**Montana Medicaid Outpatient Procedure Fee Schedule**

Outpatient Hospital Services

**Effective 07/01/2013**

Montana Medicaid Conversion Factor = **$ 50.61**

Definitions:

*Description – Procedure code description. You must refer to the appropriate official CPT-4 or HCPCS coding manual for complete* definitions in order to assure correct coding.

*Method – Source of fee determination*

APC: Based on APC assigned weight x Montana's conversion factor. Pricing is affected by modifiers as listed in the provider manual.
Procedures paid by APC method that have a zero fee are either bundled or not covered services. (See the Status Indicator)
APC/By Report: Based on APC designation as pass-through. Paid at the provider specific Medicaid cost to charge ratio for outpatient services.
Fee Sched: Medicaid fee for listed code. Codes noted as "not allowed" will cause the claim line to deny.
Medicare: Medicare-prevailing fee for listed code. Laboratory services are paid at 62% of listed fee for sole community hospitals and at 60% for others.
By Report (BR): Equals a percentage of billed charges; percentage depends on provider type and service/supply. For outpatient hospital services, providers are paid their current Medicaid cost to charge ratio for outpatient services.
Inpatient Only: These services are not payable in an outpatient setting
Not Allowed: These services are not payable
Bundled/subject to separate payment criteria: Services may be packaged in ceratin instances. These services will have a fee listed but may only be payable if specific criteria are met.

*PA – Prior Authorization*

Y: Prior authorization is required
Space: Prior authorization is not required

*Status Indicators:*

**C** Inpatient services that are not payable under OPPS
**E** Not allowed under Oupatient
**G** Pass through drugs and biologicals
**H** Pass through devices that are paid by report
**K** Drugs and biologicals paid by APC
**M** Montana Medicaid specific fee
**N** Services for which payment is packaged into another service or APC
**Q** Montana Medicaid Laboratory service
**R** Blood and blood products
**S** Significant procedures that are paid under OPPS but to which the multiple surgery reduction does not apply
**T** Significant services that are paid under the OPPS and to which the multiple procedure payment discount under OPPS applies
**U** Brachytherapy Sources
**V** Medical visits (including clinic or emergency department visits) that are paid under OPPS
**X** Ancillary services that are paid under OPPS
**Y** Montana Medicaid fee for Physical Therapy, Occupational Therapy or Speech and Language Therapy services
Some procedures may have a variable status dependant on if they are provided with another billable services.
These codes are listed on the fee schedule as status N (bundled) but will have an APC and price shown.

**Note: This fee schedule is used by OPPS and non-OPPS facilities. Not all codes listed are appropriate for use by all facilities**

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| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 00100 | N | ANESTH SALIVARY GLAND | | | | Bundled | $0.00 | | | |
| 00102 | N | ANESTH REPAIR OF CLEFT LIP | | | | Bundled | $0.00 | | | |
| 00103 | N | ANESTH BLEPHAROPLASTY | | | | Bundled | $0.00 | | | |
| 00104 | N | ANESTH ELECTROSHOCK | | | | Bundled | $0.00 | | | |
| 00120 | N | ANESTH EAR SURGERY | | | | Bundled | $0.00 | | | |
| 00124 | N | ANESTH EAR EXAM | | | | Bundled | $0.00 | | | |
| 00126 | N | ANESTH TYMPANOTOMY | | | | Bundled | $0.00 | | | |
| 00140 | N | ANESTH PROCEDURES ON EYE | | | | Bundled | $0.00 | | | |
| 00142 | N | ANESTH LENS SURGERY | | | | Bundled | $0.00 | | | |
| 00144 | N | ANESTH CORNEAL TRANSPLANT | | | | Bundled | $0.00 | | | |
| 00145 | N | ANESTH VITREORETINAL SURG | | | | Bundled | $0.00 | | | |
| 00147 | N | ANESTH IRIDECTOMY | | | | Bundled | $0.00 | | | |
| 00148 | N | ANESTH EYE EXAM | | | | Bundled | $0.00 | | | |
| 00160 | N | ANESTH NOSE/SINUS SURGERY | | | | Bundled | $0.00 | | | |
| 00162 | N | ANESTH NOSE/SINUS SURGERY | | | | Bundled | $0.00 | | | |
| 00164 | N | ANESTH BIOPSY OF NOSE | | | | Bundled | $0.00 | | | |
| 00170 | N | ANESTH PROCEDURE ON MOUTH | | | | Bundled | $0.00 | | | |
| 00172 | N | ANESTH CLEFT PALATE REPAIR | | | | Bundled | $0.00 | | | |
| 00174 | N | ANESTH PHARYNGEAL SURGERY | | | | Bundled | $0.00 | | | |
| 00176 | C | ANESTH PHARYNGEAL SURGERY | | | | Inpatient Only | $0.00 | | | |
| 00190 | N | ANESTH FACE/SKULL BONE SURG | | | | Bundled | $0.00 | | | |
| 00192 | C | ANESTH FACIAL BONE SURGERY | | | | Inpatient Only | $0.00 | | | |
| 00210 | N | ANESTH CRANIAL SURG NOS | | | | Bundled | $0.00 | | | |
| 00211 | C | ANESTH CRAN SURG HEMOTOMA | | | | Inpatient Only | $0.00 | | | |
| 00212 | N | ANESTH SKULL DRAINAGE | | | | Bundled | $0.00 | | | |
| 00214 | C | ANESTH SKULL DRAINAGE | | | | Inpatient Only | $0.00 | | | |
| 00215 | C | ANESTH SKULL REPAIR/FRACT | | | | Inpatient Only | $0.00 | | | |
| 00216 | N | ANESTH HEAD VESSEL SURGERY | | | | Bundled | $0.00 | | | |
| 00218 | N | ANESTH SPECIAL HEAD SURGERY | | | | Bundled | $0.00 | | | |
| 00220 | N | ANESTH INTRCRN NERVE | | | | Bundled | $0.00 | | | |
| 00222 | N | ANESTH HEAD NERVE SURGERY | | | | Bundled | $0.00 | | | |
| 00300 | N | ANESTH HEAD/NECK/PTRUNK | | | | Bundled | $0.00 | | | |
| 00320 | N | ANESTH NECK ORGAN 1YR/> | | | | Bundled | $0.00 | | | |
| 00322 | N | ANESTH BIOPSY OF THYROID | | | | Bundled | $0.00 | | | |
| 00326 | N | ANESTH LARYNX/TRACH < 1 YR | | | | Bundled | $0.00 | | | |
| 00350 | N | ANESTH NECK VESSEL SURGERY | | | | Bundled | $0.00 | | | |
| 00352 | N | ANESTH NECK VESSEL SURGERY | | | | Bundled | $0.00 | | | |
| 00400 | N | ANESTH SKIN EXT/PER/ATRUNK | | | | Bundled | $0.00 | | | |
| 00402 | N | ANESTH SURGERY OF BREAST | | | | Bundled | $0.00 | | | |
| 00404 | N | ANESTH SURGERY OF BREAST | | | | Bundled | $0.00 | | | |
| 00406 | N | ANESTH SURGERY OF BREAST | | | | Bundled | $0.00 | | | |
| 00410 | N | ANESTH CORRECT HEART RHYTHM | | | | Bundled | $0.00 | | | |
| 00450 | N | ANESTH SURGERY OF SHOULDER | | | | Bundled | $0.00 | | | |
| 00452 | C | ANESTH SURGERY OF SHOULDER | | | | Inpatient Only | $0.00 | | | |
| 00454 | N | ANESTH COLLAR BONE BIOPSY | | | | Bundled | $0.00 | | | |
| 00470 | N | ANESTH REMOVAL OF RIB | | | | Bundled | $0.00 | | | |
| 00472 | N | ANESTH CHEST WALL REPAIR | | | | Bundled | $0.00 | | | |
| 00474 | C | ANESTH SURGERY OF RIB | | | | Inpatient Only | $0.00 | | | |
| 00500 | N | ANESTH ESOPHAGEAL SURGERY | | | | Bundled | $0.00 | | | |
| 00520 | N | ANESTH CHEST PROCEDURE | | | | Bundled | $0.00 | | | |
| 00522 | N | ANESTH CHEST LINING BIOPSY | | | | Bundled | $0.00 | | | |
| 00524 | C | ANESTH CHEST DRAINAGE | | | | Inpatient Only | $0.00 | | | |
| 00528 | N | ANES MEDIASCPY & DX THORSCPY | | | | Bundled | $0.00 | | | |
| 00529 | N | ANES MEDSCPY&THORSCPY 1 LUNG | | | | Bundled | $0.00 | | | |
| 00530 | N | ANESTH PACEMAKER INSERTION | | | | Bundled | $0.00 | | | |
| 00532 | N | ANESTH VASCULAR ACCESS | | | | Bundled | $0.00 | | | |
| 00534 | N | ANESTH CARDIOVERTER/DEFIB | | | | Bundled | $0.00 | | | |
| 00537 | N | ANESTH CARDIAC ELECTROPHYS | | | | Bundled | $0.00 | | | |
| 00539 | N | ANESTH TRACH-BRONCH RECONST | | | | Bundled | $0.00 | | | |
| 00540 | C | ANESTH CHEST SURGERY | | | | Inpatient Only | $0.00 | | | |
| 00541 | N | ANESTH ONE LUNG VENTILATION | | | | Bundled | $0.00 | | | |
| 00542 | C | ANESTHESIA REMOVAL PLEURA | | | | Inpatient Only | $0.00 | | | |
| 00546 | C | ANESTH LUNG CHEST WALL SURG | | | | Inpatient Only | $0.00 | | | |
| 00548 | N | ANESTH TRACHEA BRONCHI SURG | | | | Bundled | $0.00 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 00550 | N | ANESTH STERNAL DEBRIDEMENT | | | | Bundled | $0.00 | | | |
| 00560 | C | ANESTH HEART SURG W/O PUMP | | | | Inpatient Only | $0.00 | | | |
| 00561 | C | ANESTH HEART SURG <1 YR | | | | Inpatient Only | $0.00 | | | |
| 00562 | C | ANESTH HRT SURG W/PMP AGE 1+ | | | | Inpatient Only | $0.00 | | | |
| 00563 | N | ANESTH HEART SURG W/ARREST | | | | Bundled | $0.00 | | | |
| 00566 | N | ANESTH CABG W/O PUMP | | | | Bundled | $0.00 | | | |
| 00567 | C | ANESTH CABG W/PUMP | | | | Inpatient Only | $0.00 | | | |
| 00580 | C | ANESTH HEART/LUNG TRANSPLNT | | | | Inpatient Only | $0.00 | | | |
| 00600 | N | ANESTH SPINE CORD SURGERY | | | | Bundled | $0.00 | | | |
| 00604 | C | ANESTH SITTING PROCEDURE | | | | Inpatient Only | $0.00 | | | |
| 00620 | N | ANESTH SPINE CORD SURGERY | | | | Bundled | $0.00 | | | |
| 00622 | C | ANESTH REMOVAL OF NERVES | | | | Inpatient Only | $0.00 | | | |
| 00625 | N | ANES SPINE TRANTHOR W/O VENT | | | | Bundled | $0.00 | | | |
| 00626 | N | ANES SPINE TRANSTHOR W/VENT | | | | Bundled | $0.00 | | | |
| 00630 | N | ANESTH SPINE CORD SURGERY | | | | Bundled | $0.00 | | | |
| 00632 | C | ANESTH REMOVAL OF NERVES | | | | Inpatient Only | $0.00 | | | |
| 00634 | N | ANESTH FOR CHEMONUCLEOLYSIS | | | | Bundled | $0.00 | | | |
| 00635 | N | ANESTH LUMBAR PUNCTURE | | | | Bundled | $0.00 | | | |
| 00640 | N | ANESTH SPINE MANIPULATION | | | | Bundled | $0.00 | | | |
| 00670 | C | ANESTH SPINE CORD SURGERY | | | | Inpatient Only | $0.00 | | | |
| 00700 | N | ANESTH ABDOMINAL WALL SURG | | | | Bundled | $0.00 | | | |
| 00702 | N | ANESTH FOR LIVER BIOPSY | | | | Bundled | $0.00 | | | |
| 00730 | N | ANESTH ABDOMINAL WALL SURG | | | | Bundled | $0.00 | | | |
| 00740 | N | ANESTH UPPER GI VISUALIZE | | | | Bundled | $0.00 | | | |
| 00750 | N | ANESTH REPAIR OF HERNIA | | | | Bundled | $0.00 | | | |
| 00752 | N | ANESTH REPAIR OF HERNIA | | | | Bundled | $0.00 | | | |
| 00754 | N | ANESTH REPAIR OF HERNIA | | | | Bundled | $0.00 | | | |
| 00756 | N | ANESTH REPAIR OF HERNIA | | | | Bundled | $0.00 | | | |
| 00770 | N | ANESTH BLOOD VESSEL REPAIR | | | | Bundled | $0.00 | | | |
| 00790 | N | ANESTH SURG UPPER ABDOMEN | | | | Bundled | $0.00 | | | |
| 00792 | C | ANESTH HEMORR/EXCISE LIVER | | | | Inpatient Only | $0.00 | | | |
| 00794 | C | ANESTH PANCREAS REMOVAL | | | | Inpatient Only | $0.00 | | | |
| 00796 | C | ANESTH FOR LIVER TRANSPLANT | | | | Inpatient Only | $0.00 | | | |
| 00797 | N | ANESTH SURGERY FOR OBESITY | | | | Bundled | $0.00 | | | |
| 00800 | N | ANESTH ABDOMINAL WALL SURG | | | | Bundled | $0.00 | | | |
| 00802 | C | ANESTH FAT LAYER REMOVAL | | | | Inpatient Only | $0.00 | | | |
| 00810 | N | ANESTH LOW INTESTINE SCOPE | | | | Bundled | $0.00 | | | |
| 00820 | N | ANESTH ABDOMINAL WALL SURG | | | | Bundled | $0.00 | | | |
| 00830 | N | ANESTH REPAIR OF HERNIA | | | | Bundled | $0.00 | | | |
| 00832 | N | ANESTH REPAIR OF HERNIA | | | | Bundled | $0.00 | | | |
| 00834 | N | ANESTH HERNIA REPAIR < 1 YR | | | | Bundled | $0.00 | | | |
| 00836 | N | ANESTH HERNIA REPAIR PREEMIE | | | | Bundled | $0.00 | | | |
| 00840 | N | ANESTH SURG LOWER ABDOMEN | | | | Bundled | $0.00 | | | |
| 00842 | N | ANESTH AMNIOCENTESIS | | | | Bundled | $0.00 | | | |
| 00844 | C | ANESTH PELVIS SURGERY | | | | Inpatient Only | $0.00 | | | |
| 00846 | C | ANESTH HYSTERECTOMY | | | | Inpatient Only | $0.00 | | | |
| 00848 | C | ANESTH PELVIC ORGAN SURG | | | | Inpatient Only | $0.00 | | | |
| 00851 | N | ANESTH TUBAL LIGATION | | | | Bundled | $0.00 | | | |
| 00860 | N | ANESTH SURGERY OF ABDOMEN | | | | Bundled | $0.00 | | | |
| 00862 | N | ANESTH KIDNEY/URETER SURG | | | | Bundled | $0.00 | | | |
| 00864 | C | ANESTH REMOVAL OF BLADDER | | | | Inpatient Only | $0.00 | | | |
| 00865 | C | ANESTH REMOVAL OF PROSTATE | | | | Inpatient Only | $0.00 | | | |
| 00866 | C | ANESTH REMOVAL OF ADRENAL | | | | Inpatient Only | $0.00 | | | |
| 00868 | C | ANESTH KIDNEY TRANSPLANT | | | | Inpatient Only | $0.00 | | | |
| 00870 | N | ANESTH BLADDER STONE SURG | | | | Bundled | $0.00 | | | |
| 00872 | N | ANESTH KIDNEY STONE DESTRUCT | | | | Bundled | $0.00 | | | |
| 00873 | N | ANESTH KIDNEY STONE DESTRUCT | | | | Bundled | $0.00 | | | |
| 00880 | N | ANESTH ABDOMEN VESSEL SURG | | | | Bundled | $0.00 | | | |
| 00882 | C | ANESTH MAJOR VEIN LIGATION | | | | Inpatient Only | $0.00 | | | |
| 00902 | N | ANESTH ANORECTAL SURGERY | | | | Bundled | $0.00 | | | |
| 00904 | C | ANESTH PERINEAL SURGERY | | | | Inpatient Only | $0.00 | | | |
| 00906 | N | ANESTH REMOVAL OF VULVA | | | | Bundled | $0.00 | | | |
| 00908 | C | ANESTH REMOVAL OF PROSTATE | | | | Inpatient Only | $0.00 | | | |
| 00910 | N | ANESTH BLADDER SURGERY | | | | Bundled | $0.00 | | | |

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|---|---|---|---|---|---|---|---|---|---|---|
| 00912 | N | ANESTH BLADDER TUMOR SURG | | | | Bundled | $0.00 | | | |
| 00914 | N | ANESTH REMOVAL OF PROSTATE | | | | Bundled | $0.00 | | | |
| 00916 | N | ANESTH BLEEDING CONTROL | | | | Bundled | $0.00 | | | |
| 00918 | N | ANESTH STONE REMOVAL | | | | Bundled | $0.00 | | | |
| 00920 | N | ANESTH GENITALIA SURGERY | | | | Bundled | $0.00 | | | |
| 00921 | N | ANESTH VASECTOMY | | | | Bundled | $0.00 | | | |
| 00922 | N | ANESTH SPERM DUCT SURGERY | | | | Bundled | $0.00 | | | |
| 00924 | N | ANESTH TESTIS EXPLORATION | | | | Bundled | $0.00 | | | |
| 00926 | N | ANESTH REMOVAL OF TESTIS | | | | Bundled | $0.00 | | | |
| 00928 | N | ANESTH REMOVAL OF TESTIS | | | | Bundled | $0.00 | | | |
| 00930 | N | ANESTH TESTIS SUSPENSION | | | | Bundled | $0.00 | | | |
| 00932 | C | ANESTH AMPUTATION OF PENIS | | | | Inpatient Only | $0.00 | | | |
| 00934 | C | ANESTH PENIS NODES REMOVAL | | | | Inpatient Only | $0.00 | | | |
| 00936 | C | ANESTH PENIS NODES REMOVAL | | | | Inpatient Only | $0.00 | | | |
| 00938 | N | ANESTH INSERT PENIS DEVICE | | | | Bundled | $0.00 | | | |
| 00940 | N | ANESTH VAGINAL PROCEDURES | | | | Bundled | $0.00 | | | |
| 00942 | N | ANESTH SURG ON VAG/URETHRAL | | | | Bundled | $0.00 | | | |
| 00944 | C | ANESTH VAGINAL HYSTERECTOMY | | | | Inpatient Only | $0.00 | | | |
| 00948 | N | ANESTH REPAIR OF CERVIX | | | | Bundled | $0.00 | | | |
| 00950 | N | ANESTH VAGINAL ENDOSCOPY | | | | Bundled | $0.00 | | | |
| 00952 | N | ANESTH HYSTEROSCOPE/GRAPH | | | | Bundled | $0.00 | | | |
| 01112 | N | ANESTH BONE ASPIRATE/BX | | | | Bundled | $0.00 | | | |
| 01120 | N | ANESTH PELVIS SURGERY | | | | Bundled | $0.00 | | | |
| 01130 | N | ANESTH BODY CAST PROCEDURE | | | | Bundled | $0.00 | | | |
| 01140 | C | ANESTH AMPUTATION AT PELVIS | | | | Inpatient Only | $0.00 | | | |
| 01150 | C | ANESTH PELVIC TUMOR SURGERY | | | | Inpatient Only | $0.00 | | | |
| 01160 | N | ANESTH PELVIS PROCEDURE | | | | Bundled | $0.00 | | | |
| 01170 | N | ANESTH PELVIS SURGERY | | | | Bundled | $0.00 | | | |
| 01173 | N | ANESTH FX REPAIR PELVIS | | | | Bundled | $0.00 | | | |
| 01180 | N | ANESTH PELVIS NERVE REMOVAL | | | | Bundled | $0.00 | | | |
| 01190 | N | ANESTH PELVIS NERVE REMOVAL | | | | Bundled | $0.00 | | | |
| 01200 | N | ANESTH HIP JOINT PROCEDURE | | | | Bundled | $0.00 | | | |
| 01202 | N | ANESTH ARTHROSCOPY OF HIP | | | | Bundled | $0.00 | | | |
| 01210 | N | ANESTH HIP JOINT SURGERY | | | | Bundled | $0.00 | | | |
| 01212 | C | ANESTH HIP DISARTICULATION | | | | Inpatient Only | $0.00 | | | |
| 01214 | C | ANESTH HIP ARTHROPLASTY | | | | Inpatient Only | $0.00 | | | |
| 01215 | N | ANESTH REVISE HIP REPAIR | | | | Bundled | $0.00 | | | |
| 01220 | N | ANESTH PROCEDURE ON FEMUR | | | | Bundled | $0.00 | | | |
| 01230 | N | ANESTH SURGERY OF FEMUR | | | | Bundled | $0.00 | | | |
| 01232 | C | ANESTH AMPUTATION OF FEMUR | | | | Inpatient Only | $0.00 | | | |
| 01234 | C | ANESTH RADICAL FEMUR SURG | | | | Inpatient Only | $0.00 | | | |
| 01250 | N | ANESTH UPPER LEG SURGERY | | | | Bundled | $0.00 | | | |
| 01260 | N | ANESTH UPPER LEG VEINS SURG | | | | Bundled | $0.00 | | | |
| 01270 | N | ANESTH THIGH ARTERIES SURG | | | | Bundled | $0.00 | | | |
| 01272 | C | ANESTH FEMORAL ARTERY SURG | | | | Inpatient Only | $0.00 | | | |
| 01274 | C | ANESTH FEMORAL EMBOLECTOMY | | | | Inpatient Only | $0.00 | | | |
| 01320 | N | ANESTH KNEE AREA SURGERY | | | | Bundled | $0.00 | | | |
| 01340 | N | ANESTH KNEE AREA PROCEDURE | | | | Bundled | $0.00 | | | |
| 01360 | N | ANESTH KNEE AREA SURGERY | | | | Bundled | $0.00 | | | |
| 01380 | N | ANESTH KNEE JOINT PROCEDURE | | | | Bundled | $0.00 | | | |
| 01382 | N | ANESTH DX KNEE ARTHROSCOPY | | | | Bundled | $0.00 | | | |
| 01390 | N | ANESTH KNEE AREA PROCEDURE | | | | Bundled | $0.00 | | | |
| 01392 | N | ANESTH KNEE AREA SURGERY | | | | Bundled | $0.00 | | | |
| 01400 | N | ANESTH KNEE JOINT SURGERY | | | | Bundled | $0.00 | | | |
| 01402 | C | ANESTH KNEE ARTHROPLASTY | | | | Inpatient Only | $0.00 | | | |
| 01404 | C | ANESTH AMPUTATION AT KNEE | | | | Inpatient Only | $0.00 | | | |
| 01420 | N | ANESTH KNEE JOINT CASTING | | | | Bundled | $0.00 | | | |
| 01430 | N | ANESTH KNEE VEINS SURGERY | | | | Bundled | $0.00 | | | |
| 01432 | N | ANESTH KNEE VESSEL SURG | | | | Bundled | $0.00 | | | |
| 01440 | N | ANESTH KNEE ARTERIES SURG | | | | Bundled | $0.00 | | | |
| 01442 | C | ANESTH KNEE ARTERY SURG | | | | Inpatient Only | $0.00 | | | |
| 01444 | C | ANESTH KNEE ARTERY REPAIR | | | | Inpatient Only | $0.00 | | | |
| 01462 | N | ANESTH LOWER LEG PROCEDURE | | | | Bundled | $0.00 | | | |
| 01464 | N | ANESTH ANKLE/FT ARTHROSCOPY | | | | Bundled | $0.00 | | | |

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|---|---|---|---|---|---|---|---|---|---|---|
| 01470 | N | ANESTH LOWER LEG SURGERY | | | | Bundled | $0.00 | | | |
| 01472 | N | ANESTH ACHILLES TENDON SURG | | | | Bundled | $0.00 | | | |
| 01474 | N | ANESTH LOWER LEG SURGERY | | | | Bundled | $0.00 | | | |
| 01480 | N | ANESTH LOWER LEG BONE SURG | | | | Bundled | $0.00 | | | |
| 01482 | N | ANESTH RADICAL LEG SURGERY | | | | Bundled | $0.00 | | | |
| 01484 | N | ANESTH LOWER LEG REVISION | | | | Bundled | $0.00 | | | |
| 01486 | C | ANESTH ANKLE REPLACEMENT | | | | Inpatient Only | $0.00 | | | |
| 01490 | N | ANESTH LOWER LEG CASTING | | | | Bundled | $0.00 | | | |
| 01500 | N | ANESTH LEG ARTERIES SURG | | | | Bundled | $0.00 | | | |
| 01502 | C | ANESTH LWR LEG EMBOLECTOMY | | | | Inpatient Only | $0.00 | | | |
| 01520 | N | ANESTH LOWER LEG VEIN SURG | | | | Bundled | $0.00 | | | |
| 01522 | N | ANESTH LOWER LEG VEIN SURG | | | | Bundled | $0.00 | | | |
| 01610 | N | ANESTH SURGERY OF SHOULDER | | | | Bundled | $0.00 | | | |
| 01620 | N | ANESTH SHOULDER PROCEDURE | | | | Bundled | $0.00 | | | |
| 01622 | N | ANES DX SHOULDER ARTHROSCOPY | | | | Bundled | $0.00 | | | |
| 01630 | N | ANESTH SURGERY OF SHOULDER | | | | Bundled | $0.00 | | | |
| 01634 | C | ANESTH SHOULDER JOINT AMPUT | | | | Inpatient Only | $0.00 | | | |
| 01636 | C | ANESTH FOREQUARTER AMPUT | | | | Inpatient Only | $0.00 | | | |
| 01638 | C | ANESTH SHOULDER REPLACEMENT | | | | Inpatient Only | $0.00 | | | |
| 01650 | N | ANESTH SHOULDER ARTERY SURG | | | | Bundled | $0.00 | | | |
| 01652 | C | ANESTH SHOULDER VESSEL SURG | | | | Inpatient Only | $0.00 | | | |
| 01654 | C | ANESTH SHOULDER VESSEL SURG | | | | Inpatient Only | $0.00 | | | |
| 01656 | C | ANESTH ARM-LEG VESSEL SURG | | | | Inpatient Only | $0.00 | | | |
| 01670 | N | ANESTH SHOULDER VEIN SURG | | | | Bundled | $0.00 | | | |
| 01680 | N | ANESTH SHOULDER CASTING | | | | Bundled | $0.00 | | | |
| 01682 | N | ANESTH AIRPLANE CAST | | | | Bundled | $0.00 | | | |
| 01710 | N | ANESTH ELBOW AREA SURGERY | | | | Bundled | $0.00 | | | |
| 01712 | N | ANESTH UPPR ARM TENDON SURG | | | | Bundled | $0.00 | | | |
| 01714 | N | ANESTH UPPR ARM TENDON SURG | | | | Bundled | $0.00 | | | |
| 01716 | N | ANESTH BICEPS TENDON REPAIR | | | | Bundled | $0.00 | | | |
| 01730 | N | ANESTH UPPR ARM PROCEDURE | | | | Bundled | $0.00 | | | |
| 01732 | N | ANESTH DX ELBOW ARTHROSCOPY | | | | Bundled | $0.00 | | | |
| 01740 | N | ANESTH UPPER ARM SURGERY | | | | Bundled | $0.00 | | | |
| 01742 | N | ANESTH HUMERUS SURGERY | | | | Bundled | $0.00 | | | |
| 01744 | N | ANESTH HUMERUS REPAIR | | | | Bundled | $0.00 | | | |
| 01756 | C | ANESTH RADICAL HUMERUS SURG | | | | Inpatient Only | $0.00 | | | |
| 01758 | N | ANESTH HUMERAL LESION SURG | | | | Bundled | $0.00 | | | |
| 01760 | N | ANESTH ELBOW REPLACEMENT | | | | Bundled | $0.00 | | | |
| 01770 | N | ANESTH UPPR ARM ARTERY SURG | | | | Bundled | $0.00 | | | |
| 01772 | N | ANESTH UPPR ARM EMBOLECTOMY | | | | Bundled | $0.00 | | | |
| 01780 | N | ANESTH UPPER ARM VEIN SURG | | | | Bundled | $0.00 | | | |
| 01782 | N | ANESTH UPPR ARM VEIN REPAIR | | | | Bundled | $0.00 | | | |
| 01810 | N | ANESTH LOWER ARM SURGERY | | | | Bundled | $0.00 | | | |
| 01820 | N | ANESTH LOWER ARM PROCEDURE | | | | Bundled | $0.00 | | | |
| 01829 | N | ANESTH DX WRIST ARTHROSCOPY | | | | Bundled | $0.00 | | | |
| 01830 | N | ANESTH LOWER ARM SURGERY | | | | Bundled | $0.00 | | | |
| 01832 | N | ANESTH WRIST REPLACEMENT | | | | Bundled | $0.00 | | | |
| 01840 | N | ANESTH LWR ARM ARTERY SURG | | | | Bundled | $0.00 | | | |
| 01842 | N | ANESTH LWR ARM EMBOLECTOMY | | | | Bundled | $0.00 | | | |
| 01844 | N | ANESTH VASCULAR SHUNT SURG | | | | Bundled | $0.00 | | | |
| 01850 | N | ANESTH LOWER ARM VEIN SURG | | | | Bundled | $0.00 | | | |
| 01852 | N | ANESTH LWR ARM VEIN REPAIR | | | | Bundled | $0.00 | | | |
| 01860 | N | ANESTH LOWER ARM CASTING | | | | Bundled | $0.00 | | | |
| 01916 | N | ANESTH DX ARTERIOGRAPHY | | | | Bundled | $0.00 | | | |
| 01920 | N | ANESTH CATHETERIZE HEART | | | | Bundled | $0.00 | | | |
| 01922 | N | ANESTH CAT OR MRI SCAN | | | | Bundled | $0.00 | | | |
| 01924 | N | ANES THER INTERVEN RAD ARTRL | | | | Bundled | $0.00 | | | |
| 01925 | N | ANES THER INTERVEN RAD CARD | | | | Bundled | $0.00 | | | |
| 01926 | N | ANES TX INTERV RAD HRT/CRAN | | | | Bundled | $0.00 | | | |
| 01930 | N | ANES THER INTERVEN RAD VEIN | | | | Bundled | $0.00 | | | |
| 01931 | N | ANES THER INTERVEN RAD TIPS | | | | Bundled | $0.00 | | | |
| 01932 | N | ANES TX INTERV RAD TH VEIN | | | | Bundled | $0.00 | | | |
| 01933 | N | ANES TX INTERV RAD CRAN VEIN | | | | Bundled | $0.00 | | | |
| 01935 | N | ANESTH PERC IMG DX SP PROC | | | | Bundled | $0.00 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 01936 | N | ANESTH PERC IMG TX SP PROC | | | | Bundled | $0.00 | | | |
| 01951 | N | ANESTH BURN LESS 4 PERCENT | | | | Bundled | $0.00 | | | |
| 01952 | N | ANESTH BURN 4-9 PERCENT | | | | Bundled | $0.00 | | | |
| 01953 | N | ANESTH BURN EACH 9 PERCENT | | | | Bundled | $0.00 | | | |
| 01958 | N | ANESTH ANTEPARTUM MANIPUL | | | | Bundled | $0.00 | | | |
| 01960 | N | ANESTH VAGINAL DELIVERY | | | | Bundled | $0.00 | | | |
| 01961 | N | ANESTH CS DELIVERY | | | | Bundled | $0.00 | | | |
| 01962 | N | ANESTH EMER HYSTERECTOMY | | | | Bundled | $0.00 | | | |
| 01963 | N | ANESTH CS HYSTERECTOMY | | | | Bundled | $0.00 | | | |
| 01965 | N | ANESTH INC/MISSED AB PROC | | | | Bundled | $0.00 | | | |
| 01966 | N | ANESTH INDUCED AB PROCEDURE | | | | Bundled | $0.00 | | | |
| 01967 | N | ANESTH/ANALG VAG DELIVERY | | | | Bundled | $0.00 | | | |
| 01968 | N | ANES/ANALG CS DELIVER ADD-ON | | | | Bundled | $0.00 | | | |
| 01969 | N | ANESTH/ANALG CS HYST ADD-ON | | | | Bundled | $0.00 | | | |
| 01990 | C | SUPPORT FOR ORGAN DONOR | | | | Inpatient Only | $0.00 | | | |
| 01991 | N | ANESTH NERVE BLOCK/INJ | | | | Bundled | $0.00 | | | |
| 01992 | N | ANESTH N BLOCK/INJ PRONE | | | | Bundled | $0.00 | | | |
| 01996 | N | HOSP MANAGE CONT DRUG ADMIN | | | | Bundled | $0.00 | | | |
| 01999 | N | UNLISTED ANESTH PROCEDURE | | | | Bundled | $0.00 | | | |
| 10021 | T | FNA W/O IMAGE | | 0002 | 1.7194 | APC | $87.02 | | | |
| 10022 | T | FNA W/IMAGE | | 0004 | 4.8451 | APC | $245.21 | | | |
| 10040 | T | ACNE SURGERY | | 0013 | 1.0032 | APC | $50.77 | | | |
| 10060 | T | DRAINAGE OF SKIN ABSCESS | | 0006 | 1.7592 | APC | $89.03 | | | |
| 10061 | T | DRAINAGE OF SKIN ABSCESS | | 0006 | 1.7592 | APC | $89.03 | | | |
| 10080 | T | DRAINAGE OF PILONIDAL CYST | | 0006 | 1.7592 | APC | $89.03 | | | |
| 10081 | T | DRAINAGE OF PILONIDAL CYST | | 0007 | 10.175 | APC | $514.94 | | | |
| 10120 | T | REMOVE FOREIGN BODY | | 0016 | 2.9399 | APC | $148.79 | | | |
| 10121 | T | REMOVE FOREIGN BODY | | 0021 | 15.73 | APC | $796.09 | | | |
| 10140 | T | DRAINAGE OF HEMATOMA/FLUID | | 0007 | 10.175 | APC | $514.94 | | | |
| 10160 | T | PUNCTURE DRAINAGE OF LESION | | 0006 | 1.7592 | APC | $89.03 | | | |
| 10180 | T | COMPLEX DRAINAGE WOUND | | 0008 | 18.498 | APC | $936.16 | | | |
| 11000 | T | DEBRIDE INFECTED SKIN | | 0016 | 2.9399 | APC | $148.79 | | | |
| 11001 | T | DEBRIDE INFECTED SKIN ADD-ON | | 0013 | 1.0032 | APC | $50.77 | | | |
| 11004 | C | DEBRIDE GENITALIA & PERINEUM | | | | Inpatient Only | $0.00 | | | |
| 11005 | C | DEBRIDE ABDOM WALL | | | | Inpatient Only | $0.00 | | | |
| 11006 | C | DEBRIDE GENIT/PER/ABDOM WALL | | | | Inpatient Only | $0.00 | | | |
| 11008 | C | REMOVE MESH FROM ABD WALL | | | | Inpatient Only | $0.00 | | | |
| 11010 | T | DEBRIDE SKIN AT FX SITE | | 0019 | 4.717 | APC | $238.73 | | | |
| 11011 | T | DEBRIDE SKIN MUSC AT FX SITE | | 0019 | 4.717 | APC | $238.73 | | | |
| 11012 | T | DEB SKIN BONE AT FX SITE | | 0019 | 4.717 | APC | $238.73 | | | |
| 11042 | T | DEB SUBQ TISSUE 20 SQ CM/< | | 0016 | 2.9399 | APC | $148.79 | | | |
| 11043 | T | DEB MUSC/FASCIA 20 SQ CM/< | | 0016 | 2.9399 | APC | $148.79 | | | |
| 11044 | T | DEB BONE 20 SQ CM/< | | 0020 | 8.1838 | APC | $414.18 | | | |
| 11045 | T | DEB SUBQ TISSUE ADD-ON | | 0016 | 2.9399 | APC | $148.79 | | | |
| 11046 | T | DEB MUSC/FASCIA ADD-ON | | 0016 | 2.9399 | APC | $148.79 | | | |
| 11047 | T | DEB BONE ADD-ON | | 0019 | 4.717 | APC | $238.73 | | | |
| 11055 | T | TRIM SKIN LESION | | 0013 | 1.0032 | APC | $50.77 | | | |
| 11056 | T | TRIM SKIN LESIONS 2 TO 4 | | 0013 | 1.0032 | APC | $50.77 | | | |
| 11057 | T | TRIM SKIN LESIONS OVER 4 | | 0015 | 1.4998 | APC | $75.90 | | | |
| 11100 | T | BIOPSY SKIN LESION | | 0015 | 1.4998 | APC | $75.90 | | | |
| 11101 | T | BIOPSY SKIN ADD-ON | | 0013 | 1.0032 | APC | $50.77 | | | |
| 11200 | T | REMOVAL OF SKIN TAGS <W/15 | | 0013 | 1.0032 | APC | $50.77 | | | |
| 11201 | T | REMOVE SKIN TAGS ADD-ON | | 0013 | 1.0032 | APC | $50.77 | | | |
| 11300 | T | SHAVE SKIN LESION 0.5 CM/< | | 0013 | 1.0032 | APC | $50.77 | | | |
| 11301 | T | SHAVE SKIN LESION 0.6-1.0 CM | | 0013 | 1.0032 | APC | $50.77 | | | |
| 11302 | T | SHAVE SKIN LESION 1.1-2.0 CM | | 0013 | 1.0032 | APC | $50.77 | | | |
| 11303 | T | SHAVE SKIN LESION >2.0 CM | | 0015 | 1.4998 | APC | $75.90 | | | |
| 11305 | T | SHAVE SKIN LESION 0.5 CM/< | | 0013 | 1.0032 | APC | $50.77 | | | |
| 11306 | T | SHAVE SKIN LESION 0.6-1.0 CM | | 0013 | 1.0032 | APC | $50.77 | | | |
| 11307 | T | SHAVE SKIN LESION 1.1-2.0 CM | | 0013 | 1.0032 | APC | $50.77 | | | |
| 11308 | T | SHAVE SKIN LESION >2.0 CM | | 0015 | 1.4998 | APC | $75.90 | | | |
| 11310 | T | SHAVE SKIN LESION 0.5 CM/< | | 0013 | 1.0032 | APC | $50.77 | | | |
| 11311 | T | SHAVE SKIN LESION 0.6-1.0 CM | | 0013 | 1.0032 | APC | $50.77 | | | |
| 11312 | T | SHAVE SKIN LESION 1.1-2.0 CM | | 0015 | 1.4998 | APC | $75.90 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 11313 | T | SHAVE SKIN LESION >2.0 CM | | 0015 | 1.4998 | APC | $75.90 | | | |
| 11400 | T | EXC TR-EXT B9+MARG 0.5 CM< | | 0019 | 4.717 | APC | $238.73 | | | |
| 11401 | T | EXC TR-EXT B9+MARG 0.6-1 CM | | 0019 | 4.717 | APC | $238.73 | | | |
| 11402 | T | EXC TR-EXT B9+MARG 1.1-2 CM | | 0019 | 4.717 | APC | $238.73 | | | |
| 11403 | T | EXC TR-EXT B9+MARG 2.1-3CM/< | | 0020 | 8.1838 | APC | $414.18 | | | |
| 11404 | T | EXC TR-EXT B9+MARG 3.1-4 CM | | 0021 | 15.73 | APC | $796.09 | | | |
| 11406 | T | EXC TR-EXT B9+MARG >4.0 CM | | 0021 | 15.73 | APC | $796.09 | | | |
| 11420 | T | EXC H-F-NK-SP B9+MARG 0.5/< | | 0020 | 8.1838 | APC | $414.18 | | | |
| 11421 | T | EXC H-F-NK-SP B9+MARG 0.6-1 | | 0020 | 8.1838 | APC | $414.18 | | | |
| 11422 | T | EXC H-F-NK-SP B9+MARG 1.1-2 | | 0020 | 8.1838 | APC | $414.18 | | | |
| 11423 | T | EXC H-F-NK-SP B9+MARG 2.1-3 | | 0021 | 15.73 | APC | $796.09 | | | |
| 11424 | T | EXC H-F-NK-SP B9+MARG 3.1-4 | | 0021 | 15.73 | APC | $796.09 | | | |
| 11426 | T | EXC H-F-NK-SP B9+MARG >4 CM | | 0022 | 23.293 | APC | $1,178.85 | | | |
| 11440 | T | EXC FACE-MM B9+MARG 0.5 CM/< | | 0019 | 4.717 | APC | $238.73 | | | |
| 11441 | T | EXC FACE-MM B9+MARG 0.6-1 CM | | 0019 | 4.717 | APC | $238.73 | | | |
| 11442 | T | EXC FACE-MM B9+MARG 1.1-2 CM | | 0020 | 8.1838 | APC | $414.18 | | | |
| 11443 | T | EXC FACE-MM B9+MARG 2.1-3 CM | | 0020 | 8.1838 | APC | $414.18 | | | |
| 11444 | T | EXC FACE-MM B9+MARG 3.1-4 CM | | 0020 | 8.1838 | APC | $414.18 | | | |
| 11446 | T | EXC FACE-MM B9+MARG >4 CM | | 0022 | 23.293 | APC | $1,178.85 | | | |
| 11450 | T | REMOVAL SWEAT GLAND LESION | | 0022 | 23.293 | APC | $1,178.85 | | | |
| 11451 | T | REMOVAL SWEAT GLAND LESION | | 0022 | 23.293 | APC | $1,178.85 | | | |
| 11462 | T | REMOVAL SWEAT GLAND LESION | | 0022 | 23.293 | APC | $1,178.85 | | | |
| 11463 | T | REMOVAL SWEAT GLAND LESION | | 0022 | 23.293 | APC | $1,178.85 | | | |
| 11470 | T | REMOVAL SWEAT GLAND LESION | | 0022 | 23.293 | APC | $1,178.85 | | | |
| 11471 | T | REMOVAL SWEAT GLAND LESION | | 0022 | 23.293 | APC | $1,178.85 | | | |
| 11600 | T | EXC TR-EXT MAL+MARG 0.5 CM/< | | 0020 | 8.1838 | APC | $414.18 | | | |
| 11601 | T | EXC TR-EXT MAL+MARG 0.6-1 CM | | 0019 | 4.717 | APC | $238.73 | | | |
| 11602 | T | EXC TR-EXT MAL+MARG 1.1-2 CM | | 0019 | 4.717 | APC | $238.73 | | | |
| 11603 | T | EXC TR-EXT MAL+MARG 2.1-3 CM | | 0020 | 8.1838 | APC | $414.18 | | | |
| 11604 | T | EXC TR-EXT MAL+MARG 3.1-4 CM | | 0020 | 8.1838 | APC | $414.18 | | | |
| 11606 | T | EXC TR-EXT MAL+MARG >4 CM | | 0021 | 15.73 | APC | $796.09 | | | |
| 11620 | T | EXC H-F-NK-SP MAL+MARG 0.5/< | | 0020 | 8.1838 | APC | $414.18 | | | |
| 11621 | T | EXC S/N/H/F/G MAL+MRG 0.6-1 | | 0019 | 4.717 | APC | $238.73 | | | |
| 11622 | T | EXC S/N/H/F/G MAL+MRG 1.1-2 | | 0020 | 8.1838 | APC | $414.18 | | | |
| 11623 | T | EXC S/N/H/F/G MAL+MRG 2.1-3 | | 0020 | 8.1838 | APC | $414.18 | | | |
| 11624 | T | EXC S/N/H/F/G MAL+MRG 3.1-4 | | 0021 | 15.73 | APC | $796.09 | | | |
| 11626 | T | EXC S/N/H/F/G MAL+MRG >4 CM | | 0022 | 23.293 | APC | $1,178.85 | | | |
| 11640 | T | EXC F/E/E/N/L MAL+MRG 0.5CM< | | 0019 | 4.717 | APC | $238.73 | | | |
| 11641 | T | EXC F/E/E/N/L MAL+MRG 0.6-1 | | 0019 | 4.717 | APC | $238.73 | | | |
| 11642 | T | EXC F/E/E/N/L MAL+MRG 1.1-2 | | 0019 | 4.717 | APC | $238.73 | | | |
| 11643 | T | EXC F/E/E/N/L MAL+MRG 2.1-3 | | 0020 | 8.1838 | APC | $414.18 | | | |
| 11644 | T | EXC F/E/E/N/L MAL+MRG 3.1-4 | | 0021 | 15.73 | APC | $796.09 | | | |
| 11646 | T | EXC F/E/E/N/L MAL+MRG >4 CM | | 0022 | 23.293 | APC | $1,178.85 | | | |
| 11719 | T | TRIM NAIL(S) ANY NUMBER | | 0012 | 0.3982 | APC | $20.15 | | | |
| 11720 | T | DEBRIDE NAIL 1-5 | | 0013 | 1.0032 | APC | $50.77 | | | |
| 11721 | T | DEBRIDE NAIL 6 OR MORE | | 0013 | 1.0032 | APC | $50.77 | | | |
| 11730 | T | REMOVAL OF NAIL PLATE | | 0013 | 1.0032 | APC | $50.77 | | | |
| 11732 | T | REMOVE NAIL PLATE ADD-ON | | 0013 | 1.0032 | APC | $50.77 | | | |
| 11740 | T | DRAIN BLOOD FROM UNDER NAIL | | 0012 | 0.3982 | APC | $20.15 | | | |
| 11750 | T | REMOVAL OF NAIL BED | | 0019 | 4.717 | APC | $238.73 | | | |
| 11752 | T | REMOVE NAIL BED/FINGER TIP | | 0022 | 23.293 | APC | $1,178.85 | | | |
| 11755 | T | BIOPSY NAIL UNIT | | 0019 | 4.717 | APC | $238.73 | | | |
| 11760 | T | REPAIR OF NAIL BED | | 0133 | 1.2024 | APC | $60.85 | | | |
| 11762 | T | RECONSTRUCTION OF NAIL BED | | 0136 | 15.588 | APC | $788.90 | | | |
| 11765 | T | EXCISION OF NAIL FOLD TOE | | 0013 | 1.0032 | APC | $50.77 | | | |
| 11770 | T | REMOVE PILONIDAL CYST SIMPLE | | 0022 | 23.293 | APC | $1,178.85 | | | |
| 11771 | T | REMOVE PILONIDAL CYST EXTEN | | 0022 | 23.293 | APC | $1,178.85 | | | |
| 11772 | T | REMOVE PILONIDAL CYST COMPL | | 0022 | 23.293 | APC | $1,178.85 | | | |
| 11900 | T | INJECT SKIN LESIONS </W 7 | | 0013 | 1.0032 | APC | $50.77 | | | |
| 11901 | T | INJECT SKIN LESIONS >7 | | 0013 | 1.0032 | APC | $50.77 | | | |
| 11920 | T | CORRECT SKIN COLOR 6.0 CM/< | | 0134 | 3.5264 | APC | $178.47 | | | |
| 11921 | T | CORECT SKIN COLOR 6.1-20.0CM | | 0134 | 3.5264 | APC | $178.47 | | | |
| 11922 | T | CORRECT SKIN COLOR EA 20.0CM | | 0134 | 3.5264 | APC | $178.47 | | | |
| 11950 | E | TX CONTOUR DEFECTS 1 CC/< | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 11951 | E | TX CONTOUR DEFECTS 1.1-5.0CC | | | | Not Allowed | $0.00 | | | |
| 11952 | E | TX CONTOUR DEFECTS 5.1-10CC | | | | Not Allowed | $0.00 | | | |
| 11954 | E | TX CONTOUR DEFECTS >10.0 CC | | | | Not Allowed | $0.00 | | | |
| 11960 | T | INSERT TISSUE EXPANDER(S) | | 0137 | 21.175 | APC | $1,071.68 | | | |
| 11970 | T | REPLACE TISSUE EXPANDER | | 0051 | 48.204 | APC | $2,439.61 | | | |
| 11971 | T | REMOVE TISSUE EXPANDER(S) | | 0022 | 23.293 | APC | $1,178.85 | | | |
| 11976 | T | REMOVE CONTRACEPTIVE CAPSULE | | 0019 | 4.717 | APC | $238.73 | | | |
| 11980 | X | IMPLANT HORMONE PELLET(S) | | 0340 | 0.6961 | APC | $35.23 | | | |
| 11981 | X | INSERT DRUG IMPLANT DEVICE | | 0340 | 0.6961 | APC | $35.23 | | | |
| 11982 | X | REMOVE DRUG IMPLANT DEVICE | | 0340 | 0.6961 | APC | $35.23 | | | |
| 11983 | X | REMOVE/INSERT DRUG IMPLANT | | 0340 | 0.6961 | APC | $35.23 | | | |
| 12001 | T | RPR S/N/AX/GEN/TRNK 2.5CM/< | | 0133 | 1.2024 | APC | $60.85 | | | |
| 12002 | T | RPR S/N/AX/GEN/TRNK2.6-7.5CM | | 0133 | 1.2024 | APC | $60.85 | | | |
| 12004 | T | RPR S/N/AX/GEN/TRK7.6-12.5CM | | 0133 | 1.2024 | APC | $60.85 | | | |
| 12005 | T | RPR S/N/A/GEN/TRK12.6-20.0CM | | 0133 | 1.2024 | APC | $60.85 | | | |
| 12006 | T | RPR S/N/A/GEN/TRK20.1-30.0CM | | 0133 | 1.2024 | APC | $60.85 | | | |
| 12007 | T | RPR S/N/AX/GEN/TRNK >30.0 CM | | 0133 | 1.2024 | APC | $60.85 | | | |
| 12011 | T | RPR F/E/E/N/L/M 2.5 CM/< | | 0133 | 1.2024 | APC | $60.85 | | | |
| 12013 | T | RPR F/E/E/N/L/M 2.6-5.0 CM | | 0133 | 1.2024 | APC | $60.85 | | | |
| 12014 | T | RPR F/E/E/N/L/M 5.1-7.5 CM | | 0133 | 1.2024 | APC | $60.85 | | | |
| 12015 | T | RPR F/E/E/N/L/M 7.6-12.5 CM | | 0133 | 1.2024 | APC | $60.85 | | | |
| 12016 | T | RPR FE/E/EN/L/M 12.6-20.0 CM | | 0133 | 1.2024 | APC | $60.85 | | | |
| 12017 | T | RPR FE/E/EN/L/M 20.1-30.0 CM | | 0133 | 1.2024 | APC | $60.85 | | | |
| 12018 | T | RPR F/E/E/N/L/M >30.0 CM | | 0134 | 3.5264 | APC | $178.47 | | | |
| 12020 | T | CLOSURE OF SPLIT WOUND | | 0135 | 5.5162 | APC | $279.17 | | | |
| 12021 | T | CLOSURE OF SPLIT WOUND | | 0134 | 3.5264 | APC | $178.47 | | | |
| 12031 | T | INTMD RPR S/A/T/EXT 2.5 CM/< | | 0134 | 3.5264 | APC | $178.47 | | | |
| 12032 | T | INTMD RPR S/A/T/EXT 2.6-7.5 | | 0134 | 3.5264 | APC | $178.47 | | | |
| 12034 | T | INTMD RPR S/TR/EXT 7.6-12.5 | | 0134 | 3.5264 | APC | $178.47 | | | |
| 12035 | T | INTMD RPR S/A/T/EXT 12.6-20 | | 0134 | 3.5264 | APC | $178.47 | | | |
| 12036 | T | INTMD RPR S/A/T/EXT 20.1-30 | | 0134 | 3.5264 | APC | $178.47 | | | |
| 12037 | T | INTMD RPR S/TR/EXT >30.0 CM | | 0134 | 3.5264 | APC | $178.47 | | | |
| 12041 | T | INTMD RPR N-HF/GENIT 2.5CM/< | | 0133 | 1.2024 | APC | $60.85 | | | |
| 12042 | T | INTMD RPR N-HF/GENIT2.6-7.5 | | 0134 | 3.5264 | APC | $178.47 | | | |
| 12044 | T | INTMD RPR N-HF/GENIT7.6-12.5 | | 0134 | 3.5264 | APC | $178.47 | | | |
| 12045 | T | INTMD RPR N-HF/GENIT12.6-20 | | 0134 | 3.5264 | APC | $178.47 | | | |
| 12046 | T | INTMD RPR N-HF/GENIT20.1-30 | | 0134 | 3.5264 | APC | $178.47 | | | |
| 12047 | T | INTMD RPR N-HF/GENIT >30.0CM | | 0134 | 3.5264 | APC | $178.47 | | | |
| 12051 | T | INTMD RPR FACE/MM 2.5 CM/< | | 0134 | 3.5264 | APC | $178.47 | | | |
| 12052 | T | INTMD RPR FACE/MM 2.6-5.0 CM | | 0134 | 3.5264 | APC | $178.47 | | | |
| 12053 | T | INTMD RPR FACE/MM 5.1-7.5 CM | | 0134 | 3.5264 | APC | $178.47 | | | |
| 12054 | T | INTMD RPR FACE/MM 7.6-12.5CM | | 0133 | 1.2024 | APC | $60.85 | | | |
| 12055 | T | INTMD RPR FACE/MM 12.6-20 CM | | 0134 | 3.5264 | APC | $178.47 | | | |
| 12056 | T | INTMD RPR FACE/MM 20.1-30.0 | | 0134 | 3.5264 | APC | $178.47 | | | |
| 12057 | T | INTMD RPR FACE/MM >30.0 CM | | 0134 | 3.5264 | APC | $178.47 | | | |
| 13100 | T | CMPLX RPR TRUNK 1.1-2.5 CM | | 0135 | 5.5162 | APC | $279.17 | | | |
| 13101 | T | CMPLX RPR TRUNK 2.6-7.5 CM | | 0135 | 5.5162 | APC | $279.17 | | | |
| 13102 | T | CMPLX RPR TRUNK ADDL 5CM/< | | 0134 | 3.5264 | APC | $178.47 | | | |
| 13120 | T | CMPLX RPR S/A/L 1.1-2.5 CM | | 0134 | 3.5264 | APC | $178.47 | | | |
| 13121 | T | CMPLX RPR S/A/L 2.6-7.5 CM | | 0134 | 3.5264 | APC | $178.47 | | | |
| 13122 | T | CMPLX RPR S/A/L ADDL 5 CM/> | | 0133 | 1.2024 | APC | $60.85 | | | |
| 13131 | T | CMPLX RPR F/C/C/M/N/AX/G/H/F | | 0134 | 3.5264 | APC | $178.47 | | | |
| 13132 | T | CMPLX RPR F/C/C/M/N/AX/G/H/F | | 0135 | 5.5162 | APC | $279.17 | | | |
| 13133 | T | CMPLX RPR F/C/C/M/N/AX/G/H/F | | 0134 | 3.5264 | APC | $178.47 | | | |
| 13150 | T | CMPLX RPR E/N/E/L 1.0 CM/< | | 0135 | 5.5162 | APC | $279.17 | | | |
| 13151 | T | CMPLX RPR E/N/E/L 1.1-2.5 CM | | 0135 | 5.5162 | APC | $279.17 | | | |
| 13152 | T | CMPLX RPR E/N/E/L 2.6-7.5 CM | | 0135 | 5.5162 | APC | $279.17 | | | |
| 13153 | T | CMPLX RPR E/N/E/L ADDL 5CM/< | | 0134 | 3.5264 | APC | $178.47 | | | |
| 13160 | T | LATE CLOSURE OF WOUND | | 0137 | 21.175 | APC | $1,071.68 | | | |
| 14000 | T | TIS TRNFR TRUNK 10 SQ CM/< | | 0136 | 15.588 | APC | $788.90 | | | |
| 14001 | T | TIS TRNFR TRUNK 10.1-30SQCM | | 0136 | 15.588 | APC | $788.90 | | | |
| 14020 | T | TIS TRNFR S/A/L 10 SQ CM/< | | 0136 | 15.588 | APC | $788.90 | | | |
| 14021 | T | TIS TRNFR S/A/L 10.1-30 SQCM | | 0136 | 15.588 | APC | $788.90 | | | |
| 14040 | T | TIS TRNFR F/C/C/M/N/A/G/H/F | | 0136 | 15.588 | APC | $788.90 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 14041 | T | TIS TRNFR F/C/C/M/N/A/G/H/F | | 0136 | 15.588 | APC | $788.90 | | | Y |
| 14060 | T | TIS TRNFR E/N/E/L 10 SQ CM/< | | 0136 | 15.588 | APC | $788.90 | | | Y |
| 14061 | T | TIS TRNFR E/N/E/L10.1-30SQCM | | 0136 | 15.588 | APC | $788.90 | | | Y |
| 14301 | T | TIS TRNFR ANY 30.1-60 SQ CM | | 0137 | 21.175 | APC | $1,071.68 | | | Y |
| 14302 | T | TIS TRNFR ADDL 30 SQ CM/< | | 0137 | 21.175 | APC | $1,071.68 | | | Y |
| 14350 | T | FILLETED FINGER/TOE FLAP | | 0137 | 21.175 | APC | $1,071.68 | | | Y |
| 15002 | T | WOUND PREP TRK/ARM/LEG | | 0135 | 5.5162 | APC | $279.17 | | | Y |
| 15003 | T | WOUND PREP ADDL 100 CM | | 0135 | 5.5162 | APC | $279.17 | | | Y |
| 15004 | T | WOUND PREP F/N/HF/G | | 0134 | 3.5264 | APC | $178.47 | | | Y |
| 15005 | T | WND PREP F/N/HF/G ADDL CM | | 0135 | 5.5162 | APC | $279.17 | | | Y |
| 15040 | T | HARVEST CULTURED SKIN GRAFT | | 0134 | 3.5264 | APC | $178.47 | | | Y |
| 15050 | T | SKIN PINCH GRAFT | | 0134 | 3.5264 | APC | $178.47 | | | Y |
| 15100 | T | SKIN SPLT GRFT TRNK/ARM/LEG | | 0137 | 21.175 | APC | $1,071.68 | | | Y |
| 15101 | T | SKIN SPLT GRFT T/A/L ADD-ON | | 0137 | 21.175 | APC | $1,071.68 | | | Y |
| 15110 | T | EPIDRM AUTOGRFT TRNK/ARM/LEG | | 0135 | 5.5162 | APC | $279.17 | | | Y |
| 15111 | T | EPIDRM AUTOGRFT T/A/L ADD-ON | | 0135 | 5.5162 | APC | $279.17 | | | Y |
| 15115 | T | EPIDRM A-GRFT FACE/NCK/HF/G | | 0136 | 15.588 | APC | $788.90 | | | Y |
| 15116 | T | EPIDRM A-GRFT F/N/HF/G ADDL | | 0134 | 3.5264 | APC | $178.47 | | | Y |
| 15120 | T | SKN SPLT A-GRFT FAC/NCK/HF/G | | 0137 | 21.175 | APC | $1,071.68 | | | Y |
| 15121 | T | SKN SPLT A-GRFT F/N/HF/G ADD | | 0137 | 21.175 | APC | $1,071.68 | | | Y |
| 15130 | T | DERM AUTOGRAFT TRNK/ARM/LEG | | 0136 | 15.588 | APC | $788.90 | | | Y |
| 15131 | T | DERM AUTOGRAFT T/A/L ADD-ON | | 0136 | 15.588 | APC | $788.90 | | | Y |
| 15135 | T | DERM AUTOGRAFT FACE/NCK/HF/G | | 0136 | 15.588 | APC | $788.90 | | | Y |
| 15136 | T | DERM AUTOGRAFT F/N/HF/G ADD | | 0136 | 15.588 | APC | $788.90 | | | Y |
| 15150 | T | CULT SKIN GRFT T/ARM/LEG | | 0134 | 3.5264 | APC | $178.47 | | | Y |
| 15151 | T | CULT SKIN GRFT T/A/L ADDL | | 0134 | 3.5264 | APC | $178.47 | | | Y |
| 15152 | T | CULT SKIN GRAFT T/A/L +% | | 0134 | 3.5264 | APC | $178.47 | | | Y |
| 15155 | T | CULT SKIN GRAFT F/N/HF/G | | 0134 | 3.5264 | APC | $178.47 | | | |
| 15156 | T | CULT SKIN GRFT F/N/HFG ADD | | 0134 | 3.5264 | APC | $178.47 | | | |
| 15157 | T | CULT EPIDERM GRFT F/N/HFG +% | | 0134 | 3.5264 | APC | $178.47 | | | |
| 15200 | T | SKIN FULL GRAFT TRUNK | | 0136 | 15.588 | APC | $788.90 | | | |
| 15201 | T | SKIN FULL GRAFT TRUNK ADD-ON | | 0136 | 15.588 | APC | $788.90 | | | |
| 15220 | T | SKIN FULL GRAFT SCLP/ARM/LEG | | 0136 | 15.588 | APC | $788.90 | | | |
| 15221 | T | SKIN FULL GRAFT ADD-ON | | 0135 | 5.5162 | APC | $279.17 | | | |
| 15240 | T | SKIN FULL GRFT FACE/GENIT/HF | | 0136 | 15.588 | APC | $788.90 | | | |
| 15241 | T | SKIN FULL GRAFT ADD-ON | | 0134 | 3.5264 | APC | $178.47 | | | |
| 15260 | T | SKIN FULL GRAFT EEN & LIPS | | 0136 | 15.588 | APC | $788.90 | | | |
| 15261 | T | SKIN FULL GRAFT ADD-ON | | 0136 | 15.588 | APC | $788.90 | | | |
| 15271 | T | SKIN SUB GRAFT TRNK/ARM/LEG | | 0134 | 3.5264 | APC | $178.47 | | | |
| 15272 | T | SKIN SUB GRAFT T/A/L ADD-ON | | 0133 | 1.2024 | APC | $60.85 | | | |
| 15273 | T | SKIN SUB GRFT T/ARM/LG CHILD | | 0135 | 5.5162 | APC | $279.17 | | | |
| 15274 | T | SKN SUB GRFT T/A/L CHILD ADD | | 0134 | 3.5264 | APC | $178.47 | | | |
| 15275 | T | SKIN SUB GRAFT FACE/NK/HF/G | | 0134 | 3.5264 | APC | $178.47 | | | |
| 15276 | T | SKIN SUB GRAFT F/N/HF/G ADDL | | 0133 | 1.2024 | APC | $60.85 | | | |
| 15277 | T | SKN SUB GRFT F/N/HF/G CHILD | | 0135 | 5.5162 | APC | $279.17 | | | |
| 15278 | T | SKN SUB GRFT F/N/HF/G CH ADD | | 0134 | 3.5264 | APC | $178.47 | | | |
| 15570 | T | SKIN PEDICLE FLAP TRUNK | | 0137 | 21.175 | APC | $1,071.68 | | | |
| 15572 | T | SKIN PEDICLE FLAP ARMS/LEGS | | 0137 | 21.175 | APC | $1,071.68 | | | |
| 15574 | T | PEDCLE FH/CH/CH/M/N/AX/G/H/F | | 0137 | 21.175 | APC | $1,071.68 | | | |
| 15576 | T | PEDICLE E/N/E/L/NTRORAL | | 0137 | 21.175 | APC | $1,071.68 | | | |
| 15600 | T | DELAY FLAP TRUNK | | 0137 | 21.175 | APC | $1,071.68 | | | |
| 15610 | T | DELAY FLAP ARMS/LEGS | | 0137 | 21.175 | APC | $1,071.68 | | | |
| 15620 | T | DELAY FLAP F/C/C/N/AX/G/H/F | | 0137 | 21.175 | APC | $1,071.68 | | | |
| 15630 | T | DELAY FLAP EYE/NOS/EAR/LIP | | 0137 | 21.175 | APC | $1,071.68 | | | |
| 15650 | T | TRANSFER SKIN PEDICLE FLAP | | 0137 | 21.175 | APC | $1,071.68 | | | |
| 15731 | T | FOREHEAD FLAP W/VASC PEDICLE | | 0137 | 21.175 | APC | $1,071.68 | | | |
| 15732 | T | MUSCLE-SKIN GRAFT HEAD/NECK | | 0137 | 21.175 | APC | $1,071.68 | | | |
| 15734 | T | MUSCLE-SKIN GRAFT TRUNK | | 0137 | 21.175 | APC | $1,071.68 | | | |
| 15736 | T | MUSCLE-SKIN GRAFT ARM | | 0137 | 21.175 | APC | $1,071.68 | | | |
| 15738 | T | MUSCLE-SKIN GRAFT LEG | | 0137 | 21.175 | APC | $1,071.68 | | | |
| 15740 | T | ISLAND PEDICLE FLAP GRAFT | | 0136 | 15.588 | APC | $788.90 | | | |
| 15750 | T | NEUROVASCULAR PEDICLE FLAP | | 0137 | 21.175 | APC | $1,071.68 | | | |
| 15756 | C | FREE MYO/SKIN FLAP MICROVASC | | | | Inpatient Only | $0.00 | | | |
| 15757 | C | FREE SKIN FLAP MICROVASC | | | | Inpatient Only | $0.00 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 15758 | C | FREE FASCIAL FLAP MICROVASC | | | | Inpatient Only | $0.00 | | | |
| 15760 | T | COMPOSITE SKIN GRAFT | | 0137 | 21.175 | APC | $1,071.68 | | | |
| 15770 | T | DERMA-FAT-FASCIA GRAFT | | 0137 | 21.175 | APC | $1,071.68 | | | |
| 15775 | E | HAIR TRNSPL 1-15 PUNCH GRFTS | | | | Not Allowed | $0.00 | | | |
| 15776 | E | HAIR TRNSPL >15 PUNCH GRAFTS | | | | Not Allowed | $0.00 | | | |
| 15777 | T | ACELLULAR DERM MATRIX IMPLT | | 0136 | 15.588 | APC | $788.90 | | | |
| 15780 | E | DERMABRASION TOTAL FACE | | | | Not Allowed | $0.00 | | | |
| 15781 | E | DERMABRASION SEGMENTAL FACE | | | | Not Allowed | $0.00 | | | |
| 15782 | E | DERMABRASION OTHER THAN FACE | | | | Not Allowed | $0.00 | | | |
| 15783 | E | DERMABRASION SUPRFL ANY SITE | | | | Not Allowed | $0.00 | | | |
| 15786 | E | ABRASION LESION SINGLE | | | | Not Allowed | $0.00 | | | |
| 15787 | E | ABRASION LESIONS ADD-ON | | | | Not Allowed | $0.00 | | | |
| 15788 | E | CHEMICAL PEEL FACE EPIDERM | | | | Not Allowed | $0.00 | | | |
| 15789 | E | CHEMICAL PEEL FACE DERMAL | | | | Not Allowed | $0.00 | | | |
| 15792 | E | CHEMICAL PEEL NONFACIAL | | | | Not Allowed | $0.00 | | | |
| 15793 | E | CHEMICAL PEEL NONFACIAL | | | | Not Allowed | $0.00 | | | |
| 15819 | E | PLASTIC SURGERY NECK | | | | Not Allowed | $0.00 | | | |
| 15820 | T | REVISION OF LOWER EYELID | | 0137 | 21.175 | APC | $1,071.68 | | | |
| 15821 | T | REVISION OF LOWER EYELID | | 0137 | 21.175 | APC | $1,071.68 | | | |
| 15822 | T | REVISION OF UPPER EYELID | | 0137 | 21.175 | APC | $1,071.68 | | | |
| 15823 | T | REVISION OF UPPER EYELID | | 0137 | 21.175 | APC | $1,071.68 | | | |
| 15824 | E | REMOVAL OF FOREHEAD WRINKLES | | | | Not Allowed | $0.00 | | | |
| 15825 | E | REMOVAL OF NECK WRINKLES | | | | Not Allowed | $0.00 | | | |
| 15826 | E | REMOVAL OF BROW WRINKLES | | | | Not Allowed | $0.00 | | | |
| 15828 | E | REMOVAL OF FACE WRINKLES | | | | Not Allowed | $0.00 | | | |
| 15829 | E | REMOVAL OF SKIN WRINKLES | | | | Not Allowed | $0.00 | | | |
| 15830 | T | EXC SKIN ABD | | 0022 | 23.293 | APC | $1,178.85 | | | |
| 15832 | T | EXCISE EXCESSIVE SKIN THIGH | | 0022 | 23.293 | APC | $1,178.85 | | | |
| 15833 | T | EXCISE EXCESSIVE SKIN LEG | | 0022 | 23.293 | APC | $1,178.85 | | | |
| 15834 | T | EXCISE EXCESSIVE SKIN HIP | | 0022 | 23.293 | APC | $1,178.85 | | | |
| 15835 | T | EXCISE EXCESSIVE SKIN BUTTCK | | 0022 | 23.293 | APC | $1,178.85 | | | |
| 15836 | T | EXCISE EXCESSIVE SKIN ARM | | 0021 | 15.73 | APC | $796.09 | | | |
| 15837 | T | EXCISE EXCESS SKIN ARM/HAND | | 0021 | 15.73 | APC | $796.09 | | | |
| 15838 | T | EXCISE EXCESS SKIN FAT PAD | | 0021 | 15.73 | APC | $796.09 | | | |
| 15839 | T | EXCISE EXCESS SKIN & TISSUE | | 0021 | 15.73 | APC | $796.09 | | | |
| 15840 | T | NERVE PALSY FASCIAL GRAFT | | 0137 | 21.175 | APC | $1,071.68 | | | |
| 15841 | T | NERVE PALSY MUSCLE GRAFT | | 0137 | 21.175 | APC | $1,071.68 | | | |
| 15842 | T | NERVE PALSY MICROSURG GRAFT | | 0137 | 21.175 | APC | $1,071.68 | | | |
| 15845 | T | SKIN AND MUSCLE REPAIR FACE | | 0137 | 21.175 | APC | $1,071.68 | | | |
| 15847 | T | EXC SKIN ABD ADD-ON | | 0022 | 23.293 | APC | $1,178.85 | | | |
| 15850 | T | REMOVE SUTURES SAME SURGEON | | 0016 | 2.9399 | APC | $148.79 | | | |
| 15851 | T | REMOVE SUTURES DIFF SURGEON | | 0016 | 2.9399 | APC | $148.79 | | | |
| 15852 | X | DRESSING CHANGE NOT FOR BURN | | 0340 | 0.6961 | APC | $35.23 | | | |
| 15860 | X | TEST FOR BLOOD FLOW IN GRAFT | | 0340 | 0.6961 | APC | $35.23 | | | |
| 15876 | E | SUCTION LIPECTOMY HEAD&NECK | | | | Not Allowed | $0.00 | | | |
| 15877 | E | SUCTION LIPECTOMY TRUNK | | | | Not Allowed | $0.00 | | | |
| 15878 | E | SUCTION LIPECTOMY UPR EXTREM | | | | Not Allowed | $0.00 | | | |
| 15879 | E | SUCTION LIPECTOMY LWR EXTREM | | | | Not Allowed | $0.00 | | | |
| 15920 | T | REMOVAL OF TAIL BONE ULCER | | 0019 | 4.717 | APC | $238.73 | | | |
| 15922 | T | REMOVAL OF TAIL BONE ULCER | | 0137 | 21.175 | APC | $1,071.68 | | | |
| 15931 | T | REMOVE SACRUM PRESSURE SORE | | 0022 | 23.293 | APC | $1,178.85 | | | |
| 15933 | T | REMOVE SACRUM PRESSURE SORE | | 0022 | 23.293 | APC | $1,178.85 | | | |
| 15934 | T | REMOVE SACRUM PRESSURE SORE | | 0137 | 21.175 | APC | $1,071.68 | | | |
| 15935 | T | REMOVE SACRUM PRESSURE SORE | | 0137 | 21.175 | APC | $1,071.68 | | | |
| 15936 | T | REMOVE SACRUM PRESSURE SORE | | 0136 | 15.588 | APC | $788.90 | | | |
| 15937 | T | REMOVE SACRUM PRESSURE SORE | | 0137 | 21.175 | APC | $1,071.68 | | | |
| 15940 | T | REMOVE HIP PRESSURE SORE | | 0022 | 23.293 | APC | $1,178.85 | | | |
| 15941 | T | REMOVE HIP PRESSURE SORE | | 0022 | 23.293 | APC | $1,178.85 | | | |
| 15944 | T | REMOVE HIP PRESSURE SORE | | 0137 | 21.175 | APC | $1,071.68 | | | |
| 15945 | T | REMOVE HIP PRESSURE SORE | | 0137 | 21.175 | APC | $1,071.68 | | | |
| 15946 | T | REMOVE HIP PRESSURE SORE | | 0137 | 21.175 | APC | $1,071.68 | | | |
| 15950 | T | REMOVE THIGH PRESSURE SORE | | 0022 | 23.293 | APC | $1,178.85 | | | |
| 15951 | T | REMOVE THIGH PRESSURE SORE | | 0022 | 23.293 | APC | $1,178.85 | | | |
| 15952 | T | REMOVE THIGH PRESSURE SORE | | 0136 | 15.588 | APC | $788.90 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 15953 | T | REMOVE THIGH PRESSURE SORE | | 0136 | 15.588 | APC | $788.90 | | | |
| 15956 | T | REMOVE THIGH PRESSURE SORE | | 0136 | 15.588 | APC | $788.90 | | | |
| 15958 | T | REMOVE THIGH PRESSURE SORE | | 0136 | 15.588 | APC | $788.90 | | | |
| 15999 | T | REMOVAL OF PRESSURE SORE | | 0019 | 4.717 | APC | $238.73 | | | |
| 16000 | T | INITIAL TREATMENT OF BURN(S) | | 0013 | 1.0032 | APC | $50.77 | | | |
| 16020 | T | DRESS/DEBRID P-THICK BURN S | | 0015 | 1.4998 | APC | $75.90 | | | |
| 16025 | T | DRESS/DEBRID P-THICK BURN M | | 0015 | 1.4998 | APC | $75.90 | | | |
| 16030 | T | DRESS/DEBRID P-THICK BURN L | | 0015 | 1.4998 | APC | $75.90 | | | |
| 16035 | T | INCISION OF BURN SCAB INITI | | 0015 | 1.4998 | APC | $75.90 | | | |
| 16036 | C | ESCHAROTOMY ADDL INCISION | | | | Inpatient Only | $0.00 | | | |
| 17000 | T | DESTRUCT PREMALG LESION | | 0013 | 1.0032 | APC | $50.77 | | | |
| 17003 | T | DESTRUCT PREMALG LES 2-14 | | 0012 | 0.3982 | APC | $20.15 | | | |
| 17004 | T | DESTROY PREMAL LESIONS 15/> | | 0016 | 2.9399 | APC | $148.79 | | | |
| 17106 | T | DESTRUCTION OF SKIN LESIONS | | 0016 | 2.9399 | APC | $148.79 | | | |
| 17107 | T | DESTRUCTION OF SKIN LESIONS | | 0016 | 2.9399 | APC | $148.79 | | | |
| 17108 | T | DESTRUCTION OF SKIN LESIONS | | 0016 | 2.9399 | APC | $148.79 | | | |
| 17110 | T | DESTRUCT B9 LESION 1-14 | | 0013 | 1.0032 | APC | $50.77 | | | |
| 17111 | T | DESTRUCT LESION 15 OR MORE | | 0015 | 1.4998 | APC | $75.90 | | | |
| 17250 | T | CHEMICAL CAUTERY TISSUE | | 0015 | 1.4998 | APC | $75.90 | | | |
| 17260 | T | DESTRUCTION OF SKIN LESIONS | | 0015 | 1.4998 | APC | $75.90 | | | |
| 17261 | T | DESTRUCTION OF SKIN LESIONS | | 0015 | 1.4998 | APC | $75.90 | | | |
| 17262 | T | DESTRUCTION OF SKIN LESIONS | | 0015 | 1.4998 | APC | $75.90 | | | |
| 17263 | T | DESTRUCTION OF SKIN LESIONS | | 0015 | 1.4998 | APC | $75.90 | | | |
| 17264 | T | DESTRUCTION OF SKIN LESIONS | | 0015 | 1.4998 | APC | $75.90 | | | |
| 17266 | T | DESTRUCTION OF SKIN LESIONS | | 0016 | 2.9399 | APC | $148.79 | | | |
| 17270 | T | DESTRUCTION OF SKIN LESIONS | | 0015 | 1.4998 | APC | $75.90 | | | |
| 17271 | T | DESTRUCTION OF SKIN LESIONS | | 0015 | 1.4998 | APC | $75.90 | | | |
| 17272 | T | DESTRUCTION OF SKIN LESIONS | | 0015 | 1.4998 | APC | $75.90 | | | |
| 17273 | T | DESTRUCTION OF SKIN LESIONS | | 0016 | 2.9399 | APC | $148.79 | | | |
| 17274 | T | DESTRUCTION OF SKIN LESIONS | | 0016 | 2.9399 | APC | $148.79 | | | |
| 17276 | T | DESTRUCTION OF SKIN LESIONS | | 0016 | 2.9399 | APC | $148.79 | | | |
| 17280 | T | DESTRUCTION OF SKIN LESIONS | | 0015 | 1.4998 | APC | $75.90 | | | |
| 17281 | T | DESTRUCTION OF SKIN LESIONS | | 0016 | 2.9399 | APC | $148.79 | | | |
| 17282 | T | DESTRUCTION OF SKIN LESIONS | | 0016 | 2.9399 | APC | $148.79 | | | |
| 17283 | T | DESTRUCTION OF SKIN LESIONS | | 0016 | 2.9399 | APC | $148.79 | | | |
| 17284 | T | DESTRUCTION OF SKIN LESIONS | | 0016 | 2.9399 | APC | $148.79 | | | |
| 17286 | T | DESTRUCTION OF SKIN LESIONS | | 0016 | 2.9399 | APC | $148.79 | | | |
| 17311 | T | MOHS 1 STAGE H/N/HF/G | | 0694 | 5.1585 | APC | $261.07 | | | |
| 17312 | T | MOHS ADDL STAGE | | 0694 | 5.1585 | APC | $261.07 | | | |
| 17313 | T | MOHS 1 STAGE T/A/L | | 0694 | 5.1585 | APC | $261.07 | | | |
| 17314 | T | MOHS ADDL STAGE T/A/L | | 0694 | 5.1585 | APC | $261.07 | | | |
| 17315 | T | MOHS SURG ADDL BLOCK | | 0694 | 5.1585 | APC | $261.07 | | | |
| 17340 | T | CRYOTHERAPY OF SKIN | | 0013 | 1.0032 | APC | $50.77 | | | |
| 17360 | T | SKIN PEEL THERAPY | | 0015 | 1.4998 | APC | $75.90 | | | |
| 17380 | E | HAIR REMOVAL BY ELECTROLYSIS | | | | Not Allowed | $0.00 | | | |
| 17999 | T | SKIN TISSUE PROCEDURE | | 0012 | 0.3982 | APC | $20.15 | | | |
| 19000 | T | DRAINAGE OF BREAST LESION | | 0004 | 4.8451 | APC | $245.21 | | | |
| 19001 | T | DRAIN BREAST LESION ADD-ON | | 0002 | 1.7194 | APC | $87.02 | | | |
| 19020 | T | INCISION OF BREAST LESION | | 0008 | 18.498 | APC | $936.16 | | | |
| 19030 | N | INJECTION FOR BREAST X-RAY | | | | Bundled | $0.00 | | | |
| 19100 | T | BX BREAST PERCUT W/O IMAGE | | 0004 | 4.8451 | APC | $245.21 | | | |
| 19101 | T | BIOPSY OF BREAST OPEN | | 0028 | 26.121 | APC | $1,321.98 | | | |
| 19102 | T | BX BREAST PERCUT W/IMAGE | | 0005 | 8.7675 | APC | $443.72 | | | |
| 19103 | T | BX BREAST PERCUT W/DEVICE | | 0037 | 15.685 | APC | $793.81 | | | |
| 19105 | T | CRYOSURG ABLATE FA EACH | | 0029 | 34.482 | APC | $1,745.11 | | | |
| 19110 | T | NIPPLE EXPLORATION | | 0028 | 26.121 | APC | $1,321.98 | | | |
| 19112 | T | EXCISE BREAST DUCT FISTULA | | 0028 | 26.121 | APC | $1,321.98 | | | |
| 19120 | T | REMOVAL OF BREAST LESION | | 0028 | 26.121 | APC | $1,321.98 | | | |
| 19125 | T | EXCISION BREAST LESION | | 0028 | 26.121 | APC | $1,321.98 | | | |
| 19126 | T | EXCISION ADDL BREAST LESION | | 0028 | 26.121 | APC | $1,321.98 | | | |
| 19260 | T | REMOVAL OF CHEST WALL LESION | | 0021 | 15.73 | APC | $796.09 | | | |
| 19271 | C | REVISION OF CHEST WALL | | | | Inpatient Only | $0.00 | | | |
| 19272 | C | EXTENSIVE CHEST WALL SURGERY | | | | Inpatient Only | $0.00 | | | |
| 19290 | N | PLACE NEEDLE WIRE BREAST | | 0340 | 0.6961 | Bundled, may be payable in some circumstances | $17,207.40 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 19291 | N | PLACE NEEDLE WIRE BREAST | | | | Bundled | $0.00 | | | |
| 19295 | N | PLACE BREAST CLIP PERCUT | | 0340 | 0.6961 | Bundled, may be payable in some circumstances | $17,207.40 | | | |
| 19296 | T | PLACE PO BREAST CATH FOR RAD | | 0648 | 63.972 | APC | $3,237.60 | | | |
| 19297 | T | PLACE BREAST CATH FOR RAD | | 0648 | 63.972 | APC | $3,237.60 | | | |
| 19298 | T | PLACE BREAST RAD TUBE/CATHS | | 0648 | 63.972 | APC | $3,237.60 | | | |
| 19300 | T | REMOVAL OF BREAST TISSUE | | 0028 | 26.121 | APC | $1,321.98 | | | |
| 19301 | T | PARTIAL MASTECTOMY | | 0028 | 26.121 | APC | $1,321.98 | | | |
| 19302 | T | P-MASTECTOMY W/LN REMOVAL | | 0030 | 45.377 | APC | $2,296.52 | | | |
| 19303 | T | MAST SIMPLE COMPLETE | | 0029 | 34.482 | APC | $1,745.11 | | | |
| 19304 | T | MAST SUBQ | | 0029 | 34.482 | APC | $1,745.11 | | | |
| 19305 | C | MAST RADICAL | | | | Inpatient Only | $0.00 | | | |
| 19306 | C | MAST RAD URBAN TYPE | | | | Inpatient Only | $0.00 | | | |
| 19307 | T | MAST MOD RAD | | 0030 | 45.377 | APC | $2,296.52 | | | |
| 19316 | T | SUSPENSION OF BREAST | | 0029 | 34.482 | APC | $1,745.11 | | | |
| 19318 | T | REDUCTION OF LARGE BREAST | | 0030 | 45.377 | APC | $2,296.52 | | | |
| 19324 | T | ENLARGE BREAST | | 0030 | 45.377 | APC | $2,296.52 | | | |
| 19325 | T | ENLARGE BREAST WITH IMPLANT | | 0648 | 63.972 | APC | $3,237.60 | | | |
| 19328 | T | REMOVAL OF BREAST IMPLANT | | 0029 | 34.482 | APC | $1,745.11 | | | |
| 19330 | T | REMOVAL OF IMPLANT MATERIAL | | 0029 | 34.482 | APC | $1,745.11 | | | |
| 19340 | T | IMMEDIATE BREAST PROSTHESIS | | 0030 | 45.377 | APC | $2,296.52 | | | |
| 19342 | T | DELAYED BREAST PROSTHESIS | | 0648 | 63.972 | APC | $3,237.60 | | | |
| 19350 | T | BREAST RECONSTRUCTION | | 0028 | 26.121 | APC | $1,321.98 | | | |
| 19355 | E | CORRECT INVERTED NIPPLE(S) | | | | Not Allowed | $0.00 | | | |
| 19357 | T | BREAST RECONSTRUCTION | | 0648 | 63.972 | APC | $3,237.60 | | | |
| 19361 | C | BREAST RECONSTR W/LAT FLAP | | | | Inpatient Only | $0.00 | | | |
| 19364 | C | BREAST RECONSTRUCTION | | | | Inpatient Only | $0.00 | | | |
| 19366 | T | BREAST RECONSTRUCTION | | 0029 | 34.482 | APC | $1,745.11 | | | |
| 19367 | C | BREAST RECONSTRUCTION | | | | Inpatient Only | $0.00 | | | |
| 19368 | C | BREAST RECONSTRUCTION | | | | Inpatient Only | $0.00 | | | |
| 19369 | C | BREAST RECONSTRUCTION | | | | Inpatient Only | $0.00 | | | |
| 19370 | T | SURGERY OF BREAST CAPSULE | | 0029 | 34.482 | APC | $1,745.11 | | | |
| 19371 | T | REMOVAL OF BREAST CAPSULE | | 0029 | 34.482 | APC | $1,745.11 | | | |
| 19380 | T | REVISE BREAST RECONSTRUCTION | | 0030 | 45.377 | APC | $2,296.52 | | | |
| 19396 | T | DESIGN CUSTOM BREAST IMPLANT | | 0029 | 34.482 | APC | $1,745.11 | | | |
| 19499 | T | BREAST SURGERY PROCEDURE | | 0028 | 26.121 | APC | $1,321.98 | | | |
| 20005 | T | I&D ABSCESS SUBFASCIAL | | 0020 | 8.1838 | APC | $414.18 | | | |
| 20100 | T | EXPLORE WOUND NECK | | 0252 | 6.9913 | APC | $353.83 | | | |
| 20101 | T | EXPLORE WOUND CHEST | | 0137 | 21.175 | APC | $1,071.68 | | | |
| 20102 | T | EXPLORE WOUND ABDOMEN | | 0137 | 21.175 | APC | $1,071.68 | | | |
| 20103 | T | EXPLORE WOUND EXTREMITY | | 0007 | 10.175 | APC | $514.94 | | | |
| 20150 | T | EXCISE EPIPHYSEAL BAR | | 0051 | 48.204 | APC | $2,439.61 | | | |
| 20200 | T | MUSCLE BIOPSY | | 0021 | 15.73 | APC | $796.09 | | | |
| 20205 | T | DEEP MUSCLE BIOPSY | | 0021 | 15.73 | APC | $796.09 | | | |
| 20206 | T | NEEDLE BIOPSY MUSCLE | | 0005 | 8.7675 | APC | $443.72 | | | |
| 20220 | T | BONE BIOPSY TROCAR/NEEDLE | | 0020 | 8.1838 | APC | $414.18 | | | |
| 20225 | T | BONE BIOPSY TROCAR/NEEDLE | | 0021 | 15.73 | APC | $796.09 | | | |
| 20240 | T | BONE BIOPSY EXCISIONAL | | 0022 | 23.293 | APC | $1,178.85 | | | |
| 20245 | T | BONE BIOPSY EXCISIONAL | | 0022 | 23.293 | APC | $1,178.85 | | | |
| 20250 | T | OPEN BONE BIOPSY | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 20251 | T | OPEN BONE BIOPSY | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 20500 | T | INJECTION OF SINUS TRACT | | 0252 | 6.9913 | APC | $353.83 | | | |
| 20501 | N | INJECT SINUS TRACT FOR X-RAY | | | | Bundled | $0.00 | | | |
| 20520 | T | REMOVAL OF FOREIGN BODY | | 0019 | 4.717 | APC | $238.73 | | | |
| 20525 | T | REMOVAL OF FOREIGN BODY | | 0022 | 23.293 | APC | $1,178.85 | | | |
| 20526 | T | THER INJECTION CARP TUNNEL | | 0204 | 2.5607 | APC | $129.60 | | | |
| 20527 | T | INJ DUPUYTREN CORD W/ENZYME | | 0204 | 2.5607 | APC | $129.60 | | | |
| 20550 | T | INJ TENDON SHEATH/LIGAMENT | | 0204 | 2.5607 | APC | $129.60 | | | Y |
| 20551 | T | INJ TENDON ORIGIN/INSERTION | | 0204 | 2.5607 | APC | $129.60 | | | Y |
| 20552 | T | INJ TRIGGER POINT 1/2 MUSCL | | 0204 | 2.5607 | APC | $129.60 | | | Y |
| 20553 | T | INJECT TRIGGER POINTS 3/> | | 0204 | 2.5607 | APC | $129.60 | | | |
| 20555 | T | PLACE NDL MUSC/TIS FOR RT | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 20600 | T | DRAIN/INJECT JOINT/BURSA | | 0204 | 2.5607 | APC | $129.60 | | | |
| 20605 | T | DRAIN/INJECT JOINT/BURSA | | 0204 | 2.5607 | APC | $129.60 | | | |
| 20610 | T | DRAIN/INJECT JOINT/BURSA | | 0204 | 2.5607 | APC | $129.60 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 20612 | T | ASPIRATE/INJ GANGLION CYST | | 0204 | 2.5607 | APC | $129.60 | | | |
| 20615 | T | TREATMENT OF BONE CYST | | 0004 | 4.8451 | APC | $245.21 | | | |
| 20650 | T | INSERT AND REMOVE BONE PIN | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 20660 | T | APPLY REM FIXATION DEVICE | | 0138 | 5.5931 | APC | $283.07 | | | |
| 20661 | C | APPLICATION OF HEAD BRACE | | | | Inpatient Only | $0.00 | | | |
| 20662 | T | APPLICATION OF PELVIS BRACE | | 0049 | 21.81 | APC | $1,103.78 | | | |
| 20663 | T | APPLICATION OF THIGH BRACE | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 20664 | C | APPLICATION OF HALO | | | | Inpatient Only | $0.00 | | | |
| 20665 | X | REMOVAL OF FIXATION DEVICE | | 0340 | 0.6961 | APC | $35.23 | | | |
| 20670 | T | REMOVAL OF SUPPORT IMPLANT | | 0021 | 15.73 | APC | $796.09 | | | |
| 20680 | T | REMOVAL OF SUPPORT IMPLANT | | 0022 | 23.293 | APC | $1,178.85 | | | |
| 20690 | T | APPLY BONE FIXATION DEVICE | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 20692 | T | APPLY BONE FIXATION DEVICE | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 20693 | T | ADJUST BONE FIXATION DEVICE | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 20694 | T | REMOVE BONE FIXATION DEVICE | | 0049 | 21.81 | APC | $1,103.78 | | | |
| 20696 | T | COMP MULTIPLANE EXT FIXATION | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 20697 | T | COMP EXT FIXATE STRUT CHANGE | | 0139 | 11.715 | APC | $592.88 | | | |
| 20802 | C | REPLANTATION ARM COMPLETE | | | | Inpatient Only | $0.00 | | | |
| 20805 | C | REPLANT FOREARM COMPLETE | | | | Inpatient Only | $0.00 | | | |
| 20808 | C | REPLANTATION HAND COMPLETE | | | | Inpatient Only | $0.00 | | | |
| 20816 | C | REPLANTATION DIGIT COMPLETE | | | | Inpatient Only | $0.00 | | | |
| 20822 | T | REPLANTATION DIGIT COMPLETE | | 0054 | 28.973 | APC | $1,466.30 | | | |
| 20824 | C | REPLANTATION THUMB COMPLETE | | | | Inpatient Only | $0.00 | | | |
| 20827 | C | REPLANTATION THUMB COMPLETE | | | | Inpatient Only | $0.00 | | | |
| 20838 | C | REPLANTATION FOOT COMPLETE | | | | Inpatient Only | $0.00 | | | |
| 20900 | T | REMOVAL OF BONE FOR GRAFT | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 20902 | T | REMOVAL OF BONE FOR GRAFT | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 20910 | T | REMOVE CARTILAGE FOR GRAFT | | 0137 | 21.175 | APC | $1,071.68 | | | |
| 20912 | T | REMOVE CARTILAGE FOR GRAFT | | 0137 | 21.175 | APC | $1,071.68 | | | |
| 20920 | T | REMOVAL OF FASCIA FOR GRAFT | | 0136 | 15.588 | APC | $788.90 | | | |
| 20922 | T | REMOVAL OF FASCIA FOR GRAFT | | 0136 | 15.588 | APC | $788.90 | | | |
| 20924 | T | REMOVAL OF TENDON FOR GRAFT | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 20926 | T | REMOVAL OF TISSUE FOR GRAFT | | 0136 | 15.588 | APC | $788.90 | | | |
| 20930 | N | SP BONE ALGRFT MORSEL ADD-ON | | | | Bundled | $0.00 | | | |
| 20931 | N | SP BONE ALGRFT STRUCT ADD-ON | | | | Bundled | $0.00 | | | |
| 20936 | C | SP BONE AGRFT LOCAL ADD-ON | | | | Inpatient Only | $0.00 | | | |
| 20937 | C | SP BONE AGRFT MORSEL ADD-ON | | | | Inpatient Only | $0.00 | | | |
| 20938 | C | SP BONE AGRFT STRUCT ADD-ON | | | | Inpatient Only | $0.00 | | | |
| 20950 | T | FLUID PRESSURE MUSCLE | | 0006 | 1.7592 | APC | $89.03 | | | |
| 20955 | C | FIBULA BONE GRAFT MICROVASC | | | | Inpatient Only | $0.00 | | | |
| 20956 | C | ILIAC BONE GRAFT MICROVASC | | | | Inpatient Only | $0.00 | | | |
| 20957 | C | MT BONE GRAFT MICROVASC | | | | Inpatient Only | $0.00 | | | |
| 20962 | C | OTHER BONE GRAFT MICROVASC | | | | Inpatient Only | $0.00 | | | |
| 20969 | C | BONE/SKIN GRAFT MICROVASC | | | | Inpatient Only | $0.00 | | | |
| 20970 | C | BONE/SKIN GRAFT ILIAC CREST | | | | Inpatient Only | $0.00 | | | |
| 20972 | T | BONE/SKIN GRAFT METATARSAL | | 0056 | 60.688 | APC | $3,071.40 | | | |
| 20973 | T | BONE/SKIN GRAFT GREAT TOE | | 0056 | 60.688 | APC | $3,071.40 | | | |
| 20974 | M | ELECTRICAL BONE STIMULATION | | | | Fee Schedule | $51.55 | | | |
| 20975 | N | ELECTRICAL BONE STIMULATION | | | | Bundled | $0.00 | | | |
| 20979 | X | US BONE STIMULATION | | 0340 | 0.6961 | APC | $35.23 | | | |
| 20982 | T | ABLATE BONE TUMOR(S) PERQ | | 0051 | 48.204 | APC | $2,439.61 | | | |
| 20985 | N | CPTR-ASST DIR MS PX | | | | Bundled | $0.00 | | | |
| 20999 | T | MUSCULOSKELETAL SURGERY | | 0049 | 21.81 | APC | $1,103.78 | | | |
| 21010 | T | INCISION OF JAW JOINT | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 21011 | T | EXC FACE LES SC <2 CM | | 0020 | 8.1838 | APC | $414.18 | | | |
| 21012 | T | EXC FACE LES SBQ 2 CM/< | | 0020 | 8.1838 | APC | $414.18 | | | |
| 21013 | T | EXC FACE TUM DEEP < 2 CM | | 0020 | 8.1838 | APC | $414.18 | | | |
| 21014 | T | EXC FACE TUM DEEP 2 CM/> | | 0020 | 8.1838 | APC | $414.18 | | | |
| 21015 | T | RESECT FACE TUM < 2 CM | | 0021 | 15.73 | APC | $796.09 | | | |
| 21016 | T | RESECT FACE TUM 2 CM/> | | 0022 | 23.293 | APC | $1,178.85 | | | |
| 21025 | T | EXCISION OF BONE LOWER JAW | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 21026 | T | EXCISION OF FACIAL BONE(S) | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 21029 | T | CONTOUR OF FACE BONE LESION | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 21030 | T | EXCISE MAX/ZYGOMA B9 TUMOR | | 0254 | 25.238 | APC | $1,277.28 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 21031 | T | REMOVE EXOSTOSIS MANDIBLE | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 21032 | T | REMOVE EXOSTOSIS MAXILLA | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 21034 | T | EXCISE MAX/ZYGOMA MAL TUMOR | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 21040 | T | EXCISE MANDIBLE LESION | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 21044 | T | REMOVAL OF JAW BONE LESION | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 21045 | C | EXTENSIVE JAW SURGERY | | | | Inpatient Only | $0.00 | | | |
| 21046 | T | REMOVE MANDIBLE CYST COMPLEX | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 21047 | T | EXCISE LWR JAW CYST W/REPAIR | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 21048 | T | REMOVE MAXILLA CYST COMPLEX | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 21049 | T | EXCIS UPPR JAW CYST W/REPAIR | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 21050 | T | REMOVAL OF JAW JOINT | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 21060 | T | REMOVE JAW JOINT CARTILAGE | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 21070 | T | REMOVE CORONOID PROCESS | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 21073 | T | MNPJ OF TMJ W/ANESTH | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 21076 | T | PREPARE FACE/ORAL PROSTHESIS | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 21077 | T | PREPARE FACE/ORAL PROSTHESIS | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 21079 | T | PREPARE FACE/ORAL PROSTHESIS | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 21080 | T | PREPARE FACE/ORAL PROSTHESIS | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 21081 | T | PREPARE FACE/ORAL PROSTHESIS | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 21082 | T | PREPARE FACE/ORAL PROSTHESIS | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 21083 | T | PREPARE FACE/ORAL PROSTHESIS | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 21084 | T | PREPARE FACE/ORAL PROSTHESIS | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 21085 | T | PREPARE FACE/ORAL PROSTHESIS | | 0252 | 6.9913 | APC | $353.83 | | | |
| 21086 | T | PREPARE FACE/ORAL PROSTHESIS | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 21087 | T | PREPARE FACE/ORAL PROSTHESIS | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 21088 | T | PREPARE FACE/ORAL PROSTHESIS | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 21089 | T | PREPARE FACE/ORAL PROSTHESIS | | 0250 | 1.095 | APC | $55.42 | | | |
| 21100 | T | MAXILLOFACIAL FIXATION | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 21110 | T | INTERDENTAL FIXATION | | 0252 | 6.9913 | APC | $353.83 | | | |
| 21116 | N | INJECTION JAW JOINT X-RAY | | | | Bundled | $0.00 | | | |
| 21120 | T | RECONSTRUCTION OF CHIN | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 21121 | T | RECONSTRUCTION OF CHIN | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 21122 | T | RECONSTRUCTION OF CHIN | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 21123 | T | RECONSTRUCTION OF CHIN | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 21125 | T | AUGMENTATION LOWER JAW BONE | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 21127 | T | AUGMENTATION LOWER JAW BONE | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 21137 | T | REDUCTION OF FOREHEAD | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 21138 | T | REDUCTION OF FOREHEAD | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 21139 | T | REDUCTION OF FOREHEAD | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 21141 | C | LEFORT I-1 PIECE W/O GRAFT | | | | Inpatient Only | $0.00 | | | |
| 21142 | C | LEFORT I-2 PIECE W/O GRAFT | | | | Inpatient Only | $0.00 | | | |
| 21143 | C | LEFORT I-3/> PIECE W/O GRAFT | | | | Inpatient Only | $0.00 | | | |
| 21145 | C | LEFORT I-1 PIECE W/ GRAFT | | | | Inpatient Only | $0.00 | | | |
| 21146 | C | LEFORT I-2 PIECE W/ GRAFT | | | | Inpatient Only | $0.00 | | | |
| 21147 | C | LEFORT I-3/> PIECE W/ GRAFT | | | | Inpatient Only | $0.00 | | | |
| 21150 | T | LEFORT II ANTERIOR INTRUSION | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 21151 | C | LEFORT II W/BONE GRAFTS | | | | Inpatient Only | $0.00 | | | |
| 21154 | C | LEFORT III W/O LEFORT I | | | | Inpatient Only | $0.00 | | | |
| 21155 | C | LEFORT III W/ LEFORT I | | | | Inpatient Only | $0.00 | | | |
| 21159 | C | LEFORT III W/FHDW/O LEFORT I | | | | Inpatient Only | $0.00 | | | |
| 21160 | C | LEFORT III W/FHD W/ LEFORT I | | | | Inpatient Only | $0.00 | | | |
| 21172 | T | RECONSTRUCT ORBIT/FOREHEAD | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 21175 | T | RECONSTRUCT ORBIT/FOREHEAD | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 21179 | C | RECONSTRUCT ENTIRE FOREHEAD | | | | Inpatient Only | $0.00 | | | |
| 21180 | C | RECONSTRUCT ENTIRE FOREHEAD | | | | Inpatient Only | $0.00 | | | |
| 21181 | T | CONTOUR CRANIAL BONE LESION | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 21182 | C | RECONSTRUCT CRANIAL BONE | | | | Inpatient Only | $0.00 | | | |
| 21183 | C | RECONSTRUCT CRANIAL BONE | | | | Inpatient Only | $0.00 | | | |
| 21184 | C | RECONSTRUCT CRANIAL BONE | | | | Inpatient Only | $0.00 | | | |
| 21188 | C | RECONSTRUCTION OF MIDFACE | | | | Inpatient Only | $0.00 | | | |
| 21193 | T | RECONST LWR JAW W/O GRAFT | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 21194 | C | RECONST LWR JAW W/GRAFT | | | | Inpatient Only | $0.00 | | | |
| 21195 | T | RECONST LWR JAW W/O FIXATION | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 21196 | C | RECONST LWR JAW W/FIXATION | | | | Inpatient Only | $0.00 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 21198 | T | RECONSTR LWR JAW SEGMENT | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 21199 | T | RECONSTR LWR JAW W/ADVANCE | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 21206 | T | RECONSTRUCT UPPER JAW BONE | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 21208 | T | AUGMENTATION OF FACIAL BONES | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 21209 | T | REDUCTION OF FACIAL BONES | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 21210 | T | FACE BONE GRAFT | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 21215 | T | LOWER JAW BONE GRAFT | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 21230 | T | RIB CARTILAGE GRAFT | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 21235 | T | EAR CARTILAGE GRAFT | | 0253 | 16.09 | APC | $814.29 | | | |
| 21240 | T | RECONSTRUCTION OF JAW JOINT | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 21242 | T | RECONSTRUCTION OF JAW JOINT | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 21243 | T | RECONSTRUCTION OF JAW JOINT | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 21244 | T | RECONSTRUCTION OF LOWER JAW | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 21245 | T | RECONSTRUCTION OF JAW | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 21246 | T | RECONSTRUCTION OF JAW | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 21247 | C | RECONSTRUCT LOWER JAW BONE | | | | Inpatient Only | $0.00 | | | |
| 21248 | T | RECONSTRUCTION OF JAW | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 21249 | T | RECONSTRUCTION OF JAW | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 21255 | C | RECONSTRUCT LOWER JAW BONE | | | | Inpatient Only | $0.00 | | | |
| 21256 | T | RECONSTRUCTION OF ORBIT | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 21260 | T | REVISE EYE SOCKETS | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 21261 | T | REVISE EYE SOCKETS | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 21263 | T | REVISE EYE SOCKETS | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 21267 | T | REVISE EYE SOCKETS | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 21268 | C | REVISE EYE SOCKETS | | | | Inpatient Only | $0.00 | | | Y |
| 21270 | T | AUGMENTATION CHEEK BONE | | 0256 | 45.979 | APC | $2,326.99 | | | Y |
| 21275 | T | REVISION ORBITOFACIAL BONES | | 0256 | 45.979 | APC | $2,326.99 | | | Y |
| 21280 | T | REVISION OF EYELID | | 0256 | 45.979 | APC | $2,326.99 | | | Y |
| 21282 | T | REVISION OF EYELID | | 0253 | 16.09 | APC | $814.29 | | | |
| 21295 | T | REVISION OF JAW MUSCLE/BONE | | 0252 | 6.9913 | APC | $353.83 | | | |
| 21296 | T | REVISION OF JAW MUSCLE/BONE | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 21299 | T | CRANIO/MAXILLOFACIAL SURGERY | | 0250 | 1.095 | APC | $55.42 | | | |
| 21310 | T | CLOSED TX NOSE FX W/O MANJ | | 0250 | 1.095 | APC | $55.42 | | | |
| 21315 | T | CLOSED TX NOSE FX W/O STABLJ | | 0253 | 16.09 | APC | $814.29 | | | Y |
| 21320 | T | CLOSED TX NOSE FX W/ STABLJ | | 0253 | 16.09 | APC | $814.29 | | | Y |
| 21325 | T | OPEN TX NOSE FX UNCOMPLICATD | | 0254 | 25.238 | APC | $1,277.28 | | | Y |
| 21330 | T | OPEN TX NOSE FX W/SKELE FIXJ | | 0254 | 25.238 | APC | $1,277.28 | | | Y |
| 21335 | T | OPEN TX NOSE & SEPTAL FX | | 0254 | 25.238 | APC | $1,277.28 | | | Y |
| 21336 | T | OPEN TX SEPTAL FX W/WO STABJ | | 0062 | 26.767 | APC | $1,354.68 | | | Y |
| 21337 | T | CLOSED TX SEPTAL&NOSE FX | | 0253 | 16.09 | APC | $814.29 | | | Y |
| 21338 | T | OPEN NASOETHMOID FX W/O FIXJ | | 0256 | 45.979 | APC | $2,326.99 | | | Y |
| 21339 | T | OPEN NASOETHMOID FX W/ FIXJ | | 0254 | 25.238 | APC | $1,277.28 | | | Y |
| 21340 | T | PERQ TX NASOETHMOID FX | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 21343 | C | OPEN TX DPRSD FRONT SINUS FX | | | | Inpatient Only | $0.00 | | | |
| 21344 | C | OPEN TX COMPL FRONT SINUS FX | | | | Inpatient Only | $0.00 | | | |
| 21345 | T | CLOSED TX NOSE/JAW FX | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 21346 | T | OPN TX NASOMAX FX W/FIXJ | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 21347 | C | OPN TX NASOMAX FX MULTPLE | | | | Inpatient Only | $0.00 | | | |
| 21348 | C | OPN TX NASOMAX FX W/GRAFT | | | | Inpatient Only | $0.00 | | | |
| 21355 | T | PERQ TX MALAR FRACTURE | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 21356 | T | OPN TX DPRSD ZYGOMATIC ARCH | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 21360 | T | OPN TX DPRSD MALAR FRACTURE | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 21365 | T | OPN TX COMPLX MALAR FX | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 21366 | C | OPN TX COMPLX MALAR W/GRFT | | | | Inpatient Only | $0.00 | | | |
| 21385 | T | OPN TX ORBIT FX TRANSANTRAL | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 21386 | T | OPN TX ORBIT FX PERIORBITAL | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 21387 | T | OPN TX ORBIT FX COMBINED | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 21390 | T | OPN TX ORBIT PERIORBTL IMPLT | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 21395 | T | OPN TX ORBIT PERIORBT W/GRFT | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 21400 | T | CLOSED TX ORBIT W/O MANIPULJ | | 0252 | 6.9913 | APC | $353.83 | | | |
| 21401 | T | CLOSED TX ORBIT W/ MANIPULJ | | 0252 | 6.9913 | APC | $353.83 | | | |
| 21406 | T | OPN TX ORBIT FX W/O IMPLANT | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 21407 | T | OPN TX ORBIT FX W/IMPLANT | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 21408 | T | OPN TX ORBIT FX W/BONE GRFT | | 0256 | 45.979 | APC | $2,326.99 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 21421 | T | TREAT MOUTH ROOF FRACTURE | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 21422 | C | TREAT MOUTH ROOF FRACTURE | | | | Inpatient Only | $0.00 | | | |
| 21423 | C | TREAT MOUTH ROOF FRACTURE | | | | Inpatient Only | $0.00 | | | |
| 21431 | C | TREAT CRANIOFACIAL FRACTURE | | | | Inpatient Only | $0.00 | | | |
| 21432 | C | TREAT CRANIOFACIAL FRACTURE | | | | Inpatient Only | $0.00 | | | |
| 21433 | C | TREAT CRANIOFACIAL FRACTURE | | | | Inpatient Only | $0.00 | | | |
| 21435 | C | TREAT CRANIOFACIAL FRACTURE | | | | Inpatient Only | $0.00 | | | |
| 21436 | C | TREAT CRANIOFACIAL FRACTURE | | | | Inpatient Only | $0.00 | | | |
| 21440 | T | TREAT DENTAL RIDGE FRACTURE | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 21445 | T | TREAT DENTAL RIDGE FRACTURE | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 21450 | T | TREAT LOWER JAW FRACTURE | | 0251 | 3.2225 | APC | $163.09 | | | |
| 21451 | T | TREAT LOWER JAW FRACTURE | | 0253 | 16.09 | APC | $814.29 | | | |
| 21452 | T | TREAT LOWER JAW FRACTURE | | 0253 | 16.09 | APC | $814.29 | | | |
| 21453 | T | TREAT LOWER JAW FRACTURE | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 21454 | T | TREAT LOWER JAW FRACTURE | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 21461 | T | TREAT LOWER JAW FRACTURE | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 21462 | T | TREAT LOWER JAW FRACTURE | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 21465 | T | TREAT LOWER JAW FRACTURE | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 21470 | T | TREAT LOWER JAW FRACTURE | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 21480 | T | RESET DISLOCATED JAW | | 0250 | 1.095 | APC | $55.42 | | | |
| 21485 | T | RESET DISLOCATED JAW | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 21490 | T | REPAIR DISLOCATED JAW | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 21495 | T | TREAT HYOID BONE FRACTURE | | 0253 | 16.09 | APC | $814.29 | | | |
| 21497 | T | INTERDENTAL WIRING | | 0252 | 6.9913 | APC | $353.83 | | | |
| 21499 | T | HEAD SURGERY PROCEDURE | | 0250 | 1.095 | APC | $55.42 | | | |
| 21501 | T | DRAIN NECK/CHEST LESION | | 0008 | 18.498 | APC | $936.16 | | | |
| 21502 | T | DRAIN CHEST LESION | | 0049 | 21.81 | APC | $1,103.78 | | | |
| 21510 | C | DRAINAGE OF BONE LESION | | | | Inpatient Only | $0.00 | | | |
| 21550 | T | BIOPSY OF NECK/CHEST | | 0021 | 15.73 | APC | $796.09 | | | |
| 21552 | T | EXC NECK LES SC 3 CM/> | | 0022 | 23.293 | APC | $1,178.85 | | | |
| 21554 | T | EXC NECK TUM DEEP 5 CM/> | | 0022 | 23.293 | APC | $1,178.85 | | | |
| 21555 | T | EXC NECK LES SC < 3 CM | | 0021 | 15.73 | APC | $796.09 | | | |
| 21556 | T | EXC NECK TUM DEEP < 5 CM | | 0022 | 23.293 | APC | $1,178.85 | | | |
| 21557 | T | RESECT NECK TUM < 5 CM | | 0021 | 15.73 | APC | $796.09 | | | |
| 21558 | T | RESECT NECK TUM 5 CM/> | | 0022 | 23.293 | APC | $1,178.85 | | | |
| 21600 | T | PARTIAL REMOVAL OF RIB | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 21610 | T | PARTIAL REMOVAL OF RIB | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 21615 | C | REMOVAL OF RIB | | | | Inpatient Only | $0.00 | | | |
| 21616 | C | REMOVAL OF RIB AND NERVES | | | | Inpatient Only | $0.00 | | | |
| 21620 | C | PARTIAL REMOVAL OF STERNUM | | | | Inpatient Only | $0.00 | | | |
| 21627 | C | STERNAL DEBRIDEMENT | | | | Inpatient Only | $0.00 | | | |
| 21630 | C | EXTENSIVE STERNUM SURGERY | | | | Inpatient Only | $0.00 | | | |
| 21632 | C | EXTENSIVE STERNUM SURGERY | | | | Inpatient Only | $0.00 | | | |
| 21685 | T | HYOID MYOTOMY & SUSPENSION | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 21700 | T | REVISION OF NECK MUSCLE | | 0049 | 21.81 | APC | $1,103.78 | | | |
| 21705 | C | REVISION OF NECK MUSCLE/RIB | | | | Inpatient Only | $0.00 | | | |
| 21720 | T | REVISION OF NECK MUSCLE | | 0049 | 21.81 | APC | $1,103.78 | | | |
| 21725 | T | REVISION OF NECK MUSCLE | | 0006 | 1.7592 | APC | $89.03 | | | |
| 21740 | C | RECONSTRUCTION OF STERNUM | | | | Inpatient Only | $0.00 | | | |
| 21742 | T | REPAIR STERN/NUSS W/O SCOPE | | 0051 | 48.204 | APC | $2,439.61 | | | |
| 21743 | T | REPAIR STERNUM/NUSS W/SCOPE | | 0051 | 48.204 | APC | $2,439.61 | | | |
| 21750 | C | REPAIR OF STERNUM SEPARATION | | | | Inpatient Only | $0.00 | | | |
| 21800 | T | TREATMENT OF RIB FRACTURE | | 0129 | 1.8741 | APC | $94.85 | | | |
| 21805 | T | TREATMENT OF RIB FRACTURE | | 0062 | 26.767 | APC | $1,354.68 | | | |
| 21810 | C | TREATMENT OF RIB FRACTURE(S) | | | | Inpatient Only | $0.00 | | | |
| 21820 | T | TREAT STERNUM FRACTURE | | 0129 | 1.8741 | APC | $94.85 | | | |
| 21825 | C | TREAT STERNUM FRACTURE | | | | Inpatient Only | $0.00 | | | |
| 21899 | T | NECK/CHEST SURGERY PROCEDURE | | 0250 | 1.095 | APC | $55.42 | | | |
| 21920 | T | BIOPSY SOFT TISSUE OF BACK | | 0020 | 8.1838 | APC | $414.18 | | | |
| 21925 | T | BIOPSY SOFT TISSUE OF BACK | | 0022 | 23.293 | APC | $1,178.85 | | | |
| 21930 | T | EXC BACK LES SC < 3 CM | | 0021 | 15.73 | APC | $796.09 | | | |
| 21931 | T | EXC BACK LES SC 3 CM/> | | 0022 | 23.293 | APC | $1,178.85 | | | |
| 21932 | T | EXC BACK TUM DEEP < 5 CM | | 0021 | 15.73 | APC | $796.09 | | | |
| 21933 | T | EXC BACK TUM DEEP 5 CM/> | | 0022 | 23.293 | APC | $1,178.85 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 21935 | T | RESECT BACK TUM < 5 CM | | 0021 | 15.73 | APC | $796.09 | | | |
| 21936 | T | RESECT BACK TUM 5 CM/> | | 0022 | 23.293 | APC | $1,178.85 | | | |
| 22010 | C | I&D P-SPINE C/T/CERV-THOR | | | | Inpatient Only | $0.00 | | | |
| 22015 | C | I&D ABSCESS P-SPINE L/S/LS | | | | Inpatient Only | $0.00 | | | |
| 22100 | T | REMOVE PART OF NECK VERTEBRA | | 0208 | 52.706 | APC | $2,667.43 | | | |
| 22101 | T | REMOVE PART THORAX VERTEBRA | | 0208 | 52.706 | APC | $2,667.43 | | | |
| 22102 | T | REMOVE PART LUMBAR VERTEBRA | | 0208 | 52.706 | APC | $2,667.43 | | | |
| 22103 | T | REMOVE EXTRA SPINE SEGMENT | | 0208 | 52.706 | APC | $2,667.43 | | | |
| 22110 | C | REMOVE PART OF NECK VERTEBRA | | | | Inpatient Only | $0.00 | | | |
| 22112 | C | REMOVE PART THORAX VERTEBRA | | | | Inpatient Only | $0.00 | | | |
| 22114 | C | REMOVE PART LUMBAR VERTEBRA | | | | Inpatient Only | $0.00 | | | |
| 22116 | C | REMOVE EXTRA SPINE SEGMENT | | | | Inpatient Only | $0.00 | | | |
| 22206 | C | INCIS SPINE 3 COLUMN THORAC | | | | Inpatient Only | $0.00 | | | |
| 22207 | C | INCIS SPINE 3 COLUMN LUMBAR | | | | Inpatient Only | $0.00 | | | |
| 22208 | C | INCIS SPINE 3 COLUMN ADL SEG | | | | Inpatient Only | $0.00 | | | |
| 22210 | C | INCIS 1 VERTEBRAL SEG CERV | | | | Inpatient Only | $0.00 | | | |
| 22212 | C | INCIS 1 VERTEBRAL SEG THORAC | | | | Inpatient Only | $0.00 | | | |
| 22214 | C | INCIS 1 VERTEBRAL SEG LUMBAR | | | | Inpatient Only | $0.00 | | | |
| 22216 | C | INCIS ADDL SPINE SEGMENT | | | | Inpatient Only | $0.00 | | | |
| 22220 | C | INCIS W/DISCECTOMY CERVICAL | | | | Inpatient Only | $0.00 | | | |
| 22222 | T | INCIS W/DISCECTOMY THORACIC | | 0208 | 52.706 | APC | $2,667.43 | | | |
| 22224 | C | INCIS W/DISCECTOMY LUMBAR | | | | Inpatient Only | $0.00 | | | Y |
| 22226 | C | REVISE EXTRA SPINE SEGMENT | | | | Inpatient Only | $0.00 | | | Y |
| 22305 | T | CLOSED TX SPINE PROCESS FX | | 0129 | 1.8741 | APC | $94.85 | | | Y |
| 22310 | T | CLOSED TX VERT FX W/O MANJ | | 0138 | 5.5931 | APC | $283.07 | | | |
| 22315 | T | CLOSED TX VERT FX W/MANJ | | 0139 | 11.715 | APC | $592.88 | | | |
| 22318 | C | TREAT ODONTOID FX W/O GRAFT | | | | Inpatient Only | $0.00 | | | |
| 22319 | C | TREAT ODONTOID FX W/GRAFT | | | | Inpatient Only | $0.00 | | | |
| 22325 | C | TREAT SPINE FRACTURE | | | | Inpatient Only | $0.00 | | | |
| 22326 | C | TREAT NECK SPINE FRACTURE | | | | Inpatient Only | $0.00 | | | |
| 22327 | C | TREAT THORAX SPINE FRACTURE | | | | Inpatient Only | $0.00 | | | |
| 22328 | C | TREAT EACH ADD SPINE FX | | | | Inpatient Only | $0.00 | | | |
| 22505 | T | MANIPULATION OF SPINE | | 0045 | 14.571 | APC | $737.42 | | | |
| 22520 | T | PERCUT VERTEBROPLASTY THOR | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 22521 | T | PERCUT VERTEBROPLASTY LUMB | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 22522 | T | PERCUT VERTEBROPLASTY ADDL | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 22523 | T | PERCUT KYPHOPLASTY THOR | | 0052 | 82.208 | APC | $4,160.54 | | | |
| 22524 | T | PERCUT KYPHOPLASTY LUMBAR | | 0052 | 82.208 | APC | $4,160.54 | | | |
| 22525 | T | PERCUT KYPHOPLASTY ADD-ON | | 0052 | 82.208 | APC | $4,160.54 | | | |
| 22526 | E | IDET SINGLE LEVEL | | | | Not Allowed | $0.00 | | | |
| 22527 | E | IDET 1 OR MORE LEVELS | | | | Not Allowed | $0.00 | | | |
| 22532 | C | LAT THORAX SPINE FUSION | | | | Inpatient Only | $0.00 | | | |
| 22533 | C | LAT LUMBAR SPINE FUSION | | | | Inpatient Only | $0.00 | | | |
| 22534 | C | LAT THOR/LUMB ADDL SEG | | | | Inpatient Only | $0.00 | | | |
| 22548 | C | NECK SPINE FUSION | | | | Inpatient Only | $0.00 | | | |
| 22551 | T | NECK SPINE FUSE&REMOV BEL C2 | | 0208 | 52.706 | APC | $2,667.43 | | | |
| 22552 | C | ADDL NECK SPINE FUSION | | | | Inpatient Only | $0.00 | | | |
| 22554 | T | NECK SPINE FUSION | | 0208 | 52.706 | APC | $2,667.43 | | | |
| 22556 | C | THORAX SPINE FUSION | | | | Inpatient Only | $0.00 | | | |
| 22558 | C | LUMBAR SPINE FUSION | | | | Inpatient Only | $0.00 | | | |
| 22585 | C | ADDITIONAL SPINAL FUSION | | | | Inpatient Only | $0.00 | | | |
| 22586 | C | PRESCRL FUSE W/ INSTR L5/S1 | | | | Inpatient Only | $0.00 | | | |
| 22590 | C | SPINE & SKULL SPINAL FUSION | | | | Inpatient Only | $0.00 | | | |
| 22595 | C | NECK SPINAL FUSION | | | | Inpatient Only | $0.00 | | | |
| 22600 | C | NECK SPINE FUSION | | | | Inpatient Only | $0.00 | | | |
| 22610 | C | THORAX SPINE FUSION | | | | Inpatient Only | $0.00 | | | |
| 22612 | T | LUMBAR SPINE FUSION | | 0208 | 52.706 | APC | $2,667.43 | | | |
| 22614 | T | SPINE FUSION EXTRA SEGMENT | | 0208 | 52.706 | APC | $2,667.43 | | | |
| 22630 | C | LUMBAR SPINE FUSION | | | | Inpatient Only | $0.00 | | | |
| 22632 | C | SPINE FUSION EXTRA SEGMENT | | | | Inpatient Only | $0.00 | | | |
| 22633 | C | LUMBAR SPINE FUSION COMBINED | | | | Inpatient Only | $0.00 | | | |
| 22634 | C | SPINE FUSION EXTRA SEGMENT | | | | Inpatient Only | $0.00 | | | |
| 22800 | C | POST FUSION </6 VERT SEG | | | | Inpatient Only | $0.00 | | | |
| 22802 | C | POST FUSION 7-12 VERT SEG | | | | Inpatient Only | $0.00 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 22804 | C | POST FUSION 13/> VERT SEG | | | | Inpatient Only | $0.00 | | | |
| 22808 | C | ANT FUSION 2-3 VERT SEG | | | | Inpatient Only | $0.00 | | | |
| 22810 | C | ANT FUSION 4-7 VERT SEG | | | | Inpatient Only | $0.00 | | | |
| 22812 | C | ANT FUSION 8/> VERT SEG | | | | Inpatient Only | $0.00 | | | |
| 22818 | C | KYPHECTOMY 1-2 SEGMENTS | | | | Inpatient Only | $0.00 | | | |
| 22819 | C | KYPHECTOMY 3 OR MORE | | | | Inpatient Only | $0.00 | | | |
| 22830 | C | EXPLORATION OF SPINAL FUSION | | | | Inpatient Only | $0.00 | | | |
| 22840 | C | INSERT SPINE FIXATION DEVICE | | | | Inpatient Only | $0.00 | | | |
| 22841 | C | INSERT SPINE FIXATION DEVICE | | | | Inpatient Only | $0.00 | | | |
| 22842 | C | INSERT SPINE FIXATION DEVICE | | | | Inpatient Only | $0.00 | | | |
| 22843 | C | INSERT SPINE FIXATION DEVICE | | | | Inpatient Only | $0.00 | | | |
| 22844 | C | INSERT SPINE FIXATION DEVICE | | | | Inpatient Only | $0.00 | | | |
| 22845 | C | INSERT SPINE FIXATION DEVICE | | | | Inpatient Only | $0.00 | | | |
| 22846 | C | INSERT SPINE FIXATION DEVICE | | | | Inpatient Only | $0.00 | | | |
| 22847 | C | INSERT SPINE FIXATION DEVICE | | | | Inpatient Only | $0.00 | | | |
| 22848 | C | INSERT PELV FIXATION DEVICE | | | | Inpatient Only | $0.00 | | | |
| 22849 | C | REINSERT SPINAL FIXATION | | | | Inpatient Only | $0.00 | | | |
| 22850 | C | REMOVE SPINE FIXATION DEVICE | | | | Inpatient Only | $0.00 | | | |
| 22851 | T | APPLY SPINE PROSTH DEVICE | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 22852 | C | REMOVE SPINE FIXATION DEVICE | | | | Inpatient Only | $0.00 | | | |
| 22855 | C | REMOVE SPINE FIXATION DEVICE | | | | Inpatient Only | $0.00 | | | |
| 22856 | T | CERV ARTIFIC DISKECTOMY | | 0208 | 52.706 | APC | $2,667.43 | | | |
| 22857 | C | LUMBAR ARTIF DISKECTOMY | | | | Inpatient Only | $0.00 | | | |
| 22861 | C | REVISE CERV ARTIFIC DISC | | | | Inpatient Only | $0.00 | | | |
| 22862 | C | REVISE LUMBAR ARTIF DISC | | | | Inpatient Only | $0.00 | | | |
| 22864 | C | REMOVE CERV ARTIF DISC | | | | Inpatient Only | $0.00 | | | |
| 22865 | C | REMOVE LUMB ARTIF DISC | | | | Inpatient Only | $0.00 | | | |
| 22899 | T | SPINE SURGERY PROCEDURE | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 22900 | T | EXC ABDL TUM DEEP < 5 CM | | 0022 | 23.293 | APC | $1,178.85 | | | |
| 22901 | T | EXC ABDL TUM DEEP 5 CM/> | | 0022 | 23.293 | APC | $1,178.85 | | | |
| 22902 | T | EXC ABD LES SC < 3 CM | | 0021 | 15.73 | APC | $796.09 | | | |
| 22903 | T | EXC ABD LES SC 3 CM/> | | 0022 | 23.293 | APC | $1,178.85 | | | |
| 22904 | T | RESECT ABD TUM < 5 CM | | 0021 | 15.73 | APC | $796.09 | | | |
| 22905 | T | RESECT ABD TUM 5 CM/> | | 0022 | 23.293 | APC | $1,178.85 | | | |
| 22999 | T | ABDOMEN SURGERY PROCEDURE | | 0049 | 21.81 | APC | $1,103.78 | | | |
| 23000 | T | REMOVAL OF CALCIUM DEPOSITS | | 0021 | 15.73 | APC | $796.09 | | | |
| 23020 | T | RELEASE SHOULDER JOINT | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 23030 | T | DRAIN SHOULDER LESION | | 0008 | 18.498 | APC | $936.16 | | | |
| 23031 | T | DRAIN SHOULDER BURSA | | 0008 | 18.498 | APC | $936.16 | | | |
| 23035 | T | DRAIN SHOULDER BONE LESION | | 0049 | 21.81 | APC | $1,103.78 | | | |
| 23040 | T | EXPLORATORY SHOULDER SURGERY | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 23044 | T | EXPLORATORY SHOULDER SURGERY | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 23065 | T | BIOPSY SHOULDER TISSUES | | 0020 | 8.1838 | APC | $414.18 | | | |
| 23066 | T | BIOPSY SHOULDER TISSUES | | 0022 | 23.293 | APC | $1,178.85 | | | |
| 23071 | T | EXC SHOULDER LES SC 3 CM/> | | 0022 | 23.293 | APC | $1,178.85 | | | |
| 23073 | T | EXC SHOULDER TUM DEEP 5 CM/> | | 0022 | 23.293 | APC | $1,178.85 | | | |
| 23075 | T | EXC SHOULDER LES SC < 3 CM | | 0021 | 15.73 | APC | $796.09 | | | |
| 23076 | T | EXC SHOULDER TUM DEEP < 5 CM | | 0021 | 15.73 | APC | $796.09 | | | |
| 23077 | T | RESECT SHOULDER TUM < 5 CM | | 0021 | 15.73 | APC | $796.09 | | | |
| 23078 | T | RESECT SHOULDER TUM 5 CM/> | | 0022 | 23.293 | APC | $1,178.85 | | | |
| 23100 | T | BIOPSY OF SHOULDER JOINT | | 0049 | 21.81 | APC | $1,103.78 | | | |
| 23101 | T | SHOULDER JOINT SURGERY | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 23105 | T | REMOVE SHOULDER JOINT LINING | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 23106 | T | INCISION OF COLLARBONE JOINT | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 23107 | T | EXPLORE TREAT SHOULDER JOINT | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 23120 | T | PARTIAL REMOVAL COLLAR BONE | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 23125 | T | REMOVAL OF COLLAR BONE | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 23130 | T | REMOVE SHOULDER BONE PART | | 0051 | 48.204 | APC | $2,439.61 | | | |
| 23140 | T | REMOVAL OF BONE LESION | | 0049 | 21.81 | APC | $1,103.78 | | | |
| 23145 | T | REMOVAL OF BONE LESION | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 23146 | T | REMOVAL OF BONE LESION | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 23150 | T | REMOVAL OF HUMERUS LESION | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 23155 | T | REMOVAL OF HUMERUS LESION | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 23156 | T | REMOVAL OF HUMERUS LESION | | 0050 | 32.347 | APC | $1,637.09 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 23170 | T | REMOVE COLLAR BONE LESION | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 23172 | T | REMOVE SHOULDER BLADE LESION | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 23174 | T | REMOVE HUMERUS LESION | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 23180 | T | REMOVE COLLAR BONE LESION | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 23182 | T | REMOVE SHOULDER BLADE LESION | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 23184 | T | REMOVE HUMERUS LESION | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 23190 | T | PARTIAL REMOVAL OF SCAPULA | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 23195 | T | REMOVAL OF HEAD OF HUMERUS | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 23200 | C | RESECT CLAVICLE TUMOR | | | | Inpatient Only | $0.00 | | | |
| 23210 | C | RESECT SCAPULA TUMOR | | | | Inpatient Only | $0.00 | | | |
| 23220 | C | RESECT PROX HUMERUS TUMOR | | | | Inpatient Only | $0.00 | | | |
| 23330 | T | REMOVE SHOULDER FOREIGN BODY | | 0020 | 8.1838 | APC | $414.18 | | | |
| 23331 | T | REMOVE SHOULDER FOREIGN BODY | | 0022 | 23.293 | APC | $1,178.85 | | | |
| 23332 | C | REMOVE SHOULDER FOREIGN BODY | | | | Inpatient Only | $0.00 | | | |
| 23350 | N | INJECTION FOR SHOULDER X-RAY | | | | Bundled | $0.00 | | | |
| 23395 | T | MUSCLE TRANSFER SHOULDER/ARM | | 0051 | 48.204 | APC | $2,439.61 | | | |
| 23397 | T | MUSCLE TRANSFERS | | 0052 | 82.208 | APC | $4,160.54 | | | |
| 23400 | T | FIXATION OF SHOULDER BLADE | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 23405 | T | INCISION OF TENDON & MUSCLE | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 23406 | T | INCISE TENDON(S) & MUSCLE(S) | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 23410 | T | REPAIR ROTATOR CUFF ACUTE | | 0051 | 48.204 | APC | $2,439.61 | | | |
| 23412 | T | REPAIR ROTATOR CUFF CHRONIC | | 0051 | 48.204 | APC | $2,439.61 | | | |
| 23415 | T | RELEASE OF SHOULDER LIGAMENT | | 0051 | 48.204 | APC | $2,439.61 | | | |
| 23420 | T | REPAIR OF SHOULDER | | 0051 | 48.204 | APC | $2,439.61 | | | |
| 23430 | T | REPAIR BICEPS TENDON | | 0051 | 48.204 | APC | $2,439.61 | | | |
| 23440 | T | REMOVE/TRANSPLANT TENDON | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 23450 | T | REPAIR SHOULDER CAPSULE | | 0052 | 82.208 | APC | $4,160.54 | | | |
| 23455 | T | REPAIR SHOULDER CAPSULE | | 0052 | 82.208 | APC | $4,160.54 | | | |
| 23460 | T | REPAIR SHOULDER CAPSULE | | 0052 | 82.208 | APC | $4,160.54 | | | |
| 23462 | T | REPAIR SHOULDER CAPSULE | | 0051 | 48.204 | APC | $2,439.61 | | | |
| 23465 | T | REPAIR SHOULDER CAPSULE | | 0052 | 82.208 | APC | $4,160.54 | | | |
| 23466 | T | REPAIR SHOULDER CAPSULE | | 0051 | 48.204 | APC | $2,439.61 | | | |
| 23470 | T | RECONSTRUCT SHOULDER JOINT | | 0425 | 134.64 | APC | $6,814.34 | | | |
| 23472 | C | RECONSTRUCT SHOULDER JOINT | | | | Inpatient Only | $0.00 | | | |
| 23473 | T | REVIS RECONST SHOULDER JOINT | | 0425 | 134.64 | APC | $6,814.34 | | | |
| 23474 | C | REVIS RECONST SHOULDER JOINT | | | | Inpatient Only | $0.00 | | | |
| 23480 | T | REVISION OF COLLAR BONE | | 0051 | 48.204 | APC | $2,439.61 | | | |
| 23485 | T | REVISION OF COLLAR BONE | | 0052 | 82.208 | APC | $4,160.54 | | | |
| 23490 | T | REINFORCE CLAVICLE | | 0052 | 82.208 | APC | $4,160.54 | | | |
| 23491 | T | REINFORCE SHOULDER BONES | | 0052 | 82.208 | APC | $4,160.54 | | | |
| 23500 | T | TREAT CLAVICLE FRACTURE | | 0129 | 1.8741 | APC | $94.85 | | | |
| 23505 | T | TREAT CLAVICLE FRACTURE | | 0139 | 11.715 | APC | $592.88 | | | |
| 23515 | T | TREAT CLAVICLE FRACTURE | | 0064 | 70.679 | APC | $3,577.04 | | | |
| 23520 | T | TREAT CLAVICLE DISLOCATION | | 0138 | 5.5931 | APC | $283.07 | | | |
| 23525 | T | TREAT CLAVICLE DISLOCATION | | 0138 | 5.5931 | APC | $283.07 | | | |
| 23530 | T | TREAT CLAVICLE DISLOCATION | | 0063 | 52.781 | APC | $2,671.23 | | | |
| 23532 | T | TREAT CLAVICLE DISLOCATION | | 0062 | 26.767 | APC | $1,354.68 | | | |
| 23540 | T | TREAT CLAVICLE DISLOCATION | | 0129 | 1.8741 | APC | $94.85 | | | |
| 23545 | T | TREAT CLAVICLE DISLOCATION | | 0138 | 5.5931 | APC | $283.07 | | | |
| 23550 | T | TREAT CLAVICLE DISLOCATION | | 0063 | 52.781 | APC | $2,671.23 | | | |
| 23552 | T | TREAT CLAVICLE DISLOCATION | | 0063 | 52.781 | APC | $2,671.23 | | | |
| 23570 | T | TREAT SHOULDER BLADE FX | | 0129 | 1.8741 | APC | $94.85 | | | |
| 23575 | T | TREAT SHOULDER BLADE FX | | 0138 | 5.5931 | APC | $283.07 | | | |
| 23585 | T | TREAT SCAPULA FRACTURE | | 0064 | 70.679 | APC | $3,577.04 | | | |
| 23600 | T | TREAT HUMERUS FRACTURE | | 0129 | 1.8741 | APC | $94.85 | | | |
| 23605 | T | TREAT HUMERUS FRACTURE | | 0139 | 11.715 | APC | $592.88 | | | |
| 23615 | T | TREAT HUMERUS FRACTURE | | 0064 | 70.679 | APC | $3,577.04 | | | |
| 23616 | T | TREAT HUMERUS FRACTURE | | 0064 | 70.679 | APC | $3,577.04 | | | |
| 23620 | T | TREAT HUMERUS FRACTURE | | 0129 | 1.8741 | APC | $94.85 | | | |
| 23625 | T | TREAT HUMERUS FRACTURE | | 0139 | 11.715 | APC | $592.88 | | | |
| 23630 | T | TREAT HUMERUS FRACTURE | | 0064 | 70.679 | APC | $3,577.04 | | | |
| 23650 | T | TREAT SHOULDER DISLOCATION | | 0129 | 1.8741 | APC | $94.85 | | | |
| 23655 | T | TREAT SHOULDER DISLOCATION | | 0045 | 14.571 | APC | $737.42 | | | Y |
| 23660 | T | TREAT SHOULDER DISLOCATION | | 0063 | 52.781 | APC | $2,671.23 | | | Y |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 23665 | T | TREAT DISLOCATION/FRACTURE | | 0138 | 5.5931 | APC | $283.07 | | | Y |
| 23670 | T | TREAT DISLOCATION/FRACTURE | | 0064 | 70.679 | APC | $3,577.04 | | | Y |
| 23675 | T | TREAT DISLOCATION/FRACTURE | | 0129 | 1.8741 | APC | $94.85 | | | Y |
| 23680 | T | TREAT DISLOCATION/FRACTURE | | 0063 | 52.781 | APC | $2,671.23 | | | Y |
| 23700 | T | FIXATION OF SHOULDER | | 0045 | 14.571 | APC | $737.42 | | | Y |
| 23800 | T | FUSION OF SHOULDER JOINT | | 0052 | 82.208 | APC | $4,160.54 | | | Y |
| 23802 | T | FUSION OF SHOULDER JOINT | | 0052 | 82.208 | APC | $4,160.54 | | | Y |
| 23900 | C | AMPUTATION OF ARM & GIRDLE | | | | Inpatient Only | $0.00 | | | |
| 23920 | C | AMPUTATION AT SHOULDER JOINT | | | | Inpatient Only | $0.00 | | | |
| 23921 | T | AMPUTATION FOLLOW-UP SURGERY | | 0136 | 15.588 | APC | $788.90 | | | |
| 23929 | T | SHOULDER SURGERY PROCEDURE | | 0129 | 1.8741 | APC | $94.85 | | | |
| 23930 | T | DRAINAGE OF ARM LESION | | 0008 | 18.498 | APC | $936.16 | | | |
| 23931 | T | DRAINAGE OF ARM BURSA | | 0007 | 10.175 | APC | $514.94 | | | |
| 23935 | T | DRAIN ARM/ELBOW BONE LESION | | 0049 | 21.81 | APC | $1,103.78 | | | Y |
| 24000 | T | EXPLORATORY ELBOW SURGERY | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 24006 | T | RELEASE ELBOW JOINT | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 24065 | T | BIOPSY ARM/ELBOW SOFT TISSUE | | 0021 | 15.73 | APC | $796.09 | | | |
| 24066 | T | BIOPSY ARM/ELBOW SOFT TISSUE | | 0021 | 15.73 | APC | $796.09 | | | |
| 24071 | T | EXC ARM/ELBOW LES SC 3 CM/> | | 0022 | 23.293 | APC | $1,178.85 | | | |
| 24073 | T | EX ARM/ELBOW TUM DEEP 5 CM/> | | 0022 | 23.293 | APC | $1,178.85 | | | Y |
| 24075 | T | EXC ARM/ELBOW LES SC < 3 CM | | 0021 | 15.73 | APC | $796.09 | | | Y |
| 24076 | T | EX ARM/ELBOW TUM DEEP < 5 CM | | 0021 | 15.73 | APC | $796.09 | | | |
| 24077 | T | RESECT ARM/ELBOW TUM < 5 CM | | 0021 | 15.73 | APC | $796.09 | | | |
| 24079 | T | RESECT ARM/ELBOW TUM 5 CM/> | | 0022 | 23.293 | APC | $1,178.85 | | | Y |
| 24100 | T | BIOPSY ELBOW JOINT LINING | | 0049 | 21.81 | APC | $1,103.78 | | | |
| 24101 | T | EXPLORE/TREAT ELBOW JOINT | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 24102 | T | REMOVE ELBOW JOINT LINING | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 24105 | T | REMOVAL OF ELBOW BURSA | | 0049 | 21.81 | APC | $1,103.78 | | | |
| 24110 | T | REMOVE HUMERUS LESION | | 0049 | 21.81 | APC | $1,103.78 | | | |
| 24115 | T | REMOVE/GRAFT BONE LESION | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 24116 | T | REMOVE/GRAFT BONE LESION | | 0050 | 32.347 | APC | $1,637.09 | | | Y |
| 24120 | T | REMOVE ELBOW LESION | | 0049 | 21.81 | APC | $1,103.78 | | | |
| 24125 | T | REMOVE/GRAFT BONE LESION | | 0050 | 32.347 | APC | $1,637.09 | | | Y |
| 24126 | T | REMOVE/GRAFT BONE LESION | | 0050 | 32.347 | APC | $1,637.09 | | | Y |
| 24130 | T | REMOVAL OF HEAD OF RADIUS | | 0050 | 32.347 | APC | $1,637.09 | | | Y |
| 24134 | T | REMOVAL OF ARM BONE LESION | | 0050 | 32.347 | APC | $1,637.09 | | | Y |
| 24136 | T | REMOVE RADIUS BONE LESION | | 0050 | 32.347 | APC | $1,637.09 | | | Y |
| 24138 | T | REMOVE ELBOW BONE LESION | | 0050 | 32.347 | APC | $1,637.09 | | | Y |
| 24140 | T | PARTIAL REMOVAL OF ARM BONE | | 0050 | 32.347 | APC | $1,637.09 | | | Y |
| 24145 | T | PARTIAL REMOVAL OF RADIUS | | 0050 | 32.347 | APC | $1,637.09 | | | Y |
| 24147 | T | PARTIAL REMOVAL OF ELBOW | | 0050 | 32.347 | APC | $1,637.09 | | | Y |
| 24149 | T | RADICAL RESECTION OF ELBOW | | 0050 | 32.347 | APC | $1,637.09 | | | Y |
| 24150 | T | RESECT DISTAL HUMERUS TUMOR | | 0051 | 48.204 | APC | $2,439.61 | | | Y |
| 24152 | T | RESECT RADIUS TUMOR | | 0051 | 48.204 | APC | $2,439.61 | | | Y |
| 24155 | T | REMOVAL OF ELBOW JOINT | | 0050 | 32.347 | APC | $1,637.09 | | | Y |
| 24160 | T | REMOVE ELBOW JOINT IMPLANT | | 0050 | 32.347 | APC | $1,637.09 | | | Y |
| 24164 | T | REMOVE RADIUS HEAD IMPLANT | | 0050 | 32.347 | APC | $1,637.09 | | | Y |
| 24200 | T | REMOVAL OF ARM FOREIGN BODY | | 0019 | 4.717 | APC | $238.73 | | | |
| 24201 | T | REMOVAL OF ARM FOREIGN BODY | | 0021 | 15.73 | APC | $796.09 | | | Y |
| 24220 | N | INJECTION FOR ELBOW X-RAY | | | | Bundled | $0.00 | | | Y |
| 24300 | T | MANIPULATE ELBOW W/ANESTH | | 0045 | 14.571 | APC | $737.42 | | | |
| 24301 | T | MUSCLE/TENDON TRANSFER | | 0050 | 32.347 | APC | $1,637.09 | | | Y |
| 24305 | T | ARM TENDON LENGTHENING | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 24310 | T | REVISION OF ARM TENDON | | 0049 | 21.81 | APC | $1,103.78 | | | |
| 24320 | T | REPAIR OF ARM TENDON | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 24330 | T | REVISION OF ARM MUSCLES | | 0052 | 82.208 | APC | $4,160.54 | | | |
| 24331 | T | REVISION OF ARM MUSCLES | | 0051 | 48.204 | APC | $2,439.61 | | | |
| 24332 | T | TENOLYSIS TRICEPS | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 24340 | T | REPAIR OF BICEPS TENDON | | 0051 | 48.204 | APC | $2,439.61 | | | |
| 24341 | T | REPAIR ARM TENDON/MUSCLE | | 0051 | 48.204 | APC | $2,439.61 | | | |
| 24342 | T | REPAIR OF RUPTURED TENDON | | 0051 | 48.204 | APC | $2,439.61 | | | |
| 24343 | T | REPR ELBOW LAT LIGMNT W/TISS | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 24344 | T | RECONSTRUCT ELBOW LAT LIGMNT | | 0052 | 82.208 | APC | $4,160.54 | | | |
| 24345 | T | REPR ELBW MED LIGMNT W/TISSU | | 0050 | 32.347 | APC | $1,637.09 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 24346 | T | RECONSTRUCT ELBOW MED LIGMNT | | 0052 | 82.208 | APC | $4,160.54 | | | |
| 24357 | T | REPAIR ELBOW PERC | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 24358 | T | REPAIR ELBOW W/DEB OPEN | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 24359 | T | REPAIR ELBOW DEB/ATTCH OPEN | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 24360 | T | RECONSTRUCT ELBOW JOINT | | 0047 | 40.217 | APC | $2,035.39 | | | |
| 24361 | T | RECONSTRUCT ELBOW JOINT | | 0425 | 134.64 | APC | $6,814.34 | | | |
| 24362 | T | RECONSTRUCT ELBOW JOINT | | 0048 | 62.403 | APC | $3,158.19 | | | |
| 24363 | T | REPLACE ELBOW JOINT | | 0425 | 134.64 | APC | $6,814.34 | | | |
| 24365 | T | RECONSTRUCT HEAD OF RADIUS | | 0047 | 40.217 | APC | $2,035.39 | | | |
| 24366 | T | RECONSTRUCT HEAD OF RADIUS | | 0425 | 134.64 | APC | $6,814.34 | | | |
| 24370 | T | REVISE RECONST ELBOW JOINT | | 0425 | 134.64 | APC | $6,814.34 | | | |
| 24371 | T | REVISE RECONST ELBOW JOINT | | 0425 | 134.64 | APC | $6,814.34 | | | |
| 24400 | T | REVISION OF HUMERUS | | 0052 | 82.208 | APC | $4,160.54 | | | |
| 24410 | T | REVISION OF HUMERUS | | 0051 | 48.204 | APC | $2,439.61 | | | |
| 24420 | T | REVISION OF HUMERUS | | 0051 | 48.204 | APC | $2,439.61 | | | |
| 24430 | T | REPAIR OF HUMERUS | | 0052 | 82.208 | APC | $4,160.54 | | | |
| 24435 | T | REPAIR HUMERUS WITH GRAFT | | 0052 | 82.208 | APC | $4,160.54 | | | |
| 24470 | T | REVISION OF ELBOW JOINT | | 0051 | 48.204 | APC | $2,439.61 | | | |
| 24495 | T | DECOMPRESSION OF FOREARM | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 24498 | T | REINFORCE HUMERUS | | 0052 | 82.208 | APC | $4,160.54 | | | |
| 24500 | T | TREAT HUMERUS FRACTURE | | 0129 | 1.8741 | APC | $94.85 | | | |
| 24505 | T | TREAT HUMERUS FRACTURE | | 0129 | 1.8741 | APC | $94.85 | | | |
| 24515 | T | TREAT HUMERUS FRACTURE | | 0064 | 70.679 | APC | $3,577.04 | | | |
| 24516 | T | TREAT HUMERUS FRACTURE | | 0064 | 70.679 | APC | $3,577.04 | | | |
| 24530 | T | TREAT HUMERUS FRACTURE | | 0129 | 1.8741 | APC | $94.85 | | | |
| 24535 | T | TREAT HUMERUS FRACTURE | | 0138 | 5.5931 | APC | $283.07 | | | |
| 24538 | T | TREAT HUMERUS FRACTURE | | 0062 | 26.767 | APC | $1,354.68 | | | |
| 24545 | T | TREAT HUMERUS FRACTURE | | 0064 | 70.679 | APC | $3,577.04 | | | |
| 24546 | T | TREAT HUMERUS FRACTURE | | 0064 | 70.679 | APC | $3,577.04 | | | |
| 24560 | T | TREAT HUMERUS FRACTURE | | 0129 | 1.8741 | APC | $94.85 | | | |
| 24565 | T | TREAT HUMERUS FRACTURE | | 0129 | 1.8741 | APC | $94.85 | | | |
| 24566 | T | TREAT HUMERUS FRACTURE | | 0062 | 26.767 | APC | $1,354.68 | | | |
| 24575 | T | TREAT HUMERUS FRACTURE | | 0064 | 70.679 | APC | $3,577.04 | | | |
| 24576 | T | TREAT HUMERUS FRACTURE | | 0129 | 1.8741 | APC | $94.85 | | | |
| 24577 | T | TREAT HUMERUS FRACTURE | | 0129 | 1.8741 | APC | $94.85 | | | |
| 24579 | T | TREAT HUMERUS FRACTURE | | 0064 | 70.679 | APC | $3,577.04 | | | |
| 24582 | T | TREAT HUMERUS FRACTURE | | 0062 | 26.767 | APC | $1,354.68 | | | |
| 24586 | T | TREAT ELBOW FRACTURE | | 0064 | 70.679 | APC | $3,577.04 | | | |
| 24587 | T | TREAT ELBOW FRACTURE | | 0064 | 70.679 | APC | $3,577.04 | | | |
| 24600 | T | TREAT ELBOW DISLOCATION | | 0129 | 1.8741 | APC | $94.85 | | | |
| 24605 | T | TREAT ELBOW DISLOCATION | | 0045 | 14.571 | APC | $737.42 | | | |
| 24615 | T | TREAT ELBOW DISLOCATION | | 0064 | 70.679 | APC | $3,577.04 | | | |
| 24620 | T | TREAT ELBOW FRACTURE | | 0139 | 11.715 | APC | $592.88 | | | |
| 24635 | T | TREAT ELBOW FRACTURE | | 0064 | 70.679 | APC | $3,577.04 | | | |
| 24640 | T | TREAT ELBOW DISLOCATION | | 0129 | 1.8741 | APC | $94.85 | | | |
| 24650 | T | TREAT RADIUS FRACTURE | | 0129 | 1.8741 | APC | $94.85 | | | |
| 24655 | T | TREAT RADIUS FRACTURE | | 0138 | 5.5931 | APC | $283.07 | | | |
| 24665 | T | TREAT RADIUS FRACTURE | | 0063 | 52.781 | APC | $2,671.23 | | | |
| 24666 | T | TREAT RADIUS FRACTURE | | 0064 | 70.679 | APC | $3,577.04 | | | |
| 24670 | T | TREAT ULNAR FRACTURE | | 0129 | 1.8741 | APC | $94.85 | | | |
| 24675 | T | TREAT ULNAR FRACTURE | | 0129 | 1.8741 | APC | $94.85 | | | |
| 24685 | T | TREAT ULNAR FRACTURE | | 0063 | 52.781 | APC | $2,671.23 | | | |
| 24800 | T | FUSION OF ELBOW JOINT | | 0051 | 48.204 | APC | $2,439.61 | | | |
| 24802 | T | FUSION/GRAFT OF ELBOW JOINT | | 0052 | 82.208 | APC | $4,160.54 | | | |
| 24900 | C | AMPUTATION OF UPPER ARM | | | | Inpatient Only | $0.00 | | | |
| 24920 | C | AMPUTATION OF UPPER ARM | | | | Inpatient Only | $0.00 | | | |
| 24925 | T | AMPUTATION FOLLOW-UP SURGERY | | 0049 | 21.81 | APC | $1,103.78 | | | |
| 24930 | C | AMPUTATION FOLLOW-UP SURGERY | | | | Inpatient Only | $0.00 | | | |
| 24931 | C | AMPUTATE UPPER ARM & IMPLANT | | | | Inpatient Only | $0.00 | | | |
| 24935 | T | REVISION OF AMPUTATION | | 0052 | 82.208 | APC | $4,160.54 | | | |
| 24940 | C | REVISION OF UPPER ARM | | | | Inpatient Only | $0.00 | | | |
| 24999 | T | UPPER ARM/ELBOW SURGERY | | 0129 | 1.8741 | APC | $94.85 | | | |
| 25000 | T | INCISION OF TENDON SHEATH | | 0049 | 21.81 | APC | $1,103.78 | | | |
| 25001 | T | INCISE FLEXOR CARPI RADIALIS | | 0049 | 21.81 | APC | $1,103.78 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 25020 | T | DECOMPRESS FOREARM 1 SPACE | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 25023 | T | DECOMPRESS FOREARM 1 SPACE | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 25024 | T | DECOMPRESS FOREARM 2 SPACES | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 25025 | T | DECOMPRESS FOREARM 2 SPACES | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 25028 | T | DRAINAGE OF FOREARM LESION | | 0049 | 21.81 | APC | $1,103.78 | | | |
| 25031 | T | DRAINAGE OF FOREARM BURSA | | 0049 | 21.81 | APC | $1,103.78 | | | |
| 25035 | T | TREAT FOREARM BONE LESION | | 0049 | 21.81 | APC | $1,103.78 | | | |
| 25040 | T | EXPLORE/TREAT WRIST JOINT | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 25065 | T | BIOPSY FOREARM SOFT TISSUES | | 0020 | 8.1838 | APC | $414.18 | | | |
| 25066 | T | BIOPSY FOREARM SOFT TISSUES | | 0022 | 23.293 | APC | $1,178.85 | | | |
| 25071 | T | EXC FOREARM LES SC 3 CM/> | | 0022 | 23.293 | APC | $1,178.85 | | | |
| 25073 | T | EXC FOREARM TUM DEEP 3 CM/> | | 0022 | 23.293 | APC | $1,178.85 | | | |
| 25075 | T | EXC FOREARM LES SC < 3 CM | | 0021 | 15.73 | APC | $796.09 | | | |
| 25076 | T | EXC FOREARM TUM DEEP < 3 CM | | 0021 | 15.73 | APC | $796.09 | | | |
| 25077 | T | RESECT FOREARM/WRIST TUM<3CM | | 0021 | 15.73 | APC | $796.09 | | | |
| 25078 | T | RESECT FORARM/WRIST TUM 3CM> | | 0022 | 23.293 | APC | $1,178.85 | | | |
| 25085 | T | INCISION OF WRIST CAPSULE | | 0049 | 21.81 | APC | $1,103.78 | | | |
| 25100 | T | BIOPSY OF WRIST JOINT | | 0049 | 21.81 | APC | $1,103.78 | | | |
| 25101 | T | EXPLORE/TREAT WRIST JOINT | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 25105 | T | REMOVE WRIST JOINT LINING | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 25107 | T | REMOVE WRIST JOINT CARTILAGE | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 25109 | T | EXCISE TENDON FOREARM/WRIST | | 0049 | 21.81 | APC | $1,103.78 | | | |
| 25110 | T | REMOVE WRIST TENDON LESION | | 0049 | 21.81 | APC | $1,103.78 | | | |
| 25111 | T | REMOVE WRIST TENDON LESION | | 0049 | 21.81 | APC | $1,103.78 | | | |
| 25112 | T | REREMOVE WRIST TENDON LESION | | 0049 | 21.81 | APC | $1,103.78 | | | |
| 25115 | T | REMOVE WRIST/FOREARM LESION | | 0049 | 21.81 | APC | $1,103.78 | | | |
| 25116 | T | REMOVE WRIST/FOREARM LESION | | 0049 | 21.81 | APC | $1,103.78 | | | |
| 25118 | T | EXCISE WRIST TENDON SHEATH | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 25119 | T | PARTIAL REMOVAL OF ULNA | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 25120 | T | REMOVAL OF FOREARM LESION | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 25125 | T | REMOVE/GRAFT FOREARM LESION | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 25126 | T | REMOVE/GRAFT FOREARM LESION | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 25130 | T | REMOVAL OF WRIST LESION | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 25135 | T | REMOVE & GRAFT WRIST LESION | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 25136 | T | REMOVE & GRAFT WRIST LESION | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 25145 | T | REMOVE FOREARM BONE LESION | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 25150 | T | PARTIAL REMOVAL OF ULNA | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 25151 | T | PARTIAL REMOVAL OF RADIUS | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 25170 | T | RESECT RADIUS/ULNAR TUMOR | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 25210 | T | REMOVAL OF WRIST BONE | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 25215 | T | REMOVAL OF WRIST BONES | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 25230 | T | PARTIAL REMOVAL OF RADIUS | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 25240 | T | PARTIAL REMOVAL OF ULNA | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 25246 | N | INJECTION FOR WRIST X-RAY | | | | Bundled | $0.00 | | | |
| 25248 | T | REMOVE FOREARM FOREIGN BODY | | 0049 | 21.81 | APC | $1,103.78 | | | |
| 25250 | T | REMOVAL OF WRIST PROSTHESIS | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 25251 | T | REMOVAL OF WRIST PROSTHESIS | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 25259 | T | MANIPULATE WRIST W/ANESTHES | | 0139 | 11.715 | APC | $592.88 | | | |
| 25260 | T | REPAIR FOREARM TENDON/MUSCLE | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 25263 | T | REPAIR FOREARM TENDON/MUSCLE | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 25265 | T | REPAIR FOREARM TENDON/MUSCLE | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 25270 | T | REPAIR FOREARM TENDON/MUSCLE | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 25272 | T | REPAIR FOREARM TENDON/MUSCLE | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 25274 | T | REPAIR FOREARM TENDON/MUSCLE | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 25275 | T | REPAIR FOREARM TENDON SHEATH | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 25280 | T | REVISE WRIST/FOREARM TENDON | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 25290 | T | INCISE WRIST/FOREARM TENDON | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 25295 | T | RELEASE WRIST/FOREARM TENDON | | 0049 | 21.81 | APC | $1,103.78 | | | |
| 25300 | T | FUSION OF TENDONS AT WRIST | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 25301 | T | FUSION OF TENDONS AT WRIST | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 25310 | T | TRANSPLANT FOREARM TENDON | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 25312 | T | TRANSPLANT FOREARM TENDON | | 0051 | 48.204 | APC | $2,439.61 | | | |
| 25315 | T | REVISE PALSY HAND TENDON(S) | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 25316 | T | REVISE PALSY HAND TENDON(S) | | 0052 | 82.208 | APC | $4,160.54 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 25320 | T | REPAIR/REVISE WRIST JOINT | | 0051 | 48.204 | APC | $2,439.61 | | | |
| 25332 | T | REVISE WRIST JOINT | | 0047 | 40.217 | APC | $2,035.39 | | | |
| 25335 | T | REALIGNMENT OF HAND | | 0051 | 48.204 | APC | $2,439.61 | | | |
| 25337 | T | RECONSTRUCT ULNA/RADIOULNAR | | 0051 | 48.204 | APC | $2,439.61 | | | |
| 25350 | T | REVISION OF RADIUS | | 0051 | 48.204 | APC | $2,439.61 | | | |
| 25355 | T | REVISION OF RADIUS | | 0051 | 48.204 | APC | $2,439.61 | | | |
| 25360 | T | REVISION OF ULNA | | 0051 | 48.204 | APC | $2,439.61 | | | |
| 25365 | T | REVISE RADIUS & ULNA | | 0052 | 82.208 | APC | $4,160.54 | | | |
| 25370 | T | REVISE RADIUS OR ULNA | | 0051 | 48.204 | APC | $2,439.61 | | | |
| 25375 | T | REVISE RADIUS & ULNA | | 0051 | 48.204 | APC | $2,439.61 | | | |
| 25390 | T | SHORTEN RADIUS OR ULNA | | 0051 | 48.204 | APC | $2,439.61 | | | |
| 25391 | T | LENGTHEN RADIUS OR ULNA | | 0052 | 82.208 | APC | $4,160.54 | | | |
| 25392 | T | SHORTEN RADIUS & ULNA | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 25393 | T | LENGTHEN RADIUS & ULNA | | 0051 | 48.204 | APC | $2,439.61 | | | |
| 25394 | T | REPAIR CARPAL BONE SHORTEN | | 0051 | 48.204 | APC | $2,439.61 | | | |
| 25400 | T | REPAIR RADIUS OR ULNA | | 0052 | 82.208 | APC | $4,160.54 | | | |
| 25405 | T | REPAIR/GRAFT RADIUS OR ULNA | | 0052 | 82.208 | APC | $4,160.54 | | | |
| 25415 | T | REPAIR RADIUS & ULNA | | 0052 | 82.208 | APC | $4,160.54 | | | |
| 25420 | T | REPAIR/GRAFT RADIUS & ULNA | | 0052 | 82.208 | APC | $4,160.54 | | | |
| 25425 | T | REPAIR/GRAFT RADIUS OR ULNA | | 0052 | 82.208 | APC | $4,160.54 | | | |
| 25426 | T | REPAIR/GRAFT RADIUS & ULNA | | 0051 | 48.204 | APC | $2,439.61 | | | |
| 25430 | T | VASC GRAFT INTO CARPAL BONE | | 0051 | 48.204 | APC | $2,439.61 | | | |
| 25431 | T | REPAIR NONUNION CARPAL BONE | | 0051 | 48.204 | APC | $2,439.61 | | | |
| 25440 | T | REPAIR/GRAFT WRIST BONE | | 0052 | 82.208 | APC | $4,160.54 | | | |
| 25441 | T | RECONSTRUCT WRIST JOINT | | 0425 | 134.64 | APC | $6,814.34 | | | |
| 25442 | T | RECONSTRUCT WRIST JOINT | | 0425 | 134.64 | APC | $6,814.34 | | | |
| 25443 | T | RECONSTRUCT WRIST JOINT | | 0048 | 62.403 | APC | $3,158.19 | | | |
| 25444 | T | RECONSTRUCT WRIST JOINT | | 0048 | 62.403 | APC | $3,158.19 | | | |
| 25445 | T | RECONSTRUCT WRIST JOINT | | 0048 | 62.403 | APC | $3,158.19 | | | |
| 25446 | T | WRIST REPLACEMENT | | 0425 | 134.64 | APC | $6,814.34 | | | |
| 25447 | T | REPAIR WRIST JOINTS | | 0047 | 40.217 | APC | $2,035.39 | | | |
| 25449 | T | REMOVE WRIST JOINT IMPLANT | | 0047 | 40.217 | APC | $2,035.39 | | | |
| 25450 | T | REVISION OF WRIST JOINT | | 0051 | 48.204 | APC | $2,439.61 | | | |
| 25455 | T | REVISION OF WRIST JOINT | | 0051 | 48.204 | APC | $2,439.61 | | | |
| 25490 | T | REINFORCE RADIUS | | 0051 | 48.204 | APC | $2,439.61 | | | |
| 25491 | T | REINFORCE ULNA | | 0051 | 48.204 | APC | $2,439.61 | | | |
| 25492 | T | REINFORCE RADIUS AND ULNA | | 0051 | 48.204 | APC | $2,439.61 | | | |
| 25500 | T | TREAT FRACTURE OF RADIUS | | 0129 | 1.8741 | APC | $94.85 | | | |
| 25505 | T | TREAT FRACTURE OF RADIUS | | 0138 | 5.5931 | APC | $283.07 | | | |
| 25515 | T | TREAT FRACTURE OF RADIUS | | 0063 | 52.781 | APC | $2,671.23 | | | |
| 25520 | T | TREAT FRACTURE OF RADIUS | | 0138 | 5.5931 | APC | $283.07 | | | |
| 25525 | T | TREAT FRACTURE OF RADIUS | | 0063 | 52.781 | APC | $2,671.23 | | | |
| 25526 | T | TREAT FRACTURE OF RADIUS | | 0063 | 52.781 | APC | $2,671.23 | | | |
| 25530 | T | TREAT FRACTURE OF ULNA | | 0129 | 1.8741 | APC | $94.85 | | | |
| 25535 | T | TREAT FRACTURE OF ULNA | | 0129 | 1.8741 | APC | $94.85 | | | |
| 25545 | T | TREAT FRACTURE OF ULNA | | 0063 | 52.781 | APC | $2,671.23 | | | |
| 25560 | T | TREAT FRACTURE RADIUS & ULNA | | 0129 | 1.8741 | APC | $94.85 | | | |
| 25565 | T | TREAT FRACTURE RADIUS & ULNA | | 0138 | 5.5931 | APC | $283.07 | | | |
| 25574 | T | TREAT FRACTURE RADIUS & ULNA | | 0064 | 70.679 | APC | $3,577.04 | | | |
| 25575 | T | TREAT FRACTURE RADIUS/ULNA | | 0064 | 70.679 | APC | $3,577.04 | | | |
| 25600 | T | TREAT FRACTURE RADIUS/ULNA | | 0129 | 1.8741 | APC | $94.85 | | | |
| 25605 | T | TREAT FRACTURE RADIUS/ULNA | | 0138 | 5.5931 | APC | $283.07 | | | |
| 25606 | T | TREAT FX DISTAL RADIAL | | 0062 | 26.767 | APC | $1,354.68 | | | |
| 25607 | T | TREAT FX RAD EXTRA-ARTICUL | | 0064 | 70.679 | APC | $3,577.04 | | | |
| 25608 | T | TREAT FX RAD INTRA-ARTICUL | | 0064 | 70.679 | APC | $3,577.04 | | | |
| 25609 | T | TREAT FX RADIAL 3+ FRAG | | 0064 | 70.679 | APC | $3,577.04 | | | |
| 25622 | T | TREAT WRIST BONE FRACTURE | | 0129 | 1.8741 | APC | $94.85 | | | |
| 25624 | T | TREAT WRIST BONE FRACTURE | | 0138 | 5.5931 | APC | $283.07 | | | |
| 25628 | T | TREAT WRIST BONE FRACTURE | | 0063 | 52.781 | APC | $2,671.23 | | | |
| 25630 | T | TREAT WRIST BONE FRACTURE | | 0129 | 1.8741 | APC | $94.85 | | | |
| 25635 | T | TREAT WRIST BONE FRACTURE | | 0129 | 1.8741 | APC | $94.85 | | | |
| 25645 | T | TREAT WRIST BONE FRACTURE | | 0063 | 52.781 | APC | $2,671.23 | | | |
| 25650 | T | TREAT WRIST BONE FRACTURE | | 0129 | 1.8741 | APC | $94.85 | | | |
| 25651 | T | PIN ULNAR STYLOID FRACTURE | | 0062 | 26.767 | APC | $1,354.68 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 25652 | T | TREAT FRACTURE ULNAR STYLOID | | 0063 | 52.781 | APC | $2,671.23 | | | |
| 25660 | T | TREAT WRIST DISLOCATION | | 0129 | 1.8741 | APC | $94.85 | | | |
| 25670 | T | TREAT WRIST DISLOCATION | | 0062 | 26.767 | APC | $1,354.68 | | | |
| 25671 | T | PIN RADIOULNAR DISLOCATION | | 0062 | 26.767 | APC | $1,354.68 | | | |
| 25675 | T | TREAT WRIST DISLOCATION | | 0129 | 1.8741 | APC | $94.85 | | | |
| 25676 | T | TREAT WRIST DISLOCATION | | 0062 | 26.767 | APC | $1,354.68 | | | |
| 25680 | T | TREAT WRIST FRACTURE | | 0129 | 1.8741 | APC | $94.85 | | | |
| 25685 | T | TREAT WRIST FRACTURE | | 0062 | 26.767 | APC | $1,354.68 | | | |
| 25690 | T | TREAT WRIST DISLOCATION | | 0139 | 11.715 | APC | $592.88 | | | |
| 25695 | T | TREAT WRIST DISLOCATION | | 0062 | 26.767 | APC | $1,354.68 | | | |
| 25800 | T | FUSION OF WRIST JOINT | | 0052 | 82.208 | APC | $4,160.54 | | | |
| 25805 | T | FUSION/GRAFT OF WRIST JOINT | | 0052 | 82.208 | APC | $4,160.54 | | | |
| 25810 | T | FUSION/GRAFT OF WRIST JOINT | | 0052 | 82.208 | APC | $4,160.54 | | | |
| 25820 | T | FUSION OF HAND BONES | | 0051 | 48.204 | APC | $2,439.61 | | | |
| 25825 | T | FUSE HAND BONES WITH GRAFT | | 0052 | 82.208 | APC | $4,160.54 | | | |
| 25830 | T | FUSION RADIOULNAR JNT/ULNA | | 0052 | 82.208 | APC | $4,160.54 | | | |
| 25900 | C | AMPUTATION OF FOREARM | | | | Inpatient Only | $0.00 | | | |
| 25905 | C | AMPUTATION OF FOREARM | | | | Inpatient Only | $0.00 | | | |
| 25907 | T | AMPUTATION FOLLOW-UP SURGERY | | 0049 | 21.81 | APC | $1,103.78 | | | |
| 25909 | T | AMPUTATION FOLLOW-UP SURGERY | | 0049 | 21.81 | APC | $1,103.78 | | | |
| 25915 | C | AMPUTATION OF FOREARM | | | | Inpatient Only | $0.00 | | | |
| 25920 | C | AMPUTATE HAND AT WRIST | | | | Inpatient Only | $0.00 | | | |
| 25922 | T | AMPUTATE HAND AT WRIST | | 0049 | 21.81 | APC | $1,103.78 | | | |
| 25924 | C | AMPUTATION FOLLOW-UP SURGERY | | | | Inpatient Only | $0.00 | | | |
| 25927 | C | AMPUTATION OF HAND | | | | Inpatient Only | $0.00 | | | |
| 25929 | T | AMPUTATION FOLLOW-UP SURGERY | | 0136 | 15.588 | APC | $788.90 | | | |
| 25931 | T | AMPUTATION FOLLOW-UP SURGERY | | 0049 | 21.81 | APC | $1,103.78 | | | |
| 25999 | T | FOREARM OR WRIST SURGERY | | 0129 | 1.8741 | APC | $94.85 | | | |
| 26010 | T | DRAINAGE OF FINGER ABSCESS | | 0006 | 1.7592 | APC | $89.03 | | | |
| 26011 | T | DRAINAGE OF FINGER ABSCESS | | 0007 | 10.175 | APC | $514.94 | | | |
| 26020 | T | DRAIN HAND TENDON SHEATH | | 0053 | 16.623 | APC | $841.29 | | | |
| 26025 | T | DRAINAGE OF PALM BURSA | | 0053 | 16.623 | APC | $841.29 | | | |
| 26030 | T | DRAINAGE OF PALM BURSAS | | 0053 | 16.623 | APC | $841.29 | | | |
| 26034 | T | TREAT HAND BONE LESION | | 0053 | 16.623 | APC | $841.29 | | | |
| 26035 | T | DECOMPRESS FINGERS/HAND | | 0053 | 16.623 | APC | $841.29 | | | |
| 26037 | T | DECOMPRESS FINGERS/HAND | | 0053 | 16.623 | APC | $841.29 | | | |
| 26040 | T | RELEASE PALM CONTRACTURE | | 0053 | 16.623 | APC | $841.29 | | | |
| 26045 | T | RELEASE PALM CONTRACTURE | | 0054 | 28.973 | APC | $1,466.30 | | | |
| 26055 | T | INCISE FINGER TENDON SHEATH | | 0053 | 16.623 | APC | $841.29 | | | |
| 26060 | T | INCISION OF FINGER TENDON | | 0053 | 16.623 | APC | $841.29 | | | |
| 26070 | T | EXPLORE/TREAT HAND JOINT | | 0053 | 16.623 | APC | $841.29 | | | |
| 26075 | T | EXPLORE/TREAT FINGER JOINT | | 0053 | 16.623 | APC | $841.29 | | | |
| 26080 | T | EXPLORE/TREAT FINGER JOINT | | 0053 | 16.623 | APC | $841.29 | | | |
| 26100 | T | BIOPSY HAND JOINT LINING | | 0053 | 16.623 | APC | $841.29 | | | |
| 26105 | T | BIOPSY FINGER JOINT LINING | | 0053 | 16.623 | APC | $841.29 | | | |
| 26110 | T | BIOPSY FINGER JOINT LINING | | 0053 | 16.623 | APC | $841.29 | | | |
| 26111 | T | EXC HAND LES SC 1.5 CM/> | | 0022 | 23.293 | APC | $1,178.85 | | | |
| 26113 | T | EXC HAND TUM DEEP 1.5 CM/> | | 0022 | 23.293 | APC | $1,178.85 | | | |
| 26115 | T | EXC HAND LES SC < 1.5 CM | | 0021 | 15.73 | APC | $796.09 | | | |
| 26116 | T | EXC HAND TUM DEEP < 1.5 CM | | 0021 | 15.73 | APC | $796.09 | | | |
| 26117 | T | EXC HAND TUM RA < 3 CM | | 0021 | 15.73 | APC | $796.09 | | | |
| 26118 | T | EXC HAND TUM RA 3 CM/> | | 0022 | 23.293 | APC | $1,178.85 | | | |
| 26121 | T | RELEASE PALM CONTRACTURE | | 0054 | 28.973 | APC | $1,466.30 | | | |
| 26123 | T | RELEASE PALM CONTRACTURE | | 0054 | 28.973 | APC | $1,466.30 | | | |
| 26125 | T | RELEASE PALM CONTRACTURE | | 0053 | 16.623 | APC | $841.29 | | | |
| 26130 | T | REMOVE WRIST JOINT LINING | | 0053 | 16.623 | APC | $841.29 | | | |
| 26135 | T | REVISE FINGER JOINT EACH | | 0054 | 28.973 | APC | $1,466.30 | | | |
| 26140 | T | REVISE FINGER JOINT EACH | | 0053 | 16.623 | APC | $841.29 | | | |
| 26145 | T | TENDON EXCISION PALM/FINGER | | 0053 | 16.623 | APC | $841.29 | | | |
| 26160 | T | REMOVE TENDON SHEATH LESION | | 0053 | 16.623 | APC | $841.29 | | | |
| 26170 | T | REMOVAL OF PALM TENDON EACH | | 0053 | 16.623 | APC | $841.29 | | | |
| 26180 | T | REMOVAL OF FINGER TENDON | | 0053 | 16.623 | APC | $841.29 | | | |
| 26185 | T | REMOVE FINGER BONE | | 0053 | 16.623 | APC | $841.29 | | | |
| 26200 | T | REMOVE HAND BONE LESION | | 0053 | 16.623 | APC | $841.29 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 26205 | T | REMOVE/GRAFT BONE LESION | | 0054 | 28.973 | APC | $1,466.30 | | | |
| 26210 | T | REMOVAL OF FINGER LESION | | 0053 | 16.623 | APC | $841.29 | | | |
| 26215 | T | REMOVE/GRAFT FINGER LESION | | 0053 | 16.623 | APC | $841.29 | | | |
| 26230 | T | PARTIAL REMOVAL OF HAND BONE | | 0053 | 16.623 | APC | $841.29 | | | |
| 26235 | T | PARTIAL REMOVAL FINGER BONE | | 0053 | 16.623 | APC | $841.29 | | | |
| 26236 | T | PARTIAL REMOVAL FINGER BONE | | 0053 | 16.623 | APC | $841.29 | | | |
| 26250 | T | EXTENSIVE HAND SURGERY | | 0053 | 16.623 | APC | $841.29 | | | |
| 26260 | T | RESECT PROX FINGER TUMOR | | 0053 | 16.623 | APC | $841.29 | | | |
| 26262 | T | RESECT DISTAL FINGER TUMOR | | 0053 | 16.623 | APC | $841.29 | | | |
| 26320 | T | REMOVAL OF IMPLANT FROM HAND | | 0021 | 15.73 | APC | $796.09 | | | |
| 26340 | T | MANIPULATE FINGER W/ANESTH | | 0138 | 5.5931 | APC | $283.07 | | | |
| 26341 | T | MANIPULAT PALM CORD POST INJ | | 0138 | 5.5931 | APC | $283.07 | | | |
| 26350 | T | REPAIR FINGER/HAND TENDON | | 0054 | 28.973 | APC | $1,466.30 | | | |
| 26352 | T | REPAIR/GRAFT HAND TENDON | | 0054 | 28.973 | APC | $1,466.30 | | | |
| 26356 | T | REPAIR FINGER/HAND TENDON | | 0054 | 28.973 | APC | $1,466.30 | | | |
| 26357 | T | REPAIR FINGER/HAND TENDON | | 0054 | 28.973 | APC | $1,466.30 | | | |
| 26358 | T | REPAIR/GRAFT HAND TENDON | | 0054 | 28.973 | APC | $1,466.30 | | | |
| 26370 | T | REPAIR FINGER/HAND TENDON | | 0054 | 28.973 | APC | $1,466.30 | | | |
| 26372 | T | REPAIR/GRAFT HAND TENDON | | 0054 | 28.973 | APC | $1,466.30 | | | |
| 26373 | T | REPAIR FINGER/HAND TENDON | | 0054 | 28.973 | APC | $1,466.30 | | | |
| 26390 | T | REVISE HAND/FINGER TENDON | | 0054 | 28.973 | APC | $1,466.30 | | | |
| 26392 | T | REPAIR/GRAFT HAND TENDON | | 0054 | 28.973 | APC | $1,466.30 | | | |
| 26410 | T | REPAIR HAND TENDON | | 0053 | 16.623 | APC | $841.29 | | | |
| 26412 | T | REPAIR/GRAFT HAND TENDON | | 0054 | 28.973 | APC | $1,466.30 | | | |
| 26415 | T | EXCISION HAND/FINGER TENDON | | 0054 | 28.973 | APC | $1,466.30 | | | |
| 26416 | T | GRAFT HAND OR FINGER TENDON | | 0054 | 28.973 | APC | $1,466.30 | | | |
| 26418 | T | REPAIR FINGER TENDON | | 0053 | 16.623 | APC | $841.29 | | | |
| 26420 | T | REPAIR/GRAFT FINGER TENDON | | 0054 | 28.973 | APC | $1,466.30 | | | |
| 26426 | T | REPAIR FINGER/HAND TENDON | | 0054 | 28.973 | APC | $1,466.30 | | | |
| 26428 | T | REPAIR/GRAFT FINGER TENDON | | 0054 | 28.973 | APC | $1,466.30 | | | |
| 26432 | T | REPAIR FINGER TENDON | | 0053 | 16.623 | APC | $841.29 | | | |
| 26433 | T | REPAIR FINGER TENDON | | 0053 | 16.623 | APC | $841.29 | | | |
| 26434 | T | REPAIR/GRAFT FINGER TENDON | | 0054 | 28.973 | APC | $1,466.30 | | | |
| 26437 | T | REALIGNMENT OF TENDONS | | 0053 | 16.623 | APC | $841.29 | | | |
| 26440 | T | RELEASE PALM/FINGER TENDON | | 0053 | 16.623 | APC | $841.29 | | | |
| 26442 | T | RELEASE PALM & FINGER TENDON | | 0054 | 28.973 | APC | $1,466.30 | | | |
| 26445 | T | RELEASE HAND/FINGER TENDON | | 0053 | 16.623 | APC | $841.29 | | | |
| 26449 | T | RELEASE FOREARM/HAND TENDON | | 0054 | 28.973 | APC | $1,466.30 | | | |
| 26450 | T | INCISION OF PALM TENDON | | 0053 | 16.623 | APC | $841.29 | | | |
| 26455 | T | INCISION OF FINGER TENDON | | 0053 | 16.623 | APC | $841.29 | | | |
| 26460 | T | INCISE HAND/FINGER TENDON | | 0053 | 16.623 | APC | $841.29 | | | |
| 26471 | T | FUSION OF FINGER TENDONS | | 0053 | 16.623 | APC | $841.29 | | | |
| 26474 | T | FUSION OF FINGER TENDONS | | 0053 | 16.623 | APC | $841.29 | | | |
| 26476 | T | TENDON LENGTHENING | | 0053 | 16.623 | APC | $841.29 | | | |
| 26477 | T | TENDON SHORTENING | | 0053 | 16.623 | APC | $841.29 | | | |
| 26478 | T | LENGTHENING OF HAND TENDON | | 0053 | 16.623 | APC | $841.29 | | | |
| 26479 | T | SHORTENING OF HAND TENDON | | 0053 | 16.623 | APC | $841.29 | | | |
| 26480 | T | TRANSPLANT HAND TENDON | | 0054 | 28.973 | APC | $1,466.30 | | | |
| 26483 | T | TRANSPLANT/GRAFT HAND TENDON | | 0054 | 28.973 | APC | $1,466.30 | | | |
| 26485 | T | TRANSPLANT PALM TENDON | | 0054 | 28.973 | APC | $1,466.30 | | | |
| 26489 | T | TRANSPLANT/GRAFT PALM TENDON | | 0054 | 28.973 | APC | $1,466.30 | | | |
| 26490 | T | REVISE THUMB TENDON | | 0054 | 28.973 | APC | $1,466.30 | | | |
| 26492 | T | TENDON TRANSFER WITH GRAFT | | 0054 | 28.973 | APC | $1,466.30 | | | |
| 26494 | T | HAND TENDON/MUSCLE TRANSFER | | 0054 | 28.973 | APC | $1,466.30 | | | |
| 26496 | T | REVISE THUMB TENDON | | 0054 | 28.973 | APC | $1,466.30 | | | |
| 26497 | T | FINGER TENDON TRANSFER | | 0054 | 28.973 | APC | $1,466.30 | | | |
| 26498 | T | FINGER TENDON TRANSFER | | 0054 | 28.973 | APC | $1,466.30 | | | |
| 26499 | T | REVISION OF FINGER | | 0054 | 28.973 | APC | $1,466.30 | | | |
| 26500 | T | HAND TENDON RECONSTRUCTION | | 0053 | 16.623 | APC | $841.29 | | | |
| 26502 | T | HAND TENDON RECONSTRUCTION | | 0054 | 28.973 | APC | $1,466.30 | | | |
| 26508 | T | RELEASE THUMB CONTRACTURE | | 0053 | 16.623 | APC | $841.29 | | | |
| 26510 | T | THUMB TENDON TRANSFER | | 0054 | 28.973 | APC | $1,466.30 | | | |
| 26516 | T | FUSION OF KNUCKLE JOINT | | 0054 | 28.973 | APC | $1,466.30 | | | |
| 26517 | T | FUSION OF KNUCKLE JOINTS | | 0054 | 28.973 | APC | $1,466.30 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 26518 | T | FUSION OF KNUCKLE JOINTS | | 0054 | 28.973 | APC | $1,466.30 | | | |
| 26520 | T | RELEASE KNUCKLE CONTRACTURE | | 0053 | 16.623 | APC | $841.29 | | | |
| 26525 | T | RELEASE FINGER CONTRACTURE | | 0053 | 16.623 | APC | $841.29 | | | |
| 26530 | T | REVISE KNUCKLE JOINT | | 0047 | 40.217 | APC | $2,035.39 | | | |
| 26531 | T | REVISE KNUCKLE WITH IMPLANT | | 0048 | 62.403 | APC | $3,158.19 | | | |
| 26535 | T | REVISE FINGER JOINT | | 0047 | 40.217 | APC | $2,035.39 | | | |
| 26536 | T | REVISE/IMPLANT FINGER JOINT | | 0048 | 62.403 | APC | $3,158.19 | | | |
| 26540 | T | REPAIR HAND JOINT | | 0053 | 16.623 | APC | $841.29 | | | |
| 26541 | T | REPAIR HAND JOINT WITH GRAFT | | 0054 | 28.973 | APC | $1,466.30 | | | |
| 26542 | T | REPAIR HAND JOINT WITH GRAFT | | 0053 | 16.623 | APC | $841.29 | | | |
| 26545 | T | RECONSTRUCT FINGER JOINT | | 0054 | 28.973 | APC | $1,466.30 | | | |
| 26546 | T | REPAIR NONUNION HAND | | 0054 | 28.973 | APC | $1,466.30 | | | |
| 26548 | T | RECONSTRUCT FINGER JOINT | | 0054 | 28.973 | APC | $1,466.30 | | | |
| 26550 | T | CONSTRUCT THUMB REPLACEMENT | | 0054 | 28.973 | APC | $1,466.30 | | | |
| 26551 | C | GREAT TOE-HAND TRANSFER | | | | Inpatient Only | $0.00 | | | |
| 26553 | C | SINGLE TRANSFER TOE-HAND | | | | Inpatient Only | $0.00 | | | |
| 26554 | C | DOUBLE TRANSFER TOE-HAND | | | | Inpatient Only | $0.00 | | | |
| 26555 | T | POSITIONAL CHANGE OF FINGER | | 0054 | 28.973 | APC | $1,466.30 | | | |
| 26556 | C | TOE JOINT TRANSFER | | | | Inpatient Only | $0.00 | | | |
| 26560 | T | REPAIR OF WEB FINGER | | 0053 | 16.623 | APC | $841.29 | | | |
| 26561 | T | REPAIR OF WEB FINGER | | 0054 | 28.973 | APC | $1,466.30 | | | |
| 26562 | T | REPAIR OF WEB FINGER | | 0054 | 28.973 | APC | $1,466.30 | | | |
| 26565 | T | CORRECT METACARPAL FLAW | | 0054 | 28.973 | APC | $1,466.30 | | | |
| 26567 | T | CORRECT FINGER DEFORMITY | | 0054 | 28.973 | APC | $1,466.30 | | | |
| 26568 | T | LENGTHEN METACARPAL/FINGER | | 0054 | 28.973 | APC | $1,466.30 | | | |
| 26580 | T | REPAIR HAND DEFORMITY | | 0053 | 16.623 | APC | $841.29 | | | |
| 26587 | T | RECONSTRUCT EXTRA FINGER | | 0053 | 16.623 | APC | $841.29 | | | |
| 26590 | T | REPAIR FINGER DEFORMITY | | 0053 | 16.623 | APC | $841.29 | | | |
| 26591 | T | REPAIR MUSCLES OF HAND | | 0054 | 28.973 | APC | $1,466.30 | | | |
| 26593 | T | RELEASE MUSCLES OF HAND | | 0053 | 16.623 | APC | $841.29 | | | |
| 26596 | T | EXCISION CONSTRICTING TISSUE | | 0053 | 16.623 | APC | $841.29 | | | |
| 26600 | T | TREAT METACARPAL FRACTURE | | 0129 | 1.8741 | APC | $94.85 | | | |
| 26605 | T | TREAT METACARPAL FRACTURE | | 0129 | 1.8741 | APC | $94.85 | | | |
| 26607 | T | TREAT METACARPAL FRACTURE | | 0139 | 11.715 | APC | $592.88 | | | |
| 26608 | T | TREAT METACARPAL FRACTURE | | 0062 | 26.767 | APC | $1,354.68 | | | |
| 26615 | T | TREAT METACARPAL FRACTURE | | 0063 | 52.781 | APC | $2,671.23 | | | |
| 26641 | T | TREAT THUMB DISLOCATION | | 0129 | 1.8741 | APC | $94.85 | | | |
| 26645 | T | TREAT THUMB FRACTURE | | 0138 | 5.5931 | APC | $283.07 | | | |
| 26650 | T | TREAT THUMB FRACTURE | | 0062 | 26.767 | APC | $1,354.68 | | | |
| 26665 | T | TREAT THUMB FRACTURE | | 0063 | 52.781 | APC | $2,671.23 | | | |
| 26670 | T | TREAT HAND DISLOCATION | | 0129 | 1.8741 | APC | $94.85 | | | |
| 26675 | T | TREAT HAND DISLOCATION | | 0129 | 1.8741 | APC | $94.85 | | | |
| 26676 | T | PIN HAND DISLOCATION | | 0062 | 26.767 | APC | $1,354.68 | | | |
| 26685 | T | TREAT HAND DISLOCATION | | 0062 | 26.767 | APC | $1,354.68 | | | |
| 26686 | T | TREAT HAND DISLOCATION | | 0064 | 70.679 | APC | $3,577.04 | | | |
| 26700 | T | TREAT KNUCKLE DISLOCATION | | 0129 | 1.8741 | APC | $94.85 | | | |
| 26705 | T | TREAT KNUCKLE DISLOCATION | | 0129 | 1.8741 | APC | $94.85 | | | |
| 26706 | T | PIN KNUCKLE DISLOCATION | | 0139 | 11.715 | APC | $592.88 | | | |
| 26715 | T | TREAT KNUCKLE DISLOCATION | | 0062 | 26.767 | APC | $1,354.68 | | | |
| 26720 | T | TREAT FINGER FRACTURE EACH | | 0129 | 1.8741 | APC | $94.85 | | | |
| 26725 | T | TREAT FINGER FRACTURE EACH | | 0129 | 1.8741 | APC | $94.85 | | | |
| 26727 | T | TREAT FINGER FRACTURE EACH | | 0062 | 26.767 | APC | $1,354.68 | | | |
| 26735 | T | TREAT FINGER FRACTURE EACH | | 0062 | 26.767 | APC | $1,354.68 | | | |
| 26740 | T | TREAT FINGER FRACTURE EACH | | 0129 | 1.8741 | APC | $94.85 | | | |
| 26742 | T | TREAT FINGER FRACTURE EACH | | 0129 | 1.8741 | APC | $94.85 | | | |
| 26746 | T | TREAT FINGER FRACTURE EACH | | 0062 | 26.767 | APC | $1,354.68 | | | |
| 26750 | T | TREAT FINGER FRACTURE EACH | | 0129 | 1.8741 | APC | $94.85 | | | |
| 26755 | T | TREAT FINGER FRACTURE EACH | | 0129 | 1.8741 | APC | $94.85 | | | |
| 26756 | T | PIN FINGER FRACTURE EACH | | 0062 | 26.767 | APC | $1,354.68 | | | |
| 26765 | T | TREAT FINGER FRACTURE EACH | | 0062 | 26.767 | APC | $1,354.68 | | | |
| 26770 | T | TREAT FINGER DISLOCATION | | 0129 | 1.8741 | APC | $94.85 | | | |
| 26775 | T | TREAT FINGER DISLOCATION | | 0045 | 14.571 | APC | $737.42 | | | |
| 26776 | T | PIN FINGER DISLOCATION | | 0062 | 26.767 | APC | $1,354.68 | | | |
| 26785 | T | TREAT FINGER DISLOCATION | | 0062 | 26.767 | APC | $1,354.68 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 26820 | T | THUMB FUSION WITH GRAFT | | 0054 | 28.973 | APC | $1,466.30 | | | |
| 26841 | T | FUSION OF THUMB | | 0054 | 28.973 | APC | $1,466.30 | | | |
| 26842 | T | THUMB FUSION WITH GRAFT | | 0054 | 28.973 | APC | $1,466.30 | | | |
| 26843 | T | FUSION OF HAND JOINT | | 0054 | 28.973 | APC | $1,466.30 | | | |
| 26844 | T | FUSION/GRAFT OF HAND JOINT | | 0054 | 28.973 | APC | $1,466.30 | | | |
| 26850 | T | FUSION OF KNUCKLE | | 0054 | 28.973 | APC | $1,466.30 | | | |
| 26852 | T | FUSION OF KNUCKLE WITH GRAFT | | 0054 | 28.973 | APC | $1,466.30 | | | |
| 26860 | T | FUSION OF FINGER JOINT | | 0054 | 28.973 | APC | $1,466.30 | | | |
| 26861 | T | FUSION OF FINGER JNT ADD-ON | | 0054 | 28.973 | APC | $1,466.30 | | | |
| 26862 | T | FUSION/GRAFT OF FINGER JOINT | | 0054 | 28.973 | APC | $1,466.30 | | | |
| 26863 | T | FUSE/GRAFT ADDED JOINT | | 0054 | 28.973 | APC | $1,466.30 | | | |
| 26910 | T | AMPUTATE METACARPAL BONE | | 0054 | 28.973 | APC | $1,466.30 | | | |
| 26951 | T | AMPUTATION OF FINGER/THUMB | | 0053 | 16.623 | APC | $841.29 | | | |
| 26952 | T | AMPUTATION OF FINGER/THUMB | | 0053 | 16.623 | APC | $841.29 | | | |
| 26989 | T | HAND/FINGER SURGERY | | 0129 | 1.8741 | APC | $94.85 | | | |
| 26990 | T | DRAINAGE OF PELVIS LESION | | 0049 | 21.81 | APC | $1,103.78 | | | |
| 26991 | T | DRAINAGE OF PELVIS BURSA | | 0049 | 21.81 | APC | $1,103.78 | | | |
| 26992 | C | DRAINAGE OF BONE LESION | | | | Inpatient Only | $0.00 | | | |
| 27000 | T | INCISION OF HIP TENDON | | 0049 | 21.81 | APC | $1,103.78 | | | |
| 27001 | T | INCISION OF HIP TENDON | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 27003 | T | INCISION OF HIP TENDON | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 27005 | C | INCISION OF HIP TENDON | | | | Inpatient Only | $0.00 | | | |
| 27006 | T | INCISION OF HIP TENDONS | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 27025 | C | INCISION OF HIP/THIGH FASCIA | | | | Inpatient Only | $0.00 | | | |
| 27027 | T | BUTTOCK FASCIOTOMY | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 27030 | C | DRAINAGE OF HIP JOINT | | | | Inpatient Only | $0.00 | | | |
| 27033 | T | EXPLORATION OF HIP JOINT | | 0051 | 48.204 | APC | $2,439.61 | | | |
| 27035 | T | DENERVATION OF HIP JOINT | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 27036 | C | EXCISION OF HIP JOINT/MUSCLE | | | | Inpatient Only | $0.00 | | | |
| 27040 | T | BIOPSY OF SOFT TISSUES | | 0020 | 8.1838 | APC | $414.18 | | | |
| 27041 | T | BIOPSY OF SOFT TISSUES | | 0020 | 8.1838 | APC | $414.18 | | | |
| 27043 | T | EXC HIP PELVIS LES SC 3 CM/> | | 0022 | 23.293 | APC | $1,178.85 | | | |
| 27045 | T | EXC HIP/PELV TUM DEEP 5 CM/> | | 0022 | 23.293 | APC | $1,178.85 | | | |
| 27047 | T | EXC HIP/PELVIS LES SC < 3 CM | | 0021 | 15.73 | APC | $796.09 | | | |
| 27048 | T | EXC HIP/PELV TUM DEEP < 5 CM | | 0021 | 15.73 | APC | $796.09 | | | |
| 27049 | T | RESECT HIP/PELV TUM < 5 CM | | 0021 | 15.73 | APC | $796.09 | | | |
| 27050 | T | BIOPSY OF SACROILIAC JOINT | | 0049 | 21.81 | APC | $1,103.78 | | | |
| 27052 | T | BIOPSY OF HIP JOINT | | 0049 | 21.81 | APC | $1,103.78 | | | |
| 27054 | C | REMOVAL OF HIP JOINT LINING | | | | Inpatient Only | $0.00 | | | |
| 27057 | T | BUTTOCK FASCIOTOMY W/DBRDMT | | 0049 | 21.81 | APC | $1,103.78 | | | |
| 27059 | T | RESECT HIP/PELV TUM 5 CM/> | | 0022 | 23.293 | APC | $1,178.85 | | | |
| 27060 | T | REMOVAL OF ISCHIAL BURSA | | 0049 | 21.81 | APC | $1,103.78 | | | |
| 27062 | T | REMOVE FEMUR LESION/BURSA | | 0049 | 21.81 | APC | $1,103.78 | | | |
| 27065 | T | REMOVE HIP BONE LES SUPER | | 0049 | 21.81 | APC | $1,103.78 | | | |
| 27066 | T | REMOVE HIP BONE LES DEEP | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 27067 | T | REMOVE/GRAFT HIP BONE LESION | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 27070 | C | PART REMOVE HIP BONE SUPER | | | | Inpatient Only | $0.00 | | | |
| 27071 | C | PART REMOVAL HIP BONE DEEP | | | | Inpatient Only | $0.00 | | | |
| 27075 | C | RESECT HIP TUMOR | | | | Inpatient Only | $0.00 | | | |
| 27076 | C | RESECT HIP TUM INCL ACETABUL | | | | Inpatient Only | $0.00 | | | |
| 27077 | C | RESECT HIP TUM W/INNOM BONE | | | | Inpatient Only | $0.00 | | | |
| 27078 | C | RSECT HIP TUM INCL FEMUR | | | | Inpatient Only | $0.00 | | | |
| 27080 | T | REMOVAL OF TAIL BONE | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 27086 | T | REMOVE HIP FOREIGN BODY | | 0020 | 8.1838 | APC | $414.18 | | | |
| 27087 | T | REMOVE HIP FOREIGN BODY | | 0049 | 21.81 | APC | $1,103.78 | | | |
| 27090 | C | REMOVAL OF HIP PROSTHESIS | | | | Inpatient Only | $0.00 | | | |
| 27091 | C | REMOVAL OF HIP PROSTHESIS | | | | Inpatient Only | $0.00 | | | |
| 27093 | N | INJECTION FOR HIP X-RAY | | | | Bundled | $0.00 | | | |
| 27095 | N | INJECTION FOR HIP X-RAY | | | | Bundled | $0.00 | | | |
| 27096 | E | INJECT SACROILIAC JOINT | | | | Not Allowed | $0.00 | | | |
| 27097 | T | REVISION OF HIP TENDON | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 27098 | T | TRANSFER TENDON TO PELVIS | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 27100 | T | TRANSFER OF ABDOMINAL MUSCLE | | 0051 | 48.204 | APC | $2,439.61 | | | |
| 27105 | T | TRANSFER OF SPINAL MUSCLE | | 0051 | 48.204 | APC | $2,439.61 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 27110 | T | TRANSFER OF ILIOPSOAS MUSCLE | | 0051 | 48.204 | APC | $2,439.61 | | | |
| 27111 | T | TRANSFER OF ILIOPSOAS MUSCLE | | 0051 | 48.204 | APC | $2,439.61 | | | |
| 27120 | C | RECONSTRUCTION OF HIP SOCKET | | | | Inpatient Only | $0.00 | | | |
| 27122 | C | RECONSTRUCTION OF HIP SOCKET | | | | Inpatient Only | $0.00 | | | |
| 27125 | C | PARTIAL HIP REPLACEMENT | | | | Inpatient Only | $0.00 | | | |
| 27130 | C | TOTAL HIP ARTHROPLASTY | | | | Inpatient Only | $0.00 | | | |
| 27132 | C | TOTAL HIP ARTHROPLASTY | | | | Inpatient Only | $0.00 | | | |
| 27134 | C | REVISE HIP JOINT REPLACEMENT | | | | Inpatient Only | $0.00 | | | |
| 27137 | C | REVISE HIP JOINT REPLACEMENT | | | | Inpatient Only | $0.00 | | | |
| 27138 | C | REVISE HIP JOINT REPLACEMENT | | | | Inpatient Only | $0.00 | | | |
| 27140 | C | TRANSPLANT FEMUR RIDGE | | | | Inpatient Only | $0.00 | | | |
| 27146 | C | INCISION OF HIP BONE | | | | Inpatient Only | $0.00 | | | |
| 27147 | C | REVISION OF HIP BONE | | | | Inpatient Only | $0.00 | | | |
| 27151 | C | INCISION OF HIP BONES | | | | Inpatient Only | $0.00 | | | |
| 27156 | C | REVISION OF HIP BONES | | | | Inpatient Only | $0.00 | | | |
| 27158 | C | REVISION OF PELVIS | | | | Inpatient Only | $0.00 | | | |
| 27161 | C | INCISION OF NECK OF FEMUR | | | | Inpatient Only | $0.00 | | | |
| 27165 | C | INCISION/FIXATION OF FEMUR | | | | Inpatient Only | $0.00 | | | |
| 27170 | C | REPAIR/GRAFT FEMUR HEAD/NECK | | | | Inpatient Only | $0.00 | | | |
| 27175 | C | TREAT SLIPPED EPIPHYSIS | | | | Inpatient Only | $0.00 | | | |
| 27176 | C | TREAT SLIPPED EPIPHYSIS | | | | Inpatient Only | $0.00 | | | |
| 27177 | C | TREAT SLIPPED EPIPHYSIS | | | | Inpatient Only | $0.00 | | | |
| 27178 | C | TREAT SLIPPED EPIPHYSIS | | | | Inpatient Only | $0.00 | | | |
| 27179 | T | REVISE HEAD/NECK OF FEMUR | | 0052 | 82.208 | APC | $4,160.54 | | | |
| 27181 | C | TREAT SLIPPED EPIPHYSIS | | | | Inpatient Only | $0.00 | | | |
| 27185 | C | REVISION OF FEMUR EPIPHYSIS | | | | Inpatient Only | $0.00 | | | |
| 27187 | C | REINFORCE HIP BONES | | | | Inpatient Only | $0.00 | | | |
| 27193 | T | TREAT PELVIC RING FRACTURE | | 0129 | 1.8741 | APC | $94.85 | | | |
| 27194 | T | TREAT PELVIC RING FRACTURE | | 0045 | 14.571 | APC | $737.42 | | | |
| 27200 | T | TREAT TAIL BONE FRACTURE | | 0129 | 1.8741 | APC | $94.85 | | | |
| 27202 | T | TREAT TAIL BONE FRACTURE | | 0063 | 52.781 | APC | $2,671.23 | | | |
| 27215 | E | TREAT PELVIC FRACTURE(S) | | | | Not Allowed | $0.00 | | | |
| 27216 | E | TREAT PELVIC RING FRACTURE | | | | Not Allowed | $0.00 | | | |
| 27217 | E | TREAT PELVIC RING FRACTURE | | | | Not Allowed | $0.00 | | | |
| 27218 | E | TREAT PELVIC RING FRACTURE | | | | Not Allowed | $0.00 | | | |
| 27220 | T | TREAT HIP SOCKET FRACTURE | | 0129 | 1.8741 | APC | $94.85 | | | |
| 27222 | C | TREAT HIP SOCKET FRACTURE | | | | Inpatient Only | $0.00 | | | |
| 27226 | C | TREAT HIP WALL FRACTURE | | | | Inpatient Only | $0.00 | | | |
| 27227 | C | TREAT HIP FRACTURE(S) | | | | Inpatient Only | $0.00 | | | |
| 27228 | C | TREAT HIP FRACTURE(S) | | | | Inpatient Only | $0.00 | | | |
| 27230 | T | TREAT THIGH FRACTURE | | 0129 | 1.8741 | APC | $94.85 | | | |
| 27232 | C | TREAT THIGH FRACTURE | | | | Inpatient Only | $0.00 | | | |
| 27235 | T | TREAT THIGH FRACTURE | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 27236 | C | TREAT THIGH FRACTURE | | | | Inpatient Only | $0.00 | | | |
| 27238 | T | TREAT THIGH FRACTURE | | 0138 | 5.5931 | APC | $283.07 | | | |
| 27240 | C | TREAT THIGH FRACTURE | | | | Inpatient Only | $0.00 | | | |
| 27244 | C | TREAT THIGH FRACTURE | | | | Inpatient Only | $0.00 | | | |
| 27245 | C | TREAT THIGH FRACTURE | | | | Inpatient Only | $0.00 | | | |
| 27246 | T | TREAT THIGH FRACTURE | | 0138 | 5.5931 | APC | $283.07 | | | |
| 27248 | C | TREAT THIGH FRACTURE | | | | Inpatient Only | $0.00 | | | |
| 27250 | T | TREAT HIP DISLOCATION | | 0129 | 1.8741 | APC | $94.85 | | | |
| 27252 | T | TREAT HIP DISLOCATION | | 0045 | 14.571 | APC | $737.42 | | | |
| 27253 | C | TREAT HIP DISLOCATION | | | | Inpatient Only | $0.00 | | | |
| 27254 | C | TREAT HIP DISLOCATION | | | | Inpatient Only | $0.00 | | | |
| 27256 | T | TREAT HIP DISLOCATION | | 0129 | 1.8741 | APC | $94.85 | | | |
| 27257 | T | TREAT HIP DISLOCATION | | 0045 | 14.571 | APC | $737.42 | | | |
| 27258 | C | TREAT HIP DISLOCATION | | | | Inpatient Only | $0.00 | | | |
| 27259 | C | TREAT HIP DISLOCATION | | | | Inpatient Only | $0.00 | | | |
| 27265 | T | TREAT HIP DISLOCATION | | 0129 | 1.8741 | APC | $94.85 | | | |
| 27266 | T | TREAT HIP DISLOCATION | | 0045 | 14.571 | APC | $737.42 | | | |
| 27267 | T | CLTX THIGH FX | | 0129 | 1.8741 | APC | $94.85 | | | |
| 27268 | C | CLTX THIGH FX W/MNPJ | | | | Inpatient Only | $0.00 | | | |
| 27269 | C | OPTX THIGH FX | | | | Inpatient Only | $0.00 | | | |
| 27275 | T | MANIPULATION OF HIP JOINT | | 0045 | 14.571 | APC | $737.42 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 27280 | C | FUSION OF SACROILIAC JOINT | | | | Inpatient Only | $0.00 | | | |
| 27282 | C | FUSION OF PUBIC BONES | | | | Inpatient Only | $0.00 | | | |
| 27284 | C | FUSION OF HIP JOINT | | | | Inpatient Only | $0.00 | | | |
| 27286 | C | FUSION OF HIP JOINT | | | | Inpatient Only | $0.00 | | | |
| 27290 | C | AMPUTATION OF LEG AT HIP | | | | Inpatient Only | $0.00 | | | |
| 27295 | C | AMPUTATION OF LEG AT HIP | | | | Inpatient Only | $0.00 | | | |
| 27299 | T | PELVIS/HIP JOINT SURGERY | | 0129 | 1.8741 | APC | $94.85 | | | |
| 27301 | T | DRAIN THIGH/KNEE LESION | | 0008 | 18.498 | APC | $936.16 | | | |
| 27303 | C | DRAINAGE OF BONE LESION | | | | Inpatient Only | $0.00 | | | |
| 27305 | T | INCISE THIGH TENDON & FASCIA | | 0049 | 21.81 | APC | $1,103.78 | | | |
| 27306 | T | INCISION OF THIGH TENDON | | 0049 | 21.81 | APC | $1,103.78 | | | |
| 27307 | T | INCISION OF THIGH TENDONS | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 27310 | T | EXPLORATION OF KNEE JOINT | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 27323 | T | BIOPSY THIGH SOFT TISSUES | | 0020 | 8.1838 | APC | $414.18 | | | |
| 27324 | T | BIOPSY THIGH SOFT TISSUES | | 0022 | 23.293 | APC | $1,178.85 | | | |
| 27325 | T | NEURECTOMY HAMSTRING | | 0220 | 18.857 | APC | $954.33 | | | |
| 27326 | T | NEURECTOMY POPLITEAL | | 0220 | 18.857 | APC | $954.33 | | | |
| 27327 | T | EXC THIGH/KNEE LES SC < 3 CM | | 0022 | 23.293 | APC | $1,178.85 | | | |
| 27328 | T | EXC THIGH/KNEE TUM DEEP <5CM | | 0021 | 15.73 | APC | $796.09 | | | |
| 27329 | T | RESECT THIGH/KNEE TUM < 5 CM | | 0021 | 15.73 | APC | $796.09 | | | |
| 27330 | T | BIOPSY KNEE JOINT LINING | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 27331 | T | EXPLORE/TREAT KNEE JOINT | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 27332 | T | REMOVAL OF KNEE CARTILAGE | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 27333 | T | REMOVAL OF KNEE CARTILAGE | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 27334 | T | REMOVE KNEE JOINT LINING | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 27335 | T | REMOVE KNEE JOINT LINING | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 27337 | T | EXC THIGH/KNEE LES SC 3 CM/> | | 0022 | 23.293 | APC | $1,178.85 | | | |
| 27339 | T | EXC THIGH/KNEE TUM DEP 5CM/> | | 0022 | 23.293 | APC | $1,178.85 | | | |
| 27340 | T | REMOVAL OF KNEECAP BURSA | | 0049 | 21.81 | APC | $1,103.78 | | | |
| 27345 | T | REMOVAL OF KNEE CYST | | 0049 | 21.81 | APC | $1,103.78 | | | |
| 27347 | T | REMOVE KNEE CYST | | 0049 | 21.81 | APC | $1,103.78 | | | |
| 27350 | T | REMOVAL OF KNEECAP | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 27355 | T | REMOVE FEMUR LESION | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 27356 | T | REMOVE FEMUR LESION/GRAFT | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 27357 | T | REMOVE FEMUR LESION/GRAFT | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 27358 | T | REMOVE FEMUR LESION/FIXATION | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 27360 | T | PARTIAL REMOVAL LEG BONE(S) | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 27364 | T | RESECT THIGH/KNEE TUM 5 CM/> | | 0022 | 23.293 | APC | $1,178.85 | | | |
| 27365 | C | RESECT FEMUR/KNEE TUMOR | | | | Inpatient Only | $0.00 | | | |
| 27370 | N | INJECTION FOR KNEE X-RAY | | | | Bundled | $0.00 | | | |
| 27372 | T | REMOVAL OF FOREIGN BODY | | 0022 | 23.293 | APC | $1,178.85 | | | |
| 27380 | T | REPAIR OF KNEECAP TENDON | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 27381 | T | REPAIR/GRAFT KNEECAP TENDON | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 27385 | T | REPAIR OF THIGH MUSCLE | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 27386 | T | REPAIR/GRAFT OF THIGH MUSCLE | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 27390 | T | INCISION OF THIGH TENDON | | 0049 | 21.81 | APC | $1,103.78 | | | |
| 27391 | T | INCISION OF THIGH TENDONS | | 0049 | 21.81 | APC | $1,103.78 | | | |
| 27392 | T | INCISION OF THIGH TENDONS | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 27393 | T | LENGTHENING OF THIGH TENDON | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 27394 | T | LENGTHENING OF THIGH TENDONS | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 27395 | T | LENGTHENING OF THIGH TENDONS | | 0051 | 48.204 | APC | $2,439.61 | | | |
| 27396 | T | TRANSPLANT OF THIGH TENDON | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 27397 | T | TRANSPLANTS OF THIGH TENDONS | | 0051 | 48.204 | APC | $2,439.61 | | | |
| 27400 | T | REVISE THIGH MUSCLES/TENDONS | | 0051 | 48.204 | APC | $2,439.61 | | | |
| 27403 | T | REPAIR OF KNEE CARTILAGE | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 27405 | T | REPAIR OF KNEE LIGAMENT | | 0051 | 48.204 | APC | $2,439.61 | | | |
| 27407 | T | REPAIR OF KNEE LIGAMENT | | 0052 | 82.208 | APC | $4,160.54 | | | |
| 27409 | T | REPAIR OF KNEE LIGAMENTS | | 0052 | 82.208 | APC | $4,160.54 | | | |
| 27412 | T | AUTOCHONDROCYTE IMPLANT KNEE | | 0052 | 82.208 | APC | $4,160.54 | | | |
| 27415 | T | OSTEOCHONDRAL KNEE ALLOGRAFT | | 0052 | 82.208 | APC | $4,160.54 | | | |
| 27416 | T | OSTEOCHONDRAL KNEE AUTOGRAFT | | 0051 | 48.204 | APC | $2,439.61 | | | |
| 27418 | T | REPAIR DEGENERATED KNEECAP | | 0051 | 48.204 | APC | $2,439.61 | | | |
| 27420 | T | REVISION OF UNSTABLE KNEECAP | | 0051 | 48.204 | APC | $2,439.61 | | | |
| 27422 | T | REVISION OF UNSTABLE KNEECAP | | 0051 | 48.204 | APC | $2,439.61 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 27424 | T | REVISION/REMOVAL OF KNEECAP | | 0051 | 48.204 | APC | $2,439.61 | | | |
| 27425 | T | LAT RETINACULAR RELEASE OPEN | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 27427 | T | RECONSTRUCTION KNEE | | 0052 | 82.208 | APC | $4,160.54 | | | |
| 27428 | T | RECONSTRUCTION KNEE | | 0052 | 82.208 | APC | $4,160.54 | | | |
| 27429 | T | RECONSTRUCTION KNEE | | 0052 | 82.208 | APC | $4,160.54 | | | |
| 27430 | T | REVISION OF THIGH MUSCLES | | 0051 | 48.204 | APC | $2,439.61 | | | |
| 27435 | T | INCISION OF KNEE JOINT | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 27437 | T | REVISE KNEECAP | | 0047 | 40.217 | APC | $2,035.39 | | | |
| 27438 | T | REVISE KNEECAP WITH IMPLANT | | 0048 | 62.403 | APC | $3,158.19 | | | |
| 27440 | T | REVISION OF KNEE JOINT | | 0047 | 40.217 | APC | $2,035.39 | | | |
| 27441 | T | REVISION OF KNEE JOINT | | 0047 | 40.217 | APC | $2,035.39 | | | |
| 27442 | T | REVISION OF KNEE JOINT | | 0047 | 40.217 | APC | $2,035.39 | | | |
| 27443 | T | REVISION OF KNEE JOINT | | 0047 | 40.217 | APC | $2,035.39 | | | |
| 27445 | C | REVISION OF KNEE JOINT | | | | Inpatient Only | $0.00 | | | |
| 27446 | T | REVISION OF KNEE JOINT | | 0425 | 134.64 | APC | $6,814.34 | | | |
| 27447 | C | TOTAL KNEE ARTHROPLASTY | | | | Inpatient Only | $0.00 | | | |
| 27448 | C | INCISION OF THIGH | | | | Inpatient Only | $0.00 | | | |
| 27450 | C | INCISION OF THIGH | | | | Inpatient Only | $0.00 | | | |
| 27454 | C | REALIGNMENT OF THIGH BONE | | | | Inpatient Only | $0.00 | | | |
| 27455 | C | REALIGNMENT OF KNEE | | | | Inpatient Only | $0.00 | | | |
| 27457 | C | REALIGNMENT OF KNEE | | | | Inpatient Only | $0.00 | | | |
| 27465 | C | SHORTENING OF THIGH BONE | | | | Inpatient Only | $0.00 | | | |
| 27466 | C | LENGTHENING OF THIGH BONE | | | | Inpatient Only | $0.00 | | | |
| 27468 | C | SHORTEN/LENGTHEN THIGHS | | | | Inpatient Only | $0.00 | | | |
| 27470 | C | REPAIR OF THIGH | | | | Inpatient Only | $0.00 | | | |
| 27472 | C | REPAIR/GRAFT OF THIGH | | | | Inpatient Only | $0.00 | | | |
| 27475 | T | SURGERY TO STOP LEG GROWTH | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 27477 | C | SURGERY TO STOP LEG GROWTH | | | | Inpatient Only | $0.00 | | | |
| 27479 | T | SURGERY TO STOP LEG GROWTH | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 27485 | C | SURGERY TO STOP LEG GROWTH | | | | Inpatient Only | $0.00 | | | |
| 27486 | C | REVISE/REPLACE KNEE JOINT | | | | Inpatient Only | $0.00 | | | |
| 27487 | C | REVISE/REPLACE KNEE JOINT | | | | Inpatient Only | $0.00 | | | |
| 27488 | C | REMOVAL OF KNEE PROSTHESIS | | | | Inpatient Only | $0.00 | | | |
| 27495 | C | REINFORCE THIGH | | | | Inpatient Only | $0.00 | | | |
| 27496 | T | DECOMPRESSION OF THIGH/KNEE | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 27497 | T | DECOMPRESSION OF THIGH/KNEE | | 0049 | 21.81 | APC | $1,103.78 | | | |
| 27498 | T | DECOMPRESSION OF THIGH/KNEE | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 27499 | T | DECOMPRESSION OF THIGH/KNEE | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 27500 | T | TREATMENT OF THIGH FRACTURE | | 0138 | 5.5931 | APC | $283.07 | | | |
| 27501 | T | TREATMENT OF THIGH FRACTURE | | 0129 | 1.8741 | APC | $94.85 | | | |
| 27502 | T | TREATMENT OF THIGH FRACTURE | | 0139 | 11.715 | APC | $592.88 | | | |
| 27503 | T | TREATMENT OF THIGH FRACTURE | | 0129 | 1.8741 | APC | $94.85 | | | |
| 27506 | C | TREATMENT OF THIGH FRACTURE | | | | Inpatient Only | $0.00 | | | |
| 27507 | C | TREATMENT OF THIGH FRACTURE | | | | Inpatient Only | $0.00 | | | |
| 27508 | T | TREATMENT OF THIGH FRACTURE | | 0129 | 1.8741 | APC | $94.85 | | | |
| 27509 | T | TREATMENT OF THIGH FRACTURE | | 0062 | 26.767 | APC | $1,354.68 | | | |
| 27510 | T | TREATMENT OF THIGH FRACTURE | | 0138 | 5.5931 | APC | $283.07 | | | |
| 27511 | C | TREATMENT OF THIGH FRACTURE | | | | Inpatient Only | $0.00 | | | |
| 27513 | C | TREATMENT OF THIGH FRACTURE | | | | Inpatient Only | $0.00 | | | |
| 27514 | C | TREATMENT OF THIGH FRACTURE | | | | Inpatient Only | $0.00 | | | |
| 27516 | T | TREAT THIGH FX GROWTH PLATE | | 0129 | 1.8741 | APC | $94.85 | | | |
| 27517 | T | TREAT THIGH FX GROWTH PLATE | | 0129 | 1.8741 | APC | $94.85 | | | |
| 27519 | C | TREAT THIGH FX GROWTH PLATE | | | | Inpatient Only | $0.00 | | | |
| 27520 | T | TREAT KNEECAP FRACTURE | | 0129 | 1.8741 | APC | $94.85 | | | |
| 27524 | T | TREAT KNEECAP FRACTURE | | 0063 | 52.781 | APC | $2,671.23 | | | |
| 27530 | T | TREAT KNEE FRACTURE | | 0129 | 1.8741 | APC | $94.85 | | | |
| 27532 | T | TREAT KNEE FRACTURE | | 0139 | 11.715 | APC | $592.88 | | | |
| 27535 | C | TREAT KNEE FRACTURE | | | | Inpatient Only | $0.00 | | | |
| 27536 | C | TREAT KNEE FRACTURE | | | | Inpatient Only | $0.00 | | | |
| 27538 | T | TREAT KNEE FRACTURE(S) | | 0129 | 1.8741 | APC | $94.85 | | | |
| 27540 | C | TREAT KNEE FRACTURE | | | | Inpatient Only | $0.00 | | | |
| 27550 | T | TREAT KNEE DISLOCATION | | 0129 | 1.8741 | APC | $94.85 | | | |
| 27552 | T | TREAT KNEE DISLOCATION | | 0045 | 14.571 | APC | $737.42 | | | |
| 27556 | C | TREAT KNEE DISLOCATION | | | | Inpatient Only | $0.00 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 27557 | C | TREAT KNEE DISLOCATION | | | | Inpatient Only | $0.00 | | | |
| 27558 | C | TREAT KNEE DISLOCATION | | | | Inpatient Only | $0.00 | | | |
| 27560 | T | TREAT KNEECAP DISLOCATION | | 0129 | 1.8741 | APC | $94.85 | | | |
| 27562 | T | TREAT KNEECAP DISLOCATION | | 0045 | 14.571 | APC | $737.42 | | | |
| 27566 | T | TREAT KNEECAP DISLOCATION | | 0063 | 52.781 | APC | $2,671.23 | | | |
| 27570 | T | FIXATION OF KNEE JOINT | | 0045 | 14.571 | APC | $737.42 | | | |
| 27580 | C | FUSION OF KNEE | | | | Inpatient Only | $0.00 | | | |
| 27590 | C | AMPUTATE LEG AT THIGH | | | | Inpatient Only | $0.00 | | | |
| 27591 | C | AMPUTATE LEG AT THIGH | | | | Inpatient Only | $0.00 | | | |
| 27592 | C | AMPUTATE LEG AT THIGH | | | | Inpatient Only | $0.00 | | | |
| 27594 | T | AMPUTATION FOLLOW-UP SURGERY | | 0049 | 21.81 | APC | $1,103.78 | | | |
| 27596 | C | AMPUTATION FOLLOW-UP SURGERY | | | | Inpatient Only | $0.00 | | | |
| 27598 | C | AMPUTATE LOWER LEG AT KNEE | | | | Inpatient Only | $0.00 | | | |
| 27599 | T | LEG SURGERY PROCEDURE | | 0129 | 1.8741 | APC | $94.85 | | | |
| 27600 | T | DECOMPRESSION OF LOWER LEG | | 0049 | 21.81 | APC | $1,103.78 | | | |
| 27601 | T | DECOMPRESSION OF LOWER LEG | | 0049 | 21.81 | APC | $1,103.78 | | | |
| 27602 | T | DECOMPRESSION OF LOWER LEG | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 27603 | T | DRAIN LOWER LEG LESION | | 0008 | 18.498 | APC | $936.16 | | | |
| 27604 | T | DRAIN LOWER LEG BURSA | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 27605 | T | INCISION OF ACHILLES TENDON | | 0055 | 22.211 | APC | $1,124.10 | | | |
| 27606 | T | INCISION OF ACHILLES TENDON | | 0049 | 21.81 | APC | $1,103.78 | | | |
| 27607 | T | TREAT LOWER LEG BONE LESION | | 0049 | 21.81 | APC | $1,103.78 | | | |
| 27610 | T | EXPLORE/TREAT ANKLE JOINT | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 27612 | T | EXPLORATION OF ANKLE JOINT | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 27613 | T | BIOPSY LOWER LEG SOFT TISSUE | | 0020 | 8.1838 | APC | $414.18 | | | |
| 27614 | T | BIOPSY LOWER LEG SOFT TISSUE | | 0022 | 23.293 | APC | $1,178.85 | | | |
| 27615 | T | RESECT LEG/ANKLE TUM < 5 CM | | 0021 | 15.73 | APC | $796.09 | | | |
| 27616 | T | RESECT LEG/ANKLE TUM 5 CM/> | | 0022 | 23.293 | APC | $1,178.85 | | | |
| 27618 | T | EXC LEG/ANKLE TUM < 3 CM | | 0021 | 15.73 | APC | $796.09 | | | |
| 27619 | T | EXC LEG/ANKLE TUM DEEP <5 CM | | 0021 | 15.73 | APC | $796.09 | | | |
| 27620 | T | EXPLORE/TREAT ANKLE JOINT | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 27625 | T | REMOVE ANKLE JOINT LINING | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 27626 | T | REMOVE ANKLE JOINT LINING | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 27630 | T | REMOVAL OF TENDON LESION | | 0049 | 21.81 | APC | $1,103.78 | | | |
| 27632 | T | EXC LEG/ANKLE LES SC 3 CM/> | | 0022 | 23.293 | APC | $1,178.85 | | | |
| 27634 | T | EXC LEG/ANKLE TUM DEP 5 CM/> | | 0022 | 23.293 | APC | $1,178.85 | | | |
| 27635 | T | REMOVE LOWER LEG BONE LESION | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 27637 | T | REMOVE/GRAFT LEG BONE LESION | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 27638 | T | REMOVE/GRAFT LEG BONE LESION | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 27640 | T | PARTIAL REMOVAL OF TIBIA | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 27641 | T | PARTIAL REMOVAL OF FIBULA | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 27645 | C | RESECT TIBIA TUMOR | | | | Inpatient Only | $0.00 | | | |
| 27646 | C | RESECT FIBULA TUMOR | | | | Inpatient Only | $0.00 | | | |
| 27647 | T | RESECT TALUS/CALCANEUS TUM | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 27648 | N | INJECTION FOR ANKLE X-RAY | | | | Bundled | $0.00 | | | |
| 27650 | T | REPAIR ACHILLES TENDON | | 0051 | 48.204 | APC | $2,439.61 | | | |
| 27652 | T | REPAIR/GRAFT ACHILLES TENDON | | 0052 | 82.208 | APC | $4,160.54 | | | |
| 27654 | T | REPAIR OF ACHILLES TENDON | | 0051 | 48.204 | APC | $2,439.61 | | | |
| 27656 | T | REPAIR LEG FASCIA DEFECT | | 0049 | 21.81 | APC | $1,103.78 | | | |
| 27658 | T | REPAIR OF LEG TENDON EACH | | 0049 | 21.81 | APC | $1,103.78 | | | |
| 27659 | T | REPAIR OF LEG TENDON EACH | | 0049 | 21.81 | APC | $1,103.78 | | | |
| 27664 | T | REPAIR OF LEG TENDON EACH | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 27665 | T | REPAIR OF LEG TENDON EACH | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 27675 | T | REPAIR LOWER LEG TENDONS | | 0049 | 21.81 | APC | $1,103.78 | | | |
| 27676 | T | REPAIR LOWER LEG TENDONS | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 27680 | T | RELEASE OF LOWER LEG TENDON | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 27681 | T | RELEASE OF LOWER LEG TENDONS | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 27685 | T | REVISION OF LOWER LEG TENDON | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 27686 | T | REVISE LOWER LEG TENDONS | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 27687 | T | REVISION OF CALF TENDON | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 27690 | T | REVISE LOWER LEG TENDON | | 0051 | 48.204 | APC | $2,439.61 | | | |
| 27691 | T | REVISE LOWER LEG TENDON | | 0051 | 48.204 | APC | $2,439.61 | | | |
| 27692 | T | REVISE ADDITIONAL LEG TENDON | | 0051 | 48.204 | APC | $2,439.61 | | | |
| 27695 | T | REPAIR OF ANKLE LIGAMENT | | 0050 | 32.347 | APC | $1,637.09 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 27696 | T | REPAIR OF ANKLE LIGAMENTS | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 27698 | T | REPAIR OF ANKLE LIGAMENT | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 27700 | T | REVISION OF ANKLE JOINT | | 0047 | 40.217 | APC | $2,035.39 | | | |
| 27702 | C | RECONSTRUCT ANKLE JOINT | | | | Inpatient Only | $0.00 | | | |
| 27703 | C | RECONSTRUCTION ANKLE JOINT | | | | Inpatient Only | $0.00 | | | |
| 27704 | T | REMOVAL OF ANKLE IMPLANT | | 0049 | 21.81 | APC | $1,103.78 | | | |
| 27705 | T | INCISION OF TIBIA | | 0051 | 48.204 | APC | $2,439.61 | | | |
| 27707 | T | INCISION OF FIBULA | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 27709 | T | INCISION OF TIBIA & FIBULA | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 27712 | C | REALIGNMENT OF LOWER LEG | | | | Inpatient Only | $0.00 | | | |
| 27715 | C | REVISION OF LOWER LEG | | | | Inpatient Only | $0.00 | | | |
| 27720 | T | REPAIR OF TIBIA | | 0063 | 52.781 | APC | $2,671.23 | | | |
| 27722 | T | REPAIR/GRAFT OF TIBIA | | 0064 | 70.679 | APC | $3,577.04 | | | |
| 27724 | C | REPAIR/GRAFT OF TIBIA | | | | Inpatient Only | $0.00 | | | |
| 27725 | C | REPAIR OF LOWER LEG | | | | Inpatient Only | $0.00 | | | |
| 27726 | T | REPAIR FIBULA NONUNION | | 0063 | 52.781 | APC | $2,671.23 | | | |
| 27727 | C | REPAIR OF LOWER LEG | | | | Inpatient Only | $0.00 | | | |
| 27730 | T | REPAIR OF TIBIA EPIPHYSIS | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 27732 | T | REPAIR OF FIBULA EPIPHYSIS | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 27734 | T | REPAIR LOWER LEG EPIPHYSES | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 27740 | T | REPAIR OF LEG EPIPHYSES | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 27742 | T | REPAIR OF LEG EPIPHYSES | | 0051 | 48.204 | APC | $2,439.61 | | | |
| 27745 | T | REINFORCE TIBIA | | 0052 | 82.208 | APC | $4,160.54 | | | |
| 27750 | T | TREATMENT OF TIBIA FRACTURE | | 0129 | 1.8741 | APC | $94.85 | | | |
| 27752 | T | TREATMENT OF TIBIA FRACTURE | | 0139 | 11.715 | APC | $592.88 | | | |
| 27756 | T | TREATMENT OF TIBIA FRACTURE | | 0062 | 26.767 | APC | $1,354.68 | | | |
| 27758 | T | TREATMENT OF TIBIA FRACTURE | | 0063 | 52.781 | APC | $2,671.23 | | | |
| 27759 | T | TREATMENT OF TIBIA FRACTURE | | 0064 | 70.679 | APC | $3,577.04 | | | |
| 27760 | T | CLTX MEDIAL ANKLE FX | | 0129 | 1.8741 | APC | $94.85 | | | |
| 27762 | T | CLTX MED ANKLE FX W/MNPJ | | 0139 | 11.715 | APC | $592.88 | | | |
| 27766 | T | OPTX MEDIAL ANKLE FX | | 0063 | 52.781 | APC | $2,671.23 | | | |
| 27767 | T | CLTX POST ANKLE FX | | 0129 | 1.8741 | APC | $94.85 | | | |
| 27768 | T | CLTX POST ANKLE FX W/MNPJ | | 0129 | 1.8741 | APC | $94.85 | | | |
| 27769 | T | OPTX POST ANKLE FX | | 0063 | 52.781 | APC | $2,671.23 | | | |
| 27780 | T | TREATMENT OF FIBULA FRACTURE | | 0129 | 1.8741 | APC | $94.85 | | | |
| 27781 | T | TREATMENT OF FIBULA FRACTURE | | 0139 | 11.715 | APC | $592.88 | | | |
| 27784 | T | TREATMENT OF FIBULA FRACTURE | | 0063 | 52.781 | APC | $2,671.23 | | | |
| 27786 | T | TREATMENT OF ANKLE FRACTURE | | 0129 | 1.8741 | APC | $94.85 | | | |
| 27788 | T | TREATMENT OF ANKLE FRACTURE | | 0129 | 1.8741 | APC | $94.85 | | | |
| 27792 | T | TREATMENT OF ANKLE FRACTURE | | 0063 | 52.781 | APC | $2,671.23 | | | |
| 27808 | T | TREATMENT OF ANKLE FRACTURE | | 0129 | 1.8741 | APC | $94.85 | | | |
| 27810 | T | TREATMENT OF ANKLE FRACTURE | | 0129 | 1.8741 | APC | $94.85 | | | |
| 27814 | T | TREATMENT OF ANKLE FRACTURE | | 0063 | 52.781 | APC | $2,671.23 | | | |
| 27816 | T | TREATMENT OF ANKLE FRACTURE | | 0129 | 1.8741 | APC | $94.85 | | | |
| 27818 | T | TREATMENT OF ANKLE FRACTURE | | 0138 | 5.5931 | APC | $283.07 | | | |
| 27822 | T | TREATMENT OF ANKLE FRACTURE | | 0063 | 52.781 | APC | $2,671.23 | | | |
| 27823 | T | TREATMENT OF ANKLE FRACTURE | | 0064 | 70.679 | APC | $3,577.04 | | | |
| 27824 | T | TREAT LOWER LEG FRACTURE | | 0129 | 1.8741 | APC | $94.85 | | | |
| 27825 | T | TREAT LOWER LEG FRACTURE | | 0139 | 11.715 | APC | $592.88 | | | |
| 27826 | T | TREAT LOWER LEG FRACTURE | | 0063 | 52.781 | APC | $2,671.23 | | | |
| 27827 | T | TREAT LOWER LEG FRACTURE | | 0064 | 70.679 | APC | $3,577.04 | | | |
| 27828 | T | TREAT LOWER LEG FRACTURE | | 0064 | 70.679 | APC | $3,577.04 | | | |
| 27829 | T | TREAT LOWER LEG JOINT | | 0063 | 52.781 | APC | $2,671.23 | | | |
| 27830 | T | TREAT LOWER LEG DISLOCATION | | 0129 | 1.8741 | APC | $94.85 | | | |
| 27831 | T | TREAT LOWER LEG DISLOCATION | | 0139 | 11.715 | APC | $592.88 | | | |
| 27832 | T | TREAT LOWER LEG DISLOCATION | | 0063 | 52.781 | APC | $2,671.23 | | | |
| 27840 | T | TREAT ANKLE DISLOCATION | | 0129 | 1.8741 | APC | $94.85 | | | |
| 27842 | T | TREAT ANKLE DISLOCATION | | 0045 | 14.571 | APC | $737.42 | | | |
| 27846 | T | TREAT ANKLE DISLOCATION | | 0063 | 52.781 | APC | $2,671.23 | | | |
| 27848 | T | TREAT ANKLE DISLOCATION | | 0063 | 52.781 | APC | $2,671.23 | | | |
| 27860 | T | FIXATION OF ANKLE JOINT | | 0045 | 14.571 | APC | $737.42 | | | |
| 27870 | T | FUSION OF ANKLE JOINT OPEN | | 0052 | 82.208 | APC | $4,160.54 | | | |
| 27871 | T | FUSION OF TIBIOFIBULAR JOINT | | 0052 | 82.208 | APC | $4,160.54 | | | |
| 27880 | C | AMPUTATION OF LOWER LEG | | | | Inpatient Only | $0.00 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 27881 | C | AMPUTATION OF LOWER LEG | | | | Inpatient Only | $0.00 | | | |
| 27882 | C | AMPUTATION OF LOWER LEG | | | | Inpatient Only | $0.00 | | | |
| 27884 | T | AMPUTATION FOLLOW-UP SURGERY | | 0049 | 21.81 | APC | $1,103.78 | | | |
| 27886 | C | AMPUTATION FOLLOW-UP SURGERY | | | | Inpatient Only | $0.00 | | | |
| 27888 | C | AMPUTATION OF FOOT AT ANKLE | | | | Inpatient Only | $0.00 | | | |
| 27889 | T | AMPUTATION OF FOOT AT ANKLE | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 27892 | T | DECOMPRESSION OF LEG | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 27893 | T | DECOMPRESSION OF LEG | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 27894 | T | DECOMPRESSION OF LEG | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 27899 | T | LEG/ANKLE SURGERY PROCEDURE | | 0129 | 1.8741 | APC | $94.85 | | | |
| 28001 | T | DRAINAGE OF BURSA OF FOOT | | 0007 | 10.175 | APC | $514.94 | | | |
| 28002 | T | TREATMENT OF FOOT INFECTION | | 0049 | 21.81 | APC | $1,103.78 | | | |
| 28003 | T | TREATMENT OF FOOT INFECTION | | 0049 | 21.81 | APC | $1,103.78 | | | |
| 28005 | T | TREAT FOOT BONE LESION | | 0055 | 22.211 | APC | $1,124.10 | | | |
| 28008 | T | INCISION OF FOOT FASCIA | | 0055 | 22.211 | APC | $1,124.10 | | | |
| 28010 | T | INCISION OF TOE TENDON | | 0055 | 22.211 | APC | $1,124.10 | | | |
| 28011 | T | INCISION OF TOE TENDONS | | 0055 | 22.211 | APC | $1,124.10 | | | |
| 28020 | T | EXPLORATION OF FOOT JOINT | | 0055 | 22.211 | APC | $1,124.10 | | | |
| 28022 | T | EXPLORATION OF FOOT JOINT | | 0055 | 22.211 | APC | $1,124.10 | | | |
| 28024 | T | EXPLORATION OF TOE JOINT | | 0055 | 22.211 | APC | $1,124.10 | | | |
| 28035 | T | DECOMPRESSION OF TIBIA NERVE | | 0220 | 18.857 | APC | $954.33 | | | |
| 28039 | T | EXC FOOT/TOE TUM SC 1.5 CM/> | | 0022 | 23.293 | APC | $1,178.85 | | | |
| 28041 | T | EXC FOOT/TOE TUM DEP 1.5CM/> | | 0022 | 23.293 | APC | $1,178.85 | | | |
| 28043 | T | EXC FOOT/TOE TUM SC < 1.5 CM | | 0021 | 15.73 | APC | $796.09 | | | |
| 28045 | T | EXC FOOT/TOE TUM DEEP <1.5CM | | 0021 | 15.73 | APC | $796.09 | | | |
| 28046 | T | RESECT FOOT/TOE TUMOR < 3 CM | | 0021 | 15.73 | APC | $796.09 | | | |
| 28047 | T | RESECT FOOT/TOE TUMOR 3 CM/> | | 0022 | 23.293 | APC | $1,178.85 | | | |
| 28050 | T | BIOPSY OF FOOT JOINT LINING | | 0055 | 22.211 | APC | $1,124.10 | | | |
| 28052 | T | BIOPSY OF FOOT JOINT LINING | | 0055 | 22.211 | APC | $1,124.10 | | | |
| 28054 | T | BIOPSY OF TOE JOINT LINING | | 0055 | 22.211 | APC | $1,124.10 | | | |
| 28055 | T | NEURECTOMY FOOT | | 0220 | 18.857 | APC | $954.33 | | | |
| 28060 | T | PARTIAL REMOVAL FOOT FASCIA | | 0055 | 22.211 | APC | $1,124.10 | | | |
| 28062 | T | REMOVAL OF FOOT FASCIA | | 0055 | 22.211 | APC | $1,124.10 | | | |
| 28070 | T | REMOVAL OF FOOT JOINT LINING | | 0055 | 22.211 | APC | $1,124.10 | | | |
| 28072 | T | REMOVAL OF FOOT JOINT LINING | | 0055 | 22.211 | APC | $1,124.10 | | | |
| 28080 | T | REMOVAL OF FOOT LESION | | 0055 | 22.211 | APC | $1,124.10 | | | |
| 28086 | T | EXCISE FOOT TENDON SHEATH | | 0055 | 22.211 | APC | $1,124.10 | | | |
| 28088 | T | EXCISE FOOT TENDON SHEATH | | 0055 | 22.211 | APC | $1,124.10 | | | |
| 28090 | T | REMOVAL OF FOOT LESION | | 0055 | 22.211 | APC | $1,124.10 | | | |
| 28092 | T | REMOVAL OF TOE LESIONS | | 0055 | 22.211 | APC | $1,124.10 | | | |
| 28100 | T | REMOVAL OF ANKLE/HEEL LESION | | 0055 | 22.211 | APC | $1,124.10 | | | |
| 28102 | T | REMOVE/GRAFT FOOT LESION | | 0056 | 60.688 | APC | $3,071.40 | | | |
| 28103 | T | REMOVE/GRAFT FOOT LESION | | 0056 | 60.688 | APC | $3,071.40 | | | |
| 28104 | T | REMOVAL OF FOOT LESION | | 0055 | 22.211 | APC | $1,124.10 | | | |
| 28106 | T | REMOVE/GRAFT FOOT LESION | | 0056 | 60.688 | APC | $3,071.40 | | | |
| 28107 | T | REMOVE/GRAFT FOOT LESION | | 0056 | 60.688 | APC | $3,071.40 | | | |
| 28108 | T | REMOVAL OF TOE LESIONS | | 0055 | 22.211 | APC | $1,124.10 | | | |
| 28110 | T | PART REMOVAL OF METATARSAL | | 0055 | 22.211 | APC | $1,124.10 | | | |
| 28111 | T | PART REMOVAL OF METATARSAL | | 0055 | 22.211 | APC | $1,124.10 | | | |
| 28112 | T | PART REMOVAL OF METATARSAL | | 0055 | 22.211 | APC | $1,124.10 | | | |
| 28113 | T | PART REMOVAL OF METATARSAL | | 0055 | 22.211 | APC | $1,124.10 | | | |
| 28114 | T | REMOVAL OF METATARSAL HEADS | | 0055 | 22.211 | APC | $1,124.10 | | | |
| 28116 | T | REVISION OF FOOT | | 0055 | 22.211 | APC | $1,124.10 | | | |
| 28118 | T | REMOVAL OF HEEL BONE | | 0055 | 22.211 | APC | $1,124.10 | | | |
| 28119 | T | REMOVAL OF HEEL SPUR | | 0055 | 22.211 | APC | $1,124.10 | | | |
| 28120 | T | PART REMOVAL OF ANKLE/HEEL | | 0055 | 22.211 | APC | $1,124.10 | | | |
| 28122 | T | PARTIAL REMOVAL OF FOOT BONE | | 0055 | 22.211 | APC | $1,124.10 | | | |
| 28124 | T | PARTIAL REMOVAL OF TOE | | 0055 | 22.211 | APC | $1,124.10 | | | |
| 28126 | T | PARTIAL REMOVAL OF TOE | | 0055 | 22.211 | APC | $1,124.10 | | | |
| 28130 | T | REMOVAL OF ANKLE BONE | | 0055 | 22.211 | APC | $1,124.10 | | | |
| 28140 | T | REMOVAL OF METATARSAL | | 0055 | 22.211 | APC | $1,124.10 | | | |
| 28150 | T | REMOVAL OF TOE | | 0055 | 22.211 | APC | $1,124.10 | | | |
| 28153 | T | PARTIAL REMOVAL OF TOE | | 0055 | 22.211 | APC | $1,124.10 | | | |
| 28160 | T | PARTIAL REMOVAL OF TOE | | 0055 | 22.211 | APC | $1,124.10 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 28171 | T | RESECT TARSAL TUMOR | | 0055 | 22.211 | APC | $1,124.10 | | | |
| 28173 | T | RESECT METATARSAL TUMOR | | 0055 | 22.211 | APC | $1,124.10 | | | |
| 28175 | T | RESECT PHALANX OF TOE TUMOR | | 0055 | 22.211 | APC | $1,124.10 | | | |
| 28190 | T | REMOVAL OF FOOT FOREIGN BODY | | 0020 | 8.1838 | APC | $414.18 | | | |
| 28192 | T | REMOVAL OF FOOT FOREIGN BODY | | 0021 | 15.73 | APC | $796.09 | | | |
| 28193 | T | REMOVAL OF FOOT FOREIGN BODY | | 0020 | 8.1838 | APC | $414.18 | | | |
| 28200 | T | REPAIR OF FOOT TENDON | | 0055 | 22.211 | APC | $1,124.10 | | | |
| 28202 | T | REPAIR/GRAFT OF FOOT TENDON | | 0055 | 22.211 | APC | $1,124.10 | | | |
| 28208 | T | REPAIR OF FOOT TENDON | | 0055 | 22.211 | APC | $1,124.10 | | | |
| 28210 | T | REPAIR/GRAFT OF FOOT TENDON | | 0056 | 60.688 | APC | $3,071.40 | | | |
| 28220 | T | RELEASE OF FOOT TENDON | | 0055 | 22.211 | APC | $1,124.10 | | | |
| 28222 | T | RELEASE OF FOOT TENDONS | | 0055 | 22.211 | APC | $1,124.10 | | | |
| 28225 | T | RELEASE OF FOOT TENDON | | 0055 | 22.211 | APC | $1,124.10 | | | |
| 28226 | T | RELEASE OF FOOT TENDONS | | 0055 | 22.211 | APC | $1,124.10 | | | |
| 28230 | T | INCISION OF FOOT TENDON(S) | | 0055 | 22.211 | APC | $1,124.10 | | | |
| 28232 | T | INCISION OF TOE TENDON | | 0055 | 22.211 | APC | $1,124.10 | | | |
| 28234 | T | INCISION OF FOOT TENDON | | 0055 | 22.211 | APC | $1,124.10 | | | |
| 28238 | T | REVISION OF FOOT TENDON | | 0056 | 60.688 | APC | $3,071.40 | | | |
| 28240 | T | RELEASE OF BIG TOE | | 0055 | 22.211 | APC | $1,124.10 | | | |
| 28250 | T | REVISION OF FOOT FASCIA | | 0055 | 22.211 | APC | $1,124.10 | | | |
| 28260 | T | RELEASE OF MIDFOOT JOINT | | 0055 | 22.211 | APC | $1,124.10 | | | |
| 28261 | T | REVISION OF FOOT TENDON | | 0055 | 22.211 | APC | $1,124.10 | | | |
| 28262 | T | REVISION OF FOOT AND ANKLE | | 0055 | 22.211 | APC | $1,124.10 | | | |
| 28264 | T | RELEASE OF MIDFOOT JOINT | | 0056 | 60.688 | APC | $3,071.40 | | | |
| 28270 | T | RELEASE OF FOOT CONTRACTURE | | 0055 | 22.211 | APC | $1,124.10 | | | |
| 28272 | T | RELEASE OF TOE JOINT EACH | | 0055 | 22.211 | APC | $1,124.10 | | | |
| 28280 | T | FUSION OF TOES | | 0055 | 22.211 | APC | $1,124.10 | | | |
| 28285 | T | REPAIR OF HAMMERTOE | | 0055 | 22.211 | APC | $1,124.10 | | | |
| 28286 | T | REPAIR OF HAMMERTOE | | 0055 | 22.211 | APC | $1,124.10 | | | |
| 28288 | T | PARTIAL REMOVAL OF FOOT BONE | | 0055 | 22.211 | APC | $1,124.10 | | | |
| 28289 | T | REPAIR HALLUX RIGIDUS | | 0055 | 22.211 | APC | $1,124.10 | | | |
| 28290 | T | CORRECTION OF BUNION | | 0057 | 34.432 | APC | $1,742.59 | | | |
| 28292 | T | CORRECTION OF BUNION | | 0057 | 34.432 | APC | $1,742.59 | | | |
| 28293 | T | CORRECTION OF BUNION | | 0057 | 34.432 | APC | $1,742.59 | | | |
| 28294 | T | CORRECTION OF BUNION | | 0057 | 34.432 | APC | $1,742.59 | | | |
| 28296 | T | CORRECTION OF BUNION | | 0057 | 34.432 | APC | $1,742.59 | | | |
| 28297 | T | CORRECTION OF BUNION | | 0057 | 34.432 | APC | $1,742.59 | | | |
| 28298 | T | CORRECTION OF BUNION | | 0057 | 34.432 | APC | $1,742.59 | | | |
| 28299 | T | CORRECTION OF BUNION | | 0057 | 34.432 | APC | $1,742.59 | | | |
| 28300 | T | INCISION OF HEEL BONE | | 0056 | 60.688 | APC | $3,071.40 | | | |
| 28302 | T | INCISION OF ANKLE BONE | | 0055 | 22.211 | APC | $1,124.10 | | | |
| 28304 | T | INCISION OF MIDFOOT BONES | | 0056 | 60.688 | APC | $3,071.40 | | | |
| 28305 | T | INCISE/GRAFT MIDFOOT BONES | | 0056 | 60.688 | APC | $3,071.40 | | | |
| 28306 | T | INCISION OF METATARSAL | | 0055 | 22.211 | APC | $1,124.10 | | | |
| 28307 | T | INCISION OF METATARSAL | | 0055 | 22.211 | APC | $1,124.10 | | | |
| 28308 | T | INCISION OF METATARSAL | | 0055 | 22.211 | APC | $1,124.10 | | | |
| 28309 | T | INCISION OF METATARSALS | | 0056 | 60.688 | APC | $3,071.40 | | | |
| 28310 | T | REVISION OF BIG TOE | | 0055 | 22.211 | APC | $1,124.10 | | | |
| 28312 | T | REVISION OF TOE | | 0055 | 22.211 | APC | $1,124.10 | | | |
| 28313 | T | REPAIR DEFORMITY OF TOE | | 0055 | 22.211 | APC | $1,124.10 | | | |
| 28315 | T | REMOVAL OF SESAMOID BONE | | 0055 | 22.211 | APC | $1,124.10 | | | |
| 28320 | T | REPAIR OF FOOT BONES | | 0056 | 60.688 | APC | $3,071.40 | | | |
| 28322 | T | REPAIR OF METATARSALS | | 0056 | 60.688 | APC | $3,071.40 | | | |
| 28340 | T | RESECT ENLARGED TOE TISSUE | | 0055 | 22.211 | APC | $1,124.10 | | | |
| 28341 | T | RESECT ENLARGED TOE | | 0055 | 22.211 | APC | $1,124.10 | | | |
| 28344 | T | REPAIR EXTRA TOE(S) | | 0055 | 22.211 | APC | $1,124.10 | | | |
| 28345 | T | REPAIR WEBBED TOE(S) | | 0055 | 22.211 | APC | $1,124.10 | | | |
| 28360 | T | RECONSTRUCT CLEFT FOOT | | 0056 | 60.688 | APC | $3,071.40 | | | |
| 28400 | T | TREATMENT OF HEEL FRACTURE | | 0129 | 1.8741 | APC | $94.85 | | | |
| 28405 | T | TREATMENT OF HEEL FRACTURE | | 0139 | 11.715 | APC | $592.88 | | | |
| 28406 | T | TREATMENT OF HEEL FRACTURE | | 0062 | 26.767 | APC | $1,354.68 | | | |
| 28415 | T | TREAT HEEL FRACTURE | | 0064 | 70.679 | APC | $3,577.04 | | | |
| 28420 | T | TREAT/GRAFT HEEL FRACTURE | | 0063 | 52.781 | APC | $2,671.23 | | | |
| 28430 | T | TREATMENT OF ANKLE FRACTURE | | 0129 | 1.8741 | APC | $94.85 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 28435 | T | TREATMENT OF ANKLE FRACTURE | | 0129 | 1.8741 | APC | $94.85 | | | |
| 28436 | T | TREATMENT OF ANKLE FRACTURE | | 0062 | 26.767 | APC | $1,354.68 | | | |
| 28445 | T | TREAT ANKLE FRACTURE | | 0063 | 52.781 | APC | $2,671.23 | | | |
| 28446 | T | OSTEOCHONDRAL TALUS AUTOGRFT | | 0056 | 60.688 | APC | $3,071.40 | | | |
| 28450 | T | TREAT MIDFOOT FRACTURE EACH | | 0129 | 1.8741 | APC | $94.85 | | | |
| 28455 | T | TREAT MIDFOOT FRACTURE EACH | | 0129 | 1.8741 | APC | $94.85 | | | |
| 28456 | T | TREAT MIDFOOT FRACTURE | | 0062 | 26.767 | APC | $1,354.68 | | | |
| 28465 | T | TREAT MIDFOOT FRACTURE EACH | | 0063 | 52.781 | APC | $2,671.23 | | | |
| 28470 | T | TREAT METATARSAL FRACTURE | | 0129 | 1.8741 | APC | $94.85 | | | |
| 28475 | T | TREAT METATARSAL FRACTURE | | 0129 | 1.8741 | APC | $94.85 | | | |
| 28476 | T | TREAT METATARSAL FRACTURE | | 0062 | 26.767 | APC | $1,354.68 | | | |
| 28485 | T | TREAT METATARSAL FRACTURE | | 0063 | 52.781 | APC | $2,671.23 | | | |
| 28490 | T | TREAT BIG TOE FRACTURE | | 0129 | 1.8741 | APC | $94.85 | | | |
| 28495 | T | TREAT BIG TOE FRACTURE | | 0129 | 1.8741 | APC | $94.85 | | | |
| 28496 | T | TREAT BIG TOE FRACTURE | | 0062 | 26.767 | APC | $1,354.68 | | | |
| 28505 | T | TREAT BIG TOE FRACTURE | | 0062 | 26.767 | APC | $1,354.68 | | | |
| 28510 | T | TREATMENT OF TOE FRACTURE | | 0129 | 1.8741 | APC | $94.85 | | | |
| 28515 | T | TREATMENT OF TOE FRACTURE | | 0129 | 1.8741 | APC | $94.85 | | | |
| 28525 | T | TREAT TOE FRACTURE | | 0062 | 26.767 | APC | $1,354.68 | | | |
| 28530 | T | TREAT SESAMOID BONE FRACTURE | | 0129 | 1.8741 | APC | $94.85 | | | |
| 28531 | T | TREAT SESAMOID BONE FRACTURE | | 0062 | 26.767 | APC | $1,354.68 | | | |
| 28540 | T | TREAT FOOT DISLOCATION | | 0129 | 1.8741 | APC | $94.85 | | | |
| 28545 | T | TREAT FOOT DISLOCATION | | 0062 | 26.767 | APC | $1,354.68 | | | |
| 28546 | T | TREAT FOOT DISLOCATION | | 0062 | 26.767 | APC | $1,354.68 | | | |
| 28555 | T | REPAIR FOOT DISLOCATION | | 0063 | 52.781 | APC | $2,671.23 | | | |
| 28570 | T | TREAT FOOT DISLOCATION | | 0129 | 1.8741 | APC | $94.85 | | | |
| 28575 | T | TREAT FOOT DISLOCATION | | 0139 | 11.715 | APC | $592.88 | | | |
| 28576 | T | TREAT FOOT DISLOCATION | | 0062 | 26.767 | APC | $1,354.68 | | | |
| 28585 | T | REPAIR FOOT DISLOCATION | | 0062 | 26.767 | APC | $1,354.68 | | | |
| 28600 | T | TREAT FOOT DISLOCATION | | 0129 | 1.8741 | APC | $94.85 | | | |
| 28605 | T | TREAT FOOT DISLOCATION | | 0129 | 1.8741 | APC | $94.85 | | | |
| 28606 | T | TREAT FOOT DISLOCATION | | 0062 | 26.767 | APC | $1,354.68 | | | |
| 28615 | T | REPAIR FOOT DISLOCATION | | 0063 | 52.781 | APC | $2,671.23 | | | |
| 28630 | T | TREAT TOE DISLOCATION | | 0129 | 1.8741 | APC | $94.85 | | | |
| 28635 | T | TREAT TOE DISLOCATION | | 0045 | 14.571 | APC | $737.42 | | | |
| 28636 | T | TREAT TOE DISLOCATION | | 0062 | 26.767 | APC | $1,354.68 | | | |
| 28645 | T | REPAIR TOE DISLOCATION | | 0062 | 26.767 | APC | $1,354.68 | | | |
| 28660 | T | TREAT TOE DISLOCATION | | 0129 | 1.8741 | APC | $94.85 | | | |
| 28665 | T | TREAT TOE DISLOCATION | | 0045 | 14.571 | APC | $737.42 | | | |
| 28666 | T | TREAT TOE DISLOCATION | | 0062 | 26.767 | APC | $1,354.68 | | | |
| 28675 | T | REPAIR OF TOE DISLOCATION | | 0062 | 26.767 | APC | $1,354.68 | | | |
| 28705 | T | FUSION OF FOOT BONES | | 0056 | 60.688 | APC | $3,071.40 | | | |
| 28715 | T | FUSION OF FOOT BONES | | 0052 | 82.208 | APC | $4,160.54 | | | |
| 28725 | T | FUSION OF FOOT BONES | | 0056 | 60.688 | APC | $3,071.40 | | | |
| 28730 | T | FUSION OF FOOT BONES | | 0056 | 60.688 | APC | $3,071.40 | | | |
| 28735 | T | FUSION OF FOOT BONES | | 0056 | 60.688 | APC | $3,071.40 | | | |
| 28737 | T | REVISION OF FOOT BONES | | 0056 | 60.688 | APC | $3,071.40 | | | |
| 28740 | T | FUSION OF FOOT BONES | | 0056 | 60.688 | APC | $3,071.40 | | | |
| 28750 | T | FUSION OF BIG TOE JOINT | | 0056 | 60.688 | APC | $3,071.40 | | | |
| 28755 | T | FUSION OF BIG TOE JOINT | | 0055 | 22.211 | APC | $1,124.10 | | | |
| 28760 | T | FUSION OF BIG TOE JOINT | | 0056 | 60.688 | APC | $3,071.40 | | | |
| 28800 | C | AMPUTATION OF MIDFOOT | | | | Inpatient Only | $0.00 | | | |
| 28805 | T | AMPUTATION THRU METATARSAL | | 0055 | 22.211 | APC | $1,124.10 | | | |
| 28810 | T | AMPUTATION TOE & METATARSAL | | 0055 | 22.211 | APC | $1,124.10 | | | |
| 28820 | T | AMPUTATION OF TOE | | 0055 | 22.211 | APC | $1,124.10 | | | |
| 28825 | T | PARTIAL AMPUTATION OF TOE | | 0055 | 22.211 | APC | $1,124.10 | | | |
| 28890 | T | HI ENRGY ESWT PLANTAR FASCIA | | 0050 | 32.347 | APC | $1,637.09 | | | |
| 28899 | T | FOOT/TOES SURGERY PROCEDURE | | 0129 | 1.8741 | APC | $94.85 | | | |
| 29000 | S | APPLICATION OF BODY CAST | | 0058 | 1.3257 | APC | $67.09 | | | |
| 29010 | S | APPLICATION OF BODY CAST | | 0426 | 2.6522 | APC | $134.23 | | | |
| 29015 | S | APPLICATION OF BODY CAST | | 0426 | 2.6522 | APC | $134.23 | | | |
| 29020 | S | APPLICATION OF BODY CAST | | 0058 | 1.3257 | APC | $67.09 | | | |
| 29025 | S | APPLICATION OF BODY CAST | | 0058 | 1.3257 | APC | $67.09 | | | |
| 29035 | S | APPLICATION OF BODY CAST | | 0426 | 2.6522 | APC | $134.23 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 29040 | S | APPLICATION OF BODY CAST | | 0058 | 1.3257 | APC | $67.09 | | | |
| 29044 | S | APPLICATION OF BODY CAST | | 0426 | 2.6522 | APC | $134.23 | | | |
| 29046 | S | APPLICATION OF BODY CAST | | 0426 | 2.6522 | APC | $134.23 | | | |
| 29049 | S | APPLICATION OF FIGURE EIGHT | | 0058 | 1.3257 | APC | $67.09 | | | |
| 29055 | S | APPLICATION OF SHOULDER CAST | | 0426 | 2.6522 | APC | $134.23 | | | |
| 29058 | S | APPLICATION OF SHOULDER CAST | | 0058 | 1.3257 | APC | $67.09 | | | |
| 29065 | S | APPLICATION OF LONG ARM CAST | | 0426 | 2.6522 | APC | $134.23 | | | |
| 29075 | S | APPLICATION OF FOREARM CAST | | 0426 | 2.6522 | APC | $134.23 | | | |
| 29085 | S | APPLY HAND/WRIST CAST | | 0058 | 1.3257 | APC | $67.09 | | | |
| 29086 | S | APPLY FINGER CAST | | 0058 | 1.3257 | APC | $67.09 | | | |
| 29105 | S | APPLY LONG ARM SPLINT | | 0058 | 1.3257 | APC | $67.09 | | | |
| 29125 | S | APPLY FOREARM SPLINT | | 0058 | 1.3257 | APC | $67.09 | | | |
| 29126 | S | APPLY FOREARM SPLINT | | 0058 | 1.3257 | APC | $67.09 | | | |
| 29130 | S | APPLICATION OF FINGER SPLINT | | 0059 | 0.7563 | APC | $38.28 | | | |
| 29131 | S | APPLICATION OF FINGER SPLINT | | 0059 | 0.7563 | APC | $38.28 | | | |
| 29200 | S | STRAPPING OF CHEST | | 0059 | 0.7563 | APC | $38.28 | | | |
| 29240 | S | STRAPPING OF SHOULDER | | 0059 | 0.7563 | APC | $38.28 | | | |
| 29260 | S | STRAPPING OF ELBOW OR WRIST | | 0059 | 0.7563 | APC | $38.28 | | | |
| 29280 | S | STRAPPING OF HAND OR FINGER | | 0059 | 0.7563 | APC | $38.28 | | | |
| 29305 | S | APPLICATION OF HIP CAST | | 0426 | 2.6522 | APC | $134.23 | | | |
| 29325 | S | APPLICATION OF HIP CASTS | | 0426 | 2.6522 | APC | $134.23 | | | |
| 29345 | S | APPLICATION OF LONG LEG CAST | | 0426 | 2.6522 | APC | $134.23 | | | |
| 29355 | S | APPLICATION OF LONG LEG CAST | | 0426 | 2.6522 | APC | $134.23 | | | |
| 29358 | S | APPLY LONG LEG CAST BRACE | | 0426 | 2.6522 | APC | $134.23 | | | |
| 29365 | S | APPLICATION OF LONG LEG CAST | | 0426 | 2.6522 | APC | $134.23 | | | |
| 29405 | S | APPLY SHORT LEG CAST | | 0426 | 2.6522 | APC | $134.23 | | | |
| 29425 | S | APPLY SHORT LEG CAST | | 0426 | 2.6522 | APC | $134.23 | | | |
| 29435 | S | APPLY SHORT LEG CAST | | 0426 | 2.6522 | APC | $134.23 | | | |
| 29440 | S | ADDITION OF WALKER TO CAST | | 0058 | 1.3257 | APC | $67.09 | | | |
| 29445 | S | APPLY RIGID LEG CAST | | 0426 | 2.6522 | APC | $134.23 | | | |
| 29450 | S | APPLICATION OF LEG CAST | | 0058 | 1.3257 | APC | $67.09 | | | |
| 29505 | S | APPLICATION LONG LEG SPLINT | | 0058 | 1.3257 | APC | $67.09 | | | |
| 29515 | S | APPLICATION LOWER LEG SPLINT | | 0058 | 1.3257 | APC | $67.09 | | | |
| 29520 | S | STRAPPING OF HIP | | 0059 | 0.7563 | APC | $38.28 | | | |
| 29530 | S | STRAPPING OF KNEE | | 0059 | 0.7563 | APC | $38.28 | | | |
| 29540 | S | STRAPPING OF ANKLE AND/OR FT | | 0059 | 0.7563 | APC | $38.28 | | | |
| 29550 | S | STRAPPING OF TOES | | 0059 | 0.7563 | APC | $38.28 | | | |
| 29580 | S | APPLICATION OF PASTE BOOT | | 0058 | 1.3257 | APC | $67.09 | | | |
| 29581 | S | APPLY MULTLAY COMPRS LWR LEG | | 0058 | 1.3257 | APC | $67.09 | | | |
| 29582 | S | APPLY MULTLAY COMPRS UPR LEG | | 0059 | 0.7563 | APC | $38.28 | | | |
| 29583 | S | APPLY MULTLAY COMPRS UPR ARM | | 0059 | 0.7563 | APC | $38.28 | | | |
| 29584 | S | APPL MULTLAY COMPRS ARM/HAND | | 0059 | 0.7563 | APC | $38.28 | | | |
| 29700 | S | REMOVAL/REVISION OF CAST | | 0058 | 1.3257 | APC | $67.09 | | | |
| 29705 | S | REMOVAL/REVISION OF CAST | | 0058 | 1.3257 | APC | $67.09 | | | |
| 29710 | S | REMOVAL/REVISION OF CAST | | 0426 | 2.6522 | APC | $134.23 | | | |
| 29715 | S | REMOVAL/REVISION OF CAST | | 0058 | 1.3257 | APC | $67.09 | | | |
| 29720 | S | REPAIR OF BODY CAST | | 0058 | 1.3257 | APC | $67.09 | | | |
| 29730 | S | WINDOWING OF CAST | | 0058 | 1.3257 | APC | $67.09 | | | |
| 29740 | S | WEDGING OF CAST | | 0058 | 1.3257 | APC | $67.09 | | | |
| 29750 | S | WEDGING OF CLUBFOOT CAST | | 0058 | 1.3257 | APC | $67.09 | | | |
| 29799 | S | CASTING/STRAPPING PROCEDURE | | 0058 | 1.3257 | APC | $67.09 | | | |
| 29800 | T | JAW ARTHROSCOPY/SURGERY | | 0041 | 29.611 | APC | $1,498.59 | | | |
| 29804 | T | JAW ARTHROSCOPY/SURGERY | | 0041 | 29.611 | APC | $1,498.59 | | | |
| 29805 | T | SHOULDER ARTHROSCOPY DX | | 0041 | 29.611 | APC | $1,498.59 | | | |
| 29806 | T | SHOULDER ARTHROSCOPY/SURGERY | | 0042 | 54.411 | APC | $2,753.75 | | | |
| 29807 | T | SHOULDER ARTHROSCOPY/SURGERY | | 0042 | 54.411 | APC | $2,753.75 | | | |
| 29819 | T | SHOULDER ARTHROSCOPY/SURGERY | | 0042 | 54.411 | APC | $2,753.75 | | | |
| 29820 | T | SHOULDER ARTHROSCOPY/SURGERY | | 0042 | 54.411 | APC | $2,753.75 | | | |
| 29821 | T | SHOULDER ARTHROSCOPY/SURGERY | | 0042 | 54.411 | APC | $2,753.75 | | | |
| 29822 | T | SHOULDER ARTHROSCOPY/SURGERY | | 0041 | 29.611 | APC | $1,498.59 | | | |
| 29823 | T | SHOULDER ARTHROSCOPY/SURGERY | | 0042 | 54.411 | APC | $2,753.75 | | | |
| 29824 | T | SHOULDER ARTHROSCOPY/SURGERY | | 0041 | 29.611 | APC | $1,498.59 | | | |
| 29825 | T | SHOULDER ARTHROSCOPY/SURGERY | | 0042 | 54.411 | APC | $2,753.75 | | | |
| 29826 | T | SHOULDER ARTHROSCOPY/SURGERY | | 0041 | 29.611 | APC | $1,498.59 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 29827 | T | ARTHROSCOP ROTATOR CUFF REPR | | 0042 | 54.411 | APC | $2,753.75 | | | |
| 29828 | T | ARTHROSCOPY BICEPS TENODESIS | | 0042 | 54.411 | APC | $2,753.75 | | | |
| 29830 | T | ELBOW ARTHROSCOPY | | 0041 | 29.611 | APC | $1,498.59 | | | |
| 29834 | T | ELBOW ARTHROSCOPY/SURGERY | | 0041 | 29.611 | APC | $1,498.59 | | | |
| 29835 | T | ELBOW ARTHROSCOPY/SURGERY | | 0041 | 29.611 | APC | $1,498.59 | | | |
| 29836 | T | ELBOW ARTHROSCOPY/SURGERY | | 0041 | 29.611 | APC | $1,498.59 | | | |
| 29837 | T | ELBOW ARTHROSCOPY/SURGERY | | 0041 | 29.611 | APC | $1,498.59 | | | |
| 29838 | T | ELBOW ARTHROSCOPY/SURGERY | | 0041 | 29.611 | APC | $1,498.59 | | | |
| 29840 | T | WRIST ARTHROSCOPY | | 0041 | 29.611 | APC | $1,498.59 | | | |
| 29843 | T | WRIST ARTHROSCOPY/SURGERY | | 0041 | 29.611 | APC | $1,498.59 | | | |
| 29844 | T | WRIST ARTHROSCOPY/SURGERY | | 0041 | 29.611 | APC | $1,498.59 | | | |
| 29845 | T | WRIST ARTHROSCOPY/SURGERY | | 0041 | 29.611 | APC | $1,498.59 | | | |
| 29846 | T | WRIST ARTHROSCOPY/SURGERY | | 0041 | 29.611 | APC | $1,498.59 | | | |
| 29847 | T | WRIST ARTHROSCOPY/SURGERY | | 0042 | 54.411 | APC | $2,753.75 | | | |
| 29848 | T | WRIST ENDOSCOPY/SURGERY | | 0041 | 29.611 | APC | $1,498.59 | | | |
| 29850 | T | KNEE ARTHROSCOPY/SURGERY | | 0041 | 29.611 | APC | $1,498.59 | | | |
| 29851 | T | KNEE ARTHROSCOPY/SURGERY | | 0042 | 54.411 | APC | $2,753.75 | | | |
| 29855 | T | TIBIAL ARTHROSCOPY/SURGERY | | 0042 | 54.411 | APC | $2,753.75 | | | |
| 29856 | T | TIBIAL ARTHROSCOPY/SURGERY | | 0042 | 54.411 | APC | $2,753.75 | | | |
| 29860 | T | HIP ARTHROSCOPY DX | | 0042 | 54.411 | APC | $2,753.75 | | | |
| 29861 | T | HIP ARTHRO W/FB REMOVAL | | 0042 | 54.411 | APC | $2,753.75 | | | |
| 29862 | T | HIP ARTHR0 W/DEBRIDEMENT | | 0042 | 54.411 | APC | $2,753.75 | | | |
| 29863 | T | HIP ARTHR0 W/SYNOVECTOMY | | 0042 | 54.411 | APC | $2,753.75 | | | |
| 29866 | T | AUTGRFT IMPLNT KNEE W/SCOPE | | 0042 | 54.411 | APC | $2,753.75 | | | |
| 29867 | T | ALLGRFT IMPLNT KNEE W/SCOPE | | 0042 | 54.411 | APC | $2,753.75 | | | |
| 29868 | T | MENISCAL TRNSPL KNEE W/SCPE | | 0042 | 54.411 | APC | $2,753.75 | | | |
| 29870 | T | KNEE ARTHROSCOPY DX | | 0041 | 29.611 | APC | $1,498.59 | | | |
| 29871 | T | KNEE ARTHROSCOPY/DRAINAGE | | 0041 | 29.611 | APC | $1,498.59 | | | |
| 29873 | T | KNEE ARTHROSCOPY/SURGERY | | 0041 | 29.611 | APC | $1,498.59 | | | |
| 29874 | T | KNEE ARTHROSCOPY/SURGERY | | 0041 | 29.611 | APC | $1,498.59 | | | |
| 29875 | T | KNEE ARTHROSCOPY/SURGERY | | 0041 | 29.611 | APC | $1,498.59 | | | |
| 29876 | T | KNEE ARTHROSCOPY/SURGERY | | 0041 | 29.611 | APC | $1,498.59 | | | |
| 29877 | T | KNEE ARTHROSCOPY/SURGERY | | 0041 | 29.611 | APC | $1,498.59 | | | |
| 29879 | T | KNEE ARTHROSCOPY/SURGERY | | 0041 | 29.611 | APC | $1,498.59 | | | |
| 29880 | T | KNEE ARTHROSCOPY/SURGERY | | 0041 | 29.611 | APC | $1,498.59 | | | |
| 29881 | T | KNEE ARTHROSCOPY/SURGERY | | 0041 | 29.611 | APC | $1,498.59 | | | |
| 29882 | T | KNEE ARTHROSCOPY/SURGERY | | 0041 | 29.611 | APC | $1,498.59 | | | |
| 29883 | T | KNEE ARTHROSCOPY/SURGERY | | 0041 | 29.611 | APC | $1,498.59 | | | |
| 29884 | T | KNEE ARTHROSCOPY/SURGERY | | 0041 | 29.611 | APC | $1,498.59 | | | |
| 29885 | T | KNEE ARTHROSCOPY/SURGERY | | 0042 | 54.411 | APC | $2,753.75 | | | |
| 29886 | T | KNEE ARTHROSCOPY/SURGERY | | 0041 | 29.611 | APC | $1,498.59 | | | |
| 29887 | T | KNEE ARTHROSCOPY/SURGERY | | 0041 | 29.611 | APC | $1,498.59 | | | |
| 29888 | T | KNEE ARTHROSCOPY/SURGERY | | 0052 | 82.208 | APC | $4,160.54 | | | |
| 29889 | T | KNEE ARTHROSCOPY/SURGERY | | 0052 | 82.208 | APC | $4,160.54 | | | |
| 29891 | T | ANKLE ARTHROSCOPY/SURGERY | | 0042 | 54.411 | APC | $2,753.75 | | | |
| 29892 | T | ANKLE ARTHROSCOPY/SURGERY | | 0052 | 82.208 | APC | $4,160.54 | | | |
| 29893 | T | SCOPE PLANTAR FASCIOTOMY | | 0055 | 22.211 | APC | $1,124.10 | | | |
| 29894 | T | ANKLE ARTHROSCOPY/SURGERY | | 0041 | 29.611 | APC | $1,498.59 | | | |
| 29895 | T | ANKLE ARTHROSCOPY/SURGERY | | 0041 | 29.611 | APC | $1,498.59 | | | |
| 29897 | T | ANKLE ARTHROSCOPY/SURGERY | | 0041 | 29.611 | APC | $1,498.59 | | | |
| 29898 | T | ANKLE ARTHROSCOPY/SURGERY | | 0041 | 29.611 | APC | $1,498.59 | | | |
| 29899 | T | ANKLE ARTHROSCOPY/SURGERY | | 0042 | 54.411 | APC | $2,753.75 | | | |
| 29900 | T | MCP JOINT ARTHROSCOPY DX | | 0041 | 29.611 | APC | $1,498.59 | | | |
| 29901 | T | MCP JOINT ARTHROSCOPY SURG | | 0041 | 29.611 | APC | $1,498.59 | | | |
| 29902 | T | MCP JOINT ARTHROSCOPY SURG | | 0041 | 29.611 | APC | $1,498.59 | | | |
| 29904 | T | SUBTALAR ARTHRO W/FB RMVL | | 0041 | 29.611 | APC | $1,498.59 | | | |
| 29905 | T | SUBTALAR ARTHRO W/EXC | | 0041 | 29.611 | APC | $1,498.59 | | | |
| 29906 | T | SUBTALAR ARTHRO W/DEB | | 0041 | 29.611 | APC | $1,498.59 | | | |
| 29907 | T | SUBTALAR ARTHRO W/FUSION | | 0042 | 54.411 | APC | $2,753.75 | | | |
| 29914 | T | HIP ARTHRO W/FEMOROPLASTY | | 0042 | 54.411 | APC | $2,753.75 | | | |
| 29915 | T | HIP ARTHRO ACETABULOPLASTY | | 0042 | 54.411 | APC | $2,753.75 | | | |
| 29916 | T | HIP ARTHRO W/LABRAL REPAIR | | 0042 | 54.411 | APC | $2,753.75 | | | |
| 29999 | T | ARTHROSCOPY OF JOINT | | 0041 | 29.611 | APC | $1,498.59 | | | |
| 30000 | T | DRAINAGE OF NOSE LESION | | 0251 | 3.2225 | APC | $163.09 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 30020 | T | DRAINAGE OF NOSE LESION | | 0251 | 3.2225 | APC | $163.09 | | | |
| 30100 | T | INTRANASAL BIOPSY | | 0252 | 6.9913 | APC | $353.83 | | | |
| 30110 | T | REMOVAL OF NOSE POLYP(S) | | 0252 | 6.9913 | APC | $353.83 | | | |
| 30115 | T | REMOVAL OF NOSE POLYP(S) | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 30117 | T | REMOVAL OF INTRANASAL LESION | | 0253 | 16.09 | APC | $814.29 | | | |
| 30118 | T | REMOVAL OF INTRANASAL LESION | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 30120 | T | REVISION OF NOSE | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 30124 | T | REMOVAL OF NOSE LESION | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 30125 | T | REMOVAL OF NOSE LESION | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 30130 | T | EXCISE INFERIOR TURBINATE | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 30140 | T | RESECT INFERIOR TURBINATE | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 30150 | T | PARTIAL REMOVAL OF NOSE | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 30160 | T | REMOVAL OF NOSE | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 30200 | T | INJECTION TREATMENT OF NOSE | | 0252 | 6.9913 | APC | $353.83 | | | |
| 30210 | T | NASAL SINUS THERAPY | | 0252 | 6.9913 | APC | $353.83 | | | |
| 30220 | T | INSERT NASAL SEPTAL BUTTON | | 0253 | 16.09 | APC | $814.29 | | | |
| 30300 | X | REMOVE NASAL FOREIGN BODY | | 0340 | 0.6961 | APC | $35.23 | | | |
| 30310 | T | REMOVE NASAL FOREIGN BODY | | 0253 | 16.09 | APC | $814.29 | | | |
| 30320 | T | REMOVE NASAL FOREIGN BODY | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 30400 | T | RECONSTRUCTION OF NOSE | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 30410 | T | RECONSTRUCTION OF NOSE | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 30420 | T | RECONSTRUCTION OF NOSE | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 30430 | T | REVISION OF NOSE | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 30435 | T | REVISION OF NOSE | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 30450 | T | REVISION OF NOSE | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 30460 | T | REVISION OF NOSE | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 30462 | T | REVISION OF NOSE | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 30465 | T | REPAIR NASAL STENOSIS | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 30520 | T | REPAIR OF NASAL SEPTUM | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 30540 | T | REPAIR NASAL DEFECT | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 30545 | T | REPAIR NASAL DEFECT | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 30560 | T | RELEASE OF NASAL ADHESIONS | | 0251 | 3.2225 | APC | $163.09 | | | |
| 30580 | T | REPAIR UPPER JAW FISTULA | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 30600 | T | REPAIR MOUTH/NOSE FISTULA | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 30620 | T | INTRANASAL RECONSTRUCTION | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 30630 | T | REPAIR NASAL SEPTUM DEFECT | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 30801 | T | ABLATE INF TURBINATE SUPERF | | 0253 | 16.09 | APC | $814.29 | | | |
| 30802 | T | ABLATE INF TURBINATE SUBMUC | | 0253 | 16.09 | APC | $814.29 | | | |
| 30901 | T | CONTROL OF NOSEBLEED | | 0250 | 1.095 | APC | $55.42 | | | |
| 30903 | T | CONTROL OF NOSEBLEED | | 0250 | 1.095 | APC | $55.42 | | | |
| 30905 | T | CONTROL OF NOSEBLEED | | 0250 | 1.095 | APC | $55.42 | | | |
| 30906 | T | REPEAT CONTROL OF NOSEBLEED | | 0250 | 1.095 | APC | $55.42 | | | |
| 30915 | T | LIGATION NASAL SINUS ARTERY | | 0092 | 27.466 | APC | $1,390.04 | | | |
| 30920 | T | LIGATION UPPER JAW ARTERY | | 0092 | 27.466 | APC | $1,390.04 | | | |
| 30930 | T | THER FX NASAL INF TURBINATE | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 30999 | T | NASAL SURGERY PROCEDURE | | 0250 | 1.095 | APC | $55.42 | | | |
| 31000 | T | IRRIGATION MAXILLARY SINUS | | 0251 | 3.2225 | APC | $163.09 | | | |
| 31002 | T | IRRIGATION SPHENOID SINUS | | 0252 | 6.9913 | APC | $353.83 | | | |
| 31020 | T | EXPLORATION MAXILLARY SINUS | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 31030 | T | EXPLORATION MAXILLARY SINUS | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 31032 | T | EXPLORE SINUS REMOVE POLYPS | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 31040 | T | EXPLORATION BEHIND UPPER JAW | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 31050 | T | EXPLORATION SPHENOID SINUS | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 31051 | T | SPHENOID SINUS SURGERY | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 31070 | T | EXPLORATION OF FRONTAL SINUS | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 31075 | T | EXPLORATION OF FRONTAL SINUS | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 31080 | T | REMOVAL OF FRONTAL SINUS | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 31081 | T | REMOVAL OF FRONTAL SINUS | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 31084 | T | REMOVAL OF FRONTAL SINUS | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 31085 | T | REMOVAL OF FRONTAL SINUS | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 31086 | T | REMOVAL OF FRONTAL SINUS | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 31087 | T | REMOVAL OF FRONTAL SINUS | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 31090 | T | EXPLORATION OF SINUSES | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 31200 | T | REMOVAL OF ETHMOID SINUS | | 0254 | 25.238 | APC | $1,277.28 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 31201 | T | REMOVAL OF ETHMOID SINUS | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 31205 | T | REMOVAL OF ETHMOID SINUS | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 31225 | C | REMOVAL OF UPPER JAW | | | | Inpatient Only | $0.00 | | | |
| 31230 | C | REMOVAL OF UPPER JAW | | | | Inpatient Only | $0.00 | | | |
| 31231 | T | NASAL ENDOSCOPY DX | | 0072 | 2.0036 | APC | $101.40 | | | |
| 31233 | T | NASAL/SINUS ENDOSCOPY DX | | 0072 | 2.0036 | APC | $101.40 | | | |
| 31235 | T | NASAL/SINUS ENDOSCOPY DX | | 0074 | 18.959 | APC | $959.54 | | | |
| 31237 | T | NASAL/SINUS ENDOSCOPY SURG | | 0074 | 18.959 | APC | $959.54 | | | |
| 31238 | T | NASAL/SINUS ENDOSCOPY SURG | | 0074 | 18.959 | APC | $959.54 | | | |
| 31239 | T | NASAL/SINUS ENDOSCOPY SURG | | 0075 | 28.422 | APC | $1,438.41 | | | |
| 31240 | T | NASAL/SINUS ENDOSCOPY SURG | | 0075 | 28.422 | APC | $1,438.41 | | | |
| 31254 | T | REVISION OF ETHMOID SINUS | | 0075 | 28.422 | APC | $1,438.41 | | | |
| 31255 | T | REMOVAL OF ETHMOID SINUS | | 0075 | 28.422 | APC | $1,438.41 | | | |
| 31256 | T | EXPLORATION MAXILLARY SINUS | | 0075 | 28.422 | APC | $1,438.41 | | | |
| 31267 | T | ENDOSCOPY MAXILLARY SINUS | | 0075 | 28.422 | APC | $1,438.41 | | | |
| 31276 | T | SINUS ENDOSCOPY SURGICAL | | 0075 | 28.422 | APC | $1,438.41 | | | |
| 31287 | T | NASAL/SINUS ENDOSCOPY SURG | | 0075 | 28.422 | APC | $1,438.41 | | | |
| 31288 | T | NASAL/SINUS ENDOSCOPY SURG | | 0075 | 28.422 | APC | $1,438.41 | | | |
| 31290 | C | NASAL/SINUS ENDOSCOPY SURG | | | | Inpatient Only | $0.00 | | | |
| 31291 | C | NASAL/SINUS ENDOSCOPY SURG | | | | Inpatient Only | $0.00 | | | |
| 31292 | T | NASAL/SINUS ENDOSCOPY SURG | | 0075 | 28.422 | APC | $1,438.41 | | | |
| 31293 | T | NASAL/SINUS ENDOSCOPY SURG | | 0075 | 28.422 | APC | $1,438.41 | | | |
| 31294 | T | NASAL/SINUS ENDOSCOPY SURG | | 0075 | 28.422 | APC | $1,438.41 | | | |
| 31295 | T | SINUS ENDO W/BALLOON DIL | | 0075 | 28.422 | APC | $1,438.41 | | | |
| 31296 | T | SINUS ENDO W/BALLOON DIL | | 0075 | 28.422 | APC | $1,438.41 | | | |
| 31297 | T | SINUS ENDO W/BALLOON DIL | | 0075 | 28.422 | APC | $1,438.41 | | | |
| 31299 | T | SINUS SURGERY PROCEDURE | | 0250 | 1.095 | APC | $55.42 | | | |
| 31300 | T | REMOVAL OF LARYNX LESION | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 31320 | T | DIAGNOSTIC INCISION LARYNX | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 31360 | C | REMOVAL OF LARYNX | | | | Inpatient Only | $0.00 | | | |
| 31365 | C | REMOVAL OF LARYNX | | | | Inpatient Only | $0.00 | | | |
| 31367 | C | PARTIAL REMOVAL OF LARYNX | | | | Inpatient Only | $0.00 | | | |
| 31368 | C | PARTIAL REMOVAL OF LARYNX | | | | Inpatient Only | $0.00 | | | |
| 31370 | C | PARTIAL REMOVAL OF LARYNX | | | | Inpatient Only | $0.00 | | | |
| 31375 | C | PARTIAL REMOVAL OF LARYNX | | | | Inpatient Only | $0.00 | | | |
| 31380 | C | PARTIAL REMOVAL OF LARYNX | | | | Inpatient Only | $0.00 | | | |
| 31382 | C | PARTIAL REMOVAL OF LARYNX | | | | Inpatient Only | $0.00 | | | |
| 31390 | C | REMOVAL OF LARYNX & PHARYNX | | | | Inpatient Only | $0.00 | | | |
| 31395 | C | RECONSTRUCT LARYNX & PHARYNX | | | | Inpatient Only | $0.00 | | | |
| 31400 | T | REVISION OF LARYNX | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 31420 | T | REMOVAL OF EPIGLOTTIS | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 31500 | S | INSERT EMERGENCY AIRWAY | | 0094 | 2.2552 | APC | $114.14 | | | |
| 31502 | S | CHANGE OF WINDPIPE AIRWAY | | 0078 | 1.4155 | APC | $71.64 | | | |
| 31505 | T | DIAGNOSTIC LARYNGOSCOPY | | 0071 | 1.0839 | APC | $54.86 | | | |
| 31510 | T | LARYNGOSCOPY WITH BIOPSY | | 0074 | 18.959 | APC | $959.54 | | | |
| 31511 | T | REMOVE FOREIGN BODY LARYNX | | 0072 | 2.0036 | APC | $101.40 | | | |
| 31512 | T | REMOVAL OF LARYNX LESION | | 0074 | 18.959 | APC | $959.54 | | | |
| 31513 | T | INJECTION INTO VOCAL CORD | | 0072 | 2.0036 | APC | $101.40 | | | |
| 31515 | T | LARYNGOSCOPY FOR ASPIRATION | | 0074 | 18.959 | APC | $959.54 | | | |
| 31520 | T | DX LARYNGOSCOPY NEWBORN | | 0072 | 2.0036 | APC | $101.40 | | | |
| 31525 | T | DX LARYNGOSCOPY EXCL NB | | 0074 | 18.959 | APC | $959.54 | | | |
| 31526 | T | DX LARYNGOSCOPY W/OPER SCOPE | | 0074 | 18.959 | APC | $959.54 | | | |
| 31527 | T | LARYNGOSCOPY FOR TREATMENT | | 0075 | 28.422 | APC | $1,438.41 | | | |
| 31528 | T | LARYNGOSCOPY AND DILATION | | 0075 | 28.422 | APC | $1,438.41 | | | |
| 31529 | T | LARYNGOSCOPY AND DILATION | | 0075 | 28.422 | APC | $1,438.41 | | | |
| 31530 | T | LARYNGOSCOPY W/FB REMOVAL | | 0074 | 18.959 | APC | $959.54 | | | |
| 31531 | T | LARYNGOSCOPY W/FB & OP SCOPE | | 0074 | 18.959 | APC | $959.54 | | | |
| 31535 | T | LARYNGOSCOPY W/BIOPSY | | 0074 | 18.959 | APC | $959.54 | | | |
| 31536 | T | LARYNGOSCOPY W/BX & OP SCOPE | | 0074 | 18.959 | APC | $959.54 | | | |
| 31540 | T | LARYNGOSCOPY W/EXC OF TUMOR | | 0074 | 18.959 | APC | $959.54 | | | |
| 31541 | T | LARYNSCOP W/TUMR EXC + SCOPE | | 0075 | 28.422 | APC | $1,438.41 | | | |
| 31545 | T | REMOVE VC LESION W/SCOPE | | 0075 | 28.422 | APC | $1,438.41 | | | |
| 31546 | T | REMOVE VC LESION SCOPE/GRAFT | | 0075 | 28.422 | APC | $1,438.41 | | | |
| 31560 | T | LARYNGOSCOP W/ARYTENOIDECTOM | | 0075 | 28.422 | APC | $1,438.41 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 31561 | T | LARYNSCOP REMVE CART + SCOP | | 0075 | 28.422 | APC | $1,438.41 | | | |
| 31570 | T | LARYNGOSCOPE W/VC INJ | | 0074 | 18.959 | APC | $959.54 | | | |
| 31571 | T | LARYNGOSCOP W/VC INJ + SCOPE | | 0075 | 28.422 | APC | $1,438.41 | | | |
| 31575 | T | DIAGNOSTIC LARYNGOSCOPY | | 0072 | 2.0036 | APC | $101.40 | | | |
| 31576 | T | LARYNGOSCOPY WITH BIOPSY | | 0074 | 18.959 | APC | $959.54 | | | |
| 31577 | T | REMOVE FOREIGN BODY LARYNX | | 0073 | 4.7291 | APC | $239.34 | | | |
| 31578 | T | REMOVAL OF LARYNX LESION | | 0074 | 18.959 | APC | $959.54 | | | |
| 31579 | T | DIAGNOSTIC LARYNGOSCOPY | | 0073 | 4.7291 | APC | $239.34 | | | |
| 31580 | T | REVISION OF LARYNX | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 31582 | T | REVISION OF LARYNX | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 31584 | C | TREAT LARYNX FRACTURE | | | | Inpatient Only | $0.00 | | | |
| 31587 | C | REVISION OF LARYNX | | | | Inpatient Only | $0.00 | | | |
| 31588 | T | REVISION OF LARYNX | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 31590 | T | REINNERVATE LARYNX | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 31595 | T | LARYNX NERVE SURGERY | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 31599 | T | LARYNX SURGERY PROCEDURE | | 0250 | 1.095 | APC | $55.42 | | | |
| 31600 | T | INCISION OF WINDPIPE | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 31601 | T | INCISION OF WINDPIPE | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 31603 | T | INCISION OF WINDPIPE | | 0252 | 6.9913 | APC | $353.83 | | | |
| 31605 | T | INCISION OF WINDPIPE | | 0252 | 6.9913 | APC | $353.83 | | | |
| 31610 | T | INCISION OF WINDPIPE | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 31611 | T | SURGERY/SPEECH PROSTHESIS | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 31612 | T | PUNCTURE/CLEAR WINDPIPE | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 31613 | T | REPAIR WINDPIPE OPENING | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 31614 | T | REPAIR WINDPIPE OPENING | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 31615 | T | VISUALIZATION OF WINDPIPE | | 0252 | 6.9913 | APC | $353.83 | | | |
| 31620 | N | ENDOBRONCHIAL US ADD-ON | | | | Bundled | $0.00 | | | |
| 31622 | T | DX BRONCHOSCOPE/WASH | | 0076 | 10.712 | APC | $542.12 | | | |
| 31623 | T | DX BRONCHOSCOPE/BRUSH | | 0076 | 10.712 | APC | $542.12 | | | |
| 31624 | T | DX BRONCHOSCOPE/LAVAGE | | 0076 | 10.712 | APC | $542.12 | | | |
| 31625 | T | BRONCHOSCOPY W/BIOPSY(S) | | 0076 | 10.712 | APC | $542.12 | | | |
| 31626 | T | BRONCHOSCOPY W/MARKERS | | 0415 | 22.047 | APC | $1,115.77 | | | |
| 31627 | N | NAVIGATIONAL BRONCHOSCOPY | | | | Bundled | $0.00 | | | |
| 31628 | T | BRONCHOSCOPY/LUNG BX EACH | | 0076 | 10.712 | APC | $542.12 | | | |
| 31629 | T | BRONCHOSCOPY/NEEDLE BX EACH | | 0415 | 22.047 | APC | $1,115.77 | | | |
| 31630 | T | BRONCHOSCOPY DILATE/FX REPR | | 0415 | 22.047 | APC | $1,115.77 | | | |
| 31631 | T | BRONCHOSCOPY DILATE W/STENT | | 0415 | 22.047 | APC | $1,115.77 | | | |
| 31632 | T | BRONCHOSCOPY/LUNG BX ADDL | | 0076 | 10.712 | APC | $542.12 | | | |
| 31633 | T | BRONCHOSCOPY/NEEDLE BX ADDL | | 0076 | 10.712 | APC | $542.12 | | | |
| 31634 | T | BRONCH W/BALLOON OCCLUSION | | 0415 | 22.047 | APC | $1,115.77 | | | |
| 31635 | T | BRONCHOSCOPY W/FB REMOVAL | | 0076 | 10.712 | APC | $542.12 | | | |
| 31636 | T | BRONCHOSCOPY BRONCH STENTS | | 0415 | 22.047 | APC | $1,115.77 | | | |
| 31637 | T | BRONCHOSCOPY STENT ADD-ON | | 0076 | 10.712 | APC | $542.12 | | | |
| 31638 | T | BRONCHOSCOPY REVISE STENT | | 0415 | 22.047 | APC | $1,115.77 | | | |
| 31640 | T | BRONCHOSCOPY W/TUMOR EXCISE | | 0415 | 22.047 | APC | $1,115.77 | | | |
| 31641 | T | BRONCHOSCOPY TREAT BLOCKAGE | | 0415 | 22.047 | APC | $1,115.77 | | | |
| 31643 | T | DIAG BRONCHOSCOPE/CATHETER | | 0076 | 10.712 | APC | $542.12 | | | |
| 31645 | T | BRONCHOSCOPY CLEAR AIRWAYS | | 0076 | 10.712 | APC | $542.12 | | | |
| 31646 | T | BRONCHOSCOPY RECLEAR AIRWAY | | 0076 | 10.712 | APC | $542.12 | | | |
| 31647 | T | BRONCHIAL VALVE INIT INSERT | | 0415 | 22.047 | APC | $1,115.77 | | | |
| 31648 | T | BRONCHIAL VALVE REMOV INIT | | 0415 | 22.047 | APC | $1,115.77 | | | |
| 31649 | T | BRONCHIAL VALVE REMOV ADDL | | 0076 | 10.712 | APC | $542.12 | | | |
| 31651 | T | BRONCHIAL VALVE ADDL INSERT | | 0415 | 22.047 | APC | $1,115.77 | | | |
| 31660 | T | BRONCH THERMOPLSTY 1 LOBE | | 0415 | 22.047 | APC | $1,115.77 | | | |
| 31661 | T | BRONCH THERMOPLSTY 2/> LOBES | | 0415 | 22.047 | APC | $1,115.77 | | | |
| 31717 | T | BRONCHIAL BRUSH BIOPSY | | 0073 | 4.7291 | APC | $239.34 | | | |
| 31720 | S | CLEARANCE OF AIRWAYS | | 0077 | 0.492 | APC | $24.90 | | | |
| 31725 | C | CLEARANCE OF AIRWAYS | | | | Inpatient Only | $0.00 | | | |
| 31730 | T | INTRO WINDPIPE WIRE/TUBE | | 0073 | 4.7291 | APC | $239.34 | | | |
| 31750 | T | REPAIR OF WINDPIPE | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 31755 | T | REPAIR OF WINDPIPE | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 31760 | C | REPAIR OF WINDPIPE | | | | Inpatient Only | $0.00 | | | |
| 31766 | C | RECONSTRUCTION OF WINDPIPE | | | | Inpatient Only | $0.00 | | | |
| 31770 | C | REPAIR/GRAFT OF BRONCHUS | | | | Inpatient Only | $0.00 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 31775 | C | RECONSTRUCT BRONCHUS | | | | Inpatient Only | $0.00 | | | |
| 31780 | C | RECONSTRUCT WINDPIPE | | | | Inpatient Only | $0.00 | | | |
| 31781 | C | RECONSTRUCT WINDPIPE | | | | Inpatient Only | $0.00 | | | |
| 31785 | T | REMOVE WINDPIPE LESION | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 31786 | C | REMOVE WINDPIPE LESION | | | | Inpatient Only | $0.00 | | | |
| 31800 | C | REPAIR OF WINDPIPE INJURY | | | | Inpatient Only | $0.00 | | | |
| 31805 | C | REPAIR OF WINDPIPE INJURY | | | | Inpatient Only | $0.00 | | | |
| 31820 | T | CLOSURE OF WINDPIPE LESION | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 31825 | T | REPAIR OF WINDPIPE DEFECT | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 31830 | T | REVISE WINDPIPE SCAR | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 31899 | T | AIRWAYS SURGICAL PROCEDURE | | 0076 | 10.712 | APC | $542.12 | | | |
| 32035 | C | THORACOSTOMY W/RIB RESECTION | | | | Inpatient Only | $0.00 | | | |
| 32036 | C | THORACOSTOMY W/FLAP DRAINAGE | | | | Inpatient Only | $0.00 | | | |
| 32096 | C | OPEN WEDGE/BX LUNG INFILTR | | | | Inpatient Only | $0.00 | | | |
| 32097 | C | OPEN WEDGE/BX LUNG NODULE | | | | Inpatient Only | $0.00 | | | |
| 32098 | C | OPEN BIOPSY OF LUNG PLEURA | | | | Inpatient Only | $0.00 | | | |
| 32100 | C | EXPLORATION OF CHEST | | | | Inpatient Only | $0.00 | | | |
| 32110 | C | EXPLORE/REPAIR CHEST | | | | Inpatient Only | $0.00 | | | |
| 32120 | C | RE-EXPLORATION OF CHEST | | | | Inpatient Only | $0.00 | | | |
| 32124 | C | EXPLORE CHEST FREE ADHESIONS | | | | Inpatient Only | $0.00 | | | |
| 32140 | C | REMOVAL OF LUNG LESION(S) | | | | Inpatient Only | $0.00 | | | |
| 32141 | C | REMOVE/TREAT LUNG LESIONS | | | | Inpatient Only | $0.00 | | | |
| 32150 | C | REMOVAL OF LUNG LESION(S) | | | | Inpatient Only | $0.00 | | | |
| 32151 | C | REMOVE LUNG FOREIGN BODY | | | | Inpatient Only | $0.00 | | | |
| 32160 | C | OPEN CHEST HEART MASSAGE | | | | Inpatient Only | $0.00 | | | |
| 32200 | C | DRAIN OPEN LUNG LESION | | | | Inpatient Only | $0.00 | | | |
| 32201 | T | DRAIN PERCUT LUNG LESION | | 0070 | 5.7828 | APC | $292.67 | | | |
| 32215 | C | TREAT CHEST LINING | | | | Inpatient Only | $0.00 | | | |
| 32220 | C | RELEASE OF LUNG | | | | Inpatient Only | $0.00 | | | |
| 32225 | C | PARTIAL RELEASE OF LUNG | | | | Inpatient Only | $0.00 | | | |
| 32310 | C | REMOVAL OF CHEST LINING | | | | Inpatient Only | $0.00 | | | |
| 32320 | C | FREE/REMOVE CHEST LINING | | | | Inpatient Only | $0.00 | | | |
| 32400 | T | NEEDLE BIOPSY CHEST LINING | | 0685 | 10.006 | APC | $506.40 | | | |
| 32405 | T | PERCUT BX LUNG/MEDIASTINUM | | 0685 | 10.006 | APC | $506.40 | | | |
| 32440 | C | REMOVE LUNG PNEUMONECTOMY | | | | Inpatient Only | $0.00 | | | |
| 32442 | C | SLEEVE PNEUMONECTOMY | | | | Inpatient Only | $0.00 | | | |
| 32445 | C | REMOVAL OF LUNG EXTRAPLEURAL | | | | Inpatient Only | $0.00 | | | |
| 32480 | C | PARTIAL REMOVAL OF LUNG | | | | Inpatient Only | $0.00 | | | |
| 32482 | C | BILOBECTOMY | | | | Inpatient Only | $0.00 | | | |
| 32484 | C | SEGMENTECTOMY | | | | Inpatient Only | $0.00 | | | |
| 32486 | C | SLEEVE LOBECTOMY | | | | Inpatient Only | $0.00 | | | |
| 32488 | C | COMPLETION PNEUMONECTOMY | | | | Inpatient Only | $0.00 | | | |
| 32491 | C | LUNG VOLUME REDUCTION | | | | Inpatient Only | $0.00 | | | |
| 32501 | C | REPAIR BRONCHUS ADD-ON | | | | Inpatient Only | $0.00 | | | |
| 32503 | C | RESECT APICAL LUNG TUMOR | | | | Inpatient Only | $0.00 | | | |
| 32504 | C | RESECT APICAL LUNG TUM/CHEST | | | | Inpatient Only | $0.00 | | | |
| 32505 | C | WEDGE RESECT OF LUNG INITIAL | | | | Inpatient Only | $0.00 | | | |
| 32506 | C | WEDGE RESECT OF LUNG ADD-ON | | | | Inpatient Only | $0.00 | | | |
| 32507 | C | WEDGE RESECT OF LUNG DIAG | | | | Inpatient Only | $0.00 | | | |
| 32540 | C | REMOVAL OF LUNG LESION | | | | Inpatient Only | $0.00 | | | |
| 32550 | T | INSERT PLEURAL CATH | | 0652 | 31.678 | APC | $1,603.24 | | | |
| 32551 | T | INSERTION OF CHEST TUBE | | 0070 | 5.7828 | APC | $292.67 | | | |
| 32552 | S | REMOVE LUNG CATHETER | | 0070 | 5.7828 | APC | $292.67 | | | |
| 32553 | X | INS MARK THOR FOR RT PERQ | | 0310 | 13.805 | APC | $698.68 | | | |
| 32554 | T | ASPIRATE PLEURA W/O IMAGING | | 0070 | 5.7828 | APC | $292.67 | | | |
| 32555 | T | ASPIRATE PLEURA W/ IMAGING | | 0070 | 5.7828 | APC | $292.67 | | | |
| 32556 | T | INSERT CATH PLEURA W/O IMAGE | | 0070 | 5.7828 | APC | $292.67 | | | |
| 32557 | T | INSERT CATH PLEURA W/ IMAGE | | 0070 | 5.7828 | APC | $292.67 | | | |
| 32560 | T | TREAT PLEURODESIS W/AGENT | | 0070 | 5.7828 | APC | $292.67 | | | |
| 32561 | T | LYSE CHEST FIBRIN INIT DAY | | 0070 | 5.7828 | APC | $292.67 | | | |
| 32562 | T | LYSE CHEST FIBRIN SUBQ DAY | | 0070 | 5.7828 | APC | $292.67 | | | |
| 32601 | T | THORACOSCOPY DIAGNOSTIC | | 0069 | 35.965 | APC | $1,820.17 | | | |
| 32604 | T | THORACOSCOPY WBX SAC | | 0069 | 35.965 | APC | $1,820.17 | | | |
| 32606 | T | THORACOSCOPY W/BX MED SPACE | | 0069 | 35.965 | APC | $1,820.17 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 32607 | T | THORACOSCOPY W/BX INFILTRATE | | 0069 | 35.965 | APC | $1,820.17 | | | |
| 32608 | T | THORACOSCOPY W/BX NODULE | | 0069 | 35.965 | APC | $1,820.17 | | | |
| 32609 | T | THORACOSCOPY W/BX PLEURA | | 0069 | 35.965 | APC | $1,820.17 | | | |
| 32650 | C | THORACOSCOPY W/PLEURODESIS | | | | Inpatient Only | $0.00 | | | |
| 32651 | C | THORACOSCOPY REMOVE CORTEX | | | | Inpatient Only | $0.00 | | | |
| 32652 | C | THORACOSCOPY REM TOTL CORTEX | | | | Inpatient Only | $0.00 | | | |
| 32653 | C | THORACOSCOPY REMOV FB/FIBRIN | | | | Inpatient Only | $0.00 | | | |
| 32654 | C | THORACOSCOPY CONTRL BLEEDING | | | | Inpatient Only | $0.00 | | | |
| 32655 | C | THORACOSCOPY RESECT BULLAE | | | | Inpatient Only | $0.00 | | | |
| 32656 | C | THORACOSCOPY W/PLEURECTOMY | | | | Inpatient Only | $0.00 | | | |
| 32658 | C | THORACOSCOPY W/SAC FB REMOVE | | | | Inpatient Only | $0.00 | | | |
| 32659 | C | THORACOSCOPY W/SAC DRAINAGE | | | | Inpatient Only | $0.00 | | | |
| 32661 | C | THORACOSCOPY W/PERICARD EXC | | | | Inpatient Only | $0.00 | | | |
| 32662 | C | THORACOSCOPY W/MEDIAST EXC | | | | Inpatient Only | $0.00 | | | |
| 32663 | C | THORACOSCOPY W/LOBECTOMY | | | | Inpatient Only | $0.00 | | | |
| 32664 | C | THORACOSCOPY W/ TH NRV EXC | | | | Inpatient Only | $0.00 | | | |
| 32665 | C | THORACOSCOP W/ESOPH MUSC EXC | | | | Inpatient Only | $0.00 | | | |
| 32666 | C | THORACOSCOPY W/WEDGE RESECT | | | | Inpatient Only | $0.00 | | | |
| 32667 | C | THORACOSCOPY W/W RESECT ADDL | | | | Inpatient Only | $0.00 | | | |
| 32668 | C | THORACOSCOPY W/W RESECT DIAG | | | | Inpatient Only | $0.00 | | | Y |
| 32669 | C | THORACOSCOPY REMOVE SEGMENT | | | | Inpatient Only | $0.00 | | | Y |
| 32670 | C | THORACOSCOPY BILOBECTOMY | | | | Inpatient Only | $0.00 | | | |
| 32671 | C | THORACOSCOPY PNEUMONECTOMY | | | | Inpatient Only | $0.00 | | | |
| 32672 | C | THORACOSCOPY FOR LVRS | | | | Inpatient Only | $0.00 | | | |
| 32673 | C | THORACOSCOPY W/THYMUS RESECT | | | | Inpatient Only | $0.00 | | | |
| 32674 | C | THORACOSCOPY LYMPH NODE EXC | | | | Inpatient Only | $0.00 | | | |
| 32701 | E | THORAX STEREO RAD TARGETW/TX | | | | Not Allowed | $0.00 | | | |
| 32800 | C | REPAIR LUNG HERNIA | | | | Inpatient Only | $0.00 | | | |
| 32810 | C | CLOSE CHEST AFTER DRAINAGE | | | | Inpatient Only | $0.00 | | | |
| 32815 | C | CLOSE BRONCHIAL FISTULA | | | | Inpatient Only | $0.00 | | | |
| 32820 | C | RECONSTRUCT INJURED CHEST | | | | Inpatient Only | $0.00 | | | |
| 32850 | C | DONOR PNEUMONECTOMY | | | | Inpatient Only | $0.00 | | | |
| 32851 | C | LUNG TRANSPLANT SINGLE | | | | Inpatient Only | $0.00 | | | |
| 32852 | C | LUNG TRANSPLANT WITH BYPASS | | | | Inpatient Only | $0.00 | | | |
| 32853 | C | LUNG TRANSPLANT DOUBLE | | | | Inpatient Only | $0.00 | | | |
| 32854 | C | LUNG TRANSPLANT WITH BYPASS | | | | Inpatient Only | $0.00 | | | |
| 32855 | C | PREPARE DONOR LUNG SINGLE | | | | Inpatient Only | $0.00 | | | |
| 32856 | C | PREPARE DONOR LUNG DOUBLE | | | | Inpatient Only | $0.00 | | | |
| 32900 | C | REMOVAL OF RIB(S) | | | | Inpatient Only | $0.00 | | | |
| 32905 | C | REVISE & REPAIR CHEST WALL | | | | Inpatient Only | $0.00 | | | |
| 32906 | C | REVISE & REPAIR CHEST WALL | | | | Inpatient Only | $0.00 | | | |
| 32940 | C | REVISION OF LUNG | | | | Inpatient Only | $0.00 | | | |
| 32960 | T | THERAPEUTIC PNEUMOTHORAX | | 0070 | 5.7828 | APC | $292.67 | | | |
| 32997 | C | TOTAL LUNG LAVAGE | | | | Inpatient Only | $0.00 | | | |
| 32998 | T | PERQ RF ABLATE TX PUL TUMOR | | 0423 | 56.744 | APC | $2,871.83 | | | |
| 32999 | T | CHEST SURGERY PROCEDURE | | 0070 | 5.7828 | APC | $292.67 | | | |
| 33010 | T | DRAINAGE OF HEART SAC | | 0070 | 5.7828 | APC | $292.67 | | | |
| 33011 | T | REPEAT DRAINAGE OF HEART SAC | | 0070 | 5.7828 | APC | $292.67 | | | |
| 33015 | C | INCISION OF HEART SAC | | | | Inpatient Only | $0.00 | | | |
| 33020 | C | INCISION OF HEART SAC | | | | Inpatient Only | $0.00 | | | |
| 33025 | C | INCISION OF HEART SAC | | | | Inpatient Only | $0.00 | | | |
| 33030 | C | PARTIAL REMOVAL OF HEART SAC | | | | Inpatient Only | $0.00 | | | |
| 33031 | C | PARTIAL REMOVAL OF HEART SAC | | | | Inpatient Only | $0.00 | | | |
| 33050 | C | RESECT HEART SAC LESION | | | | Inpatient Only | $0.00 | | | |
| 33120 | C | REMOVAL OF HEART LESION | | | | Inpatient Only | $0.00 | | | |
| 33130 | C | REMOVAL OF HEART LESION | | | | Inpatient Only | $0.00 | | | |
| 33140 | C | HEART REVASCULARIZE (TMR) | | | | Inpatient Only | $0.00 | | | |
| 33141 | C | HEART TMR W/OTHER PROCEDURE | | | | Inpatient Only | $0.00 | | | |
| 33202 | C | INSERT EPICARD ELTRD OPEN | | | | Inpatient Only | $0.00 | | | |
| 33203 | C | INSERT EPICARD ELTRD ENDO | | | | Inpatient Only | $0.00 | | | |
| 33206 | T | INSERT HEART PM ATRIAL | | 0089 | 115.41 | APC | $5,840.83 | | | |
| 33207 | T | INSERT HEART PM VENTRICULAR | | 0089 | 115.41 | APC | $5,840.83 | | | |
| 33208 | T | INSRT HEART PM ATRIAL & VENT | | 0655 | 142.84 | APC | $7,229.29 | | | |
| 33210 | T | INSERT ELECTRD/PM CATH SNGL | | 0106 | 52.81 | APC | $2,672.72 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 33211 | T | INSERT CARD ELECTRODES DUAL | | 0106 | 52.81 | APC | $2,672.72 | | | |
| 33212 | T | INSERT PULSE GEN SNGL LEAD | | 0090 | 92.723 | APC | $4,692.72 | | | |
| 33213 | T | INSERT PULSE GEN DUAL LEADS | | 0654 | 108.18 | APC | $5,475.04 | | | |
| 33214 | T | UPGRADE OF PACEMAKER SYSTEM | | 0655 | 142.84 | APC | $7,229.29 | | | |
| 33215 | T | REPOSITION PACING-DEFIB LEAD | | 0105 | 23.602 | APC | $1,194.50 | | | |
| 33216 | T | INSERT 1 ELECTRODE PM-DEFIB | | 0106 | 52.81 | APC | $2,672.72 | | | |
| 33217 | T | INSERT 2 ELECTRODE PM-DEFIB | | 0106 | 52.81 | APC | $2,672.72 | | | |
| 33218 | T | REPAIR LEAD PACE-DEFIB ONE | | 0105 | 23.602 | APC | $1,194.50 | | | |
| 33220 | T | REPAIR LEAD PACE-DEFIB DUAL | | 0105 | 23.602 | APC | $1,194.50 | | | |
| 33221 | T | INSERT PULSE GEN MULT LEADS | | 0654 | 108.18 | APC | $5,475.04 | | | |
| 33222 | T | REVISE POCKET PACEMAKER | | 0136 | 15.588 | APC | $788.90 | | | |
| 33223 | T | REVISE POCKET FOR DEFIB | | 0136 | 15.588 | APC | $788.90 | | | |
| 33224 | T | INSERT PACING LEAD & CONNECT | | 0655 | 142.84 | APC | $7,229.29 | | | |
| 33225 | N | L VENTRIC PACING LEAD ADD-ON | | 0655 | 142.84 | Bundled, may be payable in some circumstances | $33,149.55 | | | |
| 33226 | T | REPOSITION L VENTRIC LEAD | | 0105 | 23.602 | APC | $1,194.50 | | | |
| 33227 | T | REMOVE&REPLACE PM GEN SINGL | | 0090 | 92.723 | APC | $4,692.72 | | | |
| 33228 | T | REMV&REPLC PM GEN DUAL LEAD | | 0654 | 108.18 | APC | $5,475.04 | | | |
| 33229 | T | REMV&REPLC PM GEN MULT LEADS | | 0654 | 108.18 | APC | $5,475.04 | | | |
| 33230 | T | INSRT PULSE GEN W/DUAL LEADS | | 0107 | 315.68 | APC | $15,976.53 | | | |
| 33231 | T | INSRT PULSE GEN W/MULT LEADS | | 0107 | 315.68 | APC | $15,976.53 | | | |
| 33233 | T | REMOVAL OF PM GENERATOR | | 0105 | 23.602 | APC | $1,194.50 | | | |
| 33234 | T | REMOVAL OF PACEMAKER SYSTEM | | 0105 | 23.602 | APC | $1,194.50 | | | |
| 33235 | T | REMOVAL PACEMAKER ELECTRODE | | 0105 | 23.602 | APC | $1,194.50 | | | |
| 33236 | C | REMOVE ELECTRODE/THORACOTOMY | | | | Inpatient Only | $0.00 | | | |
| 33237 | C | REMOVE ELECTRODE/THORACOTOMY | | | | Inpatient Only | $0.00 | | | |
| 33238 | C | REMOVE ELECTRODE/THORACOTOMY | | | | Inpatient Only | $0.00 | | | |
| 33240 | T | INSRT PULSE GEN W/SINGL LEAD | | 0107 | 315.68 | APC | $15,976.53 | | | |
| 33241 | T | REMOVE PULSE GENERATOR | | 0105 | 23.602 | APC | $1,194.50 | | | |
| 33243 | C | REMOVE ELTRD/THORACOTOMY | | | | Inpatient Only | $0.00 | | | |
| 33244 | T | REMOVE ELTRD TRANSVEN | | 0105 | 23.602 | APC | $1,194.50 | | | |
| 33249 | N | NSERT PACE-DEFIB W/LEAD | | 0108 | 430.22 | Bundled, may be payable in some circumstances | $5,465.88 | | | |
| 33250 | C | ABLATE HEART DYSRHYTHM FOCUS | | | | Inpatient Only | $0.00 | | | |
| 33251 | C | ABLATE HEART DYSRHYTHM FOCUS | | | | Inpatient Only | $0.00 | | | |
| 33254 | C | ABLATE ATRIA LMTD | | | | Inpatient Only | $0.00 | | | |
| 33255 | C | ABLATE ATRIA W/O BYPASS EXT | | | | Inpatient Only | $0.00 | | | |
| 33256 | C | ABLATE ATRIA W/BYPASS EXTEN | | | | Inpatient Only | $0.00 | | | |
| 33257 | C | ABLATE ATRIA LMTD ADD-ON | | | | Inpatient Only | $0.00 | | | |
| 33258 | C | ABLATE ATRIA X10SV ADD-ON | | | | Inpatient Only | $0.00 | | | |
| 33259 | C | ABLATE ATRIA W/BYPASS ADD-ON | | | | Inpatient Only | $0.00 | | | |
| 33261 | C | ABLATE HEART DYSRHYTHM FOCUS | | | | Inpatient Only | $0.00 | | | |
| 33262 | T | REMV&REPLC CVD GEN SING LEAD | | 0107 | 315.68 | APC | $15,976.53 | | | |
| 33263 | T | REMV&REPLC CVD GEN DUAL LEAD | | 0107 | 315.68 | APC | $15,976.53 | | | |
| 33264 | T | REMV&REPLC CVD GEN MULT LEAD | | 0107 | 315.68 | APC | $15,976.53 | | | |
| 33265 | C | ABLATE ATRIA LMTD ENDO | | | | Inpatient Only | $0.00 | | | |
| 33266 | C | ABLATE ATRIA X10SV ENDO | | | | Inpatient Only | $0.00 | | | |
| 33282 | S | IMPLANT PAT-ACTIVE HT RECORD | | 0680 | 82.639 | APC | $4,182.37 | | | |
| 33284 | T | REMOVE PAT-ACTIVE HT RECORD | | 0020 | 8.1838 | APC | $414.18 | | | |
| 33300 | C | REPAIR OF HEART WOUND | | | | Inpatient Only | $0.00 | | | |
| 33305 | C | REPAIR OF HEART WOUND | | | | Inpatient Only | $0.00 | | | |
| 33310 | C | EXPLORATORY HEART SURGERY | | | | Inpatient Only | $0.00 | | | |
| 33315 | C | EXPLORATORY HEART SURGERY | | | | Inpatient Only | $0.00 | | | |
| 33320 | C | REPAIR MAJOR BLOOD VESSEL(S) | | | | Inpatient Only | $0.00 | | | |
| 33321 | C | REPAIR MAJOR VESSEL | | | | Inpatient Only | $0.00 | | | |
| 33322 | C | REPAIR MAJOR BLOOD VESSEL(S) | | | | Inpatient Only | $0.00 | | | |
| 33330 | C | INSERT MAJOR VESSEL GRAFT | | | | Inpatient Only | $0.00 | | | |
| 33332 | C | INSERT MAJOR VESSEL GRAFT | | | | Inpatient Only | $0.00 | | | |
| 33335 | C | INSERT MAJOR VESSEL GRAFT | | | | Inpatient Only | $0.00 | | | |
| 33361 | C | REPLACE AORTIC VALVE PERQ | | | | Inpatient Only | $0.00 | | | |
| 33362 | C | REPLACE AORTIC VALVE OPEN | | | | Inpatient Only | $0.00 | | | |
| 33363 | C | REPLACE AORTIC VALVE OPEN | | | | Inpatient Only | $0.00 | | | |
| 33364 | C | REPLACE AORTIC VALVE OPEN | | | | Inpatient Only | $0.00 | | | |
| 33365 | C | REPLACE AORTIC VALVE OPEN | | | | Inpatient Only | $0.00 | | | |
| 33367 | C | REPLACE AORTIC VALVE W/BYP | | | | Inpatient Only | $0.00 | | | |
| 33368 | C | REPLACE AORTIC VALVE W/BYP | | | | Inpatient Only | $0.00 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 33369 | C | REPLACE AORTIC VALVE W/BYP | | | | Inpatient Only | $0.00 | | | |
| 33400 | C | REPAIR OF AORTIC VALVE | | | | Inpatient Only | $0.00 | | | |
| 33401 | C | VALVULOPLASTY OPEN | | | | Inpatient Only | $0.00 | | | |
| 33403 | C | VALVULOPLASTY W/CP BYPASS | | | | Inpatient Only | $0.00 | | | |
| 33404 | C | PREPARE HEART-AORTA CONDUIT | | | | Inpatient Only | $0.00 | | | |
| 33405 | C | REPLACEMENT OF AORTIC VALVE | | | | Inpatient Only | $0.00 | | | |
| 33406 | C | REPLACEMENT OF AORTIC VALVE | | | | Inpatient Only | $0.00 | | | Y |
| 33410 | C | REPLACEMENT OF AORTIC VALVE | | | | Inpatient Only | $0.00 | | | |
| 33411 | C | REPLACEMENT OF AORTIC VALVE | | | | Inpatient Only | $0.00 | | | Y |
| 33412 | C | REPLACEMENT OF AORTIC VALVE | | | | Inpatient Only | $0.00 | | | Y |
| 33413 | C | REPLACEMENT OF AORTIC VALVE | | | | Inpatient Only | $0.00 | | | |
| 33414 | C | REPAIR OF AORTIC VALVE | | | | Inpatient Only | $0.00 | | | Y |
| 33415 | C | REVISION SUBVALVULAR TISSUE | | | | Inpatient Only | $0.00 | | | Y |
| 33416 | C | REVISE VENTRICLE MUSCLE | | | | Inpatient Only | $0.00 | | | |
| 33417 | C | REPAIR OF AORTIC VALVE | | | | Inpatient Only | $0.00 | | | Y |
| 33420 | C | REVISION OF MITRAL VALVE | | | | Inpatient Only | $0.00 | | | |
| 33422 | C | REVISION OF MITRAL VALVE | | | | Inpatient Only | $0.00 | | | Y |
| 33425 | C | REPAIR OF MITRAL VALVE | | | | Inpatient Only | $0.00 | | | Y |
| 33426 | C | REPAIR OF MITRAL VALVE | | | | Inpatient Only | $0.00 | | | Y |
| 33427 | C | REPAIR OF MITRAL VALVE | | | | Inpatient Only | $0.00 | | | |
| 33430 | C | REPLACEMENT OF MITRAL VALVE | | | | Inpatient Only | $0.00 | | | |
| 33460 | C | REVISION OF TRICUSPID VALVE | | | | Inpatient Only | $0.00 | | | |
| 33463 | C | VALVULOPLASTY TRICUSPID | | | | Inpatient Only | $0.00 | | | |
| 33464 | C | VALVULOPLASTY TRICUSPID | | | | Inpatient Only | $0.00 | | | |
| 33465 | C | REPLACE TRICUSPID VALVE | | | | Inpatient Only | $0.00 | | | |
| 33468 | C | REVISION OF TRICUSPID VALVE | | | | Inpatient Only | $0.00 | | | |
| 33470 | C | REVISION OF PULMONARY VALVE | | | | Inpatient Only | $0.00 | | | |
| 33471 | C | VALVOTOMY PULMONARY VALVE | | | | Inpatient Only | $0.00 | | | |
| 33472 | C | REVISION OF PULMONARY VALVE | | | | Inpatient Only | $0.00 | | | |
| 33474 | C | REVISION OF PULMONARY VALVE | | | | Inpatient Only | $0.00 | | | |
| 33475 | C | REPLACEMENT PULMONARY VALVE | | | | Inpatient Only | $0.00 | | | |
| 33476 | C | REVISION OF HEART CHAMBER | | | | Inpatient Only | $0.00 | | | |
| 33478 | C | REVISION OF HEART CHAMBER | | | | Inpatient Only | $0.00 | | | |
| 33496 | C | REPAIR PROSTH VALVE CLOT | | | | Inpatient Only | $0.00 | | | |
| 33500 | C | REPAIR HEART VESSEL FISTULA | | | | Inpatient Only | $0.00 | | | |
| 33501 | C | REPAIR HEART VESSEL FISTULA | | | | Inpatient Only | $0.00 | | | |
| 33502 | C | CORONARY ARTERY CORRECTION | | | | Inpatient Only | $0.00 | | | |
| 33503 | C | CORONARY ARTERY GRAFT | | | | Inpatient Only | $0.00 | | | |
| 33504 | C | CORONARY ARTERY GRAFT | | | | Inpatient Only | $0.00 | | | |
| 33505 | C | REPAIR ARTERY W/TUNNEL | | | | Inpatient Only | $0.00 | | | |
| 33506 | C | REPAIR ARTERY TRANSLOCATION | | | | Inpatient Only | $0.00 | | | |
| 33507 | C | REPAIR ART INTRAMURAL | | | | Inpatient Only | $0.00 | | | |
| 33508 | N | ENDOSCOPIC VEIN HARVEST | | | | Bundled | $0.00 | | | |
| 33510 | C | CABG VEIN SINGLE | | | | Inpatient Only | $0.00 | | | |
| 33511 | C | CABG VEIN TWO | | | | Inpatient Only | $0.00 | | | |
| 33512 | C | CABG VEIN THREE | | | | Inpatient Only | $0.00 | | | |
| 33513 | C | CABG VEIN FOUR | | | | Inpatient Only | $0.00 | | | |
| 33514 | C | CABG VEIN FIVE | | | | Inpatient Only | $0.00 | | | |
| 33516 | C | CABG VEIN SIX OR MORE | | | | Inpatient Only | $0.00 | | | |
| 33517 | C | CABG ARTERY-VEIN SINGLE | | | | Inpatient Only | $0.00 | | | |
| 33518 | C | CABG ARTERY-VEIN TWO | | | | Inpatient Only | $0.00 | | | |
| 33519 | C | CABG ARTERY-VEIN THREE | | | | Inpatient Only | $0.00 | | | |
| 33521 | C | CABG ARTERY-VEIN FOUR | | | | Inpatient Only | $0.00 | | | |
| 33522 | C | CABG ARTERY-VEIN FIVE | | | | Inpatient Only | $0.00 | | | |
| 33523 | C | CABG ART-VEIN SIX OR MORE | | | | Inpatient Only | $0.00 | | | |
| 33530 | C | CORONARY ARTERY BYPASS/REOP | | | | Inpatient Only | $0.00 | | | |
| 33533 | C | CABG ARTERIAL SINGLE | | | | Inpatient Only | $0.00 | | | |
| 33534 | C | CABG ARTERIAL TWO | | | | Inpatient Only | $0.00 | | | |
| 33535 | C | CABG ARTERIAL THREE | | | | Inpatient Only | $0.00 | | | |
| 33536 | C | CABG ARTERIAL FOUR OR MORE | | | | Inpatient Only | $0.00 | | | |
| 33542 | C | REMOVAL OF HEART LESION | | | | Inpatient Only | $0.00 | | | |
| 33545 | C | REPAIR OF HEART DAMAGE | | | | Inpatient Only | $0.00 | | | |
| 33548 | C | RESTORE/REMODEL VENTRICLE | | | | Inpatient Only | $0.00 | | | |
| 33572 | C | OPEN CORONARY ENDARTERECTOMY | | | | Inpatient Only | $0.00 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 33600 | C | CLOSURE OF VALVE | | | | Inpatient Only | $0.00 | | | |
| 33602 | C | CLOSURE OF VALVE | | | | Inpatient Only | $0.00 | | | |
| 33606 | C | ANASTOMOSIS/ARTERY-AORTA | | | | Inpatient Only | $0.00 | | | |
| 33608 | C | REPAIR ANOMALY W/CONDUIT | | | | Inpatient Only | $0.00 | | | |
| 33610 | C | REPAIR BY ENLARGEMENT | | | | Inpatient Only | $0.00 | | | |
| 33611 | C | REPAIR DOUBLE VENTRICLE | | | | Inpatient Only | $0.00 | | | |
| 33612 | C | REPAIR DOUBLE VENTRICLE | | | | Inpatient Only | $0.00 | | | |
| 33615 | C | REPAIR MODIFIED FONTAN | | | | Inpatient Only | $0.00 | | | |
| 33617 | C | REPAIR SINGLE VENTRICLE | | | | Inpatient Only | $0.00 | | | |
| 33619 | C | REPAIR SINGLE VENTRICLE | | | | Inpatient Only | $0.00 | | | |
| 33620 | C | APPLY R&L PULM ART BANDS | | | | Inpatient Only | $0.00 | | | |
| 33621 | C | TRANSTHOR CATH FOR STENT | | | | Inpatient Only | $0.00 | | | |
| 33622 | C | REDO COMPL CARDIAC ANOMALY | | | | Inpatient Only | $0.00 | | | |
| 33641 | C | REPAIR HEART SEPTUM DEFECT | | | | Inpatient Only | $0.00 | | | |
| 33645 | C | REVISION OF HEART VEINS | | | | Inpatient Only | $0.00 | | | |
| 33647 | C | REPAIR HEART SEPTUM DEFECTS | | | | Inpatient Only | $0.00 | | | |
| 33660 | C | REPAIR OF HEART DEFECTS | | | | Inpatient Only | $0.00 | | | |
| 33665 | C | REPAIR OF HEART DEFECTS | | | | Inpatient Only | $0.00 | | | |
| 33670 | C | REPAIR OF HEART CHAMBERS | | | | Inpatient Only | $0.00 | | | |
| 33675 | C | CLOSE MULT VSD | | | | Inpatient Only | $0.00 | | | |
| 33676 | C | CLOSE MULT VSD W/RESECTION | | | | Inpatient Only | $0.00 | | | |
| 33677 | C | CL MULT VSD W/REM PUL BAND | | | | Inpatient Only | $0.00 | | | |
| 33681 | C | REPAIR HEART SEPTUM DEFECT | | | | Inpatient Only | $0.00 | | | |
| 33684 | C | REPAIR HEART SEPTUM DEFECT | | | | Inpatient Only | $0.00 | | | |
| 33688 | C | REPAIR HEART SEPTUM DEFECT | | | | Inpatient Only | $0.00 | | | |
| 33690 | C | REINFORCE PULMONARY ARTERY | | | | Inpatient Only | $0.00 | | | |
| 33692 | C | REPAIR OF HEART DEFECTS | | | | Inpatient Only | $0.00 | | | |
| 33694 | C | REPAIR OF HEART DEFECTS | | | | Inpatient Only | $0.00 | | | |
| 33697 | C | REPAIR OF HEART DEFECTS | | | | Inpatient Only | $0.00 | | | |
| 33702 | C | REPAIR OF HEART DEFECTS | | | | Inpatient Only | $0.00 | | | |
| 33710 | C | REPAIR OF HEART DEFECTS | | | | Inpatient Only | $0.00 | | | |
| 33720 | C | REPAIR OF HEART DEFECT | | | | Inpatient Only | $0.00 | | | |
| 33722 | C | REPAIR OF HEART DEFECT | | | | Inpatient Only | $0.00 | | | |
| 33724 | C | REPAIR VENOUS ANOMALY | | | | Inpatient Only | $0.00 | | | |
| 33726 | C | REPAIR PUL VENOUS STENOSIS | | | | Inpatient Only | $0.00 | | | |
| 33730 | C | REPAIR HEART-VEIN DEFECT(S) | | | | Inpatient Only | $0.00 | | | |
| 33732 | C | REPAIR HEART-VEIN DEFECT | | | | Inpatient Only | $0.00 | | | |
| 33735 | C | REVISION OF HEART CHAMBER | | | | Inpatient Only | $0.00 | | | |
| 33736 | C | REVISION OF HEART CHAMBER | | | | Inpatient Only | $0.00 | | | |
| 33737 | C | REVISION OF HEART CHAMBER | | | | Inpatient Only | $0.00 | | | |
| 33750 | C | MAJOR VESSEL SHUNT | | | | Inpatient Only | $0.00 | | | |
| 33755 | C | MAJOR VESSEL SHUNT | | | | Inpatient Only | $0.00 | | | |
| 33762 | C | MAJOR VESSEL SHUNT | | | | Inpatient Only | $0.00 | | | |
| 33764 | C | MAJOR VESSEL SHUNT & GRAFT | | | | Inpatient Only | $0.00 | | | |
| 33766 | C | MAJOR VESSEL SHUNT | | | | Inpatient Only | $0.00 | | | |
| 33767 | C | MAJOR VESSEL SHUNT | | | | Inpatient Only | $0.00 | | | |
| 33768 | C | CAVOPULMONARY SHUNTING | | | | Inpatient Only | $0.00 | | | |
| 33770 | C | REPAIR GREAT VESSELS DEFECT | | | | Inpatient Only | $0.00 | | | |
| 33771 | C | REPAIR GREAT VESSELS DEFECT | | | | Inpatient Only | $0.00 | | | |
| 33774 | C | REPAIR GREAT VESSELS DEFECT | | | | Inpatient Only | $0.00 | | | |
| 33775 | C | REPAIR GREAT VESSELS DEFECT | | | | Inpatient Only | $0.00 | | | |
| 33776 | C | REPAIR GREAT VESSELS DEFECT | | | | Inpatient Only | $0.00 | | | |
| 33777 | C | REPAIR GREAT VESSELS DEFECT | | | | Inpatient Only | $0.00 | | | |
| 33778 | C | REPAIR GREAT VESSELS DEFECT | | | | Inpatient Only | $0.00 | | | |
| 33779 | C | REPAIR GREAT VESSELS DEFECT | | | | Inpatient Only | $0.00 | | | |
| 33780 | C | REPAIR GREAT VESSELS DEFECT | | | | Inpatient Only | $0.00 | | | |
| 33781 | C | REPAIR GREAT VESSELS DEFECT | | | | Inpatient Only | $0.00 | | | |
| 33782 | C | NIKAIDOH PROC | | | | Inpatient Only | $0.00 | | | |
| 33783 | C | NIKAIDOH PROC W/OSTIA IMPLT | | | | Inpatient Only | $0.00 | | | |
| 33786 | C | REPAIR ARTERIAL TRUNK | | | | Inpatient Only | $0.00 | | | |
| 33788 | C | REVISION OF PULMONARY ARTERY | | | | Inpatient Only | $0.00 | | | |
| 33800 | C | AORTIC SUSPENSION | | | | Inpatient Only | $0.00 | | | |
| 33802 | C | REPAIR VESSEL DEFECT | | | | Inpatient Only | $0.00 | | | |
| 33803 | C | REPAIR VESSEL DEFECT | | | | Inpatient Only | $0.00 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 33813 | C | REPAIR SEPTAL DEFECT | | | | Inpatient Only | $0.00 | | | |
| 33814 | C | REPAIR SEPTAL DEFECT | | | | Inpatient Only | $0.00 | | | |
| 33820 | C | REVISE MAJOR VESSEL | | | | Inpatient Only | $0.00 | | | |
| 33822 | C | REVISE MAJOR VESSEL | | | | Inpatient Only | $0.00 | | | |
| 33824 | C | REVISE MAJOR VESSEL | | | | Inpatient Only | $0.00 | | | |
| 33840 | C | REMOVE AORTA CONSTRICTION | | | | Inpatient Only | $0.00 | | | |
| 33845 | C | REMOVE AORTA CONSTRICTION | | | | Inpatient Only | $0.00 | | | |
| 33851 | C | REMOVE AORTA CONSTRICTION | | | | Inpatient Only | $0.00 | | | |
| 33852 | C | REPAIR SEPTAL DEFECT | | | | Inpatient Only | $0.00 | | | |
| 33853 | C | REPAIR SEPTAL DEFECT | | | | Inpatient Only | $0.00 | | | |
| 33860 | C | ASCENDING AORTIC GRAFT | | | | Inpatient Only | $0.00 | | | |
| 33863 | C | ASCENDING AORTIC GRAFT | | | | Inpatient Only | $0.00 | | | |
| 33864 | C | ASCENDING AORTIC GRAFT | | | | Inpatient Only | $0.00 | | | |
| 33870 | C | TRANSVERSE AORTIC ARCH GRAFT | | | | Inpatient Only | $0.00 | | | |
| 33875 | C | THORACIC AORTIC GRAFT | | | | Inpatient Only | $0.00 | | | |
| 33877 | C | THORACOABDOMINAL GRAFT | | | | Inpatient Only | $0.00 | | | |
| 33880 | C | ENDOVASC TAA REPR INCL SUBCL | | | | Inpatient Only | $0.00 | | | |
| 33881 | C | ENDOVASC TAA REPR W/O SUBCL | | | | Inpatient Only | $0.00 | | | |
| 33883 | C | INSERT ENDOVASC PROSTH TAA | | | | Inpatient Only | $0.00 | | | |
| 33884 | C | ENDOVASC PROSTH TAA ADD-ON | | | | Inpatient Only | $0.00 | | | |
| 33886 | C | ENDOVASC PROSTH DELAYED | | | | Inpatient Only | $0.00 | | | |
| 33889 | C | ARTERY TRANSPOSE/ENDOVAS TAA | | | | Inpatient Only | $0.00 | | | |
| 33891 | C | CAR-CAR BP GRFT/ENDOVAS TAA | | | | Inpatient Only | $0.00 | | | |
| 33910 | C | REMOVE LUNG ARTERY EMBOLI | | | | Inpatient Only | $0.00 | | | |
| 33915 | C | REMOVE LUNG ARTERY EMBOLI | | | | Inpatient Only | $0.00 | | | |
| 33916 | C | SURGERY OF GREAT VESSEL | | | | Inpatient Only | $0.00 | | | |
| 33917 | C | REPAIR PULMONARY ARTERY | | | | Inpatient Only | $0.00 | | | |
| 33920 | C | REPAIR PULMONARY ATRESIA | | | | Inpatient Only | $0.00 | | | |
| 33922 | C | TRANSECT PULMONARY ARTERY | | | | Inpatient Only | $0.00 | | | |
| 33924 | C | REMOVE PULMONARY SHUNT | | | | Inpatient Only | $0.00 | | | |
| 33925 | C | RPR PUL ART UNIFOCAL W/O CPB | | | | Inpatient Only | $0.00 | | | |
| 33926 | C | REPR PUL ART UNIFOCAL W/CPB | | | | Inpatient Only | $0.00 | | | |
| 33930 | C | REMOVAL OF DONOR HEART/LUNG | | | | Inpatient Only | $0.00 | | | |
| 33933 | C | PREPARE DONOR HEART/LUNG | | | | Inpatient Only | $0.00 | | | |
| 33935 | C | TRANSPLANTATION HEART/LUNG | | | | Inpatient Only | $0.00 | | | |
| 33940 | C | REMOVAL OF DONOR HEART | | | | Inpatient Only | $0.00 | | | |
| 33944 | C | PREPARE DONOR HEART | | | | Inpatient Only | $0.00 | | | |
| 33945 | C | TRANSPLANTATION OF HEART | | | | Inpatient Only | $0.00 | | | |
| 33960 | C | EXTERNAL CIRCULATION ASSIST | | | | Inpatient Only | $0.00 | | | |
| 33961 | C | EXTERNAL CIRCULATION ASSIST | | | | Inpatient Only | $0.00 | | | |
| 33967 | C | INSERT IA PERCUT DEVICE | | | | Inpatient Only | $0.00 | | | |
| 33968 | C | REMOVE AORTIC ASSIST DEVICE | | | | Inpatient Only | $0.00 | | | |
| 33970 | C | AORTIC CIRCULATION ASSIST | | | | Inpatient Only | $0.00 | | | |
| 33971 | C | AORTIC CIRCULATION ASSIST | | | | Inpatient Only | $0.00 | | | |
| 33973 | C | INSERT BALLOON DEVICE | | | | Inpatient Only | $0.00 | | | |
| 33974 | C | REMOVE INTRA-AORTIC BALLOON | | | | Inpatient Only | $0.00 | | | |
| 33975 | C | IMPLANT VENTRICULAR DEVICE | | | | Inpatient Only | $0.00 | | | |
| 33976 | C | IMPLANT VENTRICULAR DEVICE | | | | Inpatient Only | $0.00 | | | |
| 33977 | C | REMOVE VENTRICULAR DEVICE | | | | Inpatient Only | $0.00 | | | |
| 33978 | C | REMOVE VENTRICULAR DEVICE | | | | Inpatient Only | $0.00 | | | |
| 33979 | C | INSERT INTRACORPOREAL DEVICE | | | | Inpatient Only | $0.00 | | | |
| 33980 | C | REMOVE INTRACORPOREAL DEVICE | | | | Inpatient Only | $0.00 | | | |
| 33981 | C | REPLACE VAD PUMP EXT | | | | Inpatient Only | $0.00 | | | |
| 33982 | C | REPLACE VAD INTRA W/O BP | | | | Inpatient Only | $0.00 | | | |
| 33983 | C | REPLACE VAD INTRA W/BP | | | | Inpatient Only | $0.00 | | | |
| 33990 | C | INSERT VAD ARTERY ACCESS | | | | Inpatient Only | $0.00 | | | |
| 33991 | C | INSERT VAD ART&VEIN ACCESS | | | | Inpatient Only | $0.00 | | | |
| 33992 | C | REMOVE VAD DIFFERENT SESSION | | | | Inpatient Only | $0.00 | | | |
| 33993 | C | REPOSITION VAD DIFF SESSION | | | | Inpatient Only | $0.00 | | | |
| 33999 | T | CARDIAC SURGERY PROCEDURE | | 0070 | 5.7828 | APC | $292.67 | | | |
| 34001 | C | REMOVAL OF ARTERY CLOT | | | | Inpatient Only | $0.00 | | | |
| 34051 | C | REMOVAL OF ARTERY CLOT | | | | Inpatient Only | $0.00 | | | |
| 34101 | T | REMOVAL OF ARTERY CLOT | | 0088 | 43.474 | APC | $2,200.19 | | | |
| 34111 | T | REMOVAL OF ARM ARTERY CLOT | | 0088 | 43.474 | APC | $2,200.19 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 34151 | C | REMOVAL OF ARTERY CLOT | | | | Inpatient Only | $0.00 | | | |
| 34201 | T | REMOVAL OF ARTERY CLOT | | 0088 | 43.474 | APC | $2,200.19 | | | |
| 34203 | T | REMOVAL OF LEG ARTERY CLOT | | 0088 | 43.474 | APC | $2,200.19 | | | |
| 34401 | C | REMOVAL OF VEIN CLOT | | | | Inpatient Only | $0.00 | | | |
| 34421 | T | REMOVAL OF VEIN CLOT | | 0088 | 43.474 | APC | $2,200.19 | | | |
| 34451 | C | REMOVAL OF VEIN CLOT | | | | Inpatient Only | $0.00 | | | |
| 34471 | T | REMOVAL OF VEIN CLOT | | 0088 | 43.474 | APC | $2,200.19 | | | |
| 34490 | T | REMOVAL OF VEIN CLOT | | 0088 | 43.474 | APC | $2,200.19 | | | |
| 34501 | T | REPAIR VALVE FEMORAL VEIN | | 0088 | 43.474 | APC | $2,200.19 | | | |
| 34502 | C | RECONSTRUCT VENA CAVA | | | | Inpatient Only | $0.00 | | | |
| 34510 | T | TRANSPOSITION OF VEIN VALVE | | 0088 | 43.474 | APC | $2,200.19 | | | |
| 34520 | T | CROSS-OVER VEIN GRAFT | | 0088 | 43.474 | APC | $2,200.19 | | | |
| 34530 | T | LEG VEIN FUSION | | 0088 | 43.474 | APC | $2,200.19 | | | |
| 34800 | C | ENDOVAS AAA REPR W/SM TUBE | | | | Inpatient Only | $0.00 | | | |
| 34802 | C | ENDOVAS AAA REPR W/2-P PART | | | | Inpatient Only | $0.00 | | | |
| 34803 | C | ENDOVAS AAA REPR W/3-P PART | | | | Inpatient Only | $0.00 | | | |
| 34804 | C | ENDOVAS AAA REPR W/1-P PART | | | | Inpatient Only | $0.00 | | | |
| 34805 | C | ENDOVAS AAA REPR W/LONG TUBE | | | | Inpatient Only | $0.00 | | | |
| 34806 | C | ANEURYSM PRESS SENSOR ADD-ON | | | | Inpatient Only | $0.00 | | | |
| 34808 | C | ENDOVAS ILIAC A DEVICE ADDON | | | | Inpatient Only | $0.00 | | | |
| 34812 | C | XPOSE FOR ENDOPROSTH FEMORL | | | | Inpatient Only | $0.00 | | | |
| 34813 | C | FEMORAL ENDOVAS GRAFT ADD-ON | | | | Inpatient Only | $0.00 | | | |
| 34820 | C | XPOSE FOR ENDOPROSTH ILIAC | | | | Inpatient Only | $0.00 | | | |
| 34825 | C | ENDOVASC EXTEND PROSTH INIT | | | | Inpatient Only | $0.00 | | | |
| 34826 | C | ENDOVASC EXTEN PROSTH ADDL | | | | Inpatient Only | $0.00 | | | |
| 34830 | C | OPEN AORTIC TUBE PROSTH REPR | | | | Inpatient Only | $0.00 | | | |
| 34831 | C | OPEN AORTOILIAC PROSTH REPR | | | | Inpatient Only | $0.00 | | | |
| 34832 | C | OPEN AORTOFEMOR PROSTH REPR | | | | Inpatient Only | $0.00 | | | |
| 34833 | C | XPOSE FOR ENDOPROSTH ILIAC | | | | Inpatient Only | $0.00 | | | |
| 34834 | C | XPOSE ENDOPROSTH BRACHIAL | | | | Inpatient Only | $0.00 | | | |
| 34900 | C | ENDOVASC ILIAC REPR W/GRAFT | | | | Inpatient Only | $0.00 | | | |
| 35001 | C | REPAIR DEFECT OF ARTERY | | | | Inpatient Only | $0.00 | | | |
| 35002 | C | REPAIR ARTERY RUPTURE NECK | | | | Inpatient Only | $0.00 | | | |
| 35005 | C | REPAIR DEFECT OF ARTERY | | | | Inpatient Only | $0.00 | | | |
| 35011 | T | REPAIR DEFECT OF ARTERY | | 0653 | 37.459 | APC | $1,895.79 | | | |
| 35013 | C | REPAIR ARTERY RUPTURE ARM | | | | Inpatient Only | $0.00 | | | |
| 35021 | C | REPAIR DEFECT OF ARTERY | | | | Inpatient Only | $0.00 | | | |
| 35022 | C | REPAIR ARTERY RUPTURE CHEST | | | | Inpatient Only | $0.00 | | | |
| 35045 | T | REPAIR DEFECT OF ARM ARTERY | | 0093 | 30.138 | APC | $1,525.30 | | | |
| 35081 | C | REPAIR DEFECT OF ARTERY | | | | Inpatient Only | $0.00 | | | |
| 35082 | C | REPAIR ARTERY RUPTURE AORTA | | | | Inpatient Only | $0.00 | | | |
| 35091 | C | REPAIR DEFECT OF ARTERY | | | | Inpatient Only | $0.00 | | | |
| 35092 | C | REPAIR ARTERY RUPTURE AORTA | | | | Inpatient Only | $0.00 | | | |
| 35102 | C | REPAIR DEFECT OF ARTERY | | | | Inpatient Only | $0.00 | | | |
| 35103 | C | REPAIR ARTERY RUPTURE GROIN | | | | Inpatient Only | $0.00 | | | |
| 35111 | C | REPAIR DEFECT OF ARTERY | | | | Inpatient Only | $0.00 | | | |
| 35112 | C | REPAIR ARTERY RUPTURE SPLEEN | | | | Inpatient Only | $0.00 | | | |
| 35121 | C | REPAIR DEFECT OF ARTERY | | | | Inpatient Only | $0.00 | | | |
| 35122 | C | REPAIR ARTERY RUPTURE BELLY | | | | Inpatient Only | $0.00 | | | |
| 35131 | C | REPAIR DEFECT OF ARTERY | | | | Inpatient Only | $0.00 | | | |
| 35132 | C | REPAIR ARTERY RUPTURE GROIN | | | | Inpatient Only | $0.00 | | | |
| 35141 | C | REPAIR DEFECT OF ARTERY | | | | Inpatient Only | $0.00 | | | |
| 35142 | C | REPAIR ARTERY RUPTURE THIGH | | | | Inpatient Only | $0.00 | | | |
| 35151 | C | REPAIR DEFECT OF ARTERY | | | | Inpatient Only | $0.00 | | | |
| 35152 | C | REPAIR RUPTD POPLITEAL ART | | | | Inpatient Only | $0.00 | | | |
| 35180 | T | REPAIR BLOOD VESSEL LESION | | 0093 | 30.138 | APC | $1,525.30 | | | |
| 35182 | C | REPAIR BLOOD VESSEL LESION | | | | Inpatient Only | $0.00 | | | |
| 35184 | T | REPAIR BLOOD VESSEL LESION | | 0093 | 30.138 | APC | $1,525.30 | | | |
| 35188 | T | REPAIR BLOOD VESSEL LESION | | 0088 | 43.474 | APC | $2,200.19 | | | |
| 35189 | C | REPAIR BLOOD VESSEL LESION | | | | Inpatient Only | $0.00 | | | |
| 35190 | T | REPAIR BLOOD VESSEL LESION | | 0093 | 30.138 | APC | $1,525.30 | | | |
| 35201 | T | REPAIR BLOOD VESSEL LESION | | 0093 | 30.138 | APC | $1,525.30 | | | |
| 35206 | T | REPAIR BLOOD VESSEL LESION | | 0093 | 30.138 | APC | $1,525.30 | | | |
| 35207 | T | REPAIR BLOOD VESSEL LESION | | 0088 | 43.474 | APC | $2,200.19 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 35211 | C | REPAIR BLOOD VESSEL LESION | | | | Inpatient Only | $0.00 | | | |
| 35216 | C | REPAIR BLOOD VESSEL LESION | | | | Inpatient Only | $0.00 | | | |
| 35221 | C | REPAIR BLOOD VESSEL LESION | | | | Inpatient Only | $0.00 | | | |
| 35226 | T | REPAIR BLOOD VESSEL LESION | | 0020 | 8.1838 | APC | $414.18 | | | |
| 35231 | T | REPAIR BLOOD VESSEL LESION | | 0093 | 30.138 | APC | $1,525.30 | | | |
| 35236 | T | REPAIR BLOOD VESSEL LESION | | 0093 | 30.138 | APC | $1,525.30 | | | |
| 35241 | C | REPAIR BLOOD VESSEL LESION | | | | Inpatient Only | $0.00 | | | |
| 35246 | C | REPAIR BLOOD VESSEL LESION | | | | Inpatient Only | $0.00 | | | |
| 35251 | C | REPAIR BLOOD VESSEL LESION | | | | Inpatient Only | $0.00 | | | |
| 35256 | T | REPAIR BLOOD VESSEL LESION | | 0093 | 30.138 | APC | $1,525.30 | | | |
| 35261 | T | REPAIR BLOOD VESSEL LESION | | 0653 | 37.459 | APC | $1,895.79 | | | |
| 35266 | T | REPAIR BLOOD VESSEL LESION | | 0653 | 37.459 | APC | $1,895.79 | | | |
| 35271 | C | REPAIR BLOOD VESSEL LESION | | | | Inpatient Only | $0.00 | | | |
| 35276 | C | REPAIR BLOOD VESSEL LESION | | | | Inpatient Only | $0.00 | | | |
| 35281 | C | REPAIR BLOOD VESSEL LESION | | | | Inpatient Only | $0.00 | | | |
| 35286 | T | REPAIR BLOOD VESSEL LESION | | 0653 | 37.459 | APC | $1,895.79 | | | |
| 35301 | C | RECHANNELING OF ARTERY | | | | Inpatient Only | $0.00 | | | |
| 35302 | C | RECHANNELING OF ARTERY | | | | Inpatient Only | $0.00 | | | |
| 35303 | C | RECHANNELING OF ARTERY | | | | Inpatient Only | $0.00 | | | |
| 35304 | C | RECHANNELING OF ARTERY | | | | Inpatient Only | $0.00 | | | |
| 35305 | C | RECHANNELING OF ARTERY | | | | Inpatient Only | $0.00 | | | |
| 35306 | C | RECHANNELING OF ARTERY | | | | Inpatient Only | $0.00 | | | |
| 35311 | C | RECHANNELING OF ARTERY | | | | Inpatient Only | $0.00 | | | |
| 35321 | T | RECHANNELING OF ARTERY | | 0093 | 30.138 | APC | $1,525.30 | | | |
| 35331 | C | RECHANNELING OF ARTERY | | | | Inpatient Only | $0.00 | | | |
| 35341 | C | RECHANNELING OF ARTERY | | | | Inpatient Only | $0.00 | | | |
| 35351 | C | RECHANNELING OF ARTERY | | | | Inpatient Only | $0.00 | | | |
| 35355 | C | RECHANNELING OF ARTERY | | | | Inpatient Only | $0.00 | | | |
| 35361 | C | RECHANNELING OF ARTERY | | | | Inpatient Only | $0.00 | | | |
| 35363 | C | RECHANNELING OF ARTERY | | | | Inpatient Only | $0.00 | | | |
| 35371 | C | RECHANNELING OF ARTERY | | | | Inpatient Only | $0.00 | | | |
| 35372 | C | RECHANNELING OF ARTERY | | | | Inpatient Only | $0.00 | | | |
| 35390 | C | REOPERATION CAROTID ADD-ON | | | | Inpatient Only | $0.00 | | | |
| 35400 | C | ANGIOSCOPY | | | | Inpatient Only | $0.00 | | | |
| 35450 | C | REPAIR ARTERIAL BLOCKAGE | | | | Inpatient Only | $0.00 | | | |
| 35452 | C | REPAIR ARTERIAL BLOCKAGE | | | | Inpatient Only | $0.00 | | | |
| 35458 | T | REPAIR ARTERIAL BLOCKAGE | | 0083 | 56.414 | APC | $2,855.11 | | | |
| 35460 | T | REPAIR VENOUS BLOCKAGE | | 0083 | 56.414 | APC | $2,855.11 | | | |
| 35471 | T | REPAIR ARTERIAL BLOCKAGE | | 0083 | 56.414 | APC | $2,855.11 | | | |
| 35472 | T | REPAIR ARTERIAL BLOCKAGE | | 0083 | 56.414 | APC | $2,855.11 | | | |
| 35475 | T | REPAIR ARTERIAL BLOCKAGE | | 0083 | 56.414 | APC | $2,855.11 | | | |
| 35476 | T | REPAIR VENOUS BLOCKAGE | | 0083 | 56.414 | APC | $2,855.11 | | | |
| 35500 | T | HARVEST VEIN FOR BYPASS | | 0103 | 16.217 | APC | $820.76 | | | |
| 35501 | C | ART BYP GRFT IPSILAT CAROTID | | | | Inpatient Only | $0.00 | | | |
| 35506 | C | ART BYP GRFT SUBCLAV-CAROTID | | | | Inpatient Only | $0.00 | | | |
| 35508 | C | ART BYP GRFT CAROTID-VERTBRL | | | | Inpatient Only | $0.00 | | | |
| 35509 | C | ART BYP GRFT CONTRAL CAROTID | | | | Inpatient Only | $0.00 | | | |
| 35510 | C | ART BYP GRFT CAROTID-BRCHIAL | | | | Inpatient Only | $0.00 | | | |
| 35511 | C | ART BYP GRFT SUBCLAV-SUBCLAV | | | | Inpatient Only | $0.00 | | | |
| 35512 | C | ART BYP GRFT SUBCLAV-BRCHIAL | | | | Inpatient Only | $0.00 | | | |
| 35515 | C | ART BYP GRFT SUBCLAV-VERTBRL | | | | Inpatient Only | $0.00 | | | |
| 35516 | C | ART BYP GRFT SUBCLAV-AXILARY | | | | Inpatient Only | $0.00 | | | |
| 35518 | C | ART BYP GRFT AXILLARY-AXILRY | | | | Inpatient Only | $0.00 | | | |
| 35521 | C | ART BYP GRFT AXILL-FEMORAL | | | | Inpatient Only | $0.00 | | | |
| 35522 | C | ART BYP GRFT AXILL-BRACHIAL | | | | Inpatient Only | $0.00 | | | |
| 35523 | C | ART BYP GRFT BRCHL-ULNR-RDL | | | | Inpatient Only | $0.00 | | | |
| 35525 | C | ART BYP GRFT BRACHIAL-BRCHL | | | | Inpatient Only | $0.00 | | | |
| 35526 | C | ART BYP GRFT AOR/CAROT/INNOM | | | | Inpatient Only | $0.00 | | | |
| 35531 | C | ART BYP GRFT AORCEL/AORMESEN | | | | Inpatient Only | $0.00 | | | |
| 35533 | C | ART BYP GRFT AXILL/FEM/FEM | | | | Inpatient Only | $0.00 | | | |
| 35535 | C | ART BYP GRFT HEPATORENAL | | | | Inpatient Only | $0.00 | | | |
| 35536 | C | ART BYP GRFT SPLENORENAL | | | | Inpatient Only | $0.00 | | | |
| 35537 | C | ART BYP GRFT AORTOILIAC | | | | Inpatient Only | $0.00 | | | |
| 35538 | C | ART BYP GRFT AORTOBI-ILIAC | | | | Inpatient Only | $0.00 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 35539 | C | ART BYP GRFT AORTOFEMORAL | | | | Inpatient Only | $0.00 | | | |
| 35540 | C | ART BYP GRFT AORTBIFEMORAL | | | | Inpatient Only | $0.00 | | | |
| 35556 | C | ART BYP GRFT FEM-POPLITEAL | | | | Inpatient Only | $0.00 | | | |
| 35558 | C | ART BYP GRFT FEM-FEMORAL | | | | Inpatient Only | $0.00 | | | |
| 35560 | C | ART BYP GRFT AORTORENAL | | | | Inpatient Only | $0.00 | | | |
| 35563 | C | ART BYP GRFT ILIOILIAC | | | | Inpatient Only | $0.00 | | | |
| 35565 | C | ART BYP GRFT ILIOFEMORAL | | | | Inpatient Only | $0.00 | | | |
| 35566 | C | ART BYP FEM-ANT-POST TIB/PRL | | | | Inpatient Only | $0.00 | | | |
| 35570 | C | ART BYP TIBIAL-TIB/PERONEAL | | | | Inpatient Only | $0.00 | | | |
| 35571 | C | ART BYP POP-TIBL-PRL-OTHER | | | | Inpatient Only | $0.00 | | | |
| 35572 | N | HARVEST FEMOROPOPLITEAL VEIN | | | | Bundled | $0.00 | | | |
| 35583 | C | VEIN BYP GRFT FEM-POPLITEAL | | | | Inpatient Only | $0.00 | | | |
| 35585 | C | VEIN BYP FEM-TIBIAL PERONEAL | | | | Inpatient Only | $0.00 | | | |
| 35587 | C | VEIN BYP POP-TIBL PERONEAL | | | | Inpatient Only | $0.00 | | | |
| 35600 | C | HARVEST ART FOR CABG ADD-ON | | | | Inpatient Only | $0.00 | | | |
| 35601 | C | ART BYP COMMON IPSI CAROTID | | | | Inpatient Only | $0.00 | | | |
| 35606 | C | ART BYP CAROTID-SUBCLAVIAN | | | | Inpatient Only | $0.00 | | | |
| 35612 | C | ART BYP SUBCLAV-SUBCLAVIAN | | | | Inpatient Only | $0.00 | | | |
| 35616 | C | ART BYP SUBCLAV-AXILLARY | | | | Inpatient Only | $0.00 | | | |
| 35621 | C | ART BYP AXILLARY-FEMORAL | | | | Inpatient Only | $0.00 | | | |
| 35623 | C | ART BYP AXILLARY-POP-TIBIAL | | | | Inpatient Only | $0.00 | | | |
| 35626 | C | ART BYP AORSUBCL/CAROT/INNOM | | | | Inpatient Only | $0.00 | | | |
| 35631 | C | ART BYP AOR-CELIAC-MSN-RENAL | | | | Inpatient Only | $0.00 | | | |
| 35632 | C | ART BYP ILIO-CELIAC | | | | Inpatient Only | $0.00 | | | |
| 35633 | C | ART BYP ILIO-MESENTERIC | | | | Inpatient Only | $0.00 | | | |
| 35634 | C | ART BYP ILIORENAL | | | | Inpatient Only | $0.00 | | | |
| 35636 | C | ART BYP SPENORENAL | | | | Inpatient Only | $0.00 | | | |
| 35637 | C | ART BYP AORTOILIAC | | | | Inpatient Only | $0.00 | | | |
| 35638 | C | ART BYP AORTOBI-ILIAC | | | | Inpatient Only | $0.00 | | | |
| 35642 | C | ART BYP CAROTID-VERTEBRAL | | | | Inpatient Only | $0.00 | | | |
| 35645 | C | ART BYP SUBCLAV-VERTEBRL | | | | Inpatient Only | $0.00 | | | |
| 35646 | C | ART BYP AORTOBIFEMORAL | | | | Inpatient Only | $0.00 | | | |
| 35647 | C | ART BYP AORTOFEMORAL | | | | Inpatient Only | $0.00 | | | |
| 35650 | C | ART BYP AXILLARY-AXILLARY | | | | Inpatient Only | $0.00 | | | |
| 35654 | C | ART BYP AXILL-FEM-FEMORAL | | | | Inpatient Only | $0.00 | | | |
| 35656 | C | ART BYP FEMORAL-POPLITEAL | | | | Inpatient Only | $0.00 | | | |
| 35661 | C | ART BYP FEMORAL-FEMORAL | | | | Inpatient Only | $0.00 | | | |
| 35663 | C | ART BYP ILIOILIAC | | | | Inpatient Only | $0.00 | | | |
| 35665 | C | ART BYP ILIOFEMORAL | | | | Inpatient Only | $0.00 | | | |
| 35666 | C | ART BYP FEM-ANT-POST TIB/PRL | | | | Inpatient Only | $0.00 | | | |
| 35671 | C | ART BYP POP-TIBL-PRL-OTHER | | | | Inpatient Only | $0.00 | | | |
| 35681 | C | COMPOSITE BYP GRFT PROS&VEIN | | | | Inpatient Only | $0.00 | | | |
| 35682 | C | COMPOSITE BYP GRFT 2 VEINS | | | | Inpatient Only | $0.00 | | | |
| 35683 | C | COMPOSITE BYP GRFT 3/> SEGMT | | | | Inpatient Only | $0.00 | | | |
| 35685 | T | BYPASS GRAFT PATENCY/PATCH | | 0093 | 30.138 | APC | $1,525.30 | | | |
| 35686 | T | BYPASS GRAFT/AV FIST PATENCY | | 0093 | 30.138 | APC | $1,525.30 | | | |
| 35691 | C | ART TRNSPOSJ VERTBRL CAROTID | | | | Inpatient Only | $0.00 | | | |
| 35693 | C | ART TRNSPOSJ SUBCLAVIAN | | | | Inpatient Only | $0.00 | | | |
| 35694 | C | ART TRNSPOSJ SUBCLAV CAROTID | | | | Inpatient Only | $0.00 | | | |
| 35695 | C | ART TRNSPOSJ CAROTID SUBCLAV | | | | Inpatient Only | $0.00 | | | |
| 35697 | C | REIMPLANT ARTERY EACH | | | | Inpatient Only | $0.00 | | | |
| 35700 | C | REOPERATION BYPASS GRAFT | | | | Inpatient Only | $0.00 | | | |
| 35701 | C | EXPLORATION CAROTID ARTERY | | | | Inpatient Only | $0.00 | | | |
| 35721 | C | EXPLORATION FEMORAL ARTERY | | | | Inpatient Only | $0.00 | | | |
| 35741 | C | EXPLORATION POPLITEAL ARTERY | | | | Inpatient Only | $0.00 | | | |
| 35761 | T | EXPLORATION OF ARTERY/VEIN | | 0093 | 30.138 | APC | $1,525.30 | | | |
| 35800 | C | EXPLORE NECK VESSELS | | | | Inpatient Only | $0.00 | | | |
| 35820 | C | EXPLORE CHEST VESSELS | | | | Inpatient Only | $0.00 | | | |
| 35840 | C | EXPLORE ABDOMINAL VESSELS | | | | Inpatient Only | $0.00 | | | |
| 35860 | T | EXPLORE LIMB VESSELS | | 0093 | 30.138 | APC | $1,525.30 | | | |
| 35870 | C | REPAIR VESSEL GRAFT DEFECT | | | | Inpatient Only | $0.00 | | | |
| 35875 | T | REMOVAL OF CLOT IN GRAFT | | 0088 | 43.474 | APC | $2,200.19 | | | |
| 35876 | T | REMOVAL OF CLOT IN GRAFT | | 0088 | 43.474 | APC | $2,200.19 | | | |
| 35879 | T | REVISE GRAFT W/VEIN | | 0088 | 43.474 | APC | $2,200.19 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 35881 | T | REVISE GRAFT W/VEIN | | 0088 | 43.474 | APC | $2,200.19 | | | |
| 35883 | T | REVISE GRAFT W/NONAUTO GRAFT | | 0088 | 43.474 | APC | $2,200.19 | | | |
| 35884 | T | REVISE GRAFT W/VEIN | | 0088 | 43.474 | APC | $2,200.19 | | | |
| 35901 | C | EXCISION GRAFT NECK | | | | Inpatient Only | $0.00 | | | |
| 35903 | T | EXCISION GRAFT EXTREMITY | | 0093 | 30.138 | APC | $1,525.30 | | | |
| 35905 | C | EXCISION GRAFT THORAX | | | | Inpatient Only | $0.00 | | | |
| 35907 | C | EXCISION GRAFT ABDOMEN | | | | Inpatient Only | $0.00 | | | |
| 36000 | N | PLACE NEEDLE IN VEIN | | | | Bundled | $0.00 | | | |
| 36002 | S | PSEUDOANEURYSM INJECTION TRT | | 0267 | 2.1699 | APC | $109.82 | | | |
| 36005 | N | INJECTION EXT VENOGRAPHY | | | | Bundled | $0.00 | | | |
| 36010 | N | PLACE CATHETER IN VEIN | | | | Bundled | $0.00 | | | |
| 36011 | N | PLACE CATHETER IN VEIN | | | | Bundled | $0.00 | | | |
| 36012 | N | PLACE CATHETER IN VEIN | | | | Bundled | $0.00 | | | |
| 36013 | N | PLACE CATHETER IN ARTERY | | | | Bundled | $0.00 | | | |
| 36014 | N | PLACE CATHETER IN ARTERY | | | | Bundled | $0.00 | | | |
| 36015 | N | PLACE CATHETER IN ARTERY | | | | Bundled | $0.00 | | | |
| 36100 | N | ESTABLISH ACCESS TO ARTERY | | | | Bundled | $0.00 | | | |
| 36120 | N | ESTABLISH ACCESS TO ARTERY | | | | Bundled | $0.00 | | | |
| 36140 | N | ESTABLISH ACCESS TO ARTERY | | | | Bundled | $0.00 | | | |
| 36147 | T | ACCESS AV DIAL GRFT FOR EVAL | | 0668 | 10.04 | APC | $508.14 | | | |
| 36148 | N | ACCESS AV DIAL GRFT FOR PROC | | | | Bundled | $0.00 | | | |
| 36160 | N | ESTABLISH ACCESS TO AORTA | | | | Bundled | $0.00 | | | |
| 36200 | N | PLACE CATHETER IN AORTA | | | | Bundled | $0.00 | | | |
| 36215 | N | PLACE CATHETER IN ARTERY | | | | Bundled | $0.00 | | | |
| 36216 | N | PLACE CATHETER IN ARTERY | | | | Bundled | $0.00 | | | |
| 36217 | N | PLACE CATHETER IN ARTERY | | | | Bundled | $0.00 | | | |
| 36218 | N | PLACE CATHETER IN ARTERY | | | | Bundled | $0.00 | | | |
| 36221 | N | PLACE CATH THORACIC AORTA | | 0279 | 31.128 | Bundled, may be payable in some circumstances | $14,120.19 | | | |
| 36222 | N | PLACE CATH CAROTID/INOM ART | | 0279 | 31.128 | Bundled, may be payable in some circumstances | $14,120.19 | | | |
| 36223 | N | PLACE CATH CAROTID/INOM ART | | 0279 | 31.128 | Bundled, may be payable in some circumstances | $14,120.19 | | | |
| 36224 | N | PLACE CATH CAROTD ART | | 0280 | 50.908 | Bundled, may be payable in some circumstances | $14,170.80 | | | |
| 36225 | N | PLACE CATH SUBCLAVIAN ART | | 0279 | 31.128 | Bundled, may be payable in some circumstances | $14,120.19 | | | |
| 36226 | N | PLACE CATH VERTEBRAL ART | | 0280 | 50.908 | Bundled, may be payable in some circumstances | $14,170.80 | | | |
| 36227 | N | PLACE CATH XTRNL CAROTID | | | | Bundled | $0.00 | | | |
| 36228 | N | PLACE CATH INTRACRANIAL ART | | | | Bundled | $0.00 | | | |
| 36245 | N | INS CATH ABD/L-EXT ART 1ST | | | | Bundled | $0.00 | | | |
| 36246 | N | INS CATH ABD/L-EXT ART 2ND | | | | Bundled | $0.00 | | | |
| 36247 | N | INS CATH ABD/L-EXT ART 3RD | | | | Bundled | $0.00 | | | |
| 36248 | N | INS CATH ABD/L-EXT ART ADDL | | | | Bundled | $0.00 | | | |
| 36251 | N | INS CATH REN ART 1ST UNILAT | | 0279 | 31.128 | Bundled, may be payable in some circumstances | $14,120.19 | | | |
| 36252 | N | INS CATH REN ART 1ST BILAT | | 0279 | 31.128 | Bundled, may be payable in some circumstances | $14,120.19 | | | |
| 36253 | N | INS CATH REN ART 2ND+ UNILAT | | 0279 | 31.128 | Bundled, may be payable in some circumstances | $14,120.19 | | | |
| 36254 | N | INS CATH REN ART 2ND+ BILAT | | 0279 | 31.128 | Bundled, may be payable in some circumstances | $14,120.19 | | | |
| 36260 | T | INSERTION OF INFUSION PUMP | | 0623 | 31.243 | APC | $1,581.18 | | | |
| 36261 | T | REVISION OF INFUSION PUMP | | 0105 | 23.602 | APC | $1,194.50 | | | |
| 36262 | T | REMOVAL OF INFUSION PUMP | | 0105 | 23.602 | APC | $1,194.50 | | | |
| 36299 | N | VESSEL INJECTION PROCEDURE | | | | Bundled | $0.00 | | | |
| 36400 | N | BL DRAW < 3 YRS FEM/JUGULAR | | | | Bundled | $0.00 | | | |
| 36405 | N | BL DRAW <3 YRS SCALP VEIN | | | | Bundled | $0.00 | | | |
| 36406 | N | BL DRAW <3 YRS OTHER VEIN | | | | Bundled | $0.00 | | | |
| 36410 | N | NON-ROUTINE BL DRAW 3/> YRS | | | | Bundled | $0.00 | | | |
| 36415 | M | ROUTINE VENIPUNCTURE | | | | Medicare | $3.00 | | | |
| 36416 | N | CAPILLARY BLOOD DRAW | | | | Bundled | $0.00 | | | |
| 36420 | X | VEIN ACCESS CUTDOWN < 1 YR | | 0035 | 0.3286 | APC | $16.63 | | | |
| 36425 | X | VEIN ACCESS CUTDOWN > 1 YR | | 0035 | 0.3286 | APC | $16.63 | | | |
| 36430 | S | BLOOD TRANSFUSION SERVICE | | 0110 | 3.652 | APC | $184.83 | | | |
| 36440 | S | BL PUSH TRANSFUSE 2 YR/< | | 0110 | 3.652 | APC | $184.83 | | | |
| 36450 | S | BL EXCHANGE/TRANSFUSE NB | | 0110 | 3.652 | APC | $184.83 | | | |
| 36455 | S | BL EXCHANGE/TRANSFUSE NON-NB | | 0110 | 3.652 | APC | $184.83 | | | |
| 36460 | S | TRANSFUSION SERVICE FETAL | | 0110 | 3.652 | APC | $184.83 | | | |
| 36468 | E | INJECTION(S) SPIDER VEINS | | | | Not Allowed | $0.00 | | | |
| 36469 | E | INJECTION(S) SPIDER VEINS | | | | Not Allowed | $0.00 | | | |
| 36470 | T | INJECTION THERAPY OF VEIN | | 0015 | 1.4998 | APC | $75.90 | | | |
| 36471 | T | INJECTION THERAPY OF VEINS | | 0015 | 1.4998 | APC | $75.90 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 36475 | T | ENDOVENOUS RF 1ST VEIN | | 0091 | 42.414 | APC | $2,146.56 | | | |
| 36476 | T | ENDOVENOUS RF VEIN ADD-ON | | 0092 | 27.466 | APC | $1,390.04 | | | |
| 36478 | T | ENDOVENOUS LASER 1ST VEIN | | 0092 | 27.466 | APC | $1,390.04 | | | |
| 36479 | T | ENDOVENOUS LASER VEIN ADDON | | 0092 | 27.466 | APC | $1,390.04 | | | |
| 36481 | N | INSERTION OF CATHETER VEIN | | | | Bundled | $0.00 | | | |
| 36500 | N | INSERTION OF CATHETER VEIN | | | | Bundled | $0.00 | | | |
| 36510 | N | INSERTION OF CATHETER VEIN | | | | Bundled | $0.00 | | | |
| 36511 | S | APHERESIS WBC | | 0111 | 13.331 | APC | $674.66 | | | |
| 36512 | S | APHERESIS RBC | | 0111 | 13.331 | APC | $674.66 | | | |
| 36513 | S | APHERESIS PLATELETS | | 0111 | 13.331 | APC | $674.66 | | | |
| 36514 | S | APHERESIS PLASMA | | 0111 | 13.331 | APC | $674.66 | | | |
| 36515 | S | APHERESIS ADSORP/REINFUSE | | 0112 | 40.507 | APC | $2,050.08 | | | |
| 36516 | S | APHERESIS SELECTIVE | | 0112 | 40.507 | APC | $2,050.08 | | | |
| 36522 | E | PHOTOPHERESIS | | | | Not Allowed | $0.00 | | | |
| 36555 | T | INSERT NON-TUNNEL CV CATH | | 0621 | 11.023 | APC | $557.87 | | | |
| 36556 | T | INSERT NON-TUNNEL CV CATH | | 0621 | 11.023 | APC | $557.87 | | | |
| 36557 | T | INSERT TUNNELED CV CATH | | 0622 | 24.597 | APC | $1,244.86 | | | |
| 36558 | T | INSERT TUNNELED CV CATH | | 0622 | 24.597 | APC | $1,244.86 | | | |
| 36560 | T | INSERT TUNNELED CV CATH | | 0623 | 31.243 | APC | $1,581.18 | | | |
| 36561 | T | INSERT TUNNELED CV CATH | | 0623 | 31.243 | APC | $1,581.18 | | | |
| 36563 | T | INSERT TUNNELED CV CATH | | 0623 | 31.243 | APC | $1,581.18 | | | |
| 36565 | T | INSERT TUNNELED CV CATH | | 0623 | 31.243 | APC | $1,581.18 | | | |
| 36566 | T | INSERT TUNNELED CV CATH | | 0623 | 31.243 | APC | $1,581.18 | | | |
| 36568 | T | INSERT PICC CATH | | 0621 | 11.023 | APC | $557.87 | | | |
| 36569 | T | INSERT PICC CATH | | 0621 | 11.023 | APC | $557.87 | | | |
| 36570 | T | INSERT PICVAD CATH | | 0622 | 24.597 | APC | $1,244.86 | | | |
| 36571 | T | INSERT PICVAD CATH | | 0622 | 24.597 | APC | $1,244.86 | | | |
| 36575 | T | REPAIR TUNNELED CV CATH | | 0121 | 6.1648 | APC | $312.00 | | | |
| 36576 | T | REPAIR TUNNELED CV CATH | | 0621 | 11.023 | APC | $557.87 | | | |
| 36578 | T | REPLACE TUNNELED CV CATH | | 0622 | 24.597 | APC | $1,244.86 | | | |
| 36580 | T | REPLACE CVAD CATH | | 0621 | 11.023 | APC | $557.87 | | | |
| 36581 | T | REPLACE TUNNELED CV CATH | | 0622 | 24.597 | APC | $1,244.86 | | | |
| 36582 | T | REPLACE TUNNELED CV CATH | | 0623 | 31.243 | APC | $1,581.18 | | | |
| 36583 | T | REPLACE TUNNELED CV CATH | | 0623 | 31.243 | APC | $1,581.18 | | | |
| 36584 | T | REPLACE PICC CATH | | 0621 | 11.023 | APC | $557.87 | | | |
| 36585 | T | REPLACE PICVAD CATH | | 0622 | 24.597 | APC | $1,244.86 | | | |
| 36589 | T | REMOVAL TUNNELED CV CATH | | 0121 | 6.1648 | APC | $312.00 | | | |
| 36590 | T | REMOVAL TUNNELED CV CATH | | 0621 | 11.023 | APC | $557.87 | | | |
| 36591 | N | DRAW BLOOD OFF VENOUS DEVICE | | 0624 | 0.6889 | Bundled, may be payable in some circumstances | $31,580.64 | | | |
| 36592 | N | COLLECT BLOOD FROM PICC | | 0624 | 0.6889 | Bundled, may be payable in some circumstances | $31,580.64 | | | |
| 36593 | T | DECLOT VASCULAR DEVICE | | 0676 | 2.4212 | APC | $122.54 | | | |
| 36595 | T | MECH REMOV TUNNELED CV CATH | | 0622 | 24.597 | APC | $1,244.86 | | | |
| 36596 | T | MECH REMOV TUNNELED CV CATH | | 0621 | 11.023 | APC | $557.87 | | | |
| 36597 | T | REPOSITION VENOUS CATHETER | | 0621 | 11.023 | APC | $557.87 | | | |
| 36598 | T | INJ W/FLUOR EVAL CV DEVICE | | 0676 | 2.4212 | APC | $122.54 | | | |
| 36600 | N | WITHDRAWAL OF ARTERIAL BLOOD | | 0035 | 0.3286 | Bundled, may be payable in some circumstances | $1,771.35 | | | |
| 36620 | N | INSERTION CATHETER ARTERY | | | | Bundled | $0.00 | | | |
| 36625 | N | INSERTION CATHETER ARTERY | | | | Bundled | $0.00 | | | |
| 36640 | T | INSERTION CATHETER ARTERY | | 0623 | 31.243 | APC | $1,581.18 | | | |
| 36660 | C | INSERTION CATHETER ARTERY | | | | Inpatient Only | $0.00 | | | |
| 36680 | T | INSERT NEEDLE BONE CAVITY | | 0002 | 1.7194 | APC | $87.02 | | | |
| 36800 | T | INSERTION OF CANNULA | | 0115 | 37.577 | APC | $1,901.77 | | | |
| 36810 | T | INSERTION OF CANNULA | | 0115 | 37.577 | APC | $1,901.77 | | | |
| 36815 | T | INSERTION OF CANNULA | | 0115 | 37.577 | APC | $1,901.77 | | | |
| 36818 | T | AV FUSE UPPR ARM CEPHALIC | | 0088 | 43.474 | APC | $2,200.19 | | | |
| 36819 | T | AV FUSE UPPR ARM BASILIC | | 0088 | 43.474 | APC | $2,200.19 | | | |
| 36820 | T | AV FUSION/FOREARM VEIN | | 0088 | 43.474 | APC | $2,200.19 | | | |
| 36821 | T | AV FUSION DIRECT ANY SITE | | 0088 | 43.474 | APC | $2,200.19 | | | |
| 36822 | C | INSERTION OF CANNULA(S) | | | | Inpatient Only | $0.00 | | | |
| 36823 | C | INSERTION OF CANNULA(S) | | | | Inpatient Only | $0.00 | | | |
| 36825 | T | ARTERY-VEIN AUTOGRAFT | | 0088 | 43.474 | APC | $2,200.19 | | | |
| 36830 | T | ARTERY-VEIN NONAUTOGRAFT | | 0088 | 43.474 | APC | $2,200.19 | | | |
| 36831 | T | OPEN THROMBECT AV FISTULA | | 0088 | 43.474 | APC | $2,200.19 | | | |
| 36832 | T | AV FISTULA REVISION OPEN | | 0088 | 43.474 | APC | $2,200.19 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 36833 | T | AV FISTULA REVISION | | 0088 | 43.474 | APC | $2,200.19 | | | |
| 36835 | T | ARTERY TO VEIN SHUNT | | 0115 | 37.577 | APC | $1,901.77 | | | |
| 36838 | T | DIST REVAS LIGATION HEMO | | 0088 | 43.474 | APC | $2,200.19 | | | |
| 36860 | T | EXTERNAL CANNULA DECLOTTING | | 0676 | 2.4212 | APC | $122.54 | | | |
| 36861 | T | CANNULA DECLOTTING | | 0115 | 37.577 | APC | $1,901.77 | | | |
| 36870 | T | PERCUT THROMBECT AV FISTULA | | 0653 | 37.459 | APC | $1,895.79 | | | |
| 37140 | C | REVISION OF CIRCULATION | | | | Inpatient Only | $0.00 | | | |
| 37145 | C | REVISION OF CIRCULATION | | | | Inpatient Only | $0.00 | | | |
| 37160 | C | REVISION OF CIRCULATION | | | | Inpatient Only | $0.00 | | | |
| 37180 | C | REVISION OF CIRCULATION | | | | Inpatient Only | $0.00 | | | |
| 37181 | C | SPLICE SPLEEN/KIDNEY VEINS | | | | Inpatient Only | $0.00 | | | |
| 37182 | C | INSERT HEPATIC SHUNT (TIPS) | | | | Inpatient Only | $0.00 | | | |
| 37183 | T | REMOVE HEPATIC SHUNT (TIPS) | | 0229 | 121.39 | APC | $6,143.64 | | | |
| 37184 | T | PRIM ART MECH THROMBECTOMY | | 0088 | 43.474 | APC | $2,200.19 | | | |
| 37185 | T | PRIM ART M-THROMBECT ADD-ON | | 0088 | 43.474 | APC | $2,200.19 | | | |
| 37186 | T | SEC ART M-THROMBECT ADD-ON | | 0088 | 43.474 | APC | $2,200.19 | | | |
| 37187 | T | VENOUS MECH THROMBECTOMY | | 0088 | 43.474 | APC | $2,200.19 | | | |
| 37188 | T | VENOUS M-THROMBECTOMY ADD-ON | | 0088 | 43.474 | APC | $2,200.19 | | | |
| 37191 | T | INS ENDOVAS VENA CAVA FILTR | | 0091 | 42.414 | APC | $2,146.56 | | | |
| 37192 | T | REDO ENDOVAS VENA CAVA FILTR | | 0623 | 31.243 | APC | $1,581.18 | | | |
| 37193 | T | REM ENDOVAS VENA CAVA FILTER | | 0623 | 31.243 | APC | $1,581.18 | | | |
| 37195 | T | THROMBOLYTIC THERAPY STROKE | | 0676 | 2.4212 | APC | $122.54 | | | |
| 37197 | T | REMOVE INTRVAS FOREIGN BODY | | 0623 | 31.243 | APC | $1,581.18 | | | |
| 37200 | T | TRANSCATHETER BIOPSY | | 0623 | 31.243 | APC | $1,581.18 | | | |
| 37202 | T | TRANSCATHETER THERAPY INFUSE | | 0103 | 16.217 | APC | $820.76 | | | |
| 37204 | T | TRANSCATHETER OCCLUSION | | 0082 | 107.57 | APC | $5,444.15 | | | |
| 37205 | T | TRANSCATH IV STENT PERCUT | | 0229 | 121.39 | APC | $6,143.64 | | | |
| 37206 | T | TRANSCATH IV STENT/PERC ADDL | | 0229 | 121.39 | APC | $6,143.64 | | | |
| 37207 | T | TRANSCATH IV STENT OPEN | | 0229 | 121.39 | APC | $6,143.64 | | | |
| 37208 | T | TRANSCATH IV STENT/OPEN ADDL | | 0229 | 121.39 | APC | $6,143.64 | | | |
| 37210 | T | EMBOLIZATION UTERINE FIBROID | | 0229 | 121.39 | APC | $6,143.64 | | | |
| 37211 | T | THROMBOLYTIC ART THERAPY | | 0621 | 11.023 | APC | $557.87 | | | |
| 37212 | T | THROMBOLYTIC VENOUS THERAPY | | 0621 | 11.023 | APC | $557.87 | | | |
| 37213 | T | THROMBLYTIC ART/VEN THERAPY | | 0622 | 24.597 | APC | $1,244.86 | | | |
| 37214 | T | CESSJ THERAPY CATH REMOVAL | | 0622 | 24.597 | APC | $1,244.86 | | | |
| 37215 | C | TRANSCATH STENT CCA W/EPS | | | | Inpatient Only | $0.00 | | | |
| 37216 | E | TRANSCATH STENT CCA W/O EPS | | | | Not Allowed | $0.00 | | | |
| 37220 | T | ILIAC REVASC | | 0083 | 56.414 | APC | $2,855.11 | | | |
| 37221 | T | ILIAC REVASC W/STENT | | 0229 | 121.39 | APC | $6,143.64 | | | |
| 37222 | T | ILIAC REVASC ADD-ON | | 0083 | 56.414 | APC | $2,855.11 | | | |
| 37223 | T | ILIAC REVASC W/STENT ADD-ON | | 0083 | 56.414 | APC | $2,855.11 | | | |
| 37224 | T | FEM/POPL REVAS W/TLA | | 0083 | 56.414 | APC | $2,855.11 | | | |
| 37225 | T | FEM/POPL REVAS W/ATHER | | 0229 | 121.39 | APC | $6,143.64 | | | |
| 37226 | T | FEM/POPL REVASC W/STENT | | 0229 | 121.39 | APC | $6,143.64 | | | |
| 37227 | T | FEM/POPL REVASC STNT & ATHER | | 0319 | 204.68 | APC | $10,358.78 | | | |
| 37228 | T | TIB/PER REVASC W/TLA | | 0083 | 56.414 | APC | $2,855.11 | | | |
| 37229 | T | TIB/PER REVASC W/ATHER | | 0229 | 121.39 | APC | $6,143.64 | | | |
| 37230 | T | TIB/PER REVASC W/STENT | | 0229 | 121.39 | APC | $6,143.64 | | | |
| 37231 | T | TIB/PER REVASC STENT & ATHER | | 0319 | 204.68 | APC | $10,358.78 | | | |
| 37232 | T | TIB/PER REVASC ADD-ON | | 0083 | 56.414 | APC | $2,855.11 | | | |
| 37233 | T | TIBPER REVASC W/ATHER ADD-ON | | 0229 | 121.39 | APC | $6,143.64 | | | |
| 37234 | T | REVSC OPN/PRQ TIB/PERO STENT | | 0083 | 56.414 | APC | $2,855.11 | | | |
| 37235 | T | TIB/PER REVASC STNT & ATHER | | 0083 | 56.414 | APC | $2,855.11 | | | |
| 37250 | N | IV US FIRST VESSEL ADD-ON | | | | Bundled | $0.00 | | | |
| 37251 | N | IV US EACH ADD VESSEL ADD-ON | | | | Bundled | $0.00 | | | |
| 37500 | T | ENDOSCOPY LIGATE PERF VEINS | | 0091 | 42.414 | APC | $2,146.56 | | | |
| 37501 | T | VASCULAR ENDOSCOPY PROCEDURE | | 0092 | 27.466 | APC | $1,390.04 | | | |
| 37565 | T | LIGATION OF NECK VEIN | | 0093 | 30.138 | APC | $1,525.30 | | | |
| 37600 | T | LIGATION OF NECK ARTERY | | 0093 | 30.138 | APC | $1,525.30 | | | |
| 37605 | T | LIGATION OF NECK ARTERY | | 0091 | 42.414 | APC | $2,146.56 | | | |
| 37606 | T | LIGATION OF NECK ARTERY | | 0092 | 27.466 | APC | $1,390.04 | | | |
| 37607 | T | LIGATION OF A-V FISTULA | | 0092 | 27.466 | APC | $1,390.04 | | | |
| 37609 | T | TEMPORAL ARTERY PROCEDURE | | 0021 | 15.73 | APC | $796.09 | | | |
| 37615 | T | LIGATION OF NECK ARTERY | | 0092 | 27.466 | APC | $1,390.04 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 37616 | C | LIGATION OF CHEST ARTERY | | | | Inpatient Only | $0.00 | | | |
| 37617 | C | LIGATION OF ABDOMEN ARTERY | | | | Inpatient Only | $0.00 | | | |
| 37618 | C | LIGATION OF EXTREMITY ARTERY | | | | Inpatient Only | $0.00 | | | |
| 37619 | T | LIGATION OF INF VENA CAVA | | 0091 | 42.414 | APC | $2,146.56 | | | |
| 37650 | T | REVISION OF MAJOR VEIN | | 0092 | 27.466 | APC | $1,390.04 | | | |
| 37660 | C | REVISION OF MAJOR VEIN | | | | Inpatient Only | $0.00 | | | |
| 37700 | T | REVISE LEG VEIN | | 0092 | 27.466 | APC | $1,390.04 | | | |
| 37718 | T | LIGATE/STRIP SHORT LEG VEIN | | 0092 | 27.466 | APC | $1,390.04 | | | |
| 37722 | T | LIGATE/STRIP LONG LEG VEIN | | 0091 | 42.414 | APC | $2,146.56 | | | |
| 37735 | T | REMOVAL OF LEG VEINS/LESION | | 0091 | 42.414 | APC | $2,146.56 | | | |
| 37760 | T | LIGATE LEG VEINS RADICAL | | 0092 | 27.466 | APC | $1,390.04 | | | |
| 37761 | T | LIGATE LEG VEINS OPEN | | 0092 | 27.466 | APC | $1,390.04 | | | |
| 37765 | T | STAB PHLEB VEINS XTR 10-20 | | 0092 | 27.466 | APC | $1,390.04 | | | |
| 37766 | T | PHLEB VEINS - EXTREM 20+ | | 0092 | 27.466 | APC | $1,390.04 | | | |
| 37780 | T | REVISION OF LEG VEIN | | 0092 | 27.466 | APC | $1,390.04 | | | |
| 37785 | T | LIGATE/DIVIDE/EXCISE VEIN | | 0092 | 27.466 | APC | $1,390.04 | | | |
| 37788 | C | REVASCULARIZATION PENIS | | | | Inpatient Only | $0.00 | | | |
| 37790 | T | PENILE VENOUS OCCLUSION | | 0181 | 38.92 | APC | $1,969.74 | | | |
| 37799 | X | VASCULAR SURGERY PROCEDURE | | 0624 | 0.6889 | APC | $34.87 | | | |
| 38100 | C | REMOVAL OF SPLEEN TOTAL | | | | Inpatient Only | $0.00 | | | |
| 38101 | C | REMOVAL OF SPLEEN PARTIAL | | | | Inpatient Only | $0.00 | | | |
| 38102 | C | REMOVAL OF SPLEEN TOTAL | | | | Inpatient Only | $0.00 | | | |
| 38115 | C | REPAIR OF RUPTURED SPLEEN | | | | Inpatient Only | $0.00 | | | |
| 38120 | T | LAPAROSCOPY SPLENECTOMY | | 0131 | 48.899 | APC | $2,474.79 | | | |
| 38129 | T | LAPAROSCOPE PROC SPLEEN | | 0130 | 38.283 | APC | $1,937.50 | | | |
| 38200 | N | INJECTION FOR SPLEEN X-RAY | | | | Bundled | $0.00 | | | |
| 38204 | N | BL DONOR SEARCH MANAGEMENT | | | | Bundled | $0.00 | | | |
| 38205 | E | HARVEST ALLOGENEIC STEM CELL | | | | Not Allowed | $0.00 | | | |
| 38206 | S | HARVEST AUTO STEM CELLS | | 0111 | 13.331 | APC | $674.66 | | | |
| 38207 | S | CRYOPRESERVE STEM CELLS | | 0110 | 3.652 | APC | $184.83 | | | |
| 38208 | S | THAW PRESERVED STEM CELLS | | 0110 | 3.652 | APC | $184.83 | | | |
| 38209 | S | WASH HARVEST STEM CELLS | | 0110 | 3.652 | APC | $184.83 | | | |
| 38210 | S | T-CELL DEPLETION OF HARVEST | | 0393 | 6.1109 | APC | $309.27 | | | |
| 38211 | S | TUMOR CELL DEPLETE OF HARVST | | 0393 | 6.1109 | APC | $309.27 | | | |
| 38212 | S | RBC DEPLETION OF HARVEST | | 0393 | 6.1109 | APC | $309.27 | | | |
| 38213 | S | PLATELET DEPLETE OF HARVEST | | 0393 | 6.1109 | APC | $309.27 | | | |
| 38214 | S | VOLUME DEPLETE OF HARVEST | | 0393 | 6.1109 | APC | $309.27 | | | |
| 38215 | S | HARVEST STEM CELL CONCENTRTE | | 0393 | 6.1109 | APC | $309.27 | | | |
| 38220 | T | BONE MARROW ASPIRATION | | 0003 | 3.7917 | APC | $191.90 | | | |
| 38221 | T | BONE MARROW BIOPSY | | 0003 | 3.7917 | APC | $191.90 | | | |
| 38230 | S | BONE MARROW HARVEST ALLOGEN | | 0112 | 40.507 | APC | $2,050.08 | | | |
| 38232 | S | BONE MARROW HARVEST AUTOLOG | | 0112 | 40.507 | APC | $2,050.08 | | | |
| 38240 | S | TRANSPLT ALLO HCT/DONOR | | 0112 | 40.507 | APC | $2,050.08 | | | |
| 38241 | S | TRANSPLT AUTOL HCT/DONOR | | 0112 | 40.507 | APC | $2,050.08 | | | |
| 38242 | S | TRANSPLT ALLO LYMPHOCYTES | | 0111 | 13.331 | APC | $674.66 | | | |
| 38243 | E | TRANSPLJ HEMATOPOIETIC BOOST | | | | Not Allowed | $0.00 | | | |
| 38300 | T | DRAINAGE LYMPH NODE LESION | | 0007 | 10.175 | APC | $514.94 | | | |
| 38305 | T | DRAINAGE LYMPH NODE LESION | | 0008 | 18.498 | APC | $936.16 | | | |
| 38308 | T | INCISION OF LYMPH CHANNELS | | 0113 | 25.521 | APC | $1,291.63 | | | |
| 38380 | C | THORACIC DUCT PROCEDURE | | | | Inpatient Only | $0.00 | | | |
| 38381 | C | THORACIC DUCT PROCEDURE | | | | Inpatient Only | $0.00 | | | |
| 38382 | C | THORACIC DUCT PROCEDURE | | | | Inpatient Only | $0.00 | | | |
| 38500 | T | BIOPSY/REMOVAL LYMPH NODES | | 0113 | 25.521 | APC | $1,291.63 | | | |
| 38505 | T | NEEDLE BIOPSY LYMPH NODES | | 0005 | 8.7675 | APC | $443.72 | | | |
| 38510 | T | BIOPSY/REMOVAL LYMPH NODES | | 0113 | 25.521 | APC | $1,291.63 | | | |
| 38520 | T | BIOPSY/REMOVAL LYMPH NODES | | 0113 | 25.521 | APC | $1,291.63 | | | |
| 38525 | T | BIOPSY/REMOVAL LYMPH NODES | | 0113 | 25.521 | APC | $1,291.63 | | | |
| 38530 | T | BIOPSY/REMOVAL LYMPH NODES | | 0113 | 25.521 | APC | $1,291.63 | | | |
| 38542 | T | EXPLORE DEEP NODE(S) NECK | | 0114 | 51.479 | APC | $2,605.37 | | | |
| 38550 | T | REMOVAL NECK/ARMPIT LESION | | 0113 | 25.521 | APC | $1,291.63 | | | |
| 38555 | T | REMOVAL NECK/ARMPIT LESION | | 0113 | 25.521 | APC | $1,291.63 | | | |
| 38562 | C | REMOVAL PELVIC LYMPH NODES | | | | Inpatient Only | $0.00 | | | |
| 38564 | C | REMOVAL ABDOMEN LYMPH NODES | | | | Inpatient Only | $0.00 | | | |
| 38570 | T | LAPAROSCOPY LYMPH NODE BIOP | | 0131 | 48.899 | APC | $2,474.79 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 38571 | T | LAPAROSCOPY LYMPHADENECTOMY | | 0132 | 71.816 | APC | $3,634.59 | | | |
| 38572 | T | LAPAROSCOPY LYMPHADENECTOMY | | 0131 | 48.899 | APC | $2,474.79 | | | |
| 38589 | T | LAPAROSCOPE PROC LYMPHATIC | | 0130 | 38.283 | APC | $1,937.50 | | | |
| 38700 | T | REMOVAL OF LYMPH NODES NECK | | 0113 | 25.521 | APC | $1,291.63 | | | |
| 38720 | T | REMOVAL OF LYMPH NODES NECK | | 0113 | 25.521 | APC | $1,291.63 | | | |
| 38724 | C | REMOVAL OF LYMPH NODES NECK | | | | Inpatient Only | $0.00 | | | |
| 38740 | T | REMOVE ARMPIT LYMPH NODES | | 0114 | 51.479 | APC | $2,605.37 | | | |
| 38745 | T | REMOVE ARMPIT LYMPH NODES | | 0114 | 51.479 | APC | $2,605.37 | | | |
| 38746 | C | REMOVE THORACIC LYMPH NODES | | | | Inpatient Only | $0.00 | | | |
| 38747 | C | REMOVE ABDOMINAL LYMPH NODES | | | | Inpatient Only | $0.00 | | | |
| 38760 | T | REMOVE GROIN LYMPH NODES | | 0113 | 25.521 | APC | $1,291.63 | | | |
| 38765 | C | REMOVE GROIN LYMPH NODES | | | | Inpatient Only | $0.00 | | | |
| 38770 | C | REMOVE PELVIS LYMPH NODES | | | | Inpatient Only | $0.00 | | | |
| 38780 | C | REMOVE ABDOMEN LYMPH NODES | | | | Inpatient Only | $0.00 | | | |
| 38790 | N | INJECT FOR LYMPHATIC X-RAY | | | | Bundled | $0.00 | | | |
| 38792 | N | RA TRACER ID OF SENTINL NODE | | 0392 | 2.7567 | Bundled, may be payable in some circumstances | $19,839.12 | | | |
| 38794 | N | ACCESS THORACIC LYMPH DUCT | | | | Bundled | $0.00 | | | |
| 38900 | N | IO MAP OF SENT LYMPH NODE | | | | Bundled | $0.00 | | | |
| 38999 | S | BLOOD/LYMPH SYSTEM PROCEDURE | | 0110 | 3.652 | APC | $184.83 | | | |
| 39000 | C | EXPLORATION OF CHEST | | | | Inpatient Only | $0.00 | | | |
| 39010 | C | EXPLORATION OF CHEST | | | | Inpatient Only | $0.00 | | | |
| 39200 | C | RESECT MEDIASTINAL CYST | | | | Inpatient Only | $0.00 | | | |
| 39220 | C | RESECT MEDIASTINAL TUMOR | | | | Inpatient Only | $0.00 | | | |
| 39400 | T | MEDIASTINOSCOPY INCL BIOPSY | | 0069 | 35.965 | APC | $1,820.17 | | | |
| 39499 | C | CHEST PROCEDURE | | | | Inpatient Only | $0.00 | | | |
| 39501 | C | REPAIR DIAPHRAGM LACERATION | | | | Inpatient Only | $0.00 | | | |
| 39503 | C | REPAIR OF DIAPHRAGM HERNIA | | | | Inpatient Only | $0.00 | | | |
| 39540 | C | REPAIR OF DIAPHRAGM HERNIA | | | | Inpatient Only | $0.00 | | | |
| 39541 | C | REPAIR OF DIAPHRAGM HERNIA | | | | Inpatient Only | $0.00 | | | |
| 39545 | C | REVISION OF DIAPHRAGM | | | | Inpatient Only | $0.00 | | | |
| 39560 | C | RESECT DIAPHRAGM SIMPLE | | | | Inpatient Only | $0.00 | | | |
| 39561 | C | RESECT DIAPHRAGM COMPLEX | | | | Inpatient Only | $0.00 | | | |
| 39599 | C | DIAPHRAGM SURGERY PROCEDURE | | | | Inpatient Only | $0.00 | | | |
| 40490 | T | BIOPSY OF LIP | | 0251 | 3.2225 | APC | $163.09 | | | |
| 40500 | T | PARTIAL EXCISION OF LIP | | 0253 | 16.09 | APC | $814.29 | | | |
| 40510 | T | PARTIAL EXCISION OF LIP | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 40520 | T | PARTIAL EXCISION OF LIP | | 0253 | 16.09 | APC | $814.29 | | | |
| 40525 | T | RECONSTRUCT LIP WITH FLAP | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 40527 | T | RECONSTRUCT LIP WITH FLAP | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 40530 | T | PARTIAL REMOVAL OF LIP | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 40650 | T | REPAIR LIP | | 0252 | 6.9913 | APC | $353.83 | | | |
| 40652 | T | REPAIR LIP | | 0252 | 6.9913 | APC | $353.83 | | | |
| 40654 | T | REPAIR LIP | | 0252 | 6.9913 | APC | $353.83 | | | |
| 40700 | T | REPAIR CLEFT LIP/NASAL | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 40701 | T | REPAIR CLEFT LIP/NASAL | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 40702 | T | REPAIR CLEFT LIP/NASAL | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 40720 | T | REPAIR CLEFT LIP/NASAL | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 40761 | T | REPAIR CLEFT LIP/NASAL | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 40799 | T | LIP SURGERY PROCEDURE | | 0250 | 1.095 | APC | $55.42 | | | |
| 40800 | T | DRAINAGE OF MOUTH LESION | | 0006 | 1.7592 | APC | $89.03 | | | |
| 40801 | T | DRAINAGE OF MOUTH LESION | | 0252 | 6.9913 | APC | $353.83 | | | |
| 40804 | X | REMOVAL FOREIGN BODY MOUTH | | 0340 | 0.6961 | APC | $35.23 | | | |
| 40805 | T | REMOVAL FOREIGN BODY MOUTH | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 40806 | T | INCISION OF LIP FOLD | | 0251 | 3.2225 | APC | $163.09 | | | |
| 40808 | T | BIOPSY OF MOUTH LESION | | 0251 | 3.2225 | APC | $163.09 | | | |
| 40810 | T | EXCISION OF MOUTH LESION | | 0253 | 16.09 | APC | $814.29 | | | |
| 40812 | T | EXCISE/REPAIR MOUTH LESION | | 0253 | 16.09 | APC | $814.29 | | | |
| 40814 | T | EXCISE/REPAIR MOUTH LESION | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 40816 | T | EXCISION OF MOUTH LESION | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 40818 | T | EXCISE ORAL MUCOSA FOR GRAFT | | 0251 | 3.2225 | APC | $163.09 | | | |
| 40819 | T | EXCISE LIP OR CHEEK FOLD | | 0253 | 16.09 | APC | $814.29 | | | |
| 40820 | T | TREATMENT OF MOUTH LESION | | 0253 | 16.09 | APC | $814.29 | | | |
| 40830 | T | REPAIR MOUTH LACERATION | | 0251 | 3.2225 | APC | $163.09 | | | |
| 40831 | T | REPAIR MOUTH LACERATION | | 0252 | 6.9913 | APC | $353.83 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 40840 | T | RECONSTRUCTION OF MOUTH | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 40842 | T | RECONSTRUCTION OF MOUTH | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 40843 | T | RECONSTRUCTION OF MOUTH | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 40844 | T | RECONSTRUCTION OF MOUTH | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 40845 | T | RECONSTRUCTION OF MOUTH | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 40899 | T | MOUTH SURGERY PROCEDURE | | 0250 | 1.095 | APC | $55.42 | | | |
| 41000 | T | DRAINAGE OF MOUTH LESION | | 0252 | 6.9913 | APC | $353.83 | | | |
| 41005 | T | DRAINAGE OF MOUTH LESION | | 0251 | 3.2225 | APC | $163.09 | | | |
| 41006 | T | DRAINAGE OF MOUTH LESION | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 41007 | T | DRAINAGE OF MOUTH LESION | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 41008 | T | DRAINAGE OF MOUTH LESION | | 0253 | 16.09 | APC | $814.29 | | | |
| 41009 | T | DRAINAGE OF MOUTH LESION | | 0251 | 3.2225 | APC | $163.09 | | | |
| 41010 | T | INCISION OF TONGUE FOLD | | 0252 | 6.9913 | APC | $353.83 | | | |
| 41015 | T | DRAINAGE OF MOUTH LESION | | 0251 | 3.2225 | APC | $163.09 | | | |
| 41016 | T | DRAINAGE OF MOUTH LESION | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 41017 | T | DRAINAGE OF MOUTH LESION | | 0253 | 16.09 | APC | $814.29 | | | |
| 41018 | T | DRAINAGE OF MOUTH LESION | | 0252 | 6.9913 | APC | $353.83 | | | |
| 41019 | T | PLACE NEEDLES H&N FOR RT | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 41100 | T | BIOPSY OF TONGUE | | 0252 | 6.9913 | APC | $353.83 | | | |
| 41105 | T | BIOPSY OF TONGUE | | 0253 | 16.09 | APC | $814.29 | | | |
| 41108 | T | BIOPSY OF FLOOR OF MOUTH | | 0019 | 4.717 | APC | $238.73 | | | |
| 41110 | T | EXCISION OF TONGUE LESION | | 0253 | 16.09 | APC | $814.29 | | | |
| 41112 | T | EXCISION OF TONGUE LESION | | 0253 | 16.09 | APC | $814.29 | | | |
| 41113 | T | EXCISION OF TONGUE LESION | | 0253 | 16.09 | APC | $814.29 | | | |
| 41114 | T | EXCISION OF TONGUE LESION | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 41115 | T | EXCISION OF TONGUE FOLD | | 0252 | 6.9913 | APC | $353.83 | | | |
| 41116 | T | EXCISION OF MOUTH LESION | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 41120 | T | PARTIAL REMOVAL OF TONGUE | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 41130 | C | PARTIAL REMOVAL OF TONGUE | | | | Inpatient Only | $0.00 | | | |
| 41135 | C | TONGUE AND NECK SURGERY | | | | Inpatient Only | $0.00 | | | |
| 41140 | C | REMOVAL OF TONGUE | | | | Inpatient Only | $0.00 | | | |
| 41145 | C | TONGUE REMOVAL NECK SURGERY | | | | Inpatient Only | $0.00 | | | |
| 41150 | C | TONGUE MOUTH JAW SURGERY | | | | Inpatient Only | $0.00 | | | |
| 41153 | C | TONGUE MOUTH NECK SURGERY | | | | Inpatient Only | $0.00 | | | |
| 41155 | C | TONGUE JAW & NECK SURGERY | | | | Inpatient Only | $0.00 | | | |
| 41250 | T | REPAIR TONGUE LACERATION | | 0250 | 1.095 | APC | $55.42 | | | |
| 41251 | T | REPAIR TONGUE LACERATION | | 0251 | 3.2225 | APC | $163.09 | | | |
| 41252 | T | REPAIR TONGUE LACERATION | | 0252 | 6.9913 | APC | $353.83 | | | |
| 41500 | T | FIXATION OF TONGUE | | 0253 | 16.09 | APC | $814.29 | | | |
| 41510 | T | TONGUE TO LIP SURGERY | | 0253 | 16.09 | APC | $814.29 | | | |
| 41512 | T | TONGUE SUSPENSION | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 41520 | T | RECONSTRUCTION TONGUE FOLD | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 41530 | T | TONGUE BASE VOL REDUCTION | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 41599 | T | TONGUE AND MOUTH SURGERY | | 0250 | 1.095 | APC | $55.42 | | | |
| 41800 | T | DRAINAGE OF GUM LESION | | 0006 | 1.7592 | APC | $89.03 | | | |
| 41805 | T | REMOVAL FOREIGN BODY GUM | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 41806 | T | REMOVAL FOREIGN BODY JAWBONE | | 0253 | 16.09 | APC | $814.29 | | | |
| 41820 | T | EXCISION GUM EACH QUADRANT | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 41821 | T | EXCISION OF GUM FLAP | | 0252 | 6.9913 | APC | $353.83 | | | |
| 41822 | T | EXCISION OF GUM LESION | | 0253 | 16.09 | APC | $814.29 | | | |
| 41823 | T | EXCISION OF GUM LESION | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 41825 | T | EXCISION OF GUM LESION | | 0253 | 16.09 | APC | $814.29 | | | |
| 41826 | T | EXCISION OF GUM LESION | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 41827 | T | EXCISION OF GUM LESION | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 41828 | T | EXCISION OF GUM LESION | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 41830 | T | REMOVAL OF GUM TISSUE | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 41850 | T | TREATMENT OF GUM LESION | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 41870 | T | GUM GRAFT | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 41872 | T | REPAIR GUM | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 41874 | T | REPAIR TOOTH SOCKET | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 41899 | T | DENTAL SURGERY PROCEDURE | | 0250 | 1.095 | APC | $55.42 | | | |
| 42000 | T | DRAINAGE MOUTH ROOF LESION | | 0251 | 3.2225 | APC | $163.09 | | | |
| 42100 | T | BIOPSY ROOF OF MOUTH | | 0252 | 6.9913 | APC | $353.83 | | | |
| 42104 | T | EXCISION LESION MOUTH ROOF | | 0253 | 16.09 | APC | $814.29 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 42106 | T | EXCISION LESION MOUTH ROOF | | 0253 | 16.09 | APC | $814.29 | | | |
| 42107 | T | EXCISION LESION MOUTH ROOF | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 42120 | T | REMOVE PALATE/LESION | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 42140 | T | EXCISION OF UVULA | | 0253 | 16.09 | APC | $814.29 | | | |
| 42145 | T | REPAIR PALATE PHARYNX/UVULA | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 42160 | T | TREATMENT MOUTH ROOF LESION | | 0253 | 16.09 | APC | $814.29 | | | |
| 42180 | T | REPAIR PALATE | | 0251 | 3.2225 | APC | $163.09 | | | |
| 42182 | T | REPAIR PALATE | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 42200 | T | RECONSTRUCT CLEFT PALATE | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 42205 | T | RECONSTRUCT CLEFT PALATE | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 42210 | T | RECONSTRUCT CLEFT PALATE | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 42215 | T | RECONSTRUCT CLEFT PALATE | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 42220 | T | RECONSTRUCT CLEFT PALATE | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 42225 | T | RECONSTRUCT CLEFT PALATE | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 42226 | T | LENGTHENING OF PALATE | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 42227 | T | LENGTHENING OF PALATE | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 42235 | T | REPAIR PALATE | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 42260 | T | REPAIR NOSE TO LIP FISTULA | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 42280 | T | PREPARATION PALATE MOLD | | 0251 | 3.2225 | APC | $163.09 | | | |
| 42281 | T | INSERTION PALATE PROSTHESIS | | 0253 | 16.09 | APC | $814.29 | | | |
| 42299 | T | PALATE/UVULA SURGERY | | 0250 | 1.095 | APC | $55.42 | | | |
| 42300 | T | DRAINAGE OF SALIVARY GLAND | | 0252 | 6.9913 | APC | $353.83 | | | |
| 42305 | T | DRAINAGE OF SALIVARY GLAND | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 42310 | T | DRAINAGE OF SALIVARY GLAND | | 0251 | 3.2225 | APC | $163.09 | | | |
| 42320 | T | DRAINAGE OF SALIVARY GLAND | | 0251 | 3.2225 | APC | $163.09 | | | |
| 42330 | T | REMOVAL OF SALIVARY STONE | | 0253 | 16.09 | APC | $814.29 | | | |
| 42335 | T | REMOVAL OF SALIVARY STONE | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 42340 | T | REMOVAL OF SALIVARY STONE | | 0253 | 16.09 | APC | $814.29 | | | |
| 42400 | T | BIOPSY OF SALIVARY GLAND | | 0005 | 8.7675 | APC | $443.72 | | | |
| 42405 | T | BIOPSY OF SALIVARY GLAND | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 42408 | T | EXCISION OF SALIVARY CYST | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 42409 | T | DRAINAGE OF SALIVARY CYST | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 42410 | T | EXCISE PAROTID GLAND/LESION | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 42415 | T | EXCISE PAROTID GLAND/LESION | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 42420 | T | EXCISE PAROTID GLAND/LESION | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 42425 | T | EXCISE PAROTID GLAND/LESION | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 42426 | C | EXCISE PAROTID GLAND/LESION | | | | Inpatient Only | $0.00 | | | |
| 42440 | T | EXCISE SUBMAXILLARY GLAND | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 42450 | T | EXCISE SUBLINGUAL GLAND | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 42500 | T | REPAIR SALIVARY DUCT | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 42505 | T | REPAIR SALIVARY DUCT | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 42507 | T | PAROTID DUCT DIVERSION | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 42508 | T | PAROTID DUCT DIVERSION | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 42509 | T | PAROTID DUCT DIVERSION | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 42510 | T | PAROTID DUCT DIVERSION | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 42550 | N | INJECTION FOR SALIVARY X-RAY | | | | Bundled | $0.00 | | | |
| 42600 | T | CLOSURE OF SALIVARY FISTULA | | 0253 | 16.09 | APC | $814.29 | | | |
| 42650 | T | DILATION OF SALIVARY DUCT | | 0253 | 16.09 | APC | $814.29 | | | |
| 42660 | T | DILATION OF SALIVARY DUCT | | 0251 | 3.2225 | APC | $163.09 | | | |
| 42665 | T | LIGATION OF SALIVARY DUCT | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 42699 | T | SALIVARY SURGERY PROCEDURE | | 0250 | 1.095 | APC | $55.42 | | | |
| 42700 | T | DRAINAGE OF TONSIL ABSCESS | | 0251 | 3.2225 | APC | $163.09 | | | |
| 42720 | T | DRAINAGE OF THROAT ABSCESS | | 0253 | 16.09 | APC | $814.29 | | | |
| 42725 | T | DRAINAGE OF THROAT ABSCESS | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 42800 | T | BIOPSY OF THROAT | | 0253 | 16.09 | APC | $814.29 | | | |
| 42802 | T | BIOPSY OF THROAT | | 0253 | 16.09 | APC | $814.29 | | | |
| 42804 | T | BIOPSY OF UPPER NOSE/THROAT | | 0253 | 16.09 | APC | $814.29 | | | |
| 42806 | T | BIOPSY OF UPPER NOSE/THROAT | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 42808 | T | EXCISE PHARYNX LESION | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 42809 | X | REMOVE PHARYNX FOREIGN BODY | | 0340 | 0.6961 | APC | $35.23 | | | |
| 42810 | T | EXCISION OF NECK CYST | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 42815 | T | EXCISION OF NECK CYST | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 42820 | T | REMOVE TONSILS AND ADENOIDS | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 42821 | T | REMOVE TONSILS AND ADENOIDS | | 0254 | 25.238 | APC | $1,277.28 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 42825 | T | REMOVAL OF TONSILS | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 42826 | T | REMOVAL OF TONSILS | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 42830 | T | REMOVAL OF ADENOIDS | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 42831 | T | REMOVAL OF ADENOIDS | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 42835 | T | REMOVAL OF ADENOIDS | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 42836 | T | REMOVAL OF ADENOIDS | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 42842 | T | EXTENSIVE SURGERY OF THROAT | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 42844 | T | EXTENSIVE SURGERY OF THROAT | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 42845 | C | EXTENSIVE SURGERY OF THROAT | | | | Inpatient Only | $0.00 | | | |
| 42860 | T | EXCISION OF TONSIL TAGS | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 42870 | T | EXCISION OF LINGUAL TONSIL | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 42890 | T | PARTIAL REMOVAL OF PHARYNX | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 42892 | T | REVISION OF PHARYNGEAL WALLS | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 42894 | C | REVISION OF PHARYNGEAL WALLS | | | | Inpatient Only | $0.00 | | | |
| 42900 | T | REPAIR THROAT WOUND | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 42950 | T | RECONSTRUCTION OF THROAT | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 42953 | C | REPAIR THROAT ESOPHAGUS | | | | Inpatient Only | $0.00 | | | |
| 42955 | T | SURGICAL OPENING OF THROAT | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 42960 | T | CONTROL THROAT BLEEDING | | 0250 | 1.095 | APC | $55.42 | | | |
| 42961 | C | CONTROL THROAT BLEEDING | | | | Inpatient Only | $0.00 | | | |
| 42962 | T | CONTROL THROAT BLEEDING | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 42970 | T | CONTROL NOSE/THROAT BLEEDING | | 0250 | 1.095 | APC | $55.42 | | | |
| 42971 | C | CONTROL NOSE/THROAT BLEEDING | | | | Inpatient Only | $0.00 | | | |
| 42972 | T | CONTROL NOSE/THROAT BLEEDING | | 0253 | 16.09 | APC | $814.29 | | | |
| 42999 | T | THROAT SURGERY PROCEDURE | | 0250 | 1.095 | APC | $55.42 | | | |
| 43020 | T | INCISION OF ESOPHAGUS | | 0252 | 6.9913 | APC | $353.83 | | | |
| 43030 | T | THROAT MUSCLE SURGERY | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 43045 | C | INCISION OF ESOPHAGUS | | | | Inpatient Only | $0.00 | | | |
| 43100 | C | EXCISION OF ESOPHAGUS LESION | | | | Inpatient Only | $0.00 | | | |
| 43101 | C | EXCISION OF ESOPHAGUS LESION | | | | Inpatient Only | $0.00 | | | |
| 43107 | C | REMOVAL OF ESOPHAGUS | | | | Inpatient Only | $0.00 | | | |
| 43108 | C | REMOVAL OF ESOPHAGUS | | | | Inpatient Only | $0.00 | | | |
| 43112 | C | REMOVAL OF ESOPHAGUS | | | | Inpatient Only | $0.00 | | | |
| 43113 | C | REMOVAL OF ESOPHAGUS | | | | Inpatient Only | $0.00 | | | |
| 43116 | C | PARTIAL REMOVAL OF ESOPHAGUS | | | | Inpatient Only | $0.00 | | | |
| 43117 | C | PARTIAL REMOVAL OF ESOPHAGUS | | | | Inpatient Only | $0.00 | | | |
| 43118 | C | PARTIAL REMOVAL OF ESOPHAGUS | | | | Inpatient Only | $0.00 | | | |
| 43121 | C | PARTIAL REMOVAL OF ESOPHAGUS | | | | Inpatient Only | $0.00 | | | |
| 43122 | C | PARTIAL REMOVAL OF ESOPHAGUS | | | | Inpatient Only | $0.00 | | | |
| 43123 | C | PARTIAL REMOVAL OF ESOPHAGUS | | | | Inpatient Only | $0.00 | | | |
| 43124 | C | REMOVAL OF ESOPHAGUS | | | | Inpatient Only | $0.00 | | | |
| 43130 | T | REMOVAL OF ESOPHAGUS POUCH | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 43135 | C | REMOVAL OF ESOPHAGUS POUCH | | | | Inpatient Only | $0.00 | | | |
| 43200 | T | ESOPHAGUS ENDOSCOPY | | 0141 | 8.7424 | APC | $442.45 | | | |
| 43201 | T | ESOPH SCOPE W/SUBMUCOUS INJ | | 0419 | 12.996 | APC | $657.73 | | | |
| 43202 | T | ESOPHAGUS ENDOSCOPY BIOPSY | | 0141 | 8.7424 | APC | $442.45 | | | |
| 43204 | T | ESOPH SCOPE W/SCLEROSIS INJ | | 0141 | 8.7424 | APC | $442.45 | | | |
| 43205 | T | ESOPHAGUS ENDOSCOPY/LIGATION | | 0419 | 12.996 | APC | $657.73 | | | |
| 43206 | T | ESOPH OPTICAL ENDOMICROSCOPY | | 0419 | 12.996 | APC | $657.73 | | | |
| 43215 | T | ESOPHAGUS ENDOSCOPY | | 0419 | 12.996 | APC | $657.73 | | | |
| 43216 | T | ESOPHAGUS ENDOSCOPY/LESION | | 0422 | 26.185 | APC | $1,325.23 | | | |
| 43217 | T | ESOPHAGUS ENDOSCOPY | | 0419 | 12.996 | APC | $657.73 | | | |
| 43219 | T | ESOPHAGUS ENDOSCOPY | | 0384 | 29.686 | APC | $1,502.42 | | | |
| 43220 | T | ESOPH ENDOSCOPY DILATION | | 0419 | 12.996 | APC | $657.73 | | | |
| 43226 | T | ESOPH ENDOSCOPY DILATION | | 0419 | 12.996 | APC | $657.73 | | | |
| 43227 | T | ESOPH ENDOSCOPY REPAIR | | 0419 | 12.996 | APC | $657.73 | | | |
| 43228 | T | ESOPH ENDOSCOPY ABLATION | | 0422 | 26.185 | APC | $1,325.23 | | | |
| 43231 | T | ESOPH ENDOSCOPY W/US EXAM | | 0419 | 12.996 | APC | $657.73 | | | |
| 43232 | T | ESOPH ENDOSCOPY W/US FN BX | | 0419 | 12.996 | APC | $657.73 | | | |
| 43235 | T | UPPR GI ENDOSCOPY DIAGNOSIS | | 0141 | 8.7424 | APC | $442.45 | | | |
| 43236 | T | UPPR GI SCOPE W/SUBMUC INJ | | 0141 | 8.7424 | APC | $442.45 | | | |
| 43237 | T | ENDOSCOPIC US EXAM ESOPH | | 0419 | 12.996 | APC | $657.73 | | | |
| 43238 | T | UPPR GI ENDOSCOPY W/US FN BX | | 0419 | 12.996 | APC | $657.73 | | | |
| 43239 | T | UPPER GI ENDOSCOPY BIOPSY | | 0141 | 8.7424 | APC | $442.45 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 43240 | T | ESOPH ENDOSCOPE W/DRAIN CYST | | 0419 | 12.996 | APC | $657.73 | | | |
| 43241 | T | UPPER GI ENDOSCOPY WITH TUBE | | 0141 | 8.7424 | APC | $442.45 | | | |
| 43242 | T | UPPR GI ENDOSCOPY W/US FN BX | | 0419 | 12.996 | APC | $657.73 | | | |
| 43243 | T | UPPER GI ENDOSCOPY & INJECT | | 0141 | 8.7424 | APC | $442.45 | | | |
| 43244 | T | UPPER GI ENDOSCOPY/LIGATION | | 0419 | 12.996 | APC | $657.73 | | | |
| 43245 | T | UPPR GI SCOPE DILATE STRICTR | | 0419 | 12.996 | APC | $657.73 | | | |
| 43246 | T | PLACE GASTROSTOMY TUBE | | 0419 | 12.996 | APC | $657.73 | | | |
| 43247 | T | OPERATIVE UPPER GI ENDOSCOPY | | 0141 | 8.7424 | APC | $442.45 | | | |
| 43248 | T | UPPR GI ENDOSCOPY/GUIDE WIRE | | 0141 | 8.7424 | APC | $442.45 | | | |
| 43249 | T | ESOPH ENDOSCOPY DILATION | | 0419 | 12.996 | APC | $657.73 | | | |
| 43250 | T | UPPER GI ENDOSCOPY/TUMOR | | 0419 | 12.996 | APC | $657.73 | | | |
| 43251 | T | OPERATIVE UPPER GI ENDOSCOPY | | 0419 | 12.996 | APC | $657.73 | | | |
| 43252 | T | UPPR GI OPTICL ENDOMICRSCOPY | | 0419 | 12.996 | APC | $657.73 | | | |
| 43255 | T | OPERATIVE UPPER GI ENDOSCOPY | | 0419 | 12.996 | APC | $657.73 | | | |
| 43256 | T | UPPR GI ENDOSCOPY W/STENT | | 0384 | 29.686 | APC | $1,502.42 | | | |
| 43257 | T | UPPR GI SCOPE W/THRML TXMNT | | 0422 | 26.185 | APC | $1,325.23 | | | |
| 43258 | T | OPERATIVE UPPER GI ENDOSCOPY | | 0419 | 12.996 | APC | $657.73 | | | |
| 43259 | T | ENDOSCOPIC ULTRASOUND EXAM | | 0419 | 12.996 | APC | $657.73 | | | |
| 43260 | T | ENDO CHOLANGIOPANCREATOGRAPH | | 0151 | 24.221 | APC | $1,225.85 | | | |
| 43261 | T | ENDO CHOLANGIOPANCREATOGRAPH | | 0151 | 24.221 | APC | $1,225.85 | | | |
| 43262 | T | ENDO CHOLANGIOPANCREATOGRAPH | | 0151 | 24.221 | APC | $1,225.85 | | | |
| 43263 | T | ENDO CHOLANGIOPANCREATOGRAPH | | 0151 | 24.221 | APC | $1,225.85 | | | |
| 43264 | T | ENDO CHOLANGIOPANCREATOGRAPH | | 0151 | 24.221 | APC | $1,225.85 | | | |
| 43265 | T | ENDO CHOLANGIOPANCREATOGRAPH | | 0151 | 24.221 | APC | $1,225.85 | | | |
| 43267 | T | ENDO CHOLANGIOPANCREATOGRAPH | | 0151 | 24.221 | APC | $1,225.85 | | | |
| 43268 | T | ENDO CHOLANGIOPANCREATOGRAPH | | 0384 | 29.686 | APC | $1,502.42 | | | |
| 43269 | T | ENDO CHOLANGIOPANCREATOGRAPH | | 0384 | 29.686 | APC | $1,502.42 | | | |
| 43271 | T | ENDO CHOLANGIOPANCREATOGRAPH | | 0151 | 24.221 | APC | $1,225.85 | | | |
| 43272 | T | ENDO CHOLANGIOPANCREATOGRAPH | | 0151 | 24.221 | APC | $1,225.85 | | | |
| 43273 | T | ENDOSCOPIC PANCREATOSCOPY | | 0151 | 24.221 | APC | $1,225.85 | | | |
| 43279 | C | LAP MYOTOMY HELLER | | | | Inpatient Only | $0.00 | | | |
| 43280 | T | LAPAROSCOPY FUNDOPLASTY | | 0132 | 71.816 | APC | $3,634.59 | | | |
| 43281 | T | LAP PARAESOPHAG HERN REPAIR | | 0132 | 71.816 | APC | $3,634.59 | | | |
| 43282 | C | LAP PARAESOPH HER RPR W/MESH | | | | Inpatient Only | $0.00 | | | |
| 43283 | C | LAP ESOPH LENGTHENING | | | | Inpatient Only | $0.00 | | | |
| 43289 | T | LAPAROSCOPE PROC ESOPH | | 0130 | 38.283 | APC | $1,937.50 | | | |
| 43300 | C | REPAIR OF ESOPHAGUS | | | | Inpatient Only | $0.00 | | | |
| 43305 | C | REPAIR ESOPHAGUS AND FISTULA | | | | Inpatient Only | $0.00 | | | |
| 43310 | C | REPAIR OF ESOPHAGUS | | | | Inpatient Only | $0.00 | | | |
| 43312 | C | REPAIR ESOPHAGUS AND FISTULA | | | | Inpatient Only | $0.00 | | | |
| 43313 | C | ESOPHAGOPLASTY CONGENITAL | | | | Inpatient Only | $0.00 | | | |
| 43314 | C | TRACHEO-ESOPHAGOPLASTY CONG | | | | Inpatient Only | $0.00 | | | |
| 43320 | C | FUSE ESOPHAGUS & STOMACH | | | | Inpatient Only | $0.00 | | | |
| 43325 | C | REVISE ESOPHAGUS & STOMACH | | | | Inpatient Only | $0.00 | | | |
| 43327 | C | ESOPH FUNDOPLASTY LAP | | | | Inpatient Only | $0.00 | | | |
| 43328 | C | ESOPH FUNDOPLASTY THOR | | | | Inpatient Only | $0.00 | | | |
| 43330 | C | ESOPHAGOMYOTOMY ABDOMINAL | | | | Inpatient Only | $0.00 | | | |
| 43331 | C | ESOPHAGOMYOTOMY THORACIC | | | | Inpatient Only | $0.00 | | | |
| 43332 | C | TRANSAB ESOPH HIAT HERN RPR | | | | Inpatient Only | $0.00 | | | |
| 43333 | C | TRANSAB ESOPH HIAT HERN RPR | | | | Inpatient Only | $0.00 | | | |
| 43334 | C | TRANSTHOR DIAPHRAG HERN RPR | | | | Inpatient Only | $0.00 | | | |
| 43335 | C | TRANSTHOR DIAPHRAG HERN RPR | | | | Inpatient Only | $0.00 | | | |
| 43336 | C | THORABD DIAPHR HERN REPAIR | | | | Inpatient Only | $0.00 | | | |
| 43337 | C | THORABD DIAPHR HERN REPAIR | | | | Inpatient Only | $0.00 | | | |
| 43338 | C | ESOPH LENGTHENING | | | | Inpatient Only | $0.00 | | | |
| 43340 | C | FUSE ESOPHAGUS & INTESTINE | | | | Inpatient Only | $0.00 | | | |
| 43341 | C | FUSE ESOPHAGUS & INTESTINE | | | | Inpatient Only | $0.00 | | | |
| 43350 | C | SURGICAL OPENING ESOPHAGUS | | | | Inpatient Only | $0.00 | | | |
| 43351 | C | SURGICAL OPENING ESOPHAGUS | | | | Inpatient Only | $0.00 | | | |
| 43352 | C | SURGICAL OPENING ESOPHAGUS | | | | Inpatient Only | $0.00 | | | |
| 43360 | C | GASTROINTESTINAL REPAIR | | | | Inpatient Only | $0.00 | | | |
| 43361 | C | GASTROINTESTINAL REPAIR | | | | Inpatient Only | $0.00 | | | |
| 43400 | C | LIGATE ESOPHAGUS VEINS | | | | Inpatient Only | $0.00 | | | |
| 43401 | C | ESOPHAGUS SURGERY FOR VEINS | | | | Inpatient Only | $0.00 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 43405 | C | LIGATE/STAPLE ESOPHAGUS | | | | Inpatient Only | $0.00 | | | |
| 43410 | C | REPAIR ESOPHAGUS WOUND | | | | Inpatient Only | $0.00 | | | |
| 43415 | C | REPAIR ESOPHAGUS WOUND | | | | Inpatient Only | $0.00 | | | |
| 43420 | T | REPAIR ESOPHAGUS OPENING | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 43425 | C | REPAIR ESOPHAGUS OPENING | | | | Inpatient Only | $0.00 | | | |
| 43450 | T | DILATE ESOPHAGUS | | 0140 | 6.7737 | APC | $342.82 | | | |
| 43453 | T | DILATE ESOPHAGUS | | 0140 | 6.7737 | APC | $342.82 | | | |
| 43456 | T | DILATE ESOPHAGUS | | 0140 | 6.7737 | APC | $342.82 | | | |
| 43458 | T | DILATE ESOPHAGUS | | 0419 | 12.996 | APC | $657.73 | | | |
| 43460 | C | PRESSURE TREATMENT ESOPHAGUS | | | | Inpatient Only | $0.00 | | | |
| 43496 | C | FREE JEJUNUM FLAP MICROVASC | | | | Inpatient Only | $0.00 | | | |
| 43499 | T | ESOPHAGUS SURGERY PROCEDURE | | 0141 | 8.7424 | APC | $442.45 | | | |
| 43500 | C | SURGICAL OPENING OF STOMACH | | | | Inpatient Only | $0.00 | | | |
| 43501 | C | SURGICAL REPAIR OF STOMACH | | | | Inpatient Only | $0.00 | | | |
| 43502 | C | SURGICAL REPAIR OF STOMACH | | | | Inpatient Only | $0.00 | | | |
| 43510 | T | SURGICAL OPENING OF STOMACH | | 0141 | 8.7424 | APC | $442.45 | | | |
| 43520 | C | INCISION OF PYLORIC MUSCLE | | | | Inpatient Only | $0.00 | | | |
| 43605 | C | BIOPSY OF STOMACH | | | | Inpatient Only | $0.00 | | | |
| 43610 | C | EXCISION OF STOMACH LESION | | | | Inpatient Only | $0.00 | | | |
| 43611 | C | EXCISION OF STOMACH LESION | | | | Inpatient Only | $0.00 | | | |
| 43620 | C | REMOVAL OF STOMACH | | | | Inpatient Only | $0.00 | | | |
| 43621 | C | REMOVAL OF STOMACH | | | | Inpatient Only | $0.00 | | | |
| 43622 | C | REMOVAL OF STOMACH | | | | Inpatient Only | $0.00 | | | |
| 43631 | C | REMOVAL OF STOMACH PARTIAL | | | | Inpatient Only | $0.00 | | | |
| 43632 | C | REMOVAL OF STOMACH PARTIAL | | | | Inpatient Only | $0.00 | | | |
| 43633 | C | REMOVAL OF STOMACH PARTIAL | | | | Inpatient Only | $0.00 | | | |
| 43634 | C | REMOVAL OF STOMACH PARTIAL | | | | Inpatient Only | $0.00 | | | |
| 43635 | C | REMOVAL OF STOMACH PARTIAL | | | | Inpatient Only | $0.00 | | | |
| 43640 | C | VAGOTOMY & PYLORUS REPAIR | | | | Inpatient Only | $0.00 | | | |
| 43641 | C | VAGOTOMY & PYLORUS REPAIR | | | | Inpatient Only | $0.00 | | | |
| 43644 | E | LAP GASTRIC BYPASS/ROUX-EN-Y | | | | Not Allowed | $0.00 | | | |
| 43645 | E | LAP GASTR BYPASS INCL SMLL I | | | | Not Allowed | $0.00 | | | |
| 43647 | S | LAP IMPL ELECTRODE ANTRUM | | 0061 | 95.243 | APC | $4,820.23 | | | |
| 43648 | T | LAP REVISE/REMV ELTRD ANTRUM | | 0130 | 38.283 | APC | $1,937.50 | | | |
| 43651 | T | LAPAROSCOPY VAGUS NERVE | | 0132 | 71.816 | APC | $3,634.59 | | | |
| 43652 | T | LAPAROSCOPY VAGUS NERVE | | 0132 | 71.816 | APC | $3,634.59 | | | |
| 43653 | T | LAPAROSCOPY GASTROSTOMY | | 0131 | 48.899 | APC | $2,474.79 | | | |
| 43659 | T | LAPAROSCOPE PROC STOM | | 0130 | 38.283 | APC | $1,937.50 | | | |
| 43752 | N | NASAL/OROGASTRIC W/STENT | | 0272 | 1.6023 | Bundled, may be payable in some circumstances | $13,765.92 | | | |
| 43753 | X | TX GASTRO INTUB W/ASP | | 0340 | 0.6961 | APC | $35.23 | | | |
| 43754 | X | DX GASTR INTUB W/ASP SPEC | | 0340 | 0.6961 | APC | $35.23 | | | |
| 43755 | S | DX GASTR INTUB W/ASP SPECS | | 0097 | 0.9328 | APC | $47.21 | | | |
| 43756 | X | DX DUOD INTUB W/ASP SPEC | | 0272 | 1.6023 | APC | $81.09 | | | |
| 43757 | X | DX DUOD INTUB W/ASP SPECS | | 0272 | 1.6023 | APC | $81.09 | | | |
| 43760 | T | CHANGE GASTROSTOMY TUBE | | 0676 | 2.4212 | APC | $122.54 | | | |
| 43761 | T | REPOSITION GASTROSTOMY TUBE | | 0141 | 8.7424 | APC | $442.45 | | | |
| 43770 | T | LAP PLACE GASTR ADJ DEVICE | | 0132 | 71.816 | APC | $3,634.59 | | | |
| 43771 | E | LAP REVISE GASTR ADJ DEVICE | | | | Not Allowed | $0.00 | | | |
| 43772 | E | LAP RMVL GASTR ADJ DEVICE | | | | Not Allowed | $0.00 | | | |
| 43773 | E | LAP REPLACE GASTR ADJ DEVICE | | | | Not Allowed | $0.00 | | | |
| 43774 | E | LAP RMVL GASTR ADJ ALL PARTS | | | | Not Allowed | $0.00 | | | |
| 43775 | E | LAP SLEEVE GASTRECTOMY | | | | Not Allowed | $0.00 | | | |
| 43800 | C | RECONSTRUCTION OF PYLORUS | | | | Inpatient Only | $0.00 | | | |
| 43810 | C | FUSION OF STOMACH AND BOWEL | | | | Inpatient Only | $0.00 | | | |
| 43820 | C | FUSION OF STOMACH AND BOWEL | | | | Inpatient Only | $0.00 | | | |
| 43825 | C | FUSION OF STOMACH AND BOWEL | | | | Inpatient Only | $0.00 | | | |
| 43830 | T | PLACE GASTROSTOMY TUBE | | 0422 | 26.185 | APC | $1,325.23 | | | |
| 43831 | T | PLACE GASTROSTOMY TUBE | | 0141 | 8.7424 | APC | $442.45 | | | |
| 43832 | C | PLACE GASTROSTOMY TUBE | | | | Inpatient Only | $0.00 | | | |
| 43840 | C | REPAIR OF STOMACH LESION | | | | Inpatient Only | $0.00 | | | |
| 43842 | E | V-BAND GASTROPLASTY | | | | Not Allowed | $0.00 | | | |
| 43843 | E | GASTROPLASTY W/O V-BAND | | | | Not Allowed | $0.00 | | | |
| 43845 | E | GASTROPLASTY DUODENAL SWITCH | | | | Not Allowed | $0.00 | | | |
| 43846 | E | GASTRIC BYPASS FOR OBESITY | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 43847 | E | GASTRIC BYPASS INCL SMALL I | | | | Not Allowed | $0.00 | | | |
| 43848 | E | REVISION GASTROPLASTY | | | | Not Allowed | $0.00 | | | |
| 43850 | C | REVISE STOMACH-BOWEL FUSION | | | | Inpatient Only | $0.00 | | | |
| 43855 | C | REVISE STOMACH-BOWEL FUSION | | | | Inpatient Only | $0.00 | | | |
| 43860 | C | REVISE STOMACH-BOWEL FUSION | | | | Inpatient Only | $0.00 | | | |
| 43865 | C | REVISE STOMACH-BOWEL FUSION | | | | Inpatient Only | $0.00 | | | |
| 43870 | T | REPAIR STOMACH OPENING | | 0422 | 26.185 | APC | $1,325.23 | | | |
| 43880 | C | REPAIR STOMACH-BOWEL FISTULA | | | | Inpatient Only | $0.00 | | | |
| 43881 | C | IMPL/REDO ELECTRD ANTRUM | | | | Inpatient Only | $0.00 | | | |
| 43882 | C | REVISE/REMOVE ELECTRD ANTRUM | | | | Inpatient Only | $0.00 | | | |
| 43886 | E | REVISE GASTRIC PORT OPEN | | | | Not Allowed | $0.00 | | | |
| 43887 | E | REMOVE GASTRIC PORT OPEN | | | | Not Allowed | $0.00 | | | |
| 43888 | E | CHANGE GASTRIC PORT OPEN | | | | Not Allowed | $0.00 | | | |
| 43999 | T | STOMACH SURGERY PROCEDURE | | 0141 | 8.7424 | APC | $442.45 | | | |
| 44005 | C | FREEING OF BOWEL ADHESION | | | | Inpatient Only | $0.00 | | | |
| 44010 | C | INCISION OF SMALL BOWEL | | | | Inpatient Only | $0.00 | | | |
| 44015 | C | INSERT NEEDLE CATH BOWEL | | | | Inpatient Only | $0.00 | | | |
| 44020 | C | EXPLORE SMALL INTESTINE | | | | Inpatient Only | $0.00 | | | |
| 44021 | C | DECOMPRESS SMALL BOWEL | | | | Inpatient Only | $0.00 | | | |
| 44025 | C | INCISION OF LARGE BOWEL | | | | Inpatient Only | $0.00 | | | |
| 44050 | C | REDUCE BOWEL OBSTRUCTION | | | | Inpatient Only | $0.00 | | | |
| 44055 | C | CORRECT MALROTATION OF BOWEL | | | | Inpatient Only | $0.00 | | | |
| 44100 | T | BIOPSY OF BOWEL | | 0419 | 12.996 | APC | $657.73 | | | |
| 44110 | C | EXCISE INTESTINE LESION(S) | | | | Inpatient Only | $0.00 | | | |
| 44111 | C | EXCISION OF BOWEL LESION(S) | | | | Inpatient Only | $0.00 | | | |
| 44120 | C | REMOVAL OF SMALL INTESTINE | | | | Inpatient Only | $0.00 | | | |
| 44121 | C | REMOVAL OF SMALL INTESTINE | | | | Inpatient Only | $0.00 | | | |
| 44125 | C | REMOVAL OF SMALL INTESTINE | | | | Inpatient Only | $0.00 | | | |
| 44126 | C | ENTERECTOMY W/O TAPER CONG | | | | Inpatient Only | $0.00 | | | |
| 44127 | C | ENTERECTOMY W/TAPER CONG | | | | Inpatient Only | $0.00 | | | |
| 44128 | C | ENTERECTOMY CONG ADD-ON | | | | Inpatient Only | $0.00 | | | |
| 44130 | C | BOWEL TO BOWEL FUSION | | | | Inpatient Only | $0.00 | | | |
| 44132 | C | ENTERECTOMY CADAVER DONOR | | | | Inpatient Only | $0.00 | | | |
| 44133 | C | ENTERECTOMY LIVE DONOR | | | | Inpatient Only | $0.00 | | | |
| 44135 | C | INTESTINE TRANSPLNT CADAVER | | | | Inpatient Only | $0.00 | | | |
| 44136 | C | INTESTINE TRANSPLANT LIVE | | | | Inpatient Only | $0.00 | | | |
| 44137 | C | REMOVE INTESTINAL ALLOGRAFT | | | | Inpatient Only | $0.00 | | | |
| 44139 | C | MOBILIZATION OF COLON | | | | Inpatient Only | $0.00 | | | |
| 44140 | C | PARTIAL REMOVAL OF COLON | | | | Inpatient Only | $0.00 | | | |
| 44141 | C | PARTIAL REMOVAL OF COLON | | | | Inpatient Only | $0.00 | | | |
| 44143 | C | PARTIAL REMOVAL OF COLON | | | | Inpatient Only | $0.00 | | | |
| 44144 | C | PARTIAL REMOVAL OF COLON | | | | Inpatient Only | $0.00 | | | |
| 44145 | C | PARTIAL REMOVAL OF COLON | | | | Inpatient Only | $0.00 | | | |
| 44146 | C | PARTIAL REMOVAL OF COLON | | | | Inpatient Only | $0.00 | | | |
| 44147 | C | PARTIAL REMOVAL OF COLON | | | | Inpatient Only | $0.00 | | | |
| 44150 | C | REMOVAL OF COLON | | | | Inpatient Only | $0.00 | | | |
| 44151 | C | REMOVAL OF COLON/ILEOSTOMY | | | | Inpatient Only | $0.00 | | | |
| 44155 | C | REMOVAL OF COLON/ILEOSTOMY | | | | Inpatient Only | $0.00 | | | |
| 44156 | C | REMOVAL OF COLON/ILEOSTOMY | | | | Inpatient Only | $0.00 | | | |
| 44157 | C | COLECTOMY W/ILEOANAL ANAST | | | | Inpatient Only | $0.00 | | | |
| 44158 | C | COLECTOMY W/NEO-RECTUM POUCH | | | | Inpatient Only | $0.00 | | | |
| 44160 | C | REMOVAL OF COLON | | | | Inpatient Only | $0.00 | | | |
| 44180 | T | LAP ENTEROLYSIS | | 0131 | 48.899 | APC | $2,474.79 | | | |
| 44186 | T | LAP JEJUNOSTOMY | | 0131 | 48.899 | APC | $2,474.79 | | | |
| 44187 | C | LAP ILEO/JEJUNO-STOMY | | | | Inpatient Only | $0.00 | | | |
| 44188 | C | LAP COLOSTOMY | | | | Inpatient Only | $0.00 | | | |
| 44202 | C | LAP ENTERECTOMY | | | | Inpatient Only | $0.00 | | | |
| 44203 | C | LAP RESECT S/INTESTINE ADDL | | | | Inpatient Only | $0.00 | | | |
| 44204 | C | LAPARO PARTIAL COLECTOMY | | | | Inpatient Only | $0.00 | | | |
| 44205 | C | LAP COLECTOMY PART W/ILEUM | | | | Inpatient Only | $0.00 | | | |
| 44206 | T | LAP PART COLECTOMY W/STOMA | | 0132 | 71.816 | APC | $3,634.59 | | | |
| 44207 | T | L COLECTOMY/COLOPROCTOSTOMY | | 0132 | 71.816 | APC | $3,634.59 | | | |
| 44208 | T | L COLECTOMY/COLOPROCTOSTOMY | | 0132 | 71.816 | APC | $3,634.59 | | | |
| 44210 | C | LAPARO TOTAL PROCTOCOLECTOMY | | | | Inpatient Only | $0.00 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 44211 | C | LAP COLECTOMY W/PROCTECTOMY | | | | Inpatient Only | $0.00 | | | |
| 44212 | C | LAPARO TOTAL PROCTOCOLECTOMY | | | | Inpatient Only | $0.00 | | | |
| 44213 | T | LAP MOBIL SPLENIC FL ADD-ON | | 0130 | 38.283 | APC | $1,937.50 | | | |
| 44227 | C | LAP CLOSE ENTEROSTOMY | | | | Inpatient Only | $0.00 | | | |
| 44238 | T | LAPAROSCOPE PROC INTESTINE | | 0130 | 38.283 | APC | $1,937.50 | | | |
| 44300 | C | OPEN BOWEL TO SKIN | | | | Inpatient Only | $0.00 | | | |
| 44310 | C | ILEOSTOMY/JEJUNOSTOMY | | | | Inpatient Only | $0.00 | | | |
| 44312 | T | REVISION OF ILEOSTOMY | | 0137 | 21.175 | APC | $1,071.68 | | | |
| 44314 | C | REVISION OF ILEOSTOMY | | | | Inpatient Only | $0.00 | | | |
| 44316 | C | DEVISE BOWEL POUCH | | | | Inpatient Only | $0.00 | | | |
| 44320 | C | COLOSTOMY | | | | Inpatient Only | $0.00 | | | |
| 44322 | C | COLOSTOMY WITH BIOPSIES | | | | Inpatient Only | $0.00 | | | |
| 44340 | T | REVISION OF COLOSTOMY | | 0137 | 21.175 | APC | $1,071.68 | | | |
| 44345 | C | REVISION OF COLOSTOMY | | | | Inpatient Only | $0.00 | | | |
| 44346 | C | REVISION OF COLOSTOMY | | | | Inpatient Only | $0.00 | | | |
| 44360 | T | SMALL BOWEL ENDOSCOPY | | 0142 | 10.527 | APC | $532.75 | | | |
| 44361 | T | SMALL BOWEL ENDOSCOPY/BIOPSY | | 0142 | 10.527 | APC | $532.75 | | | |
| 44363 | T | SMALL BOWEL ENDOSCOPY | | 0142 | 10.527 | APC | $532.75 | | | |
| 44364 | T | SMALL BOWEL ENDOSCOPY | | 0424 | 15.539 | APC | $786.41 | | | |
| 44365 | T | SMALL BOWEL ENDOSCOPY | | 0424 | 15.539 | APC | $786.41 | | | |
| 44366 | T | SMALL BOWEL ENDOSCOPY | | 0424 | 15.539 | APC | $786.41 | | | |
| 44369 | T | SMALL BOWEL ENDOSCOPY | | 0424 | 15.539 | APC | $786.41 | | | |
| 44370 | T | SMALL BOWEL ENDOSCOPY/STENT | | 0384 | 29.686 | APC | $1,502.42 | | | |
| 44372 | T | SMALL BOWEL ENDOSCOPY | | 0424 | 15.539 | APC | $786.41 | | | |
| 44373 | T | SMALL BOWEL ENDOSCOPY | | 0424 | 15.539 | APC | $786.41 | | | |
| 44376 | T | SMALL BOWEL ENDOSCOPY | | 0142 | 10.527 | APC | $532.75 | | | |
| 44377 | T | SMALL BOWEL ENDOSCOPY/BIOPSY | | 0142 | 10.527 | APC | $532.75 | | | |
| 44378 | T | SMALL BOWEL ENDOSCOPY | | 0424 | 15.539 | APC | $786.41 | | | |
| 44379 | T | S BOWEL ENDOSCOPE W/STENT | | 0384 | 29.686 | APC | $1,502.42 | | | |
| 44380 | T | SMALL BOWEL ENDOSCOPY | | 0142 | 10.527 | APC | $532.75 | | | |
| 44382 | T | SMALL BOWEL ENDOSCOPY | | 0142 | 10.527 | APC | $532.75 | | | |
| 44383 | T | ILEOSCOPY W/STENT | | 0384 | 29.686 | APC | $1,502.42 | | | |
| 44385 | T | ENDOSCOPY OF BOWEL POUCH | | 0143 | 9.6941 | APC | $490.62 | | | |
| 44386 | T | ENDOSCOPY BOWEL POUCH/BIOP | | 0143 | 9.6941 | APC | $490.62 | | | |
| 44388 | T | COLONOSCOPY | | 0143 | 9.6941 | APC | $490.62 | | | |
| 44389 | T | COLONOSCOPY WITH BIOPSY | | 0143 | 9.6941 | APC | $490.62 | | | |
| 44390 | T | COLONOSCOPY FOR FOREIGN BODY | | 0143 | 9.6941 | APC | $490.62 | | | |
| 44391 | T | COLONOSCOPY FOR BLEEDING | | 0143 | 9.6941 | APC | $490.62 | | | |
| 44392 | T | COLONOSCOPY & POLYPECTOMY | | 0143 | 9.6941 | APC | $490.62 | | | |
| 44393 | T | COLONOSCOPY LESION REMOVAL | | 0143 | 9.6941 | APC | $490.62 | | | |
| 44394 | T | COLONOSCOPY W/SNARE | | 0143 | 9.6941 | APC | $490.62 | | | |
| 44397 | T | COLONOSCOPY W/STENT | | 0384 | 29.686 | APC | $1,502.42 | | | |
| 44500 | T | INTRO GASTROINTESTINAL TUBE | | 0121 | 6.1648 | APC | $312.00 | | | |
| 44602 | C | SUTURE SMALL INTESTINE | | | | Inpatient Only | $0.00 | | | |
| 44603 | C | SUTURE SMALL INTESTINE | | | | Inpatient Only | $0.00 | | | |
| 44604 | C | SUTURE LARGE INTESTINE | | | | Inpatient Only | $0.00 | | | |
| 44605 | C | REPAIR OF BOWEL LESION | | | | Inpatient Only | $0.00 | | | |
| 44615 | C | INTESTINAL STRICTUROPLASTY | | | | Inpatient Only | $0.00 | | | |
| 44620 | C | REPAIR BOWEL OPENING | | | | Inpatient Only | $0.00 | | | |
| 44625 | C | REPAIR BOWEL OPENING | | | | Inpatient Only | $0.00 | | | |
| 44626 | C | REPAIR BOWEL OPENING | | | | Inpatient Only | $0.00 | | | |
| 44640 | C | REPAIR BOWEL-SKIN FISTULA | | | | Inpatient Only | $0.00 | | | |
| 44650 | C | REPAIR BOWEL FISTULA | | | | Inpatient Only | $0.00 | | | |
| 44660 | C | REPAIR BOWEL-BLADDER FISTULA | | | | Inpatient Only | $0.00 | | | |
| 44661 | C | REPAIR BOWEL-BLADDER FISTULA | | | | Inpatient Only | $0.00 | | | |
| 44680 | C | SURGICAL REVISION INTESTINE | | | | Inpatient Only | $0.00 | | | |
| 44700 | C | SUSPEND BOWEL W/PROSTHESIS | | | | Inpatient Only | $0.00 | | | |
| 44701 | N | INTRAOP COLON LAVAGE ADD-ON | | | | Bundled | $0.00 | | | |
| 44705 | E | PREPARE FECAL MICROBIOTA | | | | Not Allowed | $0.00 | | | |
| 44715 | C | PREPARE DONOR INTESTINE | | | | Inpatient Only | $0.00 | | | |
| 44720 | C | PREP DONOR INTESTINE/VENOUS | | | | Inpatient Only | $0.00 | | | |
| 44721 | C | PREP DONOR INTESTINE/ARTERY | | | | Inpatient Only | $0.00 | | | |
| 44799 | T | UNLISTED PROCEDURE INTESTINE | | 0153 | 25.978 | APC | $1,314.75 | | | |
| 44800 | C | EXCISION OF BOWEL POUCH | | | | Inpatient Only | $0.00 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 44820 | C | EXCISION OF MESENTERY LESION | | | | Inpatient Only | $0.00 | | | |
| 44850 | C | REPAIR OF MESENTERY | | | | Inpatient Only | $0.00 | | | Y |
| 44899 | C | BOWEL SURGERY PROCEDURE | | | | Inpatient Only | $0.00 | | | Y |
| 44900 | C | DRAIN APP ABSCESS OPEN | | | | Inpatient Only | $0.00 | | | Y |
| 44901 | T | DRAIN APP ABSCESS PERCUT | | 0037 | 15.685 | APC | $793.81 | | | Y |
| 44950 | T | APPENDECTOMY | | 0153 | 25.978 | APC | $1,314.75 | | | Y |
| 44955 | T | APPENDECTOMY ADD-ON | | 0153 | 25.978 | APC | $1,314.75 | | | Y |
| 44960 | C | APPENDECTOMY | | | | Inpatient Only | $0.00 | | | Y |
| 44970 | T | LAPAROSCOPY APPENDECTOMY | | 0131 | 48.899 | APC | $2,474.79 | | | Y |
| 44979 | T | LAPAROSCOPE PROC APP | | 0130 | 38.283 | APC | $1,937.50 | | | Y |
| 45000 | T | DRAINAGE OF PELVIC ABSCESS | | 0149 | 25.654 | APC | $1,298.32 | | | Y |
| 45005 | T | DRAINAGE OF RECTAL ABSCESS | | 0155 | 17.933 | APC | $907.58 | | | |
| 45020 | T | DRAINAGE OF RECTAL ABSCESS | | 0155 | 17.933 | APC | $907.58 | | | |
| 45100 | T | BIOPSY OF RECTUM | | 0155 | 17.933 | APC | $907.58 | | | Y |
| 45108 | T | REMOVAL OF ANORECTAL LESION | | 0149 | 25.654 | APC | $1,298.32 | | | |
| 45110 | C | REMOVAL OF RECTUM | | | | Inpatient Only | $0.00 | | | Y |
| 45111 | C | PARTIAL REMOVAL OF RECTUM | | | | Inpatient Only | $0.00 | | | Y |
| 45112 | C | REMOVAL OF RECTUM | | | | Inpatient Only | $0.00 | | | Y |
| 45113 | C | PARTIAL PROCTECTOMY | | | | Inpatient Only | $0.00 | | | |
| 45114 | C | PARTIAL REMOVAL OF RECTUM | | | | Inpatient Only | $0.00 | | | |
| 45116 | C | PARTIAL REMOVAL OF RECTUM | | | | Inpatient Only | $0.00 | | | |
| 45119 | C | REMOVE RECTUM W/RESERVOIR | | | | Inpatient Only | $0.00 | | | |
| 45120 | C | REMOVAL OF RECTUM | | | | Inpatient Only | $0.00 | | | |
| 45121 | C | REMOVAL OF RECTUM AND COLON | | | | Inpatient Only | $0.00 | | | |
| 45123 | C | PARTIAL PROCTECTOMY | | | | Inpatient Only | $0.00 | | | |
| 45126 | C | PELVIC EXENTERATION | | | | Inpatient Only | $0.00 | | | |
| 45130 | C | EXCISION OF RECTAL PROLAPSE | | | | Inpatient Only | $0.00 | | | |
| 45135 | C | EXCISION OF RECTAL PROLAPSE | | | | Inpatient Only | $0.00 | | | |
| 45136 | C | EXCISE ILEOANAL RESERVIOR | | | | Inpatient Only | $0.00 | | | |
| 45150 | T | EXCISION OF RECTAL STRICTURE | | 0149 | 25.654 | APC | $1,298.32 | | | |
| 45160 | T | EXCISION OF RECTAL LESION | | 0149 | 25.654 | APC | $1,298.32 | | | |
| 45171 | T | EXC RECT TUM TRANSANAL PART | | 0149 | 25.654 | APC | $1,298.32 | | | |
| 45172 | T | EXC RECT TUM TRANSANAL FULL | | 0150 | 33.177 | APC | $1,679.10 | | | |
| 45190 | T | DESTRUCTION RECTAL TUMOR | | 0149 | 25.654 | APC | $1,298.32 | | | |
| 45300 | T | PROCTOSIGMOIDOSCOPY DX | | 0146 | 5.894 | APC | $298.30 | | | |
| 45303 | T | PROCTOSIGMOIDOSCOPY DILATE | | 0147 | 10.034 | APC | $507.83 | | | |
| 45305 | T | PROCTOSIGMOIDOSCOPY W/BX | | 0147 | 10.034 | APC | $507.83 | | | |
| 45307 | T | PROCTOSIGMOIDOSCOPY FB | | 0428 | 21.471 | APC | $1,086.65 | | | |
| 45308 | T | PROCTOSIGMOIDOSCOPY REMOVAL | | 0147 | 10.034 | APC | $507.83 | | | |
| 45309 | T | PROCTOSIGMOIDOSCOPY REMOVAL | | 0147 | 10.034 | APC | $507.83 | | | |
| 45315 | T | PROCTOSIGMOIDOSCOPY REMOVAL | | 0147 | 10.034 | APC | $507.83 | | | |
| 45317 | T | PROCTOSIGMOIDOSCOPY BLEED | | 0147 | 10.034 | APC | $507.83 | | | |
| 45320 | T | PROCTOSIGMOIDOSCOPY ABLATE | | 0428 | 21.471 | APC | $1,086.65 | | | |
| 45321 | T | PROCTOSIGMOIDOSCOPY VOLVUL | | 0428 | 21.471 | APC | $1,086.65 | | | |
| 45327 | T | PROCTOSIGMOIDOSCOPY W/STENT | | 0384 | 29.686 | APC | $1,502.42 | | | |
| 45330 | T | DIAGNOSTIC SIGMOIDOSCOPY | | 0146 | 5.894 | APC | $298.30 | | | |
| 45331 | T | SIGMOIDOSCOPY AND BIOPSY | | 0146 | 5.894 | APC | $298.30 | | | |
| 45332 | T | SIGMOIDOSCOPY W/FB REMOVAL | | 0146 | 5.894 | APC | $298.30 | | | |
| 45333 | T | SIGMOIDOSCOPY & POLYPECTOMY | | 0146 | 5.894 | APC | $298.30 | | | |
| 45334 | T | SIGMOIDOSCOPY FOR BLEEDING | | 0147 | 10.034 | APC | $507.83 | | | |
| 45335 | T | SIGMOIDOSCOPY W/SUBMUC INJ | | 0146 | 5.894 | APC | $298.30 | | | |
| 45337 | T | SIGMOIDOSCOPY & DECOMPRESS | | 0147 | 10.034 | APC | $507.83 | | | |
| 45338 | T | SIGMOIDOSCOPY W/TUMR REMOVE | | 0147 | 10.034 | APC | $507.83 | | | |
| 45339 | T | SIGMOIDOSCOPY W/ABLATE TUMR | | 0147 | 10.034 | APC | $507.83 | | | |
| 45340 | T | SIG W/BALLOON DILATION | | 0147 | 10.034 | APC | $507.83 | | | |
| 45341 | T | SIGMOIDOSCOPY W/ULTRASOUND | | 0147 | 10.034 | APC | $507.83 | | | |
| 45342 | T | SIGMOIDOSCOPY W/US GUIDE BX | | 0147 | 10.034 | APC | $507.83 | | | |
| 45345 | T | SIGMOIDOSCOPY W/STENT | | 0384 | 29.686 | APC | $1,502.42 | | | |
| 45355 | T | SURGICAL COLONOSCOPY | | 0143 | 9.6941 | APC | $490.62 | | | |
| 45378 | T | DIAGNOSTIC COLONOSCOPY | | 0143 | 9.6941 | APC | $490.62 | | | |
| 45379 | T | COLONOSCOPY W/FB REMOVAL | | 0143 | 9.6941 | APC | $490.62 | | | |
| 45380 | T | COLONOSCOPY AND BIOPSY | | 0143 | 9.6941 | APC | $490.62 | | | |
| 45381 | T | COLONOSCOPY SUBMUCOUS INJ | | 0143 | 9.6941 | APC | $490.62 | | | |
| 45382 | T | COLONOSCOPY/CONTROL BLEEDING | | 0143 | 9.6941 | APC | $490.62 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 45383 | T | LESION REMOVAL COLONOSCOPY | | 0143 | 9.6941 | APC | $490.62 | | | |
| 45384 | T | LESION REMOVE COLONOSCOPY | | 0143 | 9.6941 | APC | $490.62 | | | |
| 45385 | T | LESION REMOVAL COLONOSCOPY | | 0143 | 9.6941 | APC | $490.62 | | | |
| 45386 | T | COLONOSCOPY DILATE STRICTURE | | 0143 | 9.6941 | APC | $490.62 | | | |
| 45387 | T | COLONOSCOPY W/STENT | | 0384 | 29.686 | APC | $1,502.42 | | | |
| 45391 | T | COLONOSCOPY W/ENDOSCOPE US | | 0143 | 9.6941 | APC | $490.62 | | | |
| 45392 | T | COLONOSCOPY W/ENDOSCOPIC FNB | | 0143 | 9.6941 | APC | $490.62 | | | |
| 45395 | C | LAP REMOVAL OF RECTUM | | | | Inpatient Only | $0.00 | | | |
| 45397 | C | LAP REMOVE RECTUM W/POUCH | | | | Inpatient Only | $0.00 | | | |
| 45400 | C | LAPAROSCOPIC PROC | | | | Inpatient Only | $0.00 | | | |
| 45402 | C | LAP PROCTOPEXY W/SIG RESECT | | | | Inpatient Only | $0.00 | | | |
| 45499 | T | LAPAROSCOPE PROC RECTUM | | 0130 | 38.283 | APC | $1,937.50 | | | |
| 45500 | T | REPAIR OF RECTUM | | 0149 | 25.654 | APC | $1,298.32 | | | |
| 45505 | T | REPAIR OF RECTUM | | 0150 | 33.177 | APC | $1,679.10 | | | |
| 45520 | T | TREATMENT OF RECTAL PROLAPSE | | 0015 | 1.4998 | APC | $75.90 | | | |
| 45540 | C | CORRECT RECTAL PROLAPSE | | | | Inpatient Only | $0.00 | | | |
| 45541 | T | CORRECT RECTAL PROLAPSE | | 0150 | 33.177 | APC | $1,679.10 | | | |
| 45550 | C | REPAIR RECTUM/REMOVE SIGMOID | | | | Inpatient Only | $0.00 | | | |
| 45560 | T | REPAIR OF RECTOCELE | | 0150 | 33.177 | APC | $1,679.10 | | | |
| 45562 | C | EXPLORATION/REPAIR OF RECTUM | | | | Inpatient Only | $0.00 | | | |
| 45563 | C | EXPLORATION/REPAIR OF RECTUM | | | | Inpatient Only | $0.00 | | | |
| 45800 | C | REPAIR RECT/BLADDER FISTULA | | | | Inpatient Only | $0.00 | | | |
| 45805 | C | REPAIR FISTULA W/COLOSTOMY | | | | Inpatient Only | $0.00 | | | |
| 45820 | C | REPAIR RECTOURETHRAL FISTULA | | | | Inpatient Only | $0.00 | | | |
| 45825 | C | REPAIR FISTULA W/COLOSTOMY | | | | Inpatient Only | $0.00 | | | |
| 45900 | T | REDUCTION OF RECTAL PROLAPSE | | 0148 | 6.1609 | APC | $311.80 | | | |
| 45905 | T | DILATION OF ANAL SPHINCTER | | 0155 | 17.933 | APC | $907.58 | | | |
| 45910 | T | DILATION OF RECTAL NARROWING | | 0155 | 17.933 | APC | $907.58 | | | |
| 45915 | T | REMOVE RECTAL OBSTRUCTION | | 0155 | 17.933 | APC | $907.58 | | | |
| 45990 | T | SURG DX EXAM ANORECTAL | | 0155 | 17.933 | APC | $907.58 | | | |
| 45999 | T | RECTUM SURGERY PROCEDURE | | 0148 | 6.1609 | APC | $311.80 | | | |
| 46020 | T | PLACEMENT OF SETON | | 0149 | 25.654 | APC | $1,298.32 | | | |
| 46030 | T | REMOVAL OF RECTAL MARKER | | 0148 | 6.1609 | APC | $311.80 | | | |
| 46040 | T | INCISION OF RECTAL ABSCESS | | 0155 | 17.933 | APC | $907.58 | | | |
| 46045 | T | INCISION OF RECTAL ABSCESS | | 0149 | 25.654 | APC | $1,298.32 | | | |
| 46050 | T | INCISION OF ANAL ABSCESS | | 0148 | 6.1609 | APC | $311.80 | | | |
| 46060 | T | INCISION OF RECTAL ABSCESS | | 0155 | 17.933 | APC | $907.58 | | | |
| 46070 | T | INCISION OF ANAL SEPTUM | | 0155 | 17.933 | APC | $907.58 | | | |
| 46080 | T | INCISION OF ANAL SPHINCTER | | 0155 | 17.933 | APC | $907.58 | | | |
| 46083 | T | INCISE EXTERNAL HEMORRHOID | | 0164 | 2.1419 | APC | $108.40 | | | |
| 46200 | T | REMOVAL OF ANAL FISSURE | | 0149 | 25.654 | APC | $1,298.32 | | | |
| 46220 | T | EXCISE ANAL EXT TAG/PAPILLA | | 0155 | 17.933 | APC | $907.58 | | | |
| 46221 | T | LIGATION OF HEMORRHOID(S) | | 0148 | 6.1609 | APC | $311.80 | | | |
| 46230 | T | REMOVAL OF ANAL TAGS | | 0155 | 17.933 | APC | $907.58 | | | |
| 46250 | T | REMOVE EXT HEM GROUPS 2+ | | 0149 | 25.654 | APC | $1,298.32 | | | |
| 46255 | T | REMOVE INT/EXT HEM 1 GROUP | | 0149 | 25.654 | APC | $1,298.32 | | | |
| 46257 | T | REMOVE IN/EX HEM GRP & FISS | | 0149 | 25.654 | APC | $1,298.32 | | | |
| 46258 | T | REMOVE IN/EX HEM GRP W/FISTU | | 0149 | 25.654 | APC | $1,298.32 | | | |
| 46260 | T | REMOVE IN/EX HEM GROUPS 2+ | | 0149 | 25.654 | APC | $1,298.32 | | | |
| 46261 | T | REMOVE IN/EX HEM GRPS & FISS | | 0149 | 25.654 | APC | $1,298.32 | | | |
| 46262 | T | REMOVE IN/EX HEM GRPS W/FIST | | 0149 | 25.654 | APC | $1,298.32 | | | |
| 46270 | T | REMOVE ANAL FIST SUBQ | | 0149 | 25.654 | APC | $1,298.32 | | | |
| 46275 | T | REMOVE ANAL FIST INTER | | 0149 | 25.654 | APC | $1,298.32 | | | |
| 46280 | T | REMOVE ANAL FIST COMPLEX | | 0149 | 25.654 | APC | $1,298.32 | | | |
| 46285 | T | REMOVE ANAL FIST 2 STAGE | | 0149 | 25.654 | APC | $1,298.32 | | | |
| 46288 | T | REPAIR ANAL FISTULA | | 0150 | 33.177 | APC | $1,679.10 | | | |
| 46320 | T | REMOVAL OF HEMORRHOID CLOT | | 0155 | 17.933 | APC | $907.58 | | | |
| 46500 | T | INJECTION INTO HEMORRHOID(S) | | 0148 | 6.1609 | APC | $311.80 | | | |
| 46505 | T | CHEMODENERVATION ANAL MUSC | | 0155 | 17.933 | APC | $907.58 | | | |
| 46600 | X | DIAGNOSTIC ANOSCOPY | | 0340 | 0.6961 | APC | $35.23 | | | |
| 46604 | T | ANOSCOPY AND DILATION | | 0147 | 10.034 | APC | $507.83 | | | |
| 46606 | T | ANOSCOPY AND BIOPSY | | 0147 | 10.034 | APC | $507.83 | | | |
| 46608 | T | ANOSCOPY REMOVE FOR BODY | | 0147 | 10.034 | APC | $507.83 | | | |
| 46610 | T | ANOSCOPY REMOVE LESION | | 0428 | 21.471 | APC | $1,086.65 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 46611 | T | ANOSCOPY | | 0147 | 10.034 | APC | $507.83 | | | |
| 46612 | T | ANOSCOPY REMOVE LESIONS | | 0428 | 21.471 | APC | $1,086.65 | | | |
| 46614 | T | ANOSCOPY CONTROL BLEEDING | | 0146 | 5.894 | APC | $298.30 | | | |
| 46615 | T | ANOSCOPY | | 0428 | 21.471 | APC | $1,086.65 | | | |
| 46700 | T | REPAIR OF ANAL STRICTURE | | 0149 | 25.654 | APC | $1,298.32 | | | |
| 46705 | C | REPAIR OF ANAL STRICTURE | | | | Inpatient Only | $0.00 | | | |
| 46706 | T | REPR OF ANAL FISTULA W/GLUE | | 0149 | 25.654 | APC | $1,298.32 | | | |
| 46707 | T | REPAIR ANORECTAL FIST W/PLUG | | 0150 | 33.177 | APC | $1,679.10 | | | |
| 46710 | C | REPR PER/VAG POUCH SNGL PROC | | | | Inpatient Only | $0.00 | | | |
| 46712 | C | REPR PER/VAG POUCH DBL PROC | | | | Inpatient Only | $0.00 | | | |
| 46715 | C | REP PERF ANOPER FISTU | | | | Inpatient Only | $0.00 | | | |
| 46716 | C | REP PERF ANOPER/VESTIB FISTU | | | | Inpatient Only | $0.00 | | | |
| 46730 | C | CONSTRUCTION OF ABSENT ANUS | | | | Inpatient Only | $0.00 | | | |
| 46735 | C | CONSTRUCTION OF ABSENT ANUS | | | | Inpatient Only | $0.00 | | | |
| 46740 | C | CONSTRUCTION OF ABSENT ANUS | | | | Inpatient Only | $0.00 | | | |
| 46742 | C | REPAIR OF IMPERFORATED ANUS | | | | Inpatient Only | $0.00 | | | |
| 46744 | C | REPAIR OF CLOACAL ANOMALY | | | | Inpatient Only | $0.00 | | | |
| 46746 | C | REPAIR OF CLOACAL ANOMALY | | | | Inpatient Only | $0.00 | | | |
| 46748 | C | REPAIR OF CLOACAL ANOMALY | | | | Inpatient Only | $0.00 | | | |
| 46750 | T | REPAIR OF ANAL SPHINCTER | | 0150 | 33.177 | APC | $1,679.10 | | | |
| 46751 | C | REPAIR OF ANAL SPHINCTER | | | | Inpatient Only | $0.00 | | | |
| 46753 | T | RECONSTRUCTION OF ANUS | | 0149 | 25.654 | APC | $1,298.32 | | | |
| 46754 | T | REMOVAL OF SUTURE FROM ANUS | | 0155 | 17.933 | APC | $907.58 | | | |
| 46760 | T | REPAIR OF ANAL SPHINCTER | | 0150 | 33.177 | APC | $1,679.10 | | | |
| 46761 | T | REPAIR OF ANAL SPHINCTER | | 0150 | 33.177 | APC | $1,679.10 | | | |
| 46762 | T | IMPLANT ARTIFICIAL SPHINCTER | | 0150 | 33.177 | APC | $1,679.10 | | | |
| 46900 | T | DESTRUCTION ANAL LESION(S) | | 0016 | 2.9399 | APC | $148.79 | | | |
| 46910 | T | DESTRUCTION ANAL LESION(S) | | 0017 | 19.881 | APC | $1,006.20 | | | |
| 46916 | T | CRYOSURGERY ANAL LESION(S) | | 0015 | 1.4998 | APC | $75.90 | | | |
| 46917 | T | LASER SURGERY ANAL LESIONS | | 0017 | 19.881 | APC | $1,006.20 | | | |
| 46922 | T | EXCISION OF ANAL LESION(S) | | 0017 | 19.881 | APC | $1,006.20 | | | |
| 46924 | T | DESTRUCTION ANAL LESION(S) | | 0017 | 19.881 | APC | $1,006.20 | | | |
| 46930 | T | DESTROY INTERNAL HEMORRHOIDS | | 0148 | 6.1609 | APC | $311.80 | | | |
| 46940 | T | TREATMENT OF ANAL FISSURE | | 0155 | 17.933 | APC | $907.58 | | | |
| 46942 | T | TREATMENT OF ANAL FISSURE | | 0148 | 6.1609 | APC | $311.80 | | | |
| 46945 | T | REMOVE BY LIGAT INT HEM GRP | | 0149 | 25.654 | APC | $1,298.32 | | | |
| 46946 | T | REMOVE BY LIGAT INT HEM GRPS | | 0149 | 25.654 | APC | $1,298.32 | | | |
| 46947 | T | HEMORRHOIDOPEXY BY STAPLING | | 0150 | 33.177 | APC | $1,679.10 | | | |
| 46999 | T | ANUS SURGERY PROCEDURE | | 0148 | 6.1609 | APC | $311.80 | | | |
| 47000 | T | NEEDLE BIOPSY OF LIVER | | 0685 | 10.006 | APC | $506.40 | | | |
| 47001 | N | NEEDLE BIOPSY LIVER ADD-ON | | | | Bundled | $0.00 | | | |
| 47010 | C | OPEN DRAINAGE LIVER LESION | | | | Inpatient Only | $0.00 | | | |
| 47011 | T | PERCUT DRAIN LIVER LESION | | 0037 | 15.685 | APC | $793.81 | | | |
| 47015 | C | INJECT/ASPIRATE LIVER CYST | | | | Inpatient Only | $0.00 | | | |
| 47100 | C | WEDGE BIOPSY OF LIVER | | | | Inpatient Only | $0.00 | | | |
| 47120 | C | PARTIAL REMOVAL OF LIVER | | | | Inpatient Only | $0.00 | | | |
| 47122 | C | EXTENSIVE REMOVAL OF LIVER | | | | Inpatient Only | $0.00 | | | |
| 47125 | C | PARTIAL REMOVAL OF LIVER | | | | Inpatient Only | $0.00 | | | |
| 47130 | C | PARTIAL REMOVAL OF LIVER | | | | Inpatient Only | $0.00 | | | |
| 47133 | C | REMOVAL OF DONOR LIVER | | | | Inpatient Only | $0.00 | | | |
| 47135 | C | TRANSPLANTATION OF LIVER | | | | Inpatient Only | $0.00 | | | |
| 47136 | C | TRANSPLANTATION OF LIVER | | | | Inpatient Only | $0.00 | | | |
| 47140 | C | PARTIAL REMOVAL DONOR LIVER | | | | Inpatient Only | $0.00 | | | |
| 47141 | C | PARTIAL REMOVAL DONOR LIVER | | | | Inpatient Only | $0.00 | | | |
| 47142 | C | PARTIAL REMOVAL DONOR LIVER | | | | Inpatient Only | $0.00 | | | |
| 47143 | C | PREP DONOR LIVER WHOLE | | | | Inpatient Only | $0.00 | | | |
| 47144 | C | PREP DONOR LIVER 3-SEGMENT | | | | Inpatient Only | $0.00 | | | |
| 47145 | C | PREP DONOR LIVER LOBE SPLIT | | | | Inpatient Only | $0.00 | | | |
| 47146 | C | PREP DONOR LIVER/VENOUS | | | | Inpatient Only | $0.00 | | | |
| 47147 | C | PREP DONOR LIVER/ARTERIAL | | | | Inpatient Only | $0.00 | | | |
| 47300 | C | SURGERY FOR LIVER LESION | | | | Inpatient Only | $0.00 | | | |
| 47350 | C | REPAIR LIVER WOUND | | | | Inpatient Only | $0.00 | | | |
| 47360 | C | REPAIR LIVER WOUND | | | | Inpatient Only | $0.00 | | | |
| 47361 | C | REPAIR LIVER WOUND | | | | Inpatient Only | $0.00 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 47362 | C | REPAIR LIVER WOUND | | | | Inpatient Only | $0.00 | | | |
| 47370 | T | LAPARO ABLATE LIVER TUMOR RF | | 0174 | 127.33 | APC | $6,444.41 | | | |
| 47371 | T | LAPARO ABLATE LIVER CRYOSURG | | 0174 | 127.33 | APC | $6,444.41 | | | |
| 47379 | T | LAPAROSCOPE PROCEDURE LIVER | | 0130 | 38.283 | APC | $1,937.50 | | | |
| 47380 | C | OPEN ABLATE LIVER TUMOR RF | | | | Inpatient Only | $0.00 | | | |
| 47381 | C | OPEN ABLATE LIVER TUMOR CRYO | | | | Inpatient Only | $0.00 | | | |
| 47382 | T | PERCUT ABLATE LIVER RF | | 0423 | 56.744 | APC | $2,871.83 | | | |
| 47399 | T | LIVER SURGERY PROCEDURE | | 0004 | 4.8451 | APC | $245.21 | | | |
| 47400 | C | INCISION OF LIVER DUCT | | | | Inpatient Only | $0.00 | | | |
| 47420 | C | INCISION OF BILE DUCT | | | | Inpatient Only | $0.00 | | | |
| 47425 | C | INCISION OF BILE DUCT | | | | Inpatient Only | $0.00 | | | |
| 47460 | C | INCISE BILE DUCT SPHINCTER | | | | Inpatient Only | $0.00 | | | |
| 47480 | C | INCISION OF GALLBLADDER | | | | Inpatient Only | $0.00 | | | |
| 47490 | T | INCISION OF GALLBLADDER | | 0152 | 28.435 | APC | $1,439.08 | | | |
| 47500 | N | INJECTION FOR LIVER X-RAYS | | | | Bundled | $0.00 | | | |
| 47505 | N | INJECTION FOR LIVER X-RAYS | | | | Bundled | $0.00 | | | |
| 47510 | T | INSERT CATHETER BILE DUCT | | 0152 | 28.435 | APC | $1,439.08 | | | |
| 47511 | T | INSERT BILE DUCT DRAIN | | 0152 | 28.435 | APC | $1,439.08 | | | |
| 47525 | T | CHANGE BILE DUCT CATHETER | | 0427 | 16.85 | APC | $852.76 | | | |
| 47530 | T | REVISE/REINSERT BILE TUBE | | 0427 | 16.85 | APC | $852.76 | | | |
| 47550 | C | BILE DUCT ENDOSCOPY ADD-ON | | | | Inpatient Only | $0.00 | | | |
| 47552 | T | BILIARY ENDOSCOPY THRU SKIN | | 0152 | 28.435 | APC | $1,439.08 | | | |
| 47553 | T | BILIARY ENDOSCOPY THRU SKIN | | 0152 | 28.435 | APC | $1,439.08 | | | |
| 47554 | T | BILIARY ENDOSCOPY THRU SKIN | | 0152 | 28.435 | APC | $1,439.08 | | | |
| 47555 | T | BILIARY ENDOSCOPY THRU SKIN | | 0152 | 28.435 | APC | $1,439.08 | | | |
| 47556 | T | BILIARY ENDOSCOPY THRU SKIN | | 0423 | 56.744 | APC | $2,871.83 | | | |
| 47560 | T | LAPAROSCOPY W/CHOLANGIO | | 0130 | 38.283 | APC | $1,937.50 | | | |
| 47561 | T | LAPARO W/CHOLANGIO/BIOPSY | | 0130 | 38.283 | APC | $1,937.50 | | | |
| 47562 | T | LAPAROSCOPIC CHOLECYSTECTOMY | | 0131 | 48.899 | APC | $2,474.79 | | | |
| 47563 | T | LAPARO CHOLECYSTECTOMY/GRAPH | | 0131 | 48.899 | APC | $2,474.79 | | | |
| 47564 | T | LAPARO CHOLECYSTECTOMY/EXPLR | | 0131 | 48.899 | APC | $2,474.79 | | | |
| 47570 | C | LAPARO CHOLECYSTOENTEROSTOMY | | | | Inpatient Only | $0.00 | | | |
| 47579 | T | LAPAROSCOPE PROC BILIARY | | 0130 | 38.283 | APC | $1,937.50 | | | |
| 47600 | C | REMOVAL OF GALLBLADDER | | | | Inpatient Only | $0.00 | | | |
| 47605 | C | REMOVAL OF GALLBLADDER | | | | Inpatient Only | $0.00 | | | |
| 47610 | C | REMOVAL OF GALLBLADDER | | | | Inpatient Only | $0.00 | | | |
| 47612 | C | REMOVAL OF GALLBLADDER | | | | Inpatient Only | $0.00 | | | |
| 47620 | C | REMOVAL OF GALLBLADDER | | | | Inpatient Only | $0.00 | | | |
| 47630 | T | REMOVE BILE DUCT STONE | | 0152 | 28.435 | APC | $1,439.08 | | | |
| 47700 | C | EXPLORATION OF BILE DUCTS | | | | Inpatient Only | $0.00 | | | |
| 47701 | C | BILE DUCT REVISION | | | | Inpatient Only | $0.00 | | | |
| 47711 | C | EXCISION OF BILE DUCT TUMOR | | | | Inpatient Only | $0.00 | | | |
| 47712 | C | EXCISION OF BILE DUCT TUMOR | | | | Inpatient Only | $0.00 | | | |
| 47715 | C | EXCISION OF BILE DUCT CYST | | | | Inpatient Only | $0.00 | | | |
| 47720 | C | FUSE GALLBLADDER & BOWEL | | | | Inpatient Only | $0.00 | | | |
| 47721 | C | FUSE UPPER GI STRUCTURES | | | | Inpatient Only | $0.00 | | | |
| 47740 | C | FUSE GALLBLADDER & BOWEL | | | | Inpatient Only | $0.00 | | | |
| 47741 | C | FUSE GALLBLADDER & BOWEL | | | | Inpatient Only | $0.00 | | | |
| 47760 | C | FUSE BILE DUCTS AND BOWEL | | | | Inpatient Only | $0.00 | | | |
| 47765 | C | FUSE LIVER DUCTS & BOWEL | | | | Inpatient Only | $0.00 | | | |
| 47780 | C | FUSE BILE DUCTS AND BOWEL | | | | Inpatient Only | $0.00 | | | |
| 47785 | C | FUSE BILE DUCTS AND BOWEL | | | | Inpatient Only | $0.00 | | | |
| 47800 | C | RECONSTRUCTION OF BILE DUCTS | | | | Inpatient Only | $0.00 | | | |
| 47801 | C | PLACEMENT BILE DUCT SUPPORT | | | | Inpatient Only | $0.00 | | | |
| 47802 | C | FUSE LIVER DUCT & INTESTINE | | | | Inpatient Only | $0.00 | | | |
| 47900 | C | SUTURE BILE DUCT INJURY | | | | Inpatient Only | $0.00 | | | |
| 47999 | T | BILE TRACT SURGERY PROCEDURE | | 0152 | 28.435 | APC | $1,439.08 | | | |
| 48000 | C | DRAINAGE OF ABDOMEN | | | | Inpatient Only | $0.00 | | | |
| 48001 | C | PLACEMENT OF DRAIN PANCREAS | | | | Inpatient Only | $0.00 | | | |
| 48020 | C | REMOVAL OF PANCREATIC STONE | | | | Inpatient Only | $0.00 | | | |
| 48100 | C | BIOPSY OF PANCREAS OPEN | | | | Inpatient Only | $0.00 | | | |
| 48102 | T | NEEDLE BIOPSY PANCREAS | | 0685 | 10.006 | APC | $506.40 | | | |
| 48105 | C | RESECT/DEBRIDE PANCREAS | | | | Inpatient Only | $0.00 | | | |
| 48120 | C | REMOVAL OF PANCREAS LESION | | | | Inpatient Only | $0.00 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 48140 | C | PARTIAL REMOVAL OF PANCREAS | | | | Inpatient Only | $0.00 | | | |
| 48145 | C | PARTIAL REMOVAL OF PANCREAS | | | | Inpatient Only | $0.00 | | | |
| 48146 | C | PANCREATECTOMY | | | | Inpatient Only | $0.00 | | | |
| 48148 | C | REMOVAL OF PANCREATIC DUCT | | | | Inpatient Only | $0.00 | | | |
| 48150 | C | PARTIAL REMOVAL OF PANCREAS | | | | Inpatient Only | $0.00 | | | |
| 48152 | C | PANCREATECTOMY | | | | Inpatient Only | $0.00 | | | |
| 48153 | C | PANCREATECTOMY | | | | Inpatient Only | $0.00 | | | |
| 48154 | C | PANCREATECTOMY | | | | Inpatient Only | $0.00 | | | |
| 48155 | C | REMOVAL OF PANCREAS | | | | Inpatient Only | $0.00 | | | |
| 48160 | E | PANCREAS REMOVAL/TRANSPLANT | | | | Not Allowed | $0.00 | | | |
| 48400 | C | INJECTION INTRAOP ADD-ON | | | | Inpatient Only | $0.00 | | | |
| 48500 | C | SURGERY OF PANCREATIC CYST | | | | Inpatient Only | $0.00 | | | |
| 48510 | C | DRAIN PANCREATIC PSEUDOCYST | | | | Inpatient Only | $0.00 | | | |
| 48511 | T | DRAIN PANCREATIC PSEUDOCYST | | 0037 | 15.685 | APC | $793.81 | | | |
| 48520 | C | FUSE PANCREAS CYST AND BOWEL | | | | Inpatient Only | $0.00 | | | |
| 48540 | C | FUSE PANCREAS CYST AND BOWEL | | | | Inpatient Only | $0.00 | | | |
| 48545 | C | PANCREATORRHAPHY | | | | Inpatient Only | $0.00 | | | |
| 48547 | C | DUODENAL EXCLUSION | | | | Inpatient Only | $0.00 | | | |
| 48548 | C | FUSE PANCREAS AND BOWEL | | | | Inpatient Only | $0.00 | | | |
| 48550 | E | DONOR PANCREATECTOMY | | | | Not Allowed | $0.00 | | | |
| 48551 | C | PREP DONOR PANCREAS | | | | Inpatient Only | $0.00 | | | |
| 48552 | C | PREP DONOR PANCREAS/VENOUS | | | | Inpatient Only | $0.00 | | | |
| 48554 | C | TRANSPL ALLOGRAFT PANCREAS | | | | Inpatient Only | $0.00 | | | |
| 48556 | C | REMOVAL ALLOGRAFT PANCREAS | | | | Inpatient Only | $0.00 | | | |
| 48999 | T | PANCREAS SURGERY PROCEDURE | | 0004 | 4.8451 | APC | $245.21 | | | |
| 49000 | C | EXPLORATION OF ABDOMEN | | | | Inpatient Only | $0.00 | | | |
| 49002 | C | REOPENING OF ABDOMEN | | | | Inpatient Only | $0.00 | | | |
| 49010 | C | EXPLORATION BEHIND ABDOMEN | | | | Inpatient Only | $0.00 | | | |
| 49020 | C | DRAIN ABDOMINAL ABSCESS | | | | Inpatient Only | $0.00 | | | |
| 49021 | T | DRAIN ABDOMINAL ABSCESS | | 0037 | 15.685 | APC | $793.81 | | | |
| 49040 | C | DRAIN OPEN ABDOM ABSCESS | | | | Inpatient Only | $0.00 | | | |
| 49041 | T | DRAIN PERCUT ABDOM ABSCESS | | 0037 | 15.685 | APC | $793.81 | | | |
| 49060 | C | DRAIN OPEN RETROP ABSCESS | | | | Inpatient Only | $0.00 | | | |
| 49061 | T | DRAIN PERCUT RETROPER ABSC | | 0037 | 15.685 | APC | $793.81 | | | |
| 49062 | C | DRAIN TO PERITONEAL CAVITY | | | | Inpatient Only | $0.00 | | | |
| 49082 | T | ABD PARACENTESIS | | 0070 | 5.7828 | APC | $292.67 | | | |
| 49083 | T | ABD PARACENTESIS W/IMAGING | | 0070 | 5.7828 | APC | $292.67 | | | |
| 49084 | T | PERITONEAL LAVAGE | | 0070 | 5.7828 | APC | $292.67 | | | |
| 49180 | T | BIOPSY ABDOMINAL MASS | | 0685 | 10.006 | APC | $506.40 | | | |
| 49203 | C | EXC ABD TUM 5 CM OR LESS | | | | Inpatient Only | $0.00 | | | |
| 49204 | C | EXC ABD TUM OVER 5 CM | | | | Inpatient Only | $0.00 | | | |
| 49205 | C | EXC ABD TUM OVER 10 CM | | | | Inpatient Only | $0.00 | | | |
| 49215 | C | EXCISE SACRAL SPINE TUMOR | | | | Inpatient Only | $0.00 | | | |
| 49220 | C | MULTIPLE SURGERY ABDOMEN | | | | Inpatient Only | $0.00 | | | |
| 49250 | T | EXCISION OF UMBILICUS | | 0153 | 25.978 | APC | $1,314.75 | | | |
| 49255 | C | REMOVAL OF OMENTUM | | | | Inpatient Only | $0.00 | | | |
| 49320 | T | DIAG LAPARO SEPARATE PROC | | 0130 | 38.283 | APC | $1,937.50 | | | |
| 49321 | T | LAPAROSCOPY BIOPSY | | 0130 | 38.283 | APC | $1,937.50 | | | |
| 49322 | T | LAPAROSCOPY ASPIRATION | | 0130 | 38.283 | APC | $1,937.50 | | | |
| 49323 | T | LAPARO DRAIN LYMPHOCELE | | 0130 | 38.283 | APC | $1,937.50 | | | |
| 49324 | T | LAP INSERT TUNNEL IP CATH | | 0130 | 38.283 | APC | $1,937.50 | | | |
| 49325 | T | LAP REVISION PERM IP CATH | | 0130 | 38.283 | APC | $1,937.50 | | | |
| 49326 | T | LAP W/OMENTOPEXY ADD-ON | | 0130 | 38.283 | APC | $1,937.50 | | | |
| 49327 | T | LAP INS DEVICE FOR RT | | 0130 | 38.283 | APC | $1,937.50 | | | |
| 49329 | T | LAPARO PROC ABDM/PER/OMENT | | 0130 | 38.283 | APC | $1,937.50 | | | |
| 49400 | N | AIR INJECTION INTO ABDOMEN | | | | Bundled | $0.00 | | | |
| 49402 | T | REMOVE FOREIGN BODY ADBOMEN | | 0153 | 25.978 | APC | $1,314.75 | | | |
| 49411 | X | INS MARK ABD/PEL FOR RT PERQ | | 0310 | 13.805 | APC | $698.68 | | | |
| 49412 | C | INS DEVICE FOR RT GUIDE OPEN | | | | Inpatient Only | $0.00 | | | |
| 49418 | T | INSERT TUN IP CATH PERC | | 0652 | 31.678 | APC | $1,603.24 | | | |
| 49419 | T | INSERT TUN IP CATH W/PORT | | 0115 | 37.577 | APC | $1,901.77 | | | |
| 49421 | T | INS TUN IP CATH FOR DIAL OPN | | 0652 | 31.678 | APC | $1,603.24 | | | |
| 49422 | T | REMOVE TUNNELED IP CATH | | 0105 | 23.602 | APC | $1,194.50 | | | |
| 49423 | T | EXCHANGE DRAINAGE CATHETER | | 0427 | 16.85 | APC | $852.76 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 49424 | N | ASSESS CYST CONTRAST INJECT | | | | Bundled | $0.00 | | | |
| 49425 | C | INSERT ABDOMEN-VENOUS DRAIN | | | | Inpatient Only | $0.00 | | | |
| 49426 | T | REVISE ABDOMEN-VENOUS SHUNT | | 0153 | 25.978 | APC | $1,314.75 | | | |
| 49427 | N | INJECTION ABDOMINAL SHUNT | | | | Bundled | $0.00 | | | |
| 49428 | C | LIGATION OF SHUNT | | | | Inpatient Only | $0.00 | | | |
| 49429 | T | REMOVAL OF SHUNT | | 0105 | 23.602 | APC | $1,194.50 | | | |
| 49435 | T | INSERT SUBQ EXTEN TO IP CATH | | 0427 | 16.85 | APC | $852.76 | | | |
| 49436 | T | EMBEDDED IP CATH EXIT-SITE | | 0427 | 16.85 | APC | $852.76 | | | |
| 49440 | T | PLACE GASTROSTOMY TUBE PERC | | 0419 | 12.996 | APC | $657.73 | | | |
| 49441 | T | PLACE DUOD/JEJ TUBE PERC | | 0419 | 12.996 | APC | $657.73 | | | |
| 49442 | T | PLACE CECOSTOMY TUBE PERC | | 0155 | 17.933 | APC | $907.58 | | | |
| 49446 | T | CHANGE G-TUBE TO G-J PERC | | 0419 | 12.996 | APC | $657.73 | | | |
| 49450 | T | REPLACE G/C TUBE PERC | | 0121 | 6.1648 | APC | $312.00 | | | |
| 49451 | T | REPLACE DUOD/JEJ TUBE PERC | | 0121 | 6.1648 | APC | $312.00 | | | |
| 49452 | T | REPLACE G-J TUBE PERC | | 0121 | 6.1648 | APC | $312.00 | | | |
| 49460 | T | FIX G/COLON TUBE W/DEVICE | | 0121 | 6.1648 | APC | $312.00 | | | |
| 49465 | N | FLUORO EXAM OF G/COLON TUBE | | 0277 | 1.7222 | Bundled, may be payable in some circumstances | $14,018.97 | | | |
| 49491 | T | RPR HERN PREEMIE REDUC | | 0154 | 34.063 | APC | $1,723.91 | | | |
| 49492 | T | RPR ING HERN PREMIE BLOCKED | | 0154 | 34.063 | APC | $1,723.91 | | | |
| 49495 | T | RPR ING HERNIA BABY REDUC | | 0154 | 34.063 | APC | $1,723.91 | | | |
| 49496 | T | RPR ING HERNIA BABY BLOCKED | | 0154 | 34.063 | APC | $1,723.91 | | | |
| 49500 | T | RPR ING HERNIA INIT REDUCE | | 0154 | 34.063 | APC | $1,723.91 | | | |
| 49501 | T | RPR ING HERNIA INIT BLOCKED | | 0154 | 34.063 | APC | $1,723.91 | | | |
| 49505 | T | PRP I/HERN INIT REDUC >5 YR | | 0154 | 34.063 | APC | $1,723.91 | | | |
| 49507 | T | PRP I/HERN INIT BLOCK >5 YR | | 0154 | 34.063 | APC | $1,723.91 | | | |
| 49520 | T | REREPAIR ING HERNIA REDUCE | | 0154 | 34.063 | APC | $1,723.91 | | | |
| 49521 | T | REREPAIR ING HERNIA BLOCKED | | 0154 | 34.063 | APC | $1,723.91 | | | |
| 49525 | T | REPAIR ING HERNIA SLIDING | | 0154 | 34.063 | APC | $1,723.91 | | | |
| 49540 | T | REPAIR LUMBAR HERNIA | | 0154 | 34.063 | APC | $1,723.91 | | | |
| 49550 | T | RPR REM HERNIA INIT REDUCE | | 0154 | 34.063 | APC | $1,723.91 | | | |
| 49553 | T | RPR FEM HERNIA INIT BLOCKED | | 0154 | 34.063 | APC | $1,723.91 | | | |
| 49555 | T | REREPAIR FEM HERNIA REDUCE | | 0154 | 34.063 | APC | $1,723.91 | | | |
| 49557 | T | REREPAIR FEM HERNIA BLOCKED | | 0154 | 34.063 | APC | $1,723.91 | | | |
| 49560 | T | RPR VENTRAL HERN INIT REDUC | | 0154 | 34.063 | APC | $1,723.91 | | | |
| 49561 | T | RPR VENTRAL HERN INIT BLOCK | | 0154 | 34.063 | APC | $1,723.91 | | | |
| 49565 | T | REREPAIR VENTRL HERN REDUCE | | 0154 | 34.063 | APC | $1,723.91 | | | |
| 49566 | T | REREPAIR VENTRL HERN BLOCK | | 0154 | 34.063 | APC | $1,723.91 | | | |
| 49568 | T | HERNIA REPAIR W/MESH | | 0154 | 34.063 | APC | $1,723.91 | | | |
| 49570 | T | RPR EPIGASTRIC HERN REDUCE | | 0154 | 34.063 | APC | $1,723.91 | | | |
| 49572 | T | RPR EPIGASTRIC HERN BLOCKED | | 0154 | 34.063 | APC | $1,723.91 | | | |
| 49580 | T | RPR UMBIL HERN REDUC < 5 YR | | 0154 | 34.063 | APC | $1,723.91 | | | |
| 49582 | T | RPR UMBIL HERN BLOCK < 5 YR | | 0154 | 34.063 | APC | $1,723.91 | | | |
| 49585 | T | RPR UMBIL HERN REDUC > 5 YR | | 0154 | 34.063 | APC | $1,723.91 | | | |
| 49587 | T | RPR UMBIL HERN BLOCK > 5 YR | | 0154 | 34.063 | APC | $1,723.91 | | | |
| 49590 | T | REPAIR SPIGELIAN HERNIA | | 0154 | 34.063 | APC | $1,723.91 | | | |
| 49600 | T | REPAIR UMBILICAL LESION | | 0154 | 34.063 | APC | $1,723.91 | | | |
| 49605 | C | REPAIR UMBILICAL LESION | | | | Inpatient Only | $0.00 | | | |
| 49606 | C | REPAIR UMBILICAL LESION | | | | Inpatient Only | $0.00 | | | |
| 49610 | C | REPAIR UMBILICAL LESION | | | | Inpatient Only | $0.00 | | | |
| 49611 | C | REPAIR UMBILICAL LESION | | | | Inpatient Only | $0.00 | | | |
| 49650 | T | LAP ING HERNIA REPAIR INIT | | 0131 | 48.899 | APC | $2,474.79 | | | |
| 49651 | T | LAP ING HERNIA REPAIR RECUR | | 0131 | 48.899 | APC | $2,474.79 | | | |
| 49652 | T | LAP VENT/ABD HERNIA REPAIR | | 0132 | 71.816 | APC | $3,634.59 | | | |
| 49653 | T | LAP VENT/ABD HERN PROC COMP | | 0132 | 71.816 | APC | $3,634.59 | | | |
| 49654 | T | LAP INC HERNIA REPAIR | | 0132 | 71.816 | APC | $3,634.59 | | | |
| 49655 | T | LAP INC HERN REPAIR COMP | | 0132 | 71.816 | APC | $3,634.59 | | | |
| 49656 | T | LAP INC HERNIA REPAIR RECUR | | 0132 | 71.816 | APC | $3,634.59 | | | |
| 49657 | T | LAP INC HERN RECUR COMP | | 0132 | 71.816 | APC | $3,634.59 | | | |
| 49659 | T | LAPARO PROC HERNIA REPAIR | | 0130 | 38.283 | APC | $1,937.50 | | | |
| 49900 | C | REPAIR OF ABDOMINAL WALL | | | | Inpatient Only | $0.00 | | | |
| 49904 | C | OMENTAL FLAP EXTRA-ABDOM | | | | Inpatient Only | $0.00 | | | |
| 49905 | C | OMENTAL FLAP INTRA-ABDOM | | | | Inpatient Only | $0.00 | | | |
| 49906 | C | FREE OMENTAL FLAP MICROVASC | | | | Inpatient Only | $0.00 | | | |
| 49999 | T | ABDOMEN SURGERY PROCEDURE | | 0153 | 25.978 | APC | $1,314.75 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 50010 | C | EXPLORATION OF KIDNEY | | | | Inpatient Only | $0.00 | | | |
| 50020 | T | RENAL ABSCESS OPEN DRAIN | | 0162 | 26.767 | APC | $1,354.69 | | | |
| 50021 | T | RENAL ABSCESS PERCUT DRAIN | | 0037 | 15.685 | APC | $793.81 | | | |
| 50040 | C | DRAINAGE OF KIDNEY | | | | Inpatient Only | $0.00 | | | |
| 50045 | C | EXPLORATION OF KIDNEY | | | | Inpatient Only | $0.00 | | | |
| 50060 | C | REMOVAL OF KIDNEY STONE | | | | Inpatient Only | $0.00 | | | |
| 50065 | C | INCISION OF KIDNEY | | | | Inpatient Only | $0.00 | | | |
| 50070 | C | INCISION OF KIDNEY | | | | Inpatient Only | $0.00 | | | |
| 50075 | C | REMOVAL OF KIDNEY STONE | | | | Inpatient Only | $0.00 | | | |
| 50080 | T | REMOVAL OF KIDNEY STONE | | 0429 | 45.729 | APC | $2,314.32 | | | |
| 50081 | T | REMOVAL OF KIDNEY STONE | | 0429 | 45.729 | APC | $2,314.32 | | | |
| 50100 | C | REVISE KIDNEY BLOOD VESSELS | | | | Inpatient Only | $0.00 | | | |
| 50120 | C | EXPLORATION OF KIDNEY | | | | Inpatient Only | $0.00 | | | |
| 50125 | C | EXPLORE AND DRAIN KIDNEY | | | | Inpatient Only | $0.00 | | | |
| 50130 | C | REMOVAL OF KIDNEY STONE | | | | Inpatient Only | $0.00 | | | |
| 50135 | C | EXPLORATION OF KIDNEY | | | | Inpatient Only | $0.00 | | | |
| 50200 | T | RENAL BIOPSY PERQ | | 0685 | 10.006 | APC | $506.40 | | | |
| 50205 | C | RENAL BIOPSY OPEN | | | | Inpatient Only | $0.00 | | | |
| 50220 | C | REMOVE KIDNEY OPEN | | | | Inpatient Only | $0.00 | | | |
| 50225 | C | REMOVAL KIDNEY OPEN COMPLEX | | | | Inpatient Only | $0.00 | | | |
| 50230 | C | REMOVAL KIDNEY OPEN RADICAL | | | | Inpatient Only | $0.00 | | | |
| 50234 | C | REMOVAL OF KIDNEY & URETER | | | | Inpatient Only | $0.00 | | | |
| 50236 | C | REMOVAL OF KIDNEY & URETER | | | | Inpatient Only | $0.00 | | | |
| 50240 | C | PARTIAL REMOVAL OF KIDNEY | | | | Inpatient Only | $0.00 | | | |
| 50250 | C | CRYOABLATE RENAL MASS OPEN | | | | Inpatient Only | $0.00 | | | |
| 50280 | C | REMOVAL OF KIDNEY LESION | | | | Inpatient Only | $0.00 | | | |
| 50290 | C | REMOVAL OF KIDNEY LESION | | | | Inpatient Only | $0.00 | | | |
| 50300 | C | REMOVE CADAVER DONOR KIDNEY | | | | Inpatient Only | $0.00 | | | |
| 50320 | C | REMOVE KIDNEY LIVING DONOR | | | | Inpatient Only | $0.00 | | | |
| 50323 | C | PREP CADAVER RENAL ALLOGRAFT | | | | Inpatient Only | $0.00 | | | |
| 50325 | C | PREP DONOR RENAL GRAFT | | | | Inpatient Only | $0.00 | | | |
| 50327 | C | PREP RENAL GRAFT/VENOUS | | | | Inpatient Only | $0.00 | | | |
| 50328 | C | PREP RENAL GRAFT/ARTERIAL | | | | Inpatient Only | $0.00 | | | |
| 50329 | C | PREP RENAL GRAFT/URETERAL | | | | Inpatient Only | $0.00 | | | |
| 50340 | C | REMOVAL OF KIDNEY | | | | Inpatient Only | $0.00 | | | |
| 50360 | C | TRANSPLANTATION OF KIDNEY | | | | Inpatient Only | $0.00 | | | |
| 50365 | C | TRANSPLANTATION OF KIDNEY | | | | Inpatient Only | $0.00 | | | |
| 50370 | C | REMOVE TRANSPLANTED KIDNEY | | | | Inpatient Only | $0.00 | | | |
| 50380 | C | REIMPLANTATION OF KIDNEY | | | | Inpatient Only | $0.00 | | | |
| 50382 | T | CHANGE URETER STENT PERCUT | | 0162 | 26.767 | APC | $1,354.69 | | | |
| 50384 | T | REMOVE URETER STENT PERCUT | | 0161 | 15.864 | APC | $802.85 | | | |
| 50385 | T | CHANGE STENT VIA TRANSURETH | | 0162 | 26.767 | APC | $1,354.69 | | | |
| 50386 | T | REMOVE STENT VIA TRANSURETH | | 0160 | 7.1482 | APC | $361.77 | | | |
| 50387 | T | CHANGE EXT/INT URETER STENT | | 0427 | 16.85 | APC | $852.76 | | | |
| 50389 | T | REMOVE RENAL TUBE W/FLUORO | | 0160 | 7.1482 | APC | $361.77 | | | |
| 50390 | T | DRAINAGE OF KIDNEY LESION | | 0685 | 10.006 | APC | $506.40 | | | |
| 50391 | T | INSTLL RX AGNT INTO RNAL TUB | | 0126 | 1.1497 | APC | $58.19 | | | |
| 50392 | T | INSERT KIDNEY DRAIN | | 0161 | 15.864 | APC | $802.85 | | | |
| 50393 | T | INSERT URETERAL TUBE | | 0162 | 26.767 | APC | $1,354.69 | | | |
| 50394 | N | INJECTION FOR KIDNEY X-RAY | | | | Bundled | $0.00 | | | |
| 50395 | T | CREATE PASSAGE TO KIDNEY | | 0162 | 26.767 | APC | $1,354.69 | | | |
| 50396 | T | MEASURE KIDNEY PRESSURE | | 0164 | 2.1419 | APC | $108.40 | | | |
| 50398 | T | CHANGE KIDNEY TUBE | | 0427 | 16.85 | APC | $852.76 | | | |
| 50400 | C | REVISION OF KIDNEY/URETER | | | | Inpatient Only | $0.00 | | | |
| 50405 | C | REVISION OF KIDNEY/URETER | | | | Inpatient Only | $0.00 | | | |
| 50500 | C | REPAIR OF KIDNEY WOUND | | | | Inpatient Only | $0.00 | | | |
| 50520 | C | CLOSE KIDNEY-SKIN FISTULA | | | | Inpatient Only | $0.00 | | | |
| 50525 | C | REPAIR RENAL-ABDOMEN FISTULA | | | | Inpatient Only | $0.00 | | | |
| 50526 | C | REPAIR RENAL-ABDOMEN FISTULA | | | | Inpatient Only | $0.00 | | | |
| 50540 | C | REVISION OF HORSESHOE KIDNEY | | | | Inpatient Only | $0.00 | | | |
| 50541 | T | LAPARO ABLATE RENAL CYST | | 0130 | 38.283 | APC | $1,937.50 | | | |
| 50542 | T | LAPARO ABLATE RENAL MASS | | 0174 | 127.33 | APC | $6,444.41 | | | |
| 50543 | T | LAPARO PARTIAL NEPHRECTOMY | | 0131 | 48.899 | APC | $2,474.79 | | | |
| 50544 | T | LAPAROSCOPY PYELOPLASTY | | 0131 | 48.899 | APC | $2,474.79 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 50545 | C | LAPARO RADICAL NEPHRECTOMY | | | | Inpatient Only | $0.00 | | | |
| 50546 | C | LAPAROSCOPIC NEPHRECTOMY | | | | Inpatient Only | $0.00 | | | |
| 50547 | C | LAPARO REMOVAL DONOR KIDNEY | | | | Inpatient Only | $0.00 | | | |
| 50548 | C | LAPARO REMOVE W/URETER | | | | Inpatient Only | $0.00 | | | |
| 50549 | T | LAPAROSCOPE PROC RENAL | | 0130 | 38.283 | APC | $1,937.50 | | | |
| 50551 | T | KIDNEY ENDOSCOPY | | 0160 | 7.1482 | APC | $361.77 | | | |
| 50553 | T | KIDNEY ENDOSCOPY | | 0162 | 26.767 | APC | $1,354.69 | | | |
| 50555 | T | KIDNEY ENDOSCOPY & BIOPSY | | 0160 | 7.1482 | APC | $361.77 | | | |
| 50557 | T | KIDNEY ENDOSCOPY & TREATMENT | | 0162 | 26.767 | APC | $1,354.69 | | | |
| 50561 | T | KIDNEY ENDOSCOPY & TREATMENT | | 0162 | 26.767 | APC | $1,354.69 | | | |
| 50562 | T | RENAL SCOPE W/TUMOR RESECT | | 0160 | 7.1482 | APC | $361.77 | | | |
| 50570 | T | KIDNEY ENDOSCOPY | | 0160 | 7.1482 | APC | $361.77 | | | |
| 50572 | T | KIDNEY ENDOSCOPY | | 0160 | 7.1482 | APC | $361.77 | | | |
| 50574 | T | KIDNEY ENDOSCOPY & BIOPSY | | 0160 | 7.1482 | APC | $361.77 | | | |
| 50575 | T | KIDNEY ENDOSCOPY | | 0163 | 38.381 | APC | $1,942.48 | | | |
| 50576 | T | KIDNEY ENDOSCOPY & TREATMENT | | 0161 | 15.864 | APC | $802.85 | | | |
| 50580 | T | KIDNEY ENDOSCOPY & TREATMENT | | 0161 | 15.864 | APC | $802.85 | | | |
| 50590 | T | FRAGMENTING OF KIDNEY STONE | | 0169 | 39.801 | APC | $2,014.30 | | | |
| 50592 | T | PERC RF ABLATE RENAL TUMOR | | 0423 | 56.744 | APC | $2,871.83 | | | |
| 50593 | T | PERC CRYO ABLATE RENAL TUM | | 0423 | 56.744 | APC | $2,871.83 | | | |
| 50600 | C | EXPLORATION OF URETER | | | | Inpatient Only | $0.00 | | | |
| 50605 | C | INSERT URETERAL SUPPORT | | | | Inpatient Only | $0.00 | | | |
| 50610 | C | REMOVAL OF URETER STONE | | | | Inpatient Only | $0.00 | | | |
| 50620 | C | REMOVAL OF URETER STONE | | | | Inpatient Only | $0.00 | | | |
| 50630 | C | REMOVAL OF URETER STONE | | | | Inpatient Only | $0.00 | | | |
| 50650 | C | REMOVAL OF URETER | | | | Inpatient Only | $0.00 | | | |
| 50660 | C | REMOVAL OF URETER | | | | Inpatient Only | $0.00 | | | |
| 50684 | N | INJECTION FOR URETER X-RAY | | | | Bundled | $0.00 | | | |
| 50686 | T | MEASURE URETER PRESSURE | | 0126 | 1.1497 | APC | $58.19 | | | |
| 50688 | T | CHANGE OF URETER TUBE/STENT | | 0427 | 16.85 | APC | $852.76 | | | |
| 50690 | N | INJECTION FOR URETER X-RAY | | | | Bundled | $0.00 | | | |
| 50700 | C | REVISION OF URETER | | | | Inpatient Only | $0.00 | | | |
| 50715 | C | RELEASE OF URETER | | | | Inpatient Only | $0.00 | | | |
| 50722 | C | RELEASE OF URETER | | | | Inpatient Only | $0.00 | | | |
| 50725 | C | RELEASE/REVISE URETER | | | | Inpatient Only | $0.00 | | | |
| 50727 | T | REVISE URETER | | 0165 | 19.766 | APC | $1,000.34 | | | |
| 50728 | C | REVISE URETER | | | | Inpatient Only | $0.00 | | | |
| 50740 | C | FUSION OF URETER & KIDNEY | | | | Inpatient Only | $0.00 | | | |
| 50750 | C | FUSION OF URETER & KIDNEY | | | | Inpatient Only | $0.00 | | | |
| 50760 | C | FUSION OF URETERS | | | | Inpatient Only | $0.00 | | | |
| 50770 | C | SPLICING OF URETERS | | | | Inpatient Only | $0.00 | | | |
| 50780 | C | REIMPLANT URETER IN BLADDER | | | | Inpatient Only | $0.00 | | | |
| 50782 | C | REIMPLANT URETER IN BLADDER | | | | Inpatient Only | $0.00 | | | |
| 50783 | C | REIMPLANT URETER IN BLADDER | | | | Inpatient Only | $0.00 | | | |
| 50785 | C | REIMPLANT URETER IN BLADDER | | | | Inpatient Only | $0.00 | | | |
| 50800 | C | IMPLANT URETER IN BOWEL | | | | Inpatient Only | $0.00 | | | |
| 50810 | C | FUSION OF URETER & BOWEL | | | | Inpatient Only | $0.00 | | | |
| 50815 | C | URINE SHUNT TO INTESTINE | | | | Inpatient Only | $0.00 | | | |
| 50820 | C | CONSTRUCT BOWEL BLADDER | | | | Inpatient Only | $0.00 | | | |
| 50825 | C | CONSTRUCT BOWEL BLADDER | | | | Inpatient Only | $0.00 | | | |
| 50830 | C | REVISE URINE FLOW | | | | Inpatient Only | $0.00 | | | |
| 50840 | C | REPLACE URETER BY BOWEL | | | | Inpatient Only | $0.00 | | | |
| 50845 | C | APPENDICO-VESICOSTOMY | | | | Inpatient Only | $0.00 | | | |
| 50860 | C | TRANSPLANT URETER TO SKIN | | | | Inpatient Only | $0.00 | | | |
| 50900 | C | REPAIR OF URETER | | | | Inpatient Only | $0.00 | | | |
| 50920 | C | CLOSURE URETER/SKIN FISTULA | | | | Inpatient Only | $0.00 | | | |
| 50930 | C | CLOSURE URETER/BOWEL FISTULA | | | | Inpatient Only | $0.00 | | | |
| 50940 | C | RELEASE OF URETER | | | | Inpatient Only | $0.00 | | | |
| 50945 | T | LAPAROSCOPY URETEROLITHOTOMY | | 0131 | 48.899 | APC | $2,474.79 | | | |
| 50947 | T | LAPARO NEW URETER/BLADDER | | 0131 | 48.899 | APC | $2,474.79 | | | |
| 50948 | T | LAPARO NEW URETER/BLADDER | | 0131 | 48.899 | APC | $2,474.79 | | | |
| 50949 | T | LAPAROSCOPE PROC URETER | | 0130 | 38.283 | APC | $1,937.50 | | | |
| 50951 | T | ENDOSCOPY OF URETER | | 0160 | 7.1482 | APC | $361.77 | | | |
| 50953 | T | ENDOSCOPY OF URETER | | 0160 | 7.1482 | APC | $361.77 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 50955 | T | URETER ENDOSCOPY & BIOPSY | | 0162 | 26.767 | APC | $1,354.69 | | | |
| 50957 | T | URETER ENDOSCOPY & TREATMENT | | 0162 | 26.767 | APC | $1,354.69 | | | |
| 50961 | T | URETER ENDOSCOPY & TREATMENT | | 0162 | 26.767 | APC | $1,354.69 | | | |
| 50970 | T | URETER ENDOSCOPY | | 0160 | 7.1482 | APC | $361.77 | | | |
| 50972 | T | URETER ENDOSCOPY & CATHETER | | 0160 | 7.1482 | APC | $361.77 | | | |
| 50974 | T | URETER ENDOSCOPY & BIOPSY | | 0161 | 15.864 | APC | $802.85 | | | |
| 50976 | T | URETER ENDOSCOPY & TREATMENT | | 0161 | 15.864 | APC | $802.85 | | | |
| 50980 | T | URETER ENDOSCOPY & TREATMENT | | 0162 | 26.767 | APC | $1,354.69 | | | |
| 51020 | T | INCISE & TREAT BLADDER | | 0162 | 26.767 | APC | $1,354.69 | | | |
| 51030 | T | INCISE & TREAT BLADDER | | 0162 | 26.767 | APC | $1,354.69 | | | |
| 51040 | T | INCISE & DRAIN BLADDER | | 0162 | 26.767 | APC | $1,354.69 | | | |
| 51045 | T | INCISE BLADDER/DRAIN URETER | | 0160 | 7.1482 | APC | $361.77 | | | |
| 51050 | T | REMOVAL OF BLADDER STONE | | 0162 | 26.767 | APC | $1,354.69 | | | |
| 51060 | T | REMOVAL OF URETER STONE | | 0163 | 38.381 | APC | $1,942.48 | | | |
| 51065 | T | REMOVE URETER CALCULUS | | 0162 | 26.767 | APC | $1,354.69 | | | |
| 51080 | T | DRAINAGE OF BLADDER ABSCESS | | 0008 | 18.498 | APC | $936.16 | | | |
| 51100 | T | DRAIN BLADDER BY NEEDLE | | 0164 | 2.1419 | APC | $108.40 | | | |
| 51101 | T | DRAIN BLADDER BY TROCAR/CATH | | 0126 | 1.1497 | APC | $58.19 | | | |
| 51102 | T | DRAIN BL W/CATH INSERTION | | 0165 | 19.766 | APC | $1,000.34 | | | |
| 51500 | T | REMOVAL OF BLADDER CYST | | 0154 | 34.063 | APC | $1,723.91 | | | |
| 51520 | T | REMOVAL OF BLADDER LESION | | 0162 | 26.767 | APC | $1,354.69 | | | |
| 51525 | C | REMOVAL OF BLADDER LESION | | | | Inpatient Only | $0.00 | | | |
| 51530 | C | REMOVAL OF BLADDER LESION | | | | Inpatient Only | $0.00 | | | |
| 51535 | T | REPAIR OF URETER LESION | | 0162 | 26.767 | APC | $1,354.69 | | | |
| 51550 | C | PARTIAL REMOVAL OF BLADDER | | | | Inpatient Only | $0.00 | | | |
| 51555 | C | PARTIAL REMOVAL OF BLADDER | | | | Inpatient Only | $0.00 | | | |
| 51565 | C | REVISE BLADDER & URETER(S) | | | | Inpatient Only | $0.00 | | | |
| 51570 | C | REMOVAL OF BLADDER | | | | Inpatient Only | $0.00 | | | |
| 51575 | C | REMOVAL OF BLADDER & NODES | | | | Inpatient Only | $0.00 | | | |
| 51580 | C | REMOVE BLADDER/REVISE TRACT | | | | Inpatient Only | $0.00 | | | |
| 51585 | C | REMOVAL OF BLADDER & NODES | | | | Inpatient Only | $0.00 | | | |
| 51590 | C | REMOVE BLADDER/REVISE TRACT | | | | Inpatient Only | $0.00 | | | |
| 51595 | C | REMOVE BLADDER/REVISE TRACT | | | | Inpatient Only | $0.00 | | | |
| 51596 | C | REMOVE BLADDER/CREATE POUCH | | | | Inpatient Only | $0.00 | | | |
| 51597 | C | REMOVAL OF PELVIC STRUCTURES | | | | Inpatient Only | $0.00 | | | |
| 51600 | N | INJECTION FOR BLADDER X-RAY | | | | Bundled | $0.00 | | | |
| 51605 | N | PREPARATION FOR BLADDER XRAY | | | | Bundled | $0.00 | | | |
| 51610 | N | INJECTION FOR BLADDER X-RAY | | | | Bundled | $0.00 | | | |
| 51700 | T | IRRIGATION OF BLADDER | | 0164 | 2.1419 | APC | $108.40 | | | |
| 51701 | X | INSERT BLADDER CATHETER | | 0340 | 0.6961 | APC | $35.23 | | | |
| 51702 | X | INSERT TEMP BLADDER CATH | | 0340 | 0.6961 | APC | $35.23 | | | |
| 51703 | T | INSERT BLADDER CATH COMPLEX | | 0126 | 1.1497 | APC | $58.19 | | | |
| 51705 | T | CHANGE OF BLADDER TUBE | | 0164 | 2.1419 | APC | $108.40 | | | |
| 51710 | T | CHANGE OF BLADDER TUBE | | 0121 | 6.1648 | APC | $312.00 | | | |
| 51715 | T | ENDOSCOPIC INJECTION/IMPLANT | | 0168 | 33.279 | APC | $1,684.25 | | | |
| 51720 | T | TREATMENT OF BLADDER LESION | | 0156 | 3.2577 | APC | $164.87 | | | |
| 51725 | T | SIMPLE CYSTOMETROGRAM | | 0156 | 3.2577 | APC | $164.87 | | | |
| 51726 | T | COMPLEX CYSTOMETROGRAM | | 0156 | 3.2577 | APC | $164.87 | | | |
| 51727 | T | CYSTOMETROGRAM W/UP | | 0156 | 3.2577 | APC | $164.87 | | | |
| 51728 | T | CYSTOMETROGRAM W/VP | | 0156 | 3.2577 | APC | $164.87 | | | |
| 51729 | T | CYSTOMETROGRAM W/VP&UP | | 0156 | 3.2577 | APC | $164.87 | | | |
| 51736 | X | URINE FLOW MEASUREMENT | | 0340 | 0.6961 | APC | $35.23 | | | |
| 51741 | T | ELECTRO-UROFLOWMETRY FIRST | | 0126 | 1.1497 | APC | $58.19 | | | |
| 51784 | T | ANAL/URINARY MUSCLE STUDY | | 0126 | 1.1497 | APC | $58.19 | | | |
| 51785 | T | ANAL/URINARY MUSCLE STUDY | | 0164 | 2.1419 | APC | $108.40 | | | |
| 51792 | T | URINARY REFLEX STUDY | | 0126 | 1.1497 | APC | $58.19 | | | |
| 51797 | T | INTRAABDOMINAL PRESSURE TEST | | 0164 | 2.1419 | APC | $108.40 | | | |
| 51798 | X | US URINE CAPACITY MEASURE | | 0340 | 0.6961 | APC | $35.23 | | | |
| 51800 | C | REVISION OF BLADDER/URETHRA | | | | Inpatient Only | $0.00 | | | |
| 51820 | C | REVISION OF URINARY TRACT | | | | Inpatient Only | $0.00 | | | |
| 51840 | C | ATTACH BLADDER/URETHRA | | | | Inpatient Only | $0.00 | | | |
| 51841 | C | ATTACH BLADDER/URETHRA | | | | Inpatient Only | $0.00 | | | |
| 51845 | T | REPAIR BLADDER NECK | | 0202 | 47.755 | APC | $2,416.87 | | | |
| 51860 | T | REPAIR OF BLADDER WOUND | | 0162 | 26.767 | APC | $1,354.69 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 51865 | C | REPAIR OF BLADDER WOUND | | | | Inpatient Only | $0.00 | | | |
| 51880 | T | REPAIR OF BLADDER OPENING | | 0162 | 26.767 | APC | $1,354.69 | | | |
| 51900 | C | REPAIR BLADDER/VAGINA LESION | | | | Inpatient Only | $0.00 | | | |
| 51920 | C | CLOSE BLADDER-UTERUS FISTULA | | | | Inpatient Only | $0.00 | | | |
| 51925 | C | HYSTERECTOMY/BLADDER REPAIR | | | | Inpatient Only | $0.00 | | | |
| 51940 | C | CORRECTION OF BLADDER DEFECT | | | | Inpatient Only | $0.00 | | | |
| 51960 | C | REVISION OF BLADDER & BOWEL | | | | Inpatient Only | $0.00 | | | |
| 51980 | C | CONSTRUCT BLADDER OPENING | | | | Inpatient Only | $0.00 | | | |
| 51990 | T | LAPARO URETHRAL SUSPENSION | | 0131 | 48.899 | APC | $2,474.79 | | | |
| 51992 | T | LAPARO SLING OPERATION | | 0131 | 48.899 | APC | $2,474.79 | | | |
| 51999 | T | LAPAROSCOPE PROC BLA | | 0130 | 38.283 | APC | $1,937.50 | | | |
| 52000 | T | CYSTOSCOPY | | 0160 | 7.1482 | APC | $361.77 | | | |
| 52001 | T | CYSTOSCOPY REMOVAL OF CLOTS | | 0161 | 15.864 | APC | $802.85 | | | |
| 52005 | T | CYSTOSCOPY & URETER CATHETER | | 0162 | 26.767 | APC | $1,354.69 | | | |
| 52007 | T | CYSTOSCOPY AND BIOPSY | | 0162 | 26.767 | APC | $1,354.69 | | | |
| 52010 | T | CYSTOSCOPY & DUCT CATHETER | | 0160 | 7.1482 | APC | $361.77 | | | |
| 52204 | T | CYSTOSCOPY W/BIOPSY(S) | | 0162 | 26.767 | APC | $1,354.69 | | | |
| 52214 | T | CYSTOSCOPY AND TREATMENT | | 0162 | 26.767 | APC | $1,354.69 | | | |
| 52224 | T | CYSTOSCOPY AND TREATMENT | | 0162 | 26.767 | APC | $1,354.69 | | | |
| 52234 | T | CYSTOSCOPY AND TREATMENT | | 0162 | 26.767 | APC | $1,354.69 | | | |
| 52235 | T | CYSTOSCOPY AND TREATMENT | | 0162 | 26.767 | APC | $1,354.69 | | | |
| 52240 | T | CYSTOSCOPY AND TREATMENT | | 0162 | 26.767 | APC | $1,354.69 | | | |
| 52250 | T | CYSTOSCOPY AND RADIOTRACER | | 0162 | 26.767 | APC | $1,354.69 | | | |
| 52260 | T | CYSTOSCOPY AND TREATMENT | | 0161 | 15.864 | APC | $802.85 | | | |
| 52265 | T | CYSTOSCOPY AND TREATMENT | | 0160 | 7.1482 | APC | $361.77 | | | |
| 52270 | T | CYSTOSCOPY & REVISE URETHRA | | 0161 | 15.864 | APC | $802.85 | | | |
| 52275 | T | CYSTOSCOPY & REVISE URETHRA | | 0162 | 26.767 | APC | $1,354.69 | | | |
| 52276 | T | CYSTOSCOPY AND TREATMENT | | 0162 | 26.767 | APC | $1,354.69 | | | |
| 52277 | T | CYSTOSCOPY AND TREATMENT | | 0162 | 26.767 | APC | $1,354.69 | | | |
| 52281 | T | CYSTOSCOPY AND TREATMENT | | 0161 | 15.864 | APC | $802.85 | | | |
| 52282 | T | CYSTOSCOPY IMPLANT STENT | | 0163 | 38.381 | APC | $1,942.48 | | | |
| 52283 | T | CYSTOSCOPY AND TREATMENT | | 0162 | 26.767 | APC | $1,354.69 | | | |
| 52285 | T | CYSTOSCOPY AND TREATMENT | | 0161 | 15.864 | APC | $802.85 | | | |
| 52287 | T | CYSTOSCOPY CHEMODENERVATION | | 0161 | 15.864 | APC | $802.85 | | | |
| 52290 | T | CYSTOSCOPY AND TREATMENT | | 0162 | 26.767 | APC | $1,354.69 | | | |
| 52300 | T | CYSTOSCOPY AND TREATMENT | | 0162 | 26.767 | APC | $1,354.69 | | | |
| 52301 | T | CYSTOSCOPY AND TREATMENT | | 0162 | 26.767 | APC | $1,354.69 | | | |
| 52305 | T | CYSTOSCOPY AND TREATMENT | | 0162 | 26.767 | APC | $1,354.69 | | | |
| 52310 | T | CYSTOSCOPY AND TREATMENT | | 0161 | 15.864 | APC | $802.85 | | | |
| 52315 | T | CYSTOSCOPY AND TREATMENT | | 0162 | 26.767 | APC | $1,354.69 | | | |
| 52317 | T | REMOVE BLADDER STONE | | 0162 | 26.767 | APC | $1,354.69 | | | |
| 52318 | T | REMOVE BLADDER STONE | | 0162 | 26.767 | APC | $1,354.69 | | | |
| 52320 | T | CYSTOSCOPY AND TREATMENT | | 0162 | 26.767 | APC | $1,354.69 | | | |
| 52325 | T | CYSTOSCOPY STONE REMOVAL | | 0162 | 26.767 | APC | $1,354.69 | | | |
| 52327 | T | CYSTOSCOPY INJECT MATERIAL | | 0163 | 38.381 | APC | $1,942.48 | | | |
| 52330 | T | CYSTOSCOPY AND TREATMENT | | 0162 | 26.767 | APC | $1,354.69 | | | |
| 52332 | T | CYSTOSCOPY AND TREATMENT | | 0162 | 26.767 | APC | $1,354.69 | | | |
| 52334 | T | CREATE PASSAGE TO KIDNEY | | 0162 | 26.767 | APC | $1,354.69 | | | |
| 52341 | T | CYSTO W/URETER STRICTURE TX | | 0162 | 26.767 | APC | $1,354.69 | | | |
| 52342 | T | CYSTO W/UP STRICTURE TX | | 0162 | 26.767 | APC | $1,354.69 | | | |
| 52343 | T | CYSTO W/RENAL STRICTURE TX | | 0162 | 26.767 | APC | $1,354.69 | | | |
| 52344 | T | CYSTO/URETERO STRICTURE TX | | 0162 | 26.767 | APC | $1,354.69 | | | |
| 52345 | T | CYSTO/URETERO W/UP STRICTURE | | 0162 | 26.767 | APC | $1,354.69 | | | |
| 52346 | T | CYSTOURETERO W/RENAL STRICT | | 0162 | 26.767 | APC | $1,354.69 | | | |
| 52351 | T | CYSTOURETERO & OR PYELOSCOPE | | 0162 | 26.767 | APC | $1,354.69 | | | |
| 52352 | T | CYSTOURETERO W/STONE REMOVE | | 0162 | 26.767 | APC | $1,354.69 | | | |
| 52353 | T | CYSTOURETERO W/LITHOTRIPSY | | 0163 | 38.381 | APC | $1,942.48 | | | |
| 52354 | T | CYSTOURETERO W/BIOPSY | | 0162 | 26.767 | APC | $1,354.69 | | | |
| 52355 | T | CYSTOURETERO W/EXCISE TUMOR | | 0162 | 26.767 | APC | $1,354.69 | | | |
| 52400 | T | CYSTOURETERO W/CONGEN REPR | | 0162 | 26.767 | APC | $1,354.69 | | | |
| 52402 | T | CYSTOURETHRO CUT EJACUL DUCT | | 0162 | 26.767 | APC | $1,354.69 | | | |
| 52450 | T | INCISION OF PROSTATE | | 0162 | 26.767 | APC | $1,354.69 | | | |
| 52500 | T | REVISION OF BLADDER NECK | | 0162 | 26.767 | APC | $1,354.69 | | | |
| 52601 | T | PROSTATECTOMY (TURP) | | 0163 | 38.381 | APC | $1,942.48 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 52630 | T | REMOVE PROSTATE REGROWTH | | 0163 | 38.381 | APC | $1,942.48 | | | |
| 52640 | T | RELIEVE BLADDER CONTRACTURE | | 0162 | 26.767 | APC | $1,354.69 | | | |
| 52647 | T | LASER SURGERY OF PROSTATE | | 0429 | 45.729 | APC | $2,314.32 | | | |
| 52648 | T | LASER SURGERY OF PROSTATE | | 0429 | 45.729 | APC | $2,314.32 | | | |
| 52649 | T | PROSTATE LASER ENUCLEATION | | 0429 | 45.729 | APC | $2,314.32 | | | |
| 52700 | T | DRAINAGE OF PROSTATE ABSCESS | | 0162 | 26.767 | APC | $1,354.69 | | | |
| 53000 | T | INCISION OF URETHRA | | 0166 | 21.597 | APC | $1,093.00 | | | |
| 53010 | T | INCISION OF URETHRA | | 0166 | 21.597 | APC | $1,093.00 | | | |
| 53020 | T | INCISION OF URETHRA | | 0166 | 21.597 | APC | $1,093.00 | | | |
| 53025 | T | INCISION OF URETHRA | | 0166 | 21.597 | APC | $1,093.00 | | | |
| 53040 | T | DRAINAGE OF URETHRA ABSCESS | | 0166 | 21.597 | APC | $1,093.00 | | | |
| 53060 | T | DRAINAGE OF URETHRA ABSCESS | | 0166 | 21.597 | APC | $1,093.00 | | | |
| 53080 | T | DRAINAGE OF URINARY LEAKAGE | | 0166 | 21.597 | APC | $1,093.00 | | | |
| 53085 | T | DRAINAGE OF URINARY LEAKAGE | | 0166 | 21.597 | APC | $1,093.00 | | | |
| 53200 | T | BIOPSY OF URETHRA | | 0166 | 21.597 | APC | $1,093.00 | | | |
| 53210 | T | REMOVAL OF URETHRA | | 0168 | 33.279 | APC | $1,684.25 | | | |
| 53215 | T | REMOVAL OF URETHRA | | 0166 | 21.597 | APC | $1,093.00 | | | |
| 53220 | T | TREATMENT OF URETHRA LESION | | 0168 | 33.279 | APC | $1,684.25 | | | |
| 53230 | T | REMOVAL OF URETHRA LESION | | 0168 | 33.279 | APC | $1,684.25 | | | |
| 53235 | T | REMOVAL OF URETHRA LESION | | 0166 | 21.597 | APC | $1,093.00 | | | |
| 53240 | T | SURGERY FOR URETHRA POUCH | | 0168 | 33.279 | APC | $1,684.25 | | | |
| 53250 | T | REMOVAL OF URETHRA GLAND | | 0166 | 21.597 | APC | $1,093.00 | | | |
| 53260 | T | TREATMENT OF URETHRA LESION | | 0166 | 21.597 | APC | $1,093.00 | | | |
| 53265 | T | TREATMENT OF URETHRA LESION | | 0166 | 21.597 | APC | $1,093.00 | | | |
| 53270 | T | REMOVAL OF URETHRA GLAND | | 0166 | 21.597 | APC | $1,093.00 | | | |
| 53275 | T | REPAIR OF URETHRA DEFECT | | 0166 | 21.597 | APC | $1,093.00 | | | |
| 53400 | T | REVISE URETHRA STAGE 1 | | 0168 | 33.279 | APC | $1,684.25 | | | |
| 53405 | T | REVISE URETHRA STAGE 2 | | 0168 | 33.279 | APC | $1,684.25 | | | |
| 53410 | T | RECONSTRUCTION OF URETHRA | | 0168 | 33.279 | APC | $1,684.25 | | | |
| 53415 | C | RECONSTRUCTION OF URETHRA | | | | Inpatient Only | $0.00 | | | |
| 53420 | T | RECONSTRUCT URETHRA STAGE 1 | | 0168 | 33.279 | APC | $1,684.25 | | | |
| 53425 | T | RECONSTRUCT URETHRA STAGE 2 | | 0168 | 33.279 | APC | $1,684.25 | | | |
| 53430 | T | RECONSTRUCTION OF URETHRA | | 0168 | 33.279 | APC | $1,684.25 | | | |
| 53431 | T | RECONSTRUCT URETHRA/BLADDER | | 0168 | 33.279 | APC | $1,684.25 | | | |
| 53440 | S | MALE SLING PROCEDURE | | 0385 | 107.07 | APC | $5,418.70 | | | |
| 53442 | T | REMOVE/REVISE MALE SLING | | 0168 | 33.279 | APC | $1,684.25 | | | |
| 53444 | S | INSERT TANDEM CUFF | | 0385 | 107.07 | APC | $5,418.70 | | | |
| 53445 | S | INSERT URO/VES NCK SPHINCTER | | 0386 | 175.49 | APC | $8,881.72 | | | |
| 53446 | T | REMOVE URO SPHINCTER | | 0168 | 33.279 | APC | $1,684.25 | | | |
| 53447 | S | REMOVE/REPLACE UR SPHINCTER | | 0386 | 175.49 | APC | $8,881.72 | | | |
| 53448 | C | REMOV/REPLC UR SPHINCTR COMP | | | | Inpatient Only | $0.00 | | | |
| 53449 | T | REPAIR URO SPHINCTER | | 0168 | 33.279 | APC | $1,684.25 | | | |
| 53450 | T | REVISION OF URETHRA | | 0168 | 33.279 | APC | $1,684.25 | | | |
| 53460 | T | REVISION OF URETHRA | | 0166 | 21.597 | APC | $1,093.00 | | | |
| 53500 | T | URETHRLYS TRANSVAG W/ SCOPE | | 0168 | 33.279 | APC | $1,684.25 | | | |
| 53502 | T | REPAIR OF URETHRA INJURY | | 0166 | 21.597 | APC | $1,093.00 | | | |
| 53505 | T | REPAIR OF URETHRA INJURY | | 0168 | 33.279 | APC | $1,684.25 | | | |
| 53510 | T | REPAIR OF URETHRA INJURY | | 0166 | 21.597 | APC | $1,093.00 | | | |
| 53515 | T | REPAIR OF URETHRA INJURY | | 0168 | 33.279 | APC | $1,684.25 | | | |
| 53520 | T | REPAIR OF URETHRA DEFECT | | 0168 | 33.279 | APC | $1,684.25 | | | |
| 53600 | T | DILATE URETHRA STRICTURE | | 0156 | 3.2577 | APC | $164.87 | | | |
| 53601 | T | DILATE URETHRA STRICTURE | | 0126 | 1.1497 | APC | $58.19 | | | |
| 53605 | T | DILATE URETHRA STRICTURE | | 0161 | 15.864 | APC | $802.85 | | | |
| 53620 | T | DILATE URETHRA STRICTURE | | 0165 | 19.766 | APC | $1,000.34 | | | |
| 53621 | T | DILATE URETHRA STRICTURE | | 0164 | 2.1419 | APC | $108.40 | | | |
| 53660 | T | DILATION OF URETHRA | | 0126 | 1.1497 | APC | $58.19 | | | |
| 53661 | T | DILATION OF URETHRA | | 0126 | 1.1497 | APC | $58.19 | | | |
| 53665 | T | DILATION OF URETHRA | | 0166 | 21.597 | APC | $1,093.00 | | | |
| 53850 | T | PROSTATIC MICROWAVE THERMOTX | | 0429 | 45.729 | APC | $2,314.32 | | | |
| 53852 | T | PROSTATIC RF THERMOTX | | 0429 | 45.729 | APC | $2,314.32 | | | |
| 53855 | T | INSERT PROST URETHRAL STENT | | 0164 | 2.1419 | APC | $108.40 | | | |
| 53860 | T | TRANSURETHRAL RF TREATMENT | | 0165 | 19.766 | APC | $1,000.34 | | | |
| 53899 | T | UROLOGY SURGERY PROCEDURE | | 0126 | 1.1497 | APC | $58.19 | | | |
| 54000 | T | SLITTING OF PREPUCE | | 0166 | 21.597 | APC | $1,093.00 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 54001 | T | SLITTING OF PREPUCE | | 0166 | 21.597 | APC | $1,093.00 | | | |
| 54015 | T | DRAIN PENIS LESION | | 0008 | 18.498 | APC | $936.16 | | | |
| 54050 | T | DESTRUCTION PENIS LESION(S) | | 0015 | 1.4998 | APC | $75.90 | | | |
| 54055 | T | DESTRUCTION PENIS LESION(S) | | 0017 | 19.881 | APC | $1,006.20 | | | |
| 54056 | T | CRYOSURGERY PENIS LESION(S) | | 0013 | 1.0032 | APC | $50.77 | | | |
| 54057 | T | LASER SURG PENIS LESION(S) | | 0017 | 19.881 | APC | $1,006.20 | | | |
| 54060 | T | EXCISION OF PENIS LESION(S) | | 0017 | 19.881 | APC | $1,006.20 | | | |
| 54065 | T | DESTRUCTION PENIS LESION(S) | | 0017 | 19.881 | APC | $1,006.20 | | | |
| 54100 | T | BIOPSY OF PENIS | | 0021 | 15.73 | APC | $796.09 | | | |
| 54105 | T | BIOPSY OF PENIS | | 0022 | 23.293 | APC | $1,178.85 | | | |
| 54110 | T | TREATMENT OF PENIS LESION | | 0181 | 38.92 | APC | $1,969.74 | | | |
| 54111 | T | TREAT PENIS LESION GRAFT | | 0181 | 38.92 | APC | $1,969.74 | | | |
| 54112 | T | TREAT PENIS LESION GRAFT | | 0181 | 38.92 | APC | $1,969.74 | | | |
| 54115 | T | TREATMENT OF PENIS LESION | | 0008 | 18.498 | APC | $936.16 | | | |
| 54120 | T | PARTIAL REMOVAL OF PENIS | | 0181 | 38.92 | APC | $1,969.74 | | | |
| 54125 | C | REMOVAL OF PENIS | | | | Inpatient Only | $0.00 | | | |
| 54130 | C | REMOVE PENIS & NODES | | | | Inpatient Only | $0.00 | | | |
| 54135 | C | REMOVE PENIS & NODES | | | | Inpatient Only | $0.00 | | | |
| 54150 | T | CIRCUMCISION W/REGIONL BLOCK | | 0183 | 23.794 | APC | $1,204.22 | | | |
| 54160 | T | CIRCUMCISION NEONATE | | 0183 | 23.794 | APC | $1,204.22 | | | |
| 54161 | T | CIRCUM 28 DAYS OR OLDER | | 0183 | 23.794 | APC | $1,204.22 | | | |
| 54162 | T | LYSIS PENIL CIRCUMIC LESION | | 0183 | 23.794 | APC | $1,204.22 | | | |
| 54163 | T | REPAIR OF CIRCUMCISION | | 0183 | 23.794 | APC | $1,204.22 | | | |
| 54164 | T | FRENULOTOMY OF PENIS | | 0183 | 23.794 | APC | $1,204.22 | | | |
| 54200 | T | TREATMENT OF PENIS LESION | | 0164 | 2.1419 | APC | $108.40 | | | |
| 54205 | T | TREATMENT OF PENIS LESION | | 0181 | 38.92 | APC | $1,969.74 | | | |
| 54220 | T | TREATMENT OF PENIS LESION | | 0164 | 2.1419 | APC | $108.40 | | | |
| 54230 | E | PREPARE PENIS STUDY | | | | Not Allowed | $0.00 | | | |
| 54231 | E | DYNAMIC CAVERNOSOMETRY | | | | Not Allowed | $0.00 | | | |
| 54235 | E | PENILE INJECTION | | | | Not Allowed | $0.00 | | | |
| 54240 | E | PENIS STUDY | | | | Not Allowed | $0.00 | | | |
| 54250 | E | PENIS STUDY | | | | Not Allowed | $0.00 | | | |
| 54300 | T | REVISION OF PENIS | | 0181 | 38.92 | APC | $1,969.74 | | | |
| 54304 | T | REVISION OF PENIS | | 0181 | 38.92 | APC | $1,969.74 | | | |
| 54308 | T | RECONSTRUCTION OF URETHRA | | 0181 | 38.92 | APC | $1,969.74 | | | |
| 54312 | T | RECONSTRUCTION OF URETHRA | | 0181 | 38.92 | APC | $1,969.74 | | | |
| 54316 | T | RECONSTRUCTION OF URETHRA | | 0181 | 38.92 | APC | $1,969.74 | | | |
| 54318 | T | RECONSTRUCTION OF URETHRA | | 0181 | 38.92 | APC | $1,969.74 | | | |
| 54322 | T | RECONSTRUCTION OF URETHRA | | 0181 | 38.92 | APC | $1,969.74 | | | |
| 54324 | T | RECONSTRUCTION OF URETHRA | | 0181 | 38.92 | APC | $1,969.74 | | | |
| 54326 | T | RECONSTRUCTION OF URETHRA | | 0181 | 38.92 | APC | $1,969.74 | | | |
| 54328 | T | REVISE PENIS/URETHRA | | 0181 | 38.92 | APC | $1,969.74 | | | |
| 54332 | T | REVISE PENIS/URETHRA | | 0181 | 38.92 | APC | $1,969.74 | | | |
| 54336 | T | REVISE PENIS/URETHRA | | 0181 | 38.92 | APC | $1,969.74 | | | |
| 54340 | T | SECONDARY URETHRAL SURGERY | | 0181 | 38.92 | APC | $1,969.74 | | | |
| 54344 | T | SECONDARY URETHRAL SURGERY | | 0181 | 38.92 | APC | $1,969.74 | | | |
| 54348 | T | SECONDARY URETHRAL SURGERY | | 0181 | 38.92 | APC | $1,969.74 | | | |
| 54352 | T | RECONSTRUCT URETHRA/PENIS | | 0181 | 38.92 | APC | $1,969.74 | | | |
| 54360 | E | PENIS PLASTIC SURGERY | | | | Not Allowed | $0.00 | | | |
| 54380 | T | REPAIR PENIS | | 0181 | 38.92 | APC | $1,969.74 | | | |
| 54385 | T | REPAIR PENIS | | 0181 | 38.92 | APC | $1,969.74 | | | |
| 54390 | C | REPAIR PENIS AND BLADDER | | | | Inpatient Only | $0.00 | | | |
| 54400 | E | INSERT SEMI-RIGID PROSTHESIS | | | | Not Allowed | $0.00 | | | |
| 54401 | E | INSERT SELF-CONTD PROSTHESIS | | | | Not Allowed | $0.00 | | | |
| 54405 | E | INSERT MULTI-COMP PENIS PROS | | | | Not Allowed | $0.00 | | | |
| 54406 | E | REMOVE MUTI-COMP PENIS PROS | | | | Not Allowed | $0.00 | | | |
| 54408 | E | REPAIR MULTI-COMP PENIS PROS | | | | Not Allowed | $0.00 | | | |
| 54410 | E | REMOVE/REPLACE PENIS PROSTH | | | | Not Allowed | $0.00 | | | |
| 54411 | E | REMOV/REPLC PENIS PROS COMP | | | | Not Allowed | $0.00 | | | |
| 54415 | E | REMOVE SELF-CONTD PENIS PROS | | | | Not Allowed | $0.00 | | | |
| 54416 | E | REMV/REPL PENIS CONTAIN PROS | | | | Not Allowed | $0.00 | | | |
| 54417 | E | REMV/REPLC PENIS PROS COMPL | | | | Not Allowed | $0.00 | | | |
| 54420 | T | REVISION OF PENIS | | 0181 | 38.92 | APC | $1,969.74 | | | |
| 54430 | C | REVISION OF PENIS | | | | Inpatient Only | $0.00 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 54435 | T | REVISION OF PENIS | | 0181 | 38.92 | APC | $1,969.74 | | | |
| 54440 | T | REPAIR OF PENIS | | 0181 | 38.92 | APC | $1,969.74 | | | |
| 54450 | T | PREPUTIAL STRETCHING | | 0156 | 3.2577 | APC | $164.87 | | | |
| 54500 | T | BIOPSY OF TESTIS | | 0037 | 15.685 | APC | $793.81 | | | |
| 54505 | T | BIOPSY OF TESTIS | | 0183 | 23.794 | APC | $1,204.22 | | | |
| 54512 | T | EXCISE LESION TESTIS | | 0183 | 23.794 | APC | $1,204.22 | | | |
| 54520 | T | REMOVAL OF TESTIS | | 0183 | 23.794 | APC | $1,204.22 | | | |
| 54522 | T | ORCHIECTOMY PARTIAL | | 0183 | 23.794 | APC | $1,204.22 | | | |
| 54530 | T | REMOVAL OF TESTIS | | 0154 | 34.063 | APC | $1,723.91 | | | |
| 54535 | T | EXTENSIVE TESTIS SURGERY | | 0181 | 38.92 | APC | $1,969.74 | | | |
| 54550 | T | EXPLORATION FOR TESTIS | | 0154 | 34.063 | APC | $1,723.91 | | | |
| 54560 | T | EXPLORATION FOR TESTIS | | 0183 | 23.794 | APC | $1,204.22 | | | |
| 54600 | T | REDUCE TESTIS TORSION | | 0183 | 23.794 | APC | $1,204.22 | | | |
| 54620 | T | SUSPENSION OF TESTIS | | 0183 | 23.794 | APC | $1,204.22 | | | |
| 54640 | T | SUSPENSION OF TESTIS | | 0154 | 34.063 | APC | $1,723.91 | | | |
| 54650 | T | ORCHIOPEXY (FOWLER-STEPHENS) | | 0154 | 34.063 | APC | $1,723.91 | | | |
| 54660 | T | REVISION OF TESTIS | | 0183 | 23.794 | APC | $1,204.22 | | | |
| 54670 | T | REPAIR TESTIS INJURY | | 0183 | 23.794 | APC | $1,204.22 | | | |
| 54680 | T | RELOCATION OF TESTIS(ES) | | 0183 | 23.794 | APC | $1,204.22 | | | |
| 54690 | T | LAPAROSCOPY ORCHIECTOMY | | 0131 | 48.899 | APC | $2,474.79 | | | |
| 54692 | T | LAPAROSCOPY ORCHIOPEXY | | 0132 | 71.816 | APC | $3,634.59 | | | |
| 54699 | T | LAPAROSCOPE PROC TESTIS | | 0130 | 38.283 | APC | $1,937.50 | | | |
| 54700 | T | DRAINAGE OF SCROTUM | | 0183 | 23.794 | APC | $1,204.22 | | | |
| 54800 | T | BIOPSY OF EPIDIDYMIS | | 0004 | 4.8451 | APC | $245.21 | | | |
| 54830 | T | REMOVE EPIDIDYMIS LESION | | 0183 | 23.794 | APC | $1,204.22 | | | |
| 54840 | T | REMOVE EPIDIDYMIS LESION | | 0183 | 23.794 | APC | $1,204.22 | | | |
| 54860 | T | REMOVAL OF EPIDIDYMIS | | 0183 | 23.794 | APC | $1,204.22 | | | |
| 54861 | T | REMOVAL OF EPIDIDYMIS | | 0183 | 23.794 | APC | $1,204.22 | | | |
| 54865 | T | EXPLORE EPIDIDYMIS | | 0183 | 23.794 | APC | $1,204.22 | | | |
| 54900 | T | FUSION OF SPERMATIC DUCTS | | 0183 | 23.794 | APC | $1,204.22 | | | |
| 54901 | T | FUSION OF SPERMATIC DUCTS | | 0183 | 23.794 | APC | $1,204.22 | | | |
| 55000 | T | DRAINAGE OF HYDROCELE | | 0004 | 4.8451 | APC | $245.21 | | | |
| 55040 | T | REMOVAL OF HYDROCELE | | 0154 | 34.063 | APC | $1,723.91 | | | |
| 55041 | T | REMOVAL OF HYDROCELES | | 0154 | 34.063 | APC | $1,723.91 | | | |
| 55060 | T | REPAIR OF HYDROCELE | | 0183 | 23.794 | APC | $1,204.22 | | | |
| 55100 | T | DRAINAGE OF SCROTUM ABSCESS | | 0007 | 10.175 | APC | $514.94 | | | |
| 55110 | T | EXPLORE SCROTUM | | 0183 | 23.794 | APC | $1,204.22 | | | |
| 55120 | T | REMOVAL OF SCROTUM LESION | | 0183 | 23.794 | APC | $1,204.22 | | | |
| 55150 | T | REMOVAL OF SCROTUM | | 0183 | 23.794 | APC | $1,204.22 | | | |
| 55175 | T | REVISION OF SCROTUM | | 0183 | 23.794 | APC | $1,204.22 | | | |
| 55180 | T | REVISION OF SCROTUM | | 0183 | 23.794 | APC | $1,204.22 | | | |
| 55200 | T | INCISION OF SPERM DUCT | | 0183 | 23.794 | APC | $1,204.22 | | | |
| 55250 | T | REMOVAL OF SPERM DUCT(S) | | 0183 | 23.794 | APC | $1,204.22 | | | |
| 55300 | N | PREPARE SPERM DUCT X-RAY | | | | Bundled | $0.00 | | | |
| 55400 | T | REPAIR OF SPERM DUCT | | 0183 | 23.794 | APC | $1,204.22 | | | |
| 55450 | T | LIGATION OF SPERM DUCT | | 0183 | 23.794 | APC | $1,204.22 | | | |
| 55500 | T | REMOVAL OF HYDROCELE | | 0183 | 23.794 | APC | $1,204.22 | | | |
| 55520 | T | REMOVAL OF SPERM CORD LESION | | 0183 | 23.794 | APC | $1,204.22 | | | |
| 55530 | T | REVISE SPERMATIC CORD VEINS | | 0183 | 23.794 | APC | $1,204.22 | | | |
| 55535 | T | REVISE SPERMATIC CORD VEINS | | 0154 | 34.063 | APC | $1,723.91 | | | |
| 55540 | T | REVISE HERNIA & SPERM VEINS | | 0154 | 34.063 | APC | $1,723.91 | | | |
| 55550 | T | LAPARO LIGATE SPERMATIC VEIN | | 0131 | 48.899 | APC | $2,474.79 | | | |
| 55559 | T | LAPARO PROC SPERMATIC CORD | | 0130 | 38.283 | APC | $1,937.50 | | | |
| 55600 | T | INCISE SPERM DUCT POUCH | | 0183 | 23.794 | APC | $1,204.22 | | | |
| 55605 | C | INCISE SPERM DUCT POUCH | | | | Inpatient Only | $0.00 | | | |
| 55650 | C | REMOVE SPERM DUCT POUCH | | | | Inpatient Only | $0.00 | | | |
| 55680 | T | REMOVE SPERM POUCH LESION | | 0183 | 23.794 | APC | $1,204.22 | | | |
| 55700 | T | BIOPSY OF PROSTATE | | 0184 | 13.563 | APC | $686.42 | | | |
| 55705 | T | BIOPSY OF PROSTATE | | 0184 | 13.563 | APC | $686.42 | | | |
| 55706 | T | PROSTATE SATURATION SAMPLING | | 0184 | 13.563 | APC | $686.42 | | | |
| 55720 | T | DRAINAGE OF PROSTATE ABSCESS | | 0162 | 26.767 | APC | $1,354.69 | | | |
| 55725 | T | DRAINAGE OF PROSTATE ABSCESS | | 0162 | 26.767 | APC | $1,354.69 | | | |
| 55801 | C | REMOVAL OF PROSTATE | | | | Inpatient Only | $0.00 | | | |
| 55810 | C | EXTENSIVE PROSTATE SURGERY | | | | Inpatient Only | $0.00 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 55812 | C | EXTENSIVE PROSTATE SURGERY | | | | Inpatient Only | $0.00 | | | |
| 55815 | C | EXTENSIVE PROSTATE SURGERY | | | | Inpatient Only | $0.00 | | | |
| 55821 | C | REMOVAL OF PROSTATE | | | | Inpatient Only | $0.00 | | | |
| 55831 | C | REMOVAL OF PROSTATE | | | | Inpatient Only | $0.00 | | | |
| 55840 | C | EXTENSIVE PROSTATE SURGERY | | | | Inpatient Only | $0.00 | | | |
| 55842 | C | EXTENSIVE PROSTATE SURGERY | | | | Inpatient Only | $0.00 | | | |
| 55845 | C | EXTENSIVE PROSTATE SURGERY | | | | Inpatient Only | $0.00 | | | |
| 55860 | T | SURGICAL EXPOSURE PROSTATE | | 0165 | 19.766 | APC | $1,000.34 | | | |
| 55862 | C | EXTENSIVE PROSTATE SURGERY | | | | Inpatient Only | $0.00 | | | |
| 55865 | C | EXTENSIVE PROSTATE SURGERY | | | | Inpatient Only | $0.00 | | | |
| 55866 | C | LAPARO RADICAL PROSTATECTOMY | | | | Inpatient Only | $0.00 | | | |
| 55870 | E | ELECTROEJACULATION | | | | Not Allowed | $0.00 | | | |
| 55873 | T | CRYOABLATE PROSTATE | | 0674 | 109.73 | APC | $5,553.37 | | | |
| 55875 | N | TRANSPERI NEEDLE PLACE PROS | | 0163 | 38.381 | Bundled, may be payable in some circumstances | $8,249.43 | | | |
| 55876 | X | PLACE RT DEVICE/MARKER PROS | | 0310 | 13.805 | APC | $698.68 | | | |
| 55899 | T | GENITAL SURGERY PROCEDURE | | 0126 | 1.1497 | APC | $58.19 | | | |
| 55920 | T | PLACE NEEDLES PELVIC FOR RT | | 0153 | 25.978 | APC | $1,314.75 | | | |
| 55970 | E | SEX TRANSFORMATION M TO F | | | | Not Allowed | $0.00 | | | |
| 55980 | E | SEX TRANSFORMATION F TO M | | | | Not Allowed | $0.00 | | | |
| 56405 | T | I & D OF VULVA/PERINEUM | | 0188 | 1.6625 | APC | $84.14 | | | |
| 56420 | T | DRAINAGE OF GLAND ABSCESS | | 0188 | 1.6625 | APC | $84.14 | | | |
| 56440 | T | SURGERY FOR VULVA LESION | | 0193 | 20.397 | APC | $1,032.28 | | | |
| 56441 | T | LYSIS OF LABIAL LESION(S) | | 0193 | 20.397 | APC | $1,032.28 | | | |
| 56442 | T | HYMENOTOMY | | 0193 | 20.397 | APC | $1,032.28 | | | |
| 56501 | T | DESTROY VULVA LESIONS SIM | | 0017 | 19.881 | APC | $1,006.20 | | | |
| 56515 | T | DESTROY VULVA LESION/S COMPL | | 0017 | 19.881 | APC | $1,006.20 | | | |
| 56605 | T | BIOPSY OF VULVA/PERINEUM | | 0189 | 3.2826 | APC | $166.13 | | | |
| 56606 | T | BIOPSY OF VULVA/PERINEUM | | 0188 | 1.6625 | APC | $84.14 | | | |
| 56620 | T | PARTIAL REMOVAL OF VULVA | | 0193 | 20.397 | APC | $1,032.28 | | | |
| 56625 | T | COMPLETE REMOVAL OF VULVA | | 0193 | 20.397 | APC | $1,032.28 | | | |
| 56630 | C | EXTENSIVE VULVA SURGERY | | | | Inpatient Only | $0.00 | | | |
| 56631 | C | EXTENSIVE VULVA SURGERY | | | | Inpatient Only | $0.00 | | | |
| 56632 | C | EXTENSIVE VULVA SURGERY | | | | Inpatient Only | $0.00 | | | |
| 56633 | C | EXTENSIVE VULVA SURGERY | | | | Inpatient Only | $0.00 | | | |
| 56634 | C | EXTENSIVE VULVA SURGERY | | | | Inpatient Only | $0.00 | | | |
| 56637 | C | EXTENSIVE VULVA SURGERY | | | | Inpatient Only | $0.00 | | | |
| 56640 | C | EXTENSIVE VULVA SURGERY | | | | Inpatient Only | $0.00 | | | |
| 56700 | T | PARTIAL REMOVAL OF HYMEN | | 0193 | 20.397 | APC | $1,032.28 | | | |
| 56740 | T | REMOVE VAGINA GLAND LESION | | 0193 | 20.397 | APC | $1,032.28 | | | |
| 56800 | T | REPAIR OF VAGINA | | 0193 | 20.397 | APC | $1,032.28 | | | |
| 56805 | T | REPAIR CLITORIS | | 0193 | 20.397 | APC | $1,032.28 | | | |
| 56810 | T | REPAIR OF PERINEUM | | 0193 | 20.397 | APC | $1,032.28 | | | |
| 56820 | T | EXAM OF VULVA W/SCOPE | | 0188 | 1.6625 | APC | $84.14 | | | |
| 56821 | T | EXAM/BIOPSY OF VULVA W/SCOPE | | 0188 | 1.6625 | APC | $84.14 | | | |
| 57000 | T | EXPLORATION OF VAGINA | | 0193 | 20.397 | APC | $1,032.28 | | | |
| 57010 | T | DRAINAGE OF PELVIC ABSCESS | | 0193 | 20.397 | APC | $1,032.28 | | | |
| 57020 | T | DRAINAGE OF PELVIC FLUID | | 0192 | 6.9849 | APC | $353.51 | | | |
| 57022 | T | I & D VAGINAL HEMATOMA PP | | 0007 | 10.175 | APC | $514.94 | | | |
| 57023 | T | I & D VAG HEMATOMA NON-OB | | 0008 | 18.498 | APC | $936.16 | | | |
| 57061 | T | DESTROY VAG LESIONS SIMPLE | | 0193 | 20.397 | APC | $1,032.28 | | | |
| 57065 | T | DESTROY VAG LESIONS COMPLEX | | 0193 | 20.397 | APC | $1,032.28 | | | |
| 57100 | T | BIOPSY OF VAGINA | | 0192 | 6.9849 | APC | $353.51 | | | |
| 57105 | T | BIOPSY OF VAGINA | | 0193 | 20.397 | APC | $1,032.28 | | | |
| 57106 | T | REMOVE VAGINA WALL PARTIAL | | 0193 | 20.397 | APC | $1,032.28 | | | |
| 57107 | T | REMOVE VAGINA TISSUE PART | | 0195 | 37.012 | APC | $1,873.18 | | | |
| 57109 | T | VAGINECTOMY PARTIAL W/NODES | | 0195 | 37.012 | APC | $1,873.18 | | | |
| 57110 | C | REMOVE VAGINA WALL COMPLETE | | | | Inpatient Only | $0.00 | | | |
| 57111 | C | REMOVE VAGINA TISSUE COMPL | | | | Inpatient Only | $0.00 | | | |
| 57112 | C | VAGINECTOMY W/NODES COMPL | | | | Inpatient Only | $0.00 | | | |
| 57120 | T | CLOSURE OF VAGINA | | 0195 | 37.012 | APC | $1,873.18 | | | |
| 57130 | T | REMOVE VAGINA LESION | | 0193 | 20.397 | APC | $1,032.28 | | | |
| 57135 | T | REMOVE VAGINA LESION | | 0193 | 20.397 | APC | $1,032.28 | | | |
| 57150 | T | TREAT VAGINA INFECTION | | 0188 | 1.6625 | APC | $84.14 | | | |
| 57155 | T | INSERT UTERI TANDEM/OVOIDS | | 0192 | 6.9849 | APC | $353.51 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 57156 | T | INS VAG BRACHYTX DEVICE | | 0189 | 3.2826 | APC | $166.13 | | | |
| 57160 | T | INSERT PESSARY/OTHER DEVICE | | 0188 | 1.6625 | APC | $84.14 | | | |
| 57170 | T | FITTING OF DIAPHRAGM/CAP | | 0191 | 0.1157 | APC | $5.86 | | | |
| 57180 | T | TREAT VAGINAL BLEEDING | | 0188 | 1.6625 | APC | $84.14 | | | |
| 57200 | T | REPAIR OF VAGINA | | 0193 | 20.397 | APC | $1,032.28 | | | |
| 57210 | T | REPAIR VAGINA/PERINEUM | | 0193 | 20.397 | APC | $1,032.28 | | | |
| 57220 | T | REVISION OF URETHRA | | 0202 | 47.755 | APC | $2,416.87 | | | |
| 57230 | T | REPAIR OF URETHRAL LESION | | 0195 | 37.012 | APC | $1,873.18 | | | |
| 57240 | T | REPAIR BLADDER & VAGINA | | 0195 | 37.012 | APC | $1,873.18 | | | |
| 57250 | T | REPAIR RECTUM & VAGINA | | 0195 | 37.012 | APC | $1,873.18 | | | |
| 57260 | T | REPAIR OF VAGINA | | 0195 | 37.012 | APC | $1,873.18 | | | |
| 57265 | T | EXTENSIVE REPAIR OF VAGINA | | 0202 | 47.755 | APC | $2,416.87 | | | |
| 57267 | T | INSERT MESH/PELVIC FLR ADDON | | 0195 | 37.012 | APC | $1,873.18 | | | |
| 57268 | T | REPAIR OF BOWEL BULGE | | 0195 | 37.012 | APC | $1,873.18 | | | |
| 57270 | C | REPAIR OF BOWEL POUCH | | | | Inpatient Only | $0.00 | | | |
| 57280 | C | SUSPENSION OF VAGINA | | | | Inpatient Only | $0.00 | | | |
| 57282 | T | COLPOPEXY EXTRAPERITONEAL | | 0202 | 47.755 | APC | $2,416.87 | | | |
| 57283 | T | COLPOPEXY INTRAPERITONEAL | | 0202 | 47.755 | APC | $2,416.87 | | | |
| 57284 | T | REPAIR PARAVAG DEFECT OPEN | | 0202 | 47.755 | APC | $2,416.87 | | | |
| 57285 | T | REPAIR PARAVAG DEFECT VAG | | 0202 | 47.755 | APC | $2,416.87 | | | |
| 57287 | T | REVISE/REMOVE SLING REPAIR | | 0195 | 37.012 | APC | $1,873.18 | | | |
| 57288 | T | REPAIR BLADDER DEFECT | | 0202 | 47.755 | APC | $2,416.87 | | | |
| 57289 | T | REPAIR BLADDER & VAGINA | | 0195 | 37.012 | APC | $1,873.18 | | | |
| 57291 | E | CONSTRUCTION OF VAGINA | | | | Not Allowed | $0.00 | | | |
| 57292 | E | CONSTRUCT VAGINA WITH GRAFT | | | | Not Allowed | $0.00 | | | |
| 57295 | T | REVISE VAG GRAFT VIA VAGINA | | 0193 | 20.397 | APC | $1,032.28 | | | |
| 57296 | C | REVISE VAG GRAFT OPEN ABD | | | | Inpatient Only | $0.00 | | | |
| 57300 | T | REPAIR RECTUM-VAGINA FISTULA | | 0195 | 37.012 | APC | $1,873.18 | | | |
| 57305 | C | REPAIR RECTUM-VAGINA FISTULA | | | | Inpatient Only | $0.00 | | | |
| 57307 | C | FISTULA REPAIR & COLOSTOMY | | | | Inpatient Only | $0.00 | | | |
| 57308 | C | FISTULA REPAIR TRANSPERINE | | | | Inpatient Only | $0.00 | | | |
| 57310 | T | REPAIR URETHROVAGINAL LESION | | 0202 | 47.755 | APC | $2,416.87 | | | |
| 57311 | C | REPAIR URETHROVAGINAL LESION | | | | Inpatient Only | $0.00 | | | |
| 57320 | T | REPAIR BLADDER-VAGINA LESION | | 0195 | 37.012 | APC | $1,873.18 | | | |
| 57330 | T | REPAIR BLADDER-VAGINA LESION | | 0195 | 37.012 | APC | $1,873.18 | | | |
| 57335 | T | REPAIR VAGINA | | 0195 | 37.012 | APC | $1,873.18 | | | |
| 57400 | T | DILATION OF VAGINA | | 0193 | 20.397 | APC | $1,032.28 | | | |
| 57410 | T | PELVIC EXAMINATION | | 0193 | 20.397 | APC | $1,032.28 | | | |
| 57415 | T | REMOVE VAGINAL FOREIGN BODY | | 0193 | 20.397 | APC | $1,032.28 | | | |
| 57420 | T | EXAM OF VAGINA W/SCOPE | | 0189 | 3.2826 | APC | $166.13 | | | |
| 57421 | T | EXAM/BIOPSY OF VAG W/SCOPE | | 0189 | 3.2826 | APC | $166.13 | | | |
| 57423 | T | REPAIR PARAVAG DEFECT LAP | | 0202 | 47.755 | APC | $2,416.87 | | | |
| 57425 | T | LAPAROSCOPY SURG COLPOPEXY | | 0131 | 48.899 | APC | $2,474.79 | | | |
| 57426 | T | REVISE PROSTH VAG GRAFT LAP | | 0193 | 20.397 | APC | $1,032.28 | | | |
| 57452 | T | EXAM OF CERVIX W/SCOPE | | 0188 | 1.6625 | APC | $84.14 | | | |
| 57454 | T | BX/CURETT OF CERVIX W/SCOPE | | 0189 | 3.2826 | APC | $166.13 | | | |
| 57455 | T | BIOPSY OF CERVIX W/SCOPE | | 0189 | 3.2826 | APC | $166.13 | | | |
| 57456 | T | ENDOCERV CURETTAGE W/SCOPE | | 0189 | 3.2826 | APC | $166.13 | | | |
| 57460 | T | BX OF CERVIX W/SCOPE LEEP | | 0193 | 20.397 | APC | $1,032.28 | | | |
| 57461 | T | CONZ OF CERVIX W/SCOPE LEEP | | 0193 | 20.397 | APC | $1,032.28 | | | |
| 57500 | T | BIOPSY OF CERVIX | | 0192 | 6.9849 | APC | $353.51 | | | |
| 57505 | T | ENDOCERVICAL CURETTAGE | | 0192 | 6.9849 | APC | $353.51 | | | |
| 57510 | T | CAUTERIZATION OF CERVIX | | 0193 | 20.397 | APC | $1,032.28 | | | |
| 57511 | T | CRYOCAUTERY OF CERVIX | | 0188 | 1.6625 | APC | $84.14 | | | |
| 57513 | T | LASER SURGERY OF CERVIX | | 0193 | 20.397 | APC | $1,032.28 | | | |
| 57520 | T | CONIZATION OF CERVIX | | 0193 | 20.397 | APC | $1,032.28 | | | |
| 57522 | T | CONIZATION OF CERVIX | | 0193 | 20.397 | APC | $1,032.28 | | | |
| 57530 | T | REMOVAL OF CERVIX | | 0195 | 37.012 | APC | $1,873.18 | | | |
| 57531 | C | REMOVAL OF CERVIX RADICAL | | | | Inpatient Only | $0.00 | | | |
| 57540 | C | REMOVAL OF RESIDUAL CERVIX | | | | Inpatient Only | $0.00 | | | |
| 57545 | C | REMOVE CERVIX/REPAIR PELVIS | | | | Inpatient Only | $0.00 | | | |
| 57550 | T | REMOVAL OF RESIDUAL CERVIX | | 0195 | 37.012 | APC | $1,873.18 | | | |
| 57555 | T | REMOVE CERVIX/REPAIR VAGINA | | 0195 | 37.012 | APC | $1,873.18 | | | |
| 57556 | T | REMOVE CERVIX REPAIR BOWEL | | 0202 | 47.755 | APC | $2,416.87 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 57558 | T | D&C OF CERVICAL STUMP | | 0193 | 20.397 | APC | $1,032.28 | | | |
| 57700 | T | REVISION OF CERVIX | | 0193 | 20.397 | APC | $1,032.28 | | | |
| 57720 | T | REVISION OF CERVIX | | 0193 | 20.397 | APC | $1,032.28 | | | |
| 57800 | T | DILATION OF CERVICAL CANAL | | 0193 | 20.397 | APC | $1,032.28 | | | |
| 58100 | T | BIOPSY OF UTERUS LINING | | 0188 | 1.6625 | APC | $84.14 | | | |
| 58110 | N | BX DONE W/COLPOSCOPY ADD-ON | | | | Bundled | $0.00 | | | |
| 58120 | T | DILATION AND CURETTAGE | | 0193 | 20.397 | APC | $1,032.28 | | | |
| 58140 | C | MYOMECTOMY ABDOM METHOD | | | | Inpatient Only | $0.00 | | | |
| 58145 | T | MYOMECTOMY VAG METHOD | | 0195 | 37.012 | APC | $1,873.18 | | | |
| 58146 | C | MYOMECTOMY ABDOM COMPLEX | | | | Inpatient Only | $0.00 | | | |
| 58150 | C | TOTAL HYSTERECTOMY | | | | Inpatient Only | $0.00 | | | |
| 58152 | C | TOTAL HYSTERECTOMY | | | | Inpatient Only | $0.00 | | | |
| 58180 | C | PARTIAL HYSTERECTOMY | | | | Inpatient Only | $0.00 | | | |
| 58200 | C | EXTENSIVE HYSTERECTOMY | | | | Inpatient Only | $0.00 | | | |
| 58210 | C | EXTENSIVE HYSTERECTOMY | | | | Inpatient Only | $0.00 | | | |
| 58240 | C | REMOVAL OF PELVIS CONTENTS | | | | Inpatient Only | $0.00 | | | |
| 58260 | T | VAGINAL HYSTERECTOMY | | 0195 | 37.012 | APC | $1,873.18 | | | |
| 58262 | T | VAG HYST INCLUDING T/O | | 0195 | 37.012 | APC | $1,873.18 | | | |
| 58263 | T | VAG HYST W/T/O & VAG REPAIR | | 0195 | 37.012 | APC | $1,873.18 | | | |
| 58267 | C | VAG HYST W/URINARY REPAIR | | | | Inpatient Only | $0.00 | | | |
| 58270 | T | VAG HYST W/ENTEROCELE REPAIR | | 0195 | 37.012 | APC | $1,873.18 | | | |
| 58275 | C | HYSTERECTOMY/REVISE VAGINA | | | | Inpatient Only | $0.00 | | | |
| 58280 | C | HYSTERECTOMY/REVISE VAGINA | | | | Inpatient Only | $0.00 | | | |
| 58285 | C | EXTENSIVE HYSTERECTOMY | | | | Inpatient Only | $0.00 | | | |
| 58290 | T | VAG HYST COMPLEX | | 0202 | 47.755 | APC | $2,416.87 | | | |
| 58291 | T | VAG HYST INCL T/O COMPLEX | | 0202 | 47.755 | APC | $2,416.87 | | | |
| 58292 | T | VAG HYST T/O & REPAIR COMPL | | 0202 | 47.755 | APC | $2,416.87 | | | |
| 58293 | C | VAG HYST W/URO REPAIR COMPL | | | | Inpatient Only | $0.00 | | | |
| 58294 | T | VAG HYST W/ENTEROCELE COMPL | | 0202 | 47.755 | APC | $2,416.87 | | | |
| 58300 | M | INSERT INTRAUTERINE DEVICE | | | | Fee Schedule | $53.95 | | | |
| 58301 | T | REMOVE INTRAUTERINE DEVICE | | 0188 | 1.6625 | APC | $84.14 | | | |
| 58321 | E | ARTIFICIAL INSEMINATION | | | | Not Allowed | $0.00 | | | |
| 58322 | E | ARTIFICIAL INSEMINATION | | | | Not Allowed | $0.00 | | | |
| 58323 | E | SPERM WASHING | | | | Not Allowed | $0.00 | | | |
| 58340 | N | CATHETER FOR HYSTEROGRAPHY | | | | Bundled | $0.00 | | | |
| 58345 | E | REOPEN FALLOPIAN TUBE | | | | Not Allowed | $0.00 | | | |
| 58346 | T | INSERT HEYMAN UTERI CAPSULE | | 0193 | 20.397 | APC | $1,032.28 | | | |
| 58350 | T | REOPEN FALLOPIAN TUBE | | 0195 | 37.012 | APC | $1,873.18 | | | |
| 58353 | T | ENDOMETR ABLATE THERMAL | | 0195 | 37.012 | APC | $1,873.18 | | | |
| 58356 | T | ENDOMETRIAL CRYOABLATION | | 0202 | 47.755 | APC | $2,416.87 | | | |
| 58400 | C | SUSPENSION OF UTERUS | | | | Inpatient Only | $0.00 | | | |
| 58410 | C | SUSPENSION OF UTERUS | | | | Inpatient Only | $0.00 | | | |
| 58520 | C | REPAIR OF RUPTURED UTERUS | | | | Inpatient Only | $0.00 | | | |
| 58540 | C | REVISION OF UTERUS | | | | Inpatient Only | $0.00 | | | |
| 58541 | T | LSH UTERUS 250 G OR LESS | | 0132 | 71.816 | APC | $3,634.59 | | | |
| 58542 | T | LSH W/T/O UT 250 G OR LESS | | 0132 | 71.816 | APC | $3,634.59 | | | |
| 58543 | T | LSH UTERUS ABOVE 250 G | | 0132 | 71.816 | APC | $3,634.59 | | | |
| 58544 | T | LSH W/T/O UTERUS ABOVE 250 G | | 0132 | 71.816 | APC | $3,634.59 | | | |
| 58545 | T | LAPAROSCOPIC MYOMECTOMY | | 0130 | 38.283 | APC | $1,937.50 | | | |
| 58546 | T | LAPARO-MYOMECTOMY COMPLEX | | 0131 | 48.899 | APC | $2,474.79 | | | |
| 58548 | C | LAP RADICAL HYST | | | | Inpatient Only | $0.00 | | | |
| 58550 | T | LAPARO-ASST VAG HYSTERECTOMY | | 0132 | 71.816 | APC | $3,634.59 | | | |
| 58552 | T | LAPARO-VAG HYST INCL T/O | | 0131 | 48.899 | APC | $2,474.79 | | | |
| 58553 | T | LAPARO-VAG HYST COMPLEX | | 0131 | 48.899 | APC | $2,474.79 | | | |
| 58554 | T | LAPARO-VAG HYST W/T/O COMPL | | 0131 | 48.899 | APC | $2,474.79 | | | |
| 58555 | T | HYSTEROSCOPY DX SEP PROC | | 0190 | 23.587 | APC | $1,193.74 | | | |
| 58558 | T | HYSTEROSCOPY BIOPSY | | 0190 | 23.587 | APC | $1,193.74 | | | |
| 58559 | T | HYSTEROSCOPY LYSIS | | 0190 | 23.587 | APC | $1,193.74 | | | |
| 58560 | T | HYSTEROSCOPY RESECT SEPTUM | | 0387 | 37.526 | APC | $1,899.19 | | | |
| 58561 | T | HYSTEROSCOPY REMOVE MYOMA | | 0387 | 37.526 | APC | $1,899.19 | | | |
| 58562 | T | HYSTEROSCOPY REMOVE FB | | 0190 | 23.587 | APC | $1,193.74 | | | |
| 58563 | T | HYSTEROSCOPY ABLATION | | 0387 | 37.526 | APC | $1,899.19 | | | |
| 58565 | T | HYSTEROSCOPY STERILIZATION | | 0202 | 47.755 | APC | $2,416.87 | | | |
| 58570 | T | TLH UTERUS 250 G OR LESS | | 0131 | 48.899 | APC | $2,474.79 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 58571 | T | TLH W/T/O 250 G OR LESS | | 0131 | 48.899 | APC | $2,474.79 | | | |
| 58572 | T | TLH UTERUS OVER 250 G | | 0131 | 48.899 | APC | $2,474.79 | | | |
| 58573 | T | TLH W/T/O UTERUS OVER 250 G | | 0131 | 48.899 | APC | $2,474.79 | | | |
| 58578 | T | LAPARO PROC UTERUS | | 0130 | 38.283 | APC | $1,937.50 | | | |
| 58579 | T | HYSTEROSCOPE PROCEDURE | | 0190 | 23.587 | APC | $1,193.74 | | | |
| 58600 | T | DIVISION OF FALLOPIAN TUBE | | 0195 | 37.012 | APC | $1,873.18 | | | |
| 58605 | C | DIVISION OF FALLOPIAN TUBE | | | | Inpatient Only | $0.00 | | | |
| 58611 | C | LIGATE OVIDUCT(S) ADD-ON | | | | Inpatient Only | $0.00 | | | |
| 58615 | T | OCCLUDE FALLOPIAN TUBE(S) | | 0193 | 20.397 | APC | $1,032.28 | | | |
| 58660 | T | LAPAROSCOPY LYSIS | | 0131 | 48.899 | APC | $2,474.79 | | | |
| 58661 | T | LAPAROSCOPY REMOVE ADNEXA | | 0131 | 48.899 | APC | $2,474.79 | | | |
| 58662 | T | LAPAROSCOPY EXCISE LESIONS | | 0131 | 48.899 | APC | $2,474.79 | | | |
| 58670 | T | LAPAROSCOPY TUBAL CAUTERY | | 0131 | 48.899 | APC | $2,474.79 | | | |
| 58671 | T | LAPAROSCOPY TUBAL BLOCK | | 0131 | 48.899 | APC | $2,474.79 | | | |
| 58672 | T | LAPAROSCOPY FIMBRIOPLASTY | | 0131 | 48.899 | APC | $2,474.79 | | | |
| 58673 | T | LAPAROSCOPY SALPINGOSTOMY | | 0131 | 48.899 | APC | $2,474.79 | | | |
| 58679 | T | LAPARO PROC OVIDUCT-OVARY | | 0130 | 38.283 | APC | $1,937.50 | | | |
| 58700 | C | REMOVAL OF FALLOPIAN TUBE | | | | Inpatient Only | $0.00 | | | |
| 58720 | C | REMOVAL OF OVARY/TUBE(S) | | | | Inpatient Only | $0.00 | | | |
| 58740 | C | ADHESIOLYSIS TUBE OVARY | | | | Inpatient Only | $0.00 | | | |
| 58750 | E | REPAIR OVIDUCT | | | | Not Allowed | $0.00 | | | |
| 58752 | E | REVISE OVARIAN TUBE(S) | | | | Not Allowed | $0.00 | | | |
| 58760 | E | FIMBRIOPLASTY | | | | Not Allowed | $0.00 | | | |
| 58770 | E | CREATE NEW TUBAL OPENING | | | | Not Allowed | $0.00 | | | |
| 58800 | T | DRAINAGE OF OVARIAN CYST(S) | | 0193 | 20.397 | APC | $1,032.28 | | | |
| 58805 | T | DRAINAGE OF OVARIAN CYST(S) | | 0195 | 37.012 | APC | $1,873.18 | | | |
| 58820 | T | DRAIN OVARY ABSCESS OPEN | | 0195 | 37.012 | APC | $1,873.18 | | | |
| 58822 | C | DRAIN OVARY ABSCESS PERCUT | | | | Inpatient Only | $0.00 | | | |
| 58823 | T | DRAIN PELVIC ABSCESS PERCUT | | 0193 | 20.397 | APC | $1,032.28 | | | |
| 58825 | C | TRANSPOSITION OVARY(S) | | | | Inpatient Only | $0.00 | | | |
| 58900 | T | BIOPSY OF OVARY(S) | | 0193 | 20.397 | APC | $1,032.28 | | | |
| 58920 | T | PARTIAL REMOVAL OF OVARY(S) | | 0195 | 37.012 | APC | $1,873.18 | | | |
| 58925 | T | REMOVAL OF OVARIAN CYST(S) | | 0195 | 37.012 | APC | $1,873.18 | | | |
| 58940 | C | REMOVAL OF OVARY(S) | | | | Inpatient Only | $0.00 | | | |
| 58943 | C | REMOVAL OF OVARY(S) | | | | Inpatient Only | $0.00 | | | |
| 58950 | C | RESECT OVARIAN MALIGNANCY | | | | Inpatient Only | $0.00 | | | |
| 58951 | C | RESECT OVARIAN MALIGNANCY | | | | Inpatient Only | $0.00 | | | |
| 58952 | C | RESECT OVARIAN MALIGNANCY | | | | Inpatient Only | $0.00 | | | |
| 58953 | C | TAH RAD DISSECT FOR DEBULK | | | | Inpatient Only | $0.00 | | | |
| 58954 | C | TAH RAD DEBULK/LYMPH REMOVE | | | | Inpatient Only | $0.00 | | | |
| 58956 | C | BSO OMENTECTOMY W/TAH | | | | Inpatient Only | $0.00 | | | |
| 58957 | C | RESECT RECURRENT GYN MAL | | | | Inpatient Only | $0.00 | | | |
| 58958 | C | RESECT RECUR GYN MAL W/LYM | | | | Inpatient Only | $0.00 | | | |
| 58960 | C | EXPLORATION OF ABDOMEN | | | | Inpatient Only | $0.00 | | | |
| 58970 | E | RETRIEVAL OF OOCYTE | | | | Not Allowed | $0.00 | | | |
| 58974 | E | TRANSFER OF EMBRYO | | | | Not Allowed | $0.00 | | | |
| 58976 | E | TRANSFER OF EMBRYO | | | | Not Allowed | $0.00 | | | |
| 58999 | T | GENITAL SURGERY PROCEDURE | | 0191 | 0.1157 | APC | $5.86 | | | |
| 59000 | T | AMNIOCENTESIS DIAGNOSTIC | | 0189 | 3.2826 | APC | $166.13 | | | |
| 59001 | T | AMNIOCENTESIS THERAPEUTIC | | 0192 | 6.9849 | APC | $353.51 | | | |
| 59012 | T | FETAL CORD PUNCTURE PRENATAL | | 0189 | 3.2826 | APC | $166.13 | | | |
| 59015 | T | CHORION BIOPSY | | 0189 | 3.2826 | APC | $166.13 | | | |
| 59020 | T | FETAL CONTRACT STRESS TEST | | 0188 | 1.6625 | APC | $84.14 | | | |
| 59025 | T | FETAL NON-STRESS TEST | | 0188 | 1.6625 | APC | $84.14 | | | |
| 59030 | T | FETAL SCALP BLOOD SAMPLE | | 0189 | 3.2826 | APC | $166.13 | | | |
| 59050 | M | FETAL MONITOR W/REPORT | | | | By Report | $0.00 | | | |
| 59051 | E | FETAL MONITOR/INTERPRET ONLY | | | | Not Allowed | $0.00 | | | |
| 59070 | T | TRANSABDOM AMNIOINFUS W/US | | 0188 | 1.6625 | APC | $84.14 | | | |
| 59072 | T | UMBILICAL CORD OCCLUD W/US | | 0189 | 3.2826 | APC | $166.13 | | | |
| 59074 | T | FETAL FLUID DRAINAGE W/US | | 0189 | 3.2826 | APC | $166.13 | | | |
| 59076 | T | FETAL SHUNT PLACEMENT W/US | | 0189 | 3.2826 | APC | $166.13 | | | |
| 59100 | T | REMOVE UTERUS LESION | | 0195 | 37.012 | APC | $1,873.18 | | | |
| 59120 | C | TREAT ECTOPIC PREGNANCY | | | | Inpatient Only | $0.00 | | | |
| 59121 | C | TREAT ECTOPIC PREGNANCY | | | | Inpatient Only | $0.00 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 59130 | C | TREAT ECTOPIC PREGNANCY | | | | Inpatient Only | $0.00 | | | |
| 59135 | C | TREAT ECTOPIC PREGNANCY | | | | Inpatient Only | $0.00 | | | |
| 59136 | C | TREAT ECTOPIC PREGNANCY | | | | Inpatient Only | $0.00 | | | |
| 59140 | C | TREAT ECTOPIC PREGNANCY | | | | Inpatient Only | $0.00 | | | |
| 59150 | T | TREAT ECTOPIC PREGNANCY | | 0131 | 48.899 | APC | $2,474.79 | | | |
| 59151 | T | TREAT ECTOPIC PREGNANCY | | 0131 | 48.899 | APC | $2,474.79 | | | |
| 59160 | T | D & C AFTER DELIVERY | | 0193 | 20.397 | APC | $1,032.28 | | | |
| 59200 | T | INSERT CERVICAL DILATOR | | 0188 | 1.6625 | APC | $84.14 | | | |
| 59300 | T | EPISIOTOMY OR VAGINAL REPAIR | | 0193 | 20.397 | APC | $1,032.28 | | | |
| 59320 | T | REVISION OF CERVIX | | 0193 | 20.397 | APC | $1,032.28 | | | |
| 59325 | C | REVISION OF CERVIX | | | | Inpatient Only | $0.00 | | | |
| 59350 | C | REPAIR OF UTERUS | | | | Inpatient Only | $0.00 | | | |
| 59400 | E | OBSTETRICAL CARE | | | | Not Allowed | $0.00 | | | |
| 59409 | T | OBSTETRICAL CARE | | 0193 | 20.397 | APC | $1,032.28 | | | |
| 59410 | E | OBSTETRICAL CARE | | | | Not Allowed | $0.00 | | | |
| 59412 | T | ANTEPARTUM MANIPULATION | | 0193 | 20.397 | APC | $1,032.28 | | | |
| 59414 | T | DELIVER PLACENTA | | 0193 | 20.397 | APC | $1,032.28 | | | |
| 59425 | M | ANTEPARTUM CARE ONLY | | | | Fee Schedule | $0.00 | | | |
| 59426 | M | ANTEPARTUM CARE ONLY | | | | Fee Schedule | $0.00 | | | |
| 59430 | M | CARE AFTER DELIVERY | | | | Fee Schedule | $0.00 | | | |
| 59510 | E | CESAREAN DELIVERY | | | | Not Allowed | $0.00 | | | |
| 59514 | C | CESAREAN DELIVERY ONLY | | | | Inpatient Only | $0.00 | | | |
| 59515 | E | CESAREAN DELIVERY | | | | Not Allowed | $0.00 | | | |
| 59525 | C | REMOVE UTERUS AFTER CESAREAN | | | | Inpatient Only | $0.00 | | | |
| 59610 | E | VBAC DELIVERY | | | | Not Allowed | $0.00 | | | |
| 59612 | T | VBAC DELIVERY ONLY | | 0193 | 20.397 | APC | $1,032.28 | | | |
| 59614 | E | VBAC CARE AFTER DELIVERY | | | | Not Allowed | $0.00 | | | |
| 59618 | E | ATTEMPTED VBAC DELIVERY | | | | Not Allowed | $0.00 | | | |
| 59620 | C | ATTEMPTED VBAC DELIVERY ONLY | | | | Inpatient Only | $0.00 | | | |
| 59622 | E | ATTEMPTED VBAC AFTER CARE | | | | Not Allowed | $0.00 | | | |
| 59812 | T | TREATMENT OF MISCARRIAGE | | 0193 | 20.397 | APC | $1,032.28 | | | |
| 59820 | T | CARE OF MISCARRIAGE | | 0193 | 20.397 | APC | $1,032.28 | | | |
| 59821 | T | TREATMENT OF MISCARRIAGE | | 0193 | 20.397 | APC | $1,032.28 | | | |
| 59830 | C | TREAT UTERUS INFECTION | | | | Inpatient Only | $0.00 | | | |
| 59840 | T | ABORTION | | 0193 | 20.397 | APC | $1,032.28 | | | |
| 59841 | T | ABORTION | | 0193 | 20.397 | APC | $1,032.28 | | | |
| 59850 | C | ABORTION | | | | Inpatient Only | $0.00 | | | |
| 59851 | C | ABORTION | | | | Inpatient Only | $0.00 | | | |
| 59852 | C | ABORTION | | | | Inpatient Only | $0.00 | | | |
| 59855 | C | ABORTION | | | | Inpatient Only | $0.00 | | | |
| 59856 | C | ABORTION | | | | Inpatient Only | $0.00 | | | |
| 59857 | C | ABORTION | | | | Inpatient Only | $0.00 | | | |
| 59866 | T | ABORTION (MPR) | | 0189 | 3.2826 | APC | $166.13 | | | |
| 59870 | T | EVACUATE MOLE OF UTERUS | | 0193 | 20.397 | APC | $1,032.28 | | | |
| 59871 | T | REMOVE CERCLAGE SUTURE | | 0193 | 20.397 | APC | $1,032.28 | | | |
| 59897 | T | FETAL INVAS PX W/US | | 0191 | 0.1157 | APC | $5.86 | | | |
| 59898 | T | LAPARO PROC OB CARE/DELIVER | | 0130 | 38.283 | APC | $1,937.50 | | | |
| 59899 | T | MATERNITY CARE PROCEDURE | | 0191 | 0.1157 | APC | $5.86 | | | |
| 60000 | T | DRAIN THYROID/TONGUE CYST | | 0252 | 6.9913 | APC | $353.83 | | | |
| 60100 | T | BIOPSY OF THYROID | | 0004 | 4.8451 | APC | $245.21 | | | |
| 60200 | T | REMOVE THYROID LESION | | 0114 | 51.479 | APC | $2,605.37 | | | |
| 60210 | T | PARTIAL THYROID EXCISION | | 0114 | 51.479 | APC | $2,605.37 | | | |
| 60212 | T | PARTIAL THYROID EXCISION | | 0114 | 51.479 | APC | $2,605.37 | | | |
| 60220 | T | PARTIAL REMOVAL OF THYROID | | 0114 | 51.479 | APC | $2,605.37 | | | |
| 60225 | T | PARTIAL REMOVAL OF THYROID | | 0114 | 51.479 | APC | $2,605.37 | | | |
| 60240 | T | REMOVAL OF THYROID | | 0114 | 51.479 | APC | $2,605.37 | | | |
| 60252 | T | REMOVAL OF THYROID | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 60254 | C | EXTENSIVE THYROID SURGERY | | | | Inpatient Only | $0.00 | | | |
| 60260 | T | REPEAT THYROID SURGERY | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 60270 | C | REMOVAL OF THYROID | | | | Inpatient Only | $0.00 | | | |
| 60271 | T | REMOVAL OF THYROID | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 60280 | T | REMOVE THYROID DUCT LESION | | 0114 | 51.479 | APC | $2,605.37 | | | |
| 60281 | T | REMOVE THYROID DUCT LESION | | 0114 | 51.479 | APC | $2,605.37 | | | |
| 60300 | T | ASPIR/INJ THYROID CYST | | 0004 | 4.8451 | APC | $245.21 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 60500 | T | EXPLORE PARATHYROID GLANDS | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 60502 | T | RE-EXPLORE PARATHYROIDS | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 60505 | C | EXPLORE PARATHYROID GLANDS | | | | Inpatient Only | $0.00 | | | |
| 60512 | T | AUTOTRANSPLANT PARATHYROID | | 0022 | 23.293 | APC | $1,178.85 | | | |
| 60520 | T | REMOVAL OF THYMUS GLAND | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 60521 | C | REMOVAL OF THYMUS GLAND | | | | Inpatient Only | $0.00 | | | |
| 60522 | C | REMOVAL OF THYMUS GLAND | | | | Inpatient Only | $0.00 | | | |
| 60540 | C | EXPLORE ADRENAL GLAND | | | | Inpatient Only | $0.00 | | | |
| 60545 | C | EXPLORE ADRENAL GLAND | | | | Inpatient Only | $0.00 | | | |
| 60600 | C | REMOVE CAROTID BODY LESION | | | | Inpatient Only | $0.00 | | | |
| 60605 | C | REMOVE CAROTID BODY LESION | | | | Inpatient Only | $0.00 | | | |
| 60650 | C | LAPAROSCOPY ADRENALECTOMY | | | | Inpatient Only | $0.00 | | | |
| 60659 | T | LAPARO PROC ENDOCRINE | | 0130 | 38.283 | APC | $1,937.50 | | | |
| 60699 | T | ENDOCRINE SURGERY PROCEDURE | | 0114 | 51.479 | APC | $2,605.37 | | | |
| 61000 | T | REMOVE CRANIAL CAVITY FLUID | | 0207 | 7.9333 | APC | $401.50 | | | |
| 61001 | T | REMOVE CRANIAL CAVITY FLUID | | 0207 | 7.9333 | APC | $401.50 | | | |
| 61020 | T | REMOVE BRAIN CAVITY FLUID | | 0207 | 7.9333 | APC | $401.50 | | | |
| 61026 | T | INJECTION INTO BRAIN CANAL | | 0207 | 7.9333 | APC | $401.50 | | | |
| 61050 | T | REMOVE BRAIN CANAL FLUID | | 0207 | 7.9333 | APC | $401.50 | | | |
| 61055 | T | INJECTION INTO BRAIN CANAL | | 0207 | 7.9333 | APC | $401.50 | | | |
| 61070 | T | BRAIN CANAL SHUNT PROCEDURE | | 0121 | 6.1648 | APC | $312.00 | | | |
| 61105 | C | TWIST DRILL HOLE | | | | Inpatient Only | $0.00 | | | |
| 61107 | C | DRILL SKULL FOR IMPLANTATION | | | | Inpatient Only | $0.00 | | | |
| 61108 | C | DRILL SKULL FOR DRAINAGE | | | | Inpatient Only | $0.00 | | | |
| 61120 | C | BURR HOLE FOR PUNCTURE | | | | Inpatient Only | $0.00 | | | |
| 61140 | C | PIERCE SKULL FOR BIOPSY | | | | Inpatient Only | $0.00 | | | |
| 61150 | C | PIERCE SKULL FOR DRAINAGE | | | | Inpatient Only | $0.00 | | | |
| 61151 | C | PIERCE SKULL FOR DRAINAGE | | | | Inpatient Only | $0.00 | | | |
| 61154 | C | PIERCE SKULL & REMOVE CLOT | | | | Inpatient Only | $0.00 | | | |
| 61156 | C | PIERCE SKULL FOR DRAINAGE | | | | Inpatient Only | $0.00 | | | |
| 61210 | C | PIERCE SKULL IMPLANT DEVICE | | | | Inpatient Only | $0.00 | | | |
| 61215 | T | INSERT BRAIN-FLUID DEVICE | | 0224 | 45.589 | APC | $2,307.26 | | | |
| 61250 | C | PIERCE SKULL & EXPLORE | | | | Inpatient Only | $0.00 | | | |
| 61253 | C | PIERCE SKULL & EXPLORE | | | | Inpatient Only | $0.00 | | | |
| 61304 | C | OPEN SKULL FOR EXPLORATION | | | | Inpatient Only | $0.00 | | | |
| 61305 | C | OPEN SKULL FOR EXPLORATION | | | | Inpatient Only | $0.00 | | | |
| 61312 | C | OPEN SKULL FOR DRAINAGE | | | | Inpatient Only | $0.00 | | | |
| 61313 | C | OPEN SKULL FOR DRAINAGE | | | | Inpatient Only | $0.00 | | | |
| 61314 | C | OPEN SKULL FOR DRAINAGE | | | | Inpatient Only | $0.00 | | | |
| 61315 | C | OPEN SKULL FOR DRAINAGE | | | | Inpatient Only | $0.00 | | | |
| 61316 | C | IMPLT CRAN BONE FLAP TO ABDO | | | | Inpatient Only | $0.00 | | | |
| 61320 | C | OPEN SKULL FOR DRAINAGE | | | | Inpatient Only | $0.00 | | | |
| 61321 | C | OPEN SKULL FOR DRAINAGE | | | | Inpatient Only | $0.00 | | | |
| 61322 | C | DECOMPRESSIVE CRANIOTOMY | | | | Inpatient Only | $0.00 | | | |
| 61323 | C | DECOMPRESSIVE LOBECTOMY | | | | Inpatient Only | $0.00 | | | |
| 61330 | T | DECOMPRESS EYE SOCKET | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 61332 | C | EXPLORE/BIOPSY EYE SOCKET | | | | Inpatient Only | $0.00 | | | |
| 61333 | C | EXPLORE ORBIT/REMOVE LESION | | | | Inpatient Only | $0.00 | | | |
| 61334 | T | EXPLORE ORBIT/REMOVE OBJECT | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 61340 | C | SUBTEMPORAL DECOMPRESSION | | | | Inpatient Only | $0.00 | | | |
| 61343 | C | INCISE SKULL (PRESS RELIEF) | | | | Inpatient Only | $0.00 | | | |
| 61345 | C | RELIEVE CRANIAL PRESSURE | | | | Inpatient Only | $0.00 | | | |
| 61440 | C | INCISE SKULL FOR SURGERY | | | | Inpatient Only | $0.00 | | | |
| 61450 | C | INCISE SKULL FOR SURGERY | | | | Inpatient Only | $0.00 | | | |
| 61458 | C | INCISE SKULL FOR BRAIN WOUND | | | | Inpatient Only | $0.00 | | | |
| 61460 | C | INCISE SKULL FOR SURGERY | | | | Inpatient Only | $0.00 | | | |
| 61470 | C | INCISE SKULL FOR SURGERY | | | | Inpatient Only | $0.00 | | | |
| 61480 | C | INCISE SKULL FOR SURGERY | | | | Inpatient Only | $0.00 | | | |
| 61490 | C | INCISE SKULL FOR SURGERY | | | | Inpatient Only | $0.00 | | | |
| 61500 | C | REMOVAL OF SKULL LESION | | | | Inpatient Only | $0.00 | | | |
| 61501 | C | REMOVE INFECTED SKULL BONE | | | | Inpatient Only | $0.00 | | | |
| 61510 | C | REMOVAL OF BRAIN LESION | | | | Inpatient Only | $0.00 | | | |
| 61512 | C | REMOVE BRAIN LINING LESION | | | | Inpatient Only | $0.00 | | | |
| 61514 | C | REMOVAL OF BRAIN ABSCESS | | | | Inpatient Only | $0.00 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 61516 | C | REMOVAL OF BRAIN LESION | | | | Inpatient Only | $0.00 | | | |
| 61517 | C | IMPLT BRAIN CHEMOTX ADD-ON | | | | Inpatient Only | $0.00 | | | |
| 61518 | C | REMOVAL OF BRAIN LESION | | | | Inpatient Only | $0.00 | | | |
| 61519 | C | REMOVE BRAIN LINING LESION | | | | Inpatient Only | $0.00 | | | |
| 61520 | C | REMOVAL OF BRAIN LESION | | | | Inpatient Only | $0.00 | | | |
| 61521 | C | REMOVAL OF BRAIN LESION | | | | Inpatient Only | $0.00 | | | |
| 61522 | C | REMOVAL OF BRAIN ABSCESS | | | | Inpatient Only | $0.00 | | | |
| 61524 | C | REMOVAL OF BRAIN LESION | | | | Inpatient Only | $0.00 | | | |
| 61526 | C | REMOVAL OF BRAIN LESION | | | | Inpatient Only | $0.00 | | | |
| 61530 | C | REMOVAL OF BRAIN LESION | | | | Inpatient Only | $0.00 | | | |
| 61531 | C | IMPLANT BRAIN ELECTRODES | | | | Inpatient Only | $0.00 | | | |
| 61533 | C | IMPLANT BRAIN ELECTRODES | | | | Inpatient Only | $0.00 | | | |
| 61534 | C | REMOVAL OF BRAIN LESION | | | | Inpatient Only | $0.00 | | | |
| 61535 | C | REMOVE BRAIN ELECTRODES | | | | Inpatient Only | $0.00 | | | |
| 61536 | C | REMOVAL OF BRAIN LESION | | | | Inpatient Only | $0.00 | | | |
| 61537 | C | REMOVAL OF BRAIN TISSUE | | | | Inpatient Only | $0.00 | | | |
| 61538 | C | REMOVAL OF BRAIN TISSUE | | | | Inpatient Only | $0.00 | | | |
| 61539 | C | REMOVAL OF BRAIN TISSUE | | | | Inpatient Only | $0.00 | | | |
| 61540 | C | REMOVAL OF BRAIN TISSUE | | | | Inpatient Only | $0.00 | | | |
| 61541 | C | INCISION OF BRAIN TISSUE | | | | Inpatient Only | $0.00 | | | |
| 61542 | C | REMOVAL OF BRAIN TISSUE | | | | Inpatient Only | $0.00 | | | |
| 61543 | C | REMOVAL OF BRAIN TISSUE | | | | Inpatient Only | $0.00 | | | |
| 61544 | C | REMOVE & TREAT BRAIN LESION | | | | Inpatient Only | $0.00 | | | |
| 61545 | C | EXCISION OF BRAIN TUMOR | | | | Inpatient Only | $0.00 | | | |
| 61546 | C | REMOVAL OF PITUITARY GLAND | | | | Inpatient Only | $0.00 | | | |
| 61548 | C | REMOVAL OF PITUITARY GLAND | | | | Inpatient Only | $0.00 | | | |
| 61550 | C | RELEASE OF SKULL SEAMS | | | | Inpatient Only | $0.00 | | | |
| 61552 | C | RELEASE OF SKULL SEAMS | | | | Inpatient Only | $0.00 | | | |
| 61556 | C | INCISE SKULL/SUTURES | | | | Inpatient Only | $0.00 | | | |
| 61557 | C | INCISE SKULL/SUTURES | | | | Inpatient Only | $0.00 | | | |
| 61558 | C | EXCISION OF SKULL/SUTURES | | | | Inpatient Only | $0.00 | | | |
| 61559 | C | EXCISION OF SKULL/SUTURES | | | | Inpatient Only | $0.00 | | | |
| 61563 | C | EXCISION OF SKULL TUMOR | | | | Inpatient Only | $0.00 | | | |
| 61564 | C | EXCISION OF SKULL TUMOR | | | | Inpatient Only | $0.00 | | | |
| 61566 | C | REMOVAL OF BRAIN TISSUE | | | | Inpatient Only | $0.00 | | | |
| 61567 | C | INCISION OF BRAIN TISSUE | | | | Inpatient Only | $0.00 | | | |
| 61570 | C | REMOVE FOREIGN BODY BRAIN | | | | Inpatient Only | $0.00 | | | |
| 61571 | C | INCISE SKULL FOR BRAIN WOUND | | | | Inpatient Only | $0.00 | | | |
| 61575 | C | SKULL BASE/BRAINSTEM SURGERY | | | | Inpatient Only | $0.00 | | | |
| 61576 | C | SKULL BASE/BRAINSTEM SURGERY | | | | Inpatient Only | $0.00 | | | |
| 61580 | C | CRANIOFACIAL APPROACH SKULL | | | | Inpatient Only | $0.00 | | | |
| 61581 | C | CRANIOFACIAL APPROACH SKULL | | | | Inpatient Only | $0.00 | | | |
| 61582 | C | CRANIOFACIAL APPROACH SKULL | | | | Inpatient Only | $0.00 | | | |
| 61583 | C | CRANIOFACIAL APPROACH SKULL | | | | Inpatient Only | $0.00 | | | |
| 61584 | C | ORBITOCRANIAL APPROACH/SKULL | | | | Inpatient Only | $0.00 | | | |
| 61585 | C | ORBITOCRANIAL APPROACH/SKULL | | | | Inpatient Only | $0.00 | | | |
| 61586 | C | RESECT NASOPHARYNX SKULL | | | | Inpatient Only | $0.00 | | | |
| 61590 | C | INFRATEMPORAL APPROACH/SKULL | | | | Inpatient Only | $0.00 | | | |
| 61591 | C | INFRATEMPORAL APPROACH/SKULL | | | | Inpatient Only | $0.00 | | | |
| 61592 | C | ORBITOCRANIAL APPROACH/SKULL | | | | Inpatient Only | $0.00 | | | |
| 61595 | C | TRANSTEMPORAL APPROACH/SKULL | | | | Inpatient Only | $0.00 | | | |
| 61596 | C | TRANSCOCHLEAR APPROACH/SKULL | | | | Inpatient Only | $0.00 | | | |
| 61597 | C | TRANSCONDYLAR APPROACH/SKULL | | | | Inpatient Only | $0.00 | | | |
| 61598 | C | TRANSPETROSAL APPROACH/SKULL | | | | Inpatient Only | $0.00 | | | |
| 61600 | C | RESECT/EXCISE CRANIAL LESION | | | | Inpatient Only | $0.00 | | | |
| 61601 | C | RESECT/EXCISE CRANIAL LESION | | | | Inpatient Only | $0.00 | | | |
| 61605 | C | RESECT/EXCISE CRANIAL LESION | | | | Inpatient Only | $0.00 | | | |
| 61606 | C | RESECT/EXCISE CRANIAL LESION | | | | Inpatient Only | $0.00 | | | |
| 61607 | C | RESECT/EXCISE CRANIAL LESION | | | | Inpatient Only | $0.00 | | | |
| 61608 | C | RESECT/EXCISE CRANIAL LESION | | | | Inpatient Only | $0.00 | | | |
| 61609 | C | TRANSECT ARTERY SINUS | | | | Inpatient Only | $0.00 | | | |
| 61610 | C | TRANSECT ARTERY SINUS | | | | Inpatient Only | $0.00 | | | |
| 61611 | C | TRANSECT ARTERY SINUS | | | | Inpatient Only | $0.00 | | | |
| 61612 | C | TRANSECT ARTERY SINUS | | | | Inpatient Only | $0.00 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 61613 | C | REMOVE ANEURYSM SINUS | | | | Inpatient Only | $0.00 | | | |
| 61615 | C | RESECT/EXCISE LESION SKULL | | | | Inpatient Only | $0.00 | | | |
| 61616 | C | RESECT/EXCISE LESION SKULL | | | | Inpatient Only | $0.00 | | | |
| 61618 | C | REPAIR DURA | | | | Inpatient Only | $0.00 | | | |
| 61619 | C | REPAIR DURA | | | | Inpatient Only | $0.00 | | | |
| 61623 | T | ENDOVASC TEMPORY VESSEL OCCL | | 0082 | 107.57 | APC | $5,444.15 | | | |
| 61624 | C | TRANSCATH OCCLUSION CNS | | | | Inpatient Only | $0.00 | | | |
| 61626 | T | TRANSCATH OCCLUSION NON-CNS | | 0082 | 107.57 | APC | $5,444.15 | | | |
| 61630 | C | INTRACRANIAL ANGIOPLASTY | | | | Inpatient Only | $0.00 | | | |
| 61635 | C | INTRACRAN ANGIOPLSTY W/STENT | | | | Inpatient Only | $0.00 | | | |
| 61640 | E | DILATE IC VASOSPASM INIT | | | | Not Allowed | $0.00 | | | |
| 61641 | E | DILATE IC VASOSPASM ADD-ON | | | | Not Allowed | $0.00 | | | |
| 61642 | E | DILATE IC VASOSPASM ADD-ON | | | | Not Allowed | $0.00 | | | |
| 61680 | C | INTRACRANIAL VESSEL SURGERY | | | | Inpatient Only | $0.00 | | | |
| 61682 | C | INTRACRANIAL VESSEL SURGERY | | | | Inpatient Only | $0.00 | | | |
| 61684 | C | INTRACRANIAL VESSEL SURGERY | | | | Inpatient Only | $0.00 | | | |
| 61686 | C | INTRACRANIAL VESSEL SURGERY | | | | Inpatient Only | $0.00 | | | |
| 61690 | C | INTRACRANIAL VESSEL SURGERY | | | | Inpatient Only | $0.00 | | | |
| 61692 | C | INTRACRANIAL VESSEL SURGERY | | | | Inpatient Only | $0.00 | | | |
| 61697 | C | BRAIN ANEURYSM REPR COMPLX | | | | Inpatient Only | $0.00 | | | |
| 61698 | C | BRAIN ANEURYSM REPR COMPLX | | | | Inpatient Only | $0.00 | | | |
| 61700 | C | BRAIN ANEURYSM REPR SIMPLE | | | | Inpatient Only | $0.00 | | | |
| 61702 | C | INNER SKULL VESSEL SURGERY | | | | Inpatient Only | $0.00 | | | |
| 61703 | C | CLAMP NECK ARTERY | | | | Inpatient Only | $0.00 | | | |
| 61705 | C | REVISE CIRCULATION TO HEAD | | | | Inpatient Only | $0.00 | | | |
| 61708 | C | REVISE CIRCULATION TO HEAD | | | | Inpatient Only | $0.00 | | | |
| 61710 | C | REVISE CIRCULATION TO HEAD | | | | Inpatient Only | $0.00 | | | |
| 61711 | C | FUSION OF SKULL ARTERIES | | | | Inpatient Only | $0.00 | | | |
| 61720 | T | INCISE SKULL/BRAIN SURGERY | | 0221 | 34.798 | APC | $1,761.15 | | | |
| 61735 | C | INCISE SKULL/BRAIN SURGERY | | | | Inpatient Only | $0.00 | | | |
| 61750 | C | INCISE SKULL/BRAIN BIOPSY | | | | Inpatient Only | $0.00 | | | |
| 61751 | C | BRAIN BIOPSY W/CT/MR GUIDE | | | | Inpatient Only | $0.00 | | | |
| 61760 | C | IMPLANT BRAIN ELECTRODES | | | | Inpatient Only | $0.00 | | | |
| 61770 | T | INCISE SKULL FOR TREATMENT | | 0221 | 34.798 | APC | $1,761.15 | | | |
| 61781 | N | SCAN PROC CRANIAL INTRA | | | | Bundled | $0.00 | | | |
| 61782 | N | SCAN PROC CRANIAL EXTRA | | | | Bundled | $0.00 | | | |
| 61783 | N | SCAN PROC SPINAL | | | | Bundled | $0.00 | | | |
| 61790 | T | TREAT TRIGEMINAL NERVE | | 0220 | 18.857 | APC | $954.33 | | | |
| 61791 | T | TREAT TRIGEMINAL TRACT | | 0203 | 12.013 | APC | $607.98 | | | |
| 61796 | E | SRS CRANIAL LESION SIMPLE | | | | Not Allowed | $0.00 | | | |
| 61797 | E | SRS CRAN LES SIMPLE ADDL | | | | Not Allowed | $0.00 | | | |
| 61798 | E | SRS CRANIAL LESION COMPLEX | | | | Not Allowed | $0.00 | | | |
| 61799 | E | SRS CRAN LES COMPLEX ADDL | | | | Not Allowed | $0.00 | | | |
| 61800 | E | APPLY SRS HEADFRAME ADD-ON | | | | Not Allowed | $0.00 | | | |
| 61850 | C | IMPLANT NEUROELECTRODES | | | | Inpatient Only | $0.00 | | | |
| 61860 | C | IMPLANT NEUROELECTRODES | | | | Inpatient Only | $0.00 | | | |
| 61863 | C | IMPLANT NEUROELECTRODE | | | | Inpatient Only | $0.00 | | | |
| 61864 | C | IMPLANT NEUROELECTRDE ADDL | | | | Inpatient Only | $0.00 | | | |
| 61867 | C | IMPLANT NEUROELECTRODE | | | | Inpatient Only | $0.00 | | | |
| 61868 | C | IMPLANT NEUROELECTRDE ADDL | | | | Inpatient Only | $0.00 | | | |
| 61870 | C | IMPLANT NEUROELECTRODES | | | | Inpatient Only | $0.00 | | | |
| 61875 | C | IMPLANT NEUROELECTRODES | | | | Inpatient Only | $0.00 | | | |
| 61880 | T | REVISE/REMOVE NEUROELECTRODE | | 0687 | 21.189 | APC | $1,072.40 | | | |
| 61885 | S | INSRT/REDO NEUROSTIM 1 ARRAY | | 0039 | 229.9 | APC | $11,635.15 | | | |
| 61886 | S | IMPLANT NEUROSTIM ARRAYS | | 0315 | 288.9 | APC | $14,621.18 | | | |
| 61888 | T | REVISE/REMOVE NEURORECEIVER | | 0688 | 36.435 | APC | $1,843.96 | | | |
| 62000 | T | TREAT SKULL FRACTURE | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 62005 | C | TREAT SKULL FRACTURE | | | | Inpatient Only | $0.00 | | | |
| 62010 | C | TREATMENT OF HEAD INJURY | | | | Inpatient Only | $0.00 | | | |
| 62100 | C | REPAIR BRAIN FLUID LEAKAGE | | | | Inpatient Only | $0.00 | | | |
| 62115 | C | REDUCTION OF SKULL DEFECT | | | | Inpatient Only | $0.00 | | | |
| 62116 | C | REDUCTION OF SKULL DEFECT | | | | Inpatient Only | $0.00 | | | |
| 62117 | C | REDUCTION OF SKULL DEFECT | | | | Inpatient Only | $0.00 | | | |
| 62120 | C | REPAIR SKULL CAVITY LESION | | | | Inpatient Only | $0.00 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 62121 | C | INCISE SKULL REPAIR | | | | Inpatient Only | $0.00 | | | |
| 62140 | C | REPAIR OF SKULL DEFECT | | | | Inpatient Only | $0.00 | | | |
| 62141 | C | REPAIR OF SKULL DEFECT | | | | Inpatient Only | $0.00 | | | |
| 62142 | C | REMOVE SKULL PLATE/FLAP | | | | Inpatient Only | $0.00 | | | |
| 62143 | C | REPLACE SKULL PLATE/FLAP | | | | Inpatient Only | $0.00 | | | |
| 62145 | C | REPAIR OF SKULL & BRAIN | | | | Inpatient Only | $0.00 | | | |
| 62146 | C | REPAIR OF SKULL WITH GRAFT | | | | Inpatient Only | $0.00 | | | |
| 62147 | C | REPAIR OF SKULL WITH GRAFT | | | | Inpatient Only | $0.00 | | | |
| 62148 | C | RETR BONE FLAP TO FIX SKULL | | | | Inpatient Only | $0.00 | | | |
| 62160 | N | NEUROENDOSCOPY ADD-ON | | | | Bundled | $0.00 | | | |
| 62161 | C | DISSECT BRAIN W/SCOPE | | | | Inpatient Only | $0.00 | | | |
| 62162 | C | REMOVE COLLOID CYST W/SCOPE | | | | Inpatient Only | $0.00 | | | |
| 62163 | C | ZNEUROENDOSCOPY W/FB REMOVAL | | | | Inpatient Only | $0.00 | | | |
| 62164 | C | REMOVE BRAIN TUMOR W/SCOPE | | | | Inpatient Only | $0.00 | | | |
| 62165 | C | REMOVE PITUIT TUMOR W/SCOPE | | | | Inpatient Only | $0.00 | | | |
| 62180 | C | ESTABLISH BRAIN CAVITY SHUNT | | | | Inpatient Only | $0.00 | | | |
| 62190 | C | ESTABLISH BRAIN CAVITY SHUNT | | | | Inpatient Only | $0.00 | | | |
| 62192 | C | ESTABLISH BRAIN CAVITY SHUNT | | | | Inpatient Only | $0.00 | | | |
| 62194 | T | REPLACE/IRRIGATE CATHETER | | 0207 | 7.9333 | APC | $401.50 | | | |
| 62200 | C | ESTABLISH BRAIN CAVITY SHUNT | | | | Inpatient Only | $0.00 | | | |
| 62201 | C | BRAIN CAVITY SHUNT W/SCOPE | | | | Inpatient Only | $0.00 | | | |
| 62220 | C | ESTABLISH BRAIN CAVITY SHUNT | | | | Inpatient Only | $0.00 | | | |
| 62223 | C | ESTABLISH BRAIN CAVITY SHUNT | | | | Inpatient Only | $0.00 | | | |
| 62225 | T | REPLACE/IRRIGATE CATHETER | | 0427 | 16.85 | APC | $852.76 | | | |
| 62230 | T | REPLACE/REVISE BRAIN SHUNT | | 0224 | 45.589 | APC | $2,307.26 | | | |
| 62252 | S | CSF SHUNT REPROGRAM | | 0691 | 2.6879 | APC | $136.03 | | | |
| 62256 | C | REMOVE BRAIN CAVITY SHUNT | | | | Inpatient Only | $0.00 | | | |
| 62258 | C | REPLACE BRAIN CAVITY SHUNT | | | | Inpatient Only | $0.00 | | | |
| 62263 | T | EPIDURAL LYSIS MULT SESSIONS | | 0203 | 12.013 | APC | $607.98 | | | |
| 62264 | T | EPIDURAL LYSIS ON SINGLE DAY | | 0203 | 12.013 | APC | $607.98 | | | |
| 62267 | T | INTERDISCAL PERQ ASPIR DX | | 0004 | 4.8451 | APC | $245.21 | | | |
| 62268 | T | DRAIN SPINAL CORD CYST | | 0207 | 7.9333 | APC | $401.50 | | | |
| 62269 | T | NEEDLE BIOPSY SPINAL CORD | | 0685 | 10.006 | APC | $506.40 | | | |
| 62270 | T | SPINAL FLUID TAP DIAGNOSTIC | | 0206 | 4.091 | APC | $207.05 | | | |
| 62272 | T | DRAIN CEREBRO SPINAL FLUID | | 0206 | 4.091 | APC | $207.05 | | | |
| 62273 | T | INJECT EPIDURAL PATCH | | 0207 | 7.9333 | APC | $401.50 | | | |
| 62280 | T | TREAT SPINAL CORD LESION | | 0207 | 7.9333 | APC | $401.50 | | | |
| 62281 | T | TREAT SPINAL CORD LESION | | 0203 | 12.013 | APC | $607.98 | | | |
| 62282 | T | TREAT SPINAL CANAL LESION | | 0203 | 12.013 | APC | $607.98 | | | |
| 62284 | N | INJECTION FOR MYELOGRAM | | | | Bundled | $0.00 | | | |
| 62287 | T | PERCUTANEOUS DISKECTOMY | | 0221 | 34.798 | APC | $1,761.15 | | | |
| 62290 | N | INJECT FOR SPINE DISK X-RAY | | | | Bundled | $0.00 | | | |
| 62291 | N | INJECT FOR SPINE DISK X-RAY | | | | Bundled | $0.00 | | | |
| 62292 | T | INJECTION INTO DISK LESION | | 0207 | 7.9333 | APC | $401.50 | | | |
| 62294 | T | INJECTION INTO SPINAL ARTERY | | 0207 | 7.9333 | APC | $401.50 | | | |
| 62310 | T | INJECT SPINE CERV/THORACIC | | 0207 | 7.9333 | APC | $401.50 | | | |
| 62311 | T | INJECT SPINE LUMBAR/SACRAL | | 0207 | 7.9333 | APC | $401.50 | | | |
| 62318 | T | INJECT SPINE W/CATH CRV/THRC | | 0207 | 7.9333 | APC | $401.50 | | | |
| 62319 | T | INJECT SPINE W/CATH LMB/SCRL | | 0203 | 12.013 | APC | $607.98 | | | |
| 62350 | T | IMPLANT SPINAL CANAL CATH | | 0224 | 45.589 | APC | $2,307.26 | | | |
| 62351 | T | IMPLANT SPINAL CANAL CATH | | 0208 | 52.706 | APC | $2,667.43 | | | |
| 62355 | T | REMOVE SPINAL CANAL CATHETER | | 0203 | 12.013 | APC | $607.98 | | | |
| 62360 | T | INSERT SPINE INFUSION DEVICE | | 0224 | 45.589 | APC | $2,307.26 | | | |
| 62361 | T | IMPLANT SPINE INFUSION PUMP | | 0227 | 197.88 | APC | $10,014.58 | | | |
| 62362 | T | IMPLANT SPINE INFUSION PUMP | | 0227 | 197.88 | APC | $10,014.58 | | | |
| 62365 | T | REMOVE SPINE INFUSION DEVICE | | 0221 | 34.798 | APC | $1,761.15 | | | |
| 62367 | S | ANALYZE SPINE INFUS PUMP | | 0691 | 2.6879 | APC | $136.03 | | | |
| 62368 | S | ANALYZE SP INF PUMP W/REPROG | | 0691 | 2.6879 | APC | $136.03 | | | |
| 62369 | S | ANAL SP INF PMP W/REPRG&FILL | | 0691 | 2.6879 | APC | $136.03 | | | |
| 62370 | S | ANL SP INF PMP W/MDREPRG&FIL | | 0691 | 2.6879 | APC | $136.03 | | | |
| 63001 | T | REMOVE SPINE LAMINA 1/2 CRVL | | 0208 | 52.706 | APC | $2,667.43 | | | |
| 63003 | T | REMOVE SPINE LAMINA 1/2 THRC | | 0208 | 52.706 | APC | $2,667.43 | | | |
| 63005 | T | REMOVE SPINE LAMINA 1/2 LMBR | | 0208 | 52.706 | APC | $2,667.43 | | | |
| 63011 | T | REMOVE SPINE LAMINA 1/2 SCRL | | 0208 | 52.706 | APC | $2,667.43 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 63012 | T | REMOVE LAMINA/FACETS LUMBAR | | 0208 | 52.706 | APC | $2,667.43 | | | |
| 63015 | T | REMOVE SPINE LAMINA >2 CRVCL | | 0208 | 52.706 | APC | $2,667.43 | | | |
| 63016 | T | REMOVE SPINE LAMINA >2 THRC | | 0208 | 52.706 | APC | $2,667.43 | | | |
| 63017 | T | REMOVE SPINE LAMINA >2 LMBR | | 0208 | 52.706 | APC | $2,667.43 | | | |
| 63020 | T | NECK SPINE DISK SURGERY | | 0208 | 52.706 | APC | $2,667.43 | | | |
| 63030 | T | LOW BACK DISK SURGERY | | 0208 | 52.706 | APC | $2,667.43 | | | |
| 63035 | T | SPINAL DISK SURGERY ADD-ON | | 0208 | 52.706 | APC | $2,667.43 | | | |
| 63040 | T | LAMINOTOMY SINGLE CERVICAL | | 0208 | 52.706 | APC | $2,667.43 | | | |
| 63042 | T | LAMINOTOMY SINGLE LUMBAR | | 0208 | 52.706 | APC | $2,667.43 | | | |
| 63043 | C | LAMINOTOMY ADDL CERVICAL | | | | Inpatient Only | $0.00 | | | |
| 63044 | C | LAMINOTOMY ADDL LUMBAR | | | | Inpatient Only | $0.00 | | | |
| 63045 | T | REMOVE SPINE LAMINA 1 CRVL | | 0208 | 52.706 | APC | $2,667.43 | | | |
| 63046 | T | REMOVE SPINE LAMINA 1 THRC | | 0208 | 52.706 | APC | $2,667.43 | | | |
| 63047 | T | REMOVE SPINE LAMINA 1 LMBR | | 0208 | 52.706 | APC | $2,667.43 | | | |
| 63048 | T | REMOVE SPINAL LAMINA ADD-ON | | 0208 | 52.706 | APC | $2,667.43 | | | |
| 63050 | C | CERVICAL LAMINOPLSTY 2/> SEG | | | | Inpatient Only | $0.00 | | | |
| 63051 | C | C-LAMINOPLASTY W/GRAFT/PLATE | | | | Inpatient Only | $0.00 | | | |
| 63055 | T | DECOMPRESS SPINAL CORD THRC | | 0208 | 52.706 | APC | $2,667.43 | | | |
| 63056 | T | DECOMPRESS SPINAL CORD LMBR | | 0208 | 52.706 | APC | $2,667.43 | | | |
| 63057 | T | DECOMPRESS SPINE CORD ADD-ON | | 0208 | 52.706 | APC | $2,667.43 | | | |
| 63064 | T | DECOMPRESS SPINAL CORD THRC | | 0208 | 52.706 | APC | $2,667.43 | | | |
| 63066 | T | DECOMPRESS SPINE CORD ADD-ON | | 0208 | 52.706 | APC | $2,667.43 | | | |
| 63075 | T | NECK SPINE DISK SURGERY | | 0208 | 52.706 | APC | $2,667.43 | | | |
| 63076 | T | NECK SPINE DISK SURGERY | | 0208 | 52.706 | APC | $2,667.43 | | | |
| 63077 | C | SPINE DISK SURGERY THORAX | | | | Inpatient Only | $0.00 | | | |
| 63078 | C | SPINE DISK SURGERY THORAX | | | | Inpatient Only | $0.00 | | | |
| 63081 | C | REMOVE VERT BODY DCMPRN CRVL | | | | Inpatient Only | $0.00 | | | |
| 63082 | C | REMOVE VERTEBRAL BODY ADD-ON | | | | Inpatient Only | $0.00 | | | |
| 63085 | C | REMOVE VERT BODY DCMPRN THRC | | | | Inpatient Only | $0.00 | | | |
| 63086 | C | REMOVE VERTEBRAL BODY ADD-ON | | | | Inpatient Only | $0.00 | | | |
| 63087 | C | REMOV VERTBR DCMPRN THRCLMBR | | | | Inpatient Only | $0.00 | | | |
| 63088 | C | REMOVE VERTEBRAL BODY ADD-ON | | | | Inpatient Only | $0.00 | | | |
| 63090 | C | REMOVE VERT BODY DCMPRN LMBR | | | | Inpatient Only | $0.00 | | | |
| 63091 | C | REMOVE VERTEBRAL BODY ADD-ON | | | | Inpatient Only | $0.00 | | | |
| 63101 | C | REMOVE VERT BODY DCMPRN THRC | | | | Inpatient Only | $0.00 | | | |
| 63102 | C | REMOVE VERT BODY DCMPRN LMBR | | | | Inpatient Only | $0.00 | | | |
| 63103 | C | REMOVE VERTEBRAL BODY ADD-ON | | | | Inpatient Only | $0.00 | | | |
| 63170 | C | INCISE SPINAL CORD TRACT(S) | | | | Inpatient Only | $0.00 | | | |
| 63172 | C | DRAINAGE OF SPINAL CYST | | | | Inpatient Only | $0.00 | | | |
| 63173 | C | DRAINAGE OF SPINAL CYST | | | | Inpatient Only | $0.00 | | | |
| 63180 | C | REVISE SPINAL CORD LIGAMENTS | | | | Inpatient Only | $0.00 | | | |
| 63182 | C | REVISE SPINAL CORD LIGAMENTS | | | | Inpatient Only | $0.00 | | | |
| 63185 | C | INCISE SPINE NRV HALF SEGMNT | | | | Inpatient Only | $0.00 | | | |
| 63190 | C | INCISE SPINE NRV >2 SEGMNTS | | | | Inpatient Only | $0.00 | | | |
| 63191 | C | INCISE SPINE ACCESSORY NERVE | | | | Inpatient Only | $0.00 | | | |
| 63194 | C | INCISE SPINE & CORD CERVICAL | | | | Inpatient Only | $0.00 | | | |
| 63195 | C | INCISE SPINE & CORD THORACIC | | | | Inpatient Only | $0.00 | | | |
| 63196 | C | INCISE SPINE&CORD 2 TRX CRVL | | | | Inpatient Only | $0.00 | | | |
| 63197 | C | INCISE SPINE&CORD 2 TRX THRC | | | | Inpatient Only | $0.00 | | | |
| 63198 | C | INCISE SPIN&CORD 2 STGS CRVL | | | | Inpatient Only | $0.00 | | | Y |
| 63199 | C | INCISE SPIN&CORD 2 STGS THRC | | | | Inpatient Only | $0.00 | | | Y |
| 63200 | C | RELEASE SPINAL CORD LUMBAR | | | | Inpatient Only | $0.00 | | | Y |
| 63250 | C | REVISE SPINAL CORD VSLS CRVL | | | | Inpatient Only | $0.00 | | | |
| 63251 | C | REVISE SPINAL CORD VSLS THRC | | | | Inpatient Only | $0.00 | | | |
| 63252 | C | REVISE SPINE CORD VSL THRLMB | | | | Inpatient Only | $0.00 | | | |
| 63265 | C | EXCISE INTRASPINL LESION CRV | | | | Inpatient Only | $0.00 | | | |
| 63266 | C | EXCISE INTRSPINL LESION THRC | | | | Inpatient Only | $0.00 | | | |
| 63267 | C | EXCISE INTRSPINL LESION LMBR | | | | Inpatient Only | $0.00 | | | |
| 63268 | C | EXCISE INTRSPINL LESION SCRL | | | | Inpatient Only | $0.00 | | | |
| 63270 | C | EXCISE INTRSPINL LESION CRVL | | | | Inpatient Only | $0.00 | | | |
| 63271 | C | EXCISE INTRSPINL LESION THRC | | | | Inpatient Only | $0.00 | | | |
| 63272 | C | EXCISE INTRSPINL LESION LMBR | | | | Inpatient Only | $0.00 | | | |
| 63273 | C | EXCISE INTRSPINL LESION SCRL | | | | Inpatient Only | $0.00 | | | |
| 63275 | C | BX/EXC XDRL SPINE LESN CRVL | | | | Inpatient Only | $0.00 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 63276 | C | BX/EXC XDRL SPINE LESN THRC | | | | Inpatient Only | $0.00 | | | |
| 63277 | C | BX/EXC XDRL SPINE LESN LMBR | | | | Inpatient Only | $0.00 | | | |
| 63278 | C | BX/EXC XDRL SPINE LESN SCRL | | | | Inpatient Only | $0.00 | | | |
| 63280 | C | BX/EXC IDRL SPINE LESN CRVL | | | | Inpatient Only | $0.00 | | | |
| 63281 | C | BX/EXC IDRL SPINE LESN THRC | | | | Inpatient Only | $0.00 | | | |
| 63282 | C | BX/EXC IDRL SPINE LESN LMBR | | | | Inpatient Only | $0.00 | | | |
| 63283 | C | BX/EXC IDRL SPINE LESN SCRL | | | | Inpatient Only | $0.00 | | | |
| 63285 | C | BX/EXC IDRL IMED LESN CERVL | | | | Inpatient Only | $0.00 | | | |
| 63286 | C | BX/EXC IDRL IMED LESN THRC | | | | Inpatient Only | $0.00 | | | |
| 63287 | C | BX/EXC IDRL IMED LESN THRLMB | | | | Inpatient Only | $0.00 | | | |
| 63290 | C | BX/EXC XDRL/IDRL LSN ANY LVL | | | | Inpatient Only | $0.00 | | | |
| 63295 | C | REPAIR LAMINECTOMY DEFECT | | | | Inpatient Only | $0.00 | | | |
| 63300 | C | REMOVE VERT XDRL BODY CRVCL | | | | Inpatient Only | $0.00 | | | |
| 63301 | C | REMOVE VERT XDRL BODY THRC | | | | Inpatient Only | $0.00 | | | |
| 63302 | C | REMOVE VERT XDRL BODY THRLMB | | | | Inpatient Only | $0.00 | | | |
| 63303 | C | REMOV VERT XDRL BDY LMBR/SAC | | | | Inpatient Only | $0.00 | | | |
| 63304 | C | REMOVE VERT IDRL BODY CRVCL | | | | Inpatient Only | $0.00 | | | |
| 63305 | C | REMOVE VERT IDRL BODY THRC | | | | Inpatient Only | $0.00 | | | |
| 63306 | C | REMOV VERT IDRL BDY THRCLMBR | | | | Inpatient Only | $0.00 | | | |
| 63307 | C | REMOV VERT IDRL BDY LMBR/SAC | | | | Inpatient Only | $0.00 | | | |
| 63308 | C | REMOVE VERTEBRAL BODY ADD-ON | | | | Inpatient Only | $0.00 | | | |
| 63600 | T | REMOVE SPINAL CORD LESION | | 0220 | 18.857 | APC | $954.33 | | | |
| 63610 | T | STIMULATION OF SPINAL CORD | | 0220 | 18.857 | APC | $954.33 | | | |
| 63615 | T | REMOVE LESION OF SPINAL CORD | | 0220 | 18.857 | APC | $954.33 | | | |
| 63620 | E | SRS SPINAL LESION | | | | Not Allowed | $0.00 | | | |
| 63621 | E | SRS SPINAL LESION ADDL | | | | Not Allowed | $0.00 | | | |
| 63650 | S | IMPLANT NEUROELECTRODES | | 0040 | 61.697 | APC | $3,122.46 | | | |
| 63655 | S | IMPLANT NEUROELECTRODES | | 0061 | 95.243 | APC | $4,820.23 | | | |
| 63661 | T | REMOVE SPINE ELTRD PERQ ARAY | | 0687 | 21.189 | APC | $1,072.40 | | | |
| 63662 | T | REMOVE SPINE ELTRD PLATE | | 0687 | 21.189 | APC | $1,072.40 | | | |
| 63663 | S | REVISE SPINE ELTRD PERQ ARAY | | 0040 | 61.697 | APC | $3,122.46 | | | |
| 63664 | S | REVISE SPINE ELTRD PLATE | | 0040 | 61.697 | APC | $3,122.46 | | | |
| 63685 | S | INSRT/REDO SPINE N GENERATOR | | 0039 | 229.9 | APC | $11,635.15 | | | |
| 63688 | T | REVISE/REMOVE NEURORECEIVER | | 0688 | 36.435 | APC | $1,843.96 | | | |
| 63700 | C | REPAIR OF SPINAL HERNIATION | | | | Inpatient Only | $0.00 | | | |
| 63702 | C | REPAIR OF SPINAL HERNIATION | | | | Inpatient Only | $0.00 | | | |
| 63704 | C | REPAIR OF SPINAL HERNIATION | | | | Inpatient Only | $0.00 | | | |
| 63706 | C | REPAIR OF SPINAL HERNIATION | | | | Inpatient Only | $0.00 | | | |
| 63707 | C | REPAIR SPINAL FLUID LEAKAGE | | | | Inpatient Only | $0.00 | | | |
| 63709 | C | REPAIR SPINAL FLUID LEAKAGE | | | | Inpatient Only | $0.00 | | | |
| 63710 | C | GRAFT REPAIR OF SPINE DEFECT | | | | Inpatient Only | $0.00 | | | |
| 63740 | C | INSTALL SPINAL SHUNT | | | | Inpatient Only | $0.00 | | | |
| 63741 | T | INSTALL SPINAL SHUNT | | 0224 | 45.589 | APC | $2,307.26 | | | |
| 63744 | T | REVISION OF SPINAL SHUNT | | 0224 | 45.589 | APC | $2,307.26 | | | |
| 63746 | T | REMOVAL OF SPINAL SHUNT | | 0203 | 12.013 | APC | $607.98 | | | |
| 64400 | T | N BLOCK INJ TRIGEMINAL | | 0204 | 2.5607 | APC | $129.60 | | | |
| 64402 | T | N BLOCK INJ FACIAL | | 0204 | 2.5607 | APC | $129.60 | | | |
| 64405 | T | N BLOCK INJ OCCIPITAL | | 0206 | 4.091 | APC | $207.05 | | | |
| 64408 | T | N BLOCK INJ VAGUS | | 0204 | 2.5607 | APC | $129.60 | | | |
| 64410 | T | N BLOCK INJ PHRENIC | | 0204 | 2.5607 | APC | $129.60 | | | |
| 64412 | T | N BLOCK INJ SPINAL ACCESSOR | | 0206 | 4.091 | APC | $207.05 | | | |
| 64413 | T | N BLOCK INJ CERVICAL PLEXUS | | 0206 | 4.091 | APC | $207.05 | | | |
| 64415 | T | N BLOCK INJ BRACHIAL PLEXUS | | 0206 | 4.091 | APC | $207.05 | | | |
| 64416 | T | N BLOCK CONT INFUSE B PLEX | | 0207 | 7.9333 | APC | $401.50 | | | |
| 64417 | T | N BLOCK INJ AXILLARY | | 0206 | 4.091 | APC | $207.05 | | | |
| 64418 | T | N BLOCK INJ SUPRASCAPULAR | | 0206 | 4.091 | APC | $207.05 | | | |
| 64420 | T | N BLOCK INJ INTERCOST SNG | | 0206 | 4.091 | APC | $207.05 | | | |
| 64421 | T | N BLOCK INJ INTERCOST MLT | | 0207 | 7.9333 | APC | $401.50 | | | |
| 64425 | T | N BLOCK INJ ILIO-ING/HYPOGI | | 0206 | 4.091 | APC | $207.05 | | | |
| 64430 | T | N BLOCK INJ PUDENDAL | | 0207 | 7.9333 | APC | $401.50 | | | |
| 64435 | T | N BLOCK INJ PARACERVICAL | | 0206 | 4.091 | APC | $207.05 | | | |
| 64445 | T | N BLOCK INJ SCIATIC SNG | | 0207 | 7.9333 | APC | $401.50 | | | |
| 64446 | T | N BLK INJ SCIATIC CONT INF | | 0207 | 7.9333 | APC | $401.50 | | | |
| 64447 | T | N BLOCK INJ FEM SINGLE | | 0206 | 4.091 | APC | $207.05 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 64448 | T | N BLOCK INJ FEM CONT INF | | 0207 | 7.9333 | APC | $401.50 | | | |
| 64449 | T | N BLOCK INJ LUMBAR PLEXUS | | 0207 | 7.9333 | APC | $401.50 | | | |
| 64450 | T | N BLOCK OTHER PERIPHERAL | | 0206 | 4.091 | APC | $207.05 | | | |
| 64455 | T | N BLOCK INJ PLANTAR DIGIT | | 0204 | 2.5607 | APC | $129.60 | | | |
| 64479 | T | INJ FORAMEN EPIDURAL C/T | | 0207 | 7.9333 | APC | $401.50 | | | |
| 64480 | T | INJ FORAMEN EPIDURAL ADD-ON | | 0206 | 4.091 | APC | $207.05 | | | |
| 64483 | T | INJ FORAMEN EPIDURAL L/S | | 0207 | 7.9333 | APC | $401.50 | | | |
| 64484 | T | INJ FORAMEN EPIDURAL ADD-ON | | 0206 | 4.091 | APC | $207.05 | | | |
| 64490 | T | INJ PARAVERT F JNT C/T 1 LEV | | 0207 | 7.9333 | APC | $401.50 | | | |
| 64491 | T | INJ PARAVERT F JNT C/T 2 LEV | | 0204 | 2.5607 | APC | $129.60 | | | |
| 64492 | T | INJ PARAVERT F JNT C/T 3 LEV | | 0204 | 2.5607 | APC | $129.60 | | | |
| 64493 | T | INJ PARAVERT F JNT L/S 1 LEV | | 0207 | 7.9333 | APC | $401.50 | | | |
| 64494 | T | INJ PARAVERT F JNT L/S 2 LEV | | 0204 | 2.5607 | APC | $129.60 | | | |
| 64495 | T | INJ PARAVERT F JNT L/S 3 LEV | | 0204 | 2.5607 | APC | $129.60 | | | |
| 64505 | T | N BLOCK SPENOPALATINE GANGL | | 0204 | 2.5607 | APC | $129.60 | | | |
| 64508 | T | N BLOCK CAROTID SINUS S/P | | 0204 | 2.5607 | APC | $129.60 | | | |
| 64510 | T | N BLOCK STELLATE GANGLION | | 0207 | 7.9333 | APC | $401.50 | | | |
| 64517 | T | N BLOCK INJ HYPOGAS PLXS | | 0207 | 7.9333 | APC | $401.50 | | | |
| 64520 | T | N BLOCK LUMBAR/THORACIC | | 0207 | 7.9333 | APC | $401.50 | | | |
| 64530 | T | N BLOCK INJ CELIAC PELUS | | 0207 | 7.9333 | APC | $401.50 | | | |
| 64550 | M | APPLY NEUROSTIMULATOR | | | | Fee Schedule | $8.82 | | | |
| 64553 | S | IMPLANT NEUROELECTRODES | | 0040 | 61.697 | APC | $3,122.46 | | | |
| 64555 | S | IMPLANT NEUROELECTRODES | | 0040 | 61.697 | APC | $3,122.46 | | | |
| 64561 | S | IMPLANT NEUROELECTRODES | | 0040 | 61.697 | APC | $3,122.46 | | | |
| 64565 | S | IMPLANT NEUROELECTRODES | | 0040 | 61.697 | APC | $3,122.46 | | | |
| 64566 | T | NEUROELTRD STIM POST TIBIAL | | 0204 | 2.5607 | APC | $129.60 | | | |
| 64568 | S | INC FOR VAGUS N ELECT IMPL | | 0318 | 359.8 | APC | $18,209.41 | | | |
| 64569 | T | REVISE/REPL VAGUS N ELTRD | | 0040 | 61.697 | APC | $3,122.46 | | | |
| 64570 | T | REMOVE VAGUS N ELTRD | | 0221 | 34.798 | APC | $1,761.15 | | | |
| 64575 | S | IMPLANT NEUROELECTRODES | | 0061 | 95.243 | APC | $4,820.23 | | | |
| 64580 | S | IMPLANT NEUROELECTRODES | | 0061 | 95.243 | APC | $4,820.23 | | | |
| 64581 | S | IMPLANT NEUROELECTRODES | | 0061 | 95.243 | APC | $4,820.23 | | | |
| 64585 | T | REVISE/REMOVE NEUROELECTRODE | | 0687 | 21.189 | APC | $1,072.40 | | | |
| 64590 | S | INSRT/REDO PN/GASTR STIMUL | | 0039 | 229.9 | APC | $11,635.15 | | | |
| 64595 | T | REVISE/RMV PN/GASTR STIMUL | | 0688 | 36.435 | APC | $1,843.96 | | | |
| 64600 | T | INJECTION TREATMENT OF NERVE | | 0203 | 12.013 | APC | $607.98 | | | |
| 64605 | T | INJECTION TREATMENT OF NERVE | | 0220 | 18.857 | APC | $954.33 | | | |
| 64610 | T | INJECTION TREATMENT OF NERVE | | 0220 | 18.857 | APC | $954.33 | | | |
| 64611 | T | CHEMODENERV SALIV GLANDS | | 0204 | 2.5607 | APC | $129.60 | | | |
| 64612 | T | DESTROY NERVE FACE MUSCLE | | 0204 | 2.5607 | APC | $129.60 | | | |
| 64613 | T | DESTROY NERVE NECK MUSCLE | | 0206 | 4.091 | APC | $207.05 | | | |
| 64614 | T | DESTROY NERVE EXTREM MUSC | | 0206 | 4.091 | APC | $207.05 | | | |
| 64615 | T | CHEMODENERV MUSC MIGRAINE | | 0204 | 2.5607 | APC | $129.60 | | | |
| 64620 | T | INJECTION TREATMENT OF NERVE | | 0203 | 12.013 | APC | $607.98 | | | |
| 64630 | T | INJECTION TREATMENT OF NERVE | | 0207 | 7.9333 | APC | $401.50 | | | |
| 64632 | T | N BLOCK INJ COMMON DIGIT | | 0204 | 2.5607 | APC | $129.60 | | | |
| 64633 | T | DESTROY CERV/THOR FACET JNT | | 0207 | 7.9333 | APC | $401.50 | | | |
| 64634 | T | DESTROY C/TH FACET JNT ADDL | | 0204 | 2.5607 | APC | $129.60 | | | |
| 64635 | T | DESTROY LUMB/SAC FACET JNT | | 0203 | 12.013 | APC | $607.98 | | | |
| 64636 | T | DESTROY L/S FACET JNT ADDL | | 0207 | 7.9333 | APC | $401.50 | | | |
| 64640 | T | INJECTION TREATMENT OF NERVE | | 0207 | 7.9333 | APC | $401.50 | | | |
| 64650 | T | CHEMODENERV ECCRINE GLANDS | | 0204 | 2.5607 | APC | $129.60 | | | |
| 64653 | T | CHEMODENERV ECCRINE GLANDS | | 0204 | 2.5607 | APC | $129.60 | | | |
| 64680 | T | INJECTION TREATMENT OF NERVE | | 0203 | 12.013 | APC | $607.98 | | | |
| 64681 | T | INJECTION TREATMENT OF NERVE | | 0203 | 12.013 | APC | $607.98 | | | |
| 64702 | T | REVISE FINGER/TOE NERVE | | 0220 | 18.857 | APC | $954.33 | | | |
| 64704 | T | REVISE HAND/FOOT NERVE | | 0220 | 18.857 | APC | $954.33 | | | |
| 64708 | T | REVISE ARM/LEG NERVE | | 0220 | 18.857 | APC | $954.33 | | | |
| 64712 | T | REVISION OF SCIATIC NERVE | | 0220 | 18.857 | APC | $954.33 | | | |
| 64713 | T | REVISION OF ARM NERVE(S) | | 0220 | 18.857 | APC | $954.33 | | | |
| 64714 | T | REVISE LOW BACK NERVE(S) | | 0220 | 18.857 | APC | $954.33 | | | |
| 64716 | T | REVISION OF CRANIAL NERVE | | 0220 | 18.857 | APC | $954.33 | | | |
| 64718 | T | REVISE ULNAR NERVE AT ELBOW | | 0220 | 18.857 | APC | $954.33 | | | |
| 64719 | T | REVISE ULNAR NERVE AT WRIST | | 0220 | 18.857 | APC | $954.33 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 64721 | T | CARPAL TUNNEL SURGERY | | 0220 | 18.857 | APC | $954.33 | | | |
| 64722 | T | RELIEVE PRESSURE ON NERVE(S) | | 0220 | 18.857 | APC | $954.33 | | | |
| 64726 | T | RELEASE FOOT/TOE NERVE | | 0220 | 18.857 | APC | $954.33 | | | |
| 64727 | T | INTERNAL NERVE REVISION | | 0220 | 18.857 | APC | $954.33 | | | |
| 64732 | T | INCISION OF BROW NERVE | | 0220 | 18.857 | APC | $954.33 | | | |
| 64734 | T | INCISION OF CHEEK NERVE | | 0220 | 18.857 | APC | $954.33 | | | |
| 64736 | T | INCISION OF CHIN NERVE | | 0220 | 18.857 | APC | $954.33 | | | |
| 64738 | T | INCISION OF JAW NERVE | | 0220 | 18.857 | APC | $954.33 | | | |
| 64740 | T | INCISION OF TONGUE NERVE | | 0220 | 18.857 | APC | $954.33 | | | |
| 64742 | T | INCISION OF FACIAL NERVE | | 0220 | 18.857 | APC | $954.33 | | | |
| 64744 | T | INCISE NERVE BACK OF HEAD | | 0220 | 18.857 | APC | $954.33 | | | |
| 64746 | T | INCISE DIAPHRAGM NERVE | | 0220 | 18.857 | APC | $954.33 | | | |
| 64752 | C | INCISION OF VAGUS NERVE | | | | Inpatient Only | $0.00 | | | |
| 64755 | C | INCISION OF STOMACH NERVES | | | | Inpatient Only | $0.00 | | | |
| 64760 | C | INCISION OF VAGUS NERVE | | | | Inpatient Only | $0.00 | | | |
| 64761 | T | INCISION OF PELVIS NERVE | | 0220 | 18.857 | APC | $954.33 | | | |
| 64763 | T | INCISE HIP/THIGH NERVE | | 0220 | 18.857 | APC | $954.33 | | | |
| 64766 | T | INCISE HIP/THIGH NERVE | | 0221 | 34.798 | APC | $1,761.15 | | | |
| 64771 | T | SEVER CRANIAL NERVE | | 0220 | 18.857 | APC | $954.33 | | | |
| 64772 | T | INCISION OF SPINAL NERVE | | 0220 | 18.857 | APC | $954.33 | | | |
| 64774 | T | REMOVE SKIN NERVE LESION | | 0220 | 18.857 | APC | $954.33 | | | |
| 64776 | T | REMOVE DIGIT NERVE LESION | | 0220 | 18.857 | APC | $954.33 | | | |
| 64778 | T | DIGIT NERVE SURGERY ADD-ON | | 0220 | 18.857 | APC | $954.33 | | | |
| 64782 | T | REMOVE LIMB NERVE LESION | | 0220 | 18.857 | APC | $954.33 | | | |
| 64783 | T | LIMB NERVE SURGERY ADD-ON | | 0220 | 18.857 | APC | $954.33 | | | |
| 64784 | T | REMOVE NERVE LESION | | 0220 | 18.857 | APC | $954.33 | | | |
| 64786 | T | REMOVE SCIATIC NERVE LESION | | 0221 | 34.798 | APC | $1,761.15 | | | |
| 64787 | T | IMPLANT NERVE END | | 0220 | 18.857 | APC | $954.33 | | | |
| 64788 | T | REMOVE SKIN NERVE LESION | | 0220 | 18.857 | APC | $954.33 | | | |
| 64790 | T | REMOVAL OF NERVE LESION | | 0220 | 18.857 | APC | $954.33 | | | |
| 64792 | T | REMOVAL OF NERVE LESION | | 0221 | 34.798 | APC | $1,761.15 | | | |
| 64795 | T | BIOPSY OF NERVE | | 0220 | 18.857 | APC | $954.33 | | | |
| 64802 | T | SYMPATHECTOMY CERVICAL | | 0220 | 18.857 | APC | $954.33 | | | |
| 64804 | T | REMOVE SYMPATHETIC NERVES | | 0220 | 18.857 | APC | $954.33 | | | |
| 64809 | C | REMOVE SYMPATHETIC NERVES | | | | Inpatient Only | $0.00 | | | |
| 64818 | C | REMOVE SYMPATHETIC NERVES | | | | Inpatient Only | $0.00 | | | |
| 64820 | T | SYMPATHECTOMY DIGITAL ARTERY | | 0220 | 18.857 | APC | $954.33 | | | |
| 64821 | T | REMOVE SYMPATHETIC NERVES | | 0054 | 28.973 | APC | $1,466.30 | | | |
| 64822 | T | REMOVE SYMPATHETIC NERVES | | 0054 | 28.973 | APC | $1,466.30 | | | |
| 64823 | T | SYMPATHECTOMY SUPFC PALMAR | | 0054 | 28.973 | APC | $1,466.30 | | | |
| 64831 | T | REPAIR OF DIGIT NERVE | | 0221 | 34.798 | APC | $1,761.15 | | | |
| 64832 | T | REPAIR NERVE ADD-ON | | 0221 | 34.798 | APC | $1,761.15 | | | |
| 64834 | T | REPAIR OF HAND OR FOOT NERVE | | 0221 | 34.798 | APC | $1,761.15 | | | |
| 64835 | T | REPAIR OF HAND OR FOOT NERVE | | 0221 | 34.798 | APC | $1,761.15 | | | |
| 64836 | T | REPAIR OF HAND OR FOOT NERVE | | 0221 | 34.798 | APC | $1,761.15 | | | |
| 64837 | T | REPAIR NERVE ADD-ON | | 0221 | 34.798 | APC | $1,761.15 | | | |
| 64840 | T | REPAIR OF LEG NERVE | | 0221 | 34.798 | APC | $1,761.15 | | | |
| 64856 | T | REPAIR/TRANSPOSE NERVE | | 0221 | 34.798 | APC | $1,761.15 | | | |
| 64857 | T | REPAIR ARM/LEG NERVE | | 0221 | 34.798 | APC | $1,761.15 | | | |
| 64858 | T | REPAIR SCIATIC NERVE | | 0221 | 34.798 | APC | $1,761.15 | | | |
| 64859 | T | NERVE SURGERY | | 0221 | 34.798 | APC | $1,761.15 | | | |
| 64861 | T | REPAIR OF ARM NERVES | | 0221 | 34.798 | APC | $1,761.15 | | | |
| 64862 | T | REPAIR OF LOW BACK NERVES | | 0221 | 34.798 | APC | $1,761.15 | | | |
| 64864 | T | REPAIR OF FACIAL NERVE | | 0221 | 34.798 | APC | $1,761.15 | | | |
| 64865 | T | REPAIR OF FACIAL NERVE | | 0221 | 34.798 | APC | $1,761.15 | | | |
| 64866 | C | FUSION OF FACIAL/OTHER NERVE | | | | Inpatient Only | $0.00 | | | |
| 64868 | C | FUSION OF FACIAL/OTHER NERVE | | | | Inpatient Only | $0.00 | | | |
| 64870 | T | FUSION OF FACIAL/OTHER NERVE | | 0221 | 34.798 | APC | $1,761.15 | | | |
| 64872 | T | SUBSEQUENT REPAIR OF NERVE | | 0221 | 34.798 | APC | $1,761.15 | | | |
| 64874 | T | REPAIR & REVISE NERVE ADD-ON | | 0221 | 34.798 | APC | $1,761.15 | | | |
| 64876 | T | REPAIR NERVE/SHORTEN BONE | | 0221 | 34.798 | APC | $1,761.15 | | | |
| 64885 | T | NERVE GRAFT HEAD/NECK </4 CM | | 0221 | 34.798 | APC | $1,761.15 | | | |
| 64886 | T | NERVE GRAFT HEAD/NECK >4 CM | | 0221 | 34.798 | APC | $1,761.15 | | | |
| 64890 | T | NERVE GRAFT HAND/FOOT </4 CM | | 0221 | 34.798 | APC | $1,761.15 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 64891 | T | NERVE GRAFT HAND/FOOT >4 CM | | 0221 | 34.798 | APC | $1,761.15 | | | |
| 64892 | T | NERVE GRAFT ARM/LEG <4 CM | | 0221 | 34.798 | APC | $1,761.15 | | | |
| 64893 | T | NERVE GRAFT ARM/LEG >4 CM | | 0221 | 34.798 | APC | $1,761.15 | | | |
| 64895 | T | NERVE GRAFT HAND/FOOT </4 CM | | 0221 | 34.798 | APC | $1,761.15 | | | |
| 64896 | T | NERVE GRAFT HAND/FOOT >4 CM | | 0221 | 34.798 | APC | $1,761.15 | | | |
| 64897 | T | NERVE GRAFT ARM/LEG </4 CM | | 0221 | 34.798 | APC | $1,761.15 | | | |
| 64898 | T | NERVE GRAFT ARM/LEG >4 CM | | 0221 | 34.798 | APC | $1,761.15 | | | |
| 64901 | T | NERVE GRAFT ADD-ON | | 0221 | 34.798 | APC | $1,761.15 | | | |
| 64902 | T | NERVE GRAFT ADD-ON | | 0221 | 34.798 | APC | $1,761.15 | | | |
| 64905 | T | NERVE PEDICLE TRANSFER | | 0221 | 34.798 | APC | $1,761.15 | | | |
| 64907 | T | NERVE PEDICLE TRANSFER | | 0221 | 34.798 | APC | $1,761.15 | | | |
| 64910 | T | NERVE REPAIR W/ALLOGRAFT | | 0221 | 34.798 | APC | $1,761.15 | | | |
| 64911 | T | NEURORRAPHY W/VEIN AUTOGRAFT | | 0221 | 34.798 | APC | $1,761.15 | | | |
| 64999 | T | NERVOUS SYSTEM SURGERY | | 0204 | 2.5607 | APC | $129.60 | | | |
| 65091 | T | REVISE EYE | | 0242 | 39.722 | APC | $2,010.35 | | | |
| 65093 | T | REVISE EYE WITH IMPLANT | | 0242 | 39.722 | APC | $2,010.35 | | | |
| 65101 | T | REMOVAL OF EYE | | 0242 | 39.722 | APC | $2,010.35 | | | |
| 65103 | T | REMOVE EYE/INSERT IMPLANT | | 0242 | 39.722 | APC | $2,010.35 | | | |
| 65105 | T | REMOVE EYE/ATTACH IMPLANT | | 0242 | 39.722 | APC | $2,010.35 | | | |
| 65110 | T | REMOVAL OF EYE | | 0242 | 39.722 | APC | $2,010.35 | | | |
| 65112 | T | REMOVE EYE/REVISE SOCKET | | 0242 | 39.722 | APC | $2,010.35 | | | |
| 65114 | T | REMOVE EYE/REVISE SOCKET | | 0242 | 39.722 | APC | $2,010.35 | | | |
| 65125 | T | REVISE OCULAR IMPLANT | | 0241 | 26.7 | APC | $1,351.29 | | | |
| 65130 | T | INSERT OCULAR IMPLANT | | 0241 | 26.7 | APC | $1,351.29 | | | |
| 65135 | T | INSERT OCULAR IMPLANT | | 0241 | 26.7 | APC | $1,351.29 | | | |
| 65140 | T | ATTACH OCULAR IMPLANT | | 0242 | 39.722 | APC | $2,010.35 | | | |
| 65150 | T | REVISE OCULAR IMPLANT | | 0241 | 26.7 | APC | $1,351.29 | | | |
| 65155 | T | REINSERT OCULAR IMPLANT | | 0242 | 39.722 | APC | $2,010.35 | | | |
| 65175 | T | REMOVAL OF OCULAR IMPLANT | | 0240 | 19.182 | APC | $970.80 | | | |
| 65205 | S | REMOVE FOREIGN BODY FROM EYE | | 0698 | 1.0386 | APC | $52.56 | | | |
| 65210 | S | REMOVE FOREIGN BODY FROM EYE | | 0698 | 1.0386 | APC | $52.56 | | | |
| 65220 | S | REMOVE FOREIGN BODY FROM EYE | | 0698 | 1.0386 | APC | $52.56 | | | |
| 65222 | S | REMOVE FOREIGN BODY FROM EYE | | 0698 | 1.0386 | APC | $52.56 | | | |
| 65235 | T | REMOVE FOREIGN BODY FROM EYE | | 0233 | 15.838 | APC | $801.56 | | | |
| 65260 | T | REMOVE FOREIGN BODY FROM EYE | | 0235 | 5.8389 | APC | $295.51 | | | |
| 65265 | T | REMOVE FOREIGN BODY FROM EYE | | 0237 | 20.222 | APC | $1,023.46 | | | |
| 65270 | T | REPAIR OF EYE WOUND | | 0240 | 19.182 | APC | $970.80 | | | |
| 65272 | T | REPAIR OF EYE WOUND | | 0234 | 23.511 | APC | $1,189.88 | | | |
| 65273 | C | REPAIR OF EYE WOUND | | | | Inpatient Only | $0.00 | | | |
| 65275 | T | REPAIR OF EYE WOUND | | 0234 | 23.511 | APC | $1,189.88 | | | |
| 65280 | T | REPAIR OF EYE WOUND | | 0237 | 20.222 | APC | $1,023.46 | | | |
| 65285 | T | REPAIR OF EYE WOUND | | 0672 | 40.859 | APC | $2,067.86 | | | |
| 65286 | T | REPAIR OF EYE WOUND | | 0255 | 9.2948 | APC | $470.41 | | | |
| 65290 | T | REPAIR OF EYE SOCKET WOUND | | 0243 | 25.208 | APC | $1,275.79 | | | |
| 65400 | T | REMOVAL OF EYE LESION | | 0233 | 15.838 | APC | $801.56 | | | |
| 65410 | T | BIOPSY OF CORNEA | | 0233 | 15.838 | APC | $801.56 | | | |
| 65420 | T | REMOVAL OF EYE LESION | | 0233 | 15.838 | APC | $801.56 | | | |
| 65426 | T | REMOVAL OF EYE LESION | | 0234 | 23.511 | APC | $1,189.88 | | | |
| 65430 | S | CORNEAL SMEAR | | 0698 | 1.0386 | APC | $52.56 | | | |
| 65435 | T | CURETTE/TREAT CORNEA | | 0239 | 8.6336 | APC | $436.95 | | | |
| 65436 | T | CURETTE/TREAT CORNEA | | 0233 | 15.838 | APC | $801.56 | | | |
| 65450 | S | TREATMENT OF CORNEAL LESION | | 0231 | 2.0317 | APC | $102.82 | | | |
| 65600 | T | REVISION OF CORNEA | | 0240 | 19.182 | APC | $970.80 | | | |
| 65710 | T | CORNEAL TRANSPLANT | | 0244 | 41.611 | APC | $2,105.91 | | | |
| 65730 | T | CORNEAL TRANSPLANT | | 0244 | 41.611 | APC | $2,105.91 | | | |
| 65750 | T | CORNEAL TRANSPLANT | | 0244 | 41.611 | APC | $2,105.91 | | | |
| 65755 | T | CORNEAL TRANSPLANT | | 0244 | 41.611 | APC | $2,105.91 | | | |
| 65756 | T | CORNEAL TRNSPL ENDOTHELIAL | | 0244 | 41.611 | APC | $2,105.91 | | | |
| 65757 | N | PREP CORNEAL ENDO ALLOGRAFT | | | | Bundled | $0.00 | | | |
| 65760 | E | REVISION OF CORNEA | | | | Not Allowed | $0.00 | | | |
| 65765 | E | REVISION OF CORNEA | | | | Not Allowed | $0.00 | | | |
| 65767 | E | CORNEAL TISSUE TRANSPLANT | | | | Not Allowed | $0.00 | | | |
| 65770 | T | REVISE CORNEA WITH IMPLANT | | 0293 | 123.36 | APC | $6,243.40 | | | |
| 65771 | E | RADIAL KERATOTOMY | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 65772 | T | CORRECTION OF ASTIGMATISM | | 0233 | 15.838 | APC | $801.56 | | | |
| 65775 | T | CORRECTION OF ASTIGMATISM | | 0233 | 15.838 | APC | $801.56 | | | |
| 65778 | N | COVER EYE W/MEMBRANE | | 0233 | 15.838 | Bundled, may be payable in some circumstances | $11,792.13 | | | |
| 65779 | T | COVER EYE W/MEMBRANE SUTURE | | 0233 | 15.838 | APC | $801.56 | | | |
| 65780 | T | OCULAR RECONST TRANSPLANT | | 0244 | 41.611 | APC | $2,105.91 | | | |
| 65781 | T | OCULAR RECONST TRANSPLANT | | 0244 | 41.611 | APC | $2,105.91 | | | |
| 65782 | T | OCULAR RECONST TRANSPLANT | | 0244 | 41.611 | APC | $2,105.91 | | | |
| 65800 | T | DRAINAGE OF EYE | | 0255 | 9.2948 | APC | $470.41 | | | |
| 65810 | T | DRAINAGE OF EYE | | 0234 | 23.511 | APC | $1,189.88 | | | |
| 65815 | T | DRAINAGE OF EYE | | 0234 | 23.511 | APC | $1,189.88 | | | |
| 65820 | T | RELIEVE INNER EYE PRESSURE | | 0234 | 23.511 | APC | $1,189.88 | | | |
| 65850 | T | INCISION OF EYE | | 0234 | 23.511 | APC | $1,189.88 | | | |
| 65855 | T | LASER SURGERY OF EYE | | 0247 | 5.7604 | APC | $291.53 | | | |
| 65860 | T | INCISE INNER EYE ADHESIONS | | 0247 | 5.7604 | APC | $291.53 | | | |
| 65865 | T | INCISE INNER EYE ADHESIONS | | 0233 | 15.838 | APC | $801.56 | | | |
| 65870 | T | INCISE INNER EYE ADHESIONS | | 0234 | 23.511 | APC | $1,189.88 | | | |
| 65875 | T | INCISE INNER EYE ADHESIONS | | 0234 | 23.511 | APC | $1,189.88 | | | |
| 65880 | T | INCISE INNER EYE ADHESIONS | | 0233 | 15.838 | APC | $801.56 | | | |
| 65900 | T | REMOVE EYE LESION | | 0232 | 2.0304 | APC | $102.76 | | | |
| 65920 | T | REMOVE IMPLANT OF EYE | | 0234 | 23.511 | APC | $1,189.88 | | | |
| 65930 | T | REMOVE BLOOD CLOT FROM EYE | | 0673 | 41.759 | APC | $2,113.40 | | | |
| 66020 | T | INJECTION TREATMENT OF EYE | | 0233 | 15.838 | APC | $801.56 | | | |
| 66030 | T | INJECTION TREATMENT OF EYE | | 0233 | 15.838 | APC | $801.56 | | | |
| 66130 | T | REMOVE EYE LESION | | 0234 | 23.511 | APC | $1,189.88 | | | |
| 66150 | T | GLAUCOMA SURGERY | | 0234 | 23.511 | APC | $1,189.88 | | | |
| 66155 | T | GLAUCOMA SURGERY | | 0673 | 41.759 | APC | $2,113.40 | | | |
| 66160 | T | GLAUCOMA SURGERY | | 0234 | 23.511 | APC | $1,189.88 | | | |
| 66165 | T | GLAUCOMA SURGERY | | 0234 | 23.511 | APC | $1,189.88 | | | |
| 66170 | T | GLAUCOMA SURGERY | | 0234 | 23.511 | APC | $1,189.88 | | | |
| 66172 | T | INCISION OF EYE | | 0234 | 23.511 | APC | $1,189.88 | | | |
| 66174 | T | TRANSLUM DIL EYE CANAL | | 0673 | 41.759 | APC | $2,113.40 | | | |
| 66175 | T | TRNSLUM DIL EYE CANAL W/STNT | | 0673 | 41.759 | APC | $2,113.40 | | | |
| 66180 | T | IMPLANT EYE SHUNT | | 0673 | 41.759 | APC | $2,113.40 | | | |
| 66185 | T | REVISE EYE SHUNT | | 0673 | 41.759 | APC | $2,113.40 | | | |
| 66220 | T | REPAIR EYE LESION | | 0672 | 40.859 | APC | $2,067.86 | | | |
| 66225 | T | REPAIR/GRAFT EYE LESION | | 0673 | 41.759 | APC | $2,113.40 | | | |
| 66250 | T | FOLLOW-UP SURGERY OF EYE | | 0233 | 15.838 | APC | $801.56 | | | |
| 66500 | T | INCISION OF IRIS | | 0232 | 2.0304 | APC | $102.76 | | | |
| 66505 | T | INCISION OF IRIS | | 0255 | 9.2948 | APC | $470.41 | | | |
| 66600 | T | REMOVE IRIS AND LESION | | 0234 | 23.511 | APC | $1,189.88 | | | |
| 66605 | T | REMOVAL OF IRIS | | 0673 | 41.759 | APC | $2,113.40 | | | |
| 66625 | T | REMOVAL OF IRIS | | 0255 | 9.2948 | APC | $470.41 | | | |
| 66630 | T | REMOVAL OF IRIS | | 0234 | 23.511 | APC | $1,189.88 | | | |
| 66635 | T | REMOVAL OF IRIS | | 0234 | 23.511 | APC | $1,189.88 | | | |
| 66680 | T | REPAIR IRIS & CILIARY BODY | | 0234 | 23.511 | APC | $1,189.88 | | | |
| 66682 | T | REPAIR IRIS & CILIARY BODY | | 0234 | 23.511 | APC | $1,189.88 | | | |
| 66700 | T | DESTRUCTION CILIARY BODY | | 0233 | 15.838 | APC | $801.56 | | | |
| 66710 | T | CILIARY TRANSSLERAL THERAPY | | 0233 | 15.838 | APC | $801.56 | | | |
| 66711 | T | CILIARY ENDOSCOPIC ABLATION | | 0234 | 23.511 | APC | $1,189.88 | | | |
| 66720 | T | DESTRUCTION CILIARY BODY | | 0233 | 15.838 | APC | $801.56 | | | |
| 66740 | T | DESTRUCTION CILIARY BODY | | 0234 | 23.511 | APC | $1,189.88 | | | |
| 66761 | T | REVISION OF IRIS | | 0247 | 5.7604 | APC | $291.53 | | | |
| 66762 | T | REVISION OF IRIS | | 0247 | 5.7604 | APC | $291.53 | | | |
| 66770 | T | REMOVAL OF INNER EYE LESION | | 0247 | 5.7604 | APC | $291.53 | | | |
| 66820 | T | INCISION SECONDARY CATARACT | | 0255 | 9.2948 | APC | $470.41 | | | |
| 66821 | T | AFTER CATARACT LASER SURGERY | | 0247 | 5.7604 | APC | $291.53 | | | |
| 66825 | T | REPOSITION INTRAOCULAR LENS | | 0234 | 23.511 | APC | $1,189.88 | | | |
| 66830 | T | REMOVAL OF LENS LESION | | 0255 | 9.2948 | APC | $470.41 | | | |
| 66840 | T | REMOVAL OF LENS MATERIAL | | 0233 | 15.838 | APC | $801.56 | | | |
| 66850 | T | REMOVAL OF LENS MATERIAL | | 0249 | 29.384 | APC | $1,487.11 | | | |
| 66852 | T | REMOVAL OF LENS MATERIAL | | 0249 | 29.384 | APC | $1,487.11 | | | |
| 66920 | T | EXTRACTION OF LENS | | 0249 | 29.384 | APC | $1,487.11 | | | |
| 66930 | T | EXTRACTION OF LENS | | 0249 | 29.384 | APC | $1,487.11 | | | |
| 66940 | T | EXTRACTION OF LENS | | 0255 | 9.2948 | APC | $470.41 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 66982 | T | CATARACT SURGERY COMPLEX | | 0246 | 24.266 | APC | $1,228.10 | | | |
| 66983 | T | CATARACT SURG W/IOL 1 STAGE | | 0246 | 24.266 | APC | $1,228.10 | | | |
| 66984 | T | CATARACT SURG W/IOL 1 STAGE | | 0246 | 24.266 | APC | $1,228.10 | | | |
| 66985 | T | INSERT LENS PROSTHESIS | | 0246 | 24.266 | APC | $1,228.10 | | | |
| 66986 | T | EXCHANGE LENS PROSTHESIS | | 0246 | 24.266 | APC | $1,228.10 | | | |
| 66990 | N | OPHTHALMIC ENDOSCOPE ADD-ON | | | | Bundled | $0.00 | | | |
| 66999 | T | EYE SURGERY PROCEDURE | | 0232 | 2.0304 | APC | $102.76 | | | |
| 67005 | T | PARTIAL REMOVAL OF EYE FLUID | | 0237 | 20.222 | APC | $1,023.46 | | | |
| 67010 | T | PARTIAL REMOVAL OF EYE FLUID | | 0672 | 40.859 | APC | $2,067.86 | | | |
| 67015 | T | RELEASE OF EYE FLUID | | 0672 | 40.859 | APC | $2,067.86 | | | |
| 67025 | T | REPLACE EYE FLUID | | 0672 | 40.859 | APC | $2,067.86 | | | |
| 67027 | T | IMPLANT EYE DRUG SYSTEM | | 0672 | 40.859 | APC | $2,067.86 | | | |
| 67028 | T | INJECTION EYE DRUG | | 0238 | 3.2499 | APC | $164.48 | | | |
| 67030 | T | INCISE INNER EYE STRANDS | | 0237 | 20.222 | APC | $1,023.46 | | | |
| 67031 | T | LASER SURGERY EYE STRANDS | | 0247 | 5.7604 | APC | $291.53 | | | |
| 67036 | T | REMOVAL OF INNER EYE FLUID | | 0672 | 40.859 | APC | $2,067.86 | | | |
| 67039 | T | LASER TREATMENT OF RETINA | | 0672 | 40.859 | APC | $2,067.86 | | | |
| 67040 | T | LASER TREATMENT OF RETINA | | 0672 | 40.859 | APC | $2,067.86 | | | |
| 67041 | T | VIT FOR MACULAR PUCKER | | 0672 | 40.859 | APC | $2,067.86 | | | |
| 67042 | T | VIT FOR MACULAR HOLE | | 0672 | 40.859 | APC | $2,067.86 | | | |
| 67043 | T | VIT FOR MEMBRANE DISSECT | | 0672 | 40.859 | APC | $2,067.86 | | | |
| 67101 | T | REPAIR DETACHED RETINA | | 0237 | 20.222 | APC | $1,023.46 | | | |
| 67105 | T | REPAIR DETACHED RETINA | | 0247 | 5.7604 | APC | $291.53 | | | |
| 67107 | T | REPAIR DETACHED RETINA | | 0672 | 40.859 | APC | $2,067.86 | | | |
| 67108 | T | REPAIR DETACHED RETINA | | 0672 | 40.859 | APC | $2,067.86 | | | |
| 67110 | T | REPAIR DETACHED RETINA | | 0237 | 20.222 | APC | $1,023.46 | | | |
| 67112 | T | REREPAIR DETACHED RETINA | | 0672 | 40.859 | APC | $2,067.86 | | | |
| 67113 | T | REPAIR RETINAL DETACH CPLX | | 0672 | 40.859 | APC | $2,067.86 | | | |
| 67115 | T | RELEASE ENCIRCLING MATERIAL | | 0237 | 20.222 | APC | $1,023.46 | | | |
| 67120 | T | REMOVE EYE IMPLANT MATERIAL | | 0237 | 20.222 | APC | $1,023.46 | | | |
| 67121 | T | REMOVE EYE IMPLANT MATERIAL | | 0672 | 40.859 | APC | $2,067.86 | | | |
| 67141 | T | TREATMENT OF RETINA | | 0235 | 5.8389 | APC | $295.51 | | | |
| 67145 | T | TREATMENT OF RETINA | | 0247 | 5.7604 | APC | $291.53 | | | |
| 67208 | T | TREATMENT OF RETINAL LESION | | 0235 | 5.8389 | APC | $295.51 | | | |
| 67210 | T | TREATMENT OF RETINAL LESION | | 0247 | 5.7604 | APC | $291.53 | | | |
| 67218 | T | TREATMENT OF RETINAL LESION | | 0237 | 20.222 | APC | $1,023.46 | | | |
| 67220 | T | TREATMENT OF CHOROID LESION | | 0235 | 5.8389 | APC | $295.51 | | | |
| 67221 | T | OCULAR PHOTODYNAMIC THER | | 0235 | 5.8389 | APC | $295.51 | | | |
| 67225 | T | EYE PHOTODYNAMIC THER ADD-ON | | 0235 | 5.8389 | APC | $295.51 | | | |
| 67227 | T | TREATMENT OF RETINAL LESION | | 0237 | 20.222 | APC | $1,023.46 | | | |
| 67228 | T | TREATMENT OF RETINAL LESION | | 0247 | 5.7604 | APC | $291.53 | | | |
| 67229 | T | TR RETINAL LES PRETERM INF | | 0247 | 5.7604 | APC | $291.53 | | | |
| 67250 | T | REINFORCE EYE WALL | | 0240 | 19.182 | APC | $970.80 | | | |
| 67255 | T | REINFORCE/GRAFT EYE WALL | | 0237 | 20.222 | APC | $1,023.46 | | | |
| 67299 | T | EYE SURGERY PROCEDURE | | 0235 | 5.8389 | APC | $295.51 | | | |
| 67311 | T | REVISE EYE MUSCLE | | 0243 | 25.208 | APC | $1,275.79 | | | |
| 67312 | T | REVISE TWO EYE MUSCLES | | 0243 | 25.208 | APC | $1,275.79 | | | |
| 67314 | T | REVISE EYE MUSCLE | | 0243 | 25.208 | APC | $1,275.79 | | | |
| 67316 | T | REVISE TWO EYE MUSCLES | | 0243 | 25.208 | APC | $1,275.79 | | | |
| 67318 | T | REVISE EYE MUSCLE(S) | | 0243 | 25.208 | APC | $1,275.79 | | | |
| 67320 | T | REVISE EYE MUSCLE(S) ADD-ON | | 0243 | 25.208 | APC | $1,275.79 | | | |
| 67331 | T | EYE SURGERY FOLLOW-UP ADD-ON | | 0243 | 25.208 | APC | $1,275.79 | | | |
| 67332 | T | REREVISE EYE MUSCLES ADD-ON | | 0243 | 25.208 | APC | $1,275.79 | | | |
| 67334 | T | REVISE EYE MUSCLE W/SUTURE | | 0243 | 25.208 | APC | $1,275.79 | | | |
| 67335 | T | EYE SUTURE DURING SURGERY | | 0243 | 25.208 | APC | $1,275.79 | | | |
| 67340 | T | REVISE EYE MUSCLE ADD-ON | | 0243 | 25.208 | APC | $1,275.79 | | | |
| 67343 | T | RELEASE EYE TISSUE | | 0243 | 25.208 | APC | $1,275.79 | | | |
| 67345 | T | DESTROY NERVE OF EYE MUSCLE | | 0238 | 3.2499 | APC | $164.48 | | | |
| 67346 | T | BIOPSY EYE MUSCLE | | 0699 | 15.868 | APC | $803.09 | | | |
| 67399 | T | EYE MUSCLE SURGERY PROCEDURE | | 0243 | 25.208 | APC | $1,275.79 | | | |
| 67400 | T | EXPLORE/BIOPSY EYE SOCKET | | 0240 | 19.182 | APC | $970.80 | | | |
| 67405 | T | EXPLORE/DRAIN EYE SOCKET | | 0241 | 26.7 | APC | $1,351.29 | | | |
| 67412 | T | EXPLORE/TREAT EYE SOCKET | | 0240 | 19.182 | APC | $970.80 | | | |
| 67413 | T | EXPLORE/TREAT EYE SOCKET | | 0241 | 26.7 | APC | $1,351.29 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 67414 | T | EXPLR/DECOMPRESS EYE SOCKET | | 0242 | 39.722 | APC | $2,010.35 | | | |
| 67415 | T | ASPIRATION ORBITAL CONTENTS | | 0240 | 19.182 | APC | $970.80 | | | |
| 67420 | T | EXPLORE/TREAT EYE SOCKET | | 0242 | 39.722 | APC | $2,010.35 | | | |
| 67430 | T | EXPLORE/TREAT EYE SOCKET | | 0242 | 39.722 | APC | $2,010.35 | | | |
| 67440 | T | EXPLORE/DRAIN EYE SOCKET | | 0242 | 39.722 | APC | $2,010.35 | | | |
| 67445 | T | EXPLR/DECOMPRESS EYE SOCKET | | 0242 | 39.722 | APC | $2,010.35 | | | |
| 67450 | T | EXPLORE/BIOPSY EYE SOCKET | | 0242 | 39.722 | APC | $2,010.35 | | | |
| 67500 | S | INJECT/TREAT EYE SOCKET | | 0231 | 2.0317 | APC | $102.82 | | | |
| 67505 | T | INJECT/TREAT EYE SOCKET | | 0238 | 3.2499 | APC | $164.48 | | | |
| 67515 | T | INJECT/TREAT EYE SOCKET | | 0238 | 3.2499 | APC | $164.48 | | | |
| 67550 | T | INSERT EYE SOCKET IMPLANT | | 0242 | 39.722 | APC | $2,010.35 | | | |
| 67560 | T | REVISE EYE SOCKET IMPLANT | | 0241 | 26.7 | APC | $1,351.29 | | | |
| 67570 | T | DECOMPRESS OPTIC NERVE | | 0242 | 39.722 | APC | $2,010.35 | | | |
| 67599 | T | ORBIT SURGERY PROCEDURE | | 0238 | 3.2499 | APC | $164.48 | | | |
| 67700 | T | DRAINAGE OF EYELID ABSCESS | | 0238 | 3.2499 | APC | $164.48 | | | |
| 67710 | T | INCISION OF EYELID | | 0239 | 8.6336 | APC | $436.95 | | | |
| 67715 | T | INCISION OF EYELID FOLD | | 0240 | 19.182 | APC | $970.80 | | | |
| 67800 | T | REMOVE EYELID LESION | | 0238 | 3.2499 | APC | $164.48 | | | |
| 67801 | T | REMOVE EYELID LESIONS | | 0239 | 8.6336 | APC | $436.95 | | | |
| 67805 | T | REMOVE EYELID LESIONS | | 0238 | 3.2499 | APC | $164.48 | | | |
| 67808 | T | REMOVE EYELID LESION(S) | | 0240 | 19.182 | APC | $970.80 | | | |
| 67810 | T | BIOPSY EYELID & LID MARGIN | | 0238 | 3.2499 | APC | $164.48 | | | |
| 67820 | S | REVISE EYELASHES | | 0698 | 1.0386 | APC | $52.56 | | | |
| 67825 | T | REVISE EYELASHES | | 0238 | 3.2499 | APC | $164.48 | | | |
| 67830 | T | REVISE EYELASHES | | 0239 | 8.6336 | APC | $436.95 | | | |
| 67835 | T | REVISE EYELASHES | | 0240 | 19.182 | APC | $970.80 | | | |
| 67840 | T | REMOVE EYELID LESION | | 0239 | 8.6336 | APC | $436.95 | | | |
| 67850 | T | TREAT EYELID LESION | | 0239 | 8.6336 | APC | $436.95 | | | |
| 67875 | T | CLOSURE OF EYELID BY SUTURE | | 0239 | 8.6336 | APC | $436.95 | | | |
| 67880 | T | REVISION OF EYELID | | 0233 | 15.838 | APC | $801.56 | | | |
| 67882 | T | REVISION OF EYELID | | 0240 | 19.182 | APC | $970.80 | | | |
| 67900 | T | REPAIR BROW DEFECT | | 0241 | 26.7 | APC | $1,351.29 | | | |
| 67901 | T | REPAIR EYELID DEFECT | | 0240 | 19.182 | APC | $970.80 | | | |
| 67902 | T | REPAIR EYELID DEFECT | | 0241 | 26.7 | APC | $1,351.29 | | | |
| 67903 | T | REPAIR EYELID DEFECT | | 0240 | 19.182 | APC | $970.80 | | | |
| 67904 | T | REPAIR EYELID DEFECT | | 0240 | 19.182 | APC | $970.80 | | | |
| 67906 | T | REPAIR EYELID DEFECT | | 0240 | 19.182 | APC | $970.80 | | | |
| 67908 | T | REPAIR EYELID DEFECT | | 0240 | 19.182 | APC | $970.80 | | | |
| 67909 | T | REVISE EYELID DEFECT | | 0240 | 19.182 | APC | $970.80 | | | |
| 67911 | T | REVISE EYELID DEFECT | | 0240 | 19.182 | APC | $970.80 | | | |
| 67912 | T | CORRECTION EYELID W/IMPLANT | | 0240 | 19.182 | APC | $970.80 | | | |
| 67914 | T | REPAIR EYELID DEFECT | | 0240 | 19.182 | APC | $970.80 | | | |
| 67915 | T | REPAIR EYELID DEFECT | | 0240 | 19.182 | APC | $970.80 | | | |
| 67916 | T | REPAIR EYELID DEFECT | | 0240 | 19.182 | APC | $970.80 | | | |
| 67917 | T | REPAIR EYELID DEFECT | | 0240 | 19.182 | APC | $970.80 | | | |
| 67921 | T | REPAIR EYELID DEFECT | | 0240 | 19.182 | APC | $970.80 | | | |
| 67922 | T | REPAIR EYELID DEFECT | | 0240 | 19.182 | APC | $970.80 | | | |
| 67923 | T | REPAIR EYELID DEFECT | | 0240 | 19.182 | APC | $970.80 | | | |
| 67924 | T | REPAIR EYELID DEFECT | | 0240 | 19.182 | APC | $970.80 | | | |
| 67930 | T | REPAIR EYELID WOUND | | 0240 | 19.182 | APC | $970.80 | | | |
| 67935 | T | REPAIR EYELID WOUND | | 0240 | 19.182 | APC | $970.80 | | | |
| 67938 | S | REMOVE EYELID FOREIGN BODY | | 0231 | 2.0317 | APC | $102.82 | | | |
| 67950 | T | REVISION OF EYELID | | 0240 | 19.182 | APC | $970.80 | | | |
| 67961 | T | REVISION OF EYELID | | 0240 | 19.182 | APC | $970.80 | | | |
| 67966 | T | REVISION OF EYELID | | 0240 | 19.182 | APC | $970.80 | | | |
| 67971 | T | RECONSTRUCTION OF EYELID | | 0240 | 19.182 | APC | $970.80 | | | |
| 67973 | T | RECONSTRUCTION OF EYELID | | 0241 | 26.7 | APC | $1,351.29 | | | |
| 67974 | T | RECONSTRUCTION OF EYELID | | 0240 | 19.182 | APC | $970.80 | | | |
| 67975 | T | RECONSTRUCTION OF EYELID | | 0240 | 19.182 | APC | $970.80 | | | |
| 67999 | T | REVISION OF EYELID | | 0238 | 3.2499 | APC | $164.48 | | | |
| 68020 | T | INCISE/DRAIN EYELID LINING | | 0238 | 3.2499 | APC | $164.48 | | | |
| 68040 | S | TREATMENT OF EYELID LESIONS | | 0698 | 1.0386 | APC | $52.56 | | | |
| 68100 | T | BIOPSY OF EYELID LINING | | 0239 | 8.6336 | APC | $436.95 | | | |
| 68110 | T | REMOVE EYELID LINING LESION | | 0699 | 15.868 | APC | $803.09 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 68115 | T | REMOVE EYELID LINING LESION | | 0240 | 19.182 | APC | $970.80 | | | |
| 68130 | T | REMOVE EYELID LINING LESION | | 0233 | 15.838 | APC | $801.56 | | | |
| 68135 | T | REMOVE EYELID LINING LESION | | 0239 | 8.6336 | APC | $436.95 | | | |
| 68200 | S | TREAT EYELID BY INJECTION | | 0230 | 0.6788 | APC | $34.35 | | | |
| 68320 | T | REVISE/GRAFT EYELID LINING | | 0241 | 26.7 | APC | $1,351.29 | | | |
| 68325 | T | REVISE/GRAFT EYELID LINING | | 0241 | 26.7 | APC | $1,351.29 | | | |
| 68326 | T | REVISE/GRAFT EYELID LINING | | 0240 | 19.182 | APC | $970.80 | | | |
| 68328 | T | REVISE/GRAFT EYELID LINING | | 0241 | 26.7 | APC | $1,351.29 | | | |
| 68330 | T | REVISE EYELID LINING | | 0234 | 23.511 | APC | $1,189.88 | | | |
| 68335 | T | REVISE/GRAFT EYELID LINING | | 0241 | 26.7 | APC | $1,351.29 | | | |
| 68340 | T | SEPARATE EYELID ADHESIONS | | 0240 | 19.182 | APC | $970.80 | | | |
| 68360 | T | REVISE EYELID LINING | | 0234 | 23.511 | APC | $1,189.88 | | | |
| 68362 | T | REVISE EYELID LINING | | 0234 | 23.511 | APC | $1,189.88 | | | |
| 68371 | T | HARVEST EYE TISSUE ALOGRAFT | | 0234 | 23.511 | APC | $1,189.88 | | | |
| 68399 | T | EYELID LINING SURGERY | | 0238 | 3.2499 | APC | $164.48 | | | |
| 68400 | T | INCISE/DRAIN TEAR GLAND | | 0238 | 3.2499 | APC | $164.48 | | | |
| 68420 | T | INCISE/DRAIN TEAR SAC | | 0240 | 19.182 | APC | $970.80 | | | |
| 68440 | T | INCISE TEAR DUCT OPENING | | 0238 | 3.2499 | APC | $164.48 | | | |
| 68500 | T | REMOVAL OF TEAR GLAND | | 0241 | 26.7 | APC | $1,351.29 | | | |
| 68505 | T | PARTIAL REMOVAL TEAR GLAND | | 0241 | 26.7 | APC | $1,351.29 | | | |
| 68510 | T | BIOPSY OF TEAR GLAND | | 0240 | 19.182 | APC | $970.80 | | | |
| 68520 | T | REMOVAL OF TEAR SAC | | 0241 | 26.7 | APC | $1,351.29 | | | |
| 68525 | T | BIOPSY OF TEAR SAC | | 0240 | 19.182 | APC | $970.80 | | | |
| 68530 | T | CLEARANCE OF TEAR DUCT | | 0238 | 3.2499 | APC | $164.48 | | | |
| 68540 | T | REMOVE TEAR GLAND LESION | | 0240 | 19.182 | APC | $970.80 | | | |
| 68550 | T | REMOVE TEAR GLAND LESION | | 0241 | 26.7 | APC | $1,351.29 | | | |
| 68700 | T | REPAIR TEAR DUCTS | | 0240 | 19.182 | APC | $970.80 | | | |
| 68705 | T | REVISE TEAR DUCT OPENING | | 0238 | 3.2499 | APC | $164.48 | | | |
| 68720 | T | CREATE TEAR SAC DRAIN | | 0241 | 26.7 | APC | $1,351.29 | | | |
| 68745 | T | CREATE TEAR DUCT DRAIN | | 0241 | 26.7 | APC | $1,351.29 | | | |
| 68750 | T | CREATE TEAR DUCT DRAIN | | 0241 | 26.7 | APC | $1,351.29 | | | |
| 68760 | T | CLOSE TEAR DUCT OPENING | | 0238 | 3.2499 | APC | $164.48 | | | |
| 68761 | T | CLOSE TEAR DUCT OPENING | | 0238 | 3.2499 | APC | $164.48 | | | |
| 68770 | T | CLOSE TEAR SYSTEM FISTULA | | 0241 | 26.7 | APC | $1,351.29 | | | |
| 68801 | S | DILATE TEAR DUCT OPENING | | 0698 | 1.0386 | APC | $52.56 | | | |
| 68810 | T | PROBE NASOLACRIMAL DUCT | | 0238 | 3.2499 | APC | $164.48 | | | |
| 68811 | T | PROBE NASOLACRIMAL DUCT | | 0240 | 19.182 | APC | $970.80 | | | |
| 68815 | T | PROBE NASOLACRIMAL DUCT | | 0240 | 19.182 | APC | $970.80 | | | |
| 68816 | T | PROBE NL DUCT W/BALLOON | | 0240 | 19.182 | APC | $970.80 | | | |
| 68840 | S | EXPLORE/IRRIGATE TEAR DUCTS | | 0231 | 2.0317 | APC | $102.82 | | | |
| 68850 | N | INJECTION FOR TEAR SAC X-RAY | | | | Bundled | $0.00 | | | |
| 68899 | T | TEAR DUCT SYSTEM SURGERY | | 0238 | 3.2499 | APC | $164.48 | | | |
| 69000 | T | DRAIN EXTERNAL EAR LESION | | 0006 | 1.7592 | APC | $89.03 | | | |
| 69005 | T | DRAIN EXTERNAL EAR LESION | | 0007 | 10.175 | APC | $514.94 | | | |
| 69020 | T | DRAIN OUTER EAR CANAL LESION | | 0006 | 1.7592 | APC | $89.03 | | | |
| 69090 | E | PIERCE EARLOBES | | | | Not Allowed | $0.00 | | | |
| 69100 | T | BIOPSY OF EXTERNAL EAR | | 0251 | 3.2225 | APC | $163.09 | | | |
| 69105 | T | BIOPSY OF EXTERNAL EAR CANAL | | 0253 | 16.09 | APC | $814.29 | | | |
| 69110 | T | REMOVE EXTERNAL EAR PARTIAL | | 0021 | 15.73 | APC | $796.09 | | | |
| 69120 | T | REMOVAL OF EXTERNAL EAR | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 69140 | T | REMOVE EAR CANAL LESION(S) | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 69145 | T | REMOVE EAR CANAL LESION(S) | | 0021 | 15.73 | APC | $796.09 | | | |
| 69150 | T | EXTENSIVE EAR CANAL SURGERY | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 69155 | C | EXTENSIVE EAR/NECK SURGERY | | | | Inpatient Only | $0.00 | | | |
| 69200 | X | CLEAR OUTER EAR CANAL | | 0340 | 0.6961 | APC | $35.23 | | | |
| 69205 | T | CLEAR OUTER EAR CANAL | | 0022 | 23.293 | APC | $1,178.85 | | | |
| 69210 | X | REMOVE IMPACTED EAR WAX | | 0340 | 0.6961 | APC | $35.23 | | | |
| 69220 | T | CLEAN OUT MASTOID CAVITY | | 0013 | 1.0032 | APC | $50.77 | | | |
| 69222 | T | CLEAN OUT MASTOID CAVITY | | 0252 | 6.9913 | APC | $353.83 | | | |
| 69300 | E | REVISE EXTERNAL EAR | | | | Not Allowed | $0.00 | | | |
| 69310 | T | REBUILD OUTER EAR CANAL | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 69320 | T | REBUILD OUTER EAR CANAL | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 69399 | T | OUTER EAR SURGERY PROCEDURE | | 0250 | 1.095 | APC | $55.42 | | | |
| 69400 | T | INFLATE MIDDLE EAR CANAL | | 0251 | 3.2225 | APC | $163.09 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 69401 | T | INFLATE MIDDLE EAR CANAL | | 0251 | 3.2225 | APC | $163.09 | | | |
| 69405 | T | CATHETERIZE MIDDLE EAR CANAL | | 0253 | 16.09 | APC | $814.29 | | | |
| 69420 | T | INCISION OF EARDRUM | | 0251 | 3.2225 | APC | $163.09 | | | |
| 69421 | T | INCISION OF EARDRUM | | 0253 | 16.09 | APC | $814.29 | | | |
| 69424 | T | REMOVE VENTILATING TUBE | | 0253 | 16.09 | APC | $814.29 | | | |
| 69433 | T | CREATE EARDRUM OPENING | | 0252 | 6.9913 | APC | $353.83 | | | |
| 69436 | T | CREATE EARDRUM OPENING | | 0253 | 16.09 | APC | $814.29 | | | |
| 69440 | T | EXPLORATION OF MIDDLE EAR | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 69450 | T | EARDRUM REVISION | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 69501 | T | MASTOIDECTOMY | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 69502 | T | MASTOIDECTOMY | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 69505 | T | REMOVE MASTOID STRUCTURES | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 69511 | T | EXTENSIVE MASTOID SURGERY | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 69530 | T | EXTENSIVE MASTOID SURGERY | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 69535 | C | REMOVE PART OF TEMPORAL BONE | | | | Inpatient Only | $0.00 | | | |
| 69540 | T | REMOVE EAR LESION | | 0253 | 16.09 | APC | $814.29 | | | |
| 69550 | T | REMOVE EAR LESION | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 69552 | T | REMOVE EAR LESION | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 69554 | C | REMOVE EAR LESION | | | | Inpatient Only | $0.00 | | | |
| 69601 | T | MASTOID SURGERY REVISION | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 69602 | T | MASTOID SURGERY REVISION | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 69603 | T | MASTOID SURGERY REVISION | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 69604 | T | MASTOID SURGERY REVISION | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 69605 | T | MASTOID SURGERY REVISION | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 69610 | T | REPAIR OF EARDRUM | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 69620 | T | REPAIR OF EARDRUM | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 69631 | T | REPAIR EARDRUM STRUCTURES | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 69632 | T | REBUILD EARDRUM STRUCTURES | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 69633 | T | REBUILD EARDRUM STRUCTURES | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 69635 | T | REPAIR EARDRUM STRUCTURES | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 69636 | T | REBUILD EARDRUM STRUCTURES | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 69637 | T | REBUILD EARDRUM STRUCTURES | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 69641 | T | REVISE MIDDLE EAR & MASTOID | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 69642 | T | REVISE MIDDLE EAR & MASTOID | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 69643 | T | REVISE MIDDLE EAR & MASTOID | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 69644 | T | REVISE MIDDLE EAR & MASTOID | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 69645 | T | REVISE MIDDLE EAR & MASTOID | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 69646 | T | REVISE MIDDLE EAR & MASTOID | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 69650 | T | RELEASE MIDDLE EAR BONE | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 69660 | T | REVISE MIDDLE EAR BONE | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 69661 | T | REVISE MIDDLE EAR BONE | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 69662 | T | REVISE MIDDLE EAR BONE | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 69666 | T | REPAIR MIDDLE EAR STRUCTURES | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 69667 | T | REPAIR MIDDLE EAR STRUCTURES | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 69670 | T | REMOVE MASTOID AIR CELLS | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 69676 | T | REMOVE MIDDLE EAR NERVE | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 69700 | T | CLOSE MASTOID FISTULA | | 0254 | 25.238 | APC | $1,277.28 | | | |
| 69710 | E | IMPLANT/REPLACE HEARING AID | | | | Not Allowed | $0.00 | | | |
| 69711 | T | REMOVE/REPAIR HEARING AID | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 69714 | T | IMPLANT TEMPLE BONE W/STIMUL | | 0425 | 134.64 | APC | $6,814.34 | | | |
| 69715 | T | TEMPLE BNE IMPLNT W/STIMULAT | | 0425 | 134.64 | APC | $6,814.34 | | | |
| 69717 | T | TEMPLE BONE IMPLANT REVISION | | 0425 | 134.64 | APC | $6,814.34 | | | |
| 69718 | T | REVISE TEMPLE BONE IMPLANT | | 0425 | 134.64 | APC | $6,814.34 | | | |
| 69720 | T | RELEASE FACIAL NERVE | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 69725 | T | RELEASE FACIAL NERVE | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 69740 | T | REPAIR FACIAL NERVE | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 69745 | T | REPAIR FACIAL NERVE | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 69799 | T | MIDDLE EAR SURGERY PROCEDURE | | 0250 | 1.095 | APC | $55.42 | | | |
| 69801 | T | INCISE INNER EAR | | 0253 | 16.09 | APC | $814.29 | | | |
| 69805 | T | EXPLORE INNER EAR | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 69806 | T | EXPLORE INNER EAR | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 69820 | T | ESTABLISH INNER EAR WINDOW | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 69840 | T | REVISE INNER EAR WINDOW | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 69905 | T | REMOVE INNER EAR | | 0256 | 45.979 | APC | $2,326.99 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 69910 | T | REMOVE INNER EAR & MASTOID | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 69915 | T | INCISE INNER EAR NERVE | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 69930 | T | IMPLANT COCHLEAR DEVICE | | 0259 | 425.26 | APC | $21,522.63 | | | |
| 69949 | T | INNER EAR SURGERY PROCEDURE | | 0250 | 1.095 | APC | $55.42 | | | |
| 69950 | C | INCISE INNER EAR NERVE | | | | Inpatient Only | $0.00 | | | |
| 69955 | T | RELEASE FACIAL NERVE | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 69960 | T | RELEASE INNER EAR CANAL | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 69970 | T | REMOVE INNER EAR LESION | | 0256 | 45.979 | APC | $2,326.99 | | | |
| 69979 | T | TEMPORAL BONE SURGERY | | 0250 | 1.095 | APC | $55.42 | | | |
| 69990 | N | MICROSURGERY ADD-ON | | | | Bundled | $0.00 | | | |
| 70010 | N | CONTRAST X-RAY OF BRAIN | | 0274 | 7.1179 | Bundled, may be payable in some circumstances | $13,867.14 | | | |
| 70015 | N | CONTRAST X-RAY OF BRAIN | | 0274 | 7.1179 | Bundled, may be payable in some circumstances | $13,867.14 | | | |
| 70030 | X | X-RAY EYE FOR FOREIGN BODY | | 0260 | 0.6443 | APC | $32.61 | | | |
| 70100 | X | X-RAY EXAM OF JAW <4VIEWS | | 0260 | 0.6443 | APC | $32.61 | | | |
| 70110 | X | X-RAY EXAM OF JAW 4/> VIEWS | | 0261 | 0.9933 | APC | $50.27 | | | |
| 70120 | X | X-RAY EXAM OF MASTOIDS | | 0261 | 0.9933 | APC | $50.27 | | | |
| 70130 | X | X-RAY EXAM OF MASTOIDS | | 0260 | 0.6443 | APC | $32.61 | | | |
| 70134 | X | X-RAY EXAM OF MIDDLE EAR | | 0261 | 0.9933 | APC | $50.27 | | | |
| 70140 | X | X-RAY EXAM OF FACIAL BONES | | 0260 | 0.6443 | APC | $32.61 | | | |
| 70150 | X | X-RAY EXAM OF FACIAL BONES | | 0261 | 0.9933 | APC | $50.27 | | | |
| 70160 | X | X-RAY EXAM OF NASAL BONES | | 0260 | 0.6443 | APC | $32.61 | | | |
| 70170 | N | X-RAY EXAM OF TEAR DUCT | | 0263 | 3.5823 | Bundled, may be payable in some circumstances | $13,310.43 | | | |
| 70190 | X | X-RAY EXAM OF EYE SOCKETS | | 0260 | 0.6443 | APC | $32.61 | | | |
| 70200 | X | X-RAY EXAM OF EYE SOCKETS | | 0261 | 0.9933 | APC | $50.27 | | | |
| 70210 | X | X-RAY EXAM OF SINUSES | | 0260 | 0.6443 | APC | $32.61 | | | |
| 70220 | X | X-RAY EXAM OF SINUSES | | 0261 | 0.9933 | APC | $50.27 | | | |
| 70240 | X | X-RAY EXAM PITUITARY SADDLE | | 0260 | 0.6443 | APC | $32.61 | | | |
| 70250 | X | X-RAY EXAM OF SKULL | | 0260 | 0.6443 | APC | $32.61 | | | |
| 70260 | X | X-RAY EXAM OF SKULL | | 0261 | 0.9933 | APC | $50.27 | | | |
| 70300 | X | X-RAY EXAM OF TEETH | | 0262 | 0.5031 | APC | $25.46 | | | |
| 70310 | X | X-RAY EXAM OF TEETH | | 0262 | 0.5031 | APC | $25.46 | | | |
| 70320 | X | FULL MOUTH X-RAY OF TEETH | | 0262 | 0.5031 | APC | $25.46 | | | |
| 70328 | X | X-RAY EXAM OF JAW JOINT | | 0260 | 0.6443 | APC | $32.61 | | | |
| 70330 | X | X-RAY EXAM OF JAW JOINTS | | 0260 | 0.6443 | APC | $32.61 | | | |
| 70332 | N | X-RAY EXAM OF JAW JOINT | | 0275 | 4.1881 | Bundled, may be payable in some circumstances | $13,917.75 | | | |
| 70336 | N | MAGNETIC IMAGE JAW JOINT | | 0336 | 4.7466 | Bundled, may be payable in some circumstances | $17,004.96 | | | |
| 70350 | X | X-RAY HEAD FOR ORTHODONTIA | | 0260 | 0.6443 | APC | $32.61 | | | |
| 70355 | X | PANORAMIC X-RAY OF JAWS | | 0262 | 0.5031 | APC | $25.46 | | | |
| 70360 | X | X-RAY EXAM OF NECK | | 0260 | 0.6443 | APC | $32.61 | | | |
| 70370 | X | THROAT X-RAY & FLUOROSCOPY | | 0272 | 1.6023 | APC | $81.09 | | | |
| 70371 | X | SPEECH EVALUATION COMPLEX | | 0272 | 1.6023 | APC | $81.09 | | | |
| 70373 | N | CONTRAST X-RAY OF LARYNX | | 0263 | 3.5823 | Bundled, may be payable in some circumstances | $13,310.43 | | | |
| 70380 | X | X-RAY EXAM OF SALIVARY GLAND | | 0260 | 0.6443 | APC | $32.61 | | | |
| 70390 | N | X-RAY EXAM OF SALIVARY DUCT | | 0263 | 3.5823 | Bundled, may be payable in some circumstances | $13,310.43 | | | |
| 70450 | N | CT HEAD/BRAIN W/O DYE | | 0332 | 2.434 | Bundled, may be payable in some circumstances | $16,802.52 | | | |
| 70460 | N | CT HEAD/BRAIN W/DYE | | 0283 | 4.1669 | Bundled, may be payable in some circumstances | $14,322.63 | | | |
| 70470 | N | CT HEAD/BRAIN W/O & W/DYE | | 0333 | 4.6182 | Bundled, may be payable in some circumstances | $16,853.13 | | | |
| 70480 | N | CT ORBIT/EAR/FOSSA W/O DYE | | 0332 | 2.434 | Bundled, may be payable in some circumstances | $16,802.52 | | | |
| 70481 | N | CT ORBIT/EAR/FOSSA W/DYE | | 0283 | 4.1669 | Bundled, may be payable in some circumstances | $14,322.63 | | | |
| 70482 | N | CT ORBIT/EAR/FOSSA W/O&W/DYE | | 0333 | 4.6182 | Bundled, may be payable in some circumstances | $16,853.13 | | | |
| 70486 | N | CT MAXILLOFACIAL W/O DYE | | 0332 | 2.434 | Bundled, may be payable in some circumstances | $16,802.52 | | | |
| 70487 | N | CT MAXILLOFACIAL W/DYE | | 0283 | 4.1669 | Bundled, may be payable in some circumstances | $14,322.63 | | | |
| 70488 | N | CT MAXILLOFACIAL W/O & W/DYE | | 0333 | 4.6182 | Bundled, may be payable in some circumstances | $16,853.13 | | | |
| 70490 | N | CT SOFT TISSUE NECK W/O DYE | | 0332 | 2.434 | Bundled, may be payable in some circumstances | $16,802.52 | | | |
| 70491 | N | CT SOFT TISSUE NECK W/DYE | | 0283 | 4.1669 | Bundled, may be payable in some circumstances | $14,322.63 | | | |
| 70492 | N | CT SFT TSUE NCK W/O & W/DYE | | 0333 | 4.6182 | Bundled, may be payable in some circumstances | $16,853.13 | | | |
| 70496 | N | CT ANGIOGRAPHY HEAD | | 0662 | 4.757 | Bundled, may be payable in some circumstances | $33,503.82 | | | |
| 70498 | N | CT ANGIOGRAPHY NECK | | 0662 | 4.757 | Bundled, may be payable in some circumstances | $33,503.82 | | | |
| 70540 | N | MRI ORBIT/FACE/NECK W/O DYE | | 0336 | 4.7466 | Bundled, may be payable in some circumstances | $17,004.96 | | | |
| 70542 | N | MRI ORBIT/FACE/NECK W/DYE | | 0284 | 6.3741 | Bundled, may be payable in some circumstances | $14,373.24 | | | |
| 70543 | N | MRI ORBT/FAC/NCK W/O &W/DYE | | 0337 | 7.7051 | Bundled, may be payable in some circumstances | $17,055.57 | | | |
| 70544 | N | MR ANGIOGRAPHY HEAD W/O DYE | | 0336 | 4.7466 | Bundled, may be payable in some circumstances | $17,004.96 | | | |
| 70545 | N | MR ANGIOGRAPHY HEAD W/DYE | | 0284 | 6.3741 | Bundled, may be payable in some circumstances | $14,373.24 | | | |
| 70546 | N | MR ANGIOGRAPH HEAD W/O&W/DYE | | 0337 | 7.7051 | Bundled, may be payable in some circumstances | $17,055.57 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 70547 | N | MR ANGIOGRAPHY NECK W/O DYE | | 0336 | 4.7466 | Bundled, may be payable in some circumstances | $17,004.96 | | | |
| 70548 | N | MR ANGIOGRAPHY NECK W/DYE | | 0284 | 6.3741 | Bundled, may be payable in some circumstances | $14,373.24 | | | |
| 70549 | N | MR ANGIOGRAPH NECK W/O&W/DYE | | 0337 | 7.7051 | Bundled, may be payable in some circumstances | $17,055.57 | | | |
| 70551 | N | MRI BRAIN STEM W/O DYE | | 0336 | 4.7466 | Bundled, may be payable in some circumstances | $17,004.96 | | | |
| 70552 | N | MRI BRAIN STEM W/DYE | | 0284 | 6.3741 | Bundled, may be payable in some circumstances | $14,373.24 | | | |
| 70553 | N | MRI BRAIN STEM W/O & W/DYE | | 0337 | 7.7051 | Bundled, may be payable in some circumstances | $17,055.57 | | | |
| 70554 | N | FMRI BRAIN BY TECH | | 0336 | 4.7466 | Bundled, may be payable in some circumstances | $17,004.96 | | | |
| 70555 | S | FMRI BRAIN BY PHYS/PSYCH | | 0336 | 4.7466 | APC | $240.23 | | | |
| 70557 | S | MRI BRAIN W/O DYE | | 0336 | 4.7466 | APC | $240.23 | | | |
| 70558 | S | MRI BRAIN W/DYE | | 0284 | 6.3741 | APC | $322.59 | | | |
| 70559 | S | MRI BRAIN W/O & W/DYE | | 0337 | 7.7051 | APC | $389.96 | | | |
| 71010 | N | CHEST X-RAY 1 VIEW FRONTAL | | 0260 | 0.6443 | Bundled, may be payable in some circumstances | $13,158.60 | | | |
| 71015 | N | CHEST X-RAY STEREO FRONTAL | | 0260 | 0.6443 | Bundled, may be payable in some circumstances | $13,158.60 | | | |
| 71020 | N | CHEST X-RAY 2VW FRONTAL&LATL | | 0260 | 0.6443 | Bundled, may be payable in some circumstances | $13,158.60 | | | |
| 71021 | X | CHEST X-RAY FRNT LAT LORDOTC | | 0260 | 0.6443 | APC | $32.61 | | | |
| 71022 | X | CHEST X-RAY FRNT LAT OBLIQUE | | 0260 | 0.6443 | APC | $32.61 | | | |
| 71023 | X | CHEST X-RAY AND FLUOROSCOPY | | 0272 | 1.6023 | APC | $81.09 | | | |
| 71030 | X | CHEST X-RAY 4/> VIEWS | | 0261 | 0.9933 | APC | $50.27 | | | |
| 71034 | X | CHEST X-RAY&FLUORO 4/> VIEWS | | 0272 | 1.6023 | APC | $81.09 | | | |
| 71035 | X | CHEST X-RAY SPECIAL VIEWS | | 0260 | 0.6443 | APC | $32.61 | | | |
| 71100 | X | X-RAY EXAM RIBS UNI 2 VIEWS | | 0260 | 0.6443 | APC | $32.61 | | | |
| 71101 | X | X-RAY EXAM UNILAT RIBS/CHEST | | 0261 | 0.9933 | APC | $50.27 | | | |
| 71110 | X | X-RAY EXAM RIBS BIL 3 VIEWS | | 0261 | 0.9933 | APC | $50.27 | | | |
| 71111 | X | X-RAY EXAM RIBS/CHEST4/> VWS | | 0261 | 0.9933 | APC | $50.27 | | | |
| 71120 | X | X-RAY EXAM BREASTBONE 2/>VWS | | 0260 | 0.6443 | APC | $32.61 | | | |
| 71130 | X | X-RAY STRENOCLAVIC JT 3/>VWS | | 0260 | 0.6443 | APC | $32.61 | | | |
| 71250 | N | CT THORAX W/O DYE | | 0332 | 2.434 | Bundled, may be payable in some circumstances | $16,802.52 | | | |
| 71260 | N | CT THORAX W/DYE | | 0283 | 4.1669 | Bundled, may be payable in some circumstances | $14,322.63 | | | |
| 71270 | N | CT THORAX W/O & W/DYE | | 0333 | 4.6182 | Bundled, may be payable in some circumstances | $16,853.13 | | | |
| 71275 | N | CT ANGIOGRAPHY CHEST | | 0662 | 4.757 | Bundled, may be payable in some circumstances | $33,503.82 | | | |
| 71550 | N | MRI CHEST W/O DYE | | 0336 | 4.7466 | Bundled, may be payable in some circumstances | $17,004.96 | | | |
| 71551 | N | MRI CHEST W/DYE | | 0284 | 6.3741 | Bundled, may be payable in some circumstances | $14,373.24 | | | |
| 71552 | N | MRI CHEST W/O & W/DYE | | 0337 | 7.7051 | Bundled, may be payable in some circumstances | $17,055.57 | | | |
| 71555 | M | MRI ANGIO CHEST W OR W/O DYE | | | | Fee Schedule | $475.37 | | | |
| 72010 | X | X-RAY EXAM SPINE AP&LAT | | 0261 | 0.9933 | APC | $50.27 | | | |
| 72020 | X | X-RAY EXAM OF SPINE 1 VIEW | | 0260 | 0.6443 | APC | $32.61 | | | |
| 72040 | X | X-RAY EXAM NECK SPINE 2-3 VW | | 0260 | 0.6443 | APC | $32.61 | | | |
| 72050 | X | X-RAY EXAM NECK SPINE 4/5VWS | | 0261 | 0.9933 | APC | $50.27 | | | |
| 72052 | X | X-RAY EXAM NECK SPINE 6/>VWS | | 0261 | 0.9933 | APC | $50.27 | | | |
| 72069 | X | X-RAY EXAM TRUNK SPINE STAND | | 0260 | 0.6443 | APC | $32.61 | | | |
| 72070 | X | X-RAY EXAM THORAC SPINE 2VWS | | 0260 | 0.6443 | APC | $32.61 | | | |
| 72072 | X | X-RAY EXAM THORAC SPINE 3VWS | | 0261 | 0.9933 | APC | $50.27 | | | |
| 72074 | X | X-RAY EXAM THORAC SPINE4/>VW | | 0260 | 0.6443 | APC | $32.61 | | | |
| 72080 | X | X-RAY EXAM TRUNK SPINE 2 VWS | | 0260 | 0.6443 | APC | $32.61 | | | |
| 72090 | X | X-RAY EXAM SCLOIOSIS ERECT | | 0261 | 0.9933 | APC | $50.27 | | | |
| 72100 | X | X-RAY EXAM L-S SPINE 2/3 VWS | | 0260 | 0.6443 | APC | $32.61 | | | |
| 72110 | X | X-RAY EXAM L-2 SPINE 4/>VWS | | 0261 | 0.9933 | APC | $50.27 | | | |
| 72114 | X | X-RAY EXAM L-S SPINE BENDING | | 0261 | 0.9933 | APC | $50.27 | | | |
| 72120 | X | X-RAY BEND ONLY L-S SPINE | | 0261 | 0.9933 | APC | $50.27 | | | |
| 72125 | N | CT NECK SPINE W/O DYE | | 0332 | 2.434 | Bundled, may be payable in some circumstances | $16,802.52 | | | |
| 72126 | N | CT NECK SPINE W/DYE | | 0283 | 4.1669 | Bundled, may be payable in some circumstances | $14,322.63 | | | |
| 72127 | N | CT NECK SPINE W/O & W/DYE | | 0333 | 4.6182 | Bundled, may be payable in some circumstances | $16,853.13 | | | |
| 72128 | N | CT CHEST SPINE W/O DYE | | 0332 | 2.434 | Bundled, may be payable in some circumstances | $16,802.52 | | | |
| 72129 | N | CT CHEST SPINE W/DYE | | 0283 | 4.1669 | Bundled, may be payable in some circumstances | $14,322.63 | | | |
| 72130 | N | CT CHEST SPINE W/O & W/DYE | | 0333 | 4.6182 | Bundled, may be payable in some circumstances | $16,853.13 | | | |
| 72131 | N | CT LUMBAR SPINE W/O DYE | | 0332 | 2.434 | Bundled, may be payable in some circumstances | $16,802.52 | | | |
| 72132 | N | CT LUMBAR SPINE W/DYE | | 0283 | 4.1669 | Bundled, may be payable in some circumstances | $14,322.63 | | | |
| 72133 | N | CT LUMBAR SPINE W/O & W/DYE | | 0333 | 4.6182 | Bundled, may be payable in some circumstances | $16,853.13 | | | |
| 72141 | N | MRI NECK SPINE W/O DYE | | 0336 | 4.7466 | Bundled, may be payable in some circumstances | $17,004.96 | | | |
| 72142 | N | MRI NECK SPINE W/DYE | | 0284 | 6.3741 | Bundled, may be payable in some circumstances | $14,373.24 | | | |
| 72146 | N | MRI CHEST SPINE W/O DYE | | 0336 | 4.7466 | Bundled, may be payable in some circumstances | $17,004.96 | | | |
| 72147 | N | MRI CHEST SPINE W/DYE | | 0284 | 6.3741 | Bundled, may be payable in some circumstances | $14,373.24 | | | |
| 72148 | N | MRI LUMBAR SPINE W/O DYE | | 0336 | 4.7466 | Bundled, may be payable in some circumstances | $17,004.96 | | | |
| 72149 | N | MRI LUMBAR SPINE W/DYE | | 0284 | 6.3741 | Bundled, may be payable in some circumstances | $14,373.24 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 72156 | N | MRI NECK SPINE W/O & W/DYE | | 0337 | 7.7051 | Bundled, may be payable in some circumstances | $17,055.57 | | | |
| 72157 | N | MRI CHEST SPINE W/O & W/DYE | | 0337 | 7.7051 | Bundled, may be payable in some circumstances | $17,055.57 | | | |
| 72158 | N | MRI LUMBAR SPINE W/O & W/DYE | | 0337 | 7.7051 | Bundled, may be payable in some circumstances | $17,055.57 | | | |
| 72159 | E | MR ANGIO SPINE W/O&W/DYE | | | | Not Allowed | $0.00 | | | |
| 72170 | X | X-RAY EXAM OF PELVIS | | 0260 | 0.6443 | APC | $32.61 | | | |
| 72190 | X | X-RAY EXAM OF PELVIS | | 0260 | 0.6443 | APC | $32.61 | | | |
| 72191 | N | CT ANGIOGRAPH PELV W/O&W/DYE | | 0662 | 4.757 | Bundled, may be payable in some circumstances | $33,503.82 | | | |
| 72192 | N | CT PELVIS W/O DYE | | 0332 | 2.434 | Bundled, may be payable in some circumstances | $16,802.52 | | | |
| 72193 | N | CT PELVIS W/DYE | | 0283 | 4.1669 | Bundled, may be payable in some circumstances | $14,322.63 | | | |
| 72194 | N | CT PELVIS W/O & W/DYE | | 0333 | 4.6182 | Bundled, may be payable in some circumstances | $16,853.13 | | | |
| 72195 | N | MRI PELVIS W/O DYE | | 0336 | 4.7466 | Bundled, may be payable in some circumstances | $17,004.96 | | | |
| 72196 | N | MRI PELVIS W/DYE | | 0284 | 6.3741 | Bundled, may be payable in some circumstances | $14,373.24 | | | |
| 72197 | N | MRI PELVIS W/O & W/DYE | | 0337 | 7.7051 | Bundled, may be payable in some circumstances | $17,055.57 | | | |
| 72198 | E | MR ANGIO PELVIS W/O & W/DYE | | | | Not Allowed | $0.00 | | | |
| 72200 | X | X-RAY EXAM SI JOINTS | | 0260 | 0.6443 | APC | $32.61 | | | |
| 72202 | X | X-RAY EXAM SI JOINTS 3/> VWS | | 0260 | 0.6443 | APC | $32.61 | | | |
| 72220 | X | X-RAY EXAM SACRUM TAILBONE | | 0260 | 0.6443 | APC | $32.61 | | | |
| 72240 | N | MYELOGRAPHY NECK SPINE | | 0274 | 7.1179 | Bundled, may be payable in some circumstances | $13,867.14 | | | |
| 72255 | N | MYELOGRAPHY THORACIC SPINE | | 0274 | 7.1179 | Bundled, may be payable in some circumstances | $13,867.14 | | | |
| 72265 | N | MYELOGRAPHY L-S SPINE | | 0274 | 7.1179 | Bundled, may be payable in some circumstances | $13,867.14 | | | |
| 72270 | N | MYELOGPHY 2/> SPINE REGIONS | | 0274 | 7.1179 | Bundled, may be payable in some circumstances | $13,867.14 | | | |
| 72275 | N | EPIDUROGRAPHY | | | | Bundled | $0.00 | | | |
| 72285 | N | DISCOGRAPHY CERV/THOR SPINE | | 0388 | 24.273 | Bundled, may be payable in some circumstances | $19,636.68 | | | |
| 72291 | N | PERQ VERTE/SACROPLSTY FLUOR | | | | Bundled | $0.00 | | | |
| 72292 | N | PERQ VERTE/SACROPLSTY CT | | | | Bundled | $0.00 | | | |
| 72295 | N | X-RAY OF LOWER SPINE DISK | | 0388 | 24.273 | Bundled, may be payable in some circumstances | $19,636.68 | | | |
| 73000 | X | X-RAY EXAM OF COLLAR BONE | | 0260 | 0.6443 | APC | $32.61 | | | |
| 73010 | X | X-RAY EXAM OF SHOULDER BLADE | | 0260 | 0.6443 | APC | $32.61 | | | |
| 73020 | X | X-RAY EXAM OF SHOULDER | | 0260 | 0.6443 | APC | $32.61 | | | |
| 73030 | X | X-RAY EXAM OF SHOULDER | | 0260 | 0.6443 | APC | $32.61 | | | |
| 73040 | N | CONTRAST X-RAY OF SHOULDER | | 0275 | 4.1881 | Bundled, may be payable in some circumstances | $13,917.75 | | | |
| 73050 | X | X-RAY EXAM OF SHOULDERS | | 0260 | 0.6443 | APC | $32.61 | | | |
| 73060 | X | X-RAY EXAM OF HUMERUS | | 0260 | 0.6443 | APC | $32.61 | | | |
| 73070 | X | X-RAY EXAM OF ELBOW | | 0260 | 0.6443 | APC | $32.61 | | | |
| 73080 | X | X-RAY EXAM OF ELBOW | | 0260 | 0.6443 | APC | $32.61 | | | |
| 73085 | N | CONTRAST X-RAY OF ELBOW | | 0275 | 4.1881 | Bundled, may be payable in some circumstances | $13,917.75 | | | |
| 73090 | X | X-RAY EXAM OF FOREARM | | 0260 | 0.6443 | APC | $32.61 | | | |
| 73092 | X | X-RAY EXAM OF ARM INFANT | | 0260 | 0.6443 | APC | $32.61 | | | |
| 73100 | X | X-RAY EXAM OF WRIST | | 0260 | 0.6443 | APC | $32.61 | | | |
| 73110 | X | X-RAY EXAM OF WRIST | | 0260 | 0.6443 | APC | $32.61 | | | |
| 73115 | N | CONTRAST X-RAY OF WRIST | | 0275 | 4.1881 | Bundled, may be payable in some circumstances | $13,917.75 | | | |
| 73120 | X | X-RAY EXAM OF HAND | | 0260 | 0.6443 | APC | $32.61 | | | |
| 73130 | X | X-RAY EXAM OF HAND | | 0260 | 0.6443 | APC | $32.61 | | | |
| 73140 | X | X-RAY EXAM OF FINGER(S) | | 0260 | 0.6443 | APC | $32.61 | | | |
| 73200 | N | CT UPPER EXTREMITY W/O DYE | | 0332 | 2.434 | Bundled, may be payable in some circumstances | $16,802.52 | | | |
| 73201 | N | CT UPPER EXTREMITY W/DYE | | 0283 | 4.1669 | Bundled, may be payable in some circumstances | $14,322.63 | | | |
| 73202 | N | CT UPPR EXTREMITY W/O&W/DYE | | 0333 | 4.6182 | Bundled, may be payable in some circumstances | $16,853.13 | | | |
| 73206 | N | CT ANGIO UPR EXTRM W/O&W/DYE | | 0662 | 4.757 | Bundled, may be payable in some circumstances | $33,503.82 | | | |
| 73218 | N | MRI UPPER EXTREMITY W/O DYE | | 0336 | 4.7466 | Bundled, may be payable in some circumstances | $17,004.96 | | | |
| 73219 | N | MRI UPPER EXTREMITY W/DYE | | 0284 | 6.3741 | Bundled, may be payable in some circumstances | $14,373.24 | | | |
| 73220 | N | MRI UPPR EXTREMITY W/O&W/DYE | | 0337 | 7.7051 | Bundled, may be payable in some circumstances | $17,055.57 | | | |
| 73221 | N | MRI JOINT UPR EXTREM W/O DYE | | 0336 | 4.7466 | Bundled, may be payable in some circumstances | $17,004.96 | | | |
| 73222 | N | MRI JOINT UPR EXTREM W/DYE | | 0284 | 6.3741 | Bundled, may be payable in some circumstances | $14,373.24 | | | |
| 73223 | N | MRI JOINT UPR EXTR W/O&W/DYE | | 0337 | 7.7051 | Bundled, may be payable in some circumstances | $17,055.57 | | | |
| 73225 | E | MR ANGIO UPR EXTR W/O&W/DYE | | | | Not Allowed | $0.00 | | | |
| 73500 | X | X-RAY EXAM OF HIP | | 0260 | 0.6443 | APC | $32.61 | | | |
| 73510 | X | X-RAY EXAM OF HIP | | 0260 | 0.6443 | APC | $32.61 | | | |
| 73520 | X | X-RAY EXAM OF HIPS | | 0261 | 0.9933 | APC | $50.27 | | | |
| 73525 | N | CONTRAST X-RAY OF HIP | | 0275 | 4.1881 | Bundled, may be payable in some circumstances | $13,917.75 | | | |
| 73530 | N | X-RAY EXAM OF HIP | | | | Bundled | $0.00 | | | |
| 73540 | X | X-RAY EXAM OF PELVIS & HIPS | | 0260 | 0.6443 | APC | $32.61 | | | |
| 73550 | X | X-RAY EXAM OF THIGH | | 0260 | 0.6443 | APC | $32.61 | | | |
| 73560 | X | X-RAY EXAM OF KNEE 1 OR 2 | | 0260 | 0.6443 | APC | $32.61 | | | |
| 73562 | X | X-RAY EXAM OF KNEE 3 | | 0260 | 0.6443 | APC | $32.61 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 73564 | X | X-RAY EXAM KNEE 4 OR MORE | | 0261 | 0.9933 | APC | $50.27 | | | |
| 73565 | X | X-RAY EXAM OF KNEES | | 0260 | 0.6443 | APC | $32.61 | | | |
| 73580 | N | CONTRAST X-RAY OF KNEE JOINT | | 0275 | 4.1881 | Bundled, may be payable in some circumstances | $13,917.75 | | | |
| 73590 | X | X-RAY EXAM OF LOWER LEG | | 0260 | 0.6443 | APC | $32.61 | | | |
| 73592 | X | X-RAY EXAM OF LEG INFANT | | 0260 | 0.6443 | APC | $32.61 | | | |
| 73600 | X | X-RAY EXAM OF ANKLE | | 0260 | 0.6443 | APC | $32.61 | | | |
| 73610 | X | X-RAY EXAM OF ANKLE | | 0260 | 0.6443 | APC | $32.61 | | | |
| 73615 | N | CONTRAST X-RAY OF ANKLE | | 0275 | 4.1881 | Bundled, may be payable in some circumstances | $13,917.75 | | | |
| 73620 | X | X-RAY EXAM OF FOOT | | 0260 | 0.6443 | APC | $32.61 | | | |
| 73630 | X | X-RAY EXAM OF FOOT | | 0260 | 0.6443 | APC | $32.61 | | | |
| 73650 | X | X-RAY EXAM OF HEEL | | 0260 | 0.6443 | APC | $32.61 | | | |
| 73660 | X | X-RAY EXAM OF TOE(S) | | 0260 | 0.6443 | APC | $32.61 | | | |
| 73700 | N | CT LOWER EXTREMITY W/O DYE | | 0332 | 2.434 | Bundled, may be payable in some circumstances | $16,802.52 | | | |
| 73701 | N | CT LOWER EXTREMITY W/DYE | | 0283 | 4.1669 | Bundled, may be payable in some circumstances | $14,322.63 | | | |
| 73702 | N | CT LWR EXTREMITY W/O&W/DYE | | 0333 | 4.6182 | Bundled, may be payable in some circumstances | $16,853.13 | | | |
| 73706 | N | CT ANGIO LWR EXTR W/O&W/DYE | | 0662 | 4.757 | Bundled, may be payable in some circumstances | $33,503.82 | | | |
| 73718 | N | MRI LOWER EXTREMITY W/O DYE | | 0336 | 4.7466 | Bundled, may be payable in some circumstances | $17,004.96 | | | |
| 73719 | N | MRI LOWER EXTREMITY W/DYE | | 0284 | 6.3741 | Bundled, may be payable in some circumstances | $14,373.24 | | | |
| 73720 | N | MRI LWR EXTREMITY W/O&W/DYE | | 0337 | 7.7051 | Bundled, may be payable in some circumstances | $17,055.57 | | | |
| 73721 | N | MRI JNT OF LWR EXTRE W/O DYE | | 0336 | 4.7466 | Bundled, may be payable in some circumstances | $17,004.96 | | | |
| 73722 | N | MRI JOINT OF LWR EXTR W/DYE | | 0284 | 6.3741 | Bundled, may be payable in some circumstances | $14,373.24 | | | |
| 73723 | N | MRI JOINT LWR EXTR W/O&W/DYE | | 0337 | 7.7051 | Bundled, may be payable in some circumstances | $17,055.57 | | | |
| 73725 | M | MR ANG LWR EXT W OR W/O DYE | | | | Fee Schedule | $482.23 | | | |
| 74000 | X | X-RAY EXAM OF ABDOMEN | | 0260 | 0.6443 | APC | $32.61 | | | |
| 74010 | X | X-RAY EXAM OF ABDOMEN | | 0260 | 0.6443 | APC | $32.61 | | | |
| 74020 | X | X-RAY EXAM OF ABDOMEN | | 0260 | 0.6443 | APC | $32.61 | | | |
| 74022 | X | X-RAY EXAM SERIES ABDOMEN | | 0261 | 0.9933 | APC | $50.27 | | | |
| 74150 | N | CT ABDOMEN W/O DYE | | 0332 | 2.434 | Bundled, may be payable in some circumstances | $16,802.52 | | | |
| 74160 | N | CT ABDOMEN W/DYE | | 0283 | 4.1669 | Bundled, may be payable in some circumstances | $14,322.63 | | | |
| 74170 | N | CT ABDOMEN W/O & W/DYE | | 0333 | 4.6182 | Bundled, may be payable in some circumstances | $16,853.13 | | | |
| 74174 | S | CT ANGIO ABD&PELV W/O&W/DYE | | 0334 | 6.7671 | APC | $342.48 | | | |
| 74175 | N | CT ANGIO ABDOM W/O & W/DYE | | 0662 | 4.757 | Bundled, may be payable in some circumstances | $33,503.82 | | | |
| 74176 | N | CT ABD & PELVIS | | 0331 | 4.2917 | Bundled, may be payable in some circumstances | $16,751.91 | | | |
| 74177 | N | CT ABD & PELV W/CONTRAST | | 0334 | 6.7671 | Bundled, may be payable in some circumstances | $16,903.74 | | | |
| 74178 | N | CT ABD & PELV 1/> REGNS | | 0334 | 6.7671 | Bundled, may be payable in some circumstances | $16,903.74 | | | |
| 74181 | N | MRI ABDOMEN W/O DYE | | 0336 | 4.7466 | Bundled, may be payable in some circumstances | $17,004.96 | | | |
| 74182 | N | MRI ABDOMEN W/DYE | | 0284 | 6.3741 | Bundled, may be payable in some circumstances | $14,373.24 | | | |
| 74183 | N | MRI ABDOMEN W/O & W/DYE | | 0337 | 7.7051 | Bundled, may be payable in some circumstances | $17,055.57 | | | |
| 74185 | M | MRI ANGIO ABDOM W ORW/O DYE | | | | Fee Schedule | $479.14 | | | |
| 74190 | N | X-RAY EXAM OF PERITONEUM | | 0263 | 3.5823 | Bundled, may be payable in some circumstances | $13,310.43 | | | |
| 74210 | S | CONTRST X-RAY EXAM OF THROAT | | 0276 | 1.16 | APC | $58.71 | | | |
| 74220 | S | CONTRAST X-RAY ESOPHAGUS | | 0276 | 1.16 | APC | $58.71 | | | |
| 74230 | S | CINE/VID X-RAY THROAT/ESOPH | | 0276 | 1.16 | APC | $58.71 | | | |
| 74235 | N | REMOVE ESOPHAGUS OBSTRUCTION | | | | Bundled | $0.00 | | | |
| 74240 | S | X-RAY UPPER GI DELAY W/O KUB | | 0277 | 1.7222 | APC | $87.16 | | | |
| 74241 | S | X-RAYUPPER GI DELAY W/KUB | | 0277 | 1.7222 | APC | $87.16 | | | |
| 74245 | S | X-RAY UPPER GI&SMALL INTEST | | 0277 | 1.7222 | APC | $87.16 | | | |
| 74246 | S | CONTRST X-RAY UPPR GI TRACT | | 0277 | 1.7222 | APC | $87.16 | | | |
| 74247 | S | CONTRST X-RAY UPPR GI TRACT | | 0277 | 1.7222 | APC | $87.16 | | | |
| 74249 | S | CONTRST X-RAY UPPR GI TRACT | | 0277 | 1.7222 | APC | $87.16 | | | |
| 74250 | S | X-RAY EXAM OF SMALL BOWEL | | 0276 | 1.16 | APC | $58.71 | | | |
| 74251 | S | X-RAY EXAM OF SMALL BOWEL | | 0277 | 1.7222 | APC | $87.16 | | | |
| 74260 | S | X-RAY EXAM OF SMALL BOWEL | | 0276 | 1.16 | APC | $58.71 | | | |
| 74261 | N | CT COLONOGRAPHY DX | | 0332 | 2.434 | Bundled, may be payable in some circumstances | $16,802.52 | | | |
| 74262 | N | CT COLONOGRAPHY DX W/DYE | | 0283 | 4.1669 | Bundled, may be payable in some circumstances | $14,322.63 | | | |
| 74263 | E | CT COLONOGRAPHY SCREENING | | | | Not Allowed | $0.00 | | | |
| 74270 | S | CONTRAST X-RAY EXAM OF COLON | | 0277 | 1.7222 | APC | $87.16 | | | |
| 74280 | S | CONTRAST X-RAY EXAM OF COLON | | 0277 | 1.7222 | APC | $87.16 | | | |
| 74283 | S | CONTRAST X-RAY EXAM OF COLON | | 0277 | 1.7222 | APC | $87.16 | | | |
| 74290 | S | CONTRAST X-RAY GALLBLADDER | | 0276 | 1.16 | APC | $58.71 | | | |
| 74291 | S | CONTRAST X-RAYS GALLBLADDER | | 0276 | 1.16 | APC | $58.71 | | | |
| 74300 | N | X-RAY BILE DUCTS/PANCREAS | | | | Bundled | $0.00 | | | |
| 74301 | N | X-RAYS AT SURGERY ADD-ON | | | | Bundled | $0.00 | | | |
| 74305 | N | X-RAY BILE DUCTS/PANCREAS | | 0263 | 3.5823 | Bundled, may be payable in some circumstances | $13,310.43 | | | |

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|---|---|---|---|---|---|---|---|---|---|---|
| 74320 | N | CONTRAST X-RAY OF BILE DUCTS | | 0317 | 4.5159 | Bundled, may be payable in some circumstances | $16,043.37 | | | |
| 74327 | N | X-RAY BILE STONE REMOVAL | | | | Bundled | $0.00 | | | |
| 74328 | N | X-RAY BILE DUCT ENDOSCOPY | | | | Bundled | $0.00 | | | |
| 74329 | N | X-RAY FOR PANCREAS ENDOSCOPY | | | | Bundled | $0.00 | | | |
| 74330 | N | X-RAY BILE/PANC ENDOSCOPY | | | | Bundled | $0.00 | | | |
| 74340 | N | X-RAY GUIDE FOR GI TUBE | | | | Bundled | $0.00 | | | |
| 74355 | N | X-RAY GUIDE INTESTINAL TUBE | | | | Bundled | $0.00 | | | |
| 74360 | N | X-RAY GUIDE GI DILATION | | | | Bundled | $0.00 | | | |
| 74363 | N | X-RAY BILE DUCT DILATION | | | | Bundled | $0.00 | | | |
| 74400 | S | CONTRST X-RAY URINARY TRACT | | 0278 | 2.9385 | APC | $148.72 | | | |
| 74410 | S | CONTRST X-RAY URINARY TRACT | | 0278 | 2.9385 | APC | $148.72 | | | |
| 74415 | S | CONTRST X-RAY URINARY TRACT | | 0278 | 2.9385 | APC | $148.72 | | | |
| 74420 | S | CONTRST X-RAY URINARY TRACT | | 0278 | 2.9385 | APC | $148.72 | | | |
| 74425 | N | CONTRST X-RAY URINARY TRACT | | 0278 | 2.9385 | Bundled, may be payable in some circumstances | $14,069.58 | | | |
| 74430 | N | CONTRAST X-RAY BLADDER | | 0278 | 2.9385 | Bundled, may be payable in some circumstances | $14,069.58 | | | |
| 74440 | N | X-RAY MALE GENITAL TRACT | | 0278 | 2.9385 | Bundled, may be payable in some circumstances | $14,069.58 | | | |
| 74445 | N | X-RAY EXAM OF PENIS | | 0278 | 2.9385 | Bundled, may be payable in some circumstances | $14,069.58 | | | |
| 74450 | N | X-RAY URETHRA/BLADDER | | 0278 | 2.9385 | Bundled, may be payable in some circumstances | $14,069.58 | | | |
| 74455 | N | X-RAY URETHRA/BLADDER | | 0278 | 2.9385 | Bundled, may be payable in some circumstances | $14,069.58 | | | |
| 74470 | N | X-RAY EXAM OF KIDNEY LESION | | 0263 | 3.5823 | Bundled, may be payable in some circumstances | $13,310.43 | | | |
| 74475 | N | X-RAY CONTROL CATH INSERT | | 0161 | 15.864 | Bundled, may be payable in some circumstances | $8,148.21 | | | |
| 74480 | N | X-RAY CONTROL CATH INSERT | | 0161 | 15.864 | Bundled, may be payable in some circumstances | $8,148.21 | | | |
| 74485 | N | X-RAY GUIDE GU DILATION | | 0161 | 15.864 | Bundled, may be payable in some circumstances | $8,148.21 | | | |
| 74710 | X | X-RAY MEASUREMENT OF PELVIS | | 0261 | 0.9933 | APC | $50.27 | | | |
| 74740 | N | X-RAY FEMALE GENITAL TRACT | | 0263 | 3.5823 | Bundled, may be payable in some circumstances | $13,310.43 | | | |
| 74742 | N | X-RAY FALLOPIAN TUBE | | | | Bundled | $0.00 | | | |
| 74775 | S | X-RAY EXAM OF PERINEUM | | 0278 | 2.9385 | APC | $148.72 | | | |
| 75557 | N | CARDIAC MRI FOR MORPH | | 0336 | 4.7466 | Bundled, may be payable in some circumstances | $17,004.96 | | | |
| 75559 | N | CARDIAC MRI W/STRESS IMG | | 0336 | 4.7466 | Bundled, may be payable in some circumstances | $17,004.96 | | | |
| 75561 | N | CARDIAC MRI FOR MORPH W/DYE | | 0337 | 7.7051 | Bundled, may be payable in some circumstances | $17,055.57 | | | |
| 75563 | N | CARD MRI W/STRESS IMG & DYE | | 0337 | 7.7051 | Bundled, may be payable in some circumstances | $17,055.57 | | | |
| 75565 | N | CARD MRI VELOC FLOW MAPPING | | | | Bundled | $0.00 | | | |
| 75571 | X | CT HRT W/O DYE W/CA TEST | | 0340 | 0.6961 | APC | $35.23 | | | |
| 75572 | S | CT HRT W/3D IMAGE | | 0383 | 3.7468 | APC | $189.63 | | | |
| 75573 | S | CT HRT W/3D IMAGE CONGEN | | 0383 | 3.7468 | APC | $189.63 | | | |
| 75574 | S | CT ANGIO HRT W/3D IMAGE | | 0383 | 3.7468 | APC | $189.63 | | | |
| 75600 | N | CONTRAST EXAM THORACIC AORTA | | 0279 | 31.128 | Bundled, may be payable in some circumstances | $14,120.19 | | | |
| 75605 | N | CONTRAST EXAM THORACIC AORTA | | 0279 | 31.128 | Bundled, may be payable in some circumstances | $14,120.19 | | | |
| 75625 | N | CONTRAST EXAM ABDOMINL AORTA | | 0279 | 31.128 | Bundled, may be payable in some circumstances | $14,120.19 | | | |
| 75630 | N | X-RAY AORTA LEG ARTERIES | | 0279 | 31.128 | Bundled, may be payable in some circumstances | $14,120.19 | | | |
| 75635 | N | CT ANGIO ABDOMINAL ARTERIES | | 0662 | 4.757 | Bundled, may be payable in some circumstances | $33,503.82 | | | |
| 75658 | N | ARTERY X-RAYS ARM | | 0279 | 31.128 | Bundled, may be payable in some circumstances | $14,120.19 | | | |
| 75705 | N | ARTERY X-RAYS SPINE | | 0279 | 31.128 | Bundled, may be payable in some circumstances | $14,120.19 | | | |
| 75710 | N | ARTERY X-RAYS ARM/LEG | | 0279 | 31.128 | Bundled, may be payable in some circumstances | $14,120.19 | | | |
| 75716 | N | ARTERY X-RAYS ARMS/LEGS | | 0279 | 31.128 | Bundled, may be payable in some circumstances | $14,120.19 | | | |
| 75726 | N | ARTERY X-RAYS ABDOMEN | | 0279 | 31.128 | Bundled, may be payable in some circumstances | $14,120.19 | | | |
| 75731 | N | ARTERY X-RAYS ADRENAL GLAND | | 0279 | 31.128 | Bundled, may be payable in some circumstances | $14,120.19 | | | |
| 75733 | N | ARTERY X-RAYS ADRENALS | | 0279 | 31.128 | Bundled, may be payable in some circumstances | $14,120.19 | | | |
| 75736 | N | ARTERY X-RAYS PELVIS | | 0279 | 31.128 | Bundled, may be payable in some circumstances | $14,120.19 | | | |
| 75741 | N | ARTERY X-RAYS LUNG | | 0279 | 31.128 | Bundled, may be payable in some circumstances | $14,120.19 | | | |
| 75743 | N | ARTERY X-RAYS LUNGS | | 0279 | 31.128 | Bundled, may be payable in some circumstances | $14,120.19 | | | |
| 75746 | N | ARTERY X-RAYS LUNG | | 0668 | 10.04 | Bundled, may be payable in some circumstances | $33,807.48 | | | |
| 75756 | N | ARTERY X-RAYS CHEST | | 0668 | 10.04 | Bundled, may be payable in some circumstances | $33,807.48 | | | |
| 75774 | N | ARTERY X-RAY EACH VESSEL | | | | Bundled | $0.00 | | | |
| 75791 | N | AV DIALYSIS SHUNT IMAGING | | 0668 | 10.04 | Bundled, may be payable in some circumstances | $33,807.48 | | | |
| 75801 | N | LYMPH VESSEL X-RAY ARM/LEG | | 0317 | 4.5159 | Bundled, may be payable in some circumstances | $16,043.37 | | | |
| 75803 | N | LYMPH VESSEL X-RAY ARMS/LEGS | | 0317 | 4.5159 | Bundled, may be payable in some circumstances | $16,043.37 | | | |
| 75805 | N | LYMPH VESSEL X-RAY TRUNK | | 0317 | 4.5159 | Bundled, may be payable in some circumstances | $16,043.37 | | | |
| 75807 | N | LYMPH VESSEL X-RAY TRUNK | | 0317 | 4.5159 | Bundled, may be payable in some circumstances | $16,043.37 | | | |
| 75809 | N | NONVASCULAR SHUNT X-RAY | | 0261 | 0.9933 | Bundled, may be payable in some circumstances | $13,209.21 | | | |
| 75810 | N | VEIN X-RAY SPLEEN/LIVER | | 0279 | 31.128 | Bundled, may be payable in some circumstances | $14,120.19 | | | |
| 75820 | N | VEIN X-RAY ARM/LEG | | 0668 | 10.04 | Bundled, may be payable in some circumstances | $33,807.48 | | | |
| 75822 | N | VEIN X-RAY ARMS/LEGS | | 0668 | 10.04 | Bundled, may be payable in some circumstances | $33,807.48 | | | |
| 75825 | N | VEIN X-RAY TRUNK | | 0279 | 31.128 | Bundled, may be payable in some circumstances | $14,120.19 | | | |

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|---|---|---|---|---|---|---|---|---|---|---|
| 75827 | N | VEIN X-RAY CHEST | | 0668 | 10.04 | Bundled, may be payable in some circumstances | $33,807.48 | | | |
| 75831 | N | VEIN X-RAY KIDNEY | | 0279 | 31.128 | Bundled, may be payable in some circumstances | $14,120.19 | | | |
| 75833 | N | VEIN X-RAY KIDNEYS | | 0279 | 31.128 | Bundled, may be payable in some circumstances | $14,120.19 | | | |
| 75840 | N | VEIN X-RAY ADRENAL GLAND | | 0279 | 31.128 | Bundled, may be payable in some circumstances | $14,120.19 | | | |
| 75842 | N | VEIN X-RAY ADRENAL GLANDS | | 0279 | 31.128 | Bundled, may be payable in some circumstances | $14,120.19 | | | |
| 75860 | N | VEIN X-RAY NECK | | 0668 | 10.04 | Bundled, may be payable in some circumstances | $33,807.48 | | | |
| 75870 | N | VEIN X-RAY SKULL | | 0668 | 10.04 | Bundled, may be payable in some circumstances | $33,807.48 | | | |
| 75872 | N | VEIN X-RAY SKULL EPIDURAL | | 0668 | 10.04 | Bundled, may be payable in some circumstances | $33,807.48 | | | |
| 75880 | N | VEIN X-RAY EYE SOCKET | | 0668 | 10.04 | Bundled, may be payable in some circumstances | $33,807.48 | | | |
| 75885 | N | VEIN X-RAY LIVER W/HEMODYNAM | | 0279 | 31.128 | Bundled, may be payable in some circumstances | $14,120.19 | | | |
| 75887 | N | VEIN X-RAY LIVER W/O HEMODYN | | 0668 | 10.04 | Bundled, may be payable in some circumstances | $33,807.48 | | | |
| 75889 | N | VEIN X-RAY LIVER W/HEMODYNAM | | 0279 | 31.128 | Bundled, may be payable in some circumstances | $14,120.19 | | | |
| 75891 | N | VEIN X-RAY LIVER | | 0279 | 31.128 | Bundled, may be payable in some circumstances | $14,120.19 | | | |
| 75893 | N | VENOUS SAMPLING BY CATHETER | | 0279 | 31.128 | Bundled, may be payable in some circumstances | $14,120.19 | | | |
| 75894 | N | X-RAYS TRANSCATH THERAPY | | | | Bundled | $0.00 | | | |
| 75896 | N | X-RAYS TRANSCATH THERAPY | | | | Bundled | $0.00 | | | |
| 75898 | N | FOLLOW-UP ANGIOGRAPHY | | 0397 | 4.6411 | Bundled, may be payable in some circumstances | $20,092.17 | | | |
| 75901 | N | REMOVE CVA DEVICE OBSTRUCT | | | | Bundled | $0.00 | | | |
| 75902 | N | REMOVE CVA LUMEN OBSTRUCT | | | | Bundled | $0.00 | | | |
| 75945 | N | INTRAVASCULAR US | | 0267 | 2.1699 | Bundled, may be payable in some circumstances | $13,512.87 | | | |
| 75946 | N | INTRAVASCULAR US ADD-ON | | | | Bundled | $0.00 | | | |
| 75952 | C | ENDOVASC REPAIR ABDOM AORTA | | | | Inpatient Only | $0.00 | | | |
| 75953 | C | ABDOM ANEURYSM ENDOVAS RPR | | | | Inpatient Only | $0.00 | | | |
| 75954 | C | ILIAC ANEURYSM ENDOVAS RPR | | | | Inpatient Only | $0.00 | | | |
| 75956 | C | XRAY ENDOVASC THOR AO REPR | | | | Inpatient Only | $0.00 | | | |
| 75957 | C | XRAY ENDOVASC THOR AO REPR | | | | Inpatient Only | $0.00 | | | |
| 75958 | C | XRAY PLACE PROX EXT THOR AO | | | | Inpatient Only | $0.00 | | | |
| 75959 | C | XRAY PLACE DIST EXT THOR AO | | | | Inpatient Only | $0.00 | | | |
| 75960 | N | TRANSCATH IV STENT RS&I | | | | Bundled | $0.00 | | | |
| 75962 | N | REPAIR ARTERIAL BLOCKAGE | | 0083 | 56.414 | Bundled, may be payable in some circumstances | $4,200.63 | | | |
| 75964 | N | REPAIR ARTERY BLOCKAGE EACH | | | | Bundled | $0.00 | | | |
| 75966 | N | REPAIR ARTERIAL BLOCKAGE | | 0083 | 56.414 | Bundled, may be payable in some circumstances | $4,200.63 | | | |
| 75968 | N | REPAIR ARTERY BLOCKAGE EACH | | | | Bundled | $0.00 | | | |
| 75970 | N | VASCULAR BIOPSY | | | | Bundled | $0.00 | | | |
| 75978 | N | REPAIR VENOUS BLOCKAGE | | 0093 | 30.138 | Bundled, may be payable in some circumstances | $4,706.73 | | | |
| 75980 | N | CONTRAST XRAY EXAM BILE DUCT | | | | Bundled | $0.00 | | | |
| 75982 | N | CONTRAST XRAY EXAM BILE DUCT | | | | Bundled | $0.00 | | | |
| 75984 | N | XRAY CONTROL CATHETER CHANGE | | | | Bundled | $0.00 | | | |
| 75989 | N | ABSCESS DRAINAGE UNDER X-RAY | | | | Bundled | $0.00 | | | |
| 76000 | N | FLUOROSCOPE EXAMINATION | | 0272 | 1.6023 | Bundled, may be payable in some circumstances | $13,765.92 | | | |
| 76001 | E | FLUOROSCOPE EXAM EXTENSIVE | | | | Not Allowed | $0.00 | | | |
| 76010 | X | X-RAY NOSE TO RECTUM | | 0260 | 0.6443 | APC | $32.61 | | | |
| 76080 | N | X-RAY EXAM OF FISTULA | | 0263 | 3.5823 | Bundled, may be payable in some circumstances | $13,310.43 | | | |
| 76098 | N | X-RAY EXAM BREAST SPECIMEN | | 0317 | 4.5159 | Bundled, may be payable in some circumstances | $16,043.37 | | | |
| 76100 | X | X-RAY EXAM OF BODY SECTION | | 0261 | 0.9933 | APC | $50.27 | | | |
| 76101 | X | COMPLEX BODY SECTION X-RAY | | 0263 | 3.5823 | APC | $181.30 | | | |
| 76102 | X | COMPLEX BODY SECTION X-RAYS | | 0263 | 3.5823 | APC | $181.30 | | | |
| 76120 | X | CINE/VIDEO X-RAYS | | 0272 | 1.6023 | APC | $81.09 | | | |
| 76125 | N | CINE/VIDEO X-RAYS ADD-ON | | | | Bundled | $0.00 | | | |
| 76140 | E | X-RAY CONSULTATION | | | | Not Allowed | $0.00 | | | |
| 76376 | N | 3D RENDER W/INTRP POSTPROCES | | | | Bundled | $0.00 | | | |
| 76377 | N | 3D RENDER W/INTRP POSTPROCES | | | | Bundled | $0.00 | | | |
| 76380 | S | CAT SCAN FOLLOW-UP STUDY | | 0282 | 1.3864 | APC | $70.17 | | | |
| 76390 | E | MR SPECTROSCOPY | | | | Not Allowed | $0.00 | | | |
| 76496 | X | FLUOROSCOPIC PROCEDURE | | 0272 | 1.6023 | APC | $81.09 | | | |
| 76497 | S | CT PROCEDURE | | 0282 | 1.3864 | APC | $70.17 | | | |
| 76498 | S | MRI PROCEDURE | | 0336 | 4.7466 | APC | $240.23 | | | |
| 76499 | X | RADIOGRAPHIC PROCEDURE | | 0260 | 0.6443 | APC | $32.61 | | | |
| 76506 | S | ECHO EXAM OF HEAD | | 0265 | 0.9054 | APC | $45.82 | | | |
| 76510 | T | OPHTH US B & QUANT A | | 0232 | 2.0304 | APC | $102.76 | | | |
| 76511 | S | OPHTH US QUANT A ONLY | | 0266 | 1.3928 | APC | $70.49 | | | |
| 76512 | S | OPHTH US B W/NON-QUANT A | | 0266 | 1.3928 | APC | $70.49 | | | |
| 76513 | S | ECHO EXAM OF EYE WATER BATH | | 0266 | 1.3928 | APC | $70.49 | | | |
| 76514 | X | ECHO EXAM OF EYE THICKNESS | | 0035 | 0.3286 | APC | $16.63 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 76516 | S | ECHO EXAM OF EYE | | 0265 | 0.9054 | APC | $45.82 | | | |
| 76519 | S | ECHO EXAM OF EYE | | 0266 | 1.3928 | APC | $70.49 | | | |
| 76529 | S | ECHO EXAM OF EYE | | 0265 | 0.9054 | APC | $45.82 | | | |
| 76536 | S | US EXAM OF HEAD AND NECK | | 0266 | 1.3928 | APC | $70.49 | | | |
| 76604 | N | US EXAM CHEST | | 0265 | 0.9054 | Bundled, may be payable in some circumstances | $13,411.65 | | | |
| 76645 | S | US EXAM BREAST(S) | | 0265 | 0.9054 | APC | $45.82 | | | |
| 76700 | N | US EXAM ABDOM COMPLETE | | 0266 | 1.3928 | Bundled, may be payable in some circumstances | $13,462.26 | | | |
| 76705 | N | ECHO EXAM OF ABDOMEN | | 0266 | 1.3928 | Bundled, may be payable in some circumstances | $13,462.26 | | | |
| 76770 | N | US EXAM ABDO BACK WALL COMP | | 0266 | 1.3928 | Bundled, may be payable in some circumstances | $13,462.26 | | | |
| 76775 | N | US EXAM ABDO BACK WALL LIM | | 0266 | 1.3928 | Bundled, may be payable in some circumstances | $13,462.26 | | | |
| 76776 | N | US EXAM K TRANSPL W/DOPPLER | | 0266 | 1.3928 | Bundled, may be payable in some circumstances | $13,462.26 | | | |
| 76800 | S | US EXAM SPINAL CANAL | | 0266 | 1.3928 | APC | $70.49 | | | |
| 76801 | S | OB US < 14 WKS SINGLE FETUS | | 0266 | 1.3928 | APC | $70.49 | | | |
| 76802 | S | OB US < 14 WKS ADDL FETUS | | 0265 | 0.9054 | APC | $45.82 | | | |
| 76805 | S | OB US >/= 14 WKS SNGL FETUS | | 0266 | 1.3928 | APC | $70.49 | | | |
| 76810 | S | OB US >/= 14 WKS ADDL FETUS | | 0266 | 1.3928 | APC | $70.49 | | | |
| 76811 | S | OB US DETAILED SNGL FETUS | | 0267 | 2.1699 | APC | $109.82 | | | |
| 76812 | S | OB US DETAILED ADDL FETUS | | 0265 | 0.9054 | APC | $45.82 | | | |
| 76813 | S | OB US NUCHAL MEAS 1 GEST | | 0265 | 0.9054 | APC | $45.82 | | | |
| 76814 | S | OB US NUCHAL MEAS ADD-ON | | 0265 | 0.9054 | APC | $45.82 | | | |
| 76815 | S | OB US LIMITED FETUS(S) | | 0265 | 0.9054 | APC | $45.82 | | | |
| 76816 | S | OB US FOLLOW-UP PER FETUS | | 0265 | 0.9054 | APC | $45.82 | | | |
| 76817 | S | TRANSVAGINAL US OBSTETRIC | | 0265 | 0.9054 | APC | $45.82 | | | |
| 76818 | S | FETAL BIOPHYS PROFILE W/NST | | 0266 | 1.3928 | APC | $70.49 | | | |
| 76819 | S | FETAL BIOPHYS PROFIL W/O NST | | 0266 | 1.3928 | APC | $70.49 | | | |
| 76820 | S | UMBILICAL ARTERY ECHO | | 0265 | 0.9054 | APC | $45.82 | | | |
| 76821 | S | MIDDLE CEREBRAL ARTERY ECHO | | 0265 | 0.9054 | APC | $45.82 | | | |
| 76825 | S | ECHO EXAM OF FETAL HEART | | 0697 | 2.982 | APC | $150.92 | | | |
| 76826 | S | ECHO EXAM OF FETAL HEART | | 0697 | 2.982 | APC | $150.92 | | | |
| 76827 | S | ECHO EXAM OF FETAL HEART | | 0265 | 0.9054 | APC | $45.82 | | | |
| 76828 | S | ECHO EXAM OF FETAL HEART | | 0265 | 0.9054 | APC | $45.82 | | | |
| 76830 | S | TRANSVAGINAL US NON-OB | | 0266 | 1.3928 | APC | $70.49 | | | |
| 76831 | N | ECHO EXAM UTERUS | | 0267 | 2.1699 | Bundled, may be payable in some circumstances | $13,512.87 | | | |
| 76856 | N | US EXAM PELVIC COMPLETE | | 0266 | 1.3928 | Bundled, may be payable in some circumstances | $13,462.26 | | | |
| 76857 | N | US EXAM PELVIC LIMITED | | 0265 | 0.9054 | Bundled, may be payable in some circumstances | $13,411.65 | | | |
| 76870 | N | US EXAM SCROTUM | | 0266 | 1.3928 | Bundled, may be payable in some circumstances | $13,462.26 | | | |
| 76872 | S | US TRANSRECTAL | | 0266 | 1.3928 | APC | $70.49 | | | |
| 76873 | S | ECHOGRAP TRANS R PROS STUDY | | 0267 | 2.1699 | APC | $109.82 | | | |
| 76881 | S | US XTR NON-VASC COMPLETE | | 0266 | 1.3928 | APC | $70.49 | | | |
| 76882 | S | US XTR NON-VASC LMTD | | 0265 | 0.9054 | APC | $45.82 | | | |
| 76885 | S | US EXAM INFANT HIPS DYNAMIC | | 0265 | 0.9054 | APC | $45.82 | | | |
| 76886 | S | US EXAM INFANT HIPS STATIC | | 0265 | 0.9054 | APC | $45.82 | | | |
| 76930 | N | ECHO GUIDE CARDIOCENTESIS | | | | Bundled | $0.00 | | | |
| 76932 | N | ECHO GUIDE FOR HEART BIOPSY | | | | Bundled | $0.00 | | | |
| 76936 | S | ECHO GUIDE FOR ARTERY REPAIR | | 0096 | 1.523 | APC | $77.08 | | | |
| 76937 | N | US GUIDE VASCULAR ACCESS | | | | Bundled | $0.00 | | | |
| 76940 | N | US GUIDE TISSUE ABLATION | | | | Bundled | $0.00 | | | |
| 76941 | N | ECHO GUIDE FOR TRANSFUSION | | | | Bundled | $0.00 | | | |
| 76942 | N | ECHO GUIDE FOR BIOPSY | | | | Bundled | $0.00 | | | |
| 76945 | N | ECHO GUIDE VILLUS SAMPLING | | | | Bundled | $0.00 | | | |
| 76946 | N | ECHO GUIDE FOR AMNIOCENTESIS | | | | Bundled | $0.00 | | | |
| 76948 | N | ECHO GUIDE OVA ASPIRATION | | | | Bundled | $0.00 | | | |
| 76950 | N | ECHO GUIDANCE RADIOTHERAPY | | | | Bundled | $0.00 | | | |
| 76965 | N | ECHO GUIDANCE RADIOTHERAPY | | | | Bundled | $0.00 | | | |
| 76970 | S | ULTRASOUND EXAM FOLLOW-UP | | 0265 | 0.9054 | APC | $45.82 | | | |
| 76975 | N | GI ENDOSCOPIC ULTRASOUND | | 0267 | 2.1699 | Bundled, may be payable in some circumstances | $13,512.87 | | | |
| 76977 | X | US BONE DENSITY MEASURE | | 0340 | 0.6961 | APC | $35.23 | | | |
| 76998 | N | US GUIDE INTRAOP | | | | Bundled | $0.00 | | | |
| 76999 | S | ECHO EXAMINATION PROCEDURE | | 0265 | 0.9054 | APC | $45.82 | | | |
| 77001 | N | FLUOROGUIDE FOR VEIN DEVICE | | | | Bundled | $0.00 | | | |
| 77002 | N | NEEDLE LOCALIZATION BY XRAY | | | | Bundled | $0.00 | | | |
| 77003 | N | FLUOROGUIDE FOR SPINE INJECT | | | | Bundled | $0.00 | | | |
| 77011 | N | CT SCAN FOR LOCALIZATION | | | | Bundled | $0.00 | | | |
| 77012 | N | CT SCAN FOR NEEDLE BIOPSY | | | | Bundled | $0.00 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 77013 | N | CT GUIDE FOR TISSUE ABLATION | | | | Bundled | $0.00 | | | |
| 77014 | N | CT SCAN FOR THERAPY GUIDE | | | | Bundled | $0.00 | | | |
| 77021 | N | MR GUIDANCE FOR NEEDLE PLACE | | | | Bundled | $0.00 | | | |
| 77022 | N | MRI FOR TISSUE ABLATION | | | | Bundled | $0.00 | | | |
| 77031 | N | STEREOTACT GUIDE FOR BRST BX | | | | Bundled | $0.00 | | | |
| 77032 | N | GUIDANCE FOR NEEDLE BREAST | | | | Bundled | $0.00 | | | |
| 77051 | M | COMPUTER DX MAMMOGRAM ADD-ON | | | | Fee Schedule | $10.36 | | | |
| 77052 | M | COMP SCREEN MAMMOGRAM ADD-ON | | | | Fee Schedule | $10.36 | | | |
| 77053 | N | X-RAY OF MAMMARY DUCT | | 0263 | 3.5823 | Bundled, may be payable in some circumstances | $13,310.43 | | | |
| 77054 | N | X-RAY OF MAMMARY DUCTS | | 0263 | 3.5823 | Bundled, may be payable in some circumstances | $13,310.43 | | | |
| 77055 | M | MAMMOGRAM ONE BREAST | | | | Fee Schedule | $90.09 | | | |
| 77056 | M | MAMMOGRAM BOTH BREASTS | | | | Fee Schedule | $115.86 | | | |
| 77057 | M | MAMMOGRAM SCREENING | | | | Fee Schedule | $82.54 | | | |
| 77058 | M | MRI ONE BREAST | | | | Fee Schedule | $636.67 | | | |
| 77059 | M | MRI BOTH BREASTS | | | | Fee Schedule | $631.87 | | | |
| 77071 | X | X-RAY STRESS VIEW | | 0260 | 0.6443 | APC | $32.61 | | | |
| 77072 | X | X-RAYS FOR BONE AGE | | 0260 | 0.6443 | APC | $32.61 | | | |
| 77073 | X | X-RAYS BONE LENGTH STUDIES | | 0261 | 0.9933 | APC | $50.27 | | | |
| 77074 | X | X-RAYS BONE SURVEY LIMITED | | 0261 | 0.9933 | APC | $50.27 | | | |
| 77075 | X | X-RAYS BONE SURVEY COMPLETE | | 0261 | 0.9933 | APC | $50.27 | | | |
| 77076 | X | X-RAYS BONE SURVEY INFANT | | 0261 | 0.9933 | APC | $50.27 | | | |
| 77077 | X | JOINT SURVEY SINGLE VIEW | | 0260 | 0.6443 | APC | $32.61 | | | |
| 77078 | S | CT BONE DENSITY AXIAL | | 0288 | 1.0359 | APC | $52.43 | | | |
| 77080 | S | DXA BONE DENSITY AXIAL | | 0288 | 1.0359 | APC | $52.43 | | | |
| 77081 | S | DXA BONE DENSITY/PERIPHERAL | | 0665 | 0.4941 | APC | $25.01 | | | |
| 77082 | X | DXA BONE DENSITY VERT FX | | 0260 | 0.6443 | APC | $32.61 | | | |
| 77084 | S | MAGNETIC IMAGE BONE MARROW | | 0336 | 4.7466 | APC | $240.23 | | | |
| 77261 | E | RADIATION THERAPY PLANNING | | | | Not Allowed | $0.00 | | | |
| 77262 | E | RADIATION THERAPY PLANNING | | | | Not Allowed | $0.00 | | | |
| 77263 | E | RADIATION THERAPY PLANNING | | | | Not Allowed | $0.00 | | | |
| 77280 | X | SET RADIATION THERAPY FIELD | | 0304 | 1.5387 | APC | $77.87 | | | |
| 77285 | X | SET RADIATION THERAPY FIELD | | 0305 | 4.0804 | APC | $206.51 | | | |
| 77290 | X | SET RADIATION THERAPY FIELD | | 0305 | 4.0804 | APC | $206.51 | | | |
| 77295 | X | SET RADIATION THERAPY FIELD | | 0310 | 13.805 | APC | $698.68 | | | |
| 77299 | X | RADIATION THERAPY PLANNING | | 0304 | 1.5387 | APC | $77.87 | | | |
| 77300 | X | RADIATION THERAPY DOSE PLAN | | 0304 | 1.5387 | APC | $77.87 | | | |
| 77301 | X | RADIOTHERAPY DOSE PLAN IMRT | | 0310 | 13.805 | APC | $698.68 | | | |
| 77305 | X | TELETX ISODOSE PLAN SIMPLE | | 0304 | 1.5387 | APC | $77.87 | | | |
| 77310 | X | TELETX ISODOSE PLAN INTERMED | | 0304 | 1.5387 | APC | $77.87 | | | |
| 77315 | X | TELETX ISODOSE PLAN COMPLEX | | 0305 | 4.0804 | APC | $206.51 | | | |
| 77321 | X | SPECIAL TELETX PORT PLAN | | 0305 | 4.0804 | APC | $206.51 | | | |
| 77326 | X | BRACHYTX ISODOSE CALC SIMP | | 0304 | 1.5387 | APC | $77.87 | | | |
| 77327 | X | BRACHYTX ISODOSE CALC INTERM | | 0305 | 4.0804 | APC | $206.51 | | | |
| 77328 | X | BRACHYTX ISODOSE PLAN COMPL | | 0305 | 4.0804 | APC | $206.51 | | | |
| 77331 | X | SPECIAL RADIATION DOSIMETRY | | 0304 | 1.5387 | APC | $77.87 | | | |
| 77332 | X | RADIATION TREATMENT AID(S) | | 0303 | 2.8292 | APC | $143.19 | | | |
| 77333 | X | RADIATION TREATMENT AID(S) | | 0303 | 2.8292 | APC | $143.19 | | | |
| 77334 | X | RADIATION TREATMENT AID(S) | | 0303 | 2.8292 | APC | $143.19 | | | |
| 77336 | X | RADIATION PHYSICS CONSULT | | 0304 | 1.5387 | APC | $77.87 | | | |
| 77338 | X | DESIGN MLC DEVICE FOR IMRT | | 0305 | 4.0804 | APC | $206.51 | | | |
| 77370 | X | RADIATION PHYSICS CONSULT | | 0304 | 1.5387 | APC | $77.87 | | | |
| 77371 | S | SRS MULTISOURCE | | 0127 | 110.93 | APC | $5,614.00 | | | |
| 77372 | M | SRS LINEAR BASED | | | | Fee Schedule | $0.00 | | | |
| 77373 | M | SBRT DELIVERY | | | | Fee Schedule | $0.00 | | | |
| 77399 | X | EXTERNAL RADIATION DOSIMETRY | | 0304 | 1.5387 | APC | $77.87 | | | |
| 77401 | S | RADIATION TREATMENT DELIVERY | | 0300 | 1.3392 | APC | $67.78 | | | |
| 77402 | S | RADIATION TREATMENT DELIVERY | | 0300 | 1.3392 | APC | $67.78 | | | |
| 77403 | S | RADIATION TREATMENT DELIVERY | | 0300 | 1.3392 | APC | $67.78 | | | |
| 77404 | S | RADIATION TREATMENT DELIVERY | | 0300 | 1.3392 | APC | $67.78 | | | |
| 77406 | S | RADIATION TREATMENT DELIVERY | | 0300 | 1.3392 | APC | $67.78 | | | |
| 77407 | S | RADIATION TREATMENT DELIVERY | | 0300 | 1.3392 | APC | $67.78 | | | |
| 77408 | S | RADIATION TREATMENT DELIVERY | | 0301 | 2.5173 | APC | $127.40 | | | |
| 77409 | S | RADIATION TREATMENT DELIVERY | | 0301 | 2.5173 | APC | $127.40 | | | |
| 77411 | S | RADIATION TREATMENT DELIVERY | | 0301 | 2.5173 | APC | $127.40 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 77412 | S | RADIATION TREATMENT DELIVERY | | 0301 | 2.5173 | APC | $127.40 | | | |
| 77413 | S | RADIATION TREATMENT DELIVERY | | 0301 | 2.5173 | APC | $127.40 | | | |
| 77414 | S | RADIATION TREATMENT DELIVERY | | 0301 | 2.5173 | APC | $127.40 | | | |
| 77416 | S | RADIATION TREATMENT DELIVERY | | 0301 | 2.5173 | APC | $127.40 | | | |
| 77417 | N | RADIOLOGY PORT FILM(S) | | | | Bundled | $0.00 | | | |
| 77418 | S | RADIATION TX DELIVERY IMRT | | 0412 | 6.7828 | APC | $343.28 | | | |
| 77421 | N | STEREOSCOPIC X-RAY GUIDANCE | | | | Bundled | $0.00 | | | |
| 77422 | S | NEUTRON BEAM TX SIMPLE | | 0301 | 2.5173 | APC | $127.40 | | | |
| 77423 | S | NEUTRON BEAM TX COMPLEX | | 0301 | 2.5173 | APC | $127.40 | | | |
| 77424 | N | IO RAD TX DELIVERY BY X-RAY | | 0065 | 13.718 | Bundled, may be payable in some circumstances | $3,289.65 | | | |
| 77425 | N | IO RAD TX DELIVER BY ELCTRNS | | 0065 | 13.718 | Bundled, may be payable in some circumstances | $3,289.65 | | | |
| 77427 | M | RADIATION TX MANAGEMENT X5 | | | | Fee Schedule | $180.80 | | | |
| 77431 | M | RADIATION THERAPY MANAGEMENT | | | | Fee Schedule | $99.32 | | | |
| 77432 | M | STEREOTACTIC RADIATION TRMT | | | | Fee Schedule | $406.93 | | | |
| 77435 | N | SBRT MANAGEMENT | | | | Bundled | $0.00 | | | |
| 77469 | E | IO RADIATION TX MANAGEMENT | | | | Not Allowed | $0.00 | | | |
| 77470 | S | SPECIAL RADIATION TREATMENT | | 0299 | 5.5027 | APC | $278.49 | | | |
| 77499 | M | RADIATION THERAPY MANAGEMENT | | | | By Report | $0.00 | | | |
| 77520 | S | PROTON TRMT SIMPLE W/O COMP | | 0664 | 15.938 | APC | $806.64 | | | |
| 77522 | S | PROTON TRMT SIMPLE W/COMP | | 0664 | 15.938 | APC | $806.64 | | | |
| 77523 | S | PROTON TRMT INTERMEDIATE | | 0667 | 9.5685 | APC | $484.26 | | | |
| 77525 | S | PROTON TREATMENT COMPLEX | | 0667 | 9.5685 | APC | $484.26 | | | |
| 77600 | S | HYPERTHERMIA TREATMENT | | 0299 | 5.5027 | APC | $278.49 | | | |
| 77605 | S | HYPERTHERMIA TREATMENT | | 0299 | 5.5027 | APC | $278.49 | | | |
| 77610 | S | HYPERTHERMIA TREATMENT | | 0299 | 5.5027 | APC | $278.49 | | | |
| 77615 | S | HYPERTHERMIA TREATMENT | | 0299 | 5.5027 | APC | $278.49 | | | |
| 77620 | S | HYPERTHERMIA TREATMENT | | 0299 | 5.5027 | APC | $278.49 | | | |
| 77750 | S | INFUSE RADIOACTIVE MATERIALS | | 0301 | 2.5173 | APC | $127.40 | | | |
| 77761 | S | APPLY INTRCAV RADIAT SIMPLE | | 0312 | 5.7609 | APC | $291.56 | | | |
| 77762 | S | APPLY INTRCAV RADIAT INTERM | | 0312 | 5.7609 | APC | $291.56 | | | |
| 77763 | S | APPLY INTRCAV RADIAT COMPL | | 0312 | 5.7609 | APC | $291.56 | | | |
| 77776 | S | APPLY INTERSTIT RADIAT SIMPL | | 0312 | 5.7609 | APC | $291.56 | | | |
| 77777 | S | APPLY INTERSTIT RADIAT INTER | | 0312 | 5.7609 | APC | $291.56 | | | |
| 77778 | N | APPLY INTERSTIT RADIAT COMPL | | 0651 | 12.277 | Bundled, may be payable in some circumstances | $32,947.11 | | | |
| 77785 | S | HDR BRACHYTX 1 CHANNEL | | 0313 | 9.6431 | APC | $488.04 | | | |
| 77786 | S | HDR BRACHYTX 2-12 CHANNEL | | 0313 | 9.6431 | APC | $488.04 | | | |
| 77787 | S | HDR BRACHYTX OVER 12 CHAN | | 0313 | 9.6431 | APC | $488.04 | | | |
| 77789 | S | APPLY SURFACE RADIATION | | 0300 | 1.3392 | APC | $67.78 | | | |
| 77790 | N | RADIATION HANDLING | | | | Bundled | $0.00 | | | |
| 77799 | S | RADIUM/RADIOISOTOPE THERAPY | | 0312 | 5.7609 | APC | $291.56 | | | |
| 78012 | E | THYROID UPTAKE MEASUREMENT | | | | Not Allowed | $0.00 | | | |
| 78013 | E | THYROID IMAGING W/BLOOD FLOW | | | | Not Allowed | $0.00 | | | |
| 78014 | E | THYROID IMAGING W/BLOOD FLOW | | | | Not Allowed | $0.00 | | | |
| 78015 | S | THYROID MET IMAGING | | 0406 | 4.208 | APC | $212.97 | | | |
| 78016 | S | THYROID MET IMAGING/STUDIES | | 0406 | 4.208 | APC | $212.97 | | | |
| 78018 | S | THYROID MET IMAGING BODY | | 0406 | 4.208 | APC | $212.97 | | | |
| 78020 | N | THYROID MET UPTAKE | | | | Bundled | $0.00 | | | |
| 78070 | S | PARATHYROID PLANAR IMAGING | | 0391 | 3.2664 | APC | $165.31 | | | |
| 78071 | X | PARATHYRD PLANAR W/WO SUBTRJ | | 0317 | 4.5159 | APC | $228.55 | | | |
| 78072 | X | PARATHYRD PLANAR W/SPECT&CT | | 0317 | 4.5159 | APC | $228.55 | | | |
| 78075 | S | ADRENAL CORTEX & MEDULLA IMG | | 0408 | 13.4 | APC | $678.18 | | | |
| 78099 | S | ENDOCRINE NUCLEAR PROCEDURE | | 0390 | 2.104 | APC | $106.48 | | | |
| 78102 | S | BONE MARROW IMAGING LTD | | 0400 | 3.9257 | APC | $198.68 | | | |
| 78103 | S | BONE MARROW IMAGING MULT | | 0400 | 3.9257 | APC | $198.68 | | | |
| 78104 | S | BONE MARROW IMAGING BODY | | 0400 | 3.9257 | APC | $198.68 | | | |
| 78110 | S | PLASMA VOLUME SINGLE | | 0393 | 6.1109 | APC | $309.27 | | | |
| 78111 | S | PLASMA VOLUME MULTIPLE | | 0393 | 6.1109 | APC | $309.27 | | | |
| 78120 | S | RED CELL MASS SINGLE | | 0393 | 6.1109 | APC | $309.27 | | | |
| 78121 | S | RED CELL MASS MULTIPLE | | 0393 | 6.1109 | APC | $309.27 | | | |
| 78122 | S | BLOOD VOLUME | | 0393 | 6.1109 | APC | $309.27 | | | |
| 78130 | S | RED CELL SURVIVAL STUDY | | 0393 | 6.1109 | APC | $309.27 | | | |
| 78135 | S | RED CELL SURVIVAL KINETICS | | 0393 | 6.1109 | APC | $309.27 | | | |
| 78140 | S | RED CELL SEQUESTRATION | | 0393 | 6.1109 | APC | $309.27 | | | |
| 78185 | S | SPLEEN IMAGING | | 0400 | 3.9257 | APC | $198.68 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 78190 | S | PLATELET SURVIVAL KINETICS | | 0392 | 2.7567 | APC | $139.52 | | | |
| 78191 | S | PLATELET SURVIVAL | | 0392 | 2.7567 | APC | $139.52 | | | |
| 78195 | S | LYMPH SYSTEM IMAGING | | 0400 | 3.9257 | APC | $198.68 | | | |
| 78199 | S | BLOOD/LYMPH NUCLEAR EXAM | | 0400 | 3.9257 | APC | $198.68 | | | |
| 78201 | S | LIVER IMAGING | | 0394 | 4.4086 | APC | $223.12 | | | |
| 78202 | S | LIVER IMAGING WITH FLOW | | 0394 | 4.4086 | APC | $223.12 | | | |
| 78205 | S | LIVER IMAGING (3D) | | 0394 | 4.4086 | APC | $223.12 | | | |
| 78206 | S | LIVER IMAGE (3D) WITH FLOW | | 0394 | 4.4086 | APC | $223.12 | | | |
| 78215 | S | LIVER AND SPLEEN IMAGING | | 0394 | 4.4086 | APC | $223.12 | | | |
| 78216 | S | LIVER & SPLEEN IMAGE/FLOW | | 0394 | 4.4086 | APC | $223.12 | | | |
| 78226 | S | HEPATOBILIARY SYSTEM IMAGING | | 0394 | 4.4086 | APC | $223.12 | | | |
| 78227 | S | HEPATOBIL SYST IMAGE W/DRUG | | 0394 | 4.4086 | APC | $223.12 | | | |
| 78230 | S | SALIVARY GLAND IMAGING | | 0395 | 3.6004 | APC | $182.22 | | | |
| 78231 | S | SERIAL SALIVARY IMAGING | | 0395 | 3.6004 | APC | $182.22 | | | Y |
| 78232 | S | SALIVARY GLAND FUNCTION EXAM | | 0395 | 3.6004 | APC | $182.22 | | | Y |
| 78258 | S | ESOPHAGEAL MOTILITY STUDY | | 0395 | 3.6004 | APC | $182.22 | | | Y |
| 78261 | S | GASTRIC MUCOSA IMAGING | | 0395 | 3.6004 | APC | $182.22 | | | Y |
| 78262 | S | GASTROESOPHAGEAL REFLUX EXAM | | 0395 | 3.6004 | APC | $182.22 | | | Y |
| 78264 | S | GASTRIC EMPTYING STUDY | | 0395 | 3.6004 | APC | $182.22 | | | Y |
| 78267 | Q | BREATH TST ATTAIN/ANAL C-14 | | | | Medicare | $18.02 | $11.17 | $10.81 | Y |
| 78268 | Q | BREATH TEST ANALYSIS C-14 | | | | Medicare | $154.32 | $95.68 | $92.59 | Y |
| 78270 | S | VIT B-12 ABSORPTION EXAM | | 0392 | 2.7567 | APC | $139.52 | | | Y |
| 78271 | S | VIT B-12 ABSRP EXAM INT FAC | | 0392 | 2.7567 | APC | $139.52 | | | |
| 78272 | S | VIT B-12 ABSORP COMBINED | | 0392 | 2.7567 | APC | $139.52 | | | Y |
| 78278 | S | ACUTE GI BLOOD LOSS IMAGING | | 0395 | 3.6004 | APC | $182.22 | | | Y |
| 78282 | S | GI PROTEIN LOSS EXAM | | 0395 | 3.6004 | APC | $182.22 | | | Y |
| 78290 | S | MECKELS DIVERT EXAM | | 0395 | 3.6004 | APC | $182.22 | | | Y |
| 78291 | S | LEVEEN/SHUNT PATENCY EXAM | | 0395 | 3.6004 | APC | $182.22 | | | Y |
| 78299 | S | GI NUCLEAR PROCEDURE | | 0395 | 3.6004 | APC | $182.22 | | | Y |
| 78300 | S | BONE IMAGING LIMITED AREA | | 0396 | 3.6694 | APC | $185.71 | | | Y |
| 78305 | S | BONE IMAGING MULTIPLE AREAS | | 0396 | 3.6694 | APC | $185.71 | | | Y |
| 78306 | S | BONE IMAGING WHOLE BODY | | 0396 | 3.6694 | APC | $185.71 | | | |
| 78315 | S | BONE IMAGING 3 PHASE | | 0396 | 3.6694 | APC | $185.71 | | | |
| 78320 | S | BONE IMAGING (3D) | | 0396 | 3.6694 | APC | $185.71 | | | |
| 78350 | E | BONE MINERAL SINGLE PHOTON | | | | Not Allowed | $0.00 | | | |
| 78351 | E | BONE MINERAL DUAL PHOTON | | | | Not Allowed | $0.00 | | | |
| 78399 | S | MUSCULOSKELETAL NUCLEAR EXAM | | 0396 | 3.6694 | APC | $185.71 | | | |
| 78414 | S | NON-IMAGING HEART FUNCTION | | 0398 | 4.3329 | APC | $219.29 | | | |
| 78428 | S | CARDIAC SHUNT IMAGING | | 0398 | 4.3329 | APC | $219.29 | | | |
| 78445 | S | VASCULAR FLOW IMAGING | | 0397 | 4.6411 | APC | $234.89 | | | |
| 78451 | S | HT MUSCLE IMAGE SPECT SING | | 0377 | 9.5309 | APC | $482.36 | | | |
| 78452 | S | HT MUSCLE IMAGE SPECT MULT | | 0377 | 9.5309 | APC | $482.36 | | | |
| 78453 | S | HT MUSCLE IMAGE PLANAR SING | | 0377 | 9.5309 | APC | $482.36 | | | |
| 78454 | S | HT MUSC IMAGE PLANAR MULT | | 0377 | 9.5309 | APC | $482.36 | | | |
| 78456 | S | ACUTE VENOUS THROMBUS IMAGE | | 0397 | 4.6411 | APC | $234.89 | | | |
| 78457 | S | VENOUS THROMBOSIS IMAGING | | 0397 | 4.6411 | APC | $234.89 | | | |
| 78458 | S | VEN THROMBOSIS IMAGES BILAT | | 0397 | 4.6411 | APC | $234.89 | | | |
| 78459 | S | HEART MUSCLE IMAGING (PET) | | 0308 | 14.81 | APC | $749.51 | | | |
| 78466 | S | HEART INFARCT IMAGE | | 0398 | 4.3329 | APC | $219.29 | | | |
| 78468 | S | HEART INFARCT IMAGE (EF) | | 0398 | 4.3329 | APC | $219.29 | | | |
| 78469 | S | HEART INFARCT IMAGE (3D) | | 0398 | 4.3329 | APC | $219.29 | | | |
| 78472 | S | GATED HEART PLANAR SINGLE | | 0398 | 4.3329 | APC | $219.29 | | | |
| 78473 | S | GATED HEART MULTIPLE | | 0398 | 4.3329 | APC | $219.29 | | | |
| 78481 | S | HEART FIRST PASS SINGLE | | 0398 | 4.3329 | APC | $219.29 | | | |
| 78483 | S | HEART FIRST PASS MULTIPLE | | 0398 | 4.3329 | APC | $219.29 | | | |
| 78491 | S | HEART IMAGE (PET) SINGLE | | 0308 | 14.81 | APC | $749.51 | | | |
| 78492 | S | HEART IMAGE (PET) MULTIPLE | | 0308 | 14.81 | APC | $749.51 | | | |
| 78494 | S | HEART IMAGE SPECT | | 0398 | 4.3329 | APC | $219.29 | | | |
| 78496 | N | HEART FIRST PASS ADD-ON | | | | Bundled | $0.00 | | | |
| 78499 | S | CARDIOVASCULAR NUCLEAR EXAM | | 0398 | 4.3329 | APC | $219.29 | | | |
| 78579 | S | LUNG VENTILATION IMAGING | | 0401 | 3.0984 | APC | $156.81 | | | |
| 78580 | S | LUNG PERFUSION IMAGING | | 0401 | 3.0984 | APC | $156.81 | | | |
| 78582 | S | LUNG VENTILAT&PERFUS IMAGING | | 0378 | 4.7173 | APC | $238.74 | | | |
| 78597 | S | LUNG PERFUSION DIFFERENTIAL | | 0401 | 3.0984 | APC | $156.81 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 78598 | S | LUNG PERF&VENTILAT DIFERENTL | | 0378 | 4.7173 | APC | $238.74 | | | |
| 78599 | S | RESPIRATORY NUCLEAR EXAM | | 0401 | 3.0984 | APC | $156.81 | | | |
| 78600 | S | BRAIN IMAGE < 4 VIEWS | | 0403 | 3.7033 | APC | $187.42 | | | |
| 78601 | S | BRAIN IMAGE W/FLOW < 4 VIEWS | | 0402 | 6.4272 | APC | $325.28 | | | |
| 78605 | S | BRAIN IMAGE 4+ VIEWS | | 0403 | 3.7033 | APC | $187.42 | | | |
| 78606 | S | BRAIN IMAGE W/FLOW 4 + VIEWS | | 0402 | 6.4272 | APC | $325.28 | | | |
| 78607 | S | BRAIN IMAGING (3D) | | 0402 | 6.4272 | APC | $325.28 | | | |
| 78608 | S | BRAIN IMAGING (PET) | | 0308 | 14.81 | APC | $749.51 | | | |
| 78609 | E | BRAIN IMAGING (PET) | | | | Not Allowed | $0.00 | | | |
| 78610 | S | BRAIN FLOW IMAGING ONLY | | 0403 | 3.7033 | APC | $187.42 | | | |
| 78630 | S | CEREBROSPINAL FLUID SCAN | | 0402 | 6.4272 | APC | $325.28 | | | |
| 78635 | S | CSF VENTRICULOGRAPHY | | 0402 | 6.4272 | APC | $325.28 | | | |
| 78645 | S | CSF SHUNT EVALUATION | | 0403 | 3.7033 | APC | $187.42 | | | |
| 78647 | S | CEREBROSPINAL FLUID SCAN | | 0402 | 6.4272 | APC | $325.28 | | | |
| 78650 | S | CSF LEAKAGE IMAGING | | 0402 | 6.4272 | APC | $325.28 | | | |
| 78660 | S | NUCLEAR EXAM OF TEAR FLOW | | 0403 | 3.7033 | APC | $187.42 | | | |
| 78699 | S | NERVOUS SYSTEM NUCLEAR EXAM | | 0403 | 3.7033 | APC | $187.42 | | | |
| 78700 | S | KIDNEY IMAGING MORPHOL | | 0404 | 4.6683 | APC | $236.26 | | | |
| 78701 | S | KIDNEY IMAGING WITH FLOW | | 0404 | 4.6683 | APC | $236.26 | | | |
| 78707 | S | K FLOW/FUNCT IMAGE W/O DRUG | | 0404 | 4.6683 | APC | $236.26 | | | |
| 78708 | S | K FLOW/FUNCT IMAGE W/DRUG | | 0404 | 4.6683 | APC | $236.26 | | | |
| 78709 | S | K FLOW/FUNCT IMAGE MULTIPLE | | 0404 | 4.6683 | APC | $236.26 | | | |
| 78710 | S | KIDNEY IMAGING (3D) | | 0404 | 4.6683 | APC | $236.26 | | | |
| 78725 | S | KIDNEY FUNCTION STUDY | | 0392 | 2.7567 | APC | $139.52 | | | |
| 78730 | S | URINARY BLADDER RETENTION | | 0389 | 1.599 | APC | $80.93 | | | |
| 78740 | S | URETERAL REFLUX STUDY | | 0404 | 4.6683 | APC | $236.26 | | | |
| 78761 | S | TESTICULAR IMAGING W/FLOW | | 0404 | 4.6683 | APC | $236.26 | | | |
| 78799 | S | GENITOURINARY NUCLEAR EXAM | | 0404 | 4.6683 | APC | $236.26 | | | |
| 78800 | S | TUMOR IMAGING LIMITED AREA | | 0406 | 4.208 | APC | $212.97 | | | |
| 78801 | S | TUMOR IMAGING MULT AREAS | | 0414 | 7.0469 | APC | $356.64 | | | |
| 78802 | S | TUMOR IMAGING WHOLE BODY | | 0414 | 7.0469 | APC | $356.64 | | | |
| 78803 | S | TUMOR IMAGING (3D) | | 0414 | 7.0469 | APC | $356.64 | | | |
| 78804 | S | TUMOR IMAGING WHOLE BODY | | 0408 | 13.4 | APC | $678.18 | | | |
| 78805 | S | ABSCESS IMAGING LTD AREA | | 0414 | 7.0469 | APC | $356.64 | | | |
| 78806 | S | ABSCESS IMAGING WHOLE BODY | | 0414 | 7.0469 | APC | $356.64 | | | |
| 78807 | S | NUCLEAR LOCALIZATION/ABSCESS | | 0414 | 7.0469 | APC | $356.64 | | | |
| 78808 | N | IV INJ RA DRUG DX STUDY | | 0392 | 2.7567 | Bundled, may be payable in some circumstances | $19,839.12 | | | |
| 78811 | S | PET IMAGE LTD AREA | | 0308 | 14.81 | APC | $749.51 | | | |
| 78812 | S | PET IMAGE SKULL-THIGH | | 0308 | 14.81 | APC | $749.51 | | | |
| 78813 | S | PET IMAGE FULL BODY | | 0308 | 14.81 | APC | $749.51 | | | |
| 78814 | S | PET IMAGE W/CT LMTD | | 0308 | 14.81 | APC | $749.51 | | | |
| 78815 | S | PET IMAGE W/CT SKULL-THIGH | | 0308 | 14.81 | APC | $749.51 | | | |
| 78816 | S | PET IMAGE W/CT FULL BODY | | 0308 | 14.81 | APC | $749.51 | | | |
| 78999 | S | NUCLEAR DIAGNOSTIC EXAM | | 0389 | 1.599 | APC | $80.93 | | | |
| 79005 | S | NUCLEAR RX ORAL ADMIN | | 0407 | 3.3193 | APC | $167.99 | | | |
| 79101 | S | NUCLEAR RX IV ADMIN | | 0407 | 3.3193 | APC | $167.99 | | | |
| 79200 | S | NUCLEAR RX INTRACAV ADMIN | | 0413 | 4.2209 | APC | $213.62 | | | |
| 79300 | S | NUCLR RX INTERSTIT COLLOID | | 0407 | 3.3193 | APC | $167.99 | | | |
| 79403 | S | HEMATOPOIETIC NUCLEAR TX | | 0413 | 4.2209 | APC | $213.62 | | | |
| 79440 | S | NUCLEAR RX INTRA-ARTICULAR | | 0413 | 4.2209 | APC | $213.62 | | | |
| 79445 | S | NUCLEAR RX INTRA-ARTERIAL | | 0407 | 3.3193 | APC | $167.99 | | | |
| 79999 | S | NUCLEAR MEDICINE THERAPY | | 0407 | 3.3193 | APC | $167.99 | | | |
| 80047 | Q | METABOLIC PANEL IONIZED CA | | | | Medicare | $19.38 | $12.02 | $11.63 | |
| 80048 | Q | METABOLIC PANEL TOTAL CA | | | | Medicare | $19.38 | $12.02 | $11.63 | |
| 80050 | Q | GENERAL HEALTH PANEL | | | | Fee Schedule | $56.77 | | | |
| 80051 | Q | ELECTROLYTE PANEL | | | | Medicare | $16.07 | $9.96 | $9.64 | |
| 80053 | Q | COMPREHEN METABOLIC PANEL | | | | Medicare | $24.22 | $15.02 | $14.53 | |
| 80055 | Q | OBSTETRIC PANEL | | | | Fee Schedule | $44.69 | | | |
| 80061 | Q | LIPID PANEL | | | | Medicare | $30.70 | $19.03 | $18.42 | |
| 80069 | Q | RENAL FUNCTION PANEL | | | | Medicare | $19.90 | $12.34 | $11.94 | |
| 80074 | Q | ACUTE HEPATITIS PANEL | | | | Medicare | $107.63 | $66.73 | $64.58 | |
| 80076 | Q | HEPATIC FUNCTION PANEL | | | | Medicare | $18.72 | $11.61 | $11.23 | |
| 80100 | E | DRUG SCREEN QUALITATE/MULTI | | | | Not Allowed | $0.00 | | | |
| 80101 | E | DRUG SCREEN SINGLE | | | | Not Allowed | $0.00 | | | |

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|---|---|---|---|---|---|---|---|---|---|---|
| 80102 | Q | DRUG CONFIRMATION | | | | Medicare | $30.33 | $18.80 | $18.20 | |
| 80103 | N | DRUG ANALYSIS TISSUE PREP | | | | Bundled | $0.00 | | | |
| 80104 | E | DRUG SCRN 1+ CLASS NONCHROMO | | | | Not Allowed | $0.00 | | | |
| 80150 | Q | ASSAY OF AMIKACIN | | | | Medicare | $34.53 | $21.41 | $20.72 | |
| 80152 | Q | ASSAY OF AMITRIPTYLINE | | | | Medicare | $41.02 | $25.43 | $24.61 | |
| 80154 | Q | ASSAY OF BENZODIAZEPINES | | | | Medicare | $42.38 | $26.28 | $25.43 | |
| 80156 | Q | ASSAY CARBAMAZEPINE TOTAL | | | | Medicare | $33.37 | $20.69 | $20.02 | |
| 80157 | Q | ASSAY CARBAMAZEPINE FREE | | | | Medicare | $30.37 | $18.83 | $18.22 | |
| 80158 | Q | ASSAY OF CYCLOSPORINE | | | | Medicare | $41.35 | $25.64 | $24.81 | |
| 80160 | Q | ASSAY OF DESIPRAMINE | | | | Medicare | $39.43 | $24.45 | $23.66 | |
| 80162 | Q | ASSAY OF DIGOXIN | | | | Medicare | $30.42 | $18.86 | $18.25 | |
| 80164 | Q | ASSAY DIPROPYLACETIC ACID | | | | Medicare | $31.05 | $19.25 | $18.63 | |
| 80166 | Q | ASSAY OF DOXEPIN | | | | Medicare | $35.50 | $22.01 | $21.30 | |
| 80168 | Q | ASSAY OF ETHOSUXIMIDE | | | | Medicare | $26.18 | $16.23 | $15.71 | |
| 80170 | Q | ASSAY OF GENTAMICIN | | | | Medicare | $37.55 | $23.28 | $22.53 | |
| 80172 | Q | ASSAY OF GOLD | | | | Medicare | $37.32 | $23.14 | $22.39 | |
| 80173 | Q | ASSAY OF HALOPERIDOL | | | | Medicare | $33.37 | $20.69 | $20.02 | |
| 80174 | Q | ASSAY OF IMIPRAMINE | | | | Medicare | $39.43 | $24.45 | $23.66 | |
| 80176 | Q | ASSAY OF LIDOCAINE | | | | Medicare | $33.65 | $20.86 | $20.19 | |
| 80178 | Q | ASSAY OF LITHIUM | | | | Medicare | $15.15 | $9.39 | $9.09 | |
| 80182 | Q | ASSAY OF NORTRIPTYLINE | | | | Medicare | $31.05 | $19.25 | $18.63 | |
| 80184 | Q | ASSAY OF PHENOBARBITAL | | | | Medicare | $26.23 | $16.26 | $15.74 | |
| 80185 | Q | ASSAY OF PHENYTOIN TOTAL | | | | Medicare | $30.37 | $18.83 | $18.22 | |
| 80186 | Q | ASSAY OF PHENYTOIN FREE | | | | Medicare | $31.53 | $19.55 | $18.92 | |
| 80188 | Q | ASSAY OF PRIMIDONE | | | | Medicare | $36.27 | $22.49 | $21.76 | |
| 80190 | Q | ASSAY OF PROCAINAMIDE | | | | Medicare | $38.38 | $23.80 | $23.03 | |
| 80192 | Q | ASSAY OF PROCAINAMIDE | | | | Medicare | $38.38 | $23.80 | $23.03 | |
| 80194 | Q | ASSAY OF QUINIDINE | | | | Medicare | $33.45 | $20.74 | $20.07 | |
| 80195 | Q | ASSAY OF SIROLIMUS | | | | Medicare | $31.45 | $19.50 | $18.87 | |
| 80196 | Q | ASSAY OF SALICYLATE | | | | Medicare | $16.25 | $10.08 | $9.75 | |
| 80197 | Q | ASSAY OF TACROLIMUS | | | | Medicare | $31.45 | $19.50 | $18.87 | |
| 80198 | Q | ASSAY OF THEOPHYLLINE | | | | Medicare | $32.42 | $20.10 | $19.45 | |
| 80200 | Q | ASSAY OF TOBRAMYCIN | | | | Medicare | $36.93 | $22.90 | $22.16 | |
| 80201 | Q | ASSAY OF TOPIRAMATE | | | | Medicare | $27.32 | $16.94 | $16.39 | |
| 80202 | Q | ASSAY OF VANCOMYCIN | | | | Medicare | $31.05 | $19.25 | $18.63 | |
| 80299 | Q | QUANTITATIVE ASSAY DRUG | | | | Medicare | $31.38 | $19.46 | $18.83 | |
| 80400 | Q | ACTH STIMULATION PANEL | | | | Medicare | $74.70 | $46.31 | $44.82 | |
| 80402 | Q | ACTH STIMULATION PANEL | | | | Medicare | $199.20 | $123.50 | $119.52 | |
| 80406 | Q | ACTH STIMULATION PANEL | | | | Medicare | $145.20 | $90.02 | $87.12 | |
| 80408 | Q | ALDOSTERONE SUPPRESSION EVAL | | | | Medicare | $287.53 | $178.27 | $172.52 | |
| 80410 | Q | CALCITONIN STIMUL PANEL | | | | Medicare | $184.10 | $114.14 | $110.46 | |
| 80412 | Q | CRH STIMULATION PANEL | | | | Medicare | $755.10 | $468.16 | $453.06 | |
| 80414 | Q | TESTOSTERONE RESPONSE | | | | Medicare | $118.30 | $73.35 | $70.98 | |
| 80415 | Q | ESTRADIOL RESPONSE PANEL | | | | Medicare | $128.03 | $79.38 | $76.82 | |
| 80416 | Q | RENIN STIMULATION PANEL | | | | Medicare | $302.40 | $187.49 | $181.44 | |
| 80417 | Q | RENIN STIMULATION PANEL | | | | Medicare | $100.80 | $62.50 | $60.48 | |
| 80418 | Q | PITUITARY EVALUATION PANEL | | | | Medicare | $1,327.87 | $823.28 | $796.72 | |
| 80420 | Q | DEXAMETHASONE PANEL | | | | Medicare | $165.00 | $102.30 | $99.00 | |
| 80422 | Q | GLUCAGON TOLERANCE PANEL | | | | Medicare | $105.50 | $65.41 | $63.30 | |
| 80424 | Q | GLUCAGON TOLERANCE PANEL | | | | Medicare | $115.70 | $71.73 | $69.42 | |
| 80426 | Q | GONADOTROPIN HORMONE PANEL | | | | Medicare | $340.00 | $210.80 | $204.00 | |
| 80428 | Q | GROWTH HORMONE PANEL | | | | Medicare | $152.87 | $94.78 | $91.72 | |
| 80430 | Q | GROWTH HORMONE PANEL | | | | Medicare | $179.82 | $111.49 | $107.89 | |
| 80432 | Q | INSULIN SUPPRESSION PANEL | | | | Medicare | $257.68 | $159.76 | $154.61 | |
| 80434 | Q | INSULIN TOLERANCE PANEL | | | | Medicare | $231.67 | $143.64 | $139.00 | |
| 80435 | Q | INSULIN TOLERANCE PANEL | | | | Medicare | $236.00 | $146.32 | $141.60 | |
| 80436 | Q | METYRAPONE PANEL | | | | Medicare | $208.83 | $129.47 | $125.30 | |
| 80438 | Q | TRH STIMULATION PANEL | | | | Medicare | $115.50 | $71.61 | $69.30 | |
| 80439 | Q | TRH STIMULATION PANEL | | | | Medicare | $154.00 | $95.48 | $92.40 | |
| 80440 | Q | TRH STIMULATION PANEL | | | | Medicare | $133.20 | $82.58 | $79.92 | |
| 80500 | X | LAB PATHOLOGY CONSULTATION | | 0433 | 0.3285 | APC | $16.63 | | | |
| 80502 | X | LAB PATHOLOGY CONSULTATION | | 0342 | 0.1782 | APC | $9.02 | | | |
| 81000 | Q | URINALYSIS NONAUTO W/SCOPE | | | | Medicare | $7.25 | $4.50 | $4.35 | |
| 81001 | Q | URINALYSIS AUTO W/SCOPE | | | | Medicare | $7.25 | $4.50 | $4.35 | |

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|---|---|---|---|---|---|---|---|---|---|---|
| 81002 | Q | URINALYSIS NONAUTO W/O SCOPE | | | | Medicare | $5.87 | $3.64 | $3.52 | |
| 81003 | Q | URINALYSIS AUTO W/O SCOPE | | | | Medicare | $5.15 | $3.19 | $3.09 | |
| 81005 | Q | URINALYSIS | | | | Medicare | $4.97 | $3.08 | $2.98 | |
| 81007 | Q | URINE SCREEN FOR BACTERIA | | | | Medicare | $5.88 | $3.65 | $3.53 | |
| 81015 | Q | MICROSCOPIC EXAM OF URINE | | | | Medicare | $6.97 | $4.32 | $4.18 | |
| 81020 | Q | URINALYSIS GLASS TEST | | | | Medicare | $8.45 | $5.24 | $5.07 | |
| 81025 | Q | URINE PREGNANCY TEST | | | | Medicare | $9.08 | $5.63 | $5.45 | |
| 81050 | Q | URINALYSIS VOLUME MEASURE | | | | Medicare | $6.87 | $4.26 | $4.12 | |
| 81099 | M | URINALYSIS TEST PROCEDURE | | | | By Report | $0.00 | | | |
| 81161 | E | DMD DUP/DELET ANALYSIS | | | | Not Allowed | $0.00 | | | |
| 81200 | Q | ASPA GENE | | | | By Report | $0.00 | | | |
| 81201 | Q | APC GENE FULL SEQUENCE | | | | By Report | $0.00 | | | |
| 81202 | Q | APC GENE KNOWN FAM VARIANTS | | | | By Report | $0.00 | | | |
| 81203 | Q | APC GENE DUP/DELET VARIANTS | | | | By Report | $0.00 | | | |
| 81205 | Q | BCKDHB GENE | | | | By Report | $0.00 | | | |
| 81206 | Q | BCR/ABL1 GENE MAJOR BP | | | | By Report | $0.00 | | | |
| 81207 | Q | BCR/ABL1 GENE MINOR BP | | | | By Report | $0.00 | | | |
| 81208 | Q | BCR/ABL1 GENE OTHER BP | | | | By Report | $0.00 | | | |
| 81209 | Q | BLM GENE | | | | By Report | $0.00 | | | |
| 81210 | Q | BRAF GENE | | | | By Report | $0.00 | | | |
| 81220 | Q | CFTR GENE COM VARIANTS | | | | By Report | $0.00 | | | |
| 81221 | Q | CFTR GENE KNOWN FAM VARIANTS | | | | By Report | $0.00 | | | |
| 81222 | Q | CFTR GENE DUP/DELET VARIANTS | | | | By Report | $0.00 | | | |
| 81223 | Q | CFTR GENE FULL SEQUENCE | | | | By Report | $0.00 | | | |
| 81224 | Q | CFTR GENE INTRON POLY T | | | | By Report | $0.00 | | | |
| 81225 | Q | CYP2C19 GENE COM VARIANTS | | | | By Report | $0.00 | | | |
| 81226 | Q | CYP2D6 GENE COM VARIANTS | | | | By Report | $0.00 | | | |
| 81227 | Q | CYP2C9 GENE COM VARIANTS | | | | By Report | $0.00 | | | |
| 81228 | Q | CYTOGEN MICRARRAY COPY NMBR | | | | By Report | $0.00 | | | |
| 81229 | Q | CYTOGEN M ARRAY COPY NO&SNP | | | | By Report | $0.00 | | | |
| 81235 | Q | EGFR GENE COM VARIANTS | | | | By Report | $0.00 | | | |
| 81240 | Q | F2 GENE | | | | By Report | $0.00 | | | |
| 81241 | Q | F5 GENE | | | | By Report | $0.00 | | | |
| 81242 | Q | FANCC GENE | | | | By Report | $0.00 | | | |
| 81243 | Q | FMR1 GENE DETECTION | | | | By Report | $0.00 | | | |
| 81244 | Q | FMR1 GENE CHARACTERIZATION | | | | By Report | $0.00 | | | |
| 81245 | Q | FLT3 GENE | | | | By Report | $0.00 | | | |
| 81250 | Q | G6PC GENE | | | | By Report | $0.00 | | | |
| 81251 | Q | GBA GENE | | | | By Report | $0.00 | | | |
| 81252 | Q | GJB2 GENE FULL SEQUENCE | | | | By Report | $0.00 | | | |
| 81253 | Q | GJB2 GENE KNOWN FAM VARIANTS | | | | By Report | $0.00 | | | |
| 81254 | Q | GJB6 GENE COM VARIANTS | | | | By Report | $0.00 | | | |
| 81255 | Q | HEXA GENE | | | | By Report | $0.00 | | | |
| 81256 | Q | HFE GENE | | | | By Report | $0.00 | | | |
| 81257 | Q | HBA1/HBA2 GENE | | | | By Report | $0.00 | | | |
| 81260 | Q | IKBKAP GENE | | | | By Report | $0.00 | | | |
| 81261 | Q | IGH GENE REARRANGE AMP METH | | | | By Report | $0.00 | | | |
| 81262 | Q | IGH GENE REARRANG DIR PROBE | | | | By Report | $0.00 | | | |
| 81263 | Q | IGH VARI REGIONAL MUTATION | | | | By Report | $0.00 | | | |
| 81264 | Q | IGK REARRANGEABN CLONAL POP | | | | By Report | $0.00 | | | |
| 81265 | Q | STR MARKERS SPECIMEN ANAL | | | | By Report | $0.00 | | | |
| 81266 | Q | STR MARKERS SPEC ANAL ADDL | | | | By Report | $0.00 | | | |
| 81267 | Q | CHIMERISM ANAL NO CELL SELEC | | | | By Report | $0.00 | | | |
| 81268 | Q | CHIMERISM ANAL W/CELL SELECT | | | | By Report | $0.00 | | | |
| 81270 | Q | JAK2 GENE | | | | By Report | $0.00 | | | |
| 81275 | Q | KRAS GENE | | | | By Report | $0.00 | | | |
| 81280 | Q | LONG QT SYND GENE FULL SEQ | | | | By Report | $0.00 | | | |
| 81281 | Q | LONG QT SYND KNOWN FAM VAR | | | | By Report | $0.00 | | | |
| 81282 | Q | LONG QT SYN GENE DUP/DLT VAR | | | | By Report | $0.00 | | | |
| 81290 | Q | MCOLN1 GENE | | | | By Report | $0.00 | | | |
| 81291 | Q | MTHFR GENE | | | | By Report | $0.00 | | | |
| 81292 | Q | MLH1 GENE FULL SEQ | | | | By Report | $0.00 | | | |
| 81293 | Q | MLH1 GENE KNOWN VARIANTS | | | | By Report | $0.00 | | | |
| 81294 | Q | MLH1 GENE DUP/DELETE VARIANT | | | | By Report | $0.00 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 81295 | Q | MSH2 GENE FULL SEQ | | | | By Report | $0.00 | | | |
| 81296 | Q | MSH2 GENE KNOWN VARIANTS | | | | By Report | $0.00 | | | |
| 81297 | Q | MSH2 GENE DUP/DELETE VARIANT | | | | By Report | $0.00 | | | |
| 81298 | Q | MSH6 GENE FULL SEQ | | | | By Report | $0.00 | | | |
| 81299 | Q | MSH6 GENE KNOWN VARIANTS | | | | By Report | $0.00 | | | |
| 81300 | Q | MSH6 GENE DUP/DELETE VARIANT | | | | By Report | $0.00 | | | |
| 81301 | Q | MICROSATELLITE INSTABILITY | | | | By Report | $0.00 | | | |
| 81302 | Q | MECP2 GENE FULL SEQ | | | | By Report | $0.00 | | | |
| 81303 | Q | MECP2 GENE KNOWN VARIANT | | | | By Report | $0.00 | | | |
| 81304 | Q | MECP2 GENE DUP/DELET VARIANT | | | | By Report | $0.00 | | | |
| 81310 | Q | NPM1 GENE | | | | By Report | $0.00 | | | |
| 81315 | Q | PML/RARALPHA COM BREAKPOINTS | | | | By Report | $0.00 | | | |
| 81316 | Q | PML/RARALPHA 1 BREAKPOINT | | | | By Report | $0.00 | | | |
| 81317 | Q | PMS2 GENE FULL SEQ ANALYSIS | | | | By Report | $0.00 | | | |
| 81318 | Q | PMS2 KNOWN FAMILIAL VARIANTS | | | | By Report | $0.00 | | | |
| 81319 | Q | PMS2 GENE DUP/DELET VARIANTS | | | | By Report | $0.00 | | | |
| 81321 | Q | PTEN GENE FULL SEQUENCE | | | | By Report | $0.00 | | | |
| 81322 | Q | PTEN GENE KNOWN FAM VARIANT | | | | By Report | $0.00 | | | |
| 81323 | Q | PTEN GENE DUP/DELET VARIANT | | | | By Report | $0.00 | | | |
| 81324 | Q | PMP22 GENE DUP/DELET | | | | By Report | $0.00 | | | |
| 81325 | Q | PMP22 GENE FULL SEQUENCE | | | | By Report | $0.00 | | | |
| 81326 | Q | PMP22 GENE KNOWN FAM VARIANT | | | | By Report | $0.00 | | | |
| 81330 | Q | SMPD1 GENE COMMON VARIANTS | | | | By Report | $0.00 | | | |
| 81331 | Q | SNRPN/UBE3A GENE | | | | By Report | $0.00 | | | |
| 81332 | Q | SERPINA1 GENE | | | | By Report | $0.00 | | | |
| 81340 | Q | TRB@ GENE REARRANGE AMPLIFY | | | | By Report | $0.00 | | | |
| 81341 | Q | TRB@ GENE REARRANGE DIRPROBE | | | | By Report | $0.00 | | | |
| 81342 | Q | TRG GENE REARRANGEMENT ANAL | | | | By Report | $0.00 | | | |
| 81350 | Q | UGT1A1 GENE | | | | By Report | $0.00 | | | |
| 81355 | Q | VKORC1 GENE | | | | By Report | $0.00 | | | |
| 81370 | Q | HLA I & II TYPING LR | | | | By Report | $0.00 | | | |
| 81371 | Q | HLA I & II TYPE VERIFY LR | | | | By Report | $0.00 | | | |
| 81372 | Q | HLA I TYPING COMPLETE LR | | | | By Report | $0.00 | | | |
| 81373 | Q | HLA I TYPING 1 LOCUS LR | | | | By Report | $0.00 | | | |
| 81374 | Q | HLA I TYPING 1 ANTIGEN LR | | | | By Report | $0.00 | | | |
| 81375 | Q | HLA II TYPING AG EQUIV LR | | | | By Report | $0.00 | | | |
| 81376 | Q | HLA II TYPING 1 LOCUS LR | | | | By Report | $0.00 | | | |
| 81377 | Q | HLA II TYPE 1 AG EQUIV LR | | | | By Report | $0.00 | | | |
| 81378 | Q | HLA I & II TYPING HR | | | | By Report | $0.00 | | | |
| 81379 | Q | HLA I TYPING COMPLETE HR | | | | By Report | $0.00 | | | |
| 81380 | Q | HLA I TYPING 1 LOCUS HR | | | | By Report | $0.00 | | | |
| 81381 | Q | HLA I TYPING 1 ALLELE HR | | | | By Report | $0.00 | | | |
| 81382 | Q | HLA II TYPING 1 LOC HR | | | | By Report | $0.00 | | | |
| 81383 | Q | HLA II TYPING 1 ALLELE HR | | | | By Report | $0.00 | | | |
| 81400 | Q | MOPATH PROCEDURE LEVEL 1 | | | | By Report | $0.00 | | | |
| 81401 | Q | MOPATH PROCEDURE LEVEL 2 | | | | By Report | $0.00 | | | |
| 81402 | Q | MOPATH PROCEDURE LEVEL 3 | | | | By Report | $0.00 | | | |
| 81403 | Q | MOPATH PROCEDURE LEVEL 4 | | | | By Report | $0.00 | | | |
| 81404 | Q | MOPATH PROCEDURE LEVEL 5 | | | | By Report | $0.00 | | | |
| 81405 | Q | MOPATH PROCEDURE LEVEL 6 | | | | By Report | $0.00 | | | |
| 81406 | Q | MOPATH PROCEDURE LEVEL 7 | | | | By Report | $0.00 | | | |
| 81407 | Q | MOPATH PROCEDURE LEVEL 8 | | | | By Report | $0.00 | | | |
| 81408 | Q | MOPATH PROCEDURE LEVEL 9 | | | | By Report | $0.00 | | | |
| 81479 | N | UNLISTED MOLECULAR PATHOLOGY | | | | Bundled | $0.00 | | | |
| 81500 | E | ONCO (OVAR) TWO PROTEINS | | | | Not Allowed | $0.00 | | | |
| 81503 | E | ONCO (OVAR) FIVE PROTEINS | | | | Not Allowed | $0.00 | | | |
| 81506 | E | ENDO ASSAY SEVEN ANAL | | | | Not Allowed | $0.00 | | | |
| 81508 | E | FTL CGEN ABNOR TWO PROTEINS | | | | Not Allowed | $0.00 | | | |
| 81509 | E | FTL CGEN ABNOR 3 PROTEINS | | | | Not Allowed | $0.00 | | | |
| 81510 | E | FTL CGEN ABNOR THREE ANAL | | | | Not Allowed | $0.00 | | | |
| 81511 | E | FTL CGEN ABNOR FOUR ANAL | | | | Not Allowed | $0.00 | | | |
| 81512 | E | FTL CGEN ABNOR FIVE ANAL | | | | Not Allowed | $0.00 | | | |
| 81599 | E | UNLISTED MAAA | | | | Not Allowed | $0.00 | | | |
| 82000 | Q | ASSAY OF BLOOD ACETALDEHYDE | | | | Medicare | $28.38 | $17.60 | $17.03 | |

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|---|---|---|---|---|---|---|---|---|---|---|
| 82003 | Q | ASSAY OF ACETAMINOPHEN | | | | Medicare | $46.37 | $28.75 | $27.82 | |
| 82009 | Q | TEST FOR ACETONE/KETONES | | | | Medicare | $10.35 | $6.42 | $6.21 | |
| 82010 | Q | ACETONE ASSAY | | | | Medicare | $18.72 | $11.61 | $11.23 | |
| 82013 | Q | ACETYLCHOLINESTERASE ASSAY | | | | Medicare | $25.60 | $15.87 | $15.36 | |
| 82016 | Q | ACYLCARNITINES QUAL | | | | Medicare | $31.77 | $19.70 | $19.06 | |
| 82017 | Q | ACYLCARNITINES QUANT | | | | Medicare | $38.63 | $23.95 | $23.18 | |
| 82024 | Q | ASSAY OF ACTH | | | | Medicare | $88.50 | $54.87 | $53.10 | |
| 82030 | Q | ASSAY OF ADP & AMP | | | | Medicare | $59.10 | $36.64 | $35.46 | |
| 82040 | Q | ASSAY OF SERUM ALBUMIN | | | | Medicare | $9.58 | $5.94 | $5.75 | |
| 82042 | Q | ASSAY OF URINE ALBUMIN | | | | Medicare | $6.83 | $4.23 | $4.10 | |
| 82043 | Q | MICROALBUMIN QUANTITATIVE | | | | Medicare | $13.25 | $8.22 | $7.95 | |
| 82044 | Q | MICROALBUMIN SEMIQUANT | | | | Medicare | $10.48 | $6.50 | $6.29 | |
| 82045 | Q | ALBUMIN ISCHEMIA MODIFIED | | | | Medicare | $77.77 | $48.22 | $46.66 | |
| 82055 | Q | ASSAY OF ETHANOL | | | | Medicare | $24.75 | $15.35 | $14.85 | |
| 82075 | Q | ASSAY OF BREATH ETHANOL | | | | Medicare | $27.62 | $17.12 | $16.57 | |
| 82085 | Q | ASSAY OF ALDOLASE | | | | Medicare | $22.23 | $13.78 | $13.34 | |
| 82088 | Q | ASSAY OF ALDOSTERONE | | | | Medicare | $93.37 | $57.89 | $56.02 | |
| 82101 | Q | ASSAY OF URINE ALKALOIDS | | | | Medicare | $68.77 | $42.64 | $41.26 | |
| 82103 | Q | ALPHA-1-ANTITRYPSIN TOTAL | | | | Medicare | $30.78 | $19.08 | $18.47 | |
| 82104 | Q | ALPHA-1-ANTITRYPSIN PHENO | | | | Medicare | $33.13 | $20.54 | $19.88 | |
| 82105 | Q | ALPHA-FETOPROTEIN SERUM | | | | Medicare | $38.43 | $23.83 | $23.06 | |
| 82106 | Q | ALPHA-FETOPROTEIN AMNIOTIC | | | | Medicare | $38.43 | $23.83 | $23.06 | |
| 82107 | Q | ALPHA-FETOPROTEIN L3 | | | | Medicare | $147.57 | $91.49 | $88.54 | |
| 82108 | Q | ASSAY OF ALUMINUM | | | | Medicare | $58.37 | $36.19 | $35.02 | |
| 82120 | Q | AMINES VAGINAL FLUID QUAL | | | | Medicare | $8.62 | $5.34 | $5.17 | |
| 82127 | Q | AMINO ACID SINGLE QUAL | | | | Medicare | $31.77 | $19.70 | $19.06 | |
| 82128 | Q | AMINO ACIDS MULT QUAL | | | | Medicare | $31.77 | $19.70 | $19.06 | |
| 82131 | Q | AMINO ACIDS SINGLE QUANT | | | | Medicare | $38.63 | $23.95 | $23.18 | |
| 82135 | Q | ASSAY AMINOLEVULINIC ACID | | | | Medicare | $37.70 | $23.37 | $22.62 | |
| 82136 | Q | AMINO ACIDS QUANT 2-5 | | | | Medicare | $38.63 | $23.95 | $23.18 | |
| 82139 | Q | AMINO ACIDS QUAN 6 OR MORE | | | | Medicare | $38.63 | $23.95 | $23.18 | |
| 82140 | Q | ASSAY OF AMMONIA | | | | Medicare | $30.10 | $18.66 | $18.06 | |
| 82143 | Q | AMNIOTIC FLUID SCAN | | | | Medicare | $15.73 | $9.75 | $9.44 | |
| 82145 | Q | ASSAY OF AMPHETAMINES | | | | Medicare | $35.60 | $22.07 | $21.36 | |
| 82150 | Q | ASSAY OF AMYLASE | | | | Medicare | $14.85 | $9.21 | $8.91 | |
| 82154 | Q | ANDROSTANEDIOL GLUCURONIDE | | | | Medicare | $66.05 | $40.95 | $39.63 | |
| 82157 | Q | ASSAY OF ANDROSTENEDIONE | | | | Medicare | $67.07 | $41.58 | $40.24 | |
| 82160 | Q | ASSAY OF ANDROSTERONE | | | | Medicare | $57.28 | $35.51 | $34.37 | |
| 82163 | Q | ASSAY OF ANGIOTENSIN II | | | | Medicare | $47.02 | $29.15 | $28.21 | |
| 82164 | Q | ANGIOTENSIN I ENZYME TEST | | | | Medicare | $33.45 | $20.74 | $20.07 | |
| 82172 | Q | ASSAY OF APOLIPOPROTEIN | | | | Medicare | $35.50 | $22.01 | $21.30 | |
| 82175 | Q | ASSAY OF ARSENIC | | | | Medicare | $43.47 | $26.95 | $26.08 | |
| 82180 | Q | ASSAY OF ASCORBIC ACID | | | | Medicare | $22.65 | $14.04 | $13.59 | |
| 82190 | Q | ATOMIC ABSORPTION | | | | Medicare | $34.15 | $21.17 | $20.49 | |
| 82205 | Q | ASSAY OF BARBITURATES | | | | Medicare | $26.23 | $16.26 | $15.74 | |
| 82232 | Q | ASSAY OF BETA-2 PROTEIN | | | | Medicare | $37.07 | $22.98 | $22.24 | |
| 82239 | Q | BILE ACIDS TOTAL | | | | Medicare | $39.25 | $24.34 | $23.55 | |
| 82240 | Q | BILE ACIDS CHOLYLGLYCINE | | | | Medicare | $60.88 | $37.75 | $36.53 | |
| 82247 | Q | BILIRUBIN TOTAL | | | | Medicare | $11.50 | $7.13 | $6.90 | |
| 82248 | Q | BILIRUBIN DIRECT | | | | Medicare | $11.50 | $7.13 | $6.90 | |
| 82252 | Q | FECAL BILIRUBIN TEST | | | | Medicare | $10.42 | $6.46 | $6.25 | |
| 82261 | Q | ASSAY OF BIOTINIDASE | | | | Medicare | $38.63 | $23.95 | $23.18 | |
| 82270 | Q | OCCULT BLOOD FECES | | | | Medicare | $7.47 | $4.63 | $4.48 | |
| 82271 | Q | OCCULT BLOOD OTHER SOURCES | | | | Medicare | $7.47 | $4.63 | $4.48 | |
| 82272 | Q | OCCULT BLD FECES 1-3 TESTS | | | | Medicare | $7.47 | $4.63 | $4.48 | |
| 82274 | Q | ASSAY TEST FOR BLOOD FECAL | | | | Medicare | $36.43 | $22.59 | $21.86 | |
| 82286 | Q | ASSAY OF BRADYKININ | | | | Medicare | $15.78 | $9.78 | $9.47 | |
| 82300 | Q | ASSAY OF CADMIUM | | | | Medicare | $53.02 | $32.87 | $31.81 | |
| 82306 | Q | VITAMIN D 25 HYDROXY | | | | Medicare | $67.83 | $42.05 | $40.70 | |
| 82308 | Q | ASSAY OF CALCITONIN | | | | Medicare | $61.37 | $38.05 | $36.82 | |
| 82310 | Q | ASSAY OF CALCIUM | | | | Medicare | $11.82 | $7.33 | $7.09 | |
| 82330 | Q | ASSAY OF CALCIUM | | | | Medicare | $31.32 | $19.42 | $18.79 | |
| 82331 | Q | CALCIUM INFUSION TEST | | | | Medicare | $11.85 | $7.35 | $7.11 | |
| 82340 | Q | ASSAY OF CALCIUM IN URINE | | | | Medicare | $13.82 | $8.57 | $8.29 | |

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|---|---|---|---|---|---|---|---|---|---|---|
| 82355 | Q | CALCULUS ANALYSIS QUAL | | | | Medicare | $26.52 | $16.44 | $15.91 | |
| 82360 | Q | CALCULUS ASSAY QUANT | | | | Medicare | $29.48 | $18.28 | $17.69 | |
| 82365 | Q | CALCULUS SPECTROSCOPY | | | | Medicare | $29.53 | $18.31 | $17.72 | |
| 82370 | Q | X-RAY ASSAY CALCULUS | | | | Medicare | $28.70 | $17.79 | $17.22 | |
| 82373 | Q | ASSAY C-D TRANSFER MEASURE | | | | Medicare | $41.37 | $25.65 | $24.82 | |
| 82374 | Q | ASSAY BLOOD CARBON DIOXIDE | | | | Medicare | $11.20 | $6.94 | $6.72 | |
| 82375 | Q | ASSAY CARBOXYHB QUANT | | | | Medicare | $20.03 | $12.42 | $12.02 | |
| 82376 | Q | ASSAY CARBOXYHB QUAL | | | | Medicare | $13.73 | $8.51 | $8.24 | |
| 82378 | Q | CARCINOEMBRYONIC ANTIGEN | | | | Medicare | $43.47 | $26.95 | $26.08 | |
| 82379 | Q | ASSAY OF CARNITINE | | | | Medicare | $38.63 | $23.95 | $23.18 | |
| 82380 | Q | ASSAY OF CAROTENE | | | | Medicare | $21.13 | $13.10 | $12.68 | |
| 82382 | Q | ASSAY URINE CATECHOLAMINES | | | | Medicare | $39.40 | $24.43 | $23.64 | |
| 82383 | Q | ASSAY BLOOD CATECHOLAMINES | | | | Medicare | $57.42 | $35.60 | $34.45 | |
| 82384 | Q | ASSAY THREE CATECHOLAMINES | | | | Medicare | $57.85 | $35.87 | $34.71 | |
| 82387 | Q | ASSAY OF CATHEPSIN-D | | | | Medicare | $9.02 | $5.59 | $5.41 | |
| 82390 | Q | ASSAY OF CERULOPLASMIN | | | | Medicare | $24.60 | $15.25 | $14.76 | |
| 82397 | Q | CHEMILUMINESCENT ASSAY | | | | Medicare | $30.02 | $18.61 | $18.01 | |
| 82415 | Q | ASSAY OF CHLORAMPHENICOL | | | | Medicare | $29.03 | $18.00 | $17.42 | |
| 82435 | Q | ASSAY OF BLOOD CHLORIDE | | | | Medicare | $10.53 | $6.53 | $6.32 | |
| 82436 | Q | ASSAY OF URINE CHLORIDE | | | | Medicare | $11.52 | $7.14 | $6.91 | |
| 82438 | Q | ASSAY OTHER FLUID CHLORIDES | | | | Medicare | $11.20 | $6.94 | $6.72 | |
| 82441 | Q | TEST FOR CHLOROHYDROCARBONS | | | | Medicare | $13.75 | $8.53 | $8.25 | |
| 82465 | Q | ASSAY BLD/SERUM CHOLESTEROL | | | | Medicare | $9.97 | $6.18 | $5.98 | |
| 82480 | Q | ASSAY SERUM CHOLINESTERASE | | | | Medicare | $18.05 | $11.19 | $10.83 | |
| 82482 | Q | ASSAY RBC CHOLINESTERASE | | | | Medicare | $17.60 | $10.91 | $10.56 | |
| 82485 | Q | ASSAY CHONDROITIN SULFATE | | | | Medicare | $47.32 | $29.34 | $28.39 | |
| 82486 | Q | GAS/LIQUID CHROMATOGRAPHY | | | | Medicare | $41.37 | $25.65 | $24.82 | |
| 82487 | Q | PAPER CHROMATOGRAPHY | | | | Medicare | $36.58 | $22.68 | $21.95 | |
| 82488 | Q | PAPER CHROMATOGRAPHY | | | | Medicare | $48.95 | $30.35 | $29.37 | |
| 82489 | Q | THIN LAYER CHROMATOGRAPHY | | | | Medicare | $42.38 | $26.28 | $25.43 | |
| 82491 | Q | CHROMOTOGRAPHY QUANT SING | | | | Medicare | $41.37 | $25.65 | $24.82 | |
| 82492 | Q | CHROMOTOGRAPHY QUANT MULT | | | | Medicare | $41.37 | $25.65 | $24.82 | |
| 82495 | Q | ASSAY OF CHROMIUM | | | | Medicare | $46.47 | $28.81 | $27.88 | |
| 82507 | Q | ASSAY OF CITRATE | | | | Medicare | $63.70 | $39.49 | $38.22 | |
| 82520 | Q | ASSAY OF COCAINE | | | | Medicare | $34.72 | $21.53 | $20.83 | |
| 82523 | Q | COLLAGEN CROSSLINKS | | | | Medicare | $35.08 | $21.75 | $21.05 | |
| 82525 | Q | ASSAY OF COPPER | | | | Medicare | $28.43 | $17.63 | $17.06 | |
| 82528 | Q | ASSAY OF CORTICOSTERONE | | | | Medicare | $51.58 | $31.98 | $30.95 | |
| 82530 | Q | CORTISOL FREE | | | | Medicare | $38.28 | $23.73 | $22.97 | |
| 82533 | Q | TOTAL CORTISOL | | | | Medicare | $37.35 | $23.16 | $22.41 | |
| 82540 | Q | ASSAY OF CREATINE | | | | Medicare | $10.62 | $6.58 | $6.37 | |
| 82541 | Q | COLUMN CHROMOTOGRAPHY QUAL | | | | Medicare | $41.37 | $25.65 | $24.82 | |
| 82542 | Q | COLUMN CHROMOTOGRAPHY QUANT | | | | Medicare | $41.37 | $25.65 | $24.82 | |
| 82543 | Q | COLUMN CHROMOTOGRAPH/ISOTOPE | | | | Medicare | $41.37 | $25.65 | $24.82 | |
| 82544 | Q | COLUMN CHROMOTOGRAPH/ISOTOPE | | | | Medicare | $41.37 | $25.65 | $24.82 | |
| 82550 | Q | ASSAY OF CK (CPK) | | | | Medicare | $14.92 | $9.25 | $8.95 | |
| 82552 | Q | ASSAY OF CPK IN BLOOD | | | | Medicare | $30.70 | $19.03 | $18.42 | |
| 82553 | Q | CREATINE MB FRACTION | | | | Medicare | $26.45 | $16.40 | $15.87 | |
| 82554 | Q | CREATINE ISOFORMS | | | | Medicare | $21.02 | $13.03 | $12.61 | |
| 82565 | Q | ASSAY OF CREATININE | | | | Medicare | $11.73 | $7.27 | $7.04 | |
| 82570 | Q | ASSAY OF URINE CREATININE | | | | Medicare | $11.85 | $7.35 | $7.11 | |
| 82575 | Q | CREATININE CLEARANCE TEST | | | | Medicare | $21.65 | $13.42 | $12.99 | |
| 82585 | Q | ASSAY OF CRYOFIBRINOGEN | | | | Medicare | $19.67 | $12.20 | $11.80 | |
| 82595 | Q | ASSAY OF CRYOGLOBULIN | | | | Medicare | $14.82 | $9.19 | $8.89 | |
| 82600 | Q | ASSAY OF CYANIDE | | | | Medicare | $44.43 | $27.55 | $26.66 | |
| 82607 | Q | VITAMIN B-12 | | | | Medicare | $34.53 | $21.41 | $20.72 | |
| 82608 | Q | B-12 BINDING CAPACITY | | | | Medicare | $32.80 | $20.34 | $19.68 | |
| 82610 | Q | CYSTATIN C | | | | Medicare | $31.15 | $19.31 | $18.69 | |
| 82615 | Q | TEST FOR URINE CYSTINES | | | | Medicare | $18.70 | $11.59 | $11.22 | |
| 82626 | Q | DEHYDROEPIANDROSTERONE | | | | Medicare | $57.90 | $35.90 | $34.74 | |
| 82627 | Q | DEHYDROEPIANDROSTERONE | | | | Medicare | $50.93 | $31.58 | $30.56 | |
| 82633 | Q | DESOXYCORTICOSTERONE | | | | Medicare | $70.97 | $44.00 | $42.58 | |
| 82634 | Q | DEOXYCORTISOL | | | | Medicare | $67.07 | $41.58 | $40.24 | |
| 82638 | Q | ASSAY OF DIBUCAINE NUMBER | | | | Medicare | $28.07 | $17.40 | $16.84 | |

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|---|---|---|---|---|---|---|---|---|---|---|
| 82646 | Q | ASSAY OF DIHYDROCODEINONE | | | | Medicare | $47.32 | $29.34 | $28.39 | |
| 82649 | Q | ASSAY OF DIHYDROMORPHINONE | | | | Medicare | $58.90 | $36.52 | $35.34 | |
| 82651 | Q | ASSAY OF DIHYDROTESTOSTERONE | | | | Medicare | $59.13 | $36.66 | $35.48 | |
| 82652 | Q | VIT D 1 25-DIHYDROXY | | | | Medicare | $88.20 | $54.68 | $52.92 | |
| 82654 | Q | ASSAY OF DIMETHADIONE | | | | Medicare | $31.72 | $19.67 | $19.03 | |
| 82656 | Q | PANCREATIC ELASTASE FECAL | | | | Medicare | $26.43 | $16.39 | $15.86 | |
| 82657 | Q | ENZYME CELL ACTIVITY | | | | Medicare | $41.37 | $25.65 | $24.82 | |
| 82658 | Q | ENZYME CELL ACTIVITY RA | | | | Medicare | $41.37 | $25.65 | $24.82 | |
| 82664 | Q | ELECTROPHORETIC TEST | | | | Medicare | $78.72 | $48.81 | $47.23 | |
| 82666 | Q | ASSAY OF EPIANDROSTERONE | | | | Medicare | $49.22 | $30.52 | $29.53 | |
| 82668 | Q | ASSAY OF ERYTHROPOIETIN | | | | Medicare | $43.07 | $26.70 | $25.84 | |
| 82670 | Q | ASSAY OF ESTRADIOL | | | | Medicare | $64.02 | $39.69 | $38.41 | |
| 82671 | Q | ASSAY OF ESTROGENS | | | | Medicare | $74.00 | $45.88 | $44.40 | |
| 82672 | Q | ASSAY OF ESTROGEN | | | | Medicare | $49.70 | $30.81 | $29.82 | |
| 82677 | Q | ASSAY OF ESTRIOL | | | | Medicare | $55.42 | $34.36 | $33.25 | |
| 82679 | Q | ASSAY OF ESTRONE | | | | Medicare | $57.18 | $35.45 | $34.31 | |
| 82690 | Q | ASSAY OF ETHCHLORVYNOL | | | | Medicare | $39.58 | $24.54 | $23.75 | |
| 82693 | Q | ASSAY OF ETHYLENE GLYCOL | | | | Medicare | $34.13 | $21.16 | $20.48 | |
| 82696 | Q | ASSAY OF ETIOCHOLANOLONE | | | | Medicare | $54.03 | $33.50 | $32.42 | |
| 82705 | Q | FATS/LIPIDS FECES QUAL | | | | Medicare | $11.65 | $7.22 | $6.99 | |
| 82710 | Q | FATS/LIPIDS FECES QUANT | | | | Medicare | $38.50 | $23.87 | $23.10 | |
| 82715 | Q | ASSAY OF FECAL FAT | | | | Medicare | $39.43 | $24.45 | $23.66 | |
| 82725 | Q | ASSAY OF BLOOD FATTY ACIDS | | | | Medicare | $30.50 | $18.91 | $18.30 | |
| 82726 | Q | LONG CHAIN FATTY ACIDS | | | | Medicare | $41.37 | $25.65 | $24.82 | |
| 82728 | Q | ASSAY OF FERRITIN | | | | Medicare | $31.22 | $19.36 | $18.73 | |
| 82731 | Q | ASSAY OF FETAL FIBRONECTIN | | | | Medicare | $147.57 | $91.49 | $88.54 | |
| 82735 | Q | ASSAY OF FLUORIDE | | | | Medicare | $42.48 | $26.34 | $25.49 | |
| 82742 | Q | ASSAY OF FLURAZEPAM | | | | Medicare | $45.35 | $28.12 | $27.21 | |
| 82746 | Q | ASSAY OF FOLIC ACID SERUM | | | | Medicare | $33.68 | $20.88 | $20.21 | |
| 82747 | Q | ASSAY OF FOLIC ACID RBC | | | | Medicare | $39.68 | $24.60 | $23.81 | |
| 82757 | Q | ASSAY OF SEMEN FRUCTOSE | | | | Medicare | $39.73 | $24.63 | $23.84 | |
| 82759 | Q | ASSAY OF RBC GALACTOKINASE | | | | Medicare | $49.22 | $30.52 | $29.53 | |
| 82760 | Q | ASSAY OF GALACTOSE | | | | Medicare | $25.65 | $15.90 | $15.39 | |
| 82775 | Q | ASSAY GALACTOSE TRANSFERASE | | | | Medicare | $48.27 | $29.93 | $28.96 | |
| 82776 | Q | GALACTOSE TRANSFERASE TEST | | | | Medicare | $19.22 | $11.92 | $11.53 | |
| 82777 | Q | GALECTIN 3 | | | | Medicare | $29.67 | $18.40 | $17.80 | |
| 82784 | Q | ASSAY IGA/IGD/IGG/IGM EACH | | | | Medicare | $20.85 | $12.93 | $12.51 | |
| 82785 | Q | ASSAY OF IGE | | | | Medicare | $37.73 | $23.39 | $22.64 | |
| 82787 | Q | IGG 1 2 3 OR 4 EACH | | | | Medicare | $18.38 | $11.40 | $11.03 | |
| 82800 | Q | BLOOD PH | | | | Medicare | $19.38 | $12.02 | $11.63 | |
| 82803 | Q | BLOOD GASES ANY COMBINATION | | | | Medicare | $44.33 | $27.48 | $26.60 | |
| 82805 | Q | BLOOD GASES W/O2 SATURATION | | | | Medicare | $65.02 | $40.31 | $39.01 | |
| 82810 | Q | BLOOD GASES O2 SAT ONLY | | | | Medicare | $20.00 | $12.40 | $12.00 | |
| 82820 | Q | HEMOGLOBIN-OXYGEN AFFINITY | | | | Medicare | $22.88 | $14.19 | $13.73 | |
| 82930 | Q | GASTRIC ANALY W/PH EA SPEC | | | | Medicare | $12.50 | $7.75 | $7.50 | |
| 82938 | Q | GASTRIN TEST | | | | Medicare | $40.53 | $25.13 | $24.32 | |
| 82941 | Q | ASSAY OF GASTRIN | | | | Medicare | $40.40 | $25.05 | $24.24 | |
| 82943 | Q | ASSAY OF GLUCAGON | | | | Medicare | $32.73 | $20.29 | $19.64 | |
| 82945 | Q | GLUCOSE OTHER FLUID | | | | Medicare | $8.98 | $5.57 | $5.39 | |
| 82946 | Q | GLUCAGON TOLERANCE TEST | | | | Medicare | $31.35 | $19.44 | $18.81 | |
| 82947 | Q | ASSAY GLUCOSE BLOOD QUANT | | | | Medicare | $8.98 | $5.57 | $5.39 | |
| 82948 | Q | REAGENT STRIP/BLOOD GLUCOSE | | | | Medicare | $7.25 | $4.50 | $4.35 | |
| 82950 | Q | GLUCOSE TEST | | | | Medicare | $10.88 | $6.75 | $6.53 | |
| 82951 | Q | GLUCOSE TOLERANCE TEST (GTT) | | | | Medicare | $29.48 | $18.28 | $17.69 | |
| 82952 | Q | GTT-ADDED SAMPLES | | | | Medicare | $8.98 | $5.57 | $5.39 | |
| 82953 | Q | GLUCOSE-TOLBUTAMIDE TEST | | | | Medicare | $34.70 | $21.51 | $20.82 | |
| 82955 | Q | ASSAY OF G6PD ENZYME | | | | Medicare | $22.22 | $13.78 | $13.33 | |
| 82960 | Q | TEST FOR G6PD ENZYME | | | | Medicare | $13.87 | $8.60 | $8.32 | |
| 82962 | Q | GLUCOSE BLOOD TEST | | | | Medicare | $5.37 | $3.33 | $3.22 | |
| 82963 | Q | ASSAY OF GLUCOSIDASE | | | | Medicare | $49.22 | $30.52 | $29.53 | |
| 82965 | Q | ASSAY OF GDH ENZYME | | | | Medicare | $17.72 | $10.99 | $10.63 | |
| 82975 | Q | ASSAY OF GLUTAMINE | | | | Medicare | $36.30 | $22.51 | $21.78 | |
| 82977 | Q | ASSAY OF GGT | | | | Medicare | $16.50 | $10.23 | $9.90 | |
| 82978 | Q | ASSAY OF GLUTATHIONE | | | | Medicare | $32.67 | $20.26 | $19.60 | |

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|---|---|---|---|---|---|---|---|---|---|---|
| 82979 | Q | ASSAY RBC GLUTATHIONE | | | | Medicare | $15.78 | $9.78 | $9.47 | |
| 82980 | Q | ASSAY OF GLUTETHIMIDE | | | | Medicare | $41.98 | $26.03 | $25.19 | |
| 82985 | Q | ASSAY OF GLYCATED PROTEIN | | | | Medicare | $26.67 | $16.54 | $16.00 | |
| 83001 | Q | ASSAY OF GONADOTROPIN (FSH) | | | | Medicare | $42.57 | $26.39 | $25.54 | |
| 83002 | Q | ASSAY OF GONADOTROPIN (LH) | | | | Medicare | $42.43 | $26.31 | $25.46 | |
| 83003 | Q | ASSAY GROWTH HORMONE (HGH) | | | | Medicare | $38.22 | $23.70 | $22.93 | |
| 83008 | Q | ASSAY OF GUANOSINE | | | | Medicare | $38.45 | $23.84 | $23.07 | |
| 83009 | Q | H PYLORI (C-13) BLOOD | | | | Medicare | $154.32 | $95.68 | $92.59 | |
| 83010 | Q | ASSAY OF HAPTOGLOBIN QUANT | | | | Medicare | $28.82 | $17.87 | $17.29 | |
| 83012 | Q | ASSAY OF HAPTOGLOBINS | | | | Medicare | $39.40 | $24.43 | $23.64 | |
| 83013 | Q | H PYLORI (C-13) BREATH | | | | Medicare | $154.32 | $95.68 | $92.59 | |
| 83014 | Q | H PYLORI DRUG ADMIN | | | | Medicare | $18.02 | $11.17 | $10.81 | |
| 83015 | Q | HEAVY METAL SCREEN | | | | Medicare | $43.15 | $26.75 | $25.89 | |
| 83018 | Q | QUANTITATIVE SCREEN METALS | | | | Medicare | $50.32 | $31.20 | $30.19 | |
| 83020 | Q | HEMOGLOBIN ELECTROPHORESIS | | | | Medicare | $29.48 | $18.28 | $17.69 | |
| 83021 | Q | HEMOGLOBIN CHROMOTOGRAPHY | | | | Medicare | $41.37 | $25.65 | $24.82 | |
| 83026 | Q | HEMOGLOBIN COPPER SULFATE | | | | Medicare | $5.42 | $3.36 | $3.25 | |
| 83030 | Q | FETAL HEMOGLOBIN CHEMICAL | | | | Medicare | $18.95 | $11.75 | $11.37 | |
| 83033 | Q | FETAL HEMOGLOBIN ASSAY QUAL | | | | Medicare | $13.65 | $8.46 | $8.19 | |
| 83036 | Q | GLYCOSYLATED HEMOGLOBIN TEST | | | | Medicare | $22.23 | $13.78 | $13.34 | |
| 83037 | E | GLYCOSYLATED HB HOME DEVICE | | | | Not Allowed | $0.00 | | | |
| 83045 | Q | BLOOD METHEMOGLOBIN TEST | | | | Medicare | $11.35 | $7.04 | $6.81 | |
| 83050 | Q | BLOOD METHEMOGLOBIN ASSAY | | | | Medicare | $16.78 | $10.40 | $10.07 | |
| 83051 | Q | ASSAY OF PLASMA HEMOGLOBIN | | | | Medicare | $16.75 | $10.39 | $10.05 | |
| 83055 | Q | BLOOD SULFHEMOGLOBIN TEST | | | | Medicare | $11.27 | $6.99 | $6.76 | |
| 83060 | Q | BLOOD SULFHEMOGLOBIN ASSAY | | | | Medicare | $18.95 | $11.75 | $11.37 | |
| 83065 | Q | ASSAY OF HEMOGLOBIN HEAT | | | | Medicare | $15.78 | $9.78 | $9.47 | |
| 83068 | Q | HEMOGLOBIN STABILITY SCREEN | | | | Medicare | $19.38 | $12.02 | $11.63 | |
| 83069 | Q | ASSAY OF URINE HEMOGLOBIN | | | | Medicare | $9.05 | $5.61 | $5.43 | |
| 83070 | Q | ASSAY OF HEMOSIDERIN QUAL | | | | Medicare | $10.88 | $6.75 | $6.53 | |
| 83071 | Q | ASSAY OF HEMOSIDERIN QUANT | | | | Medicare | $15.73 | $9.75 | $9.44 | |
| 83080 | Q | ASSAY OF B HEXOSAMINIDASE | | | | Medicare | $38.63 | $23.95 | $23.18 | |
| 83088 | Q | ASSAY OF HISTAMINE | | | | Medicare | $67.67 | $41.96 | $40.60 | |
| 83090 | Q | ASSAY OF HOMOCYSTINE | | | | Medicare | $38.65 | $23.96 | $23.19 | |
| 83150 | Q | ASSAY OF HOMOVANILLIC ACID | | | | Medicare | $44.33 | $27.48 | $26.60 | |
| 83491 | Q | ASSAY OF CORTICOSTEROIDS 17 | | | | Medicare | $40.13 | $24.88 | $24.08 | |
| 83497 | Q | ASSAY OF 5-HIAA | | | | Medicare | $29.53 | $18.31 | $17.72 | |
| 83498 | Q | ASSAY OF PROGESTERONE 17-D | | | | Medicare | $62.25 | $38.60 | $37.35 | |
| 83499 | Q | ASSAY OF PROGESTERONE 20- | | | | Medicare | $57.75 | $35.81 | $34.65 | |
| 83500 | Q | ASSAY FREE HYDROXYPROLINE | | | | Medicare | $51.88 | $32.17 | $31.13 | |
| 83505 | Q | ASSAY TOTAL HYDROXYPROLINE | | | | Medicare | $55.70 | $34.53 | $33.42 | |
| 83516 | Q | IMMUNOASSAY NONANTIBODY | | | | Medicare | $26.43 | $16.39 | $15.86 | |
| 83518 | Q | IMMUNOASSAY DIPSTICK | | | | Medicare | $19.42 | $12.04 | $11.65 | |
| 83519 | Q | RIA NONANTIBODY | | | | Medicare | $30.95 | $19.19 | $18.57 | |
| 83520 | Q | IMMUNOASSAY QUANT NOS NONAB | | | | Medicare | $29.67 | $18.40 | $17.80 | |
| 83525 | Q | ASSAY OF INSULIN | | | | Medicare | $26.18 | $16.23 | $15.71 | |
| 83527 | Q | ASSAY OF INSULIN | | | | Medicare | $29.67 | $18.40 | $17.80 | |
| 83528 | Q | ASSAY OF INTRINSIC FACTOR | | | | Medicare | $36.43 | $22.59 | $21.86 | |
| 83540 | Q | ASSAY OF IRON | | | | Medicare | $9.93 | $6.16 | $5.96 | |
| 83550 | Q | IRON BINDING TEST | | | | Medicare | $12.42 | $7.70 | $7.45 | |
| 83570 | Q | ASSAY OF IDH ENZYME | | | | Medicare | $20.27 | $12.57 | $12.16 | |
| 83582 | Q | ASSAY OF KETOGENIC STEROIDS | | | | Medicare | $32.47 | $20.13 | $19.48 | |
| 83586 | Q | ASSAY 17- KETOSTEROIDS | | | | Medicare | $29.33 | $18.18 | $17.60 | |
| 83593 | Q | FRACTIONATION KETOSTEROIDS | | | | Medicare | $60.25 | $37.36 | $36.15 | |
| 83605 | Q | ASSAY OF LACTIC ACID | | | | Medicare | $24.47 | $15.17 | $14.68 | |
| 83615 | Q | LACTATE (LD) (LDH) ENZYME | | | | Medicare | $13.83 | $8.57 | $8.30 | |
| 83625 | Q | ASSAY OF LDH ENZYMES | | | | Medicare | $29.33 | $18.18 | $17.60 | |
| 83630 | Q | LACTOFERRIN FECAL (QUAL) | | | | Medicare | $44.97 | $27.88 | $26.98 | |
| 83631 | Q | LACTOFERRIN FECAL (QUANT) | | | | Medicare | $44.97 | $27.88 | $26.98 | |
| 83632 | Q | PLACENTAL LACTOGEN | | | | Medicare | $46.32 | $28.72 | $27.79 | |
| 83633 | Q | TEST URINE FOR LACTOSE | | | | Medicare | $12.60 | $7.81 | $7.56 | |
| 83634 | Q | ASSAY OF URINE FOR LACTOSE | | | | Medicare | $26.40 | $16.37 | $15.84 | |
| 83655 | Q | ASSAY OF LEAD | | | | Medicare | $27.73 | $17.19 | $16.64 | |
| 83661 | Q | L/S RATIO FETAL LUNG | | | | Medicare | $50.37 | $31.23 | $30.22 | |

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|---|---|---|---|---|---|---|---|---|---|---|
| 83662 | Q | FOAM STABILITY FETAL LUNG | | | | Medicare | $15.50 | $9.61 | $9.30 | |
| 83663 | Q | FLUORO POLARIZE FETAL LUNG | | | | Medicare | $15.50 | $9.61 | $9.30 | |
| 83664 | Q | LAMELLAR BDY FETAL LUNG | | | | Medicare | $15.50 | $9.61 | $9.30 | |
| 83670 | Q | ASSAY OF LAP ENZYME | | | | Medicare | $20.98 | $13.01 | $12.59 | |
| 83690 | Q | ASSAY OF LIPASE | | | | Medicare | $15.33 | $9.50 | $9.20 | |
| 83695 | Q | ASSAY OF LIPOPROTEIN(A) | | | | Medicare | $29.67 | $18.40 | $17.80 | |
| 83698 | Q | ASSAY LIPOPROTEIN PLA2 | | | | Medicare | $77.77 | $48.22 | $46.66 | |
| 83700 | Q | LIPOPRO BLD ELECTROPHORETIC | | | | Medicare | $25.78 | $15.98 | $15.47 | |
| 83701 | Q | LIPOPROTEIN BLD HR FRACTION | | | | Medicare | $56.87 | $35.26 | $34.12 | |
| 83704 | Q | LIPOPROTEIN BLD BY NMR | | | | Medicare | $72.27 | $44.81 | $43.36 | |
| 83718 | Q | ASSAY OF LIPOPROTEIN | | | | Medicare | $18.77 | $11.64 | $11.26 | |
| 83719 | Q | ASSAY OF BLOOD LIPOPROTEIN | | | | Medicare | $26.65 | $16.52 | $15.99 | |
| 83721 | Q | ASSAY OF BLOOD LIPOPROTEIN | | | | Medicare | $21.85 | $13.55 | $13.11 | |
| 83727 | Q | ASSAY OF LRH HORMONE | | | | Medicare | $39.40 | $24.43 | $23.64 | |
| 83735 | Q | ASSAY OF MAGNESIUM | | | | Medicare | $15.35 | $9.52 | $9.21 | |
| 83775 | Q | ASSAY MALATE DEHYDROGENASE | | | | Medicare | $16.88 | $10.47 | $10.13 | |
| 83785 | Q | ASSAY OF MANGANESE | | | | Medicare | $56.33 | $34.92 | $33.80 | |
| 83788 | Q | MASS SPECTROMETRY QUAL | | | | Medicare | $41.37 | $25.65 | $24.82 | |
| 83789 | Q | MASS SPECTROMETRY QUANT | | | | Medicare | $41.37 | $25.65 | $24.82 | |
| 83805 | Q | ASSAY OF MEPROBAMATE | | | | Medicare | $40.38 | $25.04 | $24.23 | |
| 83825 | Q | ASSAY OF MERCURY | | | | Medicare | $37.25 | $23.10 | $22.35 | |
| 83835 | Q | ASSAY OF METANEPHRINES | | | | Medicare | $38.82 | $24.07 | $23.29 | |
| 83840 | Q | ASSAY OF METHADONE | | | | Medicare | $37.42 | $23.20 | $22.45 | |
| 83857 | Q | ASSAY OF METHEMALBUMIN | | | | Medicare | $24.60 | $15.25 | $14.76 | |
| 83858 | Q | ASSAY OF METHSUXIMIDE | | | | Medicare | $33.93 | $21.04 | $20.36 | |
| 83861 | Q | MICROFLUID ANALY TEARS | | | | Medicare | $37.85 | $23.47 | $22.71 | |
| 83864 | Q | MUCOPOLYSACCHARIDES | | | | Medicare | $45.62 | $28.28 | $27.37 | |
| 83866 | Q | MUCOPOLYSACCHARIDES SCREEN | | | | Medicare | $22.57 | $13.99 | $13.54 | |
| 83872 | Q | ASSAY SYNOVIAL FLUID MUCIN | | | | Medicare | $13.43 | $8.33 | $8.06 | |
| 83873 | Q | ASSAY OF CSF PROTEIN | | | | Medicare | $39.42 | $24.44 | $23.65 | |
| 83874 | Q | ASSAY OF MYOGLOBIN | | | | Medicare | $29.58 | $18.34 | $17.75 | |
| 83876 | Q | ASSAY MYELOPEROXIDASE | | | | Medicare | $77.77 | $48.22 | $46.66 | |
| 83880 | Q | ASSAY OF NATRIURETIC PEPTIDE | | | | Medicare | $77.77 | $48.22 | $46.66 | |
| 83883 | Q | ASSAY NEPHELOMETRY NOT SPEC | | | | Medicare | $31.15 | $19.31 | $18.69 | |
| 83885 | Q | ASSAY OF NICKEL | | | | Medicare | $56.13 | $34.80 | $33.68 | |
| 83887 | Q | ASSAY OF NICOTINE | | | | Medicare | $54.25 | $33.64 | $32.55 | |
| 83915 | Q | ASSAY OF NUCLEOTIDASE | | | | Medicare | $25.55 | $15.84 | $15.33 | |
| 83916 | Q | OLIGOCLONAL BANDS | | | | Medicare | $46.07 | $28.56 | $27.64 | |
| 83918 | Q | ORGANIC ACIDS TOTAL QUANT | | | | Medicare | $37.70 | $23.37 | $22.62 | |
| 83919 | Q | ORGANIC ACIDS QUAL EACH | | | | Medicare | $37.70 | $23.37 | $22.62 | |
| 83921 | Q | ORGANIC ACID SINGLE QUANT | | | | Medicare | $37.70 | $23.37 | $22.62 | |
| 83925 | Q | ASSAY OF OPIATES | | | | Medicare | $44.57 | $27.63 | $26.74 | |
| 83930 | Q | ASSAY OF BLOOD OSMOLALITY | | | | Medicare | $15.15 | $9.39 | $9.09 | |
| 83935 | Q | ASSAY OF URINE OSMOLALITY | | | | Medicare | $15.62 | $9.68 | $9.37 | |
| 83937 | Q | ASSAY OF OSTEOCALCIN | | | | Medicare | $68.38 | $42.40 | $41.03 | |
| 83945 | Q | ASSAY OF OXALATE | | | | Medicare | $29.48 | $18.28 | $17.69 | |
| 83950 | Q | ONCOPROTEIN HER-2/NEU | | | | Medicare | $147.57 | $91.49 | $88.54 | |
| 83951 | Q | ONCOPROTEIN DCP | | | | Medicare | $147.57 | $91.49 | $88.54 | |
| 83970 | Q | ASSAY OF PARATHORMONE | | | | Medicare | $94.57 | $58.63 | $56.74 | |
| 83986 | Q | ASSAY PH BODY FLUID NOS | | | | Medicare | $8.20 | $5.08 | $4.92 | |
| 83987 | Q | EXHALED BREATH CONDENSATE | | | | Medicare | $36.38 | $22.56 | $21.83 | |
| 83992 | Q | ASSAY FOR PHENCYCLIDINE | | | | Medicare | $33.67 | $20.88 | $20.20 | |
| 83993 | Q | ASSAY FOR CALPROTECTIN FECAL | | | | Medicare | $44.97 | $27.88 | $26.98 | |
| 84022 | Q | ASSAY OF PHENOTHIAZINE | | | | Medicare | $35.68 | $22.12 | $21.41 | |
| 84030 | Q | ASSAY OF BLOOD PKU | | | | Medicare | $12.60 | $7.81 | $7.56 | |
| 84035 | Q | ASSAY OF PHENYLKETONES | | | | Medicare | $8.38 | $5.20 | $5.03 | |
| 84060 | Q | ASSAY ACID PHOSPHATASE | | | | Medicare | $16.92 | $10.49 | $10.15 | |
| 84061 | Q | PHOSPHATASE FORENSIC EXAM | | | | Medicare | $18.12 | $11.23 | $10.87 | |
| 84066 | Q | ASSAY PROSTATE PHOSPHATASE | | | | Medicare | $22.13 | $13.72 | $13.28 | |
| 84075 | Q | ASSAY ALKALINE PHOSPHATASE | | | | Medicare | $11.85 | $7.35 | $7.11 | |
| 84078 | Q | ASSAY ALKALINE PHOSPHATASE | | | | Medicare | $16.72 | $10.37 | $10.03 | |
| 84080 | Q | ASSAY ALKALINE PHOSPHATASES | | | | Medicare | $33.88 | $21.01 | $20.33 | |
| 84081 | Q | ASSAY PHOSPHATIDYLGLYCEROL | | | | Medicare | $37.85 | $23.47 | $22.71 | |
| 84085 | Q | ASSAY OF RBC PG6D ENZYME | | | | Medicare | $15.43 | $9.57 | $9.26 | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 84087 | Q | ASSAY PHOSPHOHEXOSE ENZYMES | | | | Medicare | $23.65 | $14.66 | $14.19 | |
| 84100 | Q | ASSAY OF PHOSPHORUS | | | | Medicare | $10.87 | $6.74 | $6.52 | |
| 84105 | Q | ASSAY OF URINE PHOSPHORUS | | | | Medicare | $11.85 | $7.35 | $7.11 | |
| 84106 | Q | TEST FOR PORPHOBILINOGEN | | | | Medicare | $9.80 | $6.08 | $5.88 | |
| 84110 | Q | ASSAY OF PORPHOBILINOGEN | | | | Medicare | $19.33 | $11.98 | $11.60 | |
| 84112 | Q | PLACENTA ALPHA MICRO IG C/V | | | | Medicare | $147.57 | $91.49 | $88.54 | |
| 84119 | Q | TEST URINE FOR PORPHYRINS | | | | Medicare | $19.73 | $12.23 | $11.84 | |
| 84120 | Q | ASSAY OF URINE PORPHYRINS | | | | Medicare | $33.70 | $20.89 | $20.22 | |
| 84126 | Q | ASSAY OF FECES PORPHYRINS | | | | Medicare | $58.35 | $36.18 | $35.01 | |
| 84127 | Q | ASSAY OF FECES PORPHYRINS | | | | Medicare | $26.70 | $16.55 | $16.02 | |
| 84132 | Q | ASSAY OF SERUM POTASSIUM | | | | Medicare | $10.53 | $6.53 | $6.32 | |
| 84133 | Q | ASSAY OF URINE POTASSIUM | | | | Medicare | $9.85 | $6.11 | $5.91 | |
| 84134 | Q | ASSAY OF PREALBUMIN | | | | Medicare | $33.42 | $20.72 | $20.05 | |
| 84135 | Q | ASSAY OF PREGNANEDIOL | | | | Medicare | $43.83 | $27.17 | $26.30 | |
| 84138 | Q | ASSAY OF PREGNANETRIOL | | | | Medicare | $43.38 | $26.90 | $26.03 | |
| 84140 | Q | ASSAY OF PREGNENOLONE | | | | Medicare | $47.37 | $29.37 | $28.42 | |
| 84143 | Q | ASSAY OF 17-HYDROXYPREGNENO | | | | Medicare | $35.25 | $21.86 | $21.15 | |
| 84144 | Q | ASSAY OF PROGESTERONE | | | | Medicare | $47.80 | $29.64 | $28.68 | |
| 84145 | Q | PROCALCITONIN (PCT) | | | | Medicare | $61.37 | $38.05 | $36.82 | |
| 84146 | Q | ASSAY OF PROLACTIN | | | | Medicare | $44.40 | $27.53 | $26.64 | |
| 84150 | Q | ASSAY OF PROSTAGLANDIN | | | | Medicare | $57.18 | $35.45 | $34.31 | |
| 84152 | Q | ASSAY OF PSA COMPLEXED | | | | Medicare | $42.15 | $26.13 | $25.29 | |
| 84153 | Q | ASSAY OF PSA TOTAL | | | | Medicare | $42.15 | $26.13 | $25.29 | |
| 84154 | Q | ASSAY OF PSA FREE | | | | Medicare | $42.15 | $26.13 | $25.29 | |
| 84155 | Q | ASSAY OF PROTEIN SERUM | | | | Medicare | $8.40 | $5.21 | $5.04 | |
| 84156 | Q | ASSAY OF PROTEIN URINE | | | | Medicare | $8.40 | $5.21 | $5.04 | |
| 84157 | Q | ASSAY OF PROTEIN OTHER | | | | Medicare | $8.40 | $5.21 | $5.04 | |
| 84160 | Q | ASSAY OF PROTEIN ANY SOURCE | | | | Medicare | $11.85 | $7.35 | $7.11 | |
| 84163 | Q | PAPPA SERUM | | | | Medicare | $34.50 | $21.39 | $20.70 | |
| 84165 | Q | PROTEIN E-PHORESIS SERUM | | | | Medicare | $24.60 | $15.25 | $14.76 | |
| 84166 | Q | PROTEIN E-PHORESIS/URINE/CSF | | | | Medicare | $40.87 | $25.34 | $24.52 | |
| 84181 | Q | WESTERN BLOT TEST | | | | Medicare | $39.02 | $24.19 | $23.41 | |
| 84182 | Q | PROTEIN WESTERN BLOT TEST | | | | Medicare | $41.23 | $25.56 | $24.74 | |
| 84202 | Q | ASSAY RBC PROTOPORPHYRIN | | | | Medicare | $32.87 | $20.38 | $19.72 | |
| 84203 | Q | TEST RBC PROTOPORPHYRIN | | | | Medicare | $19.72 | $12.23 | $11.83 | |
| 84206 | Q | ASSAY OF PROINSULIN | | | | Medicare | $40.82 | $25.31 | $24.49 | |
| 84207 | Q | ASSAY OF VITAMIN B-6 | | | | Medicare | $64.37 | $39.91 | $38.62 | |
| 84210 | Q | ASSAY OF PYRUVATE | | | | Medicare | $24.87 | $15.42 | $14.92 | |
| 84220 | Q | ASSAY OF PYRUVATE KINASE | | | | Medicare | $21.62 | $13.40 | $12.97 | |
| 84228 | Q | ASSAY OF QUININE | | | | Medicare | $26.65 | $16.52 | $15.99 | |
| 84233 | Q | ASSAY OF ESTROGEN | | | | Medicare | $147.57 | $91.49 | $88.54 | |
| 84234 | Q | ASSAY OF PROGESTERONE | | | | Medicare | $148.63 | $92.15 | $89.18 | |
| 84235 | Q | ASSAY OF ENDOCRINE HORMONE | | | | Medicare | $119.90 | $74.34 | $71.94 | |
| 84238 | Q | ASSAY NONENDOCRINE RECEPTOR | | | | Medicare | $83.78 | $51.94 | $50.27 | |
| 84244 | Q | ASSAY OF RENIN | | | | Medicare | $50.40 | $31.25 | $30.24 | |
| 84252 | Q | ASSAY OF VITAMIN B-2 | | | | Medicare | $46.37 | $28.75 | $27.82 | |
| 84255 | Q | ASSAY OF SELENIUM | | | | Medicare | $58.50 | $36.27 | $35.10 | |
| 84260 | Q | ASSAY OF SEROTONIN | | | | Medicare | $70.97 | $44.00 | $42.58 | |
| 84270 | Q | ASSAY OF SEX HORMONE GLOBUL | | | | Medicare | $49.78 | $30.86 | $29.87 | |
| 84275 | Q | ASSAY OF SIALIC ACID | | | | Medicare | $30.78 | $19.08 | $18.47 | |
| 84285 | Q | ASSAY OF SILICA | | | | Medicare | $53.95 | $33.45 | $32.37 | |
| 84295 | Q | ASSAY OF SERUM SODIUM | | | | Medicare | $11.03 | $6.84 | $6.62 | |
| 84300 | Q | ASSAY OF URINE SODIUM | | | | Medicare | $11.15 | $6.91 | $6.69 | |
| 84302 | Q | ASSAY OF SWEAT SODIUM | | | | Medicare | $11.15 | $6.91 | $6.69 | |
| 84305 | Q | ASSAY OF SOMATOMEDIN | | | | Medicare | $48.70 | $30.19 | $29.22 | |
| 84307 | Q | ASSAY OF SOMATOSTATIN | | | | Medicare | $41.88 | $25.97 | $25.13 | |
| 84311 | Q | SPECTROPHOTOMETRY | | | | Medicare | $16.02 | $9.93 | $9.61 | |
| 84315 | Q | BODY FLUID SPECIFIC GRAVITY | | | | Medicare | $5.75 | $3.57 | $3.45 | |
| 84375 | Q | CHROMATOGRAM ASSAY SUGARS | | | | Medicare | $44.92 | $27.85 | $26.95 | |
| 84376 | Q | SUGARS SINGLE QUAL | | | | Medicare | $12.60 | $7.81 | $7.56 | |
| 84377 | Q | SUGARS MULTIPLE QUAL | | | | Medicare | $12.60 | $7.81 | $7.56 | |
| 84378 | Q | SUGARS SINGLE QUANT | | | | Medicare | $26.40 | $16.37 | $15.84 | |
| 84379 | Q | SUGARS MULTIPLE QUANT | | | | Medicare | $26.40 | $16.37 | $15.84 | |
| 84392 | Q | ASSAY OF URINE SULFATE | | | | Medicare | $10.88 | $6.75 | $6.53 | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 84402 | Q | ASSAY OF FREE TESTOSTERONE | | | | Medicare | $58.33 | $36.16 | $35.00 | |
| 84403 | Q | ASSAY OF TOTAL TESTOSTERONE | | | | Medicare | $59.15 | $36.67 | $35.49 | |
| 84425 | Q | ASSAY OF VITAMIN B-1 | | | | Medicare | $48.65 | $30.16 | $29.19 | |
| 84430 | Q | ASSAY OF THIOCYANATE | | | | Medicare | $26.65 | $16.52 | $15.99 | |
| 84431 | Q | THROMBOXANE URINE | | | | Medicare | $38.50 | $23.87 | $23.10 | |
| 84432 | Q | ASSAY OF THYROGLOBULIN | | | | Medicare | $36.80 | $22.82 | $22.08 | |
| 84436 | Q | ASSAY OF TOTAL THYROXINE | | | | Medicare | $15.73 | $9.75 | $9.44 | |
| 84437 | Q | ASSAY OF NEONATAL THYROXINE | | | | Medicare | $14.82 | $9.19 | $8.89 | |
| 84439 | Q | ASSAY OF FREE THYROXINE | | | | Medicare | $20.67 | $12.82 | $12.40 | |
| 84442 | Q | ASSAY OF THYROID ACTIVITY | | | | Medicare | $33.88 | $21.01 | $20.33 | |
| 84443 | Q | ASSAY THYROID STIM HORMONE | | | | Medicare | $38.50 | $23.87 | $23.10 | |
| 84445 | Q | ASSAY OF TSI GLOBULIN | | | | Medicare | $116.50 | $72.23 | $69.90 | |
| 84446 | Q | ASSAY OF VITAMIN E | | | | Medicare | $32.48 | $20.14 | $19.49 | |
| 84449 | Q | ASSAY OF TRANSCORTIN | | | | Medicare | $41.23 | $25.56 | $24.74 | |
| 84450 | Q | TRANSFERASE (AST) (SGOT) | | | | Medicare | $11.85 | $7.35 | $7.11 | |
| 84460 | Q | ALANINE AMINO (ALT) (SGPT) | | | | Medicare | $12.12 | $7.51 | $7.27 | |
| 84466 | Q | ASSAY OF TRANSFERRIN | | | | Medicare | $29.25 | $18.14 | $17.55 | |
| 84478 | Q | ASSAY OF TRIGLYCERIDES | | | | Medicare | $13.17 | $8.17 | $7.90 | |
| 84479 | Q | ASSAY OF THYROID (T3 OR T4) | | | | Medicare | $14.82 | $9.19 | $8.89 | |
| 84480 | Q | ASSAY TRIIODOTHYRONINE (T3) | | | | Medicare | $32.48 | $20.14 | $19.49 | |
| 84481 | Q | FREE ASSAY (FT-3) | | | | Medicare | $38.82 | $24.07 | $23.29 | |
| 84482 | Q | T3 REVERSE | | | | Medicare | $36.12 | $22.39 | $21.67 | |
| 84484 | Q | ASSAY OF TROPONIN QUANT | | | | Medicare | $22.55 | $13.98 | $13.53 | |
| 84485 | Q | ASSAY DUODENAL FLUID TRYPSIN | | | | Medicare | $17.20 | $10.66 | $10.32 | |
| 84488 | Q | TEST FECES FOR TRYPSIN | | | | Medicare | $16.72 | $10.37 | $10.03 | |
| 84490 | Q | ASSAY OF FECES FOR TRYPSIN | | | | Medicare | $17.43 | $10.81 | $10.46 | |
| 84510 | Q | ASSAY OF TYROSINE | | | | Medicare | $23.83 | $14.77 | $14.30 | |
| 84512 | Q | ASSAY OF TROPONIN QUAL | | | | Medicare | $17.65 | $10.94 | $10.59 | |
| 84520 | Q | ASSAY OF UREA NITROGEN | | | | Medicare | $9.05 | $5.61 | $5.43 | |
| 84525 | Q | UREA NITROGEN SEMI-QUANT | | | | Medicare | $8.62 | $5.34 | $5.17 | |
| 84540 | Q | ASSAY OF URINE/UREA-N | | | | Medicare | $10.88 | $6.75 | $6.53 | |
| 84545 | Q | UREA-N CLEARANCE TEST | | | | Medicare | $15.13 | $9.38 | $9.08 | |
| 84550 | Q | ASSAY OF BLOOD/URIC ACID | | | | Medicare | $10.35 | $6.42 | $6.21 | |
| 84560 | Q | ASSAY OF URINE/URIC ACID | | | | Medicare | $10.88 | $6.75 | $6.53 | |
| 84577 | Q | ASSAY OF FECES/UROBILINOGEN | | | | Medicare | $28.58 | $17.72 | $17.15 | |
| 84578 | Q | TEST URINE UROBILINOGEN | | | | Medicare | $7.45 | $4.62 | $4.47 | |
| 84580 | Q | ASSAY OF URINE UROBILINOGEN | | | | Medicare | $16.25 | $10.08 | $9.75 | |
| 84583 | Q | ASSAY OF URINE UROBILINOGEN | | | | Medicare | $11.52 | $7.14 | $6.91 | |
| 84585 | Q | ASSAY OF URINE VMA | | | | Medicare | $35.50 | $22.01 | $21.30 | |
| 84586 | Q | ASSAY OF VIP | | | | Medicare | $80.95 | $50.19 | $48.57 | |
| 84588 | Q | ASSAY OF VASOPRESSIN | | | | Medicare | $77.77 | $48.22 | $46.66 | |
| 84590 | Q | ASSAY OF VITAMIN A | | | | Medicare | $26.58 | $16.48 | $15.95 | |
| 84591 | Q | ASSAY OF NOS VITAMIN | | | | Medicare | $26.58 | $16.48 | $15.95 | |
| 84597 | Q | ASSAY OF VITAMIN K | | | | Medicare | $31.42 | $19.48 | $18.85 | |
| 84600 | Q | ASSAY OF VOLATILES | | | | Medicare | $36.83 | $22.83 | $22.10 | |
| 84620 | Q | XYLOSE TOLERANCE TEST | | | | Medicare | $27.15 | $16.83 | $16.29 | |
| 84630 | Q | ASSAY OF ZINC | | | | Medicare | $26.08 | $16.17 | $15.65 | |
| 84681 | Q | ASSAY OF C-PEPTIDE | | | | Medicare | $37.32 | $23.14 | $22.39 | |
| 84702 | Q | CHORIONIC GONADOTROPIN TEST | | | | Medicare | $34.50 | $21.39 | $20.70 | |
| 84703 | Q | CHORIONIC GONADOTROPIN ASSAY | | | | Medicare | $17.22 | $10.68 | $10.33 | |
| 84704 | Q | HCG FREE BETACHAIN TEST | | | | Medicare | $34.50 | $21.39 | $20.70 | |
| 84830 | Q | OVULATION TESTS | | | | Medicare | $9.08 | $5.63 | $5.45 | |
| 84999 | M | CLINICAL CHEMISTRY TEST | | | | By Report | $0.00 | | | |
| 85002 | Q | BLEEDING TIME TEST | | | | Medicare | $10.32 | $6.40 | $6.19 | |
| 85004 | Q | AUTOMATED DIFF WBC COUNT | | | | Medicare | $14.82 | $9.19 | $8.89 | |
| 85007 | Q | BL SMEAR W/DIFF WBC COUNT | | | | Medicare | $7.88 | $4.89 | $4.73 | |
| 85008 | Q | BL SMEAR W/O DIFF WBC COUNT | | | | Medicare | $7.88 | $4.89 | $4.73 | |
| 85009 | Q | MANUAL DIFF WBC COUNT B-COAT | | | | Medicare | $6.60 | $4.09 | $3.96 | |
| 85013 | Q | SPUN MICROHEMATOCRIT | | | | Medicare | $5.43 | $3.37 | $3.26 | |
| 85014 | Q | HEMATOCRIT | | | | Medicare | $5.43 | $3.37 | $3.26 | |
| 85018 | Q | HEMOGLOBIN | | | | Medicare | $5.43 | $3.37 | $3.26 | |
| 85025 | Q | COMPLETE CBC W/AUTO DIFF WBC | | | | Medicare | $17.82 | $11.05 | $10.69 | |
| 85027 | Q | COMPLETE CBC AUTOMATED | | | | Medicare | $14.82 | $9.19 | $8.89 | |
| 85032 | Q | MANUAL CELL COUNT EACH | | | | Medicare | $9.85 | $6.11 | $5.91 | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 85041 | Q | AUTOMATED RBC COUNT | | | | Medicare | $6.90 | $4.28 | $4.14 | |
| 85044 | Q | MANUAL RETICULOCYTE COUNT | | | | Medicare | $9.85 | $6.11 | $5.91 | |
| 85045 | Q | AUTOMATED RETICULOCYTE COUNT | | | | Medicare | $9.17 | $5.69 | $5.50 | |
| 85046 | Q | RETICYTE/HGB CONCENTRATE | | | | Medicare | $12.78 | $7.92 | $7.67 | |
| 85048 | Q | AUTOMATED LEUKOCYTE COUNT | | | | Medicare | $5.82 | $3.61 | $3.49 | |
| 85049 | Q | AUTOMATED PLATELET COUNT | | | | Medicare | $10.25 | $6.36 | $6.15 | |
| 85055 | Q | RETICULATED PLATELET ASSAY | | | | Medicare | $61.33 | $38.02 | $36.80 | |
| 85060 | E | BLOOD SMEAR INTERPRETATION | | | | Not Allowed | $0.00 | | | |
| 85097 | X | BONE MARROW INTERPRETATION | | 0343 | 0.5342 | APC | $27.04 | | | |
| 85130 | Q | CHROMOGENIC SUBSTRATE ASSAY | | | | Medicare | $27.25 | $16.90 | $16.35 | |
| 85170 | Q | BLOOD CLOT RETRACTION | | | | Medicare | $8.28 | $5.13 | $4.97 | |
| 85175 | Q | BLOOD CLOT LYSIS TIME | | | | Medicare | $10.42 | $6.46 | $6.25 | |
| 85210 | Q | CLOT FACTOR II PROTHROM SPEC | | | | Medicare | $29.75 | $18.45 | $17.85 | |
| 85220 | Q | BLOOC CLOT FACTOR V TEST | | | | Medicare | $40.43 | $25.07 | $24.26 | |
| 85230 | Q | CLOT FACTOR VII PROCONVERTIN | | | | Medicare | $41.02 | $25.43 | $24.61 | |
| 85240 | Q | CLOT FACTOR VIII AHG 1 STAGE | | | | Medicare | $41.02 | $25.43 | $24.61 | |
| 85244 | Q | CLOT FACTOR VIII RELTD ANTGN | | | | Medicare | $46.77 | $29.00 | $28.06 | |
| 85245 | Q | CLOT FACTOR VIII VW RISTOCTN | | | | Medicare | $52.57 | $32.59 | $31.54 | |
| 85246 | Q | CLOT FACTOR VIII VW ANTIGEN | | | | Medicare | $52.57 | $32.59 | $31.54 | |
| 85247 | Q | CLOT FACTOR VIII MULTIMETRIC | | | | Medicare | $52.57 | $32.59 | $31.54 | |
| 85250 | Q | CLOT FACTOR IX PTC/CHRSTMAS | | | | Medicare | $43.62 | $27.04 | $26.17 | |
| 85260 | Q | CLOT FACTOR X STUART-POWER | | | | Medicare | $41.02 | $25.43 | $24.61 | |
| 85270 | Q | CLOT FACTOR XI PTA | | | | Medicare | $41.02 | $25.43 | $24.61 | |
| 85280 | Q | CLOT FACTOR XII HAGEMAN | | | | Medicare | $44.33 | $27.48 | $26.60 | |
| 85290 | Q | CLOT FACTOR XIII FIBRIN STAB | | | | Medicare | $37.45 | $23.22 | $22.47 | |
| 85291 | Q | CLOT FACTOR XIII FIBRIN SCRN | | | | Medicare | $20.37 | $12.63 | $12.22 | |
| 85292 | Q | CLOT FACTOR FLETCHER FACT | | | | Medicare | $43.38 | $26.90 | $26.03 | |
| 85293 | Q | CLOT FACTOR WGHT KININOGEN | | | | Medicare | $43.38 | $26.90 | $26.03 | |
| 85300 | Q | ANTITHROMBIN III ACTIVITY | | | | Medicare | $27.15 | $16.83 | $16.29 | |
| 85301 | Q | ANTITHROMBIN III ANTIGEN | | | | Medicare | $24.77 | $15.36 | $14.86 | |
| 85302 | Q | CLOT INHIBIT PROT C ANTIGEN | | | | Medicare | $27.53 | $17.07 | $16.52 | |
| 85303 | Q | CLOT INHIBIT PROT C ACTIVITY | | | | Medicare | $31.68 | $19.64 | $19.01 | |
| 85305 | Q | CLOT INHIBIT PROT S TOTAL | | | | Medicare | $26.58 | $16.48 | $15.95 | |
| 85306 | Q | CLOT INHIBIT PROT S FREE | | | | Medicare | $35.10 | $21.76 | $21.06 | |
| 85307 | Q | ASSAY ACTIVATED PROTEIN C | | | | Medicare | $35.10 | $21.76 | $21.06 | |
| 85335 | Q | FACTOR INHIBITOR TEST | | | | Medicare | $29.48 | $18.28 | $17.69 | |
| 85337 | Q | THROMBOMODULIN | | | | Medicare | $23.88 | $14.81 | $14.33 | |
| 85345 | Q | COAGULATION TIME LEE & WHITE | | | | Medicare | $9.85 | $6.11 | $5.91 | |
| 85347 | Q | COAGULATION TIME ACTIVATED | | | | Medicare | $9.75 | $6.05 | $5.85 | |
| 85348 | Q | COAGULATION TIME OTR METHOD | | | | Medicare | $8.53 | $5.29 | $5.12 | |
| 85360 | Q | EUGLOBULIN LYSIS | | | | Medicare | $19.25 | $11.94 | $11.55 | |
| 85362 | Q | FIBRIN DEGRADATION PRODUCTS | | | | Medicare | $15.78 | $9.78 | $9.47 | |
| 85366 | Q | FIBRINOGEN TEST | | | | Medicare | $19.73 | $12.23 | $11.84 | |
| 85370 | Q | FIBRINOGEN TEST | | | | Medicare | $26.02 | $16.13 | $15.61 | |
| 85378 | Q | FIBRIN DEGRADE SEMIQUANT | | | | Medicare | $16.35 | $10.14 | $9.81 | |
| 85379 | Q | FIBRIN DEGRADATION QUANT | | | | Medicare | $23.32 | $14.46 | $13.99 | |
| 85380 | Q | FIBRIN DEGRADJ D-DIMER | | | | Medicare | $23.32 | $14.46 | $13.99 | |
| 85384 | Q | FIBRINOGEN ACTIVITY | | | | Medicare | $19.47 | $12.07 | $11.68 | |
| 85385 | Q | FIBRINOGEN ANTIGEN | | | | Medicare | $19.47 | $12.07 | $11.68 | |
| 85390 | Q | FIBRINOLYSINS SCREEN I&R | | | | Medicare | $11.83 | $7.33 | $7.10 | |
| 85396 | N | CLOTTING ASSAY WHOLE BLOOD | | | | Bundled | $0.00 | | | |
| 85397 | Q | CLOTTING FUNCT ACTIVITY | | | | Medicare | $52.57 | $32.59 | $31.54 | |
| 85400 | Q | FIBRINOLYTIC PLASMIN | | | | Medicare | $20.27 | $12.57 | $12.16 | |
| 85410 | Q | FIBRINOLYTIC ANTIPLASMIN | | | | Medicare | $17.67 | $10.96 | $10.60 | |
| 85415 | Q | FIBRINOLYTIC PLASMINOGEN | | | | Medicare | $39.40 | $24.43 | $23.64 | |
| 85420 | Q | FIBRINOLYTIC PLASMINOGEN | | | | Medicare | $14.97 | $9.28 | $8.98 | |
| 85421 | Q | FIBRINOLYTIC PLASMINOGEN | | | | Medicare | $23.33 | $14.46 | $14.00 | |
| 85441 | Q | HEINZ BODIES DIRECT | | | | Medicare | $9.63 | $5.97 | $5.78 | |
| 85445 | Q | HEINZ BODIES INDUCED | | | | Medicare | $15.62 | $9.68 | $9.37 | |
| 85460 | Q | HEMOGLOBIN FETAL | | | | Medicare | $17.73 | $10.99 | $10.64 | |
| 85461 | Q | HEMOGLOBIN FETAL | | | | Medicare | $15.20 | $9.42 | $9.12 | |
| 85475 | Q | HEMOLYSIN ACID | | | | Medicare | $20.33 | $12.60 | $12.20 | |
| 85520 | Q | HEPARIN ASSAY | | | | Medicare | $30.00 | $18.60 | $18.00 | |
| 85525 | Q | HEPARIN NEUTRALIZATION | | | | Medicare | $27.13 | $16.82 | $16.28 | |

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|---|---|---|---|---|---|---|---|---|---|---|
| 85530 | Q | HEPARIN-PROTAMINE TOLERANCE | | | | Medicare | $32.48 | $20.14 | $19.49 | |
| 85536 | Q | IRON STAIN PERIPHERAL BLOOD | | | | Medicare | $14.82 | $9.19 | $8.89 | |
| 85540 | Q | WBC ALKALINE PHOSPHATASE | | | | Medicare | $19.72 | $12.23 | $11.83 | |
| 85547 | Q | RBC MECHANICAL FRAGILITY | | | | Medicare | $19.72 | $12.23 | $11.83 | |
| 85549 | Q | MURAMIDASE | | | | Medicare | $42.97 | $26.64 | $25.78 | |
| 85555 | Q | RBC OSMOTIC FRAGILITY | | | | Medicare | $15.30 | $9.49 | $9.18 | |
| 85557 | Q | RBC OSMOTIC FRAGILITY | | | | Medicare | $30.62 | $18.98 | $18.37 | |
| 85576 | Q | BLOOD PLATELET AGGREGATION | | | | Medicare | $49.22 | $30.52 | $29.53 | |
| 85597 | Q | PHOSPHOLIPID PLTLT NEUTRALIZ | | | | Medicare | $12.27 | $7.61 | $7.36 | |
| 85598 | Q | HEXAGNAL PHOSPH PLTLT NEUTRL | | | | Medicare | $12.27 | $7.61 | $7.36 | |
| 85610 | Q | PROTHROMBIN TIME | | | | Medicare | $9.00 | $5.58 | $5.40 | |
| 85611 | Q | PROTHROMBIN TEST | | | | Medicare | $9.03 | $5.60 | $5.42 | |
| 85612 | Q | VIPER VENOM PROTHROMBIN TIME | | | | Medicare | $21.93 | $13.60 | $13.16 | |
| 85613 | Q | RUSSELL VIPER VENOM DILUTED | | | | Medicare | $21.93 | $13.60 | $13.16 | |
| 85635 | Q | REPTILASE TEST | | | | Medicare | $22.55 | $13.98 | $13.53 | |
| 85651 | Q | RBC SED RATE NONAUTOMATED | | | | Medicare | $8.13 | $5.04 | $4.88 | |
| 85652 | Q | RBC SED RATE AUTOMATED | | | | Medicare | $6.18 | $3.83 | $3.71 | |
| 85660 | Q | RBC SICKLE CELL TEST | | | | Medicare | $12.65 | $7.84 | $7.59 | |
| 85670 | Q | THROMBIN TIME PLASMA | | | | Medicare | $13.22 | $8.20 | $7.93 | |
| 85675 | Q | THROMBIN TIME TITER | | | | Medicare | $15.68 | $9.72 | $9.41 | |
| 85705 | Q | THROMBOPLASTIN INHIBITION | | | | Medicare | $21.62 | $13.40 | $12.97 | |
| 85730 | Q | THROMBOPLASTIN TIME PARTIAL | | | | Medicare | $13.75 | $8.53 | $8.25 | |
| 85732 | Q | THROMBOPLASTIN TIME PARTIAL | | | | Medicare | $14.82 | $9.19 | $8.89 | |
| 85810 | Q | BLOOD VISCOSITY EXAMINATION | | | | Medicare | $26.73 | $16.57 | $16.04 | |
| 85999 | M | HEMATOLOGY PROCEDURE | | | | By Report | $0.00 | | | |
| 86000 | Q | AGGLUTININS FEBRILE ANTIGEN | | | | Medicare | $16.00 | $9.92 | $9.60 | |
| 86001 | Q | ALLERGEN SPECIFIC IGG | | | | Medicare | $6.63 | $4.11 | $3.98 | |
| 86003 | Q | ALLERGEN SPECIFIC IGE | | | | Medicare | $6.63 | $4.11 | $3.98 | |
| 86005 | Q | ALLERGEN SPECIFIC IGE | | | | Medicare | $18.27 | $11.33 | $10.96 | |
| 86021 | Q | WBC ANTIBODY IDENTIFICATION | | | | Medicare | $34.50 | $21.39 | $20.70 | |
| 86022 | Q | PLATELET ANTIBODIES | | | | Medicare | $42.08 | $26.09 | $25.25 | |
| 86023 | Q | IMMUNOGLOBULIN ASSAY | | | | Medicare | $28.53 | $17.69 | $17.12 | |
| 86038 | Q | ANTINUCLEAR ANTIBODIES | | | | Medicare | $27.70 | $17.17 | $16.62 | |
| 86039 | Q | ANTINUCLEAR ANTIBODIES (ANA) | | | | Medicare | $25.58 | $15.86 | $15.35 | |
| 86060 | Q | ANTISTREPTOLYSIN O TITER | | | | Medicare | $16.72 | $10.37 | $10.03 | |
| 86063 | Q | ANTISTREPTOLYSIN O SCREEN | | | | Medicare | $13.22 | $8.20 | $7.93 | |
| 86077 | X | PHYS BLOOD BANK SERV XMATCH | | 0342 | 0.1782 | APC | $9.02 | | | |
| 86078 | X | PHYS BLOOD BANK SERV REACTJ | | 0433 | 0.3285 | APC | $16.63 | | | |
| 86079 | X | PHYS BLOOD BANK SERV AUTHRJ | | 0433 | 0.3285 | APC | $16.63 | | | |
| 86140 | Q | C-REACTIVE PROTEIN | | | | Medicare | $11.85 | $7.35 | $7.11 | |
| 86141 | Q | C-REACTIVE PROTEIN HS | | | | Medicare | $29.67 | $18.40 | $17.80 | |
| 86146 | Q | BETA-2 GLYCOPROTEIN ANTIBODY | | | | Medicare | $58.28 | $36.13 | $34.97 | |
| 86147 | Q | CARDIOLIPIN ANTIBODY EA IG | | | | Medicare | $58.28 | $36.13 | $34.97 | |
| 86148 | Q | ANTI-PHOSPHOLIPID ANTIBODY | | | | Medicare | $36.80 | $22.82 | $22.08 | |
| 86152 | X | CELL ENUMERATION & ID | | 0342 | 0.1782 | APC | $9.02 | | | |
| 86153 | X | CELL ENUMERATION PHYS INTERP | | 0342 | 0.1782 | APC | $9.02 | | | |
| 86155 | Q | CHEMOTAXIS ASSAY | | | | Medicare | $36.62 | $22.70 | $21.97 | |
| 86156 | Q | COLD AGGLUTININ SCREEN | | | | Medicare | $15.35 | $9.52 | $9.21 | |
| 86157 | Q | COLD AGGLUTININ TITER | | | | Medicare | $18.48 | $11.46 | $11.09 | |
| 86160 | Q | COMPLEMENT ANTIGEN | | | | Medicare | $27.50 | $17.05 | $16.50 | |
| 86161 | Q | COMPLEMENT/FUNCTION ACTIVITY | | | | Medicare | $27.50 | $17.05 | $16.50 | |
| 86162 | Q | COMPLEMENT TOTAL (CH50) | | | | Medicare | $44.13 | $27.36 | $26.48 | |
| 86171 | Q | COMPLEMENT FIXATION EACH | | | | Medicare | $22.93 | $14.22 | $13.76 | |
| 86185 | Q | COUNTERIMMUNOELECTROPHORESIS | | | | Medicare | $20.48 | $12.70 | $12.29 | |
| 86200 | Q | CCP ANTIBODY | | | | Medicare | $29.67 | $18.40 | $17.80 | |
| 86215 | Q | DEOXYRIBONUCLEASE ANTIBODY | | | | Medicare | $30.35 | $18.82 | $18.21 | |
| 86225 | Q | DNA ANTIBODY NATIVE | | | | Medicare | $31.47 | $19.51 | $18.88 | |
| 86226 | Q | DNA ANTIBODY SINGLE STRAND | | | | Medicare | $25.33 | $15.70 | $15.20 | |
| 86235 | Q | NUCLEAR ANTIGEN ANTIBODY | | | | Medicare | $41.08 | $25.47 | $24.65 | |
| 86243 | Q | FC RECEPTOR | | | | Medicare | $47.00 | $29.14 | $28.20 | |
| 86255 | Q | FLUORESCENT ANTIBODY SCREEN | | | | Medicare | $27.62 | $17.12 | $16.57 | |
| 86256 | Q | FLUORESCENT ANTIBODY TITER | | | | Medicare | $27.62 | $17.12 | $16.57 | |
| 86277 | Q | GROWTH HORMONE ANTIBODY | | | | Medicare | $36.05 | $22.35 | $21.63 | |
| 86280 | Q | HEMAGGLUTINATION INHIBITION | | | | Medicare | $18.77 | $11.64 | $11.26 | |

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|---|---|---|---|---|---|---|---|---|---|---|
| 86294 | Q | IMMUNOASSAY TUMOR QUAL | | | | Medicare | $44.95 | $27.87 | $26.97 | |
| 86300 | Q | IMMUNOASSAY TUMOR CA 15-3 | | | | Medicare | $47.68 | $29.56 | $28.61 | |
| 86301 | Q | IMMUNOASSAY TUMOR CA 19-9 | | | | Medicare | $47.68 | $29.56 | $28.61 | |
| 86304 | Q | IMMUNOASSAY TUMOR CA 125 | | | | Medicare | $47.68 | $29.56 | $28.61 | |
| 86305 | Q | HUMAN EPIDIDYMIS PROTEIN 4 | | | | Medicare | $47.68 | $29.56 | $28.61 | |
| 86308 | Q | HETEROPHILE ANTIBODY SCREEN | | | | Medicare | $9.42 | $5.84 | $5.65 | |
| 86309 | Q | HETEROPHILE ANTIBODY TITER | | | | Medicare | $14.82 | $9.19 | $8.89 | |
| 86310 | Q | HETEROPHILE ANTIBODY ABSRBJ | | | | Medicare | $16.88 | $10.47 | $10.13 | |
| 86316 | Q | IMMUNOASSAY TUMOR OTHER | | | | Medicare | $47.68 | $29.56 | $28.61 | |
| 86317 | Q | IMMUNOASSAY INFECTIOUS AGENT | | | | Medicare | $25.37 | $15.73 | $15.22 | |
| 86318 | Q | IMMUNOASSAY INFECTIOUS AGENT | | | | Medicare | $29.67 | $18.40 | $17.80 | |
| 86320 | Q | SERUM IMMUNOELECTROPHORESIS | | | | Medicare | $51.35 | $31.84 | $30.81 | |
| 86325 | Q | OTHER IMMUNOELECTROPHORESIS | | | | Medicare | $51.23 | $31.76 | $30.74 | |
| 86327 | Q | IMMUNOELECTROPHORESIS ASSAY | | | | Medicare | $51.98 | $32.23 | $31.19 | |
| 86329 | Q | IMMUNODIFFUSION NES | | | | Medicare | $32.17 | $19.95 | $19.30 | |
| 86331 | Q | IMMUNODIFFUSION OUCHTERLONY | | | | Medicare | $27.45 | $17.02 | $16.47 | |
| 86332 | Q | IMMUNE COMPLEX ASSAY | | | | Medicare | $55.83 | $34.61 | $33.50 | |
| 86334 | Q | IMMUNOFIX E-PHORESIS SERUM | | | | Medicare | $51.18 | $31.73 | $30.71 | |
| 86335 | Q | IMMUNFIX E-PHORSIS/URINE/CSF | | | | Medicare | $67.23 | $41.68 | $40.34 | |
| 86336 | Q | INHIBIN A | | | | Medicare | $35.70 | $22.13 | $21.42 | |
| 86337 | Q | INSULIN ANTIBODIES | | | | Medicare | $49.05 | $30.41 | $29.43 | |
| 86340 | Q | INTRINSIC FACTOR ANTIBODY | | | | Medicare | $34.53 | $21.41 | $20.72 | |
| 86341 | Q | ISLET CELL ANTIBODY | | | | Medicare | $45.33 | $28.10 | $27.20 | |
| 86343 | Q | LEUKOCYTE HISTAMINE RELEASE | | | | Medicare | $28.55 | $17.70 | $17.13 | |
| 86344 | Q | LEUKOCYTE PHAGOCYTOSIS | | | | Medicare | $18.30 | $11.35 | $10.98 | |
| 86352 | Q | CELL FUNCTION ASSAY W/STIM | | | | Medicare | $311.25 | $192.98 | $186.75 | |
| 86353 | Q | LYMPHOCYTE TRANSFORMATION | | | | Medicare | $112.32 | $69.64 | $67.39 | |
| 86355 | Q | B CELLS TOTAL COUNT | | | | Medicare | $86.42 | $53.58 | $51.85 | |
| 86356 | Q | MONONUCLEAR CELL ANTIGEN | | | | Medicare | $61.33 | $38.02 | $36.80 | |
| 86357 | Q | NK CELLS TOTAL COUNT | | | | Medicare | $86.42 | $53.58 | $51.85 | |
| 86359 | Q | T CELLS TOTAL COUNT | | | | Medicare | $86.42 | $53.58 | $51.85 | |
| 86360 | Q | T CELL ABSOLUTE COUNT/RATIO | | | | Medicare | $107.65 | $66.74 | $64.59 | |
| 86361 | Q | T CELL ABSOLUTE COUNT | | | | Medicare | $61.33 | $38.02 | $36.80 | |
| 86367 | Q | STEM CELLS TOTAL COUNT | | | | Medicare | $86.42 | $53.58 | $51.85 | |
| 86376 | Q | MICROSOMAL ANTIBODY EACH | | | | Medicare | $33.32 | $20.66 | $19.99 | |
| 86378 | Q | MIGRATION INHIBITORY FACTOR | | | | Medicare | $45.10 | $27.96 | $27.06 | |
| 86382 | Q | NEUTRALIZATION TEST VIRAL | | | | Medicare | $38.75 | $24.03 | $23.25 | |
| 86384 | Q | NITROBLUE TETRAZOLIUM DYE | | | | Medicare | $26.08 | $16.17 | $15.65 | |
| 86386 | Q | NUCLEAR MATRIX PROTEIN 22 | | | | Medicare | $36.58 | $22.68 | $21.95 | |
| 86403 | Q | PARTICLE AGGLUT ANTBDY SCRN | | | | Medicare | $23.35 | $14.48 | $14.01 | |
| 86406 | Q | PARTICLE AGGLUT ANTBDY TITR | | | | Medicare | $24.37 | $15.11 | $14.62 | |
| 86430 | Q | RHEUMATOID FACTOR TEST QUAL | | | | Medicare | $13.00 | $8.06 | $7.80 | |
| 86431 | Q | RHEUMATOID FACTOR QUANT | | | | Medicare | $13.00 | $8.06 | $7.80 | |
| 86480 | Q | TB TEST CELL IMMUN MEASURE | | | | Medicare | $142.00 | $88.04 | $85.20 | |
| 86481 | Q | TB AG RESPONSE T-CELL SUSP | | | | Medicare | $171.65 | $106.42 | $102.99 | |
| 86485 | X | SKIN TEST CANDIDA | | 0341 | 0.0957 | APC | $4.84 | | | |
| 86486 | X | SKIN TEST NOS ANTIGEN | | 0341 | 0.0957 | APC | $4.84 | | | |
| 86490 | X | COCCIDIOIDOMYCOSIS SKIN TEST | | 0341 | 0.0957 | APC | $4.84 | | | |
| 86510 | X | HISTOPLASMOSIS SKIN TEST | | 0341 | 0.0957 | APC | $4.84 | | | |
| 86580 | X | TB INTRADERMAL TEST | | 0341 | 0.0957 | APC | $4.84 | | | |
| 86590 | Q | STREPTOKINASE ANTIBODY | | | | Medicare | $25.30 | $15.69 | $15.18 | |
| 86592 | Q | SYPHILIS TEST NON-TREP QUAL | | | | Medicare | $9.78 | $6.06 | $5.87 | |
| 86593 | Q | SYPHILIS TEST NON-TREP QUANT | | | | Medicare | $10.08 | $6.25 | $6.05 | |
| 86602 | Q | ANTINOMYCES ANTIBODY | | | | Medicare | $23.32 | $14.46 | $13.99 | |
| 86603 | Q | ADENOVIRUS ANTIBODY | | | | Medicare | $29.48 | $18.28 | $17.69 | |
| 86606 | Q | ASPERGILLUS ANTIBODY | | | | Medicare | $34.50 | $21.39 | $20.70 | |
| 86609 | Q | BACTERIUM ANTIBODY | | | | Medicare | $29.52 | $18.30 | $17.71 | |
| 86611 | Q | BARTONELLA ANTIBODY | | | | Medicare | $23.32 | $14.46 | $13.99 | |
| 86612 | Q | BLASTOMYCES ANTIBODY | | | | Medicare | $29.57 | $18.33 | $17.74 | |
| 86615 | Q | BORDETELLA ANTIBODY | | | | Medicare | $30.22 | $18.74 | $18.13 | |
| 86617 | Q | LYME DISEASE ANTIBODY | | | | Medicare | $35.50 | $22.01 | $21.30 | |
| 86618 | Q | LYME DISEASE ANTIBODY | | | | Medicare | $39.02 | $24.19 | $23.41 | |
| 86619 | Q | BORRELIA ANTIBODY | | | | Medicare | $30.65 | $19.00 | $18.39 | |
| 86622 | Q | BRUCELLA ANTIBODY | | | | Medicare | $20.47 | $12.69 | $12.28 | |

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|---|---|---|---|---|---|---|---|---|---|---|
| 86625 | Q | CAMPYLOBACTER ANTIBODY | | | | Medicare | $30.05 | $18.63 | $18.03 | |
| 86628 | Q | CANDIDA ANTIBODY | | | | Medicare | $27.50 | $17.05 | $16.50 | |
| 86631 | Q | CHLAMYDIA ANTIBODY | | | | Medicare | $27.10 | $16.80 | $16.26 | |
| 86632 | Q | CHLAMYDIA IGM ANTIBODY | | | | Medicare | $29.07 | $18.02 | $17.44 | |
| 86635 | Q | COCCIDIOIDES ANTIBODY | | | | Medicare | $26.28 | $16.29 | $15.77 | |
| 86638 | Q | Q FEVER ANTIBODY | | | | Medicare | $27.77 | $17.22 | $16.66 | |
| 86641 | Q | CRYPTOCOCCUS ANTIBODY | | | | Medicare | $33.02 | $20.47 | $19.81 | |
| 86644 | Q | CMV ANTIBODY | | | | Medicare | $25.88 | $16.05 | $15.53 | |
| 86645 | Q | CMV ANTIBODY IGM | | | | Medicare | $38.58 | $23.92 | $23.15 | |
| 86648 | Q | DIPHTHERIA ANTIBODY | | | | Medicare | $34.85 | $21.61 | $20.91 | |
| 86651 | Q | ENCEPHALITIS CALIFORN ANTBDY | | | | Medicare | $30.22 | $18.74 | $18.13 | |
| 86652 | Q | ENCEPHALTIS EAST EQNE ANBDY | | | | Medicare | $30.22 | $18.74 | $18.13 | |
| 86653 | Q | ENCEPHALTIS ST LOUIS ANTBODY | | | | Medicare | $30.22 | $18.74 | $18.13 | |
| 86654 | Q | ENCEPHALTIS WEST EQNE ANTBDY | | | | Medicare | $30.22 | $18.74 | $18.13 | |
| 86658 | Q | ENTEROVIRUS ANTIBODY | | | | Medicare | $29.85 | $18.51 | $17.91 | |
| 86663 | Q | EPSTEIN-BARR ANTIBODY | | | | Medicare | $30.05 | $18.63 | $18.03 | |
| 86664 | Q | EPSTEIN-BARR NUCLEAR ANTIGEN | | | | Medicare | $35.05 | $21.73 | $21.03 | |
| 86665 | Q | EPSTEIN-BARR CAPSID VCA | | | | Medicare | $41.57 | $25.77 | $24.94 | |
| 86666 | Q | EHRLICHIA ANTIBODY | | | | Medicare | $23.32 | $14.46 | $13.99 | |
| 86668 | Q | FRANCISELLA TULARENSIS | | | | Medicare | $23.83 | $14.77 | $14.30 | |
| 86671 | Q | FUNGUS NES ANTIBODY | | | | Medicare | $28.08 | $17.41 | $16.85 | |
| 86674 | Q | GIARDIA LAMBLIA ANTIBODY | | | | Medicare | $33.73 | $20.91 | $20.24 | |
| 86677 | Q | HELICOBACTER PYLORI ANTIBODY | | | | Medicare | $33.25 | $20.62 | $19.95 | |
| 86682 | Q | HELMINTH ANTIBODY | | | | Medicare | $29.80 | $18.48 | $17.88 | |
| 86684 | Q | HEMOPHILUS INFLUENZA ANTIBDY | | | | Medicare | $36.30 | $22.51 | $21.78 | |
| 86687 | Q | HTLV-I ANTIBODY | | | | Medicare | $19.23 | $11.92 | $11.54 | |
| 86688 | Q | HTLV-II ANTIBODY | | | | Medicare | $32.08 | $19.89 | $19.25 | |
| 86689 | Q | HTLV/HIV CONFIRMJ ANTIBODY | | | | Medicare | $44.33 | $27.48 | $26.60 | |
| 86692 | Q | HEPATITIS DELTA AGENT ANTBDY | | | | Medicare | $39.32 | $24.38 | $23.59 | |
| 86694 | Q | HERPES SIMPLEX NES ANTBDY | | | | Medicare | $25.88 | $16.05 | $15.53 | |
| 86695 | Q | HERPES SIMPLEX TYPE 1 TEST | | | | Medicare | $30.22 | $18.74 | $18.13 | |
| 86696 | Q | HERPES SIMPLEX TYPE 2 TEST | | | | Medicare | $44.33 | $27.48 | $26.60 | |
| 86698 | Q | HISTOPLASMA ANTIBODY | | | | Medicare | $28.63 | $17.75 | $17.18 | |
| 86701 | Q | HIV-1ANTIBODY | | | | Medicare | $16.87 | $10.46 | $10.12 | |
| 86702 | Q | HIV-2 ANTIBODY | | | | Medicare | $30.97 | $19.20 | $18.58 | |
| 86703 | Q | HIV-1/HIV-2 1 RESULT ANTBDY | | | | Medicare | $31.42 | $19.48 | $18.85 | |
| 86704 | Q | HEP B CORE ANTIBODY TOTAL | | | | Medicare | $27.62 | $17.12 | $16.57 | |
| 86705 | Q | HEP B CORE ANTIBODY IGM | | | | Medicare | $26.97 | $16.72 | $16.18 | |
| 86706 | Q | HEP B SURFACE ANTIBODY | | | | Medicare | $20.85 | $12.93 | $12.51 | |
| 86707 | Q | HEPATITIS BE ANTIBODY | | | | Medicare | $26.50 | $16.43 | $15.90 | |
| 86708 | Q | HEPATITIS A TOTAL ANTIBODY | | | | Medicare | $28.38 | $17.60 | $17.03 | |
| 86709 | Q | HEPATITIS A IGM ANTIBODY | | | | Medicare | $25.78 | $15.98 | $15.47 | |
| 86710 | Q | INFLUENZA VIRUS ANTIBODY | | | | Medicare | $31.05 | $19.25 | $18.63 | |
| 86711 | Q | JOHN CUNNINGHAM ANTIBODY | | | | Medicare | $25.88 | $16.05 | $15.53 | |
| 86713 | Q | LEGIONELLA ANTIBODY | | | | Medicare | $35.07 | $21.74 | $21.04 | |
| 86717 | Q | LEISHMANIA ANTIBODY | | | | Medicare | $28.07 | $17.40 | $16.84 | |
| 86720 | Q | LEPTOSPIRA ANTIBODY | | | | Medicare | $30.22 | $18.74 | $18.13 | |
| 86723 | Q | LISTERIA MONOCYTOGENES | | | | Medicare | $30.22 | $18.74 | $18.13 | |
| 86727 | Q | LYMPH CHORIOMENINGITIS AB | | | | Medicare | $29.48 | $18.28 | $17.69 | |
| 86729 | Q | LYMPHO VENEREUM ANTIBODY | | | | Medicare | $27.38 | $16.98 | $16.43 | |
| 86732 | Q | MUCORMYCOSIS ANTIBODY | | | | Medicare | $30.22 | $18.74 | $18.13 | |
| 86735 | Q | MUMPS ANTIBODY | | | | Medicare | $29.90 | $18.54 | $17.94 | |
| 86738 | Q | MYCOPLASMA ANTIBODY | | | | Medicare | $30.33 | $18.80 | $18.20 | |
| 86741 | Q | NEISSERIA MENINGITIDIS | | | | Medicare | $30.22 | $18.74 | $18.13 | |
| 86744 | Q | NOCARDIA ANTIBODY | | | | Medicare | $30.22 | $18.74 | $18.13 | |
| 86747 | Q | PARVOVIRUS ANTIBODY | | | | Medicare | $34.45 | $21.36 | $20.67 | |
| 86750 | Q | MALARIA ANTIBODY | | | | Medicare | $30.22 | $18.74 | $18.13 | |
| 86753 | Q | PROTOZOA ANTIBODY NOS | | | | Medicare | $28.38 | $17.60 | $17.03 | |
| 86756 | Q | RESPIRATORY VIRUS ANTIBODY | | | | Medicare | $29.53 | $18.31 | $17.72 | |
| 86757 | Q | RICKETTSIA ANTIBODY | | | | Medicare | $44.33 | $27.48 | $26.60 | |
| 86759 | Q | ROTAVIRUS ANTIBODY | | | | Medicare | $30.22 | $18.74 | $18.13 | |
| 86762 | Q | RUBELLA ANTIBODY | | | | Medicare | $25.88 | $16.05 | $15.53 | |
| 86765 | Q | RUBEOLA ANTIBODY | | | | Medicare | $29.52 | $18.30 | $17.71 | |
| 86768 | Q | SALMONELLA ANTIBODY | | | | Medicare | $30.22 | $18.74 | $18.13 | |

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|---|---|---|---|---|---|---|---|---|---|---|
| 86771 | Q | SHIGELLA ANTIBODY | | | | Medicare | $30.22 | $18.74 | $18.13 | |
| 86774 | Q | TETANUS ANTIBODY | | | | Medicare | $33.90 | $21.02 | $20.34 | |
| 86777 | Q | TOXOPLASMA ANTIBODY | | | | Medicare | $25.88 | $16.05 | $15.53 | |
| 86778 | Q | TOXOPLASMA ANTIBODY IGM | | | | Medicare | $33.00 | $20.46 | $19.80 | |
| 86780 | Q | TREPONEMA PALLIDUM | | | | Medicare | $30.33 | $18.80 | $18.20 | |
| 86784 | Q | TRICHINELLA ANTIBODY | | | | Medicare | $28.78 | $17.84 | $17.27 | |
| 86787 | Q | VARICELLA-ZOSTER ANTIBODY | | | | Medicare | $29.52 | $18.30 | $17.71 | |
| 86788 | Q | WEST NILE VIRUS AB IGM | | | | Medicare | $38.58 | $23.92 | $23.15 | |
| 86789 | Q | WEST NILE VIRUS ANTIBODY | | | | Medicare | $25.88 | $16.05 | $15.53 | |
| 86790 | Q | VIRUS ANTIBODY NOS | | | | Medicare | $29.52 | $18.30 | $17.71 | |
| 86793 | Q | YERSINIA ANTIBODY | | | | Medicare | $30.22 | $18.74 | $18.13 | |
| 86800 | Q | THYROGLOBULIN ANTIBODY | | | | Medicare | $36.43 | $22.59 | $21.86 | |
| 86803 | Q | HEPATITIS C AB TEST | | | | Medicare | $32.70 | $20.27 | $19.62 | |
| 86804 | Q | HEP C AB TEST CONFIRM | | | | Medicare | $35.35 | $21.92 | $21.21 | |
| 86805 | Q | LYMPHOCYTOTOXICITY ASSAY | | | | Medicare | $119.80 | $74.28 | $71.88 | |
| 86806 | Q | LYMPHOCYTOTOXICITY ASSAY | | | | Medicare | $109.03 | $67.60 | $65.42 | |
| 86807 | Q | CYTOTOXIC ANTIBODY SCREENING | | | | Medicare | $90.67 | $56.22 | $54.40 | |
| 86808 | Q | CYTOTOXIC ANTIBODY SCREENING | | | | Medicare | $68.00 | $42.16 | $40.80 | |
| 86812 | Q | HLA TYPING A B OR C | | | | Medicare | $59.13 | $36.66 | $35.48 | |
| 86813 | Q | HLA TYPING A B OR C | | | | Medicare | $132.87 | $82.38 | $79.72 | |
| 86816 | Q | HLA TYPING DR/DQ | | | | Medicare | $63.83 | $39.57 | $38.30 | |
| 86817 | Q | HLA TYPING DR/DQ | | | | Medicare | $147.50 | $91.45 | $88.50 | |
| 86821 | Q | LYMPHOCYTE CULTURE MIXED | | | | Medicare | $129.35 | $80.20 | $77.61 | |
| 86822 | Q | LYMPHOCYTE CULTURE PRIMED | | | | Medicare | $83.75 | $51.93 | $50.25 | |
| 86825 | Q | HLA X-MATH NON-CYTOTOXIC | | | | Medicare | $184.00 | $114.08 | $110.40 | |
| 86826 | Q | HLA X-MATCH NONCYTOTOXC ADDL | | | | Medicare | $61.33 | $38.02 | $36.80 | |
| 86828 | Q | HLA CLASS I&II ANTIBODY QUAL | | | | Medicare | $90.67 | $56.22 | $54.40 | |
| 86829 | Q | HLA CLASS I/II ANTIBODY QUAL | | | | Medicare | $68.00 | $42.16 | $40.80 | |
| 86830 | Q | HLA CLASS I PHENOTYPE QUAL | | | | Medicare | $184.98 | $114.69 | $110.99 | |
| 86831 | Q | HLA CLASS II PHENOTYPE QUAL | | | | Medicare | $158.55 | $98.30 | $95.13 | |
| 86832 | Q | HLA CLASS I HIGH DEFIN QUAL | | | | Medicare | $290.67 | $180.22 | $174.40 | |
| 86833 | Q | HLA CLASS II HIGH DEFIN QUAL | | | | Medicare | $264.25 | $163.84 | $158.55 | |
| 86834 | Q | HLA CLASS I SEMIQUANT PANEL | | | | Medicare | $819.15 | $507.87 | $491.49 | |
| 86835 | Q | HLA CLASS II SEMIQUANT PANEL | | | | Medicare | $739.88 | $458.73 | $443.93 | |
| 86849 | M | IMMUNOLOGY PROCEDURE | | | | By Report | $0.00 | | | |
| 86850 | X | RBC ANTIBODY SCREEN | | 0345 | 0.2519 | APC | $12.75 | | | |
| 86860 | X | RBC ANTIBODY ELUTION | | 0346 | 0.3504 | APC | $17.73 | | | |
| 86870 | X | RBC ANTIBODY IDENTIFICATION | | 0347 | 0.481 | APC | $24.34 | | | |
| 86880 | X | COOMBS TEST DIRECT | | 0409 | 0.1356 | APC | $6.86 | | | |
| 86885 | X | COOMBS TEST INDIRECT QUAL | | 0409 | 0.1356 | APC | $6.86 | | | |
| 86886 | X | COOMBS TEST INDIRECT TITER | | 0409 | 0.1356 | APC | $6.86 | | | |
| 86890 | X | AUTOLOGOUS BLOOD PROCESS | | 0347 | 0.481 | APC | $24.34 | | | |
| 86891 | X | AUTOLOGOUS BLOOD OP SALVAGE | | 0345 | 0.2519 | APC | $12.75 | | | |
| 86900 | X | BLOOD TYPING ABO | | 0409 | 0.1356 | APC | $6.86 | | | |
| 86901 | X | BLOOD TYPING RH (D) | | 0409 | 0.1356 | APC | $6.86 | | | |
| 86902 | X | BLOOD TYPE ANTIGEN DONOR EA | | 0345 | 0.2519 | APC | $12.75 | | | |
| 86904 | X | BLOOD TYPING PATIENT SERUM | | 0345 | 0.2519 | APC | $12.75 | | | |
| 86905 | X | BLOOD TYPING RBC ANTIGENS | | 0345 | 0.2519 | APC | $12.75 | | | |
| 86906 | X | BLOOD TYPING RH PHENOTYPE | | 0345 | 0.2519 | APC | $12.75 | | | |
| 86910 | E | BLOOD TYPING PATERNITY TEST | | | | Not Allowed | $0.00 | | | |
| 86911 | E | BLOOD TYPING ANTIGEN SYSTEM | | | | Not Allowed | $0.00 | | | |
| 86920 | X | COMPATIBILITY TEST SPIN | | 0345 | 0.2519 | APC | $12.75 | | | |
| 86921 | X | COMPATIBILITY TEST INCUBATE | | 0345 | 0.2519 | APC | $12.75 | | | |
| 86922 | X | COMPATIBILITY TEST ANTIGLOB | | 0346 | 0.3504 | APC | $17.73 | | | |
| 86923 | X | COMPATIBILITY TEST ELECTRIC | | 0345 | 0.2519 | APC | $12.75 | | | |
| 86927 | X | PLASMA FRESH FROZEN | | 0345 | 0.2519 | APC | $12.75 | | | |
| 86930 | X | FROZEN BLOOD PREP | | 0347 | 0.481 | APC | $24.34 | | | |
| 86931 | X | FROZEN BLOOD THAW | | 0347 | 0.481 | APC | $24.34 | | | |
| 86932 | X | FROZEN BLOOD FREEZE/THAW | | 0347 | 0.481 | APC | $24.34 | | | |
| 86940 | Q | HEMOLYSINS/AGGLUTININS AUTO | | | | Medicare | $18.78 | $11.64 | $11.27 | |
| 86941 | Q | HEMOLYSINS/AGGLUTININS | | | | Medicare | $27.75 | $17.21 | $16.65 | |
| 86945 | X | BLOOD PRODUCT/IRRADIATION | | 0345 | 0.2519 | APC | $12.75 | | | |
| 86950 | X | LEUKACYTE TRANSFUSION | | 0345 | 0.2519 | APC | $12.75 | | | |
| 86960 | X | VOL REDUCTION OF BLOOD/PROD | | 0345 | 0.2519 | APC | $12.75 | | | |

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|---|---|---|---|---|---|---|---|---|---|---|
| 86965 | X | POOLING BLOOD PLATELETS | | 0346 | 0.3504 | APC | $17.73 | | | |
| 86970 | X | RBC PRETX INCUBATJ W/CHEMICL | | 0345 | 0.2519 | APC | $12.75 | | | |
| 86971 | X | RBC PRETX INCUBATJ W/ENZYMES | | 0345 | 0.2519 | APC | $12.75 | | | |
| 86972 | X | RBC PRETX INCUBATJ W/DENSITY | | 0345 | 0.2519 | APC | $12.75 | | | |
| 86975 | X | RBC SERUM PRETX INCUBJ DRUGS | | 0347 | 0.481 | APC | $24.34 | | | |
| 86976 | X | RBC SERUM PRETX ID DILUTION | | 0345 | 0.2519 | APC | $12.75 | | | |
| 86977 | X | RBC SERUM PRETX INCUBJ/INHIB | | 0347 | 0.481 | APC | $24.34 | | | |
| 86978 | X | RBC PRETREATMENT SERUM | | 0346 | 0.3504 | APC | $17.73 | | | |
| 86985 | X | SPLIT BLOOD OR PRODUCTS | | 0345 | 0.2519 | APC | $12.75 | | | |
| 86999 | X | TRANSFUSION PROCEDURE | | 0345 | 0.2519 | APC | $12.75 | | | |
| 87001 | Q | SMALL ANIMAL INOCULATION | | | | Medicare | $30.27 | $18.77 | $18.16 | |
| 87003 | Q | SMALL ANIMAL INOCULATION | | | | Medicare | $38.57 | $23.91 | $23.14 | |
| 87015 | Q | SPECIMEN INFECT AGNT CONCNTJ | | | | Medicare | $15.30 | $9.49 | $9.18 | |
| 87040 | Q | BLOOD CULTURE FOR BACTERIA | | | | Medicare | $23.65 | $14.66 | $14.19 | |
| 87045 | Q | FECES CULTURE AEROBIC BACT | | | | Medicare | $21.62 | $13.40 | $12.97 | |
| 87046 | Q | STOOL CULTR AEROBIC BACT EA | | | | Medicare | $21.62 | $13.40 | $12.97 | |
| 87070 | Q | CULTURE OTHR SPECIMN AEROBIC | | | | Medicare | $19.73 | $12.23 | $11.84 | |
| 87071 | Q | CULTURE AEROBIC QUANT OTHER | | | | Medicare | $21.62 | $13.40 | $12.97 | |
| 87073 | Q | CULTURE BACTERIA ANAEROBIC | | | | Medicare | $21.62 | $13.40 | $12.97 | |
| 87075 | Q | CULTR BACTERIA EXCEPT BLOOD | | | | Medicare | $21.68 | $13.44 | $13.01 | |
| 87076 | Q | CULTURE ANAEROBE IDENT EACH | | | | Medicare | $18.52 | $11.48 | $11.11 | |
| 87077 | Q | CULTURE AEROBIC IDENTIFY | | | | Medicare | $18.52 | $11.48 | $11.11 | |
| 87081 | Q | CULTURE SCREEN ONLY | | | | Medicare | $13.02 | $8.07 | $7.81 | |
| 87084 | Q | CULTURE OF SPECIMEN BY KIT | | | | Medicare | $19.73 | $12.23 | $11.84 | |
| 87086 | Q | URINE CULTURE/COLONY COUNT | | | | Medicare | $18.50 | $11.47 | $11.10 | |
| 87088 | Q | URINE BACTERIA CULTURE | | | | Medicare | $13.02 | $8.07 | $7.81 | |
| 87101 | Q | SKIN FUNGI CULTURE | | | | Medicare | $17.67 | $10.96 | $10.60 | |
| 87102 | Q | FUNGUS ISOLATION CULTURE | | | | Medicare | $16.02 | $9.93 | $9.61 | |
| 87103 | Q | BLOOD FUNGUS CULTURE | | | | Medicare | $20.67 | $12.82 | $12.40 | |
| 87106 | Q | FUNGI IDENTIFICATION YEAST | | | | Medicare | $12.58 | $7.80 | $7.55 | |
| 87107 | Q | FUNGI IDENTIFICATION MOLD | | | | Medicare | $12.58 | $7.80 | $7.55 | |
| 87109 | Q | MYCOPLASMA | | | | Medicare | $35.25 | $21.86 | $21.15 | |
| 87110 | Q | CHLAMYDIA CULTURE | | | | Medicare | $44.88 | $27.83 | $26.93 | |
| 87116 | Q | MYCOBACTERIA CULTURE | | | | Medicare | $24.75 | $15.35 | $14.85 | |
| 87118 | Q | MYCOBACTERIC IDENTIFICATION | | | | Medicare | $25.07 | $15.54 | $15.04 | |
| 87140 | Q | CULTURE TYPE IMMUNOFLUORESC | | | | Medicare | $12.78 | $7.92 | $7.67 | |
| 87143 | Q | CULTURE TYPING GLC/HPLC | | | | Medicare | $28.70 | $17.79 | $17.22 | |
| 87147 | Q | CULTURE TYPE IMMUNOLOGIC | | | | Medicare | $11.85 | $7.35 | $7.11 | |
| 87149 | Q | DNA/RNA DIRECT PROBE | | | | Medicare | $45.95 | $28.49 | $27.57 | |
| 87150 | Q | DNA/RNA AMPLIFIED PROBE | | | | Medicare | $80.40 | $49.85 | $48.24 | |
| 87152 | Q | CULTURE TYPE PULSE FIELD GEL | | | | Medicare | $11.98 | $7.43 | $7.19 | |
| 87153 | Q | DNA/RNA SEQUENCING | | | | Medicare | $264.28 | $163.85 | $158.57 | |
| 87158 | Q | CULTURE TYPING ADDED METHOD | | | | Medicare | $11.98 | $7.43 | $7.19 | |
| 87164 | Q | DARK FIELD EXAMINATION | | | | Medicare | $24.60 | $15.25 | $14.76 | |
| 87166 | Q | DARK FIELD EXAMINATION | | | | Medicare | $25.88 | $16.05 | $15.53 | |
| 87168 | Q | MACROSCOPIC EXAM ARTHROPOD | | | | Medicare | $9.78 | $6.06 | $5.87 | |
| 87169 | Q | MACROSCOPIC EXAM PARASITE | | | | Medicare | $9.78 | $6.06 | $5.87 | |
| 87172 | Q | PINWORM EXAM | | | | Medicare | $9.78 | $6.06 | $5.87 | |
| 87176 | Q | TISSUE HOMOGENIZATION CULTR | | | | Medicare | $13.48 | $8.36 | $8.09 | |
| 87177 | Q | OVA AND PARASITES SMEARS | | | | Medicare | $20.38 | $12.64 | $12.23 | |
| 87181 | Q | MICROBE SUSCEPTIBLE DIFFUSE | | | | Medicare | $9.42 | $5.84 | $5.65 | |
| 87184 | Q | MICROBE SUSCEPTIBLE DISK | | | | Medicare | $15.82 | $9.81 | $9.49 | |
| 87185 | Q | MICROBE SUSCEPTIBLE ENZYME | | | | Medicare | $9.42 | $5.84 | $5.65 | |
| 87186 | Q | MICROBE SUSCEPTIBLE MIC | | | | Medicare | $19.80 | $12.28 | $11.88 | |
| 87187 | Q | MICROBE SUSCEPTIBLE MLC | | | | Medicare | $23.75 | $14.73 | $14.25 | |
| 87188 | Q | MICROBE SUSCEPT MACROBROTH | | | | Medicare | $15.20 | $9.42 | $9.12 | |
| 87190 | Q | MICROBE SUSCEPT MYCOBACTERI | | | | Medicare | $12.95 | $8.03 | $7.77 | |
| 87197 | Q | BACTERICIDAL LEVEL SERUM | | | | Medicare | $34.42 | $21.34 | $20.65 | |
| 87205 | Q | SMEAR GRAM STAIN | | | | Medicare | $9.78 | $6.06 | $5.87 | |
| 87206 | Q | SMEAR FLUORESCENT/ACID STAI | | | | Medicare | $12.32 | $7.64 | $7.39 | |
| 87207 | Q | SMEAR SPECIAL STAIN | | | | Medicare | $13.73 | $8.51 | $8.24 | |
| 87209 | Q | SMEAR COMPLEX STAIN | | | | Medicare | $41.18 | $25.53 | $24.71 | |
| 87210 | Q | SMEAR WET MOUNT SALINE/INK | | | | Medicare | $9.78 | $6.06 | $5.87 | |
| 87220 | Q | TISSUE EXAM FOR FUNGI | | | | Medicare | $9.78 | $6.06 | $5.87 | |

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|---|---|---|---|---|---|---|---|---|---|---|
| 87230 | Q | ASSAY TOXIN OR ANTITOXIN | | | | Medicare | $45.23 | $28.04 | $27.14 | |
| 87250 | Q | VIRUS INOCULATE EGGS/ANIMAL | | | | Medicare | $44.80 | $27.78 | $26.88 | |
| 87252 | Q | VIRUS INOCULATION TISSUE | | | | Medicare | $57.18 | $35.45 | $34.31 | |
| 87253 | Q | VIRUS INOCULATE TISSUE ADDL | | | | Medicare | $46.27 | $28.69 | $27.76 | |
| 87254 | Q | VIRUS INOCULATION SHELL VIA | | | | Medicare | $44.80 | $27.78 | $26.88 | |
| 87255 | Q | GENET VIRUS ISOLATE HSV | | | | Medicare | $77.58 | $48.10 | $46.55 | |
| 87260 | Q | ADENOVIRUS AG IF | | | | Medicare | $27.48 | $17.04 | $16.49 | |
| 87265 | Q | PERTUSSIS AG IF | | | | Medicare | $27.48 | $17.04 | $16.49 | |
| 87267 | Q | ENTEROVIRUS ANTIBODY DFA | | | | Medicare | $27.48 | $17.04 | $16.49 | |
| 87269 | Q | GIARDIA AG IF | | | | Medicare | $27.48 | $17.04 | $16.49 | |
| 87270 | Q | CHLAMYDIA TRACHOMATIS AG IF | | | | Medicare | $27.48 | $17.04 | $16.49 | |
| 87271 | Q | CYTOMEGALOVIRUS DFA | | | | Medicare | $27.48 | $17.04 | $16.49 | |
| 87272 | Q | CRYPTOSPORIDIUM AG IF | | | | Medicare | $27.48 | $17.04 | $16.49 | |
| 87273 | Q | HERPES SIMPLEX 2 AG IF | | | | Medicare | $27.48 | $17.04 | $16.49 | |
| 87274 | Q | HERPES SIMPLEX 1 AG IF | | | | Medicare | $27.48 | $17.04 | $16.49 | |
| 87275 | Q | INFLUENZA B AG IF | | | | Medicare | $27.48 | $17.04 | $16.49 | |
| 87276 | Q | INFLUENZA A AG IF | | | | Medicare | $27.48 | $17.04 | $16.49 | |
| 87277 | Q | LEGIONELLA MICDADEI AG IF | | | | Medicare | $27.48 | $17.04 | $16.49 | |
| 87278 | Q | LEGION PNEUMOPHILIA AG IF | | | | Medicare | $27.48 | $17.04 | $16.49 | |
| 87279 | Q | PARAINFLUENZA AG IF | | | | Medicare | $27.48 | $17.04 | $16.49 | |
| 87280 | Q | RESPIRATORY SYNCYTIAL AG IF | | | | Medicare | $27.48 | $17.04 | $16.49 | |
| 87281 | Q | PNEUMOCYSTIS CARINII AG IF | | | | Medicare | $27.48 | $17.04 | $16.49 | |
| 87283 | Q | RUBEOLA AG IF | | | | Medicare | $27.48 | $17.04 | $16.49 | |
| 87285 | Q | TREPONEMA PALLIDUM AG IF | | | | Medicare | $27.48 | $17.04 | $16.49 | |
| 87290 | Q | VARICELLA ZOSTER AG IF | | | | Medicare | $27.48 | $17.04 | $16.49 | |
| 87299 | Q | ANTIBODY DETECTION NOS IF | | | | Medicare | $27.48 | $17.04 | $16.49 | |
| 87300 | Q | AG DETECTION POLYVAL IF | | | | Medicare | $27.48 | $17.04 | $16.49 | |
| 87301 | Q | ADENOVIRUS AG EIA | | | | Medicare | $27.48 | $17.04 | $16.49 | |
| 87305 | Q | ASPERGILLUS AG EIA | | | | Medicare | $27.48 | $17.04 | $16.49 | |
| 87320 | Q | CHYLMD TRACH AG EIA | | | | Medicare | $27.48 | $17.04 | $16.49 | |
| 87324 | Q | CLOSTRIDIUM AG EIA | | | | Medicare | $27.48 | $17.04 | $16.49 | |
| 87327 | Q | CRYPTOCOCCUS NEOFORM AG EIA | | | | Medicare | $27.48 | $17.04 | $16.49 | |
| 87328 | Q | CRYPTOSPORIDIUM AG EIA | | | | Medicare | $27.48 | $17.04 | $16.49 | |
| 87329 | Q | GIARDIA AG EIA | | | | Medicare | $27.48 | $17.04 | $16.49 | |
| 87332 | Q | CYTOMEGALOVIRUS AG EIA | | | | Medicare | $27.48 | $17.04 | $16.49 | |
| 87335 | Q | E COLI 0157 AG EIA | | | | Medicare | $27.48 | $17.04 | $16.49 | |
| 87336 | Q | ENTAMOEB HIST DISPR AG EIA | | | | Medicare | $27.48 | $17.04 | $16.49 | |
| 87337 | Q | ENTAMOEB HIST GROUP AG EIA | | | | Medicare | $27.48 | $17.04 | $16.49 | |
| 87338 | Q | HPYLORI STOOL EIA | | | | Medicare | $27.48 | $17.04 | $16.49 | |
| 87339 | Q | H PYLORI AG EIA | | | | Medicare | $27.48 | $17.04 | $16.49 | |
| 87340 | Q | HEPATITIS B SURFACE AG EIA | | | | Medicare | $22.18 | $13.75 | $13.31 | |
| 87341 | Q | HEPATITIS B SURFACE AG EIA | | | | Medicare | $22.18 | $13.75 | $13.31 | |
| 87350 | Q | HEPATITIS BE AG EIA | | | | Medicare | $22.40 | $13.89 | $13.44 | |
| 87380 | Q | HEPATITIS DELTA AG EIA | | | | Medicare | $37.60 | $23.31 | $22.56 | |
| 87385 | Q | HISTOPLASMA CAPSUL AG EIA | | | | Medicare | $27.48 | $17.04 | $16.49 | |
| 87389 | Q | HIV-1 AG W/HIV-1 & HIV-2 AB | | | | Medicare | $55.18 | $34.21 | $33.11 | |
| 87390 | Q | HIV-1 AG EIA | | | | Medicare | $40.42 | $25.06 | $24.25 | |
| 87391 | Q | HIV-2 AG EIA | | | | Medicare | $40.42 | $25.06 | $24.25 | |
| 87400 | Q | INFLUENZA A/B AG EIA | | | | Medicare | $27.48 | $17.04 | $16.49 | |
| 87420 | Q | RESP SYNCYTIAL AG EIA | | | | Medicare | $27.48 | $17.04 | $16.49 | |
| 87425 | Q | ROTAVIRUS AG EIA | | | | Medicare | $27.48 | $17.04 | $16.49 | |
| 87427 | Q | SHIGA-LIKE TOXIN AG EIA | | | | Medicare | $27.48 | $17.04 | $16.49 | |
| 87430 | Q | STREP A AG EIA | | | | Medicare | $27.48 | $17.04 | $16.49 | |
| 87449 | Q | AG DETECT NOS EIA MULT | | | | Medicare | $27.48 | $17.04 | $16.49 | |
| 87450 | Q | AG DETECT NOS EIA SINGLE | | | | Medicare | $21.97 | $13.62 | $13.18 | |
| 87451 | Q | AG DETECT POLYVAL EIA MULT | | | | Medicare | $21.97 | $13.62 | $13.18 | |
| 87470 | Q | BARTONELLA DNA DIR PROBE | | | | Medicare | $45.95 | $28.49 | $27.57 | |
| 87471 | Q | BARTONELLA DNA AMP PROBE | | | | Medicare | $80.40 | $49.85 | $48.24 | |
| 87472 | Q | BARTONELLA DNA QUANT | | | | Medicare | $98.13 | $60.84 | $58.88 | |
| 87475 | Q | LYME DIS DNA DIR PROBE | | | | Medicare | $45.95 | $28.49 | $27.57 | |
| 87476 | Q | LYME DIS DNA AMP PROBE | | | | Medicare | $80.40 | $49.85 | $48.24 | |
| 87477 | Q | LYME DIS DNA QUANT | | | | Medicare | $98.13 | $60.84 | $58.88 | |
| 87480 | Q | CANDIDA DNA DIR PROBE | | | | Medicare | $45.95 | $28.49 | $27.57 | |
| 87481 | Q | CANDIDA DNA AMP PROBE | | | | Medicare | $80.40 | $49.85 | $48.24 | |

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|---|---|---|---|---|---|---|---|---|---|---|
| 87482 | Q | CANDIDA DNA QUANT | | | | Medicare | $95.65 | $59.30 | $57.39 | |
| 87485 | Q | CHYLMD PNEUM DNA DIR PROBE | | | | Medicare | $45.95 | $28.49 | $27.57 | |
| 87486 | Q | CHYLMD PNEUM DNA AMP PROBE | | | | Medicare | $80.40 | $49.85 | $48.24 | |
| 87487 | Q | CHYLMD PNEUM DNA QUANT | | | | Medicare | $98.13 | $60.84 | $58.88 | |
| 87490 | Q | CHYLMD TRACH DNA DIR PROBE | | | | Medicare | $45.95 | $28.49 | $27.57 | |
| 87491 | Q | CHYLMD TRACH DNA AMP PROBE | | | | Medicare | $80.40 | $49.85 | $48.24 | |
| 87492 | Q | CHYLMD TRACH DNA QUANT | | | | Medicare | $80.10 | $49.66 | $48.06 | |
| 87493 | Q | C DIFF AMPLIFIED PROBE | | | | Medicare | $80.40 | $49.85 | $48.24 | |
| 87495 | Q | CYTOMEG DNA DIR PROBE | | | | Medicare | $45.95 | $28.49 | $27.57 | |
| 87496 | Q | CYTOMEG DNA AMP PROBE | | | | Medicare | $80.40 | $49.85 | $48.24 | |
| 87497 | Q | CYTOMEG DNA QUANT | | | | Medicare | $98.13 | $60.84 | $58.88 | |
| 87498 | Q | ENTEROVIRUS PROBE&REVRS TRNS | | | | Medicare | $80.40 | $49.85 | $48.24 | |
| 87500 | Q | VANOMYCIN DNA AMP PROBE | | | | Medicare | $80.40 | $49.85 | $48.24 | |
| 87501 | Q | INFLUENZA DNA AMP PROB 1+ | | | | Medicare | $117.57 | $72.89 | $70.54 | |
| 87502 | Q | INFLUENZA DNA AMP PROBE | | | | Medicare | $194.93 | $120.86 | $116.96 | |
| 87503 | Q | INFLUENZA DNA AMP PROB ADDL | | | | Medicare | $47.58 | $29.50 | $28.55 | |
| 87510 | Q | GARDNER VAG DNA DIR PROBE | | | | Medicare | $45.95 | $28.49 | $27.57 | |
| 87511 | Q | GARDNER VAG DNA AMP PROBE | | | | Medicare | $80.40 | $49.85 | $48.24 | |
| 87512 | Q | GARDNER VAG DNA QUANT | | | | Medicare | $95.65 | $59.30 | $57.39 | |
| 87515 | Q | HEPATITIS B DNA DIR PROBE | | | | Medicare | $45.95 | $28.49 | $27.57 | |
| 87516 | Q | HEPATITIS B DNA AMP PROBE | | | | Medicare | $80.40 | $49.85 | $48.24 | |
| 87517 | Q | HEPATITIS B DNA QUANT | | | | Medicare | $98.13 | $60.84 | $58.88 | |
| 87520 | Q | HEPATITIS C RNA DIR PROBE | | | | Medicare | $45.95 | $28.49 | $27.57 | |
| 87521 | Q | HEPATITIS C PROBE&RVRS TRNSC | | | | Medicare | $80.40 | $49.85 | $48.24 | |
| 87522 | Q | HEPATITIS C REVRS TRNSCRPJ | | | | Medicare | $98.13 | $60.84 | $58.88 | |
| 87525 | Q | HEPATITIS G DNA DIR PROBE | | | | Medicare | $45.95 | $28.49 | $27.57 | |
| 87526 | Q | HEPATITIS G DNA AMP PROBE | | | | Medicare | $80.40 | $49.85 | $48.24 | |
| 87527 | Q | HEPATITIS G DNA QUANT | | | | Medicare | $95.65 | $59.30 | $57.39 | |
| 87528 | Q | HSV DNA DIR PROBE | | | | Medicare | $45.95 | $28.49 | $27.57 | |
| 87529 | Q | HSV DNA AMP PROBE | | | | Medicare | $80.40 | $49.85 | $48.24 | |
| 87530 | Q | HSV DNA QUANT | | | | Medicare | $98.13 | $60.84 | $58.88 | |
| 87531 | Q | HHV-6 DNA DIR PROBE | | | | Medicare | $45.95 | $28.49 | $27.57 | |
| 87532 | Q | HHV-6 DNA AMP PROBE | | | | Medicare | $80.40 | $49.85 | $48.24 | |
| 87533 | Q | HHV-6 DNA QUANT | | | | Medicare | $95.65 | $59.30 | $57.39 | |
| 87534 | Q | HIV-1 DNA DIR PROBE | | | | Medicare | $45.95 | $28.49 | $27.57 | |
| 87535 | Q | HIV-1 PROBE&REVERSE TRNSCRPJ | | | | Medicare | $80.40 | $49.85 | $48.24 | |
| 87536 | Q | HIV-1 QUANT&REVRSE TRNSCRPJ | | | | Medicare | $194.93 | $120.86 | $116.96 | |
| 87537 | Q | HIV-2 DNA DIR PROBE | | | | Medicare | $45.95 | $28.49 | $27.57 | |
| 87538 | Q | HIV-2 PROBE&REVRSE TRNSCRIPJ | | | | Medicare | $80.40 | $49.85 | $48.24 | |
| 87539 | Q | HIV-2 QUANT&REVRSE TRNSCRIPJ | | | | Medicare | $98.13 | $60.84 | $58.88 | |
| 87540 | Q | LEGION PNEUMO DNA DIR PROB | | | | Medicare | $45.95 | $28.49 | $27.57 | |
| 87541 | Q | LEGION PNEUMO DNA AMP PROB | | | | Medicare | $80.40 | $49.85 | $48.24 | |
| 87542 | Q | LEGION PNEUMO DNA QUANT | | | | Medicare | $95.65 | $59.30 | $57.39 | |
| 87550 | Q | MYCOBACTERIA DNA DIR PROBE | | | | Medicare | $45.95 | $28.49 | $27.57 | |
| 87551 | Q | MYCOBACTERIA DNA AMP PROBE | | | | Medicare | $80.40 | $49.85 | $48.24 | |
| 87552 | Q | MYCOBACTERIA DNA QUANT | | | | Medicare | $98.13 | $60.84 | $58.88 | |
| 87555 | Q | M.TUBERCULO DNA DIR PROBE | | | | Medicare | $45.95 | $28.49 | $27.57 | |
| 87556 | Q | M.TUBERCULO DNA AMP PROBE | | | | Medicare | $80.40 | $49.85 | $48.24 | |
| 87557 | Q | M.TUBERCULO DNA QUANT | | | | Medicare | $98.13 | $60.84 | $58.88 | |
| 87560 | Q | M.AVIUM-INTRA DNA DIR PROB | | | | Medicare | $45.95 | $28.49 | $27.57 | |
| 87561 | Q | M.AVIUM-INTRA DNA AMP PROB | | | | Medicare | $80.40 | $49.85 | $48.24 | |
| 87562 | Q | M.AVIUM-INTRA DNA QUANT | | | | Medicare | $98.13 | $60.84 | $58.88 | |
| 87580 | Q | M.PNEUMON DNA DIR PROBE | | | | Medicare | $45.95 | $28.49 | $27.57 | |
| 87581 | Q | M.PNEUMON DNA AMP PROBE | | | | Medicare | $80.40 | $49.85 | $48.24 | |
| 87582 | Q | M.PNEUMON DNA QUANT | | | | Medicare | $95.65 | $59.30 | $57.39 | |
| 87590 | Q | N.GONORRHOEAE DNA DIR PROB | | | | Medicare | $45.95 | $28.49 | $27.57 | |
| 87591 | Q | N.GONORRHOEAE DNA AMP PROB | | | | Medicare | $80.40 | $49.85 | $48.24 | |
| 87592 | Q | N.GONORRHOEAE DNA QUANT | | | | Medicare | $98.13 | $60.84 | $58.88 | |
| 87620 | Q | HPV DNA DIR PROBE | | | | Medicare | $45.95 | $28.49 | $27.57 | |
| 87621 | Q | HPV DNA AMP PROBE | | | | Medicare | $80.40 | $49.85 | $48.24 | |
| 87622 | Q | HPV DNA QUANT | | | | Medicare | $95.65 | $59.30 | $57.39 | |
| 87631 | Q | RESP VIRUS 3-5 TARGETS | | | | Medicare | $293.90 | $182.22 | $176.34 | |
| 87632 | Q | RESP VIRUS 6-11 TARGETS | | | | Medicare | $488.95 | $303.15 | $293.37 | |
| 87633 | Q | RESP VIRUS 12-25 TARGETS | | | | Medicare | $954.85 | $592.01 | $572.91 | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 87640 | Q | STAPH A DNA AMP PROBE | | | | Medicare | $80.40 | $49.85 | $48.24 | |
| 87641 | Q | MR-STAPH DNA AMP PROBE | | | | Medicare | $80.40 | $49.85 | $48.24 | |
| 87650 | Q | STREP A DNA DIR PROBE | | | | Medicare | $45.95 | $28.49 | $27.57 | |
| 87651 | Q | STREP A DNA AMP PROBE | | | | Medicare | $80.40 | $49.85 | $48.24 | |
| 87652 | Q | STREP A DNA QUANT | | | | Medicare | $95.65 | $59.30 | $57.39 | |
| 87653 | Q | STREP B DNA AMP PROBE | | | | Medicare | $80.40 | $49.85 | $48.24 | |
| 87660 | Q | TRICHOMONAS VAGIN DIR PROBE | | | | Medicare | $45.95 | $28.49 | $27.57 | |
| 87797 | Q | DETECT AGENT NOS DNA DIR | | | | Medicare | $45.95 | $28.49 | $27.57 | |
| 87798 | Q | DETECT AGENT NOS DNA AMP | | | | Medicare | $80.40 | $49.85 | $48.24 | |
| 87799 | Q | DETECT AGENT NOS DNA QUANT | | | | Medicare | $98.13 | $60.84 | $58.88 | |
| 87800 | Q | DETECT AGNT MULT DNA DIREC | | | | Medicare | $91.90 | $56.98 | $55.14 | |
| 87801 | Q | DETECT AGNT MULT DNA AMPLI | | | | Medicare | $160.82 | $99.71 | $96.49 | |
| 87802 | Q | STREP B ASSAY W/OPTIC | | | | Medicare | $27.48 | $17.04 | $16.49 | |
| 87803 | Q | CLOSTRIDIUM TOXIN A W/OPTIC | | | | Medicare | $27.48 | $17.04 | $16.49 | |
| 87804 | Q | INFLUENZA ASSAY W/OPTIC | | | | Medicare | $27.48 | $17.04 | $16.49 | |
| 87807 | Q | RSV ASSAY W/OPTIC | | | | Medicare | $27.48 | $17.04 | $16.49 | |
| 87808 | Q | TRICHOMONAS ASSAY W/OPTIC | | | | Medicare | $27.48 | $17.04 | $16.49 | |
| 87809 | Q | ADENOVIRUS ASSAY W/OPTIC | | | | Medicare | $27.48 | $17.04 | $16.49 | |
| 87810 | Q | CHYLMD TRACH ASSAY W/OPTIC | | | | Medicare | $27.48 | $17.04 | $16.49 | |
| 87850 | Q | N. GONORRHOEAE ASSAY W/OPTIC | | | | Medicare | $27.48 | $17.04 | $16.49 | |
| 87880 | Q | STREP A ASSAY W/OPTIC | | | | Medicare | $27.48 | $17.04 | $16.49 | |
| 87899 | Q | AGENT NOS ASSAY W/OPTIC | | | | Medicare | $27.48 | $17.04 | $16.49 | |
| 87900 | Q | PHENOTYPE INFECT AGENT DRUG | | | | Medicare | $285.90 | $177.26 | $171.54 | |
| 87901 | Q | GENOTYPE DNA HIV REVERSE T | | | | Medicare | $589.80 | $365.68 | $353.88 | |
| 87902 | Q | GENOTYPE DNA/RNA HEP C | | | | Medicare | $589.80 | $365.68 | $353.88 | |
| 87903 | Q | PHENOTYPE DNA HIV W/CULTURE | | | | Medicare | $1,119.47 | $694.07 | $671.68 | |
| 87904 | Q | PHENOTYPE DNA HIV W/CLT ADD | | | | Medicare | $57.18 | $35.45 | $34.31 | |
| 87905 | Q | SIALIDASE ENZYME ASSAY | | | | Medicare | $28.00 | $17.36 | $16.80 | |
| 87906 | Q | GENOTYPE DNA/RNA HIV | | | | Medicare | $294.90 | $182.84 | $176.94 | |
| 87910 | Q | GENOTYPE CYTOMEGALOVIRUS | | | | Medicare | $589.80 | $365.68 | $353.88 | |
| 87912 | Q | GENOTYPE DNA HEPATITIS B | | | | Medicare | $589.80 | $365.68 | $353.88 | |
| 87999 | M | MICROBIOLOGY PROCEDURE | | | | By Report | $0.00 | | | |
| 88000 | E | AUTOPSY (NECROPSY) GROSS | | | | Not Allowed | $0.00 | | | |
| 88005 | E | AUTOPSY (NECROPSY) GROSS | | | | Not Allowed | $0.00 | | | |
| 88007 | E | AUTOPSY (NECROPSY) GROSS | | | | Not Allowed | $0.00 | | | |
| 88012 | E | AUTOPSY (NECROPSY) GROSS | | | | Not Allowed | $0.00 | | | |
| 88014 | E | AUTOPSY (NECROPSY) GROSS | | | | Not Allowed | $0.00 | | | |
| 88016 | E | AUTOPSY (NECROPSY) GROSS | | | | Not Allowed | $0.00 | | | |
| 88020 | E | AUTOPSY (NECROPSY) COMPLETE | | | | Not Allowed | $0.00 | | | |
| 88025 | E | AUTOPSY (NECROPSY) COMPLETE | | | | Not Allowed | $0.00 | | | |
| 88027 | E | AUTOPSY (NECROPSY) COMPLETE | | | | Not Allowed | $0.00 | | | |
| 88028 | E | AUTOPSY (NECROPSY) COMPLETE | | | | Not Allowed | $0.00 | | | |
| 88029 | E | AUTOPSY (NECROPSY) COMPLETE | | | | Not Allowed | $0.00 | | | |
| 88036 | E | LIMITED AUTOPSY | | | | Not Allowed | $0.00 | | | |
| 88037 | E | LIMITED AUTOPSY | | | | Not Allowed | $0.00 | | | |
| 88040 | E | FORENSIC AUTOPSY (NECROPSY) | | | | Not Allowed | $0.00 | | | |
| 88045 | E | CORONERS AUTOPSY (NECROPSY) | | | | Not Allowed | $0.00 | | | |
| 88099 | E | NECROPSY (AUTOPSY) PROCEDURE | | | | Not Allowed | $0.00 | | | |
| 88104 | X | CYTOPATH FL NONGYN SMEARS | | 0433 | 0.3285 | APC | $16.63 | | | |
| 88106 | X | CYTOPATH FL NONGYN FILTER | | 0433 | 0.3285 | APC | $16.63 | | | |
| 88108 | X | CYTOPATH CONCENTRATE TECH | | 0433 | 0.3285 | APC | $16.63 | | | |
| 88112 | X | CYTOPATH CELL ENHANCE TECH | | 0433 | 0.3285 | APC | $16.63 | | | |
| 88120 | X | CYTP URNE 3-5 PROBES EA SPEC | | 0661 | 2.2023 | APC | $111.46 | | | |
| 88121 | X | CYTP URINE 3-5 PROBES CMPTR | | 0661 | 2.2023 | APC | $111.46 | | | |
| 88125 | X | FORENSIC CYTOPATHOLOGY | | 0433 | 0.3285 | APC | $16.63 | | | |
| 88130 | Q | SEX CHROMATIN IDENTIFICATION | | | | Medicare | $34.48 | $21.38 | $20.69 | |
| 88140 | Q | SEX CHROMATIN IDENTIFICATION | | | | Medicare | $18.32 | $11.36 | $10.99 | |
| 88141 | N | CYTOPATH C/V INTERPRET | | | | Bundled | $0.00 | | | |
| 88142 | Q | CYTOPATH C/V THIN LAYER | | | | Medicare | $46.42 | $28.78 | $27.85 | |
| 88143 | Q | CYTOPATH C/V THIN LAYER REDO | | | | Medicare | $46.42 | $28.78 | $27.85 | |
| 88147 | Q | CYTOPATH C/V AUTOMATED | | | | Medicare | $26.08 | $16.17 | $15.65 | |
| 88148 | Q | CYTOPATH C/V AUTO RESCREEN | | | | Medicare | $34.82 | $21.59 | $20.89 | |
| 88150 | Q | CYTOPATH C/V MANUAL | | | | Medicare | $24.22 | $15.02 | $14.53 | |
| 88152 | Q | CYTOPATH C/V AUTO REDO | | | | Medicare | $24.22 | $15.02 | $14.53 | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 88153 | Q | CYTOPATH C/V REDO | | | | Medicare | $24.22 | $15.02 | $14.53 | |
| 88154 | Q | CYTOPATH C/V SELECT | | | | Medicare | $24.22 | $15.02 | $14.53 | |
| 88155 | Q | CYTOPATH C/V INDEX ADD-ON | | | | Medicare | $13.73 | $8.51 | $8.24 | |
| 88160 | X | CYTOPATH SMEAR OTHER SOURCE | | 0342 | 0.1782 | APC | $9.02 | | | |
| 88161 | X | CYTOPATH SMEAR OTHER SOURCE | | 0342 | 0.1782 | APC | $9.02 | | | |
| 88162 | X | CYTOPATH SMEAR OTHER SOURCE | | 0433 | 0.3285 | APC | $16.63 | | | |
| 88164 | Q | CYTOPATH TBS C/V MANUAL | | | | Medicare | $24.22 | $15.02 | $14.53 | |
| 88165 | Q | CYTOPATH TBS C/V REDO | | | | Medicare | $24.22 | $15.02 | $14.53 | |
| 88166 | Q | CYTOPATH TBS C/V AUTO REDO | | | | Medicare | $24.22 | $15.02 | $14.53 | |
| 88167 | Q | CYTOPATH TBS C/V SELECT | | | | Medicare | $24.22 | $15.02 | $14.53 | |
| 88172 | X | CYTP DX EVAL FNA 1ST EA SITE | | 0433 | 0.3285 | APC | $16.63 | | | |
| 88173 | X | CYTOPATH EVAL FNA REPORT | | 0343 | 0.5342 | APC | $27.04 | | | |
| 88174 | Q | CYTOPATH C/V AUTO IN FLUID | | | | Medicare | $48.95 | $30.35 | $29.37 | |
| 88175 | Q | CYTOPATH C/V AUTO FLUID REDO | | | | Medicare | $60.68 | $37.62 | $36.41 | |
| 88177 | X | CYTP FNA EVAL EA ADDL | | 0342 | 0.1782 | APC | $9.02 | | | |
| 88182 | X | CELL MARKER STUDY | | 0343 | 0.5342 | APC | $27.04 | | | |
| 88184 | X | FLOWCYTOMETRY/ TC 1 MARKER | | 0433 | 0.3285 | APC | $16.63 | | | |
| 88185 | X | FLOWCYTOMETRY/TC ADD-ON | | 0342 | 0.1782 | APC | $9.02 | | | |
| 88187 | X | FLOWCYTOMETRY/READ 2-8 | | 0433 | 0.3285 | APC | $16.63 | | | |
| 88188 | X | FLOWCYTOMETRY/READ 9-15 | | 0433 | 0.3285 | APC | $16.63 | | | |
| 88189 | X | FLOWCYTOMETRY/READ 16 & > | | 0433 | 0.3285 | APC | $16.63 | | | |
| 88199 | X | CYTOPATHOLOGY PROCEDURE | | 0342 | 0.1782 | APC | $9.02 | | | |
| 88230 | Q | TISSUE CULTURE LYMPHOCYTE | | | | Medicare | $266.90 | $165.48 | $160.14 | |
| 88233 | Q | TISSUE CULTURE SKIN/BIOPSY | | | | Medicare | $322.40 | $199.89 | $193.44 | |
| 88235 | Q | TISSUE CULTURE PLACENTA | | | | Medicare | $337.37 | $209.17 | $202.42 | |
| 88237 | Q | TISSUE CULTURE BONE MARROW | | | | Medicare | $289.37 | $179.41 | $173.62 | |
| 88239 | Q | TISSUE CULTURE TUMOR | | | | Medicare | $337.97 | $209.54 | $202.78 | |
| 88240 | Q | CELL CRYOPRESERVE/STORAGE | | | | Medicare | $23.13 | $14.34 | $13.88 | |
| 88241 | Q | FROZEN CELL PREPARATION | | | | Medicare | $23.13 | $14.34 | $13.88 | |
| 88245 | Q | CHROMOSOME ANALYSIS 20-25 | | | | Medicare | $341.03 | $211.44 | $204.62 | |
| 88248 | Q | CHROMOSOME ANALYSIS 50-100 | | | | Medicare | $396.73 | $245.97 | $238.04 | |
| 88249 | Q | CHROMOSOME ANALYSIS 100 | | | | Medicare | $396.73 | $245.97 | $238.04 | |
| 88261 | Q | CHROMOSOME ANALYSIS 5 | | | | Medicare | $404.88 | $251.03 | $242.93 | |
| 88262 | Q | CHROMOSOME ANALYSIS 15-20 | | | | Medicare | $285.55 | $177.04 | $171.33 | |
| 88263 | Q | CHROMOSOME ANALYSIS 45 | | | | Medicare | $344.30 | $213.47 | $206.58 | |
| 88264 | Q | CHROMOSOME ANALYSIS 20-25 | | | | Medicare | $285.55 | $177.04 | $171.33 | |
| 88267 | Q | CHROMOSOME ANALYS PLACENTA | | | | Medicare | $411.85 | $255.35 | $247.11 | |
| 88269 | Q | CHROMOSOME ANALYS AMNIOTIC | | | | Medicare | $381.05 | $236.25 | $228.63 | |
| 88271 | Q | CYTOGENETICS DNA PROBE | | | | Medicare | $33.17 | $20.57 | $19.90 | |
| 88272 | Q | CYTOGENETICS 3-5 | | | | Medicare | $41.47 | $25.71 | $24.88 | |
| 88273 | Q | CYTOGENETICS 10-30 | | | | Medicare | $58.03 | $35.98 | $34.82 | |
| 88274 | Q | CYTOGENETICS 25-99 | | | | Medicare | $66.30 | $41.11 | $39.78 | |
| 88275 | Q | CYTOGENETICS 100-300 | | | | Medicare | $74.62 | $46.26 | $44.77 | |
| 88280 | Q | CHROMOSOME KARYOTYPE STUDY | | | | Medicare | $57.50 | $35.65 | $34.50 | |
| 88283 | Q | CHROMOSOME BANDING STUDY | | | | Medicare | $42.50 | $26.35 | $25.50 | |
| 88285 | Q | CHROMOSOME COUNT ADDITIONAL | | | | Medicare | $43.52 | $26.98 | $26.11 | |
| 88289 | Q | CHROMOSOME STUDY ADDITIONAL | | | | Medicare | $7.30 | $4.53 | $4.38 | |
| 88291 | E | CYTO/MOLECULAR REPORT | | | | Not Allowed | $0.00 | | | |
| 88299 | X | CYTOGENETIC STUDY | | 0342 | 0.1782 | APC | $9.02 | | | |
| 88300 | X | SURGICAL PATH GROSS | | 0342 | 0.1782 | APC | $9.02 | | | |
| 88302 | X | TISSUE EXAM BY PATHOLOGIST | | 0433 | 0.3285 | APC | $16.63 | | | |
| 88304 | X | TISSUE EXAM BY PATHOLOGIST | | 0433 | 0.3285 | APC | $16.63 | | | |
| 88305 | X | TISSUE EXAM BY PATHOLOGIST | | 0343 | 0.5342 | APC | $27.04 | | | |
| 88307 | X | TISSUE EXAM BY PATHOLOGIST | | 0344 | 0.8477 | APC | $42.90 | | | |
| 88309 | X | TISSUE EXAM BY PATHOLOGIST | | 0661 | 2.2023 | APC | $111.46 | | | |
| 88311 | X | DECALCIFY TISSUE | | 0342 | 0.1782 | APC | $9.02 | | | |
| 88312 | X | SPECIAL STAINS GROUP 1 | | 0433 | 0.3285 | APC | $16.63 | | | |
| 88313 | X | SPECIAL STAINS GROUP 2 | | 0433 | 0.3285 | APC | $16.63 | | | |
| 88314 | X | HISTOCHEMICAL STAINS ADD-ON | | 0433 | 0.3285 | APC | $16.63 | | | |
| 88319 | X | ENZYME HISTOCHEMISTRY | | 0433 | 0.3285 | APC | $16.63 | | | |
| 88321 | X | MICROSLIDE CONSULTATION | | 0342 | 0.1782 | APC | $9.02 | | | |
| 88323 | X | MICROSLIDE CONSULTATION | | 0343 | 0.5342 | APC | $27.04 | | | |
| 88325 | X | COMPREHENSIVE REVIEW OF DATA | | 0344 | 0.8477 | APC | $42.90 | | | |
| 88329 | X | PATH CONSULT INTROP | | 0342 | 0.1782 | APC | $9.02 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 88331 | X | PATH CONSULT INTRAOP 1 BLOC | | 0433 | 0.3285 | APC | $16.63 | | | |
| 88332 | X | PATH CONSULT INTRAOP ADDL | | 0342 | 0.1782 | APC | $9.02 | | | |
| 88333 | X | INTRAOP CYTO PATH CONSULT 1 | | 0433 | 0.3285 | APC | $16.63 | | | |
| 88334 | X | INTRAOP CYTO PATH CONSULT 2 | | 0342 | 0.1782 | APC | $9.02 | | | |
| 88342 | X | IMMUNOHISTOCHEMISTRY | | 0343 | 0.5342 | APC | $27.04 | | | |
| 88346 | X | IMMUNOFLUORESCENT STUDY | | 0343 | 0.5342 | APC | $27.04 | | | |
| 88347 | X | IMMUNOFLUORESCENT STUDY | | 0433 | 0.3285 | APC | $16.63 | | | |
| 88348 | X | ELECTRON MICROSCOPY | | 0661 | 2.2023 | APC | $111.46 | | | |
| 88349 | X | SCANNING ELECTRON MICROSCOPY | | 0661 | 2.2023 | APC | $111.46 | | | |
| 88355 | X | ANALYSIS SKELETAL MUSCLE | | 0343 | 0.5342 | APC | $27.04 | | | |
| 88356 | X | ANALYSIS NERVE | | 0343 | 0.5342 | APC | $27.04 | | | |
| 88358 | X | ANALYSIS TUMOR | | 0343 | 0.5342 | APC | $27.04 | | | |
| 88360 | X | TUMOR IMMUNOHISTOCHEM/MANUAL | | 0343 | 0.5342 | APC | $27.04 | | | |
| 88361 | X | TUMOR IMMUNOHISTOCHEM/COMPUT | | 0343 | 0.5342 | APC | $27.04 | | | |
| 88362 | X | NERVE TEASING PREPARATIONS | | 0344 | 0.8477 | APC | $42.90 | | | |
| 88363 | X | XM ARCHIVE TISSUE MOLEC ANAL | | 0342 | 0.1782 | APC | $9.02 | | | |
| 88365 | X | INSITU HYBRIDIZATION (FISH) | | 0343 | 0.5342 | APC | $27.04 | | | |
| 88367 | X | INSITU HYBRIDIZATION AUTO | | 0343 | 0.5342 | APC | $27.04 | | | |
| 88368 | X | INSITU HYBRIDIZATION MANUAL | | 0344 | 0.8477 | APC | $42.90 | | | |
| 88371 | Q | PROTEIN WESTERN BLOT TISSUE | | | | Medicare | $28.35 | $17.58 | $17.01 | |
| 88372 | Q | PROTEIN ANALYSIS W/PROBE | | | | Medicare | $42.52 | $26.36 | $25.51 | |
| 88375 | X | OPTICAL ENDOMICROSCPY INTERP | | 0342 | 0.1782 | APC | $9.02 | | | |
| 88380 | E | MICRODISSECTION LASER | | | | Not Allowed | $0.00 | | | |
| 88381 | N | MICRODISSECTION MANUAL | | | | Bundled | $0.00 | | | |
| 88387 | N | TISS EXAM MOLECULAR STUDY | | | | Bundled | $0.00 | | | |
| 88388 | N | TISS EX MOLECUL STUDY ADD-ON | | | | Bundled | $0.00 | | | |
| 88399 | X | SURGICAL PATHOLOGY PROCEDURE | | 0342 | 0.1782 | APC | $9.02 | | | |
| 88720 | Q | BILIRUBIN TOTAL TRANSCUT | | | | Medicare | $11.50 | $7.13 | $6.90 | |
| 88738 | Q | HGB QUANT TRANSCUTANEOUS | | | | Medicare | $11.50 | $7.13 | $6.90 | |
| 88740 | Q | TRANSCUTANEOUS CARBOXYHB | | | | Medicare | $11.50 | $7.13 | $6.90 | |
| 88741 | Q | TRANSCUTANEOUS METHB | | | | Medicare | $11.50 | $7.13 | $6.90 | |
| 88749 | E | IN VIVO LAB SERVICE | | | | Not Allowed | $0.00 | | | |
| 89049 | X | CHCT FOR MAL HYPERTHERMIA | | 0342 | 0.1782 | APC | $9.02 | | | |
| 89050 | Q | BODY FLUID CELL COUNT | | | | Medicare | $10.83 | $6.71 | $6.50 | |
| 89051 | Q | BODY FLUID CELL COUNT | | | | Medicare | $12.62 | $7.82 | $7.57 | |
| 89055 | Q | LEUKOCYTE ASSESSMENT FECAL | | | | Medicare | $9.78 | $6.06 | $5.87 | |
| 89060 | Q | EXAM SYNOVIAL FLUID CRYSTALS | | | | Medicare | $16.38 | $10.16 | $9.83 | |
| 89125 | Q | SPECIMEN FAT STAIN | | | | Medicare | $9.88 | $6.13 | $5.93 | |
| 89160 | Q | EXAM FECES FOR MEAT FIBERS | | | | Medicare | $8.45 | $5.24 | $5.07 | |
| 89190 | Q | NASAL SMEAR FOR EOSINOPHILS | | | | Medicare | $10.88 | $6.75 | $6.53 | |
| 89220 | X | SPUTUM SPECIMEN COLLECTION | | 0433 | 0.3285 | APC | $16.63 | | | |
| 89230 | X | COLLECT SWEAT FOR TEST | | 0343 | 0.5342 | APC | $27.04 | | | |
| 89240 | X | PATHOLOGY LAB PROCEDURE | | 0342 | 0.1782 | APC | $9.02 | | | |
| 89250 | E | CULTR OOCYTE/EMBRYO <4 DAYS | | | | Not Allowed | $0.00 | | | |
| 89251 | E | CULTR OOCYTE/EMBRYO <4 DAYS | | | | Not Allowed | $0.00 | | | |
| 89253 | E | EMBRYO HATCHING | | | | Not Allowed | $0.00 | | | |
| 89254 | E | OOCYTE IDENTIFICATION | | | | Not Allowed | $0.00 | | | |
| 89255 | E | PREPARE EMBRYO FOR TRANSFER | | | | Not Allowed | $0.00 | | | |
| 89257 | E | SPERM IDENTIFICATION | | | | Not Allowed | $0.00 | | | |
| 89258 | E | CRYOPRESERVATION EMBRYO(S) | | | | Not Allowed | $0.00 | | | |
| 89259 | E | CRYOPRESERVATION SPERM | | | | Not Allowed | $0.00 | | | |
| 89260 | E | SPERM ISOLATION SIMPLE | | | | Not Allowed | $0.00 | | | |
| 89261 | E | SPERM ISOLATION COMPLEX | | | | Not Allowed | $0.00 | | | |
| 89264 | E | IDENTIFY SPERM TISSUE | | | | Not Allowed | $0.00 | | | |
| 89268 | E | INSEMINATION OF OOCYTES | | | | Not Allowed | $0.00 | | | |
| 89272 | E | EXTENDED CULTURE OF OOCYTES | | | | Not Allowed | $0.00 | | | |
| 89280 | E | ASSIST OOCYTE FERTILIZATION | | | | Not Allowed | $0.00 | | | |
| 89281 | E | ASSIST OOCYTE FERTILIZATION | | | | Not Allowed | $0.00 | | | |
| 89290 | E | BIOPSY OOCYTE POLAR BODY | | | | Not Allowed | $0.00 | | | |
| 89291 | E | BIOPSY OOCYTE POLAR BODY | | | | Not Allowed | $0.00 | | | |
| 89300 | E | SEMEN ANALYSIS W/HUHNER | | | | Not Allowed | $0.00 | | | |
| 89310 | E | SEMEN ANALYSIS W/COUNT | | | | Not Allowed | $0.00 | | | |
| 89320 | E | SEMEN ANAL VOL/COUNT/MOT | | | | Not Allowed | $0.00 | | | |
| 89321 | E | SEMEN ANAL SPERM DETECTION | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 89322 | E | SEMEN ANAL STRICT CRITERIA | | | | Not Allowed | $0.00 | | | |
| 89325 | E | SPERM ANTIBODY TEST | | | | Not Allowed | $0.00 | | | |
| 89329 | E | SPERM EVALUATION TEST | | | | Not Allowed | $0.00 | | | |
| 89330 | E | EVALUATION CERVICAL MUCUS | | | | Not Allowed | $0.00 | | | |
| 89331 | E | RETROGRADE EJACULATION ANAL | | | | Not Allowed | $0.00 | | | |
| 89335 | E | CRYOPRESERVE TESTICULAR TISS | | | | Not Allowed | $0.00 | | | |
| 89342 | E | STORAGE/YEAR EMBRYO(S) | | | | Not Allowed | $0.00 | | | |
| 89343 | E | STORAGE/YEAR SPERM/SEMEN | | | | Not Allowed | $0.00 | | | |
| 89344 | E | STORAGE/YEAR REPROD TISSUE | | | | Not Allowed | $0.00 | | | |
| 89346 | E | STORAGE/YEAR OOCYTE(S) | | | | Not Allowed | $0.00 | | | |
| 89352 | E | THAWING CRYOPRESRVED EMBRYO | | | | Not Allowed | $0.00 | | | |
| 89353 | E | THAWING CRYOPRESRVED SPERM | | | | Not Allowed | $0.00 | | | |
| 89354 | E | THAW CRYOPRSVRD REPROD TISS | | | | Not Allowed | $0.00 | | | |
| 89356 | E | THAWING CRYOPRESRVED OOCYTE | | | | Not Allowed | $0.00 | | | |
| 89398 | E | UNLISTED REPROD MED LAB PROC | | | | Not Allowed | $0.00 | | | |
| 90281 | E | HUMAN IG IM | | | | Not Allowed | $0.00 | | | |
| 90283 | E | HUMAN IG IV | | | | Not Allowed | $0.00 | | | |
| 90284 | E | HUMAN IG SC | | | | Not Allowed | $0.00 | | | |
| 90287 | E | BOTULINUM ANTITOXIN | | | | Not Allowed | $0.00 | | | |
| 90288 | E | BOTULISM IG IV | | | | Not Allowed | $0.00 | | | |
| 90291 | E | CMV IG IV | | | | Not Allowed | $0.00 | | | |
| 90296 | E | DIPHTHERIA ANTITOXIN | | | | Not Allowed | $0.00 | | | |
| 90371 | K | HEP B IG IM | | 1630 | | APC | $101.00 | | | |
| 90375 | K | RABIES IG IM/SC | | 9133 | | APC | $215.65 | | | |
| 90376 | K | RABIES IG HEAT TREATED | | 9134 | | APC | $213.03 | | | |
| 90378 | K | RSV MAB IM 50MG | | 9003 | | APC | $1,240.19 | | | |
| 90384 | E | RH IG FULL-DOSE IM | | | | Not Allowed | $0.00 | | | |
| 90385 | N | RH IG MINIDOSE IM | | | | Bundled | $0.00 | | | |
| 90386 | E | RH IG IV | | | | Not Allowed | $0.00 | | | |
| 90389 | E | TETANUS IG IM | | | | Not Allowed | $0.00 | | | |
| 90393 | E | VACCINA IG IM | | | | Not Allowed | $0.00 | | | |
| 90396 | K | VARICELLA-ZOSTER IG IM | | 9135 | | APC | $79.88 | | | |
| 90399 | E | IMMUNE GLOBULIN | | | | Not Allowed | $0.00 | | | |
| 90460 | E | IM ADMIN 1ST/ONLY COMPONENT | | | | Not Allowed | $0.00 | | | |
| 90461 | E | IM ADMIN EACH ADDL COMPONENT | | | | Not Allowed | $0.00 | | | |
| 90471 | E | IMMUNIZATION ADMIN | | | | Not Allowed | $0.00 | | | |
| 90472 | E | IMMUNIZATION ADMIN EACH ADD | | | | Not Allowed | $0.00 | | | |
| 90473 | E | IMMUNE ADMIN ORAL/NASAL | | | | Not Allowed | $0.00 | | | |
| 90474 | E | IMMUNE ADMIN ORAL/NASAL ADDL | | | | Not Allowed | $0.00 | | | |
| 90476 | N | ADENOVIRUS VACCINE TYPE 4 | | | | Bundled | $0.00 | | | |
| 90477 | E | ADENOVIRUS VACCINE TYPE 7 | | | | Not Allowed | $0.00 | | | |
| 90581 | K | ANTHRAX VACCINE SC OR IM | | 1422 | | APC | $94.05 | | | |
| 90585 | K | BCG VACCINE PERCUT | | 9137 | | APC | $119.30 | | | |
| 90586 | M | BCG VACCINE INTRAVESICAL | | | | Fee Schedule | $119.30 | | | |
| 90632 | N | HEP A VACCINE ADULT IM | | | | Bundled | $0.00 | | | |
| 90633 | N | HEP A VACC PED/ADOL 2 DOSE | | | | Bundled | $0.00 | | | |
| 90634 | N | HEP A VACC PED/ADOL 3 DOSE | | | | Bundled | $0.00 | | | |
| 90636 | N | HEP A/HEP B VACC ADULT IM | | | | Bundled | $0.00 | | | |
| 90644 | E | MENINGOCCL HIB VAC 4 DOSE IM | | | | Not Allowed | $0.00 | | | |
| 90645 | N | HIB VACCINE HBOC IM | | | | Bundled | $0.00 | | | |
| 90646 | N | HIB VACCINE PRP-D IM | | | | Bundled | $0.00 | | | |
| 90647 | N | HIB VACCINE PRP-OMP IM | | | | Bundled | $0.00 | | | |
| 90648 | N | HIB VACCINE PRP-T IM | | | | Bundled | $0.00 | | | |
| 90649 | M | HPV VACCINE 4 VALENT IM | | | | Fee Schedule | $135.45 | | | |
| 90650 | M | HPV VACCINE 2 VALENT IM | | | | Fee Schedule | $128.75 | | | |
| 90653 | E | FLU VACCINE ADJUVANT IM | | | | Not Allowed | $0.00 | | | |
| 90654 | M | FLU VACCINE NO PRESERV ID | | | | Fee Schedule | $16.98 | | | |
| 90655 | M | FLU VAC NO PRSV 3 VAL 6-35 M | | | | Fee Schedule | $14.73 | | | |
| 90656 | M | FLU VACCINE NO PRESERV 3 & > | | | | Fee Schedule | $11.09 | | | |
| 90657 | M | FLU VACCINE 3 YRS IM | | | | Fee Schedule | $5.39 | | | |
| 90658 | E | FLU VACCINE 3 YRS & > IM | | | | Not Allowed | $0.00 | | | |
| 90660 | M | FLU VACCINE NASAL | | | | Fee Schedule | $20.99 | | | |
| 90661 | E | FLU VACC CELL CULT PRSV FREE | | | | Not Allowed | $0.00 | | | |
| 90662 | M | FLU VACC PRSV FREE INC ANTIG | | | | Fee Schedule | $0.00 | | | |

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|---|---|---|---|---|---|---|---|---|---|---|
| 90664 | E | FLU VACC PANDEMIC INTRANASAL | | | | Not Allowed | $0.00 | | | |
| 90666 | E | FLU VAC PANDEM PRSRV FREE IM | | | | Not Allowed | $0.00 | | | |
| 90667 | E | FLU VAC PANDEMIC ADJUVANT IM | | | | Not Allowed | $0.00 | | | |
| 90668 | E | FLU VAC PANDEMIC SPLT IM | | | | Not Allowed | $0.00 | | | |
| 90669 | E | PNEUMOCOCCAL VACC 7 VAL IM | | | | Not Allowed | $0.00 | | | |
| 90670 | M | PNEUMOCOCCAL VACC 13 VAL IM | | | | Fee Schedule | $129.84 | | | |
| 90672 | E | FLU VACCINE 4 VALENT NASAL | | | | Not Allowed | $0.00 | | | |
| 90675 | K | RABIES VACCINE IM | | 9139 | | APC | $203.43 | | | |
| 90676 | K | RABIES VACCINE ID | | 9140 | | APC | $155.64 | | | |
| 90680 | N | ROTOVIRUS VACC 3 DOSE ORAL | | | | Bundled | $0.00 | | | |
| 90681 | K | ROTAVIRUS VACC 2 DOSE ORAL | | 1239 | | APC | $102.50 | | | |
| 90685 | E | FLU VAC NO PRSV 4 VAL 6-35 M | | | | Not Allowed | $0.00 | | | |
| 90686 | E | FLU VAC NO PRSV 4 VAL 3 YRS+ | | | | Not Allowed | $0.00 | | | |
| 90687 | E | FLU VACCINE 4 VAL 6-35 MO IM | | | | Not Allowed | $0.00 | | | |
| 90688 | E | FLU VACC 4 VAL 3 YRS PLUS IM | | | | Not Allowed | $0.00 | | | |
| 90690 | N | TYPHOID VACCINE ORAL | | | | Bundled | $0.00 | | | |
| 90691 | N | TYPHOID VACCINE IM | | | | Bundled | $0.00 | | | |
| 90692 | N | TYPHOID VACCINE H-P SC/ID | | | | Bundled | $0.00 | | | |
| 90693 | E | TYPHOID VACCINE AKD SC | | | | Not Allowed | $0.00 | | | |
| 90696 | N | DTAP-IPV VACC 4-6 YR IM | | | | Bundled | $0.00 | | | |
| 90698 | N | DTAP-HIB-IP VACCINE IM | | | | Bundled | $0.00 | | | |
| 90700 | N | DTAP VACCINE < 7 YRS IM | | | | Bundled | $0.00 | | | |
| 90702 | N | DT VACCINE < 7 YRS IM | | | | Bundled | $0.00 | | | |
| 90703 | N | TETANUS VACCINE IM | | | | Bundled | $0.00 | | | |
| 90704 | N | MUMPS VACCINE SC | | | | Bundled | $0.00 | | | |
| 90705 | N | MEASLES VACCINE SC | | | | Bundled | $0.00 | | | |
| 90706 | E | RUBELLA VACCINE SC | | | | Not Allowed | $0.00 | | | |
| 90707 | N | MMR VACCINE SC | | | | Bundled | $0.00 | | | |
| 90708 | N | MEASLES-RUBELLA VACCINE SC | | | | Bundled | $0.00 | | | |
| 90710 | N | MMRV VACCINE SC | | | | Bundled | $0.00 | | | |
| 90712 | N | ORAL POLIOVIRUS VACCINE | | | | Bundled | $0.00 | | | |
| 90713 | N | POLIOVIRUS IPV SC/IM | | | | Bundled | $0.00 | | | |
| 90714 | N | TD VACCINE NO PRSRV 7/> IM | | | | Bundled | $0.00 | | | |
| 90715 | N | TDAP VACCINE 7 YRS/> IM | | | | Bundled | $0.00 | | | |
| 90716 | E | CHICKEN POX VACCINE SC | | | | Not Allowed | $0.00 | | | |
| 90717 | N | YELLOW FEVER VACCINE SC | | | | Bundled | $0.00 | | | |
| 90719 | N | DIPHTHERIA VACCINE IM | | | | Bundled | $0.00 | | | |
| 90720 | N | DTP/HIB VACCINE IM | | | | Bundled | $0.00 | | | |
| 90721 | N | DTAP/HIB VACCINE IM | | | | Bundled | $0.00 | | | |
| 90723 | M | DTAP-HEP B-IPV VACCINE IM | | | | Fee Schedule | $0.00 | | | |
| 90725 | E | CHOLERA VACCINE INJECTABLE | | | | Not Allowed | $0.00 | | | |
| 90727 | E | PLAGUE VACCINE IM | | | | Not Allowed | $0.00 | | | |
| 90732 | M | PNEUMOCOCCAL VACCINE | | | | Fee Schedule | $64.73 | | | |
| 90733 | K | MENINGOCOCCAL VACCINE SC | | 9143 | | APC | $106.49 | | | |
| 90734 | K | MENINGOCOCCAL VACCINE IM | | 9145 | | APC | $120.07 | | | |
| 90735 | K | ENCEPHALITIS VACCINE SC | | 9144 | | APC | $102.08 | | | |
| 90736 | M | ZOSTER VACC SC | | | | Fee Schedule | $165.69 | | | |
| 90738 | E | INACTIVATED JE VACC IM | | | | Not Allowed | $0.00 | | | |
| 90739 | E | HEP B VACC ADULT 2 DOSE IM | | | | Not Allowed | $0.00 | | | |
| 90740 | M | HEPB VACC ILL PAT 3 DOSE IM | | | | Fee Schedule | $106.85 | | | |
| 90743 | M | HEP B VACC ADOL 2 DOSE IM | | | | Fee Schedule | $21.67 | | | |
| 90744 | M | HEPB VACC PED/ADOL 3 DOSE IM | | | | Fee Schedule | $21.67 | | | |
| 90746 | M | HEP B VACC ADULT 3 DOSE IM | | | | Fee Schedule | $53.42 | | | |
| 90747 | M | HEPB VACC ILL PAT 4 DOSE IM | | | | Fee Schedule | $106.85 | | | |
| 90748 | M | HEP B/HIB VACCINE IM | | | | Fee Schedule | $0.00 | | | |
| 90749 | N | VACCINE TOXOID | | | | Bundled | $0.00 | | | |
| 90785 | N | PSYTX COMPLEX INTERACTIVE | | | | Bundled | $0.00 | | | |
| 90791 | N | PSYCH DIAGNOSTIC EVALUATION | | 0323 | 1.5448 | Bundled, may be payable in some circumstances | $16,347.03 | | | |
| 90792 | N | PSYCH DIAG EVAL W/MED SRVCS | | 0323 | 1.5448 | Bundled, may be payable in some circumstances | $16,347.03 | | | |
| 90832 | N | PSYTX PT&/FAMILY 30 MINUTES | | 0322 | 1.1619 | Bundled, may be payable in some circumstances | $16,296.42 | | | |
| 90833 | N | PSYTX PT&/FAM W/E&M 30 MIN | | | | Bundled | $0.00 | | | |
| 90834 | N | PSYTX PT&/FAMILY 45 MINUTES | | 0323 | 1.5448 | Bundled, may be payable in some circumstances | $16,347.03 | | | |
| 90836 | N | PSYTX PT&/FAM W/E&M 45 MIN | | | | Bundled | $0.00 | | | |
| 90837 | N | PSYTX PT&/FAMILY 60 MINUTES | | 0323 | 1.5448 | Bundled, may be payable in some circumstances | $16,347.03 | | | |

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|---|---|---|---|---|---|---|---|---|---|---|
| 90838 | N | PSYTX PT&/FAM W/E&M 60 MIN | | | | Bundled | $0.00 | | | |
| 90839 | N | PSYTX CRISIS INITIAL 60 MIN | | 0323 | 1.5448 | Bundled, may be payable in some circumstances | $16,347.03 | | | |
| 90840 | N | PSYTX CRISIS EA ADDL 30 MIN | | | | Bundled | $0.00 | | | |
| 90845 | N | PSYCHOANALYSIS | | 0323 | 1.5448 | Bundled, may be payable in some circumstances | $16,347.03 | | | |
| 90846 | N | FAMILY PSYTX W/O PATIENT | | 0324 | 1.7979 | Bundled, may be payable in some circumstances | $16,397.64 | | | |
| 90847 | N | FAMILY PSYTX W/PATIENT | | 0324 | 1.7979 | Bundled, may be payable in some circumstances | $16,397.64 | | | |
| 90849 | N | MULTIPLE FAMILY GROUP PSYTX | | 0325 | 0.8506 | Bundled, may be payable in some circumstances | $16,448.25 | | | |
| 90853 | N | GROUP PSYCHOTHERAPY | | 0325 | 0.8506 | Bundled, may be payable in some circumstances | $16,448.25 | | | |
| 90863 | E | PHARMACOLOGIC MGMT W/PSYTX | | | | Not Allowed | $0.00 | | | |
| 90865 | N | NARCOSYNTHESIS | | 0323 | 1.5448 | Bundled, may be payable in some circumstances | $16,347.03 | | | |
| 90867 | S | TCRANIAL MAGN STIM TX PLAN | | 0216 | 2.5805 | APC | $130.60 | | | |
| 90868 | S | TCRANIAL MAGN STIM TX DELI | | 0216 | 2.5805 | APC | $130.60 | | | |
| 90869 | S | TCRAN MAGN STIM REDETEMINE | | 0216 | 2.5805 | APC | $130.60 | | | |
| 90870 | S | ELECTROCONVULSIVE THERAPY | | 0320 | 6.1511 | APC | $311.31 | | | |
| 90875 | E | PSYCHOPHYSIOLOGICAL THERAPY | | | | Not Allowed | $0.00 | | | |
| 90876 | E | PSYCHOPHYSIOLOGICAL THERAPY | | | | Not Allowed | $0.00 | | | |
| 90880 | N | HYPNOTHERAPY | | 0323 | 1.5448 | Bundled, may be payable in some circumstances | $16,347.03 | | | |
| 90882 | E | ENVIRONMENTAL MANIPULATION | | | | Not Allowed | $0.00 | | | |
| 90885 | N | PSY EVALUATION OF RECORDS | | | | Bundled | $0.00 | | | |
| 90887 | N | CONSULTATION WITH FAMILY | | | | Bundled | $0.00 | | | |
| 90889 | N | PREPARATION OF REPORT | | | | Bundled | $0.00 | | | |
| 90899 | N | PSYCHIATRIC SERVICE/THERAPY | | 0322 | 1.1619 | Bundled, may be payable in some circumstances | $16,296.42 | | | |
| 90901 | M | BIOFEEDBACK TRAIN ANY METH | | | | Fee Schedule | $20.28 | | | |
| 90911 | T | BIOFEEDBACK PERI/URO/RECTAL | | 0126 | 1.1497 | APC | $58.19 | | | |
| 90935 | S | HEMODIALYSIS ONE EVALUATION | | 0170 | 6.9597 | APC | $352.23 | | | |
| 90937 | M | HEMODIALYSIS REPEATED EVAL | | | | Fee Schedule | $0.00 | | | |
| 90940 | N | HEMODIALYSIS ACCESS STUDY | | | | Bundled | $0.00 | | | |
| 90945 | V | DIALYSIS ONE EVALUATION | | 0608 | 2.465 | APC | $124.75 | | | |
| 90947 | M | DIALYSIS REPEATED EVAL | | | | Fee Schedule | $0.00 | | | |
| 90951 | E | ESRD SERV 4 VISITS P MO <2YR | | | | Not Allowed | $0.00 | | | |
| 90952 | E | ESRD SERV 2-3 VSTS P MO <2YR | | | | Not Allowed | $0.00 | | | |
| 90953 | E | ESRD SERV 1 VISIT P MO <2YRS | | | | Not Allowed | $0.00 | | | |
| 90954 | E | ESRD SERV 4 VSTS P MO 2-11 | | | | Not Allowed | $0.00 | | | |
| 90955 | E | ESRD SRV 2-3 VSTS P MO 2-11 | | | | Not Allowed | $0.00 | | | |
| 90956 | E | ESRD SRV 1 VISIT P MO 2-11 | | | | Not Allowed | $0.00 | | | |
| 90957 | E | ESRD SRV 4 VSTS P MO 12-19 | | | | Not Allowed | $0.00 | | | |
| 90958 | E | ESRD SRV 2-3 VSTS P MO 12-19 | | | | Not Allowed | $0.00 | | | |
| 90959 | E | ESRD SERV 1 VST P MO 12-19 | | | | Not Allowed | $0.00 | | | |
| 90960 | E | ESRD SRV 4 VISITS P MO 20+ | | | | Not Allowed | $0.00 | | | |
| 90961 | E | ESRD SRV 2-3 VSTS P MO 20+ | | | | Not Allowed | $0.00 | | | |
| 90962 | E | ESRD SERV 1 VISIT P MO 20+ | | | | Not Allowed | $0.00 | | | |
| 90963 | E | ESRD HOME PT SERV P MO <2YRS | | | | Not Allowed | $0.00 | | | |
| 90964 | E | ESRD HOME PT SERV P MO 2-11 | | | | Not Allowed | $0.00 | | | |
| 90965 | E | ESRD HOME PT SERV P MO 12-19 | | | | Not Allowed | $0.00 | | | |
| 90966 | E | ESRD HOME PT SERV P MO 20+ | | | | Not Allowed | $0.00 | | | |
| 90967 | E | ESRD HOME PT SERV P DAY <2 | | | | Not Allowed | $0.00 | | | |
| 90968 | E | ESRD HOME PT SRV P DAY 2-11 | | | | Not Allowed | $0.00 | | | |
| 90969 | E | ESRD HOME PT SRV P DAY 12-19 | | | | Not Allowed | $0.00 | | | |
| 90970 | E | ESRD HOME PT SERV P DAY 20+ | | | | Not Allowed | $0.00 | | | |
| 90989 | M | DIALYSIS TRAINING COMPLETE | | | | Fee Schedule | $0.00 | | | |
| 90993 | M | DIALYSIS TRAINING INCOMPL | | | | Fee Schedule | $0.00 | | | |
| 90997 | M | HEMOPERFUSION | | | | Fee Schedule | $0.00 | | | |
| 90999 | M | DIALYSIS PROCEDURE | | | | Fee Schedule | $0.00 | | | |
| 91010 | X | ESOPHAGUS MOTILITY STUDY | | 0361 | 4.2433 | APC | $214.75 | | | |
| 91013 | X | ESOPHGL MOTIL W/STIM/PERFUS | | 0361 | 4.2433 | APC | $214.75 | | | |
| 91020 | X | GASTRIC MOTILITY STUDIES | | 0361 | 4.2433 | APC | $214.75 | | | |
| 91022 | X | DUODENAL MOTILITY STUDY | | 0361 | 4.2433 | APC | $214.75 | | | |
| 91030 | X | ACID PERFUSION OF ESOPHAGUS | | 0361 | 4.2433 | APC | $214.75 | | | |
| 91034 | X | GASTROESOPHAGEAL REFLUX TEST | | 0361 | 4.2433 | APC | $214.75 | | | |
| 91035 | X | G-ESOPH REFLX TST W/ELECTROD | | 0361 | 4.2433 | APC | $214.75 | | | |
| 91037 | X | ESOPH IMPED FUNCTION TEST | | 0360 | 1.9249 | APC | $97.42 | | | |
| 91038 | X | ESOPH IMPED FUNCT TEST > 1HR | | 0361 | 4.2433 | APC | $214.75 | | | |
| 91040 | X | ESOPH BALLOON DISTENSION TST | | 0360 | 1.9249 | APC | $97.42 | | | |
| 91065 | X | BREATH HYDROGEN TEST | | 0360 | 1.9249 | APC | $97.42 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 91110 | T | GI TRACT CAPSULE ENDOSCOPY | | 0142 | 10.527 | APC | $532.75 | | | |
| 91111 | T | ESOPHAGEAL CAPSULE ENDOSCOPY | | 0419 | 12.996 | APC | $657.73 | | | |
| 91112 | X | GI WIRELESS CAPSULE MEASURE | | 0361 | 4.2433 | APC | $214.75 | | | |
| 91117 | T | COLON MOTILITY 6 HR STUDY | | 0156 | 3.2577 | APC | $164.87 | | | |
| 91120 | T | RECTAL SENSATION TEST | | 0126 | 1.1497 | APC | $58.19 | | | |
| 91122 | T | ANAL PRESSURE RECORD | | 0156 | 3.2577 | APC | $164.87 | | | |
| 91132 | X | ELECTROGASTROGRAPHY | | 0360 | 1.9249 | APC | $97.42 | | | |
| 91133 | X | ELECTROGASTROGRAPHY W/TEST | | 0360 | 1.9249 | APC | $97.42 | | | |
| 91299 | X | GASTROENTEROLOGY PROCEDURE | | 0360 | 1.9249 | APC | $97.42 | | | |
| 92002 | V | EYE EXAM NEW PATIENT | | 0606 | 1.3596 | APC | $68.81 | | | |
| 92004 | V | EYE EXAM NEW PATIENT | | 0606 | 1.3596 | APC | $68.81 | | | |
| 92012 | V | EYE EXAM ESTABLISH PATIENT | | 0605 | 1.0332 | APC | $52.29 | | | |
| 92014 | V | EYE EXAM&TX ESTAB PT 1/>VST | | 0605 | 1.0332 | APC | $52.29 | | | |
| 92015 | E | DETERMINE REFRACTIVE STATE | | | | Not Allowed | $0.00 | | | |
| 92018 | T | NEW EYE EXAM & TREATMENT | | 0699 | 15.868 | APC | $803.09 | | | |
| 92019 | T | EYE EXAM & TREATMENT | | 0699 | 15.868 | APC | $803.09 | | | |
| 92020 | S | SPECIAL EYE EVALUATION | | 0230 | 0.6788 | APC | $34.35 | | | |
| 92025 | S | CORNEAL TOPOGRAPHY | | 0230 | 0.6788 | APC | $34.35 | | | |
| 92060 | S | SPECIAL EYE EVALUATION | | 0230 | 0.6788 | APC | $34.35 | | | |
| 92065 | S | ORTHOPTIC/PLEOPTIC TRAINING | | 0230 | 0.6788 | APC | $34.35 | | | |
| 92071 | N | CONTACT LENS FITTING FOR TX | | | | Bundled | $0.00 | | | |
| 92072 | N | FIT CONTAC LENS FOR MANAGMNT | | | | Bundled | $0.00 | | | |
| 92081 | S | VISUAL FIELD EXAMINATION(S) | | 0230 | 0.6788 | APC | $34.35 | | | |
| 92082 | S | VISUAL FIELD EXAMINATION(S) | | 0230 | 0.6788 | APC | $34.35 | | | |
| 92083 | S | VISUAL FIELD EXAMINATION(S) | | 0698 | 1.0386 | APC | $52.56 | | | |
| 92100 | N | SERIAL TONOMETRY EXAM(S) | | | | Bundled | $0.00 | | | |
| 92132 | S | CMPTR OPHTH DX IMG ANT SEGMT | | 0230 | 0.6788 | APC | $34.35 | | | |
| 92133 | S | CMPTR OPHTH IMG OPTIC NERVE | | 0230 | 0.6788 | APC | $34.35 | | | |
| 92134 | S | CPTR OPHTH DX IMG POST SEGMT | | 0230 | 0.6788 | APC | $34.35 | | | |
| 92136 | S | OPHTHALMIC BIOMETRY | | 0698 | 1.0386 | APC | $52.56 | | | |
| 92140 | S | GLAUCOMA PROVOCATIVE TESTS | | 0230 | 0.6788 | APC | $34.35 | | | |
| 92225 | S | SPECIAL EYE EXAM INITIAL | | 0230 | 0.6788 | APC | $34.35 | | | |
| 92226 | S | SPECIAL EYE EXAM SUBSEQUENT | | 0230 | 0.6788 | APC | $34.35 | | | |
| 92227 | X | REMOTE DX RETINAL IMAGING | | 0035 | 0.3286 | APC | $16.63 | | | |
| 92228 | X | REMOTE RETINAL IMAGING MGMT | | 0035 | 0.3286 | APC | $16.63 | | | |
| 92230 | S | EYE EXAM WITH PHOTOS | | 0698 | 1.0386 | APC | $52.56 | | | |
| 92235 | S | EYE EXAM WITH PHOTOS | | 0231 | 2.0317 | APC | $102.82 | | | |
| 92240 | S | ICG ANGIOGRAPHY | | 0231 | 2.0317 | APC | $102.82 | | | |
| 92250 | S | EYE EXAM WITH PHOTOS | | 0230 | 0.6788 | APC | $34.35 | | | |
| 92260 | S | OPHTHALMOSCOPY/DYNAMOMETRY | | 0230 | 0.6788 | APC | $34.35 | | | |
| 92265 | S | EYE MUSCLE EVALUATION | | 0230 | 0.6788 | APC | $34.35 | | | |
| 92270 | S | ELECTRO-OCULOGRAPHY | | 0230 | 0.6788 | APC | $34.35 | | | |
| 92275 | S | ELECTRORETINOGRAPHY | | 0231 | 2.0317 | APC | $102.82 | | | |
| 92283 | S | COLOR VISION EXAMINATION | | 0230 | 0.6788 | APC | $34.35 | | | |
| 92284 | S | DARK ADAPTATION EYE EXAM | | 0230 | 0.6788 | APC | $34.35 | | | |
| 92285 | S | EYE PHOTOGRAPHY | | 0230 | 0.6788 | APC | $34.35 | | | |
| 92286 | S | INTERNAL EYE PHOTOGRAPHY | | 0698 | 1.0386 | APC | $52.56 | | | |
| 92287 | S | INTERNAL EYE PHOTOGRAPHY | | 0698 | 1.0386 | APC | $52.56 | | | |
| 92310 | E | CONTACT LENS FITTING | | | | Not Allowed | $0.00 | | | |
| 92311 | E | CONTACT LENS FITTING | | | | Not Allowed | $0.00 | | | |
| 92312 | E | CONTACT LENS FITTING | | | | Not Allowed | $0.00 | | | |
| 92313 | E | CONTACT LENS FITTING | | | | Not Allowed | $0.00 | | | |
| 92314 | E | PRESCRIPTION OF CONTACT LENS | | | | Not Allowed | $0.00 | | | |
| 92315 | E | RX CNTACT LENS APHAKIA 1 EYE | | | | Not Allowed | $0.00 | | | |
| 92316 | E | RX CNTACT LENS APHAKIA 2 EYE | | | | Not Allowed | $0.00 | | | |
| 92317 | E | RX CORNEOSCLERAL CNTACT LENS | | | | Not Allowed | $0.00 | | | |
| 92325 | E | MODIFICATION OF CONTACT LENS | | | | Not Allowed | $0.00 | | | |
| 92326 | E | REPLACEMENT OF CONTACT LENS | | | | Not Allowed | $0.00 | | | |
| 92340 | E | FIT SPECTACLES MONOFOCAL | | | | Not Allowed | $0.00 | | | |
| 92341 | E | FIT SPECTACLES BIFOCAL | | | | Not Allowed | $0.00 | | | |
| 92342 | E | FIT SPECTACLES MULTIFOCAL | | | | Not Allowed | $0.00 | | | |
| 92352 | E | FIT APHAKIA SPECTCL MONOFOCL | | | | Not Allowed | $0.00 | | | |
| 92353 | E | FIT APHAKIA SPECTCL MULTIFOC | | | | Not Allowed | $0.00 | | | |
| 92354 | E | FIT SPECTACLES SINGLE SYSTEM | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 92355 | E | FIT SPECTACLES COMPOUND LENS | | | | Not Allowed | $0.00 | | | |
| 92358 | S | APHAKIA PROSTH SERVICE TEMP | | 0230 | 0.6788 | APC | $34.35 | | | |
| 92370 | E | REPAIR & ADJUST SPECTACLES | | | | Not Allowed | $0.00 | | | |
| 92371 | E | REPAIR & ADJUST SPECTACLES | | | | Not Allowed | $0.00 | | | |
| 92499 | S | EYE SERVICE OR PROCEDURE | | 0230 | 0.6788 | APC | $34.35 | | | |
| 92502 | T | EAR AND THROAT EXAMINATION | | 0251 | 3.2225 | APC | $163.09 | | | |
| 92504 | N | EAR MICROSCOPY EXAMINATION | | | | Bundled | $0.00 | | | |
| 92506 | Y | SPEECH/HEARING EVALUATION | | | | Fee Schedule | $147.60 | | | |
| 92507 | Y | SPEECH/HEARING THERAPY | | | | Fee Schedule | $48.40 | | | |
| 92508 | Y | SPEECH/HEARING THERAPY | | | | Fee Schedule | $14.10 | | | |
| 92511 | T | NASOPHARYNGOSCOPY | | 0071 | 1.0839 | APC | $54.86 | | | |
| 92512 | X | NASAL FUNCTION STUDIES | | 0363 | 0.9156 | APC | $46.34 | | | |
| 92516 | X | FACIAL NERVE FUNCTION TEST | | 0363 | 0.9156 | APC | $46.34 | | | |
| 92520 | X | LARYNGEAL FUNCTION STUDIES | | 0660 | 1.8519 | APC | $93.72 | | | |
| 92526 | Y | ORAL FUNCTION THERAPY | | | | Fee Schedule | $52.55 | | | |
| 92531 | N | SPONTANEOUS NYSTAGMUS STUDY | | | | Bundled | $0.00 | | | |
| 92532 | N | POSITIONAL NYSTAGMUS TEST | | | | Bundled | $0.00 | | | |
| 92533 | N | CALORIC VESTIBULAR TEST | | | | Bundled | $0.00 | | | |
| 92534 | N | OPTOKINETIC NYSTAGMUS TEST | | | | Bundled | $0.00 | | | |
| 92540 | X | BASIC VESTIBULAR EVALUATION | | 0660 | 1.8519 | APC | $93.72 | | | |
| 92541 | X | SPONTANEOUS NYSTAGMUS TEST | | 0363 | 0.9156 | APC | $46.34 | | | |
| 92542 | X | POSITIONAL NYSTAGMUS TEST | | 0363 | 0.9156 | APC | $46.34 | | | |
| 92543 | X | CALORIC VESTIBULAR TEST | | 0660 | 1.8519 | APC | $93.72 | | | |
| 92544 | X | OPTOKINETIC NYSTAGMUS TEST | | 0363 | 0.9156 | APC | $46.34 | | | |
| 92545 | X | OSCILLATING TRACKING TEST | | 0363 | 0.9156 | APC | $46.34 | | | |
| 92546 | X | SINUSOIDAL ROTATIONAL TEST | | 0660 | 1.8519 | APC | $93.72 | | | |
| 92547 | N | SUPPLEMENTAL ELECTRICAL TEST | | | | Bundled | $0.00 | | | |
| 92548 | X | POSTUROGRAPHY | | 0660 | 1.8519 | APC | $93.72 | | | |
| 92550 | X | TYMPANOMETRY & REFLEX THRESH | | 0364 | 0.5032 | APC | $25.47 | | | |
| 92551 | M | PURE TONE HEARING TEST AIR | | | | Fee Schedule | $12.73 | | | |
| 92552 | X | PURE TONE AUDIOMETRY AIR | | 0364 | 0.5032 | APC | $25.47 | | | |
| 92553 | X | AUDIOMETRY AIR & BONE | | 0365 | 1.2424 | APC | $62.88 | | | |
| 92555 | X | SPEECH THRESHOLD AUDIOMETRY | | 0364 | 0.5032 | APC | $25.47 | | | |
| 92556 | X | SPEECH AUDIOMETRY COMPLETE | | 0364 | 0.5032 | APC | $25.47 | | | |
| 92557 | X | COMPREHENSIVE HEARING TEST | | 0365 | 1.2424 | APC | $62.88 | | | |
| 92558 | E | EVOKED AUDITORY TEST QUAL | | | | Not Allowed | $0.00 | | | |
| 92559 | E | GROUP AUDIOMETRIC TESTING | | | | Not Allowed | $0.00 | | | |
| 92560 | E | BEKESY AUDIOMETRY SCREEN | | | | Not Allowed | $0.00 | | | |
| 92561 | X | BEKESY AUDIOMETRY DIAGNOSIS | | 0365 | 1.2424 | APC | $62.88 | | | |
| 92562 | X | LOUDNESS BALANCE TEST | | 0364 | 0.5032 | APC | $25.47 | | | |
| 92563 | X | TONE DECAY HEARING TEST | | 0364 | 0.5032 | APC | $25.47 | | | |
| 92564 | X | SISI HEARING TEST | | 0364 | 0.5032 | APC | $25.47 | | | |
| 92565 | X | STENGER TEST PURE TONE | | 0364 | 0.5032 | APC | $25.47 | | | |
| 92567 | X | TYMPANOMETRY | | 0364 | 0.5032 | APC | $25.47 | | | |
| 92568 | X | ACOUSTIC REFL THRESHOLD TST | | 0364 | 0.5032 | APC | $25.47 | | | |
| 92570 | X | ACOUSTIC IMMITANCE TESTING | | 0365 | 1.2424 | APC | $62.88 | | | |
| 92571 | X | FILTERED SPEECH HEARING TEST | | 0364 | 0.5032 | APC | $25.47 | | | |
| 92572 | X | STAGGERED SPONDAIC WORD TEST | | 0366 | 1.6401 | APC | $83.01 | | | |
| 92575 | X | SENSORINEURAL ACUITY TEST | | 0364 | 0.5032 | APC | $25.47 | | | |
| 92576 | X | SYNTHETIC SENTENCE TEST | | 0364 | 0.5032 | APC | $25.47 | | | |
| 92577 | X | STENGER TEST SPEECH | | 0366 | 1.6401 | APC | $83.01 | | | |
| 92579 | X | VISUAL AUDIOMETRY (VRA) | | 0365 | 1.2424 | APC | $62.88 | | | |
| 92582 | X | CONDITIONING PLAY AUDIOMETRY | | 0365 | 1.2424 | APC | $62.88 | | | |
| 92583 | X | SELECT PICTURE AUDIOMETRY | | 0364 | 0.5032 | APC | $25.47 | | | |
| 92584 | S | ELECTROCOCHLEOGRAPHY | | 0216 | 2.5805 | APC | $130.60 | | | |
| 92585 | S | AUDITOR EVOKE POTENT COMPRE | | 0216 | 2.5805 | APC | $130.60 | | | |
| 92586 | S | AUDITOR EVOKE POTENT LIMIT | | 0218 | 1.1195 | APC | $56.66 | | | |
| 92587 | X | EVOKED AUDITORY TEST LIMITED | | 0363 | 0.9156 | APC | $46.34 | | | |
| 92588 | X | EVOKED AUDITORY TST COMPLETE | | 0363 | 0.9156 | APC | $46.34 | | | |
| 92590 | E | HEARING AID EXAM ONE EAR | | | | Not Allowed | $0.00 | | | |
| 92591 | E | HEARING AID EXAM BOTH EARS | | | | Not Allowed | $0.00 | | | |
| 92592 | E | HEARING AID CHECK ONE EAR | | | | Not Allowed | $0.00 | | | |
| 92593 | E | HEARING AID CHECK BOTH EARS | | | | Not Allowed | $0.00 | | | |
| 92594 | E | ELECTRO HEARNG AID TEST ONE | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 92595 | E | ELECTRO HEARNG AID TST BOTH | | | | Not Allowed | $0.00 | | | |
| 92596 | X | EAR PROTECTOR EVALUATION | | 0364 | 0.5032 | APC | $25.47 | | | |
| 92597 | Y | ORAL SPEECH DEVICE EVAL | | | | Fee Schedule | $47.24 | | | |
| 92601 | X | COCHLEAR IMPLT F/UP EXAM <7 | | 0366 | 1.6401 | APC | $83.01 | | | |
| 92602 | X | REPROGRAM COCHLEAR IMPLT 7/> | | 0366 | 1.6401 | APC | $83.01 | | | |
| 92603 | X | COCHLEAR IMPLT F/UP EXAM 7/> | | 0366 | 1.6401 | APC | $83.01 | | | |
| 92604 | X | REPROGRAM COCHLEAR IMPLT 7/> | | 0366 | 1.6401 | APC | $83.01 | | | |
| 92605 | M | EX FOR NONSPEECH DEVICE RX | | | | Fee Schedule | $0.00 | | | |
| 92606 | N | NON-SPEECH DEVICE SERVICE | | | | Bundled | $0.00 | | | |
| 92607 | Y | EX FOR SPEECH DEVICE RX 1HR | | | | Fee Schedule | $81.24 | | | |
| 92608 | Y | EX FOR SPEECH DEVICE RX ADDL | | | | Fee Schedule | $32.64 | | | |
| 92609 | Y | USE OF SPEECH DEVICE SERVICE | | | | Fee Schedule | $66.86 | | | |
| 92610 | Y | EVALUATE SWALLOWING FUNCTION | | | | Fee Schedule | $45.63 | | | |
| 92611 | Y | MOTION FLUOROSCOPY/SWALLOW | | | | Fee Schedule | $59.50 | | | |
| 92612 | M | ENDOSCOPY SWALLOW TST (FEES) | | | | Fee Schedule | $45.17 | | | |
| 92613 | E | ENDOSCOPY SWALLOW TST (FEES) | | | | Not Allowed | $0.00 | | | |
| 92614 | M | LARYNGOSCOPIC SENSORY TEST | | | | Fee Schedule | $45.63 | | | |
| 92615 | E | EVAL LARYNGOSCOPY SENSE TST | | | | Not Allowed | $0.00 | | | |
| 92616 | M | FEES W/LARYNGEAL SENSE TEST | | | | Fee Schedule | $67.16 | | | |
| 92617 | E | INTERPRT FEES/LARYNGEAL TEST | | | | Not Allowed | $0.00 | | | |
| 92618 | E | EX FOR NONSPEECH DEV RX ADD | | | | Not Allowed | $0.00 | | | |
| 92620 | X | AUDITORY FUNCTION 60 MIN | | 0365 | 1.2424 | APC | $62.88 | | | |
| 92621 | N | AUDITORY FUNCTION + 15 MIN | | | | Bundled | $0.00 | | | |
| 92625 | X | TINNITUS ASSESSMENT | | 0365 | 1.2424 | APC | $62.88 | | | |
| 92626 | X | EVAL AUD REHAB STATUS | | 0366 | 1.6401 | APC | $83.01 | | | |
| 92627 | N | EVAL AUD STATUS REHAB ADD-ON | | | | Bundled | $0.00 | | | |
| 92630 | E | AUD REHAB PRE-LING HEAR LOSS | | | | Not Allowed | $0.00 | | | |
| 92633 | E | AUD REHAB POSTLING HEAR LOSS | | | | Not Allowed | $0.00 | | | |
| 92640 | X | AUD BRAINSTEM IMPLT PROGRAMG | | 0365 | 1.2424 | APC | $62.88 | | | |
| 92700 | X | ENT PROCEDURE/SERVICE | | 0364 | 0.5032 | APC | $25.47 | | | |
| 92920 | T | PRQ CARDIAC ANGIOPLAST 1 ART | | 0083 | 56.414 | APC | $2,855.11 | | | |
| 92921 | T | PRQ CARDIAC ANGIO ADDL ART | | 0083 | 56.414 | APC | $2,855.11 | | | |
| 92924 | T | PRQ CARD ANGIO/ATHRECT 1 ART | | 0082 | 107.57 | APC | $5,444.15 | | | |
| 92925 | T | PRQ CARD ANGIO/ATHRECT ADDL | | 0082 | 107.57 | APC | $5,444.15 | | | |
| 92928 | T | PRQ CARD STENT W/ANGIO 1 VSL | | 0104 | 85.685 | APC | $4,336.51 | | | |
| 92929 | T | PRQ CARD STENT W/ANGIO ADDL | | 0104 | 85.685 | APC | $4,336.51 | | | |
| 92933 | T | PRQ CARD STENT/ATH/ANGIO | | 0104 | 85.685 | APC | $4,336.51 | | | |
| 92934 | T | PRQ CARD STENT/ATH/ANGIO | | 0104 | 85.685 | APC | $4,336.51 | | | |
| 92937 | T | PRQ REVASC BYP GRAFT 1 VSL | | 0104 | 85.685 | APC | $4,336.51 | | | |
| 92938 | T | PRQ REVASC BYP GRAFT ADDL | | 0104 | 85.685 | APC | $4,336.51 | | | |
| 92941 | T | PRQ CARD REVASC MI 1 VSL | | 0104 | 85.685 | APC | $4,336.51 | | | |
| 92943 | T | PRQ CARD REVASC CHRONIC 1VSL | | 0104 | 85.685 | APC | $4,336.51 | | | |
| 92944 | T | PRQ CARD REVASC CHRONIC ADDL | | 0104 | 85.685 | APC | $4,336.51 | | | |
| 92950 | S | HEART/LUNG RESUSCITATION CPR | | 0094 | 2.2552 | APC | $114.14 | | | |
| 92953 | N | TEMPORARY EXTERNAL PACING | | 0094 | 2.2552 | Bundled, may be payable in some circumstances | $4,757.34 | | | |
| 92960 | S | CARDIOVERSION ELECTRIC EXT | | 0679 | 5.6047 | APC | $283.65 | | | |
| 92961 | S | CARDIOVERSION ELECTRIC INT | | 0679 | 5.6047 | APC | $283.65 | | | |
| 92970 | C | CARDIOASSIST INTERNAL | | | | Inpatient Only | $0.00 | | | |
| 92971 | C | CARDIOASSIST EXTERNAL | | | | Inpatient Only | $0.00 | | | |
| 92973 | T | PRQ CORONARY MECH THROMBECT | | 0088 | 43.474 | APC | $2,200.19 | | | |
| 92974 | T | CATH PLACE CARDIO BRACHYTX | | 0103 | 16.217 | APC | $820.76 | | | |
| 92975 | C | DISSOLVE CLOT HEART VESSEL | | | | Inpatient Only | $0.00 | | | |
| 92977 | T | DISSOLVE CLOT HEART VESSEL | | 0676 | 2.4212 | APC | $122.54 | | | |
| 92978 | N | INTRAVASC US HEART ADD-ON | | | | Bundled | $0.00 | | | |
| 92979 | N | INTRAVASC US HEART ADD-ON | | | | Bundled | $0.00 | | | |
| 92986 | T | REVISION OF AORTIC VALVE | | 0083 | 56.414 | APC | $2,855.11 | | | |
| 92987 | T | REVISION OF MITRAL VALVE | | 0083 | 56.414 | APC | $2,855.11 | | | |
| 92990 | T | REVISION OF PULMONARY VALVE | | 0083 | 56.414 | APC | $2,855.11 | | | |
| 92992 | C | REVISION OF HEART CHAMBER | | | | Inpatient Only | $0.00 | | | |
| 92993 | C | REVISION OF HEART CHAMBER | | | | Inpatient Only | $0.00 | | | |
| 92997 | T | PUL ART BALLOON REPR PERCUT | | 0083 | 56.414 | APC | $2,855.11 | | | |
| 92998 | T | PUL ART BALLOON REPR PERCUT | | 0083 | 56.414 | APC | $2,855.11 | | | |
| 93000 | M | ELECTROCARDIOGRAM COMPLETE | | | | Fee Schedule | $0.00 | | | |
| 93005 | S | ELECTROCARDIOGRAM TRACING | | 0099 | 0.374 | APC | $18.93 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 93010 | M | ELECTROCARDIOGRAM REPORT | | | | Fee Schedule | $0.00 | | | |
| 93015 | M | CARDIOVASCULAR STRESS TEST | | | | Fee Schedule | $0.00 | | | |
| 93016 | M | CARDIOVASCULAR STRESS TEST | | | | Fee Schedule | $0.00 | | | |
| 93017 | X | CARDIOVASCULAR STRESS TEST | | 0100 | 2.4795 | APC | $125.49 | | | |
| 93018 | M | CARDIOVASCULAR STRESS TEST | | | | Fee Schedule | $0.00 | | | |
| 93024 | X | CARDIAC DRUG STRESS TEST | | 0100 | 2.4795 | APC | $125.49 | | | |
| 93025 | X | MICROVOLT T-WAVE ASSESS | | 0100 | 2.4795 | APC | $125.49 | | | |
| 93040 | M | RHYTHM ECG WITH REPORT | | | | Fee Schedule | $0.00 | | | |
| 93041 | X | RHYTHM ECG TRACING | | 0035 | 0.3286 | APC | $16.63 | | | |
| 93042 | M | RHYTHM ECG REPORT | | | | Fee Schedule | $0.00 | | | |
| 93224 | M | ECG MONIT/REPRT UP TO 48 HRS | | | | Fee Schedule | $0.00 | | | |
| 93225 | S | ECG MONIT/REPRT UP TO 48 HRS | | 0097 | 0.9328 | APC | $47.21 | | | |
| 93226 | S | ECG MONIT/REPRT UP TO 48 HRS | | 0097 | 0.9328 | APC | $47.21 | | | |
| 93227 | M | ECG MONIT/REPRT UP TO 48 HRS | | | | Fee Schedule | $0.00 | | | |
| 93228 | E | REMOTE 30 DAY ECG REV/REPORT | | | | Not Allowed | $0.00 | | | |
| 93229 | S | REMOTE 30 DAY ECG TECH SUPP | | 0213 | 2.4204 | APC | $122.50 | | | |
| 93268 | M | ECG RECORD/REVIEW | | | | Fee Schedule | $0.00 | | | |
| 93270 | S | REMOTE 30 DAY ECG REV/REPORT | | 0097 | 0.9328 | APC | $47.21 | | | |
| 93271 | S | ECG/MONITORING AND ANALYSIS | | 0692 | 1.5631 | APC | $79.11 | | | |
| 93272 | M | ECG/REVIEW INTERPRET ONLY | | | | Fee Schedule | $0.00 | | | |
| 93278 | X | ECG/SIGNAL-AVERAGED | | 0035 | 0.3286 | APC | $16.63 | | | |
| 93279 | S | PM DEVICE PROGR EVAL SNGL | | 0690 | 0.4761 | APC | $24.10 | | | |
| 93280 | S | PM DEVICE PROGR EVAL DUAL | | 0690 | 0.4761 | APC | $24.10 | | | |
| 93281 | S | PM DEVICE PROGR EVAL MULTI | | 0690 | 0.4761 | APC | $24.10 | | | |
| 93282 | S | ICD DEVICE PROGR EVAL 1 SNGL | | 0690 | 0.4761 | APC | $24.10 | | | |
| 93283 | S | ICD DEVICE PROGR EVAL DUAL | | 0690 | 0.4761 | APC | $24.10 | | | |
| 93284 | S | ICD DEVICE PROGR EVAL MULT | | 0690 | 0.4761 | APC | $24.10 | | | |
| 93285 | S | ILR DEVICE EVAL PROGR | | 0690 | 0.4761 | APC | $24.10 | | | |
| 93286 | N | PERI-PX PACEMAKER DEVICE EVL | | | | Bundled | $0.00 | | | |
| 93287 | N | PERI-PX ICD DEVICE EVAL&PRGR | | | | Bundled | $0.00 | | | |
| 93288 | S | PM DEVICE EVAL IN PERSON | | 0690 | 0.4761 | APC | $24.10 | | | |
| 93289 | S | ICD DEVICE INTERROGATE | | 0690 | 0.4761 | APC | $24.10 | | | |
| 93290 | X | ICM DEVICE EVAL | | 0035 | 0.3286 | APC | $16.63 | | | |
| 93291 | S | ILR DEVICE INTERROGATE | | 0690 | 0.4761 | APC | $24.10 | | | |
| 93292 | S | WCD DEVICE INTERROGATE | | 0690 | 0.4761 | APC | $24.10 | | | |
| 93293 | S | PM PHONE R-STRIP DEVICE EVAL | | 0690 | 0.4761 | APC | $24.10 | | | |
| 93294 | E | PM DEVICE INTERROGATE REMOTE | | | | Not Allowed | $0.00 | | | |
| 93295 | E | ICD DEVICE INTERROGAT REMOTE | | | | Not Allowed | $0.00 | | | |
| 93296 | S | PM/ICD REMOTE TECH SERV | | 0690 | 0.4761 | APC | $24.10 | | | |
| 93297 | E | ICM DEVICE INTERROGAT REMOTE | | | | Not Allowed | $0.00 | | | |
| 93298 | E | ILR DEVICE INTERROGAT REMOTE | | | | Not Allowed | $0.00 | | | |
| 93299 | S | ICM/ILR REMOTE TECH SERV | | 0690 | 0.4761 | APC | $24.10 | | | |
| 93303 | S | ECHO TRANSTHORACIC | | 0270 | 7.8339 | APC | $396.47 | | | |
| 93304 | S | ECHO TRANSTHORACIC | | 0269 | 5.4757 | APC | $277.13 | | | |
| 93306 | S | TTE W/DOPPLER COMPLETE | | 0269 | 5.4757 | APC | $277.13 | | | |
| 93307 | S | TTE W/O DOPPLER COMPLETE | | 0269 | 5.4757 | APC | $277.13 | | | |
| 93308 | S | TTE F-UP OR LMTD | | 0697 | 2.982 | APC | $150.92 | | | |
| 93312 | S | ECHO TRANSESOPHAGEAL | | 0270 | 7.8339 | APC | $396.47 | | | |
| 93313 | S | ECHO TRANSESOPHAGEAL | | 0269 | 5.4757 | APC | $277.13 | | | |
| 93314 | N | ECHO TRANSESOPHAGEAL | | | | Bundled | $0.00 | | | |
| 93315 | S | ECHO TRANSESOPHAGEAL | | 0269 | 5.4757 | APC | $277.13 | | | |
| 93316 | S | ECHO TRANSESOPHAGEAL | | 0270 | 7.8339 | APC | $396.47 | | | |
| 93317 | N | ECHO TRANSESOPHAGEAL | | | | Bundled | $0.00 | | | |
| 93318 | S | ECHO TRANSESOPHAGEAL INTRAOP | | 0270 | 7.8339 | APC | $396.47 | | | |
| 93320 | N | DOPPLER ECHO EXAM HEART | | | | Bundled | $0.00 | | | |
| 93321 | N | DOPPLER ECHO EXAM HEART | | | | Bundled | $0.00 | | | |
| 93325 | N | DOPPLER COLOR FLOW ADD-ON | | | | Bundled | $0.00 | | | |
| 93350 | S | STRESS TTE ONLY | | 0269 | 5.4757 | APC | $277.13 | | | |
| 93351 | S | STRESS TTE COMPLETE | | 0270 | 7.8339 | APC | $396.47 | | | |
| 93352 | E | ADMIN ECG CONTRAST AGENT | | | | Not Allowed | $0.00 | | | |
| 93451 | T | RIGHT HEART CATH | | 0080 | 37.153 | APC | $1,880.33 | | | |
| 93452 | T | LEFT HRT CATH W/VENTRCLGRPHY | | 0080 | 37.153 | APC | $1,880.33 | | | |
| 93453 | T | R&L HRT CATH W/VENTRICLGRPHY | | 0080 | 37.153 | APC | $1,880.33 | | | |
| 93454 | T | CORONARY ARTERY ANGIO S&I | | 0080 | 37.153 | APC | $1,880.33 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 93455 | T | CORONARY ART/GRFT ANGIO S&I | | 0080 | 37.153 | APC | $1,880.33 | | | |
| 93456 | T | R HRT CORONARY ARTERY ANGIO | | 0080 | 37.153 | APC | $1,880.33 | | | |
| 93457 | T | R HRT ART/GRFT ANGIO | | 0080 | 37.153 | APC | $1,880.33 | | | |
| 93458 | T | L HRT ARTERY/VENTRICLE ANGIO | | 0080 | 37.153 | APC | $1,880.33 | | | |
| 93459 | T | L HRT ART/GRFT ANGIO | | 0080 | 37.153 | APC | $1,880.33 | | | |
| 93460 | T | R&L HRT ART/VENTRICLE ANGIO | | 0080 | 37.153 | APC | $1,880.33 | | | |
| 93461 | T | R&L HRT ART/VENTRICLE ANGIO | | 0080 | 37.153 | APC | $1,880.33 | | | |
| 93462 | T | L HRT CATH TRNSPTL PUNCTURE | | 0080 | 37.153 | APC | $1,880.33 | | | |
| 93463 | N | DRUG ADMIN & HEMODYNMIC MEAS | | | | Bundled | $0.00 | | | |
| 93464 | N | EXERCISE W/HEMODYNAMIC MEAS | | | | Bundled | $0.00 | | | |
| 93503 | T | INSERT/PLACE HEART CATHETER | | 0103 | 16.217 | APC | $820.76 | | | |
| 93505 | T | BIOPSY OF HEART LINING | | 0103 | 16.217 | APC | $820.76 | | | |
| 93530 | T | RT HEART CATH CONGENITAL | | 0080 | 37.153 | APC | $1,880.33 | | | |
| 93531 | T | R & L HEART CATH CONGENITAL | | 0080 | 37.153 | APC | $1,880.33 | | | |
| 93532 | T | R & L HEART CATH CONGENITAL | | 0080 | 37.153 | APC | $1,880.33 | | | |
| 93533 | T | R & L HEART CATH CONGENITAL | | 0080 | 37.153 | APC | $1,880.33 | | | |
| 93561 | N | CARDIAC OUTPUT MEASUREMENT | | | | Bundled | $0.00 | | | |
| 93562 | N | CARD OUTPUT MEASURE SUBSQ | | | | Bundled | $0.00 | | | |
| 93563 | N | INJECT CONGENITAL CARD CATH | | | | Bundled | $0.00 | | | |
| 93564 | N | INJECT HRT CONGNTL ART/GRFT | | | | Bundled | $0.00 | | | |
| 93565 | N | INJECT L VENTR/ATRIAL ANGIO | | | | Bundled | $0.00 | | | |
| 93566 | N | INJECT R VENTR/ATRIAL ANGIO | | | | Bundled | $0.00 | | | |
| 93567 | N | INJECT SUPRVLV AORTOGRAPHY | | | | Bundled | $0.00 | | | |
| 93568 | N | INJECT PULM ART HRT CATH | | | | Bundled | $0.00 | | | |
| 93571 | N | HEART FLOW RESERVE MEASURE | | | | Bundled | $0.00 | | | |
| 93572 | N | HEART FLOW RESERVE MEASURE | | | | Bundled | $0.00 | | | |
| 93580 | T | TRANSCATH CLOSURE OF ASD | | 0434 | 167.92 | APC | $8,498.28 | | | |
| 93581 | T | TRANSCATH CLOSURE OF VSD | | 0434 | 167.92 | APC | $8,498.28 | | | |
| 93600 | S | BUNDLE OF HIS RECORDING | | 0084 | 9.8911 | APC | $500.59 | | | |
| 93602 | S | INTRA-ATRIAL RECORDING | | 0084 | 9.8911 | APC | $500.59 | | | |
| 93603 | S | RIGHT VENTRICULAR RECORDING | | 0084 | 9.8911 | APC | $500.59 | | | |
| 93609 | N | MAP TACHYCARDIA ADD-ON | | | | Bundled | $0.00 | | | |
| 93610 | S | INTRA-ATRIAL PACING | | 0084 | 9.8911 | APC | $500.59 | | | |
| 93612 | S | INTRAVENTRICULAR PACING | | 0084 | 9.8911 | APC | $500.59 | | | |
| 93613 | N | ELECTROPHYS MAP 3D ADD-ON | | | | Bundled | $0.00 | | | |
| 93615 | S | ESOPHAGEAL RECORDING | | 0084 | 9.8911 | APC | $500.59 | | | |
| 93616 | S | ESOPHAGEAL RECORDING | | 0084 | 9.8911 | APC | $500.59 | | | |
| 93618 | S | HEART RHYTHM PACING | | 0084 | 9.8911 | APC | $500.59 | | | |
| 93619 | N | ELECTROPHYSIOLOGY EVALUATION | | 0085 | 55.001 | Bundled, may be payable in some circumstances | $4,301.85 | | | |
| 93620 | N | ELECTROPHYSIOLOGY EVALUATION | | 0085 | 55.001 | Bundled, may be payable in some circumstances | $4,301.85 | | | |
| 93621 | N | ELECTROPHYSIOLOGY EVALUATION | | | | Bundled | $0.00 | | | |
| 93622 | N | ELECTROPHYSIOLOGY EVALUATION | | | | Bundled | $0.00 | | | |
| 93623 | N | STIMULATION PACING HEART | | | | Bundled | $0.00 | | | |
| 93624 | T | ELECTROPHYSIOLOGIC STUDY | | 0085 | 55.001 | APC | $2,783.62 | | | |
| 93631 | N | HEART PACING MAPPING | | | | Bundled | $0.00 | | | |
| 93640 | N | EVALUATION HEART DEVICE | | | | Bundled | $0.00 | | | |
| 93641 | N | ELECTROPHYSIOLOGY EVALUATION | | | | Bundled | $0.00 | | | |
| 93642 | S | ELECTROPHYSIOLOGY EVALUATION | | 0084 | 9.8911 | APC | $500.59 | | | |
| 93650 | N | ABLATE HEART DYSRHYTHM FOCUS | | 0085 | 55.001 | Bundled, may be payable in some circumstances | $4,301.85 | | | |
| 93653 | N | EP & ABLATE SUPRAVENT ARRHYT | | 8000 | 156.29 | Bundled, may be payable in some circumstances | $404,880.00 | | | |
| 93654 | N | EP & ABLATE VENTRIC TACHY | | 8000 | 156.29 | Bundled, may be payable in some circumstances | $404,880.00 | | | |
| 93655 | N | ABLATE ARRHYTHMIA ADD ON | | | | Bundled | $0.00 | | | |
| 93656 | N | TX ATRIAL FIB PULM VEIN ISOL | | 8000 | 156.29 | Bundled, may be payable in some circumstances | $404,880.00 | | | |
| 93657 | N | TX L/R ATRIAL FIB ADDL | | | | Bundled | $0.00 | | | |
| 93660 | S | TILT TABLE EVALUATION | | 0101 | 4.2562 | APC | $215.41 | | | |
| 93662 | N | INTRACARDIAC ECG (ICE) | | | | Bundled | $0.00 | | | |
| 93668 | E | PERIPHERAL VASCULAR REHAB | | | | Not Allowed | $0.00 | | | |
| 93701 | S | BIOIMPEDANCE CV ANALYSIS | | 0099 | 0.374 | APC | $18.93 | | | |
| 93724 | S | ANALYZE PACEMAKER SYSTEM | | 0690 | 0.4761 | APC | $24.10 | | | |
| 93740 | X | TEMPERATURE GRADIENT STUDIES | | 0368 | 0.8816 | APC | $44.62 | | | |
| 93745 | S | SET-UP CARDIOVERT-DEFIBRILL | | 0690 | 0.4761 | APC | $24.10 | | | |
| 93750 | S | INTERROGATION VAD IN PERSON | | 0692 | 1.5631 | APC | $79.11 | | | |
| 93770 | N | MEASURE VENOUS PRESSURE | | | | Bundled | $0.00 | | | |
| 93784 | M | AMBULATORY BP MONITORING | | | | Fee Schedule | $0.00 | | | |

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|---|---|---|---|---|---|---|---|---|---|---|
| 93786 | S | AMBULATORY BP RECORDING | | 0097 | 0.9328 | APC | $47.21 | | | |
| 93788 | S | AMBULATORY BP ANALYSIS | | 0097 | 0.9328 | APC | $47.21 | | | |
| 93790 | M | REVIEW/REPORT BP RECORDING | | | | Fee Schedule | $0.00 | | | |
| 93797 | S | CARDIAC REHAB | | 0095 | 1.1206 | APC | $56.71 | | | |
| 93798 | S | CARDIAC REHAB/MONITOR | | 0095 | 1.1206 | APC | $56.71 | | | |
| 93799 | S | CARDIOVASCULAR PROCEDURE | | 0097 | 0.9328 | APC | $47.21 | | | |
| 93880 | S | EXTRACRANIAL BILAT STUDY | | 0267 | 2.1699 | APC | $109.82 | | | |
| 93882 | S | EXTRACRANIAL UNI/LTD STUDY | | 0267 | 2.1699 | APC | $109.82 | | | |
| 93886 | S | INTRACRANIAL COMPLETE STUDY | | 0267 | 2.1699 | APC | $109.82 | | | |
| 93888 | S | INTRACRANIAL LIMITED STUDY | | 0265 | 0.9054 | APC | $45.82 | | | |
| 93890 | S | TCD VASOREACTIVITY STUDY | | 0266 | 1.3928 | APC | $70.49 | | | |
| 93892 | S | TCD EMBOLI DETECT W/O INJ | | 0266 | 1.3928 | APC | $70.49 | | | |
| 93893 | S | TCD EMBOLI DETECT W/INJ | | 0266 | 1.3928 | APC | $70.49 | | | |
| 93922 | S | UPR/L XTREMITY ART 2 LEVELS | | 0097 | 0.9328 | APC | $47.21 | | | |
| 93923 | S | UPR/LXTR ART STDY 3+ LVLS | | 0096 | 1.523 | APC | $77.08 | | | |
| 93924 | S | LWR XTR VASC STDY BILAT | | 0096 | 1.523 | APC | $77.08 | | | |
| 93925 | S | LOWER EXTREMITY STUDY | | 0267 | 2.1699 | APC | $109.82 | | | |
| 93926 | S | LOWER EXTREMITY STUDY | | 0266 | 1.3928 | APC | $70.49 | | | |
| 93930 | S | UPPER EXTREMITY STUDY | | 0267 | 2.1699 | APC | $109.82 | | | |
| 93931 | S | UPPER EXTREMITY STUDY | | 0266 | 1.3928 | APC | $70.49 | | | |
| 93965 | S | EXTREMITY STUDY | | 0096 | 1.523 | APC | $77.08 | | | |
| 93970 | S | EXTREMITY STUDY | | 0267 | 2.1699 | APC | $109.82 | | | |
| 93971 | S | EXTREMITY STUDY | | 0266 | 1.3928 | APC | $70.49 | | | |
| 93975 | S | VASCULAR STUDY | | 0267 | 2.1699 | APC | $109.82 | | | |
| 93976 | S | VASCULAR STUDY | | 0267 | 2.1699 | APC | $109.82 | | | |
| 93978 | S | VASCULAR STUDY | | 0267 | 2.1699 | APC | $109.82 | | | |
| 93979 | S | VASCULAR STUDY | | 0266 | 1.3928 | APC | $70.49 | | | |
| 93980 | S | PENILE VASCULAR STUDY | | 0267 | 2.1699 | APC | $109.82 | | | |
| 93981 | S | PENILE VASCULAR STUDY | | 0267 | 2.1699 | APC | $109.82 | | | |
| 93982 | S | ANEURYSM PRESSURE SENS STUDY | | 0097 | 0.9328 | APC | $47.21 | | | |
| 93990 | S | DOPPLER FLOW TESTING | | 0266 | 1.3928 | APC | $70.49 | | | |
| 93998 | X | NONINVAS VASC DX STUDY PROC | | 0035 | 0.3286 | APC | $16.63 | | | |
| 94002 | N | VENT MGMT INPAT INIT DAY | | 0079 | 3.4693 | Bundled, may be payable in some circumstances | $3,998.19 | | | |
| 94003 | N | VENT MGMT INPAT SUBQ DAY | | 0079 | 3.4693 | Bundled, may be payable in some circumstances | $3,998.19 | | | |
| 94004 | E | VENT MGMT NF PER DAY | | | | Not Allowed | $0.00 | | | |
| 94005 | E | HOME VENT MGMT SUPERVISION | | | | Not Allowed | $0.00 | | | |
| 94010 | X | BREATHING CAPACITY TEST | | 0368 | 0.8816 | APC | $44.62 | | | |
| 94011 | X | SPIROMETRY UP TO 2 YRS OLD | | 0367 | 0.6318 | APC | $31.98 | | | |
| 94012 | X | SPIRMTRY W/BRNCHDIL INF-2 YR | | 0367 | 0.6318 | APC | $31.98 | | | |
| 94013 | X | MEAS LUNG VOL THRU 2 YRS | | 0369 | 2.5221 | APC | $127.64 | | | |
| 94014 | X | PATIENT RECORDED SPIROMETRY | | 0368 | 0.8816 | APC | $44.62 | | | |
| 94015 | X | PATIENT RECORDED SPIROMETRY | | 0368 | 0.8816 | APC | $44.62 | | | |
| 94016 | N | REVIEW PATIENT SPIROMETRY | | | | Bundled | $0.00 | | | |
| 94060 | S | EVALUATION OF WHEEZING | | 0078 | 1.4155 | APC | $71.64 | | | |
| 94070 | X | EVALUATION OF WHEEZING | | 0369 | 2.5221 | APC | $127.64 | | | |
| 94150 | X | VITAL CAPACITY TEST | | 0367 | 0.6318 | APC | $31.98 | | | |
| 94200 | X | LUNG FUNCTION TEST (MBC/MVV) | | 0367 | 0.6318 | APC | $31.98 | | | |
| 94250 | X | EXPIRED GAS COLLECTION | | 0367 | 0.6318 | APC | $31.98 | | | |
| 94375 | X | RESPIRATORY FLOW VOLUME LOOP | | 0367 | 0.6318 | APC | $31.98 | | | |
| 94400 | X | CO2 BREATHING RESPONSE CURVE | | 0367 | 0.6318 | APC | $31.98 | | | |
| 94450 | X | HYPOXIA RESPONSE CURVE | | 0368 | 0.8816 | APC | $44.62 | | | |
| 94452 | X | HAST W/REPORT | | 0368 | 0.8816 | APC | $44.62 | | | |
| 94453 | X | HAST W/OXYGEN TITRATE | | 0368 | 0.8816 | APC | $44.62 | | | |
| 94610 | S | SURFACTANT ADMIN THRU TUBE | | 0077 | 0.492 | APC | $24.90 | | | |
| 94620 | X | PULMONARY STRESS TEST/SIMPLE | | 0368 | 0.8816 | APC | $44.62 | | | |
| 94621 | X | PULM STRESS TEST/COMPLEX | | 0369 | 2.5221 | APC | $127.64 | | | |
| 94640 | S | AIRWAY INHALATION TREATMENT | | 0077 | 0.492 | APC | $24.90 | | | |
| 94642 | S | AEROSOL INHALATION TREATMENT | | 0078 | 1.4155 | APC | $71.64 | | | |
| 94644 | X | CBT 1ST HOUR | | 0340 | 0.6961 | APC | $35.23 | | | |
| 94645 | X | CBT EACH ADDL HOUR | | 0340 | 0.6961 | APC | $35.23 | | | |
| 94660 | N | POS AIRWAY PRESSURE CPAP | | 0078 | 1.4155 | Bundled, may be payable in some circumstances | $3,947.58 | | | |
| 94662 | N | NEG PRESS VENTILATION CNP | | 0079 | 3.4693 | Bundled, may be payable in some circumstances | $3,998.19 | | | |
| 94664 | S | EVALUATE PT USE OF INHALER | | 0077 | 0.492 | APC | $24.90 | | | |
| 94667 | S | CHEST WALL MANIPULATION | | 0077 | 0.492 | APC | $24.90 | | | |

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|---|---|---|---|---|---|---|---|---|---|---|
| 94668 | S | CHEST WALL MANIPULATION | | 0077 | 0.492 | APC | $24.90 | | | |
| 94680 | X | EXHALED AIR ANALYSIS O2 | | 0369 | 2.5221 | APC | $127.64 | | | |
| 94681 | X | EXHALED AIR ANALYSIS O2/CO2 | | 0369 | 2.5221 | APC | $127.64 | | | |
| 94690 | X | EXHALED AIR ANALYSIS | | 0367 | 0.6318 | APC | $31.98 | | | |
| 94726 | X | PULM FUNCT TST PLETHYSMOGRAP | | 0367 | 0.6318 | APC | $31.98 | | | |
| 94727 | X | PULM FUNCTION TEST BY GAS | | 0367 | 0.6318 | APC | $31.98 | | | |
| 94728 | X | PULM FUNCT TEST OSCILLOMETRY | | 0367 | 0.6318 | APC | $31.98 | | | |
| 94729 | X | CO/MEMBANE DIFFUSE CAPACITY | | 0368 | 0.8816 | APC | $44.62 | | | |
| 94750 | X | PULMONARY COMPLIANCE STUDY | | 0367 | 0.6318 | APC | $31.98 | | | |
| 94760 | N | MEASURE BLOOD OXYGEN LEVEL | | | | Bundled | $0.00 | | | |
| 94761 | N | MEASURE BLOOD OXYGEN LEVEL | | | | Bundled | $0.00 | | | |
| 94762 | N | MEASURE BLOOD OXYGEN LEVEL | | 0097 | 0.9328 | Bundled, may be payable in some circumstances | $4,909.17 | | | |
| 94770 | X | EXHALED CARBON DIOXIDE TEST | | 0369 | 2.5221 | APC | $127.64 | | | |
| 94772 | X | BREATH RECORDING INFANT | | 0369 | 2.5221 | APC | $127.64 | | | |
| 94774 | E | PED HOME APNEA REC COMPL | | | | Not Allowed | $0.00 | | | |
| 94775 | S | PED HOME APNEA REC HK-UP | | 0097 | 0.9328 | APC | $47.21 | | | |
| 94776 | S | PED HOME APNEA REC DOWNLD | | 0097 | 0.9328 | APC | $47.21 | | | |
| 94777 | E | PED HOME APNEA REC REPORT | | | | Not Allowed | $0.00 | | | |
| 94780 | X | CAR SEAT/BED TEST 60 MIN | | 0340 | 0.6961 | APC | $35.23 | | | |
| 94781 | X | CAR SEAT/BED TEST + 30 MIN | | 0340 | 0.6961 | APC | $35.23 | | | |
| 94799 | X | PULMONARY SERVICE/PROCEDURE | | 0367 | 0.6318 | APC | $31.98 | | | |
| 95004 | X | PERCUT ALLERGY SKIN TESTS | | 0381 | 0.3478 | APC | $17.60 | | | |
| 95012 | X | EXHALED NITRIC OXIDE MEAS | | 0367 | 0.6318 | APC | $31.98 | | | |
| 95017 | X | PERQ & ICUT ALLG TEST VENOMS | | 0381 | 0.3478 | APC | $17.60 | | | |
| 95018 | X | PERQ&IC ALLG TEST DRUGS/BIOL | | 0381 | 0.3478 | APC | $17.60 | | | |
| 95024 | X | ICUT ALLERGY TEST DRUG/BUG | | 0381 | 0.3478 | APC | $17.60 | | | |
| 95027 | X | ICUT ALLERGY TITRATE-AIRBORN | | 0381 | 0.3478 | APC | $17.60 | | | |
| 95028 | X | ICUT ALLERGY TEST-DELAYED | | 0381 | 0.3478 | APC | $17.60 | | | |
| 95044 | X | ALLERGY PATCH TESTS | | 0381 | 0.3478 | APC | $17.60 | | | |
| 95052 | X | PHOTO PATCH TEST | | 0381 | 0.3478 | APC | $17.60 | | | |
| 95056 | X | PHOTOSENSITIVITY TESTS | | 0370 | 1.3347 | APC | $67.55 | | | |
| 95060 | X | EYE ALLERGY TESTS | | 0370 | 1.3347 | APC | $67.55 | | | |
| 95065 | X | NOSE ALLERGY TEST | | 0381 | 0.3478 | APC | $17.60 | | | |
| 95070 | X | BRONCHIAL ALLERGY TESTS | | 0369 | 2.5221 | APC | $127.64 | | | |
| 95071 | X | BRONCHIAL ALLERGY TESTS | | 0368 | 0.8816 | APC | $44.62 | | | |
| 95076 | X | INGEST CHALLENGE INI 120 MIN | | 0361 | 4.2433 | APC | $214.75 | | | |
| 95079 | X | INGEST CHALLENGE ADDL 60 MIN | | 0360 | 1.9249 | APC | $97.42 | | | |
| 95115 | S | IMMUNOTHERAPY ONE INJECTION | | 0436 | 0.3788 | APC | $19.17 | | | |
| 95117 | S | IMMUNOTHERAPY INJECTIONS | | 0436 | 0.3788 | APC | $19.17 | | | |
| 95120 | E | IMMUNOTHERAPY ONE INJECTION | | | | Not Allowed | $0.00 | | | |
| 95125 | E | IMMUNOTHERAPY 2/> INJECTIONS | | | | Not Allowed | $0.00 | | | |
| 95130 | E | IMMNTX 1 STING INSECT | | | | Not Allowed | $0.00 | | | |
| 95131 | E | IMMNTX 2 STING INSECTS | | | | Not Allowed | $0.00 | | | |
| 95132 | E | IMMNTX 3 STING INSECTS | | | | Not Allowed | $0.00 | | | |
| 95133 | E | IMMNTX 4 STING INSECTS | | | | Not Allowed | $0.00 | | | |
| 95134 | E | IMMNTX 5 STING INSECTS | | | | Not Allowed | $0.00 | | | |
| 95144 | S | ANTIGEN THERAPY SERVICES | | 0437 | 0.5487 | APC | $27.77 | | | |
| 95145 | S | ANTIGEN THERAPY SERVICES | | 0436 | 0.3788 | APC | $19.17 | | | |
| 95146 | S | ANTIGEN THERAPY SERVICES | | 0438 | 1.0473 | APC | $53.00 | | | |
| 95147 | S | ANTIGEN THERAPY SERVICES | | 0438 | 1.0473 | APC | $53.00 | | | |
| 95148 | S | ANTIGEN THERAPY SERVICES | | 0437 | 0.5487 | APC | $27.77 | | | |
| 95149 | S | ANTIGEN THERAPY SERVICES | | 0437 | 0.5487 | APC | $27.77 | | | |
| 95165 | S | ANTIGEN THERAPY SERVICES | | 0436 | 0.3788 | APC | $19.17 | | | |
| 95170 | S | ANTIGEN THERAPY SERVICES | | 0437 | 0.5487 | APC | $27.77 | | | |
| 95180 | X | RAPID DESENSITIZATION | | 0370 | 1.3347 | APC | $67.55 | | | |
| 95199 | X | ALLERGY IMMUNOLOGY SERVICES | | 0381 | 0.3478 | APC | $17.60 | | | |
| 95250 | V | GLUCOSE MONITORING CONT | | 0606 | 1.3596 | APC | $68.81 | | | |
| 95251 | E | GLUC MONITOR CONT PHYS I&R | | | | Not Allowed | $0.00 | | | |
| 95782 | E | POLYSOM <6 YRS 4/> PARAMTRS | | | | Not Allowed | $0.00 | | | |
| 95783 | E | POLYSOM <6 YRS CPAP/BILVL | | | | Not Allowed | $0.00 | | | |
| 95800 | S | SLP STDY UNATTENDED | | 0213 | 2.4204 | APC | $122.50 | | | |
| 95801 | S | SLP STDY UNATND W/ANAL | | 0213 | 2.4204 | APC | $122.50 | | | |
| 95803 | S | ACTIGRAPHY TESTING | | 0218 | 1.1195 | APC | $56.66 | | | |
| 95805 | S | MULTIPLE SLEEP LATENCY TEST | | 0209 | 11.304 | APC | $572.10 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 95806 | S | SLEEP STUDY UNATT&RESP EFFT | | 0213 | 2.4204 | APC | $122.50 | | | |
| 95807 | S | SLEEP STUDY ATTENDED | | 0209 | 11.304 | APC | $572.10 | | | |
| 95808 | S | POLYSOM ANY AGE 1-3> PARAM | | 0209 | 11.304 | APC | $572.10 | | | |
| 95810 | S | POLYSOM 6/> YRS 4/> PARAM | | 0209 | 11.304 | APC | $572.10 | | | |
| 95811 | S | POLYSOM 6/>YRS CPAP 4/> PARM | | 0209 | 11.304 | APC | $572.10 | | | |
| 95812 | S | EEG 41-60 MINUTES | | 0213 | 2.4204 | APC | $122.50 | | | |
| 95813 | S | EEG OVER 1 HOUR | | 0213 | 2.4204 | APC | $122.50 | | | |
| 95816 | S | EEG AWAKE AND DROWSY | | 0213 | 2.4204 | APC | $122.50 | | | |
| 95819 | S | EEG AWAKE AND ASLEEP | | 0213 | 2.4204 | APC | $122.50 | | | |
| 95822 | S | EEG COMA OR SLEEP ONLY | | 0213 | 2.4204 | APC | $122.50 | | | |
| 95824 | S | EEG CEREBRAL DEATH ONLY | | 0216 | 2.5805 | APC | $130.60 | | | |
| 95827 | S | EEG ALL NIGHT RECORDING | | 0213 | 2.4204 | APC | $122.50 | | | |
| 95829 | N | SURGERY ELECTROCORTICOGRAM | | | | Bundled | $0.00 | | | |
| 95830 | M | INSERT ELECTRODES FOR EEG | | | | Fee Schedule | $0.00 | | | |
| 95831 | N | LIMB MUSCLE TESTING MANUAL | | | | Bundled | $0.00 | | | |
| 95832 | N | HAND MUSCLE TESTING MANUAL | | | | Bundled | $0.00 | | | |
| 95833 | N | BODY MUSCLE TESTING MANUAL | | | | Bundled | $0.00 | | | |
| 95834 | N | BODY MUSCLE TESTING MANUAL | | | | Bundled | $0.00 | | | |
| 95851 | N | RANGE OF MOTION MEASUREMENTS | | | | Bundled | $0.00 | | | |
| 95852 | N | RANGE OF MOTION MEASUREMENTS | | | | Bundled | $0.00 | | | |
| 95857 | S | CHOLINESTERASE CHALLENGE | | 0218 | 1.1195 | APC | $56.66 | | | |
| 95860 | S | MUSCLE TEST ONE LIMB | | 0218 | 1.1195 | APC | $56.66 | | | |
| 95861 | S | MUSCLE TEST 2 LIMBS | | 0218 | 1.1195 | APC | $56.66 | | | |
| 95863 | S | MUSCLE TEST 3 LIMBS | | 0218 | 1.1195 | APC | $56.66 | | | |
| 95864 | S | MUSCLE TEST 4 LIMBS | | 0218 | 1.1195 | APC | $56.66 | | | |
| 95865 | S | MUSCLE TEST LARYNX | | 0218 | 1.1195 | APC | $56.66 | | | |
| 95866 | S | MUSCLE TEST HEMIDIAPHRAGM | | 0218 | 1.1195 | APC | $56.66 | | | |
| 95867 | S | MUSCLE TEST CRAN NERV UNILAT | | 0218 | 1.1195 | APC | $56.66 | | | |
| 95868 | S | MUSCLE TEST CRAN NERVE BILAT | | 0218 | 1.1195 | APC | $56.66 | | | |
| 95869 | S | MUSCLE TEST THOR PARASPINAL | | 0215 | 0.6045 | APC | $30.59 | | | |
| 95870 | S | MUSCLE TEST NONPARASPINAL | | 0215 | 0.6045 | APC | $30.59 | | | |
| 95872 | S | MUSCLE TEST ONE FIBER | | 0218 | 1.1195 | APC | $56.66 | | | |
| 95873 | N | GUIDE NERV DESTR ELEC STIM | | | | Bundled | $0.00 | | | |
| 95874 | N | GUIDE NERV DESTR NEEDLE EMG | | | | Bundled | $0.00 | | | |
| 95875 | S | LIMB EXERCISE TEST | | 0218 | 1.1195 | APC | $56.66 | | | |
| 95885 | S | MUSC TST DONE W/NERV TST LIM | | 0218 | 1.1195 | APC | $56.66 | | | |
| 95886 | S | MUSC TEST DONE W/N TEST COMP | | 0218 | 1.1195 | APC | $56.66 | | | |
| 95887 | S | MUSC TST DONE W/N TST NONEXT | | 0215 | 0.6045 | APC | $30.59 | | | |
| 95905 | S | MOTOR &/ SENS NRVE CNDJ TEST | | 0215 | 0.6045 | APC | $30.59 | | | |
| 95907 | E | NVR CNDJ TST 1-2 STUDIES | | | | Not Allowed | $0.00 | | | |
| 95908 | E | NRV CNDJ TST 3-4 STUDIES | | | | Not Allowed | $0.00 | | | |
| 95909 | E | NRV CNDJ TST 5-6 STUDIES | | | | Not Allowed | $0.00 | | | |
| 95910 | E | NRV CNDJ TEST 7-8 STUDIES | | | | Not Allowed | $0.00 | | | |
| 95911 | E | NRV CNDJ TEST 9-10 STUDIES | | | | Not Allowed | $0.00 | | | |
| 95912 | E | NRV CNDJ TEST 11-12 STUDIES | | | | Not Allowed | $0.00 | | | |
| 95913 | E | NRV CNDJ TEST 13/>¿ STUDIES | | | | Not Allowed | $0.00 | | | |
| 95921 | S | AUTONOMIC NRV PARASYM INERVJ | | 0218 | 1.1195 | APC | $56.66 | | | |
| 95922 | S | AUTONOMIC NRV ADRENRG INERVJ | | 0218 | 1.1195 | APC | $56.66 | | | |
| 95923 | S | AUTONOMIC NRV SYST FUNJ TEST | | 0218 | 1.1195 | APC | $56.66 | | | |
| 95924 | E | ANS PARASYMP & SYMP W/TILT | | | | Not Allowed | $0.00 | | | |
| 95925 | S | SOMATOSENSORY TESTING | | 0216 | 2.5805 | APC | $130.60 | | | |
| 95926 | S | SOMATOSENSORY TESTING | | 0216 | 2.5805 | APC | $130.60 | | | |
| 95927 | S | SOMATOSENSORY TESTING | | 0216 | 2.5805 | APC | $130.60 | | | |
| 95928 | S | C MOTOR EVOKED UPPR LIMBS | | 0218 | 1.1195 | APC | $56.66 | | | |
| 95929 | S | C MOTOR EVOKED LWR LIMBS | | 0218 | 1.1195 | APC | $56.66 | | | |
| 95930 | S | VISUAL EVOKED POTENTIAL TEST | | 0216 | 2.5805 | APC | $130.60 | | | |
| 95933 | S | BLINK REFLEX TEST | | 0215 | 0.6045 | APC | $30.59 | | | |
| 95937 | S | NEUROMUSCULAR JUNCTION TEST | | 0218 | 1.1195 | APC | $56.66 | | | |
| 95938 | S | SOMATOSENSORY TESTING | | 0216 | 2.5805 | APC | $130.60 | | | |
| 95939 | S | C MOTOR EVOKED UPR&LWR LIMBS | | 0218 | 1.1195 | APC | $56.66 | | | |
| 95940 | N | IONM IN OPERATNG ROOM 15 MIN | | | | Bundled | $0.00 | | | |
| 95941 | N | IONM REMOTE/>1 PT OR PER HR | | | | Bundled | $0.00 | | | |
| 95943 | E | PARASYMP&SYMP HRT RATE TEST | | | | Not Allowed | $0.00 | | | |
| 95950 | S | AMBULATORY EEG MONITORING | | 0209 | 11.304 | APC | $572.10 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 95951 | S | EEG MONITORING/VIDEORECORD | | 0209 | 11.304 | APC | $572.10 | | | |
| 95953 | S | EEG MONITORING/COMPUTER | | 0209 | 11.304 | APC | $572.10 | | | |
| 95954 | S | EEG MONITORING/GIVING DRUGS | | 0218 | 1.1195 | APC | $56.66 | | | |
| 95955 | N | EEG DURING SURGERY | | | | Bundled | $0.00 | | | |
| 95956 | S | EEG MONITOR TECHNOL ATTENDED | | 0209 | 11.304 | APC | $572.10 | | | |
| 95957 | N | EEG DIGITAL ANALYSIS | | | | Bundled | $0.00 | | | |
| 95958 | S | EEG MONITORING/FUNCTION TEST | | 0213 | 2.4204 | APC | $122.50 | | | |
| 95961 | S | ELECTRODE STIMULATION BRAIN | | 0216 | 2.5805 | APC | $130.60 | | | |
| 95962 | S | ELECTRODE STIM BRAIN ADD-ON | | 0216 | 2.5805 | APC | $130.60 | | | |
| 95965 | S | MEG SPONTANEOUS | | 0066 | 33.021 | APC | $1,671.17 | | | |
| 95966 | S | MEG EVOKED SINGLE | | 0065 | 13.718 | APC | $694.25 | | | |
| 95967 | S | MEG EVOKED EACH ADDL | | 0065 | 13.718 | APC | $694.25 | | | |
| 95970 | S | ANALYZE NEUROSTIM NO PROG | | 0218 | 1.1195 | APC | $56.66 | | | |
| 95971 | S | ANALYZE NEUROSTIM SIMPLE | | 0692 | 1.5631 | APC | $79.11 | | | |
| 95972 | S | ANALYZE NEUROSTIM COMPLEX | | 0692 | 1.5631 | APC | $79.11 | | | |
| 95973 | S | ANALYZE NEUROSTIM COMPLEX | | 0218 | 1.1195 | APC | $56.66 | | | |
| 95974 | S | CRANIAL NEUROSTIM COMPLEX | | 0692 | 1.5631 | APC | $79.11 | | | |
| 95975 | S | CRANIAL NEUROSTIM COMPLEX | | 0218 | 1.1195 | APC | $56.66 | | | |
| 95978 | S | ANALYZE NEUROSTIM BRAIN/1H | | 0692 | 1.5631 | APC | $79.11 | | | |
| 95979 | S | ANALYZ NEUROSTIM BRAIN ADDON | | 0692 | 1.5631 | APC | $79.11 | | | |
| 95980 | N | IO ANAL GAST N-STIM INIT | | | | Bundled | $0.00 | | | |
| 95981 | S | IO ANAL GAST N-STIM SUBSQ | | 0218 | 1.1195 | APC | $56.66 | | | |
| 95982 | S | IO GA N-STIM SUBSQ W/REPROG | | 0692 | 1.5631 | APC | $79.11 | | | |
| 95990 | S | SPIN/BRAIN PUMP REFIL & MAIN | | 0439 | 2.0507 | APC | $103.79 | | | |
| 95991 | S | SPIN/BRAIN PUMP REFIL & MAIN | | 0439 | 2.0507 | APC | $103.79 | | | |
| 95992 | M | CANALITH REPOSITIONING PROC | | | | Fee Schedule | $25.27 | | | |
| 95999 | S | NEUROLOGICAL PROCEDURE | | 0215 | 0.6045 | APC | $30.59 | | | |
| 96000 | S | MOTION ANALYSIS VIDEO/3D | | 0216 | 2.5805 | APC | $130.60 | | | |
| 96001 | S | MOTION TEST W/FT PRESS MEAS | | 0216 | 2.5805 | APC | $130.60 | | | |
| 96002 | S | DYNAMIC SURFACE EMG | | 0218 | 1.1195 | APC | $56.66 | | | |
| 96003 | S | DYNAMIC FINE WIRE EMG | | 0218 | 1.1195 | APC | $56.66 | | | |
| 96004 | M | PHYS REVIEW OF MOTION TESTS | | | | Fee Schedule | $0.00 | | | |
| 96020 | N | FUNCTIONAL BRAIN MAPPING | | | | Bundled | $0.00 | | | |
| 96040 | E | GENETIC COUNSELING 30 MIN | | | | Not Allowed | $0.00 | | | |
| 96101 | N | PSYCHO TESTING BY PSYCH/PHYS | | 0382 | 2.4863 | Bundled, may be payable in some circumstances | $19,333.02 | | | |
| 96102 | N | PSYCHO TESTING BY TECHNICIAN | | 0373 | 1.2128 | Bundled, may be payable in some circumstances | $18,877.53 | | | |
| 96103 | N | PSYCHO TESTING ADMIN BY COMP | | 0373 | 1.2128 | Bundled, may be payable in some circumstances | $18,877.53 | | | |
| 96105 | Y | ASSESSMENT OF APHASIA | | | | Fee Schedule | $64.02 | | | |
| 96110 | E | DEVELOPMENTAL SCREEN | | | | Not Allowed | $0.00 | | | |
| 96111 | N | DEVELOPMENTAL TEST EXTEND | | 0373 | 1.2128 | Bundled, may be payable in some circumstances | $18,877.53 | | | |
| 96116 | N | NEUROBEHAVIORAL STATUS EXAM | | 0382 | 2.4863 | Bundled, may be payable in some circumstances | $19,333.02 | | | |
| 96118 | N | NEUROPSYCH TST BY PSYCH/PHYS | | 0382 | 2.4863 | Bundled, may be payable in some circumstances | $19,333.02 | | | |
| 96119 | N | NEUROPSYCH TESTING BY TEC | | 0382 | 2.4863 | Bundled, may be payable in some circumstances | $19,333.02 | | | |
| 96120 | N | NEUROPSYCH TST ADMIN W/COMP | | 0373 | 1.2128 | Bundled, may be payable in some circumstances | $18,877.53 | | | |
| 96125 | E | COGNITIVE TEST BY HC PRO | | | | Not Allowed | $0.00 | | | |
| 96150 | N | ASSESS HLTH/BEHAVE INIT | | 0432 | 0.629 | Bundled, may be payable in some circumstances | $21,863.52 | | | |
| 96151 | N | ASSESS HLTH/BEHAVE SUBSEQ | | 0432 | 0.629 | Bundled, may be payable in some circumstances | $21,863.52 | | | |
| 96152 | N | INTERVENE HLTH/BEHAVE INDIV | | 0432 | 0.629 | Bundled, may be payable in some circumstances | $21,863.52 | | | |
| 96153 | N | INTERVENE HLTH/BEHAVE GROUP | | 0031 | 0.3135 | Bundled, may be payable in some circumstances | $1,568.91 | | | |
| 96154 | N | INTERV HLTH/BEHAV FAM W/PT | | 0432 | 0.629 | Bundled, may be payable in some circumstances | $21,863.52 | | | |
| 96155 | E | INTERV HLTH/BEHAV FAM NO PT | | | | Not Allowed | $0.00 | | | |
| 96360 | S | HYDRATION IV INFUSION INIT | | 0438 | 1.0473 | APC | $53.00 | | | |
| 96361 | S | HYDRATE IV INFUSION ADD-ON | | 0436 | 0.3788 | APC | $19.17 | | | |
| 96365 | S | THER/PROPH/DIAG IV INF INIT | | 0439 | 2.0507 | APC | $103.79 | | | |
| 96366 | S | THER/PROPH/DIAG IV INF ADDON | | 0436 | 0.3788 | APC | $19.17 | | | |
| 96367 | S | TX/PROPH/DG ADDL SEQ IV INF | | 0437 | 0.5487 | APC | $27.77 | | | |
| 96368 | N | THER/DIAG CONCURRENT INF | | | | Bundled | $0.00 | | | |
| 96369 | S | SC THER INFUSION UP TO 1 HR | | 0439 | 2.0507 | APC | $103.79 | | | |
| 96370 | S | SC THER INFUSION ADDL HR | | 0437 | 0.5487 | APC | $27.77 | | | |
| 96371 | S | SC THER INFUSION RESET PUMP | | 0437 | 0.5487 | APC | $27.77 | | | |
| 96372 | S | THER/PROPH/DIAG INJ SC/IM | | 0437 | 0.5487 | APC | $27.77 | | | |
| 96373 | S | THER/PROPH/DIAG INJ IA | | 0437 | 0.5487 | APC | $27.77 | | | |
| 96374 | S | THER/PROPH/DIAG INJ IV PUSH | | 0437 | 0.5487 | APC | $27.77 | | | |
| 96375 | S | TX/PRO/DX INJ NEW DRUG ADDON | | 0437 | 0.5487 | APC | $27.77 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 96376 | N | TX/PRO/DX INJ SAME DRUG ADON | | | | Bundled | $0.00 | | | |
| 96379 | S | THER/PROP/DIAG INJ/INF PROC | | 0436 | 0.3788 | APC | $19.17 | | | |
| 96401 | S | CHEMO ANTI-NEOPL SQ/IM | | 0437 | 0.5487 | APC | $27.77 | | | |
| 96402 | S | CHEMO HORMON ANTINEOPL SQ/IM | | 0437 | 0.5487 | APC | $27.77 | | | |
| 96405 | S | CHEMO INTRALESIONAL UP TO 7 | | 0437 | 0.5487 | APC | $27.77 | | | |
| 96406 | S | CHEMO INTRALESIONAL OVER 7 | | 0439 | 2.0507 | APC | $103.79 | | | |
| 96409 | S | CHEMO IV PUSH SNGL DRUG | | 0439 | 2.0507 | APC | $103.79 | | | |
| 96411 | S | CHEMO IV PUSH ADDL DRUG | | 0438 | 1.0473 | APC | $53.00 | | | |
| 96413 | S | CHEMO IV INFUSION 1 HR | | 0440 | 3.2322 | APC | $163.58 | | | |
| 96415 | S | CHEMO IV INFUSION ADDL HR | | 0437 | 0.5487 | APC | $27.77 | | | |
| 96416 | S | CHEMO PROLONG INFUSE W/PUMP | | 0440 | 3.2322 | APC | $163.58 | | | |
| 96417 | S | CHEMO IV INFUS EACH ADDL SEQ | | 0438 | 1.0473 | APC | $53.00 | | | |
| 96420 | S | CHEMO IA PUSH TECNIQUE | | 0438 | 1.0473 | APC | $53.00 | | | |
| 96422 | S | CHEMO IA INFUSION UP TO 1 HR | | 0440 | 3.2322 | APC | $163.58 | | | |
| 96423 | S | CHEMO IA INFUSE EACH ADDL HR | | 0438 | 1.0473 | APC | $53.00 | | | |
| 96425 | S | CHEMOTHERAPY INFUSION METHOD | | 0440 | 3.2322 | APC | $163.58 | | | |
| 96440 | S | CHEMOTHERAPY INTRACAVITARY | | 0439 | 2.0507 | APC | $103.79 | | | |
| 96446 | S | CHEMOTX ADMN PRTL CAVITY | | 0439 | 2.0507 | APC | $103.79 | | | |
| 96450 | S | CHEMOTHERAPY INTO CNS | | 0440 | 3.2322 | APC | $163.58 | | | |
| 96521 | S | REFILL/MAINT PORTABLE PUMP | | 0439 | 2.0507 | APC | $103.79 | | | |
| 96522 | S | REFILL/MAINT PUMP/RESVR SYST | | 0439 | 2.0507 | APC | $103.79 | | | |
| 96523 | N | IRRIG DRUG DELIVERY DEVICE | | 0624 | 0.6889 | Bundled, may be payable in some circumstances | $31,580.64 | | | |
| 96542 | S | CHEMOTHERAPY INJECTION | | 0438 | 1.0473 | APC | $53.00 | | | |
| 96549 | S | CHEMOTHERAPY UNSPECIFIED | | 0436 | 0.3788 | APC | $19.17 | | | |
| 96567 | T | PHOTODYNAMIC TX SKIN | | 0015 | 1.4998 | APC | $75.90 | | | |
| 96570 | T | PHOTODYNMC TX 30 MIN ADD-ON | | 0015 | 1.4998 | APC | $75.90 | | | |
| 96571 | T | PHOTODYNAMIC TX ADDL 15 MIN | | 0015 | 1.4998 | APC | $75.90 | | | Y |
| 96900 | S | ULTRAVIOLET LIGHT THERAPY | | 0001 | 0.521 | APC | $26.37 | | | |
| 96902 | N | TRICHOGRAM | | | | Bundled | $0.00 | | | |
| 96904 | N | WHOLE BODY PHOTOGRAPHY | | | | Bundled | $0.00 | | | |
| 96910 | S | PHOTOCHEMOTHERAPY WITH UV-B | | 0001 | 0.521 | APC | $26.37 | | | |
| 96912 | S | PHOTOCHEMOTHERAPY WITH UV-A | | 0001 | 0.521 | APC | $26.37 | | | |
| 96913 | S | PHOTOCHEMOTHERAPY UV-A OR B | | 0683 | 2.4161 | APC | $122.28 | | | |
| 96920 | T | LASER TX SKIN < 250 SQ CM | | 0015 | 1.4998 | APC | $75.90 | | | |
| 96921 | T | LASER TX SKIN 250-500 SQ CM | | 0015 | 1.4998 | APC | $75.90 | | | |
| 96922 | T | LASER TX SKIN >500 SQ CM | | 0015 | 1.4998 | APC | $75.90 | | | |
| 96999 | T | DERMATOLOGICAL PROCEDURE | | 0012 | 0.3982 | APC | $20.15 | | | |
| 97001 | Y | PT EVALUATION | | | | Fee Schedule | $50.89 | | | |
| 97002 | Y | PT RE-EVALUATION | | | | Fee Schedule | $28.69 | | | |
| 97003 | Y | OT EVALUATION | | | | Fee Schedule | $57.58 | | | |
| 97004 | Y | OT RE-EVALUATION | | | | Fee Schedule | $36.30 | | | |
| 97005 | E | ATHLETIC TRAIN EVAL | | | | Not Allowed | $0.00 | | | |
| 97006 | E | ATHLETIC TRAIN REEVAL | | | | Not Allowed | $0.00 | | | |
| 97010 | E | HOT OR COLD PACKS THERAPY | | | | Not Allowed | $0.00 | | | |
| 97012 | Y | MECHANICAL TRACTION THERAPY | | | | Fee Schedule | $10.87 | | | |
| 97014 | E | ELECTRIC STIMULATION THERAPY | | | | Not Allowed | $0.00 | | | |
| 97016 | Y | VASOPNEUMATIC DEVICE THERAPY | | | | Fee Schedule | $13.41 | | | |
| 97018 | Y | PARAFFIN BATH THERAPY | | | | Fee Schedule | $7.64 | | | |
| 97022 | Y | WHIRLPOOL THERAPY | | | | Fee Schedule | $16.18 | | | |
| 97024 | Y | DIATHERMY EG MICROWAVE | | | | Fee Schedule | $4.41 | | | |
| 97026 | Y | INFRARED THERAPY | | | | Fee Schedule | $4.18 | | | |
| 97028 | Y | ULTRAVIOLET THERAPY | | | | Fee Schedule | $5.10 | | | |
| 97032 | Y | ELECTRICAL STIMULATION | | | | Fee Schedule | $12.95 | | | |
| 97033 | Y | ELECTRIC CURRENT THERAPY | | | | Fee Schedule | $22.41 | | | |
| 97034 | Y | CONTRAST BATH THERAPY | | | | Fee Schedule | $12.26 | | | |
| 97035 | Y | ULTRASOUND THERAPY | | | | Fee Schedule | $8.56 | | | |
| 97036 | Y | HYDROTHERAPY | | | | Fee Schedule | $22.64 | | | |
| 97039 | Y | PHYSICAL THERAPY TREATMENT | | | | By Report | $0.00 | | | |
| 97110 | Y | THERAPEUTIC EXERCISES | | | | Fee Schedule | $21.72 | | | |
| 97112 | Y | NEUROMUSCULAR REEDUCATION | | | | Fee Schedule | $22.64 | | | |
| 97113 | Y | AQUATIC THERAPY/EXERCISES | | | | Fee Schedule | $29.57 | | | |
| 97116 | Y | GAIT TRAINING THERAPY | | | | Fee Schedule | $19.18 | | | |
| 97124 | Y | MASSAGE THERAPY | | | | Fee Schedule | $17.79 | | | |
| 97139 | Y | PHYSICAL MEDICINE PROCEDURE | | | | By Report | $0.00 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 97140 | Y | MANUAL THERAPY 1/> REGIONS | | | | Fee Schedule | $20.33 | | | |
| 97150 | Y | GROUP THERAPEUTIC PROCEDURES | | | | Fee Schedule | $11.79 | | | |
| 97530 | Y | THERAPEUTIC ACTIVITIES | | | | Fee Schedule | $23.80 | | | |
| 97532 | Y | COGNITIVE SKILLS DEVELOPMENT | | | | Fee Schedule | $17.79 | | | |
| 97533 | Y | SENSORY INTEGRATION | | | | Fee Schedule | $19.64 | | | |
| 97535 | Y | SELF CARE MNGMENT TRAINING | | | | Fee Schedule | $23.56 | | | |
| 97537 | Y | COMMUNITY/WORK REINTEGRATION | | | | Fee Schedule | $20.33 | | | |
| 97542 | Y | WHEELCHAIR MNGMENT TRAINING | | | | Fee Schedule | $20.56 | | | |
| 97545 | Y | WORK HARDENING | | | | By Report | $0.00 | | | |
| 97546 | Y | WORK HARDENING ADD-ON | | | | By Report | $0.00 | | | |
| 97597 | T | RMVL DEVITAL TIS 20 CM/< | | 0015 | 1.4998 | APC | $75.90 | | | |
| 97598 | T | RMVL DEVITAL TIS ADDL 20CM/< | | 0015 | 1.4998 | APC | $75.90 | | | |
| 97602 | T | WOUND(S) CARE NON-SELECTIVE | | 0013 | 1.0032 | APC | $50.77 | | | |
| 97605 | T | NEG PRESS WOUND TX </=50 CM | | 0013 | 1.0032 | APC | $50.77 | | | |
| 97606 | T | NEG PRESS WOUND TX >50 CM | | 0015 | 1.4998 | APC | $75.90 | | | |
| 97750 | Y | PHYSICAL PERFORMANCE TEST | | | | Fee Schedule | $22.69 | | | |
| 97755 | Y | ASSISTIVE TECHNOLOGY ASSESS | | | | Fee Schedule | $24.30 | | | |
| 97760 | Y | ORTHOTIC MGMT AND TRAINING | | | | Fee Schedule | $26.15 | | | |
| 97761 | M | PROSTHETIC TRAINING | | | | Fee Schedule | $22.69 | | | |
| 97762 | M | C/O FOR ORTHOTIC/PROSTH USE | | | | Fee Schedule | $33.26 | | | |
| 97799 | Y | PHYSICAL MEDICINE PROCEDURE | | | | By Report | $0.00 | | | |
| 97802 | M | MEDICAL NUTRITION INDIV IN | | | | Fee Schedule | $33.05 | | | |
| 97803 | M | MED NUTRITION INDIV SUBSEQ | | | | Fee Schedule | $28.25 | | | |
| 97804 | M | MEDICAL NUTRITION GROUP | | | | Fee Schedule | $15.48 | | | |
| 97810 | E | ACUPUNCT W/O STIMUL 15 MIN | | | | Not Allowed | $0.00 | | | |
| 97811 | E | ACUPUNCT W/O STIMUL ADDL 15M | | | | Not Allowed | $0.00 | | | |
| 97813 | E | ACUPUNCT W/STIMUL 15 MIN | | | | Not Allowed | $0.00 | | | |
| 97814 | E | ACUPUNCT W/STIMUL ADDL 15M | | | | Not Allowed | $0.00 | | | |
| 98925 | S | OSTEOPATH MANJ 1-2 REGIONS | | 0060 | 0.2738 | APC | $13.86 | | | |
| 98926 | S | OSTEOPATH MANJ 3-4 REGIONS | | 0060 | 0.2738 | APC | $13.86 | | | |
| 98927 | S | OSTEOPATH MANJ 5-6 REGIONS | | 0060 | 0.2738 | APC | $13.86 | | | |
| 98928 | S | OSTEOPATH MANJ 7-8 REGIONS | | 0060 | 0.2738 | APC | $13.86 | | | |
| 98929 | S | OSTEOPATH MANJ 9-10 REGIONS | | 0060 | 0.2738 | APC | $13.86 | | | |
| 98940 | S | CHIROPRACT MANJ 1-2 REGIONS | | 0060 | 0.2738 | APC | $13.86 | | | |
| 98941 | S | CHIROPRACT MANJ 3-4 REGIONS | | 0060 | 0.2738 | APC | $13.86 | | | |
| 98942 | S | CHIROPRACTIC MANJ 5 REGIONS | | 0060 | 0.2738 | APC | $13.86 | | | |
| 98943 | E | CHIROPRACT MANJ XTRSPINL 1/> | | | | Not Allowed | $0.00 | | | |
| 98960 | E | SELF-MGMT EDUC & TRAIN 1 PT | | | | Not Allowed | $0.00 | | | |
| 98961 | E | SELF-MGMT EDUC/TRAIN 2-4 PT | | | | Not Allowed | $0.00 | | | |
| 98962 | E | SELF-MGMT EDUC/TRAIN 5-8 PT | | | | Not Allowed | $0.00 | | | |
| 98966 | E | HC PRO PHONE CALL 5-10 MIN | | | | Not Allowed | $0.00 | | | |
| 98967 | E | HC PRO PHONE CALL 11-20 MIN | | | | Not Allowed | $0.00 | | | |
| 98968 | E | HC PRO PHONE CALL 21-30 MIN | | | | Not Allowed | $0.00 | | | |
| 98969 | E | ONLINE SERVICE BY HC PRO | | | | Not Allowed | $0.00 | | | |
| 99000 | E | SPECIMEN HANDLING OFFICE-LAB | | | | Not Allowed | $0.00 | | | |
| 99001 | E | SPECIMEN HANDLING PT-LAB | | | | Not Allowed | $0.00 | | | |
| 99002 | N | DEVICE HANDLING PHYS/QHP | | | | Bundled | $0.00 | | | |
| 99024 | M | POSTOP FOLLOW-UP VISIT | | | | Fee Schedule | $0.00 | | | |
| 99026 | E | IN-HOSPITAL ON CALL SERVICE | | | | Not Allowed | $0.00 | | | |
| 99027 | E | OUT-OF-HOSP ON CALL SERVICE | | | | Not Allowed | $0.00 | | | |
| 99050 | E | MEDICAL SERVICES AFTER HRS | | | | Not Allowed | $0.00 | | | |
| 99051 | M | MED SERV EVE/WKEND/HOLIDAY | | | | Fee Schedule | $0.00 | | | |
| 99053 | M | MED SERV 10PM-8AM 24 HR FAC | | | | Fee Schedule | $0.00 | | | |
| 99056 | E | MED SERVICE OUT OF OFFICE | | | | Not Allowed | $0.00 | | | |
| 99058 | E | OFFICE EMERGENCY CARE | | | | Not Allowed | $0.00 | | | |
| 99060 | M | OUT OF OFFICE EMERG MED SERV | | | | Fee Schedule | $0.00 | | | |
| 99070 | N | SPECIAL SUPPLIES PHYS/QHP | | | | Bundled | $0.00 | | | |
| 99071 | N | PATIENT EDUCATION MATERIALS | | | | Bundled | $0.00 | | | |
| 99075 | E | MEDICAL TESTIMONY | | | | Not Allowed | $0.00 | | | |
| 99078 | N | GROUP HEALTH EDUCATION | | | | Bundled | $0.00 | | | |
| 99080 | E | SPECIAL REPORTS OR FORMS | | | | Not Allowed | $0.00 | | | |
| 99082 | E | UNUSUAL PHYSICIAN TRAVEL | | | | Not Allowed | $0.00 | | | |
| 99090 | E | COMPUTER DATA ANALYSIS | | | | Not Allowed | $0.00 | | | |
| 99091 | E | COLLECT/REVIEW DATA FROM PT | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 99100 | N | SPECIAL ANESTHESIA SERVICE | | | | Bundled | $0.00 | | | |
| 99116 | N | ANESTHESIA WITH HYPOTHERMIA | | | | Bundled | $0.00 | | | |
| 99135 | N | SPECIAL ANESTHESIA PROCEDURE | | | | Bundled | $0.00 | | | |
| 99140 | N | EMERGENCY ANESTHESIA | | | | Bundled | $0.00 | | | |
| 99143 | N | MOD SEDAT PHYS/QHP <5 YRS | | | | Bundled | $0.00 | | | |
| 99144 | N | MOD SEDAT PHYS/QHP 5YRS/> | | | | Bundled | $0.00 | | | |
| 99145 | N | MOD SEDAT PHYS/QHP EA 15 MIN | | | | Bundled | $0.00 | | | |
| 99148 | N | MOD SED DIFF PHYS/QHP<5 YRS | | | | Bundled | $0.00 | | | |
| 99149 | N | MOD SED DIFF PHYS/QHP 5/>YRS | | | | Bundled | $0.00 | | | |
| 99150 | N | MOD SED DIFF PHYS/QHP ADD ON | | | | Bundled | $0.00 | | | |
| 99170 | T | ANOGENITAL EXAM CHILD | | 0191 | 0.1157 | APC | $5.86 | | | |
| 99172 | E | OCULAR FUNCTION SCREEN | | | | Not Allowed | $0.00 | | | |
| 99173 | E | VISUAL ACUITY SCREEN | | | | Not Allowed | $0.00 | | | |
| 99174 | E | OCULAR INSTRUMNT SCREEN BIL | | | | Not Allowed | $0.00 | | | |
| 99175 | N | INDUCTION OF VOMITING | | | | Bundled | $0.00 | | | |
| 99183 | E | HYPERBARIC OXYGEN THERAPY | | | | Not Allowed | $0.00 | | | |
| 99190 | C | SPECIAL PUMP SERVICES | | | | Inpatient Only | $0.00 | | | |
| 99191 | C | SPECIAL PUMP SERVICES | | | | Inpatient Only | $0.00 | | | |
| 99192 | C | SPECIAL PUMP SERVICES | | | | Inpatient Only | $0.00 | | | |
| 99195 | X | PHLEBOTOMY | | 0624 | 0.6889 | APC | $34.87 | | | |
| 99199 | E | SPECIAL SERVICE/PROC/REPORT | | | | Not Allowed | $0.00 | | | |
| 99201 | V | OFFICE/OUTPATIENT VISIT NEW | | 0604 | 0.796 | APC | $40.29 | | | |
| 99202 | V | OFFICE/OUTPATIENT VISIT NEW | | 0605 | 1.0332 | APC | $52.29 | | | |
| 99203 | V | OFFICE/OUTPATIENT VISIT NEW | | 0606 | 1.3596 | APC | $68.81 | | | |
| 99204 | V | OFFICE/OUTPATIENT VISIT NEW | | 0607 | 1.8017 | APC | $91.18 | | | |
| 99205 | N | OFFICE/OUTPATIENT VISIT NEW | | 0608 | 2.465 | Bundled, may be payable in some circumstances | $30,770.88 | | | |
| 99211 | V | OFFICE/OUTPATIENT VISIT EST | | 0604 | 0.796 | APC | $40.29 | | | |
| 99212 | V | OFFICE/OUTPATIENT VISIT EST | | 0605 | 1.0332 | APC | $52.29 | | | |
| 99213 | V | OFFICE/OUTPATIENT VISIT EST | | 0605 | 1.0332 | APC | $52.29 | | | |
| 99214 | V | OFFICE/OUTPATIENT VISIT EST | | 0606 | 1.3596 | APC | $68.81 | | | |
| 99215 | N | OFFICE/OUTPATIENT VISIT EST | | 0607 | 1.8017 | Bundled, may be payable in some circumstances | $30,720.27 | | | |
| 99217 | M | OBSERVATION CARE DISCHARGE | | | | Fee Schedule | $0.00 | | | |
| 99218 | M | INITIAL OBSERVATION CARE | | | | Fee Schedule | $0.00 | | | |
| 99219 | M | INITIAL OBSERVATION CARE | | | | Fee Schedule | $0.00 | | | |
| 99220 | M | INITIAL OBSERVATION CARE | | | | Fee Schedule | $0.00 | | | |
| 99221 | M | INITIAL HOSPITAL CARE | | | | Fee Schedule | $0.00 | | | |
| 99222 | M | INITIAL HOSPITAL CARE | | | | Fee Schedule | $0.00 | | | |
| 99223 | M | INITIAL HOSPITAL CARE | | | | Fee Schedule | $0.00 | | | |
| 99224 | E | SUBSEQUENT OBSERVATION CARE | | | | Not Allowed | $0.00 | | | |
| 99225 | E | SUBSEQUENT OBSERVATION CARE | | | | Not Allowed | $0.00 | | | |
| 99226 | E | SUBSEQUENT OBSERVATION CARE | | | | Not Allowed | $0.00 | | | |
| 99231 | M | SUBSEQUENT HOSPITAL CARE | | | | Fee Schedule | $0.00 | | | |
| 99232 | M | SUBSEQUENT HOSPITAL CARE | | | | Fee Schedule | $0.00 | | | |
| 99233 | M | SUBSEQUENT HOSPITAL CARE | | | | Fee Schedule | $0.00 | | | |
| 99234 | N | OBSERV/HOSP SAME DATE | | | | Bundled | $0.00 | | | |
| 99235 | N | OBSERV/HOSP SAME DATE | | | | Bundled | $0.00 | | | |
| 99236 | N | OBSERV/HOSP SAME DATE | | | | Bundled | $0.00 | | | |
| 99238 | M | HOSPITAL DISCHARGE DAY | | | | Fee Schedule | $0.00 | | | |
| 99239 | M | HOSPITAL DISCHARGE DAY | | | | Fee Schedule | $0.00 | | | |
| 99241 | E | OFFICE CONSULTATION | | | | Not Allowed | $0.00 | | | |
| 99242 | E | OFFICE CONSULTATION | | | | Not Allowed | $0.00 | | | |
| 99243 | E | OFFICE CONSULTATION | | | | Not Allowed | $0.00 | | | |
| 99244 | E | OFFICE CONSULTATION | | | | Not Allowed | $0.00 | | | |
| 99245 | E | OFFICE CONSULTATION | | | | Not Allowed | $0.00 | | | |
| 99251 | E | INPATIENT CONSULTATION | | | | Not Allowed | $0.00 | | | |
| 99252 | E | INPATIENT CONSULTATION | | | | Not Allowed | $0.00 | | | |
| 99253 | E | INPATIENT CONSULTATION | | | | Not Allowed | $0.00 | | | |
| 99254 | E | INPATIENT CONSULTATION | | | | Not Allowed | $0.00 | | | |
| 99255 | E | INPATIENT CONSULTATION | | | | Not Allowed | $0.00 | | | |
| 99281 | V | EMERGENCY DEPT VISIT | | 0609 | 0.796 | APC | $40.29 | | | |
| 99282 | V | EMERGENCY DEPT VISIT | | 0613 | 0.796 | APC | $40.29 | | | |
| 99283 | V | EMERGENCY DEPT VISIT | | 0614 | 2.0103 | APC | $101.74 | | | |
| 99284 | N | EMERGENCY DEPT VISIT | | 0615 | 3.2164 | Bundled, may be payable in some circumstances | $31,125.15 | | | |
| 99285 | N | EMERGENCY DEPT VISIT | | 0616 | 4.8338 | Bundled, may be payable in some circumstances | $31,175.76 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 99288 | E | DIRECT ADVANCED LIFE SUPPORT | | | | Not Allowed | $0.00 | | | |
| 99291 | N | CRITICAL CARE FIRST HOUR | | 0617 | 7.5142 | Bundled, may be payable in some circumstances | $31,226.37 | | | |
| 99292 | N | CRITICAL CARE ADDL 30 MIN | | | | Bundled | $0.00 | | | |
| 99304 | M | NURSING FACILITY CARE INIT | | | | Fee Schedule | $0.00 | | | |
| 99305 | M | NURSING FACILITY CARE INIT | | | | Fee Schedule | $0.00 | | | |
| 99306 | M | NURSING FACILITY CARE INIT | | | | Fee Schedule | $0.00 | | | |
| 99307 | M | NURSING FAC CARE SUBSEQ | | | | Fee Schedule | $0.00 | | | |
| 99308 | M | NURSING FAC CARE SUBSEQ | | | | Fee Schedule | $0.00 | | | |
| 99309 | M | NURSING FAC CARE SUBSEQ | | | | Fee Schedule | $0.00 | | | |
| 99310 | M | NURSING FAC CARE SUBSEQ | | | | Fee Schedule | $0.00 | | | |
| 99315 | M | NURSING FAC DISCHARGE DAY | | | | Fee Schedule | $0.00 | | | |
| 99316 | M | NURSING FAC DISCHARGE DAY | | | | Fee Schedule | $0.00 | | | |
| 99318 | M | ANNUAL NURSING FAC ASSESSMNT | | | | Fee Schedule | $0.00 | | | |
| 99324 | M | DOMICIL/R-HOME VISIT NEW PAT | | | | Fee Schedule | $0.00 | | | |
| 99325 | M | DOMICIL/R-HOME VISIT NEW PAT | | | | Fee Schedule | $0.00 | | | |
| 99326 | M | DOMICIL/R-HOME VISIT NEW PAT | | | | Fee Schedule | $0.00 | | | |
| 99327 | M | DOMICIL/R-HOME VISIT NEW PAT | | | | Fee Schedule | $0.00 | | | |
| 99328 | M | DOMICIL/R-HOME VISIT NEW PAT | | | | Fee Schedule | $0.00 | | | |
| 99334 | M | DOMICIL/R-HOME VISIT EST PAT | | | | Fee Schedule | $0.00 | | | |
| 99335 | M | DOMICIL/R-HOME VISIT EST PAT | | | | Fee Schedule | $0.00 | | | |
| 99336 | M | DOMICIL/R-HOME VISIT EST PAT | | | | Fee Schedule | $0.00 | | | |
| 99337 | M | DOMICIL/R-HOME VISIT EST PAT | | | | Fee Schedule | $0.00 | | | |
| 99339 | M | DOMICIL/R-HOME CARE SUPERVIS | | | | Fee Schedule | $0.00 | | | |
| 99340 | M | DOMICIL/R-HOME CARE SUPERVIS | | | | Fee Schedule | $0.00 | | | |
| 99341 | M | HOME VISIT NEW PATIENT | | | | Fee Schedule | $0.00 | | | |
| 99342 | M | HOME VISIT NEW PATIENT | | | | Fee Schedule | $0.00 | | | |
| 99343 | M | HOME VISIT NEW PATIENT | | | | Fee Schedule | $0.00 | | | |
| 99344 | M | HOME VISIT NEW PATIENT | | | | Fee Schedule | $0.00 | | | |
| 99345 | M | HOME VISIT NEW PATIENT | | | | Fee Schedule | $0.00 | | | |
| 99347 | M | HOME VISIT EST PATIENT | | | | Fee Schedule | $0.00 | | | |
| 99348 | M | HOME VISIT EST PATIENT | | | | Fee Schedule | $0.00 | | | |
| 99349 | M | HOME VISIT EST PATIENT | | | | Fee Schedule | $0.00 | | | |
| 99350 | M | HOME VISIT EST PATIENT | | | | Fee Schedule | $0.00 | | | |
| 99354 | N | PROLONGED SERVICE OFFICE | | | | Bundled | $0.00 | | | |
| 99355 | N | PROLONGED SERVICE OFFICE | | | | Bundled | $0.00 | | | |
| 99356 | C | PROLONGED SERVICE INPATIENT | | | | Inpatient Only | $0.00 | | | |
| 99357 | C | PROLONGED SERVICE INPATIENT | | | | Inpatient Only | $0.00 | | | |
| 99358 | N | PROLONG SERVICE W/O CONTACT | | | | Bundled | $0.00 | | | |
| 99359 | N | PROLONG SERV W/O CONTACT ADD | | | | Bundled | $0.00 | | | |
| 99360 | E | PHYSICIAN STANDBY SERVICES | | | | Not Allowed | $0.00 | | | |
| 99363 | E | ANTICOAGULANT MGMT INITIAL | | | | Not Allowed | $0.00 | | | |
| 99364 | E | ANTICOAGULANT MGMT SUBSEQ | | | | Not Allowed | $0.00 | | | |
| 99366 | E | TEAM CONF W/PAT BY HC PROF | | | | Not Allowed | $0.00 | | | |
| 99367 | N | TEAM CONF W/O PAT BY PHYS | | | | Bundled | $0.00 | | | |
| 99368 | E | TEAM CONF W/O PAT BY HC PRO | | | | Not Allowed | $0.00 | | | |
| 99374 | E | HOME HEALTH CARE SUPERVISION | | | | Not Allowed | $0.00 | | | |
| 99375 | E | HOME HEALTH CARE SUPERVISION | | | | Not Allowed | $0.00 | | | |
| 99377 | E | HOSPICE CARE SUPERVISION | | | | Not Allowed | $0.00 | | | |
| 99378 | E | HOSPICE CARE SUPERVISION | | | | Not Allowed | $0.00 | | | |
| 99379 | E | NURSING FAC CARE SUPERVISION | | | | Not Allowed | $0.00 | | | |
| 99380 | E | NURSING FAC CARE SUPERVISION | | | | Not Allowed | $0.00 | | | |
| 99381 | M | INIT PM E/M NEW PAT INFANT | | | | Fee Schedule | $76.19 | | | |
| 99382 | M | INIT PM E/M NEW PAT 1-4 YRS | | | | Fee Schedule | $80.62 | | | |
| 99383 | M | PREV VISIT NEW AGE 5-11 | | | | Fee Schedule | $85.80 | | | |
| 99384 | M | PREV VISIT NEW AGE 12-17 | | | | Fee Schedule | $101.35 | | | |
| 99385 | M | PREV VISIT NEW AGE 18-39 | | | | Fee Schedule | $97.57 | | | |
| 99386 | M | PREV VISIT NEW AGE 40-64 | | | | Fee Schedule | $117.89 | | | |
| 99387 | M | INIT PM E/M NEW PAT 65+ YRS | | | | Fee Schedule | $126.92 | | | |
| 99391 | M | PER PM REEVAL EST PAT INFANT | | | | Fee Schedule | $69.29 | | | |
| 99392 | M | PREV VISIT EST AGE 1-4 | | | | Fee Schedule | $76.19 | | | |
| 99393 | M | PREV VISIT EST AGE 5-11 | | | | Fee Schedule | $76.19 | | | |
| 99394 | M | PREV VISIT EST AGE 12-17 | | | | Fee Schedule | $85.80 | | | |
| 99395 | M | PREV VISIT EST AGE 18-39 | | | | Fee Schedule | $88.20 | | | |
| 99396 | M | PREV VISIT EST AGE 40-64 | | | | Fee Schedule | $96.16 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 99397 | M | PER PM REEVAL EST PAT 65+ YR | | | | Fee Schedule | $101.35 | | | |
| 99401 | M | PREVENTIVE COUNSELING INDIV | | | | Fee Schedule | $0.00 | | | |
| 99402 | M | PREVENTIVE COUNSELING INDIV | | | | Fee Schedule | $0.00 | | | |
| 99403 | M | PREVENTIVE COUNSELING INDIV | | | | Fee Schedule | $0.00 | | | |
| 99404 | M | PREVENTIVE COUNSELING INDIV | | | | Fee Schedule | $0.00 | | | |
| 99406 | X | BEHAV CHNG SMOKING 3-10 MIN | | 0031 | 0.3135 | APC | $15.87 | | | |
| 99407 | X | BEHAV CHNG SMOKING > 10 MIN | | 0031 | 0.3135 | APC | $15.87 | | | |
| 99408 | M | AUDIT/DAST 15-30 MIN | | | | Fee Schedule | $0.00 | | | |
| 99409 | M | AUDIT/DAST OVER 30 MIN | | | | Fee Schedule | $0.00 | | | |
| 99411 | M | PREVENTIVE COUNSELING GROUP | | | | Fee Schedule | $0.00 | | | |
| 99412 | M | PREVENTIVE COUNSELING GROUP | | | | Fee Schedule | $0.00 | | | |
| 99420 | M | HEALTH RISK ASSESSMENT TEST | | | | Fee Schedule | $0.00 | | | |
| 99429 | M | UNLISTED PREVENTIVE SERVICE | | | | Fee Schedule | $0.00 | | | |
| 99441 | E | PHONE E/M PHYS/QHP 5-10 MIN | | | | Not Allowed | $0.00 | | | |
| 99442 | E | PHONE E/M PHYS/QHP 11-20 MIN | | | | Not Allowed | $0.00 | | | |
| 99443 | E | PHONE E/M PHYS/QHP 21-30 MIN | | | | Not Allowed | $0.00 | | | |
| 99444 | E | ONLINE E/M BY PHYS/QHP | | | | Not Allowed | $0.00 | | | |
| 99450 | E | BASIC LIFE DISABILITY EXAM | | | | Not Allowed | $0.00 | | | |
| 99455 | E | WORK RELATED DISABILITY EXAM | | | | Not Allowed | $0.00 | | | |
| 99456 | E | DISABILITY EXAMINATION | | | | Not Allowed | $0.00 | | | |
| 99460 | V | INIT NB EM PER DAY HOSP | | 0605 | 1.0332 | APC | $52.29 | | | |
| 99461 | E | INIT NB EM PER DAY NON-FAC | | | | Not Allowed | $0.00 | | | |
| 99462 | C | SBSQ NB EM PER DAY HOSP | | | | Inpatient Only | $0.00 | | | |
| 99463 | V | SAME DAY NB DISCHARGE | | 0605 | 1.0332 | APC | $52.29 | | | |
| 99464 | N | ATTENDANCE AT DELIVERY | | | | Bundled | $0.00 | | | |
| 99465 | S | NB RESUSCITATION | | 0094 | 2.2552 | APC | $114.14 | | | |
| 99466 | N | PED CRIT CARE TRANSPORT | | | | Bundled | $0.00 | | | |
| 99467 | N | PED CRIT CARE TRANSPORT ADDL | | | | Bundled | $0.00 | | | |
| 99468 | C | NEONATE CRIT CARE INITIAL | | | | Inpatient Only | $0.00 | | | |
| 99469 | C | NEONATE CRIT CARE SUBSQ | | | | Inpatient Only | $0.00 | | | |
| 99471 | C | PED CRITICAL CARE INITIAL | | | | Inpatient Only | $0.00 | | | |
| 99472 | C | PED CRITICAL CARE SUBSQ | | | | Inpatient Only | $0.00 | | | |
| 99475 | C | PED CRIT CARE AGE 2-5 INIT | | | | Inpatient Only | $0.00 | | | |
| 99476 | C | PED CRIT CARE AGE 2-5 SUBSQ | | | | Inpatient Only | $0.00 | | | |
| 99477 | C | INIT DAY HOSP NEONATE CARE | | | | Inpatient Only | $0.00 | | | |
| 99478 | C | IC LBW INF < 1500 GM SUBSQ | | | | Inpatient Only | $0.00 | | | |
| 99479 | C | IC LBW INF 1500-2500 G SUBSQ | | | | Inpatient Only | $0.00 | | | |
| 99480 | C | IC INF PBW 2501-5000 G SUBSQ | | | | Inpatient Only | $0.00 | | | |
| 99485 | E | SUPRV INTERFACILTY TRANSPORT | | | | Not Allowed | $0.00 | | | |
| 99486 | E | SUPRV INTERFAC TRNSPORT ADDL | | | | Not Allowed | $0.00 | | | |
| 99487 | N | CMPLX CHRON CARE W/O PT VSIT | | | | Bundled | $0.00 | | | |
| 99488 | N | CMPLX CHRON CARE W/ PT VSIT | | | | Bundled | $0.00 | | | |
| 99489 | N | COMPLX CHRON CARE ADDL30 MIN | | | | Bundled | $0.00 | | | |
| 99495 | V | TRANS CARE MGMT 14 DAY DISCH | | 0605 | 1.0332 | APC | $52.29 | | | |
| 99496 | V | TRANS CARE MGMT 7 DAY DISCH | | 0606 | 1.3596 | APC | $68.81 | | | |
| 99499 | M | UNLISTED E&M SERVICE | | | | Fee Schedule | $0.00 | | | |
| 99500 | M | HOME VISIT PRENATAL | | | | Fee Schedule | $0.00 | | | |
| 99501 | M | HOME VISIT POSTNATAL | | | | Fee Schedule | $0.00 | | | |
| 99502 | M | HOME VISIT NB CARE | | | | Fee Schedule | $0.00 | | | |
| 99503 | E | HOME VISIT RESP THERAPY | | | | Not Allowed | $0.00 | | | |
| 99504 | E | HOME VISIT MECH VENTILATOR | | | | Not Allowed | $0.00 | | | |
| 99505 | E | HOME VISIT STOMA CARE | | | | Not Allowed | $0.00 | | | |
| 99506 | E | HOME VISIT IM INJECTION | | | | Not Allowed | $0.00 | | | |
| 99507 | E | HOME VISIT CATH MAINTAIN | | | | Not Allowed | $0.00 | | | |
| 99509 | E | HOME VISIT DAY LIFE ACTIVITY | | | | Not Allowed | $0.00 | | | |
| 99510 | E | HOME VISIT SING/M/FAM COUNS | | | | Not Allowed | $0.00 | | | |
| 99511 | E | HOME VISIT FECAL/ENEMA MGMT | | | | Not Allowed | $0.00 | | | |
| 99512 | E | HOME VISIT FOR HEMODIALYSIS | | | | Not Allowed | $0.00 | | | |
| 99600 | E | HOME VISIT NOS | | | | Not Allowed | $0.00 | | | |
| 99601 | E | HOME INFUSION/VISIT 2 HRS | | | | Not Allowed | $0.00 | | | |
| 99602 | E | HOME INFUSION EACH ADDTL HR | | | | Not Allowed | $0.00 | | | |
| 99605 | E | MTMS BY PHARM NP 15 MIN | | | | Not Allowed | $0.00 | | | |
| 99606 | E | MTMS BY PHARM EST 15 MIN | | | | Not Allowed | $0.00 | | | |
| 99607 | E | MTMS BY PHARM ADDL 15 MIN | | | | Not Allowed | $0.00 | | | |

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|---|---|---|---|---|---|---|---|---|---|---|
| 0001F | E | HEART FAILURE COMPOSITE | | | | Not Allowed | $0.00 | | | |
| 0005F | E | OSTEOARTHRITIS COMPOSITE | | | | Not Allowed | $0.00 | | | |
| 0012F | E | CAP BACTERIAL ASSESS | | | | Not Allowed | $0.00 | | | |
| 0014F | E | COMP PREOP ASSESS CAT SURG | | | | Not Allowed | $0.00 | | | |
| 0015F | E | MELAN FOLLOW-UP COMPLETE | | | | Not Allowed | $0.00 | | | |
| 0019T | E | EXTRACORP SHOCK WV TX MS NOS | | | | Not Allowed | $0.00 | | | |
| 0030T | E | ANTIPROTHROMBIN ANTIBODY | | | | Not Allowed | $0.00 | | | |
| 0042T | E | CT PERFUSION W/CONTRAST CBF | | | | Not Allowed | $0.00 | | | |
| 0048T | E | IMPLANT VENTRICULAR DEVICE | | | | Not Allowed | $0.00 | | | |
| 0050T | E | REMOVAL CIRCULATION ASSIST | | | | Not Allowed | $0.00 | | | |
| 0051T | E | IMPLANT TOTAL HEART SYSTEM | | | | Not Allowed | $0.00 | | | |
| 0052T | E | REPLACE COMPONENT HEART SYST | | | | Not Allowed | $0.00 | | | |
| 0053T | E | REPLACE COMPONENT HEART SYST | | | | Not Allowed | $0.00 | | | |
| 0054T | E | BONE SURGERY USING COMPUTER | | | | Not Allowed | $0.00 | | | |
| 0055T | E | BONE SURGERY USING COMPUTER | | | | Not Allowed | $0.00 | | | |
| 0058T | E | CRYOPRESERVATION OVARY TISS | | | | Not Allowed | $0.00 | | | |
| 0059T | E | CRYOPRESERVATION OOCYTE | | | | Not Allowed | $0.00 | | | |
| 0071T | E | U/S LEIOMYOMATA ABLATE <200 | | | | Not Allowed | $0.00 | | | |
| 0072T | E | U/S LEIOMYOMATA ABLATE >200 | | | | Not Allowed | $0.00 | | | |
| 0073T | E | DELIVERY COMP IMRT | | | | Not Allowed | $0.00 | | | |
| 0075T | E | PERQ STENT/CHEST VERT ART | | | | Not Allowed | $0.00 | | | |
| 0076T | E | S&I STENT/CHEST VERT ART | | | | Not Allowed | $0.00 | | | |
| 0078T | E | ENDOVASC AORT REPR W/DEVICE | | | | Not Allowed | $0.00 | | | |
| 0079T | E | ENDOVASC VISC EXTNSN REPR | | | | Not Allowed | $0.00 | | | |
| 0080T | E | ENDOVASC AORT REPR RAD S&I | | | | Not Allowed | $0.00 | | | |
| 0081T | E | ENDOVASC VISC EXTNSN S&I | | | | Not Allowed | $0.00 | | | |
| 0085T | E | BREATH TEST HEART REJECT | | | | Not Allowed | $0.00 | | | |
| 0092T | E | ARTIFIC DISC ADDL | | | | Not Allowed | $0.00 | | | |
| 0095T | E | ARTIFIC DISKECTOMY ADDL | | | | Not Allowed | $0.00 | | | |
| 0098T | E | REV ARTIFIC DISC ADDL | | | | Not Allowed | $0.00 | | | |
| 0099T | E | IMPLANT CORNEAL RING | | | | Not Allowed | $0.00 | | | |
| 0100T | E | PROSTH RETINA RECEIVE&GEN | | | | Not Allowed | $0.00 | | | |
| 0101T | E | EXTRACORP SHOCKWV TX HI ENRG | | | | Not Allowed | $0.00 | | | |
| 0102T | E | EXTRACORP SHOCKWV TX ANESTH | | | | Not Allowed | $0.00 | | | |
| 0103T | E | HOLOTRANSCOBALAMIN | | | | Not Allowed | $0.00 | | | |
| 0106T | E | TOUCH QUANT SENSORY TEST | | | | Not Allowed | $0.00 | | | |
| 0107T | E | VIBRATE QUANT SENSORY TEST | | | | Not Allowed | $0.00 | | | |
| 0108T | E | COOL QUANT SENSORY TEST | | | | Not Allowed | $0.00 | | | |
| 0109T | E | HEAT QUANT SENSORY TEST | | | | Not Allowed | $0.00 | | | |
| 0110T | E | NOS QUANT SENSORY TEST | | | | Not Allowed | $0.00 | | | |
| 0111T | E | RBC MEMBRANES FATTY ACIDS | | | | Not Allowed | $0.00 | | | |
| 0123T | E | SCLERAL FISTULIZATION | | | | Not Allowed | $0.00 | | | |
| 0124T | E | CONJUNCTIVAL DRUG PLACEMENT | | | | Not Allowed | $0.00 | | | |
| 0126T | E | CHD RISK IMT STUDY | | | | Not Allowed | $0.00 | | | |
| 0159T | E | CAD BREAST MRI | | | | Not Allowed | $0.00 | | | |
| 0163T | E | LUMB ARTIF DISKECTOMY ADDL | | | | Not Allowed | $0.00 | | | |
| 0164T | E | REMOVE LUMB ARTIF DISC ADDL | | | | Not Allowed | $0.00 | | | |
| 0165T | E | REVISE LUMB ARTIF DISC ADDL | | | | Not Allowed | $0.00 | | | |
| 0169T | E | PLACE STEREO CATH BRAIN | | | | Not Allowed | $0.00 | | | |
| 0171T | E | LUMBAR SPINE PROCES DISTRACT | | | | Not Allowed | $0.00 | | | |
| 0172T | E | LUMBAR SPINE PROCESS ADDL | | | | Not Allowed | $0.00 | | | |
| 0173T | E | IOP MONIT IO PRESSURE | | | | Not Allowed | $0.00 | | | |
| 0174T | E | CAD CXR WITH INTERP | | | | Not Allowed | $0.00 | | | |
| 0175T | E | CAD CXR REMOTE | | | | Not Allowed | $0.00 | | | |
| 0178T | E | 64 LEAD ECG W/I&R | | | | Not Allowed | $0.00 | | | |
| 0179T | E | 64 LEAD ECG W/TRACING | | | | Not Allowed | $0.00 | | | |
| 0180T | E | 64 LEAD ECG W/I&R ONLY | | | | Not Allowed | $0.00 | | | |
| 0181T | E | CORNEAL HYSTERESIS | | | | Not Allowed | $0.00 | | | |
| 0182T | E | HDR ELECT BRACHYTHERAPY | | | | Not Allowed | $0.00 | | | |
| 0183T | E | WOUND ULTRASOUND | | | | Not Allowed | $0.00 | | | |
| 0184T | E | EXC RECTAL TUMOR ENDOSCOPIC | | | | Not Allowed | $0.00 | | | |
| 0185T | E | COMPTR PROBABILITY ANALYSIS | | | | Not Allowed | $0.00 | | | |
| 0186T | E | SUPRACHOROIDAL DRUG DELIVERY | | | | Not Allowed | $0.00 | | | |
| 0188T | E | VIDEOCONF CRIT CARE 74 MIN | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 0189T | E | VIDEOCONF CRIT CARE ADDL 30 | | | | Not Allowed | $0.00 | | | |
| 0190T | E | PLACE INTRAOC RADIATION SRC | | | | Not Allowed | $0.00 | | | |
| 0191T | E | INSERT ANT SEGMENT DRAIN INT | | | | Not Allowed | $0.00 | | | |
| 0192T | E | INSERT ANT SEGMENT DRAIN EXT | | | | Not Allowed | $0.00 | | | |
| 0195T | E | PRESCRL FUSE W/O INSTR L5/S1 | | | | Not Allowed | $0.00 | | | |
| 0196T | E | PRESCRL FUSE W/O INSTR L4/L5 | | | | Not Allowed | $0.00 | | | |
| 0197T | E | INTRAFRACTION TRACK MOTION | | | | Not Allowed | $0.00 | | | |
| 0198T | E | OCULAR BLOOD FLOW MEASURE | | | | Not Allowed | $0.00 | | | |
| 0199T | E | PHYSIOLOGIC TREMOR RECORD | | | | Not Allowed | $0.00 | | | |
| 0200T | E | PERQ SACRAL AUGMT UNILAT INJ | | | | Not Allowed | $0.00 | | | |
| 0201T | E | PERQ SACRAL AUGMT BILAT INJ | | | | Not Allowed | $0.00 | | | |
| 0202T | E | POST VERT ARTHRPLST 1 LUMBAR | | | | Not Allowed | $0.00 | | | |
| 0205T | E | INIRS EACH VESSEL ADD-ON | | | | Not Allowed | $0.00 | | | |
| 0206T | E | CPTR DBS ALYS CAR ELEC DTA | | | | Not Allowed | $0.00 | | | |
| 0207T | E | CLEAR EYELID GLAND W/HEAT | | | | Not Allowed | $0.00 | | | |
| 0208T | E | AUDIOMETRY AIR ONLY | | | | Not Allowed | $0.00 | | | |
| 0209T | E | AUDIOMETRY AIR & BONE | | | | Not Allowed | $0.00 | | | |
| 0210T | E | SPEECH AUDIOMETRY THRESHOLD | | | | Not Allowed | $0.00 | | | |
| 0211T | E | SPEECH AUDIOM THRESH & RECOG | | | | Not Allowed | $0.00 | | | |
| 0212T | E | COMPRE AUDIOMETRY EVALUATION | | | | Not Allowed | $0.00 | | | |
| 0213T | E | NJX PARAVERT W/US CER/THOR | | | | Not Allowed | $0.00 | | | |
| 0214T | E | NJX PARAVERT W/US CER/THOR | | | | Not Allowed | $0.00 | | | |
| 0215T | E | NJX PARAVERT W/US CER/THOR | | | | Not Allowed | $0.00 | | | |
| 0216T | E | NJX PARAVERT W/US LUMB/SAC | | | | Not Allowed | $0.00 | | | |
| 0217T | E | NJX PARAVERT W/US LUMB/SAC | | | | Not Allowed | $0.00 | | | |
| 0218T | E | NJX PARAVERT W/US LUMB/SAC | | | | Not Allowed | $0.00 | | | |
| 0219T | E | PLMT POST FACET IMPLT CERV | | | | Not Allowed | $0.00 | | | |
| 0220T | E | PLMT POST FACET IMPLT THOR | | | | Not Allowed | $0.00 | | | |
| 0221T | E | PLMT POST FACET IMPLT LUMB | | | | Not Allowed | $0.00 | | | |
| 0222T | E | PLMT POST FACET IMPLT ADDL | | | | Not Allowed | $0.00 | | | |
| 0223T | E | ACOUSTIC ECG W/I&R | | | | Not Allowed | $0.00 | | | |
| 0224T | E | ACOUSTIC ECG 1+ ANALYSIS | | | | Not Allowed | $0.00 | | | |
| 0225T | E | ACOUSTIC ECG ANALY & REPROG | | | | Not Allowed | $0.00 | | | |
| 0226T | E | ANOSCOPY HRA W/SPEC COLLECT | | | | Not Allowed | $0.00 | | | |
| 0227T | E | ANOSCOPY HRA W/BIOPSY | | | | Not Allowed | $0.00 | | | |
| 0228T | E | NJX TFRML EPRL W/US CER/THOR | | | | Not Allowed | $0.00 | | | |
| 0229T | E | NJX TFRML EPRL W/US CER/THOR | | | | Not Allowed | $0.00 | | | |
| 0230T | E | NJX TFRML EPRL W/US LUMB/SAC | | | | Not Allowed | $0.00 | | | |
| 0231T | E | NJX TFRML EPRL W/US LUMB/SAC | | | | Not Allowed | $0.00 | | | |
| 0232T | E | NJX PLATELET PLASMA | | | | Not Allowed | $0.00 | | | |
| 0233T | E | SKIN GLYCATION SPECTROSCOPY | | | | Not Allowed | $0.00 | | | |
| 0234T | E | TRLUML PERIP ATHRC RENAL ART | | | | Not Allowed | $0.00 | | | |
| 0235T | E | TRLUML PERIP ATHRC VISCERAL | | | | Not Allowed | $0.00 | | | |
| 0236T | E | TRLUML PERIP ATHRC ABD AORTA | | | | Not Allowed | $0.00 | | | |
| 0237T | E | TRLUML PERIP ATHRC BRCHIOCPH | | | | Not Allowed | $0.00 | | | |
| 0238T | E | TRLUML PERIP ATHRC ILIAC ART | | | | Not Allowed | $0.00 | | | |
| 0239T | E | BIOIMPEDANCE SPECTROSCOPY | | | | Not Allowed | $0.00 | | | |
| 0240T | E | ESOPH MOTILITY 3D TOPOGRAPHY | | | | Not Allowed | $0.00 | | | |
| 0241T | E | ESOPH MOTILITY W/STIM/PERF | | | | Not Allowed | $0.00 | | | |
| 0242T | E | GI TRACT TRANSIT & PRES MEAS | | | | Not Allowed | $0.00 | | | |
| 0243T | E | INTM MSR BRONCHODIL WHEEZE | | | | Not Allowed | $0.00 | | | |
| 0244T | E | CONT MSR BRONCHODIL WHEEZE | | | | Not Allowed | $0.00 | | | |
| 0245T | E | OPEN TX RIB FX 1-2 RIBS | | | | Not Allowed | $0.00 | | | |
| 0246T | E | OPN TX RIB FX 3-4 RIBS | | | | Not Allowed | $0.00 | | | |
| 0247T | E | OPN TX RIB FX 5-6 RIBS | | | | Not Allowed | $0.00 | | | |
| 0248T | E | OPEN TX RIB FX 7/> RIBS | | | | Not Allowed | $0.00 | | | |
| 0249T | E | LIGATION HEMORRHOID W/US | | | | Not Allowed | $0.00 | | | |
| 0250T | E | INSERT BRONCHIAL VALVE | | | | Not Allowed | $0.00 | | | |
| 0251T | E | REMOV BRONCHIAL VALVE | | | | Not Allowed | $0.00 | | | |
| 0252T | E | REMOV BRONCH VALVE ADDL | | | | Not Allowed | $0.00 | | | |
| 0253T | E | INSERT AQUEOUS DRAIN DEVICE | | | | Not Allowed | $0.00 | | | |
| 0254T | E | EVASC RPR ILIAC ART BIFUR | | | | Not Allowed | $0.00 | | | |
| 0255T | E | EVASC RPR ILIAC ART BIFR S&I | | | | Not Allowed | $0.00 | | | |
| 0256T | E | EVASC AORTIC HRT VALVE | | | | Not Allowed | $0.00 | | | |

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|---|---|---|---|---|---|---|---|---|---|---|
| 0257T | E | OPN TTHRC AORTIC HRT VALVE | | | | Not Allowed | $0.00 | | | |
| 0258T | E | AORTIC HRT VALV W/O CARD BYP | | | | Not Allowed | $0.00 | | | |
| 0259T | E | AORTIC HRT VALVE W/CARD BYP | | | | Not Allowed | $0.00 | | | |
| 0260T | E | HYPTHRM BDY NEONATE 28D/< | | | | Not Allowed | $0.00 | | | |
| 0261T | E | HYPTHRM HEAD NEONATE 28D/< | | | | Not Allowed | $0.00 | | | |
| 0262T | E | IMPLTJ PULM VLV EVASC APPR | | | | Not Allowed | $0.00 | | | |
| 0263T | E | IM B1 MRW CEL THER CMPL | | | | Not Allowed | $0.00 | | | |
| 0264T | E | IM B1 MRW CEL THER XCL HRVST | | | | Not Allowed | $0.00 | | | |
| 0265T | E | IM B1 MRW CEL THER HRVST ONL | | | | Not Allowed | $0.00 | | | |
| 0266T | E | IMPLT/RPL CRTD SNS DEV TOTAL | | | | Not Allowed | $0.00 | | | |
| 0267T | E | IMPLT/RPL CRTD SNS DEV LEAD | | | | Not Allowed | $0.00 | | | |
| 0268T | E | IMPLT/RPL CRTD SNS DEV GEN | | | | Not Allowed | $0.00 | | | |
| 0269T | E | REV/REMVL CRTD SNS DEV TOTAL | | | | Not Allowed | $0.00 | | | |
| 0270T | E | REV/REMVL CRTD SNS DEV LEAD | | | | Not Allowed | $0.00 | | | |
| 0271T | E | REV/REMVL CRTD SNS DEV GEN | | | | Not Allowed | $0.00 | | | |
| 0272T | E | INTERROGATE CRTD SNS DEV | | | | Not Allowed | $0.00 | | | |
| 0273T | E | INTERROGATE CRTD SNS W/PGRMG | | | | Not Allowed | $0.00 | | | |
| 0274T | E | PERQ LAMOT/LAM CRV/THRC | | | | Not Allowed | $0.00 | | | |
| 0275T | E | PERQ LAMOT/LAM LUMBAR | | | | Not Allowed | $0.00 | | | |
| 0276T | E | BRONCH THERMOPLASTY 1 LOBE | | | | Not Allowed | $0.00 | | | |
| 0277T | E | BRONCH THERMOPLASTY LOBES | | | | Not Allowed | $0.00 | | | |
| 0278T | E | TEMPR | | | | Not Allowed | $0.00 | | | |
| 0279T | E | CTC TEST | | | | Not Allowed | $0.00 | | | |
| 0280T | E | CTC TEST W/I & R | | | | Not Allowed | $0.00 | | | |
| 0281T | E | LAA CLOSURE W/IMPLANT | | | | Not Allowed | $0.00 | | | |
| 0282T | E | PERIPH FIELD STIMUL TRIAL | | | | Not Allowed | $0.00 | | | |
| 0283T | E | PERIPH FIELD STIMUL PERM | | | | Not Allowed | $0.00 | | | |
| 0284T | E | PERIPH FIELD STIMUL REVISE | | | | Not Allowed | $0.00 | | | |
| 0285T | E | PERIPH FIELD STIMUL ANALYS | | | | Not Allowed | $0.00 | | | |
| 0286T | E | NEAR IFR SPECTRSC OF WOUNDS | | | | Not Allowed | $0.00 | | | |
| 0287T | E | NEAR IFR GUIDE OF VASC SITE | | | | Not Allowed | $0.00 | | | |
| 0288T | E | ANOSCOPY W/RF DELIVERY | | | | Not Allowed | $0.00 | | | |
| 0289T | E | LASER INC FOR PKP/LKP DONOR | | | | Not Allowed | $0.00 | | | |
| 0290T | E | LASER INC FOR PKP/LKP RECIP | | | | Not Allowed | $0.00 | | | |
| 0291T | E | IV OCT FOR PROC INIT VESSEL | | | | Not Allowed | $0.00 | | | |
| 0292T | E | IV OCT FOR PROC ADDL VESSEL | | | | Not Allowed | $0.00 | | | |
| 0293T | E | INS LT ATRL PRESS MONITOR | | | | Not Allowed | $0.00 | | | |
| 0294T | E | INS LT ATRL MONT PRES LEAD | | | | Not Allowed | $0.00 | | | |
| 0295T | E | EXT ECG COMPLETE | | | | Not Allowed | $0.00 | | | |
| 0296T | E | EXT ECG RECORDING | | | | Not Allowed | $0.00 | | | |
| 0297T | E | EXT ECG SCAN W/REPORT | | | | Not Allowed | $0.00 | | | |
| 0298T | E | EXT ECG REVIEW AND INTERP | | | | Not Allowed | $0.00 | | | |
| 0299T | E | ESW WOUND HEALING INIT WOUND | | | | Not Allowed | $0.00 | | | |
| 0300T | E | ESW WOUND HEALING ADDL WOUND | | | | Not Allowed | $0.00 | | | |
| 0301T | E | MW THERAPY FOR BREAST TUMOR | | | | Not Allowed | $0.00 | | | |
| 0302T | E | ICAR ISCHM MNTRNG SYS COMPL | | | | Not Allowed | $0.00 | | | |
| 0303T | E | ICAR ISCHM MNTRNG SYS ELTRD | | | | Not Allowed | $0.00 | | | |
| 0304T | E | ICAR ISCHM MNTRNG SYS DEVICE | | | | Not Allowed | $0.00 | | | |
| 0305T | E | ICAR ISCHM MNTRNG PRGRM EVAL | | | | Not Allowed | $0.00 | | | |
| 0306T | E | ICAR ISCHM MNTR INTERR EVAL | | | | Not Allowed | $0.00 | | | |
| 0307T | E | RMVL ICAR ISCHM MNTRNG DVCE | | | | Not Allowed | $0.00 | | | |
| 0308T | E | INSJ OCULAR TELESCOPE PROSTH | | | | Not Allowed | $0.00 | | | |
| 0309T | E | PRESCRL FUSE W/ INSTR L4/L5 | | | | Not Allowed | $0.00 | | | |
| 0310T | E | MOTOR FUNCTION MAPPING NTMS | | | | Not Allowed | $0.00 | | | |
| 0311T | E | CAL & ALYS CNTRL ARTL PRESS | | | | Not Allowed | $0.00 | | | |
| 0312T | E | LAPS IMPLTJ NSTIM VAGUS | | | | Not Allowed | $0.00 | | | |
| 0313T | E | LAPS RMVL NSTIM ARRAY VAGUS | | | | Not Allowed | $0.00 | | | |
| 0314T | E | LAPS RMVL VGL ARRY & PLS GEN | | | | Not Allowed | $0.00 | | | |
| 0315T | E | RMVL VAGUS NERVE PLS GEN | | | | Not Allowed | $0.00 | | | |
| 0316T | E | REPLC VAGUS NERVE PLS GEN | | | | Not Allowed | $0.00 | | | |
| 0317T | E | ELEC ALYS VAGUS NRV PLS GEN | | | | Not Allowed | $0.00 | | | |
| 0318T | E | REPLACE AORTIC VALVE TTHORAC | | | | Not Allowed | $0.00 | | | |
| 0319T | E | INSERT SUBQ DEFIB W/ELTRD | | | | Not Allowed | $0.00 | | | |
| 0320T | E | INSERT SUBQ DEFIB ELECTRODE | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 0321T | E | INSERT SUBQ DEFIB PLS GEN | | | | Not Allowed | $0.00 | | | |
| 0322T | E | RMVL SUBQ DEFIB PLS GEN | | | | Not Allowed | $0.00 | | | |
| 0323T | E | RMVL & REPLC SUBQ PLS GEN | | | | Not Allowed | $0.00 | | | |
| 0324T | E | RMVL SUBQ DEFIB ELECTRODE | | | | Not Allowed | $0.00 | | | |
| 0325T | E | REPOS SUBQ DEFIB ELTRD &/GEN | | | | Not Allowed | $0.00 | | | |
| 0326T | E | EPHYS EVAL SUBQ IMPLT DEFIB | | | | Not Allowed | $0.00 | | | |
| 0327T | E | IMPLT SUBQ DEFIB INTEROGAT | | | | Not Allowed | $0.00 | | | |
| 0328T | E | IMPLT SUBQ DEFIB SYS DEV EVL | | | | Not Allowed | $0.00 | | | |
| 0329T | E | MNTR IO PRESS 24HRS/> UNI/BI | | | | Not Allowed | $0.00 | | | |
| 0330T | E | TEAR FILM IMG UNI/BI W/I&R | | | | Not Allowed | $0.00 | | | |
| 0331T | E | HEART SYMP IMAGE PLNR | | | | Not Allowed | $0.00 | | | |
| 0332T | E | HEART SYMP IMAGE PLNR SPECT | | | | Not Allowed | $0.00 | | | |
| 0333T | E | VISUAL EP ACUITY SCREEN AUTO | | | | Not Allowed | $0.00 | | | |
| 0334T | E | PERQ STABLJ SACROILIAC JOINT | | | | Not Allowed | $0.00 | | | |
| 0500F | E | INITIAL PRENATAL CARE VISIT | | | | Not Allowed | $0.00 | | | |
| 0501F | E | PRENATAL FLOW SHEET | | | | Not Allowed | $0.00 | | | |
| 0502F | E | SUBSEQUENT PRENATAL CARE | | | | Not Allowed | $0.00 | | | |
| 0503F | E | POSTPARTUM CARE VISIT | | | | Not Allowed | $0.00 | | | |
| 0505F | E | HEMODIALYSIS PLAN DOCD | | | | Not Allowed | $0.00 | | | |
| 0507F | E | PERITON DIALYSIS PLAN DOCD | | | | Not Allowed | $0.00 | | | |
| 0509F | E | URINE INCON PLAN DOCD | | | | Not Allowed | $0.00 | | | |
| 0513F | E | ELEV BP PLAN OF CARE DOCD | | | | Not Allowed | $0.00 | | | |
| 0514F | E | CARE PLAN HGB DOCD ESA PT | | | | Not Allowed | $0.00 | | | |
| 0516F | E | ANEMIA PLAN OF CARE DOCD | | | | Not Allowed | $0.00 | | | |
| 0517F | E | GLAUCOMA PLAN OF CARE DOCD | | | | Not Allowed | $0.00 | | | |
| 0518F | E | FALL PLAN OF CARE DOCD | | | | Not Allowed | $0.00 | | | |
| 0519F | E | PLAND CHEMO DOCD B/4 TXMNT | | | | Not Allowed | $0.00 | | | |
| 0520F | E | RAD DOS LIMTS B/4 3D RAD | | | | Not Allowed | $0.00 | | | |
| 0521F | E | PLAN OF CARE 4 PAIN DOCD | | | | Not Allowed | $0.00 | | | |
| 0525F | E | INITIAL VISIT FOR EPISODE | | | | Not Allowed | $0.00 | | | |
| 0526F | E | SUBS VISIT FOR EPISODE | | | | Not Allowed | $0.00 | | | |
| 0528F | E | RCMND FLW-UP 10 YRS DOCD | | | | Not Allowed | $0.00 | | | |
| 0529F | E | INTRVL 3/>YR PTS CLNSCP DOCD | | | | Not Allowed | $0.00 | | | |
| 0535F | E | DYSPNEA MNGMNT PLAN DOCD | | | | Not Allowed | $0.00 | | | |
| 0540F | E | GLUCO MNGMNT PLAN DOCD | | | | Not Allowed | $0.00 | | | |
| 0545F | E | FOLLOW UP CARE PLAN MDD DOCD | | | | Not Allowed | $0.00 | | | |
| 0550F | E | CYTOPATH REPORT NONGYN SPCMN | | | | Not Allowed | $0.00 | | | |
| 0551F | E | CYTOPATH REPORT NON ROUTINE | | | | Not Allowed | $0.00 | | | |
| 0555F | E | SYMPTOM MGMNT PLAN CARE DOCD | | | | Not Allowed | $0.00 | | | |
| 0556F | E | PLAN CARE LIPID CONTROL DOCD | | | | Not Allowed | $0.00 | | | |
| 0557F | E | PLAN CAREMNG ANGNL SYMPTDOCD | | | | Not Allowed | $0.00 | | | |
| 0575F | E | HIV RNA PLAN CARE DOCD | | | | Not Allowed | $0.00 | | | |
| 0580F | E | MULTIDISCIPLINARY CARE PLAN | | | | Not Allowed | $0.00 | | | |
| 0581F | E | PT TRNSFRD FROM ANESTH TO CC | | | | Not Allowed | $0.00 | | | |
| 0582F | E | NO TRNSFR FROM ANESTH TO CC | | | | Not Allowed | $0.00 | | | |
| 0583F | E | TRANSFER CARE CHECKLIST USED | | | | Not Allowed | $0.00 | | | |
| 0584F | E | NO TRANSFERCARE CHKLIST USED | | | | Not Allowed | $0.00 | | | |
| 1000F | E | TOBACCO USE ASSESSED | | | | Not Allowed | $0.00 | | | |
| 1002F | E | ASSESS ANGINAL SYMPTOM/LEVEL | | | | Not Allowed | $0.00 | | | |
| 1003F | E | LEVEL OF ACTIVITY ASSESS | | | | Not Allowed | $0.00 | | | |
| 1004F | E | CLIN SYMP VOL OVRLD ASSESS | | | | Not Allowed | $0.00 | | | |
| 1005F | E | ASTHMA SYMPTOMS EVALUATE | | | | Not Allowed | $0.00 | | | |
| 1006F | E | OSTEOARTHRITIS ASSESS | | | | Not Allowed | $0.00 | | | |
| 1007F | E | ANTI-INFLM/ANLGSC OTC ASSESS | | | | Not Allowed | $0.00 | | | |
| 1008F | E | GI/RENAL RISK ASSESS | | | | Not Allowed | $0.00 | | | |
| 1010F | E | SEVERITY ANGINA BY ACTVTY | | | | Not Allowed | $0.00 | | | |
| 1011F | E | ANGINA PRESENT | | | | Not Allowed | $0.00 | | | |
| 1012F | E | ANGINA ABSENT | | | | Not Allowed | $0.00 | | | |
| 1015F | E | COPD SYMPTOMS ASSESS | | | | Not Allowed | $0.00 | | | |
| 1018F | E | ASSESS DYSPNEA NOT PRESENT | | | | Not Allowed | $0.00 | | | |
| 1019F | E | ASSESS DYSPNEA PRESENT | | | | Not Allowed | $0.00 | | | |
| 1022F | E | PNEUMO IMM STATUS ASSESS | | | | Not Allowed | $0.00 | | | |
| 1026F | E | CO-MORBID CONDITION ASSESS | | | | Not Allowed | $0.00 | | | |
| 1030F | E | INFLUENZA IMM STATUS ASSESS | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 1031F | E | SMOKING & 2ND HAND ASSESSED | | | | Not Allowed | $0.00 | | | |
| 1032F | E | SMOKER/EXPOSED 2ND HND SMOKE | | | | Not Allowed | $0.00 | | | |
| 1033F | E | TOBACCO NONSMOKER NOR 2NDHND | | | | Not Allowed | $0.00 | | | |
| 1034F | E | CURRENT TOBACCO SMOKER | | | | Not Allowed | $0.00 | | | |
| 1035F | E | SMOKELESS TOBACCO USER | | | | Not Allowed | $0.00 | | | |
| 1036F | E | TOBACCO NON-USER | | | | Not Allowed | $0.00 | | | |
| 1038F | E | PERSISTENT ASTHMA | | | | Not Allowed | $0.00 | | | |
| 1039F | E | INTERMITTENT ASTHMA | | | | Not Allowed | $0.00 | | | |
| 1040F | E | DSM-IV INFO MDD DOCD | | | | Not Allowed | $0.00 | | | |
| 1050F | E | HISTORY OF MOLE CHANGES | | | | Not Allowed | $0.00 | | | |
| 1052F | E | TYPE LOCATION ACTIVITYASSES | | | | Not Allowed | $0.00 | | | |
| 1055F | E | VISUAL FUNCT STATUS ASSESS | | | | Not Allowed | $0.00 | | | |
| 1060F | E | DOC PERM/CONT/PAROX ATR FIB | | | | Not Allowed | $0.00 | | | |
| 1061F | E | DOC LACK PERM+CONT+PAROX FIB | | | | Not Allowed | $0.00 | | | |
| 1065F | E | ISCHM STROKE SYMP LT3 HRSB/4 | | | | Not Allowed | $0.00 | | | |
| 1066F | E | ISCHM STROKE SYMP GE3 HRSB/4 | | | | Not Allowed | $0.00 | | | |
| 1070F | E | ALARM SYMP ASSESSED-ABSENT | | | | Not Allowed | $0.00 | | | |
| 1071F | E | ALARM SYMP ASSESSED-1+ PRSNT | | | | Not Allowed | $0.00 | | | |
| 1090F | E | PRES/ABSN URINE INCON ASSESS | | | | Not Allowed | $0.00 | | | |
| 1091F | E | URINE INCON CHARACTERIZED | | | | Not Allowed | $0.00 | | | |
| 1100F | E | PTFALLS ASSESS-DOCD GE2>/YR | | | | Not Allowed | $0.00 | | | |
| 1101F | E | PT FALLS ASSESS-DOCD LE1/YR | | | | Not Allowed | $0.00 | | | |
| 1110F | E | PT LFT INPT FAC W/IN 60 DAYS | | | | Not Allowed | $0.00 | | | |
| 1111F | E | DSCHRG MED/CURRENT MED MERGE | | | | Not Allowed | $0.00 | | | |
| 1116F | E | AURIC/PERI PAIN ASSESSED | | | | Not Allowed | $0.00 | | | |
| 1118F | E | GERD SYMPS ASSESSED 12 MONTH | | | | Not Allowed | $0.00 | | | |
| 1119F | E | INIT EVAL FOR CONDITION | | | | Not Allowed | $0.00 | | | |
| 1121F | E | SUBS EVAL FOR CONDITION | | | | Not Allowed | $0.00 | | | |
| 1123F | E | ACP DISCUSS/DSCN MKR DOCD | | | | Not Allowed | $0.00 | | | |
| 1124F | E | ACP DISCUSS-NO DSCNMKR DOCD | | | | Not Allowed | $0.00 | | | |
| 1125F | E | AMNT PAIN NOTED PAIN PRSNT | | | | Not Allowed | $0.00 | | | |
| 1126F | E | AMNT PAIN NOTED NONE PRSNT | | | | Not Allowed | $0.00 | | | |
| 1127F | E | NEW EPISODE FOR CONDITION | | | | Not Allowed | $0.00 | | | |
| 1128F | E | SUBS EPISODE FOR CONDITION | | | | Not Allowed | $0.00 | | | |
| 1130F | E | BK PAIN + FXN ASSESSED | | | | Not Allowed | $0.00 | | | |
| 1134F | E | EPSD BK PAIN FOR 6 WKS/< | | | | Not Allowed | $0.00 | | | |
| 1135F | E | EPSD BK PAIN FOR >6 WKS | | | | Not Allowed | $0.00 | | | |
| 1136F | E | EPSD BK PAIN FOR 12 WKS/< | | | | Not Allowed | $0.00 | | | |
| 1137F | E | EPSD BK PAIN FOR >12 WKS | | | | Not Allowed | $0.00 | | | |
| 1150F | E | DOC PT RSK DEATH W/IN 1YR | | | | Not Allowed | $0.00 | | | |
| 1151F | E | DOC NO PT RSK DEATH W/IN 1YR | | | | Not Allowed | $0.00 | | | |
| 1152F | E | DOC ADVNCD DIS COMFORT 1ST | | | | Not Allowed | $0.00 | | | |
| 1153F | E | DOC ADVNCD DIS CMFRT NOT 1ST | | | | Not Allowed | $0.00 | | | |
| 1157F | E | ADVNC CARE PLAN IN RCRD | | | | Not Allowed | $0.00 | | | |
| 1158F | E | ADVNC CARE PLAN TLK DOCD | | | | Not Allowed | $0.00 | | | |
| 1159F | E | MED LIST DOCD IN RCRD | | | | Not Allowed | $0.00 | | | |
| 1160F | E | RVW MEDS BY RX/DR IN RCRD | | | | Not Allowed | $0.00 | | | |
| 1170F | E | FXNL STATUS ASSESSED | | | | Not Allowed | $0.00 | | | |
| 1175F | E | FUNCTION STAT ASSESSED RVWD | | | | Not Allowed | $0.00 | | | |
| 1180F | E | THROMBOEMB RISK ASSESSED | | | | Not Allowed | $0.00 | | | |
| 1181F | E | NEUROPSYCHIA SYMPTS ASSESSED | | | | Not Allowed | $0.00 | | | |
| 1182F | E | NEUROPSYCHI SYMPT 1+PRESENT | | | | Not Allowed | $0.00 | | | |
| 1183F | E | NEUROPSYCHIATRIC SYMP ABSENT | | | | Not Allowed | $0.00 | | | |
| 1200F | E | SEIZURE TYPE& FREQU DOCD | | | | Not Allowed | $0.00 | | | |
| 1205F | E | EPI ETIOL SYND RVWD AND DOCD | | | | Not Allowed | $0.00 | | | |
| 1220F | E | PT SCREENED FOR DEPRESSION | | | | Not Allowed | $0.00 | | | |
| 1400F | E | PRKNS DIAG RVIEWED | | | | Not Allowed | $0.00 | | | |
| 1450F | E | SYMPTOMS IMPROVED/CONSIST | | | | Not Allowed | $0.00 | | | |
| 1451F | E | SYMPT SHOW CLIN IMPORT DROP | | | | Not Allowed | $0.00 | | | |
| 1460F | E | QUAL CARD DIAG PRIOR 12 MONS | | | | Not Allowed | $0.00 | | | |
| 1461F | E | NO QUAL CARD DIAG PRIOR12MON | | | | Not Allowed | $0.00 | | | |
| 1490F | E | DEM SEVERITY CLASSIFIED MILD | | | | Not Allowed | $0.00 | | | |
| 1491F | E | DEM SEVERITY CLASSIFIED MOD | | | | Not Allowed | $0.00 | | | |
| 1493F | E | DEM SEVERITY CLASS SEVERE | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 1494F | E | COGNIT ASSESSED AND REVIEWED | | | | Not Allowed | $0.00 | | | |
| 1500F | E | SYMPTOM+SIGN SYMM POLYNEURO | | | | Not Allowed | $0.00 | | | |
| 1501F | E | NOT INITIAL EVAL FOR COND | | | | Not Allowed | $0.00 | | | |
| 1502F | E | PT QUERIED PAIN FXN W/ INSTR | | | | Not Allowed | $0.00 | | | |
| 1503F | E | PT QUERIED SYMP RESP INSUFF | | | | Not Allowed | $0.00 | | | |
| 1504F | E | PT HAS RESP INSUFFICIENCY | | | | Not Allowed | $0.00 | | | |
| 1505F | E | PT HAS NO RESP INSUFFICIENCY | | | | Not Allowed | $0.00 | | | |
| 2000F | E | BLOOD PRESSURE MEASURE | | | | Not Allowed | $0.00 | | | |
| 2001F | E | WEIGHT RECORD | | | | Not Allowed | $0.00 | | | |
| 2002F | E | CLIN SIGN VOL OVRLD ASSESS | | | | Not Allowed | $0.00 | | | |
| 2004F | E | INITIAL EXAM INVOLVED JOINTS | | | | Not Allowed | $0.00 | | | |
| 2010F | E | VITAL SIGNS RECORDED | | | | Not Allowed | $0.00 | | | |
| 2014F | E | MENTAL STATUS ASSESS | | | | Not Allowed | $0.00 | | | |
| 2015F | E | ASTHMA IMPAIRMENT ASSESSED | | | | Not Allowed | $0.00 | | | |
| 2016F | E | ASTHMA RISK ASSESSED | | | | Not Allowed | $0.00 | | | |
| 2018F | E | HYDRATION STATUS ASSESS | | | | Not Allowed | $0.00 | | | |
| 2019F | E | DILATED MACUL EXAM DONE | | | | Not Allowed | $0.00 | | | |
| 2020F | E | DILATED FUNDUS EVAL DONE | | | | Not Allowed | $0.00 | | | |
| 2021F | E | DILAT MACUL+ EXAM DONE | | | | Not Allowed | $0.00 | | | |
| 2022F | E | DIL RETINA EXAM INTERP REV | | | | Not Allowed | $0.00 | | | |
| 2024F | E | 7 FIELD PHOTO INTERP DOC REV | | | | Not Allowed | $0.00 | | | |
| 2026F | E | EYE IMAGE VALID TO DX REV | | | | Not Allowed | $0.00 | | | |
| 2027F | E | OPTIC NERVE HEAD EVAL DONE | | | | Not Allowed | $0.00 | | | |
| 2028F | E | FOOT EXAM PERFORMED | | | | Not Allowed | $0.00 | | | |
| 2029F | E | COMPLETE PHYS SKIN EXAM DONE | | | | Not Allowed | $0.00 | | | |
| 2030F | E | H2O STAT DOCD NORMAL | | | | Not Allowed | $0.00 | | | |
| 2031F | E | H2O STAT DOCD DEHYDRATED | | | | Not Allowed | $0.00 | | | |
| 2035F | E | TYMP MEMB MOTION EXAMD | | | | Not Allowed | $0.00 | | | |
| 2040F | E | BK PN XM ON INIT VISIT DATE | | | | Not Allowed | $0.00 | | | |
| 2044F | E | DOC MNTL TST B/4 BK TRXMNT | | | | Not Allowed | $0.00 | | | |
| 2050F | E | WOUND CHAR SIZE ETC DOCD | | | | Not Allowed | $0.00 | | | |
| 2060F | E | PT TALK EVAL HLTHWKR RE MDD | | | | Not Allowed | $0.00 | | | |
| 3006F | E | CXR DOC REV | | | | Not Allowed | $0.00 | | | |
| 3008F | E | BODY MASS INDEX DOCD | | | | Not Allowed | $0.00 | | | |
| 3011F | E | LIPID PANEL DOC REV | | | | Not Allowed | $0.00 | | | |
| 3014F | E | SCREEN MAMMO DOC REV | | | | Not Allowed | $0.00 | | | |
| 3015F | E | CERV CANCER SCREEN DOCD | | | | Not Allowed | $0.00 | | | |
| 3016F | E | PT SCRND UNHLTHY OH USE | | | | Not Allowed | $0.00 | | | |
| 3017F | E | COLORECTAL CA SCREEN DOC REV | | | | Not Allowed | $0.00 | | | |
| 3018F | E | PRE-PRXD RSK ET AL DOCD | | | | Not Allowed | $0.00 | | | |
| 3019F | E | LVEF ASSESS PLANPOST DSCHRGE | | | | Not Allowed | $0.00 | | | |
| 3020F | E | LVF ASSESS | | | | Not Allowed | $0.00 | | | |
| 3021F | E | LVEF MOD/SEVER DEPRS SYST | | | | Not Allowed | $0.00 | | | |
| 3022F | E | LVEF >/=40% SYSTOLIC | | | | Not Allowed | $0.00 | | | |
| 3023F | E | SPIROM DOC REV | | | | Not Allowed | $0.00 | | | |
| 3025F | E | SPIROM FEV/FVC <70% W/COPD | | | | Not Allowed | $0.00 | | | |
| 3027F | E | SPIROM FEV/FVC>/=70%/W/OCOPD | | | | Not Allowed | $0.00 | | | |
| 3028F | E | O2 SATURATION DOC REV | | | | Not Allowed | $0.00 | | | |
| 3035F | E | O2 SATURATION</=88%/PAO</=55 | | | | Not Allowed | $0.00 | | | |
| 3037F | E | O2 SATURATION >88%/PAO>55 HG | | | | Not Allowed | $0.00 | | | |
| 3038F | E | PULM FX W/IN 12 MON B/4 SURG | | | | Not Allowed | $0.00 | | | |
| 3040F | E | FEV <40% PREDICTED VALUE | | | | Not Allowed | $0.00 | | | |
| 3042F | E | FEV >/=40% PREDICTED VALUE | | | | Not Allowed | $0.00 | | | |
| 3044F | E | HG A1C LEVEL LT 7.0% | | | | Not Allowed | $0.00 | | | |
| 3045F | E | HG A1C LEVEL 7.0-9.0% | | | | Not Allowed | $0.00 | | | |
| 3046F | E | HEMOGLOBIN A1C LEVEL >9.0% | | | | Not Allowed | $0.00 | | | |
| 3048F | E | LDL-C <100 MG/DL | | | | Not Allowed | $0.00 | | | |
| 3049F | E | LDL-C 100-129 MG/DL | | | | Not Allowed | $0.00 | | | |
| 3050F | E | LDL-C >/= 130 MG/DL | | | | Not Allowed | $0.00 | | | |
| 3055F | E | LVEF LESS THAN/EQUAL TO 35% | | | | Not Allowed | $0.00 | | | |
| 3056F | E | LVEF GREATER THAN 35% | | | | Not Allowed | $0.00 | | | |
| 3060F | E | POS MICROALBUMINURIA REV | | | | Not Allowed | $0.00 | | | |
| 3061F | E | NEG MICROALBUMINURIA REV | | | | Not Allowed | $0.00 | | | |
| 3062F | E | POS MACROALBUMINURIA REV | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 3066F | E | NEPHROPATHY DOC TX | | | | Not Allowed | $0.00 | | | |
| 3072F | E | LOW RISK FOR RETINOPATHY | | | | Not Allowed | $0.00 | | | |
| 3073F | E | PRE-SURG EYE MEASURES DOCD | | | | Not Allowed | $0.00 | | | |
| 3074F | E | SYST BP LT 130 MM HG | | | | Not Allowed | $0.00 | | | |
| 3075F | E | SYST BP GE 130 - 139MM HG | | | | Not Allowed | $0.00 | | | |
| 3077F | E | SYST BP >/= 140 MM HG | | | | Not Allowed | $0.00 | | | |
| 3078F | E | DIAST BP <80 MM HG | | | | Not Allowed | $0.00 | | | |
| 3079F | E | DIAST BP 80-89 MM HG | | | | Not Allowed | $0.00 | | | |
| 3080F | E | DIAST BP >/= 90 MM HG | | | | Not Allowed | $0.00 | | | |
| 3082F | E | KT/V >1.2 | | | | Not Allowed | $0.00 | | | |
| 3083F | E | KT/V =/> 1.2 & <1.7 | | | | Not Allowed | $0.00 | | | |
| 3084F | E | KT/V GE 1.7 | | | | Not Allowed | $0.00 | | | |
| 3085F | E | SUICIDE RISK ASSESSED | | | | Not Allowed | $0.00 | | | |
| 3088F | E | MDD MILD | | | | Not Allowed | $0.00 | | | |
| 3089F | E | MDD MODERATE | | | | Not Allowed | $0.00 | | | |
| 3090F | E | MDD SEVERE W/O PSYCH | | | | Not Allowed | $0.00 | | | |
| 3091F | E | MDD SEVERE W/PSYCH | | | | Not Allowed | $0.00 | | | |
| 3092F | E | MDD IN REMISSION | | | | Not Allowed | $0.00 | | | |
| 3093F | E | DOC NEW DIAG 1ST/ADDL MDD | | | | Not Allowed | $0.00 | | | |
| 3095F | E | CENTRAL DEXA RESULTS DOCD | | | | Not Allowed | $0.00 | | | |
| 3096F | E | CENTRAL DEXA ORDERED | | | | Not Allowed | $0.00 | | | |
| 3100F | E | IMAGE TEST REF CAROT DIAM | | | | Not Allowed | $0.00 | | | |
| 3110F | E | PRES/ABSN HMRHG/LESION DOCD | | | | Not Allowed | $0.00 | | | |
| 3111F | E | CT/MRI BRAIN DONE W/IN 24HRS | | | | Not Allowed | $0.00 | | | |
| 3112F | E | CT/MRI BRAIN DONE 24 HRS | | | | Not Allowed | $0.00 | | | |
| 3115F | E | QUANT RESULTS ACTIVITY +SYMP | | | | Not Allowed | $0.00 | | | |
| 3117F | E | HF ASSESSMENT TOOL COMPLETED | | | | Not Allowed | $0.00 | | | |
| 3118F | E | NY HEART ASSOC CLASS DOCD | | | | Not Allowed | $0.00 | | | |
| 3119F | E | NO EVAL ACTIVITY CLIN SYMP | | | | Not Allowed | $0.00 | | | |
| 3120F | E | 12-LEAD ECG PERFORMED | | | | Not Allowed | $0.00 | | | |
| 3125F | E | ESOPH BX RPRT W/DYSPL INFO | | | | Not Allowed | $0.00 | | | |
| 3130F | E | UPPER GI ENDOSCOPY PERFORMED | | | | Not Allowed | $0.00 | | | |
| 3132F | E | DOC REF UPPER GI ENDOSCOPY | | | | Not Allowed | $0.00 | | | |
| 3140F | E | UPPER GI ENDO SHOWS BARRTTS | | | | Not Allowed | $0.00 | | | |
| 3141F | E | UPPER GI ENDO NOT BARRTTS | | | | Not Allowed | $0.00 | | | |
| 3142F | E | BARIUM SWALLOW TEST ORDERED | | | | Not Allowed | $0.00 | | | |
| 3150F | E | FORCEPS ESOPH BIOPSY DONE | | | | Not Allowed | $0.00 | | | |
| 3155F | E | CYTOGEN TEST MARROW B/4 TX | | | | Not Allowed | $0.00 | | | |
| 3160F | E | DOC FE+ STORES B/4 EPO THX | | | | Not Allowed | $0.00 | | | |
| 3170F | E | FLOW CYTO DONE B/4 TX | | | | Not Allowed | $0.00 | | | |
| 3200F | E | BARIUM SWALLOW TEST NOT REQ | | | | Not Allowed | $0.00 | | | |
| 3210F | E | GRP A STREP TEST PERFORMED | | | | Not Allowed | $0.00 | | | |
| 3215F | E | PT IMMUNITY TO HEP A DOCD | | | | Not Allowed | $0.00 | | | |
| 3216F | E | PT IMMUNITY TO HEP B DOCD | | | | Not Allowed | $0.00 | | | |
| 3218F | E | RNA TSTNG HEP C DOCD DONE | | | | Not Allowed | $0.00 | | | |
| 3220F | E | HEP C QUANT RNA TSTNG DOCD | | | | Not Allowed | $0.00 | | | |
| 3230F | E | NOTE HRING TST W/IN 6 MON | | | | Not Allowed | $0.00 | | | |
| 3250F | E | NONPRIM LOC ANAT BX SITE TUM | | | | Not Allowed | $0.00 | | | |
| 3260F | E | PT CAT/PN CAT/HIST GRD DOCD | | | | Not Allowed | $0.00 | | | |
| 3265F | E | RNA TSTNG HEPC VIR ORD/DOCD | | | | Not Allowed | $0.00 | | | |
| 3266F | E | HEPC GN TSTNG DOCD B/4TXMNT | | | | Not Allowed | $0.00 | | | |
| 3267F | E | PATH RPRT W/ PT PN CAT ET AL | | | | Not Allowed | $0.00 | | | |
| 3268F | E | PSA/T/GLSC DOCD B/4 TXMNT | | | | Not Allowed | $0.00 | | | |
| 3269F | E | BONE SCN B/4 TXMNT/AFTR DX | | | | Not Allowed | $0.00 | | | |
| 3270F | E | NO BONE SCN B/4 TXMNT/AFTRDX | | | | Not Allowed | $0.00 | | | |
| 3271F | E | LOW RISK PROSTATE CANCER | | | | Not Allowed | $0.00 | | | |
| 3272F | E | MED RISK PROSTATE CANCER | | | | Not Allowed | $0.00 | | | |
| 3273F | E | HIGH RISK PROSTATE CANCER | | | | Not Allowed | $0.00 | | | |
| 3274F | E | PROST CNCR RSK NOT LW/MD/HGH | | | | Not Allowed | $0.00 | | | |
| 3278F | E | SERUM LVLS CA/IPTH/LPD ORD | | | | Not Allowed | $0.00 | | | |
| 3279F | E | HGB LVL >/= 13 G/DL | | | | Not Allowed | $0.00 | | | |
| 3280F | E | HGB LVL 11-12.9 G/DL | | | | Not Allowed | $0.00 | | | |
| 3281F | E | HGB LVL <11 G/DL | | | | Not Allowed | $0.00 | | | |
| 3284F | E | IOP DOWN >15% OF PRE-SVC LVL | | | | Not Allowed | $0.00 | | | |

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|---|---|---|---|---|---|---|---|---|---|---|
| 3285F | E | IOP DOWN <15% OF PRE-SVC LVL | | | | Not Allowed | $0.00 | | | |
| 3288F | E | FALL RISK ASSESSMENT DOCD | | | | Not Allowed | $0.00 | | | |
| 3290F | E | PT=D(RH)- AND UNSENSITIZED | | | | Not Allowed | $0.00 | | | |
| 3291F | E | PT=D(RH)+ OR SENSITIZED | | | | Not Allowed | $0.00 | | | |
| 3292F | E | HIV TSTNG ASKED/DOCD/REVWD | | | | Not Allowed | $0.00 | | | |
| 3293F | E | ABO RH BLOOD TYPING DOCD | | | | Not Allowed | $0.00 | | | |
| 3294F | E | GRP B STREP SCREENING DOCD | | | | Not Allowed | $0.00 | | | |
| 3300F | E | AJCC STAGE DOCD B/4 THXPY | | | | Not Allowed | $0.00 | | | |
| 3301F | E | CANCER STAGE DOCD METAST | | | | Not Allowed | $0.00 | | | |
| 3315F | E | ER+ OR PR+ BREAST CANCER | | | | Not Allowed | $0.00 | | | |
| 3316F | E | ER- OR PR- BREAST CANCER | | | | Not Allowed | $0.00 | | | |
| 3317F | E | PATH RPT MALIG CANCER DOCD | | | | Not Allowed | $0.00 | | | |
| 3318F | E | PATH RPT MALIG CANCER DOCD | | | | Not Allowed | $0.00 | | | |
| 3319F | E | X-RAY/CT/ULTRSND ET AL ORD | | | | Not Allowed | $0.00 | | | |
| 3320F | E | NO XRAY/CT/ ET AL ORDD | | | | Not Allowed | $0.00 | | | |
| 3321F | E | AJCC CNCR 0/IA MELAN DOCD | | | | Not Allowed | $0.00 | | | |
| 3322F | E | MELANOMAAJCC STAGE 0 OR IA | | | | Not Allowed | $0.00 | | | |
| 3323F | E | CLIN NODE STGNG DOCDB/4 SURG | | | | Not Allowed | $0.00 | | | |
| 3324F | E | MRI CT SCAN ORD RVWD RQSTD | | | | Not Allowed | $0.00 | | | |
| 3325F | E | PREOP ASSES 4 CATARACT SURG | | | | Not Allowed | $0.00 | | | |
| 3328F | E | PRFRMNC DOCD 2 WKS B/4 SURG | | | | Not Allowed | $0.00 | | | |
| 3330F | E | IMAGING STUDY ORDERED (BKP) | | | | Not Allowed | $0.00 | | | |
| 3331F | E | BK IMAGING TST NOT ORDERED | | | | Not Allowed | $0.00 | | | |
| 3340F | E | MAMMO ASSESS INC XRAY DOCD | | | | Not Allowed | $0.00 | | | |
| 3341F | E | MAMMO ASSESS NEGATIVE DOCD | | | | Not Allowed | $0.00 | | | |
| 3342F | E | MAMMO ASSESS BENGN DOCD | | | | Not Allowed | $0.00 | | | |
| 3343F | E | MAMMO PROBABLY BENGN DOCD | | | | Not Allowed | $0.00 | | | |
| 3344F | E | MAMMO ASSESS SUSP DOCD | | | | Not Allowed | $0.00 | | | |
| 3345F | E | MAMMO ASSESS HGHLYMALIG DOC | | | | Not Allowed | $0.00 | | | |
| 3350F | E | MAMMO BX PROVEN MALIG DOCD | | | | Not Allowed | $0.00 | | | |
| 3351F | E | NEG SCRN DEP SYMP BY DEPTOOL | | | | Not Allowed | $0.00 | | | |
| 3352F | E | NO SIG DEP SYMP BY DEP TOOL | | | | Not Allowed | $0.00 | | | |
| 3353F | E | MILD-MOD DEP SYMP BY DEPTOOL | | | | Not Allowed | $0.00 | | | |
| 3354F | E | CLIN SIG DEP SYM BY DEP TOOL | | | | Not Allowed | $0.00 | | | |
| 3370F | E | AJCC BRST CNCR STAGE 0 DOCD | | | | Not Allowed | $0.00 | | | |
| 3372F | E | AJCC BRST CNCR STAGE 1 DOCD | | | | Not Allowed | $0.00 | | | |
| 3374F | E | AJCC BRST CNCR STAGE 1 DOCD | | | | Not Allowed | $0.00 | | | |
| 3376F | E | AJCC BRSTCNCR STAGE 2 DOCD | | | | Not Allowed | $0.00 | | | |
| 3378F | E | AJCC BRSTCNCR STAGE 3 DOCD | | | | Not Allowed | $0.00 | | | |
| 3380F | E | AJCC BRSTCNCR STAGE 4 DOCD | | | | Not Allowed | $0.00 | | | |
| 3382F | E | AJCC CLN CNCR STAGE 0 DOCD | | | | Not Allowed | $0.00 | | | |
| 3384F | E | AJCC CLN CNCR STAGE 1 DOCD | | | | Not Allowed | $0.00 | | | |
| 3386F | E | AJCC CLN CNCR STAGE 2 DOCD | | | | Not Allowed | $0.00 | | | |
| 3388F | E | AJCC CLN CNCR STAGE 3 DOCD | | | | Not Allowed | $0.00 | | | |
| 3390F | E | AJCC CLN CNCR STAGE 4 DOCD | | | | Not Allowed | $0.00 | | | |
| 3394F | E | QUANT HER2 IHC EVAL BRST CX | | | | Not Allowed | $0.00 | | | |
| 3395F | E | QUANT NONHER2 IHC BRST CX | | | | Not Allowed | $0.00 | | | |
| 3450F | E | DYSPNEA SCRND NO-MILD DYSP | | | | Not Allowed | $0.00 | | | |
| 3451F | E | DYSPNEA SCRND MOD-HIGH DYSP | | | | Not Allowed | $0.00 | | | |
| 3452F | E | DYSPNEA NOT SCREENED | | | | Not Allowed | $0.00 | | | |
| 3455F | E | TB SCRNG DONE-INTERPD 6MON | | | | Not Allowed | $0.00 | | | |
| 3470F | E | RA DISEASE ACTIVITY LOW | | | | Not Allowed | $0.00 | | | |
| 3471F | E | RA DISEASE ACTIVITY MOD | | | | Not Allowed | $0.00 | | | |
| 3472F | E | RA DISEASE ACTIVITY HIGH | | | | Not Allowed | $0.00 | | | |
| 3475F | E | DISEASE PROGN RA POOR DOCD | | | | Not Allowed | $0.00 | | | |
| 3476F | E | DISEASE PROGN RA GOOD DOCD | | | | Not Allowed | $0.00 | | | |
| 3490F | E | HISTORY AIDS-DEFINING COND | | | | Not Allowed | $0.00 | | | |
| 3491F | E | HIV UNSURE BABY OF HIV+MOMS | | | | Not Allowed | $0.00 | | | |
| 3492F | E | HISTORY CD4+ CELL COUNT <350 | | | | Not Allowed | $0.00 | | | |
| 3493F | E | NO HIST CD4+ CELL COUNT <350 | | | | Not Allowed | $0.00 | | | |
| 3494F | E | CD4+CELL COUNT <200CELLS/MM3 | | | | Not Allowed | $0.00 | | | |
| 3495F | E | CD4+CELL CNT 200-499 CELLS | | | | Not Allowed | $0.00 | | | |
| 3496F | E | CD4+ CELL COUNT + 500 CELLS | | | | Not Allowed | $0.00 | | | |
| 3497F | E | CD4+ CELL PERCENTAGE <15% | | | | Not Allowed | $0.00 | | | |

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|---|---|---|---|---|---|---|---|---|---|---|
| 3498F | E | CD4+ CELL =15% (HIV) | | | | Not Allowed | $0.00 | | | |
| 3500F | E | CD4+CELL CNT/% DOCD AS DONE | | | | Not Allowed | $0.00 | | | |
| 3502F | E | HIV RNA VRL LD <LMTS QUANTIF | | | | Not Allowed | $0.00 | | | |
| 3503F | E | HIV RNA VRL LDNOT<LMTS QUNTF | | | | Not Allowed | $0.00 | | | |
| 3510F | E | DOC TB SCRNG-RSLTS INTERPD | | | | Not Allowed | $0.00 | | | |
| 3511F | E | CHLMYD/GONRH TSTS DOCD DONE | | | | Not Allowed | $0.00 | | | |
| 3512F | E | SYPH SCRNG DOCD AS DONE | | | | Not Allowed | $0.00 | | | |
| 3513F | E | HEP B SCRNG DOCD AS DONE | | | | Not Allowed | $0.00 | | | |
| 3514F | E | HEP C SCRNG DOCD AS DONE | | | | Not Allowed | $0.00 | | | |
| 3515F | E | PT HAS DOCD IMMUN TO HEP C | | | | Not Allowed | $0.00 | | | |
| 3517F | E | HBV ASSESS&RESULTS INTRP 1YR | | | | Not Allowed | $0.00 | | | |
| 3520F | E | CDIFFICILE TESTING PERFORMED | | | | Not Allowed | $0.00 | | | |
| 3550F | E | LOW RSK THROMBOEMBOLISM | | | | Not Allowed | $0.00 | | | |
| 3551F | E | INTRMED RSK THROMBOEMBOLISM | | | | Not Allowed | $0.00 | | | |
| 3552F | E | HGH RISK FOR THROMBOEMBOLISM | | | | Not Allowed | $0.00 | | | |
| 3555F | E | PT INR MEASUREMENT PERFORMED | | | | Not Allowed | $0.00 | | | |
| 3570F | E | RPRT BONE SCINT XREF W XRAY | | | | Not Allowed | $0.00 | | | |
| 3572F | E | PT CONSID POSS RISK FX | | | | Not Allowed | $0.00 | | | |
| 3573F | E | PT NOT CONSID POSS RISK FX | | | | Not Allowed | $0.00 | | | |
| 3650F | E | EEG ORDERED RVWD REQSTD | | | | Not Allowed | $0.00 | | | |
| 3700F | E | PSYCH DISORDERS ASSESSED | | | | Not Allowed | $0.00 | | | |
| 3720F | E | COGNIT IMPAIRMENT ASSESSED | | | | Not Allowed | $0.00 | | | |
| 3725F | E | SCREEN DEPRESSION PERFORMED | | | | Not Allowed | $0.00 | | | |
| 3750F | E | PTNOTRCVNGSTEROID>/=10MG/DAY | | | | Not Allowed | $0.00 | | | |
| 3751F | E | ELECTRODIAG POLYNEURO 6MON | | | | Not Allowed | $0.00 | | | |
| 3752F | E | NO ELECTRODIAG POLYNEURO6MON | | | | Not Allowed | $0.00 | | | |
| 3753F | E | PT HAS SYMP+SIGNS NEUROPATHY | | | | Not Allowed | $0.00 | | | |
| 3754F | E | SCREENING TESTS DM DONE | | | | Not Allowed | $0.00 | | | |
| 3755F | E | COG+BEHAV IMPRMNT SCRNG DONE | | | | Not Allowed | $0.00 | | | |
| 3756F | E | PT W/PSEUDOBULB AFFECT/ALS | | | | Not Allowed | $0.00 | | | |
| 3757F | E | PT W/NO PSEUDOBULBAFFECT/ALS | | | | Not Allowed | $0.00 | | | |
| 3758F | E | PT REF PULMON FX TEST/PEAK | | | | Not Allowed | $0.00 | | | |
| 3759F | E | PT SCRN DYSPHAG/WT LOSS/NUTR | | | | Not Allowed | $0.00 | | | |
| 3760F | E | PT W/DYSPHAG/WT LOSS/NUTR | | | | Not Allowed | $0.00 | | | |
| 3761F | E | PT W/O DYSPHAG/WT LOSS/NUTR | | | | Not Allowed | $0.00 | | | |
| 3762F | E | PATIENT IS DYSARTHRIC | | | | Not Allowed | $0.00 | | | |
| 3763F | E | PATIENT IS NOT DYSARTHRIC | | | | Not Allowed | $0.00 | | | |
| 4000F | E | TOBACCO USE TXMNT COUNSELING | | | | Not Allowed | $0.00 | | | |
| 4001F | E | TOBACCO USE TXMNT PHARMACOL | | | | Not Allowed | $0.00 | | | |
| 4003F | E | PT ED WRITE/ORAL PTS W/ HF | | | | Not Allowed | $0.00 | | | |
| 4004F | E | PT TOBACCO SCREEN RCVD TLK | | | | Not Allowed | $0.00 | | | |
| 4005F | E | PHARM THX FOR OP RXD | | | | Not Allowed | $0.00 | | | |
| 4008F | E | BETA-BLOCKER THERAPY RXD/TKN | | | | Not Allowed | $0.00 | | | |
| 4010F | E | ACE/ARB THERAPY RXD/TAKEN | | | | Not Allowed | $0.00 | | | |
| 4011F | E | ORAL ANTIPLATELET THERAPY RX | | | | Not Allowed | $0.00 | | | |
| 4012F | E | WARFARIN THERAPY RX | | | | Not Allowed | $0.00 | | | |
| 4013F | E | STATIN THERAPY/CURRENTLY TKN | | | | Not Allowed | $0.00 | | | |
| 4014F | E | WRITTEN DISCHARGE INSTR PRVD | | | | Not Allowed | $0.00 | | | |
| 4015F | E | PERSIST ASTHMA MEDICINE CTRL | | | | Not Allowed | $0.00 | | | |
| 4016F | E | ANTI-INFLM/ANLGSC AGENT RX | | | | Not Allowed | $0.00 | | | |
| 4017F | E | GI PROPHYLAXIS FOR NSAID RX | | | | Not Allowed | $0.00 | | | |
| 4018F | E | THERAPY EXERCISE JOINT RX | | | | Not Allowed | $0.00 | | | |
| 4019F | E | DOC RECPT COUNSL VIT D/CALC+ | | | | Not Allowed | $0.00 | | | |
| 4025F | E | INHALED BRONCHODILATOR RX | | | | Not Allowed | $0.00 | | | |
| 4030F | E | OXYGEN THERAPY RX | | | | Not Allowed | $0.00 | | | |
| 4033F | E | PULMONARY REHAB REC | | | | Not Allowed | $0.00 | | | |
| 4035F | E | INFLUENZA IMM REC | | | | Not Allowed | $0.00 | | | |
| 4037F | E | INFLUENZA IMM ORDER/ADMIN | | | | Not Allowed | $0.00 | | | |
| 4040F | E | PNEUMOC VAC/ADMIN/RCVD | | | | Not Allowed | $0.00 | | | |
| 4041F | E | DOC ORDER CEFAZOLIN/CEFUROX | | | | Not Allowed | $0.00 | | | |
| 4042F | E | DOC ANTIBIO NOT GIVEN | | | | Not Allowed | $0.00 | | | |
| 4043F | E | DOC ORDER GIVEN STOP ANTIBIO | | | | Not Allowed | $0.00 | | | |
| 4044F | E | DOC ORDER GIVEN VTE PROPHYLX | | | | Not Allowed | $0.00 | | | |
| 4045F | E | EMPIRIC ANTIBIOTIC RX | | | | Not Allowed | $0.00 | | | |

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|---|---|---|---|---|---|---|---|---|---|---|
| 4046F | E | DOC ANTIBIO GIVEN B/4 SURG | | | | Not Allowed | $0.00 | | | |
| 4047F | E | DOC ANTIBIO GIVEN B/4 SURG | | | | Not Allowed | $0.00 | | | |
| 4048F | E | DOC ANTIBIO GIVEN B/4 SURG | | | | Not Allowed | $0.00 | | | |
| 4049F | E | DOC ORDER GIVEN STOP ANTIBIO | | | | Not Allowed | $0.00 | | | |
| 4050F | E | HT CARE PLAN DOC | | | | Not Allowed | $0.00 | | | |
| 4051F | E | REFERRED FOR AN AV FISTULA | | | | Not Allowed | $0.00 | | | |
| 4052F | E | HEMODIALYSIS VIA AV FISTULA | | | | Not Allowed | $0.00 | | | |
| 4053F | E | HEMODIALYSIS VIA AV GRAFT | | | | Not Allowed | $0.00 | | | |
| 4054F | E | HEMODIALYSIS VIA CATHETER | | | | Not Allowed | $0.00 | | | |
| 4055F | E | PT RCVNG PERITON DIALYSIS | | | | Not Allowed | $0.00 | | | |
| 4056F | E | APPROP ORAL REHYD RECOMMD | | | | Not Allowed | $0.00 | | | |
| 4058F | E | PED GASTRO ED GIVEN CAREGVR | | | | Not Allowed | $0.00 | | | |
| 4060F | E | PSYCH SVCS PROVIDED | | | | Not Allowed | $0.00 | | | |
| 4062F | E | PT REFERRAL PSYCH DOCD | | | | Not Allowed | $0.00 | | | |
| 4063F | E | ANTIDEPRES RXTHXPY NOT RXD | | | | Not Allowed | $0.00 | | | |
| 4064F | E | ANTIDEPRESSANT RX | | | | Not Allowed | $0.00 | | | |
| 4065F | E | ANTIPSYCHOTIC RX | | | | Not Allowed | $0.00 | | | |
| 4066F | E | ECT PROVIDED | | | | Not Allowed | $0.00 | | | |
| 4067F | E | PT REFERRAL FOR ECT DOCD | | | | Not Allowed | $0.00 | | | |
| 4069F | E | VTE PROPHYLAXIS RCVD | | | | Not Allowed | $0.00 | | | |
| 4070F | E | DVT PROPHYLX RECVD DAY 2 | | | | Not Allowed | $0.00 | | | |
| 4073F | E | ORAL ANTIPLAT THX RX DISCHRG | | | | Not Allowed | $0.00 | | | |
| 4075F | E | ANTICOAG THX RX AT DISCHRG | | | | Not Allowed | $0.00 | | | |
| 4077F | E | DOC T-PA ADMIN CONSIDERED | | | | Not Allowed | $0.00 | | | |
| 4079F | E | DOC REHAB SVCS CONSIDERED | | | | Not Allowed | $0.00 | | | |
| 4084F | E | ASPIRIN RECVD W/IN 24 HRS | | | | Not Allowed | $0.00 | | | |
| 4086F | E | ASPIRIN/CLOPIDOGREL RXD | | | | Not Allowed | $0.00 | | | |
| 4090F | E | PT RCVNG EPO THXPY | | | | Not Allowed | $0.00 | | | |
| 4095F | E | PT NOT RCVNG EPO THXPY | | | | Not Allowed | $0.00 | | | |
| 4100F | E | BIPHOS THXPY VEIN ORD/RECVD | | | | Not Allowed | $0.00 | | | |
| 4110F | E | INT MAM ART USED FOR CABG | | | | Not Allowed | $0.00 | | | |
| 4115F | E | BETA BLCKR ADMIN W/IN 24 HRS | | | | Not Allowed | $0.00 | | | |
| 4120F | E | ANTIBIOT RXD/GIVEN | | | | Not Allowed | $0.00 | | | |
| 4124F | E | ANTIBIOT NOT RXD/GIVEN | | | | Not Allowed | $0.00 | | | |
| 4130F | E | TOPICAL PREP RX AOE | | | | Not Allowed | $0.00 | | | |
| 4131F | E | SYST ANTIMICROBIAL THX RX | | | | Not Allowed | $0.00 | | | |
| 4132F | E | NO SYST ANTIMICROBIAL THX RX | | | | Not Allowed | $0.00 | | | |
| 4133F | E | ANTIHIST/DECONG RX/RECOM | | | | Not Allowed | $0.00 | | | |
| 4134F | E | NO ANTIHIST/DECONG RX/RECOM | | | | Not Allowed | $0.00 | | | |
| 4135F | E | SYSTEMIC CORTICOSTEROIDS RX | | | | Not Allowed | $0.00 | | | |
| 4136F | E | SYST CORTICOSTEROIDS NOT RX | | | | Not Allowed | $0.00 | | | |
| 4140F | E | INHALED CORTICOSTEROIDS RXD | | | | Not Allowed | $0.00 | | | |
| 4142F | E | CORTICOSTER SPARNG THRPY RXD | | | | Not Allowed | $0.00 | | | |
| 4144F | E | ALT LONG-TERM CNTRL MED RXD | | | | Not Allowed | $0.00 | | | |
| 4145F | E | 2+ ANTI-HYPRTNSV AGENTS TKN | | | | Not Allowed | $0.00 | | | |
| 4148F | E | HEP A VAC INJXN ADMIN/RECVD | | | | Not Allowed | $0.00 | | | |
| 4149F | E | HEP B VAC INJXN ADMIN/RECVD | | | | Not Allowed | $0.00 | | | |
| 4150F | E | PT RECVNG ANTIVIR TXMNT HEPC | | | | Not Allowed | $0.00 | | | |
| 4151F | E | PT NOT RECVNG ANTIV HEP C | | | | Not Allowed | $0.00 | | | |
| 4153F | E | COMBO PEGINTF/RIB RX | | | | Not Allowed | $0.00 | | | |
| 4155F | E | HEP A VAC SERIES PREV RECVD | | | | Not Allowed | $0.00 | | | |
| 4157F | E | HEP B VAC SERIES PREV RECVD | | | | Not Allowed | $0.00 | | | |
| 4158F | E | PT EDU RE ALCOH DRNKNG DONE | | | | Not Allowed | $0.00 | | | |
| 4159F | E | CONTRCP TALK B/4 ANTIV TXMNT | | | | Not Allowed | $0.00 | | | |
| 4163F | E | PT COUNS 4 TXMNT OPT PROST | | | | Not Allowed | $0.00 | | | |
| 4164F | E | ADJV HRMNL THXPY RXD | | | | Not Allowed | $0.00 | | | |
| 4165F | E | 3D-CRT/IMRT RECEIVED | | | | Not Allowed | $0.00 | | | |
| 4167F | E | HD BED TILTED 1ST DAY VENT | | | | Not Allowed | $0.00 | | | |
| 4168F | E | PT CARE ICU&VENT W/IN 24HRS | | | | Not Allowed | $0.00 | | | |
| 4169F | E | NO PT CARE ICU/VENT IN 24HRS | | | | Not Allowed | $0.00 | | | |
| 4171F | E | PT RCVNG ESA THXPY | | | | Not Allowed | $0.00 | | | |
| 4172F | E | PT NOT RCVNG ESA THXPY | | | | Not Allowed | $0.00 | | | |
| 4174F | E | COUNS POTENT GLAUC IMPCT | | | | Not Allowed | $0.00 | | | |
| 4175F | E | VIS 20/40/> W/IN 90 DAYS | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 4176F | E | TALK RE UV LIGHT PT/CRGVR | | | | Not Allowed | $0.00 | | | |
| 4177F | E | TALK PT/CRGVR RE AREDS PREV | | | | Not Allowed | $0.00 | | | |
| 4178F | E | ANTID GLBLN RCVD W/IN 26WKS | | | | Not Allowed | $0.00 | | | |
| 4179F | E | TAMOXIFEN/AI PRESCRIBED | | | | Not Allowed | $0.00 | | | |
| 4180F | E | ADJV THXPYRXD/RCVD COLON CA | | | | Not Allowed | $0.00 | | | |
| 4181F | E | CONFORMAL RADN THXPY RCVD | | | | Not Allowed | $0.00 | | | |
| 4182F | E | NO CONFORMAL RADN THXPY | | | | Not Allowed | $0.00 | | | |
| 4185F | E | CONTINUOUS PPI OR H2RA RCVD | | | | Not Allowed | $0.00 | | | |
| 4186F | E | NO CONT PPI OR H2RA RCVD | | | | Not Allowed | $0.00 | | | |
| 4187F | E | ANTI RHEUM DRUGTHXPYRXD/GVN | | | | Not Allowed | $0.00 | | | |
| 4188F | E | APPROP ACE/ARB TSTNG DONE | | | | Not Allowed | $0.00 | | | |
| 4189F | E | APPROP DIGOXIN TSTNG DONE | | | | Not Allowed | $0.00 | | | |
| 4190F | E | APPROP DIURETIC TSTNG DONE | | | | Not Allowed | $0.00 | | | |
| 4191F | E | APPROP ANTICONVULS TSTNG | | | | Not Allowed | $0.00 | | | |
| 4192F | E | PT NOT RCVNG GLUCOCO THXPY | | | | Not Allowed | $0.00 | | | |
| 4193F | E | PT RCVNG<10MG DAILY PREDNISO | | | | Not Allowed | $0.00 | | | |
| 4194F | E | PT RCVNG10MG DAILY PREDNISO | | | | Not Allowed | $0.00 | | | |
| 4195F | E | PT RCVNG ANTI-RHEUM THXPY RA | | | | Not Allowed | $0.00 | | | |
| 4196F | E | PTNOT RCVNG ANTI-RHM THXPYRA | | | | Not Allowed | $0.00 | | | |
| 4200F | E | EXTERNAL BEAM TO PROST ONLY | | | | Not Allowed | $0.00 | | | |
| 4201F | E | EXTRNL BEAM OTHER THAN PROST | | | | Not Allowed | $0.00 | | | |
| 4210F | E | ACE/ARB THXPY FOR MOS/> | | | | Not Allowed | $0.00 | | | |
| 4220F | E | DIGOXIN THXPY FOR 6 MOS/> | | | | Not Allowed | $0.00 | | | |
| 4221F | E | DIURETIC THXPY FOR 6 MOS/> | | | | Not Allowed | $0.00 | | | |
| 4230F | E | ANTICONV THXPY FOR 6 MOS/> | | | | Not Allowed | $0.00 | | | |
| 4240F | E | INSTR XRCZ BACK PAIN 12 WKS | | | | Not Allowed | $0.00 | | | |
| 4242F | E | SPRVSD XRCZ BACK PN >12 WKS | | | | Not Allowed | $0.00 | | | |
| 4245F | E | PT INSTR NRML LIFEST | | | | Not Allowed | $0.00 | | | |
| 4248F | E | PT INSTR NO BD REST 4 DAYS/> | | | | Not Allowed | $0.00 | | | |
| 4250F | E | WRMNG 4 SURG NORMOTHERMIA | | | | Not Allowed | $0.00 | | | |
| 4255F | E | ANESTH 60 MIN/> AS DOCD | | | | Not Allowed | $0.00 | | | |
| 4256F | E | ANESTHE <60 MIN AS DOCD | | | | Not Allowed | $0.00 | | | |
| 4260F | E | WOUND SRFC CULTURETECH USED | | | | Not Allowed | $0.00 | | | |
| 4261F | E | TECH OTHER THAN SURFC CULTR | | | | Not Allowed | $0.00 | | | |
| 4265F | E | WET-DRY DRESSINGS RX RECMD | | | | Not Allowed | $0.00 | | | |
| 4266F | E | NO WET-DRY DRSSINGS RX RECMD | | | | Not Allowed | $0.00 | | | |
| 4267F | E | COMPRSSION THXPY PRESCRIBED | | | | Not Allowed | $0.00 | | | |
| 4268F | E | PT ED RE COMP THXPY RCVD | | | | Not Allowed | $0.00 | | | |
| 4269F | E | APPROPOS MTHD OFFLOADING RXD | | | | Not Allowed | $0.00 | | | |
| 4270F | E | PT RCVNG ANTI R-VIRAL THXPY | | | | Not Allowed | $0.00 | | | |
| 4271F | E | PT RCVNG ANTI R-VIRAL THXPY | | | | Not Allowed | $0.00 | | | |
| 4274F | E | FLU IMMUNO ADMIND RCVD | | | | Not Allowed | $0.00 | | | |
| 4276F | E | POTENT ANTIVIR THXPY RXD | | | | Not Allowed | $0.00 | | | |
| 4279F | E | PCP PROPHYLAXIS RXD | | | | Not Allowed | $0.00 | | | |
| 4280F | E | PCP PROPHYLAX RXD 3MON LOW % | | | | Not Allowed | $0.00 | | | |
| 4290F | E | PT SCRNED FOR INJ DRUG USE | | | | Not Allowed | $0.00 | | | |
| 4293F | E | PT SCRND HGH-RISK SEX BEHAV | | | | Not Allowed | $0.00 | | | |
| 4300F | E | PT RCVNG WARF THXPY | | | | Not Allowed | $0.00 | | | |
| 4301F | E | PT NOT RCVNG WARF THXPY | | | | Not Allowed | $0.00 | | | |
| 4305F | E | PT ED RE FT CARE INSPCT RCVD | | | | Not Allowed | $0.00 | | | |
| 4306F | E | PT TLK PSYCH & RX OPD ADDIC | | | | Not Allowed | $0.00 | | | |
| 4320F | E | PT TALK PSYCHSOC&RX OH DPND | | | | Not Allowed | $0.00 | | | |
| 4322F | E | CRGVR PROV W/ ED ADDL RSRCS | | | | Not Allowed | $0.00 | | | |
| 4324F | E | PT QUERIED PRKNS COMPLIC | | | | Not Allowed | $0.00 | | | |
| 4325F | E | MED TXMNT OPTIONS RVWD W/PT | | | | Not Allowed | $0.00 | | | |
| 4326F | E | PT ASKED RE SYMP AUTO DYSFXN | | | | Not Allowed | $0.00 | | | |
| 4328F | E | PT ASKED RE SLEEP DISTURB | | | | Not Allowed | $0.00 | | | |
| 4330F | E | CNSLNG EPI SPEC SFTY ISSUES | | | | Not Allowed | $0.00 | | | |
| 4340F | E | CNSLNG CHLDBRNG WOMEN EPI | | | | Not Allowed | $0.00 | | | |
| 4350F | E | CNSLNG PROVIDED SYMP MNGMNT | | | | Not Allowed | $0.00 | | | |
| 4400F | E | REHAB THXPY OPTIONS W/PT | | | | Not Allowed | $0.00 | | | |
| 4450F | E | SELF-CARE ED PROVIDED TO PT | | | | Not Allowed | $0.00 | | | |
| 4470F | E | ICD COUNSELING PROVIDED | | | | Not Allowed | $0.00 | | | |
| 4480F | E | PT RCVNG ACE/ARB B-BLOCKERTX | | | | Not Allowed | $0.00 | | | |

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|---|---|---|---|---|---|---|---|---|---|---|
| 4481F | E | PT RCVNG ACE/ARB BLKER >3MOS | | | | Not Allowed | $0.00 | | | |
| 4500F | E | REF TO OUTPT CARD REHAB PROG | | | | Not Allowed | $0.00 | | | |
| 4510F | E | PREV CARDREHAB QUALCARDEVENT | | | | Not Allowed | $0.00 | | | |
| 4525F | E | NEUROPSYCHIA INTERVEN ORDER | | | | Not Allowed | $0.00 | | | |
| 4526F | E | NEUROPSYCHIA INTERVEN RCVD | | | | Not Allowed | $0.00 | | | |
| 4540F | E | DISEASE MODIF PHARMACOTHXPY | | | | Not Allowed | $0.00 | | | |
| 4541F | E | PT OFFERED TX FOR PSEUDOBULB | | | | Not Allowed | $0.00 | | | |
| 4550F | E | NONINVAS RESP SUPPORT TALK | | | | Not Allowed | $0.00 | | | |
| 4551F | E | NUTRITIONAL SUPPORT OFFERED | | | | Not Allowed | $0.00 | | | |
| 4552F | E | PT REF FOR SPEECH LANG PATH | | | | Not Allowed | $0.00 | | | |
| 4553F | E | PT ASST RE END LIFE ISSUES | | | | Not Allowed | $0.00 | | | |
| 4554F | E | PT RECVD INHAL ANESTHETIC | | | | Not Allowed | $0.00 | | | |
| 4555F | E | PT RECVD NO INHAL ANESTHIC | | | | Not Allowed | $0.00 | | | |
| 4556F | E | PTW/ 3+ POST-OP NAUSEA+VOMM | | | | Not Allowed | $0.00 | | | |
| 4557F | E | PT W/O 3+ POST-OPNAUSEA+VOMM | | | | Not Allowed | $0.00 | | | |
| 4558F | E | PT RECVD 2 RX ANTI-EMETAGNTS | | | | Not Allowed | $0.00 | | | |
| 4559F | E | 1 BODYTEMP >=35.5CW/IN 30MIN | | | | Not Allowed | $0.00 | | | |
| 4560F | E | ANESTH W/O GEN/NEURAX ANESTH | | | | Not Allowed | $0.00 | | | |
| 4561F | E | PT W/CORONARY ARTERY STENT | | | | Not Allowed | $0.00 | | | |
| 4562F | E | PT W/O CORONARY ARTERY STENT | | | | Not Allowed | $0.00 | | | |
| 4563F | E | PT RECVD ASPIRIN W/IN 24 HRS | | | | Not Allowed | $0.00 | | | |
| 5005F | E | PT COUNSLD ON EXAM FOR MOLES | | | | Not Allowed | $0.00 | | | |
| 5010F | E | MACUL RESULT PHY/QHP MNG DM | | | | Not Allowed | $0.00 | | | |
| 5015F | E | DOC FX & TEST/TXMNT FOR OP | | | | Not Allowed | $0.00 | | | |
| 5020F | E | TXMNTS 2 PHYS/QHP BY 1 MON | | | | Not Allowed | $0.00 | | | |
| 5050F | E | PLAN 2 MAIN DR BY 1 MONTH | | | | Not Allowed | $0.00 | | | |
| 5060F | E | FNDNGS MAMMO 2PT W/IN 3 DAYS | | | | Not Allowed | $0.00 | | | |
| 5062F | E | MAMMO RESULT COM TO PT 5 DAY | | | | Not Allowed | $0.00 | | | |
| 5100F | E | RSK FX REF W/N 24 HRS XRAY | | | | Not Allowed | $0.00 | | | |
| 5200F | E | EVAL APPROS SURG THXPY EPI | | | | Not Allowed | $0.00 | | | |
| 5250F | E | ASTHMA DISCHARGE PLAN PRESNT | | | | Not Allowed | $0.00 | | | |
| 6005F | E | CARE LEVEL RATIONALE DOC | | | | Not Allowed | $0.00 | | | |
| 6010F | E | DYSPHAG TEST DONE B/4 EATING | | | | Not Allowed | $0.00 | | | |
| 6015F | E | DYSPHAG TEST DONE B/4 EATING | | | | Not Allowed | $0.00 | | | |
| 6020F | E | NPO (NOTHING-MOUTH) ORDERED | | | | Not Allowed | $0.00 | | | |
| 6030F | E | MAX STERILE BARRIERS FOLLWD | | | | Not Allowed | $0.00 | | | |
| 6040F | E | APPRO RAD DS DVCS TECHS DOCD | | | | Not Allowed | $0.00 | | | |
| 6045F | E | RADXPS IN END RPRT4FLURO PXD | | | | Not Allowed | $0.00 | | | |
| 6070F | E | PT ASKED/CNSLD AED EFFECTS | | | | Not Allowed | $0.00 | | | |
| 6080F | E | PT/CAREGIVER QUERIED FALLS | | | | Not Allowed | $0.00 | | | |
| 6090F | E | PT/CAREGIVER COUNSEL SAFETY | | | | Not Allowed | $0.00 | | | |
| 6100F | E | VERIFY PT SITE PXD DOCD | | | | Not Allowed | $0.00 | | | |
| 6101F | E | SAFETY COUNSELING DEMENTIA | | | | Not Allowed | $0.00 | | | |
| 6102F | E | SAFETY COUNSELING DEM ORDER | | | | Not Allowed | $0.00 | | | |
| 6110F | E | COUNSEL PROV DRIVING RISKS | | | | Not Allowed | $0.00 | | | |
| 6150F | E | PT NOTRCVNG1ST ANTITNF TXMNT | | | | Not Allowed | $0.00 | | | |
| 7010F | E | PT INFO INTO RECALL SYSTEM | | | | Not Allowed | $0.00 | | | |
| 7020F | E | MAMMO ASSESS CAT IN DBASE | | | | Not Allowed | $0.00 | | | |
| 7025F | E | PT INFOSYS ALARM 4 NXT MAMMO | | | | Not Allowed | $0.00 | | | |
| A0021 | E | OUTSIDE STATE AMBULANCE SERV | | | | Not Allowed | $0.00 | | | |
| A0080 | E | NONINTEREST ESCORT IN NON ER | | | | Not Allowed | $0.00 | | | |
| A0090 | E | INTEREST ESCORT IN NON ER | | | | Not Allowed | $0.00 | | | |
| A0100 | E | NONEMERGENCY TRANSPORT TAXI | | | | Not Allowed | $0.00 | | | |
| A0110 | E | NONEMERGENCY TRANSPORT BUS | | | | Not Allowed | $0.00 | | | |
| A0120 | E | NONER TRANSPORT MINI-BUS | | | | Not Allowed | $0.00 | | | |
| A0130 | E | NONER TRANSPORT WHEELCH VAN | | | | Not Allowed | $0.00 | | | |
| A0140 | E | NONEMERGENCY TRANSPORT AIR | | | | Not Allowed | $0.00 | | | |
| A0160 | E | NONER TRANSPORT CASE WORKER | | | | Not Allowed | $0.00 | | | |
| A0170 | E | TRANSPORT PARKING FEES/TOLLS | | | | Not Allowed | $0.00 | | | |
| A0180 | E | NONER TRANSPORT LODGNG RECIP | | | | Not Allowed | $0.00 | | | |
| A0190 | E | NONER TRANSPORT MEALS RECIP | | | | Not Allowed | $0.00 | | | |
| A0200 | E | NONER TRANSPORT LODGNG ESCRT | | | | Not Allowed | $0.00 | | | |
| A0210 | E | NONER TRANSPORT MEALS ESCORT | | | | Not Allowed | $0.00 | | | |
| A0225 | E | NEONATAL EMERGENCY TRANSPORT | | | | Not Allowed | $0.00 | | | |

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|---|---|---|---|---|---|---|---|---|---|---|
| A0380 | E | BASIC LIFE SUPPORT MILEAGE | | | | Not Allowed | $0.00 | | | |
| A0382 | E | BASIC SUPPORT ROUTINE SUPPLS | | | | Not Allowed | $0.00 | | | |
| A0384 | E | BLS DEFIBRILLATION SUPPLIES | | | | Not Allowed | $0.00 | | | |
| A0390 | E | ADVANCED LIFE SUPPORT MILEAG | | | | Not Allowed | $0.00 | | | |
| A0392 | E | ALS DEFIBRILLATION SUPPLIES | | | | Not Allowed | $0.00 | | | |
| A0394 | E | ALS IV DRUG THERAPY SUPPLIES | | | | Not Allowed | $0.00 | | | |
| A0396 | E | ALS ESOPHAGEAL INTUB SUPPLS | | | | Not Allowed | $0.00 | | | |
| A0398 | E | ALS ROUTINE DISPOSBLE SUPPLS | | | | Not Allowed | $0.00 | | | |
| A0420 | E | AMBULANCE WAITING 1/2 HR | | | | Not Allowed | $0.00 | | | |
| A0422 | E | AMBULANCE 02 LIFE SUSTAINING | | | | Not Allowed | $0.00 | | | |
| A0424 | E | EXTRA AMBULANCE ATTENDANT | | | | Not Allowed | $0.00 | | | |
| A0425 | E | GROUND MILEAGE | | | | Not Allowed | $0.00 | | | |
| A0426 | E | ALS 1 | | | | Not Allowed | $0.00 | | | |
| A0427 | E | ALS1-EMERGENCY | | | | Not Allowed | $0.00 | | | |
| A0428 | E | BLS | | | | Not Allowed | $0.00 | | | |
| A0429 | E | BLS-EMERGENCY | | | | Not Allowed | $0.00 | | | |
| A0430 | E | FIXED WING AIR TRANSPORT | | | | Not Allowed | $0.00 | | | |
| A0431 | E | ROTARY WING AIR TRANSPORT | | | | Not Allowed | $0.00 | | | |
| A0432 | E | PI VOLUNTEER AMBULANCE CO | | | | Not Allowed | $0.00 | | | |
| A0433 | E | ALS 2 | | | | Not Allowed | $0.00 | | | |
| A0434 | E | SPECIALTY CARE TRANSPORT | | | | Not Allowed | $0.00 | | | |
| A0435 | E | FIXED WING AIR MILEAGE | | | | Not Allowed | $0.00 | | | |
| A0436 | E | ROTARY WING AIR MILEAGE | | | | Not Allowed | $0.00 | | | |
| A0888 | E | NONCOVERED AMBULANCE MILEAGE | | | | Not Allowed | $0.00 | | | |
| A0998 | E | AMBULANCE RESPONSE/TREATMENT | | | | Not Allowed | $0.00 | | | |
| A0999 | E | UNLISTED AMBULANCE SERVICE | | | | Not Allowed | $0.00 | | | |
| A4206 | E | 1 CC STERILE SYRINGE&NEEDLE | | | | Not Allowed | $0.00 | | | |
| A4207 | E | 2 CC STERILE SYRINGE&NEEDLE | | | | Not Allowed | $0.00 | | | |
| A4208 | E | 3 CC STERILE SYRINGE&NEEDLE | | | | Not Allowed | $0.00 | | | |
| A4209 | E | 5+ CC STERILE SYRINGE&NEEDLE | | | | Not Allowed | $0.00 | | | |
| A4210 | E | NONNEEDLE INJECTION DEVICE | | | | Not Allowed | $0.00 | | | |
| A4211 | E | SUPP FOR SELF-ADM INJECTIONS | | | | Not Allowed | $0.00 | | | |
| A4212 | E | NON CORING NEEDLE OR STYLET | | | | Not Allowed | $0.00 | | | |
| A4213 | E | 20+ CC SYRINGE ONLY | | | | Not Allowed | $0.00 | | | |
| A4215 | E | STERILE NEEDLE | | | | Not Allowed | $0.00 | | | |
| A4216 | E | STERILE WATER/SALINE, 10 ML | | | | Not Allowed | $0.00 | | | |
| A4217 | E | STERILE WATER/SALINE, 500 ML | | | | Not Allowed | $0.00 | | | |
| A4218 | N | STERILE SALINE OR WATER | | | | Bundled | $0.00 | | | |
| A4220 | N | INFUSION PUMP REFILL KIT | | | | Bundled | $0.00 | | | |
| A4221 | E | MAINT DRUG INFUS CATH PER WK | | | | Not Allowed | $0.00 | | | |
| A4222 | E | INFUSION SUPPLIES WITH PUMP | | | | Not Allowed | $0.00 | | | |
| A4223 | E | INFUSION SUPPLIES W/O PUMP | | | | Not Allowed | $0.00 | | | |
| A4230 | N | INFUS INSULIN PUMP NON NEEDL | | | | Bundled | $0.00 | | | |
| A4231 | N | INFUSION INSULIN PUMP NEEDLE | | | | Bundled | $0.00 | | | |
| A4232 | E | SYRINGE W/NEEDLE INSULIN 3CC | | | | Not Allowed | $0.00 | | | |
| A4233 | E | ALKALIN BATT FOR GLUCOSE MON | | | | Not Allowed | $0.00 | | | |
| A4234 | E | J-CELL BATT FOR GLUCOSE MON | | | | Not Allowed | $0.00 | | | |
| A4235 | E | LITHIUM BATT FOR GLUCOSE MON | | | | Not Allowed | $0.00 | | | |
| A4236 | E | SILVR OXIDE BATT GLUCOSE MON | | | | Not Allowed | $0.00 | | | |
| A4244 | E | ALCOHOL OR PEROXIDE PER PINT | | | | Not Allowed | $0.00 | | | |
| A4245 | E | ALCOHOL WIPES PER BOX | | | | Not Allowed | $0.00 | | | |
| A4246 | E | BETADINE/PHISOHEX SOLUTION | | | | Not Allowed | $0.00 | | | |
| A4247 | E | BETADINE/IODINE SWABS/WIPES | | | | Not Allowed | $0.00 | | | |
| A4248 | N | CHLORHEXIDINE ANTISEPT | | | | Bundled | $0.00 | | | |
| A4250 | E | URINE REAGENT STRIPS/TABLETS | | | | Not Allowed | $0.00 | | | |
| A4252 | E | BLOOD KETONE TEST OR STRIP | | | | Not Allowed | $0.00 | | | |
| A4253 | E | BLOOD GLUCOSE/REAGENT STRIPS | | | | Not Allowed | $0.00 | | | |
| A4255 | E | GLUCOSE MONITOR PLATFORMS | | | | Not Allowed | $0.00 | | | |
| A4256 | E | CALIBRATOR SOLUTION/CHIPS | | | | Not Allowed | $0.00 | | | |
| A4257 | E | REPLACE LENSSHIELD CARTRIDGE | | | | Not Allowed | $0.00 | | | |
| A4258 | E | LANCET DEVICE EACH | | | | Not Allowed | $0.00 | | | |
| A4259 | E | LANCETS PER BOX | | | | Not Allowed | $0.00 | | | |
| A4261 | E | CERVICAL CAP CONTRACEPTIVE | | | | Not Allowed | $0.00 | | | |
| A4262 | N | TEMPORARY TEAR DUCT PLUG | | | | Bundled | $0.00 | | | |

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|---|---|---|---|---|---|---|---|---|---|---|
| A4263 | N | PERMANENT TEAR DUCT PLUG | | | | Bundled | $0.00 | | | |
| A4264 | E | INTRATUBAL OCCLUSION DEVICE | | | | Not Allowed | $0.00 | | | |
| A4265 | E | PARAFFIN | | | | Not Allowed | $0.00 | | | |
| A4266 | E | DIAPHRAGM | | | | Not Allowed | $0.00 | | | |
| A4267 | E | MALE CONDOM | | | | Not Allowed | $0.00 | | | |
| A4268 | N | FEMALE CONDOM | | | | Bundled | $0.00 | | | |
| A4269 | N | SPERMICIDE | | | | Bundled | $0.00 | | | |
| A4270 | N | DISPOSABLE ENDOSCOPE SHEATH | | | | Bundled | $0.00 | | | |
| A4280 | N | BRST PRSTHS ADHSV ATTCHMNT | | | | Bundled | $0.00 | | | |
| A4281 | E | REPLACEMENT BREASTPUMP TUBE | | | | Not Allowed | $0.00 | | | |
| A4282 | E | REPLACEMENT BREASTPUMP ADPT | | | | Not Allowed | $0.00 | | | |
| A4283 | E | REPLACEMENT BREASTPUMP CAP | | | | Not Allowed | $0.00 | | | |
| A4284 | E | REPLCMNT BREAST PUMP SHIELD | | | | Not Allowed | $0.00 | | | |
| A4285 | E | REPLCMNT BREAST PUMP BOTTLE | | | | Not Allowed | $0.00 | | | |
| A4286 | E | REPLCMNT BREASTPUMP LOK RING | | | | Not Allowed | $0.00 | | | |
| A4290 | E | SACRAL NERVE STIM TEST LEAD | | | | Not Allowed | $0.00 | | | |
| A4300 | N | CATH IMPL VASC ACCESS PORTAL | | | | Bundled | $0.00 | | | |
| A4301 | N | IMPLANTABLE ACCESS SYST PERC | | | | Bundled | $0.00 | | | |
| A4305 | N | DRUG DELIVERY SYSTEM >=50 ML | | | | Bundled | $0.00 | | | |
| A4306 | N | DRUG DELIVERY SYSTEM <=50 ML | | | | Bundled | $0.00 | | | |
| A4310 | N | INSERT TRAY W/O BAG/CATH | | | | Bundled | $0.00 | | | |
| A4311 | N | CATHETER W/O BAG 2-WAY LATEX | | | | Bundled | $0.00 | | | |
| A4312 | N | CATH W/O BAG 2-WAY SILICONE | | | | Bundled | $0.00 | | | |
| A4313 | N | CATHETER W/BAG 3-WAY | | | | Bundled | $0.00 | | | |
| A4314 | N | CATH W/DRAINAGE 2-WAY LATEX | | | | Bundled | $0.00 | | | |
| A4315 | N | CATH W/DRAINAGE 2-WAY SILCNE | | | | Bundled | $0.00 | | | |
| A4316 | N | CATH W/DRAINAGE 3-WAY | | | | Bundled | $0.00 | | | |
| A4320 | N | IRRIGATION TRAY | | | | Bundled | $0.00 | | | |
| A4321 | N | CATH THERAPEUTIC IRRIG AGENT | | | | Bundled | $0.00 | | | |
| A4322 | N | IRRIGATION SYRINGE | | | | Bundled | $0.00 | | | |
| A4326 | N | MALE EXTERNAL CATHETER | | | | Bundled | $0.00 | | | |
| A4327 | N | FEM URINARY COLLECT DEV CUP | | | | Bundled | $0.00 | | | |
| A4328 | N | FEM URINARY COLLECT POUCH | | | | Bundled | $0.00 | | | |
| A4330 | N | STOOL COLLECTION POUCH | | | | Bundled | $0.00 | | | |
| A4331 | N | EXTENSION DRAINAGE TUBING | | | | Bundled | $0.00 | | | |
| A4332 | N | LUBE STERILE PACKET | | | | Bundled | $0.00 | | | |
| A4333 | N | URINARY CATH ANCHOR DEVICE | | | | Bundled | $0.00 | | | |
| A4334 | N | URINARY CATH LEG STRAP | | | | Bundled | $0.00 | | | |
| A4335 | N | INCONTINENCE SUPPLY | | | | Bundled | $0.00 | | | |
| A4336 | N | URETHRAL INSERT | | | | Bundled | $0.00 | | | |
| A4338 | N | INDWELLING CATHETER LATEX | | | | Bundled | $0.00 | | | |
| A4340 | N | INDWELLING CATHETER SPECIAL | | | | Bundled | $0.00 | | | |
| A4344 | N | CATH INDW FOLEY 2 WAY SILICN | | | | Bundled | $0.00 | | | |
| A4346 | N | CATH INDW FOLEY 3 WAY | | | | Bundled | $0.00 | | | |
| A4349 | E | DISPOSABLE MALE EXTERNAL CAT | | | | Not Allowed | $0.00 | | | |
| A4351 | N | STRAIGHT TIP URINE CATHETER | | | | Bundled | $0.00 | | | |
| A4352 | N | COUDE TIP URINARY CATHETER | | | | Bundled | $0.00 | | | |
| A4353 | N | INTERMITTENT URINARY CATH | | | | Bundled | $0.00 | | | |
| A4354 | N | CATH INSERTION TRAY W/BAG | | | | Bundled | $0.00 | | | |
| A4355 | N | BLADDER IRRIGATION TUBING | | | | Bundled | $0.00 | | | |
| A4356 | N | EXT URETH CLMP OR COMPR DVC | | | | Bundled | $0.00 | | | |
| A4357 | N | BEDSIDE DRAINAGE BAG | | | | Bundled | $0.00 | | | |
| A4358 | N | URINARY LEG OR ABDOMEN BAG | | | | Bundled | $0.00 | | | |
| A4360 | N | DISPOSABLE EXT URETHRAL DEV | | | | Bundled | $0.00 | | | |
| A4361 | N | OSTOMY FACE PLATE | | | | Bundled | $0.00 | | | |
| A4362 | N | SOLID SKIN BARRIER | | | | Bundled | $0.00 | | | |
| A4363 | N | OSTOMY CLAMP, REPLACEMENT | | | | Bundled | $0.00 | | | |
| A4364 | N | ADHESIVE, LIQUID OR EQUAL | | | | Bundled | $0.00 | | | |
| A4366 | E | OSTOMY VENT | | | | Not Allowed | $0.00 | | | |
| A4367 | N | OSTOMY BELT | | | | Bundled | $0.00 | | | |
| A4368 | N | OSTOMY FILTER | | | | Bundled | $0.00 | | | |
| A4369 | N | SKIN BARRIER LIQUID PER OZ | | | | Bundled | $0.00 | | | |
| A4371 | N | SKIN BARRIER POWDER PER OZ | | | | Bundled | $0.00 | | | |
| A4372 | N | SKIN BARRIER SOLID 4X4 EQUIV | | | | Bundled | $0.00 | | | |

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|---|---|---|---|---|---|---|---|---|---|---|
| A4373 | N | SKIN BARRIER WITH FLANGE | | | | Bundled | $0.00 | | | |
| A4375 | N | DRAINABLE PLASTIC PCH W FCPL | | | | Bundled | $0.00 | | | |
| A4376 | N | DRAINABLE RUBBER PCH W FCPLT | | | | Bundled | $0.00 | | | |
| A4377 | N | DRAINABLE PLSTIC PCH W/O FP | | | | Bundled | $0.00 | | | |
| A4378 | N | DRAINABLE RUBBER PCH W/O FP | | | | Bundled | $0.00 | | | |
| A4379 | N | URINARY PLASTIC POUCH W FCPL | | | | Bundled | $0.00 | | | |
| A4380 | N | URINARY RUBBER POUCH W FCPLT | | | | Bundled | $0.00 | | | |
| A4381 | N | URINARY PLASTIC POUCH W/O FP | | | | Bundled | $0.00 | | | |
| A4382 | N | URINARY HVY PLSTC PCH W/O FP | | | | Bundled | $0.00 | | | |
| A4383 | N | URINARY RUBBER POUCH W/O FP | | | | Bundled | $0.00 | | | |
| A4384 | N | OSTOMY FACEPLT/SILICONE RING | | | | Bundled | $0.00 | | | |
| A4385 | N | OST SKN BARRIER SLD EXT WEAR | | | | Bundled | $0.00 | | | |
| A4387 | N | OST CLSD POUCH W ATT ST BARR | | | | Bundled | $0.00 | | | |
| A4388 | N | DRAINABLE PCH W EX WEAR BARR | | | | Bundled | $0.00 | | | |
| A4389 | N | DRAINABLE PCH W ST WEAR BARR | | | | Bundled | $0.00 | | | |
| A4390 | N | DRAINABLE PCH EX WEAR CONVEX | | | | Bundled | $0.00 | | | |
| A4391 | N | URINARY POUCH W EX WEAR BARR | | | | Bundled | $0.00 | | | |
| A4392 | N | URINARY POUCH W ST WEAR BARR | | | | Bundled | $0.00 | | | |
| A4393 | N | URINE PCH W EX WEAR BAR CONV | | | | Bundled | $0.00 | | | |
| A4394 | N | OSTOMY POUCH LIQ DEODORANT | | | | Bundled | $0.00 | | | |
| A4395 | N | OSTOMY POUCH SOLID DEODORANT | | | | Bundled | $0.00 | | | |
| A4396 | N | PERISTOMAL HERNIA SUPPRT BLT | | | | Bundled | $0.00 | | | |
| A4397 | N | IRRIGATION SUPPLY SLEEVE | | | | Bundled | $0.00 | | | |
| A4398 | N | OSTOMY IRRIGATION BAG | | | | Bundled | $0.00 | | | |
| A4399 | N | OSTOMY IRRIG CONE/CATH W BRS | | | | Bundled | $0.00 | | | |
| A4400 | N | OSTOMY IRRIGATION SET | | | | Bundled | $0.00 | | | |
| A4402 | N | LUBRICANT PER OUNCE | | | | Bundled | $0.00 | | | |
| A4404 | N | OSTOMY RING EACH | | | | Bundled | $0.00 | | | |
| A4405 | N | NONPECTIN BASED OSTOMY PASTE | | | | Bundled | $0.00 | | | |
| A4406 | N | PECTIN BASED OSTOMY PASTE | | | | Bundled | $0.00 | | | |
| A4407 | N | EXT WEAR OST SKN BARR <=4SQ" | | | | Bundled | $0.00 | | | |
| A4408 | N | EXT WEAR OST SKN BARR >4SQ" | | | | Bundled | $0.00 | | | |
| A4409 | N | OST SKN BARR CONVEX <=4 SQ I | | | | Bundled | $0.00 | | | |
| A4410 | N | OST SKN BARR EXTND >4 SQ | | | | Bundled | $0.00 | | | |
| A4411 | E | OST SKN BARR EXTND =4SQ | | | | Not Allowed | $0.00 | | | |
| A4412 | E | OST POUCH DRAIN HIGH OUTPUT | | | | Not Allowed | $0.00 | | | |
| A4413 | N | 2 PC DRAINABLE OST POUCH | | | | Bundled | $0.00 | | | |
| A4414 | N | OST SKNBAR W/O CONV<=4 SQ IN | | | | Bundled | $0.00 | | | |
| A4415 | N | OST SKN BARR W/O CONV >4 SQI | | | | Bundled | $0.00 | | | |
| A4416 | E | OST PCH CLSD W BARRIER/FILTR | | | | Not Allowed | $0.00 | | | |
| A4417 | E | OST PCH W BAR/BLTINCONV/FLTR | | | | Not Allowed | $0.00 | | | |
| A4418 | E | OST PCH CLSD W/O BAR W FILTR | | | | Not Allowed | $0.00 | | | |
| A4419 | E | OST PCH FOR BAR W FLANGE/FLT | | | | Not Allowed | $0.00 | | | |
| A4420 | E | OST PCH CLSD FOR BAR W LK FL | | | | Not Allowed | $0.00 | | | |
| A4421 | E | OSTOMY SUPPLY MISC | | | | Not Allowed | $0.00 | | | |
| A4422 | N | OST POUCH ABSORBENT MATERIAL | | | | Bundled | $0.00 | | | |
| A4423 | E | OST PCH FOR BAR W LK FL/FLTR | | | | Not Allowed | $0.00 | | | |
| A4424 | E | OST PCH DRAIN W BAR & FILTER | | | | Not Allowed | $0.00 | | | |
| A4425 | E | OST PCH DRAIN FOR BARRIER FL | | | | Not Allowed | $0.00 | | | |
| A4426 | E | OST PCH DRAIN 2 PIECE SYSTEM | | | | Not Allowed | $0.00 | | | |
| A4427 | E | OST PCH DRAIN/BARR LK FLNG/F | | | | Not Allowed | $0.00 | | | |
| A4428 | E | URINE OST POUCH W FAUCET/TAP | | | | Not Allowed | $0.00 | | | |
| A4429 | E | URINE OST POUCH W BLTINCONV | | | | Not Allowed | $0.00 | | | |
| A4430 | E | OST URINE PCH W B/BLTIN CONV | | | | Not Allowed | $0.00 | | | |
| A4431 | E | OST PCH URINE W BARRIER/TAPV | | | | Not Allowed | $0.00 | | | |
| A4432 | E | OS PCH URINE W BAR/FANGE/TAP | | | | Not Allowed | $0.00 | | | |
| A4433 | E | URINE OST PCH BAR W LOCK FLN | | | | Not Allowed | $0.00 | | | |
| A4434 | E | OST PCH URINE W LOCK FLNG/FT | | | | Not Allowed | $0.00 | | | |
| A4435 | E | 1PC OST PCH DRAIN HGH OUTPUT | | | | Not Allowed | $0.00 | | | |
| A4450 | N | NON-WATERPROOF TAPE | | | | Bundled | $0.00 | | | |
| A4452 | N | WATERPROOF TAPE | | | | Bundled | $0.00 | | | |
| A4455 | N | ADHESIVE REMOVER PER OUNCE | | | | Bundled | $0.00 | | | |
| A4456 | N | ADHESIVE REMOVER, WIPES | | | | Bundled | $0.00 | | | |
| A4458 | E | REUSABLE ENEMA BAG | | | | Not Allowed | $0.00 | | | |

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|---|---|---|---|---|---|---|---|---|---|---|
| A4461 | E | SURGICL DRESS HOLD NON-REUSE | | | | Not Allowed | $0.00 | | | |
| A4463 | E | SURGICAL DRESS HOLDER REUSE | | | | Not Allowed | $0.00 | | | |
| A4465 | N | NON-ELASTIC EXTREMITY BINDER | | | | Bundled | $0.00 | | | |
| A4466 | E | ELASTIC GARMENT/COVERING | | | | Not Allowed | $0.00 | | | |
| A4470 | N | GRAVLEE JET WASHER | | | | Bundled | $0.00 | | | |
| A4480 | N | VABRA ASPIRATOR | | | | Bundled | $0.00 | | | |
| A4481 | N | TRACHEOSTOMA FILTER | | | | Bundled | $0.00 | | | |
| A4483 | N | MOISTURE EXCHANGER | | | | Bundled | $0.00 | | | |
| A4490 | E | ABOVE KNEE SURGICAL STOCKING | | | | Not Allowed | $0.00 | | | |
| A4495 | E | THIGH LENGTH SURG STOCKING | | | | Not Allowed | $0.00 | | | |
| A4500 | E | BELOW KNEE SURGICAL STOCKING | | | | Not Allowed | $0.00 | | | |
| A4510 | E | FULL LENGTH SURG STOCKING | | | | Not Allowed | $0.00 | | | |
| A4520 | E | INCONTINENCE GARMENT ANYTYPE | | | | Not Allowed | $0.00 | | | |
| A4550 | E | SURGICAL TRAYS | | | | Not Allowed | $0.00 | | | |
| A4554 | E | DISPOSABLE UNDERPADS | | | | Not Allowed | $0.00 | | | |
| A4556 | E | ELECTRODES, PAIR | | | | Not Allowed | $0.00 | | | |
| A4557 | E | LEAD WIRES, PAIR | | | | Not Allowed | $0.00 | | | |
| A4558 | E | CONDUCTIVE GEL OR PASTE | | | | Not Allowed | $0.00 | | | |
| A4559 | E | COUPLING GEL OR PASTE | | | | Not Allowed | $0.00 | | | |
| A4561 | N | PESSARY RUBBER, ANY TYPE | | | | Bundled | $0.00 | | | |
| A4562 | N | PESSARY, NON RUBBER,ANY TYPE | | | | Bundled | $0.00 | | | |
| A4565 | N | SLINGS | | | | Bundled | $0.00 | | | |
| A4566 | E | SHOULD SLING/VEST/ABRESTRAIN | | | | Not Allowed | $0.00 | | | |
| A4570 | E | SPLINT | | | | Not Allowed | $0.00 | | | |
| A4575 | E | HYPERBARIC O2 CHAMBER DISPS | | | | Not Allowed | $0.00 | | | |
| A4580 | E | CAST SUPPLIES (PLASTER) | | | | Not Allowed | $0.00 | | | |
| A4590 | E | SPECIAL CASTING MATERIAL | | | | Not Allowed | $0.00 | | | |
| A4595 | E | TENS SUPPL 2 LEAD PER MONTH | | | | Not Allowed | $0.00 | | | |
| A4600 | E | SLEEVE, INTER LIMB COMP DEV | | | | Not Allowed | $0.00 | | | |
| A4601 | E | LITH ION BATT, NON-PROS USE | | | | Not Allowed | $0.00 | | | |
| A4604 | E | TUBING WITH HEATING ELEMENT | | | | Not Allowed | $0.00 | | | |
| A4605 | E | TRACH SUCTION CATH CLOSE SYS | | | | Not Allowed | $0.00 | | | |
| A4606 | N | OXYGEN PROBE USED W OXIMETER | | | | Bundled | $0.00 | | | |
| A4608 | E | TRANSTRACHEAL OXYGEN CATH | | | | Not Allowed | $0.00 | | | |
| A4611 | E | HEAVY DUTY BATTERY | | | | Not Allowed | $0.00 | | | |
| A4612 | E | BATTERY CABLES | | | | Not Allowed | $0.00 | | | |
| A4613 | E | BATTERY CHARGER | | | | Not Allowed | $0.00 | | | |
| A4614 | E | HAND-HELD PEFR METER | | | | Not Allowed | $0.00 | | | |
| A4615 | E | CANNULA NASAL | | | | Not Allowed | $0.00 | | | |
| A4616 | E | TUBING (OXYGEN) PER FOOT | | | | Not Allowed | $0.00 | | | |
| A4617 | E | MOUTH PIECE | | | | Not Allowed | $0.00 | | | |
| A4618 | E | BREATHING CIRCUITS | | | | Not Allowed | $0.00 | | | |
| A4619 | E | FACE TENT | | | | Not Allowed | $0.00 | | | |
| A4620 | E | VARIABLE CONCENTRATION MASK | | | | Not Allowed | $0.00 | | | |
| A4623 | N | TRACHEOSTOMY INNER CANNULA | | | | Bundled | $0.00 | | | |
| A4624 | E | TRACHEAL SUCTION TUBE | | | | Not Allowed | $0.00 | | | |
| A4625 | N | TRACH CARE KIT FOR NEW TRACH | | | | Bundled | $0.00 | | | |
| A4626 | N | TRACHEOSTOMY CLEANING BRUSH | | | | Bundled | $0.00 | | | |
| A4627 | E | SPACER BAG/RESERVOIR | | | | Not Allowed | $0.00 | | | |
| A4628 | E | OROPHARYNGEAL SUCTION CATH | | | | Not Allowed | $0.00 | | | |
| A4629 | N | TRACHEOSTOMY CARE KIT | | | | Bundled | $0.00 | | | |
| A4630 | E | REPL BAT T.E.N.S. OWN BY PT | | | | Not Allowed | $0.00 | | | |
| A4633 | E | UVL REPLACEMENT BULB | | | | Not Allowed | $0.00 | | | |
| A4634 | N | REPLACEMENT BULB TH LIGHTBOX | | | | Bundled | $0.00 | | | |
| A4635 | E | UNDERARM CRUTCH PAD | | | | Not Allowed | $0.00 | | | |
| A4636 | E | HANDGRIP FOR CANE ETC | | | | Not Allowed | $0.00 | | | |
| A4637 | E | REPL TIP CANE/CRUTCH/WALKER | | | | Not Allowed | $0.00 | | | |
| A4638 | E | REPL BATT PULSE GEN SYS | | | | Not Allowed | $0.00 | | | |
| A4639 | E | INFRARED HT SYS REPLCMNT PAD | | | | Not Allowed | $0.00 | | | |
| A4640 | E | ALTERNATING PRESSURE PAD | | | | Not Allowed | $0.00 | | | |
| A4641 | N | RADIOPHARM DX AGENT NOC | | | | Bundled | $0.00 | | | |
| A4642 | N | IN111 SATUMOMAB | | | | Bundled | $0.00 | | | |
| A4648 | N | IMPLANTABLE TISSUE MARKER | | | | Bundled | $0.00 | | | |
| A4649 | N | SURGICAL SUPPLIES | | | | Bundled | $0.00 | | | |

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|---|---|---|---|---|---|---|---|---|---|---|
| A4650 | N | IMPLANT RADIATION DOSIMETER | | | | Bundled | $0.00 | | | |
| A4651 | N | CALIBRATED MICROCAP TUBE | | | | Bundled | $0.00 | | | |
| A4652 | N | MICROCAPILLARY TUBE SEALANT | | | | Bundled | $0.00 | | | |
| A4653 | N | PD CATHETER ANCHOR BELT | | | | Bundled | $0.00 | | | |
| A4657 | N | SYRINGE W/WO NEEDLE | | | | Bundled | $0.00 | | | |
| A4660 | N | SPHYG/BP APP W CUFF AND STET | | | | Bundled | $0.00 | | | |
| A4663 | N | DIALYSIS BLOOD PRESSURE CUFF | | | | Bundled | $0.00 | | | |
| A4670 | E | AUTOMATIC BP MONITOR, DIAL | | | | Not Allowed | $0.00 | | | |
| A4671 | E | DISPOSABLE CYCLER SET | | | | Not Allowed | $0.00 | | | |
| A4672 | E | DRAINAGE EXT LINE, DIALYSIS | | | | Not Allowed | $0.00 | | | |
| A4673 | E | EXT LINE W EASY LOCK CONNECT | | | | Not Allowed | $0.00 | | | |
| A4674 | E | CHEM/ANTISEPT SOLUTION, 8OZ | | | | Not Allowed | $0.00 | | | |
| A4680 | N | ACTIVATED CARBON FILTER, EA | | | | Bundled | $0.00 | | | |
| A4690 | N | DIALYZER, EACH | | | | Bundled | $0.00 | | | |
| A4706 | N | BICARBONATE CONC SOL PER GAL | | | | Bundled | $0.00 | | | |
| A4707 | N | BICARBONATE CONC POW PER PAC | | | | Bundled | $0.00 | | | |
| A4708 | N | ACETATE CONC SOL PER GALLON | | | | Bundled | $0.00 | | | |
| A4709 | N | ACID CONC SOL PER GALLON | | | | Bundled | $0.00 | | | |
| A4714 | N | TREATED WATER PER GALLON | | | | Bundled | $0.00 | | | |
| A4719 | N | "Y SET" TUBING | | | | Bundled | $0.00 | | | |
| A4720 | N | DIALYSAT SOL FLD VOL > 249CC | | | | Bundled | $0.00 | | | |
| A4721 | N | DIALYSAT SOL FLD VOL > 999CC | | | | Bundled | $0.00 | | | |
| A4722 | N | DIALYS SOL FLD VOL > 1999CC | | | | Bundled | $0.00 | | | |
| A4723 | N | DIALYS SOL FLD VOL > 2999CC | | | | Bundled | $0.00 | | | |
| A4724 | N | DIALYS SOL FLD VOL > 3999CC | | | | Bundled | $0.00 | | | |
| A4725 | N | DIALYS SOL FLD VOL > 4999CC | | | | Bundled | $0.00 | | | |
| A4726 | N | DIALYS SOL FLD VOL > 5999CC | | | | Bundled | $0.00 | | | |
| A4728 | E | DIALYSATE SOLUTION, NON-DEX | | | | Not Allowed | $0.00 | | | |
| A4730 | N | FISTULA CANNULATION SET, EA | | | | Bundled | $0.00 | | | |
| A4736 | N | TOPICAL ANESTHETIC, PER GRAM | | | | Bundled | $0.00 | | | |
| A4737 | N | INJ ANESTHETIC PER 10 ML | | | | Bundled | $0.00 | | | |
| A4740 | N | SHUNT ACCESSORY | | | | Bundled | $0.00 | | | |
| A4750 | N | ART OR VENOUS BLOOD TUBING | | | | Bundled | $0.00 | | | |
| A4755 | N | COMB ART/VENOUS BLOOD TUBING | | | | Bundled | $0.00 | | | |
| A4760 | N | DIALYSATE SOL TEST KIT, EACH | | | | Bundled | $0.00 | | | |
| A4765 | N | DIALYSATE CONC POW PER PACK | | | | Bundled | $0.00 | | | |
| A4766 | N | DIALYSATE CONC SOL ADD 10 ML | | | | Bundled | $0.00 | | | |
| A4770 | N | BLOOD COLLECTION TUBE/VACUUM | | | | Bundled | $0.00 | | | |
| A4771 | N | SERUM CLOTTING TIME TUBE | | | | Bundled | $0.00 | | | |
| A4772 | N | BLOOD GLUCOSE TEST STRIPS | | | | Bundled | $0.00 | | | |
| A4773 | N | OCCULT BLOOD TEST STRIPS | | | | Bundled | $0.00 | | | |
| A4774 | N | AMMONIA TEST STRIPS | | | | Bundled | $0.00 | | | |
| A4802 | N | PROTAMINE SULFATE PER 50 MG | | | | Bundled | $0.00 | | | |
| A4860 | N | DISPOSABLE CATHETER TIPS | | | | Bundled | $0.00 | | | |
| A4870 | N | PLUMB/ELEC WK HM HEMO EQUIP | | | | Bundled | $0.00 | | | |
| A4890 | N | REPAIR/MAINT CONT HEMO EQUIP | | | | Bundled | $0.00 | | | |
| A4911 | N | DRAIN BAG/BOTTLE | | | | Bundled | $0.00 | | | |
| A4913 | N | MISC DIALYSIS SUPPLIES NOC | | | | Bundled | $0.00 | | | |
| A4918 | N | VENOUS PRESSURE CLAMP | | | | Bundled | $0.00 | | | |
| A4927 | N | NON-STERILE GLOVES | | | | Bundled | $0.00 | | | |
| A4928 | N | SURGICAL MASK | | | | Bundled | $0.00 | | | |
| A4929 | N | TOURNIQUET FOR DIALYSIS, EA | | | | Bundled | $0.00 | | | |
| A4930 | N | STERILE, GLOVES PER PAIR | | | | Bundled | $0.00 | | | |
| A4931 | N | REUSABLE ORAL THERMOMETER | | | | Bundled | $0.00 | | | |
| A4932 | E | REUSABLE RECTAL THERMOMETER | | | | Not Allowed | $0.00 | | | |
| A5051 | N | POUCH CLSD W BARR ATTACHED | | | | Bundled | $0.00 | | | |
| A5052 | N | CLSD OSTOMY POUCH W/O BARR | | | | Bundled | $0.00 | | | |
| A5053 | N | CLSD OSTOMY POUCH FACEPLATE | | | | Bundled | $0.00 | | | |
| A5054 | N | CLSD OSTOMY POUCH W/FLANGE | | | | Bundled | $0.00 | | | |
| A5055 | N | STOMA CAP | | | | Bundled | $0.00 | | | |
| A5056 | E | 1 PC OST POUCH W FILTER | | | | Not Allowed | $0.00 | | | |
| A5057 | E | 1 PC OST POU W BUILT-IN CONV | | | | Not Allowed | $0.00 | | | |
| A5061 | N | POUCH DRAINABLE W BARRIER AT | | | | Bundled | $0.00 | | | |
| A5062 | N | DRNBLE OSTOMY POUCH W/O BARR | | | | Bundled | $0.00 | | | |

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|---|---|---|---|---|---|---|---|---|---|---|
| A5063 | N | DRAIN OSTOMY POUCH W/FLANGE | | | | Bundled | $0.00 | | | |
| A5071 | N | URINARY POUCH W/BARRIER | | | | Bundled | $0.00 | | | |
| A5072 | N | URINARY POUCH W/O BARRIER | | | | Bundled | $0.00 | | | |
| A5073 | N | URINARY POUCH ON BARR W/FLNG | | | | Bundled | $0.00 | | | |
| A5081 | N | CONTINENT STOMA PLUG | | | | Bundled | $0.00 | | | |
| A5082 | N | CONTINENT STOMA CATHETER | | | | Bundled | $0.00 | | | |
| A5083 | N | STOMA ABSORPTIVE COVER | | | | Bundled | $0.00 | | | |
| A5093 | N | OSTOMY ACCESSORY CONVEX INSE | | | | Bundled | $0.00 | | | |
| A5102 | N | BEDSIDE DRAIN BTL W/WO TUBE | | | | Bundled | $0.00 | | | |
| A5105 | N | URINARY SUSPENSORY | | | | Bundled | $0.00 | | | |
| A5112 | N | URINARY LEG BAG | | | | Bundled | $0.00 | | | |
| A5113 | N | LATEX LEG STRAP | | | | Bundled | $0.00 | | | |
| A5114 | N | FOAM/FABRIC LEG STRAP | | | | Bundled | $0.00 | | | |
| A5120 | E | SKIN BARRIER, WIPE OR SWAB | | | | Not Allowed | $0.00 | | | |
| A5121 | N | SOLID SKIN BARRIER 6X6 | | | | Bundled | $0.00 | | | |
| A5122 | N | SOLID SKIN BARRIER 8X8 | | | | Bundled | $0.00 | | | |
| A5126 | N | DISK/FOAM PAD +OR- ADHESIVE | | | | Bundled | $0.00 | | | |
| A5131 | N | APPLIANCE CLEANER | | | | Bundled | $0.00 | | | |
| A5200 | N | PERCUTANEOUS CATHETER ANCHOR | | | | Bundled | $0.00 | | | |
| A5500 | E | DIAB SHOE FOR DENSITY INSERT | | | | Not Allowed | $0.00 | | | |
| A5501 | E | DIABETIC CUSTOM MOLDED SHOE | | | | Not Allowed | $0.00 | | | |
| A5503 | E | DIABETIC SHOE W/ROLLER/ROCKR | | | | Not Allowed | $0.00 | | | |
| A5504 | E | DIABETIC SHOE WITH WEDGE | | | | Not Allowed | $0.00 | | | |
| A5505 | E | DIAB SHOE W/METATARSAL BAR | | | | Not Allowed | $0.00 | | | |
| A5506 | E | DIABETIC SHOE W/OFF SET HEEL | | | | Not Allowed | $0.00 | | | |
| A5507 | E | MODIFICATION DIABETIC SHOE | | | | Not Allowed | $0.00 | | | |
| A5508 | E | DIABETIC DELUXE SHOE | | | | Not Allowed | $0.00 | | | |
| A5510 | E | COMPRESSION FORM SHOE INSERT | | | | Not Allowed | $0.00 | | | |
| A5512 | E | MULTI DEN INSERT DIRECT FORM | | | | Not Allowed | $0.00 | | | |
| A5513 | E | MULTI DEN INSERT CUSTOM MOLD | | | | Not Allowed | $0.00 | | | |
| A6000 | E | WOUND WARMING WOUND COVER | | | | Not Allowed | $0.00 | | | |
| A6010 | N | COLLAGEN BASED WOUND FILLER | | | | Bundled | $0.00 | | | |
| A6011 | N | COLLAGEN GEL/PASTE WOUND FIL | | | | Bundled | $0.00 | | | |
| A6021 | N | COLLAGEN DRESSING <=16 SQ IN | | | | Bundled | $0.00 | | | |
| A6022 | N | COLLAGEN DRSG>16<=48 SQ IN | | | | Bundled | $0.00 | | | |
| A6023 | N | COLLAGEN DRESSING >48 SQ IN | | | | Bundled | $0.00 | | | |
| A6024 | N | COLLAGEN DSG WOUND FILLER | | | | Bundled | $0.00 | | | |
| A6025 | E | SILICONE GEL SHEET, EACH | | | | Not Allowed | $0.00 | | | |
| A6154 | N | WOUND POUCH EACH | | | | Bundled | $0.00 | | | |
| A6196 | N | ALGINATE DRESSING <=16 SQ IN | | | | Bundled | $0.00 | | | |
| A6197 | N | ALGINATE DRSG >16 <=48 SQ IN | | | | Bundled | $0.00 | | | |
| A6198 | N | ALGINATE DRESSING > 48 SQ IN | | | | Bundled | $0.00 | | | |
| A6199 | N | ALGINATE DRSG WOUND FILLER | | | | Bundled | $0.00 | | | |
| A6203 | N | COMPOSITE DRSG <= 16 SQ IN | | | | Bundled | $0.00 | | | |
| A6204 | N | COMPOSITE DRSG >16<=48 SQ IN | | | | Bundled | $0.00 | | | |
| A6205 | N | COMPOSITE DRSG > 48 SQ IN | | | | Bundled | $0.00 | | | |
| A6206 | N | CONTACT LAYER <= 16 SQ IN | | | | Bundled | $0.00 | | | |
| A6207 | N | CONTACT LAYER >16<= 48 SQ IN | | | | Bundled | $0.00 | | | |
| A6208 | N | CONTACT LAYER > 48 SQ IN | | | | Bundled | $0.00 | | | |
| A6209 | N | FOAM DRSG <=16 SQ IN W/O BDR | | | | Bundled | $0.00 | | | |
| A6210 | N | FOAM DRG >16<=48 SQ IN W/O B | | | | Bundled | $0.00 | | | |
| A6211 | N | FOAM DRG > 48 SQ IN W/O BRDR | | | | Bundled | $0.00 | | | |
| A6212 | N | FOAM DRG <=16 SQ IN W/BORDER | | | | Bundled | $0.00 | | | |
| A6213 | N | FOAM DRG >16<=48 SQ IN W/BDR | | | | Bundled | $0.00 | | | |
| A6214 | N | FOAM DRG > 48 SQ IN W/BORDER | | | | Bundled | $0.00 | | | |
| A6215 | N | FOAM DRESSING WOUND FILLER | | | | Bundled | $0.00 | | | |
| A6216 | N | NON-STERILE GAUZE<=16 SQ IN | | | | Bundled | $0.00 | | | |
| A6217 | N | NON-STERILE GAUZE>16<=48 SQ | | | | Bundled | $0.00 | | | |
| A6218 | N | NON-STERILE GAUZE > 48 SQ IN | | | | Bundled | $0.00 | | | |
| A6219 | N | GAUZE <= 16 SQ IN W/BORDER | | | | Bundled | $0.00 | | | |
| A6220 | N | GAUZE >16 <=48 SQ IN W/BORDR | | | | Bundled | $0.00 | | | |
| A6221 | N | GAUZE > 48 SQ IN W/BORDER | | | | Bundled | $0.00 | | | |
| A6222 | N | GAUZE <=16 IN NO W/SAL W/O B | | | | Bundled | $0.00 | | | |
| A6223 | N | GAUZE >16<=48 NO W/SAL W/O B | | | | Bundled | $0.00 | | | |

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|---|---|---|---|---|---|---|---|---|---|---|
| A6224 | N | GAUZE > 48 IN NO W/SAL W/O B | | | | Bundled | $0.00 | | | |
| A6228 | N | GAUZE <= 16 SQ IN WATER/SAL | | | | Bundled | $0.00 | | | |
| A6229 | N | GAUZE >16<=48 SQ IN WATR/SAL | | | | Bundled | $0.00 | | | |
| A6230 | N | GAUZE > 48 SQ IN WATER/SALNE | | | | Bundled | $0.00 | | | |
| A6231 | N | HYDROGEL DSG<=16 SQ IN | | | | Bundled | $0.00 | | | |
| A6232 | N | HYDROGEL DSG>16<=48 SQ IN | | | | Bundled | $0.00 | | | |
| A6233 | N | HYDROGEL DRESSING >48 SQ IN | | | | Bundled | $0.00 | | | |
| A6234 | N | HYDROCOLLD DRG <=16 W/O BDR | | | | Bundled | $0.00 | | | |
| A6235 | N | HYDROCOLLD DRG >16<=48 W/O B | | | | Bundled | $0.00 | | | |
| A6236 | N | HYDROCOLLD DRG > 48 IN W/O B | | | | Bundled | $0.00 | | | |
| A6237 | N | HYDROCOLLD DRG <=16 IN W/BDR | | | | Bundled | $0.00 | | | |
| A6238 | N | HYDROCOLLD DRG >16<=48 W/BDR | | | | Bundled | $0.00 | | | |
| A6239 | N | HYDROCOLLD DRG > 48 IN W/BDR | | | | Bundled | $0.00 | | | |
| A6240 | N | HYDROCOLLD DRG FILLER PASTE | | | | Bundled | $0.00 | | | |
| A6241 | N | HYDROCOLLOID DRG FILLER DRY | | | | Bundled | $0.00 | | | |
| A6242 | N | HYDROGEL DRG <=16 IN W/O BDR | | | | Bundled | $0.00 | | | |
| A6243 | N | HYDROGEL DRG >16<=48 W/O BDR | | | | Bundled | $0.00 | | | |
| A6244 | N | HYDROGEL DRG >48 IN W/O BDR | | | | Bundled | $0.00 | | | |
| A6245 | N | HYDROGEL DRG <= 16 IN W/BDR | | | | Bundled | $0.00 | | | |
| A6246 | N | HYDROGEL DRG >16<=48 IN W/B | | | | Bundled | $0.00 | | | |
| A6247 | N | HYDROGEL DRG > 48 SQ IN W/B | | | | Bundled | $0.00 | | | |
| A6248 | N | HYDROGEL DRSG GEL FILLER | | | | Bundled | $0.00 | | | |
| A6250 | N | SKIN SEAL PROTECT MOISTURIZR | | | | Bundled | $0.00 | | | |
| A6251 | N | ABSORPT DRG <=16 SQ IN W/O B | | | | Bundled | $0.00 | | | |
| A6252 | N | ABSORPT DRG >16 <=48 W/O BDR | | | | Bundled | $0.00 | | | |
| A6253 | N | ABSORPT DRG > 48 SQ IN W/O B | | | | Bundled | $0.00 | | | |
| A6254 | N | ABSORPT DRG <=16 SQ IN W/BDR | | | | Bundled | $0.00 | | | |
| A6255 | N | ABSORPT DRG >16<=48 IN W/BDR | | | | Bundled | $0.00 | | | |
| A6256 | N | ABSORPT DRG > 48 SQ IN W/BDR | | | | Bundled | $0.00 | | | |
| A6257 | N | TRANSPARENT FILM <= 16 SQ IN | | | | Bundled | $0.00 | | | |
| A6258 | N | TRANSPARENT FILM >16<=48 IN | | | | Bundled | $0.00 | | | |
| A6259 | N | TRANSPARENT FILM > 48 SQ IN | | | | Bundled | $0.00 | | | |
| A6260 | N | WOUND CLEANSER ANY TYPE/SIZE | | | | Bundled | $0.00 | | | |
| A6261 | N | WOUND FILLER GEL/PASTE /OZ | | | | Bundled | $0.00 | | | |
| A6262 | N | WOUND FILLER DRY FORM / GRAM | | | | Bundled | $0.00 | | | |
| A6266 | N | IMPREG GAUZE NO H20/SAL/YARD | | | | Bundled | $0.00 | | | |
| A6402 | N | STERILE GAUZE <= 16 SQ IN | | | | Bundled | $0.00 | | | |
| A6403 | N | STERILE GAUZE>16 <= 48 SQ IN | | | | Bundled | $0.00 | | | |
| A6404 | N | STERILE GAUZE > 48 SQ IN | | | | Bundled | $0.00 | | | |
| A6407 | E | PACKING STRIPS, NON-IMPREG | | | | Not Allowed | $0.00 | | | |
| A6410 | N | STERILE EYE PAD | | | | Bundled | $0.00 | | | |
| A6411 | N | NON-STERILE EYE PAD | | | | Bundled | $0.00 | | | |
| A6412 | N | OCCLUSIVE EYE PATCH | | | | Bundled | $0.00 | | | |
| A6413 | E | ADHESIVE BANDAGE, FIRST-AID | | | | Not Allowed | $0.00 | | | |
| A6441 | E | PAD BAND W>=3" <5"/YD | | | | Not Allowed | $0.00 | | | |
| A6442 | E | CONFORM BAND N/S W<3"/YD | | | | Not Allowed | $0.00 | | | |
| A6443 | E | CONFORM BAND N/S W>=3"<5"/YD | | | | Not Allowed | $0.00 | | | |
| A6444 | E | CONFORM BAND N/S W>=5"/YD | | | | Not Allowed | $0.00 | | | |
| A6445 | E | CONFORM BAND S W <3"/YD | | | | Not Allowed | $0.00 | | | |
| A6446 | E | CONFORM BAND S W>=3" <5"/YD | | | | Not Allowed | $0.00 | | | |
| A6447 | E | CONFORM BAND S W >=5"/YD | | | | Not Allowed | $0.00 | | | |
| A6448 | E | LT COMPRES BAND <3"/YD | | | | Not Allowed | $0.00 | | | |
| A6449 | E | LT COMPRES BAND >=3" <5"/YD | | | | Not Allowed | $0.00 | | | |
| A6450 | E | LT COMPRES BAND >=5"/YD | | | | Not Allowed | $0.00 | | | |
| A6451 | E | MOD COMPRES BAND W>=3"<5"/YD | | | | Not Allowed | $0.00 | | | |
| A6452 | E | HIGH COMPRES BAND W>=3"<5"YD | | | | Not Allowed | $0.00 | | | |
| A6453 | E | SELF-ADHER BAND W <3"/YD | | | | Not Allowed | $0.00 | | | |
| A6454 | E | SELF-ADHER BAND W>=3" <5"/YD | | | | Not Allowed | $0.00 | | | |
| A6455 | E | SELF-ADHER BAND >=5"/YD | | | | Not Allowed | $0.00 | | | |
| A6456 | E | ZINC PASTE BAND W >=3"<5"/YD | | | | Not Allowed | $0.00 | | | |
| A6457 | E | TUBULAR DRESSING | | | | Not Allowed | $0.00 | | | |
| A6501 | N | COMPRES BURNGARMENT BODYSUIT | | | | Bundled | $0.00 | | | |
| A6502 | N | COMPRES BURNGARMENT CHINSTRP | | | | Bundled | $0.00 | | | |
| A6503 | N | COMPRES BURNGARMENT FACEHOOD | | | | Bundled | $0.00 | | | |

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|---|---|---|---|---|---|---|---|---|---|---|
| A6504 | N | CMPRSBURNGARMENT GLOVE-WRIST | | | | Bundled | $0.00 | | | |
| A6505 | N | CMPRSBURNGARMENT GLOVE-ELBOW | | | | Bundled | $0.00 | | | |
| A6506 | N | CMPRSBURNGRMNT GLOVE-AXILLA | | | | Bundled | $0.00 | | | |
| A6507 | N | CMPRS BURNGARMENT FOOT-KNEE | | | | Bundled | $0.00 | | | |
| A6508 | N | CMPRS BURNGARMENT FOOT-THIGH | | | | Bundled | $0.00 | | | |
| A6509 | N | COMPRES BURN GARMENT JACKET | | | | Bundled | $0.00 | | | |
| A6510 | N | COMPRES BURN GARMENT LEOTARD | | | | Bundled | $0.00 | | | |
| A6511 | N | COMPRES BURN GARMENT PANTY | | | | Bundled | $0.00 | | | |
| A6512 | N | COMPRES BURN GARMENT, NOC | | | | Bundled | $0.00 | | | |
| A6513 | E | COMPRESS BURN MASK FACE/NECK | | | | Not Allowed | $0.00 | | | |
| A6530 | E | COMPRESSION STOCKING BK18-30 | | | | Not Allowed | $0.00 | | | |
| A6531 | E | COMPRESSION STOCKING BK30-40 | | | | Not Allowed | $0.00 | | | |
| A6532 | E | COMPRESSION STOCKING BK40-50 | | | | Not Allowed | $0.00 | | | |
| A6533 | E | GC STOCKING THIGHLNGTH 18-30 | | | | Not Allowed | $0.00 | | | |
| A6534 | E | GC STOCKING THIGHLNGTH 30-40 | | | | Not Allowed | $0.00 | | | |
| A6535 | E | GC STOCKING THIGHLNGTH 40-50 | | | | Not Allowed | $0.00 | | | |
| A6536 | E | GC STOCKING FULL LNGTH 18-30 | | | | Not Allowed | $0.00 | | | |
| A6537 | E | GC STOCKING FULL LNGTH 30-40 | | | | Not Allowed | $0.00 | | | |
| A6538 | E | GC STOCKING FULL LNGTH 40-50 | | | | Not Allowed | $0.00 | | | |
| A6539 | E | GC STOCKING WAISTLNGTH 18-30 | | | | Not Allowed | $0.00 | | | |
| A6540 | E | GC STOCKING WAISTLNGTH 30-40 | | | | Not Allowed | $0.00 | | | |
| A6541 | E | GC STOCKING WAISTLNGTH 40-50 | | | | Not Allowed | $0.00 | | | |
| A6544 | E | GC STOCKING GARTER BELT | | | | Not Allowed | $0.00 | | | |
| A6545 | E | GRAD COMP NON-ELASTIC BK | | | | Not Allowed | $0.00 | | | |
| A6549 | E | G COMPRESSION STOCKING | | | | Not Allowed | $0.00 | | | |
| A6550 | E | NEG PRES WOUND THER DRSG SET | | | | Not Allowed | $0.00 | | | |
| A7000 | E | DISPOSABLE CANISTER FOR PUMP | | | | Not Allowed | $0.00 | | | |
| A7001 | E | NONDISPOSABLE PUMP CANISTER | | | | Not Allowed | $0.00 | | | |
| A7002 | E | TUBING USED W SUCTION PUMP | | | | Not Allowed | $0.00 | | | |
| A7003 | E | NEBULIZER ADMINISTRATION SET | | | | Not Allowed | $0.00 | | | |
| A7004 | E | DISPOSABLE NEBULIZER SML VOL | | | | Not Allowed | $0.00 | | | |
| A7005 | E | NONDISPOSABLE NEBULIZER SET | | | | Not Allowed | $0.00 | | | |
| A7006 | E | FILTERED NEBULIZER ADMIN SET | | | | Not Allowed | $0.00 | | | |
| A7007 | E | LG VOL NEBULIZER DISPOSABLE | | | | Not Allowed | $0.00 | | | |
| A7008 | E | DISPOSABLE NEBULIZER PREFILL | | | | Not Allowed | $0.00 | | | |
| A7009 | E | NEBULIZER RESERVOIR BOTTLE | | | | Not Allowed | $0.00 | | | |
| A7010 | E | DISPOSABLE CORRUGATED TUBING | | | | Not Allowed | $0.00 | | | |
| A7011 | E | NONDISPOS CORRUGATED TUBING | | | | Not Allowed | $0.00 | | | |
| A7012 | E | NEBULIZER WATER COLLEC DEVIC | | | | Not Allowed | $0.00 | | | |
| A7013 | E | DISPOSABLE COMPRESSOR FILTER | | | | Not Allowed | $0.00 | | | |
| A7014 | E | COMPRESSOR NONDISPOS FILTER | | | | Not Allowed | $0.00 | | | |
| A7015 | E | AEROSOL MASK USED W NEBULIZE | | | | Not Allowed | $0.00 | | | |
| A7016 | E | NEBULIZER DOME & MOUTHPIECE | | | | Not Allowed | $0.00 | | | |
| A7017 | E | NEBULIZER NOT USED W OXYGEN | | | | Not Allowed | $0.00 | | | |
| A7018 | E | WATER DISTILLED W/NEBULIZER | | | | Not Allowed | $0.00 | | | |
| A7020 | E | INTERFACE, COUGH STIM DEVICE | | | | Not Allowed | $0.00 | | | |
| A7025 | E | REPLACE CHEST COMPRESS VEST | | | | Not Allowed | $0.00 | | | |
| A7026 | E | REPLACE CHST CMPRSS SYS HOSE | | | | Not Allowed | $0.00 | | | |
| A7027 | E | COMBINATION ORAL/NASAL MASK | | | | Not Allowed | $0.00 | | | |
| A7028 | E | REPL ORAL CUSHION COMBO MASK | | | | Not Allowed | $0.00 | | | |
| A7029 | E | REPL NASAL PILLOW COMB MASK | | | | Not Allowed | $0.00 | | | |
| A7030 | E | CPAP FULL FACE MASK | | | | Not Allowed | $0.00 | | | |
| A7031 | E | REPLACEMENT FACEMASK INTERFA | | | | Not Allowed | $0.00 | | | |
| A7032 | E | REPLACEMENT NASAL CUSHION | | | | Not Allowed | $0.00 | | | |
| A7033 | E | REPLACEMENT NASAL PILLOWS | | | | Not Allowed | $0.00 | | | |
| A7034 | E | NASAL APPLICATION DEVICE | | | | Not Allowed | $0.00 | | | |
| A7035 | E | POS AIRWAY PRESS HEADGEAR | | | | Not Allowed | $0.00 | | | |
| A7036 | E | POS AIRWAY PRESS CHINSTRAP | | | | Not Allowed | $0.00 | | | |
| A7037 | E | POS AIRWAY PRESSURE TUBING | | | | Not Allowed | $0.00 | | | |
| A7038 | E | POS AIRWAY PRESSURE FILTER | | | | Not Allowed | $0.00 | | | |
| A7039 | E | FILTER, NON DISPOSABLE W PAP | | | | Not Allowed | $0.00 | | | |
| A7040 | E | ONE WAY CHEST DRAIN VALVE | | | | Not Allowed | $0.00 | | | |
| A7041 | E | WATER SEAL DRAIN CONTAINER | | | | Not Allowed | $0.00 | | | |
| A7042 | N | IMPLANTED PLEURAL CATHETER | | | | Bundled | $0.00 | | | |

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|---|---|---|---|---|---|---|---|---|---|---|
| A7043 | N | VACUUM DRAINAGEBOTTLE/TUBING | | | | Bundled | $0.00 | | | |
| A7044 | E | PAP ORAL INTERFACE | | | | Not Allowed | $0.00 | | | |
| A7045 | E | REPL EXHALATION PORT FOR PAP | | | | Not Allowed | $0.00 | | | |
| A7046 | E | REPL WATER CHAMBER, PAP DEV | | | | Not Allowed | $0.00 | | | |
| A7501 | N | TRACHEOSTOMA VALVE W DIAPHRA | | | | Bundled | $0.00 | | | |
| A7502 | N | REPLACEMENT DIAPHRAGM/FPLATE | | | | Bundled | $0.00 | | | |
| A7503 | N | HMES FILTER HOLDER OR CAP | | | | Bundled | $0.00 | | | |
| A7504 | N | TRACHEOSTOMA HMES FILTER | | | | Bundled | $0.00 | | | |
| A7505 | N | HMES OR TRACH VALVE HOUSING | | | | Bundled | $0.00 | | | |
| A7506 | N | HMES/TRACHVALVE ADHESIVEDISK | | | | Bundled | $0.00 | | | |
| A7507 | N | INTEGRATED FILTER & HOLDER | | | | Bundled | $0.00 | | | |
| A7508 | N | HOUSING & INTEGRATED ADHESIV | | | | Bundled | $0.00 | | | |
| A7509 | N | HEAT & MOISTURE EXCHANGE SYS | | | | Bundled | $0.00 | | | |
| A7520 | E | TRACH/LARYN TUBE NON-CUFFED | | | | Not Allowed | $0.00 | | | |
| A7521 | E | TRACH/LARYN TUBE CUFFED | | | | Not Allowed | $0.00 | | | |
| A7522 | E | TRACH/LARYN TUBE STAINLESS | | | | Not Allowed | $0.00 | | | |
| A7523 | E | TRACHEOSTOMY SHOWER PROTECT | | | | Not Allowed | $0.00 | | | |
| A7524 | E | TRACHEOSTOMA STENT/STUD/BTTN | | | | Not Allowed | $0.00 | | | |
| A7525 | E | TRACHEOSTOMY MASK | | | | Not Allowed | $0.00 | | | |
| A7526 | E | TRACHEOSTOMY TUBE COLLAR | | | | Not Allowed | $0.00 | | | |
| A7527 | E | TRACH/LARYN TUBE PLUG/STOP | | | | Not Allowed | $0.00 | | | |
| A8000 | E | SOFT PROTECT HELMET PREFAB | | | | Not Allowed | $0.00 | | | |
| A8001 | E | HARD PROTECT HELMET PREFAB | | | | Not Allowed | $0.00 | | | |
| A8002 | E | SOFT PROTECT HELMET CUSTOM | | | | Not Allowed | $0.00 | | | |
| A8003 | E | HARD PROTECT HELMET CUSTOM | | | | Not Allowed | $0.00 | | | |
| A8004 | E | REPL SOFT INTERFACE, HELMET | | | | Not Allowed | $0.00 | | | |
| A9150 | E | MISC/EXPER NON-PRESCRIPT DRU | | | | Not Allowed | $0.00 | | | |
| A9152 | E | SINGLE VITAMIN NOS | | | | Not Allowed | $0.00 | | | |
| A9153 | E | MULTI-VITAMIN NOS | | | | Not Allowed | $0.00 | | | |
| A9155 | E | ARTIFICIAL SALIVA | | | | Not Allowed | $0.00 | | | |
| A9180 | E | LICE TREATMENT, TOPICAL | | | | Not Allowed | $0.00 | | | |
| A9270 | E | NON-COVERED ITEM OR SERVICE | | | | Not Allowed | $0.00 | | | |
| A9272 | E | DISPOSABLE MECH WOUND SUCT | | | | Not Allowed | $0.00 | | | |
| A9273 | E | HOT/COLD H2OBOT/CAP/COL/WRAP | | | | Not Allowed | $0.00 | | | |
| A9274 | E | EXT AMB INSULIN DELIVERY SYS | | | | Not Allowed | $0.00 | | | |
| A9275 | E | DISP HOME GLUCOSE MONITOR | | | | Not Allowed | $0.00 | | | |
| A9276 | E | DISPOSABLE SENSOR, CGM SYS | | | | Not Allowed | $0.00 | | | |
| A9277 | E | EXTERNAL TRANSMITTER, CGM | | | | Not Allowed | $0.00 | | | |
| A9278 | E | EXTERNAL RECEIVER, CGM SYS | | | | Not Allowed | $0.00 | | | |
| A9279 | E | MONITORING FEATURE/DEVICENOC | | | | Not Allowed | $0.00 | | | |
| A9280 | E | ALERT DEVICE, NOC | | | | Not Allowed | $0.00 | | | |
| A9281 | E | REACHING/GRABBING DEVICE | | | | Not Allowed | $0.00 | | | |
| A9282 | E | WIG ANY TYPE | | | | Not Allowed | $0.00 | | | |
| A9283 | E | FOOT PRESS OFF LOAD SUPP DEV | | | | Not Allowed | $0.00 | | | |
| A9284 | N | NON-ELECTRONIC SPIROMETER | | | | Bundled | $0.00 | | | |
| A9300 | E | EXERCISE EQUIPMENT | | | | Not Allowed | $0.00 | | | |
| A9500 | N | TC99M SESTAMIBI | | | | Bundled | $0.00 | | | |
| A9501 | N | TECHNETIUM TC-99M TEBOROXIME | | | | Bundled | $0.00 | | | |
| A9502 | N | TC99M TETROFOSMIN | | | | Bundled | $0.00 | | | |
| A9503 | N | TC99M MEDRONATE | | | | Bundled | $0.00 | | | |
| A9504 | N | TC99M APCITIDE | | | | Bundled | $0.00 | | | |
| A9505 | N | TL201 THALLIUM | | | | Bundled | $0.00 | | | |
| A9507 | N | IN111 CAPROMAB | | | | Bundled | $0.00 | | | |
| A9508 | N | I131 IODOBENGUATE, DX | | | | Bundled | $0.00 | | | |
| A9509 | N | IODINE I-123 SOD IODIDE MIL | | | | Bundled | $0.00 | | | |
| A9510 | N | TC99M DISOFENIN | | | | Bundled | $0.00 | | | |
| A9512 | N | TC99M PERTECHNETATE | | | | Bundled | $0.00 | | | |
| A9516 | N | IODINE I-123 SOD IODIDE MIC | | | | Bundled | $0.00 | | | |
| A9517 | K | I131 IODIDE CAP, RX | | 1064 | | APC | $17.74 | | | |
| A9521 | N | TC99M EXAMETAZIME | | | | Bundled | $0.00 | | | |
| A9524 | N | I131 SERUM ALBUMIN, DX | | | | Bundled | $0.00 | | | |
| A9526 | N | NITROGEN N-13 AMMONIA | | | | Bundled | $0.00 | | | |
| A9527 | U | IODINE I-125 SODIUM IODIDE | | 2632 | 0.2949 | APC | $14.92 | | | |
| A9528 | N | IODINE I-131 IODIDE CAP, DX | | | | Bundled | $0.00 | | | |

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|---|---|---|---|---|---|---|---|---|---|---|
| A9529 | N | I131 IODIDE SOL, DX | | | | Bundled | $0.00 | | | |
| A9530 | K | I131 IODIDE SOL, RX | | 1150 | | APC | $11.23 | | | |
| A9531 | N | I131 MAX 100UCI | | | | Bundled | $0.00 | | | |
| A9532 | N | I125 SERUM ALBUMIN, DX | | | | Bundled | $0.00 | | | |
| A9536 | N | TC99M DEPREOTIDE | | | | Bundled | $0.00 | | | |
| A9537 | N | TC99M MEBROFENIN | | | | Bundled | $0.00 | | | |
| A9538 | N | TC99M PYROPHOSPHATE | | | | Bundled | $0.00 | | | |
| A9539 | N | TC99M PENTETATE | | | | Bundled | $0.00 | | | |
| A9540 | N | TC99M MAA | | | | Bundled | $0.00 | | | |
| A9541 | N | TC99M SULFUR COLLOID | | | | Bundled | $0.00 | | | |
| A9542 | N | IN111 IBRITUMOMAB, DX | | | | Bundled | $0.00 | | | |
| A9543 | K | Y90 IBRITUMOMAB, RX | | 1643 | | APC | $40,256.58 | | | |
| A9544 | N | I131 TOSITUMOMAB, DX | | | | Bundled | $0.00 | | | |
| A9545 | K | I131 TOSITUMOMAB, RX | | 1645 | | APC | $30,065.34 | | | |
| A9546 | N | CO57/58 | | | | Bundled | $0.00 | | | |
| A9547 | N | IN111 OXYQUINOLINE | | | | Bundled | $0.00 | | | |
| A9548 | N | IN111 PENTETATE | | | | Bundled | $0.00 | | | |
| A9550 | N | TC99M GLUCEPTATE | | | | Bundled | $0.00 | | | |
| A9551 | N | TC99M SUCCIMER | | | | Bundled | $0.00 | | | |
| A9552 | N | F18 FDG | | | | Bundled | $0.00 | | | |
| A9553 | N | CR51 CHROMATE | | | | Bundled | $0.00 | | | |
| A9554 | N | I125 IOTHALAMATE, DX | | | | Bundled | $0.00 | | | |
| A9555 | N | RB82 RUBIDIUM | | | | Bundled | $0.00 | | | |
| A9556 | N | GA67 GALLIUM | | | | Bundled | $0.00 | | | |
| A9557 | N | TC99M BICISATE | | | | Bundled | $0.00 | | | |
| A9558 | N | XE133 XENON 10MCI | | | | Bundled | $0.00 | | | |
| A9559 | N | CO57 CYANO | | | | Bundled | $0.00 | | | |
| A9560 | N | TC99M LABELED RBC | | | | Bundled | $0.00 | | | |
| A9561 | N | TC99M OXIDRONATE | | | | Bundled | $0.00 | | | |
| A9562 | N | TC99M MERTIATIDE | | | | Bundled | $0.00 | | | |
| A9563 | K | P32 NA PHOSPHATE | | 1675 | | APC | $170.10 | | | |
| A9564 | K | P32 CHROMIC PHOSPHATE | | 1676 | | APC | $114.95 | | | |
| A9566 | N | TC99M FANOLESOMAB | | | | Bundled | $0.00 | | | |
| A9567 | N | TECHNETIUM TC-99M AEROSOL | | | | Bundled | $0.00 | | | |
| A9568 | N | TECHNETIUM TC99M ARCITUMOMAB | | | | Bundled | $0.00 | | | |
| A9569 | N | TECHNETIUM TC-99M AUTO WBC | | | | Bundled | $0.00 | | | |
| A9570 | N | INDIUM IN-111 AUTO WBC | | | | Bundled | $0.00 | | | |
| A9571 | N | INDIUM IN-111 AUTO PLATELET | | | | Bundled | $0.00 | | | |
| A9572 | N | INDIUM IN-111 PENTETREOTIDE | | | | Bundled | $0.00 | | | |
| A9576 | N | INJ PROHANCE MULTIPACK | | | | Bundled | $0.00 | | | |
| A9577 | N | INJ MULTIHANCE | | | | Bundled | $0.00 | | | |
| A9578 | N | INJ MULTIHANCE MULTIPACK | | | | Bundled | $0.00 | | | |
| A9579 | N | GAD-BASE MR CONTRAST NOS,1ML | | | | Bundled | $0.00 | | | |
| A9580 | N | SODIUM FLUORIDE F-18 | | | | Bundled | $0.00 | | | |
| A9581 | N | GADOXETATE DISODIUM INJ | | | | Bundled | $0.00 | | | |
| A9582 | N | IODINE I-123 IOBENGUANE | | | | Bundled | $0.00 | | | |
| A9583 | N | GADOFOSVESET TRISODIUM INJ | | | | Bundled | $0.00 | | | |
| A9584 | G | IODINE I-123 IOFLUPANE | | 9406 | | APC | $2,335.62 | | | |
| A9585 | N | GADOBUTROL INJECTION | | | | Bundled | $0.00 | | | |
| A9586 | E | FLORBETAPIR F18 | | | | Not Allowed | $0.00 | | | |
| A9600 | K | SR89 STRONTIUM | | 0701 | | APC | $1,368.27 | | | |
| A9604 | K | SM 153 LEXIDRONAM | | 1295 | | APC | $7,919.26 | | | |
| A9698 | N | NON-RAD CONTRAST MATERIALNOC | | | | Bundled | $0.00 | | | |
| A9699 | N | RADIOPHARM RX AGENT NOC | | | | Bundled | $0.00 | | | |
| A9700 | N | ECHOCARDIOGRAPHY CONTRAST | | | | Bundled | $0.00 | | | |
| A9900 | N | SUPPLY/ACCESSORY/SERVICE | | | | Bundled | $0.00 | | | |
| A9901 | N | DELIVERY/SET UP/DISPENSING | | | | Bundled | $0.00 | | | |
| A9999 | E | DME SUPPLY OR ACCESSORY, NOS | | | | Not Allowed | $0.00 | | | |
| B4034 | E | ENTER FEED SUPKIT SYR BY DAY | | | | Not Allowed | $0.00 | | | |
| B4035 | E | ENTERAL FEED SUPP PUMP PER D | | | | Not Allowed | $0.00 | | | |
| B4036 | E | ENTERAL FEED SUP KIT GRAV BY | | | | Not Allowed | $0.00 | | | |
| B4081 | E | ENTERAL NG TUBING W/ STYLET | | | | Not Allowed | $0.00 | | | |
| B4082 | E | ENTERAL NG TUBING W/O STYLET | | | | Not Allowed | $0.00 | | | |
| B4083 | E | ENTERAL STOMACH TUBE LEVINE | | | | Not Allowed | $0.00 | | | |

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| B4087 | N | GASTRO/JEJUNO TUBE, STD | | | | Bundled | $0.00 | | | |
| B4088 | N | GASTRO/JEJUNO TUBE, LOW-PRO | | | | Bundled | $0.00 | | | |
| B4100 | E | FOOD THICKENER ORAL | | | | Not Allowed | $0.00 | | | |
| B4102 | E | EF ADULT FLUIDS AND ELECTRO | | | | Not Allowed | $0.00 | | | |
| B4103 | E | EF PED FLUID AND ELECTROLYTE | | | | Not Allowed | $0.00 | | | |
| B4104 | E | ADDITIVE FOR ENTERAL FORMULA | | | | Not Allowed | $0.00 | | | |
| B4149 | E | EF BLENDERIZED FOODS | | | | Not Allowed | $0.00 | | | |
| B4150 | E | EF COMPLET W/INTACT NUTRIENT | | | | Not Allowed | $0.00 | | | |
| B4152 | E | EF CALORIE DENSE>/=1.5KCAL | | | | Not Allowed | $0.00 | | | |
| B4153 | E | EF HYDROLYZED/AMINO ACIDS | | | | Not Allowed | $0.00 | | | |
| B4154 | E | EF SPEC METABOLIC NONINHERIT | | | | Not Allowed | $0.00 | | | |
| B4155 | E | EF INCOMPLETE/MODULAR | | | | Not Allowed | $0.00 | | | |
| B4157 | E | EF SPECIAL METABOLIC INHERIT | | | | Not Allowed | $0.00 | | | |
| B4158 | E | EF PED COMPLETE INTACT NUT | | | | Not Allowed | $0.00 | | | |
| B4159 | E | EF PED COMPLETE SOY BASED | | | | Not Allowed | $0.00 | | | |
| B4160 | E | EF PED CALORIC DENSE>/=0.7KC | | | | Not Allowed | $0.00 | | | |
| B4161 | E | EF PED HYDROLYZED/AMINO ACID | | | | Not Allowed | $0.00 | | | |
| B4162 | E | EF PED SPECMETABOLIC INHERIT | | | | Not Allowed | $0.00 | | | |
| B4164 | E | PARENTERAL 50% DEXTROSE SOLU | | | | Not Allowed | $0.00 | | | |
| B4168 | E | PARENTERAL SOL AMINO ACID 3. | | | | Not Allowed | $0.00 | | | |
| B4172 | E | PARENTERAL SOL AMINO ACID 5. | | | | Not Allowed | $0.00 | | | |
| B4176 | E | PARENTERAL SOL AMINO ACID 7- | | | | Not Allowed | $0.00 | | | |
| B4178 | E | PARENTERAL SOL AMINO ACID > | | | | Not Allowed | $0.00 | | | |
| B4180 | E | PARENTERAL SOL CARB > 50% | | | | Not Allowed | $0.00 | | | |
| B4185 | E | PARENTERAL SOL 10 GM LIPIDS | | | | Not Allowed | $0.00 | | | |
| B4189 | E | PARENTERAL SOL AMINO ACID & | | | | Not Allowed | $0.00 | | | |
| B4193 | E | PARENTERAL SOL 52-73 GM PROT | | | | Not Allowed | $0.00 | | | |
| B4197 | E | PARENTERAL SOL 74-100 GM PRO | | | | Not Allowed | $0.00 | | | |
| B4199 | E | PARENTERAL SOL > 100GM PROTE | | | | Not Allowed | $0.00 | | | |
| B4216 | E | PARENTERAL NUTRITION ADDITIV | | | | Not Allowed | $0.00 | | | |
| B4220 | E | PARENTERAL SUPPLY KIT PREMIX | | | | Not Allowed | $0.00 | | | |
| B4222 | E | PARENTERAL SUPPLY KIT HOMEMI | | | | Not Allowed | $0.00 | | | |
| B4224 | E | PARENTERAL ADMINISTRATION KI | | | | Not Allowed | $0.00 | | | |
| B5000 | E | PARENTERAL SOL RENAL-AMIROSY | | | | Not Allowed | $0.00 | | | |
| B5100 | E | PARENTERAL SOL HEPATIC-FREAM | | | | Not Allowed | $0.00 | | | |
| B5200 | E | PARENTERAL SOL STRES-BRNCH C | | | | Not Allowed | $0.00 | | | |
| B9000 | E | ENTER INFUSION PUMP W/O ALRM | | | | Not Allowed | $0.00 | | | |
| B9002 | E | ENTERAL INFUSION PUMP W/ ALA | | | | Not Allowed | $0.00 | | | |
| B9004 | E | PARENTERAL INFUS PUMP PORTAB | | | | Not Allowed | $0.00 | | | |
| B9006 | E | PARENTERAL INFUS PUMP STATIO | | | | Not Allowed | $0.00 | | | |
| B9998 | E | ENTERAL SUPP NOT OTHERWISE C | | | | Not Allowed | $0.00 | | | |
| B9999 | E | PARENTERAL SUPP NOT OTHRWS C | | | | Not Allowed | $0.00 | | | |
| C1300 | S | HYPERBARIC OXYGEN | | 0659 | 1.5109 | APC | $76.47 | | | |
| C1713 | N | ANCHOR/SCREW BN/BN,TIS/BN | | | | Bundled | $0.00 | | | |
| C1714 | N | CATH, TRANS ATHERECTOMY, DIR | | | | Bundled | $0.00 | | | |
| C1715 | N | BRACHYTHERAPY NEEDLE | | | | Bundled | $0.00 | | | |
| C1716 | U | BRACHYTX, NON-STR, GOLD-198 | | 1716 | 1.534 | APC | $77.64 | | | |
| C1717 | U | BRACHYTX, NON-STR,HDR IR-192 | | 1717 | 3.4927 | APC | $176.77 | | | |
| C1719 | U | BRACHYTX, NS, NON-HDRIR-192 | | 1719 | 0.5205 | APC | $26.34 | | | |
| C1721 | N | AICD, DUAL CHAMBER | | | | Bundled | $0.00 | | | |
| C1722 | N | AICD, SINGLE CHAMBER | | | | Bundled | $0.00 | | | |
| C1724 | N | CATH, TRANS ATHEREC,ROTATION | | | | Bundled | $0.00 | | | |
| C1725 | N | CATH, TRANSLUMIN NON-LASER | | | | Bundled | $0.00 | | | |
| C1726 | N | CATH, BAL DIL, NON-VASCULAR | | | | Bundled | $0.00 | | | |
| C1727 | N | CATH, BAL TIS DIS, NON-VAS | | | | Bundled | $0.00 | | | |
| C1728 | N | CATH, BRACHYTX SEED ADM | | | | Bundled | $0.00 | | | |
| C1729 | N | CATH, DRAINAGE | | | | Bundled | $0.00 | | | |
| C1730 | N | CATH, EP, 19 OR FEW ELECT | | | | Bundled | $0.00 | | | |
| C1731 | N | CATH, EP, 20 OR MORE ELEC | | | | Bundled | $0.00 | | | |
| C1732 | N | CATH, EP, DIAG/ABL, 3D/VECT | | | | Bundled | $0.00 | | | |
| C1733 | N | CATH, EP, OTHR THAN COOL-TIP | | | | Bundled | $0.00 | | | |
| C1749 | H | ENDO, COLON, RETRO IMAGING | | | | By Report | $0.00 | | | |
| C1750 | N | CATH, HEMODIALYSIS,LONG-TERM | | | | Bundled | $0.00 | | | |
| C1751 | N | CATH, INF, PER/CENT/MIDLINE | | | | Bundled | $0.00 | | | |

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|---|---|---|---|---|---|---|---|---|---|---|
| C1752 | N | CATH,HEMODIALYSIS,SHORT-TERM | | | | Bundled | $0.00 | | | |
| C1753 | N | CATH, INTRAVAS ULTRASOUND | | | | Bundled | $0.00 | | | |
| C1754 | N | CATHETER, INTRADISCAL | | | | Bundled | $0.00 | | | |
| C1755 | N | CATHETER, INTRASPINAL | | | | Bundled | $0.00 | | | |
| C1756 | N | CATH, PACING, TRANSESOPH | | | | Bundled | $0.00 | | | |
| C1757 | N | CATH, THROMBECTOMY/EMBOLECT | | | | Bundled | $0.00 | | | |
| C1758 | N | CATHETER, URETERAL | | | | Bundled | $0.00 | | | |
| C1759 | N | CATH, INTRA ECHOCARDIOGRAPHY | | | | Bundled | $0.00 | | | |
| C1760 | N | CLOSURE DEV, VASC | | | | Bundled | $0.00 | | | |
| C1762 | N | CONN TISS, HUMAN(INC FASCIA) | | | | Bundled | $0.00 | | | |
| C1763 | N | CONN TISS, NON-HUMAN | | | | Bundled | $0.00 | | | |
| C1764 | N | EVENT RECORDER, CARDIAC | | | | Bundled | $0.00 | | | |
| C1765 | N | ADHESION BARRIER | | | | Bundled | $0.00 | | | |
| C1766 | N | INTRO/SHEATH,STRBLE,NON-PEEL | | | | Bundled | $0.00 | | | |
| C1767 | N | GENERATOR, NEURO NON-RECHARG | | | | Bundled | $0.00 | | | |
| C1768 | N | GRAFT, VASCULAR | | | | Bundled | $0.00 | | | |
| C1769 | N | GUIDE WIRE | | | | Bundled | $0.00 | | | |
| C1770 | N | IMAGING COIL, MR, INSERTABLE | | | | Bundled | $0.00 | | | |
| C1771 | N | REP DEV, URINARY, W/SLING | | | | Bundled | $0.00 | | | |
| C1772 | N | INFUSION PUMP, PROGRAMMABLE | | | | Bundled | $0.00 | | | |
| C1773 | N | RET DEV, INSERTABLE | | | | Bundled | $0.00 | | | |
| C1776 | N | JOINT DEVICE (IMPLANTABLE) | | | | Bundled | $0.00 | | | |
| C1777 | N | LEAD, AICD, ENDO SINGLE COIL | | | | Bundled | $0.00 | | | |
| C1778 | N | LEAD, NEUROSTIMULATOR | | | | Bundled | $0.00 | | | |
| C1779 | N | LEAD, PMKR, TRANSVENOUS VDD | | | | Bundled | $0.00 | | | |
| C1780 | N | LENS, INTRAOCULAR (NEW TECH) | | | | Bundled | $0.00 | | | |
| C1781 | N | MESH (IMPLANTABLE) | | | | Bundled | $0.00 | | | |
| C1782 | N | MORCELLATOR | | | | Bundled | $0.00 | | | |
| C1783 | N | OCULAR IMP, AQUEOUS DRAIN DE | | | | Bundled | $0.00 | | | |
| C1784 | N | OCULAR DEV, INTRAOP, DET RET | | | | Bundled | $0.00 | | | |
| C1785 | N | PMKR, DUAL, RATE-RESP | | | | Bundled | $0.00 | | | |
| C1786 | N | PMKR, SINGLE, RATE-RESP | | | | Bundled | $0.00 | | | |
| C1787 | N | PATIENT PROGR, NEUROSTIM | | | | Bundled | $0.00 | | | |
| C1788 | N | PORT, INDWELLING, IMP | | | | Bundled | $0.00 | | | |
| C1789 | N | PROSTHESIS, BREAST, IMP | | | | Bundled | $0.00 | | | |
| C1813 | E | PROSTHESIS, PENILE, INFLATAB | | | | Not Allowed | $0.00 | | | |
| C1814 | N | RETINAL TAMP, SILICONE OIL | | | | Bundled | $0.00 | | | |
| C1815 | N | PROS, URINARY SPH, IMP | | | | Bundled | $0.00 | | | |
| C1816 | N | RECEIVER/TRANSMITTER, NEURO | | | | Bundled | $0.00 | | | |
| C1817 | N | SEPTAL DEFECT IMP SYS | | | | Bundled | $0.00 | | | |
| C1818 | N | INTEGRATED KERATOPROSTHESIS | | | | Bundled | $0.00 | | | |
| C1819 | N | TISSUE LOCALIZATION-EXCISION | | | | Bundled | $0.00 | | | |
| C1820 | N | GENERATOR NEURO RECHG BAT SY | | | | Bundled | $0.00 | | | |
| C1821 | N | INTERSPINOUS IMPLANT | | | | Bundled | $0.00 | | | |
| C1830 | H | POWER BONE MARROW BX NEEDLE | | 1830 | | By Report | $0.00 | | | |
| C1840 | H | TELESCOPIC INTRAOCULAR LENS | | 1840 | | By Report | $0.00 | | | |
| C1874 | N | STENT, COATED/COV W/DEL SYS | | | | Bundled | $0.00 | | | |
| C1875 | N | STENT, COATED/COV W/O DEL SY | | | | Bundled | $0.00 | | | |
| C1876 | N | STENT, NON-COA/NON-COV W/DEL | | | | Bundled | $0.00 | | | |
| C1877 | N | STENT, NON-COAT/COV W/O DEL | | | | Bundled | $0.00 | | | |
| C1878 | N | MATRL FOR VOCAL CORD | | | | Bundled | $0.00 | | | |
| C1879 | E | TISSUE MARKER, IMPLANTABLE | | | | Not Allowed | $0.00 | | | |
| C1880 | N | VENA CAVA FILTER | | | | Bundled | $0.00 | | | |
| C1881 | N | DIALYSIS ACCESS SYSTEM | | | | Bundled | $0.00 | | | |
| C1882 | N | AICD, OTHER THAN SING/DUAL | | | | Bundled | $0.00 | | | |
| C1883 | N | ADAPT/EXT, PACING/NEURO LEAD | | | | Bundled | $0.00 | | | |
| C1884 | N | EMBOLIZATION PROTECT SYST | | | | Bundled | $0.00 | | | |
| C1885 | N | CATH, TRANSLUMIN ANGIO LASER | | | | Bundled | $0.00 | | | |
| C1886 | H | CATHETER, ABLATION | | 1886 | | By Report | $0.00 | | | |
| C1887 | N | CATHETER, GUIDING | | | | Bundled | $0.00 | | | |
| C1888 | N | ENDOVAS NON-CARDIAC ABL CATH | | | | Bundled | $0.00 | | | |
| C1891 | N | INFUSION PUMP,NON-PROG, PERM | | | | Bundled | $0.00 | | | |
| C1892 | N | INTRO/SHEATH,FIXED,PEEL-AWAY | | | | Bundled | $0.00 | | | |
| C1893 | N | INTRO/SHEATH, FIXED,NON-PEEL | | | | Bundled | $0.00 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| C1894 | N | INTRO/SHEATH, NON-LASER | | | | Bundled | $0.00 | | | |
| C1895 | N | LEAD, AICD, ENDO DUAL COIL | | | | Bundled | $0.00 | | | |
| C1896 | N | LEAD, AICD, NON SING/DUAL | | | | Bundled | $0.00 | | | |
| C1897 | N | LEAD, NEUROSTIM TEST KIT | | | | Bundled | $0.00 | | | |
| C1898 | N | LEAD, PMKR, OTHER THAN TRANS | | | | Bundled | $0.00 | | | |
| C1899 | N | LEAD, PMKR/AICD COMBINATION | | | | Bundled | $0.00 | | | |
| C1900 | N | LEAD, CORONARY VENOUS | | | | Bundled | $0.00 | | | |
| C2614 | N | PROBE, PERC LUMB DISC | | | | Bundled | $0.00 | | | |
| C2615 | N | SEALANT, PULMONARY, LIQUID | | | | Bundled | $0.00 | | | |
| C2616 | U | BRACHYTX, NON-STR,YTTRIUM-90 | | 2616 | 219.72 | APC | $11,120.24 | | | |
| C2617 | N | STENT, NON-COR, TEM W/O DEL | | | | Bundled | $0.00 | | | |
| C2618 | N | PROBE, CRYOABLATION | | | | Bundled | $0.00 | | | |
| C2619 | N | PMKR, DUAL, NON RATE-RESP | | | | Bundled | $0.00 | | | |
| C2620 | N | PMKR, SINGLE, NON RATE-RESP | | | | Bundled | $0.00 | | | |
| C2621 | N | PMKR, OTHER THAN SING/DUAL | | | | Bundled | $0.00 | | | |
| C2622 | E | PROSTHESIS, PENILE, NON-INF | | | | Not Allowed | $0.00 | | | |
| C2625 | N | STENT, NON-COR, TEM W/DEL SY | | | | Bundled | $0.00 | | | |
| C2626 | N | INFUSION PUMP, NON-PROG,TEMP | | | | Bundled | $0.00 | | | |
| C2627 | N | CATH, SUPRAPUBIC/CYSTOSCOPIC | | | | Bundled | $0.00 | | | |
| C2628 | N | CATHETER, OCCLUSION | | | | Bundled | $0.00 | | | |
| C2629 | N | INTRO/SHEATH, LASER | | | | Bundled | $0.00 | | | |
| C2630 | N | CATH, EP, COOL-TIP | | | | Bundled | $0.00 | | | |
| C2631 | N | REP DEV, URINARY, W/O SLING | | | | Bundled | $0.00 | | | |
| C2634 | U | BRACHYTX, NON-STR, HA, I-125 | | 2634 | 0.9229 | APC | $46.71 | | | |
| C2635 | U | BRACHYTX, NON-STR, HA, P-103 | | 2635 | 0.4285 | APC | $21.69 | | | |
| C2636 | U | BRACHY LINEAR, NON-STR,P-103 | | 2636 | 0.4994 | APC | $25.27 | | | |
| C2637 | E | BRACHY,NON-STR,YTTERBIUM-169 | | | | Not Allowed | $0.00 | | | |
| C2638 | U | BRACHYTX, STRANDED, I-125 | | 2638 | 0.6548 | APC | $33.14 | | | |
| C2639 | U | BRACHYTX, NON-STRANDED,I-125 | | 2639 | 0.5005 | APC | $25.33 | | | |
| C2640 | U | BRACHYTX, STRANDED, P-103 | | 2640 | 1.0578 | APC | $53.54 | | | |
| C2641 | U | BRACHYTX, NON-STRANDED,P-103 | | 2641 | 0.8481 | APC | $42.92 | | | |
| C2642 | U | BRACHYTX, STRANDED, C-131 | | 2642 | 1.5461 | APC | $78.25 | | | |
| C2643 | U | BRACHYTX, NON-STRANDED,C-131 | | 2643 | 0.9259 | APC | $46.86 | | | |
| C2698 | U | BRACHYTX, STRANDED, NOS | | 2698 | 0.6548 | APC | $33.14 | | | |
| C2699 | U | BRACHYTX, NON-STRANDED, NOS | | 2699 | 0.4285 | APC | $21.69 | | | |
| C8900 | N | MRA W/CONT, ABD | | 0284 | 6.3741 | Bundled, may be payable in some circumstances | $14,373.24 | | | |
| C8901 | N | MRA W/O CONT, ABD | | 0336 | 4.7466 | Bundled, may be payable in some circumstances | $17,004.96 | | | |
| C8902 | N | MRA W/O FOL W/CONT, ABD | | 0337 | 7.7051 | Bundled, may be payable in some circumstances | $17,055.57 | | | |
| C8903 | N | MRI W/CONT, BREAST, UNI | | 0284 | 6.3741 | Bundled, may be payable in some circumstances | $14,373.24 | | | |
| C8904 | N | MRI W/O CONT, BREAST, UNI | | 0336 | 4.7466 | Bundled, may be payable in some circumstances | $17,004.96 | | | |
| C8905 | N | MRI W/O FOL W/CONT, BRST, UN | | 0337 | 7.7051 | Bundled, may be payable in some circumstances | $17,055.57 | | | |
| C8906 | N | MRI W/CONT, BREAST, BI | | 0284 | 6.3741 | Bundled, may be payable in some circumstances | $14,373.24 | | | |
| C8907 | N | MRI W/O CONT, BREAST, BI | | 0336 | 4.7466 | Bundled, may be payable in some circumstances | $17,004.96 | | | |
| C8908 | N | MRI W/O FOL W/CONT, BREAST, | | 0337 | 7.7051 | Bundled, may be payable in some circumstances | $17,055.57 | | | |
| C8909 | N | MRA W/CONT, CHEST | | 0284 | 6.3741 | Bundled, may be payable in some circumstances | $14,373.24 | | | |
| C8910 | N | MRA W/O CONT, CHEST | | 0336 | 4.7466 | Bundled, may be payable in some circumstances | $17,004.96 | | | |
| C8911 | N | MRA W/O FOL W/CONT, CHEST | | 0337 | 7.7051 | Bundled, may be payable in some circumstances | $17,055.57 | | | |
| C8912 | N | MRA W/CONT, LWR EXT | | 0284 | 6.3741 | Bundled, may be payable in some circumstances | $14,373.24 | | | |
| C8913 | N | MRA W/O CONT, LWR EXT | | 0336 | 4.7466 | Bundled, may be payable in some circumstances | $17,004.96 | | | |
| C8914 | N | MRA W/O FOL W/CONT, LWR EXT | | 0337 | 7.7051 | Bundled, may be payable in some circumstances | $17,055.57 | | | |
| C8918 | N | MRA W/CONT, PELVIS | | 0284 | 6.3741 | Bundled, may be payable in some circumstances | $14,373.24 | | | |
| C8919 | N | MRA W/O CONT, PELVIS | | 0336 | 4.7466 | Bundled, may be payable in some circumstances | $17,004.96 | | | |
| C8920 | N | MRA W/O FOL W/CONT, PELVIS | | 0337 | 7.7051 | Bundled, may be payable in some circumstances | $17,055.57 | | | |
| C8921 | S | TTE W OR W/O FOL W/CONT, COM | | 0178 | 8.1101 | APC | $410.45 | | | |
| C8922 | S | TTE W OR W/O FOL W/CONT, F/U | | 0177 | 6.0848 | APC | $307.95 | | | |
| C8923 | S | 2D TTE W OR W/O FOL W/CON,CO | | 0177 | 6.0848 | APC | $307.95 | | | |
| C8924 | S | 2D TTE W OR W/O FOL W/CON,FU | | 0177 | 6.0848 | APC | $307.95 | | | |
| C8925 | S | 2D TEE W OR W/O FOL W/CON,IN | | 0178 | 8.1101 | APC | $410.45 | | | |
| C8926 | S | TEE W OR W/O FOL W/CONT,CONG | | 0178 | 8.1101 | APC | $410.45 | | | |
| C8927 | S | TEE W OR W/O FOL W/CONT, MON | | 0177 | 6.0848 | APC | $307.95 | | | |
| C8928 | S | TTE W OR W/O FOL W/CON,STRES | | 0178 | 8.1101 | APC | $410.45 | | | |
| C8929 | S | TTE W OR WO FOL WCON,DOPPLER | | 0178 | 8.1101 | APC | $410.45 | | | |
| C8930 | S | TTE W OR W/O CONTR, CONT ECG | | 0178 | 8.1101 | APC | $410.45 | | | |
| C8931 | N | MRA, W/DYE, SPINAL CANAL | | 0284 | 6.3741 | Bundled, may be payable in some circumstances | $14,373.24 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| C8932 | N | MRA, W/O DYE, SPINAL CANAL | | 0336 | 4.7466 | Bundled, may be payable in some circumstances | $17,004.96 | | | |
| C8933 | N | MRA, W/O&W/DYE, SPINAL CANAL | | 0337 | 7.7051 | Bundled, may be payable in some circumstances | $17,055.57 | | | |
| C8934 | N | MRA, W/DYE, UPPER EXTREMITY | | 0284 | 6.3741 | Bundled, may be payable in some circumstances | $14,373.24 | | | |
| C8935 | N | MRA, W/O DYE, UPPER EXTR | | 0336 | 4.7466 | Bundled, may be payable in some circumstances | $17,004.96 | | | |
| C8936 | N | MRA, W/O&W/DYE, UPPER EXTR | | 0337 | 7.7051 | Bundled, may be payable in some circumstances | $17,055.57 | | | |
| C8957 | S | PROLONGED IV INF, REQ PUMP | | 0440 | 3.2322 | APC | $163.58 | | | |
| C9113 | N | INJ PANTOPRAZOLE SODIUM, VIA | | | | Bundled | $0.00 | | | |
| C9121 | K | INJECTION, ARGATROBAN | | 9121 | | APC | $18.07 | | | |
| C9130 | G | INJECTION, IVIG BIVIGAM | | 9130 | | APC | $63.58 | | | |
| C9131 | G | IN ADO-TRASTUZUMAB EMTANSINE | | 9131 | | APC | $29.40 | | | |
| C9248 | K | INJ, CLEVIDIPINE BUTYRATE | | 9248 | | APC | $2.83 | | | |
| C9250 | K | ARTISS FIBRIN SEALANT | | 9250 | | APC | $33.91 | | | |
| C9254 | N | INJECTION, LACOSAMIDE | | | | Bundled | $0.00 | | | |
| C9257 | K | BEVACIZUMAB INJECTION | | 1281 | | APC | $1.62 | | | |
| C9275 | N | HEXAMINOLEVULINATE HCL | | | | Bundled | $0.00 | | | |
| C9285 | G | PATCH, LIDOCAINE/TETRACAINE | | 9285 | | APC | $13.17 | | | |
| C9290 | G | INJ, BUPIVACAINE LIPOSOME | | 9290 | | APC | $1.08 | | | |
| C9292 | G | INJECTION, PERTUZUMAB | | 9292 | | APC | $102.09 | | | |
| C9293 | G | INJECTION, GLUCARPIDASE | | 9293 | | APC | $233.73 | | | |
| C9294 | G | INJ, TALIGLUCERASE ALFA | | 9294 | | APC | $30.90 | | | |
| C9295 | G | INJECTION, CARFILZOMIB | | 9295 | | APC | $29.29 | | | |
| C9296 | G | INJECTION, ZIV-AFLIBERCEPT | | 9296 | | APC | $11.10 | | | |
| C9297 | G | OMACETAXINE MEPESUCCINATE | | 9297 | | APC | $2.48 | | | |
| C9298 | G | INJECTION, OCRIPLASMIN | | 9298 | | APC | $1,046.75 | | | |
| C9352 | N | NEURAGEN NERVE GUIDE, PER CM | | | | Bundled | $0.00 | | | |
| C9353 | N | NEURAWRAP NERVE PROTECTOR,CM | | | | Bundled | $0.00 | | | |
| C9354 | N | VERITAS COLLAGEN MATRIX, CM2 | | | | Bundled | $0.00 | | | |
| C9355 | N | NEUROMATRIX NERVE CUFF, CM | | | | Bundled | $0.00 | | | |
| C9356 | N | TENOGLIDE TENDON PROT, CM2 | | | | Bundled | $0.00 | | | |
| C9358 | K | SURGIMEND, FETAL | | 9358 | | APC | $11.96 | | | |
| C9359 | N | IMPLNT,BON VOID FILLER-PUTTY | | | | Bundled | $0.00 | | | |
| C9360 | K | SURGIMEND, NEONATAL | | 9360 | | APC | $12.04 | | | |
| C9361 | N | NEUROMEND NERVE WRAP | | | | Bundled | $0.00 | | | |
| C9362 | N | IMPLNT,BON VOID FILLER-STRIP | | | | Bundled | $0.00 | | | |
| C9363 | K | INTEGRA MESHED BIL WOUND MAT | | 9363 | | APC | $29.17 | | | |
| C9364 | N | PORCINE IMPLANT, PERMACOL | | | | Bundled | $0.00 | | | |
| C9367 | G | ENDOFORM DERMAL TEMPLATE | | | | Not Allowed | $0.00 | | | |
| C9399 | M | UNCLASSIFIED DRUGS OR BIOLOG | | | | Fee Schedule | $0.00 | | | |
| C9600 | T | PERC DRUG-EL COR STENT SING | | 0656 | 108.86 | APC | $5,509.43 | | | |
| C9601 | T | PERC DRUG-EL COR STENT BRAN | | 0656 | 108.86 | APC | $5,509.43 | | | |
| C9602 | T | PERC D-E COR STENT ATHER S | | 0656 | 108.86 | APC | $5,509.43 | | | |
| C9603 | T | PERC D-E COR STENT ATHER BR | | 0656 | 108.86 | APC | $5,509.43 | | | |
| C9604 | T | PERC D-E COR REVASC T CABG S | | 0656 | 108.86 | APC | $5,509.43 | | | |
| C9605 | T | PERC D-E COR REVASC T CABG B | | 0656 | 108.86 | APC | $5,509.43 | | | |
| C9606 | T | PERC D-E COR REVASC W AMI S | | 0656 | 108.86 | APC | $5,509.43 | | | |
| C9607 | T | PERC D-E COR REVASC CHRO SIN | | 0656 | 108.86 | APC | $5,509.43 | | | |
| C9608 | T | PERC D-E COR REVASC CHRO ADD | | 0656 | 108.86 | APC | $5,509.43 | | | |
| C9724 | T | EPS STOMACH PLIC | | 0422 | 26.185 | APC | $1,325.23 | | | |
| C9725 | T | PLACE ENDORECTAL APP | | 0148 | 6.1609 | APC | $311.80 | | | |
| C9726 | T | RXT BREAST APPL PLACE/REMOV | | 0028 | 26.121 | APC | $1,321.98 | | | |
| C9727 | T | INSERT PALATE IMPLANTS | | 0252 | 6.9913 | APC | $353.83 | | | |
| C9728 | X | PLACE DEVICE/MARKER, NON PRO | | 0310 | 13.805 | APC | $698.68 | | | |
| C9733 | N | NON-OPHTHALMIC FVA | | 0397 | 4.6411 | Bundled, may be payable in some circumstances | $20,092.17 | | | |
| C9734 | S | U/S TRTMT, NOT LEIOMYOMATA | | 0067 | 46.284 | APC | $2,342.42 | | | |
| C9735 | T | ANOSCOPY, SUBMUCOSAL INJ | | 0150 | 33.177 | APC | $1,679.10 | | | |
| C9736 | T | LAP ABLATE UTERI FIBROID RF | | 0131 | 48.899 | APC | $2,474.79 | | | |
| C9800 | T | DERMAL FILLER INJ PX/SUPPL | | 0135 | 5.5162 | APC | $279.17 | | | |
| C9898 | N | INPNT STAY RADIOLABELED ITEM | | | | Bundled | $0.00 | | | |
| C9899 | E | INPT IMPLANT PROS DEV,NO COV | | | | Not Allowed | $0.00 | | | |
| D0120 | M | PERIODIC ORAL EVALUATION | | | | Fee Schedule | $68.64 | | | |
| D0140 | M | LIMIT ORAL EVAL PROBLM FOCUS | | | | Fee Schedule | $68.64 | | | |
| D0145 | M | ORAL EVALUATION, PT < 3YRS | | | | Fee Schedule | $0.00 | | | |
| D0150 | S | COMPREHENSVE ORAL EVALUATION | | 0330 | 7.5832 | APC | $383.79 | | | |
| D0160 | E | EXTENSV ORAL EVAL PROB FOCUS | | | | Not Allowed | $0.00 | | | |

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|---|---|---|---|---|---|---|---|---|---|---|
| D0170 | E | RE-EVAL,EST PT,PROBLEM FOCUS | | | | Not Allowed | $0.00 | | | |
| D0180 | E | COMP PERIODONTAL EVALUATION | | | | Not Allowed | $0.00 | | | |
| D0190 | E | SCREENING OF A PATIENT | | | | Not Allowed | $0.00 | | | |
| D0191 | E | ASSESSMENT OF A PATIENT | | | | Not Allowed | $0.00 | | | |
| D0210 | M | INTRAOR COMPLETE FILM SERIES | | | | Fee Schedule | $68.64 | | | |
| D0220 | M | INTRAORAL PERIAPICAL FIRST | | | | Fee Schedule | $68.64 | | | |
| D0230 | M | INTRAORAL PERIAPICAL EA ADD | | | | Fee Schedule | $68.64 | | | |
| D0240 | S | INTRAORAL OCCLUSAL FILM | | 0330 | 7.5832 | APC | $383.79 | | | |
| D0250 | S | EXTRAORAL FIRST FILM | | 0330 | 7.5832 | APC | $383.79 | | | |
| D0260 | S | EXTRAORAL EA ADDITIONAL FILM | | 0330 | 7.5832 | APC | $383.79 | | | |
| D0270 | S | DENTAL BITEWING SINGLE IMAGE | | 0330 | 7.5832 | APC | $383.79 | | | |
| D0272 | S | DENTAL BITEWINGS TWO IMAGES | | 0330 | 7.5832 | APC | $383.79 | | | |
| D0273 | M | BITEWINGS - THREE IMAGES | | | | Fee Schedule | $68.64 | | | |
| D0274 | S | BITEWINGS FOUR IMAGES | | 0330 | 7.5832 | APC | $383.79 | | | |
| D0277 | S | VERT BITEWINGS 7 TO 8 IMAGES | | 0330 | 7.5832 | APC | $383.79 | | | |
| D0290 | E | SKULL/FACIAL BONE IMAGE | | | | Not Allowed | $0.00 | | | |
| D0310 | E | DENTAL SALIOGRAPHY | | | | Not Allowed | $0.00 | | | |
| D0320 | E | DENTAL TMJ ARTHROGRAM INCL I | | | | Not Allowed | $0.00 | | | |
| D0321 | E | OTHER TMJ IMAGES BY REPORT | | | | Not Allowed | $0.00 | | | |
| D0322 | E | DENTAL TOMOGRAPHIC SURVEY | | | | Not Allowed | $0.00 | | | |
| D0330 | M | PANORAMIC IMAGE | | | | Fee Schedule | $68.64 | | | |
| D0340 | M | CEPHALOMETRIC IMAGE | | | | Fee Schedule | $68.64 | | | |
| D0350 | M | ORAL/FACIAL PHOTO IMAGES | | | | Fee Schedule | $68.64 | | | |
| D0360 | E | CONE BEAM CT | | | | Not Allowed | $0.00 | | | |
| D0362 | E | CONE BEAM, TWO DIMENSIONAL | | | | Not Allowed | $0.00 | | | |
| D0363 | E | CONE BEAM, THREE DIMENSIONAL | | | | Not Allowed | $0.00 | | | |
| D0364 | E | CONE BEAM CT CAPT & INTERP | | | | Not Allowed | $0.00 | | | |
| D0365 | E | CONE BEAM CT INTERPRETE MAN | | | | Not Allowed | $0.00 | | | |
| D0366 | E | CONE BEAM CT INTERPRETE MAX | | | | Not Allowed | $0.00 | | | |
| D0367 | E | CONE BEAM CT INTERP BOTH JAW | | | | Not Allowed | $0.00 | | | |
| D0368 | E | CONE BEAM CT INTERPRETE TMJ | | | | Not Allowed | $0.00 | | | |
| D0369 | E | MAX MRI CAPTURE & INTERPRETE | | | | Not Allowed | $0.00 | | | |
| D0370 | E | MAX ULTRASOUND CAPT & INTERP | | | | Not Allowed | $0.00 | | | |
| D0371 | E | SIALOENDOSCOPY CAPT & INTERP | | | | Not Allowed | $0.00 | | | |
| D0380 | E | CONE BEAM CT CAPTURE LIMITED | | | | Not Allowed | $0.00 | | | |
| D0381 | E | CONE BEAM CT CAPT MANDIBLE | | | | Not Allowed | $0.00 | | | |
| D0382 | E | CONE BEAM CT CAPT MAXILLA | | | | Not Allowed | $0.00 | | | |
| D0383 | E | CONE BEAM CT BOTH JAWS | | | | Not Allowed | $0.00 | | | |
| D0384 | E | CONE BEAM CT CAPTURE TMJ | | | | Not Allowed | $0.00 | | | |
| D0385 | E | MAX MRI IMAGE CAPTURE | | | | Not Allowed | $0.00 | | | |
| D0386 | E | MAX ULTRASOUND IMAGE CAPTURE | | | | Not Allowed | $0.00 | | | |
| D0391 | E | IMTERPRETE DIAGNOSTIC IMAGE | | | | Not Allowed | $0.00 | | | |
| D0415 | E | COLLECTION OF MICROORGANISMS | | | | Not Allowed | $0.00 | | | |
| D0416 | E | VIRAL CULTURE | | | | Not Allowed | $0.00 | | | |
| D0417 | E | COLLECT & PREP SALIVA SAMPLE | | | | Not Allowed | $0.00 | | | |
| D0418 | E | ANALYSIS OF SALIVA SAMPLE | | | | Not Allowed | $0.00 | | | |
| D0421 | E | GEN TST SUSCEPT ORAL DISEASE | | | | Not Allowed | $0.00 | | | |
| D0425 | M | CARIES SUSCEPTIBILITY TEST | | | | Fee Schedule | $0.00 | | | |
| D0431 | E | DIAG TST DETECT MUCOS ABNORM | | | | Not Allowed | $0.00 | | | |
| D0460 | S | PULP VITALITY TEST | | 0330 | 7.5832 | APC | $383.79 | | | |
| D0470 | M | DIAGNOSTIC CASTS | | | | Fee Schedule | $68.64 | | | |
| D0472 | E | GROSS EXAM, PREP & REPORT | | | | Not Allowed | $0.00 | | | |
| D0473 | E | MICRO EXAM, PREP & REPORT | | | | Not Allowed | $0.00 | | | |
| D0474 | E | MICRO W EXAM OF SURG MARGINS | | | | Not Allowed | $0.00 | | | |
| D0475 | E | DECALCIFICATION PROCEDURE | | | | Not Allowed | $0.00 | | | |
| D0476 | E | SPEC STAINS FOR MICROORGANIS | | | | Not Allowed | $0.00 | | | |
| D0477 | E | SPEC STAINS NOT FOR MICROORG | | | | Not Allowed | $0.00 | | | |
| D0478 | E | IMMUNOHISTOCHEMICAL STAINS | | | | Not Allowed | $0.00 | | | |
| D0479 | E | TISSUE IN-SITU HYBRIDIZATION | | | | Not Allowed | $0.00 | | | |
| D0480 | E | CYTOPATH SMEAR PREP & REPORT | | | | Not Allowed | $0.00 | | | |
| D0481 | E | ELECTRON MICROSCOPY DIAGNOST | | | | Not Allowed | $0.00 | | | |
| D0482 | E | DIRECT IMMUNOFLUORESCENCE | | | | Not Allowed | $0.00 | | | |
| D0483 | E | INDIRECT IMMUNOFLUORESCENCE | | | | Not Allowed | $0.00 | | | |
| D0484 | E | CONSULT SLIDES PREP ELSEWHER | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| D0485 | E | CONSULT INC PREP OF SLIDES | | | | Not Allowed | $0.00 | | | |
| D0486 | E | ACCESS OF TRANSEP CYTOL SAMP | | | | Not Allowed | $0.00 | | | |
| D0502 | E | OTHER ORAL PATHOLOGY PROCEDU | | | | Not Allowed | $0.00 | | | |
| D0999 | E | UNSPECIFIED DIAGNOSTIC PROCE | | | | Not Allowed | $0.00 | | | |
| D1110 | M | DENTAL PROPHYLAXIS ADULT | | | | Fee Schedule | $68.64 | | | |
| D1120 | M | DENTAL PROPHYLAXIS CHILD | | | | Fee Schedule | $68.64 | | | |
| D1206 | M | TOPICAL FLUORIDE VARNISH | | | | Fee Schedule | $0.00 | | | |
| D1208 | E | TOPICAL APP OF FLUORIDE | | | | Not Allowed | $0.00 | | | |
| D1310 | M | NUTRI COUNSEL-CONTROL CARIES | | | | Fee Schedule | $0.00 | | | |
| D1320 | E | TOBACCO COUNSELING | | | | Not Allowed | $0.00 | | | |
| D1330 | M | ORAL HYGIENE INSTRUCTION | | | | Fee Schedule | $0.00 | | | |
| D1351 | M | DENTAL SEALANT PER TOOTH | | | | Fee Schedule | $68.64 | | | |
| D1352 | E | PREV RESIN REST, PERM TOOTH | | | | Not Allowed | $0.00 | | | |
| D1510 | S | SPACE MAINTAINER FXD UNILAT | | 0330 | 7.5832 | APC | $383.79 | | | |
| D1515 | S | FIXED BILAT SPACE MAINTAINER | | 0330 | 7.5832 | APC | $383.79 | | | |
| D1520 | E | REMOVE UNILAT SPACE MAINTAIN | | | | Not Allowed | $0.00 | | | |
| D1525 | E | REMOVE BILAT SPACE MAINTAIN | | | | Not Allowed | $0.00 | | | |
| D1550 | S | RECEMENT SPACE MAINTAINER | | 0330 | 7.5832 | APC | $383.79 | | | |
| D1555 | M | REMOVE FIX SPACE MAINTAINER | | | | Fee Schedule | $68.64 | | | |
| D2140 | M | AMALGAM ONE SURFACE PERMANEN | | | | Fee Schedule | $68.64 | | | |
| D2150 | M | AMALGAM TWO SURFACES PERMANE | | | | Fee Schedule | $68.64 | | | |
| D2160 | M | AMALGAM THREE SURFACES PERMA | | | | Fee Schedule | $68.64 | | | |
| D2161 | M | AMALGAM 4 OR > SURFACES PERM | | | | Fee Schedule | $68.64 | | | |
| D2330 | M | RESIN ONE SURFACE-ANTERIOR | | | | Fee Schedule | $68.64 | | | |
| D2331 | M | RESIN TWO SURFACES-ANTERIOR | | | | Fee Schedule | $68.64 | | | |
| D2332 | M | RESIN THREE SURFACES-ANTERIO | | | | Fee Schedule | $68.64 | | | |
| D2335 | M | RESIN 4/> SURF OR W INCIS AN | | | | Fee Schedule | $68.64 | | | |
| D2390 | M | ANT RESIN-BASED CMPST CROWN | | | | Fee Schedule | $68.64 | | | |
| D2391 | M | POST 1 SRFC RESINBASED CMPST | | | | Fee Schedule | $68.64 | | | |
| D2392 | M | POST 2 SRFC RESINBASED CMPST | | | | Fee Schedule | $68.64 | | | |
| D2393 | M | POST 3 SRFC RESINBASED CMPST | | | | Fee Schedule | $68.64 | | | |
| D2394 | M | POST >=4SRFC RESINBASE CMPST | | | | Fee Schedule | $68.64 | | | |
| D2410 | E | DENTAL GOLD FOIL ONE SURFACE | | | | Not Allowed | $0.00 | | | |
| D2420 | E | DENTAL GOLD FOIL TWO SURFACE | | | | Not Allowed | $0.00 | | | |
| D2430 | E | DENTAL GOLD FOIL THREE SURFA | | | | Not Allowed | $0.00 | | | |
| D2510 | E | DENTAL INLAY METALIC 1 SURF | | | | Not Allowed | $0.00 | | | |
| D2520 | E | DENTAL INLAY METALLIC 2 SURF | | | | Not Allowed | $0.00 | | | |
| D2530 | E | DENTAL INLAY METL 3/MORE SUR | | | | Not Allowed | $0.00 | | | |
| D2542 | E | DENTAL ONLAY METALLIC 2 SURF | | | | Not Allowed | $0.00 | | | |
| D2543 | E | DENTAL ONLAY METALLIC 3 SURF | | | | Not Allowed | $0.00 | | | |
| D2544 | E | DENTAL ONLAY METL 4/MORE SUR | | | | Not Allowed | $0.00 | | | |
| D2610 | E | INLAY PORCELAIN/CERAMIC 1 SU | | | | Not Allowed | $0.00 | | | |
| D2620 | E | INLAY PORCELAIN/CERAMIC 2 SU | | | | Not Allowed | $0.00 | | | |
| D2630 | E | DENTAL ONLAY PORC 3/MORE SUR | | | | Not Allowed | $0.00 | | | |
| D2642 | E | DENTAL ONLAY PORCELIN 2 SURF | | | | Not Allowed | $0.00 | | | |
| D2643 | E | DENTAL ONLAY PORCELIN 3 SURF | | | | Not Allowed | $0.00 | | | |
| D2644 | E | DENTAL ONLAY PORC 4/MORE SUR | | | | Not Allowed | $0.00 | | | |
| D2650 | E | INLAY COMPOSITE/RESIN ONE SU | | | | Not Allowed | $0.00 | | | |
| D2651 | E | INLAY COMPOSITE/RESIN TWO SU | | | | Not Allowed | $0.00 | | | |
| D2652 | E | DENTAL INLAY RESIN 3/MRE SUR | | | | Not Allowed | $0.00 | | | |
| D2662 | E | DENTAL ONLAY RESIN 2 SURFACE | | | | Not Allowed | $0.00 | | | |
| D2663 | E | DENTAL ONLAY RESIN 3 SURFACE | | | | Not Allowed | $0.00 | | | |
| D2664 | E | DENTAL ONLAY RESIN 4/MRE SUR | | | | Not Allowed | $0.00 | | | |
| D2710 | M | CROWN RESIN-BASED INDIRECT | | | | Fee Schedule | $68.64 | | | |
| D2712 | M | CROWN 3/4 RESIN-BASED COMPOS | | | | Fee Schedule | $68.64 | | | |
| D2720 | M | CROWN RESIN W/ HIGH NOBLE ME | | | | Fee Schedule | $68.64 | | | |
| D2721 | M | CROWN RESIN W/ BASE METAL | | | | Fee Schedule | $68.64 | | | |
| D2722 | M | CROWN RESIN W/ NOBLE METAL | | | | Fee Schedule | $68.64 | | | |
| D2740 | M | CROWN PORCELAIN/CERAMIC SUBS | | | | Fee Schedule | $68.64 | | | |
| D2750 | M | CROWN PORCELAIN W/ H NOBLE M | | | | Fee Schedule | $68.64 | | | Y |
| D2751 | M | CROWN PORCELAIN FUSED BASE M | | | | Fee Schedule | $68.64 | | | Y |
| D2752 | M | CROWN PORCELAIN W/ NOBLE MET | | | | Fee Schedule | $68.64 | | | |
| D2780 | M | CROWN 3/4 CAST HI NOBLE MET | | | | Fee Schedule | $68.64 | | | |
| D2781 | M | CROWN 3/4 CAST BASE METAL | | | | Fee Schedule | $68.64 | | | Y |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| D2782 | M | CROWN 3/4 CAST NOBLE METAL | | | | Fee Schedule | $68.64 | | | |
| D2783 | M | CROWN 3/4 PORCELAIN/CERAMIC | | | | Fee Schedule | $68.64 | | | |
| D2790 | M | CROWN FULL CAST HIGH NOBLE M | | | | Fee Schedule | $68.64 | | | |
| D2791 | M | CROWN FULL CAST BASE METAL | | | | Fee Schedule | $68.64 | | | Y |
| D2792 | M | CROWN FULL CAST NOBLE METAL | | | | Fee Schedule | $68.64 | | | |
| D2794 | M | CROWN-TITANIUM | | | | Fee Schedule | $68.64 | | | |
| D2799 | M | PROVISIONAL CROWN | | | | Fee Schedule | $68.64 | | | |
| D2910 | M | RECEMENT INLAY ONLAY OR PART | | | | Fee Schedule | $68.64 | | | |
| D2915 | E | RECEMENT CAST OR PREFAB POST | | | | Not Allowed | $0.00 | | | |
| D2920 | M | DENTAL RECEMENT CROWN | | | | Fee Schedule | $68.64 | | | |
| D2929 | E | PREFAB PORC/CERAM CROWN PRI | | | | Not Allowed | $0.00 | | | |
| D2930 | M | PREFAB STNLSS STEEL CRWN PRI | | | | Fee Schedule | $68.64 | | | |
| D2931 | M | PREFAB STNLSS STEEL CROWN PE | | | | Fee Schedule | $68.64 | | | |
| D2932 | M | PREFABRICATED RESIN CROWN | | | | Fee Schedule | $68.64 | | | |
| D2933 | M | PREFAB STAINLESS STEEL CROWN | | | | Fee Schedule | $68.64 | | | |
| D2934 | E | PREFAB STEEL CROWN PRIMARY | | | | Not Allowed | $0.00 | | | |
| D2940 | M | PROTECTIVE RESTORATION | | | | Fee Schedule | $68.64 | | | |
| D2950 | M | CORE BUILD-UP INCL ANY PINS | | | | Fee Schedule | $68.64 | | | |
| D2951 | M | TOOTH PIN RETENTION | | | | Fee Schedule | $68.64 | | | |
| D2952 | M | POST AND CORE CAST + CROWN | | | | Fee Schedule | $68.64 | | | |
| D2953 | M | EACH ADDTNL CAST POST | | | | Fee Schedule | $68.64 | | | |
| D2954 | M | PREFAB POST/CORE + CROWN | | | | Fee Schedule | $68.64 | | | |
| D2955 | E | POST REMOVAL | | | | Not Allowed | $0.00 | | | |
| D2957 | M | EACH ADDTNL PREFAB POST | | | | Fee Schedule | $68.64 | | | |
| D2960 | M | LAMINATE LABIAL VENEER | | | | Fee Schedule | $68.64 | | | Y |
| D2961 | M | LAB LABIAL VENEER RESIN | | | | Fee Schedule | $68.64 | | | Y |
| D2962 | M | LAB LABIAL VENEER PORCELAIN | | | | Fee Schedule | $68.64 | | | Y |
| D2970 | M | TEMP CROWN (FRACTURED TOOTH) | | | | Fee Schedule | $68.64 | | | |
| D2971 | E | ADD PROC CONSTRUCT NEW CROWN | | | | Not Allowed | $0.00 | | | |
| D2975 | E | COPING | | | | Not Allowed | $0.00 | | | |
| D2980 | M | CROWN REPAIR | | | | Fee Schedule | $68.64 | | | |
| D2981 | E | INLAY REPAIR | | | | Not Allowed | $0.00 | | | |
| D2982 | E | ONLAY REPAIR | | | | Not Allowed | $0.00 | | | |
| D2983 | E | VENEER REPAIR | | | | Not Allowed | $0.00 | | | |
| D2990 | E | RESIN INFILTRATION OF LESION | | | | Not Allowed | $0.00 | | | |
| D2999 | S | DENTAL UNSPEC RESTORATIVE PR | | 0330 | 7.5832 | APC | $383.79 | | | |
| D3110 | M | PULP CAP DIRECT | | | | Fee Schedule | $68.64 | | | |
| D3120 | M | PULP CAP INDIRECT | | | | Fee Schedule | $68.64 | | | |
| D3220 | M | THERAPEUTIC PULPOTOMY | | | | Fee Schedule | $68.64 | | | |
| D3221 | M | GROSS PULPAL DEBRIDEMENT | | | | Fee Schedule | $68.64 | | | |
| D3222 | E | PART PULP FOR APEXOGENESIS | | | | Not Allowed | $0.00 | | | |
| D3230 | M | PULPAL THERAPY ANTERIOR PRIM | | | | Fee Schedule | $68.64 | | | |
| D3240 | M | PULPAL THERAPY POSTERIOR PRI | | | | Fee Schedule | $68.64 | | | |
| D3310 | M | END THXPY, ANTERIOR TOOTH | | | | Fee Schedule | $68.64 | | | |
| D3320 | M | END THXPY, BICUSPID TOOTH | | | | Fee Schedule | $68.64 | | | |
| D3330 | M | END THXPY, MOLAR | | | | Fee Schedule | $68.64 | | | |
| D3331 | M | NON-SURG TX ROOT CANAL OBS | | | | Fee Schedule | $68.64 | | | |
| D3332 | E | INCOMPLETE ENDODONTIC TX | | | | Not Allowed | $0.00 | | | |
| D3333 | E | INTERNAL ROOT REPAIR | | | | Not Allowed | $0.00 | | | |
| D3346 | M | RETREAT ROOT CANAL ANTERIOR | | | | Fee Schedule | $68.64 | | | |
| D3347 | M | RETREAT ROOT CANAL BICUSPID | | | | Fee Schedule | $68.64 | | | |
| D3348 | M | RETREAT ROOT CANAL MOLAR | | | | Fee Schedule | $68.64 | | | |
| D3351 | E | APEXIFICATION/RECALC INITIAL | | | | Not Allowed | $0.00 | | | |
| D3352 | E | APEXIFICATION/RECALC INTERIM | | | | Not Allowed | $0.00 | | | |
| D3353 | E | APEXIFICATION/RECALC FINAL | | | | Not Allowed | $0.00 | | | |
| D3354 | E | PULPAL REGENERATION | | | | Not Allowed | $0.00 | | | |
| D3410 | M | APICOECT/PERIRAD SURG ANTER | | | | Fee Schedule | $68.64 | | | |
| D3421 | M | ROOT SURGERY BICUSPID | | | | Fee Schedule | $68.64 | | | |
| D3425 | M | ROOT SURGERY MOLAR | | | | Fee Schedule | $68.64 | | | |
| D3426 | M | ROOT SURGERY EA ADD ROOT | | | | Fee Schedule | $68.64 | | | |
| D3430 | M | RETROGRADE FILLING | | | | Fee Schedule | $68.64 | | | |
| D3450 | E | ROOT AMPUTATION | | | | Not Allowed | $0.00 | | | |
| D3460 | E | ENDODONTIC ENDOSSEOUS IMPLAN | | | | Not Allowed | $0.00 | | | |
| D3470 | E | INTENTIONAL REPLANTATION | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| D3910 | E | ISOLATION- TOOTH W RUBB DAM | | | | Not Allowed | $0.00 | | | |
| D3920 | E | TOOTH SPLITTING | | | | Not Allowed | $0.00 | | | |
| D3950 | E | CANAL PREP/FITTING OF DOWEL | | | | Not Allowed | $0.00 | | | |
| D3999 | E | ENDODONTIC PROCEDURE | | | | Not Allowed | $0.00 | | | |
| D4210 | M | GINGIVECTOMY/PLASTY 4 OR MOR | | | | Fee Schedule | $68.64 | | | |
| D4211 | M | GINGIVECTOMY/PLASTY 1 TO 3 | | | | Fee Schedule | $68.64 | | | |
| D4212 | E | GINGIVECTOMY/PLASTY REST | | | | Not Allowed | $0.00 | | | |
| D4230 | E | ANA CROWN EXP 4 OR> PER QUAD | | | | Not Allowed | $0.00 | | | |
| D4231 | E | ANA CROWN EXP 1-3 PER QUAD | | | | Not Allowed | $0.00 | | | |
| D4240 | M | GINGIVAL FLAP PROC W/ PLANIN | | | | Fee Schedule | $68.64 | | | |
| D4241 | M | GNGVL FLAP W ROOTPLAN 1-3 TH | | | | Fee Schedule | $68.64 | | | |
| D4245 | E | APICALLY POSITIONED FLAP | | | | Not Allowed | $0.00 | | | |
| D4249 | E | CROWN LENGTHEN HARD TISSUE | | | | Not Allowed | $0.00 | | | |
| D4260 | S | OSSEOUS SURGERY 4 OR MORE | | 0330 | 7.5832 | APC | $383.79 | | | |
| D4261 | M | OSSEOUS SURG 1 TO 3 TEETH | | | | Fee Schedule | $68.64 | | | |
| D4263 | E | BONE REPLCE GRAFT FIRST SITE | | | | Not Allowed | $0.00 | | | |
| D4264 | E | BONE REPLCE GRAFT EACH ADD | | | | Not Allowed | $0.00 | | | |
| D4265 | E | BIO MTRLS TO AID SOFT/OS REG | | | | Not Allowed | $0.00 | | | |
| D4266 | E | GUIDED TISS REGEN RESORBLE | | | | Not Allowed | $0.00 | | | |
| D4267 | E | GUIDED TISS REGEN NONRESORB | | | | Not Allowed | $0.00 | | | |
| D4268 | E | SURGICAL REVISION PROCEDURE | | | | Not Allowed | $0.00 | | | |
| D4270 | S | PEDICLE SOFT TISSUE GRAFT PR | | 0330 | 7.5832 | APC | $383.79 | | | |
| D4273 | E | SUBEPITHELIAL TISSUE GRAFT | | | | Not Allowed | $0.00 | | | |
| D4274 | E | DISTAL/PROXIMAL WEDGE PROC | | | | Not Allowed | $0.00 | | | |
| D4275 | E | SOFT TISSUE ALLOGRAFT | | | | Not Allowed | $0.00 | | | |
| D4276 | E | CON TISSUE W DBLE PED GRAFT | | | | Not Allowed | $0.00 | | | |
| D4277 | E | SOFT TISSUE GRAFT FIRSTTOOTH | | | | Not Allowed | $0.00 | | | |
| D4278 | E | SOFT TISSUE GRAFT ADDL TOOTH | | | | Not Allowed | $0.00 | | | |
| D4320 | M | PROVISION SPLNT INTRACORONAL | | | | Fee Schedule | $68.64 | | | |
| D4321 | E | PROVISIONAL SPLINT EXTRACORO | | | | Not Allowed | $0.00 | | | |
| D4341 | M | PERIODONTAL SCALING & ROOT | | | | Fee Schedule | $68.64 | | | |
| D4342 | M | PERIODONTAL SCALING 1-3TEETH | | | | Fee Schedule | $68.64 | | | |
| D4355 | S | FULL MOUTH DEBRIDEMENT | | 0330 | 7.5832 | APC | $383.79 | | | |
| D4381 | E | LOCALIZED DELIVERY ANTIMICRO | | | | Not Allowed | $0.00 | | | |
| D4910 | M | PERIODONTAL MAINT PROCEDURES | | | | Fee Schedule | $68.64 | | | |
| D4920 | M | UNSCHEDULED DRESSING CHANGE | | | | Fee Schedule | $68.64 | | | |
| D4999 | M | UNSPECIFIED PERIODONTAL PROC | | | | Fee Schedule | $68.64 | | | |
| D5110 | M | DENTURES COMPLETE MAXILLARY | | | | Fee Schedule | $68.64 | | | |
| D5120 | M | DENTURES COMPLETE MANDIBLE | | | | Fee Schedule | $68.64 | | | |
| D5130 | M | DENTURES IMMEDIAT MAXILLARY | | | | Fee Schedule | $68.64 | | | |
| D5140 | M | DENTURES IMMEDIAT MANDIBLE | | | | Fee Schedule | $68.64 | | | |
| D5211 | M | DENTURES MAXILL PART RESIN | | | | Fee Schedule | $68.64 | | | |
| D5212 | M | DENTURES MAND PART RESIN | | | | Fee Schedule | $68.64 | | | |
| D5213 | M | DENTURES MAXILL PART METAL | | | | Fee Schedule | $68.64 | | | |
| D5214 | M | DENTURES MANDIBL PART METAL | | | | Fee Schedule | $68.64 | | | |
| D5225 | M | MAXILLARY PART DENTURE FLEX | | | | Fee Schedule | $68.64 | | | |
| D5226 | M | MANDIBULAR PART DENTURE FLEX | | | | Fee Schedule | $68.64 | | | |
| D5281 | E | REMOVABLE PARTIAL DENTURE | | | | Not Allowed | $0.00 | | | |
| D5410 | M | DENTURES ADJUST CMPLT MAXIL | | | | Fee Schedule | $68.64 | | | |
| D5411 | M | DENTURES ADJUST CMPLT MAND | | | | Fee Schedule | $68.64 | | | |
| D5421 | M | DENTURES ADJUST PART MAXILL | | | | Fee Schedule | $68.64 | | | |
| D5422 | M | DENTURES ADJUST PART MANDBL | | | | Fee Schedule | $68.64 | | | |
| D5510 | M | DENTUR REPR BROKEN COMPL BAS | | | | Fee Schedule | $68.64 | | | |
| D5520 | M | REPLACE DENTURE TEETH COMPLT | | | | Fee Schedule | $68.64 | | | |
| D5610 | M | DENTURES REPAIR RESIN BASE | | | | Fee Schedule | $68.64 | | | |
| D5620 | M | REP PART DENTURE CAST FRAME | | | | Fee Schedule | $68.64 | | | |
| D5630 | M | REP PARTIAL DENTURE CLASP | | | | Fee Schedule | $68.64 | | | |
| D5640 | M | REPLACE PART DENTURE TEETH | | | | Fee Schedule | $68.64 | | | |
| D5650 | M | ADD TOOTH TO PARTIAL DENTURE | | | | Fee Schedule | $68.64 | | | |
| D5660 | M | ADD CLASP TO PARTIAL DENTURE | | | | Fee Schedule | $68.64 | | | |
| D5670 | E | REPLC TTH&ACRLC ON MTL FRMWK | | | | Not Allowed | $0.00 | | | |
| D5671 | E | REPLC TTH&ACRLC MANDIBULAR | | | | Not Allowed | $0.00 | | | |
| D5710 | M | DENTURES REBASE CMPLT MAXIL | | | | Fee Schedule | $68.64 | | | |
| D5711 | M | DENTURES REBASE CMPLT MAND | | | | Fee Schedule | $68.64 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| D5720 | M | DENTURES REBASE PART MAXILL | | | | Fee Schedule | $68.64 | | | |
| D5721 | M | DENTURES REBASE PART MANDBL | | | | Fee Schedule | $68.64 | | | |
| D5730 | M | DENTURE RELN CMPLT MAXIL CH | | | | Fee Schedule | $68.64 | | | |
| D5731 | M | DENTURE RELN CMPLT MAND CHR | | | | Fee Schedule | $68.64 | | | |
| D5740 | M | DENTURE RELN PART MAXIL CHR | | | | Fee Schedule | $68.64 | | | |
| D5741 | M | DENTURE RELN PART MAND CHR | | | | Fee Schedule | $68.64 | | | |
| D5750 | M | DENTURE RELN CMPLT MAX LAB | | | | Fee Schedule | $68.64 | | | |
| D5751 | M | DENTURE RELN CMPLT MAND LAB | | | | Fee Schedule | $68.64 | | | |
| D5760 | M | DENTURE RELN PART MAXIL LAB | | | | Fee Schedule | $68.64 | | | |
| D5761 | M | DENTURE RELN PART MAND LAB | | | | Fee Schedule | $68.64 | | | |
| D5810 | E | DENTURE INTERM CMPLT MAXILL | | | | Not Allowed | $0.00 | | | |
| D5811 | E | DENTURE INTERM CMPLT MANDBL | | | | Not Allowed | $0.00 | | | |
| D5820 | M | DENTURE INTERM PART MAXILL | | | | Fee Schedule | $68.64 | | | |
| D5821 | M | DENTURE INTERM PART MANDBL | | | | Fee Schedule | $68.64 | | | |
| D5850 | M | DENTURE TISS CONDITN MAXILL | | | | Fee Schedule | $68.64 | | | Y |
| D5851 | M | DENTURE TISS CONDTIN MANDBL | | | | Fee Schedule | $68.64 | | | Y |
| D5860 | E | OVERDENTURE COMPLETE | | | | Not Allowed | $0.00 | | | |
| D5861 | E | OVERDENTURE PARTIAL | | | | Not Allowed | $0.00 | | | |
| D5862 | E | PRECISION ATTACHMENT | | | | Not Allowed | $0.00 | | | |
| D5867 | E | REPLACEMENT OF PRECISION ATT | | | | Not Allowed | $0.00 | | | |
| D5875 | E | PROSTHESIS MODIFICATION | | | | Not Allowed | $0.00 | | | |
| D5899 | M | REMOVABLE PROSTHODONTIC PROC | | | | Fee Schedule | $68.64 | | | |
| D5911 | E | FACIAL MOULAGE SECTIONAL | | | | Not Allowed | $0.00 | | | |
| D5912 | E | FACIAL MOULAGE COMPLETE | | | | Not Allowed | $0.00 | | | |
| D5913 | E | NASAL PROSTHESIS | | | | Not Allowed | $0.00 | | | |
| D5914 | E | AURICULAR PROSTHESIS | | | | Not Allowed | $0.00 | | | |
| D5915 | E | ORBITAL PROSTHESIS | | | | Not Allowed | $0.00 | | | |
| D5916 | E | OCULAR PROSTHESIS | | | | Not Allowed | $0.00 | | | |
| D5919 | E | FACIAL PROSTHESIS | | | | Not Allowed | $0.00 | | | |
| D5922 | E | NASAL SEPTAL PROSTHESIS | | | | Not Allowed | $0.00 | | | |
| D5923 | E | OCULAR PROSTHESIS INTERIM | | | | Not Allowed | $0.00 | | | |
| D5924 | E | CRANIAL PROSTHESIS | | | | Not Allowed | $0.00 | | | |
| D5925 | E | FACIAL AUGMENTATION IMPLANT | | | | Not Allowed | $0.00 | | | |
| D5926 | E | REPLACEMENT NASAL PROSTHESIS | | | | Not Allowed | $0.00 | | | |
| D5927 | E | AURICULAR REPLACEMENT | | | | Not Allowed | $0.00 | | | |
| D5928 | E | ORBITAL REPLACEMENT | | | | Not Allowed | $0.00 | | | |
| D5929 | E | FACIAL REPLACEMENT | | | | Not Allowed | $0.00 | | | |
| D5931 | E | SURGICAL OBTURATOR | | | | Not Allowed | $0.00 | | | |
| D5932 | E | POSTSURGICAL OBTURATOR | | | | Not Allowed | $0.00 | | | |
| D5933 | E | REFITTING OF OBTURATOR | | | | Not Allowed | $0.00 | | | |
| D5934 | E | MANDIBULAR FLANGE PROSTHESIS | | | | Not Allowed | $0.00 | | | |
| D5935 | E | MANDIBULAR DENTURE PROSTH | | | | Not Allowed | $0.00 | | | |
| D5936 | E | TEMP OBTURATOR PROSTHESIS | | | | Not Allowed | $0.00 | | | |
| D5937 | E | TRISMUS APPLIANCE | | | | Not Allowed | $0.00 | | | |
| D5951 | E | FEEDING AID | | | | Not Allowed | $0.00 | | | |
| D5952 | E | PEDIATRIC SPEECH AID | | | | Not Allowed | $0.00 | | | |
| D5953 | E | ADULT SPEECH AID | | | | Not Allowed | $0.00 | | | |
| D5954 | E | SUPERIMPOSED PROSTHESIS | | | | Not Allowed | $0.00 | | | |
| D5955 | E | PALATAL LIFT PROSTHESIS | | | | Not Allowed | $0.00 | | | |
| D5958 | E | INTRAORAL CON DEF INTER PLT | | | | Not Allowed | $0.00 | | | |
| D5959 | E | INTRAORAL CON DEF MOD PALAT | | | | Not Allowed | $0.00 | | | |
| D5960 | E | MODIFY SPEECH AID PROSTHESIS | | | | Not Allowed | $0.00 | | | |
| D5982 | E | SURGICAL STENT | | | | Not Allowed | $0.00 | | | |
| D5983 | E | RADIATION APPLICATOR | | | | Not Allowed | $0.00 | | | |
| D5984 | E | RADIATION SHIELD | | | | Not Allowed | $0.00 | | | |
| D5985 | E | RADIATION CONE LOCATOR | | | | Not Allowed | $0.00 | | | |
| D5986 | E | FLUORIDE APPLICATOR | | | | Not Allowed | $0.00 | | | |
| D5987 | E | COMMISSURE SPLINT | | | | Not Allowed | $0.00 | | | |
| D5988 | E | SURGICAL SPLINT | | | | Not Allowed | $0.00 | | | |
| D5991 | E | TOPICAL MEDICAMENT CARRIER | | | | Not Allowed | $0.00 | | | |
| D5992 | E | ADJUST MAX PROST APPLIANCE | | | | Not Allowed | $0.00 | | | |
| D5993 | E | MAIN/CLEAN MAX PROSTHESIS | | | | Not Allowed | $0.00 | | | |
| D5999 | E | MAXILLOFACIAL PROSTHESIS | | | | Not Allowed | $0.00 | | | |
| D6010 | E | ODONTICS ENDOSTEAL IMPLANT | | | | Not Allowed | $0.00 | | | |

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|---|---|---|---|---|---|---|---|---|---|---|
| D6012 | E | ENDOSTEAL IMPLANT | | | | Not Allowed | $0.00 | | | |
| D6040 | E | ODONTICS EPOSTEAL IMPLANT | | | | Not Allowed | $0.00 | | | |
| D6050 | E | ODONTICS TRANSOSTEAL IMPLNT | | | | Not Allowed | $0.00 | | | |
| D6051 | E | INTERIM ABUTMENT | | | | Not Allowed | $0.00 | | | |
| D6053 | E | IMPLNT/ABTMNT SPPRT REMV DNT | | | | Not Allowed | $0.00 | | | |
| D6054 | E | IMPLNT/ABTMNT SPPRT REMVPRTL | | | | Not Allowed | $0.00 | | | |
| D6055 | E | IMPLANT CONNECTING BAR | | | | Not Allowed | $0.00 | | | |
| D6056 | E | PREFABRICATED ABUTMENT | | | | Not Allowed | $0.00 | | | |
| D6057 | E | CUSTOM ABUTMENT | | | | Not Allowed | $0.00 | | | |
| D6058 | E | ABUTMENT SUPPORTED CROWN | | | | Not Allowed | $0.00 | | | |
| D6059 | E | ABUTMENT SUPPORTED MTL CROWN | | | | Not Allowed | $0.00 | | | |
| D6060 | E | ABUTMENT SUPPORTED MTL CROWN | | | | Not Allowed | $0.00 | | | |
| D6061 | E | ABUTMENT SUPPORTED MTL CROWN | | | | Not Allowed | $0.00 | | | |
| D6062 | E | ABUTMENT SUPPORTED MTL CROWN | | | | Not Allowed | $0.00 | | | |
| D6063 | E | ABUTMENT SUPPORTED MTL CROWN | | | | Not Allowed | $0.00 | | | |
| D6064 | E | ABUTMENT SUPPORTED MTL CROWN | | | | Not Allowed | $0.00 | | | |
| D6065 | E | IMPLANT SUPPORTED CROWN | | | | Not Allowed | $0.00 | | | |
| D6066 | E | IMPLANT SUPPORTED MTL CROWN | | | | Not Allowed | $0.00 | | | |
| D6067 | E | IMPLANT SUPPORTED MTL CROWN | | | | Not Allowed | $0.00 | | | |
| D6068 | E | ABUTMENT SUPPORTED RETAINER | | | | Not Allowed | $0.00 | | | |
| D6069 | E | ABUTMENT SUPPORTED RETAINER | | | | Not Allowed | $0.00 | | | |
| D6070 | E | ABUTMENT SUPPORTED RETAINER | | | | Not Allowed | $0.00 | | | |
| D6071 | E | ABUTMENT SUPPORTED RETAINER | | | | Not Allowed | $0.00 | | | |
| D6072 | E | ABUTMENT SUPPORTED RETAINER | | | | Not Allowed | $0.00 | | | |
| D6073 | E | ABUTMENT SUPPORTED RETAINER | | | | Not Allowed | $0.00 | | | |
| D6074 | E | ABUTMENT SUPPORTED RETAINER | | | | Not Allowed | $0.00 | | | |
| D6075 | E | IMPLANT SUPPORTED RETAINER | | | | Not Allowed | $0.00 | | | |
| D6076 | E | IMPLANT SUPPORTED RETAINER | | | | Not Allowed | $0.00 | | | |
| D6077 | E | IMPLANT SUPPORTED RETAINER | | | | Not Allowed | $0.00 | | | |
| D6078 | E | IMPLNT/ABUT SUPRTD FIXD DENT | | | | Not Allowed | $0.00 | | | |
| D6079 | E | IMPLNT/ABUT SUPRTD FIXD DENT | | | | Not Allowed | $0.00 | | | |
| D6080 | E | IMPLANT MAINTENANCE | | | | Not Allowed | $0.00 | | | |
| D6090 | E | REPAIR IMPLANT | | | | Not Allowed | $0.00 | | | |
| D6091 | E | REPL SEMI/PRECISION ATTACH | | | | Not Allowed | $0.00 | | | |
| D6092 | E | RECEMENT SUPP CROWN | | | | Not Allowed | $0.00 | | | |
| D6093 | E | RECEMENT SUPP PART DENTURE | | | | Not Allowed | $0.00 | | | |
| D6094 | E | ABUT SUPPORT CROWN TITANIUM | | | | Not Allowed | $0.00 | | | |
| D6095 | E | ODONTICS REPR ABUTMENT | | | | Not Allowed | $0.00 | | | |
| D6100 | E | REMOVAL OF IMPLANT | | | | Not Allowed | $0.00 | | | |
| D6101 | E | DEBRIDEMENT OF A PERIIMPLANT | | | | Not Allowed | $0.00 | | | |
| D6102 | E | DEBRIDEMENT & CONTOURING | | | | Not Allowed | $0.00 | | | |
| D6103 | E | BONE GRAFT REPAIR PERIMPLANT | | | | Not Allowed | $0.00 | | | |
| D6104 | E | BONE GRAFT TIME OF IMPLANT | | | | Not Allowed | $0.00 | | | |
| D6190 | E | RADIO/SURGICAL IMPLANT INDEX | | | | Not Allowed | $0.00 | | | |
| D6194 | E | ABUT SUPPORT RETAINER TITANI | | | | Not Allowed | $0.00 | | | |
| D6199 | E | IMPLANT PROCEDURE | | | | Not Allowed | $0.00 | | | |
| D6205 | M | PONTIC-INDIRECT RESIN BASED | | | | Fee Schedule | $68.64 | | | |
| D6210 | M | PROSTHODONT HIGH NOBLE METAL | | | | Fee Schedule | $68.64 | | | |
| D6211 | M | BRIDGE BASE METAL CAST | | | | Fee Schedule | $68.64 | | | |
| D6212 | M | BRIDGE NOBLE METAL CAST | | | | Fee Schedule | $68.64 | | | |
| D6214 | M | PONTIC TITANIUM | | | | Fee Schedule | $68.64 | | | |
| D6240 | M | BRIDGE PORCELAIN HIGH NOBLE | | | | Fee Schedule | $68.64 | | | |
| D6241 | M | BRIDGE PORCELAIN BASE METAL | | | | Fee Schedule | $68.64 | | | |
| D6242 | M | BRIDGE PORCELAIN NOBEL METAL | | | | Fee Schedule | $68.64 | | | |
| D6245 | M | BRIDGE PORCELAIN/CERAMIC | | | | Fee Schedule | $68.64 | | | |
| D6250 | M | BRIDGE RESIN W/HIGH NOBLE | | | | Fee Schedule | $68.64 | | | |
| D6251 | M | BRIDGE RESIN BASE METAL | | | | Fee Schedule | $68.64 | | | |
| D6252 | M | BRIDGE RESIN W/NOBLE METAL | | | | Fee Schedule | $68.64 | | | |
| D6253 | E | PROVISIONAL PONTIC | | | | Not Allowed | $0.00 | | | |
| D6254 | E | INTERIM PONTIC | | | | Not Allowed | $0.00 | | | |
| D6545 | E | DENTAL RETAINR CAST METL | | | | Not Allowed | $0.00 | | | |
| D6548 | E | PORCELAIN/CERAMIC RETAINER | | | | Not Allowed | $0.00 | | | |
| D6600 | E | PORCELAIN/CERAMIC INLAY 2SRF | | | | Not Allowed | $0.00 | | | |
| D6601 | E | PORC/CERAM INLAY >= 3 SURFAC | | | | Not Allowed | $0.00 | | | |

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|---|---|---|---|---|---|---|---|---|---|---|
| D6602 | E | CST HGH NBLE MTL INLAY 2 SRF | | | | Not Allowed | $0.00 | | | |
| D6603 | E | CST HGH NBLE MTL INLAY >=3SR | | | | Not Allowed | $0.00 | | | |
| D6604 | E | CST BSE MTL INLAY 2 SURFACES | | | | Not Allowed | $0.00 | | | |
| D6605 | E | CST BSE MTL INLAY >= 3 SURFA | | | | Not Allowed | $0.00 | | | |
| D6606 | E | CAST NOBLE METAL INLAY 2 SUR | | | | Not Allowed | $0.00 | | | |
| D6607 | E | CST NOBLE MTL INLAY >=3 SURF | | | | Not Allowed | $0.00 | | | |
| D6608 | E | ONLAY PORC/CRMC 2 SURFACES | | | | Not Allowed | $0.00 | | | |
| D6609 | E | ONLAY PORC/CRMC >=3 SURFACES | | | | Not Allowed | $0.00 | | | |
| D6610 | E | ONLAY CST HGH NBL MTL 2 SRFC | | | | Not Allowed | $0.00 | | | |
| D6611 | E | ONLAY CST HGH NBL MTL >=3SRF | | | | Not Allowed | $0.00 | | | |
| D6612 | E | ONLAY CST BASE MTL 2 SURFACE | | | | Not Allowed | $0.00 | | | |
| D6613 | E | ONLAY CST BASE MTL >=3 SURFA | | | | Not Allowed | $0.00 | | | |
| D6614 | E | ONLAY CST NBL MTL 2 SURFACES | | | | Not Allowed | $0.00 | | | |
| D6615 | E | ONLAY CST NBL MTL >=3 SURFAC | | | | Not Allowed | $0.00 | | | |
| D6624 | E | INLAY TITANIUM | | | | Not Allowed | $0.00 | | | |
| D6634 | E | ONLAY TITANIUM | | | | Not Allowed | $0.00 | | | |
| D6710 | M | CROWN-INDIRECT RESIN BASED | | | | Fee Schedule | $68.64 | | | |
| D6720 | M | RETAIN CROWN RESIN W HI NBLE | | | | Fee Schedule | $68.64 | | | |
| D6721 | M | CROWN RESIN W/BASE METAL | | | | Fee Schedule | $68.64 | | | |
| D6722 | M | CROWN RESIN W/NOBLE METAL | | | | Fee Schedule | $68.64 | | | |
| D6740 | M | CROWN PORCELAIN/CERAMIC | | | | Fee Schedule | $68.64 | | | |
| D6750 | M | CROWN PORCELAIN HIGH NOBLE | | | | Fee Schedule | $68.64 | | | |
| D6751 | M | CROWN PORCELAIN BASE METAL | | | | Fee Schedule | $68.64 | | | |
| D6752 | M | CROWN PORCELAIN NOBLE METAL | | | | Fee Schedule | $68.64 | | | |
| D6780 | M | CROWN 3/4 HIGH NOBLE METAL | | | | Fee Schedule | $68.64 | | | |
| D6781 | M | CROWN 3/4 CAST BASED METAL | | | | Fee Schedule | $68.64 | | | |
| D6782 | M | CROWN 3/4 CAST NOBLE METAL | | | | Fee Schedule | $68.64 | | | |
| D6783 | M | CROWN 3/4 PORCELAIN/CERAMIC | | | | Fee Schedule | $68.64 | | | |
| D6790 | M | CROWN FULL HIGH NOBLE METAL | | | | Fee Schedule | $68.64 | | | |
| D6791 | M | CROWN FULL BASE METAL CAST | | | | Fee Schedule | $68.64 | | | |
| D6792 | M | CROWN FULL NOBLE METAL CAST | | | | Fee Schedule | $68.64 | | | |
| D6793 | E | PROVISIONAL RETAINER CROWN | | | | Not Allowed | $0.00 | | | |
| D6794 | M | CROWN TITANIUM | | | | Fee Schedule | $68.64 | | | |
| D6795 | E | INTERIM RETAINER CROWN | | | | Not Allowed | $0.00 | | | |
| D6920 | E | DENTAL CONNECTOR BAR | | | | Not Allowed | $0.00 | | | |
| D6930 | M | DENTAL RECEMENT BRIDGE | | | | Fee Schedule | $68.64 | | | |
| D6940 | E | STRESS BREAKER | | | | Not Allowed | $0.00 | | | |
| D6950 | M | PRECISION ATTACHMENT | | | | Fee Schedule | $68.64 | | | |
| D6970 | E | POST & CORE PLUS RETAINER | | | | Not Allowed | $0.00 | | | |
| D6972 | E | PREFAB POST & CORE PLUS RETA | | | | Not Allowed | $0.00 | | | |
| D6973 | E | CORE BUILD UP FOR RETAINER | | | | Not Allowed | $0.00 | | | |
| D6975 | E | COPING | | | | Not Allowed | $0.00 | | | |
| D6976 | E | EACH ADDTNL CAST POST | | | | Not Allowed | $0.00 | | | |
| D6977 | E | EACH ADDTL PREFAB POST | | | | Not Allowed | $0.00 | | | |
| D6980 | M | FIXED PARTIAL REPAIR | | | | Fee Schedule | $68.64 | | | |
| D6985 | E | PEDIATRIC PARTIAL DENTURE FX | | | | Not Allowed | $0.00 | | | |
| D6999 | M | FIXED PROSTHODONTIC PROC | | | | Fee Schedule | $68.64 | | | |
| D7111 | S | EXTRACTION CORONAL REMNANTS | | 0330 | 7.5832 | APC | $383.79 | | | |
| D7140 | S | EXTRACTION ERUPTED TOOTH/EXR | | 0330 | 7.5832 | APC | $383.79 | | | |
| D7210 | S | REM IMP TOOTH W MUCOPER FLP | | 0330 | 7.5832 | APC | $383.79 | | | |
| D7220 | S | IMPACT TOOTH REMOV SOFT TISS | | 0330 | 7.5832 | APC | $383.79 | | | |
| D7230 | S | IMPACT TOOTH REMOV PART BONY | | 0330 | 7.5832 | APC | $383.79 | | | |
| D7240 | S | IMPACT TOOTH REMOV COMP BONY | | 0330 | 7.5832 | APC | $383.79 | | | |
| D7241 | S | IMPACT TOOTH REM BONY W/COMP | | 0330 | 7.5832 | APC | $383.79 | | | |
| D7250 | S | TOOTH ROOT REMOVAL | | 0330 | 7.5832 | APC | $383.79 | | | |
| D7251 | E | CORONECTOMY | | | | Not Allowed | $0.00 | | | |
| D7260 | E | ORAL ANTRAL FISTULA CLOSURE | | | | Not Allowed | $0.00 | | | |
| D7261 | E | PRIMARY CLOSURE SINUS PERF | | | | Not Allowed | $0.00 | | | |
| D7270 | M | TOOTH REIMPLANTATION | | | | Fee Schedule | $68.64 | | | |
| D7272 | E | TOOTH TRANSPLANTATION | | | | Not Allowed | $0.00 | | | |
| D7280 | M | EXPOSURE IMPACT TOOTH ORTHOD | | | | Fee Schedule | $68.64 | | | |
| D7282 | M | MOBILIZE ERUPTED/MALPOS TOOT | | | | Fee Schedule | $68.64 | | | |
| D7283 | E | PLACE DEVICE IMPACTED TOOTH | | | | Not Allowed | $0.00 | | | |
| D7285 | E | BIOPSY OF ORAL TISSUE HARD | | | | Not Allowed | $0.00 | | | |

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|---|---|---|---|---|---|---|---|---|---|---|
| D7286 | E | BIOPSY OF ORAL TISSUE SOFT | | | | Not Allowed | $0.00 | | | |
| D7287 | E | EXFOLIATIVE CYTOLOG COLLECT | | | | Not Allowed | $0.00 | | | |
| D7288 | E | BRUSH BIOPSY | | | | Not Allowed | $0.00 | | | |
| D7290 | E | REPOSITIONING OF TEETH | | | | Not Allowed | $0.00 | | | |
| D7291 | E | TRANSSEPTAL FIBEROTOMY | | | | Not Allowed | $0.00 | | | |
| D7292 | E | SCREW RETAINED PLATE | | | | Not Allowed | $0.00 | | | |
| D7293 | E | TEMP ANCHORAGE DEV W FLAP | | | | Not Allowed | $0.00 | | | |
| D7294 | E | TEMP ANCHORAGE DEV W/O FLAP | | | | Not Allowed | $0.00 | | | |
| D7295 | E | BONE HARVEST,AUTO GRAFT PROC | | | | Not Allowed | $0.00 | | | |
| D7310 | E | ALVEOPLASTY W/ EXTRACTION | | | | Not Allowed | $0.00 | | | |
| D7311 | E | ALVEOLOPLASTY W/EXTRACT 1-3 | | | | Not Allowed | $0.00 | | | |
| D7320 | E | ALVEOPLASTY W/O EXTRACTION | | | | Not Allowed | $0.00 | | | |
| D7321 | E | ALVEOLOPLASTY NOT W/EXTRACTS | | | | Not Allowed | $0.00 | | | |
| D7340 | E | VESTIBULOPLASTY RIDGE EXTENS | | | | Not Allowed | $0.00 | | | |
| D7350 | E | VESTIBULOPLASTY EXTEN GRAFT | | | | Not Allowed | $0.00 | | | |
| D7410 | E | RAD EXC LESION UP TO 1.25 CM | | | | Not Allowed | $0.00 | | | |
| D7411 | E | EXCISION BENIGN LESION>1.25C | | | | Not Allowed | $0.00 | | | |
| D7412 | E | EXCISION BENIGN LESION COMPL | | | | Not Allowed | $0.00 | | | |
| D7413 | E | EXCISION MALIG LESION<=1.25C | | | | Not Allowed | $0.00 | | | |
| D7414 | E | EXCISION MALIG LESION>1.25CM | | | | Not Allowed | $0.00 | | | |
| D7415 | E | EXCISION MALIG LES COMPLICAT | | | | Not Allowed | $0.00 | | | |
| D7440 | E | MALIG TUMOR EXC TO 1.25 CM | | | | Not Allowed | $0.00 | | | |
| D7441 | E | MALIG TUMOR > 1.25 CM | | | | Not Allowed | $0.00 | | | |
| D7450 | E | REM ODONTOGEN CYST TO 1.25CM | | | | Not Allowed | $0.00 | | | |
| D7451 | E | REM ODONTOGEN CYST > 1.25 CM | | | | Not Allowed | $0.00 | | | |
| D7460 | E | REM NONODONTO CYST TO 1.25CM | | | | Not Allowed | $0.00 | | | |
| D7461 | E | REM NONODONTO CYST > 1.25 CM | | | | Not Allowed | $0.00 | | | |
| D7465 | E | LESION DESTRUCTION | | | | Not Allowed | $0.00 | | | |
| D7471 | E | REM EXOSTOSIS ANY SITE | | | | Not Allowed | $0.00 | | | |
| D7472 | E | REMOVAL OF TORUS PALATINUS | | | | Not Allowed | $0.00 | | | |
| D7473 | E | REMOVE TORUS MANDIBULARIS | | | | Not Allowed | $0.00 | | | |
| D7485 | E | SURG REDUCT OSSEOUSTUBEROSIT | | | | Not Allowed | $0.00 | | | |
| D7490 | E | MAXILLA OR MANDIBLE RESECTIO | | | | Not Allowed | $0.00 | | | |
| D7510 | M | I&D ABSC INTRAORAL SOFT TISS | | | | Fee Schedule | $68.64 | | | |
| D7511 | M | INCISION/DRAIN ABSCESS INTRA | | | | Fee Schedule | $68.64 | | | |
| D7520 | M | I&D ABSCESS EXTRAORAL | | | | Fee Schedule | $68.64 | | | |
| D7521 | M | INCISION/DRAIN ABSCESS EXTRA | | | | Fee Schedule | $68.64 | | | |
| D7530 | E | REMOVAL FB SKIN/AREOLAR TISS | | | | Not Allowed | $0.00 | | | |
| D7540 | M | REMOVAL OF FB REACTION | | | | Fee Schedule | $68.64 | | | |
| D7550 | M | REMOVAL OF SLOUGHED OFF BONE | | | | Fee Schedule | $68.64 | | | |
| D7560 | M | MAXILLARY SINUSOTOMY | | | | Fee Schedule | $68.64 | | | |
| D7610 | E | MAXILLA OPEN REDUCT SIMPLE | | | | Not Allowed | $0.00 | | | |
| D7620 | E | CLSD REDUCT SIMPL MAXILLA FX | | | | Not Allowed | $0.00 | | | |
| D7630 | E | OPEN RED SIMPL MANDIBLE FX | | | | Not Allowed | $0.00 | | | |
| D7640 | E | CLSD RED SIMPL MANDIBLE FX | | | | Not Allowed | $0.00 | | | |
| D7650 | E | OPEN RED SIMP MALAR/ZYGOM FX | | | | Not Allowed | $0.00 | | | |
| D7660 | E | CLSD RED SIMP MALAR/ZYGOM FX | | | | Not Allowed | $0.00 | | | |
| D7670 | E | CLOSD RDUCTN SPLINT ALVEOLUS | | | | Not Allowed | $0.00 | | | |
| D7671 | E | ALVEOLUS OPEN REDUCTION | | | | Not Allowed | $0.00 | | | |
| D7680 | E | REDUCT SIMPLE FACIAL BONE FX | | | | Not Allowed | $0.00 | | | |
| D7710 | E | MAXILLA OPEN REDUCT COMPOUND | | | | Not Allowed | $0.00 | | | |
| D7720 | E | CLSD REDUCT COMPD MAXILLA FX | | | | Not Allowed | $0.00 | | | |
| D7730 | E | OPEN REDUCT COMPD MANDBLE FX | | | | Not Allowed | $0.00 | | | |
| D7740 | E | CLSD REDUCT COMPD MANDBLE FX | | | | Not Allowed | $0.00 | | | |
| D7750 | E | OPEN RED COMP MALAR/ZYGMA FX | | | | Not Allowed | $0.00 | | | |
| D7760 | E | CLSD RED COMP MALAR/ZYGMA FX | | | | Not Allowed | $0.00 | | | |
| D7770 | E | OPEN REDUC COMPD ALVEOLUS FX | | | | Not Allowed | $0.00 | | | |
| D7771 | E | ALVEOLUS CLSD REDUC STBLZ TE | | | | Not Allowed | $0.00 | | | |
| D7780 | E | REDUCT COMPND FACIAL BONE FX | | | | Not Allowed | $0.00 | | | |
| D7810 | E | TMJ OPEN REDUCT-DISLOCATION | | | | Not Allowed | $0.00 | | | |
| D7820 | E | CLOSED TMP MANIPULATION | | | | Not Allowed | $0.00 | | | |
| D7830 | E | TMJ MANIPULATION UNDER ANEST | | | | Not Allowed | $0.00 | | | |
| D7840 | E | REMOVAL OF TMJ CONDYLE | | | | Not Allowed | $0.00 | | | |
| D7850 | E | TMJ MENISCECTOMY | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| D7852 | E | TMJ REPAIR OF JOINT DISC | | | | Not Allowed | $0.00 | | | |
| D7854 | E | TMJ EXCISN OF JOINT MEMBRANE | | | | Not Allowed | $0.00 | | | |
| D7856 | E | TMJ CUTTING OF A MUSCLE | | | | Not Allowed | $0.00 | | | |
| D7858 | E | TMJ RECONSTRUCTION | | | | Not Allowed | $0.00 | | | |
| D7860 | E | TMJ CUTTING INTO JOINT | | | | Not Allowed | $0.00 | | | |
| D7865 | E | TMJ RESHAPING COMPONENTS | | | | Not Allowed | $0.00 | | | |
| D7870 | E | TMJ ASPIRATION JOINT FLUID | | | | Not Allowed | $0.00 | | | |
| D7871 | E | LYSIS + LAVAGE W CATHETERS | | | | Not Allowed | $0.00 | | | |
| D7872 | E | TMJ DIAGNOSTIC ARTHROSCOPY | | | | Not Allowed | $0.00 | | | |
| D7873 | E | TMJ ARTHROSCOPY LYSIS ADHESN | | | | Not Allowed | $0.00 | | | |
| D7874 | E | TMJ ARTHROSCOPY DISC REPOSIT | | | | Not Allowed | $0.00 | | | |
| D7875 | E | TMJ ARTHROSCOPY SYNOVECTOMY | | | | Not Allowed | $0.00 | | | |
| D7876 | E | TMJ ARTHROSCOPY DISCECTOMY | | | | Not Allowed | $0.00 | | | |
| D7877 | E | TMJ ARTHROSCOPY DEBRIDEMENT | | | | Not Allowed | $0.00 | | | |
| D7880 | E | OCCLUSAL ORTHOTIC APPLIANCE | | | | Not Allowed | $0.00 | | | |
| D7899 | E | TMJ UNSPECIFIED THERAPY | | | | Not Allowed | $0.00 | | | |
| D7910 | M | DENT SUTUR RECENT WND TO 5CM | | | | Fee Schedule | $68.64 | | | |
| D7911 | M | DENTAL SUTURE WOUND TO 5 CM | | | | Fee Schedule | $68.64 | | | |
| D7912 | M | SUTURE COMPLICATE WND > 5 CM | | | | Fee Schedule | $68.64 | | | |
| D7920 | E | DENTAL SKIN GRAFT | | | | Not Allowed | $0.00 | | | |
| D7921 | E | COLLECT & APPL BLOOD PRODUCT | | | | Not Allowed | $0.00 | | | |
| D7940 | E | RESHAPING BONE ORTHOGNATHIC | | | | Not Allowed | $0.00 | | | |
| D7941 | E | BONE CUTTING RAMUS CLOSED | | | | Not Allowed | $0.00 | | | |
| D7943 | E | CUTTING RAMUS OPEN W/GRAFT | | | | Not Allowed | $0.00 | | | |
| D7944 | E | BONE CUTTING SEGMENTED | | | | Not Allowed | $0.00 | | | |
| D7945 | E | BONE CUTTING BODY MANDIBLE | | | | Not Allowed | $0.00 | | | |
| D7946 | E | RECONSTRUCTION MAXILLA TOTAL | | | | Not Allowed | $0.00 | | | |
| D7947 | E | RECONSTRUCT MAXILLA SEGMENT | | | | Not Allowed | $0.00 | | | |
| D7948 | E | RECONSTRUCT MIDFACE NO GRAFT | | | | Not Allowed | $0.00 | | | |
| D7949 | E | RECONSTRUCT MIDFACE W/GRAFT | | | | Not Allowed | $0.00 | | | |
| D7950 | E | MANDIBLE GRAFT | | | | Not Allowed | $0.00 | | | |
| D7951 | E | SINUS AUG W BONE OR BONE SUB | | | | Not Allowed | $0.00 | | | |
| D7952 | E | SINUS AUGMENTATION VERTICAL | | | | Not Allowed | $0.00 | | | |
| D7953 | E | BONE REPLACEMENT GRAFT | | | | Not Allowed | $0.00 | | | |
| D7955 | E | REPAIR MAXILLOFACIAL DEFECTS | | | | Not Allowed | $0.00 | | | |
| D7960 | E | FRENULECTOMY/FRENECTOMY | | | | Not Allowed | $0.00 | | | |
| D7963 | E | FRENULOPLASTY | | | | Not Allowed | $0.00 | | | |
| D7970 | M | EXCISION HYPERPLASTIC TISSUE | | | | Fee Schedule | $68.64 | | | |
| D7971 | E | EXCISION PERICORONAL GINGIVA | | | | Not Allowed | $0.00 | | | |
| D7972 | E | SURG REDCT FIBROUS TUBEROSIT | | | | Not Allowed | $0.00 | | | |
| D7980 | E | SIALOLITHOTOMY | | | | Not Allowed | $0.00 | | | |
| D7981 | E | EXCISION OF SALIVARY GLAND | | | | Not Allowed | $0.00 | | | |
| D7982 | E | SIALODOCHOPLASTY | | | | Not Allowed | $0.00 | | | |
| D7983 | E | CLOSURE OF SALIVARY FISTULA | | | | Not Allowed | $0.00 | | | |
| D7990 | E | EMERGENCY TRACHEOTOMY | | | | Not Allowed | $0.00 | | | |
| D7991 | E | DENTAL CORONOIDECTOMY | | | | Not Allowed | $0.00 | | | |
| D7995 | E | SYNTHETIC GRAFT FACIAL BONES | | | | Not Allowed | $0.00 | | | |
| D7996 | E | IMPLANT MANDIBLE FOR AUGMENT | | | | Not Allowed | $0.00 | | | |
| D7997 | E | APPLIANCE REMOVAL | | | | Not Allowed | $0.00 | | | |
| D7998 | E | INTRAORAL PLACE OF FIX DEV | | | | Not Allowed | $0.00 | | | |
| D7999 | E | ORAL SURGERY PROCEDURE | | | | Not Allowed | $0.00 | | | |
| D8010 | E | LIMITED DENTAL TX PRIMARY | | | | Not Allowed | $0.00 | | | |
| D8020 | E | LIMITED DENTAL TX TRANSITION | | | | Not Allowed | $0.00 | | | |
| D8030 | E | LIMITED DENTAL TX ADOLESCENT | | | | Not Allowed | $0.00 | | | |
| D8040 | E | LIMITED DENTAL TX ADULT | | | | Not Allowed | $0.00 | | | |
| D8050 | M | INTERCEP DENTAL TX PRIMARY | | | | Fee Schedule | $68.64 | | | Y |
| D8060 | M | INTERCEP DENTAL TX TRANSITN | | | | Fee Schedule | $68.64 | | | Y |
| D8070 | M | COMPRE DENTAL TX TRANSITION | | | | Fee Schedule | $68.64 | | | Y |
| D8080 | M | COMPRE DENTAL TX ADOLESCENT | | | | Fee Schedule | $68.64 | | | Y |
| D8090 | M | COMPRE DENTAL TX ADULT | | | | Fee Schedule | $68.64 | | | Y |
| D8210 | E | ORTHODONTIC REM APPLIANCE TX | | | | Not Allowed | $0.00 | | | |
| D8220 | M | FIXED APPLIANCE THERAPY HABT | | | | Fee Schedule | $68.64 | | | |
| D8660 | E | PREORTHODONTIC TX VISIT | | | | Not Allowed | $0.00 | | | |
| D8670 | M | PERIODIC ORTHODONTC TX VISIT | | | | Fee Schedule | $68.64 | | | Y |

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|---|---|---|---|---|---|---|---|---|---|---|
| D8680 | E | ORTHODONTIC RETENTION | | | | Not Allowed | $0.00 | | | |
| D8690 | E | ORTHODONTIC TREATMENT | | | | Not Allowed | $0.00 | | | |
| D8691 | E | REPAIR ORTHO APPLIANCE | | | | Not Allowed | $0.00 | | | |
| D8692 | E | REPLACEMENT RETAINER | | | | Not Allowed | $0.00 | | | |
| D8693 | E | REBOND/CEMENT/REPAIR RETAIN | | | | Not Allowed | $0.00 | | | |
| D8999 | E | ORTHODONTIC PROCEDURE | | | | Not Allowed | $0.00 | | | |
| D9110 | N | TX DENTAL PAIN MINOR PROC | | | | Bundled | $0.00 | | | |
| D9120 | E | FIX PARTIAL DENTURE SECTION | | | | Not Allowed | $0.00 | | | |
| D9210 | E | DENT ANESTHESIA W/O SURGERY | | | | Not Allowed | $0.00 | | | |
| D9211 | E | REGIONAL BLOCK ANESTHESIA | | | | Not Allowed | $0.00 | | | |
| D9212 | E | TRIGEMINAL BLOCK ANESTHESIA | | | | Not Allowed | $0.00 | | | |
| D9215 | E | LOCAL ANESTHESIA | | | | Not Allowed | $0.00 | | | |
| D9220 | E | GENERAL ANESTHESIA | | | | Not Allowed | $0.00 | | | |
| D9221 | E | GENERAL ANESTHESIA EA AD 15M | | | | Not Allowed | $0.00 | | | |
| D9230 | E | ANALGESIA | | | | Not Allowed | $0.00 | | | |
| D9241 | M | INTRAVENOUS SEDATION | | | | Fee Schedule | $68.64 | | | |
| D9242 | M | IV SEDATION EA AD 30 M | | | | Fee Schedule | $68.64 | | | |
| D9248 | N | SEDATION (NON-IV) | | | | Bundled | $0.00 | | | |
| D9310 | M | DENTAL CONSULTATION | | | | Fee Schedule | $68.64 | | | |
| D9410 | E | DENTAL HOUSE CALL | | | | Not Allowed | $0.00 | | | |
| D9420 | M | HOSPITAL/ASC CALL | | | | Fee Schedule | $68.64 | | | |
| D9430 | E | OFFICE VISIT DURING HOURS | | | | Not Allowed | $0.00 | | | |
| D9440 | E | OFFICE VISIT AFTER HOURS | | | | Not Allowed | $0.00 | | | |
| D9450 | E | CASE PRESENTATION TX PLAN | | | | Not Allowed | $0.00 | | | |
| D9610 | E | DENT THERAPEUTIC DRUG INJECT | | | | Not Allowed | $0.00 | | | |
| D9612 | E | THERA PAR DRUGS 2 OR > ADMIN | | | | Not Allowed | $0.00 | | | |
| D9630 | S | OTHER DRUGS/MEDICAMENTS | | 0330 | 7.5832 | APC | $383.79 | | | |
| D9910 | E | DENT APPL DESENSITIZING MED | | | | Not Allowed | $0.00 | | | |
| D9911 | E | APPL DESENSITIZING RESIN | | | | Not Allowed | $0.00 | | | |
| D9920 | M | BEHAVIOR MANAGEMENT | | | | Fee Schedule | $68.64 | | | |
| D9930 | E | TREATMENT OF COMPLICATIONS | | | | Not Allowed | $0.00 | | | |
| D9940 | E | DENTAL OCCLUSAL GUARD | | | | Not Allowed | $0.00 | | | |
| D9941 | E | FABRICATION ATHLETIC GUARD | | | | Not Allowed | $0.00 | | | |
| D9942 | E | REPAIR/RELINE OCCLUSAL GUARD | | | | Not Allowed | $0.00 | | | |
| D9950 | E | OCCLUSION ANALYSIS | | | | Not Allowed | $0.00 | | | |
| D9951 | E | LIMITED OCCLUSAL ADJUSTMENT | | | | Not Allowed | $0.00 | | | |
| D9952 | E | COMPLETE OCCLUSAL ADJUSTMENT | | | | Not Allowed | $0.00 | | | |
| D9970 | E | ENAMEL MICROABRASION | | | | Not Allowed | $0.00 | | | |
| D9971 | E | ODONTOPLASTY 1-2 TEETH | | | | Not Allowed | $0.00 | | | |
| D9972 | E | EXTRNL BLEACHING PER ARCH | | | | Not Allowed | $0.00 | | | |
| D9973 | E | EXTRNL BLEACHING PER TOOTH | | | | Not Allowed | $0.00 | | | |
| D9974 | E | INTRNL BLEACHING PER TOOTH | | | | Not Allowed | $0.00 | | | |
| D9975 | E | EXTERNAL BLEACHING HOME APP | | | | Not Allowed | $0.00 | | | |
| D9999 | E | ADJUNCTIVE PROCEDURE | | | | Not Allowed | $0.00 | | | |
| E0100 | E | CANE ADJUST/FIXED WITH TIP | | | | Not Allowed | $0.00 | | | |
| E0105 | E | CANE ADJUST/FIXED QUAD/3 PRO | | | | Not Allowed | $0.00 | | | |
| E0110 | E | CRUTCH FOREARM PAIR | | | | Not Allowed | $0.00 | | | |
| E0111 | E | CRUTCH FOREARM EACH | | | | Not Allowed | $0.00 | | | |
| E0112 | E | CRUTCH UNDERARM PAIR WOOD | | | | Not Allowed | $0.00 | | | |
| E0113 | E | CRUTCH UNDERARM EACH WOOD | | | | Not Allowed | $0.00 | | | |
| E0114 | E | CRUTCH UNDERARM PAIR NO WOOD | | | | Not Allowed | $0.00 | | | |
| E0116 | E | CRUTCH UNDERARM EACH NO WOOD | | | | Not Allowed | $0.00 | | | |
| E0117 | E | UNDERARM SPRINGASSIST CRUTCH | | | | Not Allowed | $0.00 | | | |
| E0118 | E | CRUTCH SUBSTITUTE | | | | Not Allowed | $0.00 | | | |
| E0130 | E | WALKER RIGID ADJUST/FIXED HT | | | | Not Allowed | $0.00 | | | |
| E0135 | E | WALKER FOLDING ADJUST/FIXED | | | | Not Allowed | $0.00 | | | |
| E0140 | E | WALKER W TRUNK SUPPORT | | | | Not Allowed | $0.00 | | | |
| E0141 | E | RIGID WHEELED WALKER ADJ/FIX | | | | Not Allowed | $0.00 | | | |
| E0143 | E | WALKER FOLDING WHEELED W/O S | | | | Not Allowed | $0.00 | | | |
| E0144 | E | ENCLOSED WALKER W REAR SEAT | | | | Not Allowed | $0.00 | | | |
| E0147 | E | WALKER VARIABLE WHEEL RESIST | | | | Not Allowed | $0.00 | | | |
| E0148 | E | HEAVYDUTY WALKER NO WHEELS | | | | Not Allowed | $0.00 | | | |
| E0149 | E | HEAVY DUTY WHEELED WALKER | | | | Not Allowed | $0.00 | | | |
| E0153 | E | FOREARM CRUTCH PLATFORM ATTA | | | | Not Allowed | $0.00 | | | |

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|---|---|---|---|---|---|---|---|---|---|---|
| E0154 | E | WALKER PLATFORM ATTACHMENT | | | | Not Allowed | $0.00 | | | |
| E0155 | E | WALKER WHEEL ATTACHMENT,PAIR | | | | Not Allowed | $0.00 | | | |
| E0156 | E | WALKER SEAT ATTACHMENT | | | | Not Allowed | $0.00 | | | |
| E0157 | E | WALKER CRUTCH ATTACHMENT | | | | Not Allowed | $0.00 | | | |
| E0158 | E | WALKER LEG EXTENDERS SET OF4 | | | | Not Allowed | $0.00 | | | |
| E0159 | E | BRAKE FOR WHEELED WALKER | | | | Not Allowed | $0.00 | | | |
| E0160 | E | SITZ TYPE BATH OR EQUIPMENT | | | | Not Allowed | $0.00 | | | |
| E0161 | E | SITZ BATH/EQUIPMENT W/FAUCET | | | | Not Allowed | $0.00 | | | |
| E0162 | E | SITZ BATH CHAIR | | | | Not Allowed | $0.00 | | | |
| E0163 | E | COMMODE CHAIR WITH FIXED ARM | | | | Not Allowed | $0.00 | | | |
| E0165 | E | COMMODE CHAIR WITH DETACHARM | | | | Not Allowed | $0.00 | | | |
| E0167 | E | COMMODE CHAIR PAIL OR PAN | | | | Not Allowed | $0.00 | | | |
| E0168 | E | HEAVYDUTY/WIDE COMMODE CHAIR | | | | Not Allowed | $0.00 | | | |
| E0170 | E | COMMODE CHAIR ELECTRIC | | | | Not Allowed | $0.00 | | | |
| E0171 | E | COMMODE CHAIR NON-ELECTRIC | | | | Not Allowed | $0.00 | | | |
| E0172 | E | SEAT LIFT MECHANISM TOILET | | | | Not Allowed | $0.00 | | | |
| E0175 | E | COMMODE CHAIR FOOT REST | | | | Not Allowed | $0.00 | | | |
| E0181 | E | PRESS PAD ALTERNATING W/ PUM | | | | Not Allowed | $0.00 | | | |
| E0182 | E | REPLACE PUMP, ALT PRESS PAD | | | | Not Allowed | $0.00 | | | |
| E0184 | E | DRY PRESSURE MATTRESS | | | | Not Allowed | $0.00 | | | |
| E0185 | E | GEL PRESSURE MATTRESS PAD | | | | Not Allowed | $0.00 | | | |
| E0186 | E | AIR PRESSURE MATTRESS | | | | Not Allowed | $0.00 | | | |
| E0187 | E | WATER PRESSURE MATTRESS | | | | Not Allowed | $0.00 | | | |
| E0188 | E | SYNTHETIC SHEEPSKIN PAD | | | | Not Allowed | $0.00 | | | |
| E0189 | E | LAMBSWOOL SHEEPSKIN PAD | | | | Not Allowed | $0.00 | | | |
| E0190 | E | POSITIONING CUSHION | | | | Not Allowed | $0.00 | | | |
| E0191 | E | PROTECTOR HEEL OR ELBOW | | | | Not Allowed | $0.00 | | | |
| E0193 | E | POWERED AIR FLOTATION BED | | | | Not Allowed | $0.00 | | | |
| E0194 | E | AIR FLUIDIZED BED | | | | Not Allowed | $0.00 | | | |
| E0196 | E | GEL PRESSURE MATTRESS | | | | Not Allowed | $0.00 | | | |
| E0197 | E | AIR PRESSURE PAD FOR MATTRES | | | | Not Allowed | $0.00 | | | |
| E0198 | E | WATER PRESSURE PAD FOR MATTR | | | | Not Allowed | $0.00 | | | |
| E0199 | E | DRY PRESSURE PAD FOR MATTRES | | | | Not Allowed | $0.00 | | | |
| E0200 | E | HEAT LAMP WITHOUT STAND | | | | Not Allowed | $0.00 | | | |
| E0202 | E | PHOTOTHERAPY LIGHT W/ PHOTOM | | | | Not Allowed | $0.00 | | | |
| E0203 | E | THERAPEUTIC LIGHTBOX TABLETP | | | | Not Allowed | $0.00 | | | |
| E0205 | E | HEAT LAMP WITH STAND | | | | Not Allowed | $0.00 | | | |
| E0210 | E | ELECTRIC HEAT PAD STANDARD | | | | Not Allowed | $0.00 | | | |
| E0215 | E | ELECTRIC HEAT PAD MOIST | | | | Not Allowed | $0.00 | | | |
| E0217 | E | WATER CIRC HEAT PAD W PUMP | | | | Not Allowed | $0.00 | | | |
| E0218 | E | WATER CIRC COLD PAD W PUMP | | | | Not Allowed | $0.00 | | | |
| E0221 | E | INFRARED HEATING PAD SYSTEM | | | | Not Allowed | $0.00 | | | |
| E0225 | E | HYDROCOLLATOR UNIT | | | | Not Allowed | $0.00 | | | |
| E0231 | E | WOUND WARMING DEVICE | | | | Not Allowed | $0.00 | | | |
| E0232 | E | WARMING CARD FOR NWT | | | | Not Allowed | $0.00 | | | |
| E0235 | E | PARAFFIN BATH UNIT PORTABLE | | | | Not Allowed | $0.00 | | | |
| E0236 | E | PUMP FOR WATER CIRCULATING P | | | | Not Allowed | $0.00 | | | |
| E0239 | E | HYDROCOLLATOR UNIT PORTABLE | | | | Not Allowed | $0.00 | | | |
| E0240 | E | BATH/SHOWER CHAIR | | | | Not Allowed | $0.00 | | | |
| E0241 | E | BATH TUB WALL RAIL | | | | Not Allowed | $0.00 | | | |
| E0242 | E | BATH TUB RAIL FLOOR | | | | Not Allowed | $0.00 | | | |
| E0243 | E | TOILET RAIL | | | | Not Allowed | $0.00 | | | |
| E0244 | E | TOILET SEAT RAISED | | | | Not Allowed | $0.00 | | | |
| E0245 | E | TUB STOOL OR BENCH | | | | Not Allowed | $0.00 | | | |
| E0246 | E | TRANSFER TUB RAIL ATTACHMENT | | | | Not Allowed | $0.00 | | | |
| E0247 | E | TRANS BENCH W/WO COMM OPEN | | | | Not Allowed | $0.00 | | | |
| E0248 | E | HDTRANS BENCH W/WO COMM OPEN | | | | Not Allowed | $0.00 | | | |
| E0249 | E | PAD WATER CIRCULATING HEAT U | | | | Not Allowed | $0.00 | | | |
| E0250 | E | HOSP BED FIXED HT W/ MATTRES | | | | Not Allowed | $0.00 | | | |
| E0251 | E | HOSP BED FIXD HT W/O MATTRES | | | | Not Allowed | $0.00 | | | |
| E0255 | E | HOSPITAL BED VAR HT W/ MATTR | | | | Not Allowed | $0.00 | | | |
| E0256 | E | HOSPITAL BED VAR HT W/O MATT | | | | Not Allowed | $0.00 | | | |
| E0260 | E | HOSP BED SEMI-ELECTR W/ MATT | | | | Not Allowed | $0.00 | | | |
| E0261 | E | HOSP BED SEMI-ELECTR W/O MAT | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| E0265 | E | HOSP BED TOTAL ELECTR W/ MAT | | | | Not Allowed | $0.00 | | | |
| E0266 | E | HOSP BED TOTAL ELEC W/O MATT | | | | Not Allowed | $0.00 | | | |
| E0270 | E | HOSPITAL BED INSTITUTIONAL T | | | | Not Allowed | $0.00 | | | |
| E0271 | E | MATTRESS INNERSPRING | | | | Not Allowed | $0.00 | | | |
| E0272 | E | MATTRESS FOAM RUBBER | | | | Not Allowed | $0.00 | | | |
| E0273 | E | BED BOARD | | | | Not Allowed | $0.00 | | | |
| E0274 | E | OVER-BED TABLE | | | | Not Allowed | $0.00 | | | |
| E0275 | E | BED PAN STANDARD | | | | Not Allowed | $0.00 | | | |
| E0276 | E | BED PAN FRACTURE | | | | Not Allowed | $0.00 | | | |
| E0277 | E | POWERED PRES-REDU AIR MATTRS | | | | Not Allowed | $0.00 | | | |
| E0280 | E | BED CRADLE | | | | Not Allowed | $0.00 | | | |
| E0290 | E | HOSP BED FX HT W/O RAILS W/M | | | | Not Allowed | $0.00 | | | |
| E0291 | E | HOSP BED FX HT W/O RAIL W/O | | | | Not Allowed | $0.00 | | | |
| E0292 | E | HOSP BED VAR HT W/O RAIL W/O | | | | Not Allowed | $0.00 | | | |
| E0293 | E | HOSP BED VAR HT W/O RAIL W/ | | | | Not Allowed | $0.00 | | | |
| E0294 | E | HOSP BED SEMI-ELECT W/ MATTR | | | | Not Allowed | $0.00 | | | |
| E0295 | E | HOSP BED SEMI-ELECT W/O MATT | | | | Not Allowed | $0.00 | | | |
| E0296 | E | HOSP BED TOTAL ELECT W/ MATT | | | | Not Allowed | $0.00 | | | |
| E0297 | E | HOSP BED TOTAL ELECT W/O MAT | | | | Not Allowed | $0.00 | | | |
| E0300 | E | ENCLOSED PED CRIB HOSP GRADE | | | | Not Allowed | $0.00 | | | |
| E0301 | E | HD HOSP BED, 350-600 LBS | | | | Not Allowed | $0.00 | | | |
| E0302 | E | EX HD HOSP BED > 600 LBS | | | | Not Allowed | $0.00 | | | |
| E0303 | E | HOSP BED HVY DTY XTRA WIDE | | | | Not Allowed | $0.00 | | | |
| E0304 | E | HOSP BED XTRA HVY DTY X WIDE | | | | Not Allowed | $0.00 | | | |
| E0305 | E | RAILS BED SIDE HALF LENGTH | | | | Not Allowed | $0.00 | | | |
| E0310 | E | RAILS BED SIDE FULL LENGTH | | | | Not Allowed | $0.00 | | | |
| E0315 | E | BED ACCESSORY BRD/TBL/SUPPRT | | | | Not Allowed | $0.00 | | | |
| E0316 | E | BED SAFETY ENCLOSURE | | | | Not Allowed | $0.00 | | | |
| E0325 | E | URINAL MALE JUG-TYPE | | | | Not Allowed | $0.00 | | | |
| E0326 | E | URINAL FEMALE JUG-TYPE | | | | Not Allowed | $0.00 | | | |
| E0328 | E | PED HOSPITAL BED, MANUAL | | | | Not Allowed | $0.00 | | | |
| E0329 | E | PED HOSPITAL BED SEMI/ELECT | | | | Not Allowed | $0.00 | | | |
| E0350 | E | CONTROL UNIT BOWEL SYSTEM | | | | Not Allowed | $0.00 | | | |
| E0352 | E | DISPOSABLE PACK W/BOWEL SYST | | | | Not Allowed | $0.00 | | | |
| E0370 | E | AIR ELEVATOR FOR HEEL | | | | Not Allowed | $0.00 | | | |
| E0371 | E | NONPOWER MATTRESS OVERLAY | | | | Not Allowed | $0.00 | | | |
| E0372 | E | POWERED AIR MATTRESS OVERLAY | | | | Not Allowed | $0.00 | | | |
| E0373 | E | NONPOWERED PRESSURE MATTRESS | | | | Not Allowed | $0.00 | | | |
| E0424 | E | STATIONARY COMPRESSED GAS 02 | | | | Not Allowed | $0.00 | | | |
| E0425 | E | GAS SYSTEM STATIONARY COMPRE | | | | Not Allowed | $0.00 | | | |
| E0430 | E | OXYGEN SYSTEM GAS PORTABLE | | | | Not Allowed | $0.00 | | | |
| E0431 | E | PORTABLE GASEOUS 02 | | | | Not Allowed | $0.00 | | | |
| E0433 | E | PORTABLE LIQUID OXYGEN SYS | | | | Not Allowed | $0.00 | | | |
| E0434 | E | PORTABLE LIQUID 02 | | | | Not Allowed | $0.00 | | | |
| E0435 | E | OXYGEN SYSTEM LIQUID PORTABL | | | | Not Allowed | $0.00 | | | |
| E0439 | E | STATIONARY LIQUID 02 | | | | Not Allowed | $0.00 | | | |
| E0440 | E | OXYGEN SYSTEM LIQUID STATION | | | | Not Allowed | $0.00 | | | |
| E0441 | E | STATIONARY O2 CONTENTS, GAS | | | | Not Allowed | $0.00 | | | |
| E0442 | E | STATIONARY O2 CONTENTS, LIQ | | | | Not Allowed | $0.00 | | | |
| E0443 | E | PORTABLE 02 CONTENTS, GAS | | | | Not Allowed | $0.00 | | | |
| E0444 | E | PORTABLE 02 CONTENTS, LIQUID | | | | Not Allowed | $0.00 | | | |
| E0445 | E | OXIMETER NON-INVASIVE | | | | Not Allowed | $0.00 | | | |
| E0446 | E | TOPICAL OX DELIVER SYS, NOS | | | | Not Allowed | $0.00 | | | |
| E0450 | E | VOL CONTROL VENT INVASIV INT | | | | Not Allowed | $0.00 | | | |
| E0455 | E | OXYGEN TENT EXCL CROUP/PED T | | | | Not Allowed | $0.00 | | | |
| E0457 | E | CHEST SHELL | | | | Not Allowed | $0.00 | | | |
| E0459 | E | CHEST WRAP | | | | Not Allowed | $0.00 | | | |
| E0460 | E | NEG PRESS VENT PORTABL/STATN | | | | Not Allowed | $0.00 | | | |
| E0461 | E | VOL CONTROL VENT NONINV INT | | | | Not Allowed | $0.00 | | | |
| E0462 | E | ROCKING BED W/ OR W/O SIDE R | | | | Not Allowed | $0.00 | | | |
| E0463 | E | PRESS SUPP VENT INVASIVE INT | | | | Not Allowed | $0.00 | | | |
| E0464 | E | PRESS SUPP VENT NONINV INT | | | | Not Allowed | $0.00 | | | |
| E0470 | E | RAD W/O BACKUP NON-INV INTFC | | | | Not Allowed | $0.00 | | | |
| E0471 | E | RAD W/BACKUP NON INV INTRFC | | | | Not Allowed | $0.00 | | | |

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|---|---|---|---|---|---|---|---|---|---|---|
| E0472 | E | RAD W BACKUP INVASIVE INTRFC | | | | Not Allowed | $0.00 | | | |
| E0480 | E | PERCUSSOR ELECT/PNEUM HOME M | | | | Not Allowed | $0.00 | | | |
| E0481 | E | INTRPULMNRY PERCUSS VENT SYS | | | | Not Allowed | $0.00 | | | |
| E0482 | E | COUGH STIMULATING DEVICE | | | | Not Allowed | $0.00 | | | |
| E0483 | E | CHEST COMPRESSION GEN SYSTEM | | | | Not Allowed | $0.00 | | | |
| E0484 | E | NON-ELEC OSCILLATORY PEP DVC | | | | Not Allowed | $0.00 | | | |
| E0485 | E | ORAL DEVICE/APPLIANCE PREFAB | | | | Not Allowed | $0.00 | | | |
| E0486 | E | ORAL DEVICE/APPLIANCE CUSFAB | | | | Not Allowed | $0.00 | | | |
| E0487 | N | ELECTRONIC SPIROMETER | | | | Bundled | $0.00 | | | |
| E0500 | E | IPPB ALL TYPES | | | | Not Allowed | $0.00 | | | |
| E0550 | E | HUMIDIF EXTENS SUPPLE W IPPB | | | | Not Allowed | $0.00 | | | |
| E0555 | E | HUMIDIFIER FOR USE W/ REGULA | | | | Not Allowed | $0.00 | | | |
| E0560 | E | HUMIDIFIER SUPPLEMENTAL W/ I | | | | Not Allowed | $0.00 | | | |
| E0561 | E | HUMIDIFIER NONHEATED W PAP | | | | Not Allowed | $0.00 | | | |
| E0562 | E | HUMIDIFIER HEATED USED W PAP | | | | Not Allowed | $0.00 | | | |
| E0565 | E | COMPRESSOR AIR POWER SOURCE | | | | Not Allowed | $0.00 | | | |
| E0570 | E | NEBULIZER WITH COMPRESSION | | | | Not Allowed | $0.00 | | | |
| E0572 | E | AEROSOL COMPRESSOR ADJUST PR | | | | Not Allowed | $0.00 | | | |
| E0574 | E | ULTRASONIC GENERATOR W SVNEB | | | | Not Allowed | $0.00 | | | |
| E0575 | E | NEBULIZER ULTRASONIC | | | | Not Allowed | $0.00 | | | |
| E0580 | E | NEBULIZER FOR USE W/ REGULAT | | | | Not Allowed | $0.00 | | | |
| E0585 | E | NEBULIZER W/ COMPRESSOR & HE | | | | Not Allowed | $0.00 | | | |
| E0600 | E | SUCTION PUMP PORTAB HOM MODL | | | | Not Allowed | $0.00 | | | |
| E0601 | E | CONT AIRWAY PRESSURE DEVICE | | | | Not Allowed | $0.00 | | | |
| E0602 | E | MANUAL BREAST PUMP | | | | Not Allowed | $0.00 | | | |
| E0603 | E | ELECTRIC BREAST PUMP | | | | Not Allowed | $0.00 | | | |
| E0604 | E | HOSP GRADE ELEC BREAST PUMP | | | | Not Allowed | $0.00 | | | |
| E0605 | E | VAPORIZER ROOM TYPE | | | | Not Allowed | $0.00 | | | |
| E0606 | E | DRAINAGE BOARD POSTURAL | | | | Not Allowed | $0.00 | | | |
| E0607 | E | BLOOD GLUCOSE MONITOR HOME | | | | Not Allowed | $0.00 | | | |
| E0610 | E | PACEMAKER MONITR AUDIBLE/VIS | | | | Not Allowed | $0.00 | | | |
| E0615 | E | PACEMAKER MONITR DIGITAL/VIS | | | | Not Allowed | $0.00 | | | |
| E0616 | N | CARDIAC EVENT RECORDER | | | | Bundled | $0.00 | | | |
| E0617 | E | AUTOMATIC EXT DEFIBRILLATOR | | | | Not Allowed | $0.00 | | | |
| E0618 | E | APNEA MONITOR | | | | Not Allowed | $0.00 | | | |
| E0619 | E | APNEA MONITOR W RECORDER | | | | Not Allowed | $0.00 | | | |
| E0620 | E | CAP BLD SKIN PIERCING LASER | | | | Not Allowed | $0.00 | | | |
| E0621 | E | PATIENT LIFT SLING OR SEAT | | | | Not Allowed | $0.00 | | | |
| E0625 | E | PATIENT LIFT BATHROOM OR TOI | | | | Not Allowed | $0.00 | | | |
| E0627 | E | SEAT LIFT INCORP LIFT-CHAIR | | | | Not Allowed | $0.00 | | | |
| E0628 | E | SEAT LIFT FOR PT FURN-ELECTR | | | | Not Allowed | $0.00 | | | |
| E0629 | E | SEAT LIFT FOR PT FURN-NON-EL | | | | Not Allowed | $0.00 | | | |
| E0630 | E | PATIENT LIFT HYDRAULIC | | | | Not Allowed | $0.00 | | | |
| E0635 | E | PATIENT LIFT ELECTRIC | | | | Not Allowed | $0.00 | | | |
| E0636 | E | PT SUPPORT & POSITIONING SYS | | | | Not Allowed | $0.00 | | | |
| E0637 | E | COMBINATION SIT TO STAND SYS | | | | Not Allowed | $0.00 | | | |
| E0638 | E | STANDING FRAME SYS | | | | Not Allowed | $0.00 | | | |
| E0639 | E | MOVEABLE PATIENT LIFT SYSTEM | | | | Not Allowed | $0.00 | | | |
| E0640 | E | FIXED PATIENT LIFT SYSTEM | | | | Not Allowed | $0.00 | | | |
| E0641 | E | MULTI-POSITION STND FRAM SYS | | | | Not Allowed | $0.00 | | | |
| E0642 | E | DYNAMIC STANDING FRAME | | | | Not Allowed | $0.00 | | | |
| E0650 | E | PNEUMA COMPRESOR NON-SEGMENT | | | | Not Allowed | $0.00 | | | |
| E0651 | E | PNEUM COMPRESSOR SEGMENTAL | | | | Not Allowed | $0.00 | | | |
| E0652 | E | PNEUM COMPRES W/CAL PRESSURE | | | | Not Allowed | $0.00 | | | |
| E0655 | E | PNEUMATIC APPLIANCE HALF ARM | | | | Not Allowed | $0.00 | | | |
| E0656 | E | SEGMENTAL PNEUMATIC TRUNK | | | | Not Allowed | $0.00 | | | |
| E0657 | E | SEGMENTAL PNEUMATIC CHEST | | | | Not Allowed | $0.00 | | | |
| E0660 | E | PNEUMATIC APPLIANCE FULL LEG | | | | Not Allowed | $0.00 | | | |
| E0665 | E | PNEUMATIC APPLIANCE FULL ARM | | | | Not Allowed | $0.00 | | | |
| E0666 | E | PNEUMATIC APPLIANCE HALF LEG | | | | Not Allowed | $0.00 | | | |
| E0667 | E | SEG PNEUMATIC APPL FULL LEG | | | | Not Allowed | $0.00 | | | |
| E0668 | E | SEG PNEUMATIC APPL FULL ARM | | | | Not Allowed | $0.00 | | | |
| E0669 | E | SEG PNEUMATIC APPLI HALF LEG | | | | Not Allowed | $0.00 | | | |
| E0670 | E | SEG PNEUM INT LEGS/TRUNK | | | | Not Allowed | $0.00 | | | |

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|---|---|---|---|---|---|---|---|---|---|---|
| E0671 | E | PRESSURE PNEUM APPL FULL LEG | | | | Not Allowed | $0.00 | | | |
| E0672 | E | PRESSURE PNEUM APPL FULL ARM | | | | Not Allowed | $0.00 | | | |
| E0673 | E | PRESSURE PNEUM APPL HALF LEG | | | | Not Allowed | $0.00 | | | |
| E0675 | E | PNEUMATIC COMPRESSION DEVICE | | | | Not Allowed | $0.00 | | | |
| E0676 | E | INTER LIMB COMPRESS DEV NOS | | | | Not Allowed | $0.00 | | | |
| E0691 | E | UVL PNL 2 SQ FT OR LESS | | | | Not Allowed | $0.00 | | | |
| E0692 | E | UVL SYS PANEL 4 FT | | | | Not Allowed | $0.00 | | | |
| E0693 | E | UVL SYS PANEL 6 FT | | | | Not Allowed | $0.00 | | | |
| E0694 | E | UVL MD CABINET SYS 6 FT | | | | Not Allowed | $0.00 | | | |
| E0700 | E | SAFETY EQUIPMENT | | | | Not Allowed | $0.00 | | | |
| E0705 | E | TRANSFER DEVICE | | | | Not Allowed | $0.00 | | | |
| E0710 | E | RESTRAINTS ANY TYPE | | | | Not Allowed | $0.00 | | | |
| E0720 | E | TENS TWO LEAD | | | | Not Allowed | $0.00 | | | |
| E0730 | E | TENS FOUR LEAD | | | | Not Allowed | $0.00 | | | |
| E0731 | E | CONDUCTIVE GARMENT FOR TENS/ | | | | Not Allowed | $0.00 | | | |
| E0740 | E | INCONTINENCE TREATMENT SYSTM | | | | Not Allowed | $0.00 | | | |
| E0744 | E | NEUROMUSCULAR STIM FOR SCOLI | | | | Not Allowed | $0.00 | | | |
| E0745 | E | NEUROMUSCULAR STIM FOR SHOCK | | | | Not Allowed | $0.00 | | | |
| E0746 | E | ELECTROMYOGRAPH BIOFEEDBACK | | | | Not Allowed | $0.00 | | | |
| E0747 | E | ELEC OSTEOGEN STIM NOT SPINE | | | | Not Allowed | $0.00 | | | |
| E0748 | E | ELEC OSTEOGEN STIM SPINAL | | | | Not Allowed | $0.00 | | | |
| E0749 | N | ELEC OSTEOGEN STIM IMPLANTED | | | | Bundled | $0.00 | | | |
| E0755 | E | ELECTRONIC SALIVARY REFLEX S | | | | Not Allowed | $0.00 | | | |
| E0760 | E | OSTEOGEN ULTRASOUND STIMLTOR | | | | Not Allowed | $0.00 | | | |
| E0761 | E | NONTHERM ELECTROMGNTC DEVICE | | | | Not Allowed | $0.00 | | | |
| E0762 | E | TRANS ELEC JT STIM DEV SYS | | | | Not Allowed | $0.00 | | | |
| E0764 | E | FUNCTIONAL NEUROMUSCULARSTIM | | | | Not Allowed | $0.00 | | | |
| E0765 | E | NERVE STIMULATOR FOR TX N&V | | | | Not Allowed | $0.00 | | | |
| E0769 | E | ELECTRIC WOUND TREATMENT DEV | | | | Not Allowed | $0.00 | | | |
| E0770 | E | FUNCTIONAL ELECTRIC STIM NOS | | | | Not Allowed | $0.00 | | | |
| E0776 | E | IV POLE | | | | Not Allowed | $0.00 | | | |
| E0779 | E | AMB INFUSION PUMP MECHANICAL | | | | Not Allowed | $0.00 | | | |
| E0780 | E | MECH AMB INFUSION PUMP <8HRS | | | | Not Allowed | $0.00 | | | |
| E0781 | E | EXTERNAL AMBULATORY INFUS PU | | | | Not Allowed | $0.00 | | | |
| E0782 | N | NON-PROGRAMBLE INFUSION PUMP | | | | Bundled | $0.00 | | | |
| E0783 | N | PROGRAMMABLE INFUSION PUMP | | | | Bundled | $0.00 | | | |
| E0784 | E | EXT AMB INFUSN PUMP INSULIN | | | | Not Allowed | $0.00 | | | |
| E0785 | N | REPLACEMENT IMPL PUMP CATHET | | | | Bundled | $0.00 | | | |
| E0786 | N | IMPLANTABLE PUMP REPLACEMENT | | | | Bundled | $0.00 | | | |
| E0791 | E | PARENTERAL INFUSION PUMP STA | | | | Not Allowed | $0.00 | | | |
| E0830 | N | AMBULATORY TRACTION DEVICE | | | | Bundled | $0.00 | | | |
| E0840 | E | TRACT FRAME ATTACH HEADBOARD | | | | Not Allowed | $0.00 | | | |
| E0849 | E | CERVICAL PNEUM TRAC EQUIP | | | | Not Allowed | $0.00 | | | |
| E0850 | E | TRACTION STAND FREE STANDING | | | | Not Allowed | $0.00 | | | |
| E0855 | E | CERVICAL TRACTION EQUIPMENT | | | | Not Allowed | $0.00 | | | |
| E0856 | E | CERVIC COLLAR W AIR BLADDER | | | | Not Allowed | $0.00 | | | |
| E0860 | E | TRACT EQUIP CERVICAL TRACT | | | | Not Allowed | $0.00 | | | |
| E0870 | E | TRACT FRAME ATTACH FOOTBOARD | | | | Not Allowed | $0.00 | | | |
| E0880 | E | TRAC STAND FREE STAND EXTREM | | | | Not Allowed | $0.00 | | | |
| E0890 | E | TRACTION FRAME ATTACH PELVIC | | | | Not Allowed | $0.00 | | | |
| E0900 | E | TRAC STAND FREE STAND PELVIC | | | | Not Allowed | $0.00 | | | |
| E0910 | E | TRAPEZE BAR ATTACHED TO BED | | | | Not Allowed | $0.00 | | | |
| E0911 | E | HD TRAPEZE BAR ATTACH TO BED | | | | Not Allowed | $0.00 | | | |
| E0912 | E | HD TRAPEZE BAR FREE STANDING | | | | Not Allowed | $0.00 | | | |
| E0920 | E | FRACTURE FRAME ATTACHED TO B | | | | Not Allowed | $0.00 | | | |
| E0930 | E | FRACTURE FRAME FREE STANDING | | | | Not Allowed | $0.00 | | | |
| E0935 | E | CONT PAS MOTION EXERCISE DEV | | | | Not Allowed | $0.00 | | | |
| E0936 | E | CPM DEVICE, OTHER THAN KNEE | | | | Not Allowed | $0.00 | | | |
| E0940 | E | TRAPEZE BAR FREE STANDING | | | | Not Allowed | $0.00 | | | |
| E0941 | E | GRAVITY ASSISTED TRACTION DE | | | | Not Allowed | $0.00 | | | |
| E0942 | E | CERVICAL HEAD HARNESS/HALTER | | | | Not Allowed | $0.00 | | | |
| E0944 | E | PELVIC BELT/HARNESS/BOOT | | | | Not Allowed | $0.00 | | | |
| E0945 | E | BELT/HARNESS EXTREMITY | | | | Not Allowed | $0.00 | | | |
| E0946 | E | FRACTURE FRAME DUAL W CROSS | | | | Not Allowed | $0.00 | | | |

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|---|---|---|---|---|---|---|---|---|---|---|
| E0947 | E | FRACTURE FRAME ATTACHMNTS PE | | | | Not Allowed | $0.00 | | | |
| E0948 | E | FRACTURE FRAME ATTACHMNTS CE | | | | Not Allowed | $0.00 | | | |
| E0950 | E | TRAY | | | | Not Allowed | $0.00 | | | |
| E0951 | E | LOOP HEEL | | | | Not Allowed | $0.00 | | | |
| E0952 | E | TOE LOOP/HOLDER, EACH | | | | Not Allowed | $0.00 | | | |
| E0955 | E | CUSHIONED HEADREST | | | | Not Allowed | $0.00 | | | |
| E0956 | E | W/C LATERAL TRUNK/HIP SUPPOR | | | | Not Allowed | $0.00 | | | |
| E0957 | E | W/C MEDIAL THIGH SUPPORT | | | | Not Allowed | $0.00 | | | |
| E0958 | E | WHLCHR ATT- CONV 1 ARM DRIVE | | | | Not Allowed | $0.00 | | | |
| E0959 | E | AMPUTEE ADAPTER | | | | Not Allowed | $0.00 | | | |
| E0960 | E | W/C SHOULDER HARNESS/STRAPS | | | | Not Allowed | $0.00 | | | |
| E0961 | E | WHEELCHAIR BRAKE EXTENSION | | | | Not Allowed | $0.00 | | | |
| E0966 | E | WHEELCHAIR HEAD REST EXTENSI | | | | Not Allowed | $0.00 | | | |
| E0967 | E | MANUAL WC HAND RIM W PROJECT | | | | Not Allowed | $0.00 | | | |
| E0968 | E | WHEELCHAIR COMMODE SEAT | | | | Not Allowed | $0.00 | | | |
| E0969 | E | WHEELCHAIR NARROWING DEVICE | | | | Not Allowed | $0.00 | | | |
| E0970 | E | WHEELCHAIR NO. 2 FOOTPLATES | | | | Not Allowed | $0.00 | | | |
| E0971 | E | WHEELCHAIR ANTI-TIPPING DEVI | | | | Not Allowed | $0.00 | | | |
| E0973 | E | W/CH ACCESS DET ADJ ARMREST | | | | Not Allowed | $0.00 | | | |
| E0974 | E | W/CH ACCESS ANTI-ROLLBACK | | | | Not Allowed | $0.00 | | | |
| E0978 | E | W/C ACC,SAF BELT PELV STRAP | | | | Not Allowed | $0.00 | | | |
| E0980 | E | WHEELCHAIR SAFETY VEST | | | | Not Allowed | $0.00 | | | |
| E0981 | E | SEAT UPHOLSTERY, REPLACEMENT | | | | Not Allowed | $0.00 | | | |
| E0982 | E | BACK UPHOLSTERY, REPLACEMENT | | | | Not Allowed | $0.00 | | | |
| E0983 | E | ADD PWR JOYSTICK | | | | Not Allowed | $0.00 | | | |
| E0984 | E | ADD PWR TILLER | | | | Not Allowed | $0.00 | | | |
| E0985 | E | W/C SEAT LIFT MECHANISM | | | | Not Allowed | $0.00 | | | |
| E0986 | E | MAN W/C PUSH-RIM POW ASSIST | | | | Not Allowed | $0.00 | | | |
| E0988 | E | LEVER-ACTIVATED WHEEL DRIVE | | | | Not Allowed | $0.00 | | | |
| E0990 | E | WHEELCHAIR ELEVATING LEG RES | | | | Not Allowed | $0.00 | | | |
| E0992 | E | WHEELCHAIR SOLID SEAT INSERT | | | | Not Allowed | $0.00 | | | |
| E0994 | E | WHEELCHAIR ARM REST | | | | Not Allowed | $0.00 | | | |
| E0995 | E | WHEELCHAIR CALF REST | | | | Not Allowed | $0.00 | | | |
| E1002 | E | PWR SEAT TILT | | | | Not Allowed | $0.00 | | | |
| E1003 | E | PWR SEAT RECLINE | | | | Not Allowed | $0.00 | | | |
| E1004 | E | PWR SEAT RECLINE MECH | | | | Not Allowed | $0.00 | | | |
| E1005 | E | PWR SEAT RECLINE PWR | | | | Not Allowed | $0.00 | | | |
| E1006 | E | PWR SEAT COMBO W/O SHEAR | | | | Not Allowed | $0.00 | | | |
| E1007 | E | PWR SEAT COMBO W/SHEAR | | | | Not Allowed | $0.00 | | | |
| E1008 | E | PWR SEAT COMBO PWR SHEAR | | | | Not Allowed | $0.00 | | | |
| E1009 | E | ADD MECH LEG ELEVATION | | | | Not Allowed | $0.00 | | | |
| E1010 | E | ADD PWR LEG ELEVATION | | | | Not Allowed | $0.00 | | | |
| E1011 | E | PED WC MODIFY WIDTH ADJUSTM | | | | Not Allowed | $0.00 | | | |
| E1014 | E | RECLINING BACK ADD PED W/C | | | | Not Allowed | $0.00 | | | |
| E1015 | E | SHOCK ABSORBER FOR MAN W/C | | | | Not Allowed | $0.00 | | | |
| E1016 | E | SHOCK ABSORBER FOR POWER W/C | | | | Not Allowed | $0.00 | | | |
| E1017 | E | HD SHCK ABSRBR FOR HD MAN WC | | | | Not Allowed | $0.00 | | | |
| E1018 | E | HD SHCK ABSRBER FOR HD POWWC | | | | Not Allowed | $0.00 | | | |
| E1020 | E | RESIDUAL LIMB SUPPORT SYSTEM | | | | Not Allowed | $0.00 | | | |
| E1028 | E | W/C MANUAL SWINGAWAY | | | | Not Allowed | $0.00 | | | |
| E1029 | E | W/C VENT TRAY FIXED | | | | Not Allowed | $0.00 | | | |
| E1030 | E | W/C VENT TRAY GIMBALED | | | | Not Allowed | $0.00 | | | |
| E1031 | E | ROLLABOUT CHAIR WITH CASTERS | | | | Not Allowed | $0.00 | | | |
| E1035 | E | PATIENT TRANSFER SYSTEM <300 | | | | Not Allowed | $0.00 | | | |
| E1036 | E | PATIENT TRANSFER SYSTEM >300 | | | | Not Allowed | $0.00 | | | |
| E1037 | E | TRANSPORT CHAIR, PED SIZE | | | | Not Allowed | $0.00 | | | |
| E1038 | E | TRANSPORT CHAIR PT WT<=300LB | | | | Not Allowed | $0.00 | | | |
| E1039 | E | TRANSPORT CHAIR PT WT >300LB | | | | Not Allowed | $0.00 | | | |
| E1050 | E | WHELCHR FXD FULL LENGTH ARMS | | | | Not Allowed | $0.00 | | | |
| E1060 | E | WHEELCHAIR DETACHABLE ARMS | | | | Not Allowed | $0.00 | | | |
| E1070 | E | WHEELCHAIR DETACHABLE FOOT R | | | | Not Allowed | $0.00 | | | |
| E1083 | E | HEMI-WHEELCHAIR FIXED ARMS | | | | Not Allowed | $0.00 | | | |
| E1084 | E | HEMI-WHEELCHAIR DETACHABLE A | | | | Not Allowed | $0.00 | | | |
| E1085 | E | HEMI-WHEELCHAIR FIXED ARMS | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| E1086 | E | HEMI-WHEELCHAIR DETACHABLE A | | | | Not Allowed | $0.00 | | | |
| E1087 | E | WHEELCHAIR LIGHTWT FIXED ARM | | | | Not Allowed | $0.00 | | | |
| E1088 | E | WHEELCHAIR LIGHTWEIGHT DET A | | | | Not Allowed | $0.00 | | | |
| E1089 | E | WHEELCHAIR LIGHTWT FIXED ARM | | | | Not Allowed | $0.00 | | | |
| E1090 | E | WHEELCHAIR LIGHTWEIGHT DET A | | | | Not Allowed | $0.00 | | | |
| E1092 | E | WHEELCHAIR WIDE W/ LEG RESTS | | | | Not Allowed | $0.00 | | | |
| E1093 | E | WHEELCHAIR WIDE W/ FOOT REST | | | | Not Allowed | $0.00 | | | |
| E1100 | E | WHCHR S-RECL FXD ARM LEG RES | | | | Not Allowed | $0.00 | | | |
| E1110 | E | WHEELCHAIR SEMI-RECL DETACH | | | | Not Allowed | $0.00 | | | |
| E1130 | E | WHLCHR STAND FXD ARM FT REST | | | | Not Allowed | $0.00 | | | |
| E1140 | E | WHEELCHAIR STANDARD DETACH A | | | | Not Allowed | $0.00 | | | |
| E1150 | E | WHEELCHAIR STANDARD W/ LEG R | | | | Not Allowed | $0.00 | | | |
| E1160 | E | WHEELCHAIR FIXED ARMS | | | | Not Allowed | $0.00 | | | |
| E1161 | E | MANUAL ADULT WC W TILTINSPAC | | | | Not Allowed | $0.00 | | | |
| E1170 | E | WHLCHR AMPU FXD ARM LEG REST | | | | Not Allowed | $0.00 | | | |
| E1171 | E | WHEELCHAIR AMPUTEE W/O LEG R | | | | Not Allowed | $0.00 | | | |
| E1172 | E | WHEELCHAIR AMPUTEE DETACH AR | | | | Not Allowed | $0.00 | | | |
| E1180 | E | WHEELCHAIR AMPUTEE W/ FOOT R | | | | Not Allowed | $0.00 | | | |
| E1190 | E | WHEELCHAIR AMPUTEE W/ LEG RE | | | | Not Allowed | $0.00 | | | |
| E1195 | E | WHEELCHAIR AMPUTEE HEAVY DUT | | | | Not Allowed | $0.00 | | | |
| E1200 | E | WHEELCHAIR AMPUTEE FIXED ARM | | | | Not Allowed | $0.00 | | | |
| E1220 | E | WHLCHR SPECIAL SIZE/CONSTRC | | | | Not Allowed | $0.00 | | | |
| E1221 | E | WHEELCHAIR SPEC SIZE W FOOT | | | | Not Allowed | $0.00 | | | |
| E1222 | E | WHEELCHAIR SPEC SIZE W/ LEG | | | | Not Allowed | $0.00 | | | |
| E1223 | E | WHEELCHAIR SPEC SIZE W FOOT | | | | Not Allowed | $0.00 | | | |
| E1224 | E | WHEELCHAIR SPEC SIZE W/ LEG | | | | Not Allowed | $0.00 | | | |
| E1225 | E | MANUAL SEMI-RECLINING BACK | | | | Not Allowed | $0.00 | | | |
| E1226 | E | MANUAL FULLY RECLINING BACK | | | | Not Allowed | $0.00 | | | |
| E1227 | E | WHEELCHAIR SPEC SZ SPEC HT A | | | | Not Allowed | $0.00 | | | |
| E1228 | E | WHEELCHAIR SPEC SZ SPEC HT B | | | | Not Allowed | $0.00 | | | |
| E1229 | E | PEDIATRIC WHEELCHAIR NOS | | | | Not Allowed | $0.00 | | | |
| E1230 | E | POWER OPERATED VEHICLE | | | | Not Allowed | $0.00 | | | |
| E1231 | E | RIGID PED W/C TILT-IN-SPACE | | | | Not Allowed | $0.00 | | | |
| E1232 | E | FOLDING PED WC TILT-IN-SPACE | | | | Not Allowed | $0.00 | | | |
| E1233 | E | RIG PED WC TLTNSPC W/O SEAT | | | | Not Allowed | $0.00 | | | |
| E1234 | E | FLD PED WC TLTNSPC W/O SEAT | | | | Not Allowed | $0.00 | | | |
| E1235 | E | RIGID PED WC ADJUSTABLE | | | | Not Allowed | $0.00 | | | |
| E1236 | E | FOLDING PED WC ADJUSTABLE | | | | Not Allowed | $0.00 | | | |
| E1237 | E | RGD PED WC ADJSTABL W/O SEAT | | | | Not Allowed | $0.00 | | | |
| E1238 | E | FLD PED WC ADJSTABL W/O SEAT | | | | Not Allowed | $0.00 | | | |
| E1239 | E | PED POWER WHEELCHAIR NOS | | | | Not Allowed | $0.00 | | | |
| E1240 | E | WHCHR LITWT DET ARM LEG REST | | | | Not Allowed | $0.00 | | | |
| E1250 | E | WHEELCHAIR LIGHTWT FIXED ARM | | | | Not Allowed | $0.00 | | | |
| E1260 | E | WHEELCHAIR LIGHTWT FOOT REST | | | | Not Allowed | $0.00 | | | |
| E1270 | E | WHEELCHAIR LIGHTWEIGHT LEG R | | | | Not Allowed | $0.00 | | | |
| E1280 | E | WHCHR H-DUTY DET ARM LEG RES | | | | Not Allowed | $0.00 | | | |
| E1285 | E | WHEELCHAIR HEAVY DUTY FIXED | | | | Not Allowed | $0.00 | | | |
| E1290 | E | WHEELCHAIR HVY DUTY DETACH A | | | | Not Allowed | $0.00 | | | |
| E1295 | E | WHEELCHAIR HEAVY DUTY FIXED | | | | Not Allowed | $0.00 | | | |
| E1296 | E | WHEELCHAIR SPECIAL SEAT HEIG | | | | Not Allowed | $0.00 | | | |
| E1297 | E | WHEELCHAIR SPECIAL SEAT DEPT | | | | Not Allowed | $0.00 | | | |
| E1298 | E | WHEELCHAIR SPEC SEAT DEPTH/W | | | | Not Allowed | $0.00 | | | |
| E1300 | E | WHIRLPOOL PORTABLE | | | | Not Allowed | $0.00 | | | |
| E1310 | E | WHIRLPOOL NON-PORTABLE | | | | Not Allowed | $0.00 | | | |
| E1353 | E | OXYGEN SUPPLIES REGULATOR | | | | Not Allowed | $0.00 | | | |
| E1354 | E | WHEELED CART, PORT CYL/CONC | | | | Not Allowed | $0.00 | | | |
| E1355 | E | OXYGEN SUPPLIES STAND/RACK | | | | Not Allowed | $0.00 | | | |
| E1356 | E | BATT PACK/CART, PORT CONC | | | | Not Allowed | $0.00 | | | |
| E1357 | E | BATTERY CHARGER, PORT CONC | | | | Not Allowed | $0.00 | | | |
| E1358 | E | DC POWER ADAPTER, PORT CONC | | | | Not Allowed | $0.00 | | | |
| E1372 | E | OXY SUPPL HEATER FOR NEBULIZ | | | | Not Allowed | $0.00 | | | |
| E1390 | E | OXYGEN CONCENTRATOR | | | | Not Allowed | $0.00 | | | |
| E1391 | E | OXYGEN CONCENTRATOR, DUAL | | | | Not Allowed | $0.00 | | | |
| E1392 | E | PORTABLE OXYGEN CONCENTRATOR | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| E1399 | E | DURABLE MEDICAL EQUIPMENT MI | | | | Not Allowed | $0.00 | | | |
| E1405 | E | O2/WATER VAPOR ENRICH W/HEAT | | | | Not Allowed | $0.00 | | | |
| E1406 | E | O2/WATER VAPOR ENRICH W/O HE | | | | Not Allowed | $0.00 | | | |
| E1500 | E | CENTRIFUGE | | | | Not Allowed | $0.00 | | | |
| E1510 | E | KIDNEY DIALYSATE DELIVRY SYS | | | | Not Allowed | $0.00 | | | |
| E1520 | E | HEPARIN INFUSION PUMP | | | | Not Allowed | $0.00 | | | |
| E1530 | E | REPLACEMENT AIR BUBBLE DETEC | | | | Not Allowed | $0.00 | | | |
| E1540 | E | REPLACEMENT PRESSURE ALARM | | | | Not Allowed | $0.00 | | | |
| E1550 | E | BATH CONDUCTIVITY METER | | | | Not Allowed | $0.00 | | | |
| E1560 | E | REPLACE BLOOD LEAK DETECTOR | | | | Not Allowed | $0.00 | | | |
| E1570 | E | ADJUSTABLE CHAIR FOR ESRD PT | | | | Not Allowed | $0.00 | | | |
| E1575 | E | TRANSDUCER PROTECT/FLD BAR | | | | Not Allowed | $0.00 | | | |
| E1580 | E | UNIPUNCTURE CONTROL SYSTEM | | | | Not Allowed | $0.00 | | | |
| E1590 | E | HEMODIALYSIS MACHINE | | | | Not Allowed | $0.00 | | | |
| E1592 | E | AUTO INTERM PERITONEAL DIALY | | | | Not Allowed | $0.00 | | | |
| E1594 | E | CYCLER DIALYSIS MACHINE | | | | Not Allowed | $0.00 | | | |
| E1600 | E | DELI/INSTALL CHRG HEMO EQUIP | | | | Not Allowed | $0.00 | | | |
| E1610 | E | REVERSE OSMOSIS H2O PURI SYS | | | | Not Allowed | $0.00 | | | |
| E1615 | E | DEIONIZER H2O PURI SYSTEM | | | | Not Allowed | $0.00 | | | |
| E1620 | E | REPLACEMENT BLOOD PUMP | | | | Not Allowed | $0.00 | | | |
| E1625 | E | WATER SOFTENING SYSTEM | | | | Not Allowed | $0.00 | | | |
| E1630 | E | RECIPROCATING PERITONEAL DIA | | | | Not Allowed | $0.00 | | | |
| E1632 | E | WEARABLE ARTIFICIAL KIDNEY | | | | Not Allowed | $0.00 | | | |
| E1634 | E | PERITONEAL DIALYSIS CLAMP | | | | Not Allowed | $0.00 | | | |
| E1635 | E | COMPACT TRAVEL HEMODIALYZER | | | | Not Allowed | $0.00 | | | |
| E1636 | E | SORBENT CARTRIDGES PER 10 | | | | Not Allowed | $0.00 | | | |
| E1637 | E | HEMOSTATS FOR DIALYSIS, EACH | | | | Not Allowed | $0.00 | | | |
| E1639 | E | DIALYSIS SCALE | | | | Not Allowed | $0.00 | | | |
| E1699 | E | DIALYSIS EQUIPMENT NOC | | | | Not Allowed | $0.00 | | | |
| E1700 | E | JAW MOTION REHAB SYSTEM | | | | Not Allowed | $0.00 | | | |
| E1701 | E | REPL CUSHIONS FOR JAW MOTION | | | | Not Allowed | $0.00 | | | |
| E1702 | E | REPL MEASR SCALES JAW MOTION | | | | Not Allowed | $0.00 | | | |
| E1800 | E | ADJUST ELBOW EXT/FLEX DEVICE | | | | Not Allowed | $0.00 | | | |
| E1801 | E | SPS ELBOW DEVICE | | | | Not Allowed | $0.00 | | | |
| E1802 | E | ADJST FOREARM PRO/SUP DEVICE | | | | Not Allowed | $0.00 | | | |
| E1805 | E | ADJUST WRIST EXT/FLEX DEVICE | | | | Not Allowed | $0.00 | | | |
| E1806 | E | SPS WRIST DEVICE | | | | Not Allowed | $0.00 | | | |
| E1810 | E | ADJUST KNEE EXT/FLEX DEVICE | | | | Not Allowed | $0.00 | | | |
| E1811 | E | SPS KNEE DEVICE | | | | Not Allowed | $0.00 | | | |
| E1812 | E | KNEE EXT/FLEX W ACT RES CTRL | | | | Not Allowed | $0.00 | | | |
| E1815 | E | ADJUST ANKLE EXT/FLEX DEVICE | | | | Not Allowed | $0.00 | | | |
| E1816 | E | SPS ANKLE DEVICE | | | | Not Allowed | $0.00 | | | |
| E1818 | E | SPS FOREARM DEVICE | | | | Not Allowed | $0.00 | | | |
| E1820 | E | SOFT INTERFACE MATERIAL | | | | Not Allowed | $0.00 | | | |
| E1821 | E | REPLACEMENT INTERFACE SPSD | | | | Not Allowed | $0.00 | | | |
| E1825 | E | ADJUST FINGER EXT/FLEX DEVC | | | | Not Allowed | $0.00 | | | |
| E1830 | E | ADJUST TOE EXT/FLEX DEVICE | | | | Not Allowed | $0.00 | | | |
| E1831 | E | STATIC STR TOE DEV EXT/FLEX | | | | Not Allowed | $0.00 | | | |
| E1840 | E | ADJ SHOULDER EXT/FLEX DEVICE | | | | Not Allowed | $0.00 | | | |
| E1841 | E | STATIC STR SHLDR DEV ROM ADJ | | | | Not Allowed | $0.00 | | | |
| E1902 | E | AAC NON-ELECTRONIC BOARD | | | | Not Allowed | $0.00 | | | |
| E2000 | E | GASTRIC SUCTION PUMP HME MDL | | | | Not Allowed | $0.00 | | | |
| E2100 | E | BLD GLUCOSE MONITOR W VOICE | | | | Not Allowed | $0.00 | | | |
| E2101 | E | BLD GLUCOSE MONITOR W LANCE | | | | Not Allowed | $0.00 | | | |
| E2120 | E | PULSE GEN SYS TX ENDOLYMP FL | | | | Not Allowed | $0.00 | | | |
| E2201 | E | MAN W/CH ACC SEAT W>=20"<24" | | | | Not Allowed | $0.00 | | | |
| E2202 | E | SEAT WIDTH 24-27 IN | | | | Not Allowed | $0.00 | | | |
| E2203 | E | FRAME DEPTH LESS THAN 22 IN | | | | Not Allowed | $0.00 | | | |
| E2204 | E | FRAME DEPTH 22 TO 25 IN | | | | Not Allowed | $0.00 | | | |
| E2205 | E | MANUAL WC ACCESSORY, HANDRIM | | | | Not Allowed | $0.00 | | | |
| E2206 | E | COMPLETE WHEEL LOCK ASSEMBLY | | | | Not Allowed | $0.00 | | | |
| E2207 | E | CRUTCH AND CANE HOLDER | | | | Not Allowed | $0.00 | | | |
| E2208 | E | CYLINDER TANK CARRIER | | | | Not Allowed | $0.00 | | | |
| E2209 | E | ARM TROUGH EACH | | | | Not Allowed | $0.00 | | | |

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|---|---|---|---|---|---|---|---|---|---|---|
| E2210 | E | WHEELCHAIR BEARINGS | | | | Not Allowed | $0.00 | | | |
| E2211 | E | PNEUMATIC PROPULSION TIRE | | | | Not Allowed | $0.00 | | | |
| E2212 | E | PNEUMATIC PROP TIRE TUBE | | | | Not Allowed | $0.00 | | | |
| E2213 | E | PNEUMATIC PROP TIRE INSERT | | | | Not Allowed | $0.00 | | | |
| E2214 | E | PNEUMATIC CASTER TIRE EACH | | | | Not Allowed | $0.00 | | | |
| E2215 | E | PNEUMATIC CASTER TIRE TUBE | | | | Not Allowed | $0.00 | | | |
| E2216 | E | FOAM FILLED PROPULSION TIRE | | | | Not Allowed | $0.00 | | | |
| E2217 | E | FOAM FILLED CASTER TIRE EACH | | | | Not Allowed | $0.00 | | | |
| E2218 | E | FOAM PROPULSION TIRE EACH | | | | Not Allowed | $0.00 | | | |
| E2219 | E | FOAM CASTER TIRE ANY SIZE EA | | | | Not Allowed | $0.00 | | | |
| E2220 | E | SOLID PROPULSION TIRE EACH | | | | Not Allowed | $0.00 | | | |
| E2221 | E | SOLID CASTER TIRE EACH | | | | Not Allowed | $0.00 | | | |
| E2222 | E | SOLID CASTER INTEGRATED WHL | | | | Not Allowed | $0.00 | | | |
| E2224 | E | PROPULSION WHL EXCLUDES TIRE | | | | Not Allowed | $0.00 | | | |
| E2225 | E | CASTER WHEEL EXCLUDES TIRE | | | | Not Allowed | $0.00 | | | |
| E2226 | E | CASTER FORK REPLACEMENT ONLY | | | | Not Allowed | $0.00 | | | |
| E2227 | E | GEAR REDUCTION DRIVE WHEEL | | | | Not Allowed | $0.00 | | | |
| E2228 | E | MWC ACC, WHEELCHAIR BRAKE | | | | Not Allowed | $0.00 | | | |
| E2230 | E | MANUAL STANDING SYSTEM | | | | Not Allowed | $0.00 | | | |
| E2231 | E | SOLID SEAT SUPPORT BASE | | | | Not Allowed | $0.00 | | | |
| E2291 | E | PLANAR BACK FOR PED SIZE WC | | | | Not Allowed | $0.00 | | | |
| E2292 | E | PLANAR SEAT FOR PED SIZE WC | | | | Not Allowed | $0.00 | | | |
| E2293 | E | CONTOUR BACK FOR PED SIZE WC | | | | Not Allowed | $0.00 | | | |
| E2294 | E | CONTOUR SEAT FOR PED SIZE WC | | | | Not Allowed | $0.00 | | | |
| E2295 | E | PED DYNAMIC SEATING FRAME | | | | Not Allowed | $0.00 | | | |
| E2300 | E | PWR SEAT ELEVATION SYS | | | | Not Allowed | $0.00 | | | |
| E2301 | E | PWR STANDING | | | | Not Allowed | $0.00 | | | |
| E2310 | E | ELECTRO CONNECT BTW CONTROL | | | | Not Allowed | $0.00 | | | |
| E2311 | E | ELECTRO CONNECT BTW 2 SYS | | | | Not Allowed | $0.00 | | | |
| E2312 | E | MINI-PROP REMOTE JOYSTICK | | | | Not Allowed | $0.00 | | | |
| E2313 | E | PWC HARNESS, EXPAND CONTROL | | | | Not Allowed | $0.00 | | | |
| E2321 | E | HAND INTERFACE JOYSTICK | | | | Not Allowed | $0.00 | | | |
| E2322 | E | MULT MECH SWITCHES | | | | Not Allowed | $0.00 | | | |
| E2323 | E | SPECIAL JOYSTICK HANDLE | | | | Not Allowed | $0.00 | | | |
| E2324 | E | CHIN CUP INTERFACE | | | | Not Allowed | $0.00 | | | |
| E2325 | E | SIP AND PUFF INTERFACE | | | | Not Allowed | $0.00 | | | |
| E2326 | E | BREATH TUBE KIT | | | | Not Allowed | $0.00 | | | |
| E2327 | E | HEAD CONTROL INTERFACE MECH | | | | Not Allowed | $0.00 | | | |
| E2328 | E | HEAD/EXTREMITY CONTROL INTER | | | | Not Allowed | $0.00 | | | |
| E2329 | E | HEAD CONTROL NONPROPORTIONAL | | | | Not Allowed | $0.00 | | | |
| E2330 | E | HEAD CONTROL PROXIMITY SWITC | | | | Not Allowed | $0.00 | | | |
| E2331 | E | ATTENDANT CONTROL | | | | Not Allowed | $0.00 | | | |
| E2340 | E | W/C WDTH 20-23 IN SEAT FRAME | | | | Not Allowed | $0.00 | | | |
| E2341 | E | W/C WDTH 24-27 IN SEAT FRAME | | | | Not Allowed | $0.00 | | | |
| E2342 | E | W/C DPTH 20-21 IN SEAT FRAME | | | | Not Allowed | $0.00 | | | |
| E2343 | E | W/C DPTH 22-25 IN SEAT FRAME | | | | Not Allowed | $0.00 | | | |
| E2351 | E | ELECTRONIC SGD INTERFACE | | | | Not Allowed | $0.00 | | | |
| E2358 | E | GR 34 NONSEALED LEADACID | | | | Not Allowed | $0.00 | | | |
| E2359 | E | GR34 SEALED LEADACID BATTERY | | | | Not Allowed | $0.00 | | | |
| E2360 | E | 22NF NONSEALED LEADACID | | | | Not Allowed | $0.00 | | | |
| E2361 | E | 22NF SEALED LEADACID BATTERY | | | | Not Allowed | $0.00 | | | |
| E2362 | E | GR24 NONSEALED LEADACID | | | | Not Allowed | $0.00 | | | |
| E2363 | E | GR24 SEALED LEADACID BATTERY | | | | Not Allowed | $0.00 | | | |
| E2364 | E | U1NONSEALED LEADACID BATTERY | | | | Not Allowed | $0.00 | | | |
| E2365 | E | U1 SEALED LEADACID BATTERY | | | | Not Allowed | $0.00 | | | |
| E2366 | E | BATTERY CHARGER, SINGLE MODE | | | | Not Allowed | $0.00 | | | |
| E2367 | E | BATTERY CHARGER, DUAL MODE | | | | Not Allowed | $0.00 | | | |
| E2368 | E | PWR WC DRIVEWHEEL MOTOR REPL | | | | Not Allowed | $0.00 | | | |
| E2369 | E | PWR WC DRIVEWHEEL GEAR REPL | | | | Not Allowed | $0.00 | | | |
| E2370 | E | PWR WC DR WH MOTOR/GEAR COMB | | | | Not Allowed | $0.00 | | | |
| E2371 | E | GR27 SEALED LEADACID BATTERY | | | | Not Allowed | $0.00 | | | |
| E2372 | E | GR27 NON-SEALED LEADACID | | | | Not Allowed | $0.00 | | | |
| E2373 | E | HAND/CHIN CTRL SPEC JOYSTICK | | | | Not Allowed | $0.00 | | | |
| E2374 | E | HAND/CHIN CTRL STD JOYSTICK | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| E2375 | E | NON-EXPANDABLE CONTROLLER | | | | Not Allowed | $0.00 | | | |
| E2376 | E | EXPANDABLE CONTROLLER, REPL | | | | Not Allowed | $0.00 | | | |
| E2377 | E | EXPANDABLE CONTROLLER, INITL | | | | Not Allowed | $0.00 | | | |
| E2378 | E | PW ACTUATOR REPLACEMENT | | | | Not Allowed | $0.00 | | | |
| E2381 | E | PNEUM DRIVE WHEEL TIRE | | | | Not Allowed | $0.00 | | | |
| E2382 | E | TUBE, PNEUM WHEEL DRIVE TIRE | | | | Not Allowed | $0.00 | | | |
| E2383 | E | INSERT, PNEUM WHEEL DRIVE | | | | Not Allowed | $0.00 | | | |
| E2384 | E | PNEUMATIC CASTER TIRE | | | | Not Allowed | $0.00 | | | |
| E2385 | E | TUBE, PNEUMATIC CASTER TIRE | | | | Not Allowed | $0.00 | | | |
| E2386 | E | FOAM FILLED DRIVE WHEEL TIRE | | | | Not Allowed | $0.00 | | | |
| E2387 | E | FOAM FILLED CASTER TIRE | | | | Not Allowed | $0.00 | | | |
| E2388 | E | FOAM DRIVE WHEEL TIRE | | | | Not Allowed | $0.00 | | | |
| E2389 | E | FOAM CASTER TIRE | | | | Not Allowed | $0.00 | | | |
| E2390 | E | SOLID DRIVE WHEEL TIRE | | | | Not Allowed | $0.00 | | | |
| E2391 | E | SOLID CASTER TIRE | | | | Not Allowed | $0.00 | | | |
| E2392 | E | SOLID CASTER TIRE, INTEGRATE | | | | Not Allowed | $0.00 | | | |
| E2394 | E | DRIVE WHEEL EXCLUDES TIRE | | | | Not Allowed | $0.00 | | | |
| E2395 | E | CASTER WHEEL EXCLUDES TIRE | | | | Not Allowed | $0.00 | | | |
| E2396 | E | CASTER FORK | | | | Not Allowed | $0.00 | | | |
| E2397 | E | PWC ACC, LITH-BASED BATTERY | | | | Not Allowed | $0.00 | | | |
| E2402 | E | NEG PRESS WOUND THERAPY PUMP | | | | Not Allowed | $0.00 | | | |
| E2500 | E | SGD DIGITIZED PRE-REC <=8MIN | | | | Not Allowed | $0.00 | | | |
| E2502 | E | SGD PREREC MSG >8MIN <=20MIN | | | | Not Allowed | $0.00 | | | |
| E2504 | E | SGD PREREC MSG>20MIN <=40MIN | | | | Not Allowed | $0.00 | | | |
| E2506 | E | SGD PREREC MSG > 40 MIN | | | | Not Allowed | $0.00 | | | |
| E2508 | E | SGD SPELLING PHYS CONTACT | | | | Not Allowed | $0.00 | | | |
| E2510 | E | SGD W MULTI METHODS MSG/ACCS | | | | Not Allowed | $0.00 | | | |
| E2511 | E | SGD SFTWRE PRGRM FOR PC/PDA | | | | Not Allowed | $0.00 | | | |
| E2512 | E | SGD ACCESSORY, MOUNTING SYS | | | | Not Allowed | $0.00 | | | |
| E2599 | E | SGD ACCESSORY NOC | | | | Not Allowed | $0.00 | | | |
| E2601 | E | GEN W/C CUSHION WDTH < 22 IN | | | | Not Allowed | $0.00 | | | |
| E2602 | E | GEN W/C CUSHION WDTH >=22 IN | | | | Not Allowed | $0.00 | | | |
| E2603 | E | SKIN PROTECT WC CUS WD <22IN | | | | Not Allowed | $0.00 | | | |
| E2604 | E | SKIN PROTECT WC CUS WD>=22IN | | | | Not Allowed | $0.00 | | | |
| E2605 | E | POSITION WC CUSH WDTH <22 IN | | | | Not Allowed | $0.00 | | | |
| E2606 | E | POSITION WC CUSH WDTH>=22 IN | | | | Not Allowed | $0.00 | | | |
| E2607 | E | SKIN PRO/POS WC CUS WD <22IN | | | | Not Allowed | $0.00 | | | |
| E2608 | E | SKIN PRO/POS WC CUS WD>=22IN | | | | Not Allowed | $0.00 | | | |
| E2609 | E | CUSTOM FABRICATE W/C CUSHION | | | | Not Allowed | $0.00 | | | |
| E2610 | E | POWERED W/C CUSHION | | | | Not Allowed | $0.00 | | | |
| E2611 | E | GEN USE BACK CUSH WDTH <22IN | | | | Not Allowed | $0.00 | | | |
| E2612 | E | GEN USE BACK CUSH WDTH>=22IN | | | | Not Allowed | $0.00 | | | |
| E2613 | E | POSITION BACK CUSH WD <22IN | | | | Not Allowed | $0.00 | | | |
| E2614 | E | POSITION BACK CUSH WD>=22IN | | | | Not Allowed | $0.00 | | | |
| E2615 | E | POS BACK POST/LAT WDTH <22IN | | | | Not Allowed | $0.00 | | | |
| E2616 | E | POS BACK POST/LAT WDTH>=22IN | | | | Not Allowed | $0.00 | | | |
| E2617 | E | CUSTOM FAB W/C BACK CUSHION | | | | Not Allowed | $0.00 | | | |
| E2619 | E | REPLACE COVER W/C SEAT CUSH | | | | Not Allowed | $0.00 | | | |
| E2620 | E | WC PLANAR BACK CUSH WD <22IN | | | | Not Allowed | $0.00 | | | |
| E2621 | E | WC PLANAR BACK CUSH WD>=22IN | | | | Not Allowed | $0.00 | | | |
| E2622 | E | ADJ SKIN PRO W/C CUS WD<22IN | | | | Not Allowed | $0.00 | | | |
| E2623 | E | ADJ SKIN PRO WC CUS WD>=22IN | | | | Not Allowed | $0.00 | | | |
| E2624 | E | ADJ SKIN PRO/POS CUS<22IN | | | | Not Allowed | $0.00 | | | |
| E2625 | E | ADJ SKIN PRO/POS WC CUS>=22 | | | | Not Allowed | $0.00 | | | |
| E2626 | E | SEO MOBILE ARM SUP ATT TO WC | | | | Not Allowed | $0.00 | | | |
| E2627 | E | ARM SUPP ATT TO WC RANCHO TY | | | | Not Allowed | $0.00 | | | |
| E2628 | E | MOBILE ARM SUPPORTS RECLININ | | | | Not Allowed | $0.00 | | | |
| E2629 | E | FRICTION DAMPENING ARM SUPP | | | | Not Allowed | $0.00 | | | |
| E2630 | E | MONOSUSPENSION ARM/HAND SUPP | | | | Not Allowed | $0.00 | | | |
| E2631 | E | ELEVAT PROXIMAL ARM SUPPORT | | | | Not Allowed | $0.00 | | | |
| E2632 | E | OFFSET/LAT ROCKER ARM W/ELA | | | | Not Allowed | $0.00 | | | |
| E2633 | E | MOBILE ARM SUPPORT SUPINATOR | | | | Not Allowed | $0.00 | | | |
| E8000 | E | POSTERIOR GAIT TRAINER | | | | Not Allowed | $0.00 | | | |
| E8001 | E | UPRIGHT GAIT TRAINER | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| E8002 | E | ANTERIOR GAIT TRAINER | | | | Not Allowed | $0.00 | | | |
| G0008 | E | ADMIN INFLUENZA VIRUS VAC | | | | Not Allowed | $0.00 | | | |
| G0009 | E | ADMIN PNEUMOCOCCAL VACCINE | | | | Not Allowed | $0.00 | | | |
| G0010 | E | ADMIN HEPATITIS B VACCINE | | | | Not Allowed | $0.00 | | | |
| G0027 | E | SEMEN ANALYSIS | | | | Not Allowed | $0.00 | | | |
| G0101 | V | CA SCREEN;PELVIC/BREAST EXAM | | 0604 | 0.796 | APC | $40.29 | | | |
| G0102 | N | PROSTATE CA SCREENING; DRE | | | | Bundled | $0.00 | | | |
| G0103 | Q | PSA SCREENING | | | | Medicare | $42.15 | $26.13 | $25.29 | |
| G0104 | S | CA SCREEN;FLEXI SIGMOIDSCOPE | | 0159 | 5.8206 | APC | $294.58 | | | |
| G0105 | T | COLORECTAL SCRN; HI RISK IND | | 0158 | 8.5787 | APC | $434.17 | | | |
| G0106 | S | COLON CA SCREEN;BARIUM ENEMA | | 0157 | 2.5831 | APC | $130.73 | | | |
| G0108 | M | DIAB MANAGE TRN PER INDIV | | | | Fee Schedule | $52.68 | | | |
| G0109 | M | DIAB MANAGE TRN IND/GROUP | | | | Fee Schedule | $14.11 | | | |
| G0117 | S | GLAUCOMA SCRN HGH RISK DIREC | | 0698 | 1.0386 | APC | $52.56 | | | |
| G0118 | S | GLAUCOMA SCRN HGH RISK DIREC | | 0230 | 0.6788 | APC | $34.35 | | | |
| G0120 | S | COLON CA SCRN; BARIUM ENEMA | | 0157 | 2.5831 | APC | $130.73 | | | |
| G0121 | T | COLON CA SCRN NOT HI RSK IND | | 0158 | 8.5787 | APC | $434.17 | | | |
| G0122 | E | COLON CA SCRN; BARIUM ENEMA | | | | Not Allowed | $0.00 | | | |
| G0123 | Q | SCREEN CERV/VAG THIN LAYER | | | | Medicare | $46.42 | $28.78 | $27.85 | |
| G0124 | E | SCREEN C/V THIN LAYER BY MD | | | | Not Allowed | $0.00 | | | |
| G0127 | T | TRIM NAIL(S) | | 0012 | 0.3982 | APC | $20.15 | | | |
| G0128 | E | CORF SKILLED NURSING SERVICE | | | | Not Allowed | $0.00 | | | |
| G0129 | E | PARTIAL HOSP PROG SERVICE | | | | Not Allowed | $0.00 | | | |
| G0130 | X | SINGLE ENERGY X-RAY STUDY | | 0261 | 0.9933 | APC | $50.27 | | | |
| G0141 | E | SCR C/V CYTO,AUTOSYS AND MD | | | | Not Allowed | $0.00 | | | |
| G0143 | Q | SCR C/V CYTO,THINLAYER,RESCR | | | | Medicare | $46.42 | $28.78 | $27.85 | |
| G0144 | Q | SCR C/V CYTO,THINLAYER,RESCR | | | | Medicare | $48.95 | $30.35 | $29.37 | |
| G0145 | Q | SCR C/V CYTO,THINLAYER,RESCR | | | | Medicare | $60.68 | $37.62 | $36.41 | |
| G0147 | Q | SCR C/V CYTO, AUTOMATED SYS | | | | Medicare | $26.08 | $16.17 | $15.65 | |
| G0148 | Q | SCR C/V CYTO, AUTOSYS, RESCR | | | | Medicare | $34.82 | $21.59 | $20.89 | |
| G0151 | M | HHCP-SERV OF PT,EA 15 MIN | | | | Fee Schedule | $0.00 | | | |
| G0152 | M | HHCP-SERV OF OT,EA 15 MIN | | | | Fee Schedule | $0.00 | | | |
| G0153 | M | HHCP-SVS OF S/L PATH,EA 15MN | | | | Fee Schedule | $0.00 | | | |
| G0154 | M | HHCP-SVS OF RN,EA 15 MIN | | | | Fee Schedule | $0.00 | | | |
| G0155 | E | HHCP-SVS OF CSW,EA 15 MIN | | | | Not Allowed | $0.00 | | | |
| G0156 | M | HHCP-SVS OF AIDE,EA 15 MIN | | | | Fee Schedule | $0.00 | | | |
| G0157 | E | HHC PT ASSISTANT EA 15 | | | | Not Allowed | $0.00 | | | |
| G0158 | E | HHC OT ASSISTANT EA 15 | | | | Not Allowed | $0.00 | | | |
| G0159 | E | HHC PT MAINT EA 15 MIN | | | | Not Allowed | $0.00 | | | |
| G0160 | E | HHC OCCUP THERAPY EA 15 | | | | Not Allowed | $0.00 | | | |
| G0161 | E | HHC SLP EA 15 MIN | | | | Not Allowed | $0.00 | | | |
| G0162 | E | HHC RN E&M PLAN SVS, 15 MIN | | | | Not Allowed | $0.00 | | | |
| G0163 | E | HHC LPN/RN OBS/ASSES EA 15 | | | | Not Allowed | $0.00 | | | |
| G0164 | E | HHC LIS NURSE TRAIN EA 15 | | | | Not Allowed | $0.00 | | | |
| G0166 | T | EXTRNL COUNTERPULSE, PER TX | | 0678 | 1.3951 | APC | $70.61 | | | |
| G0168 | E | WOUND CLOSURE BY ADHESIVE | | | | Not Allowed | $0.00 | | | |
| G0173 | S | LINEAR ACC STEREO RADSUR COM | | 0067 | 46.284 | APC | $2,342.42 | | | |
| G0175 | V | OPPS SERVICE,SCHED TEAM CONF | | 0608 | 2.465 | APC | $124.75 | | | |
| G0176 | E | OPPS/PHP;ACTIVITY THERAPY | | | | Not Allowed | $0.00 | | | |
| G0177 | E | OPPS/PHP; TRAIN & EDUC SERV | | | | Not Allowed | $0.00 | | | |
| G0179 | E | MD RECERTIFICATION HHA PT | | | | Not Allowed | $0.00 | | | |
| G0180 | E | MD CERTIFICATION HHA PATIENT | | | | Not Allowed | $0.00 | | | |
| G0181 | E | HOME HEALTH CARE SUPERVISION | | | | Not Allowed | $0.00 | | | |
| G0182 | E | HOSPICE CARE SUPERVISION | | | | Not Allowed | $0.00 | | | |
| G0186 | T | DSTRY EYE LESN,FDR VSSL TECH | | 0235 | 5.8389 | APC | $295.51 | | | |
| G0202 | M | SCREENINGMAMMOGRAPHYDIGITAL | | | | Fee Schedule | $140.20 | | | |
| G0204 | M | DIAGNOSTICMAMMOGRAPHYDIGITAL | | | | Fee Schedule | $170.78 | | | |
| G0206 | M | DIAGNOSTICMAMMOGRAPHYDIGITAL | | | | Fee Schedule | $134.71 | | | |
| G0219 | E | PET IMG WHOLBOD MELANO NONCO | | | | Not Allowed | $0.00 | | | |
| G0235 | E | PET NOT OTHERWISE SPECIFIED | | | | Not Allowed | $0.00 | | | |
| G0237 | S | THERAPEUTIC PROCD STRG ENDUR | | 0077 | 0.492 | APC | $24.90 | | | |
| G0238 | S | OTH RESP PROC, INDIV | | 0077 | 0.492 | APC | $24.90 | | | |
| G0239 | S | OTH RESP PROC, GROUP | | 0077 | 0.492 | APC | $24.90 | | | |
| G0245 | V | INITIAL FOOT EXAM PT LOPS | | 0604 | 0.796 | APC | $40.29 | | | |

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|---|---|---|---|---|---|---|---|---|---|---|
| G0246 | V | FOLLOWUP EVAL OF FOOT PT LOP | | 0604 | 0.796 | APC | $40.29 | | | |
| G0247 | T | ROUTINE FOOTCARE PT W LOPS | | 0013 | 1.0032 | APC | $50.77 | | | |
| G0248 | V | DEMONSTRATE USE HOME INR MON | | 0607 | 1.8017 | APC | $91.18 | | | |
| G0249 | V | PROVIDE INR TEST MATER/EQUIP | | 0607 | 1.8017 | APC | $91.18 | | | |
| G0250 | E | MD INR TEST REVIE INTER MGMT | | | | Not Allowed | $0.00 | | | |
| G0251 | S | LINEAR ACC BASED STERO RADIO | | 0065 | 13.718 | APC | $694.25 | | | |
| G0252 | E | PET IMAGING INITIAL DX | | | | Not Allowed | $0.00 | | | |
| G0255 | E | CURRENT PERCEP THRESHOLD TST | | | | Not Allowed | $0.00 | | | |
| G0257 | S | UNSCHED DIALYSIS ESRD PT HOS | | 0170 | 6.9597 | APC | $352.23 | | | |
| G0259 | N | INJECT FOR SACROILIAC JOINT | | | | Bundled | $0.00 | | | |
| G0260 | T | INJ FOR SACROILIAC JT ANESTH | | 0207 | 7.9333 | APC | $401.50 | | | |
| G0268 | N | REMOVAL OF IMPACTED WAX MD | | | | Bundled | $0.00 | | | |
| G0269 | N | OCCLUSIVE DEVICE IN VEIN ART | | | | Bundled | $0.00 | | | |
| G0270 | M | MNT SUBS TX FOR CHANGE DX | | | | Fee Schedule | $28.25 | | | |
| G0271 | M | GROUP MNT 2 OR MORE 30 MINS | | | | Fee Schedule | $15.48 | | | |
| G0275 | N | RENAL ANGIO, CARDIAC CATH | | | | Bundled | $0.00 | | | |
| G0278 | N | ILIAC ART ANGIO,CARDIAC CATH | | | | Bundled | $0.00 | | | |
| G0281 | E | ELEC STIM UNATTEND FOR PRESS | | | | Not Allowed | $0.00 | | | |
| G0282 | E | ELECT STIM WOUND CARE NOT PD | | | | Not Allowed | $0.00 | | | |
| G0283 | Y | ELEC STIM OTHER THAN WOUND | | | | Fee Schedule | $13.76 | | | |
| G0288 | N | RECON, CTA FOR SURG PLAN | | | | Bundled | $0.00 | | | |
| G0289 | N | ARTHRO, LOOSE BODY + CHONDRO | | | | Bundled | $0.00 | | | |
| G0293 | X | NON-COV SURG PROC,CLIN TRIAL | | 0340 | 0.6961 | APC | $35.23 | | | |
| G0294 | X | NON-COV PROC, CLINICAL TRIAL | | 0340 | 0.6961 | APC | $35.23 | | | |
| G0295 | E | ELECTROMAGNETIC THERAPY ONC | | | | Not Allowed | $0.00 | | | |
| G0302 | S | PRE-OP SERVICE LVRS COMPLETE | | 0209 | 11.304 | APC | $572.10 | | | |
| G0303 | S | PRE-OP SERVICE LVRS 10-15DOS | | 0209 | 11.304 | APC | $572.10 | | | |
| G0304 | S | PRE-OP SERVICE LVRS 1-9 DOS | | 0213 | 2.4204 | APC | $122.50 | | | |
| G0305 | S | POST OP SERVICE LVRS MIN 6 | | 0213 | 2.4204 | APC | $122.50 | | | |
| G0306 | Q | CBC/DIFFWBC W/O PLATELET | | | | Medicare | $17.82 | $11.05 | $10.69 | |
| G0307 | Q | CBC WITHOUT PLATELET | | | | Medicare | $14.82 | $9.19 | $8.89 | |
| G0328 | Q | FECAL BLOOD SCRN IMMUNOASSAY | | | | Medicare | $36.43 | $22.59 | $21.86 | |
| G0329 | M | ELECTROMAGNTIC TX FOR ULCERS | | | | Fee Schedule | $0.00 | | | |
| G0333 | E | DISPENSE FEE INITIAL 30 DAY | | | | Not Allowed | $0.00 | | | |
| G0337 | E | HOSPICE EVALUATION PREELECTI | | | | Not Allowed | $0.00 | | | |
| G0339 | S | ROBOT LIN-RADSURG COM, FIRST | | 0067 | 46.284 | APC | $2,342.42 | | | |
| G0340 | S | ROBT LIN-RADSURG FRACTX 2-5 | | 0066 | 33.021 | APC | $1,671.17 | | | |
| G0341 | C | PERCUTANEOUS ISLET CELLTRANS | | | | Inpatient Only | $0.00 | | | |
| G0342 | C | LAPAROSCOPY ISLET CELL TRANS | | | | Inpatient Only | $0.00 | | | |
| G0343 | C | LAPAROTOMY ISLET CELL TRANSP | | | | Inpatient Only | $0.00 | | | |
| G0364 | X | BONE MARROW ASPIRATE &BIOPSY | | 0340 | 0.6961 | APC | $35.23 | | | |
| G0365 | S | VESSEL MAPPING HEMO ACCESS | | 0267 | 2.1699 | APC | $109.82 | | | |
| G0372 | E | MD SERVICE REQUIRED FOR PMD | | | | Not Allowed | $0.00 | | | |
| G0378 | N | HOSPITAL OBSERVATION PER HR | | | | Bundled | $0.00 | | | |
| G0379 | N | DIRECT REFER HOSPITAL OBSERV | | 0608 | 2.465 | Bundled, may be payable in some circumstances | $30,770.88 | | | |
| G0380 | E | LEV 1 HOSP TYPE B ED VISIT | | | | Not Allowed | $0.00 | | | |
| G0381 | E | LEV 2 HOSP TYPE B ED VISIT | | | | Not Allowed | $0.00 | | | |
| G0382 | E | LEV 3 HOSP TYPE B ED VISIT | | | | Not Allowed | $0.00 | | | |
| G0383 | E | LEV 4 HOSP TYPE B ED VISIT | | | | Not Allowed | $0.00 | | | |
| G0384 | E | LEV 5 HOSP TYPE B ED VISIT | | | | Not Allowed | $0.00 | | | |
| G0389 | S | ULTRASOUND EXAM AAA SCREEN | | 0266 | 1.3928 | APC | $70.49 | | | |
| G0390 | S | TRAUMA RESPONS W/HOSP CRITI | | 0618 | 12.823 | APC | $648.99 | | | |
| G0396 | S | ALCOHOL/SUBS INTERV 15-30MN | | 0432 | 0.629 | APC | $31.83 | | | |
| G0397 | S | ALCOHOL/SUBS INTERV >30 MIN | | 0432 | 0.629 | APC | $31.83 | | | |
| G0398 | S | HOME SLEEP TEST/TYPE 2 PORTA | | 0213 | 2.4204 | APC | $122.50 | | | |
| G0399 | S | HOME SLEEP TEST/TYPE 3 PORTA | | 0213 | 2.4204 | APC | $122.50 | | | |
| G0400 | S | HOME SLEEP TEST/TYPE 4 PORTA | | 0213 | 2.4204 | APC | $122.50 | | | |
| G0402 | V | INITIAL PREVENTIVE EXAM | | 0606 | 1.3596 | APC | $68.81 | | | |
| G0403 | E | EKG FOR INITIAL PREVENT EXAM | | | | Not Allowed | $0.00 | | | |
| G0404 | S | EKG TRACING FOR INITIAL PREV | | 0099 | 0.374 | APC | $18.93 | | | |
| G0405 | E | EKG INTERPRET & REPORT PREVE | | | | Not Allowed | $0.00 | | | |
| G0406 | E | INPT/TELE FOLLOW UP 15 | | | | Not Allowed | $0.00 | | | |
| G0407 | E | INPT/TELE FOLLOW UP 25 | | | | Not Allowed | $0.00 | | | |
| G0408 | E | INPT/TELE FOLLOW UP 35 | | | | Not Allowed | $0.00 | | | |

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|---|---|---|---|---|---|---|---|---|---|---|
| G0409 | E | CORF RELATED SERV 15 MINS EA | | | | Not Allowed | $0.00 | | | |
| G0410 | E | GRP PSYCH PARTIAL HOSP 45-50 | | | | Not Allowed | $0.00 | | | |
| G0411 | E | INTER ACTIVE GRP PSYCH PARTI | | | | Not Allowed | $0.00 | | | |
| G0412 | C | OPEN TX ILIAC SPINE UNI/BIL | | | | Inpatient Only | $0.00 | | | |
| G0413 | T | PELVIC RING FRACTURE UNI/BIL | | 0050 | 32.347 | APC | $1,637.09 | | | |
| G0414 | C | PELVIC RING FX TREAT INT FIX | | | | Inpatient Only | $0.00 | | | |
| G0415 | C | OPEN TX POST PELVIC FXCTURE | | | | Inpatient Only | $0.00 | | | |
| G0416 | X | SAT BIOPSY 10-20 | | 0661 | 2.2023 | APC | $111.46 | | | |
| G0417 | S | SAT BIOPSY PROSTATE 21-40 | | 0661 | 2.2023 | APC | $111.46 | | | |
| G0418 | S | SAT BIOPSY PROSTATE 41-60 | | 0661 | 2.2023 | APC | $111.46 | | | |
| G0419 | S | SAT BIOPSY PROSTATE: >60 | | 0661 | 2.2023 | APC | $111.46 | | | |
| G0420 | E | ED SVC CKD IND PER SESSION | | | | Not Allowed | $0.00 | | | |
| G0421 | E | ED SVC CKD GRP PER SESSION | | | | Not Allowed | $0.00 | | | |
| G0422 | S | INTENS CARDIAC REHAB W/EXERC | | 0095 | 1.1206 | APC | $56.71 | | | |
| G0423 | S | INTENS CARDIAC REHAB NO EXER | | 0095 | 1.1206 | APC | $56.71 | | | |
| G0424 | S | PULMONARY REHAB W EXER | | 0102 | 0.5512 | APC | $27.90 | | | |
| G0425 | E | INPT/ED TELECONSULT30 | | | | Not Allowed | $0.00 | | | |
| G0426 | E | INPT/ED TELECONSULT50 | | | | Not Allowed | $0.00 | | | |
| G0427 | E | INPT/ED TELECONSULT70 | | | | Not Allowed | $0.00 | | | |
| G0428 | E | COLLAGEN MENISCUS IMPLANT | | | | Not Allowed | $0.00 | | | |
| G0429 | E | DERMAL FILLER INJECTION(S) | | | | Not Allowed | $0.00 | | | |
| G0431 | Q | DRUG SCREEN MULTIPLE CLASS | | | | Medicare | $166.58 | $103.28 | $99.95 | |
| G0432 | Q | EIA HIV-1/HIV-2 SCREEN | | | | Medicare | $31.42 | $19.48 | $18.85 | |
| G0433 | Q | ELISA HIV-1/HIV-2 SCREEN | | | | Medicare | $31.42 | $19.48 | $18.85 | |
| G0434 | Q | DRUG SCREEN MULTI DRUG CLASS | | | | Medicare | $33.32 | $20.66 | $19.99 | |
| G0435 | Q | ORAL HIV-1/HIV-2 SCREEN | | | | Medicare | $27.48 | $17.04 | $16.49 | |
| G0436 | X | TOBACCO-USE COUNSEL 3-10 MIN | | 0031 | 0.3135 | APC | $15.87 | | | |
| G0437 | X | TOBACCO-USE COUNSEL>10MIN | | 0432 | 0.629 | APC | $31.83 | | | |
| G0438 | E | PPPS, INITIAL VISIT | | | | Not Allowed | $0.00 | | | |
| G0439 | E | PPPS, SUBSEQ VISIT | | | | Not Allowed | $0.00 | | | |
| G0442 | S | ANNUAL ALCOHOL SCREEN 15 MIN | | 0432 | 0.629 | APC | $31.83 | | | |
| G0443 | S | BRIEF ALCOHOL MISUSE COUNSEL | | 0432 | 0.629 | APC | $31.83 | | | |
| G0444 | S | DEPRESSION SCREEN ANNUAL | | 0432 | 0.629 | APC | $31.83 | | | |
| G0445 | S | HIGH INTEN BEH COUNS STD 30M | | 0432 | 0.629 | APC | $31.83 | | | |
| G0446 | S | INTENS BEHAVE THER CARDIO DX | | 0432 | 0.629 | APC | $31.83 | | | |
| G0447 | S | BEHAVIOR COUNSEL OBESITY 15M | | 0432 | 0.629 | APC | $31.83 | | | |
| G0448 | E | PLACE PERM PACING CARDIOVERT | | | | Not Allowed | $0.00 | | | |
| G0451 | N | DEVLOPMENT TEST INTERPT&REP | | 0432 | 0.629 | Bundled, may be payable in some circumstances | $21,863.52 | | | |
| G0452 | E | MOLECULAR PATHOLOGY INTERPR | | | | Not Allowed | $0.00 | | | |
| G0453 | N | CONT INTRAOP NEURO MONITOR | | | | Bundled | $0.00 | | | |
| G0454 | E | MD DOCUMENT VISIT BY NPP | | | | Not Allowed | $0.00 | | | |
| G0455 | X | FECAL MICROBIOTA PREP INSTIL | | 0340 | 0.6961 | APC | $35.23 | | | |
| G0456 | T | NEG PRE WOUND <=50 SQ CM | | 0016 | 2.9399 | APC | $148.79 | | | |
| G0457 | T | NEG PRES WOUND >50 SQ CM | | 0016 | 2.9399 | APC | $148.79 | | | |
| G0458 | E | LDR PROSTATE BRACHY COMP RAT | | | | Not Allowed | $0.00 | | | |
| G0459 | E | TELEHEALTH INPT PHARM MGMT | | | | Not Allowed | $0.00 | | | |
| G0460 | T | AUTOLOGOUS PRP FOR ULCERS | | 0013 | 1.0032 | APC | $50.77 | | | |
| G0908 | E | HGB > 12 G/DL | | | | Not Allowed | $0.00 | | | |
| G0909 | E | HBG NOT DOC | | | | Not Allowed | $0.00 | | | |
| G0910 | E | HGB <= 12 G/DL | | | | Not Allowed | $0.00 | | | |
| G0911 | E | ASSESS ACTIVITY SYMPTOMS | | | | Not Allowed | $0.00 | | | |
| G0912 | E | NO ASSESS ACTIVITY SYMPTOMS | | | | Not Allowed | $0.00 | | | |
| G0913 | E | IMPROVE VISUAL FUNCT | | | | Not Allowed | $0.00 | | | |
| G0914 | E | SURVEY NOT COMPLETE | | | | Not Allowed | $0.00 | | | |
| G0915 | E | NO IMPROVE VISUAL FUNCT | | | | Not Allowed | $0.00 | | | |
| G0916 | E | SATISFY WITH CARE | | | | Not Allowed | $0.00 | | | |
| G0917 | E | SATISFY SURVEY NOT COMPLETE | | | | Not Allowed | $0.00 | | | |
| G0918 | E | NO SATISFY WITH CARE | | | | Not Allowed | $0.00 | | | |
| G0919 | E | FLU IMMUNIZE NOT AVAIL | | | | Not Allowed | $0.00 | | | |
| G0920 | E | TYPE LOC ACT DOC | | | | Not Allowed | $0.00 | | | |
| G0921 | E | DOC PT REAS NO ASSESS | | | | Not Allowed | $0.00 | | | |
| G0922 | E | TYPE LOC ACT NOT DOC | | | | Not Allowed | $0.00 | | | |
| G3001 | S | ADMIN + SUPPLY, TOSITUMOMAB | | 0442 | 27.52 | APC | $1,392.76 | | | |
| G8126 | E | PT TREAT W/ANTIDEPRESS12WKS | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| G8127 | E | PT NOT TREAT W/ANTIDEPRES12W | | | | Not Allowed | $0.00 | | | |
| G8128 | E | PT INELIG FOR ANTIDEPRES MED | | | | Not Allowed | $0.00 | | | |
| G8395 | E | LVEF>=40% DOC NORMAL OR MILD | | | | Not Allowed | $0.00 | | | |
| G8396 | E | LVEF NOT PERFORMED | | | | Not Allowed | $0.00 | | | |
| G8397 | E | DIL MACULA/FUNDUS EXAM/W DOC | | | | Not Allowed | $0.00 | | | |
| G8398 | E | DIL MACULAR/FUNDUS NOT PERFO | | | | Not Allowed | $0.00 | | | |
| G8399 | E | PT W/DXA DOCUMENT OR ORDER | | | | Not Allowed | $0.00 | | | |
| G8400 | E | PT W/DXA NO DOCUMENT OR ORDE | | | | Not Allowed | $0.00 | | | |
| G8401 | E | PT INELIG OSTEO SCREEN MEASU | | | | Not Allowed | $0.00 | | | |
| G8404 | E | LOW EXTEMITY NEUR EXAM DOCUM | | | | Not Allowed | $0.00 | | | |
| G8405 | E | LOW EXTEMITY NEUR NOT PERFOR | | | | Not Allowed | $0.00 | | | |
| G8406 | E | PT INELIG LOWER EXTREM NEURO | | | | Not Allowed | $0.00 | | | |
| G8410 | E | EVAL ON FOOT DOCUMENTED | | | | Not Allowed | $0.00 | | | |
| G8415 | E | EVAL ON FOOT NOT PERFORMED | | | | Not Allowed | $0.00 | | | |
| G8416 | E | PT INELIG FOOTWEAR EVALUATIO | | | | Not Allowed | $0.00 | | | |
| G8417 | E | CALC BMI ABV UP PARAM F/U | | | | Not Allowed | $0.00 | | | |
| G8418 | E | CALC BMI BLW LOW PARAM F/U | | | | Not Allowed | $0.00 | | | |
| G8419 | E | CALC BMI OUT NRM PARAM NOF/U | | | | Not Allowed | $0.00 | | | |
| G8420 | E | CALC BMI NORM PARAMETERS | | | | Not Allowed | $0.00 | | | |
| G8421 | E | BMI NOT CALCULATED | | | | Not Allowed | $0.00 | | | |
| G8422 | E | PT INELIG BMI CALCULATION | | | | Not Allowed | $0.00 | | | |
| G8427 | E | DOC CUR MEDS BY PROV | | | | Not Allowed | $0.00 | | | |
| G8428 | E | CUR MEDS NOT DOCUMENT | | | | Not Allowed | $0.00 | | | |
| G8430 | E | PT INELIG MED CHECK | | | | Not Allowed | $0.00 | | | |
| G8431 | E | POS CLIN DEPRES SCRN F/U DOC | | | | Not Allowed | $0.00 | | | |
| G8432 | E | CLIN DEPRESSION SCREEN NOT D | | | | Not Allowed | $0.00 | | | |
| G8433 | E | PT INELIG; SCRN CLIN DEP | | | | Not Allowed | $0.00 | | | |
| G8442 | E | PT INELIG PAIN ASSESSMENT | | | | Not Allowed | $0.00 | | | |
| G8447 | E | PT VIS DOC USE EHR CER ATCB | | | | Not Allowed | $0.00 | | | |
| G8448 | E | PT VIS DOC W/PQRI QUAL EHR | | | | Not Allowed | $0.00 | | | |
| G8450 | E | BETA-BLOC RX PT W/ABN LVEF | | | | Not Allowed | $0.00 | | | |
| G8451 | E | PT W/ABN LVEF INELIG B-BLOC | | | | Not Allowed | $0.00 | | | |
| G8452 | E | PT W/ABN LVEF B-BLOC NO RX | | | | Not Allowed | $0.00 | | | |
| G8458 | E | PT INELIG GENO NO ANTVIR TX | | | | Not Allowed | $0.00 | | | |
| G8459 | E | DOC PT REC ANTIVIR TREAT | | | | Not Allowed | $0.00 | | | |
| G8460 | E | PT INELIG RNA NO ANTVIR TX | | | | Not Allowed | $0.00 | | | |
| G8461 | E | PT REC ANTIVIR TREAT HEP C | | | | Not Allowed | $0.00 | | | |
| G8462 | E | PT INELIG COUNS NO ANTVIR TX | | | | Not Allowed | $0.00 | | | |
| G8463 | E | PT REC ANTIVIRAL TREAT DOC | | | | Not Allowed | $0.00 | | | |
| G8464 | E | PT INELIG; LO TO NO DTER RSK | | | | Not Allowed | $0.00 | | | |
| G8465 | E | HIGH RISK RECURRENCE PRO CA | | | | Not Allowed | $0.00 | | | |
| G8468 | E | ACE/ARB RX PT W/ABN LVEF | | | | Not Allowed | $0.00 | | | |
| G8469 | E | PT W/ABN LVEF INELIG ACE/ARB | | | | Not Allowed | $0.00 | | | |
| G8470 | E | PT W/ NORMAL LVEF | | | | Not Allowed | $0.00 | | | |
| G8471 | E | LVEF NOT PERFORMED/DOC | | | | Not Allowed | $0.00 | | | |
| G8472 | E | ACE/ARB NO RX PT W/ABN LVEF | | | | Not Allowed | $0.00 | | | |
| G8473 | E | ACE/ARB THXPY RX'D | | | | Not Allowed | $0.00 | | | |
| G8474 | E | ACE/ARB NOT RX'D; DOC REAS | | | | Not Allowed | $0.00 | | | |
| G8475 | E | ACE/ARB THXPY NOT RX'D | | | | Not Allowed | $0.00 | | | |
| G8476 | E | BP SYS <130 AND DIAS <80 | | | | Not Allowed | $0.00 | | | |
| G8477 | E | BP SYS>=130 AND/OR DIAS >=80 | | | | Not Allowed | $0.00 | | | |
| G8478 | E | BP NOT PERFORMED/DOC | | | | Not Allowed | $0.00 | | | |
| G8482 | E | FLU IMMUNIZE ORDER/ADMIN | | | | Not Allowed | $0.00 | | | |
| G8483 | E | FLU IMM NO ORD/ADMIN DOC REA | | | | Not Allowed | $0.00 | | | |
| G8484 | E | FLU IMMUNIZE NO ORDER/ADMIN | | | | Not Allowed | $0.00 | | | |
| G8485 | E | REPORT, DIABETES MEASURES | | | | Not Allowed | $0.00 | | | |
| G8486 | E | REPORT, PREV CARE MEASURES | | | | Not Allowed | $0.00 | | | |
| G8487 | E | REPORT CKD MEASURES | | | | Not Allowed | $0.00 | | | |
| G8489 | E | CAD MEASURES GRP | | | | Not Allowed | $0.00 | | | |
| G8490 | E | RA MEASURES GRP | | | | Not Allowed | $0.00 | | | |
| G8491 | E | HIV/AIDS MEASURES GRP | | | | Not Allowed | $0.00 | | | |
| G8492 | E | PERIOP CARE MEASURES GRP | | | | Not Allowed | $0.00 | | | |
| G8493 | E | BACK PAIN MEASURES GRP | | | | Not Allowed | $0.00 | | | |
| G8494 | E | DM MEAS QUAL ACT PERFORM | | | | Not Allowed | $0.00 | | | |

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|---|---|---|---|---|---|---|---|---|---|---|
| G8495 | E | CKD MEAS QUAL ACT PERFORM | | | | Not Allowed | $0.00 | | | |
| G8496 | E | PREV CARE MG QUAL ACT PERFRM | | | | Not Allowed | $0.00 | | | |
| G8497 | E | CABG MEAS QUAL ACT PERFORM | | | | Not Allowed | $0.00 | | | |
| G8498 | E | CAD MEAS QUAL ACT PERFORM | | | | Not Allowed | $0.00 | | | |
| G8499 | E | RA MEAS QUAL ACT PERFORM | | | | Not Allowed | $0.00 | | | |
| G8500 | E | HIV MEAS QUAL ACT PERFORM | | | | Not Allowed | $0.00 | | | |
| G8501 | E | PERIO MEAS QUAL ACT PERFORM | | | | Not Allowed | $0.00 | | | |
| G8502 | E | BACK PAIN MG QUAL ACT PERFRM | | | | Not Allowed | $0.00 | | | |
| G8506 | E | PT REC ACE/ARB | | | | Not Allowed | $0.00 | | | |
| G8509 | E | POS PAIN ASSESS NO F/U DOC | | | | Not Allowed | $0.00 | | | |
| G8510 | E | PT INELIG NEG SCRN DEPRES | | | | Not Allowed | $0.00 | | | |
| G8511 | E | CLIN DEPRES SCRN NO F/U DOC | | | | Not Allowed | $0.00 | | | |
| G8524 | E | PATCH CLOSURE CONV CEA | | | | Not Allowed | $0.00 | | | |
| G8525 | E | NO PATCH CLOSURE CEA | | | | Not Allowed | $0.00 | | | |
| G8526 | E | NO PATCH CLOSURE CONV CEA | | | | Not Allowed | $0.00 | | | |
| G8530 | E | AUTO AV FISTULA RECD | | | | Not Allowed | $0.00 | | | |
| G8531 | E | PT INELIG; AUTO AV FISTULA | | | | Not Allowed | $0.00 | | | |
| G8532 | E | NO AUTO AV FISTULA; NO REAS | | | | Not Allowed | $0.00 | | | |
| G8535 | E | PT INELIG NO ELD MAL SCRN | | | | Not Allowed | $0.00 | | | |
| G8536 | E | NO DOC ELDER MAL SCRN | | | | Not Allowed | $0.00 | | | |
| G8539 | E | DOC FUNCT AND CARE PLAN | | | | Not Allowed | $0.00 | | | |
| G8540 | E | PT INELIG FUNCT ASSESS | | | | Not Allowed | $0.00 | | | |
| G8541 | E | NO DOC CUR FUNCT ASSESS | | | | Not Allowed | $0.00 | | | |
| G8542 | E | DOC FUNCT NO DEFICIENCIES | | | | Not Allowed | $0.00 | | | |
| G8543 | E | CUR FUNCT ASSES; NO CARE PLN | | | | Not Allowed | $0.00 | | | |
| G8544 | E | CABG MEASURES GRP | | | | Not Allowed | $0.00 | | | |
| G8545 | E | HEPC MEASURES GRP | | | | Not Allowed | $0.00 | | | |
| G8546 | E | CAP MEASURES GRP | | | | Not Allowed | $0.00 | | | |
| G8547 | E | IVD MEASURES GRP | | | | Not Allowed | $0.00 | | | |
| G8548 | E | HF MEASURES GRP | | | | Not Allowed | $0.00 | | | |
| G8549 | E | HEPC MG QUAL ACT PERFORM | | | | Not Allowed | $0.00 | | | |
| G8550 | E | CAP MG QUAL ACT PERFORM | | | | Not Allowed | $0.00 | | | |
| G8551 | E | HF MG QUAL ACT PERFORM | | | | Not Allowed | $0.00 | | | |
| G8552 | E | IVD MG QUAL ACT PERFORM | | | | Not Allowed | $0.00 | | | |
| G8553 | E | PRESCRIP TRANSMIT VIA ERX SY | | | | Not Allowed | $0.00 | | | |
| G8556 | E | REF TO DOC OTOLOG EVAL | | | | Not Allowed | $0.00 | | | |
| G8557 | E | PT INELIG REF OTOLOG EVAL | | | | Not Allowed | $0.00 | | | |
| G8558 | E | NO REF TO DOC OTOLOG EVAL | | | | Not Allowed | $0.00 | | | |
| G8559 | E | PT REF DOC OTO EVAL | | | | Not Allowed | $0.00 | | | |
| G8560 | E | PT HX ACT DRAIN PREV 90 DAYS | | | | Not Allowed | $0.00 | | | |
| G8561 | E | PT INELIG FOR REF OTO EVAL | | | | Not Allowed | $0.00 | | | |
| G8562 | E | PT NO HX ACT DRAIN 90 D | | | | Not Allowed | $0.00 | | | |
| G8563 | E | PT NO REF OTO REAS NO SPEC | | | | Not Allowed | $0.00 | | | |
| G8564 | E | PT REF OTO EVAL | | | | Not Allowed | $0.00 | | | |
| G8565 | E | VER DOC HEAR LOSS | | | | Not Allowed | $0.00 | | | |
| G8566 | E | PT INELIG REF OTO EVAL | | | | Not Allowed | $0.00 | | | |
| G8567 | E | PT NO DOC HEAR LOSS | | | | Not Allowed | $0.00 | | | |
| G8568 | E | PT NO REF OTOLO NO SPEC | | | | Not Allowed | $0.00 | | | |
| G8569 | E | PROL INTUBATION REQ | | | | Not Allowed | $0.00 | | | |
| G8570 | E | NO PROL INTUB REQ | | | | Not Allowed | $0.00 | | | |
| G8571 | E | STER WD IFX 30 D POSTOP | | | | Not Allowed | $0.00 | | | |
| G8572 | E | NO STER WD IFX | | | | Not Allowed | $0.00 | | | |
| G8573 | E | STK CABG | | | | Not Allowed | $0.00 | | | |
| G8574 | E | NO STRK CABG | | | | Not Allowed | $0.00 | | | |
| G8575 | E | POSTOP REN FAIL | | | | Not Allowed | $0.00 | | | |
| G8576 | E | NO POSTOP REN FAIL | | | | Not Allowed | $0.00 | | | |
| G8577 | E | REOP REQ BLD GRFT OTH | | | | Not Allowed | $0.00 | | | |
| G8578 | E | NO REOP REQ BLD GRFT OTH | | | | Not Allowed | $0.00 | | | |
| G8579 | E | ANTPLT MED DISCH | | | | Not Allowed | $0.00 | | | |
| G8580 | E | ANTPLT MED CONTRAIND | | | | Not Allowed | $0.00 | | | |
| G8581 | E | NO ANTPLT MED DISCH | | | | Not Allowed | $0.00 | | | |
| G8582 | E | BBLOCK DISCH | | | | Not Allowed | $0.00 | | | |
| G8583 | E | BBLOCK CONTRAIND | | | | Not Allowed | $0.00 | | | |
| G8584 | E | NO BBLOCK DISCH | | | | Not Allowed | $0.00 | | | |

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|---|---|---|---|---|---|---|---|---|---|---|
| G8585 | E | ANTILIPID TREAT DISCH | | | | Not Allowed | $0.00 | | | |
| G8586 | E | ANTLIP DISCH CONTRA | | | | Not Allowed | $0.00 | | | |
| G8587 | E | NO ANTLIPID TREAT DISCH | | | | Not Allowed | $0.00 | | | |
| G8588 | E | SYS BP <140 | | | | Not Allowed | $0.00 | | | |
| G8589 | E | SYS BP >= 140 | | | | Not Allowed | $0.00 | | | |
| G8590 | E | DIA BP < 90 | | | | Not Allowed | $0.00 | | | |
| G8591 | E | DIA BP >= 90 | | | | Not Allowed | $0.00 | | | |
| G8592 | E | NO BP MEASURE | | | | Not Allowed | $0.00 | | | |
| G8593 | E | LIPID PN RESULTS | | | | Not Allowed | $0.00 | | | |
| G8594 | E | NO LIPID PROF PERF | | | | Not Allowed | $0.00 | | | |
| G8595 | E | LDL < 100 | | | | Not Allowed | $0.00 | | | |
| G8596 | E | NO LDL PERF | | | | Not Allowed | $0.00 | | | |
| G8597 | E | LDL >= 100 | | | | Not Allowed | $0.00 | | | |
| G8598 | E | ASP THERP USED | | | | Not Allowed | $0.00 | | | |
| G8599 | E | NO ASP THERP USED | | | | Not Allowed | $0.00 | | | |
| G8600 | E | TPA INITI W/IN 3 HRS | | | | Not Allowed | $0.00 | | | |
| G8601 | E | NO ELIG TPA INIT W/IN 3 HRS | | | | Not Allowed | $0.00 | | | |
| G8602 | E | NO TPA INIT W/IN 3 HRS | | | | Not Allowed | $0.00 | | | |
| G8603 | E | SPOK LANG COMP SCORE | | | | Not Allowed | $0.00 | | | |
| G8604 | E | NO HIGH SCORE SPOK LANG | | | | Not Allowed | $0.00 | | | |
| G8605 | E | NO SPOK LANG COMP SCORE | | | | Not Allowed | $0.00 | | | |
| G8606 | E | ATTENTION SCORE | | | | Not Allowed | $0.00 | | | |
| G8607 | E | NO HIGH SCORE ATTENTION | | | | Not Allowed | $0.00 | | | |
| G8608 | E | NO ATTENTION SCORE | | | | Not Allowed | $0.00 | | | |
| G8609 | E | MEMORY SCORE | | | | Not Allowed | $0.00 | | | |
| G8610 | E | NO HIGH SCORE MEMORY | | | | Not Allowed | $0.00 | | | |
| G8611 | E | NO MEMORY SCORE | | | | Not Allowed | $0.00 | | | |
| G8612 | E | MOTO SPEECH SCORE | | | | Not Allowed | $0.00 | | | |
| G8613 | E | NO HIGH SCORE MOTO SPEECH | | | | Not Allowed | $0.00 | | | |
| G8614 | E | NO MOTO SPEECH SCORE | | | | Not Allowed | $0.00 | | | |
| G8615 | E | READING SCORE | | | | Not Allowed | $0.00 | | | |
| G8616 | E | NO HIGH SCORE READING | | | | Not Allowed | $0.00 | | | |
| G8617 | E | NO READING SCORE | | | | Not Allowed | $0.00 | | | |
| G8618 | E | SPOK LANG EXP SCORE | | | | Not Allowed | $0.00 | | | |
| G8619 | E | NO HIGH SCORE SPOK LANG EXP | | | | Not Allowed | $0.00 | | | |
| G8620 | E | NO SPOK LANG EXP SCORE | | | | Not Allowed | $0.00 | | | |
| G8621 | E | WRITING SCORE | | | | Not Allowed | $0.00 | | | |
| G8622 | E | NO HIGH SCORE WRITING | | | | Not Allowed | $0.00 | | | |
| G8623 | E | NO WRITING SCORE | | | | Not Allowed | $0.00 | | | |
| G8624 | E | SWALLOWING SCORE | | | | Not Allowed | $0.00 | | | |
| G8625 | E | NO HIGH SCORE SWALLOWING | | | | Not Allowed | $0.00 | | | |
| G8626 | E | NO SWALLOWING SCORE | | | | Not Allowed | $0.00 | | | |
| G8627 | E | SURG PROC W/IN 30 DAYS | | | | Not Allowed | $0.00 | | | |
| G8628 | E | NO SURG PROC W/IN 30 DAYS | | | | Not Allowed | $0.00 | | | |
| G8629 | E | DOC ANTIBIO ORDER B/4 SURG | | | | Not Allowed | $0.00 | | | |
| G8630 | E | DOC ANTIBIO GIVEN B/4 SURG | | | | Not Allowed | $0.00 | | | |
| G8631 | E | PT NO ELG 4 ORDER ANTBI GIVE | | | | Not Allowed | $0.00 | | | |
| G8632 | E | DOC NO ANTIBI ORDER B/4 SURG | | | | Not Allowed | $0.00 | | | |
| G8633 | E | PHARM THER OSTEO RX | | | | Not Allowed | $0.00 | | | |
| G8634 | E | PT NO ELG PHAR THER OSTEO | | | | Not Allowed | $0.00 | | | |
| G8635 | E | NO PHARM THER OSTEO RX | | | | Not Allowed | $0.00 | | | |
| G8642 | E | HRDSHP RURAL W/O INTERNET | | | | Not Allowed | $0.00 | | | |
| G8643 | E | HRDSHP W/O SUFF PHARM W/ERX | | | | Not Allowed | $0.00 | | | |
| G8644 | E | EP NO PRESCRIBE PRIV | | | | Not Allowed | $0.00 | | | |
| G8645 | E | ASTHMA MEASURES GRP | | | | Not Allowed | $0.00 | | | |
| G8646 | E | ASTHMA MG QUAL ACT PERFORM | | | | Not Allowed | $0.00 | | | |
| G8647 | E | FUN STAT SCORE KNEE >= 0 | | | | Not Allowed | $0.00 | | | |
| G8648 | E | FUN STAT SCORE KNEE < 0 | | | | Not Allowed | $0.00 | | | |
| G8649 | E | FUN STAT SCORE KNEE PT NOELG | | | | Not Allowed | $0.00 | | | |
| G8650 | E | FUN STAT SCORE KNEE NOT DONE | | | | Not Allowed | $0.00 | | | |
| G8651 | E | FUN STAT SCORE HIP >= 0 | | | | Not Allowed | $0.00 | | | |
| G8652 | E | FUN STAT SCORE HIP < 0 | | | | Not Allowed | $0.00 | | | |
| G8653 | E | FUN STAT SCORE HIP PT NO ELG | | | | Not Allowed | $0.00 | | | |
| G8654 | E | FUN STAT SCORE HIP NOT DONE | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| G8655 | E | FUN STAT SCORE LE >= 0 | | | | Not Allowed | $0.00 | | | |
| G8656 | E | FUN STAT SCORE LE < 0 | | | | Not Allowed | $0.00 | | | |
| G8657 | E | FUN STAT SCORE LE PT NO ELG | | | | Not Allowed | $0.00 | | | |
| G8658 | E | FUN STAT SCORE LE NOT DONE | | | | Not Allowed | $0.00 | | | |
| G8659 | E | FUN STAT SCORE LS >= 0 | | | | Not Allowed | $0.00 | | | |
| G8660 | E | FUN STAT SCORE LS < 0 | | | | Not Allowed | $0.00 | | | |
| G8661 | E | FUN STAT SCORE LS PT NO ELG | | | | Not Allowed | $0.00 | | | |
| G8662 | E | FUN STAT SCORE LS NOT DONE | | | | Not Allowed | $0.00 | | | |
| G8663 | E | FUN STAT SCORE SHDL >=0 | | | | Not Allowed | $0.00 | | | |
| G8664 | E | FUN STAT SCORE SHDL < 0 | | | | Not Allowed | $0.00 | | | |
| G8665 | E | FUN STAT SCORE SHDL PT NO EL | | | | Not Allowed | $0.00 | | | |
| G8666 | E | FUN STAT SCORE SHDL NOT DONE | | | | Not Allowed | $0.00 | | | |
| G8667 | E | FUN STAT SCORE UE >=0 | | | | Not Allowed | $0.00 | | | |
| G8668 | E | FUN STAT SCORE UE < 0 | | | | Not Allowed | $0.00 | | | |
| G8669 | E | FUN STAT SCORE UE PT NO ELG | | | | Not Allowed | $0.00 | | | |
| G8670 | E | FUN STAT SCORE UE NOT DONE | | | | Not Allowed | $0.00 | | | |
| G8671 | E | FUN STAT SCORE NECK/TS >=0 | | | | Not Allowed | $0.00 | | | |
| G8672 | E | FUN STAT SCORE NECK/TS < 0 | | | | Not Allowed | $0.00 | | | |
| G8673 | E | FUN STAT SCOR NEK/TS PT NO E | | | | Not Allowed | $0.00 | | | |
| G8674 | E | FUN STAT SCOR NEK/TS NOT DON | | | | Not Allowed | $0.00 | | | |
| G8675 | E | BP SYST >= 140 MMHG | | | | Not Allowed | $0.00 | | | |
| G8676 | E | BP DIAST >= 90 MMHG | | | | Not Allowed | $0.00 | | | |
| G8677 | E | BP SYST < 130 MMHG | | | | Not Allowed | $0.00 | | | |
| G8678 | E | BP SYST >=130 - 139 MMHG | | | | Not Allowed | $0.00 | | | |
| G8679 | E | BP DIAST < 80 MMHG | | | | Not Allowed | $0.00 | | | |
| G8680 | E | BP DIAST 80-89 MMHG | | | | Not Allowed | $0.00 | | | |
| G8682 | E | LVG TEST PERF | | | | Not Allowed | $0.00 | | | |
| G8683 | E | PT NOT ELIG FOR LVF TEST | | | | Not Allowed | $0.00 | | | |
| G8685 | E | LVF TEST NOT PERF | | | | Not Allowed | $0.00 | | | |
| G8694 | E | LVEF <40% | | | | Not Allowed | $0.00 | | | |
| G8695 | E | LVEF >=40% | | | | Not Allowed | $0.00 | | | |
| G8696 | E | ANTITHROMB THX PRESC | | | | Not Allowed | $0.00 | | | |
| G8697 | E | ANTITHROMB NO PRESC DOC REAS | | | | Not Allowed | $0.00 | | | |
| G8698 | E | ANTITHROMB NO PRESC NO REAS | | | | Not Allowed | $0.00 | | | |
| G8699 | E | REHAB ORDERED DISCH | | | | Not Allowed | $0.00 | | | |
| G8700 | E | REHAB NOT INDICATED DISCH | | | | Not Allowed | $0.00 | | | |
| G8701 | E | REHAB NOT ORDERED | | | | Not Allowed | $0.00 | | | |
| G8702 | E | ANTIOBIOTICS 4 HR PRIOR SURG | | | | Not Allowed | $0.00 | | | |
| G8703 | E | ANTIBIOTICS NOT PRIOR SURG | | | | Not Allowed | $0.00 | | | |
| G8704 | E | ECG PERFORMED | | | | Not Allowed | $0.00 | | | |
| G8705 | E | MED REAS NO ECG | | | | Not Allowed | $0.00 | | | |
| G8706 | E | PT REAS NO ECG | | | | Not Allowed | $0.00 | | | |
| G8707 | E | ECG NOT PERFORMED | | | | Not Allowed | $0.00 | | | |
| G8708 | E | ANTIBIOTIC NOT PRES | | | | Not Allowed | $0.00 | | | |
| G8709 | E | MED REAS ANTIBIOTIC PRES | | | | Not Allowed | $0.00 | | | |
| G8710 | E | PT PRES ANTIBIOTIC | | | | Not Allowed | $0.00 | | | |
| G8711 | E | PRES ANTIBIOTIC | | | | Not Allowed | $0.00 | | | |
| G8712 | E | NOT PRES ANTIBIOTIC | | | | Not Allowed | $0.00 | | | |
| G8713 | E | SPKT/V GREAT 1.2 KT/V | | | | Not Allowed | $0.00 | | | |
| G8714 | E | HEMODIALYSIS 3 TIMES WEEK | | | | Not Allowed | $0.00 | | | |
| G8715 | E | HEMODIALYSIS NOT 3 TIMES WK | | | | Not Allowed | $0.00 | | | |
| G8716 | E | PT REAS NOT GREAT 1.2KT/V | | | | Not Allowed | $0.00 | | | |
| G8717 | E | LESS 1.2 KT/V | | | | Not Allowed | $0.00 | | | |
| G8718 | E | GREAT 1.7 KT/V PER WEEK | | | | Not Allowed | $0.00 | | | |
| G8720 | E | LESS 1.7 KT/V PER WEEK | | | | Not Allowed | $0.00 | | | |
| G8721 | E | PT, PN, HIST GRADE DOC | | | | Not Allowed | $0.00 | | | |
| G8722 | E | MED REAS PT, PN, NOT DOC | | | | Not Allowed | $0.00 | | | |
| G8723 | E | SPEC SIT NOT PRIM TUMOR | | | | Not Allowed | $0.00 | | | |
| G8724 | E | PT, PN, HIST GRADE NOT DOC | | | | Not Allowed | $0.00 | | | |
| G8725 | E | LIPID PROFILE PERF DOC | | | | Not Allowed | $0.00 | | | |
| G8726 | E | DOC REAS NO LIPID PROFILE | | | | Not Allowed | $0.00 | | | |
| G8727 | E | HEMO, PERIT, OR KIDNEY TRANS | | | | Not Allowed | $0.00 | | | |
| G8728 | E | LIPID PROFILE NOT PERF | | | | Not Allowed | $0.00 | | | |
| G8730 | E | PAIN DOC POS AND PLAN | | | | Not Allowed | $0.00 | | | |

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|---|---|---|---|---|---|---|---|---|---|---|
| G8731 | E | PAIN NEG NO PLAN | | | | Not Allowed | $0.00 | | | |
| G8732 | E | NO DOC OF PAIN | | | | Not Allowed | $0.00 | | | |
| G8733 | E | DOC POS ELDER MAL SCRN PLAN | | | | Not Allowed | $0.00 | | | |
| G8734 | E | DOC NEG ELDER MAL NO PLAN | | | | Not Allowed | $0.00 | | | |
| G8735 | E | ELD MAL SCRN POS NO PLAN | | | | Not Allowed | $0.00 | | | |
| G8736 | E | LDL-C <100MG/DL | | | | Not Allowed | $0.00 | | | |
| G8737 | E | LDL-C >=100MG/DL | | | | Not Allowed | $0.00 | | | |
| G8738 | E | LVEF < 40% | | | | Not Allowed | $0.00 | | | |
| G8739 | E | LVEF >= 40% | | | | Not Allowed | $0.00 | | | |
| G8740 | E | LVEF NOT PERFRMD | | | | Not Allowed | $0.00 | | | |
| G8741 | E | NOT TX SPOKEN LANG | | | | Not Allowed | $0.00 | | | |
| G8742 | E | NOT TX ATTENTION | | | | Not Allowed | $0.00 | | | |
| G8743 | E | NOT TX MEMORY | | | | Not Allowed | $0.00 | | | |
| G8744 | E | NOT TX MOTOR SPEECH | | | | Not Allowed | $0.00 | | | |
| G8745 | E | NOT TX READING | | | | Not Allowed | $0.00 | | | |
| G8746 | E | NOT TX SPOKEN LANG EXPRESS | | | | Not Allowed | $0.00 | | | |
| G8747 | E | NOT TX WRITING | | | | Not Allowed | $0.00 | | | |
| G8748 | E | NOT TX SWALLOWING | | | | Not Allowed | $0.00 | | | |
| G8749 | E | SIGNS OF MELANOMA ABSENT | | | | Not Allowed | $0.00 | | | |
| G8750 | E | SIGNS OF MELANOMA PRESENT | | | | Not Allowed | $0.00 | | | |
| G8751 | E | SMKG STATUS NOT ASSESS | | | | Not Allowed | $0.00 | | | |
| G8752 | E | SYS BP LESS 140 | | | | Not Allowed | $0.00 | | | |
| G8753 | E | SYS BP > OR = 140 | | | | Not Allowed | $0.00 | | | |
| G8754 | E | DIAS BP LESS 90 | | | | Not Allowed | $0.00 | | | |
| G8755 | E | DIAS BP > OR = 90 | | | | Not Allowed | $0.00 | | | |
| G8756 | E | NO BP MEASURE DOC | | | | Not Allowed | $0.00 | | | |
| G8757 | E | COPD MG QUAL ACT PERFORM | | | | Not Allowed | $0.00 | | | |
| G8758 | E | IBD MG QUAL ACT PERFORM | | | | Not Allowed | $0.00 | | | |
| G8759 | E | OSA MG QUAL ACT PERFORM | | | | Not Allowed | $0.00 | | | |
| G8760 | E | EPILEPSY MG QUAL ACT PERFORM | | | | Not Allowed | $0.00 | | | |
| G8761 | E | DEMENTIA MG QUAL ACT PERFORM | | | | Not Allowed | $0.00 | | | |
| G8762 | E | PD MG QUAL ACT PERFORM | | | | Not Allowed | $0.00 | | | |
| G8763 | E | HYPERTEN MG QUAL ACT PERFORM | | | | Not Allowed | $0.00 | | | |
| G8764 | E | CAR PREV MG QUAL ACT PERFORM | | | | Not Allowed | $0.00 | | | |
| G8765 | E | CATARACT MG QUAL ACT PERFORM | | | | Not Allowed | $0.00 | | | |
| G8767 | E | LIPID PANEL RES DOC REV | | | | Not Allowed | $0.00 | | | |
| G8768 | E | DOC MED REAS NO LIPID PROFLE | | | | Not Allowed | $0.00 | | | |
| G8769 | E | LIPID PROFILE NOT PERFORM | | | | Not Allowed | $0.00 | | | |
| G8770 | E | URINE PROTEIN TEST DOC REV | | | | Not Allowed | $0.00 | | | |
| G8771 | E | DOC DX CKD | | | | Not Allowed | $0.00 | | | |
| G8772 | E | DOC MED REAS NO URINE PROTN | | | | Not Allowed | $0.00 | | | |
| G8773 | E | NO URINE PROTEIN TEST | | | | Not Allowed | $0.00 | | | |
| G8774 | E | SERUM CREATININE DOC REV | | | | Not Allowed | $0.00 | | | |
| G8775 | E | DOC MED REAS NO SERUM CRTN | | | | Not Allowed | $0.00 | | | |
| G8776 | E | NO SERUM CREATININE TEST | | | | Not Allowed | $0.00 | | | |
| G8777 | E | DIABETES SCREEN | | | | Not Allowed | $0.00 | | | |
| G8778 | E | DOC MED REAS NO DIABETE SCRN | | | | Not Allowed | $0.00 | | | |
| G8779 | E | NO DIABETES SCREEN | | | | Not Allowed | $0.00 | | | |
| G8780 | E | COUNSEL DIET PHYS ACTIVITY | | | | Not Allowed | $0.00 | | | |
| G8781 | E | DOC MED REAS NO COUNSEL DIET | | | | Not Allowed | $0.00 | | | |
| G8782 | E | NO COUNSEL DIET PHYS ACT | | | | Not Allowed | $0.00 | | | |
| G8783 | E | BP SCRN PERF REC INTERVAL | | | | Not Allowed | $0.00 | | | |
| G8784 | E | PT NO ELIG FOR BP ASSESS | | | | Not Allowed | $0.00 | | | |
| G8785 | E | BP SCRN NO PERF AT INTERVAL | | | | Not Allowed | $0.00 | | | |
| G8786 | E | SEVERITY OF ANGINA ASSESS | | | | Not Allowed | $0.00 | | | |
| G8787 | E | ANGINA PRESENT | | | | Not Allowed | $0.00 | | | |
| G8788 | E | ANGINA ABSENT | | | | Not Allowed | $0.00 | | | |
| G8789 | E | SEVERITY ANGINA NOT ASSESS | | | | Not Allowed | $0.00 | | | |
| G8790 | E | SYSTOLIC <130MMHG | | | | Not Allowed | $0.00 | | | |
| G8791 | E | SYSTOLIC 130-139MMHG | | | | Not Allowed | $0.00 | | | |
| G8792 | E | SYSTOLIC >=140MMHG | | | | Not Allowed | $0.00 | | | |
| G8793 | E | DIASTOLIC <80MMHG | | | | Not Allowed | $0.00 | | | |
| G8794 | E | DIASTOLIC 80-89MMHG | | | | Not Allowed | $0.00 | | | |
| G8795 | E | DIASTOLIC >=90MMHG | | | | Not Allowed | $0.00 | | | |

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|---|---|---|---|---|---|---|---|---|---|---|
| G8796 | E | BP NOT DOC | | | | Not Allowed | $0.00 | | | |
| G8797 | E | SPECIMEN SITE NOT ESOPHAGUS | | | | Not Allowed | $0.00 | | | |
| G8798 | E | SPECIMEN SITE NOT PROSTATE | | | | Not Allowed | $0.00 | | | |
| G8799 | E | ANTICOAG ORDERED | | | | Not Allowed | $0.00 | | | |
| G8800 | E | DOC REAS ANTICOAG NOT ORDER | | | | Not Allowed | $0.00 | | | |
| G8801 | E | ANTICOAG NOT ORDERED | | | | Not Allowed | $0.00 | | | |
| G8802 | E | PREGNANCY TEST ORDER | | | | Not Allowed | $0.00 | | | |
| G8803 | E | DOC REAS NO PREGNANCY TEST | | | | Not Allowed | $0.00 | | | |
| G8805 | E | PREGNANCY TEST NOT ORDER | | | | Not Allowed | $0.00 | | | |
| G8806 | E | TRANSAB OR TRANSVAG US | | | | Not Allowed | $0.00 | | | |
| G8807 | E | DOC REAS NO US | | | | Not Allowed | $0.00 | | | |
| G8808 | E | NO TRANSAB OR TRANSVAG US | | | | Not Allowed | $0.00 | | | |
| G8809 | E | RH-IMMUNOGLOBULIN ORDER | | | | Not Allowed | $0.00 | | | |
| G8810 | E | DOC REAS NO RH-IMMUNO | | | | Not Allowed | $0.00 | | | |
| G8811 | E | NO RH-IMMUNOGLOBULIN ORDER | | | | Not Allowed | $0.00 | | | |
| G8812 | E | PT NOT ELIG CTA, DUPLEX, MRA | | | | Not Allowed | $0.00 | | | |
| G8813 | E | CTA, DUPLEX, MRA PERFORMED | | | | Not Allowed | $0.00 | | | |
| G8814 | E | NO CTA, DUPLEX, MRA | | | | Not Allowed | $0.00 | | | |
| G8815 | E | DOC REAS NO STATIN THERAPY | | | | Not Allowed | $0.00 | | | |
| G8816 | E | STATIN MED PRES AT DISCH | | | | Not Allowed | $0.00 | | | |
| G8817 | E | DOC REAS NO STATIN MED DISCH | | | | Not Allowed | $0.00 | | | |
| G8818 | E | PT DISCH TO HOME BY DAY#7 | | | | Not Allowed | $0.00 | | | |
| G8819 | E | ANEURYSM <= 5.5 CM | | | | Not Allowed | $0.00 | | | |
| G8820 | E | ANEURYSM 5.6-6.0 CM | | | | Not Allowed | $0.00 | | | |
| G8821 | E | ANEURYSM NOT INFARENAL | | | | Not Allowed | $0.00 | | | |
| G8822 | E | MALE ANEURYSMS >6CM | | | | Not Allowed | $0.00 | | | |
| G8823 | E | FEMALE ANEURYSM >6CM | | | | Not Allowed | $0.00 | | | |
| G8824 | E | FEMALE ANEURYSM 5.6-6.0 CM | | | | Not Allowed | $0.00 | | | |
| G8825 | E | PT NOT DISCH TO HOME DAY#7 | | | | Not Allowed | $0.00 | | | |
| G8826 | E | PT DISCH HOME DAY #2 EVAR | | | | Not Allowed | $0.00 | | | |
| G8827 | E | ANEURYSM <= 5.5CM FOR WOMEN | | | | Not Allowed | $0.00 | | | |
| G8828 | E | ANEURYSM <= 5.5CM FOR MEN | | | | Not Allowed | $0.00 | | | |
| G8829 | E | ANEURYSM 5.6-6.0 CM FOR MEN | | | | Not Allowed | $0.00 | | | |
| G8830 | E | ANEURYSM >6CM FOR MEN | | | | Not Allowed | $0.00 | | | |
| G8831 | E | ANEURYSM >-6CM FOR WOMEN | | | | Not Allowed | $0.00 | | | |
| G8832 | E | ANEURYSM 5.6-6.0 WOMEN | | | | Not Allowed | $0.00 | | | |
| G8833 | E | PT NOT DISCH HOME DAY#2 EVAR | | | | Not Allowed | $0.00 | | | |
| G8834 | E | PT DISCH HOME DAY #2 CEA | | | | Not Allowed | $0.00 | | | |
| G8835 | E | ASYMPTOM NO TRANS | | | | Not Allowed | $0.00 | | | |
| G8836 | E | STROKE OR TIA <120 DAYS CEA | | | | Not Allowed | $0.00 | | | |
| G8837 | E | STROKE OR TIA >120 DAYS CEA | | | | Not Allowed | $0.00 | | | |
| G8838 | E | NOT DISCH HOME BY DAY #2 | | | | Not Allowed | $0.00 | | | |
| G8839 | E | SLEEP APNEA ASSESS | | | | Not Allowed | $0.00 | | | |
| G8840 | E | DOC REAS NO SLEEP APNEA | | | | Not Allowed | $0.00 | | | |
| G8841 | E | NO SLEEP APNEA ASSESS | | | | Not Allowed | $0.00 | | | |
| G8842 | E | AHI OR RDI INITIAL DX | | | | Not Allowed | $0.00 | | | |
| G8843 | E | DOC REAS NO AHI OR RDI | | | | Not Allowed | $0.00 | | | |
| G8844 | E | NO AHI OR RDI INITIAL DX | | | | Not Allowed | $0.00 | | | |
| G8845 | E | POS AIRWAY PRESS PRESCRIBED | | | | Not Allowed | $0.00 | | | |
| G8846 | E | MOD OR SEVERE OSA | | | | Not Allowed | $0.00 | | | |
| G8847 | E | POS AIR PRESS NOT PRESCRIBED | | | | Not Allowed | $0.00 | | | |
| G8848 | E | MILD OSA | | | | Not Allowed | $0.00 | | | |
| G8849 | E | DOC REAS NO POS AIR PRESS | | | | Not Allowed | $0.00 | | | |
| G8850 | E | NO PAP PRESCRIBED | | | | Not Allowed | $0.00 | | | |
| G8851 | E | ADHERE POS AIR PRESS THERAPY | | | | Not Allowed | $0.00 | | | |
| G8852 | E | POS AIR PRESS PRESCRIBE | | | | Not Allowed | $0.00 | | | |
| G8853 | E | POS AIR PRESS NOT PRESCRIBE | | | | Not Allowed | $0.00 | | | |
| G8854 | E | REAS NO ADHERE POS AIR PRES | | | | Not Allowed | $0.00 | | | |
| G8855 | E | POS AIR PRESS ADHERE NO PERF | | | | Not Allowed | $0.00 | | | |
| G8856 | E | REF FOR OTO EVAL | | | | Not Allowed | $0.00 | | | |
| G8857 | E | NO ELIG REF FOR OTO EVAL | | | | Not Allowed | $0.00 | | | |
| G8858 | E | NOT REF FOR OTO EVAL | | | | Not Allowed | $0.00 | | | |
| G8859 | E | CORTICOSTEROIDS 10MG 60 DAYS | | | | Not Allowed | $0.00 | | | |
| G8860 | E | CORTICOSTEROID 10 MG 60 DAYS | | | | Not Allowed | $0.00 | | | |

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|---|---|---|---|---|---|---|---|---|---|---|
| G8861 | E | DXA ORDERED FOR OSTEO | | | | Not Allowed | $0.00 | | | |
| G8862 | E | NO CORTICOSTRD 10MG 60 DAYS | | | | Not Allowed | $0.00 | | | |
| G8863 | E | NO ASSESS BONE LOSS | | | | Not Allowed | $0.00 | | | |
| G8864 | E | PNEUMOCOCCAL VACCINE ADMIN | | | | Not Allowed | $0.00 | | | |
| G8865 | E | DOC MED REAS NO PNEUMOCOCCAL | | | | Not Allowed | $0.00 | | | |
| G8866 | E | DOC PT REAS NO PNEUMOCOCCAL | | | | Not Allowed | $0.00 | | | |
| G8867 | E | NO PNEUMOCOCCAL ADMIN | | | | Not Allowed | $0.00 | | | |
| G8868 | E | 1ST COURSE ANTITNF | | | | Not Allowed | $0.00 | | | |
| G8869 | E | DOC IMMUN HEP B 1ST ANTITNF | | | | Not Allowed | $0.00 | | | |
| G8870 | E | HEPB ADMIN 1ST ANTITNF | | | | Not Allowed | $0.00 | | | |
| G8871 | E | NO 1ST ANTITNF | | | | Not Allowed | $0.00 | | | |
| G8872 | E | INTRAOP IMAGE CONFIRM EXCISE | | | | Not Allowed | $0.00 | | | |
| G8873 | E | SPECIMEN NOT INTRAOP IMAGE | | | | Not Allowed | $0.00 | | | |
| G8874 | E | TISSUE NOT IMAGE INTRAOP | | | | Not Allowed | $0.00 | | | |
| G8875 | E | BREAST CANCER DX MIN INVSIVE | | | | Not Allowed | $0.00 | | | |
| G8876 | E | DOC REAS NO MIN INV DX | | | | Not Allowed | $0.00 | | | |
| G8877 | E | NO BRST CNCR DX MIN INVASIVE | | | | Not Allowed | $0.00 | | | |
| G8878 | E | SENT LYMPH NODE BIOPSY | | | | Not Allowed | $0.00 | | | |
| G8879 | E | NODE NEG INV BRST CNCR | | | | Not Allowed | $0.00 | | | |
| G8880 | E | DOC REAS NO LYMPH NODE BIOP | | | | Not Allowed | $0.00 | | | |
| G8881 | E | BRST CNCR STAGE > T1N0M0 | | | | Not Allowed | $0.00 | | | |
| G8882 | E | NO SENT LYMPH NODE BIOPSY | | | | Not Allowed | $0.00 | | | |
| G8883 | E | REV, COMM, TRACK, DOC BIOPSY | | | | Not Allowed | $0.00 | | | |
| G8884 | E | DOC REAS BIOPSY NOT REVIEW | | | | Not Allowed | $0.00 | | | |
| G8885 | E | NO REV, COMM, TRACK BIOPSY | | | | Not Allowed | $0.00 | | | |
| G8886 | E | BP UNDER CONTROL | | | | Not Allowed | $0.00 | | | |
| G8887 | E | DOC MED REAS BP NOT CONTROL | | | | Not Allowed | $0.00 | | | |
| G8888 | E | BP NOT UNDER CONTROL | | | | Not Allowed | $0.00 | | | |
| G8889 | E | NO DOC BP | | | | Not Allowed | $0.00 | | | |
| G8890 | E | LDL-C UNDER CONTROL | | | | Not Allowed | $0.00 | | | |
| G8891 | E | DOC MED REAS NO LDL-C CONTRL | | | | Not Allowed | $0.00 | | | |
| G8892 | E | DOC MED REAS NO LDL-C TEST | | | | Not Allowed | $0.00 | | | |
| G8893 | E | LDL-C NOT UNDER CONTROL | | | | Not Allowed | $0.00 | | | |
| G8894 | E | LDL-C NOT PERFORMED | | | | Not Allowed | $0.00 | | | |
| G8895 | E | ANTROM PRESCRIBE | | | | Not Allowed | $0.00 | | | |
| G8896 | E | DOC MED REAS NO ANTIHTROM | | | | Not Allowed | $0.00 | | | |
| G8897 | E | ANTITHROM NOT PRESCRIBE | | | | Not Allowed | $0.00 | | | |
| G8898 | E | COPD MEASURES GROUP | | | | Not Allowed | $0.00 | | | |
| G8899 | E | INFLAMMATORY BOWEL DIS MG | | | | Not Allowed | $0.00 | | | |
| G8900 | E | OBSTRUCTIVE SLEEP APNEA MG | | | | Not Allowed | $0.00 | | | |
| G8901 | E | EPILEPSY MEASURES GROUP | | | | Not Allowed | $0.00 | | | |
| G8902 | E | DEMENTIA MEASURES GROUP | | | | Not Allowed | $0.00 | | | |
| G8903 | E | PARKINSON¿S DISEASE MG | | | | Not Allowed | $0.00 | | | |
| G8904 | E | HYPERTENSION MG | | | | Not Allowed | $0.00 | | | |
| G8905 | E | CARDIOVASCULAR PREVENTION MG | | | | Not Allowed | $0.00 | | | |
| G8906 | E | CATARACT MEASURES GROUP | | | | Not Allowed | $0.00 | | | |
| G8907 | E | PT DOC NO EVENTS ON DISCHARG | | | | Not Allowed | $0.00 | | | |
| G8908 | E | PT DOC W BURN PRIOR TO D/C | | | | Not Allowed | $0.00 | | | |
| G8909 | E | PT DOC NO BURN PRIOR TO D/C | | | | Not Allowed | $0.00 | | | |
| G8910 | E | PT DOC TO HAVE FALL IN ASC | | | | Not Allowed | $0.00 | | | |
| G8911 | E | PT DOC NO FALL IN ASC | | | | Not Allowed | $0.00 | | | |
| G8912 | E | PT DOC WITH WRONG EVENT | | | | Not Allowed | $0.00 | | | |
| G8913 | E | PT DOC NO WRONG EVENT | | | | Not Allowed | $0.00 | | | |
| G8914 | E | PT TRANS TO HOSP POST D/C | | | | Not Allowed | $0.00 | | | |
| G8915 | E | PT NOT TRANS TO HOSP AT D/C | | | | Not Allowed | $0.00 | | | |
| G8916 | E | PT W IV AB GIVEN ON TIME | | | | Not Allowed | $0.00 | | | |
| G8917 | E | PT W IV AB NOT GIVEN ON TIME | | | | Not Allowed | $0.00 | | | |
| G8918 | E | PT W/O PREOP ORDER IV AB PRO | | | | Not Allowed | $0.00 | | | |
| G8919 | E | MST RCNT SYS BP <140MMG | | | | Not Allowed | $0.00 | | | |
| G8920 | E | MST RCNT SYS BP >=140MMHG | | | | Not Allowed | $0.00 | | | |
| G8921 | E | MST RCNT DIA BP <90MMHG | | | | Not Allowed | $0.00 | | | |
| G8922 | E | MST RCNT DIA BP >=90MMHG | | | | Not Allowed | $0.00 | | | |
| G8923 | E | LVEF < 40% OR LVSD | | | | Not Allowed | $0.00 | | | |
| G8924 | E | SPIRO EV1/FVC <60% COPD SYM | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| G8925 | E | SPIRO>=60% OR PT NO COPD SYM | | | | Not Allowed | $0.00 | | | |
| G8926 | E | SPIRO NO PERF OR DOC | | | | Not Allowed | $0.00 | | | |
| G8927 | E | ADJ CHEM PRES AJCC III | | | | Not Allowed | $0.00 | | | |
| G8928 | E | ADJ CHEM NOT PRES RSN SPEC | | | | Not Allowed | $0.00 | | | |
| G8929 | E | ADJ CMO NOT PRES RSN NOT GVN | | | | Not Allowed | $0.00 | | | |
| G8930 | E | ASSESS OF DEP @ INITIAL EVAL | | | | Not Allowed | $0.00 | | | |
| G8931 | E | ASSES OF DEP NOT DOCUMENTED | | | | Not Allowed | $0.00 | | | |
| G8932 | E | SUICD RSK ASSESSED INIT EVAL | | | | Not Allowed | $0.00 | | | |
| G8933 | E | SUICIDE RISK NOT ASSESSED | | | | Not Allowed | $0.00 | | | |
| G8934 | E | LVEF <40% OR DEP LV SYS FCN | | | | Not Allowed | $0.00 | | | |
| G8935 | E | RX ACE OR ARB THERAPY | | | | Not Allowed | $0.00 | | | |
| G8936 | E | PT NOT ELIGIBLE ACE/ARB | | | | Not Allowed | $0.00 | | | |
| G8937 | E | NO RX ACE/ARB THERAPY | | | | Not Allowed | $0.00 | | | |
| G8938 | E | BMI CALC, PT NO F/U PLAN ELG | | | | Not Allowed | $0.00 | | | |
| G8939 | E | PAIN ASSESS DOC, F/U NO DOC | | | | Not Allowed | $0.00 | | | |
| G8940 | E | SRN CLIN DEP DOC NO F/U PLN | | | | Not Allowed | $0.00 | | | |
| G8941 | E | NO DOC ELDER SCRN, PT NO EL | | | | Not Allowed | $0.00 | | | |
| G8942 | E | DOC FCN/CARE PLAN W/30 DAYS | | | | Not Allowed | $0.00 | | | |
| G8943 | E | LDLC NOT PRES W/I 12 MO PRIR | | | | Not Allowed | $0.00 | | | |
| G8944 | E | AJCC MEL CNR STG 0 - IIC | | | | Not Allowed | $0.00 | | | |
| G8945 | E | ANEURYSM <=6 CM FOR MEN | | | | Not Allowed | $0.00 | | | |
| G8946 | E | MIBM BUT NO DX OF BREAST CA | | | | Not Allowed | $0.00 | | | |
| G8947 | E | 1 OR MORE NEUROPSYCH | | | | Not Allowed | $0.00 | | | |
| G8948 | E | NO NEUROPSYCH SYMPTOMS | | | | Not Allowed | $0.00 | | | |
| G8949 | E | DOC PT REAS ON COUNSEL DIET | | | | Not Allowed | $0.00 | | | |
| G8950 | E | PRE-HTN OR HTN DOC, F/U INDC | | | | Not Allowed | $0.00 | | | |
| G8951 | E | PRE-HTN/HTN DOC, NO PT F/U | | | | Not Allowed | $0.00 | | | |
| G8952 | E | PRE-HTN/HTN, NO F/U, NOT GVN | | | | Not Allowed | $0.00 | | | |
| G8953 | E | ONCOLOGY MG QUAL ACT PERFORM | | | | Not Allowed | $0.00 | | | |
| G8954 | E | PT DATA RPT QUAL CLIN DB REG | | | | Not Allowed | $0.00 | | | |
| G8955 | E | MOST RECENT ASSESS VOL MGMT | | | | Not Allowed | $0.00 | | | |
| G8956 | E | PT RCV HEDIA OUTPT DYLS FAC | | | | Not Allowed | $0.00 | | | |
| G8957 | E | PT NO HEDIA IN OUTPT FAC | | | | Not Allowed | $0.00 | | | |
| G8958 | E | ASSESS VOL MGMT NOT DOC | | | | Not Allowed | $0.00 | | | |
| G8959 | E | CLIN TX MDD COMM TO TX CLIN | | | | Not Allowed | $0.00 | | | |
| G8960 | E | CLIN TX MDD NOT COMM | | | | Not Allowed | $0.00 | | | |
| G8961 | E | CSIT LOWRISK SURG PTS PREOP | | | | Not Allowed | $0.00 | | | |
| G8962 | E | CSIT ON PT ANY REAS 30 DAYS | | | | Not Allowed | $0.00 | | | |
| G8963 | E | CSI PER ASX PT W/PCI 2 YRS | | | | Not Allowed | $0.00 | | | |
| G8964 | E | CSI ANY OTHER THAN PCI 2 YR | | | | Not Allowed | $0.00 | | | |
| G8965 | E | CSIT PERF ON LOW CHD RSK | | | | Not Allowed | $0.00 | | | |
| G8966 | E | CSIT PERF SX OR HIGH CHD RSK | | | | Not Allowed | $0.00 | | | |
| G8967 | E | WRFRN OR ORAL ANTIGOAG PRES | | | | Not Allowed | $0.00 | | | |
| G8968 | E | MD RSN NO PRES WRFRN OR OTHR | | | | Not Allowed | $0.00 | | | |
| G8969 | E | PT RSN NO PRES WRFRN OR OTHR | | | | Not Allowed | $0.00 | | | |
| G8970 | E | NO RSK FAC OR 1 MOD RISK TE | | | | Not Allowed | $0.00 | | | |
| G8971 | E | WARFRN OR OTHR ANTCOG NO RX | | | | Not Allowed | $0.00 | | | |
| G8972 | E | 1>=RISK OR>= MOD RISK FOR TE | | | | Not Allowed | $0.00 | | | |
| G8973 | E | MST RCNT HBB < 10G/DL | | | | Not Allowed | $0.00 | | | |
| G8974 | E | HGB NOT DOC RNS NOT GVN | | | | Not Allowed | $0.00 | | | |
| G8975 | E | HGB <10G/DL, MED RSN | | | | Not Allowed | $0.00 | | | |
| G8976 | E | HGB >= 10 G/DL | | | | Not Allowed | $0.00 | | | |
| G8977 | E | ONCOLOGY MEASURES GRP | | | | Not Allowed | $0.00 | | | |
| G8978 | E | MOBILITY CURRENT STATUS | | | | Not Allowed | $0.00 | | | |
| G8979 | E | MOBILITY GOAL STATUS | | | | Not Allowed | $0.00 | | | |
| G8980 | E | MOBILITY D/C STATUS | | | | Not Allowed | $0.00 | | | |
| G8981 | E | BODY POS CURRENT STATUS | | | | Not Allowed | $0.00 | | | |
| G8982 | E | BODY POS GOAL STATUS | | | | Not Allowed | $0.00 | | | |
| G8983 | E | BODY POS D/C STATUS | | | | Not Allowed | $0.00 | | | |
| G8984 | E | CARRY CURRENT STATUS | | | | Not Allowed | $0.00 | | | |
| G8985 | E | CARRY GOAL STATUS | | | | Not Allowed | $0.00 | | | |
| G8986 | E | CARRY D/C STATUS | | | | Not Allowed | $0.00 | | | |
| G8987 | E | SELF CARE CURRENT STATUS | | | | Not Allowed | $0.00 | | | |
| G8988 | E | SELF CARE GOAL STATUS | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| G8989 | E | SELF CARE D/C STATUS | | | | Not Allowed | $0.00 | | | |
| G8990 | E | OTHER PT/OT CURRENT STATUS | | | | Not Allowed | $0.00 | | | |
| G8991 | E | OTHER PT/OT GOAL STATUS | | | | Not Allowed | $0.00 | | | |
| G8992 | E | OTHER PT/OT D/C STATUS | | | | Not Allowed | $0.00 | | | |
| G8993 | E | SUB PT/OT CURRENT STATUS | | | | Not Allowed | $0.00 | | | |
| G8994 | E | SUB PT/OT GOAL STATUS | | | | Not Allowed | $0.00 | | | |
| G8995 | E | SUB PT/OT D/C STATUS | | | | Not Allowed | $0.00 | | | |
| G8996 | E | SWALLOW CURRENT STATUS | | | | Not Allowed | $0.00 | | | |
| G8997 | E | SWALLOW GOAL STATUS | | | | Not Allowed | $0.00 | | | |
| G8998 | E | SWALLOW D/C STATUS | | | | Not Allowed | $0.00 | | | |
| G8999 | E | MOTOR SPEECH CURRENT STATUS | | | | Not Allowed | $0.00 | | | |
| G9001 | E | MCCD, INITIAL RATE | | | | Not Allowed | $0.00 | | | |
| G9002 | E | MCCD,MAINTENANCE RATE | | | | Not Allowed | $0.00 | | | |
| G9003 | E | MCCD, RISK ADJ HI, INITIAL | | | | Not Allowed | $0.00 | | | |
| G9004 | E | MCCD, RISK ADJ LO, INITIAL | | | | Not Allowed | $0.00 | | | |
| G9005 | E | MCCD, RISK ADJ, MAINTENANCE | | | | Not Allowed | $0.00 | | | |
| G9006 | E | MCCD, HOME MONITORING | | | | Not Allowed | $0.00 | | | |
| G9007 | E | MCCD, SCH TEAM CONF | | | | Not Allowed | $0.00 | | | |
| G9008 | E | MCCD,PHYS COOR-CARE OVRSGHT | | | | Not Allowed | $0.00 | | | |
| G9009 | E | MCCD, RISK ADJ, LEVEL 3 | | | | Not Allowed | $0.00 | | | |
| G9010 | E | MCCD, RISK ADJ, LEVEL 4 | | | | Not Allowed | $0.00 | | | |
| G9011 | E | MCCD, RISK ADJ, LEVEL 5 | | | | Not Allowed | $0.00 | | | |
| G9012 | E | OTHER SPECIFIED CASE MGMT | | | | Not Allowed | $0.00 | | | |
| G9013 | E | ESRD DEMO BUNDLE LEVEL I | | | | Not Allowed | $0.00 | | | |
| G9014 | E | ESRD DEMO BUNDLE-LEVEL II | | | | Not Allowed | $0.00 | | | |
| G9016 | E | DEMO-SMOKING CESSATION COUN | | | | Not Allowed | $0.00 | | | |
| G9017 | E | AMANTADINE HCL 100MG ORAL | | | | Not Allowed | $0.00 | | | |
| G9018 | E | ZANAMIVIR,INHALATION PWD 10M | | | | Not Allowed | $0.00 | | | |
| G9019 | E | OSELTAMIVIR PHOSPHATE 75MG | | | | Not Allowed | $0.00 | | | |
| G9020 | E | RIMANTADINE HCL 100MG ORAL | | | | Not Allowed | $0.00 | | | |
| G9033 | E | AMANTADINE HCL ORAL BRAND | | | | Not Allowed | $0.00 | | | |
| G9034 | E | ZANAMIVIR, INH PWDR, BRAND | | | | Not Allowed | $0.00 | | | |
| G9035 | E | OSELTAMIVIR PHOSP, BRAND | | | | Not Allowed | $0.00 | | | |
| G9036 | E | RIMANTADINE HCL, BRAND | | | | Not Allowed | $0.00 | | | |
| G9050 | E | ONCOLOGY WORK-UP EVALUATION | | | | Not Allowed | $0.00 | | | |
| G9051 | E | ONCOLOGY TX DECISION-MGMT | | | | Not Allowed | $0.00 | | | |
| G9052 | E | ONC SURVEILLANCE FOR DISEASE | | | | Not Allowed | $0.00 | | | |
| G9053 | E | ONC EXPECTANT MANAGEMENT PT | | | | Not Allowed | $0.00 | | | |
| G9054 | E | ONC SUPERVISION PALLIATIVE | | | | Not Allowed | $0.00 | | | |
| G9055 | E | ONC VISIT UNSPECIFIED NOS | | | | Not Allowed | $0.00 | | | |
| G9056 | E | ONC PRAC MGMT ADHERES GUIDE | | | | Not Allowed | $0.00 | | | |
| G9057 | E | ONC PRACT MGMT DIFFERS TRIAL | | | | Not Allowed | $0.00 | | | |
| G9058 | E | ONC PRAC MGMT DISAGREE W/GUI | | | | Not Allowed | $0.00 | | | |
| G9059 | E | ONC PRAC MGMT PT OPT ALTERNA | | | | Not Allowed | $0.00 | | | |
| G9060 | E | ONC PRAC MGMT DIF PT COMORB | | | | Not Allowed | $0.00 | | | |
| G9061 | E | ONC PRAC COND NOADD BY GUIDE | | | | Not Allowed | $0.00 | | | |
| G9062 | E | ONC PRAC GUIDE DIFFERS NOS | | | | Not Allowed | $0.00 | | | |
| G9063 | E | ONC DX NSCLC STGI NO PROGRES | | | | Not Allowed | $0.00 | | | |
| G9064 | E | ONC DX NSCLC STG2 NO PROGRES | | | | Not Allowed | $0.00 | | | |
| G9065 | E | ONC DX NSCLC STG3A NO PROGRE | | | | Not Allowed | $0.00 | | | |
| G9066 | E | ONC DX NSCLC STG3B-4 METASTA | | | | Not Allowed | $0.00 | | | |
| G9067 | E | ONC DX NSCLC DX UNKNOWN NOS | | | | Not Allowed | $0.00 | | | |
| G9068 | E | ONC DX SCLC/NSCLC LIMITED | | | | Not Allowed | $0.00 | | | |
| G9069 | E | ONC DX SCLC/NSCLC EXT AT DX | | | | Not Allowed | $0.00 | | | |
| G9070 | E | ONC DX SCLC/NSCLC EXT UNKNWN | | | | Not Allowed | $0.00 | | | |
| G9071 | E | ONC DX BRST STG1-2B HR,NOPRO | | | | Not Allowed | $0.00 | | | |
| G9072 | E | ONC DX BRST STG1-2 NOPROGRES | | | | Not Allowed | $0.00 | | | |
| G9073 | E | ONC DX BRST STG3-HR, NO PRO | | | | Not Allowed | $0.00 | | | |
| G9074 | E | ONC DX BRST STG3-NOPROGRESS | | | | Not Allowed | $0.00 | | | |
| G9075 | E | ONC DX BRST METASTIC/ RECUR | | | | Not Allowed | $0.00 | | | |
| G9077 | E | ONC DX PROSTATE T1NO PROGRES | | | | Not Allowed | $0.00 | | | |
| G9078 | E | ONC DX PROSTATE T2NO PROGRES | | | | Not Allowed | $0.00 | | | |
| G9079 | E | ONC DX PROSTATE T3B-T4NOPROG | | | | Not Allowed | $0.00 | | | |
| G9080 | E | ONC DX PROSTATE W/RISE PSA | | | | Not Allowed | $0.00 | | | |

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|---|---|---|---|---|---|---|---|---|---|---|
| G9083 | E | ONC DX PROSTATE UNKNWN NOS | | | | Not Allowed | $0.00 | | | |
| G9084 | E | ONC DX COLON T1-3,N1-2,NO PR | | | | Not Allowed | $0.00 | | | |
| G9085 | E | ONC DX COLON T4, N0 W/O PROG | | | | Not Allowed | $0.00 | | | |
| G9086 | E | ONC DX COLON T1-4 NO DX PROG | | | | Not Allowed | $0.00 | | | |
| G9087 | E | ONC DX COLON METAS EVID DX | | | | Not Allowed | $0.00 | | | |
| G9088 | E | ONC DX COLON METAS NOEVID DX | | | | Not Allowed | $0.00 | | | |
| G9089 | E | ONC DX COLON EXTENT UNKNOWN | | | | Not Allowed | $0.00 | | | |
| G9090 | E | ONC DX RECTAL T1-2 NO PROGR | | | | Not Allowed | $0.00 | | | |
| G9091 | E | ONC DX RECTAL T3 N0 NO PROG | | | | Not Allowed | $0.00 | | | |
| G9092 | E | ONC DX RECTAL T1-3,N1-2NOPRG | | | | Not Allowed | $0.00 | | | |
| G9093 | E | ONC DX RECTAL T4,N,M0 NO PRG | | | | Not Allowed | $0.00 | | | |
| G9094 | E | ONC DX RECTAL M1 W/METS PROG | | | | Not Allowed | $0.00 | | | |
| G9095 | E | ONC DX RECTAL EXTENT UNKNWN | | | | Not Allowed | $0.00 | | | |
| G9096 | E | ONC DX ESOPHAG T1-T3 NOPROG | | | | Not Allowed | $0.00 | | | |
| G9097 | E | ONC DX ESOPHAGEAL T4 NO PROG | | | | Not Allowed | $0.00 | | | |
| G9098 | E | ONC DX ESOPHAGEAL METS RECUR | | | | Not Allowed | $0.00 | | | |
| G9099 | E | ONC DX ESOPHAGEAL UNKNOWN | | | | Not Allowed | $0.00 | | | |
| G9100 | E | ONC DX GASTRIC NO RECURRENCE | | | | Not Allowed | $0.00 | | | |
| G9101 | E | ONC DX GASTRIC P R1-R2NOPROG | | | | Not Allowed | $0.00 | | | |
| G9102 | E | ONC DX GASTRIC UNRESECTABLE | | | | Not Allowed | $0.00 | | | |
| G9103 | E | ONC DX GASTRIC RECURRENT | | | | Not Allowed | $0.00 | | | |
| G9104 | E | ONC DX GASTRIC UNKNOWN NOS | | | | Not Allowed | $0.00 | | | |
| G9105 | E | ONC DX PANCREATC P R0 RES NO | | | | Not Allowed | $0.00 | | | |
| G9106 | E | ONC DX PANCREATC P R1/R2 NO | | | | Not Allowed | $0.00 | | | |
| G9107 | E | ONC DX PANCREATIC UNRESECTAB | | | | Not Allowed | $0.00 | | | |
| G9108 | E | ONC DX PANCREATIC UNKNWN NOS | | | | Not Allowed | $0.00 | | | |
| G9109 | E | ONC DX HEAD/NECK T1-T2NO PRG | | | | Not Allowed | $0.00 | | | |
| G9110 | E | ONC DX HEAD/NECK T3-4 NOPROG | | | | Not Allowed | $0.00 | | | |
| G9111 | E | ONC DX HEAD/NECK M1 METS REC | | | | Not Allowed | $0.00 | | | |
| G9112 | E | ONC DX HEAD/NECK EXT UNKNOWN | | | | Not Allowed | $0.00 | | | |
| G9113 | E | ONC DX OVARIAN STG1A-B NO PR | | | | Not Allowed | $0.00 | | | |
| G9114 | E | ONC DX OVARIAN STG1A-B OR 2 | | | | Not Allowed | $0.00 | | | |
| G9115 | E | ONC DX OVARIAN STG3/4 NOPROG | | | | Not Allowed | $0.00 | | | |
| G9116 | E | ONC DX OVARIAN RECURRENCE | | | | Not Allowed | $0.00 | | | |
| G9117 | E | ONC DX OVARIAN UNKNOWN NOS | | | | Not Allowed | $0.00 | | | |
| G9123 | E | ONC DX CML CHRONIC PHASE | | | | Not Allowed | $0.00 | | | |
| G9124 | E | ONC DX CML ACCELER PHASE | | | | Not Allowed | $0.00 | | | |
| G9125 | E | ONC DX CML BLAST PHASE | | | | Not Allowed | $0.00 | | | |
| G9126 | E | ONC DX CML REMISSION | | | | Not Allowed | $0.00 | | | |
| G9128 | E | ONC DX MULTI MYELOMA STAGE I | | | | Not Allowed | $0.00 | | | |
| G9129 | E | ONC DX MULT MYELOMA STG2 HIG | | | | Not Allowed | $0.00 | | | |
| G9130 | E | ONC DX MULTI MYELOMA UNKNOWN | | | | Not Allowed | $0.00 | | | |
| G9131 | E | ONC DX BRST UNKNOWN NOS | | | | Not Allowed | $0.00 | | | |
| G9132 | E | ONC DX PROSTATE METS NO CAST | | | | Not Allowed | $0.00 | | | |
| G9133 | E | ONC DX PROSTATE CLINICAL MET | | | | Not Allowed | $0.00 | | | |
| G9134 | E | ONC NHLSTG 1-2 NO RELAP NO | | | | Not Allowed | $0.00 | | | |
| G9135 | E | ONC DX NHL STG 3-4 NOT RELAP | | | | Not Allowed | $0.00 | | | |
| G9136 | E | ONC DX NHL TRANS TO LG BCELL | | | | Not Allowed | $0.00 | | | |
| G9137 | E | ONC DX NHL RELAPSE/REFRACTOR | | | | Not Allowed | $0.00 | | | |
| G9138 | E | ONC DX NHL STG UNKNOWN | | | | Not Allowed | $0.00 | | | |
| G9139 | E | ONC DX CML DX STATUS UNKNOWN | | | | Not Allowed | $0.00 | | | |
| G9140 | E | FRONTIER EXTENDED STAY DEMO | | | | Not Allowed | $0.00 | | | |
| G9141 | E | INFLUENZA A H1N1,ADMIN W COU | | | | Not Allowed | $0.00 | | | |
| G9142 | E | INFLUENZA A H1N1, VACCINE | | | | Not Allowed | $0.00 | | | |
| G9143 | Q | WARFARIN RESPON GENETIC TEST | | | | Medicare | $276.55 | $171.46 | $165.93 | |
| G9147 | Q | OUTPT IV INSULIN TX ANY MEA | | | | By Report | $0.00 | | | |
| G9148 | E | MEDICAL HOME LEVEL I | | | | Not Allowed | $0.00 | | | |
| G9149 | E | MEDICAL HOME LEVEL II | | | | Not Allowed | $0.00 | | | |
| G9150 | E | MEDICAL HOME LEVEL III | | | | Not Allowed | $0.00 | | | |
| G9151 | E | MAPCP DEMO STATE | | | | Not Allowed | $0.00 | | | |
| G9152 | E | MAPCP DEMO COMMUNITY | | | | Not Allowed | $0.00 | | | |
| G9153 | E | MAPCP DEMO PHYSICIAN | | | | Not Allowed | $0.00 | | | |
| G9156 | E | EVALUATION FOR WHEELCHAIR | | | | Not Allowed | $0.00 | | | |
| G9157 | E | TRANSESOPH DOPPL CARDIAC MON | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| G9158 | E | MOTOR SPEECH D/C STATUS | | | | Not Allowed | $0.00 | | | |
| G9159 | E | LANG COMP CURRENT STATUS | | | | Not Allowed | $0.00 | | | |
| G9160 | E | LANG COMP GOAL STATUS | | | | Not Allowed | $0.00 | | | |
| G9161 | E | LANG COMP D/C STATUS | | | | Not Allowed | $0.00 | | | |
| G9162 | E | LANG EXPRESS CURRENT STATUS | | | | Not Allowed | $0.00 | | | |
| G9163 | E | LANG EXPRESS GOAL STATUS | | | | Not Allowed | $0.00 | | | |
| G9164 | E | LANG EXPRESS D/C STATUS | | | | Not Allowed | $0.00 | | | |
| G9165 | E | ATTEN CURRENT STATUS | | | | Not Allowed | $0.00 | | | |
| G9166 | E | ATTEN GOAL STATUS | | | | Not Allowed | $0.00 | | | |
| G9167 | E | ATTEN D/C STATUS | | | | Not Allowed | $0.00 | | | |
| G9168 | E | MEMORY CURRENT STATUS | | | | Not Allowed | $0.00 | | | |
| G9169 | E | MEMORY GOAL STATUS | | | | Not Allowed | $0.00 | | | |
| G9170 | E | MEMORY D/C STATUS | | | | Not Allowed | $0.00 | | | |
| G9171 | E | VOICE CURRENT STATUS | | | | Not Allowed | $0.00 | | | |
| G9172 | E | VOICE GOAL STATUS | | | | Not Allowed | $0.00 | | | |
| G9173 | E | VOICE D/C STATUS | | | | Not Allowed | $0.00 | | | |
| G9174 | E | SPEECH LANG CURRENT STATUS | | | | Not Allowed | $0.00 | | | |
| G9175 | E | SPEECH LANG GOAL STATUS | | | | Not Allowed | $0.00 | | | |
| G9176 | E | SPEECH LANG D/C STATUS | | | | Not Allowed | $0.00 | | | |
| G9186 | E | MOTOR SPEECH GOAL STATUS | | | | Not Allowed | $0.00 | | | |
| H0001 | E | ALCOHOL AND/OR DRUG ASSESS | | | | Not Allowed | $0.00 | | | |
| H0002 | E | ALCOHOL AND/OR DRUG SCREENIN | | | | Not Allowed | $0.00 | | | |
| H0003 | E | ALCOHOL AND/OR DRUG SCREENIN | | | | Not Allowed | $0.00 | | | |
| H0004 | E | ALCOHOL AND/OR DRUG SERVICES | | | | Not Allowed | $0.00 | | | |
| H0005 | E | ALCOHOL AND/OR DRUG SERVICES | | | | Not Allowed | $0.00 | | | |
| H0006 | E | ALCOHOL AND/OR DRUG SERVICES | | | | Not Allowed | $0.00 | | | |
| H0007 | E | ALCOHOL AND/OR DRUG SERVICES | | | | Not Allowed | $0.00 | | | |
| H0008 | E | ALCOHOL AND/OR DRUG SERVICES | | | | Not Allowed | $0.00 | | | |
| H0009 | E | ALCOHOL AND/OR DRUG SERVICES | | | | Not Allowed | $0.00 | | | |
| H0010 | E | ALCOHOL AND/OR DRUG SERVICES | | | | Not Allowed | $0.00 | | | |
| H0011 | E | ALCOHOL AND/OR DRUG SERVICES | | | | Not Allowed | $0.00 | | | |
| H0012 | E | ALCOHOL AND/OR DRUG SERVICES | | | | Not Allowed | $0.00 | | | |
| H0013 | E | ALCOHOL AND/OR DRUG SERVICES | | | | Not Allowed | $0.00 | | | |
| H0014 | E | ALCOHOL AND/OR DRUG SERVICES | | | | Not Allowed | $0.00 | | | |
| H0015 | E | ALCOHOL AND/OR DRUG SERVICES | | | | Not Allowed | $0.00 | | | |
| H0016 | E | ALCOHOL AND/OR DRUG SERVICES | | | | Not Allowed | $0.00 | | | |
| H0017 | E | ALCOHOL AND/OR DRUG SERVICES | | | | Not Allowed | $0.00 | | | |
| H0018 | E | ALCOHOL AND/OR DRUG SERVICES | | | | Not Allowed | $0.00 | | | |
| H0019 | E | ALCOHOL AND/OR DRUG SERVICES | | | | Not Allowed | $0.00 | | | |
| H0020 | E | ALCOHOL AND/OR DRUG SERVICES | | | | Not Allowed | $0.00 | | | |
| H0021 | E | ALCOHOL AND/OR DRUG TRAINING | | | | Not Allowed | $0.00 | | | |
| H0022 | E | ALCOHOL AND/OR DRUG INTERVEN | | | | Not Allowed | $0.00 | | | |
| H0023 | E | ALCOHOL AND/OR DRUG OUTREACH | | | | Not Allowed | $0.00 | | | |
| H0024 | E | ALCOHOL AND/OR DRUG PREVENTI | | | | Not Allowed | $0.00 | | | |
| H0025 | E | ALCOHOL AND/OR DRUG PREVENTI | | | | Not Allowed | $0.00 | | | |
| H0026 | E | ALCOHOL AND/OR DRUG PREVENTI | | | | Not Allowed | $0.00 | | | |
| H0027 | E | ALCOHOL AND/OR DRUG PREVENTI | | | | Not Allowed | $0.00 | | | |
| H0028 | E | ALCOHOL AND/OR DRUG PREVENTI | | | | Not Allowed | $0.00 | | | |
| H0029 | E | ALCOHOL AND/OR DRUG PREVENTI | | | | Not Allowed | $0.00 | | | |
| H0030 | E | ALCOHOL AND/OR DRUG HOTLINE | | | | Not Allowed | $0.00 | | | |
| H0031 | E | MH HEALTH ASSESS BY NON-MD | | | | Not Allowed | $0.00 | | | |
| H0032 | E | MH SVC PLAN DEV BY NON-MD | | | | Not Allowed | $0.00 | | | |
| H0033 | E | ORAL MED ADM DIRECT OBSERVE | | | | Not Allowed | $0.00 | | | |
| H0034 | E | MED TRNG & SUPPORT PER 15MIN | | | | Not Allowed | $0.00 | | | |
| H0035 | M | MH PARTIAL HOSP TX UNDER 24H | | | | Fee Schedule | $77.13 | | | Y |
| H0036 | E | COMM PSY FACE-FACE PER 15MIN | | | | Not Allowed | $0.00 | | | |
| H0037 | E | COMM PSY SUP TX PGM PER DIEM | | | | Not Allowed | $0.00 | | | |
| H0038 | E | SELF-HELP/PEER SVC PER 15MIN | | | | Not Allowed | $0.00 | | | |
| H0039 | E | ASSER COM TX FACE-FACE/15MIN | | | | Not Allowed | $0.00 | | | |
| H0040 | E | ASSERT COMM TX PGM PER DIEM | | | | Not Allowed | $0.00 | | | |
| H0041 | E | FOS C CHLD NON-THER PER DIEM | | | | Not Allowed | $0.00 | | | |
| H0042 | E | FOS C CHLD NON-THER PER MON | | | | Not Allowed | $0.00 | | | |
| H0043 | E | SUPPORTED HOUSING PER DIEM | | | | Not Allowed | $0.00 | | | |
| H0044 | E | SUPPORTED HOUSING PER MONTH | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| H0045 | E | RESPITE NOT-IN-HOME PER DIEM | | | | Not Allowed | $0.00 | | | |
| H0046 | E | MENTAL HEALTH SERVICE NOS | | | | Not Allowed | $0.00 | | | |
| H0047 | E | ALCOHOL/DRUG ABUSE SVC NOS | | | | Not Allowed | $0.00 | | | |
| H0048 | E | SPEC COLL NON-BLOOD:A/D TEST | | | | Not Allowed | $0.00 | | | |
| H0049 | E | ALCOHOL/DRUG SCREENING | | | | Not Allowed | $0.00 | | | |
| H0050 | E | ALCOHOL/DRUG SERVICE 15 MIN | | | | Not Allowed | $0.00 | | | |
| H1000 | E | PRENATAL CARE ATRISK ASSESSM | | | | Not Allowed | $0.00 | | | |
| H1001 | E | ANTEPARTUM MANAGEMENT | | | | Not Allowed | $0.00 | | | |
| H1002 | E | CARECOORDINATION PRENATAL | | | | Not Allowed | $0.00 | | | |
| H1003 | E | PRENATAL AT RISK EDUCATION | | | | Not Allowed | $0.00 | | | |
| H1004 | E | FOLLOW UP HOME VISIT/PRENTAL | | | | Not Allowed | $0.00 | | | |
| H1005 | E | PRENATALCARE ENHANCED SRV PK | | | | Not Allowed | $0.00 | | | |
| H1010 | E | NONMED FAMILY PLANNING ED | | | | Not Allowed | $0.00 | | | |
| H1011 | E | FAMILY ASSESSMENT | | | | Not Allowed | $0.00 | | | |
| H2000 | E | COMP MULTIDISIPLN EVALUATION | | | | Not Allowed | $0.00 | | | |
| H2001 | E | REHABILITATION PROGRAM 1/2 D | | | | Not Allowed | $0.00 | | | |
| H2010 | E | COMPREHENSIVE MED SVC 15 MIN | | | | Not Allowed | $0.00 | | | |
| H2011 | M | CRISIS INTERVEN SVC, 15 MIN | | | | Fee Schedule | $12.24 | | | |
| H2012 | E | BEHAV HLTH DAY TREAT, PER HR | | | | Not Allowed | $0.00 | | | |
| H2013 | E | PSYCH HLTH FAC SVC, PER DIEM | | | | Not Allowed | $0.00 | | | |
| H2014 | E | SKILLS TRAIN AND DEV, 15 MIN | | | | Not Allowed | $0.00 | | | |
| H2015 | E | COMP COMM SUPP SVC, 15 MIN | | | | Not Allowed | $0.00 | | | |
| H2016 | E | COMP COMM SUPP SVC, PER DIEM | | | | Not Allowed | $0.00 | | | |
| H2017 | E | PSYSOC REHAB SVC, PER 15 MIN | | | | Not Allowed | $0.00 | | | |
| H2018 | E | PSYSOC REHAB SVC, PER DIEM | | | | Not Allowed | $0.00 | | | |
| H2019 | E | THER BEHAV SVC, PER 15 MIN | | | | Not Allowed | $0.00 | | | |
| H2020 | E | THER BEHAV SVC, PER DIEM | | | | Not Allowed | $0.00 | | | |
| H2021 | E | COM WRAP-AROUND SV, 15 MIN | | | | Not Allowed | $0.00 | | | |
| H2022 | E | COM WRAP-AROUND SV, PER DIEM | | | | Not Allowed | $0.00 | | | |
| H2023 | E | SUPPORTED EMPLOY, PER 15 MIN | | | | Not Allowed | $0.00 | | | |
| H2024 | E | SUPPORTED EMPLOY, PER DIEM | | | | Not Allowed | $0.00 | | | |
| H2025 | E | SUPP MAINT EMPLOY, 15 MIN | | | | Not Allowed | $0.00 | | | |
| H2026 | E | SUPP MAINT EMPLOY, PER DIEM | | | | Not Allowed | $0.00 | | | |
| H2027 | E | PSYCHOED SVC, PER 15 MIN | | | | Not Allowed | $0.00 | | | |
| H2028 | E | SEX OFFEND TX SVC, 15 MIN | | | | Not Allowed | $0.00 | | | |
| H2029 | E | SEX OFFEND TX SVC, PER DIEM | | | | Not Allowed | $0.00 | | | |
| H2030 | E | MH CLUBHOUSE SVC, PER 15 MIN | | | | Not Allowed | $0.00 | | | |
| H2031 | E | MH CLUBHOUSE SVC, PER DIEM | | | | Not Allowed | $0.00 | | | |
| H2032 | E | ACTIVITY THERAPY, PER 15 MIN | | | | Not Allowed | $0.00 | | | |
| H2033 | E | MULTISYS THER/JUVENILE 15MIN | | | | Not Allowed | $0.00 | | | |
| H2034 | E | A/D HALFWAY HOUSE, PER DIEM | | | | Not Allowed | $0.00 | | | |
| H2035 | E | A/D TX PROGRAM, PER HOUR | | | | Not Allowed | $0.00 | | | |
| H2036 | E | A/D TX PROGRAM, PER DIEM | | | | Not Allowed | $0.00 | | | |
| H2037 | E | DEV DELAY PREV DP CH, 15 MIN | | | | Not Allowed | $0.00 | | | |
| J0120 | N | TETRACYCLIN INJECTION | | | | Bundled | $0.00 | | | |
| J0129 | K | ABATACEPT INJECTION | | 9230 | | APC | $22.84 | | | |
| J0130 | K | ABCIXIMAB INJECTION | | 1605 | | APC | $629.40 | | | |
| J0131 | G | ACETAMINOPHEN INJECTION | | 9283 | | APC | $0.13 | | | |
| J0132 | K | ACETYLCYSTEINE INJECTION | | 1272 | | APC | $3.08 | | | |
| J0133 | N | ACYCLOVIR INJECTION | | | | Bundled | $0.00 | | | |
| J0135 | K | ADALIMUMAB INJECTION | | 1083 | | APC | $526.39 | | | |
| J0150 | N | INJECTION ADENOSINE 6 MG | | | | Bundled | $0.00 | | | |
| J0152 | K | ADENOSINE INJECTION | | 0917 | | APC | $109.14 | | | |
| J0171 | N | ADRENALIN EPINEPHRINE INJECT | | | | Bundled | $0.00 | | | |
| J0178 | G | AFLIBERCEPT INJECTION | | 1420 | | APC | $980.50 | | | |
| J0180 | K | AGALSIDASE BETA INJECTION | | 9208 | | APC | $145.71 | | | |
| J0190 | E | INJ BIPERIDEN LACTATE/5 MG | | | | Not Allowed | $0.00 | | | |
| J0200 | N | ALATROFLOXACIN MESYLATE | | | | Bundled | $0.00 | | | |
| J0205 | K | ALGLUCERASE INJECTION | | 0900 | | APC | $42.03 | | | |
| J0207 | K | AMIFOSTINE | | 7000 | | APC | $295.95 | | | |
| J0210 | K | METHYLDOPATE HCL INJECTION | | 2210 | | APC | $42.40 | | | |
| J0215 | K | ALEFACEPT | | 1633 | | APC | $41.64 | | | |
| J0220 | K | ALGLUCOSIDASE ALFA INJECTION | | 9234 | | APC | $206.09 | | | |
| J0221 | K | LUMIZYME INJECTION | | 1413 | | APC | $153.62 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| J0256 | K | ALPHA 1 PROTEINASE INHIBITOR | | 0901 | | APC | $3.99 | | | |
| J0257 | K | GLASSIA INJECTION | | 1415 | | APC | $4.03 | | | |
| J0270 | E | ALPROSTADIL FOR INJECTION | | | | Not Allowed | $0.00 | | | |
| J0275 | E | ALPROSTADIL URETHRAL SUPPOS | | | | Not Allowed | $0.00 | | | |
| J0278 | N | AMIKACIN SULFATE INJECTION | | | | Bundled | $0.00 | | | |
| J0280 | N | AMINOPHYLLIN 250 MG INJ | | | | Bundled | $0.00 | | | |
| J0282 | N | AMIODARONE HCL | | | | Bundled | $0.00 | | | |
| J0285 | N | AMPHOTERICIN B | | | | Bundled | $0.00 | | | |
| J0287 | K | AMPHOTERICIN B LIPID COMPLEX | | 9024 | | APC | $11.41 | | | |
| J0288 | K | AMPHO B CHOLESTERYL SULFATE | | 0735 | | APC | $14.00 | | | |
| J0289 | K | AMPHOTERICIN B LIPOSOME INJ | | 0736 | | APC | $14.87 | | | |
| J0290 | N | AMPICILLIN 500 MG INJ | | | | Bundled | $0.00 | | | |
| J0295 | N | AMPICILLIN SODIUM PER 1.5 GM | | | | Bundled | $0.00 | | | |
| J0300 | K | AMOBARBITAL 125 MG INJ | | 1341 | | APC | $152.43 | | | |
| J0330 | N | SUCCINYCHOLINE CHLORIDE INJ | | | | Bundled | $0.00 | | | |
| J0348 | K | ANIDULAFUNGIN INJECTION | | 1349 | | APC | $0.66 | | | |
| J0350 | E | INJECTION ANISTREPLASE 30 U | | | | Not Allowed | $0.00 | | | |
| J0360 | N | HYDRALAZINE HCL INJECTION | | | | Bundled | $0.00 | | | |
| J0364 | N | APOMORPHINE HYDROCHLORIDE | | | | Bundled | $0.00 | | | |
| J0365 | K | APROTONIN, 10,000 KIU | | 1439 | | APC | $2.65 | | | |
| J0380 | N | INJ METARAMINOL BITARTRATE | | | | Bundled | $0.00 | | | |
| J0390 | N | CHLOROQUINE INJECTION | | | | Bundled | $0.00 | | | |
| J0395 | K | ARBUTAMINE HCL INJECTION | | 1432 | | APC | $86.37 | | | |
| J0400 | N | ARIPIPRAZOLE INJECTION | | | | Bundled | $0.00 | | | |
| J0456 | N | AZITHROMYCIN | | | | Bundled | $0.00 | | | |
| J0461 | N | ATROPINE SULFATE INJECTION | | | | Bundled | $0.00 | | | |
| J0470 | N | DIMECAPROL INJECTION | | | | Bundled | $0.00 | | | |
| J0475 | K | BACLOFEN 10 MG INJECTION | | 9032 | | APC | $173.97 | | | |
| J0476 | K | BACLOFEN INTRATHECAL TRIAL | | 1631 | | APC | $75.19 | | | |
| J0480 | K | BASILIXIMAB | | 1683 | | APC | $2,431.61 | | | |
| J0485 | G | BELATACEPT INJECTION | | 9286 | | APC | $3.80 | | | |
| J0490 | G | BELIMUMAB INJECTION | | 1353 | | APC | $38.23 | | | |
| J0500 | N | DICYCLOMINE INJECTION | | | | Bundled | $0.00 | | | |
| J0515 | N | INJ BENZTROPINE MESYLATE | | | | Bundled | $0.00 | | | |
| J0520 | N | BETHANECHOL CHLORIDE INJECT | | | | Bundled | $0.00 | | | |
| J0558 | N | PENG BENZATHINE/PROCAINE INJ | | | | Bundled | $0.00 | | | |
| J0561 | N | PENICILLIN G BENZATHINE INJ | | | | Bundled | $0.00 | | | |
| J0583 | K | BIVALIRUDIN | | 3041 | | APC | $3.21 | | | |
| J0585 | K | INJECTION,ONABOTULINUMTOXINA | | 0902 | | APC | $5.47 | | | Y |
| J0586 | K | ABOBOTULINUMTOXINA | | 1289 | | APC | $6.96 | | | Y |
| J0587 | K | INJ, RIMABOTULINUMTOXINB | | 9018 | | APC | $10.82 | | | Y |
| J0588 | K | INCOBOTULINUMTOXIN A | | 9278 | | APC | $4.48 | | | |
| J0592 | N | BUPRENORPHINE HYDROCHLORIDE | | | | Bundled | $0.00 | | | |
| J0594 | K | BUSULFAN INJECTION | | 1178 | | APC | $24.80 | | | |
| J0595 | N | BUTORPHANOL TARTRATE 1 MG | | | | Bundled | $0.00 | | | |
| J0597 | K | C-1 ESTERASE, BERINERT | | 9269 | | APC | $31.14 | | | |
| J0598 | K | C-1 ESTERASE, CINRYZE | | 9251 | | APC | $48.68 | | | |
| J0600 | K | EDETATE CALCIUM DISODIUM INJ | | 1274 | | APC | $201.40 | | | |
| J0610 | N | CALCIUM GLUCONATE INJECTION | | | | Bundled | $0.00 | | | |
| J0620 | N | CALCIUM GLYCER & LACT/10 ML | | | | Bundled | $0.00 | | | |
| J0630 | K | CALCITONIN SALMON INJECTION | | 1433 | | APC | $68.54 | | | |
| J0636 | N | INJ CALCITRIOL PER 0.1 MCG | | | | Bundled | $0.00 | | | |
| J0637 | K | CASPOFUNGIN ACETATE | | 9019 | | APC | $12.79 | | | |
| J0638 | G | CANAKINUMAB INJECTION | | 1311 | | APC | $90.94 | | | |
| J0640 | N | LEUCOVORIN CALCIUM INJECTION | | | | Bundled | $0.00 | | | |
| J0641 | K | LEVOLEUCOVORIN INJECTION | | 1236 | | APC | $1.79 | | | |
| J0670 | N | INJ MEPIVACAINE HCL/10 ML | | | | Bundled | $0.00 | | | |
| J0690 | N | CEFAZOLIN SODIUM INJECTION | | | | Bundled | $0.00 | | | |
| J0692 | N | CEFEPIME HCL FOR INJECTION | | | | Bundled | $0.00 | | | |
| J0694 | N | CEFOXITIN SODIUM INJECTION | | | | Bundled | $0.00 | | | |
| J0696 | N | CEFTRIAXONE SODIUM INJECTION | | | | Bundled | $0.00 | | | |
| J0697 | N | STERILE CEFUROXIME INJECTION | | | | Bundled | $0.00 | | | |
| J0698 | N | CEFOTAXIME SODIUM INJECTION | | | | Bundled | $0.00 | | | |
| J0702 | N | BETAMETHASONE ACET&SOD PHOSP | | | | Bundled | $0.00 | | | |

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|---|---|---|---|---|---|---|---|---|---|---|
| J0706 | N | CAFFEINE CITRATE INJECTION | | | | Bundled | $0.00 | | | |
| J0710 | N | CEPHAPIRIN SODIUM INJECTION | | | | Bundled | $0.00 | | | |
| J0712 | G | CEFTAROLINE FOSAMIL INJ | | 9282 | | APC | $0.82 | | | |
| J0713 | N | INJ CEFTAZIDIME PER 500 MG | | | | Bundled | $0.00 | | | |
| J0715 | N | CEFTIZOXIME SODIUM / 500 MG | | | | Bundled | $0.00 | | | |
| J0716 | G | CENTRUROIDES IMMUNE F(AB) | | 1431 | | APC | $3,635.80 | | | |
| J0718 | K | CERTOLIZUMAB PEGOL INJ | | 9249 | | APC | $5.01 | | | |
| J0720 | N | CHLORAMPHENICOL SODIUM INJEC | | | | Bundled | $0.00 | | | |
| J0725 | N | CHORIONIC GONADOTROPIN/1000U | | | | Bundled | $0.00 | | | |
| J0735 | N | CLONIDINE HYDROCHLORIDE | | | | Bundled | $0.00 | | | |
| J0740 | K | CIDOFOVIR INJECTION | | 9033 | | APC | $686.11 | | | |
| J0743 | N | CILASTATIN SODIUM INJECTION | | | | Bundled | $0.00 | | | |
| J0744 | N | CIPROFLOXACIN IV | | | | Bundled | $0.00 | | | |
| J0745 | N | INJ CODEINE PHOSPHATE /30 MG | | | | Bundled | $0.00 | | | |
| J0760 | N | COLCHICINE INJECTION | | | | Bundled | $0.00 | | | |
| J0770 | N | COLISTIMETHATE SODIUM INJ | | | | Bundled | $0.00 | | | |
| J0775 | K | COLLAGENASE, CLOST HIST INJ | | 1340 | | APC | $38.69 | | | |
| J0780 | N | PROCHLORPERAZINE INJECTION | | | | Bundled | $0.00 | | | |
| J0795 | K | CORTICORELIN OVINE TRIFLUTAL | | 1684 | | APC | $7.10 | | | |
| J0800 | K | CORTICOTROPIN INJECTION | | 1280 | | APC | $3,013.54 | | | |
| J0833 | K | COSYNTROPIN INJECTION NOS | | 0835 | | APC | $101.68 | | | |
| J0834 | N | COSYNTROPIN CORTROSYN INJ | | | | Bundled | $0.00 | | | |
| J0840 | K | CROTALIDAE POLY IMMUNE FAB | | 9274 | | APC | $2,216.80 | | | |
| J0850 | K | CYTOMEGALOVIRUS IMM IV /VIAL | | 0903 | | APC | $1,013.88 | | | |
| J0878 | K | DAPTOMYCIN INJECTION | | 9124 | | APC | $0.61 | | | |
| J0881 | K | DARBEPOETIN ALFA, NON-ESRD | | 1685 | | APC | $3.46 | | | |
| J0882 | M | DARBEPOETIN ALFA, ESRD USE | | | | Fee Schedule | $3.46 | | | |
| J0885 | K | EPOETIN ALFA, NON-ESRD | | 1686 | | APC | $10.97 | | | |
| J0886 | E | EPOETIN ALFA 1000 UNITS ESRD | | | | Not Allowed | $0.00 | | | |
| J0890 | M | PEGINESATIDE INJECTION | | | | Fee Schedule | $8.20 | | | |
| J0894 | K | DECITABINE INJECTION | | 9231 | | APC | $34.54 | | | |
| J0895 | N | DEFEROXAMINE MESYLATE INJ | | | | Bundled | $0.00 | | | |
| J0897 | K | DENOSUMAB INJECTION | | 9272 | | APC | $14.16 | | | |
| J0900 | K | TESTOSTERONE ENANTHATE INJ | | 1434 | | APC | $33.36 | | | |
| J0945 | N | BROMPHENIRAMINE MALEATE INJ | | | | Bundled | $0.00 | | | |
| J1000 | N | DEPO-ESTRADIOL CYPIONATE INJ | | | | Bundled | $0.00 | | | |
| J1020 | N | METHYLPREDNISOLONE 20 MG INJ | | | | Bundled | $0.00 | | | |
| J1030 | N | METHYLPREDNISOLONE 40 MG INJ | | | | Bundled | $0.00 | | | |
| J1040 | N | METHYLPREDNISOLONE 80 MG INJ | | | | Bundled | $0.00 | | | |
| J1050 | N | MEDROXYPROGESTERONE ACETATE | | | | Bundled | $0.00 | | | |
| J1060 | N | TESTOSTERONE CYPIONATE 1 ML | | | | Bundled | $0.00 | | | |
| J1070 | N | TESTOSTERONE CYPIONAT 100 MG | | | | Bundled | $0.00 | | | |
| J1080 | N | TESTOSTERONE CYPIONAT 200 MG | | | | Bundled | $0.00 | | | |
| J1094 | N | INJ DEXAMETHASONE ACETATE | | | | Bundled | $0.00 | | | |
| J1100 | N | DEXAMETHASONE SODIUM PHOS | | | | Bundled | $0.00 | | | |
| J1110 | N | INJ DIHYDROERGOTAMINE MESYLT | | | | Bundled | $0.00 | | | |
| J1120 | N | ACETAZOLAMID SODIUM INJECTIO | | | | Bundled | $0.00 | | | |
| J1160 | N | DIGOXIN INJECTION | | | | Bundled | $0.00 | | | |
| J1162 | K | DIGOXIN IMMUNE FAB (OVINE) | | 1687 | | APC | $1,090.96 | | | |
| J1165 | N | PHENYTOIN SODIUM INJECTION | | | | Bundled | $0.00 | | | |
| J1170 | N | HYDROMORPHONE INJECTION | | | | Bundled | $0.00 | | | |
| J1180 | N | DYPHYLLINE INJECTION | | | | Bundled | $0.00 | | | |
| J1190 | K | DEXRAZOXANE HCL INJECTION | | 0726 | | APC | $153.02 | | | |
| J1200 | N | DIPHENHYDRAMINE HCL INJECTIO | | | | Bundled | $0.00 | | | |
| J1205 | K | CHLOROTHIAZIDE SODIUM INJ | | 0747 | | APC | $177.23 | | | |
| J1212 | K | DIMETHYL SULFOXIDE 50% 50 ML | | 1221 | | APC | $82.02 | | | |
| J1230 | N | METHADONE INJECTION | | | | Bundled | $0.00 | | | |
| J1240 | N | DIMENHYDRINATE INJECTION | | | | Bundled | $0.00 | | | |
| J1245 | N | DIPYRIDAMOLE INJECTION | | | | Bundled | $0.00 | | | |
| J1250 | N | INJ DOBUTAMINE HCL/250 MG | | | | Bundled | $0.00 | | | |
| J1260 | N | DOLASETRON MESYLATE | | | | Bundled | $0.00 | | | |
| J1265 | N | DOPAMINE INJECTION | | | | Bundled | $0.00 | | | |
| J1267 | N | DORIPENEM INJECTION | | | | Bundled | $0.00 | | | |
| J1270 | N | INJECTION, DOXERCALCIFEROL | | | | Bundled | $0.00 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| J1290 | K | ECALLANTIDE INJECTION | | 9263 | | APC | $316.55 | | | |
| J1300 | K | ECULIZUMAB INJECTION | | 9236 | | APC | $201.12 | | | |
| J1320 | N | AMITRIPTYLINE INJECTION | | | | Bundled | $0.00 | | | |
| J1324 | K | ENFUVIRTIDE INJECTION | | 1361 | | APC | $0.55 | | | |
| J1325 | N | EPOPROSTENOL INJECTION | | | | Bundled | $0.00 | | | |
| J1327 | K | EPTIFIBATIDE INJECTION | | 1607 | | APC | $26.12 | | | |
| J1330 | N | ERGONOVINE MALEATE INJECTION | | | | Bundled | $0.00 | | | |
| J1335 | N | ERTAPENEM INJECTION | | | | Bundled | $0.00 | | | |
| J1364 | N | ERYTHRO LACTOBIONATE /500 MG | | | | Bundled | $0.00 | | | |
| J1380 | N | ESTRADIOL VALERATE 10 MG INJ | | | | Bundled | $0.00 | | | |
| J1410 | K | INJ ESTROGEN CONJUGATE 25 MG | | 9038 | | APC | $148.88 | | | |
| J1430 | K | ETHANOLAMINE OLEATE 100 MG | | 1688 | | APC | $299.94 | | | |
| J1435 | K | INJECTION ESTRONE PER 1 MG | | 1435 | | APC | $1.54 | | | |
| J1436 | N | ETIDRONATE DISODIUM INJ | | | | Bundled | $0.00 | | | |
| J1438 | K | ETANERCEPT INJECTION | | 1608 | | APC | $253.48 | | | |
| J1440 | K | FILGRASTIM 300 MCG INJECTION | | 0728 | | APC | $285.39 | | | |
| J1441 | K | FILGRASTIM 480 MCG INJECTION | | 7049 | | APC | $452.26 | | | |
| J1450 | N | FLUCONAZOLE | | | | Bundled | $0.00 | | | |
| J1451 | K | FOMEPIZOLE, 15 MG | | 1689 | | APC | $6.46 | | | |
| J1452 | K | INTRAOCULAR FOMIVIRSEN NA | | 1441 | | APC | $85.00 | | | |
| J1453 | K | FOSAPREPITANT INJECTION | | 9242 | | APC | $1.72 | | | |
| J1455 | N | FOSCARNET SODIUM INJECTION | | | | Bundled | $0.00 | | | |
| J1457 | N | GALLIUM NITRATE INJECTION | | | | Bundled | $0.00 | | | |
| J1458 | K | GALSULFASE INJECTION | | 9224 | | APC | $357.31 | | | |
| J1459 | K | INJ IVIG PRIVIGEN 500 MG | | 1214 | | APC | $36.60 | | | |
| J1460 | K | GAMMA GLOBULIN 1 CC INJ | | 3043 | | APC | $23.81 | | | |
| J1557 | K | GAMMAPLEX INJECTION | | 9270 | | APC | $36.94 | | | |
| J1559 | K | HIZENTRA INJECTION | | 1312 | | APC | $7.29 | | | |
| J1560 | K | GAMMA GLOBULIN > 10 CC INJ | | 0933 | | APC | $238.08 | | | |
| J1561 | K | GAMUNEX-C/GAMMAKED | | 0948 | | APC | $38.97 | | | |
| J1562 | K | VIVAGLOBIN, INJ | | 1275 | | APC | $12.72 | | | |
| J1566 | K | IMMUNE GLOBULIN, POWDER | | 2731 | | APC | $30.66 | | | |
| J1568 | K | OCTAGAM INJECTION | | 0943 | | APC | $31.57 | | | |
| J1569 | K | GAMMAGARD LIQUID INJECTION | | 0944 | | APC | $39.17 | | | |
| J1570 | K | GANCICLOVIR SODIUM INJECTION | | 1343 | | APC | $72.65 | | | |
| J1571 | K | HEPAGAM B IM INJECTION | | 0946 | | APC | $51.73 | | | |
| J1572 | G | FLEBOGAMMA INJECTION | | 0947 | | APC | $35.95 | | | |
| J1573 | K | HEPAGAM B INTRAVENOUS, INJ | | 1138 | | APC | $51.73 | | | |
| J1580 | N | GARAMYCIN GENTAMICIN INJ | | | | Bundled | $0.00 | | | |
| J1590 | K | GATIFLOXACIN INJECTION | | 1437 | | APC | $86.33 | | | |
| J1595 | K | INJECTION GLATIRAMER ACETATE | | 1015 | | APC | $149.96 | | | |
| J1599 | N | IVIG NON-LYOPHILIZED, NOS | | | | Bundled | $0.00 | | | |
| J1600 | N | GOLD SODIUM THIOMALEATE INJ | | | | Bundled | $0.00 | | | |
| J1610 | K | GLUCAGON HYDROCHLORIDE/1 MG | | 9042 | | APC | $122.27 | | | |
| J1620 | K | GONADORELIN HYDROCH/ 100 MCG | | 1344 | | APC | $6.06 | | | |
| J1626 | N | GRANISETRON HCL INJECTION | | | | Bundled | $0.00 | | | |
| J1630 | N | HALOPERIDOL INJECTION | | | | Bundled | $0.00 | | | |
| J1631 | N | HALOPERIDOL DECANOATE INJ | | | | Bundled | $0.00 | | | |
| J1640 | K | HEMIN, 1 MG | | 1690 | | APC | $15.65 | | | |
| J1642 | N | INJ HEPARIN SODIUM PER 10 U | | | | Bundled | $0.00 | | | |
| J1644 | N | INJ HEPARIN SODIUM PER 1000U | | | | Bundled | $0.00 | | | |
| J1645 | N | DALTEPARIN SODIUM | | | | Bundled | $0.00 | | | |
| J1650 | N | INJ ENOXAPARIN SODIUM | | | | Bundled | $0.00 | | | |
| J1652 | N | FONDAPARINUX SODIUM | | | | Bundled | $0.00 | | | |
| J1655 | N | TINZAPARIN SODIUM INJECTION | | | | Bundled | $0.00 | | | |
| J1670 | K | TETANUS IMMUNE GLOBULIN INJ | | 1670 | | APC | $363.88 | | | |
| J1675 | E | HISTRELIN ACETATE | | | | Not Allowed | $0.00 | | | |
| J1680 | E | HUMAN FIBRINOGEN CONC INJ | | | | Not Allowed | $0.00 | | | |
| J1700 | N | HYDROCORTISONE ACETATE INJ | | | | Bundled | $0.00 | | | |
| J1710 | N | HYDROCORTISONE SODIUM PH INJ | | | | Bundled | $0.00 | | | |
| J1720 | N | HYDROCORTISONE SODIUM SUCC I | | | | Bundled | $0.00 | | | |
| J1725 | K | HYDROXYPROGESTERONE CAPROATE | | 1354 | | APC | $2.71 | | | |
| J1730 | K | DIAZOXIDE INJECTION | | 1438 | | APC | $88.27 | | | |
| J1740 | K | IBANDRONATE SODIUM INJECTION | | 9229 | | APC | $154.66 | | | |

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|---|---|---|---|---|---|---|---|---|---|---|
| J1741 | N | IBUPROFEN INJECTION | | | | Bundled | $0.00 | | | |
| J1742 | K | IBUTILIDE FUMARATE INJECTION | | 9044 | | APC | $133.57 | | | |
| J1743 | K | IDURSULFASE INJECTION | | 9232 | | APC | $468.97 | | | |
| J1744 | K | ICATIBANT INJECTION | | 1443 | | APC | $254.72 | | | |
| J1745 | K | INFLIXIMAB INJECTION | | 7043 | | APC | $67.96 | | | |
| J1750 | K | INJ IRON DEXTRAN | | 1237 | | APC | $12.12 | | | |
| J1756 | N | IRON SUCROSE INJECTION | | | | Bundled | $0.00 | | | |
| J1786 | K | IMUGLUCERASE INJECTION | | 1327 | | APC | $41.94 | | | |
| J1790 | N | DROPERIDOL INJECTION | | | | Bundled | $0.00 | | | |
| J1800 | N | PROPRANOLOL INJECTION | | | | Bundled | $0.00 | | | |
| J1810 | E | DROPERIDOL/FENTANYL INJ | | | | Not Allowed | $0.00 | | | |
| J1815 | N | INSULIN INJECTION | | | | Bundled | $0.00 | | | |
| J1817 | N | INSULIN FOR INSULIN PUMP USE | | | | Bundled | $0.00 | | | |
| J1826 | E | INTERFERON BETA-1A INJ | | | | Not Allowed | $0.00 | | | |
| J1830 | K | INTERFERON BETA-1B / .25 MG | | 0910 | | APC | $279.71 | | | |
| J1835 | K | ITRACONAZOLE INJECTION | | 1355 | | APC | $0.28 | | | |
| J1840 | N | KANAMYCIN SULFATE 500 MG INJ | | | | Bundled | $0.00 | | | |
| J1850 | N | KANAMYCIN SULFATE 75 MG INJ | | | | Bundled | $0.00 | | | |
| J1885 | N | KETOROLAC TROMETHAMINE INJ | | | | Bundled | $0.00 | | | |
| J1890 | N | CEPHALOTHIN SODIUM INJECTION | | | | Bundled | $0.00 | | | |
| J1930 | K | LANREOTIDE INJECTION | | 9237 | | APC | $36.45 | | | |
| J1931 | K | LARONIDASE INJECTION | | 9209 | | APC | $28.27 | | | |
| J1940 | N | FUROSEMIDE INJECTION | | | | Bundled | $0.00 | | | |
| J1945 | K | LEPIRUDIN | | 1693 | | APC | $570.54 | | | |
| J1950 | K | LEUPROLIDE ACETATE /3.75 MG | | 0800 | | APC | $744.73 | | | |
| J1953 | N | LEVETIRACETAM INJECTION | | | | Bundled | $0.00 | | | |
| J1955 | M | INJ LEVOCARNITINE PER 1 GM | | | | Fee Schedule | $7.96 | | | |
| J1956 | N | LEVOFLOXACIN INJECTION | | | | Bundled | $0.00 | | | |
| J1960 | N | LEVORPHANOL TARTRATE INJ | | | | Bundled | $0.00 | | | |
| J1980 | N | HYOSCYAMINE SULFATE INJ | | | | Bundled | $0.00 | | | |
| J1990 | N | CHLORDIAZEPOXIDE INJECTION | | | | Bundled | $0.00 | | | |
| J2001 | N | LIDOCAINE INJECTION | | | | Bundled | $0.00 | | | |
| J2010 | N | LINCOMYCIN INJECTION | | | | Bundled | $0.00 | | | |
| J2020 | K | LINEZOLID INJECTION | | 9001 | | APC | $40.93 | | | |
| J2060 | N | LORAZEPAM INJECTION | | | | Bundled | $0.00 | | | |
| J2150 | N | MANNITOL INJECTION | | | | Bundled | $0.00 | | | |
| J2170 | N | MECASERMIN INJECTION | | | | Bundled | $0.00 | | | |
| J2175 | N | MEPERIDINE HYDROCHL /100 MG | | | | Bundled | $0.00 | | | |
| J2180 | N | MEPERIDINE/PROMETHAZINE INJ | | | | Bundled | $0.00 | | | |
| J2185 | N | MEROPENEM | | | | Bundled | $0.00 | | | |
| J2210 | N | METHYLERGONOVIN MALEATE INJ | | | | Bundled | $0.00 | | | |
| J2212 | K | METHYLNALTREXONE INJECTION | | 1445 | | APC | $0.40 | | | |
| J2248 | K | MICAFUNGIN SODIUM INJECTION | | 9227 | | APC | $0.94 | | | |
| J2250 | N | INJ MIDAZOLAM HYDROCHLORIDE | | | | Bundled | $0.00 | | | |
| J2260 | N | INJ MILRINONE LACTATE / 5 MG | | | | Bundled | $0.00 | | | |
| J2265 | K | MINOCYCLINE HYDROCHLORIDE | | 1423 | | APC | $0.58 | | | |
| J2270 | N | MORPHINE SULFATE INJECTION | | | | Bundled | $0.00 | | | |
| J2271 | N | MORPHINE SO4 INJECTION 100MG | | | | Bundled | $0.00 | | | |
| J2275 | N | MORPHINE SULFATE INJECTION | | | | Bundled | $0.00 | | | |
| J2278 | K | ZICONOTIDE INJECTION | | 1694 | | APC | $6.61 | | | |
| J2280 | N | INJ, MOXIFLOXACIN 100 MG | | | | Bundled | $0.00 | | | |
| J2300 | N | INJ NALBUPHINE HYDROCHLORIDE | | | | Bundled | $0.00 | | | |
| J2310 | N | INJ NALOXONE HYDROCHLORIDE | | | | Bundled | $0.00 | | | |
| J2315 | K | NALTREXONE, DEPOT FORM | | 0759 | | APC | $2.83 | | | |
| J2320 | N | NANDROLONE DECANOATE 50 MG | | | | Bundled | $0.00 | | | |
| J2323 | K | NATALIZUMAB INJECTION | | 9126 | | APC | $13.08 | | | |
| J2325 | K | NESIRITIDE INJECTION | | 1695 | | APC | $59.72 | | | |
| J2353 | K | OCTREOTIDE INJECTION, DEPOT | | 1207 | | APC | $134.64 | | | |
| J2354 | N | OCTREOTIDE INJ, NON-DEPOT | | | | Bundled | $0.00 | | | |
| J2355 | K | OPRELVEKIN INJECTION | | 7011 | | APC | $277.71 | | | |
| J2357 | K | OMALIZUMAB INJECTION | | 9300 | | APC | $24.47 | | | |
| J2358 | K | OLANZAPINE LONG-ACTING INJ | | 1331 | | APC | $2.75 | | | |
| J2360 | N | ORPHENADRINE INJECTION | | | | Bundled | $0.00 | | | |
| J2370 | N | PHENYLEPHRINE HCL INJECTION | | | | Bundled | $0.00 | | | |

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|---|---|---|---|---|---|---|---|---|---|---|
| J2400 | N | CHLOROPROCAINE HCL INJECTION | | | | Bundled | $0.00 | | | |
| J2405 | N | ONDANSETRON HCL INJECTION | | | | Bundled | $0.00 | | | |
| J2410 | N | OXYMORPHONE HCL INJECTION | | | | Bundled | $0.00 | | | |
| J2425 | K | PALIFERMIN INJECTION | | 1696 | | APC | $13.26 | | | |
| J2426 | K | PALIPERIDONE PALMITATE INJ | | 9255 | | APC | $7.42 | | | |
| J2430 | N | PAMIDRONATE DISODIUM /30 MG | | | | Bundled | $0.00 | | | |
| J2440 | N | PAPAVERIN HCL INJECTION | | | | Bundled | $0.00 | | | |
| J2460 | E | OXYTETRACYCLINE INJECTION | | | | Not Allowed | $0.00 | | | |
| J2469 | K | PALONOSETRON HCL | | 9210 | | APC | $18.93 | | | |
| J2501 | N | PARICALCITOL | | | | Bundled | $0.00 | | | |
| J2503 | K | PEGAPTANIB SODIUM INJECTION | | 1697 | | APC | $1,027.30 | | | |
| J2504 | K | PEGADEMASE BOVINE, 25 IU | | 1739 | | APC | $275.88 | | | |
| J2505 | K | INJECTION, PEGFILGRASTIM 6MG | | 9119 | | APC | $3,013.87 | | | |
| J2507 | G | PEGLOTICASE INJECTION | | 9281 | | APC | $423.06 | | | |
| J2510 | N | PENICILLIN G PROCAINE INJ | | | | Bundled | $0.00 | | | |
| J2513 | N | PENTASTARCH 10% SOLUTION | | | | Bundled | $0.00 | | | |
| J2515 | N | PENTOBARBITAL SODIUM INJ | | | | Bundled | $0.00 | | | |
| J2540 | N | PENICILLIN G POTASSIUM INJ | | | | Bundled | $0.00 | | | |
| J2543 | N | PIPERACILLIN/TAZOBACTAM | | | | Bundled | $0.00 | | | |
| J2545 | M | PENTAMIDINE NON-COMP UNIT | | | | Fee Schedule | $80.73 | | | |
| J2550 | N | PROMETHAZINE HCL INJECTION | | | | Bundled | $0.00 | | | |
| J2560 | N | PHENOBARBITAL SODIUM INJ | | | | Bundled | $0.00 | | | |
| J2562 | K | PLERIXAFOR INJECTION | | 9252 | | APC | $296.66 | | | |
| J2590 | N | OXYTOCIN INJECTION | | | | Bundled | $0.00 | | | |
| J2597 | K | INJ DESMOPRESSIN ACETATE | | 1440 | | APC | $5.64 | | | |
| J2650 | N | PREDNISOLONE ACETATE INJ | | | | Bundled | $0.00 | | | |
| J2670 | E | TOTAZOLINE HCL INJECTION | | | | Not Allowed | $0.00 | | | |
| J2675 | N | INJ PROGESTERONE PER 50 MG | | | | Bundled | $0.00 | | | |
| J2680 | N | FLUPHENAZINE DECANOATE 25 MG | | | | Bundled | $0.00 | | | |
| J2690 | N | PROCAINAMIDE HCL INJECTION | | | | Bundled | $0.00 | | | |
| J2700 | K | OXACILLIN SODIUM INJECITON | | 1347 | | APC | $2.15 | | | |
| J2710 | N | NEOSTIGMINE METHYLSLFTE INJ | | | | Bundled | $0.00 | | | |
| J2720 | N | INJ PROTAMINE SULFATE/10 MG | | | | Bundled | $0.00 | | | |
| J2724 | K | PROTEIN C CONCENTRATE | | 1139 | | APC | $14.32 | | | |
| J2725 | K | INJ PROTIRELIN PER 250 MCG | | 1357 | | APC | $29.74 | | | |
| J2730 | K | PRALIDOXIME CHLORIDE INJ | | 1023 | | APC | $90.16 | | | |
| J2760 | N | PHENTOLAINE MESYLATE INJ | | | | Bundled | $0.00 | | | |
| J2765 | N | METOCLOPRAMIDE HCL INJECTION | | | | Bundled | $0.00 | | | |
| J2770 | K | QUINUPRISTIN/DALFOPRISTIN | | 2770 | | APC | $200.41 | | | |
| J2778 | K | RANIBIZUMAB INJECTION | | 9233 | | APC | $397.51 | | | |
| J2780 | N | RANITIDINE HYDROCHLORIDE INJ | | | | Bundled | $0.00 | | | |
| J2783 | K | RASBURICASE | | 0738 | | APC | $210.96 | | | |
| J2785 | K | REGADENOSON INJECTION | | 9244 | | APC | $53.48 | | | |
| J2788 | K | RHO D IMMUNE GLOBULIN 50 MCG | | 9023 | | APC | $26.58 | | | |
| J2790 | K | RHO D IMMUNE GLOBULIN INJ | | 0884 | | APC | $92.00 | | | |
| J2791 | K | RHOPHYLAC INJECTION | | 0945 | | APC | $4.76 | | | |
| J2792 | K | RHO(D) IMMUNE GLOBULIN H, SD | | 1609 | | APC | $18.31 | | | |
| J2793 | K | RILONACEPT INJECTION | | 1291 | | APC | $24.09 | | | |
| J2794 | K | RISPERIDONE, LONG ACTING | | 9125 | | APC | $5.77 | | | |
| J2795 | N | ROPIVACAINE HCL INJECTION | | | | Bundled | $0.00 | | | |
| J2796 | K | ROMIPLOSTIM INJECTION | | 9245 | | APC | $50.93 | | | |
| J2800 | N | METHOCARBAMOL INJECTION | | | | Bundled | $0.00 | | | |
| J2805 | N | SINCALIDE INJECTION | | | | Bundled | $0.00 | | | |
| J2810 | N | INJ THEOPHYLLINE PER 40 MG | | | | Bundled | $0.00 | | | |
| J2820 | K | SARGRAMOSTIM INJECTION | | 0731 | | APC | $28.60 | | | |
| J2850 | K | INJ SECRETIN SYNTHETIC HUMAN | | 1700 | | APC | $27.49 | | | |
| J2910 | N | AUROTHIOGLUCOSE INJECITON | | | | Bundled | $0.00 | | | |
| J2916 | N | NA FERRIC GLUCONATE COMPLEX | | | | Bundled | $0.00 | | | |
| J2920 | N | METHYLPREDNISOLONE INJECTION | | | | Bundled | $0.00 | | | |
| J2930 | N | METHYLPREDNISOLONE INJECTION | | | | Bundled | $0.00 | | | |
| J2940 | E | SOMATREM INJECTION | | | | Not Allowed | $0.00 | | | |
| J2941 | K | SOMATROPIN INJECTION | | 7034 | | APC | $70.38 | | | |
| J2950 | N | PROMAZINE HCL INJECTION | | | | Bundled | $0.00 | | | |
| J2993 | K | RETEPLASE INJECTION | | 9005 | | APC | $2,171.61 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| J2995 | N | INJ STREPTOKINASE /250000 IU | | | | Bundled | $0.00 | | | |
| J2997 | K | ALTEPLASE RECOMBINANT | | 7048 | | APC | $56.35 | | | |
| J3000 | N | STREPTOMYCIN INJECTION | | | | Bundled | $0.00 | | | |
| J3010 | N | FENTANYL CITRATE INJECITON | | | | Bundled | $0.00 | | | |
| J3030 | N | SUMATRIPTAN SUCCINATE / 6 MG | | | | Bundled | $0.00 | | | |
| J3070 | N | PENTAZOCINE INJECTION | | | | Bundled | $0.00 | | | |
| J3095 | K | TELAVANCIN INJECTION | | 9258 | | APC | $2.65 | | | |
| J3101 | K | TENECTEPLASE INJECTION | | 9002 | | APC | $74.97 | | | |
| J3105 | N | TERBUTALINE SULFATE INJ | | | | Bundled | $0.00 | | | |
| J3110 | E | TERIPARATIDE INJECTION | | | | Not Allowed | $0.00 | | | |
| J3120 | N | TESTOSTERONE ENANTHATE INJ | | | | Bundled | $0.00 | | | |
| J3130 | N | TESTOSTERONE ENANTHATE INJ | | | | Bundled | $0.00 | | | |
| J3140 | N | TESTOSTERONE SUSPENSION INJ | | | | Bundled | $0.00 | | | |
| J3150 | N | TESTOSTERON PROPIONATE INJ | | | | Bundled | $0.00 | | | |
| J3230 | N | CHLORPROMAZINE HCL INJECTION | | | | Bundled | $0.00 | | | |
| J3240 | K | THYROTROPIN INJECTION | | 9108 | | APC | $1,053.26 | | | |
| J3243 | K | TIGECYCLINE INJECTION | | 9228 | | APC | $1.76 | | | |
| J3246 | K | TIROFIBAN HCL | | 7041 | | APC | $8.03 | | | |
| J3250 | N | TRIMETHOBENZAMIDE HCL INJ | | | | Bundled | $0.00 | | | |
| J3260 | N | TOBRAMYCIN SULFATE INJECTION | | | | Bundled | $0.00 | | | |
| J3262 | K | TOCILIZUMAB INJECTION | | 9264 | | APC | $3.70 | | | |
| J3265 | N | INJECTION TORSEMIDE 10 MG/ML | | | | Bundled | $0.00 | | | |
| J3280 | N | THIETHYLPERAZINE MALEATE INJ | | | | Bundled | $0.00 | | | |
| J3285 | K | TREPROSTINIL INJECTION | | 1701 | | APC | $61.24 | | | |
| J3300 | K | TRIAMCINOLONE A INJ PRS-FREE | | 1253 | | APC | $3.91 | | | |
| J3301 | N | TRIAMCINOLONE ACET INJ NOS | | | | Bundled | $0.00 | | | |
| J3302 | N | TRIAMCINOLONE DIACETATE INJ | | | | Bundled | $0.00 | | | |
| J3303 | N | TRIAMCINOLONE HEXACETONL INJ | | | | Bundled | $0.00 | | | |
| J3305 | E | INJ TRIMETREXATE GLUCORONATE | | | | Not Allowed | $0.00 | | | |
| J3310 | N | PERPHENAZINE INJECITON | | | | Bundled | $0.00 | | | |
| J3315 | K | TRIPTORELIN PAMOATE | | 9122 | | APC | $192.43 | | | |
| J3320 | E | SPECTINOMYCN DI-HCL INJ | | | | Not Allowed | $0.00 | | | |
| J3350 | N | UREA INJECTION | | | | Bundled | $0.00 | | | |
| J3355 | K | UROFOLLITROPIN, 75 IU | | 1741 | | APC | $64.42 | | | |
| J3357 | K | USTEKINUMAB INJECTION | | 9261 | | APC | $138.29 | | | |
| J3360 | N | DIAZEPAM INJECTION | | | | Bundled | $0.00 | | | |
| J3364 | N | UROKINASE 5000 IU INJECTION | | | | Bundled | $0.00 | | | |
| J3365 | K | UROKINASE 250,000 IU INJ | | 7036 | | APC | $457.73 | | | |
| J3370 | N | VANCOMYCIN HCL INJECTION | | | | Bundled | $0.00 | | | |
| J3385 | K | VELAGLUCERASE ALFA | | 9271 | | APC | $348.64 | | | |
| J3396 | K | VERTEPORFIN INJECTION | | 1203 | | APC | $10.43 | | | |
| J3400 | E | TRIFLUPROMAZINE HCL INJ | | | | Not Allowed | $0.00 | | | |
| J3410 | N | HYDROXYZINE HCL INJECTION | | | | Bundled | $0.00 | | | |
| J3411 | N | THIAMINE HCL 100 MG | | | | Bundled | $0.00 | | | |
| J3415 | N | PYRIDOXINE HCL 100 MG | | | | Bundled | $0.00 | | | |
| J3420 | N | VITAMIN B12 INJECTION | | | | Bundled | $0.00 | | | |
| J3430 | N | VITAMIN K PHYTONADIONE INJ | | | | Bundled | $0.00 | | | |
| J3465 | K | INJECTION, VORICONAZOLE | | 1052 | | APC | $4.65 | | | |
| J3470 | N | HYALURONIDASE INJECTION | | | | Bundled | $0.00 | | | |
| J3471 | N | OVINE, UP TO 999 USP UNITS | | | | Bundled | $0.00 | | | |
| J3472 | N | OVINE, 1000 USP UNITS | | | | Bundled | $0.00 | | | |
| J3473 | N | HYALURONIDASE RECOMBINANT | | | | Bundled | $0.00 | | | |
| J3475 | N | INJ MAGNESIUM SULFATE | | | | Bundled | $0.00 | | | |
| J3480 | N | INJ POTASSIUM CHLORIDE | | | | Bundled | $0.00 | | | |
| J3485 | N | ZIDOVUDINE | | | | Bundled | $0.00 | | | |
| J3486 | N | ZIPRASIDONE MESYLATE | | | | Bundled | $0.00 | | | |
| J3487 | E | ZOLEDRONIC ACID | | | | Not Allowed | $0.00 | | | |
| J3488 | E | RECLAST INJECTION | | | | Not Allowed | $0.00 | | | |
| J3490 | N | DRUGS UNCLASSIFIED INJECTION | | | | Bundled | $0.00 | | | |
| J3520 | E | EDETATE DISODIUM PER 150 MG | | | | Not Allowed | $0.00 | | | |
| J3530 | N | NASAL VACCINE INHALATION | | | | Bundled | $0.00 | | | |
| J3535 | E | METERED DOSE INHALER DRUG | | | | Not Allowed | $0.00 | | | |
| J3570 | E | LAETRILE AMYGDALIN VIT B17 | | | | Not Allowed | $0.00 | | | |
| J3590 | N | UNCLASSIFIED BIOLOGICS | | | | Bundled | $0.00 | | | |

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|---|---|---|---|---|---|---|---|---|---|---|
| J7030 | N | NORMAL SALINE SOLUTION INFUS | | | | Bundled | $0.00 | | | |
| J7040 | N | NORMAL SALINE SOLUTION INFUS | | | | Bundled | $0.00 | | | |
| J7042 | N | 5% DEXTROSE/NORMAL SALINE | | | | Bundled | $0.00 | | | |
| J7050 | N | NORMAL SALINE SOLUTION INFUS | | | | Bundled | $0.00 | | | |
| J7060 | N | 5% DEXTROSE/WATER | | | | Bundled | $0.00 | | | |
| J7070 | N | D5W INFUSION | | | | Bundled | $0.00 | | | |
| J7100 | N | DEXTRAN 40 INFUSION | | | | Bundled | $0.00 | | | |
| J7110 | N | DEXTRAN 75 INFUSION | | | | Bundled | $0.00 | | | |
| J7120 | N | RINGERS LACTATE INFUSION | | | | Bundled | $0.00 | | | |
| J7131 | N | HYPERTONIC SALINE SOL | | | | Bundled | $0.00 | | | |
| J7178 | K | HUMAN FIBRINOGEN CONC INJ | | 1414 | | APC | $0.92 | | | |
| J7180 | G | FACTOR XIII ANTI-HEM FACTOR | | 1416 | | APC | $6.42 | | | |
| J7183 | K | WILATE INJECTION | | 1352 | | APC | $0.91 | | | |
| J7185 | K | XYNTHA INJ | | 1268 | | APC | $1.11 | | | |
| J7186 | K | ANTIHEMOPHILIC VIII/VWF COMP | | 1213 | | APC | $0.94 | | | |
| J7187 | K | HUMATE-P, INJ | | 1704 | | APC | $0.91 | | | |
| J7189 | K | FACTOR VIIA | | 1705 | | APC | $1.66 | | | |
| J7190 | K | FACTOR VIII | | 0925 | | APC | $0.93 | | | |
| J7191 | N | FACTOR VIII (PORCINE) | | | | Bundled | $0.00 | | | |
| J7192 | K | FACTOR VIII RECOMBINANT NOS | | 0927 | | APC | $1.13 | | | |
| J7193 | K | FACTOR IX NON-RECOMBINANT | | 0931 | | APC | $0.97 | | | |
| J7194 | K | FACTOR IX COMPLEX | | 0928 | | APC | $1.10 | | | |
| J7195 | K | FACTOR IX RECOMBINANT | | 0932 | | APC | $1.33 | | | |
| J7196 | K | ANTITHROMBIN RECOMBINANT | | 1332 | | APC | $103.35 | | | |
| J7197 | K | ANTITHROMBIN III INJECTION | | 1263 | | APC | $3.05 | | | |
| J7198 | K | ANTI-INHIBITOR | | 0929 | | APC | $1.64 | | | |
| J7199 | M | HEMOPHILIA CLOT FACTOR NOC | | | | By Report | $0.00 | | | |
| J7300 | M | INTRAUT COPPER CONTRACEPTIVE | | | | Fee Schedule | $609.96 | | | |
| J7302 | M | LEVONORGESTREL IU CONTRACEPT | | | | Fee Schedule | $717.11 | | | |
| J7303 | M | CONTRACEPTIVE VAGINAL RING | | | | Fee Schedule | $84.83 | | | |
| J7304 | M | CONTRACEPTIVE HORMONE PATCH | | | | Fee Schedule | $25.69 | | | |
| J7306 | E | LEVONORGESTREL IMPLANT SYS | | | | Not Allowed | $0.00 | | | |
| J7307 | M | ETONOGESTREL IMPLANT SYSTEM | | | | Fee Schedule | $672.60 | | | |
| J7308 | K | AMINOLEVULINIC ACID HCL TOP | | 7308 | | APC | $173.99 | | | |
| J7309 | K | METHYL AMINOLEVULINATE, TOP | | 1338 | | APC | $83.69 | | | |
| J7310 | K | GANCICLOVIR LONG ACT IMPLANT | | 0913 | | APC | $16,960.00 | | | Y |
| J7311 | K | FLUOCINOLONE ACETONIDE IMPLT | | 9225 | | APC | $19,345.00 | | | Y |
| J7312 | K | DEXAMETHASONE INTRA IMPLANT | | 9256 | | APC | $195.89 | | | |
| J7315 | G | OPTHALMIC MITOMYCIN | | 01448 | | APC | $379.24 | | | |
| J7321 | K | HYALGAN/SUPARTZ INJ PER DOSE | | 0873 | | APC | $85.13 | | | |
| J7323 | K | EUFLEXXA INJ PER DOSE | | 0875 | | APC | $152.88 | | | |
| J7324 | K | ORTHOVISC INJ PER DOSE | | 0877 | | APC | $172.20 | | | |
| J7325 | K | SYNVISC OR SYNVISC-ONE | | 0874 | | APC | $12.57 | | | |
| J7326 | K | GEL-ONE | | 1417 | | APC | $620.10 | | | |
| J7330 | E | CULTURED CHONDROCYTES IMPLNT | | | | Not Allowed | $0.00 | | | |
| J7335 | K | CAPSAICIN 8% PATCH | | 9268 | | APC | $25.55 | | | |
| J7500 | N | AZATHIOPRINE ORAL 50MG | | | | Bundled | $0.00 | | | |
| J7501 | K | AZATHIOPRINE PARENTERAL | | 0887 | | APC | $186.28 | | | |
| J7502 | N | CYCLOSPORINE ORAL 100 MG | | | | Bundled | $0.00 | | | |
| J7504 | K | LYMPHOCYTE IMMUNE GLOBULIN | | 0890 | | APC | $725.00 | | | |
| J7505 | K | MONOCLONAL ANTIBODIES | | 7038 | | APC | $1,156.08 | | | |
| J7506 | N | PREDNISONE ORAL | | | | Bundled | $0.00 | | | |
| J7507 | N | TACROLIMUS ORAL PER 1 MG | | | | Bundled | $0.00 | | | |
| J7509 | N | METHYLPREDNISOLONE ORAL | | | | Bundled | $0.00 | | | |
| J7510 | N | PREDNISOLONE ORAL PER 5 MG | | | | Bundled | $0.00 | | | |
| J7511 | K | ANTITHYMOCYTE GLOBULN RABBIT | | 9104 | | APC | $578.93 | | | |
| J7513 | K | DACLIZUMAB, PARENTERAL | | 1612 | | APC | $526.34 | | | |
| J7515 | N | CYCLOSPORINE ORAL 25 MG | | | | Bundled | $0.00 | | | |
| J7516 | N | CYCLOSPORIN PARENTERAL 250MG | | | | Bundled | $0.00 | | | |
| J7517 | N | MYCOPHENOLATE MOFETIL ORAL | | | | Bundled | $0.00 | | | |
| J7518 | N | MYCOPHENOLIC ACID | | | | Bundled | $0.00 | | | |
| J7520 | N | SIROLIMUS, ORAL | | | | Bundled | $0.00 | | | |
| J7525 | K | TACROLIMUS INJECTION | | 9006 | | APC | $137.57 | | | |
| J7527 | K | ORAL EVEROLIMUS | | 1444 | | APC | $6.46 | | | |

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|---|---|---|---|---|---|---|---|---|---|---|
| J7599 | N | IMMUNOSUPPRESSIVE DRUG NOC | | | | Bundled | $0.00 | | | |
| J7604 | E | ACETYLCYSTEINE COMP UNIT | | | | Not Allowed | $0.00 | | | |
| J7605 | E | ARFORMOTEROL NON-COMP UNIT | | | | Not Allowed | $0.00 | | | |
| J7606 | E | FORMOTEROL FUMARATE, INH | | | | Not Allowed | $0.00 | | | |
| J7607 | E | LEVALBUTEROL COMP CON | | | | Not Allowed | $0.00 | | | |
| J7608 | E | ACETYLCYSTEINE NON-COMP UNIT | | | | Not Allowed | $0.00 | | | |
| J7609 | E | ALBUTEROL COMP UNIT | | | | Not Allowed | $0.00 | | | |
| J7610 | E | ALBUTEROL COMP CON | | | | Not Allowed | $0.00 | | | |
| J7611 | E | ALBUTEROL NON-COMP CON | | | | Not Allowed | $0.00 | | | |
| J7612 | E | LEVALBUTEROL NON-COMP CON | | | | Not Allowed | $0.00 | | | |
| J7613 | E | ALBUTEROL NON-COMP UNIT | | | | Not Allowed | $0.00 | | | |
| J7614 | E | LEVALBUTEROL NON-COMP UNIT | | | | Not Allowed | $0.00 | | | |
| J7615 | E | LEVALBUTEROL COMP UNIT | | | | Not Allowed | $0.00 | | | |
| J7620 | E | ALBUTEROL IPRATROP NON-COMP | | | | Not Allowed | $0.00 | | | |
| J7622 | E | BECLOMETHASONE COMP UNIT | | | | Not Allowed | $0.00 | | | |
| J7624 | E | BETAMETHASONE COMP UNIT | | | | Not Allowed | $0.00 | | | |
| J7626 | E | BUDESONIDE NON-COMP UNIT | | | | Not Allowed | $0.00 | | | |
| J7627 | E | BUDESONIDE COMP UNIT | | | | Not Allowed | $0.00 | | | |
| J7628 | E | BITOLTEROL MESYLATE COMP CON | | | | Not Allowed | $0.00 | | | |
| J7629 | E | BITOLTEROL MESYLATE COMP UNT | | | | Not Allowed | $0.00 | | | |
| J7631 | E | CROMOLYN SODIUM NONCOMP UNIT | | | | Not Allowed | $0.00 | | | |
| J7632 | E | CROMOLYN SODIUM COMP UNIT | | | | Not Allowed | $0.00 | | | |
| J7633 | E | BUDESONIDE NON-COMP CON | | | | Not Allowed | $0.00 | | | |
| J7634 | E | BUDESONIDE COMP CON | | | | Not Allowed | $0.00 | | | |
| J7635 | E | ATROPINE COMP CON | | | | Not Allowed | $0.00 | | | |
| J7636 | E | ATROPINE COMP UNIT | | | | Not Allowed | $0.00 | | | |
| J7637 | E | DEXAMETHASONE COMP CON | | | | Not Allowed | $0.00 | | | |
| J7638 | E | DEXAMETHASONE COMP UNIT | | | | Not Allowed | $0.00 | | | |
| J7639 | E | DORNASE ALFA NON-COMP UNIT | | | | Not Allowed | $0.00 | | | |
| J7640 | E | FORMOTEROL COMP UNIT | | | | Not Allowed | $0.00 | | | |
| J7641 | E | FLUNISOLIDE COMP UNIT | | | | Not Allowed | $0.00 | | | |
| J7642 | E | GLYCOPYRROLATE COMP CON | | | | Not Allowed | $0.00 | | | |
| J7643 | E | GLYCOPYRROLATE COMP UNIT | | | | Not Allowed | $0.00 | | | |
| J7644 | E | IPRATROPIUM BROMIDE NON-COMP | | | | Not Allowed | $0.00 | | | |
| J7645 | E | IPRATROPIUM BROMIDE COMP | | | | Not Allowed | $0.00 | | | |
| J7647 | E | ISOETHARINE COMP CON | | | | Not Allowed | $0.00 | | | |
| J7648 | E | ISOETHARINE NON-COMP CON | | | | Not Allowed | $0.00 | | | |
| J7649 | E | ISOETHARINE NON-COMP UNIT | | | | Not Allowed | $0.00 | | | |
| J7650 | E | ISOETHARINE COMP UNIT | | | | Not Allowed | $0.00 | | | |
| J7657 | E | ISOPROTERENOL COMP CON | | | | Not Allowed | $0.00 | | | |
| J7658 | E | ISOPROTERENOL NON-COMP CON | | | | Not Allowed | $0.00 | | | |
| J7659 | E | ISOPROTERENOL NON-COMP UNIT | | | | Not Allowed | $0.00 | | | |
| J7660 | E | ISOPROTERENOL COMP UNIT | | | | Not Allowed | $0.00 | | | |
| J7665 | N | MANNITOL FOR INHALER | | | | Bundled | $0.00 | | | |
| J7667 | E | METAPROTERENOL COMP CON | | | | Not Allowed | $0.00 | | | |
| J7668 | E | METAPROTERENOL NON-COMP CON | | | | Not Allowed | $0.00 | | | |
| J7669 | E | METAPROTERENOL NON-COMP UNIT | | | | Not Allowed | $0.00 | | | |
| J7670 | E | METAPROTERENOL COMP UNIT | | | | Not Allowed | $0.00 | | | |
| J7674 | N | METHACHOLINE CHLORIDE, NEB | | | | Bundled | $0.00 | | | |
| J7676 | E | PENTAMIDINE COMP UNIT DOSE | | | | Not Allowed | $0.00 | | | |
| J7680 | E | TERBUTALINE SULF COMP CON | | | | Not Allowed | $0.00 | | | |
| J7681 | E | TERBUTALINE SULF COMP UNIT | | | | Not Allowed | $0.00 | | | |
| J7682 | E | TOBRAMYCIN NON-COMP UNIT | | | | Not Allowed | $0.00 | | | |
| J7683 | E | TRIAMCINOLONE COMP CON | | | | Not Allowed | $0.00 | | | |
| J7684 | E | TRIAMCINOLONE COMP UNIT | | | | Not Allowed | $0.00 | | | |
| J7685 | E | TOBRAMYCIN COMP UNIT | | | | Not Allowed | $0.00 | | | |
| J7686 | E | TREPROSTINIL, NON-COMP UNIT | | | | Not Allowed | $0.00 | | | |
| J7699 | E | INHALATION SOLUTION FOR DME | | | | Not Allowed | $0.00 | | | |
| J7799 | N | NON-INHALATION DRUG FOR DME | | | | Bundled | $0.00 | | | |
| J8498 | E | ANTIEMETIC RECTAL/SUPP NOS | | | | Not Allowed | $0.00 | | | |
| J8499 | E | ORAL PRESCRIP DRUG NON CHEMO | | | | Not Allowed | $0.00 | | | |
| J8501 | K | ORAL APREPITANT | | 0868 | | APC | $6.68 | | | |
| J8510 | K | ORAL BUSULFAN | | 1307 | | APC | $11.00 | | | |
| J8515 | E | CABERGOLINE, ORAL 0.25MG | | | | Not Allowed | $0.00 | | | |

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|---|---|---|---|---|---|---|---|---|---|---|
| J8520 | K | CAPECITABINE, ORAL, 150 MG | | 7042 | | APC | $9.59 | | | |
| J8521 | K | CAPECITABINE, ORAL, 500 MG | | 0934 | | APC | $31.90 | | | |
| J8530 | N | CYCLOPHOSPHAMIDE ORAL 25 MG | | | | Bundled | $0.00 | | | |
| J8540 | N | ORAL DEXAMETHASONE | | | | Bundled | $0.00 | | | |
| J8560 | K | ETOPOSIDE ORAL 50 MG | | 0802 | | APC | $55.12 | | | |
| J8562 | K | ORAL FLUDARABINE PHOSPHATE | | 1339 | | APC | $81.77 | | | |
| J8565 | E | GEFITINIB ORAL | | | | Not Allowed | $0.00 | | | |
| J8597 | N | ANTIEMETIC DRUG ORAL NOS | | | | Bundled | $0.00 | | | |
| J8600 | N | MELPHALAN ORAL 2 MG | | | | Bundled | $0.00 | | | |
| J8610 | N | METHOTREXATE ORAL 2.5 MG | | | | Bundled | $0.00 | | | |
| J8650 | K | NABILONE ORAL | | 1424 | | APC | $27.07 | | | |
| J8700 | K | TEMOZOLOMIDE | | 1086 | | APC | $11.22 | | | |
| J8705 | K | TOPOTECAN ORAL | | 1238 | | APC | $86.64 | | | |
| J8999 | E | ORAL PRESCRIPTION DRUG CHEMO | | | | Not Allowed | $0.00 | | | |
| J9000 | N | DOXORUBICIN HCL INJECTION | | | | Bundled | $0.00 | | | |
| J9001 | E | DOXORUBICIN HCL LIPOSOME INJ | | | | Not Allowed | $0.00 | | | |
| J9002 | E | DOXIL INJECTION | | | | Not Allowed | $0.00 | | | |
| J9010 | K | ALEMTUZUMAB INJECTION | | 9110 | | APC | $623.63 | | | |
| J9015 | K | ALDESLEUKIN INJECTION | | 0807 | | APC | $1,246.98 | | | |
| J9017 | K | ARSENIC TRIOXIDE INJECTION | | 9012 | | APC | $47.41 | | | |
| J9019 | G | ERWINAZE INJECTION | | 9289 | | APC | $342.74 | | | |
| J9020 | K | ASPARAGINASE, NOS | | 0814 | | APC | $64.56 | | | |
| J9025 | K | AZACITIDINE INJECTION | | 1709 | | APC | $5.77 | | | |
| J9027 | K | CLOFARABINE INJECTION | | 1710 | | APC | $129.21 | | | |
| J9031 | K | BCG LIVE INTRAVESICAL VAC | | 0809 | | APC | $119.30 | | | |
| J9033 | K | BENDAMUSTINE INJECTION | | 9243 | | APC | $20.82 | | | |
| J9035 | K | BEVACIZUMAB INJECTION | | 9214 | | APC | $64.64 | | | |
| J9040 | N | BLEOMYCIN SULFATE INJECTION | | | | Bundled | $0.00 | | | |
| J9041 | K | BORTEZOMIB INJECTION | | 9207 | | APC | $45.33 | | | |
| J9042 | G | BRENTUXIMAB VEDOTIN INJ | | 9287 | | APC | $102.74 | | | |
| J9043 | K | CABAZITAXEL INJECTION | | 9276 | | APC | $139.73 | | | |
| J9045 | N | CARBOPLATIN INJECTION | | | | Bundled | $0.00 | | | |
| J9050 | K | CARMUSTINE INJECTION | | 0812 | | APC | $175.30 | | | |
| J9055 | K | CETUXIMAB INJECTION | | 9215 | | APC | $52.48 | | | |
| J9060 | N | CISPLATIN 10 MG INJECTION | | | | Bundled | $0.00 | | | |
| J9065 | K | INJ CLADRIBINE PER 1 MG | | 0858 | | APC | $25.98 | | | |
| J9070 | K | CYCLOPHOSPHAMIDE 100 MG INJ | | 1408 | | APC | $40.38 | | | |
| J9098 | K | CYTARABINE LIPOSOME INJ | | 1166 | | APC | $544.23 | | | |
| J9100 | N | CYTARABINE HCL 100 MG INJ | | | | Bundled | $0.00 | | | |
| J9120 | K | DACTINOMYCIN INJECTION | | 0752 | | APC | $618.79 | | | |
| J9130 | N | DACARBAZINE 100 MG INJ | | | | Bundled | $0.00 | | | |
| J9150 | K | DAUNORUBICIN INJECTION | | 0820 | | APC | $28.73 | | | |
| J9151 | K | DAUNORUBICIN CITRATE INJ | | 0821 | | APC | $243.80 | | | |
| J9155 | K | DEGARELIX INJECTION | | 1296 | | APC | $3.05 | | | |
| J9160 | K | DENILEUKIN DIFTITOX INJ | | 1084 | | APC | $1,646.18 | | | |
| J9165 | E | DIETHYLSTILBESTROL INJECTION | | | | Not Allowed | $0.00 | | | |
| J9171 | K | DOCETAXEL INJECTION | | 0823 | | APC | $4.76 | | | |
| J9175 | N | ELLIOTTS B SOLUTION PER ML | | | | Bundled | $0.00 | | | |
| J9178 | K | INJ, EPIRUBICIN HCL, 2 MG | | 1167 | | APC | $1.34 | | | |
| J9179 | G | ERIBULIN MESYLATE INJECTION | | 1426 | | APC | $97.92 | | | |
| J9181 | N | ETOPOSIDE INJECTION | | | | Bundled | $0.00 | | | |
| J9185 | K | FLUDARABINE PHOSPHATE INJ | | 0842 | | APC | $88.53 | | | |
| J9190 | N | FLUOROURACIL INJECTION | | | | Bundled | $0.00 | | | |
| J9200 | K | FLOXURIDINE INJECTION | | 0827 | | APC | $64.13 | | | |
| J9201 | K | GEMCITABINE HCL INJECTION | | 0828 | | APC | $5.67 | | | |
| J9202 | K | GOSERELIN ACETATE IMPLANT | | 0810 | | APC | $189.54 | | | |
| J9206 | N | IRINOTECAN INJECTION | | | | Bundled | $0.00 | | | |
| J9207 | K | IXABEPILONE INJECTION | | 9240 | | APC | $67.66 | | | |
| J9208 | K | IFOSFAMIDE INJECTION | | 0831 | | APC | $30.27 | | | |
| J9209 | N | MESNA INJECTION | | | | Bundled | $0.00 | | | |
| J9211 | K | IDARUBICIN HCL INJECTION | | 0832 | | APC | $43.76 | | | |
| J9212 | K | INTERFERON ALFACON-1 INJ | | 1447 | | APC | $17.06 | | | |
| J9213 | N | INTERFERON ALFA-2A INJ | | | | Bundled | $0.00 | | | |
| J9214 | K | INTERFERON ALFA-2B INJ | | 0836 | | APC | $18.80 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| J9215 | N | INTERFERON ALFA-N3 INJ | | | | Bundled | $0.00 | | | |
| J9216 | K | INTERFERON GAMMA 1-B INJ | | 0838 | | APC | $2,517.90 | | | |
| J9217 | K | LEUPROLIDE ACETATE SUSPNSION | | 9217 | | APC | $206.01 | | | |
| J9218 | K | LEUPROLIDE ACETATE INJECITON | | 0861 | | APC | $10.50 | | | |
| J9219 | K | LEUPROLIDE ACETATE IMPLANT | | 7051 | | APC | $4,819.82 | | | |
| J9225 | K | VANTAS IMPLANT | | 1711 | | APC | $2,994.41 | | | |
| J9226 | K | SUPPRELIN LA IMPLANT | | 1142 | | APC | $16,424.13 | | | |
| J9228 | G | IPILIMUMAB INJECTION | | 9284 | | APC | $127.05 | | | |
| J9230 | K | MECHLORETHAMINE HCL INJ | | 0751 | | APC | $157.61 | | | |
| J9245 | K | INJ MELPHALAN HYDROCHL 50 MG | | 0840 | | APC | $1,273.10 | | | |
| J9250 | N | METHOTREXATE SODIUM INJ | | | | Bundled | $0.00 | | | |
| J9260 | N | METHOTREXATE SODIUM INJ | | | | Bundled | $0.00 | | | |
| J9261 | K | NELARABINE INJECTION | | 0825 | | APC | $127.28 | | | |
| J9263 | K | OXALIPLATIN | | 1738 | | APC | $0.88 | | | |
| J9264 | K | PACLITAXEL PROTEIN BOUND | | 1712 | | APC | $9.54 | | | |
| J9265 | N | PACLITAXEL INJECTION | | | | Bundled | $0.00 | | | |
| J9266 | K | PEGASPARGASE INJECTION | | 0843 | | APC | $6,004.74 | | | |
| J9268 | K | PENTOSTATIN INJECTION | | 0844 | | APC | $1,399.29 | | | |
| J9270 | N | PLICAMYCIN (MITHRAMYCIN) INJ | | | | Bundled | $0.00 | | | |
| J9280 | K | MITOMYCIN INJECTION | | 1232 | | APC | $23.99 | | | |
| J9293 | K | MITOXANTRONE HYDROCHL / 5 MG | | 0864 | | APC | $37.17 | | | |
| J9300 | K | GEMTUZUMAB OZOGAMICIN INJ | | 9004 | | APC | $2,742.59 | | | |
| J9302 | K | OFATUMUMAB INJECTION | | 9260 | | APC | $46.50 | | | |
| J9303 | K | PANITUMUMAB INJECTION | | 9235 | | APC | $91.10 | | | |
| J9305 | K | PEMETREXED INJECTION | | 9213 | | APC | $59.48 | | | |
| J9307 | K | PRALATREXATE INJECTION | | 9259 | | APC | $182.58 | | | |
| J9310 | K | RITUXIMAB INJECTION | | 0849 | | APC | $678.87 | | | |
| J9315 | K | ROMIDEPSIN INJECTION | | 9265 | | APC | $253.47 | | | |
| J9320 | K | STREPTOZOCIN INJECTION | | 0850 | | APC | $276.05 | | | |
| J9328 | K | TEMOZOLOMIDE INJECTION | | 9253 | | APC | $4.84 | | | |
| J9330 | K | TEMSIROLIMUS INJECTION | | 1168 | | APC | $55.95 | | | |
| J9340 | K | THIOTEPA INJECTION | | 0851 | | APC | $265.00 | | | |
| J9351 | K | TOPOTECAN INJECTION | | 1350 | | APC | $2.13 | | | |
| J9355 | K | TRASTUZUMAB INJECTION | | 1613 | | APC | $78.70 | | | |
| J9357 | K | VALRUBICIN INJECTION | | 1235 | | APC | $1,054.48 | | | |
| J9360 | N | VINBLASTINE SULFATE INJ | | | | Bundled | $0.00 | | | |
| J9370 | N | VINCRISTINE SULFATE 1 MG INJ | | | | Bundled | $0.00 | | | |
| J9390 | N | VINORELBINE TARTRATE INJ | | | | Bundled | $0.00 | | | |
| J9395 | K | INJECTION, FULVESTRANT | | 9120 | | APC | $89.62 | | | |
| J9600 | K | PORFIMER SODIUM INJECTION | | 0856 | | APC | $19,325.78 | | | |
| J9999 | M | CHEMOTHERAPY DRUG | | | | By Report | $0.00 | | | |
| K0001 | E | STANDARD WHEELCHAIR | | | | Not Allowed | $0.00 | | | |
| K0002 | E | STND HEMI (LOW SEAT) WHLCHR | | | | Not Allowed | $0.00 | | | |
| K0003 | E | LIGHTWEIGHT WHEELCHAIR | | | | Not Allowed | $0.00 | | | |
| K0004 | E | HIGH STRENGTH LTWT WHLCHR | | | | Not Allowed | $0.00 | | | |
| K0005 | E | ULTRALIGHTWEIGHT WHEELCHAIR | | | | Not Allowed | $0.00 | | | |
| K0006 | E | HEAVY DUTY WHEELCHAIR | | | | Not Allowed | $0.00 | | | |
| K0007 | E | EXTRA HEAVY DUTY WHEELCHAIR | | | | Not Allowed | $0.00 | | | |
| K0009 | E | OTHER MANUAL WHEELCHAIR/BASE | | | | Not Allowed | $0.00 | | | |
| K0010 | E | STND WT FRAME POWER WHLCHR | | | | Not Allowed | $0.00 | | | |
| K0011 | E | STND WT PWR WHLCHR W CONTROL | | | | Not Allowed | $0.00 | | | |
| K0012 | E | LTWT PORTBL POWER WHLCHR | | | | Not Allowed | $0.00 | | | |
| K0014 | E | OTHER POWER WHLCHR BASE | | | | Not Allowed | $0.00 | | | |
| K0015 | E | DETACH NON-ADJUS HGHT ARMRST | | | | Not Allowed | $0.00 | | | |
| K0017 | E | DETACH ADJUST ARMREST BASE | | | | Not Allowed | $0.00 | | | |
| K0018 | E | DETACH ADJUST ARMRST UPPER | | | | Not Allowed | $0.00 | | | |
| K0019 | E | ARM PAD EACH | | | | Not Allowed | $0.00 | | | |
| K0020 | E | FIXED ADJUST ARMREST PAIR | | | | Not Allowed | $0.00 | | | |
| K0037 | E | HIGH MOUNT FLIP-UP FOOTREST | | | | Not Allowed | $0.00 | | | |
| K0038 | E | LEG STRAP EACH | | | | Not Allowed | $0.00 | | | |
| K0039 | E | LEG STRAP H STYLE EACH | | | | Not Allowed | $0.00 | | | |
| K0040 | E | ADJUSTABLE ANGLE FOOTPLATE | | | | Not Allowed | $0.00 | | | |
| K0041 | E | LARGE SIZE FOOTPLATE EACH | | | | Not Allowed | $0.00 | | | |
| K0042 | E | STANDARD SIZE FOOTPLATE EACH | | | | Not Allowed | $0.00 | | | |

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|---|---|---|---|---|---|---|---|---|---|---|
| K0043 | E | FTRST LOWER EXTENSION TUBE | | | | Not Allowed | $0.00 | | | |
| K0044 | E | FTRST UPPER HANGER BRACKET | | | | Not Allowed | $0.00 | | | |
| K0045 | E | FOOTREST COMPLETE ASSEMBLY | | | | Not Allowed | $0.00 | | | |
| K0046 | E | ELEVAT LEGRST LOW EXTENSION | | | | Not Allowed | $0.00 | | | |
| K0047 | E | ELEVAT LEGRST UP HANGR BRACK | | | | Not Allowed | $0.00 | | | |
| K0050 | E | RATCHET ASSEMBLY | | | | Not Allowed | $0.00 | | | |
| K0051 | E | CAM RELESE ASSEM FTRST/LGRST | | | | Not Allowed | $0.00 | | | |
| K0052 | E | SWINGAWAY DETACH FOOTREST | | | | Not Allowed | $0.00 | | | |
| K0053 | E | ELEVATE FOOTREST ARTICULATE | | | | Not Allowed | $0.00 | | | |
| K0056 | E | SEAT HT <17 OR >=21 LTWT WC | | | | Not Allowed | $0.00 | | | |
| K0065 | E | SPOKE PROTECTORS | | | | Not Allowed | $0.00 | | | |
| K0069 | E | REAR WHL COMPLETE SOLID TIRE | | | | Not Allowed | $0.00 | | | |
| K0070 | E | REAR WHL COMPL PNEUM TIRE | | | | Not Allowed | $0.00 | | | |
| K0071 | E | FRONT CASTR COMPL PNEUM TIRE | | | | Not Allowed | $0.00 | | | |
| K0072 | E | FRNT CSTR CMPL SEM-PNEUM TIR | | | | Not Allowed | $0.00 | | | |
| K0073 | E | CASTER PIN LOCK EACH | | | | Not Allowed | $0.00 | | | |
| K0077 | E | FRONT CASTER ASSEM COMPLETE | | | | Not Allowed | $0.00 | | | |
| K0098 | E | DRIVE BELT POWER WHEELCHAIR | | | | Not Allowed | $0.00 | | | |
| K0105 | E | IV HANGER | | | | Not Allowed | $0.00 | | | |
| K0108 | E | W/C COMPONENT-ACCESSORY NOS | | | | Not Allowed | $0.00 | | | |
| K0195 | E | ELEVATING WHLCHAIR LEG RESTS | | | | Not Allowed | $0.00 | | | |
| K0455 | E | PUMP UNINTERRUPTED INFUSION | | | | Not Allowed | $0.00 | | | |
| K0462 | E | TEMPORARY REPLACEMENT EQPMNT | | | | Not Allowed | $0.00 | | | |
| K0552 | E | SUPPLY/EXT INF PUMP SYR TYPE | | | | Not Allowed | $0.00 | | | |
| K0601 | E | REPL BATT SILVER OXIDE 1.5 V | | | | Not Allowed | $0.00 | | | |
| K0602 | E | REPL BATT SILVER OXIDE 3 V | | | | Not Allowed | $0.00 | | | |
| K0603 | E | REPL BATT ALKALINE 1.5 V | | | | Not Allowed | $0.00 | | | |
| K0604 | E | REPL BATT LITHIUM 3.6 V | | | | Not Allowed | $0.00 | | | |
| K0605 | E | REPL BATT LITHIUM 4.5 V | | | | Not Allowed | $0.00 | | | |
| K0606 | E | AED GARMENT W ELEC ANALYSIS | | | | Not Allowed | $0.00 | | | |
| K0607 | E | REPL BATT FOR AED | | | | Not Allowed | $0.00 | | | |
| K0608 | E | REPL GARMENT FOR AED | | | | Not Allowed | $0.00 | | | |
| K0609 | E | REPL ELECTRODE FOR AED | | | | Not Allowed | $0.00 | | | |
| K0669 | E | SEAT/BACK CUS NO DMEPDAC VER | | | | Not Allowed | $0.00 | | | |
| K0672 | E | REMOVABLE SOFT INTERFACE LE | | | | Not Allowed | $0.00 | | | |
| K0730 | E | CTRL DOSE INH DRUG DELIV SYS | | | | Not Allowed | $0.00 | | | |
| K0733 | E | 12-24HR SEALED LEAD ACID | | | | Not Allowed | $0.00 | | | |
| K0738 | E | PORTABLE GAS OXYGEN SYSTEM | | | | Not Allowed | $0.00 | | | |
| K0739 | E | REPAIR/SVC DME NON-OXYGEN EQ | | | | Not Allowed | $0.00 | | | |
| K0740 | E | REPAIR/SVC OXYGEN EQUIPMENT | | | | Not Allowed | $0.00 | | | |
| K0741 | E | PORTABLE GASEOUS OXYGEN SYS | | | | Not Allowed | $0.00 | | | |
| K0742 | E | PORTABLE GASEOUS OXYGEN | | | | Not Allowed | $0.00 | | | |
| K0743 | E | PORTABLE HOME SUCTION PUMP | | | | Not Allowed | $0.00 | | | |
| K0744 | E | ABSORP DRG <= 16 SUC PUMP | | | | Not Allowed | $0.00 | | | |
| K0745 | E | ABSORP DRG >16<=48 SUC PUMP | | | | Not Allowed | $0.00 | | | |
| K0746 | E | ABSORP DRG >48 SUC PUMP | | | | Not Allowed | $0.00 | | | |
| K0800 | E | POV GROUP 1 STD UP TO 300LBS | | | | Not Allowed | $0.00 | | | |
| K0801 | E | POV GROUP 1 HD 301-450 LBS | | | | Not Allowed | $0.00 | | | |
| K0802 | E | POV GROUP 1 VHD 451-600 LBS | | | | Not Allowed | $0.00 | | | |
| K0806 | E | POV GROUP 2 STD UP TO 300LBS | | | | Not Allowed | $0.00 | | | |
| K0807 | E | POV GROUP 2 HD 301-450 LBS | | | | Not Allowed | $0.00 | | | |
| K0808 | E | POV GROUP 2 VHD 451-600 LBS | | | | Not Allowed | $0.00 | | | |
| K0812 | E | POWER OPERATED VEHICLE NOC | | | | Not Allowed | $0.00 | | | |
| K0813 | E | PWC GP 1 STD PORT SEAT/BACK | | | | Not Allowed | $0.00 | | | |
| K0814 | E | PWC GP 1 STD PORT CAP CHAIR | | | | Not Allowed | $0.00 | | | |
| K0815 | E | PWC GP 1 STD SEAT/BACK | | | | Not Allowed | $0.00 | | | |
| K0816 | E | PWC GP 1 STD CAP CHAIR | | | | Not Allowed | $0.00 | | | |
| K0820 | E | PWC GP 2 STD PORT SEAT/BACK | | | | Not Allowed | $0.00 | | | |
| K0821 | E | PWC GP 2 STD PORT CAP CHAIR | | | | Not Allowed | $0.00 | | | |
| K0822 | E | PWC GP 2 STD SEAT/BACK | | | | Not Allowed | $0.00 | | | |
| K0823 | E | PWC GP 2 STD CAP CHAIR | | | | Not Allowed | $0.00 | | | |
| K0824 | E | PWC GP 2 HD SEAT/BACK | | | | Not Allowed | $0.00 | | | |
| K0825 | E | PWC GP 2 HD CAP CHAIR | | | | Not Allowed | $0.00 | | | |
| K0826 | E | PWC GP 2 VHD SEAT/BACK | | | | Not Allowed | $0.00 | | | |

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|---|---|---|---|---|---|---|---|---|---|---|
| K0827 | E | PWC GP VHD CAP CHAIR | | | | Not Allowed | $0.00 | | | |
| K0828 | E | PWC GP 2 XTRA HD SEAT/BACK | | | | Not Allowed | $0.00 | | | |
| K0829 | E | PWC GP 2 XTRA HD CAP CHAIR | | | | Not Allowed | $0.00 | | | |
| K0830 | E | PWC GP2 STD SEAT ELEVATE S/B | | | | Not Allowed | $0.00 | | | |
| K0831 | E | PWC GP2 STD SEAT ELEVATE CAP | | | | Not Allowed | $0.00 | | | |
| K0835 | E | PWC GP2 STD SING POW OPT S/B | | | | Not Allowed | $0.00 | | | |
| K0836 | E | PWC GP2 STD SING POW OPT CAP | | | | Not Allowed | $0.00 | | | |
| K0837 | E | PWC GP 2 HD SING POW OPT S/B | | | | Not Allowed | $0.00 | | | |
| K0838 | E | PWC GP 2 HD SING POW OPT CAP | | | | Not Allowed | $0.00 | | | |
| K0839 | E | PWC GP2 VHD SING POW OPT S/B | | | | Not Allowed | $0.00 | | | |
| K0840 | E | PWC GP2 XHD SING POW OPT S/B | | | | Not Allowed | $0.00 | | | |
| K0841 | E | PWC GP2 STD MULT POW OPT S/B | | | | Not Allowed | $0.00 | | | |
| K0842 | E | PWC GP2 STD MULT POW OPT CAP | | | | Not Allowed | $0.00 | | | |
| K0843 | E | PWC GP2 HD MULT POW OPT S/B | | | | Not Allowed | $0.00 | | | |
| K0848 | E | PWC GP 3 STD SEAT/BACK | | | | Not Allowed | $0.00 | | | |
| K0849 | E | PWC GP 3 STD CAP CHAIR | | | | Not Allowed | $0.00 | | | |
| K0850 | E | PWC GP 3 HD SEAT/BACK | | | | Not Allowed | $0.00 | | | |
| K0851 | E | PWC GP 3 HD CAP CHAIR | | | | Not Allowed | $0.00 | | | |
| K0852 | E | PWC GP 3 VHD SEAT/BACK | | | | Not Allowed | $0.00 | | | |
| K0853 | E | PWC GP 3 VHD CAP CHAIR | | | | Not Allowed | $0.00 | | | |
| K0854 | E | PWC GP 3 XHD SEAT/BACK | | | | Not Allowed | $0.00 | | | |
| K0855 | E | PWC GP 3 XHD CAP CHAIR | | | | Not Allowed | $0.00 | | | |
| K0856 | E | PWC GP3 STD SING POW OPT S/B | | | | Not Allowed | $0.00 | | | |
| K0857 | E | PWC GP3 STD SING POW OPT CAP | | | | Not Allowed | $0.00 | | | |
| K0858 | E | PWC GP3 HD SING POW OPT S/B | | | | Not Allowed | $0.00 | | | |
| K0859 | E | PWC GP3 HD SING POW OPT CAP | | | | Not Allowed | $0.00 | | | |
| K0860 | E | PWC GP3 VHD SING POW OPT S/B | | | | Not Allowed | $0.00 | | | |
| K0861 | E | PWC GP3 STD MULT POW OPT S/B | | | | Not Allowed | $0.00 | | | |
| K0862 | E | PWC GP3 HD MULT POW OPT S/B | | | | Not Allowed | $0.00 | | | |
| K0863 | E | PWC GP3 VHD MULT POW OPT S/B | | | | Not Allowed | $0.00 | | | |
| K0864 | E | PWC GP3 XHD MULT POW OPT S/B | | | | Not Allowed | $0.00 | | | |
| K0868 | E | PWC GP 4 STD SEAT/BACK | | | | Not Allowed | $0.00 | | | |
| K0869 | E | PWC GP 4 STD CAP CHAIR | | | | Not Allowed | $0.00 | | | |
| K0870 | E | PWC GP 4 HD SEAT/BACK | | | | Not Allowed | $0.00 | | | |
| K0871 | E | PWC GP 4 VHD SEAT/BACK | | | | Not Allowed | $0.00 | | | |
| K0877 | E | PWC GP4 STD SING POW OPT S/B | | | | Not Allowed | $0.00 | | | |
| K0878 | E | PWC GP4 STD SING POW OPT CAP | | | | Not Allowed | $0.00 | | | |
| K0879 | E | PWC GP4 HD SING POW OPT S/B | | | | Not Allowed | $0.00 | | | |
| K0880 | E | PWC GP4 VHD SING POW OPT S/B | | | | Not Allowed | $0.00 | | | |
| K0884 | E | PWC GP4 STD MULT POW OPT S/B | | | | Not Allowed | $0.00 | | | |
| K0885 | E | PWC GP4 STD MULT POW OPT CAP | | | | Not Allowed | $0.00 | | | |
| K0886 | E | PWC GP4 HD MULT POW S/B | | | | Not Allowed | $0.00 | | | |
| K0890 | E | PWC GP5 PED SING POW OPT S/B | | | | Not Allowed | $0.00 | | | |
| K0891 | E | PWC GP5 PED MULT POW OPT S/B | | | | Not Allowed | $0.00 | | | |
| K0898 | E | POWER WHEELCHAIR NOC | | | | Not Allowed | $0.00 | | | |
| K0899 | E | POW MOBIL DEV NO DMEPDAC | | | | Not Allowed | $0.00 | | | |
| K0900 | E | CSTM DME OTHER THAN WHEELCHR | | | | Not Allowed | $0.00 | | | |
| L0112 | E | CRANIAL CERVICAL ORTHOSIS | | | | Not Allowed | $0.00 | | | |
| L0113 | E | CRANIAL CERVICAL TORTICOLLIS | | | | Not Allowed | $0.00 | | | |
| L0120 | E | CERV FLEXIBLE NON-ADJUSTABLE | | | | Not Allowed | $0.00 | | | |
| L0130 | E | FLEX THERMOPLASTIC COLLAR MO | | | | Not Allowed | $0.00 | | | |
| L0140 | E | CERVICAL SEMI-RIGID ADJUSTAB | | | | Not Allowed | $0.00 | | | |
| L0150 | E | CERV SEMI-RIG ADJ MOLDED CHN | | | | Not Allowed | $0.00 | | | |
| L0160 | E | CERV SEMI-RIG WIRE OCC/MAND | | | | Not Allowed | $0.00 | | | |
| L0170 | E | CERVICAL COLLAR MOLDED TO PT | | | | Not Allowed | $0.00 | | | |
| L0172 | E | CERV COL THERMPLAS FOAM 2 PI | | | | Not Allowed | $0.00 | | | |
| L0174 | E | CERV COL FOAM 2 PIECE W THOR | | | | Not Allowed | $0.00 | | | |
| L0180 | E | CER POST COL OCC/MAN SUP ADJ | | | | Not Allowed | $0.00 | | | |
| L0190 | E | CERV COLLAR SUPP ADJ CERV BA | | | | Not Allowed | $0.00 | | | |
| L0200 | E | CERV COL SUPP ADJ BAR & THOR | | | | Not Allowed | $0.00 | | | |
| L0220 | E | THOR RIB BELT CUSTOM FABRICA | | | | Not Allowed | $0.00 | | | |
| L0430 | E | DEWALL POSTURE PROTECTOR | | | | Not Allowed | $0.00 | | | |
| L0450 | E | TLSO FLEX PREFAB THORACIC | | | | Not Allowed | $0.00 | | | |
| L0452 | E | TLSO FLEX CUSTOM FAB THORACI | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| L0454 | E | TLSO FLEX PREFAB SACROCOC-T9 | | | | Not Allowed | $0.00 | | | |
| L0456 | E | TLSO FLEX PREFAB | | | | Not Allowed | $0.00 | | | |
| L0458 | E | TLSO 2MOD SYMPHIS-XIPHO PRE | | | | Not Allowed | $0.00 | | | |
| L0460 | E | TLSO2MOD SYMPHYSIS-STERN PRE | | | | Not Allowed | $0.00 | | | |
| L0462 | E | TLSO 3MOD SACRO-SCAP PRE | | | | Not Allowed | $0.00 | | | |
| L0464 | E | TLSO 4MOD SACRO-SCAP PRE | | | | Not Allowed | $0.00 | | | |
| L0466 | E | TLSO RIGID FRAME PRE SOFT AP | | | | Not Allowed | $0.00 | | | |
| L0468 | E | TLSO RIGID FRAME PREFAB PELV | | | | Not Allowed | $0.00 | | | |
| L0470 | E | TLSO RIGID FRAME PRE SUBCLAV | | | | Not Allowed | $0.00 | | | |
| L0472 | E | TLSO RIGID FRAME HYPEREX PRE | | | | Not Allowed | $0.00 | | | |
| L0480 | E | TLSO RIGID PLASTIC CUSTOM FA | | | | Not Allowed | $0.00 | | | |
| L0482 | E | TLSO RIGID LINED CUSTOM FAB | | | | Not Allowed | $0.00 | | | |
| L0484 | E | TLSO RIGID PLASTIC CUST FAB | | | | Not Allowed | $0.00 | | | |
| L0486 | E | TLSO RIGIDLINED CUST FAB TWO | | | | Not Allowed | $0.00 | | | |
| L0488 | E | TLSO RIGID LINED PRE ONE PIE | | | | Not Allowed | $0.00 | | | |
| L0490 | E | TLSO RIGID PLASTIC PRE ONE | | | | Not Allowed | $0.00 | | | |
| L0491 | E | TLSO 2 PIECE RIGID SHELL | | | | Not Allowed | $0.00 | | | |
| L0492 | E | TLSO 3 PIECE RIGID SHELL | | | | Not Allowed | $0.00 | | | |
| L0621 | E | SIO FLEX PELVISACRAL PREFAB | | | | Not Allowed | $0.00 | | | |
| L0622 | E | SIO FLEX PELVISACRAL CUSTOM | | | | Not Allowed | $0.00 | | | |
| L0623 | E | SIO PANEL PREFAB | | | | Not Allowed | $0.00 | | | |
| L0624 | E | SIO PANEL CUSTOM | | | | Not Allowed | $0.00 | | | |
| L0625 | E | LO FLEXIBL L1-BELOW L5 PRE | | | | Not Allowed | $0.00 | | | |
| L0626 | E | LO SAG STAYS/PANELS PRE-FAB | | | | Not Allowed | $0.00 | | | |
| L0627 | E | LO SAGITT RIGID PANEL PREFAB | | | | Not Allowed | $0.00 | | | |
| L0628 | E | LO FLEX W/O RIGID STAYS PRE | | | | Not Allowed | $0.00 | | | |
| L0629 | E | LSO FLEX W/RIGID STAYS CUST | | | | Not Allowed | $0.00 | | | |
| L0630 | E | LSO POST RIGID PANEL PRE | | | | Not Allowed | $0.00 | | | |
| L0631 | E | LSO SAG-CORO RIGID FRAME PRE | | | | Not Allowed | $0.00 | | | |
| L0632 | E | LSO SAG RIGID FRAME CUST | | | | Not Allowed | $0.00 | | | |
| L0633 | E | LSO FLEXION CONTROL PREFAB | | | | Not Allowed | $0.00 | | | |
| L0634 | E | LSO FLEXION CONTROL CUSTOM | | | | Not Allowed | $0.00 | | | |
| L0635 | E | LSO SAGIT RIGID PANEL PREFAB | | | | Not Allowed | $0.00 | | | |
| L0636 | E | LSO SAGITTAL RIGID PANEL CUS | | | | Not Allowed | $0.00 | | | |
| L0637 | E | LSO SAG-CORONAL PANEL PREFAB | | | | Not Allowed | $0.00 | | | |
| L0638 | E | LSO SAG-CORONAL PANEL CUSTOM | | | | Not Allowed | $0.00 | | | |
| L0639 | E | LSO S/C SHELL/PANEL PREFAB | | | | Not Allowed | $0.00 | | | |
| L0640 | E | LSO S/C SHELL/PANEL CUSTOM | | | | Not Allowed | $0.00 | | | |
| L0700 | E | CTLSO A-P-L CONTROL MOLDED | | | | Not Allowed | $0.00 | | | |
| L0710 | E | CTLSO A-P-L CONTROL W/ INTER | | | | Not Allowed | $0.00 | | | |
| L0810 | E | HALO CERVICAL INTO JCKT VEST | | | | Not Allowed | $0.00 | | | |
| L0820 | E | HALO CERVICAL INTO BODY JACK | | | | Not Allowed | $0.00 | | | |
| L0830 | E | HALO CERV INTO MILWAUKEE TYP | | | | Not Allowed | $0.00 | | | |
| L0859 | E | MRI COMPATIBLE SYSTEM | | | | Not Allowed | $0.00 | | | |
| L0861 | E | HALO REPL LINER/INTERFACE | | | | Not Allowed | $0.00 | | | |
| L0970 | E | TLSO CORSET FRONT | | | | Not Allowed | $0.00 | | | |
| L0972 | E | LSO CORSET FRONT | | | | Not Allowed | $0.00 | | | |
| L0974 | E | TLSO FULL CORSET | | | | Not Allowed | $0.00 | | | |
| L0976 | E | LSO FULL CORSET | | | | Not Allowed | $0.00 | | | |
| L0978 | E | AXILLARY CRUTCH EXTENSION | | | | Not Allowed | $0.00 | | | |
| L0980 | E | PERONEAL STRAPS PAIR | | | | Not Allowed | $0.00 | | | |
| L0982 | E | STOCKING SUPP GRIPS SET OF F | | | | Not Allowed | $0.00 | | | |
| L0984 | E | PROTECTIVE BODY SOCK EACH | | | | Not Allowed | $0.00 | | | |
| L0999 | E | ADD TO SPINAL ORTHOSIS NOS | | | | Not Allowed | $0.00 | | | |
| L1000 | E | CTLSO MILWAUKE INITIAL MODEL | | | | Not Allowed | $0.00 | | | |
| L1001 | E | CTLSO INFANT IMMOBILIZER | | | | Not Allowed | $0.00 | | | |
| L1005 | E | TENSION BASED SCOLIOSIS ORTH | | | | Not Allowed | $0.00 | | | |
| L1010 | E | CTLSO AXILLA SLING | | | | Not Allowed | $0.00 | | | |
| L1020 | E | KYPHOSIS PAD | | | | Not Allowed | $0.00 | | | |
| L1025 | E | KYPHOSIS PAD FLOATING | | | | Not Allowed | $0.00 | | | |
| L1030 | E | LUMBAR BOLSTER PAD | | | | Not Allowed | $0.00 | | | |
| L1040 | E | LUMBAR OR LUMBAR RIB PAD | | | | Not Allowed | $0.00 | | | |
| L1050 | E | STERNAL PAD | | | | Not Allowed | $0.00 | | | |
| L1060 | E | THORACIC PAD | | | | Not Allowed | $0.00 | | | |

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|---|---|---|---|---|---|---|---|---|---|---|
| L1070 | E | TRAPEZIUS SLING | | | | Not Allowed | $0.00 | | | |
| L1080 | E | OUTRIGGER | | | | Not Allowed | $0.00 | | | |
| L1085 | E | OUTRIGGER BIL W/ VERT EXTENS | | | | Not Allowed | $0.00 | | | |
| L1090 | E | LUMBAR SLING | | | | Not Allowed | $0.00 | | | |
| L1100 | E | RING FLANGE PLASTIC/LEATHER | | | | Not Allowed | $0.00 | | | |
| L1110 | E | RING FLANGE PLAS/LEATHER MOL | | | | Not Allowed | $0.00 | | | |
| L1120 | E | COVERS FOR UPRIGHT EACH | | | | Not Allowed | $0.00 | | | |
| L1200 | E | FURNSH INITIAL ORTHOSIS ONLY | | | | Not Allowed | $0.00 | | | |
| L1210 | E | LATERAL THORACIC EXTENSION | | | | Not Allowed | $0.00 | | | |
| L1220 | E | ANTERIOR THORACIC EXTENSION | | | | Not Allowed | $0.00 | | | |
| L1230 | E | MILWAUKEE TYPE SUPERSTRUCTUR | | | | Not Allowed | $0.00 | | | |
| L1240 | E | LUMBAR DEROTATION PAD | | | | Not Allowed | $0.00 | | | |
| L1250 | E | ANTERIOR ASIS PAD | | | | Not Allowed | $0.00 | | | |
| L1260 | E | ANTERIOR THORACIC DEROTATION | | | | Not Allowed | $0.00 | | | |
| L1270 | E | ABDOMINAL PAD | | | | Not Allowed | $0.00 | | | |
| L1280 | E | RIB GUSSET (ELASTIC) EACH | | | | Not Allowed | $0.00 | | | |
| L1290 | E | LATERAL TROCHANTERIC PAD | | | | Not Allowed | $0.00 | | | |
| L1300 | E | BODY JACKET MOLD TO PATIENT | | | | Not Allowed | $0.00 | | | |
| L1310 | E | POST-OPERATIVE BODY JACKET | | | | Not Allowed | $0.00 | | | |
| L1499 | E | SPINAL ORTHOSIS NOS | | | | Not Allowed | $0.00 | | | |
| L1600 | E | ABDUCT HIP FLEX FREJKA W CVR | | | | Not Allowed | $0.00 | | | |
| L1610 | E | ABDUCT HIP FLEX FREJKA COVR | | | | Not Allowed | $0.00 | | | |
| L1620 | E | ABDUCT HIP FLEX PAVLIK HARNE | | | | Not Allowed | $0.00 | | | |
| L1630 | E | ABDUCT CONTROL HIP SEMI-FLEX | | | | Not Allowed | $0.00 | | | |
| L1640 | E | PELV BAND/SPREAD BAR THIGH C | | | | Not Allowed | $0.00 | | | |
| L1650 | E | HO ABDUCTION HIP ADJUSTABLE | | | | Not Allowed | $0.00 | | | |
| L1652 | E | HO BI THIGHCUFFS W SPRDR BAR | | | | Not Allowed | $0.00 | | | |
| L1660 | E | HO ABDUCTION STATIC PLASTIC | | | | Not Allowed | $0.00 | | | |
| L1680 | E | PELVIC & HIP CONTROL THIGH C | | | | Not Allowed | $0.00 | | | |
| L1685 | E | POST-OP HIP ABDUCT CUSTOM FA | | | | Not Allowed | $0.00 | | | |
| L1686 | E | HO POST-OP HIP ABDUCTION | | | | Not Allowed | $0.00 | | | |
| L1690 | E | COMBINATION BILATERAL HO | | | | Not Allowed | $0.00 | | | |
| L1700 | E | LEG PERTHES ORTH TORONTO TYP | | | | Not Allowed | $0.00 | | | |
| L1710 | E | LEGG PERTHES ORTH NEWINGTON | | | | Not Allowed | $0.00 | | | |
| L1720 | E | LEGG PERTHES ORTHOSIS TRILAT | | | | Not Allowed | $0.00 | | | |
| L1730 | E | LEGG PERTHES ORTH SCOTTISH R | | | | Not Allowed | $0.00 | | | |
| L1755 | E | LEGG PERTHES PATTEN BOTTOM T | | | | Not Allowed | $0.00 | | | |
| L1810 | E | KO ELASTIC WITH JOINTS | | | | Not Allowed | $0.00 | | | |
| L1820 | E | KO ELAS W/ CONDYLE PADS & JO | | | | Not Allowed | $0.00 | | | |
| L1830 | E | KO IMMOBILIZER CANVAS LONGIT | | | | Not Allowed | $0.00 | | | |
| L1831 | E | KNEE ORTH POS LOCKING JOINT | | | | Not Allowed | $0.00 | | | |
| L1832 | E | KO ADJ JNT POS RIGID SUPPORT | | | | Not Allowed | $0.00 | | | |
| L1834 | E | KO W/0 JOINT RIGID MOLDED TO | | | | Not Allowed | $0.00 | | | |
| L1836 | E | RIGID KO WO JOINTS | | | | Not Allowed | $0.00 | | | |
| L1840 | E | KO DEROT ANT CRUCIATE CUSTOM | | | | Not Allowed | $0.00 | | | |
| L1843 | E | KO SINGLE UPRIGHT CUSTOM FIT | | | | Not Allowed | $0.00 | | | |
| L1844 | E | KO W/ADJ JT ROT CNTRL MOLDED | | | | Not Allowed | $0.00 | | | |
| L1845 | E | KO W/ ADJ FLEX/EXT ROTAT CUS | | | | Not Allowed | $0.00 | | | |
| L1846 | E | KO W ADJ FLEX/EXT ROTAT MOLD | | | | Not Allowed | $0.00 | | | |
| L1847 | E | KO ADJUSTABLE W AIR CHAMBERS | | | | Not Allowed | $0.00 | | | |
| L1850 | E | KO SWEDISH TYPE | | | | Not Allowed | $0.00 | | | |
| L1860 | E | KO SUPRACONDYLAR SOCKET MOLD | | | | Not Allowed | $0.00 | | | |
| L1900 | E | AFO SPRNG WIR DRSFLX CALF BD | | | | Not Allowed | $0.00 | | | |
| L1902 | E | AFO ANKLE GAUNTLET | | | | Not Allowed | $0.00 | | | |
| L1904 | E | AFO MOLDED ANKLE GAUNTLET | | | | Not Allowed | $0.00 | | | |
| L1906 | E | AFO MULTILIGAMENTUS ANKLE SU | | | | Not Allowed | $0.00 | | | |
| L1907 | E | AFO SUPRAMALLEOLAR CUSTOM | | | | Not Allowed | $0.00 | | | |
| L1910 | E | AFO SING BAR CLASP ATTACH SH | | | | Not Allowed | $0.00 | | | |
| L1920 | E | AFO SING UPRIGHT W/ ADJUST S | | | | Not Allowed | $0.00 | | | |
| L1930 | E | AFO PLASTIC | | | | Not Allowed | $0.00 | | | |
| L1932 | E | AFO RIG ANT TIB PREFAB TCF/= | | | | Not Allowed | $0.00 | | | |
| L1940 | E | AFO MOLDED TO PATIENT PLASTI | | | | Not Allowed | $0.00 | | | |
| L1945 | E | AFO MOLDED PLAS RIG ANT TIB | | | | Not Allowed | $0.00 | | | |
| L1950 | E | AFO SPIRAL MOLDED TO PT PLAS | | | | Not Allowed | $0.00 | | | |

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|---|---|---|---|---|---|---|---|---|---|---|
| L1951 | E | AFO SPIRAL PREFABRICATED | | | | Not Allowed | $0.00 | | | |
| L1960 | E | AFO POS SOLID ANK PLASTIC MO | | | | Not Allowed | $0.00 | | | |
| L1970 | E | AFO PLASTIC MOLDED W/ANKLE J | | | | Not Allowed | $0.00 | | | |
| L1971 | E | AFO W/ANKLE JOINT, PREFAB | | | | Not Allowed | $0.00 | | | |
| L1980 | E | AFO SING SOLID STIRRUP CALF | | | | Not Allowed | $0.00 | | | |
| L1990 | E | AFO DOUB SOLID STIRRUP CALF | | | | Not Allowed | $0.00 | | | |
| L2000 | E | KAFO SING FRE STIRR THI/CALF | | | | Not Allowed | $0.00 | | | |
| L2005 | E | KAFO SNG/DBL MECHANICAL ACT | | | | Not Allowed | $0.00 | | | |
| L2010 | E | KAFO SNG SOLID STIRRUP W/O J | | | | Not Allowed | $0.00 | | | |
| L2020 | E | KAFO DBL SOLID STIRRUP BAND/ | | | | Not Allowed | $0.00 | | | |
| L2030 | E | KAFO DBL SOLID STIRRUP W/O J | | | | Not Allowed | $0.00 | | | |
| L2034 | E | KAFO PLA SIN UP W/WO K/A CUS | | | | Not Allowed | $0.00 | | | |
| L2035 | E | KAFO PLASTIC PEDIATRIC SIZE | | | | Not Allowed | $0.00 | | | |
| L2036 | E | KAFO PLAS DOUB FREE KNEE MOL | | | | Not Allowed | $0.00 | | | |
| L2037 | E | KAFO PLAS SING FREE KNEE MOL | | | | Not Allowed | $0.00 | | | |
| L2038 | E | KAFO W/O JOINT MULTI-AXIS AN | | | | Not Allowed | $0.00 | | | |
| L2040 | E | HKAFO TORSION BIL ROT STRAPS | | | | Not Allowed | $0.00 | | | |
| L2050 | E | HKAFO TORSION CABLE HIP PELV | | | | Not Allowed | $0.00 | | | |
| L2060 | E | HKAFO TORSION BALL BEARING J | | | | Not Allowed | $0.00 | | | |
| L2070 | E | HKAFO TORSION UNILAT ROT STR | | | | Not Allowed | $0.00 | | | |
| L2080 | E | HKAFO UNILAT TORSION CABLE | | | | Not Allowed | $0.00 | | | |
| L2090 | E | HKAFO UNILAT TORSION BALL BR | | | | Not Allowed | $0.00 | | | |
| L2106 | E | AFO TIB FX CAST PLASTER MOLD | | | | Not Allowed | $0.00 | | | |
| L2108 | E | AFO TIB FX CAST MOLDED TO PT | | | | Not Allowed | $0.00 | | | |
| L2112 | E | AFO TIBIAL FRACTURE SOFT | | | | Not Allowed | $0.00 | | | |
| L2114 | E | AFO TIB FX SEMI-RIGID | | | | Not Allowed | $0.00 | | | |
| L2116 | E | AFO TIBIAL FRACTURE RIGID | | | | Not Allowed | $0.00 | | | |
| L2126 | E | KAFO FEM FX CAST THERMOPLAS | | | | Not Allowed | $0.00 | | | |
| L2128 | E | KAFO FEM FX CAST MOLDED TO P | | | | Not Allowed | $0.00 | | | |
| L2132 | E | KAFO FEMORAL FX CAST SOFT | | | | Not Allowed | $0.00 | | | |
| L2134 | E | KAFO FEM FX CAST SEMI-RIGID | | | | Not Allowed | $0.00 | | | |
| L2136 | E | KAFO FEMORAL FX CAST RIGID | | | | Not Allowed | $0.00 | | | |
| L2180 | E | PLAS SHOE INSERT W ANK JOINT | | | | Not Allowed | $0.00 | | | |
| L2182 | E | DROP LOCK KNEE | | | | Not Allowed | $0.00 | | | |
| L2184 | E | LIMITED MOTION KNEE JOINT | | | | Not Allowed | $0.00 | | | |
| L2186 | E | ADJ MOTION KNEE JNT LERMAN T | | | | Not Allowed | $0.00 | | | |
| L2188 | E | QUADRILATERAL BRIM | | | | Not Allowed | $0.00 | | | |
| L2190 | E | WAIST BELT | | | | Not Allowed | $0.00 | | | |
| L2192 | E | PELVIC BAND & BELT THIGH FLA | | | | Not Allowed | $0.00 | | | |
| L2200 | E | LIMITED ANKLE MOTION EA JNT | | | | Not Allowed | $0.00 | | | |
| L2210 | E | DORSIFLEXION ASSIST EACH JOI | | | | Not Allowed | $0.00 | | | |
| L2220 | E | DORSI & PLANTAR FLEX ASS/RES | | | | Not Allowed | $0.00 | | | |
| L2230 | E | SPLIT FLAT CALIPER STIRR & P | | | | Not Allowed | $0.00 | | | |
| L2232 | E | ROCKER BOTTOM, CONTACT AFO | | | | Not Allowed | $0.00 | | | |
| L2240 | E | ROUND CALIPER AND PLATE ATTA | | | | Not Allowed | $0.00 | | | |
| L2250 | E | FOOT PLATE MOLDED STIRRUP AT | | | | Not Allowed | $0.00 | | | |
| L2260 | E | REINFORCED SOLID STIRRUP | | | | Not Allowed | $0.00 | | | |
| L2265 | E | LONG TONGUE STIRRUP | | | | Not Allowed | $0.00 | | | |
| L2270 | E | VARUS/VALGUS STRAP PADDED/LI | | | | Not Allowed | $0.00 | | | |
| L2275 | E | PLASTIC MOD LOW EXT PAD/LINE | | | | Not Allowed | $0.00 | | | |
| L2280 | E | MOLDED INNER BOOT | | | | Not Allowed | $0.00 | | | |
| L2300 | E | ABDUCTION BAR JOINTED ADJUST | | | | Not Allowed | $0.00 | | | |
| L2310 | E | ABDUCTION BAR-STRAIGHT | | | | Not Allowed | $0.00 | | | |
| L2320 | E | NON-MOLDED LACER | | | | Not Allowed | $0.00 | | | |
| L2330 | E | LACER MOLDED TO PATIENT MODE | | | | Not Allowed | $0.00 | | | |
| L2335 | E | ANTERIOR SWING BAND | | | | Not Allowed | $0.00 | | | |
| L2340 | E | PRE-TIBIAL SHELL MOLDED TO P | | | | Not Allowed | $0.00 | | | |
| L2350 | E | PROSTHETIC TYPE SOCKET MOLDE | | | | Not Allowed | $0.00 | | | |
| L2360 | E | EXTENDED STEEL SHANK | | | | Not Allowed | $0.00 | | | |
| L2370 | E | PATTEN BOTTOM | | | | Not Allowed | $0.00 | | | |
| L2375 | E | TORSION ANK & HALF SOLID STI | | | | Not Allowed | $0.00 | | | |
| L2380 | E | TORSION STRAIGHT KNEE JOINT | | | | Not Allowed | $0.00 | | | |
| L2385 | E | STRAIGHT KNEE JOINT HEAVY DU | | | | Not Allowed | $0.00 | | | |
| L2387 | E | ADD LE POLY KNEE CUSTOM KAFO | | | | Not Allowed | $0.00 | | | |

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|---|---|---|---|---|---|---|---|---|---|---|
| L2390 | E | OFFSET KNEE JOINT EACH | | | | Not Allowed | $0.00 | | | |
| L2395 | E | OFFSET KNEE JOINT HEAVY DUTY | | | | Not Allowed | $0.00 | | | |
| L2397 | E | SUSPENSION SLEEVE LOWER EXT | | | | Not Allowed | $0.00 | | | |
| L2405 | E | KNEE JOINT DROP LOCK EA JNT | | | | Not Allowed | $0.00 | | | |
| L2415 | E | KNEE JOINT CAM LOCK EACH JOI | | | | Not Allowed | $0.00 | | | |
| L2425 | E | KNEE DISC/DIAL LOCK/ADJ FLEX | | | | Not Allowed | $0.00 | | | |
| L2430 | E | KNEE JNT RATCHET LOCK EA JNT | | | | Not Allowed | $0.00 | | | |
| L2492 | E | KNEE LIFT LOOP DROP LOCK RIN | | | | Not Allowed | $0.00 | | | |
| L2500 | E | THI/GLUT/ISCHIA WGT BEARING | | | | Not Allowed | $0.00 | | | |
| L2510 | E | TH/WGHT BEAR QUAD-LAT BRIM M | | | | Not Allowed | $0.00 | | | |
| L2520 | E | TH/WGHT BEAR QUAD-LAT BRIM C | | | | Not Allowed | $0.00 | | | |
| L2525 | E | TH/WGHT BEAR NAR M-L BRIM MO | | | | Not Allowed | $0.00 | | | |
| L2526 | E | TH/WGHT BEAR NAR M-L BRIM CU | | | | Not Allowed | $0.00 | | | |
| L2530 | E | THIGH/WGHT BEAR LACER NON-MO | | | | Not Allowed | $0.00 | | | |
| L2540 | E | THIGH/WGHT BEAR LACER MOLDED | | | | Not Allowed | $0.00 | | | |
| L2550 | E | THIGH/WGHT BEAR HIGH ROLL CU | | | | Not Allowed | $0.00 | | | |
| L2570 | E | HIP CLEVIS TYPE 2 POSIT JNT | | | | Not Allowed | $0.00 | | | |
| L2580 | E | PELVIC CONTROL PELVIC SLING | | | | Not Allowed | $0.00 | | | |
| L2600 | E | HIP CLEVIS/THRUST BEARING FR | | | | Not Allowed | $0.00 | | | |
| L2610 | E | HIP CLEVIS/THRUST BEARING LO | | | | Not Allowed | $0.00 | | | |
| L2620 | E | PELVIC CONTROL HIP HEAVY DUT | | | | Not Allowed | $0.00 | | | |
| L2622 | E | HIP JOINT ADJUSTABLE FLEXION | | | | Not Allowed | $0.00 | | | |
| L2624 | E | HIP ADJ FLEX EXT ABDUCT CONT | | | | Not Allowed | $0.00 | | | |
| L2627 | E | PLASTIC MOLD RECIPRO HIP & C | | | | Not Allowed | $0.00 | | | |
| L2628 | E | METAL FRAME RECIPRO HIP & CA | | | | Not Allowed | $0.00 | | | |
| L2630 | E | PELVIC CONTROL BAND & BELT U | | | | Not Allowed | $0.00 | | | |
| L2640 | E | PELVIC CONTROL BAND & BELT B | | | | Not Allowed | $0.00 | | | |
| L2650 | E | PELV & THOR CONTROL GLUTEAL | | | | Not Allowed | $0.00 | | | |
| L2660 | E | THORACIC CONTROL THORACIC BA | | | | Not Allowed | $0.00 | | | |
| L2670 | E | THORAC CONT PARASPINAL UPRIG | | | | Not Allowed | $0.00 | | | |
| L2680 | E | THORAC CONT LAT SUPPORT UPRI | | | | Not Allowed | $0.00 | | | |
| L2750 | E | PLATING CHROME/NICKEL PR BAR | | | | Not Allowed | $0.00 | | | |
| L2755 | E | CARBON GRAPHITE LAMINATION | | | | Not Allowed | $0.00 | | | |
| L2760 | E | EXTENSION PER EXTENSION PER | | | | Not Allowed | $0.00 | | | |
| L2768 | E | ORTHO SIDEBAR DISCONNECT | | | | Not Allowed | $0.00 | | | |
| L2780 | E | NON-CORROSIVE FINISH | | | | Not Allowed | $0.00 | | | |
| L2785 | E | DROP LOCK RETAINER EACH | | | | Not Allowed | $0.00 | | | |
| L2795 | E | KNEE CONTROL FULL KNEECAP | | | | Not Allowed | $0.00 | | | |
| L2800 | E | KNEE CAP MEDIAL OR LATERAL P | | | | Not Allowed | $0.00 | | | |
| L2810 | E | KNEE CONTROL CONDYLAR PAD | | | | Not Allowed | $0.00 | | | |
| L2820 | E | SOFT INTERFACE BELOW KNEE SE | | | | Not Allowed | $0.00 | | | |
| L2830 | E | SOFT INTERFACE ABOVE KNEE SE | | | | Not Allowed | $0.00 | | | |
| L2840 | E | TIBIAL LENGTH SOCK FX OR EQU | | | | Not Allowed | $0.00 | | | |
| L2850 | E | FEMORAL LGTH SOCK FX OR EQUA | | | | Not Allowed | $0.00 | | | |
| L2861 | E | TORSION MECHANISM KNEE/ANKLE | | | | Not Allowed | $0.00 | | | |
| L2999 | E | LOWER EXTREMITY ORTHOSIS NOS | | | | Not Allowed | $0.00 | | | |
| L3000 | E | FT INSERT UCB BERKELEY SHELL | | | | Not Allowed | $0.00 | | | |
| L3001 | E | FOOT INSERT REMOV MOLDED SPE | | | | Not Allowed | $0.00 | | | |
| L3002 | E | FOOT INSERT PLASTAZOTE OR EQ | | | | Not Allowed | $0.00 | | | |
| L3003 | E | FOOT INSERT SILICONE GEL EAC | | | | Not Allowed | $0.00 | | | |
| L3010 | E | FOOT LONGITUDINAL ARCH SUPPO | | | | Not Allowed | $0.00 | | | |
| L3020 | E | FOOT LONGITUD/METATARSAL SUP | | | | Not Allowed | $0.00 | | | |
| L3030 | E | FOOT ARCH SUPPORT REMOV PREM | | | | Not Allowed | $0.00 | | | |
| L3031 | E | FOOT LAMIN/PREPREG COMPOSITE | | | | Not Allowed | $0.00 | | | |
| L3040 | E | FT ARCH SUPRT PREMOLD LONGIT | | | | Not Allowed | $0.00 | | | |
| L3050 | E | FOOT ARCH SUPP PREMOLD METAT | | | | Not Allowed | $0.00 | | | |
| L3060 | E | FOOT ARCH SUPP LONGITUD/META | | | | Not Allowed | $0.00 | | | |
| L3070 | E | ARCH SUPRT ATT TO SHO LONGIT | | | | Not Allowed | $0.00 | | | |
| L3080 | E | ARCH SUPP ATT TO SHOE METATA | | | | Not Allowed | $0.00 | | | |
| L3090 | E | ARCH SUPP ATT TO SHOE LONG/M | | | | Not Allowed | $0.00 | | | |
| L3100 | E | HALLUS-VALGUS NGHT DYNAMIC S | | | | Not Allowed | $0.00 | | | |
| L3140 | E | ABDUCTION ROTATION BAR SHOE | | | | Not Allowed | $0.00 | | | |
| L3150 | E | ABDUCT ROTATION BAR W/O SHOE | | | | Not Allowed | $0.00 | | | |
| L3160 | E | SHOE STYLED POSITIONING DEV | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| L3170 | E | FOOT PLASTIC HEEL STABILIZER | | | | Not Allowed | $0.00 | | | |
| L3201 | E | OXFORD W SUPINAT/PRONAT INF | | | | Not Allowed | $0.00 | | | |
| L3202 | E | OXFORD W/ SUPINAT/PRONATOR C | | | | Not Allowed | $0.00 | | | |
| L3203 | E | OXFORD W/ SUPINATOR/PRONATOR | | | | Not Allowed | $0.00 | | | |
| L3204 | E | HIGHTOP W/ SUPP/PRONATOR INF | | | | Not Allowed | $0.00 | | | |
| L3206 | E | HIGHTOP W/ SUPP/PRONATOR CHI | | | | Not Allowed | $0.00 | | | |
| L3207 | E | HIGHTOP W/ SUPP/PRONATOR JUN | | | | Not Allowed | $0.00 | | | |
| L3208 | E | SURGICAL BOOT EACH INFANT | | | | Not Allowed | $0.00 | | | |
| L3209 | E | SURGICAL BOOT EACH CHILD | | | | Not Allowed | $0.00 | | | |
| L3211 | E | SURGICAL BOOT EACH JUNIOR | | | | Not Allowed | $0.00 | | | |
| L3212 | E | BENESCH BOOT PAIR INFANT | | | | Not Allowed | $0.00 | | | |
| L3213 | E | BENESCH BOOT PAIR CHILD | | | | Not Allowed | $0.00 | | | |
| L3214 | E | BENESCH BOOT PAIR JUNIOR | | | | Not Allowed | $0.00 | | | |
| L3215 | E | ORTHOPEDIC FTWEAR LADIES OXF | | | | Not Allowed | $0.00 | | | |
| L3216 | E | ORTHOPED LADIES SHOES DPTH I | | | | Not Allowed | $0.00 | | | |
| L3217 | E | LADIES SHOES HIGHTOP DEPTH I | | | | Not Allowed | $0.00 | | | |
| L3219 | E | ORTHOPEDIC MENS SHOES OXFORD | | | | Not Allowed | $0.00 | | | |
| L3221 | E | ORTHOPEDIC MENS SHOES DPTH I | | | | Not Allowed | $0.00 | | | |
| L3222 | E | MENS SHOES HIGHTOP DEPTH INL | | | | Not Allowed | $0.00 | | | |
| L3224 | E | WOMAN'S SHOE OXFORD BRACE | | | | Not Allowed | $0.00 | | | |
| L3225 | E | MAN'S SHOE OXFORD BRACE | | | | Not Allowed | $0.00 | | | |
| L3230 | E | CUSTOM SHOES DEPTH INLAY | | | | Not Allowed | $0.00 | | | |
| L3250 | E | CUSTOM MOLD SHOE REMOV PROST | | | | Not Allowed | $0.00 | | | |
| L3251 | E | SHOE MOLDED TO PT SILICONE S | | | | Not Allowed | $0.00 | | | |
| L3252 | E | SHOE MOLDED PLASTAZOTE CUST | | | | Not Allowed | $0.00 | | | |
| L3253 | E | SHOE MOLDED PLASTAZOTE CUST | | | | Not Allowed | $0.00 | | | |
| L3254 | E | ORTH FOOT NON-STNDARD SIZE/W | | | | Not Allowed | $0.00 | | | |
| L3255 | E | ORTH FOOT NON-STANDARD SIZE/ | | | | Not Allowed | $0.00 | | | |
| L3257 | E | ORTH FOOT ADD CHARGE SPLIT S | | | | Not Allowed | $0.00 | | | |
| L3260 | E | AMBULATORY SURGICAL BOOT EAC | | | | Not Allowed | $0.00 | | | |
| L3265 | E | PLASTAZOTE SANDAL EACH | | | | Not Allowed | $0.00 | | | |
| L3300 | E | SHO LIFT TAPER TO METATARSAL | | | | Not Allowed | $0.00 | | | |
| L3310 | E | SHOE LIFT ELEV HEEL/SOLE NEO | | | | Not Allowed | $0.00 | | | |
| L3320 | E | SHOE LIFT ELEV HEEL/SOLE COR | | | | Not Allowed | $0.00 | | | |
| L3330 | E | LIFTS ELEVATION METAL EXTENS | | | | Not Allowed | $0.00 | | | |
| L3332 | E | SHOE LIFTS TAPERED TO ONE-HA | | | | Not Allowed | $0.00 | | | |
| L3334 | E | SHOE LIFTS ELEVATION HEEL /I | | | | Not Allowed | $0.00 | | | |
| L3340 | E | SHOE WEDGE SACH | | | | Not Allowed | $0.00 | | | |
| L3350 | E | SHOE HEEL WEDGE | | | | Not Allowed | $0.00 | | | |
| L3360 | E | SHOE SOLE WEDGE OUTSIDE SOLE | | | | Not Allowed | $0.00 | | | |
| L3370 | E | SHOE SOLE WEDGE BETWEEN SOLE | | | | Not Allowed | $0.00 | | | |
| L3380 | E | SHOE CLUBFOOT WEDGE | | | | Not Allowed | $0.00 | | | |
| L3390 | E | SHOE OUTFLARE WEDGE | | | | Not Allowed | $0.00 | | | |
| L3400 | E | SHOE METATARSAL BAR WEDGE RO | | | | Not Allowed | $0.00 | | | |
| L3410 | E | SHOE METATARSAL BAR BETWEEN | | | | Not Allowed | $0.00 | | | |
| L3420 | E | FULL SOLE/HEEL WEDGE BTWEEN | | | | Not Allowed | $0.00 | | | |
| L3430 | E | SHO HEEL COUNT PLAST REINFOR | | | | Not Allowed | $0.00 | | | |
| L3440 | E | HEEL LEATHER REINFORCED | | | | Not Allowed | $0.00 | | | |
| L3450 | E | SHOE HEEL SACH CUSHION TYPE | | | | Not Allowed | $0.00 | | | |
| L3455 | E | SHOE HEEL NEW LEATHER STANDA | | | | Not Allowed | $0.00 | | | |
| L3460 | E | SHOE HEEL NEW RUBBER STANDAR | | | | Not Allowed | $0.00 | | | |
| L3465 | E | SHOE HEEL THOMAS WITH WEDGE | | | | Not Allowed | $0.00 | | | |
| L3470 | E | SHOE HEEL THOMAS EXTEND TO B | | | | Not Allowed | $0.00 | | | |
| L3480 | E | SHOE HEEL PAD & DEPRESS FOR | | | | Not Allowed | $0.00 | | | |
| L3485 | E | SHOE HEEL PAD REMOVABLE FOR | | | | Not Allowed | $0.00 | | | |
| L3500 | E | ORTHO SHOE ADD LEATHER INSOL | | | | Not Allowed | $0.00 | | | |
| L3510 | E | ORTHOPEDIC SHOE ADD RUB INSL | | | | Not Allowed | $0.00 | | | |
| L3520 | E | O SHOE ADD FELT W LEATH INSL | | | | Not Allowed | $0.00 | | | |
| L3530 | E | ORTHO SHOE ADD HALF SOLE | | | | Not Allowed | $0.00 | | | |
| L3540 | E | ORTHO SHOE ADD FULL SOLE | | | | Not Allowed | $0.00 | | | |
| L3550 | E | O SHOE ADD STANDARD TOE TAP | | | | Not Allowed | $0.00 | | | |
| L3560 | E | O SHOE ADD HORSESHOE TOE TAP | | | | Not Allowed | $0.00 | | | |
| L3570 | E | O SHOE ADD INSTEP EXTENSION | | | | Not Allowed | $0.00 | | | |
| L3580 | E | O SHOE ADD INSTEP VELCRO CLO | | | | Not Allowed | $0.00 | | | |

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|---|---|---|---|---|---|---|---|---|---|---|
| L3590 | E | O SHOE CONVERT TO SOF COUNTE | | | | Not Allowed | $0.00 | | | |
| L3595 | E | ORTHO SHOE ADD MARCH BAR | | | | Not Allowed | $0.00 | | | |
| L3600 | E | TRANS SHOE CALIP PLATE EXIST | | | | Not Allowed | $0.00 | | | |
| L3610 | E | TRANS SHOE CALIPER PLATE NEW | | | | Not Allowed | $0.00 | | | |
| L3620 | E | TRANS SHOE SOLID STIRRUP EXI | | | | Not Allowed | $0.00 | | | |
| L3630 | E | TRANS SHOE SOLID STIRRUP NEW | | | | Not Allowed | $0.00 | | | |
| L3640 | E | SHOE DENNIS BROWNE SPLINT BO | | | | Not Allowed | $0.00 | | | |
| L3649 | E | ORTHOPEDIC SHOE MODIFICA NOS | | | | Not Allowed | $0.00 | | | |
| L3650 | E | SHLDER FIG 8 ABDUCT RESTRAIN | | | | Not Allowed | $0.00 | | | |
| L3660 | E | ABDUCT RESTRAINER CANVAS&WEB | | | | Not Allowed | $0.00 | | | |
| L3670 | E | ACROMIO/CLAVICULAR CANVAS&WE | | | | Not Allowed | $0.00 | | | |
| L3671 | E | SO CAP DESIGN W/O JNTS CF | | | | Not Allowed | $0.00 | | | |
| L3674 | E | SO AIRPLANE W/WO JOINT CF | | | | Not Allowed | $0.00 | | | |
| L3675 | E | CANVAS VEST SO | | | | Not Allowed | $0.00 | | | |
| L3677 | E | SO HARD PLASTIC STABILIZER | | | | Not Allowed | $0.00 | | | |
| L3702 | E | EO W/O JOINTS CF | | | | Not Allowed | $0.00 | | | |
| L3710 | E | ELBOW ELASTIC WITH METAL JOI | | | | Not Allowed | $0.00 | | | |
| L3720 | E | FOREARM/ARM CUFFS FREE MOTIO | | | | Not Allowed | $0.00 | | | |
| L3730 | E | FOREARM/ARM CUFFS EXT/FLEX A | | | | Not Allowed | $0.00 | | | |
| L3740 | E | CUFFS ADJ LOCK W/ ACTIVE CON | | | | Not Allowed | $0.00 | | | |
| L3760 | E | EO WITHJOINT, PREFABRICATED | | | | Not Allowed | $0.00 | | | |
| L3762 | E | RIGID EO WO JOINTS | | | | Not Allowed | $0.00 | | | |
| L3763 | E | EWHO RIGID W/O JNTS CF | | | | Not Allowed | $0.00 | | | |
| L3764 | E | EWHO W/JOINT(S) CF | | | | Not Allowed | $0.00 | | | |
| L3765 | E | EWHFO RIGID W/O JNTS CF | | | | Not Allowed | $0.00 | | | |
| L3766 | E | EWHFO W/JOINT(S) CF | | | | Not Allowed | $0.00 | | | |
| L3806 | E | WHFO W/JOINT(S) CUSTOM FAB | | | | Not Allowed | $0.00 | | | |
| L3807 | E | WHFO,NO JOINT, PREFABRICATED | | | | Not Allowed | $0.00 | | | |
| L3808 | E | WHFO, RIGID W/O JOINTS | | | | Not Allowed | $0.00 | | | |
| L3891 | E | TORSION MECHANISM WRIST/ELBO | | | | Not Allowed | $0.00 | | | |
| L3900 | E | HINGE EXTENSION/FLEX WRIST/F | | | | Not Allowed | $0.00 | | | |
| L3901 | E | HINGE EXT/FLEX WRIST FINGER | | | | Not Allowed | $0.00 | | | |
| L3904 | E | WHFO ELECTRIC CUSTOM FITTED | | | | Not Allowed | $0.00 | | | |
| L3905 | E | WHO W/NONTORSION JNT(S) CF | | | | Not Allowed | $0.00 | | | |
| L3906 | E | WHO W/O JOINTS CF | | | | Not Allowed | $0.00 | | | |
| L3908 | E | WRIST COCK-UP NON-MOLDED | | | | Not Allowed | $0.00 | | | |
| L3912 | E | FLEX GLOVE W/ELASTIC FINGER | | | | Not Allowed | $0.00 | | | |
| L3913 | E | HFO W/O JOINTS CF | | | | Not Allowed | $0.00 | | | |
| L3915 | E | WHO W NONTOR JNT(S) PREFAB | | | | Not Allowed | $0.00 | | | |
| L3917 | E | PREFAB METACARPL FX ORTHOSIS | | | | Not Allowed | $0.00 | | | |
| L3919 | E | HO W/O JOINTS CF | | | | Not Allowed | $0.00 | | | |
| L3921 | E | HFO W/JOINT(S) CF | | | | Not Allowed | $0.00 | | | |
| L3923 | E | HFO W/O JOINTS PF | | | | Not Allowed | $0.00 | | | |
| L3925 | E | FO PIP/DIP WITH JOINT/SPRING | | | | Not Allowed | $0.00 | | | |
| L3927 | E | FO PIP/DIP W/O JOINT/SPRING | | | | Not Allowed | $0.00 | | | |
| L3929 | E | HFO NONTORSION JOINT, PREFAB | | | | Not Allowed | $0.00 | | | |
| L3931 | E | WHFO NONTORSION JOINT PREFAB | | | | Not Allowed | $0.00 | | | |
| L3933 | E | FO W/O JOINTS CF | | | | Not Allowed | $0.00 | | | |
| L3935 | E | FO NONTORSION JOINT CF | | | | Not Allowed | $0.00 | | | |
| L3956 | E | ADD JOINT UPPER EXT ORTHOSIS | | | | Not Allowed | $0.00 | | | |
| L3960 | E | SEWHO AIRPLAN DESIG ABDU POS | | | | Not Allowed | $0.00 | | | |
| L3961 | E | SEWHO CAP DESIGN W/O JNTS CF | | | | Not Allowed | $0.00 | | | |
| L3962 | E | SEWHO ERBS PALSEY DESIGN ABD | | | | Not Allowed | $0.00 | | | |
| L3967 | E | SEWHO AIRPLANE W/O JNTS CF | | | | Not Allowed | $0.00 | | | |
| L3971 | E | SEWHO CAP DESIGN W/JNT(S) CF | | | | Not Allowed | $0.00 | | | |
| L3973 | E | SEWHO AIRPLANE W/JNT(S) CF | | | | Not Allowed | $0.00 | | | |
| L3975 | E | SEWHFO CAP DESIGN W/O JNT CF | | | | Not Allowed | $0.00 | | | |
| L3976 | E | SEWHFO AIRPLANE W/O JNTS CF | | | | Not Allowed | $0.00 | | | |
| L3977 | E | SEWHFO CAP DESGN W/JNT(S) CF | | | | Not Allowed | $0.00 | | | |
| L3978 | E | SEWHFO AIRPLANE W/JNT(S) CF | | | | Not Allowed | $0.00 | | | |
| L3980 | E | UPP EXT FX ORTHOSIS HUMERAL | | | | Not Allowed | $0.00 | | | |
| L3982 | E | UPPER EXT FX ORTHOSIS RAD/UL | | | | Not Allowed | $0.00 | | | |
| L3984 | E | UPPER EXT FX ORTHOSIS WRIST | | | | Not Allowed | $0.00 | | | |
| L3995 | E | SOCK FRACTURE OR EQUAL EACH | | | | Not Allowed | $0.00 | | | |

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|---|---|---|---|---|---|---|---|---|---|---|
| L3999 | E | UPPER LIMB ORTHOSIS NOS | | | | Not Allowed | $0.00 | | | |
| L4000 | E | REPL GIRDLE MILWAUKEE ORTH | | | | Not Allowed | $0.00 | | | |
| L4002 | E | REPLACE STRAP, ANY ORTHOSIS | | | | Not Allowed | $0.00 | | | |
| L4010 | E | REPLACE TRILATERAL SOCKET BR | | | | Not Allowed | $0.00 | | | |
| L4020 | E | REPLACE QUADLAT SOCKET BRIM | | | | Not Allowed | $0.00 | | | |
| L4030 | E | REPLACE SOCKET BRIM CUST FIT | | | | Not Allowed | $0.00 | | | |
| L4040 | E | REPLACE MOLDED THIGH LACER | | | | Not Allowed | $0.00 | | | |
| L4045 | E | REPLACE NON-MOLDED THIGH LAC | | | | Not Allowed | $0.00 | | | |
| L4050 | E | REPLACE MOLDED CALF LACER | | | | Not Allowed | $0.00 | | | |
| L4055 | E | REPLACE NON-MOLDED CALF LACE | | | | Not Allowed | $0.00 | | | |
| L4060 | E | REPLACE HIGH ROLL CUFF | | | | Not Allowed | $0.00 | | | |
| L4070 | E | REPLACE PROX & DIST UPRIGHT | | | | Not Allowed | $0.00 | | | |
| L4080 | E | REPL MET BAND KAFO-AFO PROX | | | | Not Allowed | $0.00 | | | |
| L4090 | E | REPL MET BAND KAFO-AFO CALF/ | | | | Not Allowed | $0.00 | | | |
| L4100 | E | REPL LEATH CUFF KAFO PROX TH | | | | Not Allowed | $0.00 | | | |
| L4110 | E | REPL LEATH CUFF KAFO-AFO CAL | | | | Not Allowed | $0.00 | | | |
| L4130 | E | REPLACE PRETIBIAL SHELL | | | | Not Allowed | $0.00 | | | |
| L4205 | E | ORTHO DVC REPAIR PER 15 MIN | | | | Not Allowed | $0.00 | | | |
| L4210 | E | ORTH DEV REPAIR/REPL MINOR P | | | | Not Allowed | $0.00 | | | |
| L4350 | E | ANKLE CONTROL ORTHOSI PREFAB | | | | Not Allowed | $0.00 | | | |
| L4360 | E | PNEUMATI WALKING BOOT PREFAB | | | | Not Allowed | $0.00 | | | |
| L4370 | E | PNEUMATIC FULL LEG SPLINT | | | | Not Allowed | $0.00 | | | |
| L4386 | E | NON-PNEUM WALK BOOT PREFAB | | | | Not Allowed | $0.00 | | | |
| L4392 | E | REPLACE AFO SOFT INTERFACE | | | | Not Allowed | $0.00 | | | |
| L4394 | E | REPLACE FOOT DROP SPINT | | | | Not Allowed | $0.00 | | | |
| L4396 | E | STATIC AFO | | | | Not Allowed | $0.00 | | | |
| L4398 | E | FOOT DROP SPLINT RECUMBENT | | | | Not Allowed | $0.00 | | | |
| L4631 | E | AFO, WALK BOOT TYPE, CUS FAB | | | | Not Allowed | $0.00 | | | |
| L5000 | E | SHO INSERT W ARCH TOE FILLER | | | | Not Allowed | $0.00 | | | |
| L5010 | E | MOLD SOCKET ANK HGT W/ TOE F | | | | Not Allowed | $0.00 | | | |
| L5020 | E | TIBIAL TUBERCLE HGT W/ TOE F | | | | Not Allowed | $0.00 | | | |
| L5050 | E | ANK SYMES MOLD SCKT SACH FT | | | | Not Allowed | $0.00 | | | |
| L5060 | E | SYMES MET FR LEATH SOCKET AR | | | | Not Allowed | $0.00 | | | |
| L5100 | E | MOLDED SOCKET SHIN SACH FOOT | | | | Not Allowed | $0.00 | | | |
| L5105 | E | PLAST SOCKET JTS/THGH LACER | | | | Not Allowed | $0.00 | | | |
| L5150 | E | MOLD SCKT EXT KNEE SHIN SACH | | | | Not Allowed | $0.00 | | | |
| L5160 | E | MOLD SOCKET BENT KNEE SHIN S | | | | Not Allowed | $0.00 | | | |
| L5200 | E | KNE SING AXIS FRIC SHIN SACH | | | | Not Allowed | $0.00 | | | |
| L5210 | E | NO KNEE/ANKLE JOINTS W/ FT B | | | | Not Allowed | $0.00 | | | |
| L5220 | E | NO KNEE JOINT WITH ARTIC ALI | | | | Not Allowed | $0.00 | | | |
| L5230 | E | FEM FOCAL DEFIC CONSTANT FRI | | | | Not Allowed | $0.00 | | | |
| L5250 | E | HIP CANAD SING AXI CONS FRIC | | | | Not Allowed | $0.00 | | | |
| L5270 | E | TILT TABLE LOCKING HIP SING | | | | Not Allowed | $0.00 | | | |
| L5280 | E | HEMIPELVECT CANAD SING AXIS | | | | Not Allowed | $0.00 | | | |
| L5301 | E | BK MOLD SOCKET SACH FT ENDO | | | | Not Allowed | $0.00 | | | |
| L5312 | E | KNEE DISART, SACH FT, ENDO | | | | Not Allowed | $0.00 | | | |
| L5321 | E | AK OPEN END SACH | | | | Not Allowed | $0.00 | | | |
| L5331 | E | HIP DISART CANADIAN SACH FT | | | | Not Allowed | $0.00 | | | |
| L5341 | E | HEMIPELVECTOMY CANADIAN SACH | | | | Not Allowed | $0.00 | | | |
| L5400 | E | POSTOP DRESS & 1 CAST CHG BK | | | | Not Allowed | $0.00 | | | |
| L5410 | E | POSTOP DSG BK EA ADD CAST CH | | | | Not Allowed | $0.00 | | | |
| L5420 | E | POSTOP DSG & 1 CAST CHG AK/D | | | | Not Allowed | $0.00 | | | |
| L5430 | E | POSTOP DSG AK EA ADD CAST CH | | | | Not Allowed | $0.00 | | | |
| L5450 | E | POSTOP APP NON-WGT BEAR DSG | | | | Not Allowed | $0.00 | | | |
| L5460 | E | POSTOP APP NON-WGT BEAR DSG | | | | Not Allowed | $0.00 | | | |
| L5500 | E | INIT BK PTB PLASTER DIRECT | | | | Not Allowed | $0.00 | | | |
| L5505 | E | INIT AK ISCHAL PLSTR DIRECT | | | | Not Allowed | $0.00 | | | |
| L5510 | E | PREP BK PTB PLASTER MOLDED | | | | Not Allowed | $0.00 | | | |
| L5520 | E | PERP BK PTB THERMOPLS DIRECT | | | | Not Allowed | $0.00 | | | |
| L5530 | E | PREP BK PTB THERMOPLS MOLDED | | | | Not Allowed | $0.00 | | | |
| L5535 | E | PREP BK PTB OPEN END SOCKET | | | | Not Allowed | $0.00 | | | |
| L5540 | E | PREP BK PTB LAMINATED SOCKET | | | | Not Allowed | $0.00 | | | |
| L5560 | E | PREP AK ISCHIAL PLAST MOLDED | | | | Not Allowed | $0.00 | | | |
| L5570 | E | PREP AK ISCHIAL DIRECT FORM | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| L5580 | E | PREP AK ISCHIAL THERMO MOLD | | | | Not Allowed | $0.00 | | | |
| L5585 | E | PREP AK ISCHIAL OPEN END | | | | Not Allowed | $0.00 | | | |
| L5590 | E | PREP AK ISCHIAL LAMINATED | | | | Not Allowed | $0.00 | | | |
| L5595 | E | HIP DISARTIC SACH THERMOPLS | | | | Not Allowed | $0.00 | | | |
| L5600 | E | HIP DISART SACH LAMINAT MOLD | | | | Not Allowed | $0.00 | | | |
| L5610 | E | ABOVE KNEE HYDRACADENCE | | | | Not Allowed | $0.00 | | | |
| L5611 | E | AK 4 BAR LINK W/FRIC SWING | | | | Not Allowed | $0.00 | | | |
| L5613 | E | AK 4 BAR LING W/HYDRAUL SWIG | | | | Not Allowed | $0.00 | | | |
| L5614 | E | 4-BAR LINK ABOVE KNEE W/SWNG | | | | Not Allowed | $0.00 | | | |
| L5616 | E | AK UNIV MULTIPLEX SYS FRICT | | | | Not Allowed | $0.00 | | | |
| L5617 | E | AK/BK SELF-ALIGNING UNIT EA | | | | Not Allowed | $0.00 | | | |
| L5618 | E | TEST SOCKET SYMES | | | | Not Allowed | $0.00 | | | |
| L5620 | E | TEST SOCKET BELOW KNEE | | | | Not Allowed | $0.00 | | | |
| L5622 | E | TEST SOCKET KNEE DISARTICULA | | | | Not Allowed | $0.00 | | | |
| L5624 | E | TEST SOCKET ABOVE KNEE | | | | Not Allowed | $0.00 | | | |
| L5626 | E | TEST SOCKET HIP DISARTICULAT | | | | Not Allowed | $0.00 | | | |
| L5628 | E | TEST SOCKET HEMIPELVECTOMY | | | | Not Allowed | $0.00 | | | |
| L5629 | E | BELOW KNEE ACRYLIC SOCKET | | | | Not Allowed | $0.00 | | | |
| L5630 | E | SYME TYP EXPANDABL WALL SCKT | | | | Not Allowed | $0.00 | | | |
| L5631 | E | AK/KNEE DISARTIC ACRYLIC SOC | | | | Not Allowed | $0.00 | | | |
| L5632 | E | SYMES TYPE PTB BRIM DESIGN S | | | | Not Allowed | $0.00 | | | |
| L5634 | E | SYMES TYPE POSTER OPENING SO | | | | Not Allowed | $0.00 | | | |
| L5636 | E | SYMES TYPE MEDIAL OPENING SO | | | | Not Allowed | $0.00 | | | |
| L5637 | E | BELOW KNEE TOTAL CONTACT | | | | Not Allowed | $0.00 | | | |
| L5638 | E | BELOW KNEE LEATHER SOCKET | | | | Not Allowed | $0.00 | | | |
| L5639 | E | BELOW KNEE WOOD SOCKET | | | | Not Allowed | $0.00 | | | |
| L5640 | E | KNEE DISARTICULAT LEATHER SO | | | | Not Allowed | $0.00 | | | |
| L5642 | E | ABOVE KNEE LEATHER SOCKET | | | | Not Allowed | $0.00 | | | |
| L5643 | E | HIP FLEX INNER SOCKET EXT FR | | | | Not Allowed | $0.00 | | | |
| L5644 | E | ABOVE KNEE WOOD SOCKET | | | | Not Allowed | $0.00 | | | |
| L5645 | E | BK FLEX INNER SOCKET EXT FRA | | | | Not Allowed | $0.00 | | | |
| L5646 | E | BELOW KNEE CUSHION SOCKET | | | | Not Allowed | $0.00 | | | |
| L5647 | E | BELOW KNEE SUCTION SOCKET | | | | Not Allowed | $0.00 | | | |
| L5648 | E | ABOVE KNEE CUSHION SOCKET | | | | Not Allowed | $0.00 | | | |
| L5649 | E | ISCH CONTAINMT/NARROW M-L SO | | | | Not Allowed | $0.00 | | | |
| L5650 | E | TOT CONTACT AK/KNEE DISART S | | | | Not Allowed | $0.00 | | | |
| L5651 | E | AK FLEX INNER SOCKET EXT FRA | | | | Not Allowed | $0.00 | | | |
| L5652 | E | SUCTION SUSP AK/KNEE DISART | | | | Not Allowed | $0.00 | | | |
| L5653 | E | KNEE DISART EXPAND WALL SOCK | | | | Not Allowed | $0.00 | | | |
| L5654 | E | SOCKET INSERT SYMES | | | | Not Allowed | $0.00 | | | |
| L5655 | E | SOCKET INSERT BELOW KNEE | | | | Not Allowed | $0.00 | | | |
| L5656 | E | SOCKET INSERT KNEE ARTICULAT | | | | Not Allowed | $0.00 | | | |
| L5658 | E | SOCKET INSERT ABOVE KNEE | | | | Not Allowed | $0.00 | | | |
| L5661 | E | MULTI-DUROMETER SYMES | | | | Not Allowed | $0.00 | | | |
| L5665 | E | MULTI-DUROMETER BELOW KNEE | | | | Not Allowed | $0.00 | | | |
| L5666 | E | BELOW KNEE CUFF SUSPENSION | | | | Not Allowed | $0.00 | | | |
| L5668 | E | SOCKET INSERT W/O LOCK LOWER | | | | Not Allowed | $0.00 | | | |
| L5670 | E | BK MOLDED SUPRACONDYLAR SUSP | | | | Not Allowed | $0.00 | | | |
| L5671 | E | BK/AK LOCKING MECHANISM | | | | Not Allowed | $0.00 | | | |
| L5672 | E | BK REMOVABLE MEDIAL BRIM SUS | | | | Not Allowed | $0.00 | | | |
| L5673 | E | SOCKET INSERT W LOCK MECH | | | | Not Allowed | $0.00 | | | |
| L5676 | E | BK KNEE JOINTS SINGLE AXIS P | | | | Not Allowed | $0.00 | | | |
| L5677 | E | BK KNEE JOINTS POLYCENTRIC P | | | | Not Allowed | $0.00 | | | |
| L5678 | E | BK JOINT COVERS PAIR | | | | Not Allowed | $0.00 | | | |
| L5679 | E | SOCKET INSERT W/O LOCK MECH | | | | Not Allowed | $0.00 | | | |
| L5680 | E | BK THIGH LACER NON-MOLDED | | | | Not Allowed | $0.00 | | | |
| L5681 | E | INTL CUSTM CONG/LATYP INSERT | | | | Not Allowed | $0.00 | | | |
| L5682 | E | BK THIGH LACER GLUT/ISCHIA M | | | | Not Allowed | $0.00 | | | |
| L5683 | E | INITIAL CUSTOM SOCKET INSERT | | | | Not Allowed | $0.00 | | | |
| L5684 | E | BK FORK STRAP | | | | Not Allowed | $0.00 | | | |
| L5685 | E | BELOW KNEE SUS/SEAL SLEEVE | | | | Not Allowed | $0.00 | | | |
| L5686 | E | BK BACK CHECK | | | | Not Allowed | $0.00 | | | |
| L5688 | E | BK WAIST BELT WEBBING | | | | Not Allowed | $0.00 | | | |
| L5690 | E | BK WAIST BELT PADDED AND LIN | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| L5692 | E | AK PELVIC CONTROL BELT LIGHT | | | | Not Allowed | $0.00 | | | |
| L5694 | E | AK PELVIC CONTROL BELT PAD/L | | | | Not Allowed | $0.00 | | | |
| L5695 | E | AK SLEEVE SUSP NEOPRENE/EQUA | | | | Not Allowed | $0.00 | | | |
| L5696 | E | AK/KNEE DISARTIC PELVIC JOIN | | | | Not Allowed | $0.00 | | | |
| L5697 | E | AK/KNEE DISARTIC PELVIC BAND | | | | Not Allowed | $0.00 | | | |
| L5698 | E | AK/KNEE DISARTIC SILESIAN BA | | | | Not Allowed | $0.00 | | | |
| L5699 | E | SHOULDER HARNESS | | | | Not Allowed | $0.00 | | | |
| L5700 | E | REPLACE SOCKET BELOW KNEE | | | | Not Allowed | $0.00 | | | |
| L5701 | E | REPLACE SOCKET ABOVE KNEE | | | | Not Allowed | $0.00 | | | |
| L5702 | E | REPLACE SOCKET HIP | | | | Not Allowed | $0.00 | | | |
| L5703 | E | SYMES ANKLE W/O (SACH) FOOT | | | | Not Allowed | $0.00 | | | |
| L5704 | E | CUSTOM SHAPE COVER BK | | | | Not Allowed | $0.00 | | | |
| L5705 | E | CUSTOM SHAPE COVER AK | | | | Not Allowed | $0.00 | | | |
| L5706 | E | CUSTOM SHAPE CVR KNEE DISART | | | | Not Allowed | $0.00 | | | |
| L5707 | E | CUSTOM SHAPE CVR HIP DISART | | | | Not Allowed | $0.00 | | | |
| L5710 | E | KNE-SHIN EXO SNG AXI MNL LOC | | | | Not Allowed | $0.00 | | | |
| L5711 | E | KNEE-SHIN EXO MNL LOCK ULTRA | | | | Not Allowed | $0.00 | | | |
| L5712 | E | KNEE-SHIN EXO FRICT SWG & ST | | | | Not Allowed | $0.00 | | | |
| L5714 | E | KNEE-SHIN EXO VARIABLE FRICT | | | | Not Allowed | $0.00 | | | |
| L5716 | E | KNEE-SHIN EXO MECH STANCE PH | | | | Not Allowed | $0.00 | | | |
| L5718 | E | KNEE-SHIN EXO FRCT SWG & STA | | | | Not Allowed | $0.00 | | | |
| L5722 | E | KNEE-SHIN PNEUM SWG FRCT EXO | | | | Not Allowed | $0.00 | | | |
| L5724 | E | KNEE-SHIN EXO FLUID SWING PH | | | | Not Allowed | $0.00 | | | |
| L5726 | E | KNEE-SHIN EXT JNTS FLD SWG E | | | | Not Allowed | $0.00 | | | |
| L5728 | E | KNEE-SHIN FLUID SWG & STANCE | | | | Not Allowed | $0.00 | | | |
| L5780 | E | KNEE-SHIN PNEUM/HYDRA PNEUM | | | | Not Allowed | $0.00 | | | |
| L5781 | E | LOWER LIMB PROS VACUUM PUMP | | | | Not Allowed | $0.00 | | | |
| L5782 | E | HD LOW LIMB PROS VACUUM PUMP | | | | Not Allowed | $0.00 | | | |
| L5785 | E | EXOSKELETAL BK ULTRALT MATER | | | | Not Allowed | $0.00 | | | |
| L5790 | E | EXOSKELETAL AK ULTRA-LIGHT M | | | | Not Allowed | $0.00 | | | |
| L5795 | E | EXOSKEL HIP ULTRA-LIGHT MATE | | | | Not Allowed | $0.00 | | | |
| L5810 | E | ENDOSKEL KNEE-SHIN MNL LOCK | | | | Not Allowed | $0.00 | | | |
| L5811 | E | ENDO KNEE-SHIN MNL LCK ULTRA | | | | Not Allowed | $0.00 | | | |
| L5812 | E | ENDO KNEE-SHIN FRCT SWG & ST | | | | Not Allowed | $0.00 | | | |
| L5814 | E | ENDO KNEE-SHIN HYDRAL SWG PH | | | | Not Allowed | $0.00 | | | |
| L5816 | E | ENDO KNEE-SHIN POLYC MCH STA | | | | Not Allowed | $0.00 | | | |
| L5818 | E | ENDO KNEE-SHIN FRCT SWG & ST | | | | Not Allowed | $0.00 | | | |
| L5822 | E | ENDO KNEE-SHIN PNEUM SWG FRC | | | | Not Allowed | $0.00 | | | |
| L5824 | E | ENDO KNEE-SHIN FLUID SWING P | | | | Not Allowed | $0.00 | | | |
| L5826 | E | MINIATURE KNEE JOINT | | | | Not Allowed | $0.00 | | | |
| L5828 | E | ENDO KNEE-SHIN FLUID SWG/STA | | | | Not Allowed | $0.00 | | | |
| L5830 | E | ENDO KNEE-SHIN PNEUM/SWG PHA | | | | Not Allowed | $0.00 | | | |
| L5840 | E | MULTI-AXIAL KNEE/SHIN SYSTEM | | | | Not Allowed | $0.00 | | | |
| L5845 | E | KNEE-SHIN SYS STANCE FLEXION | | | | Not Allowed | $0.00 | | | |
| L5848 | E | KNEE-SHIN SYS HYDRAUL STANCE | | | | Not Allowed | $0.00 | | | |
| L5850 | E | ENDO AK/HIP KNEE EXTENS ASSI | | | | Not Allowed | $0.00 | | | |
| L5855 | E | MECH HIP EXTENSION ASSIST | | | | Not Allowed | $0.00 | | | |
| L5856 | E | ELEC KNEE-SHIN SWING/STANCE | | | | Not Allowed | $0.00 | | | |
| L5857 | E | ELEC KNEE-SHIN SWING ONLY | | | | Not Allowed | $0.00 | | | |
| L5858 | E | STANCE PHASE ONLY | | | | Not Allowed | $0.00 | | | |
| L5859 | E | KNEE-SHIN PRO FLEX/EXT CONT | | | | Not Allowed | $0.00 | | | |
| L5910 | E | ENDO BELOW KNEE ALIGNABLE SY | | | | Not Allowed | $0.00 | | | |
| L5920 | E | ENDO AK/HIP ALIGNABLE SYSTEM | | | | Not Allowed | $0.00 | | | |
| L5925 | E | ABOVE KNEE MANUAL LOCK | | | | Not Allowed | $0.00 | | | |
| L5930 | E | HIGH ACTIVITY KNEE FRAME | | | | Not Allowed | $0.00 | | | |
| L5940 | E | ENDO BK ULTRA-LIGHT MATERIAL | | | | Not Allowed | $0.00 | | | |
| L5950 | E | ENDO AK ULTRA-LIGHT MATERIAL | | | | Not Allowed | $0.00 | | | |
| L5960 | E | ENDO HIP ULTRA-LIGHT MATERIA | | | | Not Allowed | $0.00 | | | |
| L5961 | E | ENDO POLY HIP, PNEU/HYD/ROT | | | | Not Allowed | $0.00 | | | |
| L5962 | E | BELOW KNEE FLEX COVER SYSTEM | | | | Not Allowed | $0.00 | | | |
| L5964 | E | ABOVE KNEE FLEX COVER SYSTEM | | | | Not Allowed | $0.00 | | | |
| L5966 | E | HIP FLEXIBLE COVER SYSTEM | | | | Not Allowed | $0.00 | | | |
| L5968 | E | MULTIAXIAL ANKLE W DORSIFLEX | | | | Not Allowed | $0.00 | | | |
| L5970 | E | FOOT EXTERNAL KEEL SACH FOOT | | | | Not Allowed | $0.00 | | | |

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|---|---|---|---|---|---|---|---|---|---|---|
| L5971 | E | SACH FOOT, REPLACEMENT | | | | Not Allowed | $0.00 | | | |
| L5972 | E | FLEXIBLE KEEL FOOT | | | | Not Allowed | $0.00 | | | |
| L5973 | E | ANK-FOOT SYS DORS-PLANT FLEX | | | | Not Allowed | $0.00 | | | |
| L5974 | E | FOOT SINGLE AXIS ANKLE/FOOT | | | | Not Allowed | $0.00 | | | |
| L5975 | E | COMBO ANKLE/FOOT PROSTHESIS | | | | Not Allowed | $0.00 | | | |
| L5976 | E | ENERGY STORING FOOT | | | | Not Allowed | $0.00 | | | |
| L5978 | E | FT PROSTH MULTIAXIAL ANKL/FT | | | | Not Allowed | $0.00 | | | |
| L5979 | E | MULTI-AXIAL ANKLE/FT PROSTH | | | | Not Allowed | $0.00 | | | |
| L5980 | E | FLEX FOOT SYSTEM | | | | Not Allowed | $0.00 | | | |
| L5981 | E | FLEX-WALK SYS LOW EXT PROSTH | | | | Not Allowed | $0.00 | | | |
| L5982 | E | EXOSKELETAL AXIAL ROTATION U | | | | Not Allowed | $0.00 | | | |
| L5984 | E | ENDOSKELETAL AXIAL ROTATION | | | | Not Allowed | $0.00 | | | |
| L5985 | E | LWR EXT DYNAMIC PROSTH PYLON | | | | Not Allowed | $0.00 | | | |
| L5986 | E | MULTI-AXIAL ROTATION UNIT | | | | Not Allowed | $0.00 | | | |
| L5987 | E | SHANK FT W VERT LOAD PYLON | | | | Not Allowed | $0.00 | | | |
| L5988 | E | VERTICAL SHOCK REDUCING PYLO | | | | Not Allowed | $0.00 | | | |
| L5990 | E | USER ADJUSTABLE HEEL HEIGHT | | | | Not Allowed | $0.00 | | | |
| L5999 | E | LOWR EXTREMITY PROSTHES NOS | | | | Not Allowed | $0.00 | | | |
| L6000 | E | PART HAND THUMB REM | | | | Not Allowed | $0.00 | | | |
| L6010 | E | PART HAND LITTLE/RING | | | | Not Allowed | $0.00 | | | |
| L6020 | E | PART HAND NO FINGERS | | | | Not Allowed | $0.00 | | | |
| L6025 | E | PART HAND DISART MYOELECTRIC | | | | Not Allowed | $0.00 | | | |
| L6050 | E | WRST MLD SCK FLX HNG TRI PAD | | | | Not Allowed | $0.00 | | | |
| L6055 | E | WRST MOLD SOCK W/EXP INTERFA | | | | Not Allowed | $0.00 | | | |
| L6100 | E | ELB MOLD SOCK FLEX HINGE PAD | | | | Not Allowed | $0.00 | | | |
| L6110 | E | ELBOW MOLD SOCK SUSPENSION T | | | | Not Allowed | $0.00 | | | |
| L6120 | E | ELBOW MOLD DOUB SPLT SOC STE | | | | Not Allowed | $0.00 | | | |
| L6130 | E | ELBOW STUMP ACTIVATED LOCK H | | | | Not Allowed | $0.00 | | | |
| L6200 | E | ELBOW MOLD OUTSID LOCK HINGE | | | | Not Allowed | $0.00 | | | |
| L6205 | E | ELBOW MOLDED W/ EXPAND INTER | | | | Not Allowed | $0.00 | | | |
| L6250 | E | ELBOW INTER LOC ELBOW FORARM | | | | Not Allowed | $0.00 | | | |
| L6300 | E | SHLDER DISART INT LOCK ELBOW | | | | Not Allowed | $0.00 | | | |
| L6310 | E | SHOULDER PASSIVE RESTOR COMP | | | | Not Allowed | $0.00 | | | |
| L6320 | E | SHOULDER PASSIVE RESTOR CAP | | | | Not Allowed | $0.00 | | | |
| L6350 | E | THORACIC INTERN LOCK ELBOW | | | | Not Allowed | $0.00 | | | |
| L6360 | E | THORACIC PASSIVE RESTOR COMP | | | | Not Allowed | $0.00 | | | |
| L6370 | E | THORACIC PASSIVE RESTOR CAP | | | | Not Allowed | $0.00 | | | |
| L6380 | E | POSTOP DSG CAST CHG WRST/ELB | | | | Not Allowed | $0.00 | | | |
| L6382 | E | POSTOP DSG CAST CHG ELB DIS/ | | | | Not Allowed | $0.00 | | | |
| L6384 | E | POSTOP DSG CAST CHG SHLDER/T | | | | Not Allowed | $0.00 | | | |
| L6386 | E | POSTOP EA CAST CHG & REALIGN | | | | Not Allowed | $0.00 | | | |
| L6388 | E | POSTOP APPLICAT RIGID DSG ON | | | | Not Allowed | $0.00 | | | |
| L6400 | E | BELOW ELBOW PROSTH TISS SHAP | | | | Not Allowed | $0.00 | | | |
| L6450 | E | ELB DISART PROSTH TISS SHAP | | | | Not Allowed | $0.00 | | | |
| L6500 | E | ABOVE ELBOW PROSTH TISS SHAP | | | | Not Allowed | $0.00 | | | |
| L6550 | E | SHLDR DISAR PROSTH TISS SHAP | | | | Not Allowed | $0.00 | | | |
| L6570 | E | SCAP THORAC PROSTH TISS SHAP | | | | Not Allowed | $0.00 | | | |
| L6580 | E | WRIST/ELBOW BOWDEN CABLE MOL | | | | Not Allowed | $0.00 | | | |
| L6582 | E | WRIST/ELBOW BOWDEN CBL DIR F | | | | Not Allowed | $0.00 | | | |
| L6584 | E | ELBOW FAIR LEAD CABLE MOLDED | | | | Not Allowed | $0.00 | | | |
| L6586 | E | ELBOW FAIR LEAD CABLE DIR FO | | | | Not Allowed | $0.00 | | | |
| L6588 | E | SHDR FAIR LEAD CABLE MOLDED | | | | Not Allowed | $0.00 | | | |
| L6590 | E | SHDR FAIR LEAD CABLE DIRECT | | | | Not Allowed | $0.00 | | | |
| L6600 | E | POLYCENTRIC HINGE PAIR | | | | Not Allowed | $0.00 | | | |
| L6605 | E | SINGLE PIVOT HINGE PAIR | | | | Not Allowed | $0.00 | | | |
| L6610 | E | FLEXIBLE METAL HINGE PAIR | | | | Not Allowed | $0.00 | | | |
| L6611 | E | ADDITIONAL SWITCH, EXT POWER | | | | Not Allowed | $0.00 | | | |
| L6615 | E | DISCONNECT LOCKING WRIST UNI | | | | Not Allowed | $0.00 | | | |
| L6616 | E | DISCONNECT INSERT LOCKING WR | | | | Not Allowed | $0.00 | | | |
| L6620 | E | FLEXION/EXTENSION WRIST UNIT | | | | Not Allowed | $0.00 | | | |
| L6621 | E | FLEX/EXT WRIST W/WO FRICTION | | | | Not Allowed | $0.00 | | | |
| L6623 | E | SPRING-ASS ROT WRST W/ LATCH | | | | Not Allowed | $0.00 | | | |
| L6624 | E | FLEX/EXT/ROTATION WRIST UNIT | | | | Not Allowed | $0.00 | | | |
| L6625 | E | ROTATION WRST W/ CABLE LOCK | | | | Not Allowed | $0.00 | | | |

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|---|---|---|---|---|---|---|---|---|---|---|
| L6628 | E | QUICK DISCONN HOOK ADAPTER O | | | | Not Allowed | $0.00 | | | |
| L6629 | E | LAMINATION COLLAR W/ COUPLIN | | | | Not Allowed | $0.00 | | | |
| L6630 | E | STAINLESS STEEL ANY WRIST | | | | Not Allowed | $0.00 | | | |
| L6632 | E | LATEX SUSPENSION SLEEVE EACH | | | | Not Allowed | $0.00 | | | |
| L6635 | E | LIFT ASSIST FOR ELBOW | | | | Not Allowed | $0.00 | | | |
| L6637 | E | NUDGE CONTROL ELBOW LOCK | | | | Not Allowed | $0.00 | | | |
| L6638 | E | ELEC LOCK ON MANUAL PW ELBOW | | | | Not Allowed | $0.00 | | | |
| L6640 | E | SHOULDER ABDUCTION JOINT PAI | | | | Not Allowed | $0.00 | | | |
| L6641 | E | EXCURSION AMPLIFIER PULLEY T | | | | Not Allowed | $0.00 | | | |
| L6642 | E | EXCURSION AMPLIFIER LEVER TY | | | | Not Allowed | $0.00 | | | |
| L6645 | E | SHOULDER FLEXION-ABDUCTION J | | | | Not Allowed | $0.00 | | | |
| L6646 | E | MULTIPO LOCKING SHOULDER JNT | | | | Not Allowed | $0.00 | | | |
| L6647 | E | SHOULDER LOCK ACTUATOR | | | | Not Allowed | $0.00 | | | |
| L6648 | E | EXT PWRD SHLDER LOCK/UNLOCK | | | | Not Allowed | $0.00 | | | |
| L6650 | E | SHOULDER UNIVERSAL JOINT | | | | Not Allowed | $0.00 | | | |
| L6655 | E | STANDARD CONTROL CABLE EXTRA | | | | Not Allowed | $0.00 | | | |
| L6660 | E | HEAVY DUTY CONTROL CABLE | | | | Not Allowed | $0.00 | | | |
| L6665 | E | TEFLON OR EQUAL CABLE LINING | | | | Not Allowed | $0.00 | | | |
| L6670 | E | HOOK TO HAND CABLE ADAPTER | | | | Not Allowed | $0.00 | | | |
| L6672 | E | HARNESS CHEST/SHLDER SADDLE | | | | Not Allowed | $0.00 | | | |
| L6675 | E | HARNESS FIGURE OF 8 SING CON | | | | Not Allowed | $0.00 | | | |
| L6676 | E | HARNESS FIGURE OF 8 DUAL CON | | | | Not Allowed | $0.00 | | | |
| L6677 | E | UE TRIPLE CONTROL HARNESS | | | | Not Allowed | $0.00 | | | |
| L6680 | E | TEST SOCK WRIST DISART/BEL E | | | | Not Allowed | $0.00 | | | |
| L6682 | E | TEST SOCK ELBW DISART/ABOVE | | | | Not Allowed | $0.00 | | | |
| L6684 | E | TEST SOCKET SHLDR DISART/THO | | | | Not Allowed | $0.00 | | | |
| L6686 | E | SUCTION SOCKET | | | | Not Allowed | $0.00 | | | |
| L6687 | E | FRAME TYP SOCKET BEL ELBOW/W | | | | Not Allowed | $0.00 | | | |
| L6688 | E | FRAME TYP SOCK ABOVE ELB/DIS | | | | Not Allowed | $0.00 | | | |
| L6689 | E | FRAME TYP SOCKET SHOULDER DI | | | | Not Allowed | $0.00 | | | |
| L6690 | E | FRAME TYP SOCK INTERSCAP-THO | | | | Not Allowed | $0.00 | | | |
| L6691 | E | REMOVABLE INSERT EACH | | | | Not Allowed | $0.00 | | | |
| L6692 | E | SILICONE GEL INSERT OR EQUAL | | | | Not Allowed | $0.00 | | | |
| L6693 | E | LOCKINGELBOW FOREARM CNTRBAL | | | | Not Allowed | $0.00 | | | |
| L6694 | E | ELBOW SOCKET INS USE W/LOCK | | | | Not Allowed | $0.00 | | | |
| L6695 | E | ELBOW SOCKET INS USE W/O LCK | | | | Not Allowed | $0.00 | | | |
| L6696 | E | CUS ELBO SKT IN FOR CON/ATYP | | | | Not Allowed | $0.00 | | | |
| L6697 | E | CUS ELBO SKT IN NOT CON/ATYP | | | | Not Allowed | $0.00 | | | |
| L6698 | E | BELOW/ABOVE ELBOW LOCK MECH | | | | Not Allowed | $0.00 | | | |
| L6703 | E | TERM DEV, PASSIVE HAND MITT | | | | Not Allowed | $0.00 | | | |
| L6704 | E | TERM DEV, SPORT/REC/WORK ATT | | | | Not Allowed | $0.00 | | | |
| L6706 | E | TERM DEV MECH HOOK VOL OPEN | | | | Not Allowed | $0.00 | | | |
| L6707 | E | TERM DEV MECH HOOK VOL CLOSE | | | | Not Allowed | $0.00 | | | |
| L6708 | E | TERM DEV MECH HAND VOL OPEN | | | | Not Allowed | $0.00 | | | |
| L6709 | E | TERM DEV MECH HAND VOL CLOSE | | | | Not Allowed | $0.00 | | | |
| L6711 | E | PED TERM DEV, HOOK, VOL OPEN | | | | Not Allowed | $0.00 | | | |
| L6712 | E | PED TERM DEV, HOOK, VOL CLOS | | | | Not Allowed | $0.00 | | | |
| L6713 | E | PED TERM DEV, HAND, VOL OPEN | | | | Not Allowed | $0.00 | | | |
| L6714 | E | PED TERM DEV, HAND, VOL CLOS | | | | Not Allowed | $0.00 | | | |
| L6715 | E | TERM DEVICE, MULTI ART DIGIT | | | | Not Allowed | $0.00 | | | |
| L6721 | E | HOOK/HAND, HVY DTY, VOL OPEN | | | | Not Allowed | $0.00 | | | |
| L6722 | E | HOOK/HAND, HVY DTY, VOL CLOS | | | | Not Allowed | $0.00 | | | |
| L6805 | E | TERM DEV MODIFIER WRIST UNIT | | | | Not Allowed | $0.00 | | | |
| L6810 | E | TERM DEV PRECISION PINCH DEV | | | | Not Allowed | $0.00 | | | |
| L6880 | E | ELEC HAND IND ART DIGITS | | | | Not Allowed | $0.00 | | | |
| L6881 | E | TERM DEV AUTO GRASP FEATURE | | | | Not Allowed | $0.00 | | | |
| L6882 | E | MICROPROCESSOR CONTROL UPLMB | | | | Not Allowed | $0.00 | | | |
| L6883 | E | REPLC SOCKT BELOW E/W DISA | | | | Not Allowed | $0.00 | | | |
| L6884 | E | REPLC SOCKT ABOVE ELBOW DISA | | | | Not Allowed | $0.00 | | | |
| L6885 | E | REPLC SOCKT SHLDR DIS/INTERC | | | | Not Allowed | $0.00 | | | |
| L6890 | E | PREFAB GLOVE FOR TERM DEVICE | | | | Not Allowed | $0.00 | | | |
| L6895 | E | CUSTOM GLOVE FOR TERM DEVICE | | | | Not Allowed | $0.00 | | | |
| L6900 | E | HAND RESTORAT THUMB/1 FINGER | | | | Not Allowed | $0.00 | | | |
| L6905 | E | HAND RESTORATION MULTIPLE FI | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| L6910 | E | HAND RESTORATION NO FINGERS | | | | Not Allowed | $0.00 | | | |
| L6915 | E | HAND RESTORATION REPLACMNT G | | | | Not Allowed | $0.00 | | | |
| L6920 | E | WRIST DISARTICUL SWITCH CTRL | | | | Not Allowed | $0.00 | | | |
| L6925 | E | WRIST DISART MYOELECTRONIC C | | | | Not Allowed | $0.00 | | | |
| L6930 | E | BELOW ELBOW SWITCH CONTROL | | | | Not Allowed | $0.00 | | | |
| L6935 | E | BELOW ELBOW MYOELECTRONIC CT | | | | Not Allowed | $0.00 | | | |
| L6940 | E | ELBOW DISARTICULATION SWITCH | | | | Not Allowed | $0.00 | | | |
| L6945 | E | ELBOW DISART MYOELECTRONIC C | | | | Not Allowed | $0.00 | | | |
| L6950 | E | ABOVE ELBOW SWITCH CONTROL | | | | Not Allowed | $0.00 | | | |
| L6955 | E | ABOVE ELBOW MYOELECTRONIC CT | | | | Not Allowed | $0.00 | | | |
| L6960 | E | SHLDR DISARTIC SWITCH CONTRO | | | | Not Allowed | $0.00 | | | |
| L6965 | E | SHLDR DISARTIC MYOELECTRONIC | | | | Not Allowed | $0.00 | | | |
| L6970 | E | INTERSCAPULAR-THOR SWITCH CT | | | | Not Allowed | $0.00 | | | |
| L6975 | E | INTERSCAP-THOR MYOELECTRONIC | | | | Not Allowed | $0.00 | | | |
| L7007 | E | ADULT ELECTRIC HAND | | | | Not Allowed | $0.00 | | | |
| L7008 | E | PEDIATRIC ELECTRIC HAND | | | | Not Allowed | $0.00 | | | |
| L7009 | E | ADULT ELECTRIC HOOK | | | | Not Allowed | $0.00 | | | |
| L7040 | E | PREHENSILE ACTUATOR | | | | Not Allowed | $0.00 | | | |
| L7045 | E | PEDIATRIC ELECTRIC HOOK | | | | Not Allowed | $0.00 | | | |
| L7170 | E | ELECTRONIC ELBOW HOSMER SWIT | | | | Not Allowed | $0.00 | | | |
| L7180 | E | ELECTRONIC ELBOW SEQUENTIAL | | | | Not Allowed | $0.00 | | | |
| L7181 | E | ELECTRONIC ELBO SIMULTANEOUS | | | | Not Allowed | $0.00 | | | |
| L7185 | E | ELECTRON ELBOW ADOLESCENT SW | | | | Not Allowed | $0.00 | | | |
| L7186 | E | ELECTRON ELBOW CHILD SWITCH | | | | Not Allowed | $0.00 | | | |
| L7190 | E | ELBOW ADOLESCENT MYOELECTRON | | | | Not Allowed | $0.00 | | | |
| L7191 | E | ELBOW CHILD MYOELECTRONIC CT | | | | Not Allowed | $0.00 | | | |
| L7260 | E | ELECTRON WRIST ROTATOR OTTO | | | | Not Allowed | $0.00 | | | |
| L7261 | E | ELECTRON WRIST ROTATOR UTAH | | | | Not Allowed | $0.00 | | | |
| L7360 | E | SIX VOLT BAT OTTO BOCK/EQ EA | | | | Not Allowed | $0.00 | | | |
| L7362 | E | BATTERY CHRGR SIX VOLT OTTO | | | | Not Allowed | $0.00 | | | |
| L7364 | E | TWELVE VOLT BATTERY UTAH/EQU | | | | Not Allowed | $0.00 | | | |
| L7366 | E | BATTERY CHRGR 12 VOLT UTAH/E | | | | Not Allowed | $0.00 | | | |
| L7367 | E | REPLACEMNT LITHIUM IONBATTER | | | | Not Allowed | $0.00 | | | |
| L7368 | E | LITHIUM ION BATTERY CHARGER | | | | Not Allowed | $0.00 | | | |
| L7400 | E | ADD UE PROST BE/WD, ULTLITE | | | | Not Allowed | $0.00 | | | |
| L7401 | E | ADD UE PROST A/E ULTLITE MAT | | | | Not Allowed | $0.00 | | | |
| L7402 | E | ADD UE PROST S/D ULTLITE MAT | | | | Not Allowed | $0.00 | | | |
| L7403 | E | ADD UE PROST B/E ACRYLIC | | | | Not Allowed | $0.00 | | | |
| L7404 | E | ADD UE PROST A/E ACRYLIC | | | | Not Allowed | $0.00 | | | |
| L7405 | E | ADD UE PROST S/D ACRYLIC | | | | Not Allowed | $0.00 | | | |
| L7499 | E | UPPER EXTREMITY PROSTHES NOS | | | | Not Allowed | $0.00 | | | |
| L7510 | E | PROSTHETIC DEVICE REPAIR REP | | | | Not Allowed | $0.00 | | | |
| L7520 | E | REPAIR PROSTHESIS PER 15 MIN | | | | Not Allowed | $0.00 | | | |
| L7600 | E | PROSTHETIC DONNING SLEEVE | | | | Not Allowed | $0.00 | | | |
| L7900 | E | MALE VACUUM ERECTION SYSTEM | | | | Not Allowed | $0.00 | | | |
| L7902 | E | TENSION RING, VAC ERECT DEV | | | | Not Allowed | $0.00 | | | |
| L8000 | E | MASTECTOMY BRA | | | | Not Allowed | $0.00 | | | |
| L8001 | E | BREAST PROSTHESIS BRA & FORM | | | | Not Allowed | $0.00 | | | |
| L8002 | E | BRST PRSTH BRA & BILAT FORM | | | | Not Allowed | $0.00 | | | |
| L8010 | E | MASTECTOMY SLEEVE | | | | Not Allowed | $0.00 | | | |
| L8015 | E | EXT BREASTPROSTHESIS GARMENT | | | | Not Allowed | $0.00 | | | |
| L8020 | E | MASTECTOMY FORM | | | | Not Allowed | $0.00 | | | |
| L8030 | E | BREAST PROSTHES W/O ADHESIVE | | | | Not Allowed | $0.00 | | | |
| L8031 | E | BREAST PROSTHESIS W ADHESIVE | | | | Not Allowed | $0.00 | | | |
| L8032 | E | REUSABLE NIPPLE PROSTHESIS | | | | Not Allowed | $0.00 | | | |
| L8035 | E | CUSTOM BREAST PROSTHESIS | | | | Not Allowed | $0.00 | | | |
| L8039 | E | BREAST PROSTHESIS NOS | | | | Not Allowed | $0.00 | | | |
| L8040 | E | NASAL PROSTHESIS | | | | Not Allowed | $0.00 | | | |
| L8041 | E | MIDFACIAL PROSTHESIS | | | | Not Allowed | $0.00 | | | |
| L8042 | E | ORBITAL PROSTHESIS | | | | Not Allowed | $0.00 | | | |
| L8043 | E | UPPER FACIAL PROSTHESIS | | | | Not Allowed | $0.00 | | | |
| L8044 | E | HEMI-FACIAL PROSTHESIS | | | | Not Allowed | $0.00 | | | |
| L8045 | E | AURICULAR PROSTHESIS | | | | Not Allowed | $0.00 | | | |
| L8046 | E | PARTIAL FACIAL PROSTHESIS | | | | Not Allowed | $0.00 | | | |

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|---|---|---|---|---|---|---|---|---|---|---|
| L8047 | E | NASAL SEPTAL PROSTHESIS | | | | Not Allowed | $0.00 | | | |
| L8048 | E | UNSPEC MAXILLOFACIAL PROSTH | | | | Not Allowed | $0.00 | | | |
| L8049 | E | REPAIR MAXILLOFACIAL PROSTH | | | | Not Allowed | $0.00 | | | |
| L8300 | E | TRUSS SINGLE W/ STANDARD PAD | | | | Not Allowed | $0.00 | | | |
| L8310 | E | TRUSS DOUBLE W/ STANDARD PAD | | | | Not Allowed | $0.00 | | | |
| L8320 | E | TRUSS ADDITION TO STD PAD WA | | | | Not Allowed | $0.00 | | | |
| L8330 | E | TRUSS ADD TO STD PAD SCROTAL | | | | Not Allowed | $0.00 | | | |
| L8400 | E | SHEATH BELOW KNEE | | | | Not Allowed | $0.00 | | | |
| L8410 | E | SHEATH ABOVE KNEE | | | | Not Allowed | $0.00 | | | |
| L8415 | E | SHEATH UPPER LIMB | | | | Not Allowed | $0.00 | | | |
| L8417 | E | PROS SHEATH/SOCK W GEL CUSHN | | | | Not Allowed | $0.00 | | | |
| L8420 | E | PROSTHETIC SOCK MULTI PLY BK | | | | Not Allowed | $0.00 | | | |
| L8430 | E | PROSTHETIC SOCK MULTI PLY AK | | | | Not Allowed | $0.00 | | | |
| L8435 | E | PROS SOCK MULTI PLY UPPER LM | | | | Not Allowed | $0.00 | | | |
| L8440 | E | SHRINKER BELOW KNEE | | | | Not Allowed | $0.00 | | | |
| L8460 | E | SHRINKER ABOVE KNEE | | | | Not Allowed | $0.00 | | | |
| L8465 | E | SHRINKER UPPER LIMB | | | | Not Allowed | $0.00 | | | |
| L8470 | E | PROS SOCK SINGLE PLY BK | | | | Not Allowed | $0.00 | | | |
| L8480 | E | PROS SOCK SINGLE PLY AK | | | | Not Allowed | $0.00 | | | |
| L8485 | E | PROS SOCK SINGLE PLY UPPER L | | | | Not Allowed | $0.00 | | | |
| L8499 | E | UNLISTED MISC PROSTHETIC SER | | | | Not Allowed | $0.00 | | | |
| L8500 | E | ARTIFICIAL LARYNX | | | | Not Allowed | $0.00 | | | |
| L8501 | E | TRACHEOSTOMY SPEAKING VALVE | | | | Not Allowed | $0.00 | | | |
| L8505 | E | ARTIFICIAL LARYNX, ACCESSORY | | | | Not Allowed | $0.00 | | | |
| L8507 | E | TRACH-ESOPH VOICE PROS PT IN | | | | Not Allowed | $0.00 | | | |
| L8509 | E | TRACH-ESOPH VOICE PROS MD IN | | | | Not Allowed | $0.00 | | | |
| L8510 | E | VOICE AMPLIFIER | | | | Not Allowed | $0.00 | | | |
| L8511 | E | INDWELLING TRACH INSERT | | | | Not Allowed | $0.00 | | | |
| L8512 | E | GEL CAP FOR TRACH VOICE PROS | | | | Not Allowed | $0.00 | | | |
| L8513 | E | TRACH PROS CLEANING DEVICE | | | | Not Allowed | $0.00 | | | |
| L8514 | E | REPL TRACH PUNCTURE DILATOR | | | | Not Allowed | $0.00 | | | |
| L8515 | E | GEL CAP APP DEVICE FOR TRACH | | | | Not Allowed | $0.00 | | | |
| L8600 | N | IMPLANT BREAST SILICONE/EQ | | | | Bundled | $0.00 | | | |
| L8603 | N | COLLAGEN IMP URINARY 2.5 ML | | | | Bundled | $0.00 | | | |
| L8604 | N | DEXTRANOMER/HYALURONIC ACID | | | | Bundled | $0.00 | | | |
| L8605 | N | INJ BULKING AGENT ANAL CANAL | | | | Bundled, may be payable in some circumstances | $0.00 | | | |
| L8606 | N | SYNTHETIC IMPLNT URINARY 1ML | | | | Bundled | $0.00 | | | |
| L8609 | N | ARTIFICIAL CORNEA | | | | Bundled | $0.00 | | | |
| L8610 | N | OCULAR IMPLANT | | | | Bundled | $0.00 | | | |
| L8612 | N | AQUEOUS SHUNT PROSTHESIS | | | | Bundled | $0.00 | | | |
| L8613 | N | OSSICULAR IMPLANT | | | | Bundled | $0.00 | | | |
| L8614 | N | COCHLEAR DEVICE | | | | Bundled | $0.00 | | | |
| L8615 | E | COCH IMPLANT HEADSET REPLACE | | | | Not Allowed | $0.00 | | | |
| L8616 | E | COCH IMPLANT MICROPHONE REPL | | | | Not Allowed | $0.00 | | | |
| L8617 | E | COCH IMPLANT TRANS COIL REPL | | | | Not Allowed | $0.00 | | | |
| L8618 | E | COCH IMPLANT TRAN CABLE REPL | | | | Not Allowed | $0.00 | | | |
| L8619 | E | COCH IMP EXT PROC/CONTR RPLC | | | | Not Allowed | $0.00 | | | |
| L8621 | E | REPL ZINC AIR BATTERY | | | | Not Allowed | $0.00 | | | |
| L8622 | E | REPL ALKALINE BATTERY | | | | Not Allowed | $0.00 | | | |
| L8623 | E | LITH ION BATT CID,NON-EARLVL | | | | Not Allowed | $0.00 | | | |
| L8624 | E | LITH ION BATT CID, EAR LEVEL | | | | Not Allowed | $0.00 | | | |
| L8627 | E | CID EXT SPEECH PROCESS REPL | | | | Not Allowed | $0.00 | | | |
| L8628 | E | CID EXT CONTROLLER REPL | | | | Not Allowed | $0.00 | | | |
| L8629 | E | CID TRANSMIT COIL AND CABLE | | | | Not Allowed | $0.00 | | | |
| L8630 | N | METACARPOPHALANGEAL IMPLANT | | | | Bundled | $0.00 | | | |
| L8631 | N | MCP JOINT REPL 2 PC OR MORE | | | | Bundled | $0.00 | | | |
| L8641 | N | METATARSAL JOINT IMPLANT | | | | Bundled | $0.00 | | | |
| L8642 | N | HALLUX IMPLANT | | | | Bundled | $0.00 | | | |
| L8658 | N | INTERPHALANGEAL JOINT SPACER | | | | Bundled | $0.00 | | | |
| L8659 | N | INTERPHALANGEAL JOINT REPL | | | | Bundled | $0.00 | | | |
| L8670 | N | VASCULAR GRAFT, SYNTHETIC | | | | Bundled | $0.00 | | | |
| L8680 | E | IMPLT NEUROSTIM ELCTR EACH | | | | Not Allowed | $0.00 | | | |
| L8681 | E | PT PRGRM FOR IMPLT NEUROSTIM | | | | Not Allowed | $0.00 | | | |
| L8682 | E | IMPLT NEUROSTIM RADIOFQ REC | | | | Not Allowed | $0.00 | | | |

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|---|---|---|---|---|---|---|---|---|---|---|
| L8683 | E | RADIOFQ TRSMTR FOR IMPLT NEU | | | | Not Allowed | $0.00 | | | |
| L8684 | E | RADIOF TRSMTR IMPLT SCRL NEU | | | | Not Allowed | $0.00 | | | |
| L8685 | E | IMPLT NROSTM PLS GEN SNG REC | | | | Not Allowed | $0.00 | | | |
| L8686 | E | IMPLT NROSTM PLS GEN SNG NON | | | | Not Allowed | $0.00 | | | |
| L8687 | E | IMPLT NROSTM PLS GEN DUA REC | | | | Not Allowed | $0.00 | | | |
| L8688 | E | IMPLT NROSTM PLS GEN DUA NON | | | | Not Allowed | $0.00 | | | |
| L8689 | E | EXTERNAL RECHARG SYS INTERN | | | | Not Allowed | $0.00 | | | |
| L8690 | N | AUD OSSEO DEV, INT/EXT COMP | | | | Bundled | $0.00 | | | |
| L8691 | E | OSSEOINTEGRATED SND PROC RPL | | | | Not Allowed | $0.00 | | | |
| L8692 | E | NON-OSSEOINTEGRATED SND PROC | | | | Not Allowed | $0.00 | | | |
| L8693 | E | AUD OSSEO DEV, ABUTMENT | | | | Not Allowed | $0.00 | | | |
| L8695 | E | EXTERNAL RECHARG SYS EXTERN | | | | Not Allowed | $0.00 | | | |
| L8699 | N | PROSTHETIC IMPLANT NOS | | | | Bundled | $0.00 | | | |
| L9900 | E | O&P SUPPLY/ACCESSORY/SERVICE | | | | Not Allowed | $0.00 | | | |
| M0064 | N | VISIT FOR DRUG MONITORING | | 0606 | 1.3596 | Bundled, may be payable in some circumstances | $30,669.66 | | | |
| M0075 | E | CELLULAR THERAPY | | | | Not Allowed | $0.00 | | | |
| M0076 | E | PROLOTHERAPY | | | | Not Allowed | $0.00 | | | |
| M0100 | E | INTRAGASTRIC HYPOTHERMIA | | | | Not Allowed | $0.00 | | | |
| M0300 | E | IV CHELATIONTHERAPY | | | | Not Allowed | $0.00 | | | |
| M0301 | E | FABRIC WRAPPING OF ANEURYSM | | | | Not Allowed | $0.00 | | | |
| P2028 | Q | CEPHALIN FLOCULATION TEST | | | | By Report | $0.00 | | | |
| P2029 | Q | CONGO RED BLOOD TEST | | | | By Report | $0.00 | | | |
| P2031 | E | HAIR ANALYSIS | | | | Not Allowed | $0.00 | | | |
| P2033 | Q | BLOOD THYMOL TURBIDITY | | | | By Report | $0.00 | | | |
| P2038 | Q | BLOOD MUCOPROTEIN | | | | Medicare | $11.52 | $7.14 | $6.91 | |
| P3000 | Q | SCREEN PAP BY TECH W MD SUPV | | | | Medicare | $24.22 | $15.02 | $14.53 | |
| P3001 | E | SCREENING PAP SMEAR BY PHYS | | | | Not Allowed | $0.00 | | | |
| P7001 | E | CULTURE BACTERIAL URINE | | | | Not Allowed | $0.00 | | | |
| P9010 | R | WHOLE BLOOD FOR TRANSFUSION | | 0950 | 2.3815 | APC | $120.53 | | | |
| P9011 | R | BLOOD SPLIT UNIT | | 0967 | 1.9121 | APC | $96.77 | | | |
| P9012 | R | CRYOPRECIPITATE EACH UNIT | | 0952 | 1.1028 | APC | $55.81 | | | |
| P9016 | R | RBC LEUKOCYTES REDUCED | | 0954 | 2.7097 | APC | $137.14 | | | |
| P9017 | R | PLASMA 1 DONOR FRZ W/IN 8 HR | | 9508 | 1.1037 | APC | $55.86 | | | |
| P9019 | R | PLATELETS, EACH UNIT | | 0957 | 1.2846 | APC | $65.01 | | | |
| P9020 | R | PLAELET RICH PLASMA UNIT | | 0958 | 2.4626 | APC | $124.63 | | | |
| P9021 | R | RED BLOOD CELLS UNIT | | 0959 | 2.1285 | APC | $107.72 | | | |
| P9022 | R | WASHED RED BLOOD CELLS UNIT | | 0960 | 4.1562 | APC | $210.35 | | | |
| P9023 | R | FROZEN PLASMA, POOLED, SD | | 0949 | 1.0129 | APC | $51.26 | | | |
| P9031 | R | PLATELETS LEUKOCYTES REDUCED | | 1013 | 1.6595 | APC | $83.99 | | | |
| P9032 | R | PLATELETS, IRRADIATED | | 9500 | 1.8822 | APC | $95.26 | | | |
| P9033 | R | PLATELETS LEUKOREDUCED IRRAD | | 0968 | 2.1939 | APC | $111.03 | | | |
| P9034 | R | PLATELETS, PHERESIS | | 9507 | 6.0577 | APC | $306.58 | | | |
| P9035 | R | PLATELET PHERES LEUKOREDUCED | | 9501 | 7.1694 | APC | $362.84 | | | |
| P9036 | R | PLATELET PHERESIS IRRADIATED | | 9502 | 9.4761 | APC | $479.59 | | | |
| P9037 | R | PLATE PHERES LEUKOREDU IRRAD | | 1019 | 9.4536 | APC | $478.45 | | | |
| P9038 | R | RBC IRRADIATED | | 9505 | 2.8319 | APC | $143.32 | | | |
| P9039 | R | RBC DEGLYCEROLIZED | | 9504 | 6.7273 | APC | $340.47 | | | |
| P9040 | R | RBC LEUKOREDUCED IRRADIATED | | 0969 | 3.8309 | APC | $193.88 | | | |
| P9041 | K | ALBUMIN (HUMAN),5%, 50ML | | 0961 | 0.4471 | APC | $22.63 | | | |
| P9043 | R | PLASMA PROTEIN FRACT,5%,50ML | | 0956 | 0.2848 | APC | $14.41 | | | |
| P9044 | R | CRYOPRECIPITATEREDUCEDPLASMA | | 1009 | 0.9531 | APC | $48.24 | | | |
| P9045 | K | ALBUMIN (HUMAN), 5%, 250 ML | | 0963 | 1.1988 | APC | $60.67 | | | |
| P9046 | K | ALBUMIN (HUMAN), 25%, 20 ML | | 0964 | 0.5975 | APC | $30.24 | | | |
| P9047 | K | ALBUMIN (HUMAN), 25%, 50ML | | 0965 | 1.3673 | APC | $69.20 | | | |
| P9048 | R | PLASMAPROTEIN FRACT,5%,250ML | | 0966 | 0.6613 | APC | $33.47 | | | |
| P9050 | R | GRANULOCYTES, PHERESIS UNIT | | 9506 | 22.69 | APC | $1,148.34 | | | |
| P9051 | R | BLOOD, L/R, CMV-NEG | | 1010 | 2.5982 | APC | $131.49 | | | |
| P9052 | R | PLATELETS, HLA-M, L/R, UNIT | | 1011 | 10.874 | APC | $550.33 | | | |
| P9053 | R | PLT, PHER, L/R CMV-NEG, IRR | | 1020 | 9.2615 | APC | $468.72 | | | |
| P9054 | R | BLOOD, L/R, FROZ/DEGLY/WASH | | 1016 | 1.7169 | APC | $86.89 | | | |
| P9055 | R | PLT, APH/PHER, L/R, CMV-NEG | | 1017 | 4.7192 | APC | $238.84 | | | |
| P9056 | R | BLOOD, L/R, IRRADIATED | | 1018 | 2.4667 | APC | $124.84 | | | |
| P9057 | R | RBC, FRZ/DEG/WSH, L/R, IRRAD | | 1021 | 5.17 | APC | $261.65 | | | |
| P9058 | R | RBC, L/R, CMV-NEG, IRRAD | | 1022 | 4.0183 | APC | $203.37 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| P9059 | R | PLASMA, FRZ BETWEEN 8-24HOUR | | 0955 | 1.0591 | APC | $53.60 | | | |
| P9060 | R | FR FRZ PLASMA DONOR RETESTED | | 9503 | 0.7967 | APC | $40.32 | | | |
| P9603 | E | ONE-WAY ALLOW PRORATED MILES | | | | Not Allowed | $0.00 | | | |
| P9604 | E | ONE-WAY ALLOW PRORATED TRIP | | | | Not Allowed | $0.00 | | | |
| P9612 | N | CATHETERIZE FOR URINE SPEC | | | | Bundled | $0.00 | | | |
| P9615 | N | URINE SPECIMEN COLLECT MULT | | | | Bundled | $0.00 | | | |
| Q0035 | X | CARDIOKYMOGRAPHY | | 0100 | 2.4795 | APC | $125.49 | | | |
| Q0081 | E | INFUSION THER OTHER THAN CHE | | | | Not Allowed | $0.00 | | | |
| Q0083 | E | CHEMO BY OTHER THAN INFUSION | | | | Not Allowed | $0.00 | | | |
| Q0084 | E | CHEMOTHERAPY BY INFUSION | | | | Not Allowed | $0.00 | | | |
| Q0085 | E | CHEMO BY BOTH INFUSION AND O | | | | Not Allowed | $0.00 | | | |
| Q0090 | E | SKYLA 13.5MG | | | | Not Allowed | $0.00 | | | |
| Q0091 | T | OBTAINING SCREEN PAP SMEAR | | 0191 | 0.1157 | APC | $5.86 | | | |
| Q0092 | N | SET UP PORT XRAY EQUIPMENT | | | | Bundled | $0.00 | | | |
| Q0111 | Q | WET MOUNTS/ W PREPARATIONS | | | | Medicare | $9.78 | $6.06 | $5.87 | |
| Q0112 | Q | POTASSIUM HYDROXIDE PREPS | | | | Medicare | $9.78 | $6.06 | $5.87 | |
| Q0113 | Q | PINWORM EXAMINATIONS | | | | Medicare | $10.45 | $6.48 | $6.27 | |
| Q0114 | Q | FERN TEST | | | | Medicare | $16.38 | $10.16 | $9.83 | |
| Q0115 | E | POST-COITAL MUCOUS EXAM | | | | Not Allowed | $0.00 | | | |
| Q0138 | K | FERUMOXYTOL, NON-ESRD | | 1297 | | APC | $0.67 | | | |
| Q0139 | M | FERUMOXYTOL, ESRD USE | | | | Fee Schedule | $0.67 | | | |
| Q0144 | E | AZITHROMYCIN DIHYDRATE, ORAL | | | | Not Allowed | $0.00 | | | |
| Q0162 | N | ONDANSETRON ORAL | | | | Bundled | $0.00 | | | |
| Q0163 | N | DIPHENHYDRAMINE HCL 50MG | | | | Bundled | $0.00 | | | |
| Q0164 | N | PROCHLORPERAZINE MALEATE 5MG | | | | Bundled | $0.00 | | | |
| Q0165 | N | PROCHLORPERAZINE MALEATE10MG | | | | Bundled | $0.00 | | | |
| Q0166 | N | GRANISETRON HCL 1 MG ORAL | | | | Bundled | $0.00 | | | |
| Q0167 | N | DRONABINOL 2.5MG ORAL | | | | Bundled | $0.00 | | | |
| Q0168 | N | DRONABINOL 5MG ORAL | | | | Bundled | $0.00 | | | |
| Q0169 | N | PROMETHAZINE HCL 12.5MG ORAL | | | | Bundled | $0.00 | | | |
| Q0170 | N | PROMETHAZINE HCL 25 MG ORAL | | | | Bundled | $0.00 | | | |
| Q0171 | N | CHLORPROMAZINE HCL 10MG ORAL | | | | Bundled | $0.00 | | | |
| Q0172 | N | CHLORPROMAZINE HCL 25MG ORAL | | | | Bundled | $0.00 | | | |
| Q0173 | N | TRIMETHOBENZAMIDE HCL 250MG | | | | Bundled | $0.00 | | | |
| Q0174 | N | THIETHYLPERAZINE MALEATE10MG | | | | Bundled | $0.00 | | | |
| Q0175 | N | PERPHENAZINE 4MG ORAL | | | | Bundled | $0.00 | | | |
| Q0176 | N | PERPHENAZINE 8MG ORAL | | | | Bundled | $0.00 | | | |
| Q0177 | N | HYDROXYZINE PAMOATE 25MG | | | | Bundled | $0.00 | | | |
| Q0178 | N | HYDROXYZINE PAMOATE 50MG | | | | Bundled | $0.00 | | | |
| Q0180 | N | DOLASETRON MESYLATE ORAL | | | | Bundled | $0.00 | | | |
| Q0181 | E | UNSPECIFIED ORAL ANTI-EMETIC | | | | Not Allowed | $0.00 | | | |
| Q0478 | E | POWER ADAPTER, COMBO VAD | | | | Not Allowed | $0.00 | | | |
| Q0479 | E | POWER MODULE COMBO VAD, REP | | | | Not Allowed | $0.00 | | | |
| Q0480 | E | DRIVER PNEUMATIC VAD, REP | | | | Not Allowed | $0.00 | | | |
| Q0481 | E | MICROPRCSR CU ELEC VAD, REP | | | | Not Allowed | $0.00 | | | |
| Q0482 | E | MICROPRCSR CU COMBO VAD, REP | | | | Not Allowed | $0.00 | | | |
| Q0483 | E | MONITOR ELEC VAD, REP | | | | Not Allowed | $0.00 | | | |
| Q0484 | E | MONITOR ELEC OR COMB VAD REP | | | | Not Allowed | $0.00 | | | |
| Q0485 | E | MONITOR CABLE ELEC VAD, REP | | | | Not Allowed | $0.00 | | | |
| Q0486 | E | MON CABLE ELEC/PNEUM VAD REP | | | | Not Allowed | $0.00 | | | |
| Q0487 | E | LEADS ANY TYPE VAD, REP ONLY | | | | Not Allowed | $0.00 | | | |
| Q0488 | E | PWR PACK BASE ELEC VAD, REP | | | | Not Allowed | $0.00 | | | |
| Q0489 | E | PWR PCK BASE COMBO VAD, REP | | | | Not Allowed | $0.00 | | | |
| Q0490 | E | EMR PWR SOURCE ELEC VAD, REP | | | | Not Allowed | $0.00 | | | |
| Q0491 | E | EMR PWR SOURCE COMBO VAD REP | | | | Not Allowed | $0.00 | | | |
| Q0492 | E | EMR PWR CBL ELEC VAD, REP | | | | Not Allowed | $0.00 | | | |
| Q0493 | E | EMR PWR CBL COMBO VAD, REP | | | | Not Allowed | $0.00 | | | |
| Q0494 | E | EMR HD PMP ELEC/COMBO, REP | | | | Not Allowed | $0.00 | | | |
| Q0495 | E | CHARGER ELEC/COMBO VAD, REP | | | | Not Allowed | $0.00 | | | |
| Q0496 | E | BATTERY ELEC/COMBO VAD, REP | | | | Not Allowed | $0.00 | | | |
| Q0497 | E | BAT CLPS ELEC/COMB VAD, REP | | | | Not Allowed | $0.00 | | | |
| Q0498 | E | HOLSTER ELEC/COMBO VAD, REP | | | | Not Allowed | $0.00 | | | |
| Q0499 | E | BELT/VEST ELEC/COMBO VAD REP | | | | Not Allowed | $0.00 | | | |
| Q0500 | E | FILTERS ELEC/COMBO VAD, REP | | | | Not Allowed | $0.00 | | | |

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|---|---|---|---|---|---|---|---|---|---|---|
| Q0501 | E | SHWR COV ELEC/COMBO VAD, REP | | | | Not Allowed | $0.00 | | | |
| Q0502 | E | MOBILITY CART PNEUM VAD, REP | | | | Not Allowed | $0.00 | | | |
| Q0503 | E | BATTERY PNEUM VAD REPLACEMNT | | | | Not Allowed | $0.00 | | | |
| Q0504 | E | PWR ADPT PNEUM VAD, REP VEH | | | | Not Allowed | $0.00 | | | |
| Q0506 | E | LITH-ION BATT ELEC/PNEUM VAD | | | | Not Allowed | $0.00 | | | |
| Q0507 | E | MISC SUP/ACC EXT VAD | | | | Not Allowed | $0.00 | | | |
| Q0508 | E | MISC SUP/ACC IMP VAD | | | | Not Allowed | $0.00 | | | |
| Q0509 | E | MIS SUP/AC IMP VAD NOPAY MED | | | | Not Allowed | $0.00 | | | |
| Q0510 | E | DISPENS FEE IMMUNOSUPRESSIVE | | | | Not Allowed | $0.00 | | | |
| Q0511 | E | SUP FEE ANTIEM,ANTICA,IMMUNO | | | | Not Allowed | $0.00 | | | |
| Q0512 | E | PX SUP FEE ANTI-CAN SUB PRES | | | | Not Allowed | $0.00 | | | |
| Q0513 | E | DISP FEE INHAL DRUGS/30 DAYS | | | | Not Allowed | $0.00 | | | |
| Q0514 | E | DISP FEE INHAL DRUGS/90 DAYS | | | | Not Allowed | $0.00 | | | |
| Q0515 | K | SERMORELIN ACETATE INJECTION | | 3050 | | APC | $1.80 | | | |
| Q1004 | E | NTIOL CATEGORY 4 | | | | Not Allowed | $0.00 | | | |
| Q1005 | E | NTIOL CATEGORY 5 | | | | Not Allowed | $0.00 | | | |
| Q2004 | N | BLADDER CALCULI IRRIG SOL | | | | Bundled | $0.00 | | | |
| Q2009 | N | FOSPHENYTOIN INJ PE | | | | Bundled | $0.00 | | | |
| Q2017 | K | TENIPOSIDE, 50 MG | | 7035 | | APC | $321.05 | | | |
| Q2026 | E | RADIESSE INJECTION | | | | Not Allowed | $0.00 | | | |
| Q2027 | E | SCULPTRA INJECTION | | | | Not Allowed | $0.00 | | | |
| Q2033 | E | INFLUENZA VACCINE, (FLUBLOK) | | | | Not Allowed | $0.00 | | | |
| Q2034 | M | AGRIFLU VACCINE | | | | By Report | $0.00 | | | |
| Q2035 | M | AFLURIA VACC, 3 YRS & >, IM | | | | Fee Schedule | $10.33 | | | |
| Q2036 | M | FLULAVAL VACC, 3 YRS & >, IM | | | | Fee Schedule | $8.80 | | | |
| Q2037 | M | FLUVIRIN VACC, 3 YRS & >, IM | | | | Fee Schedule | $12.57 | | | |
| Q2038 | M | FLUZONE VACC, 3 YRS & >, IM | | | | Fee Schedule | $10.78 | | | |
| Q2039 | M | NOS FLU VACC, 3 YRS & >, IM | | | | Fee Schedule | $0.00 | | | |
| Q2043 | K | SIPULEUCEL-T AUTO CD54+ | | 9273 | | APC | $32,844.60 | | | |
| Q2047 | E | PEGINESATIDE INJECTION | | | | Not Allowed | $0.00 | | | |
| Q2049 | K | IMPORTED LIPODOX INJ | | 1421 | | APC | $498.26 | | | |
| Q2050 | K | DOXORUBICIN INJ 10MG | | 7046 | | APC | $545.44 | | | |
| Q2051 | K | ZOLDEDRONIC ACID 1MG | | 1356 | | APC | $196.42 | | | |
| Q3001 | E | BRACHYTHERAPY RADIOELEMENTS | | | | Not Allowed | $0.00 | | | |
| Q3014 | E | TELEHEALTH FACILITY FEE | | | | Not Allowed | $0.00 | | | |
| Q3025 | K | IM INJ INTERFERON BETA 1-A | | 9022 | | APC | $311.31 | | | |
| Q3026 | E | SUBC INJ INTERFERON BETA-1A | | | | Not Allowed | $0.00 | | | |
| Q3031 | N | COLLAGEN SKIN TEST | | | | Bundled | $0.00 | | | |
| Q4001 | E | CAST SUP BODY CAST PLASTER | | | | Not Allowed | $0.00 | | | |
| Q4002 | E | CAST SUP BODY CAST FIBERGLAS | | | | Not Allowed | $0.00 | | | |
| Q4003 | E | CAST SUP SHOULDER CAST PLSTR | | | | Not Allowed | $0.00 | | | |
| Q4004 | E | CAST SUP SHOULDER CAST FBRGL | | | | Not Allowed | $0.00 | | | |
| Q4005 | E | CAST SUP LONG ARM ADULT PLST | | | | Not Allowed | $0.00 | | | |
| Q4006 | E | CAST SUP LONG ARM ADULT FBRG | | | | Not Allowed | $0.00 | | | |
| Q4007 | E | CAST SUP LONG ARM PED PLSTER | | | | Not Allowed | $0.00 | | | |
| Q4008 | E | CAST SUP LONG ARM PED FBRGLS | | | | Not Allowed | $0.00 | | | |
| Q4009 | E | CAST SUP SHT ARM ADULT PLSTR | | | | Not Allowed | $0.00 | | | |
| Q4010 | E | CAST SUP SHT ARM ADULT FBRGL | | | | Not Allowed | $0.00 | | | |
| Q4011 | E | CAST SUP SHT ARM PED PLASTER | | | | Not Allowed | $0.00 | | | |
| Q4012 | E | CAST SUP SHT ARM PED FBRGLAS | | | | Not Allowed | $0.00 | | | |
| Q4013 | E | CAST SUP GAUNTLET PLASTER | | | | Not Allowed | $0.00 | | | |
| Q4014 | E | CAST SUP GAUNTLET FIBERGLASS | | | | Not Allowed | $0.00 | | | |
| Q4015 | E | CAST SUP GAUNTLET PED PLSTER | | | | Not Allowed | $0.00 | | | |
| Q4016 | E | CAST SUP GAUNTLET PED FBRGLS | | | | Not Allowed | $0.00 | | | |
| Q4017 | E | CAST SUP LNG ARM SPLINT PLST | | | | Not Allowed | $0.00 | | | |
| Q4018 | E | CAST SUP LNG ARM SPLINT FBRG | | | | Not Allowed | $0.00 | | | |
| Q4019 | E | CAST SUP LNG ARM SPLNT PED P | | | | Not Allowed | $0.00 | | | |
| Q4020 | E | CAST SUP LNG ARM SPLNT PED F | | | | Not Allowed | $0.00 | | | |
| Q4021 | E | CAST SUP SHT ARM SPLINT PLST | | | | Not Allowed | $0.00 | | | |
| Q4022 | E | CAST SUP SHT ARM SPLINT FBRG | | | | Not Allowed | $0.00 | | | |
| Q4023 | E | CAST SUP SHT ARM SPLNT PED P | | | | Not Allowed | $0.00 | | | |
| Q4024 | E | CAST SUP SHT ARM SPLNT PED F | | | | Not Allowed | $0.00 | | | |
| Q4025 | E | CAST SUP HIP SPICA PLASTER | | | | Not Allowed | $0.00 | | | |
| Q4026 | E | CAST SUP HIP SPICA FIBERGLAS | | | | Not Allowed | $0.00 | | | |

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|---|---|---|---|---|---|---|---|---|---|---|
| Q4027 | E | CAST SUP HIP SPICA PED PLSTR | | | | Not Allowed | $0.00 | | | |
| Q4028 | E | CAST SUP HIP SPICA PED FBRGL | | | | Not Allowed | $0.00 | | | |
| Q4029 | E | CAST SUP LONG LEG PLASTER | | | | Not Allowed | $0.00 | | | |
| Q4030 | E | CAST SUP LONG LEG FIBERGLASS | | | | Not Allowed | $0.00 | | | |
| Q4031 | E | CAST SUP LNG LEG PED PLASTER | | | | Not Allowed | $0.00 | | | |
| Q4032 | E | CAST SUP LNG LEG PED FBRGLS | | | | Not Allowed | $0.00 | | | |
| Q4033 | E | CAST SUP LNG LEG CYLINDER PL | | | | Not Allowed | $0.00 | | | |
| Q4034 | E | CAST SUP LNG LEG CYLINDER FB | | | | Not Allowed | $0.00 | | | |
| Q4035 | E | CAST SUP LNGLEG CYLNDR PED P | | | | Not Allowed | $0.00 | | | |
| Q4036 | E | CAST SUP LNGLEG CYLNDR PED F | | | | Not Allowed | $0.00 | | | |
| Q4037 | E | CAST SUP SHRT LEG PLASTER | | | | Not Allowed | $0.00 | | | |
| Q4038 | E | CAST SUP SHRT LEG FIBERGLASS | | | | Not Allowed | $0.00 | | | |
| Q4039 | E | CAST SUP SHRT LEG PED PLSTER | | | | Not Allowed | $0.00 | | | |
| Q4040 | E | CAST SUP SHRT LEG PED FBRGLS | | | | Not Allowed | $0.00 | | | |
| Q4041 | E | CAST SUP LNG LEG SPLNT PLSTR | | | | Not Allowed | $0.00 | | | |
| Q4042 | E | CAST SUP LNG LEG SPLNT FBRGL | | | | Not Allowed | $0.00 | | | |
| Q4043 | E | CAST SUP LNG LEG SPLNT PED P | | | | Not Allowed | $0.00 | | | |
| Q4044 | E | CAST SUP LNG LEG SPLNT PED F | | | | Not Allowed | $0.00 | | | |
| Q4045 | E | CAST SUP SHT LEG SPLNT PLSTR | | | | Not Allowed | $0.00 | | | |
| Q4046 | E | CAST SUP SHT LEG SPLNT FBRGL | | | | Not Allowed | $0.00 | | | |
| Q4047 | E | CAST SUP SHT LEG SPLNT PED P | | | | Not Allowed | $0.00 | | | |
| Q4048 | E | CAST SUP SHT LEG SPLNT PED F | | | | Not Allowed | $0.00 | | | |
| Q4049 | E | FINGER SPLINT, STATIC | | | | Not Allowed | $0.00 | | | |
| Q4050 | E | CAST SUPPLIES UNLISTED | | | | Not Allowed | $0.00 | | | |
| Q4051 | E | SPLINT SUPPLIES MISC | | | | Not Allowed | $0.00 | | | |
| Q4074 | E | ILOPROST NON-COMP UNIT DOSE | | | | Not Allowed | $0.00 | | | |
| Q4081 | E | EPOETIN ALFA, 100 UNITS ESRD | | | | Not Allowed | $0.00 | | | |
| Q4082 | E | DRUG/BIO NOC PART B DRUG CAP | | | | Not Allowed | $0.00 | | | |
| Q4100 | N | SKIN SUBSTITUTE, NOS | | | | Bundled | $0.00 | | | |
| Q4101 | K | APLIGRAF | | 1240 | | APC | $41.02 | | | |
| Q4102 | K | OASIS WOUND MATRIX | | 1241 | | APC | $8.17 | | | |
| Q4103 | K | OASIS BURN MATRIX | | 1242 | | APC | $8.17 | | | |
| Q4104 | K | INTEGRA BMWD | | 1243 | | APC | $22.79 | | | |
| Q4105 | K | INTEGRA DRT | | 1244 | | APC | $13.88 | | | |
| Q4106 | K | DERMAGRAFT | | 1245 | | APC | $44.48 | | | |
| Q4107 | K | GRAFTJACKET | | 1246 | | APC | $100.98 | | | |
| Q4108 | K | INTEGRA MATRIX | | 1247 | | APC | $28.56 | | | |
| Q4110 | K | PRIMATRIX | | 1248 | | APC | $39.54 | | | |
| Q4111 | K | GAMMAGRAFT | | 1252 | | APC | $6.95 | | | |
| Q4112 | K | CYMETRA INJECTABLE | | 1249 | | APC | $350.58 | | | |
| Q4113 | K | GRAFTJACKET XPRESS | | 1250 | | APC | $350.58 | | | |
| Q4114 | K | INTEGRA FLOWABLE WOUND MATRI | | 1251 | | APC | $1,253.89 | | | |
| Q4115 | K | ALLOSKIN | | 1287 | | APC | $8.98 | | | |
| Q4116 | K | ALLODERM | | 1270 | | APC | $32.20 | | | |
| Q4117 | E | HYALOMATRIX | | | | Not Allowed | $0.00 | | | |
| Q4118 | K | MATRISTEM MICROMATRIX | | 1342 | | APC | $2.80 | | | |
| Q4119 | K | MATRISTEM WOUND MATRIX | | 1351 | | APC | $12.75 | | | |
| Q4120 | E | MATRISTEM BURN MATRIX | | | | Not Allowed | $0.00 | | | |
| Q4121 | K | THERASKIN | | 1345 | | APC | $23.35 | | | |
| Q4122 | G | DERMACELL | | 1419 | | APC | $74.90 | | | |
| Q4123 | K | ALLOSKIN | | 1427 | | APC | $15.76 | | | |
| Q4124 | G | OASIS TRI-LAYER WOUND MATRIX | | 9365 | | APC | $11.28 | | | |
| Q4125 | K | ARTHROFLEX | | 1428 | | APC | $117.05 | | | |
| Q4126 | K | MEMODERM/DERMA/TRANZ/INTEGUP | | 01452 | | APC | $54.22 | | | |
| Q4127 | G | TALYMED | | 01449 | | APC | $0.55 | | | |
| Q4128 | K | FLEXHD/ALLOPATCHHD/MATRIXHD | | 1429 | 0.6319 | APC | $31.98 | | | |
| Q4129 | E | UNITE BIOMATRIX | | | | Not Allowed | $0.00 | | | |
| Q4130 | N | STRATTICE TM | | | | Bundled | $0.00 | | | |
| Q4131 | G | EPIFIX | | 9366 | | APC | $200.74 | | | |
| Q4132 | G | GRAFIX CORE | | 9368 | | APC | $129.85 | | | |
| Q4133 | G | GRAFIX PRIME | | 9369 | | APC | $127.06 | | | |
| Q4134 | K | HMATRIX | | 01453 | | APC | $35.45 | | | |
| Q4135 | E | MEDISKIN | | | | Not Allowed | $0.00 | | | |
| Q4136 | E | EZDERM | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| Q5001 | E | HOSPICE OR HOME HLTH IN HOME | | | | Not Allowed | $0.00 | | | |
| Q5002 | E | HOSPICE/HOME HLTH IN ASST LVG | | | | Not Allowed | $0.00 | | | |
| Q5003 | E | HOSPICE IN LT/NON-SKILLED NF | | | | Not Allowed | $0.00 | | | |
| Q5004 | E | HOSPICE IN SNF | | | | Not Allowed | $0.00 | | | |
| Q5005 | E | HOSPICE, INPATIENT HOSPITAL | | | | Not Allowed | $0.00 | | | |
| Q5006 | E | HOSPICE IN HOSPICE FACILITY | | | | Not Allowed | $0.00 | | | |
| Q5007 | E | HOSPICE IN LTCH | | | | Not Allowed | $0.00 | | | |
| Q5008 | E | HOSPICE IN INPATIENT PSYCH | | | | Not Allowed | $0.00 | | | |
| Q5009 | E | HOSPICE/HOME HLTH, PLACE NOS | | | | Not Allowed | $0.00 | | | |
| Q5010 | E | HOSPICE HOME CARE IN HOSPICE | | | | Not Allowed | $0.00 | | | |
| Q9951 | N | LOCM >= 400 MG/ML IODINE,1ML | | | | Bundled | $0.00 | | | |
| Q9953 | N | INJ FE-BASED MR CONTRAST,1ML | | | | Bundled | $0.00 | | | |
| Q9954 | N | ORAL MR CONTRAST, 100 ML | | | | Bundled | $0.00 | | | |
| Q9955 | N | INJ PERFLEXANE LIP MICROS,ML | | | | Bundled | $0.00 | | | |
| Q9956 | N | INJ OCTAFLUOROPROPANE MIC,ML | | | | Bundled | $0.00 | | | |
| Q9957 | N | INJ PERFLUTREN LIP MICROS,ML | | | | Bundled | $0.00 | | | |
| Q9958 | N | HOCM <=149 MG/ML IODINE, 1ML | | | | Bundled | $0.00 | | | |
| Q9959 | N | HOCM 150-199MG/ML IODINE,1ML | | | | Bundled | $0.00 | | | |
| Q9960 | N | HOCM 200-249MG/ML IODINE,1ML | | | | Bundled | $0.00 | | | |
| Q9961 | N | HOCM 250-299MG/ML IODINE,1ML | | | | Bundled | $0.00 | | | |
| Q9962 | N | HOCM 300-349MG/ML IODINE,1ML | | | | Bundled | $0.00 | | | |
| Q9963 | N | HOCM 350-399MG/ML IODINE,1ML | | | | Bundled | $0.00 | | | |
| Q9964 | N | HOCM>= 400MG/ML IODINE, 1ML | | | | Bundled | $0.00 | | | |
| Q9965 | N | LOCM 100-199MG/ML IODINE,1ML | | | | Bundled | $0.00 | | | |
| Q9966 | N | LOCM 200-299MG/ML IODINE,1ML | | | | Bundled | $0.00 | | | |
| Q9967 | N | LOCM 300-399MG/ML IODINE,1ML | | | | Bundled | $0.00 | | | |
| Q9968 | K | VISUALIZATION ADJUNCT | | 1446 | 0.0283 | APC | $1.43 | | | |
| Q9969 | K | NON-HEU TC-99M ADD-ON/DOSE | | 1442 | 0.1976 | APC | $10.00 | | | |
| R0070 | E | TRANSPORT PORTABLE X-RAY | | | | Not Allowed | $0.00 | | | |
| R0075 | E | TRANSPORT PORT X-RAY MULTIPL | | | | Not Allowed | $0.00 | | | |
| R0076 | E | TRANSPORT PORTABLE EKG | | | | Not Allowed | $0.00 | | | |
| S0073 | E | INJECTION, AZTREONAM, 500 MG | | | | Not Allowed | $0.00 | | | |
| S0074 | E | INJECTION, CEFOTETAN DISODIU | | | | Not Allowed | $0.00 | | | |
| S0078 | E | INJECTION, FOSPHENYTOIN SODI | | | | Not Allowed | $0.00 | | | |
| S0080 | E | INJECTION, PENTAMIDINE ISETH | | | | Not Allowed | $0.00 | | | |
| S0081 | E | INJECTION, PIPERACILLIN SODI | | | | Not Allowed | $0.00 | | | |
| S0086 | E | INJECTION, VERTEPORFIN, 15MG | | | | Not Allowed | $0.00 | | | |
| S0088 | E | IMATINIB 100 MG | | | | Not Allowed | $0.00 | | | |
| S0090 | E | SILDENAFIL CITRATE, 25 MG | | | | Not Allowed | $0.00 | | | |
| S0106 | E | BUPROPION HCL SR 60 TABLETS | | | | Not Allowed | $0.00 | | | |
| S0108 | E | MERCAPTOPURINE ORAL 50 MG | | | | Not Allowed | $0.00 | | | |
| S0117 | E | TRETINOIN TOPICAL 5 G | | | | Not Allowed | $0.00 | | | |
| S0122 | E | INJECTION MENOTROPINS 75 IU | | | | Not Allowed | $0.00 | | | |
| S0126 | E | INJECTION FOLLITROPIN ALFA 75 IU | | | | Not Allowed | $0.00 | | | |
| S0128 | E | INJECTION FOLLITROPIN BETA 75 IU | | | | Not Allowed | $0.00 | | | |
| S0132 | E | INJECTION GANIRELIX ACETATE 250 MCG | | | | Not Allowed | $0.00 | | | |
| S0145 | E | PEG INTERFERON ALFA-2A/180 | | | | Not Allowed | $0.00 | | | |
| S0155 | E | EPOPROSTENOL DILUTANT | | | | Not Allowed | $0.00 | | | |
| S0156 | E | EXEMESTANE, 25 MG | | | | Not Allowed | $0.00 | | | |
| S0157 | E | BECAPLERMIN GEL 1%, 0.5 GM | | | | Not Allowed | $0.00 | | | |
| S0160 | E | DEXTROAMPHETAMINE | | | | Not Allowed | $0.00 | | | |
| S0164 | E | INJECTION PANTROPRAZOLE | | | | Not Allowed | $0.00 | | | |
| S0170 | E | ANASTROZOLE 1 MG | | | | Not Allowed | $0.00 | | | |
| S0171 | E | BUMETANIDE 0.5 MG | | | | Not Allowed | $0.00 | | | |
| S0172 | E | CHLORAMBUCIL 2 MG | | | | Not Allowed | $0.00 | | | |
| S0174 | E | DOLASETRON 50 MG | | | | Not Allowed | $0.00 | | | |
| S0175 | E | FLUTAMIDE 125 MG | | | | Not Allowed | $0.00 | | | |
| S0176 | E | HYDROXYUREA 500 MG | | | | Not Allowed | $0.00 | | | |
| S0177 | E | LEVAMISOLE 50 MG | | | | Not Allowed | $0.00 | | | |
| S0178 | E | LOMUSTINE 10 MG | | | | Not Allowed | $0.00 | | | |
| S0179 | E | MEGESTROL 20 MG | | | | Not Allowed | $0.00 | | | |
| S0182 | E | PROCARBAZINE 5 MG | | | | Not Allowed | $0.00 | | | |
| S0183 | E | PROCHLORPERAZINE 5 MG | | | | Not Allowed | $0.00 | | | |
| S0187 | E | TAMOXIFEN 10 MG | | | | Not Allowed | $0.00 | | | |

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|---|---|---|---|---|---|---|---|---|---|---|
| S0189 | E | TESTOSTERONE PELLET 75 MG | | | | Not Allowed | $0.00 | | | |
| S0190 | M | MITEPRISTONE, ORAL, 200MG | | | | Fee Schedule | $76.50 | | | |
| S0191 | M | MISOPROSTOL, ORAL, 200 MCG | | | | Fee Schedule | $1.02 | | | |
| S0194 | E | VITAMIN SUPPL 100 CAPS | | | | Not Allowed | $0.00 | | | |
| S0195 | E | PNEUMOCOCCAL CONJUGATE VAC | | | | Not Allowed | $0.00 | | | |
| S0208 | E | PARAMED INTRCEPT NONVOL | | | | Not Allowed | $0.00 | | | |
| S0209 | E | WC VAN MILEAGE PER MI | | | | Not Allowed | $0.00 | | | |
| S0215 | E | NONEMERG TRANSP MILEAGE | | | | Not Allowed | $0.00 | | | |
| S0220 | E | MEDICAL CONFERENCE BY PHYSIC | | | | Not Allowed | $0.00 | | | |
| S0221 | E | MEDICAL CONFERENCE, 60 MIN | | | | Not Allowed | $0.00 | | | |
| S0250 | E | COMP GERIATR ASSMT TEAM | | | | Not Allowed | $0.00 | | | |
| S0255 | E | HOSPICE REFER VISIT NONMD | | | | Not Allowed | $0.00 | | | |
| S0257 | E | END OF LIFE COUNSELING | | | | Not Allowed | $0.00 | | | |
| S0260 | E | H&P FOR SURGERY | | | | Not Allowed | $0.00 | | | |
| S0265 | E | GENETIC COUNSEL 15 MINS | | | | Not Allowed | $0.00 | | | |
| S0280 | E | MEDICAL HOME, INITIAL PLAN | | | | Not Allowed | $0.00 | | | |
| S0302 | E | COMPLETED EPSDT | | | | Not Allowed | $0.00 | | | |
| S0310 | E | HOSPITALIST VISIT | | | | Not Allowed | $0.00 | | | |
| S0340 | E | LIFESTYLE MOD 1ST STAGE | | | | Not Allowed | $0.00 | | | |
| S0341 | E | LIFESTYLE MOD 2 OR 3 STAGE | | | | Not Allowed | $0.00 | | | |
| S0342 | E | LIFESTYLE MOD 4TH STAGE | | | | Not Allowed | $0.00 | | | |
| S0353 | E | CANCER TREATMENT PLAN INITIAL | | | | Not Allowed | $0.00 | | | |
| S0354 | E | CANCER TREATMENT PLAN CHANGE | | | | Not Allowed | $0.00 | | | |
| S0390 | E | ROUTINE FOOT CARE PER VISIT | | | | Not Allowed | $0.00 | | | |
| S0395 | E | IMPRESSION CASTING FT | | | | Not Allowed | $0.00 | | | |
| S0400 | E | GLOBAL ESWL KIDNEY | | | | Not Allowed | $0.00 | | | |
| S0500 | E | DISPOS CONT LENS | | | | Not Allowed | $0.00 | | | |
| S0504 | E | SINGL PRSCRP LENS | | | | Not Allowed | $0.00 | | | |
| S0506 | E | BIFOC PRSCP LENS | | | | Not Allowed | $0.00 | | | |
| S0508 | E | TRIFOC PRSCRP LENS | | | | Not Allowed | $0.00 | | | |
| S0510 | E | NON-PRSCRP LENS | | | | Not Allowed | $0.00 | | | |
| S0512 | E | DAILY CONT LENS | | | | Not Allowed | $0.00 | | | |
| S0514 | E | COLOR CONT LENS | | | | Not Allowed | $0.00 | | | |
| S0516 | E | SAFETY FRAMES | | | | Not Allowed | $0.00 | | | |
| S0518 | E | SUNGLASS FRAMES | | | | Not Allowed | $0.00 | | | |
| S0580 | E | POLYCARB LENS | | | | Not Allowed | $0.00 | | | |
| S0581 | E | NONSTND LENS | | | | Not Allowed | $0.00 | | | |
| S0590 | E | MISC INTEGRAL LENS SERV | | | | Not Allowed | $0.00 | | | |
| S0592 | E | COMP CONT LENS EVAL | | | | Not Allowed | $0.00 | | | |
| S0596 | E | PHAKIC IOL REFRACTIVE ERROR | | | | Not Allowed | $0.00 | | | |
| S0601 | E | SCREENING PROCTOSCOPY | | | | Not Allowed | $0.00 | | | |
| S0610 | E | ANNUAL GYNECOLOGICAL EXAMINA | | | | Not Allowed | $0.00 | | | |
| S0612 | E | ANNUAL GYNECOLOGICAL EXAMINA | | | | Not Allowed | $0.00 | | | |
| S0613 | M | ANN BREAST EXAM | | | | By Report | $0.00 | | | |
| S0618 | E | AUDIOMETRY FOR HEARING AID | | | | Not Allowed | $0.00 | | | |
| S0620 | E | ROUTINE OPHTHALMOLOGICAL EXA | | | | Not Allowed | $0.00 | | | |
| S0621 | E | ROUTINE OPHTHALMOLOGICAL EXA | | | | Not Allowed | $0.00 | | | |
| S0622 | E | PHYS EXAM FOR COLLEGE | | | | Not Allowed | $0.00 | | | |
| S0630 | E | REMOVAL OF SUTURES | | | | Not Allowed | $0.00 | | | |
| S0800 | E | LASER IN SITU KERATOMILEUSIS | | | | Not Allowed | $0.00 | | | |
| S0810 | E | PHOTOREFRACTIVE KERATECTOMY | | | | Not Allowed | $0.00 | | | |
| S0812 | E | PHOTOTHERAP KERATECT | | | | Not Allowed | $0.00 | | | |
| S1001 | E | DELUXE ITEM | | | | Not Allowed | $0.00 | | | |
| S1002 | E | CUSTOM ITEM | | | | Not Allowed | $0.00 | | | |
| S1015 | E | IV TUBING EXTENSION SET | | | | Not Allowed | $0.00 | | | |
| S1016 | E | NON-PVC INTRAVENOUS ADMINIST | | | | Not Allowed | $0.00 | | | |
| S1030 | E | GLUC MONITOR PURCHASE | | | | Not Allowed | $0.00 | | | |
| S1031 | E | GLUC MONITOR RENTAL | | | | Not Allowed | $0.00 | | | |
| S1090 | E | MOMETASONE SINUS IMPLANT | | | | Not Allowed | $0.00 | | | |
| S2053 | E | TRANSPLANTATION OF SMALL INT | | | | Not Allowed | $0.00 | | | |
| S2054 | E | TRANSPLANTATION OF MULTIVISC | | | | Not Allowed | $0.00 | | | |
| S2055 | E | HARVESTING OF DONOR MULTIVIS | | | | Not Allowed | $0.00 | | | |
| S2060 | E | LOBAR LUNG TRANSPLANTATION | | | | Not Allowed | $0.00 | | | |
| S2061 | E | DONOR LOBECTOMY (LUNG) | | | | Not Allowed | $0.00 | | | |

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|---|---|---|---|---|---|---|---|---|---|---|
| S2065 | E | SIMULT PANC KIDN TRANS | | | | Not Allowed | $0.00 | | | |
| S2068 | E | BREAST DIEP FLAP RECONSTRUCT | | | | Not Allowed | $0.00 | | | |
| S2070 | E | CYSTO LASER TX URETERAL CALC | | | | Not Allowed | $0.00 | | | |
| S2079 | E | LAP ESOPHAGOMYOTOMY | | | | Not Allowed | $0.00 | | | |
| S2080 | E | LAUP | | | | Not Allowed | $0.00 | | | |
| S2083 | E | ADJUSTMENT GASTRIC BAND | | | | Not Allowed | $0.00 | | | |
| S2095 | E | TRANSCATH EMBOLIZ MICROSPHER | | | | Not Allowed | $0.00 | | | |
| S2102 | E | ISLET CELL TISSUE TRANSPLANT | | | | Not Allowed | $0.00 | | | |
| S2103 | E | ADRENAL TISSUE TRANSPLANT | | | | Not Allowed | $0.00 | | | |
| S2107 | E | ADOPTIVE IMMUNOTHERAPY | | | | Not Allowed | $0.00 | | | |
| S2109 | E | AUTOLOGOUS CHONDROCYTE TRANSPLANTATION | | | | Not Allowed | $0.00 | | | |
| S2112 | E | KNEE ARTHROSCP HARV | | | | Not Allowed | $0.00 | | | |
| S2115 | E | PERIACETABULAR OSTEOTOMY | | | | Not Allowed | $0.00 | | | |
| S2120 | E | LOW DENSITY LIPOPROTEIN(LDL) | | | | Not Allowed | $0.00 | | | |
| S2140 | E | CORD BLOOD HARVESTING | | | | Not Allowed | $0.00 | | | |
| S2142 | E | CORD BLOOD-DERIVED STEM-CELL | | | | Not Allowed | $0.00 | | | |
| S2150 | E | BMT HARV/TRANSPL 28D PKG | | | | Not Allowed | $0.00 | | | |
| S2152 | E | SOLID ORGAN TRANSPL PKG | | | | Not Allowed | $0.00 | | | |
| S2202 | E | ECHOSCLEROTHERAPY | | | | Not Allowed | $0.00 | | | |
| S2205 | E | MINIMALLY INVASIVE DIRECT CO | | | | Not Allowed | $0.00 | | | |
| S2206 | E | MINIMALLY INVASIVE DIRECT CO | | | | Not Allowed | $0.00 | | | |
| S2207 | E | MINIMALLY INVASIVE DIRECT CO | | | | Not Allowed | $0.00 | | | |
| S2208 | E | MINIMALLY INVASIVE DIRECT CO | | | | Not Allowed | $0.00 | | | |
| S2209 | E | MINIMALLY INVASIVE DIRECT CO | | | | Not Allowed | $0.00 | | | |
| S2225 | E | MYRINGOTOMY LASER-ASSIST | | | | Not Allowed | $0.00 | | | |
| S2230 | E | IMPLANT SEMI-IMP HEAR | | | | Not Allowed | $0.00 | | | |
| S2235 | E | IMPLANT AUDITORY BRAIN IMP | | | | Not Allowed | $0.00 | | | |
| S2260 | E | INDUCED ABORTION 17-24 WEEKS | | | | Not Allowed | $0.00 | | | |
| S2300 | E | ARTHROSCOPY, SHOULDER, SURGI | | | | Not Allowed | $0.00 | | | |
| S2340 | E | CHEMODENERVATION OF ABDUCTOR | | | | Not Allowed | $0.00 | | | |
| S2341 | E | CHEMODENERV ADDUCT VOCAL | | | | Not Allowed | $0.00 | | | |
| S2342 | E | NASAL ENDOSCOP PO DEBRID | | | | Not Allowed | $0.00 | | | |
| S2348 | E | DECOMPRESS DISC RF LUMBAR | | | | Not Allowed | $0.00 | | | |
| S2350 | E | DISKECTOMY, ANTERIOR, WITH D | | | | Not Allowed | $0.00 | | | |
| S2351 | E | DISKECTOMY, ANTERIOR, WITH D | | | | Not Allowed | $0.00 | | | |
| S2360 | E | VERTEBROPLAST CERV 1ST | | | | Not Allowed | $0.00 | | | |
| S2361 | E | VERTEBROPLAST CERV ADDL | | | | Not Allowed | $0.00 | | | |
| S2400 | E | FETAL SURG CONGEN HERNIA | | | | Not Allowed | $0.00 | | | |
| S2401 | E | FETAL SURG URIN TRAC OBSTR | | | | Not Allowed | $0.00 | | | |
| S2402 | E | FETAL SURG CONG CYST MALF | | | | Not Allowed | $0.00 | | | |
| S2403 | E | FETAL SURG PULMON SEQUEST | | | | Not Allowed | $0.00 | | | |
| S2404 | E | FETAL SURG MYELOMENINGO | | | | Not Allowed | $0.00 | | | |
| S2405 | E | FETAL SURG SACROCOC TERATOMA | | | | Not Allowed | $0.00 | | | |
| S2409 | E | FETAL SURG NOC | | | | Not Allowed | $0.00 | | | |
| S2411 | E | FETOSCOP LASER THER TTTS | | | | Not Allowed | $0.00 | | | |
| S2900 | E | ROBOTIC SURGICAL SYSTEM | | | | Not Allowed | $0.00 | | | |
| S3600 | E | STAT LAB | | | | Not Allowed | $0.00 | | | |
| S3601 | E | STAT LAB HOME/NF | | | | Not Allowed | $0.00 | | | |
| S3620 | E | NEWBORN METABOLIC SCREENING | | | | Not Allowed | $0.00 | | | |
| S3630 | E | EOSINOPHIL BLOOD COUNT | | | | Not Allowed | $0.00 | | | |
| S3645 | E | HIV-1 ANTIBODY TESTING OF OR | | | | Not Allowed | $0.00 | | | |
| S3650 | E | SALIVA TEST, HORMONE LEVEL; | | | | Not Allowed | $0.00 | | | |
| S3652 | E | SALIVA TEST, HORMONE LEVEL; | | | | Not Allowed | $0.00 | | | |
| S3708 | E | GASTROINTESTINAL FAT ABSORPT | | | | Not Allowed | $0.00 | | | |
| S3721 | E | PCA3 TESTING | | | | Not Allowed | $0.00 | | | |
| S3853 | E | GENE TEST MYO MUSCLR DYST | | | | Not Allowed | $0.00 | | | |
| S3854 | E | GENE PROFILE PANEL BREAST | | | | Not Allowed | $0.00 | | | |
| S3890 | E | FECAL DNA ANALYSIS | | | | Not Allowed | $0.00 | | | |
| S3900 | E | SURFACE EMG | | | | Not Allowed | $0.00 | | | |
| S3902 | E | BALLISTOCARDIOGRAM | | | | Not Allowed | $0.00 | | | |
| S3904 | E | MASTERS TWO STEP | | | | Not Allowed | $0.00 | | | |
| S4005 | E | INTERIM LABOR FACILITY GLOBAL | | | | Not Allowed | $0.00 | | | |
| S4011 | E | IVF PACKAGE | | | | Not Allowed | $0.00 | | | |
| S4013 | E | COMPLETE GIFT CASE RATE | | | | Not Allowed | $0.00 | | | |

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|---|---|---|---|---|---|---|---|---|---|---|
| S4014 | E | COMPLETE ZIFT CASE RATE | | | | Not Allowed | $0.00 | | | |
| S4015 | E | COMPLETE IVF NOS CASE RATE | | | | Not Allowed | $0.00 | | | |
| S4016 | E | FROZEN IVF CASE RATE | | | | Not Allowed | $0.00 | | | |
| S4017 | E | IVF CANC A STIM CASE RATE | | | | Not Allowed | $0.00 | | | |
| S4018 | E | F EMB TRNS CANC CASE RATE | | | | Not Allowed | $0.00 | | | |
| S4020 | E | IVF CANC A ASPIR CASE RATE | | | | Not Allowed | $0.00 | | | |
| S4021 | E | IVF CANC P ASPIR CASE RATE | | | | Not Allowed | $0.00 | | | |
| S4022 | E | ASST OOCYTE FERT CASE RATE | | | | Not Allowed | $0.00 | | | |
| S4023 | E | DONOR EGG CYCLE INCOMPLETE CASE RATE | | | | Not Allowed | $0.00 | | | |
| S4025 | E | DONOR SERV IVF CASE RATE | | | | Not Allowed | $0.00 | | | |
| S4026 | E | PROCURE DONOR SPERM | | | | Not Allowed | $0.00 | | | |
| S4027 | E | STORE PREV FROZ EMBRYOS | | | | Not Allowed | $0.00 | | | |
| S4028 | E | MICROSURG EPI SPERM ASP | | | | Not Allowed | $0.00 | | | |
| S4030 | E | SPERM PROCURE INIT VISIT | | | | Not Allowed | $0.00 | | | |
| S4031 | E | SPERM PROCURE SUBS VISIT | | | | Not Allowed | $0.00 | | | |
| S4035 | E | STIMULATED INTRAUTERINE INSEMINATION (IUI) CASE | | | | Not Allowed | $0.00 | | | |
| S4037 | E | CRYOPRESERVED EMBRYO TRANSFER CASE RATE | | | | Not Allowed | $0.00 | | | |
| S4040 | E | MONITORING AND STORAGE OF CRYOPRESERVED EM | | | | Not Allowed | $0.00 | | | |
| S4042 | E | OVULATION MGMT PER CYCLE | | | | Not Allowed | $0.00 | | | |
| S4980 | E | LEVONORGESTREL - RELEASING INTRAUTERINE SYST | | | | Not Allowed | $0.00 | | | |
| S4981 | E | INSERT LEVONORGESTREL IUS | | | | Not Allowed | $0.00 | | | |
| S4989 | E | CONTRACEPT IUD | | | | Not Allowed | $0.00 | | | |
| S4990 | E | NICOTINE PATCH LEGEND | | | | Not Allowed | $0.00 | | | |
| S4991 | E | NICOTINE PATCH NONLEGEND | | | | Not Allowed | $0.00 | | | |
| S4993 | N | CONTRACEPTIVE PILLS FOR BIRTH CONTROL | | | | bundled | $0.00 | | | |
| S4995 | E | SMOKING CESSATION GUM | | | | Not Allowed | $0.00 | | | |
| S5000 | E | PRESCRIPTION DRUG, GENERIC | | | | Not Allowed | $0.00 | | | |
| S5001 | E | PRESCRIPTION DRUG,BRAND NAME | | | | Not Allowed | $0.00 | | | |
| S5010 | E | 5% DEXTROSE AND 0.45% SALINE | | | | Not Allowed | $0.00 | | | |
| S5011 | E | 5% DEXTROSE IN LACTATED RING | | | | Not Allowed | $0.00 | | | |
| S5012 | E | 5% DEXTROSE WITH POTASSIUM | | | | Not Allowed | $0.00 | | | |
| S5014 | E | D5W/0.45NS W KCL AND MGS04 | | | | Not Allowed | $0.00 | | | |
| S5016 | E | ANTIBIOTIC ADMIN SUPPLIES W/ | | | | Not Allowed | $0.00 | | | |
| S5017 | E | ANTIBIOTIC ADMINSUPPLIES W/O | | | | Not Allowed | $0.00 | | | |
| S5018 | E | PAIN THERAPY ADMIN SUPPLIES | | | | Not Allowed | $0.00 | | | |
| S5020 | E | CHEMOTHERAPY ADMIN SUPPLIES | | | | Not Allowed | $0.00 | | | |
| S5021 | E | HYDRATION THERAPY ADMIN SUPP | | | | Not Allowed | $0.00 | | | |
| S5022 | E | GROWTH HORMONE THERAPY | | | | Not Allowed | $0.00 | | | |
| S5025 | E | INFUSION PUMP RENTAL,PERDIEM | | | | Not Allowed | $0.00 | | | |
| S5035 | E | HIT ROUTINE DEVICE MAINT | | | | Not Allowed | $0.00 | | | |
| S5497 | E | HIT CATH CARE NOC | | | | Not Allowed | $0.00 | | | |
| S5498 | E | HIT SIMPLE CATH CARE | | | | Not Allowed | $0.00 | | | |
| S5501 | E | HIT COMPLEX CATH CARE | | | | Not Allowed | $0.00 | | | |
| S5502 | E | HIT INTERIM CATH CARE | | | | Not Allowed | $0.00 | | | |
| S5517 | E | HIT DECLOTTING KIT | | | | Not Allowed | $0.00 | | | |
| S5518 | E | HIT CATH REPAIR KIT | | | | Not Allowed | $0.00 | | | |
| S5520 | E | HIT PICC INSERT KIT | | | | Not Allowed | $0.00 | | | |
| S5521 | E | HIT MIDLINE CATH INSERT KIT | | | | Not Allowed | $0.00 | | | |
| S5522 | E | HIT PICC INSERT NO SUPP | | | | Not Allowed | $0.00 | | | |
| S5523 | E | HIP MIDLINE CATH INSERT KIT | | | | Not Allowed | $0.00 | | | |
| S5550 | E | INSULIN RAPID 5 U | | | | Not Allowed | $0.00 | | | |
| S5551 | E | INSULIN MOST RAPID 5 U | | | | Not Allowed | $0.00 | | | |
| S5552 | E | INSULIN INTERMED 5 U | | | | Not Allowed | $0.00 | | | |
| S5553 | E | INSULIN LONG ACTING 5 U | | | | Not Allowed | $0.00 | | | |
| S5560 | E | INSULIN REUSE PEN 1.5 ML | | | | Not Allowed | $0.00 | | | |
| S5561 | E | INSULIN REUSE PEN 3 ML | | | | Not Allowed | $0.00 | | | |
| S5565 | E | INSULIN CARTRIDGE 150 U | | | | Not Allowed | $0.00 | | | |
| S5566 | E | INSULIN CARTRIDGE 300 U | | | | Not Allowed | $0.00 | | | |
| S5570 | E | INSULIN DISPOS PEN 1.5 ML | | | | Not Allowed | $0.00 | | | |
| S5571 | E | INSULIN DISPOS PEN 3 ML | | | | Not Allowed | $0.00 | | | |
| S8030 | E | TANTALUM RING APPLICATION | | | | Not Allowed | $0.00 | | | |
| S8035 | E | MAGNETIC SOURCE IMAGING | | | | Not Allowed | $0.00 | | | |
| S8037 | E | MRCP | | | | Not Allowed | $0.00 | | | |
| S8040 | E | TOPOGRAPHIC BRAIN MAPPING | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| S8042 | E | MAGNETIC RESONANCE IMAGING (MRI) LOW-FIELD | | | | Not Allowed | $0.00 | | | |
| S8055 | E | US GUIDANCE FETAL REDUCT | | | | Not Allowed | $0.00 | | | |
| S8080 | E | SCINTIMAMMOGRAPHY | | | | Not Allowed | $0.00 | | | |
| S8085 | E | FLUORINE-18 FLUORODEOXYGLUCO | | | | Not Allowed | $0.00 | | | |
| S8092 | E | ELECTRON BEAM COMPUTED TOMOG | | | | Not Allowed | $0.00 | | | |
| S8096 | E | PORTABLE PEAK FLOW METER | | | | Not Allowed | $0.00 | | | |
| S8097 | E | ASTHMA KIT | | | | Not Allowed | $0.00 | | | |
| S8100 | E | SPACER WITHOUT MASK | | | | Not Allowed | $0.00 | | | |
| S8101 | E | SPACER WITH MASK | | | | Not Allowed | $0.00 | | | |
| S8110 | E | PEAK EXPIRATORY FLOW RATE (P | | | | Not Allowed | $0.00 | | | |
| S8120 | E | O2 CONTENTS GAS CUBIC FT | | | | Not Allowed | $0.00 | | | |
| S8121 | E | O2 CONTENTS LIQUID LB | | | | Not Allowed | $0.00 | | | |
| S8185 | E | FLUTTER DEVICE | | | | Not Allowed | $0.00 | | | |
| S8186 | E | SWIVEL ADAPTOR | | | | Not Allowed | $0.00 | | | |
| S8189 | E | TRACH SUPPLY NOC | | | | Not Allowed | $0.00 | | | |
| S8205 | E | CHEST COMPRESSION SYSTEM GEN | | | | Not Allowed | $0.00 | | | |
| S8210 | E | MUCUS TRAP | | | | Not Allowed | $0.00 | | | |
| S8262 | E | MANDIBULAR ORTHOPEDIC REPOSITIONING DEVICE E | | | | Not Allowed | $0.00 | | | |
| S8265 | E | HABERMAN FEEDER FOR CLEFT LIP/PALATE | | | | Not Allowed | $0.00 | | | |
| S8270 | E | ENURESIS ALARM | | | | Not Allowed | $0.00 | | | |
| S8300 | E | SACRAL NERVE STIMULATION TEST LEAD KIT | | | | Not Allowed | $0.00 | | | |
| S8301 | E | INFECT CONTROL SUPPLIES NOS | | | | Not Allowed | $0.00 | | | |
| S8400 | E | INCONTINENCE PANTS, EACH | | | | Not Allowed | $0.00 | | | |
| S8402 | E | DIAPERS, EACH | | | | Not Allowed | $0.00 | | | |
| S8415 | E | SUPPLIES FOR HOME DELIVERY | | | | Not Allowed | $0.00 | | | |
| S8420 | E | CUSTOM GRADIENT SLEEV/GLOV | | | | Not Allowed | $0.00 | | | |
| S8421 | E | READY GRADIENT SLEEV/GLOV | | | | Not Allowed | $0.00 | | | |
| S8422 | E | CUSTOM GRAD SLEEVE MED | | | | Not Allowed | $0.00 | | | |
| S8423 | E | CUSTOM GRAD SLEEVE HEAVY | | | | Not Allowed | $0.00 | | | |
| S8424 | E | READY GRADIENT SLEEVE | | | | Not Allowed | $0.00 | | | |
| S8425 | E | CUSTOM GRAD GLOVE MED | | | | Not Allowed | $0.00 | | | |
| S8426 | E | CUSTOM GRAD GLOVE HEAVY | | | | Not Allowed | $0.00 | | | |
| S8427 | E | READY GRADIENT GLOVE | | | | Not Allowed | $0.00 | | | |
| S8428 | E | READY GRADIENT GAUNTLET | | | | Not Allowed | $0.00 | | | |
| S8429 | E | GRADIENT PRESSURE WRAP | | | | Not Allowed | $0.00 | | | |
| S8430 | E | PADDING FOR COMPRSSN BDG | | | | Not Allowed | $0.00 | | | |
| S8431 | E | COMPRESSION BANDAGE | | | | Not Allowed | $0.00 | | | |
| S8450 | E | SPLINT DIGIT | | | | Not Allowed | $0.00 | | | |
| S8451 | E | SPLINT WRIST OR ANKLE | | | | Not Allowed | $0.00 | | | |
| S8452 | E | SPLINT ELBOW | | | | Not Allowed | $0.00 | | | |
| S8490 | E | 100 INSULIN SYRINGES | | | | Not Allowed | $0.00 | | | |
| S8930 | E | AURICULAR ELECTROSTIMULATION | | | | Not Allowed | $0.00 | | | |
| S8948 | E | LOW-LEVEL LASER TRMT 15 MIN | | | | Not Allowed | $0.00 | | | |
| S8950 | E | COMPLEX LYMPHEDEMA THERAPY, | | | | Not Allowed | $0.00 | | | |
| S8999 | E | RESUSCITATION BAG | | | | Not Allowed | $0.00 | | | |
| S9001 | E | HOME UTERINE MONITOR WITH OR | | | | Not Allowed | $0.00 | | | |
| S9007 | E | ULTRAFILTRATION MONITOR | | | | Not Allowed | $0.00 | | | |
| S9015 | E | AUTOMATED EEG MONITORING | | | | Not Allowed | $0.00 | | | |
| S9024 | E | PARANASAL SINUS ULTRASOUND | | | | Not Allowed | $0.00 | | | |
| S9025 | E | OMNICARDIOGRAM/CARDIOINTEGRA | | | | Not Allowed | $0.00 | | | |
| S9034 | E | ESWL FOR GALLSTONES | | | | Not Allowed | $0.00 | | | |
| S9055 | E | PROCUREN OR OTHER GROWTH FAC | | | | Not Allowed | $0.00 | | | |
| S9056 | E | COMA STIMULATION PER DIEM | | | | Not Allowed | $0.00 | | | |
| S9061 | E | MEDICAL SUPPLIES AND EQUIPME | | | | Not Allowed | $0.00 | | | |
| S9083 | E | URGENT CARE CENTER GLOBAL | | | | Not Allowed | $0.00 | | | |
| S9088 | E | SERVICES PROVIDED IN URGENT | | | | Not Allowed | $0.00 | | | |
| S9090 | E | VERTEBRAL AXIAL DECOMPRESSIO | | | | Not Allowed | $0.00 | | | |
| S9097 | E | HOME VISIT FOR WOUND CARE | | | | Not Allowed | $0.00 | | | |
| S9098 | E | HOME PHOTOTHERAPY VISIT | | | | Not Allowed | $0.00 | | | |
| S9109 | E | CHF TELEMONITORING MONTH | | | | Not Allowed | $0.00 | | | |
| S9117 | E | BACK SCHOOL VISIT | | | | Not Allowed | $0.00 | | | |
| S9122 | E | HOME HEALTH AIDE OR CERTIFIE | | | | Not Allowed | $0.00 | | | |
| S9123 | E | NURSING CARE IN HOME RN | | | | Not Allowed | $0.00 | | | |
| S9124 | E | NURSING CARE, IN THE HOME; B | | | | Not Allowed | $0.00 | | | |

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|---|---|---|---|---|---|---|---|---|---|---|
| S9125 | E | RESPITE CARE, IN THE HOME, P | | | | Not Allowed | $0.00 | | | |
| S9126 | E | HOSPICE CARE, IN THE HOME, P | | | | Not Allowed | $0.00 | | | |
| S9127 | E | SOCIAL WORK VISIT, IN THE HO | | | | Not Allowed | $0.00 | | | |
| S9128 | E | SPEECH THERAPY, IN THE HOME, | | | | Not Allowed | $0.00 | | | |
| S9129 | E | OCCUPATIONAL THERAPY, IN THE | | | | Not Allowed | $0.00 | | | |
| S9131 | E | PT IN THE HOME PER DIEM | | | | Not Allowed | $0.00 | | | |
| S9140 | E | DIABETIC MANAGEMENT PROGRAM, | | | | Not Allowed | $0.00 | | | |
| S9141 | E | DIABETIC MANAGEMENT PROGRAM, | | | | Not Allowed | $0.00 | | | |
| S9145 | E | INSULIN PUMP INITIATION | | | | Not Allowed | $0.00 | | | |
| S9208 | E | HOME MGMT PRETERM LABOR | | | | Not Allowed | $0.00 | | | |
| S9209 | E | HOME MGMT PPROM | | | | Not Allowed | $0.00 | | | |
| S9211 | E | HOME MGMT GEST HYPERTENSION | | | | Not Allowed | $0.00 | | | |
| S9212 | E | HM POSTPAR HYPER PER DIEM | | | | Not Allowed | $0.00 | | | |
| S9213 | E | HM PREECLAMP PER DIEM | | | | Not Allowed | $0.00 | | | |
| S9214 | E | HM GEST DM PER DIEM | | | | Not Allowed | $0.00 | | | |
| S9325 | E | HIT PAIN MGMT PER DIEM | | | | Not Allowed | $0.00 | | | |
| S9326 | E | HIT CONT PAIN PER DIEM | | | | Not Allowed | $0.00 | | | |
| S9327 | E | HIT INT PAIN PER DIEM | | | | Not Allowed | $0.00 | | | |
| S9328 | E | HIT PAIN IMP PUMP DIEM | | | | Not Allowed | $0.00 | | | |
| S9329 | E | HIT CHEMO PER DIEM | | | | Not Allowed | $0.00 | | | |
| S9330 | E | HIT CONT CHEM DIEM | | | | Not Allowed | $0.00 | | | |
| S9331 | E | HIT INTERMIT CHEMO DIEM | | | | Not Allowed | $0.00 | | | |
| S9336 | E | HIT CONT ANTICOAG DIEM | | | | Not Allowed | $0.00 | | | |
| S9338 | E | HIT IMMUNOTHERAPY DIEM | | | | Not Allowed | $0.00 | | | |
| S9339 | E | HIT PERITON DIALYSIS DIEM | | | | Not Allowed | $0.00 | | | |
| S9340 | E | HIT ENTERAL PER DIEM | | | | Not Allowed | $0.00 | | | |
| S9341 | E | HIT ENTERAL GRAV DIEM | | | | Not Allowed | $0.00 | | | |
| S9342 | E | HIT ENTERAL PUMP DIEM | | | | Not Allowed | $0.00 | | | |
| S9343 | E | HIT ENTERAL BOLUS NURS | | | | Not Allowed | $0.00 | | | |
| S9345 | E | HIT ANTI-HEMOPHIL DIEM | | | | Not Allowed | $0.00 | | | |
| S9346 | E | HIT ALPHA-1-PROTEINAS DIEM | | | | Not Allowed | $0.00 | | | |
| S9347 | E | HIT LONGTERM INFUSION DIEM | | | | Not Allowed | $0.00 | | | |
| S9348 | E | HIT SYMPATHOMIM DIEM | | | | Not Allowed | $0.00 | | | |
| S9349 | E | HIT TOCOLYSIS DIEM | | | | Not Allowed | $0.00 | | | |
| S9351 | E | HIT CONT ANTIEMETIC DIEM | | | | Not Allowed | $0.00 | | | |
| S9353 | E | HIT CONT INSULIN DIEM | | | | Not Allowed | $0.00 | | | |
| S9355 | E | HIT CHELATION DIEM | | | | Not Allowed | $0.00 | | | |
| S9357 | E | HIT ENZYME REPLACE DIEM | | | | Not Allowed | $0.00 | | | |
| S9359 | E | HIT ANTI-TNF PER DIEM | | | | Not Allowed | $0.00 | | | |
| S9361 | E | HIT DIURETIC INFUS DIEM | | | | Not Allowed | $0.00 | | | |
| S9363 | E | HIT ANTI-SPASMOTIC DIEM | | | | Not Allowed | $0.00 | | | |
| S9364 | E | HIT TPN TOTAL DIEM | | | | Not Allowed | $0.00 | | | |
| S9365 | E | HIT TPN 1 LITER DIEM | | | | Not Allowed | $0.00 | | | |
| S9366 | E | HIT TPN 2 LITER DIEM | | | | Not Allowed | $0.00 | | | |
| S9367 | E | HIT TPN 3 LITER DIEM | | | | Not Allowed | $0.00 | | | |
| S9368 | E | HIT TPN OVER 3L DIEM | | | | Not Allowed | $0.00 | | | |
| S9370 | E | HT INJ ANTIEMETIC DIEM | | | | Not Allowed | $0.00 | | | |
| S9372 | E | HT INJ ANTICOAG DIEM | | | | Not Allowed | $0.00 | | | |
| S9373 | E | HIT HYDRA TOTAL DIEM | | | | Not Allowed | $0.00 | | | |
| S9374 | E | HIT HYDRA 1 LITER DIEM | | | | Not Allowed | $0.00 | | | |
| S9375 | E | HIT HYDRA 2 LITER DIEM | | | | Not Allowed | $0.00 | | | |
| S9376 | E | HIT HYDRA 3 LITER DIEM | | | | Not Allowed | $0.00 | | | |
| S9377 | E | HIT HYDRA OVER 3L DIEM | | | | Not Allowed | $0.00 | | | |
| S9379 | E | HIT NOC PER DIEM | | | | Not Allowed | $0.00 | | | |
| S9381 | E | HIT HIGH RISK/ESCORT | | | | Not Allowed | $0.00 | | | |
| S9401 | E | ANTICOAGULATION CLINIC PER SESSION | | | | Not Allowed | $0.00 | | | |
| S9430 | E | PHARMACY COMPOUNDING AND DISPENSING SERVICE | | | | Not Allowed | $0.00 | | | |
| S9435 | E | MEDICAL FOODS FOR INBORN ERR | | | | Not Allowed | $0.00 | | | |
| S9436 | E | LAMAZE CLASS PER SESSION | | | | Not Allowed | $0.00 | | | |
| S9437 | E | CHILDBIRTH REFRESHER CLASSES PER SESSION | | | | Not Allowed | $0.00 | | | |
| S9438 | E | CESAREAN BIRTH CLASS PER SESSION | | | | Not Allowed | $0.00 | | | |
| S9439 | E | VBAC CLASS PER SESSION | | | | Not Allowed | $0.00 | | | |
| S9441 | E | ASTHMA EDUCATION | | | | Not Allowed | $0.00 | | | |
| S9442 | E | BIRTHING CLASS | | | | Not Allowed | $0.00 | | | |

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|---|---|---|---|---|---|---|---|---|---|---|
| S9443 | E | LACTATION CLASS | | | | Not Allowed | $0.00 | | | |
| S9444 | E | PARENTING CLASSES NON-PHYSICIAN PROVIDER PEF | | | | Not Allowed | $0.00 | | | |
| S9445 | E | PT EDUCATION NOC INDIVID | | | | Not Allowed | $0.00 | | | |
| S9446 | E | PT EDUCATION NOC GROUP | | | | Not Allowed | $0.00 | | | |
| S9447 | E | INFANT SAFETY CLASS PER SESSION | | | | Not Allowed | $0.00 | | | |
| S9449 | E | WEIGHT MANAGEMENT CLASSES PER SESSION | | | | Not Allowed | $0.00 | | | |
| S9451 | E | EXERCISE CLASS NON-PHYSICIAN PROVIDER PER SE | | | | Not Allowed | $0.00 | | | |
| S9452 | E | NUTRITION CLASSES NON-PHYSICIAN PROVIDER PEF | | | | Not Allowed | $0.00 | | | |
| S9453 | E | SMOKING CESSATION CLASS PER SESSION | | | | Not Allowed | $0.00 | | | |
| S9454 | E | STRESS MANAGEMENT CLASS PER SESSION | | | | Not Allowed | $0.00 | | | |
| S9455 | E | DIABETIC MANAGEMENT PROGRAM, GROUP SESSION | | | | Not Allowed | $0.00 | | | |
| S9460 | E | DIABETIC MANAGEMENT PROGRAM, NURSE VISIT | | | | Not Allowed | $0.00 | | | |
| S9465 | E | DIABETIC MANAGEMENT PROGRAM, DIETICIAN VISIT | | | | Not Allowed | $0.00 | | | |
| S9470 | E | NUTRITIONAL COUNSELING, DIET | | | | Not Allowed | $0.00 | | | |
| S9472 | E | CARDIAC REHABILITATION PROGR | | | | Not Allowed | $0.00 | | | |
| S9473 | E | PULMONARY REHABILITATION PRO | | | | Not Allowed | $0.00 | | | |
| S9474 | E | ENTEROSTOMAL THERAPY BY A RE | | | | Not Allowed | $0.00 | | | |
| S9475 | E | AMBULATORY SETTING SUBSTANCE | | | | Not Allowed | $0.00 | | | |
| S9476 | E | VESTIBULAR REHAB PER DIEM | | | | Not Allowed | $0.00 | | | |
| S9480 | E | INTENSIVE OUTPATIENT PSYCHIA | | | | Not Allowed | $0.00 | | | |
| S9482 | E | FAMILY STABILIZATION 15 MIN | | | | Not Allowed | $0.00 | | | |
| S9484 | E | CRISIS INTERVENTION PER HOUR | | | | Not Allowed | $0.00 | | | |
| S9484 | M | CRISIS INTERVENTION MH SRVS PER HOUR | U1 | | | Fee Schedule | $25.00 | | | Y |
| S9484 | M | CRISIS INTERVENTION MH PER HOUR | U2 | | | Fee Schedule | $12.50 | | | Y |
| S9484 | M | CRISIS INTERVENTION MH SERVICES PER HOUR | U3 | | | Fee Schedule | $8.33 | | | Y |
| S9485 | E | CRISIS INTERVENTION PER DIEM | | | | Not Allowed | $0.00 | | | |
| S9494 | E | HIT ANTIBIOTIC TOTAL DIEM | | | | Not Allowed | $0.00 | | | |
| S9497 | E | HIT ANTIBIOTIC Q3H DIEM | | | | Not Allowed | $0.00 | | | |
| S9500 | E | HIT ANTIBIOTIC Q24H DIEM | | | | Not Allowed | $0.00 | | | |
| S9501 | E | HIT ANTIBIOTIC Q12H DIEM | | | | Not Allowed | $0.00 | | | |
| S9502 | E | HIT ANTIBIOTIC Q8H DIEM | | | | Not Allowed | $0.00 | | | |
| S9503 | E | HIT ANTIBIOTIC Q6H DIEM | | | | Not Allowed | $0.00 | | | |
| S9504 | E | HIT ANTIBIOTIC Q4H DIEM | | | | Not Allowed | $0.00 | | | |
| S9529 | E | VENIPUNCTURE HOME/SNF | | | | Not Allowed | $0.00 | | | |
| S9537 | E | HT HEM HORM INJ DIEM | | | | Not Allowed | $0.00 | | | |
| S9538 | E | HIT BLOOD PRODUCTS DIEM | | | | Not Allowed | $0.00 | | | |
| S9542 | E | HT INJ NOC PER DIEM | | | | Not Allowed | $0.00 | | | |
| S9558 | E | HT INJ GROWTH HORM DIEM | | | | Not Allowed | $0.00 | | | |
| S9559 | E | HIT INJ INTERFERON DIEM | | | | Not Allowed | $0.00 | | | |
| S9560 | E | HT INJ HORMONE DIEM | | | | Not Allowed | $0.00 | | | |
| S9562 | E | PALIVIZUMAB HOME INJ PERDIEM | | | | Not Allowed | $0.00 | | | |
| S9590 | E | IN HOME IRRIGATION THERAPY | | | | Not Allowed | $0.00 | | | |
| S9810 | E | HT PHARM PER HOUR | | | | Not Allowed | $0.00 | | | |
| S9970 | E | HEALTH CLUB MEMBERSHIP ANNUAL | | | | Not Allowed | $0.00 | | | |
| S9975 | E | TRANSPLANT RELATED PER DIEM | | | | Not Allowed | $0.00 | | | |
| S9976 | E | LODGING PER DIEM | | | | Not Allowed | $0.00 | | | |
| S9977 | E | MEALS PER DIEM | | | | Not Allowed | $0.00 | | | |
| S9981 | E | MED RECORD COPY ADMIN | | | | Not Allowed | $0.00 | | | |
| S9982 | E | MED RECORD COPY PER PAGE | | | | Not Allowed | $0.00 | | | |
| S9986 | E | NOT MEDICALLY NECESSARY SVC | | | | Not Allowed | $0.00 | | | |
| S9988 | E | SERV PART OF PHASE I TRIAL | | | | Not Allowed | $0.00 | | | |
| S9989 | E | SERVICES OUTSIDE US | | | | Not Allowed | $0.00 | | | |
| S9990 | E | SERVICES PROVIDED AS PART OF | | | | Not Allowed | $0.00 | | | |
| S9991 | E | SERVICES PROVIDED AS PART OF | | | | Not Allowed | $0.00 | | | |
| S9992 | E | TRANSPORTATION COSTS TO AND | | | | Not Allowed | $0.00 | | | |
| T1000 | E | PRIVATE DUTY/INDEPENDENT NSG | | | | Not Allowed | $0.00 | | | |
| T1001 | E | NURSING ASSESSMENT/EVALUATN | | | | Not Allowed | $0.00 | | | |
| T1002 | E | RN SERVICES UP TO 15 MINUTES | | | | Not Allowed | $0.00 | | | |
| T1003 | E | LPN/LVN SERVICES UP TO 15MIN | | | | Not Allowed | $0.00 | | | |
| T1004 | E | NSG AIDE SERVICE UP TO 15MIN | | | | Not Allowed | $0.00 | | | |
| T1005 | E | RESPITE CARE SERVICE 15 MIN | | | | Not Allowed | $0.00 | | | |
| T1006 | E | FAMILY/COUPLE COUNSELING | | | | Not Allowed | $0.00 | | | |
| T1007 | E | TREATMENT PLAN DEVELOPMENT | | | | Not Allowed | $0.00 | | | |
| T1009 | E | CHILD SITTING SERVICES | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| T1010 | E | MEALS WHEN RECEIVE SERVICES | | | | Not Allowed | $0.00 | | | |
| T1012 | E | ALCOHOL/SUBSTANCE ABUSE SKIL | | | | Not Allowed | $0.00 | | | |
| T1013 | E | SIGN LANG/ORAL INTERPRETER | | | | Not Allowed | $0.00 | | | |
| T1014 | E | TELEHEALTH TRANSMIT, PER MIN | | | | Not Allowed | $0.00 | | | |
| T1015 | E | CLINIC SERVICE | | | | Not Allowed | $0.00 | | | |
| T1016 | M | CASE MANAGEMENT | | | | Fee Schedule | $0.00 | | | |
| T1016 | M | CASE MANAGEMENT, EACH 15 MINUTES | HD | | | Fee Schedule | $0.00 | | | |
| T1017 | E | TARGETED CASE MANAGEMENT | | | | Not Allowed | $0.00 | | | |
| T1018 | E | SCHOOL-BASED IEP SER BUNDLED | | | | Not Allowed | $0.00 | | | |
| T1019 | E | PERSONAL CARE SER PER 15 MIN | | | | Not Allowed | $0.00 | | | |
| T1020 | E | EXCISION COMPLETE PLANTAR VERRUCA MULTIPLE S | | | | Not Allowed | $0.00 | | | |
| T1021 | E | HH AIDE OR CN AIDE PER VISIT | | | | Not Allowed | $0.00 | | | |
| T1022 | E | CONTRACTED SERVICES PER DAY | | | | Not Allowed | $0.00 | | | |
| T1023 | E | PROGRAM INTAKE ASSESSMENT | | | | Not Allowed | $0.00 | | | |
| T1024 | M | TEAM EVALUATION & MANAGEMENT | | | | Fee Schedule | $100.00 | | | |
| T1025 | M | PED COMPR CARE PKG PER DIEM | | | | Fee Schedule | $1,000.00 | | | |
| T1026 | E | PED COMPR CARE PKG PER HOUR | | | | Not Allowed | $0.00 | | | |
| T1027 | E | FAMILY TRAINING & COUNSELING | | | | Not Allowed | $0.00 | | | |
| T1028 | E | HOME ENVIRONMENT ASSESSMENT | | | | Not Allowed | $0.00 | | | |
| T1029 | E | NOT OTHERWISE CLASSIFIED SKIN SUBCUTANEOUS A | | | | Not Allowed | $0.00 | | | |
| T1030 | E | REMOVAL OF SUTURES BY ANOTHER PHYSICIAN | | | | Not Allowed | $0.00 | | | |
| T1031 | E | LPN HOME CARE PER DIEM | | | | Not Allowed | $0.00 | | | |
| T1502 | E | MEDICATION ADMIN VISIT | | | | Not Allowed | $0.00 | | | |
| T1505 | E | ELEC MED COMP DEV, NOC | | | | Not Allowed | $0.00 | | | |
| T1999 | E | NOC RETAIL ITEMS AND SUPPLIES | | | | Not Allowed | $0.00 | | | |
| T2001 | E | N-ET; PATIENT ATTEND/ESCORT | | | | Not Allowed | $0.00 | | | |
| T2002 | E | N-ET; PER DIEM | | | | Not Allowed | $0.00 | | | |
| T2003 | E | N-ET; ENCOUNTER/TRIP | | | | Not Allowed | $0.00 | | | |
| T2004 | E | N-ET; COMMERC CARRIER PASS | | | | Not Allowed | $0.00 | | | |
| T2005 | E | N-ET; STRETCHER VAN | | | | Not Allowed | $0.00 | | | |
| T2007 | E | NON-EMER TRANSPORT WAIT TIME | | | | Not Allowed | $0.00 | | | |
| T2010 | E | PASRR LEVEL I | | | | Not Allowed | $0.00 | | | |
| T2011 | E | PASRR LEVEL II | | | | Not Allowed | $0.00 | | | |
| T2012 | E | HABIL ED WAIVER, PER DIEM | | | | Not Allowed | $0.00 | | | |
| T2013 | E | HABIL ED WAIVER PER HOUR | | | | Not Allowed | $0.00 | | | |
| T2014 | E | HABIL PREVOC WAIVER, PER D | | | | Not Allowed | $0.00 | | | |
| T2015 | E | HABIL PREVOC WAIVER PER HR | | | | Not Allowed | $0.00 | | | |
| T2016 | E | HABIL RES WAIVER PER DIEM | | | | Not Allowed | $0.00 | | | |
| T2017 | E | HABIL RES WAIVER 15 MIN | | | | Not Allowed | $0.00 | | | |
| T2018 | E | HABIL SUP EMPL WAIVER/DIEM | | | | Not Allowed | $0.00 | | | |
| T2019 | E | HABIL SUP EMPL WAIVER 15MIN | | | | Not Allowed | $0.00 | | | |
| T2020 | E | DAY HABIL WAIVER PER DIEM | | | | Not Allowed | $0.00 | | | |
| T2021 | E | DAY HABIL WAIVER PER 15 MIN | | | | Not Allowed | $0.00 | | | |
| T2022 | E | CASE MANAGEMENT, PER MONTH | | | | Not Allowed | $0.00 | | | |
| T2023 | E | TARGETED CASE MGMT PER MONTH | | | | Not Allowed | $0.00 | | | |
| T2024 | E | SERV ASMNT/CARE PLAN WAIVER | | | | Not Allowed | $0.00 | | | |
| T2025 | E | WAIVER SERVICE, NOS | | | | Not Allowed | $0.00 | | | |
| T2026 | E | SPECIAL CHILDCARE WAIVER/D | | | | Not Allowed | $0.00 | | | |
| T2027 | E | SPEC CHILDCARE WAIVER 15 MIN | | | | Not Allowed | $0.00 | | | |
| T2028 | E | SPECIAL SUPPLY, NOS WAIVER | | | | Not Allowed | $0.00 | | | |
| T2029 | E | SPECIAL MED EQUIP, NOSWAIVER | | | | Not Allowed | $0.00 | | | |
| T2030 | E | ASSIST LIVING WAIVER/MONTH | | | | Not Allowed | $0.00 | | | |
| T2031 | E | ASSIST LIVING WAIVER/DIEM | | | | Not Allowed | $0.00 | | | |
| T2032 | E | RES CARE, NOS WAIVER/MONTH | | | | Not Allowed | $0.00 | | | |
| T2033 | E | RES, NOS WAIVER PER DIEM | | | | Not Allowed | $0.00 | | | |
| T2034 | E | CRISIS INTERVEN WAIVER/DIEM | | | | Not Allowed | $0.00 | | | |
| T2035 | E | UTILITY SERVICES WAIVER | | | | Not Allowed | $0.00 | | | |
| T2036 | E | CAMP OVERNITE WAIVER/SESSION | | | | Not Allowed | $0.00 | | | |
| T2037 | E | CAMP DAY WAIVER/SESSION | | | | Not Allowed | $0.00 | | | |
| T2038 | E | COMM TRANS WAIVER/SERVICE | | | | Not Allowed | $0.00 | | | |
| T2039 | E | VEHICLE MOD WAIVER/SERVICE | | | | Not Allowed | $0.00 | | | |
| T2040 | E | FINANCIAL MGT WAIVER/15MIN | | | | Not Allowed | $0.00 | | | |
| T2041 | E | SUPPORT BROKER WAIVER/15 MIN | | | | Not Allowed | $0.00 | | | |
| T2042 | E | HOSPICE ROUTINE HOME CARE | | | | Not Allowed | $0.00 | | | |

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|---|---|---|---|---|---|---|---|---|---|---|
| T2043 | E | HOSPICE CONTINUOUS HOME CARE | | | | Not Allowed | $0.00 | | | |
| T2044 | E | HOSPICE RESPITE CARE | | | | Not Allowed | $0.00 | | | |
| T2045 | E | HOSPICE GENERAL CARE | | | | Not Allowed | $0.00 | | | |
| T2046 | E | HOSPICE LONG TERM CARE R&B | | | | Not Allowed | $0.00 | | | |
| T2048 | E | BH LTC RES R&B, PER DIEM | | | | Not Allowed | $0.00 | | | |
| T2049 | E | N-ET; STRETCHER VAN MILEAGE | | | | Not Allowed | $0.00 | | | |
| T2101 | E | BREAST MILK PROC/STORE/DIST | | | | Not Allowed | $0.00 | | | |
| T4521 | E | ADULT SIZE BRIEF/DIAPER SM | | | | Not Allowed | $0.00 | | | |
| T4522 | E | ADULT SIZE BRIEF/DIAPER MED | | | | Not Allowed | $0.00 | | | |
| T4523 | E | ADULT SIZE BRIEF/DIAPER LG | | | | Not Allowed | $0.00 | | | |
| T4524 | E | ADULT SIZE BRIEF/DIAPER XL | | | | Not Allowed | $0.00 | | | |
| T4525 | E | ADULT SIZE PULL-ON SM | | | | Not Allowed | $0.00 | | | |
| T4526 | E | ADULT SIZE PULL-ON MED | | | | Not Allowed | $0.00 | | | |
| T4527 | E | ADULT SIZE PULL-ON LG | | | | Not Allowed | $0.00 | | | |
| T4528 | E | ADULT SIZE PULL-ON XL | | | | Not Allowed | $0.00 | | | |
| T4529 | E | PED SIZE BRIEF/DIAPER SM/MED | | | | Not Allowed | $0.00 | | | |
| T4530 | E | PED SIZE BRIEF/DIAPER LG | | | | Not Allowed | $0.00 | | | |
| T4531 | E | PED SIZE PULL-ON SM/MED | | | | Not Allowed | $0.00 | | | |
| T4532 | E | PED SIZE PULL-ON LG | | | | Not Allowed | $0.00 | | | |
| T4533 | E | YOUTH SIZE BRIEF/DIAPER | | | | Not Allowed | $0.00 | | | |
| T4534 | E | YOUTH SIZE PULL-ON | | | | Not Allowed | $0.00 | | | |
| T4535 | E | DISPOSABLE LINER/SHIELD/PAD | | | | Not Allowed | $0.00 | | | |
| T4536 | E | REUSABLE PULL-ON ANY SIZE | | | | Not Allowed | $0.00 | | | |
| T4537 | E | REUSABLE UNDERPAD BED SIZE | | | | Not Allowed | $0.00 | | | |
| T4538 | E | DIAPER SERV REUSABLE DIAPER | | | | Not Allowed | $0.00 | | | |
| T4539 | E | REUSE DIAPER/BRIEF ANY SIZE | | | | Not Allowed | $0.00 | | | |
| T4540 | E | REUSABLE UNDERPAD CHAIR SIZE | | | | Not Allowed | $0.00 | | | |
| T4541 | E | LARGE DISPOSABLE UNDERPAD | | | | Not Allowed | $0.00 | | | |
| T4542 | E | SMALL DISPOSABLE UNDERPAD | | | | Not Allowed | $0.00 | | | |
| T5001 | E | SPECIAL POSITION SEAT/VEHICL | | | | Not Allowed | $0.00 | | | |
| T5999 | E | SUPPLY, NOS | | | | Not Allowed | $0.00 | | | |
| V2020 | E | VISION SVCS FRAMES PURCHASES | | | | Not Allowed | $0.00 | | | |
| V2025 | E | EYEGLASSES DELUX FRAMES | | | | Not Allowed | $0.00 | | | |
| V2100 | E | LENS SPHER SINGLE PLANO 4.00 | | | | Not Allowed | $0.00 | | | |
| V2101 | E | SINGLE VISN SPHERE 4.12-7.00 | | | | Not Allowed | $0.00 | | | |
| V2102 | E | SINGL VISN SPHERE 7.12-20.00 | | | | Not Allowed | $0.00 | | | |
| V2103 | E | SPHEROCYLINDR 4.00D/12-2.00D | | | | Not Allowed | $0.00 | | | |
| V2104 | E | SPHEROCYLINDR 4.00D/2.12-4D | | | | Not Allowed | $0.00 | | | |
| V2105 | E | SPHEROCYLINDER 4.00D/4.25-6D | | | | Not Allowed | $0.00 | | | |
| V2106 | E | SPHEROCYLINDER 4.00D/>6.00D | | | | Not Allowed | $0.00 | | | |
| V2107 | E | SPHEROCYLINDER 4.25D/12-2D | | | | Not Allowed | $0.00 | | | |
| V2108 | E | SPHEROCYLINDER 4.25D/2.12-4D | | | | Not Allowed | $0.00 | | | |
| V2109 | E | SPHEROCYLINDER 4.25D/4.25-6D | | | | Not Allowed | $0.00 | | | |
| V2110 | E | SPHEROCYLINDER 4.25D/OVER 6D | | | | Not Allowed | $0.00 | | | |
| V2111 | E | SPHEROCYLINDR 7.25D/.25-2.25 | | | | Not Allowed | $0.00 | | | |
| V2112 | E | SPHEROCYLINDR 7.25D/2.25-4D | | | | Not Allowed | $0.00 | | | |
| V2113 | E | SPHEROCYLINDR 7.25D/4.25-6D | | | | Not Allowed | $0.00 | | | |
| V2114 | E | SPHEROCYLINDER OVER 12.00D | | | | Not Allowed | $0.00 | | | |
| V2115 | E | LENS LENTICULAR BIFOCAL | | | | Not Allowed | $0.00 | | | |
| V2118 | E | LENS ANISEIKONIC SINGLE | | | | Not Allowed | $0.00 | | | |
| V2121 | E | LENTICULAR LENS, SINGLE | | | | Not Allowed | $0.00 | | | |
| V2199 | E | LENS SINGLE VISION NOT OTH C | | | | Not Allowed | $0.00 | | | |
| V2200 | E | LENS SPHER BIFOC PLANO 4.00D | | | | Not Allowed | $0.00 | | | |
| V2201 | E | LENS SPHERE BIFOCAL 4.12-7.0 | | | | Not Allowed | $0.00 | | | |
| V2202 | E | LENS SPHERE BIFOCAL 7.12-20. | | | | Not Allowed | $0.00 | | | |
| V2203 | E | LENS SPHCYL BIFOCAL 4.00D/.1 | | | | Not Allowed | $0.00 | | | |
| V2204 | E | LENS SPHCY BIFOCAL 4.00D/2.1 | | | | Not Allowed | $0.00 | | | |
| V2205 | E | LENS SPHCY BIFOCAL 4.00D/4.2 | | | | Not Allowed | $0.00 | | | |
| V2206 | E | LENS SPHCY BIFOCAL 4.00D/OVE | | | | Not Allowed | $0.00 | | | |
| V2207 | E | LENS SPHCY BIFOCAL 4.25-7D/. | | | | Not Allowed | $0.00 | | | |
| V2208 | E | LENS SPHCY BIFOCAL 4.25-7/2. | | | | Not Allowed | $0.00 | | | |
| V2209 | E | LENS SPHCY BIFOCAL 4.25-7/4. | | | | Not Allowed | $0.00 | | | |
| V2210 | E | LENS SPHCY BIFOCAL 4.25-7/OV | | | | Not Allowed | $0.00 | | | |
| V2211 | E | LENS SPHCY BIFO 7.25-12/.25- | | | | Not Allowed | $0.00 | | | |

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|---|---|---|---|---|---|---|---|---|---|---|
| V2212 | E | LENS SPHCYL BIFO 7.25-12/2.2 | | | | Not Allowed | $0.00 | | | |
| V2213 | E | LENS SPHCYL BIFO 7.25-12/4.2 | | | | Not Allowed | $0.00 | | | |
| V2214 | E | LENS SPHCYL BIFOCAL OVER 12. | | | | Not Allowed | $0.00 | | | |
| V2215 | E | LENS LENTICULAR BIFOCAL | | | | Not Allowed | $0.00 | | | |
| V2218 | E | LENS ANISEIKONIC BIFOCAL | | | | Not Allowed | $0.00 | | | |
| V2219 | E | LENS BIFOCAL SEG WIDTH OVER | | | | Not Allowed | $0.00 | | | |
| V2220 | E | LENS BIFOCAL ADD OVER 3.25D | | | | Not Allowed | $0.00 | | | |
| V2221 | E | LENTICULAR LENS, BIFOCAL | | | | Not Allowed | $0.00 | | | |
| V2299 | E | LENS BIFOCAL SPECIALITY | | | | Not Allowed | $0.00 | | | |
| V2300 | E | LENS SPHERE TRIFOCAL 4.00D | | | | Not Allowed | $0.00 | | | |
| V2301 | E | LENS SPHERE TRIFOCAL 4.12-7. | | | | Not Allowed | $0.00 | | | |
| V2302 | E | LENS SPHERE TRIFOCAL 7.12-20 | | | | Not Allowed | $0.00 | | | |
| V2303 | E | LENS SPHCY TRIFOCAL 4.0/.12- | | | | Not Allowed | $0.00 | | | |
| V2304 | E | LENS SPHCY TRIFOCAL 4.0/2.25 | | | | Not Allowed | $0.00 | | | |
| V2305 | E | LENS SPHCY TRIFOCAL 4.0/4.25 | | | | Not Allowed | $0.00 | | | |
| V2306 | E | LENS SPHCYL TRIFOCAL 4.00/>6 | | | | Not Allowed | $0.00 | | | |
| V2307 | E | LENS SPHCY TRIFOCAL 4.25-7/. | | | | Not Allowed | $0.00 | | | |
| V2308 | E | LENS SPHC TRIFOCAL 4.25-7/2. | | | | Not Allowed | $0.00 | | | |
| V2309 | E | LENS SPHC TRIFOCAL 4.25-7/4. | | | | Not Allowed | $0.00 | | | |
| V2310 | E | LENS SPHC TRIFOCAL 4.25-7/>6 | | | | Not Allowed | $0.00 | | | |
| V2311 | E | LENS SPHC TRIFO 7.25-12/.25- | | | | Not Allowed | $0.00 | | | |
| V2312 | E | LENS SPHC TRIFO 7.25-12/2.25 | | | | Not Allowed | $0.00 | | | |
| V2313 | E | LENS SPHC TRIFO 7.25-12/4.25 | | | | Not Allowed | $0.00 | | | |
| V2314 | E | LENS SPHCYL TRIFOCAL OVER 12 | | | | Not Allowed | $0.00 | | | |
| V2315 | E | LENS LENTICULAR TRIFOCAL | | | | Not Allowed | $0.00 | | | |
| V2318 | E | LENS ANISEIKONIC TRIFOCAL | | | | Not Allowed | $0.00 | | | |
| V2319 | E | LENS TRIFOCAL SEG WIDTH > 28 | | | | Not Allowed | $0.00 | | | |
| V2320 | E | LENS TRIFOCAL ADD OVER 3.25D | | | | Not Allowed | $0.00 | | | |
| V2321 | E | LENTICULAR LENS, TRIFOCAL | | | | Not Allowed | $0.00 | | | |
| V2399 | E | LENS TRIFOCAL SPECIALITY | | | | Not Allowed | $0.00 | | | |
| V2410 | E | LENS VARIAB ASPHERICITY SING | | | | Not Allowed | $0.00 | | | |
| V2430 | E | LENS VARIABLE ASPHERICITY BI | | | | Not Allowed | $0.00 | | | |
| V2499 | E | VARIABLE ASPHERICITY LENS | | | | Not Allowed | $0.00 | | | |
| V2500 | E | CONTACT LENS PMMA SPHERICAL | | | | Not Allowed | $0.00 | | | |
| V2501 | E | CNTCT LENS PMMA-TORIC/PRISM | | | | Not Allowed | $0.00 | | | |
| V2502 | E | CONTACT LENS PMMA BIFOCAL | | | | Not Allowed | $0.00 | | | |
| V2503 | E | CNTCT LENS PMMA COLOR VISION | | | | Not Allowed | $0.00 | | | |
| V2510 | E | CNTCT GAS PERMEABLE SPHERICL | | | | Not Allowed | $0.00 | | | |
| V2511 | E | CNTCT TORIC PRISM BALLAST | | | | Not Allowed | $0.00 | | | |
| V2512 | E | CNTCT LENS GAS PERMBL BIFOCL | | | | Not Allowed | $0.00 | | | |
| V2513 | E | CONTACT LENS EXTENDED WEAR | | | | Not Allowed | $0.00 | | | |
| V2520 | E | CONTACT LENS HYDROPHILIC | | | | Not Allowed | $0.00 | | | |
| V2521 | E | CNTCT LENS HYDROPHILIC TORIC | | | | Not Allowed | $0.00 | | | |
| V2522 | E | CNTCT LENS HYDROPHIL BIFOCL | | | | Not Allowed | $0.00 | | | |
| V2523 | E | CNTCT LENS HYDROPHIL EXTEND | | | | Not Allowed | $0.00 | | | |
| V2530 | E | CONTACT LENS GAS IMPERMEABLE | | | | Not Allowed | $0.00 | | | |
| V2531 | E | CONTACT LENS GAS PERMEABLE | | | | Not Allowed | $0.00 | | | |
| V2599 | E | CONTACT LENS/ES OTHER TYPE | | | | Not Allowed | $0.00 | | | |
| V2600 | E | HAND HELD LOW VISION AIDS | | | | Not Allowed | $0.00 | | | |
| V2610 | E | SINGLE LENS SPECTACLE MOUNT | | | | Not Allowed | $0.00 | | | |
| V2615 | E | TELESCOP/OTHR COMPOUND LENS | | | | Not Allowed | $0.00 | | | |
| V2623 | E | PLASTIC EYE PROSTH CUSTOM | | | | Not Allowed | $0.00 | | | |
| V2624 | E | POLISHING ARTIFICAL EYE | | | | Not Allowed | $0.00 | | | |
| V2625 | E | ENLARGEMNT OF EYE PROSTHESIS | | | | Not Allowed | $0.00 | | | |
| V2626 | E | REDUCTION OF EYE PROSTHESIS | | | | Not Allowed | $0.00 | | | |
| V2627 | E | SCLERAL COVER SHELL | | | | Not Allowed | $0.00 | | | |
| V2628 | E | FABRICATION & FITTING | | | | Not Allowed | $0.00 | | | |
| V2629 | E | PROSTHETIC EYE OTHER TYPE | | | | Not Allowed | $0.00 | | | |
| V2630 | N | ANTER CHAMBER INTRAOCUL LENS | | | | Bundled | $0.00 | | | |
| V2631 | N | IRIS SUPPORT INTRAOCLR LENS | | | | Bundled | $0.00 | | | |
| V2632 | N | POST CHMBR INTRAOCULAR LENS | | | | Bundled | $0.00 | | | |
| V2700 | E | BALANCE LENS | | | | Not Allowed | $0.00 | | | |
| V2702 | E | DELUXE LENS FEATURE | | | | Not Allowed | $0.00 | | | |
| V2710 | E | GLASS/PLASTIC SLAB OFF PRISM | | | | Not Allowed | $0.00 | | | |

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|---|---|---|---|---|---|---|---|---|---|---|
| V2715 | E | PRISM LENS/ES | | | | Not Allowed | $0.00 | | | |
| V2718 | E | FRESNELL PRISM PRESS-ON LENS | | | | Not Allowed | $0.00 | | | |
| V2730 | E | SPECIAL BASE CURVE | | | | Not Allowed | $0.00 | | | |
| V2744 | E | TINT PHOTOCHROMATIC LENS/ES | | | | Not Allowed | $0.00 | | | |
| V2745 | E | TINT, ANY COLOR/SOLID/GRAD | | | | Not Allowed | $0.00 | | | |
| V2750 | E | ANTI-REFLECTIVE COATING | | | | Not Allowed | $0.00 | | | |
| V2755 | E | UV LENS/ES | | | | Not Allowed | $0.00 | | | |
| V2756 | E | EYE GLASS CASE | | | | Not Allowed | $0.00 | | | |
| V2760 | E | SCRATCH RESISTANT COATING | | | | Not Allowed | $0.00 | | | |
| V2761 | E | MIRROR COATING | | | | Not Allowed | $0.00 | | | |
| V2762 | E | POLARIZATION, ANY LENS | | | | Not Allowed | $0.00 | | | |
| V2770 | E | OCCLUDER LENS/ES | | | | Not Allowed | $0.00 | | | |
| V2780 | E | OVERSIZE LENS/ES | | | | Not Allowed | $0.00 | | | |
| V2781 | E | PROGRESSIVE LENS PER LENS | | | | Not Allowed | $0.00 | | | |
| V2782 | E | LENS, 1.54-1.65 P/1.60-1.79G | | | | Not Allowed | $0.00 | | | |
| V2783 | E | LENS, >= 1.66 P/>=1.80 G | | | | Not Allowed | $0.00 | | | |
| V2784 | E | LENS POLYCARB OR EQUAL | | | | Not Allowed | $0.00 | | | |
| V2785 | M | CORNEAL TISSUE PROCESSING | | | | Fee Schedule | $1,100.00 | | | |
| V2786 | E | OCCUPATIONAL MULTIFOCAL LENS | | | | Not Allowed | $0.00 | | | |
| V2787 | E | ASTIGMATISM-CORRECT FUNCTION | | | | Not Allowed | $0.00 | | | |
| V2788 | E | PRESBYOPIA-CORRECT FUNCTION | | | | Not Allowed | $0.00 | | | |
| V2790 | N | AMNIOTIC MEMBRANE | | | | Bundled | $0.00 | | | |
| V2797 | E | VIS ITEM/SVC IN OTHER CODE | | | | Not Allowed | $0.00 | | | |
| V2799 | E | MISCELLANEOUS VISION SERVICE | | | | Not Allowed | $0.00 | | | |
| V5008 | E | HEARING SCREENING | | | | Not Allowed | $0.00 | | | |
| V5010 | E | ASSESSMENT FOR HEARING AID | | | | Not Allowed | $0.00 | | | |
| V5011 | E | HEARING AID FITTING/CHECKING | | | | Not Allowed | $0.00 | | | |
| V5014 | E | HEARING AID REPAIR/MODIFYING | | | | Not Allowed | $0.00 | | | |
| V5020 | E | CONFORMITY EVALUATION | | | | Not Allowed | $0.00 | | | |
| V5030 | E | BODY-WORN HEARING AID AIR | | | | Not Allowed | $0.00 | | | |
| V5040 | E | BODY-WORN HEARING AID BONE | | | | Not Allowed | $0.00 | | | |
| V5050 | E | HEARING AID MONAURAL IN EAR | | | | Not Allowed | $0.00 | | | |
| V5060 | E | BEHIND EAR HEARING AID | | | | Not Allowed | $0.00 | | | |
| V5070 | E | GLASSES AIR CONDUCTION | | | | Not Allowed | $0.00 | | | |
| V5080 | E | GLASSES BONE CONDUCTION | | | | Not Allowed | $0.00 | | | |
| V5090 | E | HEARING AID DISPENSING FEE | | | | Not Allowed | $0.00 | | | |
| V5095 | E | IMPLANT MID EAR HEARING PROS | | | | Not Allowed | $0.00 | | | |
| V5100 | E | BODY-WORN BILAT HEARING AID | | | | Not Allowed | $0.00 | | | |
| V5110 | E | HEARING AID DISPENSING FEE | | | | Not Allowed | $0.00 | | | |
| V5120 | E | BODY-WORN BINAUR HEARING AID | | | | Not Allowed | $0.00 | | | |
| V5130 | E | IN EAR BINAURAL HEARING AID | | | | Not Allowed | $0.00 | | | |
| V5140 | E | BEHIND EAR BINAUR HEARING AI | | | | Not Allowed | $0.00 | | | |
| V5150 | E | GLASSES BINAURAL HEARING AID | | | | Not Allowed | $0.00 | | | |
| V5160 | E | DISPENSING FEE BINAURAL | | | | Not Allowed | $0.00 | | | |
| V5170 | E | WITHIN EAR CROS HEARING AID | | | | Not Allowed | $0.00 | | | |
| V5180 | E | BEHIND EAR CROS HEARING AID | | | | Not Allowed | $0.00 | | | |
| V5190 | E | GLASSES CROS HEARING AID | | | | Not Allowed | $0.00 | | | |
| V5200 | E | CROS HEARING AID DISPENS FEE | | | | Not Allowed | $0.00 | | | |
| V5210 | E | IN EAR BICROS HEARING AID | | | | Not Allowed | $0.00 | | | |
| V5220 | E | BEHIND EAR BICROS HEARING AI | | | | Not Allowed | $0.00 | | | |
| V5230 | E | GLASSES BICROS HEARING AID | | | | Not Allowed | $0.00 | | | |
| V5240 | E | DISPENSING FEE BICROS | | | | Not Allowed | $0.00 | | | |
| V5241 | E | DISPENSING FEE, MONAURAL | | | | Not Allowed | $0.00 | | | |
| V5242 | E | HEARING AID, MONAURAL, CIC | | | | Not Allowed | $0.00 | | | |
| V5243 | E | HEARING AID, MONAURAL, ITC | | | | Not Allowed | $0.00 | | | |
| V5244 | E | HEARING AID, PROG, MON, CIC | | | | Not Allowed | $0.00 | | | |
| V5245 | E | HEARING AID, PROG, MON, ITC | | | | Not Allowed | $0.00 | | | |
| V5246 | E | HEARING AID, PROG, MON, ITE | | | | Not Allowed | $0.00 | | | |
| V5247 | E | HEARING AID, PROG, MON, BTE | | | | Not Allowed | $0.00 | | | |
| V5248 | E | HEARING AID, BINAURAL, CIC | | | | Not Allowed | $0.00 | | | |
| V5249 | E | HEARING AID, BINAURAL, ITC | | | | Not Allowed | $0.00 | | | |
| V5250 | E | HEARING AID, PROG, BIN, CIC | | | | Not Allowed | $0.00 | | | |
| V5251 | E | HEARING AID, PROG, BIN, ITC | | | | Not Allowed | $0.00 | | | |
| V5252 | E | HEARING AID, PROG, BIN, ITE | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2013 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2013 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| V5253 | E | HEARING AID, PROG, BIN, BTE | | | | Not Allowed | $0.00 | | | |
| V5254 | E | HEARING ID, DIGIT, MON, CIC | | | | Not Allowed | $0.00 | | | |
| V5255 | E | HEARING AID, DIGIT, MON, ITC | | | | Not Allowed | $0.00 | | | |
| V5256 | E | HEARING AID, DIGIT, MON, ITE | | | | Not Allowed | $0.00 | | | |
| V5257 | E | HEARING AID, DIGIT, MON, BTE | | | | Not Allowed | $0.00 | | | |
| V5258 | E | HEARING AID, DIGIT, BIN, CIC | | | | Not Allowed | $0.00 | | | |
| V5259 | E | HEARING AID, DIGIT, BIN, ITC | | | | Not Allowed | $0.00 | | | |
| V5260 | E | HEARING AID, DIGIT, BIN, ITE | | | | Not Allowed | $0.00 | | | |
| V5261 | E | HEARING AID, DIGIT, BIN, BTE | | | | Not Allowed | $0.00 | | | |
| V5262 | E | HEARING AID, DISP, MONAURAL | | | | Not Allowed | $0.00 | | | |
| V5263 | E | HEARING AID, DISP, BINAURAL | | | | Not Allowed | $0.00 | | | |
| V5264 | E | EAR MOLD/INSERT | | | | Not Allowed | $0.00 | | | |
| V5265 | E | EAR MOLD/INSERT, DISP | | | | Not Allowed | $0.00 | | | |
| V5266 | E | BATTERY FOR HEARING DEVICE | | | | Not Allowed | $0.00 | | | |
| V5267 | E | HEARING AID SUP/ACCESS/DEV | | | | Not Allowed | $0.00 | | | |
| V5268 | E | ALD TELEPHONE AMPLIFIER | | | | Not Allowed | $0.00 | | | |
| V5269 | E | ALERTING DEVICE, ANY TYPE | | | | Not Allowed | $0.00 | | | |
| V5270 | E | ALD, TV AMPLIFIER, ANY TYPE | | | | Not Allowed | $0.00 | | | |
| V5271 | E | ALD, TV CAPTION DECODER | | | | Not Allowed | $0.00 | | | |
| V5272 | E | TDD | | | | Not Allowed | $0.00 | | | |
| V5273 | E | ALD FOR COCHLEAR IMPLANT | | | | Not Allowed | $0.00 | | | |
| V5274 | E | ALD UNSPECIFIED | | | | Not Allowed | $0.00 | | | |
| V5275 | E | EAR IMPRESSION | | | | Not Allowed | $0.00 | | | |
| V5281 | E | ALD FM/DM SYSTEM, MONAURAL | | | | Not Allowed | $0.00 | | | |
| V5282 | E | ALD FM/DM SYSTEM BINAURAL | | | | Not Allowed | $0.00 | | | |
| V5283 | E | ALD NECK, LOOP IND RECEIVER | | | | Not Allowed | $0.00 | | | |
| V5284 | E | ALD FM/DM EAR LEVEL RECEIVER | | | | Not Allowed | $0.00 | | | |
| V5285 | E | ALD FM/DM AUD INPUT RECEIVER | | | | Not Allowed | $0.00 | | | |
| V5286 | E | ALD BLU TOOTH FM/DM RECEIVER | | | | Not Allowed | $0.00 | | | |
| V5287 | E | ALD FM/DM RECEIVER, NOS | | | | Not Allowed | $0.00 | | | |
| V5288 | E | ALD FM/DM TRANSMITTER ALD | | | | Not Allowed | $0.00 | | | |
| V5289 | E | ALD FM/DM ADAPT/BOOT COUPLIN | | | | Not Allowed | $0.00 | | | |
| V5290 | E | ALD TRANSMITTER MICROPHONE | | | | Not Allowed | $0.00 | | | |
| V5298 | E | HEARING AID NOC | | | | Not Allowed | $0.00 | | | |
| V5299 | E | HEARING SERVICE | | | | Not Allowed | $0.00 | | | |
| V5336 | E | REPAIR COMMUNICATION DEVICE | | | | Not Allowed | $0.00 | | | |
| V5362 | E | SPEECH SCREENING | | | | Not Allowed | $0.00 | | | |
| V5363 | E | LANGUAGE SCREENING | | | | Not Allowed | $0.00 | | | |
| V5364 | E | DYSPHAGIA SCREENING | | | | Not Allowed | $0.00 | | | |