penile vascular study	5.39	5.39	XXX	0	0	0	0	0
93980	26	A	Penile vascular study	1.97	1.97	XXX	0	0	0	0	0
93980	TC	A	Penile vascular study	3.43	3.43	XXX	0	0	0	0	0
93981		A	Penile vascular study	3.97	3.97	XXX	0	0	0	0	0
93981	26	A	Penile vascular study	0.80	0.80	XXX	0	0	0	0	0
93981	TC	A	Penile vascular study	3.16	3.16	XXX	0	0	0	0	0

(39) Noninvasive vascular diagnostic studies, extremity arterial–venous studies:

93990		A	Doppler flow test	2.87	2.87	XXX	0	0	0	0	0
93990	26	A	Doppler flow test	0.42	0.42	XXX	0	0	0	0	0
93990	TC	A	Doppler flow test	2.45	2.45	XXX	0	0	0	0	0

(40) Pulmonary:

94010		A	Breathing capacity	0.84	0.84	XXX	0	0	0	0	0
94010	26	A	Breathing capacity	0.44	0.44	XXX	0	0	0	0	0
94010	TC	A	Breathing capacity	0.40	0.40	XXX	0	0	0	0	0
94060		A	Bronchospasm evaluation	1.52	1.52	XXX	0	0	0	0	0
94060	26	A	Bronchospasm evaluation	0.63	0.63	XXX	0	0	0	0	0
94060	TC	A	Bronchospasm evaluation	0.89	0.89	XXX	0	0	0	0	0
94070		A	Bronchospasm evaluation	2.33	2.33	XXX	0	0	0	0	0
94070	26	A	Bronchospasm evaluation	0.93	0.93	XXX	0	0	0	0	0
94070	TC	A	Bronchospasm evaluation	1.40	1.40	XXX	0	0	0	0	0
94150		B	Vital capacity	0.00	0.00	XXX	9	9	9	9	9
94150	26	B	Vital capacity	0.00	0.00	XXX	9	9	9	9	9
94150	TC	B	Vital capacity	0.00	0.00	XXX	9	9	9	9	9
94200		A	Lung function	0.46	0.46	XXX	0	0	0	0	0
94200	26	A	Lung function	0.22	0.22	XXX	0	0	0	0	0
94200	TC	A	Lung function	0.24	0.24	XXX	0	0	0	0	0
94240		A	Residual lung capacity	1.12	1.12	XXX	0	0	0	0	0
94240	26	A	Residual lung capacity	0.47	0.47	XXX	0	0	0	0	0
94240	TC	A	Residual lung capacity	0.66	0.66	XXX	0	0	0	0	0
94250		A	Expired gas collection	0.35	0.35	XXX	0	0	0	0	0
94250	26	A	Expired gas collection	0.22	0.22	XXX	0	0	0	0	0
94250	TC	A	Expired gas collection	0.13	0.13	XXX	0	0	0	0	0
94260		A	Thoracic gas volume	0.79	0.79	XXX	0	0	0	0	0
94260	26	A	Thoracic gas volume	0.26	0.26	XXX	0	0	0	0	0
94260	TC	A	Thoracic gas volume	0.52	0.52	XXX	0	0	0	0	0
94350		A	Lung nitrogen	0.97	0.97	XXX	0	0	0	0	0
94350	26	A	Lung nitrogen	0.44	0.44	XXX	0	0	0	0	0
94350	TC	A	Lung nitrogen	0.52	0.52	XXX	0	0	0	0	0
94360		A	Measure airflow	1.35	1.35	XXX	0	0	0	0	0
94360	26	A	Measure airflow	0.43	0.43	XXX	0	0	0	0	0
94360	TC	A	Measure airflow	0.92	0.92	XXX	0	0	0	0	0
94370		A	Breath airway closing	0.64	0.64	XXX	0	0	0	0	0
94370	26	A	Breath airway closing	0.38	0.38	XXX	0	0	0	0	0
94370	TC	A	Breath airway closing	0.26	0.26	XXX	0	0	0	0	0
94375		A	Respiratory flow	0.95	0.95	XXX	0	0	0	0	0
94375	26	A	Respiratory flow	0.49	0.49	XXX	0	0	0	0	0
94375	TC	A	Respiratory flow	0.46	0.46	XXX	0	0	0	0	0
94400		A	CO_2 breathing response	1.21	1.21	XXX	0	0	0	0	0
94400	26	A	CO_2 breathing response	0.89	0.89	XXX	0	0	0	0	0
94400	TC	A	CO_2 breathing response	0.32	0.32	XXX	0	0	0	0	0
94450		A	Hypoxia response	0.98	0.98	XXX	0	0	0	0	0

94450	26	A	Hypoxia response	0.61	0.61	XXX	0	0	0	0	0
94450	TC	A	Hypoxia response	0.37	0.37	XXX	0	0	0	0	0
94620		A	Pulmonary stress testing	2.86	2.86	XXX	0	0	0	0	0
94620	26	A	Pulmonary stress testing	1.50	1.50	XXX	0	0	0	0	0
94620	TC	A	Pulmonary stress testing	1.36	1.36	XXX	0	0	0	0	0
94640		A	Airway inhalation	0.39	0.39	XXX	0	0	0	0	0
94642		C	Aerosol inhalation	0.00	0.00	XXX	0	0	0	0	0
94650		A	Pressure breathing	0.37	0.37	XXX	0	0	0	0	0
94651		A	Pressure breathing	0.36	0.36	XXX	0	0	0	0	0
94652		A	Pressure breathing	0.44	0.44	XXX	0	0	0	0	0
94656		A	Initial ventilation	2.27	2.27	XXX	0	0	0	0	0
94657		A	Subsequent ventilation	1.38	1.38	XXX	0	0	0	0	0
94660		A	Positive airway pressure	1.41	1.41	XXX	0	0	0	0	0
94662		A	Negative pressure	0.99	0.99	XXX	0	0	0	0	0
94664		A	Aerosol or vapor	0.51	0.51	XXX	0	0	0	0	0
94665		A	Aerosol or vapor	0.47	0.47	XXX	0	0	0	0	0
94667		A	Chest wall manipulation	0.56	0.56	XXX	0	0	0	0	0
94668		A	Chest wall manipulation	0.34	0.34	XXX	0	0	0	0	0
94680		A	Exhaled air analysis	1.04	1.04	XXX	0	0	0	0	0
94680	26	A	Exhaled air analysis	0.53	0.53	XXX	0	0	0	0	0
94680	TC	A	Exhaled air analysis	0.51	0.51	XXX	0	0	0	0	0
94681		A	Exhaled air analysis	1.76	1.76	XXX	0	0	0	0	0
94681	26	A	Exhaled air analysis	0.42	0.42	XXX	0	0	0	0	0
94681	TC	A	Exhaled air analysis	1.35	1.35	XXX	0	0	0	0	0
94690		A	Exhaled air analysis	0.63	0.63	XXX	0	0	0	0	0
94690	26	A	Exhaled air analysis	0.11	0.11	XXX	0	0	0	0	0
94690	TC	A	Exhaled air analysis	0.51	0.51	XXX	0	0	0	0	0
94720		A	Carbon monoxide diffusion	1.28	1.28	XXX	0	0	0	0	0
94720	26	A	Carbon monoxide diffusion	0.47	0.47	XXX	0	0	0	0	0
94720	TC	A	Carbon monoxide diffusion	0.81	0.81	XXX	0	0	0	0	0
94725		A	Membrane diffusion	2.09	2.09	XXX	0	0	0	0	0
94725	26	A	Membrane diffusion	0.42	0.42	XXX	0	0	0	0	0
94725	TC	A	Membrane diffusion	1.68	1.68	XXX	0	0	0	0	0
94750		A	Pulmonary compliance	1.01	1.01	XXX	0	0	0	0	0
94750	26	A	Pulmonary compliance	0.46	0.46	XXX	0	0	0	0	0
94750	TC	A	Pulmonary compliance	0.55	0.55	XXX	0	0	0	0	0
94760		A	Measure blood oxygen	0.25	0.25	XXX	0	0	0	0	0
94761		A	Measure blood oxygen	0.65	0.65	XXX	0	0	0	0	0
94762		A	Measure blood oxygen	1.10	1.10	XXX	0	0	0	0	0
94770		A	Exhaled carbon dioxide	0.58	0.58	XXX	0	0	0	0	0
94770	26	A	Exhaled carbon dioxide	0.26	0.26	XXX	0	0	0	0	0
94770	TC	A	Exhaled carbon dioxide	0.32	0.32	XXX	0	0	0	0	0
94772		C	Breath recording	0.00	0.00	XXX	0	0	0	0	0
94772	26	C	Breath recording	0.00	0.00	XXX	0	0	0	0	0
94772	TC	C	Breath recording	0.00	0.00	XXX	0	0	0	0	0
94799		C	Pulmonary procedure	0.00	0.00	XXX	0	0	0	0	0
94799	26	C	Pulmonary procedure	0.00	0.00	XXX	0	0	0	0	0
94799	TC	C	Pulmonary procedure	0.00	0.00	XXX	0	0	0	0	0

(41) Allergy and clinical immunology, allergy testing:

95004		A	Allergy skin testing	0.09	0.09	XXX	0	0	0	0	0
95010		A	Sensitivity skin test	0.25	0.19	XXX	0	0	0	0	0
95015		A	Sensitivity skin test	0.25	0.19	XXX	0	0	0	0	0
95024		A	Allergy skin test	0.14	0.14	XXX	0	0	0	0	0
95027		A	Skin end point	0.14	0.14	XXX	0	0	0	0	0
95028		A	Allergy skin test	0.22	0.22	XXX	0	0	0	0	0
95044		A	Allergy patch test	0.19	0.19	XXX	0	0	0	0	0
95052		A	Photo patch test	0.24	0.24	XXX	0	0	0	0	0
95056		A	Photosensitivity	0.17	0.09	XXX	0	0	0	0	0
95060		A	Eye allergy test	0.33	0.33	XXX	0	0	0	0	0

95065	A Nose allergy test	0.19	0.10	XXX	0	0	0	0	0
95070	A Bronchial allergy test	2.11	2.11	XXX	0	0	0	0	0
95071	A Bronchial allergy test	2.70	2.70	XXX	0	0	0	0	0
95075	A Ingestion challenge test	2.78	1.82	XXX	0	0	0	0	0
95078	A Provocative testing	0.24	0.24	XXX	0	0	0	0	0
(42) Allergy and clinical immunology, allergen immunotherapy:									
95115	A Immunotherapy	0.37	0.37	000	0	0	0	0	0
95117	A Immunotherapy	0.47	0.47	000	0	0	0	0	0
95120	I Immunotherapy	0.00	0.00	XXX	9	9	9	9	9
95125	I Immunotherapy	0.00	0.00	XXX	9	9	9	9	9
95130	I Immunotherapy	0.00	0.00	XXX	9	9	9	9	9
95131	I Immunotherapy	0.00	0.00	XXX	9	9	9	9	9
95132	I Immunotherapy	0.00	0.00	XXX	9	9	9	9	9
95133	I Immunotherapy	0.00	0.00	XXX	9	9	9	9	9
95134	I Immunotherapy	0.00	0.00	XXX	9	9	9	9	9
95144	A Antigen therapy	0.19	0.12	000	0	0	0	0	0
95145	A Antigen therapy	0.40	0.24	000	0	0	0	0	0
95146	A Antigen therapy	0.66	0.37	000	0	0	0	0	0
95147	A Antigen therapy	0.95	0.51	000	0	0	0	0	0
95148	A Antigen therapy	0.95	0.51	000	0	0	0	0	0
95149	A Antigen therapy	1.17	0.62	000	0	0	0	0	0
95165	A Antigen therapy	0.16	0.11	000	0	0	0	0	0
95170	A Antigen therapy	0.41	0.24	000	0	0	0	0	0
95180	A Rapid desensitization	1.97	1.90	000	0	0	0	0	0
95199	C Allergy immunology	0.00	0.00	000	0	0	0	0	0
(43) Neurology and neuromuscular procedures, sleep testing:									
95805	A Multiple sleep latency	7.28	7.28	XXX	0	0	0	0	0
95805 26	A Multiple sleep latency	2.29	2.29	XXX	0	0	0	0	0
95805 TC	A Multiple sleep latency	4.99	4.99	XXX	0	0	0	0	0
95806	A Sleep study, unattended	8.75	8.15	XXX	0	0	0	0	0
95806 26	A Sleep study, unattended	3.98	3.38	XXX	0	0	0	0	0
95806 TC	A Sleep study, unattended	4.77	4.77	XXX	0	0	0	0	0
95807	A Sleep study, attended	9.73	9.73	XXX	0	0	0	0	0
95807 26	A Sleep study, attended	3.38	3.38	XXX	0	0	0	0	0
95807 TC	A Sleep study, attended	6.35	6.35	XXX	0	0	0	0	0
95808	A Polysomnography	11.23	11.23	XXX	0	0	0	0	0
95808 26	A Polysomnography	4.88	4.88	XXX	0	0	0	0	0
95808 TC	A Polysomnography	6.35	6.35	XXX	0	0	0	0	0
95810	A Polysomnography	12.03	12.03	XXX	0	0	0	0	0
95810 26	A Polysomnography	5.68	5.68	XXX	0	0	0	0	0
95810 TC	A Polysomnography	6.35	6.35	XXX	0	0	0	0	0
95811	A Polysomnography	12.71	12.71	XXX	0	0	0	0	0
95811 26	A Polysomnography	6.04	6.04	XXX	0	0	0	0	0
95811 TC	A Polysomnography	6.67	6.67	XXX	0	0	0	0	0
95812	A Electroencephalogram	2.85	2.85	XXX	0	0	0	0	0
95812 26	A Electroencephalogram	1.49	1.49	XXX	0	0	0	0	0
95812 TC	A Electroencephalogram	1.36	1.36	XXX	0	0	0	0	0
95813	A Electroencephalogram	3.44	3.44	XXX	0	0	0	0	0
95813 26	A Electroencephalogram	2.08	2.08	XXX	0	0	0	0	0
95813 TC	A Electroencephalogram	1.36	1.36	XXX	0	0	0	0	0
95816	A Electroencephalogram	2.54	2.54	XXX	0	0	0	0	0
95816 26	A Electroencephalogram	1.27	1.27	XXX	0	0	0	0	0
95816 TC	A Electroencephalogram	1.27	1.27	XXX	0	0	0	0	0
95819	A Electroencephalogram	2.80	2.80	XXX	0	0	0	0	0
95819 26	A Electroencephalogram	1.49	1.49	XXX	0	0	0	0	0
95819 TC	A Electroencephalogram	1.31	1.31	XXX	0	0	0	0	0
95822	A Sleep EEG	3.28	3.28	XXX	0	0	0	0	0
95822 26	A Sleep EEG	1.54	1.54	XXX	0	0	0	0	0

95822	TC	A	Sleep EEG	1.74	1.74	XXX	0	0	0	0	0
95824		A	Cerebral death EEG	1.66	1.66	XXX	0	0	0	0	0
95824	26	A	Cerebral death EEG	1.25	1.25	XXX	0	0	0	0	0
95824	TC	A	Cerebral death EEG	0.40	0.40	XXX	0	0	0	0	0
95827		A	Night sleep EEG	4.07	4.07	XXX	0	0	0	0	0
95827	26	A	Night sleep EEG	1.87	1.87	XXX	0	0	0	0	0
95827	TC	A	Night sleep EEG	2.20	2.20	XXX	0	0	0	0	0
95829		A	Electrocorticogram	6.24	6.24	XXX	0	0	0	0	0
95829	26	A	Electrocorticogram	6.09	6.09	XXX	0	0	0	0	0
95829	TC	A	Electrocorticogram	0.15	0.15	XXX	0	0	0	0	0
95830		A	Insert electrodes	2.34	2.34	XXX	0	0	0	0	0
95831		A	Limb muscle test	0.55	0.41	XXX	0	0	0	0	0
95832		A	Hand muscle test	0.52	0.40	XXX	0	0	0	0	0
95833		A	Body muscle test	0.82	0.64	XXX	0	0	0	0	0
95834		A	Body muscle test	1.17	0.87	XXX	0	0	0	0	0
95851		A	Range of motion	0.39	0.27	XXX	0	0	0	0	0
95852		A	Range of motion	0.26	0.18	XXX	0	0	0	0	0
95857		A	Tensilon test	0.99	0.74	XXX	0	0	0	0	0
95858		A	Tensilon test, recording	2.45	2.45	XXX	0	0	0	0	0
95858	26	A	Tensilon test, recording	2.06	2.06	XXX	0	0	0	0	0
95858	TC	A	Tensilon test, recording	0.39	0.39	XXX	0	0	0	0	0
95860		A	Muscle test, one	1.97	1.97	XXX	0	0	0	0	0
95860	26	A	Muscle test, one	1.61	1.61	XXX	0	0	0	0	0
95860	TC	A	Muscle test, one	0.36	0.36	XXX	0	0	0	0	0
95861		A	Muscle test, two	3.39	3.39	XXX	0	0	0	0	0
95861	26	A	Muscle test, two	2.68	2.68	XXX	0	0	0	0	0
95861	TC	A	Muscle test, two	0.71	0.71	XXX	0	0	0	0	0
95863		A	Muscle test, three	4.02	4.02	XXX	0	0	0	0	0
95863	26	A	Muscle test, three	3.12	3.12	XXX	0	0	0	0	0
95863	TC	A	Muscle test, three	0.90	0.90	XXX	0	0	0	0	0
95864		A	Muscle test, four	5.29	5.29	XXX	0	0	0	0	0
95864	26	A	Muscle test, four	3.57	3.57	XXX	0	0	0	0	0
95864	TC	A	Muscle test, four	1.71	1.71	XXX	0	0	0	0	0
95867		A	Muscle test, head	1.86	1.86	XXX	0	0	0	0	0
95867	26	A	Muscle test, head	1.31	1.31	XXX	0	0	0	0	0
95867	TC	A	Muscle test, head	0.55	0.55	XXX	0	0	0	0	0
95868		A	Muscle test, head	3.01	3.01	XXX	0	2	0	0	0
95868	26	A	Muscle test, head	2.34	2.34	XXX	0	2	0	0	0
95868	TC	A	Muscle test, head	0.67	0.67	XXX	0	2	0	0	0
95869		A	Muscle test, thoracic	0.88	0.88	XXX	0	0	0	0	0
95869	26	A	Muscle test, thoracic	0.67	0.67	XXX	0	0	0	0	0
95869	TC	A	Muscle test, thoracic	0.20	0.20	XXX	0	0	0	0	0
95870		A	Nonparaspinal muscle test	0.88	0.88	XXX	0	0	0	0	0
95870	26	A	Nonparaspinal muscle test	0.67	0.67	XXX	0	0	0	0	0
95870	TC	A	Nonparaspinal muscle test	0.20	0.20	XXX	0	0	0	0	0
95872		A	Nonparaspinal muscle test	2.63	2.63	XXX	0	0	0	0	0
95872	26	A	Nonparaspinal muscle test	2.05	2.05	XXX	0	0	0	0	0
95872	TC	A	Nonparaspinal muscle test	0.58	0.58	XXX	0	0	0	0	0
95875		A	Limb exercise	1.85	1.85	XXX	0	0	0	0	0
95875	26	A	Limb exercise	1.45	1.45	XXX	0	0	0	0	0
95875	TC	A	Limb exercise	0.40	0.40	XXX	0	0	0	0	0
95900		A	Motor nerve conduction	1.01	1.01	XXX	0	0	0	0	0
95900	26	A	Motor nerve conduction	0.74	0.74	XXX	0	0	0	0	0
95900	TC	A	Motor nerve conduction	0.27	0.27	XXX	0	0	0	0	0
95903		A	Motor nerve conduction	1.14	1.14	XXX	0	0	0	0	0
95903	26	A	Motor nerve conduction	0.90	0.90	XXX	0	0	0	0	0
95903	TC	A	Motor nerve conduction	0.24	0.24	XXX	0	0	0	0	0
95904		A	Sensory nerve conduction	0.87	0.87	XXX	0	0	0	0	0
95904	26	A	Sensory nerve conduction	0.65	0.65	XXX	0	0	0	0	0
95904	TC	A	Sensory nerve conduction	0.21	0.21	XXX	0	0	0	0	0

95920		A	Intraoperative testing	4.60	4.60	XXX	0	0	0	0	0
95920	26	A	Intraoperative testing	3.36	3.36	XXX	0	0	0	0	0
95920	TC	A	Intraoperative testing	1.24	1.24	XXX	0	0	0	0	0
95921		A	Autonomic nervous system	1.50	1.50	XXX	0	0	0	0	0
95921	26	A	Autonomic nervous system	1.14	1.14	XXX	0	0	0	0	0
95921	TC	A	Autonomic nervous system	0.36	0.36	XXX	0	0	0	0	0
95922		A	Autonomic nervous system	1.58	1.58	XXX	0	0	0	0	0
95922	26	A	Autonomic nervous system	1.22	1.22	XXX	0	0	0	0	0
95922	TC	A	Autonomic nervous system	0.36	0.36	XXX	0	0	0	0	0
95923		A	Autonomic nervous system	1.50	1.50	XXX	0	0	0	0	0
95923	26	A	Autonomic nervous system	1.14	1.14	XXX	0	0	0	0	0
95923	TC	A	Autonomic nervous system	0.36	0.36	XXX	0	0	0	0	0
95925		A	Somatosensory study	2.02	2.02	XXX	0	2	0	0	0
95925	26	A	Somatosensory study	1.14	1.14	XXX	0	2	0	0	0
95925	TC	A	Somatosensory study	0.88	0.88	XXX	0	2	0	0	0
95926		A	Somatosensory study	2.02	2.02	XXX	0	2	0	0	0
95926	26	A	Somatosensory study	1.14	1.14	XXX	0	2	0	0	0
95926	TC	A	Somatosensory study	0.88	0.88	XXX	0	2	0	0	0
95927		A	Somatosensory study	2.02	2.02	XXX	0	0	0	0	0
95927	26	A	Somatosensory study	1.14	1.14	XXX	0	0	0	0	0
95927	TC	A	Somatosensory study	0.88	0.88	XXX	0	0	0	0	0
95930		A	Visual evoked potential	1.15	1.15	XXX	0	2	0	0	0
95930	26	A	Visual evoked potential	0.90	0.90	XXX	0	2	0	0	0
95930	TC	A	Visual evoked potential	0.25	0.25	XXX	0	2	0	0	0
95933		A	Blink reflex test	1.80	1.80	XXX	0	0	0	0	0
95933	26	A	Blink reflex test	1.04	1.04	XXX	0	0	0	0	0
95933	TC	A	Blink reflex test	0.76	0.76	XXX	0	0	0	0	0
95934		A	H–reflex study	1.01	1.01	XXX	0	1	0	0	0
95934	26	A	H–reflex study	0.81	0.81	XXX	0	1	0	0	0
95934	TC	A	H–reflex study	0.20	0.20	XXX	0	1	0	0	0
95936		A	H–reflex study	1.05	1.05	XXX	0	1	0	0	0
95936	26	A	H–reflex study	0.84	0.84	XXX	0	1	0	0	0
95936	TC	A	H–reflex study	0.20	0.20	XXX	0	1	0	0	0
95937		A	Neuromuscular junction	1.37	1.37	XXX	0	0	0	0	0
95937	26	A	Neuromuscular junction	1.05	1.05	XXX	0	0	0	0	0
95937	TC	A	Neuromuscular junction	0.33	0.33	XXX	0	0	0	0	0
95950		A	Ambulatory EEG	8.70	8.70	XXX	0	0	0	0	0
95950	26	A	Ambulatory EEG	2.59	2.59	XXX	0	0	0	0	0
95950	TC	A	Ambulatory EEG	6.11	6.11	XXX	0	0	0	0	0
95951		A	EEG monitoring	14.33	14.33	XXX	0	0	0	0	0
95951	26	A	EEG monitoring	6.96	6.96	XXX	0	0	0	0	0
95951	TC	A	EEG monitoring	7.37	7.37	XXX	0	0	0	0	0
95953		A	EEG monitoring	10.13	10.13	XXX	0	0	0	0	0
95953	26	A	EEG monitoring	4.02	4.02	XXX	0	0	0	0	0
95953	TC	A	EEG monitoring	6.11	6.11	XXX	0	0	0	0	0
95954		A	EEG monitoring	4.62	4.62	XXX	0	0	0	0	0
95954	26	A	EEG monitoring	4.15	4.15	XXX	0	0	0	0	0
95954	TC	A	EEG monitoring	0.47	0.47	XXX	0	0	0	0	0
95955		A	EEG during surgery	3.88	3.88	XXX	0	0	0	0	0
95955	26	A	EEG during surgery	1.97	1.97	XXX	0	0	0	0	0
95955	TC	A	EEG during surgery	1.91	1.91	XXX	0	0	0	0	0
95956		A	EEG monitoring	10.42	10.42	XXX	0	0	0	0	0
95956	26	A	EEG monitoring	4.31	4.31	XXX	0	0	0	0	0
95956	TC	A	EEG monitoring	6.11	6.11	XXX	0	0	0	0	0
95957		A	EEG digital analysis	4.07	4.07	XXX	0	0	0	0	0
95957	26	A	EEG digital analysis	2.43	2.43	XXX	0	0	0	0	0
95957	TC	A	EEG digital analysis	1.64	1.64	XXX	0	0	0	0	0
95958		A	EEG monitoring	8.87	8.87	XXX	0	0	0	0	0
95958	26	A	EEG monitoring	7.19	7.19	XXX	0	0	0	0	0
95958	TC	A	EEG monitoring	1.68	1.68	XXX	0	0	0	0	0

95961		A Electrode stimulation	5.39	5.39	XXX	0	0	0	0	0
95961	26	A Electrode stimulation	4.14	4.14	XXX	0	0	0	0	0
95961	TC	A Electrode stimulation	1.24	1.24	XXX	0	0	0	0	0
95962		A Electrode stimulation	5.60	5.60	XXX	0	0	0	0	0
95962	26	A Electrode stimulation	4.36	4.36	XXX	0	0	0	0	0
95962	TC	A Electrode stimulation	1.24	1.24	XXX	0	0	0	0	0
95999		C Neurological procedure	0.00	0.00	XXX	0	0	0	0	0
(44) Central nervous system assessments/tests:										
96100		A Psychological testing	1.73	1.73	XXX	0	0	0	0	0
96105		A Assessment of aphasia	1.73	1.73	XXX	0	0	0	0	0
96110		C Developmental testing	0.00	0.00	XXX	0	0	0	0	0
96111		A Developmental testing	1.73	1.73	XXX	0	0	0	0	0
96115		A Neurobehavioral status	1.73	1.73	XXX	0	0	0	0	0
96117		A Neuropsychological test	1.73	1.73	XXX	0	0	0	0	0
(45) Chemotherapy administration:										
96400		A Chemotherapy	0.13	0.13	XXX	0	0	0	0	0
96405		A Intralesional chemo	0.86	0.67	000	2	0	1	0	0
96406		A Intralesional chemo	1.29	1.02	000	2	0	1	0	0
96408		A Chemotherapy, push	0.92	0.92	XXX	0	0	0	0	0
96410		A Chemotherapy, infusion	1.47	1.47	XXX	0	0	0	0	0
96412		A Chemotherapy, infusion	1.11	1.11	XXX	0	0	0	0	0
96414		A Chemotherapy, infusion	1.28	1.28	XXX	0	0	0	0	0
96420		A Chemotherapy, push	1.20	1.20	XXX	0	0	0	0	0
96422		A Chemotherapy, infusion	1.18	1.18	XXX	0	0	0	0	0
96423		A Chemotherapy, infusion	0.46	0.46	XXX	0	0	0	0	0
96425		A Chemotherapy, infusion	1.36	1.36	XXX	0	0	0	0	0
96440		A Chemotherapy	2.97	2.97	000	0	0	0	0	0
96445		A Chemotherapy	2.99	2.52	000	0	0	0	0	0
96450		A Chemotherapy	2.59	2.17	000	0	0	0	0	0
96520		A Pump refilling	0.85	0.85	XXX	0	0	0	0	0
96530		A Pump refilling	1.01	1.01	XXX	0	0	0	0	0
96542		A Chemotherapy injection	2.41	1.89	XXX	0	0	0	0	0
96545		B Provide chemotherapy	0.00	0.00	XXX	9	9	9	9	9
96549		C Chemotherapy procedure	0.00	0.00	XXX	0	0	0	0	0
(46) Special dermatological procedures:										
96900		A Ultraviolet light	0.38	0.38	XXX	0	0	0	0	0
96902		B Trichogram	0.00	0.00	XXX	9	9	9	9	9
96910		A Photochemotherapy	0.55	0.55	XXX	0	0	0	0	0
96912		A Photochemotherapy	0.64	0.64	XXX	0	0	0	0	0
96913		A Photochemotherapy	1.30	1.30	XXX	0	0	0	0	0
96999		C Dermatological procedure	0.00	0.00	XXX	0	0	0	0	0
(47) Osteopathic manipulative treatment:										
98925		A Osteopathic manipulation	0.66	0.66	000	0	0	0	0	0
98926		A Osteopathic manipulation	0.99	0.99	000	0	0	0	0	0
98927		A Osteopathic manipulation	1.17	1.17	000	0	0	0	0	0
98928		A Osteopathic manipulation	1.36	1.36	000	0	0	0	0	0
98929		A Osteopathic manipulation	1.47	1.47	000	0	0	0	0	0
(48) Special services and reports, miscellaneous services:										
99000		B Specimen handling	0.00	0.00	XXX	9	9	9	9	9
99001		B Specimen handling	0.00	0.00	XXX	9	9	9	9	9
99002		B Device handling	0.00	0.00	XXX	9	9	9	9	9
99024		B Postoperative follow–up	0.00	0.00	XXX	9	9	9	9	9
99025		B Initial surgical	0.00	0.00	XXX	9	9	9	9	9

99050	B Medical services	0.00	0.00	XXX	9	9	9	9	9
99052	B Medical services	0.00	0.00	XXX	9	9	9	9	9
99054	B Medical services	0.00	0.00	XXX	9	9	9	9	9
99056	B Non–office medical	0.00	0.00	XXX	9	9	9	9	9
99058	B Office emergency	0.00	0.00	XXX	9	9	9	9	9
99070	B Special supplies	0.00	0.00	XXX	9	9	9	9	9
99071	B Patient education	0.00	0.00	XXX	9	9	9	9	9
99075	N Medical testimony	0.00	0.00	XXX	9	9	9	9	9
99078	B Group health education	0.00	0.00	XXX	9	9	9	9	9
99080	B Special reports	0.00	0.00	XXX	9	9	9	9	9
99082	C Unusual travel	0.00	0.00	XXX	0	0	0	0	0
99090	B Computer data analysis	0.00	0.00	XXX	9	9	9	9	9
(49) Qualifying circumstances for anesthesia:									
99100	B Special anesthesia	0.00	0.00	XXX	9	9	9	9	9
99116	B Anesthesia	0.00	0.00	XXX	9	9	9	9	9
99135	B Special anesthesia	0.00	0.00	XXX	9	9	9	9	9
99140	B Emergency anesthesia	0.00	0.00	XXX	9	9	9	9	9
(50) Sedation with or without analgesia:									
99141	B Sedation	0.00	0.00	XXX	9	9	9	9	9
99142	B Sedation, oral	0.00	0.00	XXX	9	9	9	9	9
(51) Other services:									
99175	A Induction of vomiting	1.34	1.34	XXX	0	0	0	0	0
99183	A Hyperbaric oxygen therapy	3.80	3.80	XXX	0	0	0	0	0
99185	A Regional hypothermia	0.61	0.61	XXX	0	0	0	0	0
99186	A Total body hypothermia	1.93	1.93	XXX	0	0	0	0	0
99190	X Special pump	0.00	0.00	XXX	9	9	9	9	9
99191	X Special pump	0.00	0.00	XXX	9	9	9	9	9
99192	X Special pump	0.00	0.00	XXX	9	9	9	9	9
99195	A Phlebotomy	0.42	0.42	XXX	0	0	0	0	0
99199	C Special service	0.00	0.00	XXX	0	0	0	0	0

I. Procedure code numbers 99201 to 99449 relate to evaluation and management services.

1	2	3	4	5	6	7	8	9	10	11	12
(1) Office or other outpatient services, new patient:											
99201		A	Office/outpatient visit	0.84	0.61	XXX	0	0	0	0	0
99202		A	Office/outpatient visit	1.32	1.04	XXX	0	0	0	0	0
99203		A	Office/outpatient visit	1.82	1.50	XXX	0	0	0	0	0
99204		A	Office/outpatient visit	2.71	2.24	XXX	0	0	0	0	0
99205		A	Office/outpatient visit	3.40	2.88	XXX	0	0	0	0	0
(2) Office or other outpatient services, established patient:											
99211		A	Office/outpatient visit	0.37	0.26	XXX	0	0	0	0	0
99212		A	Office/outpatient visit	0.73	0.55	XXX	0	0	0	0	0
99213		A	Office/outpatient visit	1.04	0.81	XXX	0	0	0	0	0
99214		A	Office/outpatient visit	1.57	1.26	XXX	0	0	0	0	0
99215		A	Office/outpatient visit	2.48	2.01	XXX	0	0	0	0	0
(3) Hospital observation services:											
99217		A	Observation care	1.69	1.69	XXX	0	0	0	0	0
99218		A	Observation care	1.85	1.85	XXX	0	0	0	0	0
99219		A	Observation care	3.01	3.01	XXX	0	0	0	0	0

99220	A Observation care	3.87	3.87	XXX	0	0	0	0	0

(4) Hospital inpatient services, initial hospital care, new or established patient:

99221	A Initial hospital care	1.84	1.84	XXX	0	0	0	0	0
99222	A Initial hospital care	3.00	3.00	XXX	0	0	0	0	0
99223	A Initial hospital care	3.85	3.85	XXX	0	0	0	0	0

(5) Hospital inpatient services, subsequent hospital care:

99231	A Subsequent hospital care	0.96	0.96	XXX	0	0	0	0	0
99232	A Subsequent hospital care	1.42	1.42	XXX	0	0	0	0	0
99233	A Subsequent hospital care	1.98	1.98	XXX	0	0	0	0	0

(6) Observation or inpatient services:

99234	A Observation, hospital	3.01	3.01	XXX	0	0	0	0	0
99235	A Observation, hospital	4.17	4.17	XXX	0	0	0	0	0
99236	A Observation, hospital	5.03	5.03	XXX	0	0	0	0	0
99238	A Hospital discharge day	1.68	1.68	XXX	0	0	0	0	0
99239	A Hospital discharge day	2.10	2.10	XXX	0	0	0	0	0

(7) Consultations, office or other inpatient consultations, new or established patient:

99241	A Initial office consult	1.24	0.93	XXX	0	0	0	0	0
99242	A Initial office consult	1.96	1.59	XXX	0	0	0	0	0
99243	A Initial office consult	2.55	2.09	XXX	0	0	0	0	0
99244	A Initial office consult	3.59	3.00	XXX	0	0	0	0	0
99245	A Initial office consult	4.83	4.02	XXX	0	0	0	0	0

(8) Consultations, initial inpatient consultations, new or established patient:

99251	A Initial inpatient consult	1.29	1.29	XXX	0	0	0	0	0
99252	A Initial inpatient consult	1.98	1.98	XXX	0	0	0	0	0
99253	A Initial inpatient consult	2.63	2.63	XXX	0	0	0	0	0
99254	A Initial inpatient consult	3.62	3.62	XXX	0	0	0	0	0
99255	A Initial inpatient consult	4.91	4.91	XXX	0	0	0	0	0

(9) Consultations, follow–up inpatient consultations, established patient:

99261	A Follow–up inpatient	0.72	0.72	XXX	0	0	0	0	0
99262	A Follow–up inpatient	1.24	1.24	XXX	0	0	0	0	0
99263	A Follow–up inpatient	1.82	1.82	XXX	0	0	0	0	0

(10) Confirmatory consultations:

99271	A Confirmatory consultation	1.01	0.73	XXX	0	0	0	0	0
99272	A Confirmatory consultation	1.50	1.16	XXX	0	0	0	0	0
99273	A Confirmatory consultation	2.13	1.63	XXX	0	0	0	0	0
99274	A Confirmatory consultation	2.81	2.22	XXX	0	0	0	0	0
99275	A Confirmatory consultation	3.87	3.87	XXX	0	0	0	0	0

(11) Emergency department services:

99281	A Emergency room visit	0.58	0.58	XXX	0	0	0	0	0
99282	A Emergency room visit	0.88	0.88	XXX	0	0	0	0	0
99283	A Emergency room visit	1.62	1.62	XXX	0	0	0	0	0
99284	A Emergency room visit	2.48	2.48	XXX	0	0	0	0	0
99285	A Emergency room visit	3.91	3.91	XXX	0	0	0	0	0
99288	B Direct advanced support	0.00	0.00	XXX	9	9	9	9	9

(12) Critical care services:

99291	A Critical care, first hour	5.07	5.07	XXX	0	0	0	0	0
99292	A Critical care, additional	2.45	2.45	XXX	0	0	0	0	0

(13) Neonatal intensive care:

99295	A Neonatal critical care	20.29	20.29	XXX	0	0	0	0	0
99296	A Neonatal critical care	10.06	10.06	XXX	0	0	0	0	0
99297	A Neonatal critical care	5.03	5.03	XXX	0	0	0	0	0

(14) Comprehensive nursing facility assessments, new or established patient:

99301	A Nursing facility care	1.54	1.54	XXX	0	0	0	0	0
99302	A Nursing facility care	1.97	1.97	XXX	0	0	0	0	0
99303	A Nursing facility care	2.78	2.78	XXX	0	0	0	0	0

(15) Subsequent nursing facility care, new or established patient:

99311	A Nursing facility care	0.89	0.89	XXX	0	0	0	0	0
99312	A Nursing facility care	1.32	1.32	XXX	0	0	0	0	0
99313	A Nursing facility care	1.76	1.76	XXX	0	0	0	0	0
99315	A Discharge	1.54	1.54	XXX	0	0	0	0	0
99316	A Discharge	1.88	1.88	XXX	0	0	0	0	0

(16) Domiciliary, rest home, or custodial care, new or established patient:

99321	A Rest home visit	1.02	1.02	XXX	0	0	0	0	0
99322	A Rest home visit	1.44	1.44	XXX	0	0	0	0	0
99323	A Rest home visit	1.90	1.90	XXX	0	0	0	0	0
99331	A Rest home visit	0.83	0.83	XXX	0	0	0	0	0
99332	A Rest home visit	1.09	1.09	XXX	0	0	0	0	0
99333	A Rest home visit	1.34	1.34	XXX	0	0	0	0	0

(17) Home services, new or established patient:

99341	A Home visit	1.46	1.46	XXX	0	0	0	0	0
99342	A Home visit	1.99	1.99	XXX	0	0	0	0	0
99343	A Home visit	2.84	2.84	XXX	0	0	0	0	0
99344	A Home visit	3.62	3.62	XXX	0	0	0	0	0
99345	A Home visit	4.31	4.31	XXX	0	0	0	0	0
99347	A Home visit	1.15	1.15	XXX	0	0	0	0	0
99348	A Home visit	1.68	1.68	XXX	0	0	0	0	0
99349	A Home visit	2.45	2.45	XXX	0	0	0	0	0
99350	A Home visit	3.52	3.52	XXX	0	0	0	0	0
99351	D Home visit	1.21	1.21	XXX	0	0	0	0	0
99352	D Home visit	1.55	1.55	XXX	0	0	0	0	0
99353	D Home visit	1.96	1.96	XXX	0	0	0	0	0

(18) Prolonged services with direct patient contact, office or other outpatient:

99354	A Prolonged service	2.38	2.01	XXX	0	0	0	0	0
99355	A Prolonged service	2.38	2.01	XXX	0	0	0	0	0

(19) Prolonged services with direct patient contact, inpatient:

99356	A Prolonged service	2.42	2.42	XXX	0	0	0	0	0
99357	A Prolonged service	2.42	2.42	XXX	0	0	0	0	0

(20) Prolonged services without direct patient contact:

99358	B Prolonged service	0.00	0.00	XXX	9	9	9	9	9
99359	B Prolonged service	0.00	0.00	XXX	9	9	9	9	9

(21) Prolonged services, physician standby:

99360	X Physician standby	0.00	0.00	XXX	9	9	9	9	9

(22) Case management services:

99361	B Physician/team conference	0.00	0.00	XXX	9	9	9	9	9
99362	B Physician/team conference	0.00	0.00	XXX	9	9	9	9	9
99371	B Physician phone consult	0.00	0.00	XXX	9	9	9	9	9
99372	B Physician phone consult	0.00	0.00	XXX	9	9	9	9	9
99373	B Physician phone consult	0.00	0.00	XXX	9	9	9	9	9

(23) Care plan oversight services:

99374	B Home health care	0.00	0.00	XXX	9	9	9	9	9
99375	A Home health care	2.09	2.09	XXX	0	0	0	0	0
99376	D Care plan oversight	0.00	0.00	XXX	9	9	9	9	9
99377	B Hospice care supervision	0.00	0.00	XXX	9	9	9	9	9
99378	A Hospice care supervision	2.09	2.09	XXX	0	0	0	0	0
99379	B Nursing facility care	0.00	0.00	XXX	9	9	9	9	9
99380	B Nursing facility care	0.00	0.00	XXX	9	9	9	9	9

(24) Preventive medicine services:

99381	N Preventive visit	0.00	0.00	XXX	9	9	9	9	9
99382	N Preventive visit	0.00	0.00	XXX	9	9	9	9	9
99383	N Preventive visit	0.00	0.00	XXX	9	9	9	9	9
99384	N Preventive visit	0.00	0.00	XXX	9	9	9	9	9
99385	N Preventive visit	0.00	0.00	XXX	9	9	9	9	9
99386	N Preventive visit	0.00	0.00	XXX	9	9	9	9	9
99387	N Preventive visit	0.00	0.00	XXX	9	9	9	9	9
99391	N Preventive visit	0.00	0.00	XXX	9	9	9	9	9
99392	N Preventive visit	0.00	0.00	XXX	9	9	9	9	9
99393	N Preventive visit	0.00	0.00	XXX	9	9	9	9	9
99394	N Preventive visit	0.00	0.00	XXX	9	9	9	9	9
99395	N Preventive visit	0.00	0.00	XXX	9	9	9	9	9
99396	N Preventive visit	0.00	0.00	XXX	9	9	9	9	9
99397	N Preventive visit	0.00	0.00	XXX	9	9	9	9	9
99401	N Preventive counseling	0.00	0.00	XXX	9	9	9	9	9
99402	N Preventive counseling	0.00	0.00	XXX	9	9	9	9	9
99403	N Preventive counseling	0.00	0.00	XXX	9	9	9	9	9
99404	N Preventive counseling	0.00	0.00	XXX	9	9	9	9	9
99411	N Preventive counseling	0.00	0.00	XXX	9	9	9	9	9
99412	N Preventive counseling	0.00	0.00	XXX	9	9	9	9	9
99420	N Health risk assessment	0.00	0.00	XXX	9	9	9	9	9
99429	N Unlisted preventive	0.00	0.00	XXX	9	9	9	9	9

(25) Newborn care:

99431	A Normal newborn care	2.28	2.28	XXX	0	0	0	0	0
99432	A Normal newborn care	2.45	2.45	XXX	0	0	0	0	0
99433	A Normal newborn care	1.20	1.20	XXX	0	0	0	0	0
99435	A Newborn discharge day	2.91	2.91	XXX	0	0	0	0	0
99436	A Attendance, birth	2.91	2.91	XXX	0	0	0	0	0
99440	A Newborn resuscitation	5.70	5.70	XXX	0	0	0	0	0

(26) Special evaluation and management services:

99450	N Life/disability	0.00	0.00	XXX	9	9	9	9	9
99455	R Disability examination	0.00	0.00	XXX	0	0	0	0	0
99456	R Disability examination	0.00	0.00	XXX	0	0	0	0	0

(27) Other evaluation and management services:

99499	C	Unlisted E/M service	0.00	0.00	XXX	0	0	0	0	0

J. Procedure code numbers A0021 to R0076 relate to miscellaneous services and supplies.

1	2	3	4	5	6	7	8	9	10	11	12

(1) Miscellaneous A codes:

A0021	I	Outside state ambulance	0.00	0.00	XXX	9	9	9	9	9
A0030	X	Air ambulance service	0.00	0.00	XXX	9	9	9	9	9
A0040	X	Helicopter ambulance	0.00	0.00	XXX	9	9	9	9	9
A0050	X	Water ambulance service	0.00	0.00	XXX	9	9	9	9	9
A0080	I	Noninterested escort	0.00	0.00	XXX	9	9	9	9	9
A0090	I	Interested escort	0.00	0.00	XXX	9	9	9	9	9
A0100	I	Nonemergency transport	0.00	0.00	XXX	9	9	9	9	9
A0110	I	Nonemergency transport	0.00	0.00	XXX	9	9	9	9	9
A0120	I	Nonemergency transport	0.00	0.00	XXX	9	9	9	9	9
A0130	I	Nonemergency transport	0.00	0.00	XXX	9	9	9	9	9
A0140	I	Nonemergency transport	0.00	0.00	XXX	9	9	9	9	9
A0160	I	Nonemergency transport	0.00	0.00	XXX	9	9	9	9	9
A0170	I	Nonemergency transport	0.00	0.00	XXX	9	9	9	9	9
A0180	I	Nonemergency transport	0.00	0.00	XXX	9	9	9	9	9
A0190	I	Nonemergency transport	0.00	0.00	XXX	9	9	9	9	9
A0200	I	Nonemergency transport	0.00	0.00	XXX	9	9	9	9	9
A0210	I	Nonemergency transport	0.00	0.00	XXX	9	9	9	9	9
A0225	X	Neonatal emergency	0.00	0.00	XXX	9	9	9	9	9
A0300	X	BLS nonemergency	0.00	0.00	XXX	9	9	9	9	9
A0302	X	BLS emergency	0.00	0.00	XXX	9	9	9	9	9
A0304	X	ALS nonemergency	0.00	0.00	XXX	9	9	9	9	9
A0306	X	ALS nonemergency	0.00	0.00	XXX	9	9	9	9	9
A0308	X	ALS emergency	0.00	0.00	XXX	9	9	9	9	9
A0310	X	ALS emergency	0.00	0.00	XXX	9	9	9	9	9
A0320	X	BLS nonemergency	0.00	0.00	XXX	9	9	9	9	9
A0322	X	BLS emergency	0.00	0.00	XXX	9	9	9	9	9
A0324	X	ALS nonemergency	0.00	0.00	XXX	9	9	9	9	9
A0326	X	ALS nonemergency	0.00	0.00	XXX	9	9	9	9	9
A0328	X	ALS emergency	0.00	0.00	XXX	9	9	9	9	9
A0330	X	ALS emergency, special	0.00	0.00	XXX	9	9	9	9	9
A0340	X	BLS nonemergency	0.00	0.00	XXX	9	9	9	9	9
A0342	X	BLS emergency	0.00	0.00	XXX	9	9	9	9	9
A0344	X	ALS nonemergency	0.00	0.00	XXX	9	9	9	9	9
A0346	X	ALS nonemergency	0.00	0.00	XXX	9	9	9	9	9
A0348	X	ALS emergency	0.00	0.00	XXX	9	9	9	9	9
A0350	X	ALS emergency, special	0.00	0.00	XXX	9	9	9	9	9
A0360	X	BLS nonemergency	0.00	0.00	XXX	9	9	9	9	9
A0362	X	BLS emergency	0.00	0.00	XXX	9	9	9	9	9
A0364	X	ALS nonemergency	0.00	0.00	XXX	9	9	9	9	9
A0366	X	ALS nonemergency, special	0.00	0.00	XXX	9	9	9	9	9
A0368	X	ALS emergency	0.00	0.00	XXX	9	9	9	9	9
A0370	X	ALS emergency, special	0.00	0.00	XXX	9	9	9	9	9
A0380	X	BLS mileage	0.00	0.00	XXX	9	9	9	9	9
A0382	X	BLS routine supplies	0.00	0.00	XXX	9	9	9	9	9
A0384	X	BLS defibrillator	0.00	0.00	XXX	9	9	9	9	9
A0390	X	ALS mileage	0.00	0.00	XXX	9	9	9	9	9
A0392	X	ALS defibrillator	0.00	0.00	XXX	9	9	9	9	9
A0394	X	ALS IV drug therapy	0.00	0.00	XXX	9	9	9	9	9
A0396	X	ALS esophageal intubation	0.00	0.00	XXX	9	9	9	9	9
A0398	X	ALS routine supplies	0.00	0.00	XXX	9	9	9	9	9

A0420	X Ambulance waiting	0.00	0.00	XXX	9	9	9	9	9
A0422	X Ambulance, life support	0.00	0.00	XXX	9	9	9	9	9
A0424	X Extra attendant	0.00	0.00	XXX	9	9	9	9	9
A0888	N Noncovered mileage	0.00	0.00	XXX	9	9	9	9	9
A0999	X Unlisted ambulance	0.00	0.00	XXX	9	9	9	9	9
A4206	I 1 cc sterile syringe	0.00	0.00	XXX	9	9	9	9	9
A4207	I 2 cc sterile syringe	0.00	0.00	XXX	9	9	9	9	9
A4208	I 3 cc sterile syringe	0.00	0.00	XXX	9	9	9	9	9
A4209	I 5+ cc sterile syringe	0.00	0.00	XXX	9	9	9	9	9
A4210	N Nonneedle injection	0.00	0.00	XXX	9	9	9	9	9
A4211	P Supplies, self–injection	0.00	0.00	XXX	9	9	9	9	9
A4212	P Noncoring needle	0.00	0.00	XXX	9	9	9	9	9
A4213	I 20+ cc sterile syringe	0.00	0.00	XXX	9	9	9	9	9
A4214	P 30 cc saline or water	0.00	0.00	XXX	9	9	9	9	9
A4215	I Sterile needles	0.00	0.00	XXX	9	9	9	9	9
A4220	P Infusion pump refill	0.00	0.00	XXX	9	9	9	9	9
A4221	X Maintenance drug infusion	0.00	0.00	XXX	9	9	9	9	9
A4222	X Drug infusion pump	0.00	0.00	XXX	9	9	9	9	9
A4230	N Infusion for insulin pump	0.00	0.00	XXX	9	9	9	9	9
A4231	N Infusion for insulin pump	0.00	0.00	XXX	9	9	9	9	9
A4232	N Syringe with needle	0.00	0.00	XXX	9	9	9	9	9
A4244	I Alcohol or peroxide	0.00	0.00	XXX	9	9	9	9	9
A4245	I Alcohol wipes	0.00	0.00	XXX	9	9	9	9	9
A4246	I Betadine or pHisoHex	0.00	0.00	XXX	9	9	9	9	9
A4247	I Betadine or iodine	0.00	0.00	XXX	9	9	9	9	9
A4250	N Urine test, Reagent	0.00	0.00	XXX	9	9	9	9	9
A4253	P Blood glucose or Reagent	0.00	0.00	XXX	9	9	9	9	9
A4254	X Battery, glucose monitor	0.00	0.00	XXX	9	9	9	9	9
A4255	X Platforms, glucose	0.00	0.00	XXX	9	9	9	9	9
A4256	P Calibrator solution	0.00	0.00	XXX	9	9	9	9	9
A4258	P Lancet device, each	0.00	0.00	XXX	9	9	9	9	9
A4259	P Lancets, per box of 100	0.00	0.00	XXX	9	9	9	9	9
A4260	N Levonorgestrel (Norplant)	0.00	0.00	XXX	9	9	9	9	9
A4262	B Temporary tear duct	0.00	0.00	XXX	9	9	9	9	9
A4263	A Permanent tear duct	0.92	0.92	XXX	9	9	9	9	9
A4265	P Paraffin, per pound	0.00	0.00	XXX	9	9	9	9	9
A4270	B Disposable endoscope	0.00	0.00	XXX	9	9	9	9	9
A4300	A Catheter implant vascular	0.92	0.92	XXX	9	9	9	9	9
A4301	P Implantable access total	0.00	0.00	XXX	9	9	9	9	9
A4305	P Drug delivery system	0.00	0.00	XXX	9	9	9	9	9
A4306	P Drug delivery system	0.00	0.00	XXX	9	9	9	9	9
A4310	P Insert tray without bag	0.00	0.00	XXX	9	9	9	9	9
A4311	P Catheter without bag	0.00	0.00	XXX	9	9	9	9	9
A4312	P 2–way catheter, no bag	0.00	0.00	XXX	9	9	9	9	9
A4313	P 3–way catheter, no bag	0.00	0.00	XXX	9	9	9	9	9
A4314	P 2–way catheter with bag	0.00	0.00	XXX	9	9	9	9	9
A4315	P 2–way catheter with bag	0.00	0.00	XXX	9	9	9	9	9
A4316	P 3–way catheter with bag	0.00	0.00	XXX	9	9	9	9	9
A4320	P Irrigation tray	0.00	0.00	XXX	9	9	9	9	9
A4321	X Catheter, therapeutic	0.00	0.00	XXX	9	9	9	9	9
A4322	P Irrigation syringe, each	0.00	0.00	XXX	9	9	9	9	9
A4323	P Saline irrigation	0.00	0.00	XXX	9	9	9	9	9
A4326	P Male external catheter	0.00	0.00	XXX	9	9	9	9	9
A4327	P Feminine urinary collect	0.00	0.00	XXX	9	9	9	9	9
A4328	P Feminine urinary collect	0.00	0.00	XXX	9	9	9	9	9
A4329	P External catheter starter	0.00	0.00	XXX	9	9	9	9	9
A4330	P Stool collection pouch	0.00	0.00	XXX	9	9	9	9	9
A4335	P Incontinence supply	0.00	0.00	XXX	9	9	9	9	9
A4338	P Indwelling catheter	0.00	0.00	XXX	9	9	9	9	9
A4340	P Indwelling catheter	0.00	0.00	XXX	9	9	9	9	9

A4344	P Indwelling catheter	0.00	0.00 XXX	9	9	9	9	9
A4346	P Indwelling catheter	0.00	0.00 XXX	9	9	9	9	9
A4347	P Male external catheter	0.00	0.00 XXX	9	9	9	9	9
A4351	P Straight urinary catheter	0.00	0.00 XXX	9	9	9	9	9
A4352	P Coude urinary catheter	0.00	0.00 XXX	9	9	9	9	9
A4353	X Intermittent catheter	0.00	0.00 XXX	9	9	9	9	9
A4354	P Catheter insertion	0.00	0.00 XXX	9	9	9	9	9
A4355	P Bladder irrigation	0.00	0.00 XXX	9	9	9	9	9
A4356	P External urethral clamp	0.00	0.00 XXX	9	9	9	9	9
A4357	P Bedside drainage bag	0.00	0.00 XXX	9	9	9	9	9
A4358	P Urinary leg bag	0.00	0.00 XXX	9	9	9	9	9
A4359	P Urinary suspensory	0.00	0.00 XXX	9	9	9	9	9
A4361	P Ostomy faceplate, each	0.00	0.00 XXX	9	9	9	9	9
A4362	P Solid skin barrier	0.00	0.00 XXX	9	9	9	9	9
A4363	P Liquid skin barrier	0.00	0.00 XXX	9	9	9	9	9
A4364	P Ostomy, catheter adhesive	0.00	0.00 XXX	9	9	9	9	9
A4365	X Ostomy adhesive remover	0.00	0.00 XXX	9	9	9	9	9
A4367	P Ostomy belt, each	0.00	0.00 XXX	9	9	9	9	9
A4368	X Ostomy filter, each	0.00	0.00 XXX	9	9	9	9	9
A4397	P Irrigation supply, each	0.00	0.00 XXX	9	9	9	9	9
A4398	P Irrigation supply, each	0.00	0.00 XXX	9	9	9	9	9
A4399	P Irrigation supply, cone	0.00	0.00 XXX	9	9	9	9	9
A4400	P Ostomy irrigation set	0.00	0.00 XXX	9	9	9	9	9
A4402	P Lubricant, per ounce	0.00	0.00 XXX	9	9	9	9	9
A4404	P Ostomy ring, each	0.00	0.00 XXX	9	9	9	9	9
A4421	P Ostomy miscellaneous	0.00	0.00 XXX	9	9	9	9	9
A4454	P Tape, all types	0.00	0.00 XXX	9	9	9	9	9
A4455	P Adhesive remover	0.00	0.00 XXX	9	9	9	9	9
A4460	P Elastic compression	0.00	0.00 XXX	9	9	9	9	9
A4462	X Abdominal dressing	0.00	0.00 XXX	9	9	9	9	9
A4465	P Nonelastic exterior	0.00	0.00 XXX	9	9	9	9	9
A4470	P Gravlee jet washer	0.00	0.00 XXX	9	9	9	9	9
A4480	P Vabra aspirator	0.00	0.00 XXX	9	9	9	9	9
A4481	X Tracheostoma filter	0.00	0.00 XXX	9	9	9	9	9
A4490	N Above knee stocking	0.00	0.00 XXX	9	9	9	9	9
A4495	N Thigh length stocking	0.00	0.00 XXX	9	9	9	9	9
A4500	N Below knee stocking	0.00	0.00 XXX	9	9	9	9	9
A4510	N Full length stocking	0.00	0.00 XXX	9	9	9	9	9
A4550	A Surgical trays	0.92	0.92 XXX	9	9	9	9	9
A4554	N Disposable underpads	0.00	0.00 XXX	9	9	9	9	9
A4556	P Electrodes	0.00	0.00 XXX	9	9	9	9	9
A4557	P Lead wires	0.00	0.00 XXX	9	9	9	9	9
A4558	P Conductive paste or gel	0.00	0.00 XXX	9	9	9	9	9
A4560	X Pessary	0.00	0.00 XXX	9	9	9	9	9
A4565	X Slings	0.00	0.00 XXX	9	9	9	9	9
A4570	X Splint	0.00	0.00 XXX	9	9	9	9	9
A4572	X Rib belt	0.00	0.00 XXX	9	9	9	9	9
A4575	N Hyperbaric oxygen chamber	0.00	0.00 XXX	9	9	9	9	9
A4580	X Cast supplies	0.00	0.00 XXX	9	9	9	9	9
A4590	X Special casting material	0.00	0.00 XXX	9	9	9	9	9
A4595	X TENS supplies, 2 lead	0.00	0.00 XXX	9	9	9	9	9
A4611	X Heavy duty battery	0.00	0.00 XXX	9	9	9	9	9
A4612	X Battery cables	0.00	0.00 XXX	9	9	9	9	9
A4613	X Battery charger	0.00	0.00 XXX	9	9	9	9	9
A4615	X Cannula, nasal	0.00	0.00 XXX	9	9	9	9	9
A4616	X Tubing (oxygen), per foot	0.00	0.00 XXX	9	9	9	9	9
A4617	X Mouth piece	0.00	0.00 XXX	9	9	9	9	9
A4618	X Breathing circuits	0.00	0.00 XXX	9	9	9	9	9
A4619	X Face tent	0.00	0.00 XXX	9	9	9	9	9
A4620	X Variable mask	0.00	0.00 XXX	9	9	9	9	9

A4621	X Tracheotomy mask	0.00	0.00	XXX	9	9	9	9	9
A4622	X Tracheostomy tube	0.00	0.00	XXX	9	9	9	9	9
A4623	X Tracheostomy, inner	0.00	0.00	XXX	9	9	9	9	9
A4624	X Tracheal suction	0.00	0.00	XXX	9	9	9	9	9
A4625	X Tracheostomy care kit	0.00	0.00	XXX	9	9	9	9	9
A4626	X Tracheostomy cleaning	0.00	0.00	XXX	9	9	9	9	9
A4627	N Spacer, bag or reservoir	0.00	0.00	XXX	9	9	9	9	9
A4628	X Oropharyngeal suction	0.00	0.00	XXX	9	9	9	9	9
A4629	X Tracheostomy care kit	0.00	0.00	XXX	9	9	9	9	9
A4630	X Replacement battery, TENS	0.00	0.00	XXX	9	9	9	9	9
A4631	X Wheelchair batteries	0.00	0.00	XXX	9	9	9	9	9
A4635	X Underarm crutch pad	0.00	0.00	XXX	9	9	9	9	9
A4636	X Handgrip, cane or crutch	0.00	0.00	XXX	9	9	9	9	9
A4637	X Replace cane, crutch tip	0.00	0.00	XXX	9	9	9	9	9
A4640	X Alternating pressure pad	0.00	0.00	XXX	9	9	9	9	9
A4641	E Diagnostic imaging	0.00	0.00	XXX	9	9	9	9	9
A4642	E Satumomab pendetide	0.00	0.00	XXX	9	9	9	9	9
A4643	E High dose contrast	0.00	0.00	XXX	9	9	9	9	9
A4644	E Osmolar contrast, 100–199	0.00	0.00	XXX	9	9	9	9	9
A4645	E Osmolar contrast, 200–299	0.00	0.00	XXX	9	9	9	9	9
A4646	E Osmolar contrast, 300–399	0.00	0.00	XXX	9	9	9	9	9
A4647	B Paramagnetic contrast	0.00	0.00	XXX	9	9	9	9	9
A4649	P Surgical supplies	0.00	0.00	XXX	9	9	9	9	9
A4650	X Centrifuge	0.00	0.00	XXX	9	9	9	9	9
A4655	X Needles and syringes	0.00	0.00	XXX	9	9	9	9	9
A4660	X Blood pressure apparatus	0.00	0.00	XXX	9	9	9	9	9
A4663	X Blood pressure cuff	0.00	0.00	XXX	9	9	9	9	9
A4670	N Automatic blood pressure	0.00	0.00	XXX	9	9	9	9	9
A4680	X Activated carbon filters	0.00	0.00	XXX	9	9	9	9	9
A4690	X Dialyzers	0.00	0.00	XXX	9	9	9	9	9
A4700	X Standard dialysis	0.00	0.00	XXX	9	9	9	9	9
A4705	X Bicarbonate dialysis	0.00	0.00	XXX	9	9	9	9	9
A4712	X Sterile water	0.00	0.00	XXX	9	9	9	9	9
A4714	X Treated water	0.00	0.00	XXX	9	9	9	9	9
A4730	X Fistula cannulation	0.00	0.00	XXX	9	9	9	9	9
A4735	X Local/topical anesthetics	0.00	0.00	XXX	9	9	9	9	9
A4740	X Shunt accessories	0.00	0.00	XXX	9	9	9	9	9
A4750	X Arterial or venous tubing	0.00	0.00	XXX	9	9	9	9	9
A4755	X Arterial, venous tubing	0.00	0.00	XXX	9	9	9	9	9
A4760	X Standard testing solution	0.00	0.00	XXX	9	9	9	9	9
A4765	X Dialysis concentrate	0.00	0.00	XXX	9	9	9	9	9
A4770	X Blood testing supplies	0.00	0.00	XXX	9	9	9	9	9
A4771	X Blood clotting	0.00	0.00	XXX	9	9	9	9	9
A4772	X Dextrostick or glucose	0.00	0.00	XXX	9	9	9	9	9
A4773	X Hemostix	0.00	0.00	XXX	9	9	9	9	9
A4774	X Ammonia test paper	0.00	0.00	XXX	9	9	9	9	9
A4780	X Sterilizing agent	0.00	0.00	XXX	9	9	9	9	9
A4790	X Cleansing agents	0.00	0.00	XXX	9	9	9	9	9
A4800	X Heparin and antidote	0.00	0.00	XXX	9	9	9	9	9
A4820	X Hemodialysis supplies	0.00	0.00	XXX	9	9	9	9	9
A4850	X Rubber tipped hemostats	0.00	0.00	XXX	9	9	9	9	9
A4860	X Disposable catheter caps	0.00	0.00	XXX	9	9	9	9	9
A4870	X Plumbing, electrical work	0.00	0.00	XXX	9	9	9	9	9
A4880	X Water storage tanks	0.00	0.00	XXX	9	9	9	9	9
A4890	R Contracts, repair	0.00	0.00	XXX	0	0	0	0	0
A4900	X CAPD supply kit	0.00	0.00	XXX	9	9	9	9	9
A4901	X CCPD supply kit	0.00	0.00	XXX	9	9	9	9	9
A4905	X IPD supply kit	0.00	0.00	XXX	9	9	9	9	9
A4910	X Nonmedical supplies	0.00	0.00	XXX	9	9	9	9	9
A4912	X Gomco drain bottle	0.00	0.00	XXX	9	9	9	9	9

A4913	X Miscellaneous supplies	0.00	0.00	XXX	9	9	9	9	9
A4914	X Preparation kits	0.00	0.00	XXX	9	9	9	9	9
A4918	X Venous pressure clamps	0.00	0.00	XXX	9	9	9	9	9
A4919	X Dialyzer holder	0.00	0.00	XXX	9	9	9	9	9
A4920	X Harvard pressure clamp	0.00	0.00	XXX	9	9	9	9	9
A4921	X Measuring cylinder	0.00	0.00	XXX	9	9	9	9	9
A4927	X Gloves	0.00	0.00	XXX	9	9	9	9	9
A5051	P Closed ostomy pouch	0.00	0.00	XXX	9	9	9	9	9
A5052	P Closed ostomy pouch	0.00	0.00	XXX	9	9	9	9	9
A5053	P Closed ostomy pouch	0.00	0.00	XXX	9	9	9	9	9
A5054	P Closed ostomy pouch	0.00	0.00	XXX	9	9	9	9	9
A5055	P Stoma cap	0.00	0.00	XXX	9	9	9	9	9
A5061	P Drainable ostomy pouch	0.00	0.00	XXX	9	9	9	9	9
A5062	P Drainable ostomy pouch	0.00	0.00	XXX	9	9	9	9	9
A5063	P Drainable ostomy pouch	0.00	0.00	XXX	9	9	9	9	9
A5064	I Drainable ostomy pouch	0.00	0.00	XXX	9	9	9	9	9
A5065	I Drainable ostomy pouch	0.00	0.00	XXX	9	9	9	9	9
A5071	P Urinary pouch, barrier	0.00	0.00	XXX	9	9	9	9	9
A5072	P Urinary pouch, no barrier	0.00	0.00	XXX	9	9	9	9	9
A5073	P Urinary pouch, flange	0.00	0.00	XXX	9	9	9	9	9
A5074	I Urinary pouch, faceplate	0.00	0.00	XXX	9	9	9	9	9
A5075	I Urinary pouch, faceplate	0.00	0.00	XXX	9	9	9	9	9
A5081	P Continent stoma	0.00	0.00	XXX	9	9	9	9	9
A5082	P Continent stoma	0.00	0.00	XXX	9	9	9	9	9
A5093	P Ostomy accessory	0.00	0.00	XXX	9	9	9	9	9
A5102	P Bedside drainage bottle	0.00	0.00	XXX	9	9	9	9	9
A5105	P Urinary suspensory	0.00	0.00	XXX	9	9	9	9	9
A5112	P Urinary leg bag	0.00	0.00	XXX	9	9	9	9	9
A5113	P Latex leg strap	0.00	0.00	XXX	9	9	9	9	9
A5114	P Foam or fabric leg strap	0.00	0.00	XXX	9	9	9	9	9
A5119	P Skin barrier, wipes	0.00	0.00	XXX	9	9	9	9	9
A5121	P Skin barrier, solid	0.00	0.00	XXX	9	9	9	9	9
A5122	P Skin barrier, solid	0.00	0.00	XXX	9	9	9	9	9
A5123	P Skin barrier with flange	0.00	0.00	XXX	9	9	9	9	9
A5126	P Adhesive, disc/foam pad	0.00	0.00	XXX	9	9	9	9	9
A5131	P Appliance cleaner	0.00	0.00	XXX	9	9	9	9	9
A5149	P Incontinence, ostomy	0.00	0.00	XXX	9	9	9	9	9
A5500	X Diabetic, shoe fitting	0.00	0.00	XXX	9	9	9	9	9
A5501	X Diabetic, custom shoe	0.00	0.00	XXX	9	9	9	9	9
A5502	X Diabetic, shoe	0.00	0.00	XXX	9	9	9	9	9
A5503	X Diabetic, shoe	0.00	0.00	XXX	9	9	9	9	9
A5504	X Diabetic, shoe	0.00	0.00	XXX	9	9	9	9	9
A5505	X Diabetic, shoe	0.00	0.00	XXX	9	9	9	9	9
A5506	X Diabetic, shoe	0.00	0.00	XXX	9	9	9	9	9
A5507	X Diabetic, modification	0.00	0.00	XXX	9	9	9	9	9
A6020	P Collagen dressing	0.00	0.00	XXX	9	9	9	9	9
A6025	I Silicone gel sheet	0.00	0.00	XXX	9	9	9	9	9
A6154	P Wound pouch, each	0.00	0.00	XXX	9	9	9	9	9
A6196	P Alginate dressing	0.00	0.00	XXX	9	9	9	9	9
A6197	P Alginate dressing	0.00	0.00	XXX	9	9	9	9	9
A6198	P Alginate dressing	0.00	0.00	XXX	9	9	9	9	9
A6199	P Alginate dressing	0.00	0.00	XXX	9	9	9	9	9
A6203	P Composite dressing	0.00	0.00	XXX	9	9	9	9	9
A6204	P Composite dressing	0.00	0.00	XXX	9	9	9	9	9
A6205	P Composite dressing	0.00	0.00	XXX	9	9	9	9	9
A6206	P Contact layer LT=16	0.00	0.00	XXX	9	9	9	9	9
A6207	P Contact layer GT=16	0.00	0.00	XXX	9	9	9	9	9
A6208	P Contact layer GT=48	0.00	0.00	XXX	9	9	9	9	9
A6209	P Foam dressing LT=16	0.00	0.00	XXX	9	9	9	9	9
A6210	P Foam dressing GT=16 LT=48	0.00	0.00	XXX	9	9	9	9	9

A6211	P	Foam dressing GT=48	0.00	0.00	XXX	9	9	9	9	9
A6212	P	Foam dressing LT=16	0.00	0.00	XXX	9	9	9	9	9
A6213	P	Foam dressing GT=16 LT=48	0.00	0.00	XXX	9	9	9	9	9
A6214	P	Foam dressing GT=48	0.00	0.00	XXX	9	9	9	9	9
A6215	P	Foam dressing	0.00	0.00	XXX	9	9	9	9	9
A6216	P	Nonsterile gauze	0.00	0.00	XXX	9	9	9	9	9
A6217	P	Nonsterile gauze	0.00	0.00	XXX	9	9	9	9	9
A6218	P	Nonsterile gauze	0.00	0.00	XXX	9	9	9	9	9
A6219	P	Gauze LT=16	0.00	0.00	XXX	9	9	9	9	9
A6220	P	Gauze GT=16 LT=48	0.00	0.00	XXX	9	9	9	9	9
A6221	P	Gauze GT=48	0.00	0.00	XXX	9	9	9	9	9
A6222	P	Gauze LT=16	0.00	0.00	XXX	9	9	9	9	9
A6223	P	Gauze GT=16 LT=48	0.00	0.00	XXX	9	9	9	9	9
A6224	P	Gauze GT=48	0.00	0.00	XXX	9	9	9	9	9
A6228	P	Gauze LT=16	0.00	0.00	XXX	9	9	9	9	9
A6229	P	Gauze GT=16 LT=48	0.00	0.00	XXX	9	9	9	9	9
A6230	P	Gauze GT=48	0.00	0.00	XXX	9	9	9	9	9
A6234	P	Hydrocolloid dressing	0.00	0.00	XXX	9	9	9	9	9
A6235	P	Hydrocolloid dressing	0.00	0.00	XXX	9	9	9	9	9
A6236	P	Hydrocolloid dressing	0.00	0.00	XXX	9	9	9	9	9
A6237	P	Hydrocolloid dressing	0.00	0.00	XXX	9	9	9	9	9
A6238	P	Hydrocolloid dressing	0.00	0.00	XXX	9	9	9	9	9
A6239	P	Hydrocolloid dressing	0.00	0.00	XXX	9	9	9	9	9
A6240	P	Hydrocolloid dressing	0.00	0.00	XXX	9	9	9	9	9
A6241	P	Hydrocolloid dressing	0.00	0.00	XXX	9	9	9	9	9
A6242	P	Hydrogel dressing LT=16	0.00	0.00	XXX	9	9	9	9	9
A6243	P	Hydrogel dressing GT=16	0.00	0.00	XXX	9	9	9	9	9
A6244	P	Hydrogel dressing GT=48	0.00	0.00	XXX	9	9	9	9	9
A6245	P	Hydrogel dressing LT=16	0.00	0.00	XXX	9	9	9	9	9
A6246	P	Hydrogel dressing GT=16	0.00	0.00	XXX	9	9	9	9	9
A6247	P	Hydrogel dressing GT=48	0.00	0.00	XXX	9	9	9	9	9
A6248	P	Hydrogel dressing gel	0.00	0.00	XXX	9	9	9	9	9
A6250	P	Skin seal protectants	0.00	0.00	XXX	9	9	9	9	9
A6251	P	Absorptive dressing LT=16	0.00	0.00	XXX	9	9	9	9	9
A6252	P	Absorptive dressing GT=16	0.00	0.00	XXX	9	9	9	9	9
A6253	P	Absorptive dressing GT=48	0.00	0.00	XXX	9	9	9	9	9
A6254	P	Absorptive dressing LT=16	0.00	0.00	XXX	9	9	9	9	9
A6255	P	Absorptive dressing GT=16	0.00	0.00	XXX	9	9	9	9	9
A6256	P	Absorptive dressing GT=48	0.00	0.00	XXX	9	9	9	9	9
A6257	P	Transparent film	0.00	0.00	XXX	9	9	9	9	9
A6258	P	Transparent film	0.00	0.00	XXX	9	9	9	9	9
A6259	P	Transparent film	0.00	0.00	XXX	9	9	9	9	9
A6260	P	Wound cleansers	0.00	0.00	XXX	9	9	9	9	9
A6261	P	Wound filler, gel, paste	0.00	0.00	XXX	9	9	9	9	9
A6262	P	Wound filler, dry	0.00	0.00	XXX	9	9	9	9	9
A6263	P	Nonsterile elastic gauze	0.00	0.00	XXX	9	9	9	9	9
A6264	P	Nonsterile gauze	0.00	0.00	XXX	9	9	9	9	9
A6265	P	Tape, 18 square inches	0.00	0.00	XXX	9	9	9	9	9
A6266	P	Impregnated gauze	0.00	0.00	XXX	9	9	9	9	9
A6402	P	Sterile gauze LT=16	0.00	0.00	XXX	9	9	9	9	9
A6403	P	Sterile gauze GT=16 LT=48	0.00	0.00	XXX	9	9	9	9	9
A6404	P	Sterile gauze GT=48	0.00	0.00	XXX	9	9	9	9	9
A6405	P	Sterile elastic gauze	0.00	0.00	XXX	9	9	9	9	9
A6406	P	Sterile nonelastic gauze	0.00	0.00	XXX	9	9	9	9	9
A9150	E	Nonprescription drugs	0.00	0.00	XXX	9	9	9	9	9
A9160	N	Podiatrist, noncovered	0.00	0.00	XXX	9	9	9	9	9
A9170	N	Chiropractor, noncovered	0.00	0.00	XXX	9	9	9	9	9
A9190	N	Personal comfort item	0.00	0.00	XXX	9	9	9	9	9
A9270	N	Noncovered item	0.00	0.00	XXX	9	9	9	9	9
A9300	N	Exercise equipment	0.00	0.00	XXX	9	9	9	9	9

A9500		E	Technetium tc 99 m	0.00	0.00	XXX	9	9	9	9	9
A9502		X	Technetium tc 99 m	0.00	0.00	XXX	9	9	9	9	9
A9503		E	Technetium tc 99 m	0.00	0.00	XXX	9	9	9	9	9
A9505		E	Thallous chloride Tl 201	0.00	0.00	XXX	9	9	9	9	9
A9600		X	Strontium–89 chloride	0.00	0.00	XXX	9	9	9	9	9

(2) [Repealed, 25 SR 1142]

(3) Miscellaneous G codes:

G0002		A	Temporary urinalysis	1.14	1.14	000	2	0	1	0	0
G0004		A	ECG, transmission	7.89	7.89	XXX	0	0	0	0	0
G0005		A	ECG, 24 hour recording	1.19	1.19	XXX	0	0	0	0	0
G0006		A	ECG, transmission	5.82	5.82	XXX	0	0	0	0	0
G0007		A	ECG, physician review	0.89	0.89	XXX	0	0	0	0	0
G0008		X	Administer flu vaccine	0.00	0.00	XXX	9	9	9	9	9
G0009		X	Administer pneumococcal	0.00	0.00	XXX	9	9	9	9	9
G0010		X	Administer hepatitis B	0.00	0.00	XXX	9	9	9	9	9
G0015		A	Post symptom ECG	5.82	5.82	XXX	0	0	0	0	0
G0016		A	Post symptom ECG	0.89	0.89	XXX	0	0	0	0	0
G0025		A	Collagen skin test kit	0.92	0.92	XXX	9	9	9	9	9
G0026		X	Fecal leukocyte exam	0.00	0.00	XXX	9	9	9	9	9
G0027		X	Semen analysis	0.00	0.00	XXX	9	9	9	9	9
G0030		C	PET imaging	0.00	0.00	XXX	0	0	0	0	0
G0030	26	A	PET imaging	1.86	1.86	XXX	0	0	0	0	0
G0030	TC	C	PET imaging	0.00	0.00	XXX	0	0	0	0	0
G0031		C	PET imaging	0.00	0.00	XXX	0	0	0	0	0
G0031	26	A	PET imaging	2.38	2.38	XXX	0	0	0	0	0
G0031	TC	C	PET imaging	0.00	0.00	XXX	0	0	0	0	0
G0032		C	PET following SPECT	0.00	0.00	XXX	0	0	0	0	0
G0032	26	A	PET following SPECT	1.86	1.86	XXX	0	0	0	0	0
G0032	TC	C	PET following SPECT	0.00	0.00	XXX	0	0	0	0	0
G0033		C	PET following SPECT	0.00	0.00	XXX	0	0	0	0	0
G0033	26	A	PET following SPECT	2.38	2.38	XXX	0	0	0	0	0
G0033	TC	C	PET following SPECT	0.00	0.00	XXX	0	0	0	0	0
G0034		C	PET following SPECT	0.00	0.00	XXX	0	0	0	0	0
G0034	26	A	PET following SPECT	1.86	1.86	XXX	0	0	0	0	0
G0034	TC	C	PET following SPECT	0.00	0.00	XXX	0	0	0	0	0
G0035		C	PET following SPECT	0.00	0.00	XXX	0	0	0	0	0
G0035	26	A	PET following SPECT	2.38	2.38	XXX	0	0	0	0	0
G0035	TC	C	PET following SPECT	0.00	0.00	XXX	0	0	0	0	0
G0036		C	PET following coronary	0.00	0.00	XXX	0	0	0	0	0
G0036	26	A	PET following coronary	1.86	1.86	XXX	0	0	0	0	0
G0036	TC	C	PET following coronary	0.00	0.00	XXX	0	0	0	0	0
G0037		C	PET following coronary	0.00	0.00	XXX	0	0	0	0	0
G0037	26	A	PET following coronary	2.38	2.38	XXX	0	0	0	0	0
G0037	TC	C	PET following coronary	0.00	0.00	XXX	0	0	0	0	0
G0038		C	PET following myocardial	0.00	0.00	XXX	0	0	0	0	0
G0038	26	A	PET following myocardial	1.86	1.86	XXX	0	0	0	0	0
G0038	TC	C	PET following myocardial	0.00	0.00	XXX	0	0	0	0	0
G0039		C	PET following myocardial	0.00	0.00	XXX	0	0	0	0	0
G0039	26	A	PET following myocardial	2.38	2.38	XXX	0	0	0	0	0
G0039	TC	C	PET following myocardial	0.00	0.00	XXX	0	0	0	0	0
G0040		C	PET following stress	0.00	0.00	XXX	0	0	0	0	0
G0040	26	A	PET following stress	1.86	1.86	XXX	0	0	0	0	0
G0040	TC	C	PET following stress	0.00	0.00	XXX	0	0	0	0	0
G0041		C	PET following stress	0.00	0.00	XXX	0	0	0	0	0
G0041	26	A	PET following stress	2.38	2.38	XXX	0	0	0	0	0
G0041	TC	C	PET following stress	0.00	0.00	XXX	0	0	0	0	0
G0042		C	PET follow ventriculogram	0.00	0.00	XXX	0	0	0	0	0
G0042	26	A	PET follow ventriculogram	1.86	1.86	XXX	0	0	0	0	0
G0042	TC	C	PET follow ventriculogram	0.00	0.00	XXX	0	0	0	0	0

G0043		C	PET follow ventriculogram	0.00	0.00	XXX	0	0	0	0	0
G0043	26	A	PET follow ventriculogram	2.38	2.38	XXX	0	0	0	0	0
G0043	TC	C	PET follow ventriculogram	0.00	0.00	XXX	0	0	0	0	0
G0044		C	PET following rest	0.00	0.00	XXX	0	0	0	0	0
G0044	26	A	PET following rest	1.86	1.86	XXX	0	0	0	0	0
G0044	TC	C	PET following rest	0.00	0.00	XXX	0	0	0	0	0
G0045		C	PET following rest	0.00	0.00	XXX	0	0	0	0	0
G0045	26	A	PET following rest	2.38	2.38	XXX	0	0	0	0	0
G0045	TC	C	PET following rest	0.00	0.00	XXX	0	0	0	0	0
G0046		C	PET following stress	0.00	0.00	XXX	0	0	0	0	0
G0046	26	A	PET following stress	1.86	1.86	XXX	0	0	0	0	0
G0046	TC	C	PET following stress	0.00	0.00	XXX	0	0	0	0	0
G0047		C	PET following stress	0.00	0.00	XXX	0	0	0	0	0
G0047	26	A	PET following stress	2.38	2.38	XXX	0	0	0	0	0
G0047	TC	C	PET following stress	0.00	0.00	XXX	0	0	0	0	0
G0050		A	Measure residual urine	0.81	0.81	XXX	0	0	0	0	0
G0051		D	Destroy benign, malignant	0.92	0.72	010	2	0	1	0	0
G0052		D	Destroy lesions	0.29	0.23	ZZZ	0	0	1	0	0
G0053		D	Destroy lesions	5.05	3.97	010	2	0	1	0	0
G0058		D	Auto multichannel test	0.00	0.00	XXX	9	9	9	9	9
G0059		D	Auto multichannel test	0.00	0.00	XXX	9	9	9	9	9
G0060		D	Auto multichannel test	0.00	0.00	XXX	9	9	9	9	9
G0062		D	Peripheral bone	1.03	1.03	XXX	0	0	0	0	0
G0062	26	D	Peripheral bone	0.31	0.31	XXX	0	0	0	0	0
G0062	TC	D	Peripheral bone	0.72	0.72	XXX	0	0	0	0	0
G0063		D	Central bone density	3.35	3.35	XXX	0	0	0	0	0
G0063	26	D	Central bone density	0.40	0.40	XXX	0	0	0	0	0
G0063	TC	D	Central bone density	2.95	2.95	XXX	0	0	0	0	0
G0064		D	Care plan oversight	2.09	2.09	XXX	0	0	0	0	0
G0065		D	Care plan oversight	2.09	2.09	XXX	0	0	0	0	0
G0066		D	Care plan oversight	0.00	0.00	XXX	9	9	9	9	9
G0071		D	Psychotherapy	1.37	1.37	XXX	0	0	0	0	0
G0072		D	Psychotherapy	1.70	1.70	XXX	0	0	0	0	0
G0073		D	Psychotherapy	2.14	2.14	XXX	0	0	0	0	0
G0074		D	Psychotherapy	2.38	2.38	XXX	0	0	0	0	0
G0075		D	Psychotherapy	3.60	3.60	XXX	0	0	0	0	0
G0076		D	Psychotherapy	3.96	3.96	XXX	0	0	0	0	0
G0077		D	Psychotherapy	1.70	1.70	XXX	0	0	0	0	0
G0078		D	Psychotherapy	2.05	2.05	XXX	0	0	0	0	0
G0079		D	Psychotherapy	2.31	2.31	XXX	0	0	0	0	0
G0080		D	Psychotherapy	2.57	2.57	XXX	0	0	0	0	0
G0081		D	Psychotherapy	3.32	3.32	XXX	0	0	0	0	0
G0082		D	Psychotherapy	3.70	3.70	XXX	0	0	0	0	0
G0083		D	Psychotherapy	1.49	1.49	XXX	0	0	0	0	0
G0084		D	Psychotherapy	1.86	1.86	XXX	0	0	0	0	0
G0085		D	Psychotherapy	2.33	2.33	XXX	0	0	0	0	0
G0086		D	Psychotherapy	2.60	2.60	XXX	0	0	0	0	0
G0087		D	Psychotherapy	3.90	3.90	XXX	0	0	0	0	0
G0088		D	Psychotherapy	4.30	4.30	XXX	0	0	0	0	0
G0089		D	Psychotherapy	1.83	1.83	XXX	0	0	0	0	0
G0090		D	Psychotherapy	2.23	2.23	XXX	0	0	0	0	0
G0091		D	Psychotherapy	2.51	2.51	XXX	0	0	0	0	0
G0092		D	Psychotherapy	2.81	2.81	XXX	0	0	0	0	0
G0093		D	Psychotherapy	3.63	3.63	XXX	0	0	0	0	0
G0094		D	Psychotherapy	4.07	4.07	XXX	0	0	0	0	0
G0100		D	HIV–1, viral load	0.00	0.00	XXX	9	9	9	9	9
G0101		A	CA screen, pelvis	0.69	0.69	XXX	0	0	0	0	0
G0104		A	CA screen, flexible	2.13	1.45	000	2	0	1	0	0
G0105		A	Colorectal screen	7.56	7.51	000	2	0	1	0	0
G0106		A	Colon CA screen	3.51	3.51	XXX	0	0	0	0	0

G0106	26	A	Colon CA screen	1.37	1.37	XXX	0	0	0	0	0
G0106	TC	A	Colon CA screen	2.13	2.13	XXX	0	0	0	0	0
G0107		X	CA screen, fecal	0.00	0.00	XXX	9	9	9	9	9
G0110		R	Nett pulm–rehab	1.09	1.09	XXX	0	0	0	0	0
G0111		R	Nett pulm–rehab	0.45	0.45	XXX	0	0	0	0	0
G0112		R	Nett, nutrition	2.55	2.55	XXX	0	0	0	0	0
G0113		R	Nett, nutrition	1.96	1.96	XXX	0	0	0	0	0
G0114		R	Nett, psychosocial	1.49	1.49	XXX	0	0	0	0	0
G0115		R	Nett, psychological	1.49	1.49	XXX	0	0	0	0	0
G0116		R	Nett, psychosocial	1.37	1.37	XXX	0	0	0	0	0
G0120		A	Colon CA screen	3.51	3.51	XXX	0	0	0	0	0
G0120	26	A	Colon CA screen	1.37	1.37	XXX	0	0	0	0	0
G0120	TC	A	Colon CA screen	2.13	2.13	XXX	0	0	0	0	0
G0121		N	Colon CA screen	0.00	0.00	XXX	9	9	9	9	9
G0122		N	Colon CA screen	0.00	0.00	XXX	9	9	9	9	9
G0122	26	N	Colon CA screen	0.00	0.00	XXX	9	9	9	9	9
G0122	TC	N	Colon CA screen	0.00	0.00	XXX	9	9	9	9	9

(4) Miscellaneous J codes:

J0120		E	Tetracycline injection	0.00	0.00	XXX	9	9	9	9	9
J0150		E	Adenosine injection	0.00	0.00	XXX	9	9	9	9	9
J0170		E	Adrenalin, epinephrine	0.00	0.00	XXX	9	9	9	9	9
J0190		E	Biperiden injection	0.00	0.00	XXX	9	9	9	9	9
J0205		E	Alglucerase injection	0.00	0.00	XXX	9	9	9	9	9
J0207		E	Amifostine	0.00	0.00	XXX	9	9	9	9	9
J0210		E	Methyldopate HCL	0.00	0.00	XXX	9	9	9	9	9
J0256		E	Alpha 1, protein	0.00	0.00	XXX	9	9	9	9	9
J0270		E	Alprostadil	0.00	0.00	XXX	9	9	9	9	9
J0280		E	Aminophylline	0.00	0.00	XXX	9	9	9	9	9
J0290		E	Ampicillin sodium	0.00	0.00	XXX	9	9	9	9	9
J0295		E	Ampicillin sodium	0.00	0.00	XXX	9	9	9	9	9
J0300		E	Amobarbital	0.00	0.00	XXX	9	9	9	9	9
J0330		E	Succinylcholine chloride	0.00	0.00	XXX	9	9	9	9	9
J0340		E	Nandrolone phenpropionate	0.00	0.00	XXX	9	9	9	9	9
J0350		E	Anistreplase injection	0.00	0.00	XXX	9	9	9	9	9
J0360		E	Hydralazine HCL	0.00	0.00	XXX	9	9	9	9	9
J0380		E	Metaraminol injection	0.00	0.00	XXX	9	9	9	9	9
J0390		E	Chloroquine injection	0.00	0.00	XXX	9	9	9	9	9
J0400		E	Trimethaphan injection	0.00	0.00	XXX	9	9	9	9	9
J0460		E	Atropine sulfate	0.00	0.00	XXX	9	9	9	9	9
J0470		E	Dimercaprol injection	0.00	0.00	XXX	9	9	9	9	9
J0475		E	Baclofen	0.00	0.00	XXX	9	9	9	9	9
J0500		E	Dicyclomine injection	0.00	0.00	XXX	9	9	9	9	9
J0510		E	Benzquinamide injection	0.00	0.00	XXX	9	9	9	9	9
J0515		E	Benztropine injection	0.00	0.00	XXX	9	9	9	9	9
J0520		E	Bethanechol chloride	0.00	0.00	XXX	9	9	9	9	9
J0530		E	Penicillin G benzathine	0.00	0.00	XXX	9	9	9	9	9
J0540		E	Penicillin G benzathine	0.00	0.00	XXX	9	9	9	9	9
J0550		E	Penicillin G benzathine	0.00	0.00	XXX	9	9	9	9	9
J0560		E	Penicillin G benzathine	0.00	0.00	XXX	9	9	9	9	9
J0570		E	Penicillin G benzathine	0.00	0.00	XXX	9	9	9	9	9
J0580		E	Penicillin G benzathine	0.00	0.00	XXX	9	9	9	9	9
J0585		E	Botulinum toxin	0.00	0.00	XXX	9	9	9	9	9
J0590		E	Ethylnorepinephrine HCL	0.00	0.00	XXX	9	9	9	9	9
J0600		E	Edetate calcium disodium	0.00	0.00	XXX	9	9	9	9	9
J0610		E	Calcium gluconate	0.00	0.00	XXX	9	9	9	9	9
J0620		E	Calcium glycerophosphate	0.00	0.00	XXX	9	9	9	9	9
J0630		E	Calcitonin salmon	0.00	0.00	XXX	9	9	9	9	9
J0635		E	Calcitriol injection	0.00	0.00	XXX	9	9	9	9	9
J0640		E	Leucovorin calcium	0.00	0.00	XXX	9	9	9	9	9

J0670	E Mepivacaine injection	0.00	0.00 XXX	9	9	9	9	9
J0690	E Cefazolin sodium	0.00	0.00 XXX	9	9	9	9	9
J0694	E Cefoxitin sodium	0.00	0.00 XXX	9	9	9	9	9
J0695	E Cefonicid sodium	0.00	0.00 XXX	9	9	9	9	9
J0696	E Ceftriaxone sodium	0.00	0.00 XXX	9	9	9	9	9
J0697	E Sterile cefuroxime sodium	0.00	0.00 XXX	9	9	9	9	9
J0698	E Cefotaxime sodium	0.00	0.00 XXX	9	9	9	9	9
J0702	E Betamethasone acetate	0.00	0.00 XXX	9	9	9	9	9
J0704	E Betamethasone sodium	0.00	0.00 XXX	9	9	9	9	9
J0710	E Cephapirin sodium	0.00	0.00 XXX	9	9	9	9	9
J0713	E Ceftazidime injection	0.00	0.00 XXX	9	9	9	9	9
J0715	E Ceftizoxime sodium	0.00	0.00 XXX	9	9	9	9	9
J0720	E Chloramphenicol	0.00	0.00 XXX	9	9	9	9	9
J0725	E Chorionic gonadotropin	0.00	0.00 XXX	9	9	9	9	9
J0730	E Chlorpheniramine maleate	0.00	0.00 XXX	9	9	9	9	9
J0735	E Clonidine hydrochloride	0.00	0.00 XXX	9	9	9	9	9
J0740	E Cidofovir injection	0.00	0.00 XXX	9	9	9	9	9
J0743	E Cilastatin sodium	0.00	0.00 XXX	9	9	9	9	9
J0745	E Codeine phosphate	0.00	0.00 XXX	9	9	9	9	9
J0760	E Colchicine injection	0.00	0.00 XXX	9	9	9	9	9
J0770	E Colistimethate sodium	0.00	0.00 XXX	9	9	9	9	9
J0780	E Prochlorperazine	0.00	0.00 XXX	9	9	9	9	9
J0800	E Corticotropin	0.00	0.00 XXX	9	9	9	9	9
J0810	E Cortisone injection	0.00	0.00 XXX	9	9	9	9	9
J0835	E Cosyntropin injection	0.00	0.00 XXX	9	9	9	9	9
J0850	E Cytomegalovirus	0.00	0.00 XXX	9	9	9	9	9
J0895	E Deferoxamine mesylate	0.00	0.00 XXX	9	9	9	9	9
J0900	E Testosterone enanthate	0.00	0.00 XXX	9	9	9	9	9
J0945	E Brompheniramine maleate	0.00	0.00 XXX	9	9	9	9	9
J0970	E Estradiol valerate	0.00	0.00 XXX	9	9	9	9	9
J1000	E Depo–estradiol cypionate	0.00	0.00 XXX	9	9	9	9	9
J1020	E Methylprednisolone	0.00	0.00 XXX	9	9	9	9	9
J1030	E Methylprednisolone	0.00	0.00 XXX	9	9	9	9	9
J1040	E Methylprednisolone	0.00	0.00 XXX	9	9	9	9	9
J1050	E Medroxyprogesterone	0.00	0.00 XXX	9	9	9	9	9
J1055	N Medroxyprogesterone	0.00	0.00 XXX	9	9	9	9	9
J1060	E Testosterone cypionate	0.00	0.00 XXX	9	9	9	9	9
J1070	E Testosterone cypionate	0.00	0.00 XXX	9	9	9	9	9
J1080	E Testosterone cypionate	0.00	0.00 XXX	9	9	9	9	9
J1090	E Testosterone cypionate	0.00	0.00 XXX	9	9	9	9	9
J1095	E Dexamethasone injection	0.00	0.00 XXX	9	9	9	9	9
J1100	E Dexamethasone acetate	0.00	0.00 XXX	9	9	9	9	9
J1110	E Dihydroergotamine	0.00	0.00 XXX	9	9	9	9	9
J1120	E Acetazolamide sodium	0.00	0.00 XXX	9	9	9	9	9
J1160	E Digoxin injection	0.00	0.00 XXX	9	9	9	9	9
J1165	E Phenytoin sodium	0.00	0.00 XXX	9	9	9	9	9
J1170	E Hydromorphone injection	0.00	0.00 XXX	9	9	9	9	9
J1180	E Dyphylline injection	0.00	0.00 XXX	9	9	9	9	9
J1190	E Dexrazoxane HCL	0.00	0.00 XXX	9	9	9	9	9
J1200	E Diphenhydramine HCL	0.00	0.00 XXX	9	9	9	9	9
J1205	E Chlorothiazide sodium	0.00	0.00 XXX	9	9	9	9	9
J1212	E Dimethyl sulfoxide	0.00	0.00 XXX	9	9	9	9	9
J1230	E Methadone injection	0.00	0.00 XXX	9	9	9	9	9
J1240	E Dimenhydrinate	0.00	0.00 XXX	9	9	9	9	9
J1245	E Dipyridamole	0.00	0.00 XXX	9	9	9	9	9
J1250	E Dobutamine injection	0.00	0.00 XXX	9	9	9	9	9
J1320	E Amitriptyline injection	0.00	0.00 XXX	9	9	9	9	9
J1325	E Epoprostenol	0.00	0.00 XXX	9	9	9	9	9
J1330	E Ergonovine maleate	0.00	0.00 XXX	9	9	9	9	9
J1362	E Erythromycin gluceptate	0.00	0.00 XXX	9	9	9	9	9

J1364	E Erythromycin lactobionate	0.00	0.00 XXX	9	9	9	9	9
J1380	E Estradiol valerate	0.00	0.00 XXX	9	9	9	9	9
J1390	E Estradiol valerate	0.00	0.00 XXX	9	9	9	9	9
J1410	E Estrogen conjugated	0.00	0.00 XXX	9	9	9	9	9
J1435	E Estrone injection	0.00	0.00 XXX	9	9	9	9	9
J1436	E Etidronate disodium	0.00	0.00 XXX	9	9	9	9	9
J1440	E Filgrastim	0.00	0.00 XXX	9	9	9	9	9
J1441	E Filgrastim	0.00	0.00 XXX	9	9	9	9	9
J1455	E Foscarnet sodium	0.00	0.00 XXX	9	9	9	9	9
J1460	E Gamma globulin	0.00	0.00 XXX	9	9	9	9	9
J1470	E Gamma globulin	0.00	0.00 XXX	9	9	9	9	9
J1480	E Gamma globulin	0.00	0.00 XXX	9	9	9	9	9
J1490	E Gamma globulin	0.00	0.00 XXX	9	9	9	9	9
J1500	E Gamma globulin	0.00	0.00 XXX	9	9	9	9	9
J1510	E Gamma globulin	0.00	0.00 XXX	9	9	9	9	9
J1520	E Gamma globulin	0.00	0.00 XXX	9	9	9	9	9
J1530	E Gamma globulin	0.00	0.00 XXX	9	9	9	9	9
J1540	E Gamma globulin	0.00	0.00 XXX	9	9	9	9	9
J1550	E Gamma globulin	0.00	0.00 XXX	9	9	9	9	9
J1560	E Gamma globulin	0.00	0.00 XXX	9	9	9	9	9
J1561	E Immune globulin	0.00	0.00 XXX	9	9	9	9	9
J1562	E Immune globulin	0.00	0.00 XXX	9	9	9	9	9
J1565	E RSV–ivig	0.00	0.00 XXX	9	9	9	9	9
J1570	E Ganciclovir sodium	0.00	0.00 XXX	9	9	9	9	9
J1580	E Garamycin, gentamicin	0.00	0.00 XXX	9	9	9	9	9
J1600	E Gold sodium thiomalate	0.00	0.00 XXX	9	9	9	9	9
J1610	E Glucagon hydrochloride	0.00	0.00 XXX	9	9	9	9	9
J1620	E Gonadorelin hydrochloride	0.00	0.00 XXX	9	9	9	9	9
J1625	D Granisetron hydrochloride	0.00	0.00 XXX	9	9	9	9	9
J1626	E Granisetron hydrochloride	0.00	0.00 XXX	9	9	9	9	9
J1630	E Haloperidol injection	0.00	0.00 XXX	9	9	9	9	9
J1631	E Haloperidol decanoate	0.00	0.00 XXX	9	9	9	9	9
J1642	E Heparin sodium injection	0.00	0.00 XXX	9	9	9	9	9
J1644	E Heparin sodium injection	0.00	0.00 XXX	9	9	9	9	9
J1645	E Dalteparin sodium	0.00	0.00 XXX	9	9	9	9	9
J1650	E Enoxaparin sodium	0.00	0.00 XXX	9	9	9	9	9
J1670	E Tetanus immune globulin	0.00	0.00 XXX	9	9	9	9	9
J1690	E Prednisolone tebutate	0.00	0.00 XXX	9	9	9	9	9
J1700	E Hydrocortisone	0.00	0.00 XXX	9	9	9	9	9
J1710	E Hydrocortisone	0.00	0.00 XXX	9	9	9	9	9
J1720	E Hydrocortisone	0.00	0.00 XXX	9	9	9	9	9
J1730	E Diazoxide injection	0.00	0.00 XXX	9	9	9	9	9
J1739	E Hydroxyprogesterone	0.00	0.00 XXX	9	9	9	9	9
J1741	E Hydroxyprogesterone	0.00	0.00 XXX	9	9	9	9	9
J1742	E Ibutilide fumar	0.00	0.00 XXX	9	9	9	9	9
J1760	E Iron dextran	0.00	0.00 XXX	9	9	9	9	9
J1770	E Iron dextran	0.00	0.00 XXX	9	9	9	9	9
J1780	E Iron dextran	0.00	0.00 XXX	9	9	9	9	9
J1785	E Imiglucerase injection	0.00	0.00 XXX	9	9	9	9	9
J1790	E Droperidol injection	0.00	0.00 XXX	9	9	9	9	9
J1800	E Propranolol injection	0.00	0.00 XXX	9	9	9	9	9
J1810	E Droperidol and fentanyl	0.00	0.00 XXX	9	9	9	9	9
J1820	E Insulin injection	0.00	0.00 XXX	9	9	9	9	9
J1825	E Interferon beta	0.00	0.00 XXX	9	9	9	9	9
J1830	E Interferon beta	0.00	0.00 XXX	9	9	9	9	9
J1840	E Kanamycin sulfate	0.00	0.00 XXX	9	9	9	9	9
J1850	E Kanamycin sulfate	0.00	0.00 XXX	9	9	9	9	9
J1885	E Ketorolac tromethamine	0.00	0.00 XXX	9	9	9	9	9
J1890	E Cephalothin sodium	0.00	0.00 XXX	9	9	9	9	9
J1910	E Kutapressin injection	0.00	0.00 XXX	9	9	9	9	9

J1930	E Propiomazine injection	0.00	0.00	XXX	9	9	9	9	9
J1940	E Furosemide injection	0.00	0.00	XXX	9	9	9	9	9
J1950	E Leuprolide acetate	0.00	0.00	XXX	9	9	9	9	9
J1955	E Levocarnitine injection	0.00	0.00	XXX	9	9	9	9	9
J1960	E Levorphanol tartrate	0.00	0.00	XXX	9	9	9	9	9
J1970	E Methotrimeprazine	0.00	0.00	XXX	9	9	9	9	9
J1980	E Hyoscyamine sulfate	0.00	0.00	XXX	9	9	9	9	9
J1990	E Chlordiazepoxide HCL	0.00	0.00	XXX	9	9	9	9	9
J2000	E Lidocaine injection	0.00	0.00	XXX	9	9	9	9	9
J2010	E Lincomycin injection	0.00	0.00	XXX	9	9	9	9	9
J2060	E Lorazepam injection	0.00	0.00	XXX	9	9	9	9	9
J2150	E Mannitol injection	0.00	0.00	XXX	9	9	9	9	9
J2175	E Meperidine hydrochloride	0.00	0.00	XXX	9	9	9	9	9
J2180	E Meperidine, promethazine	0.00	0.00	XXX	9	9	9	9	9
J2210	E Methylergonovine	0.00	0.00	XXX	9	9	9	9	9
J2240	E Metocurine iodine	0.00	0.00	XXX	9	9	9	9	9
J2250	E Midazolam hydrochloride	0.00	0.00	XXX	9	9	9	9	9
J2260	E Milrinone injection	0.00	0.00	XXX	9	9	9	9	9
J2270	E Morphine sulfate	0.00	0.00	XXX	9	9	9	9	9
J2275	E Morphine sulfate	0.00	0.00	XXX	9	9	9	9	9
J2300	E Nalbuphine hydrochloride	0.00	0.00	XXX	9	9	9	9	9
J2310	E Naloxone hydrochloride	0.00	0.00	XXX	9	9	9	9	9
J2320	E Nandrolone decanoate	0.00	0.00	XXX	9	9	9	9	9
J2321	E Nandrolone decanoate	0.00	0.00	XXX	9	9	9	9	9
J2322	E Nandrolone decanoate	0.00	0.00	XXX	9	9	9	9	9
J2330	E Thiothixene injection	0.00	0.00	XXX	9	9	9	9	9
J2350	E Niacinamide, niacin	0.00	0.00	XXX	9	9	9	9	9
J2360	E Orphenadrine citrate	0.00	0.00	XXX	9	9	9	9	9
J2370	E Phenylephrine HCL	0.00	0.00	XXX	9	9	9	9	9
J2400	E Chloroprocaine HCL	0.00	0.00	XXX	9	9	9	9	9
J2405	E Ondansetron HCL	0.00	0.00	XXX	9	9	9	9	9
J2410	E Oxymorphone HCL	0.00	0.00	XXX	9	9	9	9	9
J2430	E Pamidronate disodium	0.00	0.00	XXX	9	9	9	9	9
J2440	E Papaverine HCL	0.00	0.00	XXX	9	9	9	9	9
J2460	E Oxytetracycline HCL	0.00	0.00	XXX	9	9	9	9	9
J2480	E Hydrochlorides	0.00	0.00	XXX	9	9	9	9	9
J2510	E Penicillin G procaine	0.00	0.00	XXX	9	9	9	9	9
J2512	E Pentagastrin injection	0.00	0.00	XXX	9	9	9	9	9
J2515	E Pentobarbital sodium	0.00	0.00	XXX	9	9	9	9	9
J2540	E Penicillin G potassium	0.00	0.00	XXX	9	9	9	9	9
J2545	E Pentamidine isethionate	0.00	0.00	XXX	9	9	9	9	9
J2550	E Promethazine HCL	0.00	0.00	XXX	9	9	9	9	9
J2560	E Phenobarbital sodium	0.00	0.00	XXX	9	9	9	9	9
J2590	E Oxytocin injection	0.00	0.00	XXX	9	9	9	9	9
J2597	E Desmopressin acetate	0.00	0.00	XXX	9	9	9	9	9
J2640	E Prednisolone sodium	0.00	0.00	XXX	9	9	9	9	9
J2650	E Prednisolone acetate	0.00	0.00	XXX	9	9	9	9	9
J2670	E Tolazoline HCL	0.00	0.00	XXX	9	9	9	9	9
J2675	E Progesterone injection	0.00	0.00	XXX	9	9	9	9	9
J2680	E Fluphenazine decanoate	0.00	0.00	XXX	9	9	9	9	9
J2690	E Procainamide HCL	0.00	0.00	XXX	9	9	9	9	9
J2700	E Oxacillin sodium	0.00	0.00	XXX	9	9	9	9	9
J2710	E Neostigmine methylsulfate	0.00	0.00	XXX	9	9	9	9	9
J2720	E Protamine sulfate	0.00	0.00	XXX	9	9	9	9	9
J2725	E Protirelin	0.00	0.00	XXX	9	9	9	9	9
J2730	E Pralidoxime chloride	0.00	0.00	XXX	9	9	9	9	9
J2760	E Phentolamine mesylate	0.00	0.00	XXX	9	9	9	9	9
J2765	E Metoclopramide HCL	0.00	0.00	XXX	9	9	9	9	9
J2790	E Rho D immune globulin	0.00	0.00	XXX	9	9	9	9	9
J2800	E Methocarbamol injection	0.00	0.00	XXX	9	9	9	9	9

J2810	E Theophylline injection	0.00	0.00 XXX	9	9	9	9	9
J2820	E Sargramostim injection	0.00	0.00 XXX	9	9	9	9	9
J2860	E Secobarbital sodium	0.00	0.00 XXX	9	9	9	9	9
J2910	E Aurothioglucose	0.00	0.00 XXX	9	9	9	9	9
J2912	E Sodium chloride	0.00	0.00 XXX	9	9	9	9	9
J2920	E Methylprednisolone sodium	0.00	0.00 XXX	9	9	9	9	9
J2930	E Methylprednisolone sodium	0.00	0.00 XXX	9	9	9	9	9
J2950	E Promazine HCL injection	0.00	0.00 XXX	9	9	9	9	9
J2970	E Methicillin sodium	0.00	0.00 XXX	9	9	9	9	9
J2995	E Streptokinase injection	0.00	0.00 XXX	9	9	9	9	9
J2996	E Alteplase recombinant	0.00	0.00 XXX	9	9	9	9	9
J3000	E Streptomycin injection	0.00	0.00 XXX	9	9	9	9	9
J3005	D Strontium–89 chloride	0.00	0.00 XXX	9	9	9	9	9
J3010	E Fentanyl citrate	0.00	0.00 XXX	9	9	9	9	9
J3030	E Sumatriptan succinate	0.00	0.00 XXX	9	9	9	9	9
J3070	E Pentazocine HCL	0.00	0.00 XXX	9	9	9	9	9
J3080	E Chlorprothixene	0.00	0.00 XXX	9	9	9	9	9
J3105	E Terbutaline sulfate	0.00	0.00 XXX	9	9	9	9	9
J3120	E Testosterone enanthate	0.00	0.00 XXX	9	9	9	9	9
J3130	E Testosterone enanthate	0.00	0.00 XXX	9	9	9	9	9
J3140	E Testosterone suspension	0.00	0.00 XXX	9	9	9	9	9
J3150	E Testosterone propionate	0.00	0.00 XXX	9	9	9	9	9
J3230	E Chlorpromazine HCL	0.00	0.00 XXX	9	9	9	9	9
J3240	E Thyrotropin injection	0.00	0.00 XXX	9	9	9	9	9
J3250	E Trimethobenzamide HCL	0.00	0.00 XXX	9	9	9	9	9
J3260	E Tobramycin sulfate	0.00	0.00 XXX	9	9	9	9	9
J3265	E Torasemide injection	0.00	0.00 XXX	9	9	9	9	9
J3270	E Imipramine HCL	0.00	0.00 XXX	9	9	9	9	9
J3280	E Thiethylperazine maleate	0.00	0.00 XXX	9	9	9	9	9
J3301	E Triamcinolone acetonide	0.00	0.00 XXX	9	9	9	9	9
J3302	E Triamcinolone diacetate	0.00	0.00 XXX	9	9	9	9	9
J3303	E Triamcinolone	0.00	0.00 XXX	9	9	9	9	9
J3305	E Trimetrexate injection	0.00	0.00 XXX	9	9	9	9	9
J3310	E Perphenazine injection	0.00	0.00 XXX	9	9	9	9	9
J3320	E Spectinomycin	0.00	0.00 XXX	9	9	9	9	9
J3350	E Urea injection	0.00	0.00 XXX	9	9	9	9	9
J3360	E Diazepam injection	0.00	0.00 XXX	9	9	9	9	9
J3364	E Urokinase	0.00	0.00 XXX	9	9	9	9	9
J3365	E Urokinase	0.00	0.00 XXX	9	9	9	9	9
J3370	R Vancomycin HCL	0.00	0.00 XXX	0	0	0	0	0
J3390	E Methoxamine injection	0.00	0.00 XXX	9	9	9	9	9
J3400	E Triflupromazine HCL	0.00	0.00 XXX	9	9	9	9	9
J3410	E Hydroxyzine HCL	0.00	0.00 XXX	9	9	9	9	9
J3420	E Vitamin B–12 injection	0.00	0.00 XXX	9	9	9	9	9
J3430	E Phytoadione (Vitamin K)	0.00	0.00 XXX	9	9	9	9	9
J3450	E Mephentermine sulfate	0.00	0.00 XXX	9	9	9	9	9
J3470	E Hyaluronidase	0.00	0.00 XXX	9	9	9	9	9
J3475	E Magnesium sulfate	0.00	0.00 XXX	9	9	9	9	9
J3480	E Potassium chloride	0.00	0.00 XXX	9	9	9	9	9
J3490	E Unclassified drugs	0.00	0.00 XXX	9	9	9	9	9
J3520	N Edetate disodium	0.00	0.00 XXX	9	9	9	9	9
J3530	E Nasal vaccine inhalation	0.00	0.00 XXX	9	9	9	9	9
J3535	N Metered dose inhaler	0.00	0.00 XXX	9	9	9	9	9
J3570	N Laetrile, amygdalin	0.00	0.00 XXX	9	9	9	9	9
J7030	E Normal saline solution	0.00	0.00 XXX	9	9	9	9	9
J7040	E Normal saline, sterile	0.00	0.00 XXX	9	9	9	9	9
J7042	E 5% dextrose/normal	0.00	0.00 XXX	9	9	9	9	9
J7050	E Normal saline solution	0.00	0.00 XXX	9	9	9	9	9
J7051	E Sterile saline or water	0.00	0.00 XXX	9	9	9	9	9
J7060	E 5% dextrose/water	0.00	0.00 XXX	9	9	9	9	9

J7070	E	D5W infusion	0.00	0.00	XXX	9	9	9	9	9
J7100	E	Dextran 40 infusion	0.00	0.00	XXX	9	9	9	9	9
J7110	E	Dextran 75 infusion	0.00	0.00	XXX	9	9	9	9	9
J7120	E	Ringers lactate infusion	0.00	0.00	XXX	9	9	9	9	9
J7130	E	Hypertonic saline	0.00	0.00	XXX	9	9	9	9	9
J7190	X	Factor VIII, human	0.00	0.00	XXX	9	9	9	9	9
J7191	X	Factor VIII, porcine	0.00	0.00	XXX	9	9	9	9	9
J7192	X	Factor VIII, recombinant	0.00	0.00	XXX	9	9	9	9	9
J7194	X	Factor IX, complex	0.00	0.00	XXX	9	9	9	9	9
J7196	X	Other hemophilia clotting	0.00	0.00	XXX	9	9	9	9	9
J7197	X	Antithrombin III, human	0.00	0.00	XXX	9	9	9	9	9
J7300	N	Intrauterine copper	0.00	0.00	XXX	9	9	9	9	9
J7310	E	Ganciclovir, long–acting	0.00	0.00	XXX	9	9	9	9	9
J7500	X	Azathioprine, oral tab	0.00	0.00	XXX	9	9	9	9	9
J7501	X	Azathioprine, parenteral	0.00	0.00	XXX	9	9	9	9	9
J7503	X	Cyclosporine, parenteral	0.00	0.00	XXX	9	9	9	9	9
J7504	X	Lymphocyte immune	0.00	0.00	XXX	9	9	9	9	9
J7505	X	Monoclonal antibodies	0.00	0.00	XXX	9	9	9	9	9
J7506	X	Prednisone, oral	0.00	0.00	XXX	9	9	9	9	9
J7507	E	Tacrolimus, oral	0.00	0.00	XXX	9	9	9	9	9
J7508	E	Tacrolimus, oral	0.00	0.00	XXX	9	9	9	9	9
J7509	X	Methylprednisolone oral	0.00	0.00	XXX	9	9	9	9	9
J7510	X	Prednisolone oral	0.00	0.00	XXX	9	9	9	9	9
J7599	X	Immunosuppressive drug	0.00	0.00	XXX	9	9	9	9	9
J7610	E	Acetylcysteine, 10%	0.00	0.00	XXX	9	9	9	9	9
J7615	E	Acetylcysteine, 20%	0.00	0.00	XXX	9	9	9	9	9
J7620	E	Albuterol sulfate, .083%	0.00	0.00	XXX	9	9	9	9	9
J7625	E	Albuterol sulfate, .5%	0.00	0.00	XXX	9	9	9	9	9
J7627	E	Bitolterol mesylate, .2%	0.00	0.00	XXX	9	9	9	9	9
J7630	E	Cromolyn sodium	0.00	0.00	XXX	9	9	9	9	9
J7640	E	Epinephrine, 2.25%	0.00	0.00	XXX	9	9	9	9	9
J7645	E	Ipratropium bromide, .02%	0.00	0.00	XXX	9	9	9	9	9
J7650	E	Isoetharine HCL, .1%	0.00	0.00	XXX	9	9	9	9	9
J7651	E	Isoetharine HCL, .125%	0.00	0.00	XXX	9	9	9	9	9
J7652	E	Isoetharine HCL, .167%	0.00	0.00	XXX	9	9	9	9	9
J7653	E	Isoetharine HCL, .2%	0.00	0.00	XXX	9	9	9	9	9
J7654	E	Isoetharine HCL, .25%	0.00	0.00	XXX	9	9	9	9	9
J7655	E	Isoetharine HCL, 1.0%	0.00	0.00	XXX	9	9	9	9	9
J7660	E	Isoproterenol HCL, .5%	0.00	0.00	XXX	9	9	9	9	9
J7665	E	Isoproterenol HCL, 1.0%	0.00	0.00	XXX	9	9	9	9	9
J7670	E	Metaproterenol sulfate	0.00	0.00	XXX	9	9	9	9	9
J7672	E	Metaproterenol sulfate	0.00	0.00	XXX	9	9	9	9	9
J7675	E	Metaproterenol sulfate	0.00	0.00	XXX	9	9	9	9	9
J7699	E	Inhalation solution	0.00	0.00	XXX	9	9	9	9	9
J7799	E	Noninhalation drugs	0.00	0.00	XXX	9	9	9	9	9
J8499	N	Oral prescription drugs	0.00	0.00	XXX	9	9	9	9	9
J8530	E	Cyclophosphamide, oral	0.00	0.00	XXX	9	9	9	9	9
J8560	E	Etoposide, oral	0.00	0.00	XXX	9	9	9	9	9
J8600	E	Melphalan, oral	0.00	0.00	XXX	9	9	9	9	9
J8610	E	Methotrexate, oral	0.00	0.00	XXX	9	9	9	9	9
J8999	E	Oral prescription drugs	0.00	0.00	XXX	9	9	9	9	9
J9000	E	Doxorubic HCL	0.00	0.00	XXX	9	9	9	9	9
J9015	E	Aldesleukin	0.00	0.00	XXX	9	9	9	9	9
J9020	E	Asparaginase	0.00	0.00	XXX	9	9	9	9	9
J9031	E	BCG (intravesical)	0.00	0.00	XXX	9	9	9	9	9
J9040	E	Bleomycin sulfate	0.00	0.00	XXX	9	9	9	9	9
J9045	E	Carboplatin	0.00	0.00	XXX	9	9	9	9	9
J9050	E	Carmustine	0.00	0.00	XXX	9	9	9	9	9
J9060	E	Cisplatin	0.00	0.00	XXX	9	9	9	9	9
J9062	E	Cisplatin	0.00	0.00	XXX	9	9	9	9	9

J9065	E Cladribine	0.00	0.00 XXX	9	9	9	9	9
J9070	E Cyclophosphamide	0.00	0.00 XXX	9	9	9	9	9
J9080	E Cyclophosphamide	0.00	0.00 XXX	9	9	9	9	9
J9090	E Cyclophosphamide	0.00	0.00 XXX	9	9	9	9	9
J9091	E Cyclophosphamide	0.00	0.00 XXX	9	9	9	9	9
J9092	E Cyclophosphamide	0.00	0.00 XXX	9	9	9	9	9
J9093	E Cyclophosphamide	0.00	0.00 XXX	9	9	9	9	9
J9094	E Cyclophosphamide	0.00	0.00 XXX	9	9	9	9	9
J9095	E Cyclophosphamide	0.00	0.00 XXX	9	9	9	9	9
J9096	E Cyclophosphamide	0.00	0.00 XXX	9	9	9	9	9
J9097	E Cyclophosphamide	0.00	0.00 XXX	9	9	9	9	9
J9100	E Cytarabine	0.00	0.00 XXX	9	9	9	9	9
J9110	E Cytarabine	0.00	0.00 XXX	9	9	9	9	9
J9120	E Dactinomycin	0.00	0.00 XXX	9	9	9	9	9
J9130	E Dacarbazine	0.00	0.00 XXX	9	9	9	9	9
J9140	E Dacarbazine	0.00	0.00 XXX	9	9	9	9	9
J9150	E Daunorubicin HCL	0.00	0.00 XXX	9	9	9	9	9
J9165	E Diethylstilbestrol	0.00	0.00 XXX	9	9	9	9	9
J9170	E Docetaxel	0.00	0.00 XXX	9	9	9	9	9
J9181	E Etoposide	0.00	0.00 XXX	9	9	9	9	9
J9182	E Etoposide	0.00	0.00 XXX	9	9	9	9	9
J9185	E Fludarabine phosphate	0.00	0.00 XXX	9	9	9	9	9
J9190	E Fluorouracil	0.00	0.00 XXX	9	9	9	9	9
J9200	E Floxuridine	0.00	0.00 XXX	9	9	9	9	9
J9201	E Gemcitabine HCL	0.00	0.00 XXX	9	9	9	9	9
J9202	E Goserelin acetate implant	0.00	0.00 XXX	9	9	9	9	9
J9206	E Irinotecan	0.00	0.00 XXX	9	9	9	9	9
J9208	E Ifosfamide	0.00	0.00 XXX	9	9	9	9	9
J9209	E Mesna	0.00	0.00 XXX	9	9	9	9	9
J9211	E Idarubicin HCL	0.00	0.00 XXX	9	9	9	9	9
J9213	E Interferon, alfa–2A	0.00	0.00 XXX	9	9	9	9	9
J9214	E Interferon, alfa–2B	0.00	0.00 XXX	9	9	9	9	9
J9215	E Interferon, alfa–N3	0.00	0.00 XXX	9	9	9	9	9
J9216	E Interferon, gamma 1–B	0.00	0.00 XXX	9	9	9	9	9
J9217	E Leuprolide acetate	0.00	0.00 XXX	9	9	9	9	9
J9218	E Leuprolide acetate	0.00	0.00 XXX	9	9	9	9	9
J9230	E Mechlorethamine HCL	0.00	0.00 XXX	9	9	9	9	9
J9245	E Melphalan HCL	0.00	0.00 XXX	9	9	9	9	9
J9250	E Methotrexate sodium	0.00	0.00 XXX	9	9	9	9	9
J9260	E Methotrexate sodium	0.00	0.00 XXX	9	9	9	9	9
J9265	E Paclitaxel	0.00	0.00 XXX	9	9	9	9	9
J9266	E Pegaspargase	0.00	0.00 XXX	9	9	9	9	9
J9268	E Pentostatin	0.00	0.00 XXX	9	9	9	9	9
J9270	E Plicamycin	0.00	0.00 XXX	9	9	9	9	9
J9280	E Mitomycin	0.00	0.00 XXX	9	9	9	9	9
J9290	E Mitomycin	0.00	0.00 XXX	9	9	9	9	9
J9291	E Mitomycin	0.00	0.00 XXX	9	9	9	9	9
J9293	E Mitoxantrone HCL	0.00	0.00 XXX	9	9	9	9	9
J9320	E Streptozocin	0.00	0.00 XXX	9	9	9	9	9
J9340	E Thiotepa	0.00	0.00 XXX	9	9	9	9	9
J9350	E Topotecan	0.00	0.00 XXX	9	9	9	9	9
J9360	E Vinblastine sulfate	0.00	0.00 XXX	9	9	9	9	9
J9370	E Vincristine sulfate	0.00	0.00 XXX	9	9	9	9	9
J9375	E Vincristine sulfate	0.00	0.00 XXX	9	9	9	9	9
J9380	E Vincristine sulfate	0.00	0.00 XXX	9	9	9	9	9
J9390	E Vinorelbine tartrate	0.00	0.00 XXX	9	9	9	9	9
J9600	E Porfimer sodium	0.00	0.00 XXX	9	9	9	9	9
J9999	E Chemotherapy drug	0.00	0.00 XXX	9	9	9	9	9

(5) Miscellaneous M codes:

M0064		A	Visit, drugs	0.54	0.54	XXX	0	0	0	0	0
M0075		N	Cellular therapy	0.00	0.00	XXX	9	9	9	9	9
M0076		N	Prolotherapy	0.00	0.00	XXX	9	9	9	9	9
M0100		N	Intragastric hypothermia	0.00	0.00	XXX	9	9	9	9	9
M0101		G	Foot care hygiene	0.74	0.58	XXX	0	0	0	0	0
M0300		N	IV chelation therapy	0.00	0.00	XXX	9	9	9	9	9
M0301		N	Fabric wrapping	0.00	0.00	XXX	9	9	9	9	9
M0302		N	Assess cardiac output	0.00	0.00	XXX	9	9	9	9	9

(6) Miscellaneous P codes:

P2028		X	Cephalin floculation test	0.00	0.00	XXX	9	9	9	9	9
P2028		X	Cephalin floculation test	0.00	0.00	XXX	9	9	9	9	9
P2028		X	Cephalin floculation test	0.00	0.00	XXX	9	9	9	9	9
P2029		X	Congo red blood	0.00	0.00	XXX	9	9	9	9	9
P2033		X	Blood thymol turbidity	0.00	0.00	XXX	9	9	9	9	9
P2038		X	Blood mucoprote	0.00	0.00	XXX	9	9	9	9	9
P7001		I	Culture bacteria	0.00	0.00	XXX	9	9	9	9	9
P9010		E	Whole blood transfusion	0.00	0.00	XXX	9	9	9	9	9
P9011		E	Blood, split unit	0.00	0.00	XXX	9	9	9	9	9
P9012		E	Cryoprecipitate	0.00	0.00	XXX	9	9	9	9	9
P9013		E	Fibrinogen unit	0.00	0.00	XXX	9	9	9	9	9
P9014		E	Gamma globulin	0.00	0.00	XXX	9	9	9	9	9
P9015		E	RH immune globulin	0.00	0.00	XXX	9	9	9	9	9
P9016		E	Leukocyte poor blood	0.00	0.00	XXX	9	9	9	9	9
P9017		E	One donor, fresh frozen	0.00	0.00	XXX	9	9	9	9	9
P9018		E	Plasma protein fraction	0.00	0.00	XXX	9	9	9	9	9
P9019		E	Platelet concentrate	0.00	0.00	XXX	9	9	9	9	9
P9020		E	Platelet rich plasma	0.00	0.00	XXX	9	9	9	9	9
P9021		E	Red blood cells	0.00	0.00	XXX	9	9	9	9	9
P9022		E	Washed red blood cells	0.00	0.00	XXX	9	9	9	9	9

(7) Miscellaneous Q codes:

Q0034		X	Administer flu vaccine	0.00	0.00	XXX	9	9	9	9	9
Q0035		A	Cardiokymography	0.65	0.65	XXX	0	0	0	0	0
Q0035	26	A	Cardiokymography	0.28	0.28	XXX	0	0	0	0	0
Q0035	TC	A	Cardiokymography	0.37	0.37	XXX	0	0	0	0	0
Q0068		A	Plasmapheresis	2.83	2.83	000	0	0	0	0	0
Q0091		A	Obtaining screening	0.62	0.62	XXX	0	0	0	0	0
Q0092		A	Set up portable x–ray	0.30	0.30	XXX	0	0	0	0	0
Q0132		X	Dispensing fee	0.00	0.00	XXX	9	9	9	9	9
Q0136		X	Non ESRD epoetin alpha	0.00	0.00	XXX	9	9	9	9	9
Q0144		N	Azithromycin dihydrate	0.00	0.00	XXX	9	9	9	9	9
Q0156		X	Human albumin 5%	0.00	0.00	XXX	9	9	9	9	9
Q0157		X	Human albumin, 25%	0.00	0.00	XXX	9	9	9	9	9
Q0158		D	Combined hib & hep B	0.00	0.00	XXX	9	9	9	9	9
Q9920		E	Epoetin with HCT	0.00	0.00	XXX	9	9	9	9	9
Q9921		E	Epoetin with HCT	0.00	0.00	XXX	9	9	9	9	9
Q9922		E	Epoetin with HCT	0.00	0.00	XXX	9	9	9	9	9
Q9923		E	Epoetin with HCT	0.00	0.00	XXX	9	9	9	9	9
Q9924		E	Epoetin with HCT	0.00	0.00	XXX	9	9	9	9	9
Q9925		E	Epoetin with HCT	0.00	0.00	XXX	9	9	9	9	9
Q9926		E	Epoetin with HCT	0.00	0.00	XXX	9	9	9	9	9
Q9927		E	Epoetin with HCT	0.00	0.00	XXX	9	9	9	9	9
Q9928		E	Epoetin with HCT	0.00	0.00	XXX	9	9	9	9	9
Q9929		E	Epoetin with HCT	0.00	0.00	XXX	9	9	9	9	9
Q9930		E	Epoetin with HCT	0.00	0.00	XXX	9	9	9	9	9
Q9931		E	Epoetin with HCT	0.00	0.00	XXX	9	9	9	9	9
Q9932		E	Epoetin with HCT	0.00	0.00	XXX	9	9	9	9	9

Q9933	E	Epoetin with HCT	0.00	0.00	XXX	9	9	9	9	9
Q9934	E	Epoetin with HCT	0.00	0.00	XXX	9	9	9	9	9
Q9935	E	Epoetin with HCT	0.00	0.00	XXX	9	9	9	9	9
Q9936	E	Epoetin with HCT	0.00	0.00	XXX	9	9	9	9	9
Q9937	E	Epoetin with HCT	0.00	0.00	XXX	9	9	9	9	9
Q9938	E	Epoetin with HCT	0.00	0.00	XXX	9	9	9	9	9
Q9939	E	Epoetin with HCT	0.00	0.00	XXX	9	9	9	9	9
Q9940	E	Epoetin with HCT	0.00	0.00	XXX	9	9	9	9	9

(8) Miscellaneous R codes:

R0070	C	Transport portable x–ray	0.00	0.00	XXX	0	0	0	0	0
R0075	C	Transport portable x–ray	0.00	0.00	XXX	0	0	0	0	0
R0076	C	Transport portable EKG	0.00	0.00	XXX	0	0	0	0	0

K. Procedure codes S0009 to S9999 relate to additional miscellaneous articles and supplies.

1	2	3	4	5	6	7	8	9	10	11	12
S0009		I	Injection, butorphanol	0.00	0.00	XXX	9	9	9	9	9
S0010		I	Injection, somatrem	0.00	0.00	XXX	9	9	9	9	9
S0011		I	Injection, somtropin	0.00	0.00	XXX	9	9	9	9	9
S0012		I	Butorphanol tartrate	0.00	0.00	XXX	9	9	9	9	9
S0014		I	Tacrine hydrochloride	0.00	0.00	XXX	9	9	9	9	9
S0016		I	Injection, amikacin	0.00	0.00	XXX	9	9	9	9	9
S0017		I	Injection, aminocaproic	0.00	0.00	XXX	9	9	9	9	9
S0020		I	Injection, bupivaicaine	0.00	0.00	XXX	9	9	9	9	9
S0021		I	Injection, ceftoperazone	0.00	0.00	XXX	9	9	9	9	9
S0023		I	Injection, cimetidine	0.00	0.00	XXX	9	9	9	9	9
S0024		I	Injection, ciprofloxacin	0.00	0.00	XXX	9	9	9	9	9
S0028		I	Injection, famotidine	0.00	0.00	XXX	9	9	9	9	9
S0029		I	Injection, fluconazole	0.00	0.00	XXX	9	9	9	9	9
S0030		I	Injection, metronidazole	0.00	0.00	XXX	9	9	9	9	9
S0032		I	Injection, nafcillin	0.00	0.00	XXX	9	9	9	9	9
S0034		I	Injection, ofloxacin	0.00	0.00	XXX	9	9	9	9	9
S0039		I	Injection, sulfamethoxa.	0.00	0.00	XXX	9	9	9	9	9
S0040		I	Injection, ticarcillin	0.00	0.00	XXX	9	9	9	9	9
S0071		I	Injection, acyclovir	0.00	0.00	XXX	9	9	9	9	9
S0072		I	Injection, amikacin	0.00	0.00	XXX	9	9	9	9	9
S0073		I	Injection, aztreonam	0.00	0.00	XXX	9	9	9	9	9
S0074		I	Injection, cefotetan	0.00	0.00	XXX	9	9	9	9	9
S0077		I	Injection, clindamycin	0.00	0.00	XXX	9	9	9	9	9
S0078		I	Injection, fosphenytoin	0.00	0.00	XXX	9	9	9	9	9
S0080		I	Injection, pentamidine	0.00	0.00	XXX	9	9	9	9	9
S0081		I	Injection, piperacillin	0.00	0.00	XXX	9	9	9	9	9
S0090		I	Sildenafil citrate, 25 mg	0.00	0.00	XXX	9	9	9	9	9
S0096		I	Injection, itraconazole	0.00	0.00	XXX	9	9	9	9	9
S0097		I	Injection, ibutilide	0.00	0.00	XXX	9	9	9	9	9
S0098		I	Injection, sodium ferric	0.00	0.00	XXX	9	9	9	9	9
S0601		I	Screening proctoscopy	0.00	0.00	XXX	9	9	9	9	9
S0605		I	Digital rectal exam	0.00	0.00	XXX	9	9	9	9	9
S0610		I	Annual gynecological	0.00	0.00	XXX	9	9	9	9	9
S0612		I	Annual gynecological	0.00	0.00	XXX	9	9	9	9	9
S0620		I	Routine ophthalmological	0.00	0.00	XXX	9	9	9	9	9
S0621		I	Routine ophthalmological	0.00	0.00	XXX	9	9	9	9	9
S0800		I	Laser in situ	0.00	0.00	XXX	9	9	9	9	9
S0810		I	Photorefractive (PRK)	0.00	0.00	XXX	9	9	9	9	9
S2050		I	Donor enterectomy, prep	0.00	0.00	XXX	9	9	9	9	9
S2052		I	Transplant intestine	0.00	0.00	XXX	9	9	9	9	9

S2053	I	Transplant intestine	0.00	0.00	XXX	9	9	9	9	9
S2054	I	Transplant visceral	0.00	0.00	XXX	9	9	9	9	9
S2055	I	Harvesting of donor	0.00	0.00	XXX	9	9	9	9	9
S2109	I	Autologous chondrocyte	0.00	0.00	XXX	9	9	9	9	9
S2190	I	Subcutaneous implantation	0.00	0.00	XXX	9	9	9	9	9
S2204	I	Transmyocardial laser	0.00	0.00	XXX	9	9	9	9	9
S2205	I	Minimally invasive direct	0.00	0.00	XXX	9	9	9	9	9
S2206	I	Minimally invasive direct	0.00	0.00	XXX	9	9	9	9	9
S2207	I	Minimally invasive direct	0.00	0.00	XXX	9	9	9	9	9
S2208	I	Minimally invasive direct	0.00	0.00	XXX	9	9	9	9	9
S2209	I	Minimally invasive direct	0.00	0.00	XXX	9	9	9	9	9
S2210	I	Cryosurgical ablation	0.00	0.00	XXX	9	9	9	9	9
S2300	I	Arthroscopy shoulder	0.00	0.00	XXX	9	9	9	9	9
S2350	I	Diskectomy, anterior	0.00	0.00	XXX	9	9	9	9	9
S2351	I	Diskectomy, anterior	0.00	0.00	XXX	9	9	9	9	9
S3645	I	HIV–1 antibody testing	0.00	0.00	XXX	9	9	9	9	9
S3650	I	Saliva test, hormone	0.00	0.00	XXX	9	9	9	9	9
S3652	I	Saliva test, hormone	0.00	0.00	XXX	9	9	9	9	9
S8035	I	Magnetic source imaging	0.00	0.00	XXX	9	9	9	9	9
S8040	I	Topographic brain	0.00	0.00	XXX	9	9	9	9	9
S8048	I	Isolated limb perfusion	0.00	0.00	XXX	9	9	9	9	9
S8049	I	Intraoperative radiation	0.00	0.00	XXX	9	9	9	9	9
S8060	I	Supply of contrast	0.00	0.00	XXX	9	9	9	9	9
S8092	I	Electron beam computed	0.00	0.00	XXX	9	9	9	9	9
S8095	I	Wig, medical	0.00	0.00	XXX	9	9	9	9	9
S8096	I	Portable peak flow	0.00	0.00	XXX	9	9	9	9	9
S8110	I	Peak expiratory flow	0.00	0.00	XXX	9	9	9	9	9
S8200	I	Chest compression vest	0.00	0.00	XXX	9	9	9	9	9
S8205	I	Chest compression	0.00	0.00	XXX	9	9	9	9	9
S8260	I	Oral orthotic sleep apnea	0.00	0.00	XXX	9	9	9	9	9
S8300	I	Sacral nerve	0.00	0.00	XXX	9	9	9	9	9
S8950	I	Complex lymphedema	0.00	0.00	XXX	9	9	9	9	9
S9001	I	Home uterine monitor	0.00	0.00	XXX	9	9	9	9	9
S9022	I	Digital subtraction	0.00	0.00	XXX	9	9	9	9	9
S9023	I	Xenon regional cerebral	0.00	0.00	XXX	9	9	9	9	9
S9024	I	Paranasal sinus	0.00	0.00	XXX	9	9	9	9	9
S9033	I	Gait analysis	0.00	0.00	XXX	9	9	9	9	9
S9055	I	Procuren or other factor	0.00	0.00	XXX	9	9	9	9	9
S9056	I	Coma stimulation	0.00	0.00	XXX	9	9	9	9	9
S9075	I	Smoking cessation	0.00	0.00	XXX	9	9	9	9	9
S9085	I	Meniscal allograft	0.00	0.00	XXX	9	9	9	9	9
S9122	I	Home health aide	0.00	0.00	XXX	9	9	9	9	9
S9123	I	Nursing care in home	0.00	0.00	XXX	9	9	9	9	9
S9124	I	Nursing care in home	0.00	0.00	XXX	9	9	9	9	9
S9125	I	Respite care in home	0.00	0.00	XXX	9	9	9	9	9
S9126	I	Hospice care in home	0.00	0.00	XXX	9	9	9	9	9
S9127	I	Social work visit	0.00	0.00	XXX	9	9	9	9	9
S9128	I	Speech therapy	0.00	0.00	XXX	9	9	9	9	9
S9129	I	Occupational therapy	0.00	0.00	XXX	9	9	9	9	9
S9140	I	Diabetic management	0.00	0.00	XXX	9	9	9	9	9
S9141	I	Diabetic management	0.00	0.00	XXX	9	9	9	9	9
S9455	I	Diabetic management	0.00	0.00	XXX	9	9	9	9	9
S9460	I	Diabetic management	0.00	0.00	XXX	9	9	9	9	9
S9465	I	Diabetic management	0.00	0.00	XXX	9	9	9	9	9
S9470	I	Nutritional counseling	0.00	0.00	XXX	9	9	9	9	9
S9472	I	Cardiac rehabilitation	0.00	0.00	XXX	9	9	9	9	9
S9473	I	Pulmonary rehabilitation	0.00	0.00	XXX	9	9	9	9	9
S9474	I	Enterostomal therapy	0.00	0.00	XXX	9	9	9	9	9
S9475	I	Ambulatory setting	0.00	0.00	XXX	9	9	9	9	9
S9480	I	Intensive outpatient	0.00	0.00	XXX	9	9	9	9	9

S9485	I	Crisis intervention	0.00	0.00	XXX	9	9	9	9	9
S9524	I	Nursing services home IV	0.00	0.00	XXX	9	9	9	9	9
S9527	I	Insertion of catheter	0.00	0.00	XXX	9	9	9	9	9
S9528	I	Insertion of catheter	0.00	0.00	XXX	9	9	9	9	9
S9543	I	Administer medication	0.00	0.00	XXX	9	9	9	9	9
S9990	I	Services, clinical trial	0.00	0.00	XXX	9	9	9	9	9
S9991	I	Services phase III	0.00	0.00	XXX	9	9	9	9	9
S9992	I	Transportation costs	0.00	0.00	XXX	9	9	9	9	9
S9994	I	Lodging costs	0.00	0.00	XXX	9	9	9	9	9
S9996	I	Meals	0.00	0.00	XXX	9	9	9	9	9
S9999	I	Sales tax	0.00	0.00	XXX	9	9	9	9	9

L. Procedure codes V2020 to V5299 relate to miscellaneous vision and hearing services and supplies.

1	2	3	4	5	6	7	8	9	10	11	12
V2020		X	Vision services, frames	0.00	0.00	XXX	9	9	9	9	9
V2025		N	Eyeglasses, deluxe frame	0.00	0.00	XXX	9	9	9	9	9
V2100		X	Single vision sphere	0.00	0.00	XXX	9	9	9	9	9
V2101		X	Single vision sphere	0.00	0.00	XXX	9	9	9	9	9
V2102		X	Single vision sphere	0.00	0.00	XXX	9	9	9	9	9
V2103		X	Spherocylinder	0.00	0.00	XXX	9	9	9	9	9
V2104		X	Spherocylinder	0.00	0.00	XXX	9	9	9	9	9
V2105		X	Spherocylinder	0.00	0.00	XXX	9	9	9	9	9
V2106		X	Spherocylinder	0.00	0.00	XXX	9	9	9	9	9
V2107		X	Spherocylinder	0.00	0.00	XXX	9	9	9	9	9
V2108		X	Spherocylinder	0.00	0.00	XXX	9	9	9	9	9
V2109		X	Spherocylinder	0.00	0.00	XXX	9	9	9	9	9
V2110		X	Spherocylinder	0.00	0.00	XXX	9	9	9	9	9
V2111		X	Spherocylinder	0.00	0.00	XXX	9	9	9	9	9
V2112		X	Spherocylinder	0.00	0.00	XXX	9	9	9	9	9
V2113		X	Spherocylinder	0.00	0.00	XXX	9	9	9	9	9
V2114		X	Spherocylinder	0.00	0.00	XXX	9	9	9	9	9
V2115		X	Lenticular lens	0.00	0.00	XXX	9	9	9	9	9
V2116		X	Nonaspheric lens	0.00	0.00	XXX	9	9	9	9	9
V2117		X	Aspheric lens	0.00	0.00	XXX	9	9	9	9	9
V2118		X	Aniseikonic lens	0.00	0.00	XXX	9	9	9	9	9
V2199		X	Single vision lens	0.00	0.00	XXX	9	9	9	9	9
V2200		X	Bifocal sphere	0.00	0.00	XXX	9	9	9	9	9
V2201		X	Bifocal sphere	0.00	0.00	XXX	9	9	9	9	9
V2202		X	Bifocal sphere	0.00	0.00	XXX	9	9	9	9	9
V2203		X	Bifocal spherocylinder	0.00	0.00	XXX	9	9	9	9	9
V2204		X	Bifocal spherocylinder	0.00	0.00	XXX	9	9	9	9	9
V2205		X	Bifocal spherocylinder	0.00	0.00	XXX	9	9	9	9	9
V2206		X	Bifocal spherocylinder	0.00	0.00	XXX	9	9	9	9	9
V2207		X	Bifocal spherocylinder	0.00	0.00	XXX	9	9	9	9	9
V2208		X	Bifocal spherocylinder	0.00	0.00	XXX	9	9	9	9	9
V2209		X	Bifocal spherocylinder	0.00	0.00	XXX	9	9	9	9	9
V2210		X	Bifocal spherocylinder	0.00	0.00	XXX	9	9	9	9	9
V2211		X	Bifocal spherocylinder	0.00	0.00	XXX	9	9	9	9	9
V2212		X	Bifocal spherocylinder	0.00	0.00	XXX	9	9	9	9	9
V2213		X	Bifocal spherocylinder	0.00	0.00	XXX	9	9	9	9	9
V2214		X	Bifocal spherocylinder	0.00	0.00	XXX	9	9	9	9	9
V2215		X	Lenticular lens	0.00	0.00	XXX	9	9	9	9	9
V2216		X	Lenticular lens	0.00	0.00	XXX	9	9	9	9	9
V2217		X	Lenticular lens	0.00	0.00	XXX	9	9	9	9	9
V2218		X	Aniseikonic lens	0.00	0.00	XXX	9	9	9	9	9
V2219		X	Bifocal SEG lens	0.00	0.00	XXX	9	9	9	9	9
V2220		X	Bifocal add lens	0.00	0.00	XXX	9	9	9	9	9

V2299	X	Specialty bifocal lens	0.00	0.00	XXX	9	9	9	9
V2300	X	Sphere trifocal	0.00	0.00	XXX	9	9	9	9
V2301	X	Sphere trifocal	0.00	0.00	XXX	9	9	9	9
V2302	X	Sphere trifocal	0.00	0.00	XXX	9	9	9	9
V2303	X	Trifocal spherocylinder	0.00	0.00	XXX	9	9	9	9
V2304	X	Trifocal spherocylinder	0.00	0.00	XXX	9	9	9	9
V2305	X	Trifocal spherocylinder	0.00	0.00	XXX	9	9	9	9
V2306	X	Trifocal spherocylinder	0.00	0.00	XXX	9	9	9	9
V2307	X	Trifocal spherocylinder	0.00	0.00	XXX	9	9	9	9
V2308	X	Trifocal spherocylinder	0.00	0.00	XXX	9	9	9	9
V2309	X	Trifocal spherocylinder	0.00	0.00	XXX	9	9	9	9
V2310	X	Trifocal spherocylinder	0.00	0.00	XXX	9	9	9	9
V2311	X	Trifocal spherocylinder	0.00	0.00	XXX	9	9	9	9
V2312	X	Trifocal spherocylinder	0.00	0.00	XXX	9	9	9	9
V2313	X	Trifocal spherocylinder	0.00	0.00	XXX	9	9	9	9
V2314	X	Trifocal spherocylinder	0.00	0.00	XXX	9	9	9	9
V2315	X	Lenticular lens	0.00	0.00	XXX	9	9	9	9
V2316	X	Lenticular lens	0.00	0.00	XXX	9	9	9	9
V2317	X	Lenticular lens	0.00	0.00	XXX	9	9	9	9
V2318	X	Aniseikonic lens	0.00	0.00	XXX	9	9	9	9
V2319	X	Trifocal SEG lens	0.00	0.00	XXX	9	9	9	9
V2320	X	Trifocal add lens	0.00	0.00	XXX	9	9	9	9
V2399	X	Specialty trifocal lens	0.00	0.00	XXX	9	9	9	9
V2410	X	Variable asphericity lens	0.00	0.00	XXX	9	9	9	9
V2430	X	Variable asphericity lens	0.00	0.00	XXX	9	9	9	9
V2499	X	Variable asphericity lens	0.00	0.00	XXX	9	9	9	9
V2500	X	Contact lens, PMMA	0.00	0.00	XXX	9	9	9	9
V2501	X	Contact lens, PMMA	0.00	0.00	XXX	9	9	9	9
V2502	X	Contact lens, PMMA	0.00	0.00	XXX	9	9	9	9
V2503	X	Contact lens, PMMA	0.00	0.00	XXX	9	9	9	9
V2510	X	Gas permeable contact	0.00	0.00	XXX	9	9	9	9
V2511	X	Gas permeable contact	0.00	0.00	XXX	9	9	9	9
V2512	X	Gas permeable contact	0.00	0.00	XXX	9	9	9	9
V2513	X	Gas permeable contact	0.00	0.00	XXX	9	9	9	9
V2520	P	Contact lens hydrophilic	0.00	0.00	XXX	9	9	9	9
V2521	X	Contact lens hydrophilic	0.00	0.00	XXX	9	9	9	9
V2522	X	Contact lens hydrophilic	0.00	0.00	XXX	9	9	9	9
V2523	X	Contact lens hydrophilic	0.00	0.00	XXX	9	9	9	9
V2530	X	Contact lens, scleral	0.00	0.00	XXX	9	9	9	9
V2531	X	Contact lens, scleral	0.00	0.00	XXX	9	9	9	9
V2599	X	Contact lens, other type	0.00	0.00	XXX	9	9	9	9
V2600	X	Hand–held low vision aids	0.00	0.00	XXX	9	9	9	9
V2610	X	Single lens vision aids	0.00	0.00	XXX	9	9	9	9
V2615	X	Telescope, other compound	0.00	0.00	XXX	9	9	9	9
V2623	X	Prosthetic eye, plastic	0.00	0.00	XXX	9	9	9	9
V2624	X	Polish artificial eye	0.00	0.00	XXX	9	9	9	9
V2625	X	Enlarge artificial eye	0.00	0.00	XXX	9	9	9	9
V2626	X	Reduce artificial eye	0.00	0.00	XXX	9	9	9	9
V2627	X	Scleral cover shell	0.00	0.00	XXX	9	9	9	9
V2628	X	Fabrication and fitting	0.00	0.00	XXX	9	9	9	9
V2629	X	Prosthetic eye, other	0.00	0.00	XXX	9	9	9	9
V2630	X	Anterior chamber lens	0.00	0.00	XXX	9	9	9	9
V2631	X	Iris supported lens	0.00	0.00	XXX	9	9	9	9
V2632	X	Posterior chamber lens	0.00	0.00	XXX	9	9	9	9
V2700	X	Balance lens	0.00	0.00	XXX	9	9	9	9
V2710	X	Glass/plastic slab	0.00	0.00	XXX	9	9	9	9
V2715	X	Prism	0.00	0.00	XXX	9	9	9	9
V2718	X	Fresnell prism	0.00	0.00	XXX	9	9	9	9
V2730	X	Special base curve	0.00	0.00	XXX	9	9	9	9
V2740	X	Rose tint, plastic	0.00	0.00	XXX	9	9	9	9

V2741	X Non–rose tint, plastic	0.00	0.00	XXX	9	9	9	9	9
V2742	X Rose tint, glass	0.00	0.00	XXX	9	9	9	9	9
V2743	X Non–rose tint, glass	0.00	0.00	XXX	9	9	9	9	9
V2744	X Tint, photochromatic	0.00	0.00	XXX	9	9	9	9	9
V2750	X Anti–reflective coating	0.00	0.00	XXX	9	9	9	9	9
V2755	X UV lens	0.00	0.00	XXX	9	9	9	9	9
V2760	X Scratch resistant coating	0.00	0.00	XXX	9	9	9	9	9
V2770	X Occluder lens	0.00	0.00	XXX	9	9	9	9	9
V2780	X Oversize lens	0.00	0.00	XXX	9	9	9	9	9
V2781	X Progressive lens	0.00	0.00	XXX	9	9	9	9	9
V2785	X Corneal tissue	0.00	0.00	XXX	9	9	9	9	9
V2799	X Miscellaneous vision	0.00	0.00	XXX	9	9	9	9	9
V5008	N Hearing screening	0.00	0.00	XXX	9	9	9	9	9
V5010	N Assess for hearing aid	0.00	0.00	XXX	9	9	9	9	9
V5011	N Hearing aid fitting	0.00	0.00	XXX	9	9	9	9	9
V5014	N Hearing aid repair	0.00	0.00	XXX	9	9	9	9	9
V5020	N Conformity evaluation	0.00	0.00	XXX	9	9	9	9	9
V5030	N Body–worn hearing aid	0.00	0.00	XXX	9	9	9	9	9
V5040	N Body–worn hearing aid	0.00	0.00	XXX	9	9	9	9	9
V5050	N Hearing aid in ear	0.00	0.00	XXX	9	9	9	9	9
V5060	N Hearing aid behind ear	0.00	0.00	XXX	9	9	9	9	9
V5070	N Glasses, air conduction	0.00	0.00	XXX	9	9	9	9	9
V5080	N Glasses, bone conduction	0.00	0.00	XXX	9	9	9	9	9
V5090	N Hearing aid fee	0.00	0.00	XXX	9	9	9	9	9
V5100	N Body–worn bilateral	0.00	0.00	XXX	9	9	9	9	9
V5110	N Bilateral dispensing fee	0.00	0.00	XXX	9	9	9	9	9
V5120	N Body–worn binaural	0.00	0.00	XXX	9	9	9	9	9
V5130	N In ear binaural	0.00	0.00	XXX	9	9	9	9	9
V5140	N Behind ear binaural	0.00	0.00	XXX	9	9	9	9	9
V5150	N Glasses binaural	0.00	0.00	XXX	9	9	9	9	9
V5160	N Binaural dispensing fee	0.00	0.00	XXX	9	9	9	9	9
V5170	N In ear cros	0.00	0.00	XXX	9	9	9	9	9
V5180	N Behind ear cros	0.00	0.00	XXX	9	9	9	9	9
V5190	N Glasses cros	0.00	0.00	XXX	9	9	9	9	9
V5200	N Cros dispensing fee	0.00	0.00	XXX	9	9	9	9	9
V5210	N In ear bicros	0.00	0.00	XXX	9	9	9	9	9
V5220	N Behind ear bicros	0.00	0.00	XXX	9	9	9	9	9
V5230	N Glasses bicros	0.00	0.00	XXX	9	9	9	9	9
V5240	N Bicros dispensing fee	0.00	0.00	XXX	9	9	9	9	9
V5299	R Hearing service	0.00	0.00	XXX	0	0	0	0	0

Statutory Authority: *MS s 14.386; 175.171; 176.101; 176.135; 176.1351; 176.136; 176.231; 176.83*

History: *18 SR 1472; 20 SR 530; 25 SR 1142; 28 SR 1209*

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 2b, by modifiers appearing in column 2 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 2b, and the formula in part 5221.4020.

Statutory Authority: *MS s 175.171; 176.101; 176.135; 176.1351; 176.136; 176.231; 176.83*

History: *18 SR 1472; 25 SR 1142*

5221.4033 OUTPATIENT LIMITATION FOR MEDICAL/SURGICAL FACILITY FEE.

Subpart 1. **No facility fee.** Procedures whose codes are listed in subpart 2b 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.

Subp. 1a. **Payment of facility fee.** Except where the facility fee is precluded from payment in subpart 1, fees for ambulatory surgical center and hospital outpatient surgical center are paid in accordance with part 5221.0500, subpart 2.

A. Services and supplies included in facility fee. The services in subitems (1) to (8) are included in the facility fee. There may be no separate payment for these services and supplies:

(1) nursing, technician, and related services;

(2) use of the facilities where the surgical procedures are performed;

(3) drugs, biologicals, surgical dressings, supplies, splints, casts, appliances, and equipment directly related to the provision of surgical procedures;

(4) diagnostic or therapeutic services or items directly related to the provision of a surgical procedure;

(5) administrative, record keeping, and housekeeping items and services;

(6) materials for anesthesia;

(7) intraocular lenses (IOLs); and

(8) supervision of the services of an anesthetist by the operating surgeon.

B. Services and supplies in subitems (1) to (7) are paid separately from the facility fee:

(1) physician services;

(2) laboratory, X–ray, or diagnostic procedures, other than those directly related to performance of the surgical procedure;

(3) prosthetic devices, except IOLs;

(4) ambulance services;

(5) leg, arm, back, and neck braces and artificial limbs;

(6) durable medical equipment for use in the patient's home or take–home supplies; and

(7) anesthetist services.

Subp. 2a. [Repealed, 25 SR 1142]

Subp. 2b. **Procedure codes subject to limitation.**

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
10081	Drainage of pilonidal cyst
10120	Remove foreign body
10121	Remove foreign body
10140	Drainage of hematoma/fluid
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 skin lesion
11101	Biopsy, each added lesion
11200	Removal of skin tags
11201	Removal of added skin tags
11300	Shave skin lesion
11301	Shave skin lesion
11302	Shave skin lesion
11303	Shave skin lesion
11305	Shave skin lesion
11306	Shave skin lesion
11307	Shave skin lesion
11308	Shave skin lesion
11310	Shave skin lesion
11311	Shave skin lesion
11312	Shave skin lesion
11313	Shave 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
11730	Removal of nail plate
11731	Removal of second nail plate
11732	Remove additional nail plate
11740	Drain blood from under nail
11750	Removal of nail bed
11752	Remove nail bed/finger tip
11760	Reconstruction of nail bed
11762	Reconstruction of nail bed
11765	Excision of nail fold, toe
11900	Injection into skin lesions
11901	Added skin lesion injections
12031	Layer closure of wound(s)
12032	Layer closure of wound(s)
12041	Layer closure of wound(s)
12042	Layer closure of wound(s)
12051	Layer closure of wound(s)
12052	Layer closure of wound(s)
15780	Abrasion treatment of skin
15781	Abrasion treatment of skin
15782	Abrasion treatment of skin
15783	Abrasion treatment of skin
15786	Abrasion treatment of lesion
15787	Abrasion, added skin lesions
15851	Removal of sutures
15852	Dressing change, not for burn
16000	Initial treatment of burn(s)
16010	Treatment of burn(s)
16020	Treatment of burn(s)
16025	Treatment of burn(s)
17000	Destroy benign/premal lesion
17001	Destruction of additional lesions
17002	Destruction of additional lesions
17010	Destruction of skin lesion(s)
17100	Destruction of skin lesion
17101	Destruction of second lesion
17102	Destruction of additional lesions
17104	Destruction of skin lesions
17105	Destruction of skin lesions
17106	Destruction of skin lesions
17107	Destruction of skin lesions
17110	Destruction of skin lesions
17200	Electrocautery of skin tags
17201	Electrocautery added lesions
17250	Chemical cautery, tissue
17260	Destruction of skin lesions
17261	Destruction of skin lesions
17262	Destruction of skin lesions
17263	Destruction of skin lesions
17264	Destruction of skin lesions
17266	Destruction of skin lesions
17270	Destruction of skin lesions
17271	Destruction of skin lesions
17272	Destruction of skin lesions
17273	Destruction of skin lesions
17274	Destruction of skin lesions
17276	Destruction of skin lesions
17280	Destruction of skin lesions
17281	Destruction of skin lesions
17282	Destruction of skin lesions
17283	Destruction of skin lesions

17284	Destruction of skin lesions
17286	Destruction of skin lesions
17304	Chemosurgery of skin lesion
17305	Second stage chemosurgery
17306	Third 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
19001	Drain added breast lesion
20000	Incision of abscess
20500	Injection of sinus tract
20520	Removal of foreign body
20550	Inject tendon/ligament/cyst
20600	Drain/inject joint/bursa
20605	Drain/inject joint/bursa
20610	Drain/inject joint/bursa
20615	Treatment of bone cyst
20974	Electrical bone stimulation
21029	Contour of face bone lesion
21030	Removal of face bone lesion
21031	Remove exostosis, mandible
21032	Remove exostosis, maxilla
21079	Prepare face/oral prosthesis
21080	Prepare face/oral prosthesis
21081	Prepare face/oral prosthesis
21082	Prepare face/oral prosthesis
21083	Prepare face/oral prosthesis
21084	Prepare face/oral prosthesis
21085	Prepare face/oral prosthesis
21086	Prepare face/oral prosthesis
21087	Prepare face/oral prosthesis
21088	Prepare face/oral prosthesis
21089	Prepare face/oral prosthesis
21110	Interdental fixation
23031	Drain shoulder bursa
24200	Removal of arm foreign body
24650	Treat radius fracture
25500	Treat fracture of radius
25530	Treat fracture of ulna
25600	Treat fracture radius/ulna
25622	Treat wrist bone fracture
25630	Treat wrist bone fracture
25650	Repair wrist bone fracture
26010	Drainage of finger abscess
26600	Treat metacarpal fracture
26720	Treat finger fracture, each
26725	Treat finger fracture, each
26740	Treat finger fracture, each
28001	Drainage of bursa of foot
28010	Incision of toe tendon
28011	Incision of toe tendons
28022	Exploration of a foot joint
28024	Exploration of a toe joint
28052	Biopsy of foot joint lining
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
28220	Release of foot tendon
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
28430	Treatment of ankle fracture
28450	Treat midfoot fracture, each
28455	Treat midfoot fracture, each
28470	Treat metatarsal fracture
28475	Treat metatarsal fracture
28490	Treat big toe fracture
28495	Treat big toe fracture
28510	Treatment of toe fracture
28515	Treatment of toe fracture
28530	Treat sesamoid bone fracture
28540	Treat foot dislocation
28570	Treat foot dislocation
28600	Treat foot dislocation
28630	Treat toe dislocation
29015	Application of body cast
29020	Application of body cast
29025	Application of body cast
29035	Application of body cast
29049	Application of shoulder cast
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
29131	Application of finger splint
29200	Strapping of chest
29220	Strapping of low back
29260	Strapping of elbow or wrist
29280	Strapping of hand or finger
29345	Application of long leg cast
29355	Application of long leg cast
29358	Apply long leg cast brace
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
29450	Application of leg 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
29590	Application of foot splint
29700	Removal/revision of cast
29705	Removal/revision of cast
29710	Removal/revision of cast
29715	Removal/revision of cast
29720	Repair of body cast
29730	Windowing of cast
29740	Wedging of cast

29750	Wedging of clubfoot cast
29850	Knee arthroscopy/surgery
30000	Drainage of nose lesion
30020	Drainage of nose lesion
30100	Intranasal biopsy
30110	Removal of nose polyp(s)
30200	Injection treatment of nose
30210	Nasal sinus therapy
30220	Insert nasal septal button
30300	Remove nasal foreign body
30901	Control of nosebleed
31000	Irrigation maxillary sinus
31002	Irrigation sphenoid sinus
31505	Diagnostic laryngoscopy
31575	Diagnostic laryngoscopy
31579	Diagnostic laryngoscopy
36000	Place needle in vein
36400	Drawing blood
36405	Drawing blood
36406	Drawing blood
36410	Drawing blood
36430	Blood transfusion service
36450	Exchange transfusion service
36470	Injection therapy of vein
36471	Injection therapy of veins
36510	Insertion of catheter, vein
40490	Biopsy of lip
40800	Drainage of mouth lesion
40804	Removal foreign body, mouth
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
41825	Excision of gum lesion
41826	Excision of gum lesion
42100	Biopsy roof of mouth
42330	Removal of salivary stone
42400	Biopsy of salivary gland
42650	Dilation of salivary duct
42660	Dilation of salivary duct
42800	Biopsy of throat
45300	Proctosigmoidoscopy
45303	Proctosigmoidoscopy
45330	Sigmoidoscopy, diagnostic
45520	Treatment of rectal prolapse
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
46604	Anoscopy and dilation
46606	Anoscopy and biopsy
46614	Anoscopy, control bleeding
46615	Anoscopy
46900	Destruction, anal lesion(s)
46910	Destruction, anal lesion(s)
46916	Cryosurgery, anal lesion(s)
46917	Laser surgery, anal lesion(s)
46934	Destruction of hemorrhoids

46935	Destruction of hemorrhoids
46936	Destruction of hemorrhoids
46940	Treatment of anal fissure
46942	Treatment of anal fissure
46945	Ligation of hemorrhoids
46946	Ligation of hemorrhoids
51700	Irrigation of bladder
51705	Change of bladder tube
51720	Treatment of bladder lesion
52265	Cystoscopy and treatment
53270	Removal of urethra gland
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
54050	Destruction, penis lesion(s)
54055	Destruction, penis lesion(s)
54056	Cryosurgery, penis lesion(s)
54200	Treatment of penis lesion
54230	Prepare penis study
54235	Penile injection
55000	Drainage of hydrocele
55250	Removal of sperm duct(s)
56420	Drainage of gland abscess
56501	Destruction, vulva lesion(s)
56606	Biopsy of vulva/perineum
57061	Destruction, vagina lesion(s)
57100	Biopsy of vagina
57150	Treat vagina infection
57160	Insertion of pessary
57170	Fitting of diaphragm/cap
57452	Examination of vagina
57454	Vagina examination and biopsy
57460	LEEP procedure
57500	Biopsy of cervix
57505	Endocervical curettage
57510	Cauterization of cervix
57511	Cryocautery of cervix
58100	Biopsy of uterus lining
58301	Remove intrauterine device
59200	Insert cervical dilator
59300	Episiotomy or vaginal repair
59425	Antepartum care only
59426	Antepartum care only
59430	Care after delivery
60100	Biopsy of thyroid
61001	Remove cranial cavity fluid
63690	Analysis of neuroreceiver
63691	Analysis of neuroreceiver
64400	Injection for nerve block
64405	Injection for nerve block
64408	Injection for nerve block
64412	Injection for nerve block
64413	Injection for nerve block
64418	Injection for nerve block
64435	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
64508	Injection for nerve block
64550	Apply neurostimulator
64553	Implant neuroelectrodes
64555	Implant neuroelectrodes
64560	Implant neuroelectrodes
64565	Implant neuroelectrodes
64612	Destroy nerve, face muscle
64613	Destroy nerve, spine muscle
65205	Remove foreign body from eye
65210	Remove foreign body from eye
65220	Remove foreign body from eye
65222	Remove foreign body from eye
65286	Repair of eye wound
65430	Corneal smear
65435	Curette/treat cornea
65436	Curette/treat cornea
65600	Revision of cornea
65772	Correction of astigmatism
65855	Laser surgery of eye
65860	Incise inner eye adhesions
66761	Revision of iris
66770	Removal of inner eye lesion
67145	Treatment of retina
67210	Treatment of retinal lesion
67228	Treatment of retinal lesion
67345	Destroy nerve of eye muscle
67505	Inject/treat eye socket
67515	Inject/treat eye socket
67700	Drainage of eyelid abscess
67710	Incision of eyelid
67800	Remove eyelid lesion
67801	Remove eyelid lesions
67805	Remove eyelid lesions
67810	Biopsy of eyelid
67820	Revise eyelashes
67825	Revise eyelashes
67840	Remove eyelid lesion
67850	Treat eyelid lesion
67915	Repair eyelid defect
67922	Repair eyelid defect
67930	Repair eyelid wound
67938	Remove eyelid foreign body
68020	Incise/drain eyelid lining
68040	Treatment of eyelid lesions
68100	Biopsy of eyelid lining
68110	Remove eyelid lining lesion
68135	Remove eyelid lining lesion
68200	Treat eyelid by injection
68400	Incise/drain tear gland
68420	Incise/drain tear sac
68440	Incise tear duct opening
68530	Clearance of tear duct
68705	Revise tear duct opening
68760	Close tear duct opening
68761	Close tear duct opening
68770	Close tear system fistula
68840	Explore/irrigate tear ducts
69000	Drain external ear lesion

69005	Drain external ear lesion
69020	Drain outer ear canal lesion
69100	Biopsy of external ear
69105	Biopsy of external ear canal
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
69405	Catheterize middle ear canal
69410	Inset middle ear baffle
69420	Incision of eardrum
69433	Create eardrum opening
69540	Remove ear lesion
69610	Repair of eardrum
92002	Eye exam, new patient
92004	Eye exam, new patient
92012	Eye exam, established patient
92014	Eye exam and treatment
92019	Eye exam and treatment
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	Special eye exam, initial
92226	Special eye exam, subsequent
92230	Eye exam with photos
92260	Ophthalmoscopy/dynamometry
92287	Internal eye photography
92311	Contact lens fitting
92312	Contact lens fitting
92313	Contact lens fitting
92315	Prescription of contact lens
92316	Prescription of contact lens
92317	Prescription of contact lens
92330	Fitting of artificial eye
92335	Fitting of artificial eye
92352	Special spectacles fitting
92353	Special spectacles fitting
92354	Special spectacles fitting
92371	Repair and adjust spectacles
92504	Ear microscopy examination
92506	Speech and hearing evaluation
92507	Speech/hearing therapy
92508	Speech/hearing therapy
92511	Nasopharyngoscopy
92512	Nasal function studies
92516	Facial nerve function test
92520	Laryngeal function studies
92565	Stenger test, pure tone
92571	Filtered speech hearing test
92575	Sensorineural acuity test
92576	Synthetic sentence test
92577	Stenger test, speech
92582	Conditioning play audiometry
93721	Plethysmography tracing
93797	Cardiac rehab
93798	Cardiac rehab/monitor

95010	Sensitivity skin tests
95015	Sensitivity skin tests
95056	Photosensitivity tests
95065	Nose allergy test
95075	Ingestion challenge test
95144	Antigen therapy services
95145	Antigen therapy services
95146	Antigen therapy services
95147	Antigen therapy services
95148	Antigen therapy services
95149	Antigen therapy services
95165	Antigen therapy services
95170	Antigen therapy services
95180	Rapid desensitization
95831	Limb muscle testing, manual
95832	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
96405	Intralesional chemotherapy administration
96406	Intralesional chemotherapy administration
96445	Chemotherapy, intracavitary
96450	Chemotherapy, into central nervous system
96542	Chemotherapy injection
98940	Chiropractor manip of spine
98941	Chiropractor manip of spine
98942	Chiropractor manip of spine
98943	Chiropractor manip extra spinal
99201	Office/outpatient visit, new
99202	Office/outpatient visit, new
99203	Office/outpatient visit, new
99204	Office/outpatient visit, new
99205	Office/outpatient visit, new
99211	Office/outpatient visit, established
99212	Office/outpatient visit, established
99213	Office/outpatient visit, established
99214	Office/outpatient visit, established
99215	Office/outpatient visit, established
99241	Office consultation
99242	Office consultation
99243	Office consultation
99244	Office consultation
99245	Office consultation
99271	Confirmatory consultation
99272	Confirmatory consultation
99273	Confirmatory consultation
99274	Confirmatory consultation
99354	Prolonged service, office
99355	Prolonged service, office
M0101	Foot care hygien

Statutory Authority: *MS s 175.171; 176.101; 176.135; 176.1351; 176.136; 176.231; 176.83*

History: *18 SR 1472; 20 SR 530; 25 SR 1142*

5221.4034 [Repealed, 25 SR 1142]

5221.4035 FEE ADJUSTMENTS FOR MEDICAL/SURGICAL SERVICES.

Subpart 1. **Definition of a global surgical package.** Coding and payment for all surgical procedures is based on a global surgical package as indicated in column 7 of parts 5221.4030 to 5221.4060 and as described in part 5221.4020, subpart 2, item G. The RVU listed for each procedure includes preoperative, postoperative, and intraoperative work related to the given surgical procedure as specified in this part. Column 7 of parts 5221.4030 to 5221.4060 provides the postoperative periods that apply to each surgical procedure.

To determine the global period for surgeries with a 090 global period, include the day immediately before the day of surgery, the day of surgery, and the 90 days immediately following the day of surgery.

EXAMPLE: Date of surgery, January 5; preoperative period, January 4; last day of global period, April 5.

To determine the global period for procedures with a 010 global period, count the day of surgery and the appropriate number of days immediately following the date of surgery.

EXAMPLE: Date of surgery, January 5; last day of global period, January 15.

The global period for procedures with a 000 global period include only the services provided on the day of surgery.

Physicians who perform the surgery and furnish all of the usual preoperative and postoperative work are paid for the global package according to the appropriate CPT code and any appropriate modifiers for the surgical procedure only. Payment for services in the global surgical package are based on the total RVUs listed in columns 5 and 6. Physicians are not paid separately for visits or other services that are included in the global package.

Other subparts may effect coding and payment for services for which a global period applies. Subpart 2 further defines services included in the global surgical package. Subpart 3 further defines services not included in the global surgical package. Subpart 4 governs coding and payment adjustment for physicians furnishing less than the full global package. Subpart 5 specifies additional coding and payment requirements for multiple surgeries. Subpart 6 specifies additional coding and payment requirements for bilateral procedures. Subpart 7 specifies additional coding and payment requirements for assistant–at–surgery. Subpart 8 specifies additional coding and payment requirements for cosurgeons. Subpart 9 specifies additional coding and payment requirements for team surgery.

Subp. 2. **Components of a global surgical package.** The global surgical package includes coding and payment instructions for the following services related to the surgery when furnished by the physician who performs the surgery. The services included in the global surgical package may be furnished in any setting, for example, in hospitals, ambulatory surgical centers, outpatient hospital surgical centers, and physicians' offices. Visits to a patient in an intensive care or critical care unit are also included if made by the surgeon. However, certain critical care services identified by CPT codes 99291 and 99292 are payable separately as specified in subpart 3, item L. Included in the global surgical package are:

A. preoperative visits as follows:

(1) preoperative visits beginning with the day before the day of surgery for procedures with a global period of 090 days except that the evaluation and management service to determine the need for surgery is separately coded and paid in accordance with subpart 3, item A, subitem (1), even if the evaluation and management service is the day before or the day of surgery; and

(2) preoperative visits the day of surgery for procedures with a global period of 000 or 010 days unless a significant separately identifiable evaluation and management service is performed as described in subpart 3, item A, subitem (2);

B. intraoperative services which include services that are normally a usual and necessary part of a surgical procedure;

C. all additional medical or surgical services required of the surgeon during the postoperative period of the surgery because of complications which do not require additional trips to the operating room. Subpart 3, item G, governs services for postoperative complications which require a return trip to the operating room;

D. postoperative visits which include follow–up visits during the global period of the surgery that are related to recovery from the surgery;

E. postsurgical pain management by the surgeon;

F. supplies, except for those noted in subpart 3, item I; and

G. miscellaneous services such as dressing changes; local incisional care; removal of operative pack; removal of cutaneous sutures and staples, lines, wires, tubes, drains, casts, and splints; insertion, irrigation and removal of urinary catheters, routine peripheral intravenous lines, nasogastric and rectal tubes, and changes and removal of tracheostomy tubes.

Subp. 3. **Services not included in global surgical package.** The services listed in items A to O are not included in the global surgical package. These services may be coded and paid for separately. Physicians must use appropriate modifiers as set forth in this subpart.

A. The initial consultation or evaluation of the problem by the surgeon to determine the need for a surgical procedure is coded and paid as specified in subitems (1) and (2):

(1) for services with a global period of 090 days, a separate payment is allowed for the appropriate level of evaluation and management service. This circumstance must be coded by adding CPT modifier 57 to the appropriate level of evaluation and management service; or

(2) for services with a global period of 000 or 010, and endoscopies, the initial consultation or evaluation services by the same physician on the same day as the procedure, are included in the payment for the procedure, unless a significant, separately identifiable service is also performed. For example, an evaluation and management service on the same day could be properly billed in addition to suturing a scalp wound if a full neurological examination is made for a patient with head trauma. Payment for an evaluation and management service is not appropriate if the physician only identified the need for sutures and confirmed allergy and immunization status. The physician must document in the medical record that the patient's condition required a significant, separately identifiable evaluation and management service above and beyond the usual preoperative and postoperative care associated with the procedure or service that was performed. This circumstance must be coded by adding CPT modifier 25 to the appropriate level of evaluation and management service.

B. Services of other physicians are not included in the global surgical package and are separately coded and paid as follows:

(1) preoperative physical examination and postdischarge services of a physician other than the surgeon are coded by the appropriate evaluation and management code and are paid separately. No modifiers are necessary;

(2) physicians who provide follow–up services for procedures with a global period of 000 or 010 that were initially performed in emergency departments may charge the appropriate level of office visit code and are paid separately. The physician who performs the emergency room service codes for the surgical procedure without a modifier;

(3) if the services of a physician other than the surgeon are required during a postoperative period for an underlying condition or medical complication, the other physician codes the appropriate evaluation and management service and is paid separately. No modifiers are necessary. An example is a cardiologist who manages underlying cardiovascular conditions of a patient; and

(4) where the surgeon and another physician or physicians agree to transfer care otherwise included in the global period, coding and payment are governed by subpart 4.

C. Visits unrelated to the diagnosis for which the surgical procedure is performed, unless the visits occur due to complications of the surgery, are not included in the global surgical package and are separately payable. Physicians must use the following modifiers if appropriate:

(1) CPT modifier 79 identifies an unrelated procedure by the same physician during a postoperative period. The physician must document that the performance of a procedure during a postoperative period was unrelated to the original procedure; and

(2) CPT modifier 24 identifies an unrelated evaluation and management service by the same physician during a postoperative period. This circumstance must be coded by adding CPT modifier 24 to the appropriate level of evaluation and management service. The physician must document that an evaluation and management service was performed during the postoperative period of an unrelated procedure. An ICD–9–CM code that clearly

indicates that the reason for the encounter was unrelated to the surgery is acceptable documentation.

D. Treatment for the underlying condition or an added course of treatment which is not part of normal recovery from surgery is not included in the global surgical package and is separately payable. Complications from the surgical procedure are governed by item G and subpart 2, item C.

E. Diagnostic tests and procedures, including diagnostic radiological procedures and diagnostic biopsies, are not included in the global surgical package and are separately coded and payable. If a diagnostic biopsy with a ten–day global period precedes a major surgery on the same day or in the ten–day period, the major surgery is payable separately.

F. Clearly distinct surgical procedures during the postoperative period which are not reoperations for complications (reoperations for complications are governed by item G) are not included in the global surgical package and are separately payable. This includes procedures done in two or more parts for which the decision to stage the procedure is made prospectively or at the time of the first procedure. Examples of this are procedures to diagnose and treat epilepsy, codes 61533, 61534–61536, 61539, 61541, and 61543, which may be performed in succession within 90 days of each other.

CPT modifier 58 must be used to code for staged or related surgical procedures done during the global period of the first procedure. The global period for the staged or subsequent procedures is separate from the global period for the proceeding procedure.

G. Treatment for postoperative complications which requires a return trip to the operating room is not included in the global surgical package and is separately coded and paid as specified in this item. This additional procedure is referred to as a reoperation.

"Operating room," for this purpose, is defined as a place of service specifically equipped and staffed for the sole purpose of performing procedures. Operating room includes a cardiac catheterization suite, laser suite, and endoscopy suite. It does not include a patient's room, minor treatment room, recovery room, or intensive care unit, unless the patient's condition was so critical there would be insufficient time for transportation to an operating room.

(1) When coding for treatment for postoperative complications for services with a global period of 090 or 010 days which requires a return trip to the operating room, as defined in this item, physicians must code the CPT code that describes the procedures performed during the return trip as follows:

(a) Some reoperations have been assigned separate, distinct reoperation CPT procedure codes and RVUs. The maximum fee for these procedures is calculated using the RVUs for the coded reoperation and the formula in part 5221.4020.

(b) Reoperations which have not been assigned separate, distinct reoperation CPT codes and RVUs must be identified on the bill with the CPT procedure code that describes the procedure or treatment for the complication plus CPT modifier 78 which indicates a return to the operating room for a related procedure during the global period. The CPT procedure code may be the one used for the original procedure when the identical procedure is repeated or another CPT procedure code which describes the actual procedure or service performed. The reoperation is paid at 76 percent of the total RVU listed for the reoperation procedure. The maximum fee for a reoperation without a separate distinct reoperation CPT procedure code is calculated according to the following formula:

Maximum fee = .76 x (total RVUs for the reoperation) x (conversion factor)

(c) When no CPT code exists to describe the treatment for complications, use an unlisted surgical procedure code plus CPT modifier 78 which indicates a return to the operating room for a related procedure during the global period. The reoperation is paid at 38 percent of the total RVU listed for the original procedure. The maximum fee for a reoperation for a procedure identified by an unlisted CPT procedure code is calculated according to the following formula:

Maximum fee = .38 x (total RVUs for the original procedure) x (conversion factor)

(2) When coding for treatment for postoperative complications for a procedure with a 000 global period, physicians must use CPT modifier 78 which indicates a return trip to the operating room for a related procedure during the postoperative global period. The full value for the repeat procedure is paid according to the formula in part 5221.4020.

(3) If additional procedures are performed during the same operative session as the original surgery to treat complications which occurred during the original surgery, the additional procedures are coded and paid as multiple surgeries as specified in subpart 5. Only surgeries that require a return to the operating room due to complications from the original surgery are coded and paid as specified in subitems (1) and (2).

(4) If the patient is returned to the operating room after the initial operative session and during the postoperative global surgery period of the original surgery, for one or more additional procedures as a result of complications from the original surgery, each procedure required to treat the complications from the original surgery is paid as specified in subitem (1) or (2).

The multiple surgery rules under subpart 5 do not also apply. The original operation session and the reoperation session are separate and distinct surgical sessions. The reoperation is not considered a multiple surgery, as described in subpart 5, of the original operation. If during the reoperation session multiple surgeries are performed, the additional surgeries are not governed by the multiple surgery payment rules in subpart 5 but are governed by subitems (1) and (2).

(5) If the patient is returned to the operating room during the postoperative global surgery period of the original surgery, not on the same day of the original surgery, for bilateral procedures that are required as a result of complications from the original surgery, subitems (1) to (4) apply. The bilateral rules in part 5221.4020, subpart 2, item I, do not apply.

H. If a less extensive procedure fails, and a more extensive procedure is required, the second procedure is coded and paid separately.

I. For surgical services listed in this item that are performed in a physician's office, separate payment may be made for a surgical tray (CPT code A4550): 19101, 19120, 19125, 19126, 20200, 20205, 20220, 20225, 20240, 25111, 28290, 28292, 28293, 28294, 28296, 28297, 28298, 28299, 32000, 36533, 37609, 38500, 43200, 43202, 43220, 43226, 43234, 43235, 43239, 43245, 43247, 43249, 43250, 43251, 43458, 45378, 45379, 45380, 45382, 45383, 45384, 45385, 49080, 49081, 52005, 52007, 52010, 52204, 52214, 52224, 52234, 52235, 52240, 52250, 52260, 52270, 52275, 52276, 52277, 52282, 52283, 52290, 52300, 52301, 52305, 52310, 52315, 57520, 57522, 58120, 62270, 68761, 85095, 85102, 95028, 96440, 96445, 96450, and G0105.

J. Splints, casting, and take-home supplies are coded and paid separately.

K. Immunosuppressive therapy for organ transplants is coded and paid separately.

L. Critical care services (CPT codes 99291 and 99292) unrelated to the surgery, where a seriously injured or burned patient is critically ill and requires constant attendance of the physician, provided during a global surgical period, are coded and paid separately.

M. Except as provided in part 5221.0410, subpart 7, item A, 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. Coding and payment for these services is governed by parts 5221.0410, subpart 7; 5221.0420, subpart 3; and 5221.0500, subpart 2.

N. The global surgical package does not apply, and separate coding and payment is allowed, for an initial service that meets both of the conditions in subitems (1) and (2):

(1) the service is for initial care only to afford comfort to a patient or to stabilize or protect a fracture, dislocation, or other injury; and

(2) subsequent restorative treatment, such as surgical repair or reduction of a fracture or joint dislocation, is expected to be performed by a physician other than the physician rendering the initial care only.

O. Surgeries for which services performed are significantly greater or more complex than usually required must be coded with CPT modifier 22 added to the CPT code for the procedure. Additional requirements for use of this modifier are as follows:

(1) This modifier may only be used where circumstances create a more complex procedure such as congenital or developmental disorders of the anatomy, multiple fractures of the same long bone, coexisting disease, when there has been previous surgery on the same body part or where there is a significant amount of scar tissue.

(2) This modifier may only be reported with procedure codes that have a global period of 000, 010, or 090 days.

(3) Physicians must provide:

(a) a concise statement about how the service is significantly more complex than usually required; and

(b) an operative report with the claim.

(4) The maximum fee for a surgical procedure that has satisfied all of the requirements for use of CPT modifier 22 is up to 125 percent of the total RVU for that CPT code listed in subpart 2b.

(5) CPT modifier 22 is not used to report additional procedures that are performed during the same operative session as the original surgery to treat complications which occurred during the original surgery. Additional procedures to treat complications which occurred during surgery are governed by subpart 5.

Subp. 4. **Physicians furnishing less than full global package.** There are occasions when more than one physician provides services included in the global surgical package. It may be the case that the physician who performs the surgical procedure does not furnish the follow–up care. Payment for the postoperative, postdischarge care is split between two or more physicians where the physicians agree on the transfer of care. Coding and payment requirements for physicians furnishing less than the full global package are:

A. When more than one physician furnishes services that are included in the global surgical package, the sum of the amount allowed for all physicians may not exceed what would have been paid if a single physician provides all services.

B. Where physicians agree on the transfer of care during the global period, they must add the appropriate CPT modifier to the surgical procedure code:

(1) CPT modifier 54 for surgical care only; or

(2) CPT modifier 55 for postoperative management only.

C. Physicians who share postoperative management with another physician must submit additional information showing when they assumed and relinquished responsibility for the postoperative care. If the physician who performed the surgery relinquishes care at the time of discharge, the physician need only show the date of surgery when billing with CPT modifier 54.

However, if the surgeon also cares for the patient for some period following discharge, the surgeon must show the date of surgery and the date on which postoperative care was relinquished to another physician. The physician providing the remaining postoperative care must show the date care was assumed.

D. If a surgeon performs a procedure with a global period of 010 or 090 days, and cares for the patient until time of discharge from a hospital or ambulatory surgical center, the maximum fee for this surgeon's services is paid at 87 percent of the total RVU and calculated according to the following formula:

Maximum fee = .87 x (total RUVs x CF)

Modifier 54 is used to identify these services.

E. If a health care provider who did not perform the surgery assumes surgical follow–up care of a patient after discharge from the hospital or ambulatory surgical center, then the maximum fee for this practitioner's services is paid at 13 percent of the total RVU and is calculated according to the following formula:

Maximum fee = .13 x (total RVUs x CF)

CPT modifier 55 is used to identify these services.

F. 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. CPT modi-

fier 55 (for postoperative management only) is used to identify postoperative services furnished by more than one provider.

G. If the providers have agreed to a payment distribution of the global fee that differs from the distributions set forth in items D to F, 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).

Subp. 5. **Coding and payment for multiple surgeries and procedures.** Part 5221.4020, subpart 2, item H, and column 8 in parts 5221.4030 to 5221.4060, describe codes subject to the multiple procedures payment restrictions. Multiple surgeries are separate surgeries performed by a single physician on the same patient at the same operative session or on the same day for which separate payment may be allowed.

A. The coding requirements in subitems (1) and (2) apply to multiple surgeries that have an indicator of 2 or 3 in column 8 by the same physician on the same day as specified in items D and E:

(1) the surgical procedure with the highest RVU is reported without the multiple procedures CPT modifier 51;

(2) the additional surgical procedures performed are reported with CPT modifier 51.

B. There may be instances in which two or more physicians each perform distinctly different, unrelated surgeries on the same patient on the same day, for example, in some multiple trauma cases. When this occurs, CPT modifier 51 is not used and the multiple procedure payment reductions do not apply unless one of the surgeons individually performs multiple surgeries.

C. If any of the multiple surgeries are bilateral or cosurgeries, first determine the allowed amount for the procedure as specified in subpart 6 or 8, next rank this amount with the remaining procedures, and finally, apply the appropriate multiple surgery payment reductions as specified in items D and E.

D. For procedures with an indicator of 2 in column 8, if the procedures are reported on the same day as another procedure with an indicator of 2, the maximum fee for the procedure with the highest RVU is paid at 100 percent of the listed RVU and the maximum fee for each additional procedure with an indicator of 2 is paid at 50 percent of the listed RVU.

E. For procedures with an indicator of 3 in column 8, the multiple endoscopy payment rules apply if the procedure is billed with another endoscopy in the same family (i.e., another endoscopy that has the same base procedure). For purposes of this item, the term "endoscopy" also includes arthroscopy procedures. If an endoscopy procedure is performed on the same day as another endoscopy procedure within the same family, the payment for the procedure with the highest RVU is 100 percent of the maximum allowed fee and the maximum allowed fee for every other procedure in that family is reduced by the value of the endobase code for that family of procedures. No separate payment is made for the endobase procedure when other endoscopy procedures in the same family are performed on the same day.

Endobase CPT Code	CPT Procedure Codes in the same family
29815	29819, 29820, 29821, 29822, 29823, 29825, 29826
29830	29834, 29835, 29836, 29837, 29838
29840	29843, 29844, 29845, 29846, 29847
29860	29861, 29862, 29863
29870	29871, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887
31505	31510, 31511, 31512, 31513
31525	31527, 31528, 31529, 31530, 31535, 31540, 31560, 31570

31526	31531, 31536, 31541, 31561, 31571
31575	31576, 31577, 31578, 31579
31622	31625, 31628, 31629, 31630, 31631, 31635, 31640, 31641, 31645
43200	43202, 43204, 43205, 43215, 43216, 43217, 43219, 43220, 43226, 43227, 43228
43235	43239, 43241, 43243, 43244, 43245, 43246, 43247, 43249, 43250, 43251, 43255, 43258, 43259
43260	43261, 43262, 43263, 43264, 43265, 43267, 43268, 43269, 43271, 43272
44360	44361, 44363, 44364, 44365, 44366, 44369, 44372, 44373
44376	44377, 44378
44388	44389, 44390, 44391, 44392, 44393, 44394
45300	45303, 45305, 45307, 45308, 45309, 45315, 45317, 45320, 45321
45330	45331, 45332, 45333, 45334, 45337, 45338, 45339
45378	45379, 45380, 45382, 45383, 45384, 45385
46600	46604, 46606, 46608, 46610, 46611, 46612, 46614, 46615
47552	47553, 47554, 47555, 47556
50551	50555, 50557, 50559, 50561
50570	50572, 50574, 50575, 50576, 50578, 50580
50951	50953, 50955, 50957, 50959, 50961
50970	50974, 50976
52000	52007, 52010, 52204, 52214, 52224, 52250, 52260, 52265, 52270, 52275, 52276, 52277, 52281, 52282, 52283, 52285, 52290, 52300, 52301, 52305, 52310, 52315, 52317, 52318
52005	52320, 52325, 52327, 52330, 52332, 52334
52335	52336, 52337, 52338, 52339
56300	56301, 56302, 56303, 56304, 56305, 56306, 56307, 56308, 56309, 56311, 56314, 56343, 56344
56350	56351, 56352, 56353, 56354, 56355, 56356
57452	57454, 57460

The following examples illustrate various applications of the endoscopy and multiple procedure payment rule.

Example 1. Endobase procedure plus one other procedure in that family.

Procedures performed	Maximum allowed payment if no other procedures performed	Amount paid	Comments
52000 endobase code	$100	0.00	No separate payment is made for the endobase procedure when other endoscopy procedures in the same family are performed on the same day
52214 (same family as endobase code)	$200	$200	Pay 100 percent for the procedure with the highest RVU
		$200	Total amount paid is $200 $0 (for 52000) + $200 (for 52214) = $200

Example 2. Endobase procedure plus two or more procedures in the same endoscopy family. The endoscopy pricing rule applies.

Procedures performed	Maximum allowed payment if no other procedures performed	Amount paid	Comments
52000 endobase code	$100	$0	No separate payment is made for the endobase procedure when other endoscopy procedures in the same family are performed on the same day
52214 (same family as endobase code)	$200	$200	Pay 100 percent of the procedure with the highest RVU
52204 (same family as endobase code)	$150	$50	Pay the difference between the next highest valued endoscopy code and the base endoscopy code $150 – $100 = $50
		$250	Total amount paid is $250 $200 (for 52214) + $50 (for 52204) + $0 (for 52000) = $250

Example 3. Two unrelated endoscopy procedures. The multiple surgery rule as depicted by indicator 2 applies.

Procedures performed	Maximum allowed payment if no other procedures performed	Amount paid	Comments
45378 endobase code	$150	$150	Pay 100 percent of the procedure with the highest RVU with an indicator of 2
43217 endobase code	$75	$37.50	Pay 50 percent of all other procedures with an indicator of 2
		$187.50	Total amount paid is $187.50 $150 (for 45378) + $37.50 (for 43217) = $187.50

Example 4. Two unrelated series of endoscopy procedures. The endoscopy pricing rule is applied first, within each family of endoscopy codes. The multiple surgery pricing rule as depicted by indicator 2 is then applied. The codes in the series with the highest total value are allowed at 100 percent of the calculated maximum value. The codes in the series with the lower total value are allowed at 50 percent of total allowed calculated maximum value.

Example 5. Endoscopy procedures billed with other surgery procedures. All procedures subject to the multiple surgery pricing rule are ranked from highest to lowest to determine which codes, or groups of codes, are allowed at 100 percent or 50 percent of the their calculated maximum value. If two or more of the billed codes belong to the same endoscopy family, the endoscopy pricing rule is applied first, and the total value of the endoscopy series is used in the array.

F. For procedures with an indicator of 4, special rules for multiple procedures are specified in parts 5221.4051 and 5221.4061.

G. For procedures with an indicator of 0 or 9, no payment rules for multiple or endoscopy procedures apply.

Subp. 6. **Coding and payment for bilateral surgeries and procedures.** Part 5221.4020, subpart 2, item I, and column 9 in parts 5221.4030 to 5221.4060 describe codes subject to the bilateral procedures payment restrictions. Bilateral surgeries are procedures performed on both sides of the body during the same operative session or on the same day.

A. For procedures with an indicator of 0, 3, or 9 in column 9, no bilateral payment provisions apply. For procedures with an indicator of 0, the bilateral adjustment is inappropriate because of physiology or anatomy or because the code description specifically states that it is a unilateral procedure and there is an existing code for the bilateral procedure. Services with an indicator of 3 are generally radiology procedures or other diagnostic tests which are not subject to bilateral payment adjustments. For procedures with an indicator of 9, the concept of bilateral surgeries does not apply.

B. For procedures with an indicator of 1 in column 9, if the procedures are billed as bilateral procedures, the allowed payment is 150 percent of the maximum amount allowed for a single procedure. The bilateral adjustment is applied before any multiple procedure rules as specified in subpart 5, item C, or cosurgery as specified in subpart 8, are applied.

C. For procedures with an indicator of 2, no further bilateral adjustments apply because the RVUs are already based on the procedure being performed as a bilateral procedure.

Subp. 7. **Coding and payment for assistant–at–surgery.** Part 5221.4020, subpart 2, item J, and column 10 in parts 5221.4030 to 5221.4060 describe codes subject to the assistant–at–surgery payment restrictions. An assistant–at–surgery must use the appropriate CPT

or HCPCS modifier in accordance with their provider type. Payment for a physician assistant–at–surgery is not allowed when payment is made for cosurgeons or team surgeons for the same procedures. For procedures with an indicator of 0 (where medical necessity is established) or 2 in column 10 the maximum fee for an assistant–at–surgery is as follows:

A. For a physician who is an assistant–at–surgery, 16 percent of the global surgery fee is paid. This is paid in addition to the global fee paid to the surgeon.

B. If the assistant surgery service is performed by a provider who is not a physician, but who has advanced training to act as an assistant–at–surgery consistent with their scope of practice, 13.6 percent of the global surgery fee is paid. This is paid in addition to the global fee paid to the surgeon.

Subp. 8. **Coding and payment for cosurgeons.** Part 5221.4020, subpart 2, item K, and column 11 in parts 5221.4030 to 5221.4060 describe codes subject to the cosurgeon's payment adjustments. Under some circumstances, the individual skills of two or more surgeons are required to perform surgery on the same patient during the same operative session. This may be required because of the complex nature of the procedures or the patient's condition. It is cosurgery if two surgeons, each in a different specialty, are required to perform a specific procedure, for example, heart transplant. Cosurgery also refers to surgical procedures involving two surgeons performing the parts of the procedure simultaneously, for example, bilateral knee replacement. In these cases, the additional physicians are not acting as assistants–at–surgery.

A. If cosurgeons are required to do a procedure, each surgeon codes for the procedure with CPT modifier 62 which indicate two surgeons.

B. For procedures with an indicator of 1, where necessity of cosurgeons is established, or 2 in column 11, the amount paid for the procedure is 125 percent of the global fee, divided equally between the two surgeons. 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).

C. For procedures with an indicator of 0 or 9 in column 11, either cosurgeons are not allowed or the concept of cosurgery does not apply and cosurgery fee adjustments do not apply.

D. If surgeons of different specialties are each performing a distinctly different procedure with specific CPT codes, cosurgery fee adjustments do not apply even if the procedures are performed through the same incision. If one of the surgeons performs multiple procedures, the multiple procedure rules in subpart 5 apply to that surgeon's services.

Subp. 9. **Coding and payment for team surgery.** Part 5221.4020, subpart 2, item L, and column 12 in parts 5221.4030 to 5221.4060 govern application of the team surgery concept.

A. If a team of surgeons, that is, more than two surgeons of different specialties, is required to perform a specific procedure, each surgeon bills for the procedure with the CPT modifier 66 which indicates a surgical team.

B. For procedures with an indicator of 1, where necessity of a team is established, or 2 in column 12, the amount paid for the procedure is limited by part 5221.0500, subpart 2, items B to F, and Minnesota Statutes, section 176.136, subdivision 1b.

C. For procedures with an indicator of 0 or 9 in column 12, either team surgery is not allowed or the concept of team surgery does not apply.

Subp. 10. **Unbundling surgical services.** Where several component services which have different CPT codes may be described in one more comprehensive CPT code, only the single CPT code most accurately and comprehensively describing the procedure performed or service rendered may be reported. Intraoperative services, incidental surgeries, or components of more major surgeries are not separately billable or payable.

For example, an anterior arthrodesis of the lumbar spine using the anterior interbody technique may be performed by two surgeons. One of the surgeons may perform opening or the approach for the anterior arthrodesis while a different surgeon performs the arthrodesis. In this instance, the surgeons are acting as cosurgeons performing different components of a

major surgery. The opening or approach is not a separately billable or payable procedure. Both surgeons must code this service using the anterior arthrodesis code and are paid for the procedure as cosurgeons as specified in subpart 8.

Statutory Authority: *MS s 176.135; 176.1351; 176.136; 176.83*

History: *25 SR 1142*

5221.4040 PATHOLOGY AND LABORATORY PROCEDURE CODES.

Subpart 1. **Key to abbreviations and terms.** For descriptions of columns, abbreviations, and terms, see part 5221.4020, subpart 2.

Subp. 2a. [Repealed, 25 SR 1142]

Subp. 2b. [Repealed, 30 SR 291]

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

Pathology and Laboratory Procedure Codes:				Office	Facility						
1	2	3	4	5	6	7	8	9	10	11	12
80007		A	7 Clinical chemistry tests	0.85	0.85	XXX	0	0	0	0	0
80500		A	Lab pathology consult	0.53	0.53	XXX	0	0	0	0	0
80502		A	Lab pathology consult	1.54	1.54	XXX	0	0	0	0	0
81000		A	Urinalysis with microscopy	0.25	0.25	XXX	0	0	0	0	0
81002		A	Urinalysis, no microscopy	0.14	0.14	XXX	0	0	0	0	0
82565		A	Assay blood creatinine	0.10	0.10	XXX	0	0	0	0	0
82947		A	Assay body fluid	0.40	0.40	XXX	0	0	0	0	0
84132		A	Assay blood potassium	0.25	0.25	XXX	0	0	0	0	0
84295		A	Assay blood sodium	0.33	0.33	XXX	0	0	0	0	0
85007		A	Differential WBC count	0.30	0.30	XXX	0	0	0	0	0
85014		A	Hematocrit	0.16	0.16	XXX	0	0	0	0	0
85018		A	Hemoglobin	0.20	0.20	XXX	0	0	0	0	0
85021		A	Automated hemogram	0.26	0.26	XXX	0	0	0	0	0
85022		A	Automated hemogram	0.46	0.46	XXX	0	0	0	0	0
85023		A	Automated hemogram	0.58	0.58	XXX	0	0	0	0	0
85024		A	Automated hemogram	0.49	0.49	XXX	0	0	0	0	0
85025		A	Automated hemogram	0.71	0.71	XXX	0	0	0	0	0
85031		A	Manual hemogram	0.51	0.51	XXX	0	0	0	0	0
85048		A	White blood cell	0.17	0.17	XXX	0	0	0	0	0
85060		A	Blood smear interpretation	0.63	0.63	XXX	0	0	0	0	0
85095		A	Bone marrow aspiration	1.66	1.66	XXX	0	0	0	0	0
85097		A	Bone marrow interpretation	1.34	1.34	XXX	0	0	0	0	0
85105		A	Bone marrow, interpretation	1.03	1.03	XXX	0	0	0	0	0
85610		A	Prothrombin time	0.28	0.28	XXX	0	0	0	0	0
85651		A	RBC sedimentation	0.20	0.20	XXX	0	0	0	0	0
85730		A	Thromboplastin	0.39	0.39	XXX	0	0	0	0	0
86077		A	Physician blood bank	1.15	1.15	XXX	0	0	0	0	0
86078		A	Physician blood bank	1.19	1.19	XXX	0	0	0	0	0
86079		A	Physician blood bank	1.18	1.18	XXX	0	0	0	0	0
86490		A	Coccidioidomycosis	0.28	0.28	XXX	0	0	0	0	0
86510		A	Histoplasmosis	0.30	0.30	XXX	0	0	0	0	0
86580		A	TB intradermal	0.24	0.24	XXX	0	0	0	0	0
86585		A	TB tine test	0.19	0.19	XXX	0	0	0	0	0
87040		A	Blood culture	1.02	1.02	XXX	0	0	0	0	0
87070		A	Culture specimen	0.52	0.52	XXX	0	0	0	0	0
88104		A	Cytopathology	0.96	0.96	XXX	0	0	0	0	0
88106		A	Cytopathology	0.88	0.88	XXX	0	0	0	0	0
88107		A	Cytopathology	1.17	1.17	XXX	0	0	0	0	0
88108		A	Cytopathology, concentration	0.98	0.98	XXX	0	0	0	0	0

88125	A Forensic cytopathology	0.34	0.34	XXX	0	0	0	0	0
88141	A Cervical cytopathology	0.71	0.71	XXX	0	0	0	0	0
88160	A Cytopathology, smears	0.79	0.79	XXX	0	0	0	0	0
88161	A Cytopathology, smears	0.85	0.85	XXX	0	0	0	0	0
88162	A Cytopathology, smears	1.48	1.48	XXX	0	0	0	0	0
88170	A Fine needle aspiration	2.16	2.16	XXX	0	0	0	0	0
88171	A Fine needle aspiration	2.51	2.51	XXX	0	0	0	0	0
88172	A Evaluation of specimen(s)	1.26	1.26	XXX	0	0	0	0	0
88173	A Interpretation and report	2.13	2.13	XXX	0	0	0	0	0
88180	A Cell marker study	0.66	0.66	XXX	0	0	0	0	0
88182	A Cell marker study	1.60	1.60	XXX	0	0	0	0	0
88300	A Surgical pathology	0.27	0.27	XXX	0	0	0	0	0
88302	A Tissue examination	0.53	0.53	XXX	0	0	0	0	0
88304	A Tissue examination	0.77	0.77	XXX	0	0	0	0	0
88305	A Tissue examination	1.72	1.72	XXX	0	0	0	0	0
88307	A Tissue examination	2.98	2.98	XXX	0	0	0	0	0
88309	A Tissue examination	4.00	4.00	XXX	0	0	0	0	0
88311	A Decalcify tissue	0.43	0.43	XXX	0	0	0	0	0
88312	A Special stains	0.75	0.75	XXX	0	0	0	0	0
88313	A Special stains	0.43	0.43	XXX	0	0	0	0	0
88314	A Histochemical staining	1.03	1.03	XXX	0	0	0	0	0
88318	A Chemical histochemistry	0.62	0.62	XXX	0	0	0	0	0
88319	A Enzyme histochemistry	0.98	0.98	XXX	0	0	0	0	0
88321	A Microslide consultation	1.59	1.59	XXX	0	0	0	0	0
88323	A Microslide consultation	1.95	1.95	XXX	0	0	0	0	0
88325	A Comprehensive report	2.49	2.49	XXX	0	0	0	0	0
88329	A Pathology consultation	0.98	0.98	XXX	0	0	0	0	0
88331	A Pathology consultation	2.19	2.19	XXX	0	0	0	0	0
88332	A Pathology consultation	1.10	1.10	XXX	0	0	0	0	0
88342	A Immunocytochemistry	1.41	1.41	XXX	0	0	0	0	0
88346	A Immunofluorescent study	1.36	1.36	XXX	0	0	0	0	0
88347	A Immunofluorescent study	1.21	1.21	XXX	0	0	0	0	0
88348	A Electron microscopy	3.66	3.66	XXX	0	0	0	0	0
88349	A Electron microscopy	2.25	2.25	XXX	0	0	0	0	0
88355	A Analysis, skeletal	3.43	3.43	XXX	0	0	0	0	0
88356	A Analysis, nerve	5.41	5.41	XXX	0	0	0	0	0
88358	A Analysis, tumor	4.89	4.89	XXX	0	0	0	0	0
88362	A Nerve teasing preparations	3.94	3.94	XXX	0	0	0	0	0
88365	A Tissue hybridization	1.60	1.60	XXX	0	0	0	0	0
89100	A Sample intestine	0.97	0.97	XXX	0	0	0	0	0
89105	A Sample intestine	0.85	0.85	XXX	0	0	0	0	0
89130	A Sample stomach	0.82	0.82	XXX	0	0	0	0	0
89132	A Sample stomach	0.37	0.37	XXX	0	0	0	0	0
89135	A Sample stomach	1.30	1.30	XXX	0	0	0	0	0
89136	A Sample stomach	0.41	0.41	XXX	0	0	0	0	0
89140	A Sample stomach	1.67	1.67	XXX	0	0	0	0	0
89141	A Sample stomach	1.51	1.51	XXX	0	0	0	0	0
89350	A Sputum specimen	0.39	0.39	XXX	0	0	0	0	0
89360	A Collect sweat	0.43	0.43	XXX	0	0	0	0	0

Statutory Authority: *MS s 14.388; 175.171; 176.101; 176.135; 176.1351; 176.136; 176.231; 176.83*

History: *18 SR 1472; 20 SR 530; 20 SR 1163; 25 SR 1142; 30 SR 291*

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 and the formula in part 5221.4020.

Statutory Authority: *MS s 14.388; 175.171; 176.101; 176.135; 176.1351; 176.136; 176.231; 176.83*

History: *18 SR 1472; 25 SR 1142; 30 SR 291*

5221.4050 PHYSICAL MEDICINE AND REHABILITATION PROCEDURE CODES.

Subpart 1. **Key to abbreviations and terms.** For descriptions of columns, abbreviations, and terms, see part 5221.4020, subpart 2.

Subp. 2a. [Repealed, 25 SR 1142]

Subp. 2b. [Repealed, 30 SR 291]

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

1	2	3	4	5	6	7	8	9	10	11	12
A. Procedure codes 97001 to 97004 relate to physical and occupational therapy evaluation and reevaluation procedure codes.											
97001		A	PT evaluation	1.49	1.49	XXX	0	0	0	0	0
97002		A	PT reevaluation	0.59	0.59	XXX	0	0	0	0	0
97003		A	OT evaluation	1.49	1.49	XXX	0	0	0	0	0
97004		A	OT reevaluation	0.59	0.59	XXX	0	0	0	0	0
B. Procedure codes 97010 to 97799 relate to physical medicine and rehabilitation procedure codes.											
97010		B	Hot or cold packs	0.00	0.00	XXX	9	9	9	9	9
97012		A	Mechanical traction	0.42	0.42	XXX	4	0	0	0	0
97014		A	Electrical stimulation	0.37	0.37	XXX	4	0	0	0	0
97016		A	Vasopneumatic devices	0.42	0.42	XXX	4	0	0	0	0

97018	A Paraffin bath therapy	0.30	0.30	XXX	4	0	0	0	0
97020	A Microwave therapy	0.26	0.26	XXX	4	0	0	0	0
97022	A Whirlpool therapy	0.35	0.35	XXX	4	0	0	0	0
97024	A Diathermy treatment	0.27	0.27	XXX	4	0	0	0	0
97026	A Infrared therapy	0.25	0.25	XXX	4	0	0	0	0
97028	A Ultraviolet therapy	0.26	0.26	XXX	4	0	0	0	0
97032	A Electrical stimulation	0.37	0.37	XXX	4	0	0	0	0
97033	A Electric current	0.38	0.38	XXX	4	0	0	0	0
97034	A Contrast bath therapy	0.29	0.29	XXX	4	0	0	0	0
97035	A Ultrasound therapy	0.30	0.30	XXX	4	0	0	0	0
97036	A Hydrotherapy	0.47	0.47	XXX	4	0	0	0	0
97039	A Unlisted therapy service	0.43	0.43	XXX	4	0	0	0	0
97110	A Therapeutic exercises	0.55	0.55	XXX	0	0	0	0	0
97112	A Neuromuscular reeducation	0.54	0.54	XXX	0	0	0	0	0
97113	A Aquatic therapy	0.60	0.60	XXX	0	0	0	0	0
97116	A Gait training therapy	0.47	0.47	XXX	0	0	0	0	0
97124	A Massage therapy	0.43	0.43	XXX	0	0	0	0	0
97139	A Unlisted phys. med. service	0.36	0.36	XXX	0	0	0	0	0
97140	A Manual therapy	0.61	0.48	XXX	0	0	0	0	0
97150	A Group therapy procedure	0.45	0.45	XXX	0	0	0	0	0
97504	A Orthotic training	0.55	0.55	XXX	0	0	0	0	0
97520	A Prosthetic training	0.56	0.56	XXX	0	0	0	0	0
97530	A Therapeutic activities	0.57	0.57	XXX	0	0	0	0	0
97535	A Self care/home management	0.58	0.58	XXX	0	0	0	0	0
97537	A Community/work training	0.58	0.58	XXX	0	0	0	0	0
97542	A Wheelchair management	0.40	0.40	XXX	0	0	0	0	0
97545	R Work hardening	0.00	0.00	XXX	0	0	0	0	0
97546	R Work hardening	0.00	0.00	XXX	0	0	0	0	0
97703	A Prosthetic checkout	0.42	0.42	XXX	0	0	0	0	0
97750	A Physical performance test	0.66	0.66	XXX	0	0	0	0	0
97770	A Cognitive skills	0.69	0.69	XXX	0	0	0	0	0
97780	N Acupuncture, no stimulus	0.00	0.00	XXX	9	9	9	9	9
97781	N Acupuncture with stimulus	0.00	0.00	XXX	9	9	9	9	9
97799	C Physical medicine	0.00	0.00	XXX	0	0	0	0	0

C. Procedure codes V5336 to V5364 relate to miscellaneous physical medicine procedure codes.

V5336	N Repair communication device	0.00	0.00	XXX	9	9	9	9	9
V5362	R Speech screening	0.00	0.00	XXX	0	0	0	0	0
V5363	R Language screening	0.00	0.00	XXX	0	0	0	0	0
V5364	R Dysphagia screening	0.00	0.00	XXX	0	0	0	0	0

Subp. 3. **Additional payment instructions.** The instructions and examples in items A to D are in addition to CPT code descriptions found in the CPT manual. Additional instructions include both general instructions for a group of codes as well as specific instructions for an individual specific code.

A. Supervised modalities.

(1) Additional general instructions for supervised modality codes 97010 to 97028. All supervised modalities refer to one or more areas. For example, if diathermy is applied to the cervical and low back on the same day, the charge would be one unit. If the diathermy and electrical stimulation are applied to the low back, the charge would be one unit of diathermy and one unit of electrical stimulation.

(2) Additional specific instructions for supervised modalities.

CPT Code	CPT Description	Specific Instructions and Examples
97014	Electrical stimulation	Unattended electrical stimulation includes muscle stimulation, low volt therapy, sine wave therapy, stimulation

		of peripheral nerve, galvanic, and unattended clinical application of TENS. RVU includes the use of disposable or reusable electrodes.

B. Constant attendance modalities.

(1) Additional general instructions for constant attendance modality codes 97032 to 97039. The application of a constant attendance modality is to one or more areas. Where the CPT manual specifies a specific time frame, count only the actual treatment time, and do not count setup, preparation of the area, cleanup, or documentation time. For example, with ultrasound treatment for two areas, the shoulder and elbow, if total treatment time for both areas is less than 15 minutes, one unit of ultrasound is appropriate. All units billed require supporting documentation.

(2) Additional specific instructions for constant attendance modalities.

CPT Code	CPT Description	Specific Instructions and Examples
97032	Electrical stimulation	Electrical stimulation (manual) includes attended clinical application of TENS. RVU includes the use of disposable or reusable electrodes.
97033	Electric current	RVU includes the use of disposable or reusable electrodes.

C. Additional specific instructions for therapeutic procedure codes 97110 to 97546.

CPT Code	CPT Description	Specific Instructions and Examples
97110	Therapeutic exercises	Examples include, but are not limited to, any type of range of motion, stretching, or strengthening exercises; e.g., stabilization and closed kinetic chain exercises, passive range of motion, active and assistive range of motion, progressive resistive exercises, prolonged stretch, isokinetic, isotonic, or isometric strengthening exercises.
97112	Neuromuscular reeducation	Examples include, but are not limited to, facilitation techniques, NDT, Rood, Brunnstrom, PNF, and FeldenKrais.
97113	Aquatic therapy	This code applies to any water–based exercise program such as Hubbard Tank or pools.
97140	Manual therapy	In addition to the services included in the CPT manual incorporated by reference in part 5221.0405, item D, this code also includes, but is not limited to: myofascial release, joint mobilization and manipulation, manual lymphatic drainage, manual traction, soft tissue mobilization and manipulation, trigger point therapy, acupressure, muscle stimulation – manual (nonelectrical), and transverse friction massage. This

		code is not paid when reported with any of the osteopathic manipulative treatment (OMT) (98925–98929) or chiropractic manipulative treatment (CMT) (98940–98943) codes on the same regions(s)/body part on the same day. This code may be paid when reported with CMT or OMT codes only if used on a different region(s)/ body part on the same day and must be accompanied by CPT modifier 59 which identifies a distinct procedural service.
97150	Group therapeutic	Therapeutic procedure(s) for a group is used when two or more patients are present for the same type of service such as instruction in body mechanics training, or group exercises when participants are doing same type exercises, etc. There is no time definition for this code. Providers may charge only one unit, regardless of size of group, number of areas treated, or length of time involved.
97504	Orthotic training	This code applies to fabrication, instruction in use, fitting, and care and precautions of the orthotic.
97530	Therapeutic activities	This code is used for treatment promoting functional use of a muscle, muscle group, or body part. This code is not to be used for PROM, active assistive ROM, manual stretch, or manual therapy. Examples for use of code: A patient has had rotator cuff repair. When treatment incorporates functional motion of reaching to increase range of motion and strength, 97530 should be used. A patient has a herniated disc. When treatment incorporates instruction in body mechanics and positioning and simulated activities to improve functional performance, 97530 should be used.
97537	Community/ work	Community/work reintegration training includes jobsite analysis.
97545	Work hardening/ conditioning	Work hardening/conditioning units are for the initial two hours each visit. Codes 97545 and 97546 refer to services provided within a work hardening or work conditioning program described in part part 5221.6500, subpart 2, item D.
97546	Work hardening/ conditioning	Work hardening/conditioning additional units are for each additional hour each visit. Refers to time beyond initial two hours of work conditioning or work hardening.

D. Additional specific instructions and examples for other physical medicine activities.

CPT Code	CPT Description	Specific Instructions and Examples
97750	Physical performance	Physical performance test or measurement includes isokinetic strength testing, comprehensive muscle strength or joint range of motion testing, or functional capacity evaluations.

Statutory Authority: *MS s 14.388; 175.171; 176.101; 176.135; 176.1351; 176.136; 176.231; 176.83*

History: *18 SR 1472; 20 SR 530; 20 SR 858; 25 SR 1142; 30 SR 291*

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 on the list 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 modality with the highest RVU and 75 percent of the fee calculated according to the formula in part 5221.4020 for each additional modality. All modalities after the first modality with the highest RVU shall be coded by adding modifier 51 to the applicable procedure code.

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
97032	Electrical stimulation
97033	Electric current
97034	Contrast bath therapy
97035	Ultrasound therapy
97036	Hydrotherapy
97039	Unlisted therapy service

Statutory Authority: *MS s 175.171; 176.101; 176.135; 176.1351; 176.136; 176.231; 176.83*

History: *18 SR 1472; 20 SR 530; 25 SR 1142*

5221.4060 CHIROPRACTIC PROCEDURE CODES.

Subpart 1. **Key to abbreviations and terms.** For descriptions of columns, abbreviations, and terms, see part 5221.4020, subpart 2.

Subp. 2a. [Repealed, 25 SR 1142]

Subp. 2b. [Repealed, 30 SR 291]

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

1	2	3	4	5	6	7	8	9	10	11	12
A. Procedure code numbers 72010 to 73610 relate to radiology procedure codes.											
72010		A	X–ray exam of spine	1.60	1.60	XXX	0	0	0	0	0
72010	26	A	X–ray exam of spine	0.62	0.62	XXX	0	0	0	0	0

72010	TC	A	X-ray exam of spine	0.98	0.98	XXX	0	0	0	0	0
72020		A	X-ray exam of spine	0.61	0.61	XXX	0	0	0	0	0
72020	26	A	X-ray exam of spine	0.21	0.21	XXX	0	0	0	0	0
72020	TC	A	X-ray exam of spine	0.40	0.40	XXX	0	0	0	0	0
72040		A	X-ray exam of neck	0.87	0.87	XXX	0	0	0	0	0
72040	26	A	X-ray exam of neck	0.30	0.30	XXX	0	0	0	0	0
72040	TC	A	X-ray exam of neck	0.57	0.57	XXX	0	0	0	0	0
72050		A	X-ray exam of neck	1.28	1.28	XXX	0	0	0	0	0
72050	26	A	X-ray exam of neck	0.43	0.43	XXX	0	0	0	0	0
72050	TC	A	X-ray exam of neck	0.85	0.85	XXX	0	0	0	0	0
72052		A	X-ray exam of neck	1.58	1.58	XXX	0	0	0	0	0
72052	26	A	X-ray exam of neck	0.50	0.50	XXX	0	0	0	0	0
72052	TC	A	X-ray exam of neck	1.08	1.08	XXX	0	0	0	0	0
72070		A	X-ray exam of thoracic	0.92	0.92	XXX	0	0	0	0	0
72070	26	A	X-ray exam of thoracic	0.30	0.30	XXX	0	0	0	0	0
72070	TC	A	X-ray exam of thoracic	0.62	0.62	XXX	0	0	0	0	0
72074		A	X-ray exam of thoracic	1.18	1.18	XXX	0	0	0	0	0
72074	26	A	X-ray exam of thoracic	0.30	0.30	XXX	0	0	0	0	0
72074	TC	A	X-ray exam of thoracic	0.87	0.87	XXX	0	0	0	0	0
72080		A	X-ray exam of thoracic	0.94	0.94	XXX	0	0	0	0	0
72080	26	A	X-ray exam of thoracic	0.30	0.30	XXX	0	0	0	0	0
72080	TC	A	X-ray exam of thoracic	0.64	0.64	XXX	0	0	0	0	0
72090		A	X-ray exam of thoracic	1.03	1.03	XXX	0	0	0	0	0
72090	26	A	X-ray exam of thoracic	0.39	0.39	XXX	0	0	0	0	0
72090	TC	A	X-ray exam of thoracic	0.64	0.64	XXX	0	0	0	0	0
72100		A	X-ray exam of lumbosacral	0.94	0.94	XXX	0	0	0	0	0
72100	26	A	X-ray exam of lumbosacral	0.30	0.30	XXX	0	0	0	0	0
72100	TC	A	X-ray exam of lumbosacral	0.64	0.64	XXX	0	0	0	0	0
72110		A	X-ray exam of lumbosacral	1.30	1.30	XXX	0	0	0	0	0
72110	26	A	X-ray exam of lumbosacral	0.43	0.43	XXX	0	0	0	0	0
72110	TC	A	X-ray exam of lumbosacral	0.87	0.87	XXX	0	0	0	0	0
72114		A	X-ray exam of lumbosacral	1.63	1.63	XXX	0	0	0	0	0
72114	26	A	X-ray exam of lumbosacral	0.50	0.50	XXX	0	0	0	0	0
72114	TC	A	X-ray exam of lumbosacral	1.13	1.13	XXX	0	0	0	0	0
72120		A	X-ray exam of lumbosacral	1.16	1.16	XXX	0	0	0	0	0
72120	26	A	X-ray exam of lumbosacral	0.30	0.30	XXX	0	0	0	0	0
72120	TC	A	X-ray exam of lumbosacral	0.85	0.85	XXX	0	0	0	0	0
72170		A	X-ray exam of pelvis	0.73	0.73	XXX	0	0	0	0	0
72170	26	A	X-ray exam of pelvis	0.23	0.23	XXX	0	0	0	0	0
72170	TC	A	X-ray exam of pelvis	0.50	0.50	XXX	0	0	0	0	0
72190		A	X-ray exam of pelvis	0.93	0.93	XXX	0	0	0	0	0
72190	26	A	X-ray exam of pelvis	0.29	0.29	XXX	0	0	0	0	0
72190	TC	A	X-ray exam of pelvis	0.64	0.64	XXX	0	0	0	0	0
73020		A	X-ray exam of shoulder	0.66	0.66	XXX	0	3	0	0	0
73020	26	A	X-ray exam of shoulder	0.21	0.21	XXX	0	3	0	0	0
73020	TC	A	X-ray exam of shoulder	0.45	0.45	XXX	0	3	0	0	0
73030		A	X-ray exam of shoulder	0.79	0.79	XXX	0	3	0	0	0
73030	26	A	X-ray exam of shoulder	0.25	0.25	XXX	0	3	0	0	0
73030	TC	A	X-ray exam of shoulder	0.54	0.54	XXX	0	3	0	0	0
73070		A	X-ray exam of elbow	0.71	0.71	XXX	0	3	0	0	0
73070	26	A	X-ray exam of elbow	0.21	0.21	XXX	0	3	0	0	0
73070	TC	A	X-ray exam of elbow	0.50	0.50	XXX	0	3	0	0	0
73100		A	X-ray exam of wrist	0.69	0.69	XXX	0	3	0	0	0
73100	26	A	X-ray exam of wrist	0.22	0.22	XXX	0	3	0	0	0
73100	TC	A	X-ray exam of wrist	0.47	0.47	XXX	0	3	0	0	0
73500		A	X-ray exam of hip	0.69	0.69	XXX	0	0	0	0	0
73500	26	A	X-ray exam of hip	0.24	0.24	XXX	0	0	0	0	0
73500	TC	A	X-ray exam of hip	0.45	0.45	XXX	0	0	0	0	0
73562		A	X-ray exam of knee	0.80	0.80	XXX	0	3	0	0	0
73562	26	A	X-ray exam of knee	0.26	0.26	XXX	0	3	0	0	0

73562	TC	A	X–ray exam of knee	0.54	0.54	XXX	0	3	0	0	0
73610		A	X–ray exam of ankle	0.75	0.75	XXX	0	3	0	0	0
73610	26	A	X–ray exam of ankle	0.24	0.24	XXX	0	3	0	0	0
73610	TC	A	X–ray exam of ankle	0.51	0.51	XXX	0	3	0	0	0
			B. Pathology and laboratory.								
81000		X	Urinalysis, nonautomated	0.25	0.25	XXX	9	9	9	9	9
81002		X	Urinalysis, nonautomated	0.14	0.14	XXX	9	9	9	9	9
			C. Physical medicine and rehabilitation.								
97010		B	Hot or cold packs	0.00	0.00	XXX	9	9	9	9	9
97012		A	Mechanical traction	0.42	0.42	XXX	4	0	0	0	0
97014		A	Electric stimulation	0.37	0.37	XXX	4	0	0	0	0
97016		A	Vasopneumatic devices	0.42	0.42	XXX	4	0	0	0	0
97018		A	Paraffin bath therapy	0.30	0.30	XXX	4	0	0	0	0
97020		A	Microwave therapy	0.26	0.26	XXX	4	0	0	0	0
97022		A	Whirlpool therapy	0.35	0.35	XXX	4	0	0	0	0
97024		A	Diathermy treatment	0.27	0.27	XXX	4	0	0	0	0
97026		A	Infrared therapy	0.25	0.25	XXX	4	0	0	0	0
97028		A	Ultraviolet therapy	0.26	0.26	XXX	4	0	0	0	0
97032		A	Electrical stimulation	0.37	0.37	XXX	4	0	0	0	0
97033		A	Electric current	0.38	0.38	XXX	4	0	0	0	0
97034		A	Contrast bath therapy	0.29	0.29	XXX	4	0	0	0	0
97035		A	Ultrasound therapy	0.30	0.30	XXX	4	0	0	0	0
97036		A	Hydrotherapy	0.47	0.47	XXX	4	0	0	0	0
97039		A	Unlisted therapy service	0.43	0.43	XXX	4	0	0	0	0
97110		A	Therapeutic exercises	0.55	0.55	XXX	0	0	0	0	0
97112		A	Neuromuscular reeducation	0.54	0.54	XXX	0	0	0	0	0
97113		A	Aquatic therapy	0.60	0.60	XXX	0	0	0	0	0
97116		A	Gait training therapy	0.47	0.47	XXX	0	0	0	0	0
97124		A	Massage therapy	0.43	0.43	XXX	0	0	0	0	0
97139		A	Unlisted phys. med. service	0.36	0.36	XXX	0	0	0	0	0
97140		A	Manual therapy	0.61	0.48	XXX	0	0	0	0	0
97150		A	Group therapy procedure	0.45	0.45	XXX	0	0	0	0	0
97504		A	Orthotic training	0.55	0.55	XXX	0	0	0	0	0
97520		A	Prosthetic training	0.56	0.56	XXX	0	0	0	0	0
97530		A	Therapeutic activities	0.57	0.57	XXX	0	0	0	0	0
97535		A	Self care/home management	0.58	0.58	XXX	0	0	0	0	0
97537		A	Community/work training	0.58	0.58	XXX	0	0	0	0	0
97542		A	Wheelchair management	0.40	0.40	XXX	0	0	0	0	0
97545		R	Work hardening/conditioning	0.00	0.00	XXX	0	0	0	0	0
97546		R	Work hardening/conditioning	0.00	0.00	XXX	0	0	0	0	0
97703		A	Prosthetic checkout	0.42	0.42	XXX	0	0	0	0	0
97750		A	Physical performance test	0.66	0.66	XXX	0	0	0	0	0
97770		A	Cognitive skill	0.69	0.69	XXX	0	0	0	0	0
97780		N	Acupuncture, no stimulus	0.00	0.00	XXX	9	9	9	9	9
97781		N	Acupuncture with stimulus	0.00	0.00	XXX	9	9	9	9	9
97799		C	Physical medicine	0.00	0.00	XXX	0	0	0	0	0
			D. Chiropractic manipulative treatment.								
98940		A	Chiropractic manipulation	0.69	0.55	XXX	0	0	0	0	0
98941		A	Chiropractic manipulation	0.88	0.74	XXX	0	0	0	0	0
98942		A	Chiropractic manipulation	1.08	0.94	XXX	0	0	0	0	0
98943		A	Chiropractic manipulation	0.65	0.65	XXX	4	0	0	0	0
			E. Evaluation and management services.								
99201		A	Office/outpatient	0.84	0.61	XXX	0	0	0	0	0
99202		A	Office/outpatient	1.32	1.04	XXX	0	0	0	0	0
99203		A	Office/outpatient	1.82	1.50	XXX	0	0	0	0	0

99211	A Office/outpatient	0.37	0.26	XXX	0	0	0	0	0
99212	A Office/outpatient	0.73	0.55	XXX	0	0	0	0	0
99213	A Office/outpatient	1.04	0.81	XXX	0	0	0	0	0
	F. Miscellaneous.								
99199	C Special service	0.00	0.00	XXX	0	0	0	0	0

Subp. 3. **Select chiropractic procedure code descriptions, instructions, and examples.** The following instructions and examples are in addition to CPT code descriptions found in the CPT manual. Additional instructions include both general instructions for a group of codes as well as specific instructions for an individual specific code.

A. Supervised modalities.

(1) Additional general instructions for supervised modality codes 97010 to 97028. All supervised modalities refer to one or more areas. For example, if diathermy is applied to the cervical and low back on the same day, the charge would be one unit. If the diathermy and electrical stimulation are applied to the low back, the charge would be one unit of diathermy and one unit of electrical stimulation.

(2) Additional specific instructions for supervised modalities.

CPT Code	CPT Description	Specific Instructions and Examples
97014	Electrical stimulation	Unattended electrical stimulation includes muscle stimulation, low volt therapy, sine wave therapy, stimulation of peripheral nerve, galvanic, and unattended clinical application of TENS. RVU includes the use of disposable or reusable electrodes.

B. Constant attendance modalities.

(1) Additional general instructions for constant attendance modality codes 97032 to 97039. The application of a constant attendance modality is to one or more areas. Where the CPT manual specifies a time frame, count only the actual treatment time, and do not count setup, preparation of the area, cleanup, or documentation time. For example, with ultrasound treatment for two areas, the shoulder and elbow, if total treatment time for both areas is less than 15 minutes, one unit of ultrasound is appropriate. All units billed require supporting documentation.

(2) Additional specific instructions for constant attendance modalities.

CPT Code	CPT Description	Specific Instructions and Examples
97032	Electrical stimulation	Electrical stimulation (manual) includes attended clinical application of TENS. RVU includes the use of disposable or reusable electrodes.
97033	Electric current	RVU includes the use of disposable or reusable electrodes.

C. Additional specific instructions for therapeutic procedure codes 97110 to 97546.

CPT Code	CPT Description	Specific Instructions and Examples
97110	Therapeutic exercises	Examples include, but are not limited to, any type of range of motion, stretching, or strengthening exercises;

		e.g., stabilization and closed kinetic chain exercises, passive range of motion, active and assistive range of motion, progressive resistive exercises, prolonged stretch, isokinetic, isotonic, or isometric strengthening exercises.
97112	Neuromuscular reeducation	Examples include, but are not limited to, facilitation techniques, NDT, Rood, Brunnstrom, PNF, and FeldenKrais.
97113	Aquatic therapy	This code applies to any water–based exercise program such as Hubbard Tank or pools.
97140	Manual therapy	In addition to the services included in the CPT manual incorporated by reference in part 5221.0405, item D, this code also includes, but is not limited to: myofascial release, joint mobilization and manipulation, manual lymphatic drainage, manual traction, soft tissue mobilization and manipulation, trigger point therapy, acupressure, muscle stimulation – manual (nonelectrical), and transverse friction massage. This code is not paid when reported with any of the osteopathic manipulative treatment (OMT) (98925––98929) or chiropractic manipulative treatment (CMT) (98940–98943) codes on the same region(s)/body part on the same day. This code may be paid when reported with CMT or OMT codes only if used on a different region(s)/body part on the same day and must be accompanied by CPT modifier 59 which identifies a distinct procedural service.
97150	Group therapeutic	Therapeutic procedure(s) for a group is used when two or more patients are present for the same type of service such as instruction in body mechanics training, or group exercises when participants are doing same type exercises, etc. There is no time definition for this code. Providers may charge only one unit, regardless of size of group, number of areas treated, or length of time involved.
97504	Orthotic training	This code applies to fabrication, instruction in use, fitting, and care and precautions of the orthotic.
97530	Therapeutic activities	This code is used for treatment promoting functional use of a muscle, muscle group, or body part. This code is not to be used for PROM, active assistive ROM, manual stretch, or manual therapy.

		Examples for use of code: A patient has had rotator cuff repair. When treatment incorporates functional motion of reaching to increase range of motion and strength, 97530 should be used. A patient has a herniated disc. When treatment incorporates instruction in body mechanics and positioning and simulated activities to improve functional performance, 97530 should used.
97537	Community/ work	Community/work reintegration training includes jobsite analysis.
97545	Work hardening/ conditioning	Work hardening/conditioning units are for the initial two hours each visit. Codes 97545 and 97546 refer to services provided within a work hardening or work conditioning program described in part 5221.6500, subpart 2, item D.
97546	Work hardening/ conditioning	Work hardening/conditioning additional units are for each additional hour each visit. Refers to time beyond initial two hours of work conditioning or work hardening.

D. Additional specific instructions and examples for other physical medicine activities.

CPT Code	CPT Description	Specific Instructions and Examples
97750	Physical performance	Physical performance test or measurement includes isokinetic strength testing, comprehensive muscle strength or joint range of motion testing, or functional capacity evaluations.

Subp. 4. **Evaluation and management services coding and reporting.**

A. Evaluation and management services may be coded and paid separately from the chiropractic manipulative therapy services described by CPT codes 98940 to 98943 only if the condition requires a significant, separately identifiable evaluation and management service above and beyond the usual preservice, intraservice, and postservice work associated with the manipulative procedure, as described in subitems (1) to (3). When performing the evaluation and management service on the same day as a spinal or extraspinal manipulation, the evaluation and management code must be coded using the CPT modifier 25.

(1) Preservice work for CPT codes 98940 to 98943 includes the following:

(a) documentation and chart review;

(b) imaging review;

(c) test interpretation and care planning; and

(d) premanipulation procedures which include a brief evaluation of the current problem, including components of a review of symptoms, and a focused exam of the current problem and related areas.

(2) Intraservice work for CPT codes 98940 to 98943 includes the following:

(a) manipulation; and

(b) postmanipulation assessment and procedures.

(3) Postservice work for CPT codes 98940 to 98943 includes the following:

(a) chart documentation, including documentation of appropriate subjective and objective assessments as well as the procedural components of patient visit; and

(b) if necessary, arrange for further services and coordination of patient care. This may include telephone or written communications with other health care providers, family members, employers, medical case manager for a managed care organization certified under Minnesota Statutes, section 176.1351, or insurers regarding the coordination of patient care or consultation services.

B. Circumstances in which a separate evaluation and management service is appropriate under item A include the following:

(1) if there is a new injury;

(2) if there is an exacerbation of a previous injury; or

(3) if there is an unanticipated change in condition.

C. A reexamination in the following circumstances may be coded and paid as a separate evaluation and management service if the reexamination is above and beyond the usual preservice, intraservice, and postservice work associated with the manipulative procedure as described in item A, subitems (1) to (3):

(1) in preparation for a requested report other than a report of work ability;

(2) if requested to render an opinion about a job offer;

(3) when a job search is initiated;

(4) to review the patient's condition after a period of treatment by another health care provider; or

(5) to evaluate the patient's condition in anticipation of a change in the treatment plan.

Statutory Authority: *MS s 14.388; 175.171; 176.101; 176.135; 176.1351; 176.136; 176.231; 176.83*

History: *18 SR 1472; 20 SR 530; 22 SR 500; 25 SR 1142; 30 SR 291*

5221.4061 FEE ADJUSTMENTS FOR CHIROPRACTIC SERVICES.

Subpart 1. **Multiple modalities.** Maximum fees for the chiropractic modalities in the following list are determined according to the following payment schedule when more than one modality on the list 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 modality with the highest relative value and 75 percent of the fee calculated according to the formula in part 5221.4020 for each additional modality. All modalities after the first modality with the highest relative value, shall be coded by adding modifier 51 to the applicable modality code.

97012	Mechanical traction therapy
97014	Electrical 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
97032	Electrical stimulation
97033	Electric current
97034	Contrast bath therapy
97035	Ultrasound therapy
97036	Hydro therapy
97039	Unlisted therapy service

Subp. 2. **Extraspinal code.** If the extraspinal code (98943) is used in conjunction with any of the spinal chiropractic manipulative treatment (CMT) codes (98940 to 98942) on the same day, the extraspinal code must be coded with CPT modifier 51. The CPT modifier 51

reduces the RVU of 98943 when used in conjunction with any of the CMT codes (98940 to 98942) on the same day by 50 percent.

Statutory Authority: *MS s 175.171; 176.101; 176.135; 176.1351; 176.136; 176.231; 176.83*

History: *18 SR 1472; 25 SR 1142*

5221.4062 PROFESSIONAL/TECHNICAL COMPONENTS FOR CHIROPRACTIC 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 5221.4060 by modifiers appearing in column 2 next to 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 5221.4060 and the formula in part 5221.4020.

Statutory Authority: *MS s 14.388; 176.135; 176.1351; 176.136; 176.83*

History: *25 SR 1142; 30 SR 291*

5221.4070 PHARMACY.

Subpart 1. **Substitution of generically equivalent drugs.** A generically equivalent drug must be dispensed according to Minnesota Statutes, section 151.21.

Subp. 1a. **Definitions.** The terms in this part have the following meanings:

A. "Community/retail pharmacy" has the meaning given in Minnesota Rules, part 6800.0100, subpart 2.

B. "Dispense" has the meaning given in Minnesota Statutes, section 151.01.

C. "Drug" has the meaning given in Minnesota Statutes, section 151.01.

D. "Hospital pharmacy" has the meaning given in Minnesota Rules, part 6800.0100, subpart 3.

E. "Large hospital" is a hospital with more than 100 licensed beds.

F. "Pharmacy" has the meaning given in Minnesota Statutes, section 151.01, and includes:

(1) community/retail pharmacies;

(2) hospital pharmacies; and

(3) persons or entities that the pharmacy has designated by contract or other means to act on its behalf to submit its charges to the workers' compensation payer.

G. "Practitioner" has the meaning given in Minnesota Statutes, section 151.01, and includes persons or entities that the practitioner has designated by contract or other means to act on its behalf to submit its charges to the workers' compensation payer.

H. "Usual and customary charge" has the meaning given in part 5221.0500, subparts 1, item B, and 2, item B, subitem (1).

I. "Workers' compensation payer" or "payer" means any of the following entities:

(1) the workers' compensation insurer or self–insured employer liable for a claim under Minnesota Statutes, chapter 176;

(2) the special compensation fund liable for a claim under Minnesota Statutes, section 176.183, where the employer was uninsured at the time of the injury; or

(3) any other person or entity that the workers' compensation payer has designated by contract or other means to act on its behalf in paying drug charges, or determining the compensability or reasonableness and necessity of drug charges under Minnesota Statutes, chapter 176.

Subp. 2. **Procedure code; usual and customary charge.**

A. Providers must use the procedure codes adopted under United States Code, title 42, sections 1320d to 1320d–8, as amended, that are in effect on the date the drug was dispensed. For drugs dispensed from a community/retail pharmacy, the procedure code is the applicable code in the National Drug Code Directory maintained and published by the federal Department of Health and Human Services. Procedure codes are not required for over–the–counter drugs.

B. An entity that is designated by the pharmacy or practitioner to submit its charges for a drug to the workers' compensation payer shall not submit a charge that is more than the pharmacy's or practitioner's usual and customary charge for the drug at the time it is dispensed.

Subp. 3. **Maximum fee.**

A. Except as provided in subparts 4 and 5, the workers' compensation payer's liability for compensable prescription drugs dispensed for outpatient use by a large hospital pharmacy, practitioner, or community/retail pharmacy shall be limited to the lower of:

(1) the sum of the average wholesale price (AWP) of the drug on the date the drug was dispensed, and a professional dispensing fee of $5.14 per prescription filled; or

(2) the pharmacy's or practitioner's usual and customary charge for the drug at the time it is dispensed.

B. Except as provided in subparts 4 and 5, the workers' compensation payer's liability for compensable over–the–counter drugs dispensed for outpatient use by a large hospital pharmacy, practitioner, or community/retail pharmacy shall be, on the date the drug was dispensed, the lower of:

(1) the actual retail price of the drug; or

(2) the sum of the average wholesale price (AWP) of the drug and a professional dispensing fee of $5.14 per prescription filled.

C. Except as provided in subpart 5, the workers' compensation payer's liability for compensable prescription drugs provided for inpatient use by a large hospital is governed by part 5221.0500, subpart 2, and Minnesota Statutes, section 176.136. The maximum fee for drugs dispensed for use at home, to an inpatient being discharged, is governed by item A or B, or subpart 4, as applicable.

D. Except as provided in subpart 5, the workers' compensation payer's liability for compensable prescription drugs provided by a small hospital is governed by part 5221.0500, subpart 2, and Minnesota Statutes, section 176.136.

Subp. 4. **Maximum fee for electronic transactions.**

A. The maximum fee specified in this item applies only if the requirements of item B or D are met. Except as provided in subpart 5, the workers' compensation payer's liability under items B and D for compensable drugs dispensed for outpatient use by a large hospital pharmacy, a practitioner, or a community/retail pharmacy shall be, on the date the drug was dispensed, the lower of:

(1) the average wholesale price of the drug minus 12 percent, and a professional dispensing fee of $3.65 per prescription filled;

(2) the maximum allowable cost of the drug according to Minnesota Statutes, section 256B.0625, subdivision 13e, as published by the commissioner of human services in the State Register, and a professional dispensing fee of $3.65 per prescription filled; or

(3) the pharmacy or practitioner's usual and customary charge for the drug at the time it is dispensed.

B. The maximum fee specified in item A applies if:

(1) the pharmacy or practitioner electronically requests authorization for payment of the drug from the workers' compensation payer, according to the referral certification and authorization standards that apply to retail pharmacies in Code of Federal Regulations, title 45, part 162, subpart M, as amended; and

(2) the workers' compensation payer, electronically and in real time, authorizes payment for the drug according to the referral certification and authorization standards in Code of Federal Regulations, title 45, part 162, subpart M, as amended.

C. If the workers' compensation payer authorizes payment of a drug claim under item B, subitem (2), the payer may not later deny or adjust payment of the claim that was specified in the transaction. If the payer does not authorize payment under item B, subitem (2), but later pays for the drug, the maximum fee specified in subpart 3 applies.

D. If the requirements in item B have not been met, the maximum fee specified in item A also applies if all of the following requirements are met:

(1) the pharmacy or practitioner requests electronic authorization according to the referral certification and authorization standards in Code of Federal Regulations, title 45, part 162, subpart M, from any paying entity, whether or not under chapter 176;

(2) a workers' compensation payer has given the pharmacy or practitioner 30 calendar days' notice that the payer is able to authorize payment for drugs according to the referral certification and authorization standards in subitem (1) and either of the following has occurred:

(a) the employee notified the pharmacy or practitioner at the time the drug was dispensed that the charges should be submitted to that workers' compensation payer; or

(b) the workers' compensation payer notified the pharmacy before the drug was dispensed that it had accepted liability for the employee's claim;

(3) the pharmacy or practitioner does not electronically request authorization for payment of the drug from the workers' compensation payer according to the referral certification and authorization standards in subitem (1); and

(4) the workers' compensation payer pays for the drug within 30 days after the pharmacy or practitioner submits charges to the payer according to the applicable requirements of part 5221.0700, subpart 2c.

E. The pharmacy or practitioner must transmit reversal transactions electronically for all drugs originally billed electronically to the payer that are not picked up for the employee. Upon receipt of a reversal transaction for a previously approved billing, the payer must be able to cancel the billing if it has not yet been paid or deduct the value of the reversed billing from the next payment to the pharmacy or practitioner if the claim has already been paid. The payer may only deduct the amount of the original payment for the drug. If there is no future payment anticipated, the pharmacy or practitioner must refund the amount to the payer.

Subp. 5. **Other contracts.** Subparts 3 and 4 do not apply where a contract between a pharmacy, practitioner, or network of pharmacies or practitioners, and a workers' compensation payer provides for a different reimbursement amount.

Statutory Authority: *MS s 175.171; 176.101; 176.135; 176.1351; 176.136; 176.231; 176.83*

History: *18 SR 1472; 25 SR 1142; 30 SR 1053*

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, Centers for Medicare and Medicaid Services, 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; L 2002 c 277 s 32*

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 refer-

ral 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 infor-

mation 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 within 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; and

(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 credentialed by a program approved by the commissioner of Labor and Industry. The insurer may also dele-

gate 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 requester 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 provider 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 inappropriate 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 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 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 exer-

cise 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, 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 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 in 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 imitations 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 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 pain only are decompression of a lumbar nerve root or lumbar arthrodesis, with or without 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 in 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 pain 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 pain 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 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) 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. Meth-

ods 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 spine. 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 gains 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 pain 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 in 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 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 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 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 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 pain, 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 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 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.

Statutory Authority: *MS s 176.103; 176.83*

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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 intervertebral 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 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 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 gains, 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 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 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 pain, 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 pain, 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 pain 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 within 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 pain 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 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 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 in 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, peritendinitis, 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 pain 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, including, 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 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?

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 clini-

cal 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 pur-

chase 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, 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 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 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. 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 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 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 tempera-

ture 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 gains, 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 within 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 subunit 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 in 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: in 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. pain at the acromioclavicular joint, with aggravation of pain 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 pain 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. Pain 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 in 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 riding 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 specif-

ic 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. Pain 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 pain 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 pain 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*