

## CPT/HCPCS Procedure Code Changes for January 2015

Revised 02/12/2015

## Surgery, Medicine, Radiology, and Evaluation and Management Services

STATUS CODE:  
 1 -- Initial maximum payment amount  
 2 -- Change in maximum payment amount as of the Effective Date  
 3 -- Discontinued coverage

HCPCS CODE	DESCRIPTION	EFFECTIVE DATE	STATUS CODE	CURRENT MAXIMUM PAYMENT AMOUNT	CURRENT MAXIMUM NON-FACILITY PAYMENT AMOUNT	CURRENT MAXIMUM FACILITY PAYMENT AMOUNT	PREVIOUS MAXIMUM PAYMENT AMOUNT	PREVIOUS MAXIMUM NON-FACILITY PAYMENT AMOUNT	PREVIOUS MAXIMUM FACILITY PAYMENT AMOUNT	PROF/TECH SPLIT	PG/TC INDICATOR	POST-OPERATIVE PERIOD, IN DAYS
20604	DRAIN/INJ. JOINT/BURSA W/US	01/01/2015	1		\$55.35	\$36.16					0	
20606	DRAIN/INJ. JOINT/BURSA W/US	01/01/2015	1		\$60.87	\$40.89					0	
20611	DRAIN/INJ. JOINT/BURSA W/US	01/01/2015	1		\$69.87	\$48.04					0	
20983	ABLATE BONE TUMOR(S) PERQ	01/01/2015	1		\$5,181.80	\$318.22					0	
21811	OPTX OF RIB FX W/FIX SCOPE	01/01/2015	1		\$441.50	\$427.31					0	
21812	TREATMENT OF RIB FRACTURE	01/01/2015	1		\$525.57	\$511.37					0	
21813	TREATMENT OF RIB FRACTURE	01/01/2015	1		\$709.14	\$698.10					0	
22510	PERQ CERVICOTHORACIC INJECT	01/01/2015	1		\$1,307.73	\$354.63					0	10
22511	PERQ LUMBOSACRAL INJECTION	01/01/2015	1		\$1,294.21	\$332.17					0	10
22512	VERTEBROPLASTY ADDL INJECT	01/01/2015	1		\$722.81	\$162.25					0	10
22513	PERQ VERTEBRAL AUGMENTATION	01/01/2015	1		\$5,452.90	\$403.43					0	10
22514	PERQ VERTEBRAL AUGMENTATION	01/01/2015	1		\$5,431.04	\$376.84					0	10
22515	PERQ VERTEBRAL AUGMENTATION	01/01/2015	1		\$3,293.18	\$169.11					0	10
22858	SECOND LEVEL CER DISSECTOMY	01/01/2015	1	\$527.99							0	10
27279	ARTHRODESIS SACROILIAC JOINT	01/01/2015	1	\$445.04							0	90
33270	INS/REF SUBQ DEFIBRILLATOR	01/01/2015	1	\$211.79							0	90
33271	INS/ SUBQ IMPL TBL DFB ELCTR	01/01/2015	1	\$387.17							0	90
33272	RMVL OF SUBQ DEFIBRILLATOR	01/01/2015	1	\$346.20							0	90
33273	REPOS PREV IMPL TBL SUBQ DFB	01/01/2015	1	\$312.85							0	90
33418	REPAIR TCAT MITRAL VALVE	01/01/2015	1	\$1,391.86							0	90
33419	REPAIR TCAT MITRAL VALVE	01/01/2015	1	\$448.42							0	90
33946	ECMO/ECLS INITIATION VENOUS	01/01/2015	1	\$257.44							0	
33947	ECMO/ECLS INITIATION ARTERY	01/01/2015	1	\$280.48							0	
33948	ECMO/ECLS DAILY MGMT VENOUS	01/01/2015	1	\$196.46							0	
33949	ECMO/ECLS DAILY MGMT ARTERY	01/01/2015	1	\$191.69							0	
33951	ECMO/ECLS INSJ PRPH CANNULA	01/01/2015	1	\$314.92							0	
33952	ECMO/ECLS INSJ PRPH CANNULA	01/01/2015	1	\$306.77							0	
33953	ECMO/ECLS INSJ PRPH CANNULA	01/01/2015	1	\$350.82							0	
33954	ECMO/ECLS INSJ PRPH CANNULA	01/01/2015	1	\$341.62							0	
33955	ECMO/ECLS REPOS PERPH CNULA	01/01/2015	1	\$723.83							0	
33956	ECMO/ECLS INSJ CTR CANNULA	01/01/2015	1	\$686.49							0	
33957	ECMO/ECLS REPOS PERPH CNULA	01/01/2015	1	\$240.42							0	
33958	ECMO/ECLS REPOS PERPH CNULA	01/01/2015	1	\$235.95							0	
33959	ECMO/ECLS REPOS PERPH CNULA	01/01/2015	1	\$277.65							0	
33962	ECMO/ECLS REPOS PERPH CNULA	01/01/2015	1	\$265.55							0	
33963	ECMO/ECLS REPOS PERPH CNULA	01/01/2015	1	\$452.88							0	
33964	ECMO/ECLS REPOS PERPH CNULA	01/01/2015	1	\$459.84							0	
33965	ECMO/ECLS RMVL PERPH CANNULA	01/01/2015	1	\$242.79							0	
33966	ECMO/ECLS RMVL PERPH CANNULA	01/01/2015	1	\$269.30							0	
33969	ECMO/ECLS RMVL PERPH CANNULA	01/01/2015	1	\$278.99							0	
33984	ECMO/ECLS RMVL PERPH CANNULA	01/01/2015	1	\$271.41							0	
33985	ECMO/ECLS RMVL CTR CANNULA	01/01/2015	1	\$513.76							0	
33986	ECMO/ECLS RMVL CTR CANNULA	01/01/2015	1	\$491.14							0	
33987	ARTERY EXPOSIGRAFT ARTERY	01/01/2015	1	\$207.99							0	
33988	INSERTION OF LEFT HEART VENT	01/01/2015	1	\$602.35							0	
33989	REMOVAL OF LEFT HEART VENT	01/01/2015	1	\$496.75							0	
34839	PLNNING PT SPEC FENEST GRAFT	01/01/2015	1	BR							0	
37218	STENT PLACMT ANTE CAROTID	01/01/2015	1		\$702.07	\$657.38					0	90
43180	ESOPHAGOSCOPY RIGID TRNSO	01/01/2015	1		\$465.29	\$426.06					0	90
44381	SMALL BOWEL ENDOSCOPY BR/WA	01/01/2015	1	NC							0	
44384	SMALL BOWEL ENDOSCOPY	01/01/2015	1	NC							0	
44401	COLONOSCOPY WITH ABLATION	01/01/2015	1		\$381.18	\$209.75					0	
44402	COLONOSCOPY W/STENT PLACMT	01/01/2015	1	\$207.85							0	
44403	COLONOSCOPY W/RESECTION	01/01/2015	1	NC							0	
44404	COLONOSCOPY W/INJECTION	01/01/2015	1	NC							0	
44405	COLONOSCOPY W/DILATION	01/01/2015	1	NC							0	
44406	COLONOSCOPY W/ULTRASOUND	01/01/2015	1	NC							0	
44407	COLONOSCOPY W/NPL ASPIR/BX	01/01/2015	1	NC							0	
44408	COLONOSCOPY W/DECOMPRESSION	01/01/2015	1	NC							0	
45346	SIGMOIDOSCOPY W/ABLATION	01/01/2015	1		\$256.82	\$140.87					0	
45347	SIGMOIDOSCOPY W/STENT	01/01/2015	1	\$131.91							0	
45349	SIGMOIDOSCOPY W/RESECTION	01/01/2015	1	NC							0	
45350	SIGMOID W/BAND LIGATION	01/01/2015	1	NC							0	
45388	COLONOSCOPY W/ABLATION	01/01/2015	1	NC	\$423.16	\$254.10					0	
45389	COLONOSCOPY W/STENT PLACMT	01/01/2015	1	\$261.56							0	
45390	COLONOSCOPY W/RESECTION	01/01/2015	1	NC							0	
45393	COLONOSCOPY W/DECOMPRESSION	01/01/2015	1	NC							0	
45398	COLONOSCOPY W/BAND LIGATION	01/01/2015	1	NC							0	
45399	UNLISTED PROCEDURE COLON	01/01/2015	1	NC							0	
46601	DIAGNOSTIC ANOSCOPY	01/01/2015	1	NC							0	
46607	DIAGNOSTIC ANOSCOPY & BIOPSY	01/01/2015	1	NC							0	
47383	PERQ ABL TJ LVR CRYOABLATION	01/01/2015	1		\$5,708.99	\$403.96					0	10
52441	CYSTOURETHRO W/IMPLANT	01/01/2015	1		\$936.03	\$189.33					0	
52442	CYSTOURETHRO W/ADDL IMPLANT	01/01/2015	1		\$722.15	\$65.62					0	
62302	MYELOGRAPHY LUMBAR INJECTION	01/01/2015	1		\$186.39	\$96.31					0	
62303	MYELOGRAPHY LUMBAR INJECTION	01/01/2015	1		\$193.50	\$99.63					0	
62304	MYELOGRAPHY LUMBAR INJECTION	01/01/2015	1		\$183.67	\$96.64					0	
62305	MYELOGRAPHY LUMBAR INJECTION	01/01/2015	1		\$209.21	\$100.82					0	
64486	TAP BLOCK UNIL BY INJECTION	01/01/2015	1		\$94.98	\$51.07					0	
64487	TAP BLOCK UNIL BY INFUSION	01/01/2015	1		\$116.00	\$58.69					0	
64488	TAP BLOCK BI INJECTION	01/01/2015	1		\$116.79	\$63.42					0	
64489	TAP BLOCK BI BY INFUSION	01/01/2015	1		\$161.45	\$70.74					0	
66179	AQUEOUS SHUNT EYE W/O GRAFT	01/01/2015	1		\$838.90	\$704.81					0	90
66184	REVISION OF AQUEOUS SHUNT	01/01/2015	1		\$610.17	\$491.06					0	90
76641	ULTRASOUND BREAST COMA ETE	01/01/2015	1	\$81.18						J	1	
76642	ULTRASOUND BREAST LIMITED	01/01/2015	1	\$66.86						C	1	
77061	BREAST TOMOSYNTHESIS UNL	01/01/2015	1	NC							1	
77062	BREAST TOMOSYNTHESIS BI	01/01/2015	1	NC							1	
77063	BREAST TOMOSYNTHESIS BI	01/01/2015	1	\$43.06							1	
77085	DXA BONE DENSITY STUDY	01/01/2015	1	\$42.29						L	1	
77086	FRACTURE ASSESSMENT VIA DXA	01/01/2015	1	\$26.74						I	1	
77306	TELETHX ISODOSE PLAN SIMPLE	01/01/2015	1	\$109.21						H	1	
77307	TELETHX ISODOSE PLAN CPLX	01/01/2015	1	\$213.60						K	1	
77316	BRACHYTX ISODOSE PLAN SIMPLE	01/01/2015	1	\$139.30						C	1	
77317	BRACHYTX ISODOSE INTERMED	01/01/2015	1	\$182.42						C	1	
77318	BRACHYTX ISODOSE COMPLEX	01/01/2015	1	\$263.60						K	1	
77385	NTSTY MODUL RAD TX DLVR SMPL	01/01/2015	1	293.91							1	
77386	NTSTY MODUL RAD TX DLVR CPLX	01/01/2015	1	293.91							1	
77387	GUIDANCE FOR RADIAJ TX DLVR	01/01/2015	1	\$6.12						I	1	
91200	LIVER ELASTOGRAPHY	01/01/2015	1	\$27.58						C	1	
92145	CORNEAL HYSTERESIS DETER	01/01/2015	1	\$12.01						L	1	
93260	PRGRMG DEV EVAL IMPL TBL SYS	01/01/2015	1	\$0.72						M	1	
93261	INTERROGATE SUBQ DEFIB	01/01/2015	1	\$46.26						M	1	
93355	ECHO TRANSESOPHAGEAL (TEE)	01/01/2015	1	\$179.60							0	
93644	ELECTROPHYSIOLOGY EVALUATION	01/01/2015	1	\$238.12						M	1	
93702	BIS XTRACELL FLUID ANALYSIS	01/01/2015	1	\$84.42							3	
93995	CAROTID INTIMA ATHEROMA EVAL	01/01/2015	1	NC							0	
96127	BRIEF EMOTIONAL/BEHAV ASSMT	01/01/2015	1	NC							0	
97607	NEG PRESS WND TX <=50 SQ CM	01/01/2015	1		\$31.31	\$20.65					0	
97608	NEG PRESS WOUND TX >50 CM	01/01/2015	1		\$33.50	\$22.84					0	
99184	HYPOTHERMIA ILL NEONATE	01/01/2015	1	\$184.91							0	
99188	APP TOPICAL FLUORIDE VARNISH	01/01/2015	1	NC							0	
99490	CHRON CARE MGMT SRVC 20 MIN	01/01/2015	1	\$2.81							0	
99497	ADVNCD CARE PLAN 30 MIN	01/01/2015	1	NC							0	
99498	ADVNCD CARE PLAN ADDL 30 MIN	01/01/2015	1	NC							0	
21800	TREATMENT OF RIB FRACTURE	01/01/2015	3	D								
21810	TREATMENT OF RIB FRACTURE(S)	01/01/2015	3	D								
22520	PERCUT VERTEBROPLASTY THOR	01/01/2015	3	D								
22521	PERCUT VERTEBROPLASTY LUMB	01/01/2015	3	D								
22522	PERCUT VERTEBROPLASTY ADDL	01/01/2015	3	D								
22523	PERCUT KYPHOPLASTY THOR	01/01/2015	3	D								
22524	PERCUT KYPHOPLASTY LUMBAR	01/01/2015	3	D								
22525	PERCUT KYPHOPLASTY ADD-ON	01/01/2015	3	D								
29020	APPLICATION OF BODY CAST	01/01										

HCCPS CODE	DESCRIPTION	EFFECTIVE DATE	STATUS CODE	CURRENT MAXIMUM PAYMENT AMOUNT	CURRENT MAXIMUM NON-FACILITY PAYMENT AMOUNT	CURRENT MAXIMUM FACILITY PAYMENT AMOUNT	PREVIOUS MAXIMUM PAYMENT AMOUNT	PREVIOUS MAXIMUM NON-FACILITY PAYMENT AMOUNT	PREVIOUS MAXIMUM FACILITY PAYMENT AMOUNT	PROF/TECH SPLIT	PC/TC INDICATOR	POST-OPERATIVE PERIOD, IN DAYS
64870	FUSION OF FACIAL/OTHER NERVE	01/01/2015	3	D								
68165	GLAUCOMA SURGERY	01/01/2015	3	D								
69400	INFLATE MIDDLE EAR CANAL	01/01/2015	3	D								
69401	INFLATE MIDDLE EAR CANAL	01/01/2015	3	D								
69405	CATHETERIZE MIDDLE EAR CANAL	01/01/2015	3	D								
72291	PERO VERTE/SACROPLSTY FLUOR	01/01/2015	3	D								
72292	PERO VERTE/SACROPLSTY CT	01/01/2015	3	D								
74291	CONTRAST X-RAYS GALLBLADDER	01/01/2015	3	D								
76645	US EXAM BREAST(S)	01/01/2015	3	D								
76950	ECHO GUIDANCE RADIOTHERAPY	01/01/2015	3	D								
77082	DXA BONE DENSITY VERT EX	01/01/2015	3	D								
77305	TELETX ISODOSE PLAN SIMPLE	01/01/2015	3	D								
77310	TELETX ISODOSE PLAN INTERMED	01/01/2015	3	D								
77315	TELETX ISODOSE PLAN COMPLEX	01/01/2015	3	D								
77326	BRACHYTX ISODOSE CALC SIMP	01/01/2015	3	D								
77327	BRACHYTX ISODOSE CALC INTERM	01/01/2015	3	D								
77328	BRACHYTX ISODOSE PLAN COMPL	01/01/2015	3	D								
77403	RADIATION TREATMENT DELIVERY	01/01/2015	3	D								
77404	RADIATION TREATMENT DELIVERY	01/01/2015	3	D								
77406	RADIATION TREATMENT DELIVERY	01/01/2015	3	D								
77408	RADIATION TREATMENT DELIVERY	01/01/2015	3	D								
77409	RADIATION TREATMENT DELIVERY	01/01/2015	3	D								
77411	RADIATION TREATMENT DELIVERY	01/01/2015	3	D								
77413	RADIATION TREATMENT DELIVERY	01/01/2015	3	D								
77414	RADIATION TREATMENT DELIVERY	01/01/2015	3	D								
77416	RADIATION TREATMENT DELIVERY	01/01/2015	3	D								
77418	RADIATION TX DELIVERY IMRT	01/01/2015	3	D								
77421	STEREOSCOPIC X-RAY GUIDANCE	01/01/2015	3	D								
99481	TOT BODY SYST HYPOTHERMIA	01/01/2015	3	D								
99482	SELECTIVE HEAD HYPOTHERMIA	01/01/2015	3	D								
99488	CMPLX CHRON CARE W/ PT VSIT	01/01/2015	3	D								

## KEY FOR CURRENT/PREVIOUS MAXIMUM PAYMENT AMOUNT

B	BUNDLED PROCEDURE WITH NO SEPARATE PAYMENT
BR	BY REPORT
D	DISCONTINUED PROCEDURE CODE
FP	FORMULA PRICING
IC	INFORMATIONAL CODE
NC	NON-COVERED SERVICE
PA	PRIOR AUTHORIZATION -- DETERMINED DURING PRIOR AUTHORIZATION
PC	PROVIDER CHARGE -- DETERMINED INDIVIDUALLY BY PROVIDER
PF	PROVIDER FEE PAID IN ACCORDANCE WITH OAC RULE 5160-1-60.3
SA	SISTER AGENCY CODE ONLY
WP	WAIVER PRICING
0.01	FFF REQUIRING CALCULATION (e.g., BR, FP, PC)

## KEY FOR PROF/TECH SPLIT

C	40% / 60%
D	80% / 20%
F	10% / 90%
G	20% / 80%
H	25% / 75%
I	30% / 70%
J	35% / 65%
K	50% / 50%
L	60% / 40%
M	70% / 30%
O	100% / 0%
P	75% / 25%
Q	90% / 10%

## KEY FOR PC/TC INDICATOR and place-of-service (POS) restriction

0	Physician service with no PC or TC; no POS restriction unless otherwise noted			
1	Diagnostic or therapeutic procedure with both a PC and a TC; no POS restriction on PC; no coverage for global procedure or TC performed in a hospital setting (I/P, O/P, ED)			
2	PC of a procedure for which a separate code represents the TC; no POS restriction unless otherwise noted			
3	Global procedure for which separate codes represent the PC and the TC; no coverage in a hospital setting (I/P, O/P, ED) unless otherwise noted			
4	Service incident to a physician's service provided by auxiliary personnel under the physician's supervision; no coverage in a hospital setting (I/P, O/P, ED) unless otherwise noted			
5	TC of a procedure for which a separate code represents the PC; no coverage in a hospital setting (I/P, O/P, ED) unless otherwise noted			
6	Physician interpretation of select clinical diagnostic laboratory procedures			
7	Physical therapy service not payable if provided in a hospital setting by an independent therapist; no coverage in a hospital setting (I/P, O/P, ED) unless otherwise noted			
8	Physician interpretation of an abnormal smear for a hospital inpatient			
9	Procedure for which the concept of PC/TC does not apply; no POS restriction if the physician RVU work component > 0; no coverage in a hospital setting (I/P, O/P, ED) if the physician RVU work component = 0			
	a	Valid only in an inpatient hospital	e	Valid only in a person's home
	b	Not valid in a hospital	f	Not valid in an inpatient hospital
	c	Not valid in a hospital or LTCF	g	Valid only in a freestanding birth center
	d	Valid only in a practitioner's office, a clinic, or an urgent care facility		

Clinical Diagnostic Procedures, Molecular Pathology Procedures, and Physician Pathology Procedures

STATUS CODE:  
 1 – Initial maximum amount  
 2 – Change in maximum amount or extension of the Effective Date  
 3 – Discontinuation of procedure code

HCPCS CODE	COMPONENT = Total princ. TC – Prof. comp. TC – Tech. comp.	DESCRIPTION	EFFECTIVE DATE	STATUS CODE	CURRENT MAXIMUM PAYMENT AMOUNT	CURRENT MAXIMUM NON-FACILITY PAYMENT AMOUNT	CURRENT MAXIMUM FACILITY PAYMENT AMOUNT	PREVIOUS MAXIMUM PAYMENT AMOUNT	PREVIOUS MAXIMUM NON-FACILITY PAYMENT AMOUNT	PREVIOUS MAXIMUM FACILITY PAYMENT AMOUNT	PC/TC INDICATOR
80163		DIGOXIN LEVEL	1/1/2015	1	\$18.46						9b
80163		HYDROIC ACID LEVEL	1/1/2015	1	\$10.44						9b
80300		DRUG SCREEN	1/1/2015	1	\$52.75						9
80301		DRUG SCREEN	1/1/2015	1	\$11.79						9
80301		DRUG SCREEN	1/1/2015	1	\$11.79						9
80303		DRUG SCREEN	1/1/2015	1	\$11.79						9
80304		DRUG SCREEN	1/1/2015	1	\$11.79						9
80320		ALCOHOLS LEVELS	1/1/2015	1	\$14.74						9
80321		ALCOHOLS LEVELS	1/1/2015	1	\$14.74						9
80322		ALCOHOLS LEVELS	1/1/2015	1	\$14.74						9
80323		ALKALOIDS LEVELS	1/1/2015	1	\$11.05						9
80324		AMPHETAMINES LEVELS	1/1/2015	1	\$11.79						9
80325		AMPHETAMINES LEVELS	1/1/2015	1	\$11.79						9
80326		AMPHETAMINES LEVELS	1/1/2015	1	\$11.79						9
80327		ANABOLIC STEROIDS LEVELS	1/1/2015	1	\$11.79						9
80328		ANABOLIC STEROIDS LEVELS	1/1/2015	1	\$11.79						9
80329		ANALGESICS LEVELS	1/1/2015	1	\$11.79						9
80330		ANALGESICS LEVELS	1/1/2015	1	\$11.79						9
80331		ANALGESICS LEVELS	1/1/2015	1	\$11.79						9
80332		ANTIDEPRESSANTS LEVELS	1/1/2015	1	\$11.79						9
80333		ANTIDEPRESSANTS LEVELS	1/1/2015	1	\$11.79						9
80334		ANTIDEPRESSANTS LEVELS	1/1/2015	1	\$11.79						9
80335		ANTIDEPRESSANTS LEVELS	1/1/2015	1	\$11.79						9
80336		ANTIDEPRESSANTS LEVELS	1/1/2015	1	\$11.79						9
80337		ANTIDEPRESSANTS LEVELS	1/1/2015	1	\$11.79						9
80338		ANTIDEPRESSANTS LEVELS	1/1/2015	1	\$11.79						9
80339		ANTIDEPRESSANTS LEVELS	1/1/2015	1	\$11.79						9
80340		ANTIEPILEPTICS LEVELS	1/1/2015	1	\$11.79						9
80341		ANTIEPILEPTICS LEVELS	1/1/2015	1	\$11.79						9
80342		ANTIEPILEPTICS LEVELS	1/1/2015	1	\$11.79						9
80343		ANTIPSYCHOTICS LEVELS	1/1/2015	1	\$11.79						9
80344		ANTIPSYCHOTICS LEVELS	1/1/2015	1	\$11.79						9
80345		ANTIPSYCHOTICS LEVELS	1/1/2015	1	\$11.79						9
80346		BARBITURATES LEVELS	1/1/2015	1	\$24.79						9
80347		BENZODIAZEPINES LEVELS	1/1/2015	1	\$24.79						9
80348		BUPRENORPHINE LEVEL	1/1/2015	1	\$11.79						9
80349		CANNABINOIDS LEVELS	1/1/2015	1	\$11.79						9
80350		CANNABINOIDS LEVELS	1/1/2015	1	\$11.79						9
80351		CANNABINOIDS LEVELS	1/1/2015	1	\$11.79						9
80352		CANNABINOIDS LEVELS	1/1/2015	1	\$11.79						9
80353		DRUG SCREENING COCAINE	1/1/2015	1	\$11.79						9
80354		DRUG SCREENING FENTANYL	1/1/2015	1	\$11.79						9
80355		DRUG SCREENING HEROIN	1/1/2015	1	\$11.79						9
80356		HEROIN METABOLITE	1/1/2015	1	\$11.79						9
80357		KETAMINE AND NORKETAMINE	1/1/2015	1	\$11.79						9
80358		DRUG SCREENING METHADONE	1/1/2015	1	\$11.79						9
80359		METHYLENEDIAMPHETAMINES	1/1/2015	1	\$11.79						9
80360		METHYLPHENIDATE	1/1/2015	1	\$11.79						9
80361		OPRATES 1 OR MORE	1/1/2015	1	\$21.23						9
80362		OPRATES 1 OR MORE	1/1/2015	1	\$21.23						9
80363		OPRATES 1 OR MORE	1/1/2015	1	\$21.23						9
80364		OPRATES 1 OR MORE	1/1/2015	1	\$21.23						9
80365		DRUG SCREENING OXYCODONE	1/1/2015	1	\$11.79						9
80366		DRUG SCREENING OXYCODONE	1/1/2015	1	\$11.79						9
80367		DRUG SCREENING PROPOXYPHENE	1/1/2015	1	\$11.79						9
80368		SEDATIVE HYPNOTICS	1/1/2015	1	\$11.79						9
80369		SEDATIVE HYPNOTICS	1/1/2015	1	\$11.79						9
80370		SKELETAL MUSCLE RELAXANT 1/2	1/1/2015	1	\$11.79						9
80371		SKELETAL MUSCLE RELAXANT 3 OR MORE	1/1/2015	1	\$11.79						9
80372		STIMULANTS SYNTHETIC	1/1/2015	1	\$11.79						9
80373		DRUG SCREENING TRAMADOL	1/1/2015	1	\$11.79						9
80374		STEREOSOMER ANALYSIS	1/1/2015	1	\$11.79						9
80375		DRUG SUBSTANCE NOS 3	1/1/2015	1	\$11.79						9
80376		DRUG SUBSTANCE NOS 4-6	1/1/2015	1	\$11.79						9
80377		DRUG SUBSTANCE NOS 7/MORE	1/1/2015	1	\$11.79						9
81288		FL 13 GENE ANALYSIS	1/1/2015	1	\$339.74						9
81288		MLH1 GENE	1/1/2015	1	\$520.00						9
81373		PORNAKINASE ANTIGEN	1/1/2015	1	\$360.00						9
81410		AORTIC DYSFUNCTION/DILATION	1/1/2015	1	\$360.00						9
81411		AORTIC DYSFUNCTION/DILATION	1/1/2015	1	\$360.00						9
81412		EXOME SEQUENCE ANALYSIS	1/1/2015	1	\$190.00						9
81416		EXOME SEQUENCE ANALYSIS	1/1/2015	1	\$190.00						9
81417		EXOME RE-EVALUATION	1/1/2015	1	\$80.00						9
81420		FETAL CHROMOSOME ANALYSIS	1/1/2015	1	\$240.00						9
81425		GENOME SEQUENCE ANALYSIS	1/1/2015	1	\$190.00						9
81426		GENOME SEQUENCE ANALYSIS	1/1/2015	1	\$190.00						9
81427		GENOME RE-EVALUATION	1/1/2015	1	\$80.00						9
81430		HEARING LOSS SEQUENCE ANALYSIS	1/1/2015	1	\$960.00						9
81431		HEARING LOSS DUPREDL ANALYSIS	1/1/2015	1	\$80.00						9
81432		HEREDITARY COLON CANCER	1/1/2015	1	\$360.00						9
81436		HEREDITARY COLON CA SYND	1/1/2015	1	\$150.00						9
81440		MITOCHONDRIAL GENE	1/1/2015	1	\$360.00						9
81445		TARGETED GENOMIC SEQ ANALYSIS	1/1/2015	1	\$520.00						9
81450		TARGETED GENOMIC SEQ ANALYSIS	1/1/2015	1	\$520.00						9
81455		TARGETED GENOMIC SEQ ANALYSIS	1/1/2015	1	\$520.00						9
81465		WHOLE MITOCHONDRIAL GENOME	1/1/2015	1	\$80.00						9
81465		WHOLE MITOCHONDRIAL GENOME	1/1/2015	1	\$240.00						9
81470		X-LINKED INTELLECTUAL DBL	1/1/2015	1	\$520.00						9
81471		X-LINKED INTELLECTUAL DBL	1/1/2015	1	\$80.00						9
81518		ONCOLOGY BREAST MRNA	1/1/2015	1	NC						9b
83008		GROWTH STIMULATION GENE 2	1/1/2015	1	\$19.14						9b
87508		NFCT AGENT DETECTION GI	1/1/2015	1	\$139.66						9b
87508		ADNA-DNA/RNA PROBE TO 6-11	1/1/2015	1	\$232.36						9b
87507		ADNA-DNA/RNA PROBE TO 12-25	1/1/2015	1	\$453.74						9b
87623		HPV LOW-RISK TYPES	1/1/2015	1	\$38.21						9b
87624		HPV HIGH-RISK TYPES	1/1/2015	1	\$38.21						9b
87625		HPV TYPES 16 & 18 ONLY	1/1/2015	1	\$38.21						9b
87626		HPV ANTIGEN W/HPV ANTIBODIES	1/1/2015	1	\$26.22						9b
88341	26	IMMUNOHISTOANTIBODY SLIDE	1/1/2015	1	\$50.46						1
88341	TC	IMMUNOHISTOANTIBODY SLIDE	1/1/2015	1	\$17.05						1
88342	26	IMMUNOHISTOANTIBODY SLIDE	1/1/2015	1	\$33.41						1
88342	TC	IMMUNOHISTOANTIBODY SLIDE	1/1/2015	1	\$7.87						1
88344	26	IMMUNOHISTOANTIBODY SLIDE	1/1/2015	1	\$31.28						1
88344	TC	IMMUNOHISTOANTIBODY SLIDE	1/1/2015	1	\$66.54						1
88364	26	INSITU HYBRIDIZATION (FISH)	1/1/2015	1	\$722.50						1
88364	TC	INSITU HYBRIDIZATION (FISH)	1/1/2015	1	\$21.25						1
88366	26	INSITU HYBRIDIZATION (FISH)	1/1/2015	1	\$51.25						1
88366	TC	INSITU HYBRIDIZATION (FISH)	1/1/2015	1	\$112.59						1
88368	26	INSITU HYBRIDIZATION (FISH)	1/1/2015	1	\$49.21						1
88368	TC	INSITU HYBRIDIZATION (FISH)	1/1/2015	1	\$63.38						1
88369	26	M/PHMTRC ALYS ISHQUANT/SEMIQ	1/1/2015	1	\$55.45						1
88369	TC	M/PHMTRC ALYS ISHQUANT/SEMIQ	1/1/2015	1	\$19.67						1
88369	TC	M/PHMTRC ALYS ISHQUANT/SEMIQ	1/1/2015	1	\$38.73						1
88373	26	M/PHMTRC ALYS ISHQUANT/SEMIQ	1/1/2015	1	\$45.22						1
88373	TC	M/PHMTRC ALYS ISHQUANT/SEMIQ	1/1/2015	1	\$16.84						1
88374	26	M/PHMTRC ALYS ISHQUANT/SEMIQ	1/1/2015	1	\$26.68						1
88374	TC	M/PHMTRC ALYS ISHQUANT/SEMIQ	1/1/2015	1	\$152.88						1
88374	TC	M/PHMTRC ALYS ISHQUANT/SEMIQ	1/1/2015	1	\$35.34						1
88374	TC	M/PHMTRC ALYS ISHQUANT/SEMIQ	1/1/2015	1	\$17.54						1
88377	26	M/PHMTRC ALYS ISHQUANT/SEMIQ	1/1/2015	1	\$160.82						1
88377	TC	M/PHMTRC ALYS ISHQUANT/SEMIQ	1/1/2015	1	\$51.42						1
88377	TC	M/PHMTRC ALYS ISHQUANT/SEMIQ	1/1/2015	1	\$108.40						1
88377	TC	M/PHMTRC ALYS ISHQUANT/SEMIQ	1/1/2015	1	NC						1
89472		REF C SCREEN HIGH RISK/OTHER	1/1/2015	1	9b						9b
90100		DRUG SCREEN QUALITATE/MULTI	1/1/2015	3	D						9b
90101		DRUG SCREEN SINGLE	1/1/2015	3	D						9b
90102		DRUG CONFIRMATION	1/1/2015	3	D						9b
90103		DRUG ANALYSIS TISSUE PREP	1/1/2015	3	D						9b
90104		DRUG SCR N CLASS NON-CHROMO	1/1/2015	3	D						9b
90152		ASSAY OF AMITRIPTYLINE	1/1/2015	3	D						9b
90154		ASSAY OF BENZODIAZEPINES	1/1/2015	3	D						9b
90160		ASSAY OF DESIPRAMINE	1/1/2015	3	D						9b
90166		ASSAY OF DOXEPIN	1/1/2015	3	D						9b
90172		ASSAY OF GOLD	1/1/2015	3	D						9b
90173		ASSAY OF MIRAPRINE	1/1/2015	3	D						9b
90182		ASSAY OF NORTRIPTYLINE	1/1/2015	3	D						9b
90196		ASSAY OF SALICYLATE	1/1/2015	3	D						

HCP/CS CODE	COMPONENT — Total proc. 28 – Prof. comp. TC – Tech. comp.	DESCRIPTION	EFFECTIVE DATE	STATUS CODE	CURRENT MAXIMUM PAYMENT AMOUNT	CURRENT MAXIMUM NON-FACILITY PAYMENT AMOUNT	CURRENT MAXIMUM FACILITY PAYMENT AMOUNT	PREVIOUS MAXIMUM PAYMENT AMOUNT	PREVIOUS MAXIMUM NON-FACILITY PAYMENT AMOUNT	PREVIOUS MAXIMUM FACILITY PAYMENT AMOUNT	PC/TC INDICATOR
83056		BLOOD SULFHEMOGLOBIN TEST	1/1/2016	3	D						
84074		ASSAY OF HEMOSIDERIN QUANT	1/1/2016	3	D						
84076		ASSAY OF URINE FOR LACTOSE	1/1/2016	3	D						
83058		ASSAY OF MEFENAMIC ACID	1/1/2016	3	D						
83840		ASSAY OF METHADONE	1/1/2016	3	D						
83058		ASSAY OF METHSURNIDE	1/1/2016	3	D						
83865		MUCOPOLYSACCHARIDES SCREEN	1/1/2016	3	D						
83887		ASSAY OF NICOTINE	1/1/2016	3	D						
83058		ASSAY OF OPAPTES	1/1/2016	3	D						
84022		ASSAY OF PHENOTHIAZINE	1/1/2016	3	D						
84127		ASSAY OF FECES PORPHYRINS	1/1/2016	3	D						
87001		SMALL ANIMAL INOCULATION	1/1/2016	3	D						
87600		HPV DNA DIR PROBE	1/1/2016	3	D						
87841		HPV DNA AMP PROBE	1/1/2016	3	D						
87922		HPV DNA QUANT	1/1/2016	3	D						
88343		IMMUNOHISTO ANTIBOD ADD SLID	1/1/2016	3	D						
88349		SCANNING ELECTRON MICROSCOPY	1/1/2016	3	D						

**KEY FOR CURRENT/PREVIOUS MAXIMUM PAYMENT AMOUNT**

BR	BY REPORT
D	DISCONTINUED PROCEDURE CODE
NC	NON-COVERED SERVICE

**KEY FOR PC/TC INDICATOR and place-of-service (POS) restriction**

0	Physician service with no PC or TC; no POS restriction unless otherwise noted		
1	Diagnostic or therapeutic procedure with both a PC and a TC; no POS restriction on PC; no coverage for global procedure or TC performed in a hospital setting (I/P, O/P, ED)		
2	PC of a procedure for which a separate code represents the TC; no POS restriction unless otherwise noted		
3	Global procedure for which separate codes represent the PC and the TC; no coverage in a hospital setting (I/P, O/P, ED) unless otherwise noted		
4	Service incident to a physician's service provided by auxiliary personnel under the physician's supervision; no coverage in a hospital setting (I/P, O/P, ED) unless otherwise noted		
5	TC of a procedure for which a separate code represents the PC; no coverage in a hospital setting (I/P, O/P, ED) unless otherwise noted		
6	Physician interpretation of select clinical diagnostic laboratory procedures		
7	Physical therapy service not payable if provided in a hospital setting by an independent therapist; no coverage in a hospital setting (I/P, O/P, ED) unless otherwise noted		
8	Physician interpretation of an abnormal smear for a hospital inpatient		
9	Procedure for which the concept of PC/TC does not apply; no POS restriction if the physician RVU work component > 0; no coverage in a hospital setting (I/P, O/P, ED) if the physician RVU work component = 0		
a	Valid only in an inpatient hospital	e	Valid only in a person's home
b	Not valid in a hospital	f	Not valid in an inpatient hospital
c	Not valid in a hospital or LTCF	g	Valid only in a freestanding birth center
d	Valid only in a practitioner's office, a clinic, or an urgent care facility		

**Durable Medical Equipment, Prostheses, Orthoses, and Supplies (DMEPOS)**

**STATUS CODE:**  
 1 = Initial maximum payment amount  
 2 = Change in maximum payment amount as of the Effective Date  
 3 = Discontinued coverage

HCPCS CODE	DESCRIPTION	EFFECTIVE DATE	STATUS CODE	CURRENT MAXIMUM PAYMENT AMOUNT	PREVIOUS MAXIMUM PAYMENT AMOUNT	PC/TC INDICATOR
A4460	MANUAL PUMP ENEMA, REUSABLE	01/01/2016	1	NC		
A4670	REPLACE LITHIUM BATTERY 1.5V	01/01/2016	1	NC		
A7040	VACUUM DRAIN BOTTLE/TUBING KIT	01/01/2016	1	\$37.58		
A8600	RADIUM RA223 DICHLORIDE THER	01/01/2016	1	NC		
L4881	USE FX ORTH SHOUL CAP FOREARM	01/01/2016	1	NC		
L4929	PART HAND MYO ENCLU TERM DEV	01/01/2016	1	NC		
L7259	ELECTRONIC WRIST ROTATOR ANY	01/01/2016	1	NC		
L8098	TEXT ANTENNA PIREN NERVE STIM	01/01/2016	1	NC		
A9040	IMPLANTED PLEURAL CATHETER	01/01/2016	3	D		
A7040	VACUUM DRAINAGE BOTTLE/TUBING	01/01/2016	3	D		
L7260	ELECTRON WRIST ROTATOR OTTO	01/01/2016	3	D		
L7261	ELECTRON WRIST ROTATOR UTAH	01/01/2016	3	D		

**KEY FOR CURRENT/PREVIOUS MAXIMUM PAYMENT AMOUNT**

B	BUNDLED PROCEDURE WITH NO SEPARATE PAYMENT
RP	RY REPORT
R	DISCONTINUED PROCEDURE CODE
NC	NON-COVERED SERVICE
PA	PRIOR AUTHORIZATION - DETERMINED DURING PRIOR AUTHORIZATION

**KEY FOR PC/TC INDICATOR**

0	Physician service with no PC or TC; no POS restriction unless otherwise noted
9	Procedure for which the concept of PC/TC does not apply; no POS restriction if the physician RVU work component > 0; no coverage in a hospital setting (I.P., O.P., ED) if the physician RVU work component = 0

Dental Services

NC = No coverage

HCPCS CODE	DESCRIPTION	EFFECTIVE DATE	CURRENT MAXIMUM PAYMENT	PREVIOUS MAXIMUM PAYMENT
<b>NON-COVERED PROCEDURES</b>				
D0172	RE-EVAL POST-OP VISIT	01/01/2015	NC	
D0363	3D PHOTOGRAPHIC IMAGE	01/01/2015	NC	
D1363	SEALANT REPAIR PER TOOTH	01/01/2015	NC	
D6110	IMPLNT/ABUT REMOV DENT MAX	01/01/2015	NC	
D6111	IMPLNT/ABUT REMOV DENT MAND	01/01/2015	NC	
D6112	IMPIABUT REM DENT PART MAX	01/01/2015	NC	
D6113	IMPIABUT REM DENT PART MAND	01/01/2015	NC	
D6114	IMPLNT/ABUT FIXED DENT MAX	01/01/2015	NC	
D6115	IMPLNT/ABUT FIXED DENT MAND	01/01/2015	NC	
D6116	IMPIABUT FIXED DENT PART MAX	01/01/2015	NC	
D6117	IMPIABUT FIXED DENT PART MAND	01/01/2015	NC	
D6440	FRESH RETAINER	01/01/2015	NC	
D6449	EVAL FOR DEEP SED/GEN ANESTH	01/01/2015	NC	
D9931	CLEANINSPECT REM APPLIANCE	01/01/2015	NC	
D9996	MISSED APPOINTMENT	01/01/2015	NC	
D9997	CANCELLED APPOINTMENT	01/01/2015	NC	
<b>DISCONTINUED PROCEDURE CODES</b>				
D6054	IMPLNT/ABUTMENT SUBPT B.F.M./D.B.T.I	01/01/2015	D	
D6054	IMPLNT/ABUTMENT SUBPT B.F.M./D.B.T.I	01/01/2015	D	
D6072	IMPLNT/ABUT SUBPTD FIXD DENT	01/01/2015	D	
D6072	IMPLNT/ABUT SUBPTD FIXD DENT	01/01/2015	D	
D6076	ICP/PMFL	01/01/2015	D	

## Practitioner-Administered Pharmaceuticals

## STATUS CODE:

- 1 -- Initial maximum payment amount  
 2 -- Change in maximum payment amount as of the Effective Date  
 3 -- Discontinued coverage

HCPCS CODE	DESCRIPTION	EFFECTIVE DATE	STATUS CODE	CURRENT MAXIMUM PAYMENT AMOUNT	PREVIOUS MAXIMUM PAYMENT AMOUNT
90630	FLU VACC INVA NO PRESERV ID	01/01/2015	1	NC	
90651	HPV VACCINE 9 VALENT IM	01/01/2015	1	NC	
J0153	ADENOSINE INJ 1MG	01/01/2015	1	\$0.85	
J0571	BUPRENORPHINE ORAL 1MG	01/01/2015	1	\$0.55	
J0572	BUPRENORPHINE/ALOX UP TO 3MG	01/01/2015	1	\$4.20	
J0573	BUPRENORPHINE/ALOX 3.1 TO 6MG	01/01/2015	1	\$7.53	
J0574	BUPRENORPHINE/ALOX 6.1 TO 10MG	01/01/2015	1	\$10.33	
J0575	BUPRENORPHINE/ALOX OVER 10MG	01/01/2015	1	\$15.07	
J0887	EPOETIN BETA ESRD USE, PER MCG	01/01/2015	1	0.64	
J0888	EPOETIN BETA NON ESRD, PER MCG	01/01/2015	1	0.64	
J1071	INJ TESTOSTERONE CYPONATE	01/01/2015	1	\$0.03	
J1322	ELOSULFASE ALFA, INJECTION	01/01/2015	1	\$228.55	
J1439	INJ FERRIC CARBOXYMALTOS 1MG	01/01/2015	1	\$1.06	
J2274	IN MORPHINE PRESERVATIV FREE	01/01/2015	1	\$9.27	
J2704	INJ PROPOFOL 10 MG	01/01/2015	1	\$0.12	
J3121	INJ TESTOSTERON ENANTHATE 1MG	01/01/2015	1	\$0.05	
J3145	TESTOSTERONE UNDECANOATE 1MG	01/01/2015	1	\$1.17	
J7181	FACTOR XIII RECOMB A-SUBUNIT	01/01/2015	1	NC	
J7182	FACTOR VIII RECOMB NOVOEIGHT	01/01/2015	1	NC	
J7200	FACTOR IX RECOMBINAN RIXUBIS	01/01/2015	1	NC	
J7201	FACTOR IX FC FUSION RECOMB	01/01/2015	1	NC	
J7327	MONOVISC INJ PER DOSE	01/01/2015	1	\$986.38	
J7336	CAPSAICIN 8% PATCH	01/01/2015	1	\$2.72	
J9267	PACLITAXEL INJECTION	01/01/2015	1	\$0.16	
J9301	OBINUTUZUMAB INJ	01/01/2015	1	\$52.24	
Q4150	ALLOWRAP OS OR DRY 1 SQ CM	01/01/2015	1	NC	
Q4151	AMNIOBAND, GUARDIAN 1 SQ CM	01/01/2015	1	NC	
Q4152	DERMAPURE 1 SQUARE CM	01/01/2015	1	NC	
Q4153	DERMAVEST 1 SQUARE CM	01/01/2015	1	NC	
Q4154	BIOVANCE 1 SQUARE CM	01/01/2015	1	NC	
Q4155	NEOXFLOR CLARIFLOR 1 MG	01/01/2015	1	NC	
Q4156	NEOX 100 1 SQUARE CM	01/01/2015	1	NC	
Q4157	REVITALON 1 SQUARE CM	01/01/2015	1	NC	
Q4158	MARIGEN 1 SQUARE CM	01/01/2015	1	NC	
Q4159	AFFINITY1 SQUARE CM	01/01/2015	1	NC	
Q4160	NUSHIELD 1 SQUARE CM	01/01/2015	1	NC	
J0150	INJECTION ADENOSINE 8 MG	01/01/2015	3	D	
J0151	INJ ADENOSINE 0.4MG 1MG	01/01/2015	3	D	
J0900	TESTOSTERONE ENANTHATE INJ	01/01/2015	3	D	
J1060	TESTOSTERONE CYPONAT 1 ML	01/01/2015	3	D	
J1070	TESTOSTERONE CYPONAT 100 MG	01/01/2015	3	D	
J1080	TESTOSTERONE CYPONAT 200 MG	01/01/2015	3	D	
J2271	MORPHINE S04 INJECTION 100MG	01/01/2015	3	D	
J2275	MORPHINE SULFATE INJECTION	01/01/2015	3	D	
J3120	TESTOSTERONE ENANTHATE INJ	01/01/2015	3	D	
J3130	TESTOSTERONE ENANTHATE INJ	01/01/2015	3	D	
J3140	TESTOSTERONE SUSPENSION INJ	01/01/2015	3	D	
J3150	TESTOSTERON PROPIONATE INJ	01/01/2015	3	D	
J7335	CAPSAICIN 8% PATCH	01/01/2015	3	D	
Q9970	INJ FERRIC CARBOXYMALTOS 1MG	01/01/2015	3	D	
Q9972	EPOETIN BETA ESRD USE	01/01/2015	3	D	
Q9973	EPOETIN BETA NON ESRD	01/01/2015	3	D	
Q9974	MORPHINE EPIDURAL/INTRATHECA	01/01/2015	3	D	

## KEY FOR CURRENT/PREVIOUS MAXIMUM PAYMENT AMOUNT

B	BUNDLED PROCEDURE WITH NO SEPARATE PAYMENT
BR	BY REPORT
D	DISCONTINUED PROCEDURE CODE
NC	NON-COVERED SERVICE
PA	PRIOR AUTHORIZATION -- DETERMINED DURING PRIOR AUTHORIZATION

## KEY FOR PC/TC INDICATOR

0	Physician service with no PC or TC; no POS restriction unless otherwise noted
9	Procedure for which the concept of PC/TC does not apply; no POS restriction if the physician RVU work component > 0; no coverage in a hospital setting (I/P).

Facility Services Provided by an Ambulatory Surgery Center

KEY FOR CURRENT SURGICAL GROUP

MAXIMUM PAYMENT		MAXIMUM PAYMENT		PAYMENT AMOUNTS EFFECTIVE 01/01/2010	
GROUP	AMOUNT	GROUP	AMOUNT	GROUP	MAXIMUM PAYMENT
1	\$346.78	4	\$468.58	7	\$749.33
2	\$331.70	5	\$554.52	8	\$813.27
3	\$380.66	6	\$704.37	9	\$1,032.07

HCPCS CODE	DESCRIPTION	CURRENT SURGICAL GROUP	CURRENT EFFECTIVE DATE	CURRENT END DATE	PREVIOUS SURGICAL GROUP	PREVIOUS EFFECTIVE DATE	PREVIOUS END DATE
20604	Drainage joint/bursa w/us	1	01/01/2015				
20606	Drainage joint/bursa w/us	1	01/01/2015	OPEN			
20811	Drainage joint/bursa w/us	1	01/01/2015	OPEN			
20983	Ablate bone tumor/3rd neuro	2	01/01/2015	OPEN			
22510	Percr carvicolithiastic inject	6	01/01/2015	OPEN			
22511	Percr lumbar/3rd injection	6	01/01/2015	OPEN			
22512	Vertebroplasty addl inject	6	01/01/2015	OPEN			
22513	Percr vertebral augmentation	7	01/01/2015	OPEN			
22514	Percr vertebral augmentation	7	01/01/2015	OPEN			
22515	Percr vertebral augmentation	7	01/01/2015	OPEN			
22727	Arthrodesis sacrospin ligam	9	01/01/2015	OPEN			
33270	Intraop subo dmf/tilator	6	01/01/2015	OPEN			
33271	Intra subo imobil dfr sclotro	6	01/01/2015	OPEN			
33272	Repos exte imobil subo dfr	4	01/01/2015	OPEN			
44180	Esophagoscopy rigid lrmsc	2	01/01/2015	OPEN			
44381	Small bowel endoscopy hrmsc	3	01/01/2015	OPEN			
44384	Small bowel endoscopy	3	01/01/2015	OPEN			
44401	Colonoscopy with ablation	1	01/01/2015	OPEN			
44402	Colonoscopy w/ablat sclmrt	3	01/01/2015	OPEN			
44403	Colonoscopy w/resection	3	01/01/2015	OPEN			
44404	Colonoscopy w/injection	3	01/01/2015	OPEN			
44405	Colonoscopy w/dilation	3	01/01/2015	OPEN			
44406	Colonoscopy w/ultrasound	3	01/01/2015	OPEN			
44407	Colonoscopy w/htl asccltrv	3	01/01/2015	OPEN			
44408	Colonoscopy w/dil/compression	3	01/01/2015	OPEN			
45346	Sigmoidoscopy w/ablation	1	01/01/2015	OPEN			
45347	Sigmoidoscopy w/polyp stent	1	01/01/2015	OPEN			
45348	Sigmoidoscopy w/resection	1	01/01/2015	OPEN			
45350	Sigmoid w/aband location	1	01/01/2015	OPEN			
45358	Colonoscopy w/ablation	2	01/01/2015	OPEN			
45359	Colonoscopy w/retnt sclmrt	1	01/01/2015	OPEN			
45390	Colonoscopy w/resection	3	01/01/2015	OPEN			
45393	Colonoscopy w/dil/compression	3	01/01/2015	OPEN			
45398	Colonoscopy w/aband location	3	01/01/2015	OPEN			
46801	Diagnostic anoscopy	1	01/01/2015	OPEN			
46807	Diagnostic anoscopy & biopsy	1	01/01/2015	OPEN			
47383	Percr abili lvr crvcoablation	2	01/01/2015	OPEN			
62302	Mylolaparthv lumbar injection	1	01/01/2015	OPEN			
62303	Mylolaparthv lumbar injection	1	01/01/2015	OPEN			
62304	Mylolaparthv lumbar injection	1	01/01/2015	OPEN			
62305	Mylolaparthv lumbar injection	1	01/01/2015	OPEN			
64486	Tiag block ura by injection	1	01/01/2015	OPEN			
64487	Tiag block ura by infusion	1	01/01/2015	OPEN			
64488	Tiag block lu injection	1	01/01/2015	OPEN			
64489	Tiag block lu by infusion	1	01/01/2015	OPEN			
66179	Aqueous shunt eye w/o orbit	6	01/01/2015	OPEN			
66184	Revision of aqueous shunt	7	01/01/2015	OPEN			
71800	Treatment of rib fracture	1	02/17/1991	12/31/2014			
22520	Percr vertebroplasty thor	6	01/01/2007	12/31/2014			
22521	Percr vertebroplasty lumbr	6	01/01/2007	12/31/2014			
22522	Percr vertebroplasty addl	6	01/01/2007	12/31/2014			
22523	Percr kyphoplasty thor	7	04/01/2008	12/31/2014			
22524	Percr kyphoplasty lumbar	7	04/01/2008	12/31/2014			
22526	Percr kyphoplasty add-on	7	04/01/2008	12/31/2014			
45308	Parotid duct diversion	4	02/17/1991	12/31/2014			
44383	Ileocolonoscopy w/retnt	6	01/01/2006	12/31/2014			
44393	Colonoscopy, lesion removal	1	01/01/1998	12/31/2014			
44397	Colonoscopy w/ stent	1	04/01/2006	12/31/2014			
45339	Sigmoidoscopy	1	02/17/1991	12/31/2014			
45345	Sigmoidoscopy w/retnt	1	04/01/2006	12/31/2014			
45355	Surgical colonoscopy	1	02/17/1991	12/31/2014			
45383	Colonoscopy, lesion removal	2	02/17/1991	12/31/2014			
45387	Colonoscopy w/retnt	1	04/01/2006	12/31/2014			
61134	Excise other remove object	5	04/01/2008	12/31/2014			
64761	Incision of pelvic nerve	2	04/01/2008	12/31/2014			
64870	Fusion of facial/other nerve	4	02/17/1991	12/31/2014			
66166	Glaucoma surgery	4	02/17/1991	12/31/2014			