State of Michigan
Workers' & Unemployment Compensation

Health Care Services Manual

(Fee Schedule)

Effective March 4, 2003

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Department of
Consumer & Industry Services

State of Michigan

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Department of Consumer & Industry Services

Bureau of Workers' and Unemployment Compensation

Health Care Services

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Health Care Services Manual
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Chapter 1

Overview and Guidelines

Introduction

The Health Care Services Policy Manual contains information regarding health services provided to treat an injury or illness causally related to employment for Michigan workers. The billing and payment information contained in this manual is based upon information found in the Health Care Services Rules

The manual is organized as follows:

> **General Information** (Chapters 1-5) outlines the general policies and procedures applicable to all providers and payers.
>
> **Coding and Fee Information** (Chapters 6-13) contains a chapter for each category of medical service. The policies, procedures and the maximum allowable payment (MAP) are listed in each category of service.
>
> **Ancillary Services** (Chapter 14) contains coding and payment information for services described with coding from Medicare's National Level II Code book.
>
> **Hospital Services** (Chapter 15) contains information regarding payment for facility services and the hospital's maximum payment ratios.
>
> **Bureau Information** (Chapter 16) contains examples of forms and bureau contact numbers.

The Health Care Services Manual was designed to be as user friendly as possible. Suggestions for further improvements or to report any possible errors, please contact:

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No fee schedules, relative value units (RVU's) or conversion factors are included in the CPT® book. The AMA assumes no responsibility for the consequences attributed to or related to any use or interpretation of any information contained or not contained in this product.
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Providers Covered by the Rules

All providers of health care services must be licensed, registered or certified as defined in the Michigan Public Health Code, Act 368 of 1978, (Articles 1,7,15,19, and Excerpts from Article 5) as amended.

Evaluation and management services and minor surgical procedures performed by nurse practitioners and physician assistants are billed with modifiers. Reimbursement is adjusted to 85% of the MAP amount or the practitioner's usual and customary charge, whichever is less. Service level adjustment factors are as follows:

Nurse Practitioner	-AK	0.85
Physician's Assistant	-AU	0.85

Mental health therapeutic services are reimbursed adjusted according to a service level adjustment factor. Services billed by the following practitioners must be identified by the listed modifiers and will be adjusted to 85% or 64%, depending on the service provider noted by the modifier. No adjustment is necessary for diagnostic testing procedures performed.

Certified Social Worker	-AJ	0.85
Limited License Psychologist	-AL	0.85
Licensed Marriage & Family Therapist	-MF	0.85
Licensed Professional Counselor	-LC	0.85
Limited Licensed Counselor	-CS	0.64
Limited Licensed Marriage & Family Therapist	-ML	0.64

Services Listed in the Manual

The state of Michigan workers' compensation schedule of maximum allowable payments is listed in this manual. Chapters 6-13 contain the policy and procedures unique to that category and the services are listed in numeric order according to CPT® coding. The manual lists the CPT® code, the RVU, the MAP and the follow-up days for surgical procedures. **Except where otherwise noted in this manual, billing instructions listed in the "Physicians Current Procedural Terminology (CPT®)" shall apply.**

Maximum Allowable Payment (MAP) Amounts

The maximum allowable payments in this manual are based upon the Health Care Financing Administration's (HCFA) resource-based relative value scale (RBRVS). RBRVS attempts to ensure the fees are based on the resources used to provide each service described by CPT® procedural coding. Relative values are derived based on the work involved in providing each service (practice expense involved including office expenses and malpractice insurance expense), and applying specific geographical indices, (GPCI), to determine the relative value unit (RVU). Michigan workers' compensation is applying the following GPCI resulting from a meld using 60% of the Detroit area GPCI and 40% of the rest of the state's GPCI.

Work	1.0246
Practice Expense	.998
Malpractice	2.2712

The following formula is applied to the information taken from HCFA to determine the RVU for the state of Michigan workers' compensation:

(Work RVU's x 1.0246) + (Practice Expense RVU's x .998) + (Malpractice RVU's x 2.2712) = RVU

Most MAP amounts in Chapters 6-13 (except for anesthesia services) are pre-calculated and listed as dollar amounts. The MAP amounts were determined by multiplying the **RVU times the conversion factor.** The conversion factor for the CPT® procedure codes is found in R 418.101002 of the Health Care Services rules

Determining Payment

The MAP amounts listed in this manual represent the maximum allowable payments that a provider can be paid for rendering services under the state of Michigan Workers' Compensation Act. When a provider's charge is lower than the MAP amount, or if a provider has a contractual agreement with the carrier to accept discounts for lower fees, payment is made at the lower amount.

Workers' Compensation laws are state specific and these rules and fees apply to providers licensed to practice in Michigan. A provider licensed by the state of Michigan billing a carrier for a service must accept the maximum allowable payment and shall not balance bill the worker (Refer to R 418.10105).

By Report (BR) Services

When a CPT® code does not have an assigned numeric RVU, the procedure will be listed as BR (by report). A provider who submits a claim for a BR service(s) should include all pertinent documentation, including an adequate definition or description of the nature and extent of the service and the time, effort, and equipment necessary to

provide the service. A BR procedure is reimbursed at the provider's usual and customary charge or reasonable amount determined by the carrier, whichever is less.

Codes Not Listed in the Manual

Every effort has been made to include all of the CPT® codes and the assigned relative value units in this manual. Inclusion of the CPT® code in the manual does not guarantee compensability of the service. The carrier is responsible for reviewing the service(s) to determine if the treatment is related to the work injury or illness.

When a procedure code is not listed in the manual but is listed in either the CPT® book or Medicare's National Level II HCPCS for the date of service, the code shall be billed and reimbursed at the provider's usual and customary charge or reasonable amount, whichever is less.

Independent Medical Evaluations (IME's)

A carrier or employee may request an independent medical evaluation (IME). A practitioner other than the treating practitioner must do an independent medical examination. The IME is exempt from the Health Care Services Rules for cost containment and payment is determined on a contractual basis. The carrier and provider should address how diagnostic testing will be reimbursed in the contractual agreement.

A carrier may request an examination to determine the medical aspects of the case. This examination would be considered a confirmatory consult. The confirmatory consult is billed with procedure codes 99271-99275 and paid in accord with the fees listed in the Evaluation and Management Section of this manual.

Claim Filing Limitation

A provider should promptly submit their charges to the carrier to expedite claims processing. The carrier is not required to reimburse claims submitted after **one year from the date of service except for:**

- **Litigated cases**
- **When subrogation has occurred**

Do not submit claim forms or requests for reconsideration to the bureau, as the bureau does not pay or review bills. The State of Michigan Workers' Disability Compensation Health Care Services Rules discusses this information in R 418.10113 and R 418.10901(3).

Rehabilitation Nurse or Nurse Case Managers

When a carrier assigns a nurse case-manager or a rehabilitation nurse to a worker's

compensation case and the nurse accompanies the patient to physician-office visits, the physician may bill RN001. The carrier will then reimburse the physician for RN001, a work-comp code specific for Michigan, in addition to the office visit, and be paid for the additional service. If the patient is seen during the global surgery period and is accompanied by the nurse case manager, procedure RN001 is payable even though the routine non-complicated office visit is included in the global period for the surgical procedure. The fee for RN001 is listed in R 418.101501, Table 1501-A.

Chapter 2

General Policy

This chapter contains the general information regarding medical services provided to injured workers in the state of Michigan.

Employee Responsibilities

An employee receiving an injury or illness during the course of employment must report the injury to his employer. The employer may direct care for the injured worker for the first 10 days. Following the initial 10 days of care, **the worker may treat with a physician of his or her own choice as long as the worker notifies the carrier of their choice**. If an employee receives a bill from a health care provider for a covered work injury, the employee should submit the bill to the employer or if known the worker's compensation carrier for payment.

Employer Responsibilities

The Workers' Disability Compensation Act outlines in Section 315 that an employer must furnish or cause to be furnished all necessary and reasonable medical, surgical, and hospital services and medicines, other attendance or treatment recognized as legal, for an employee receiving an injury or illness in the course of employment. The employer has the right to direct the employee to a provider of the employer's choice for the first 10 days of care commencing for the injury or illness and should **report the injury to their workers' compensation carrier.**

The insured employer must promptly file with the bureau, the form 100, "Employer's Basic Report of Injury" reporting cases when the injury results in 7 or more days of disability, specific loss or death. The insured employer must inform the provider of the name and address of its insurer or the designated agent of the insurer to whom the health care bills should be sent. If the insured employer receives a bill, the employer shall promptly send the provider's bill and documentation to the carrier.

Provider Responsibilities

A provider shall promptly bill the carrier on the proper claim form and attach any documentation required by the Health Care Services Rules. When a provider bills the carrier and receives **no response in 30 days, the provider should send a second copy of the bill to the carrier and add a 3% late fee**.

The provider may file for an "Application for Mediation and Hearing," (104B) for unresolved claims (See Part 13 of the Rules and Chapter 4, pg. 4.5 of this manual) when:

- The provider has sent 2 bills to the carrier and waited a total of 60 days for a case that has not been disputed.

- Payment was not made in accord with the maximum payments established by the Health Care Services Rules, or the carrier has disputed utilization of the overall services. If the issue(s) are not resolved through the reconsideration process, the provider may file a 104B.

- When the worker contests a carrier's dispute and the case becomes contested or litigated (worker files 104A for a Bureau hearing). **The provider should then file a 104B to be added as an intervening party to the carrier/worker dispute.**

  Note: If the worker has not contested the carrier's denial, then the worker or his health insurance is responsible for services disputed as not work-related.

Carrier Responsibilities

When the carrier receives notice of an injury or illness, the carrier:

- Establishes a case record. When the carrier receives a bill from the provider and does not have an injury report on file from the employer, the carrier should follow-up with the employer. The carrier will also investigate a case if notified by the provider with form 117 H, "Provider's Report of Claim."
- Determines compensability.
- Reviews medical bills for payment. **The carrier is required to pay the medical services within 30 days of receipt of a provider's properly submitted bill or must pay the provider a self-assessed 3% late fee applied to the MAP.**
- Notifies the provider of their decision to pay, adjust or reject a medical provider's bill on a form entitled **"The Carrier's Explanation of Benefits."**
  - The Health Care Services Division of the bureau determines the format for this form.
  - Changes to the format may not be made without bureau approval.
  - A copy must be sent to the injured worker and the provider.
  - A copy of the form, BWC-739 (Rev 02-01) is located in Chapter 16.

Certification of a Carrier's Professional Review Program

The State of Michigan Workers' Disability Compensation Act does not mandate managed care or prior authorization for reimbursement of medical services. The carrier is required to review the medical services provided to ensure that the services are reasonable and related to the work injury or illness (refer to Part I, R 418.10101, Scope of the Health Care Services Rules).

- Carrier will submit to the bureau form BWC-590 **"Application for Certification of Professional Review"** attaching a **current methodology** detailing how their

company performs review. A copy of the form is located in this manual in Chapter 16. The methodology is submitted every 3 years or whenever changes occur.

- If a current methodology is on file with the bureau for the carrier or the reviewing entity, then only the application need be submitted. The carrier should contact the bureau to see if the methodology on file with the bureau is current.
- The carrier is required to re-submit an "Application for Certification of Professional Review" 6 months prior to the expiration date of the certification.
- The carrier must re-submit when any of the following change:
  1. Service Company
  2. Review Company.
  3. Substantial change in methodology (must also include the new methodology).

♦ Certification of the carrier's review program is generally granted for a period of 3 years.

♦ A copy of the certification is sent to the carrier, Service Company and Review Company when appropriate.

<u>Utilization Review</u>

The carrier's professional review program consists of both technical review and professional review. Technical review is outlined in R 418.101203 and professional review is discussed in R 418.101204.

1. Technical Review

♦ Frequently done as a computer review designed to edit claims for workers' compensation in Michigan.

♦ Carrier is responsible for determining accuracy of coding and edits performed by the computer software. The Carrier's Explanation of Benefits shall detail reasons for recoding any procedure in accord with Part 13 of the rules.

♦ Determine that the amount billed for a procedure does not exceed the maximum allowable payment established by the rules. The carrier is responsible for determining accuracy of the technical computer review when performed. Include the name of the software program used in the technical review process within the methodology.

♦ Specifically identify what bills and case records the carrier refers for professional health care review according to R 418.101205.

2. Professional Review Program

♦ Must comply with R 418.101205, scope of professional health care review.

♦ Document the process ensuring confidentiality of worker-specific and provider-specific information.

♦ Utilization review will look at coding accuracy and compensability issues.

♦ Determines medical necessity and appropriateness of services.

- Medical claims review is generally retrospective as Michigan law does not mandate managed care, and is performed strictly for purposes of reimbursement.
- Most frequently performed by a registered nurse or other licensed health care professional with suitable expertise in occupational injury or disease processes and the billing process.
- Licensed health care professionals must develop criteria used in the carrier's review process.
- Submit license documentation for each professional, including full name, professional license number, state of issue, date of expiration and any restrictions on current licensure. Include the same documentation for the medical/clinical director supporting reviewers.

> **Note:** Trained non-clinical staff may be used in the application of these criteria, when their duties have oversight by a licensed health professional.

3. Peer Review

- May be performed when the claim is initially submitted or when any outstanding issues cannot be mutually resolved through the written reconsideration process.
- The carrier may utilize peer review to support decisions made in the utilization review process when the carrier and the provider cannot mutually resolve the issues.
- Generally performed by a doctor of medicine, doctor of osteopathy, chiropractic physician, or a physical therapist having the same clinical licensure as the treating provider whose services are being reviewed.
- The methodology utilized by a carrier for professional review shall include a list of all peer reviewers with their specialty and licensure information.

4. Reconsiderations/Appeals (Outlined in Part 13 of the Rules)

- Carrier must pay a properly submitted bill in 30 days or pay the provider a 3% late fee and the notice of payment is sent on the Carrier's Explanation of Benefits.
- If the provider disagrees with the utilization decision or the payment is not made in accord with the rules, then the provider submits a written request for reconsideration.
- If the carrier does not respond within 30 days to the provider's request for reconsideration or does not mutually resolve the outstanding issue, then the provider should file an "Application for Mediation and Hearing" to the bureau on the original orange form, sending a copy to the carrier.

<u>Annual Medical Payment Report</u>

A carrier is also required to submit an "**Annual Medical Payment Report"** to the bureau documenting the number of medical only cases, the number of wage loss cases

and the total dollars spent for health care for those cases. The reporting period will begin each year on January 1 and end each year on December 31. A copy of the form is located in Chapter 16. The Annual Medical Payment Report is due in the bureau by February 28 for the preceding calendar year and should include:

- Carrier Information
- Signature, address and telephone number of person responsible for completion of the form.
- The number of Medical-Only Cases and the total dollars spent for medical services in that year. Medical-only is defined as those cases where no indemnity was paid.

  NOTE: Refer to the definition of a case in the Health Care Services Rules. Each case will generally have multiple bills. Do not count each bill as a case.

- The number of Wage-Loss/Indemnity Cases and the total dollars spent for medical services in that year. Wage-loss is defined as those cases in which the carrier paid wage-loss replacement. For the purposes of this Annual Medical Payment Report, once wage-loss benefits are paid, the case will always be reported as wage-loss.
- **Report only medical expenses**. Do **not** include payments for:
  - Indemnity
  - Mileage reimbursements
  - Vocational rehabilitation
  - Rehabilitation case management
  - Independent medical evaluation(s)

Service Companies and Insurance Companies will report as follows:

- **Service Companies**
  - Submit one consolidated report for all self-insured clients.
  - Report any payments for “tail” claims and all current business.
  - A separate list must be included listing all of the current self-insured employers/group funds and “tail” claims represented in the report.

  Note: When a service company administers claims for an insurance company, the data **must** be forwarded to the insurance company and the insurance company will submit the Annual Medical Payment Report. The insurance company will be responsible for compiling the data and submitting one consolidated report to the bureau.

- **Self-Administered Employers or Self-Administered Group Funds**
  - Do not have a service company and are responsible for submitting their own reports.

- **Insurance Companies**
  - May submit one consolidated report for all insurance companies within their group. When more than one company is included in the report, a listing of all the companies included must be attached.

Any service company business performed by an insurance company must be reported on a **separate** consolidated report. The insurance company will report their "service company business" in the same manner described above for service companies.

Required Documentation

Providers are required to submit documentation for the following: (See R 418.10901)

- The initial visit
- A progress report if still treating after 60 days
- Evaluation for physical treatment (PT, OT, CMT, OMT)
- A progress report every 30 days for physical treatment
- An operative report or office note (if done in the office) for a surgical procedure
- A consultation
- A written report is required whenever the professional component of an x-ray is billed
- The anesthesia record for anesthesia services
- A functional capacity or work evaluation
- When billing a BR (By Report) service, a description of the service is required
- Whenever a modifier is used to describe unusual circumstances
- Whenever the procedure code descriptors includes a written report

Medical Records. The provider's medical record is the basis for determining necessity and for substantiating the service(s) rendered; therefore, the carrier may request the record. Medical records must be legible and include the information pertaining to:

1. The patient's history and physical examination appropriate to the level of service indicated by the presenting injury or illness;
2. Operative reports, test results and consultation reports;
3. Progress, clinical or office notes that reflect subjective complaints of the patient, objective findings of the practitioner, assessment of the problem(s), and plan(s) or recommendation(s); and,
4. Disability, work restrictions, and length of time, if applicable.

Copies of Records and Reports

A carrier or a carrier's agent, a worker or a worker's agent may request additional case records other than those required by the Rules (See Rule 113 and Rule 114). Providers are entitled to charge for the cost of copying the records. **Only those records for a specific date of injury are covered under the Health Care Services Rules**. Those records are reimbursed at 25 cents per page plus the actual cost of mailing. In addition, an administration charge shall be paid for the staff's time to retrieve and copy the record and is paid as follows:

0-30 minutes	$3.50
31-60 minutes	$7.00
Each additional 30-minute increment	$3.50

The copying and handling charge applies to all reports and records **except** the original copy required under the provision of Rule 113 and all other reports required by the rules. The party requesting the records pays the copying charge.

For records other than those applying to the specific date of injury (case record) the provider may bill their usual and customary charge.

Chapter 3

Billing Policy

This chapter contains policies and procedures for providers submitting claims and for payers reviewing and processing those claims. Specific instructions for completing claim forms are found in Chapter 5. Additional billing information is contained in Chapters 6-13 of this document. Each section contains billing information specific to the category of services listed in that section.

Billing Information

Providers must submit charges to the carriers on the appropriate health insurance claim form. Documentation required by the rules must be legible. A carrier must pay only licensed providers and facilities. When a provider treats an injured worker, the claim is sent to the workers' compensation carrier. The provider shall be paid the maximum allowable payment (MAP) allowed by the Health Care Services Rules for services to treat a covered work injury or illness.

The following claim forms are adopted by the Health Care Services Rules for billing medical services:

- HCFA-1500 claim form for practitioner billing
- UB-92 claim form to bill for facility services
- Universal pharmacy claim form or an invoice for billing outpatient pharmacy services
- American Dental claim form for dental services

Note: A hospital owned occupational or industrial clinic is considered a practitioner service.

If the carrier or employer makes the worker's appointment and the employer or carrier fails to cancel the appointment within 72 hours, the provider may bill for a missed appointment (**e.g., IME or confirmatory consult**) using procedure code 99199.

Balance Billing

According to Michigan law, a provider may not bill the employee for any amount of the charge for health care services provided for the treatment of a covered injury or illness.

A provider may not balance bill (refer to Rule 105):

- The amount is disputed by utilization review
- That amount exceeds the maximum allowable payment

When there are balances due to the utilization review, the provider may send a request for **reconsideration to the carrier,** and if unresolved, file a request for mediation (unless the MAP was paid by the carrier).

Procedure Codes

Procedure codes from *Physician's Current Procedural Terminology (CPT®)* and *Medicare's National Level Codes (HCPCS)* as adopted by reference in the Health Care Services Rules, 418.10107, are used to report medical services. CPT coding is used primarily for services, and HCPCS codes are used to report supplies and durable medical equipment as well as ancillary services such as dental services, hearing and vision services. The CPT® procedure codes and MAP amounts are listed in fee tables contained in this manual. Services not listed in the schedule will be considered as "by report" (BR).

Administered, Injectable Pharmaceuticals and Supplies Dispensed in the Practitioner's Office

When an injectable drug is administered along with an evaluation and management service, the drug is billed and identified with CPT® 99070 or the appropriate J Code from HCPCS, and the NDC number. The office notes must identify the drug administered. A therapeutic injection administration fee is not paid in conjunction with an office visit. The drug is reimbursed at average wholesale price (AWP).

When a physician dispenses a prescription drug from his office, the drug is reimbursed at AWP plus a $4 dispense fee. The dispense fee cannot be paid more often than every 10 days for ***each*** prescription drug. A dispense fee is not paid when over-the-counter (OTC) medications are dispensed.

Supplies dispensed from the practitioner's office are billed with code 99070, or the appropriate HCPCS code, and a report describing the service must be attached to the bill. Supplies are reimbursed at AWP + not more than 50%.

Pharmacy Services

Outpatient pharmacies and providers dispensing prescription drugs or medical supplies must have oral or written confirmation from the carrier that the services are for a covered work injury along with instructions on where the bill is to be sent. Until the carrier gives such direction, those providers are not bound by the Health Care Services Rules.

An outpatient or mail order pharmacy must submit charges for prescription medications on either a universal pharmacy claim form or an invoice statement.

Charges for prescription drugs dispensed from the doctor's office or a health care organization shall be submitted on a HCFA 1500.

The following apply to pharmacy services:

- Unless the prescription is labeled "Dispense as Written" (DAW), the generic drug should be dispensed.

- The reimbursement for prescription drugs is the average wholesale price (AWP) plus a **$4 dispense fee** for each prescription drug. **Not more than one dispense fee shall be paid for *each* drug every 10 days**.

- **A bill for a prescription drug shall include**:

  1. Name of the drug and the manufacturer's name
  2. Strength of the drug
  3. Quantity and the dosage of the drug
  4. Name and address of the pharmacy or health care organization
  5. Prescription number when dispensed by a pharmacy
  6. Date dispensed
  7. Who prescribed the medication
  8. Patient name, address and social security number
  9. National drug code as listed in Red Book

Supplies and durable medical equipment are reimbursed at AWP + not more than 50%. **The L-code procedures have fees established and are printed in the rules and published in this manual.**

Modifiers

A modifier is a two-digit number added to a CPT® procedure code to explain a specific set of circumstances. A two-letter alpha code may also be used to describe the practitioner providing the service. For certain services and circumstances the use of a modifier is required. The use of a modifier does not guarantee additional payment to the provider.

Submitting Claims for Payment

Providers are responsible for submitting claim forms to the carrier for payment. A carrier is defined as an insurance company or a self-insured employer or self-insured group fund or one of the funds specified in the Act. **When a provider is unable to get**

carrier information from the employer, contact the bureau at (517) 322-1885 with the following information:

- Employer name and address
- Date of injury or date of first symptoms for reported illness

A provider can also obtain carrier information from the bureau website: www.michigan/gov.bwuc and clicking on the insurance coverage tab at the top of the page and entering the employer information.

Collecting Medical Fees

The bureau does not review claims for payment or reimburse medical providers. The carrier (insurance companies, self-insured employers or self-insured group funds, or one of the funds specified in the Act) is responsible for claims management and payment medical services as well as wage-loss benefits. Contact the carrier to determine the status of the claim.

Chapter 4

Payment Policy

This chapter contains policies and procedures governing the payment of workers' compensation claims for medical services. The information herein will serve as a guide to payers when determining appropriate payment for medical claims.

General Payment Policy

The carrier is required to reimburse for all medically necessary and reasonable health services in accord with Section 315 of the Workers' Disability Compensation Act. The medical services must be performed by licensed, registered or certified health care providers and services must be provided to the extent that licensure, registration or certification law allows.

The amount paid will be the Maximum Allowable Payment (MAP), in accord with the rules, or the provider's usual and customary charge, whichever is less (this applies to modified services as well). Payment will be made only for actual services rendered for the covered work injury or illness.

Services Rendered by Providers Outside the State of Michigan.

When practitioners or facilities in states other than Michigan render services for Michigan workers, the provider may or may not accept the MAP made in accord with the Michigan fees. If an out-of-state provider requests reconsideration of payment, the carrier may attempt to negotiate the fee. However, if the provider refuses to negotiate fees, the carrier must reimburse the provider's charge. The worker is not responsible for any unpaid balances of the provider's charges and should be instructed to send any bills received to the carrier for resolution.

Workers' Compensation Laws are State-Specific

Workers' compensation laws in Michigan apply only to Michigan workers. A federal employee or an employee working for a company located outside of the state of Michigan would not be covered under Michigan law. A Michigan provider may only access the hearing system for workers' compensation for medical services rendered to Michigan workers.

When a provider treats a federal employee or a worker injured in another state's jurisdiction, the health services will be reimbursed in accord with either federal labor laws or those of the specific state where the employee worked.

Claims Review and Reduction

A carrier must ensure that their technical review programs (data software) result in correct payments in accord with the maximum allowable payment (MAP) amounts outlined in the rules.

A carrier shall perform utilization review for medical services to ensure that those services are necessary, reasonable, and related to the work injury or illness. Licensed, registered or certified health care professionals must perform utilization review, and when necessary, peer review of medical services shall be completed by the carrier to support their utilization decisions.

The carrier is responsible for reviewing medical claims for compensability and determining the services are necessary and reasonable. The carrier is required to perform professional review of the medical services whenever payments on a case exceed $5,000.00, there is an inpatient admission, or on any case deemed appropriate by the carrier.

Services Not Substantiated by Documentation

In a case where the reviewer cannot find evidence in the notes or operative report that the service was performed, the charge for that service may be denied. The EOB must indicate the reason for the denial.

Services Not Accurately Coded

When a service billed is supported by documentation, but the code selected by the provider is not the most accurate code available to describe that service, the disputed amount shall be limited to the amount of the difference between the MAP of the code billed, and the MAP of the code recommended by the reviewer. Therefore, the reviewer must not deny payment for the service, but recommend a payment based on the more accurate code.

The carrier may not take the position that the provider's acceptance of payment constitutes agreement with the decision. The provider has the right to dispute the decision requesting reconsideration and a hearing if not resolved through reconsideration.

Examples of Common Coding Errors Include:

- An office visit is coded at a higher level than substantiated by the medical record
- Two x-ray codes are billed when a single x-ray code describes the number of views taken

- A debridement code is billed with another code whose descriptor includes the debridement

Providers can reduce the frequency of services being re-coded by following guidelines within the CPT® book for correct coding and guidelines found in the Health Care Services Rules.

Determining Payment for "By Report" (BR) Services

Supplies and durable medical equipment are "by report" (BR) and require a description of the service when billed. Reimbursement for the supplies and durable medical equipment are AWP + not more than 50%.

Ancillary services (dental, hearing, vision, and home health services) and services without an assigned RVU are reimbursed at a reasonable amount or the provider's usual and customary charge, whichever is less. **"Reasonable" is defined for the purposes of reimbursement as "a payment based upon the amount generally paid in the state for a particular procedure code using data available from the provider, the carrier, or the bureau."**

A provider may request reconsideration when the BR service is not reasonably reimbursed.

Multiple Patient Visits

Unless substantiated by medical necessity, only one patient visit per day, per provider may be paid. Generally when a provider sees a patient twice in one day for necessary services, the values of the visits are added together and a higher level of service is billed.

Separate Procedures

Certain services carry the designation "**separate procedure"** in their CPT® descriptor. These are services that are commonly performed as an integral part of a total service and, as such, must not be paid as a separate procedure. When a "separate procedure" is performed independently of, and not immediately related to other services, it may be billed and paid.

Total Procedures Billed Separately

When two separate providers are submitting separate claims for certain diagnostic procedures (neurological testing, radiology and pathology procedures, etc.) the services are identified professional and technical portions of the service. When this occurs, the carrier will pay according to the professional and technical components.

The billing procedures in Chapters 6-13 stipulate that providers must indicate on the claim form that the technical and professional components were performed separately by adding a modifier to the CPT code. Modifier -26 indicates that only the professional component was performed; modifier -TC indicates that only the technical component was performed.

Completion of the Explanation of Benefits (EOB) Form

The EOB form must be sent to the provider with a copy sent to the worker. The carrier shall ensure that the following information is included on the EOB:

- The provider charge, reimbursement allowed, and reason for the reduction. The carrier may use a "reason-code" but must clearly provide a written explanation.
- The EOB should tell the provider how to request reconsideration and what information is needed.
- If the check is not sent with the EOB there must be information included so that the provider can relate specific payment to the applicable services (claimant, procedure, and date of service).

Disputed Payments

When a provider is dissatisfied with a payer's reduction or denial of a charge for a work related medical service, the provider may submit to the carrier a **written request for reconsideration *within 60 days of receipt of payment***. The request must include a detailed explanation for the disagreement, and documentation to substantiate the charge/service in question. Providers may not dispute a payment because of dissatisfaction with a MAP amount. Refer to Part 13 of the Rules for resolving differences. When the provider is dissatisfied with payments resulting from contractual agreements, the provider must refer to that agreement and not enter into the hearing system for workers' compensation.

Upon receipt of a request for reconsideration, the payer must review and re-evaluate the original bill and accompanying documentation, using its own medical consultant or peer review if necessary, and respond to the provider within 30 days of the date of receipt. The payer's response to the provider must explain the reason(s) behind the decision and cite the specific policy or rule upon which the adjustment was made.

Mediation Applications (104B's)

Medical providers, insurance companies, and self-insured employers may request a mediation hearing through the bureau by submitting the "Application for Mediation and Hearing" form (104B). A carrier may request a hearing to recover overpayments (refer to Rule 119); however, providers of health care services most frequently request hearings when those services have not been correctly paid. An injured worker may not

use the 104B to request a hearing or contest his case. The injured worker with questions should be instructed to call the bureau at (517) 241-8999 or (888) 396-5041 when they have questions.

A Provider's Reasons for Requesting Mediation Hearings:

- No response to the provider's bill.
- Payment dispute unresolved though the reconsideration process.
- A provider **should** file a 104B whenever he learns that the workers' case is contested (the carrier denied compensability and the worker filed a 104A form).

  Note: When an injured worker does not dispute the carrier's denial of a case by submitting a 104A to the bureau, the worker or his health insurance is responsible for the health services. A worker should not be turned over to collections if there is a pending worker's compensation claim that has not been resolved by the magistrate.

The requesting party submits the original (orange) form to the bureau and sends a copy to the carrier or provider as appropriate. **The 104B form may be obtained from the bureau.** Documentation is not sent to the bureau with the application, but is taken to the mediation site.

Ordering Forms

Bureau forms, including 104B forms, are obtained from the bureau. You may order forms by one of the following methods:

- Mail request to Claims Division, BWUC, PO Box 30016, Lansing MI 48909
- Email to **wcinfo@cis.state.mi.us**
- Fax (517) 322-1808.

All requests should include a contact name, phone number, company name, street address, city, state, zip code, the name of the requested form, and quantity.

Chapter 5

Completing and Submitting Claims

This chapter contains specific instructions for completing medical claim forms. Failure to provide the information in the manner requested herein may result in claims being returned for correction, additional information, or denial.

Claims Prepared by a Billing Service

Claims prepared for a provider by a billing service must comply with all applicable sections of this manual.

Completing the HCFA-1500 for Practitioner Billing

The HCFA-1500 is the standard claim form used for practitioner services. The instructions listed below indicate the information required to process practitioner claims for workers' compensation cases. The HCFA 1500 (12-90) is the most recent format and the preferred form.

Note: Radiologists, pathologists, ambulance services, and anesthesiologists are not required to enter a diagnostic code.

HCFA-1500 (12-90) Claim Form Elements 1 through 33

1. Mark other
1a. Patient's social security number
2. Name of the patient
3. Patient's sex and date of birth
4. Name of the workers' disability compensation carrier
5. Patient's complete address omitting the telephone number
6. Omit
7. Carrier address. Omit the telephone number
8. Omit
9. Enter the employer's name
9a. Omit
9b. Omit
9c. Omit
9d. Omit
10. Mark the appropriate boxes
11. Omit
11a. Omit
11b. Omit
11c. Omit
11d. Omit

12. Omit
13. Omit
14. Date of the work-related accident or the first symptoms of work-related illness
15. Complete if appropriate and if known
16. Enter the month, day, and year if applicable
17. Name of the referring physician
17a. Omit
18. Date if applicable
19. Omit (Optional use-may list NDC's for J codes)
20. Mark appropriate box
21. Diagnostic numeric or alpha code
22. Omit
23. Omit
24a. Date for each service, "from/to" dates may be utilized
24b. Place of service code
24c. Type of service code
24d. Enter the procedure code and modifier if appropriate. Attach documentation to explain unusual circumstances
24e. Related diagnosis number(s) 1, 2, 3, 4 as appropriate
24f. Charge for each procedure billed
24g. Complete this column for multiple units or total minutes for anesthesia services
24h. Enter "DB" for duplicate bill with the date billed
24i. Omit
24j. Omit
24k. Omit
25. Enter the provider's FEIN
26. Enter the patient's account or case number
27. Omit
28. Enter the total charges
29. Omit
30. Omit
31. Enter the date of the bill
32. Complete if applicable
33. Practitioner's name, license, registration or certification number, address, zip code, and telephone number

Site of Service Codes Place in element 24b on the HCFA 1500 (12-90)

1 or 21 - Inpatient hospital.
2 or 22 - Outpatient hospital.
3 or 11 - Office or clinic.
4 or 12 - Patient home.
5 or 52 - Day care facility (psychiatric facility/part hospital).
7 or 32 - Nursing home/nursing facility.
8 or 31 - Skilled nursing facility.
9 or 41 - Ambulance (land).
0 or 99 - Other locations (other unlisted facility).

A or 81 - Independent laboratory.
B or 24 - Other medical/surgical facility (free-standing outpatient surgical center).
C - Residential treatment center (adult foster care).
G or 23 - Emergency room - hospital.
J or 33 - Custodial care.
K or 34 - Hospice.
L or 42 - Ambulance (air or water).
M or 51 - Inpatient psychiatric facility.
N or 53 - Community mental health.
O or 56 - Psychiatric residential facility.

Type of service codes Place in element 24c on the HCFA 1500 (12-90)
1 - Medical care.
2 - Surgery.
3 - Consultation.
4 - Diagnostic x-ray.
5 - Diagnostic laboratory.
6 - Radiation therapy.
7 - Anesthesia.
8 - Assistance at surgery.
9 - Other medical service.
0 - Blood or packed red cells.
A - Used durable medical equipment.
F - Ambulatory surgical center.
H - Hospice.
L - Renal supplies in the home.

American Dental Association Claim Form

In the top two boxes:
Left. Mark appropriate box, pre-treatment estimate or statement of actual services.
Right. Enter the workers' compensation carrier name and address.

Item 1. Patient Name, First, M.I., Last
Item 2. Mark "self."
Item 3. Enter the sex of the patient.
Item 4. Enter patient's birth date (MMDDYYYY).
Item 5. Omit.
Item 6. Enter the patient's complete mailing address.
Item 7. Enter the patient's social security number.
Item 8. Omit.
Item 9. Enter the employer's name.
Item 10. Enter the employer's complete mailing address.
Item 11. Omit.
Item 12-a. Omit.
Item 12-b. Omit.

Item 13. Omit.
Item 14-a. Omit.
Item 14-b. Omit.
Item 14-c. Omit.
Item 15. Omit.
Item 16. Enter the name of the dentist or dental organization.
Item 17. Enter the complete address of the dentist or the dental-organization.
Item 18. Enter the social security number or FEIN for the dental provider.
Item 19. Enter the dentist's license number.
Item 20. Enter the dentist's telephone number.
Item 21. Enter the first visit for the current series of treatment.
Item 22. Mark appropriate box for place of treatment.
Item 23. Indicate if x-rays are enclosed and how many.
Item 24-30. Mark appropriate boxes. Enter the date of injury in Item 24.
Item 31. Enter the tooth number, a description of the service, and the date of service, the procedure number, and the fee.
Item 32. Indicate with an "x" any missing teeth. Add remarks for unusual services. Include any dental disorders that existed before the date of injury.

Facility Billing

Licensed facilities are to submit facility charges on the UB-92 claim form in accord with the billing instructions provided in the UB-92 billing manual published by the Michigan Health and Hospital Association. The workers' compensation carrier is responsible for ensuring that the form is properly completed prior to payment. **A copy of the UB-92 billing manual can be obtained by contacting:**

Michigan Health & Hospital Association
UB-92 Manual Subscription
6215 W. St. Joseph Hwy.
Lansing MI 48917
(517) 323-3443

Hospitals must submit charges for practitioner services on the HCFA 1500 claim form. Examples of practitioner services billed by the hospital are:

- Anesthesiologists or nurse practitioners
- Radiologists
- Hospital-owned physician practices
- Hospital-owned occupational or industrial clinic

Chapter 6

Evaluation and Management

This section stipulates only those policies and procedures that are unique to Evaluation and Management (E/M) Services. Additional policies and procedures that apply to all providers are listed in Chapters 1-5 of this manual.

For the purposes of workers' compensation, a provider may bill a **new patient** evaluation and management service for **each new date of injury**. Additionally, a new patient visit may also be billed every three years in accordance with Health Care Financing Administration or HCFA regulations.

Levels of E/M Services

E/M codes are grouped into three categories: office visits, hospital visits, and consultations. For complete instructions on identifying and billing E/M services, refer to the Evaluation and Management Services Guidelines of the CPT® Manual**.**

E/M service descriptors have 7 components. These components are: history, examination, medical decision-making, counseling, coordination of care, nature of presenting problem, and time.

> An **assessment of range of motion shall be included in the E/M service.** Range of motion shall not be paid as a separate procedure unless the procedure is medically necessary and appropriate for the patient's diagnosis and condition.
>
> The **level of an office visit (E/M)** is not guaranteed and may change from session to session. The level of service billed must be consistent with the type of presenting complaint and supported by documentation in the record (example: a minor contusion of a finger would not appropriately be billed with a complex level of service, such as level 4 or 5).
>
> An ice pack/hot pack is not payable as a separate service when performed solely with an evaluation and management service.

Procedure codes 99450-99456 may not be used to describe an E/M service. The practitioner should use codes 99201-99350 to describe services for an injured worker. In addition, code 99499 may not be used to describe an office visit or hospital service when documentation supports use of 99201-99350.

Office Visit With Ongoing Physical Treatment

An E/M service is **only payable in conjunction with physical treatment when:**

- Documentation supports a change in the signs and symptoms
- A separate identifiable service, other than evaluating progress in PT, is

- performed (E/M billed with modifier -25)

After-Hour Services

Add on procedure codes 99050-99054 are only payable for office services when the practitioner is providing office services after normal office hours. These codes should not be reimbursed when the services occur during the provider's normal business hours (example: hospital ER or a 24-hour clinic).

Office Visits and Administration of Injectable Medication

An injection administration code for the therapeutic Injectable medication is not payable as a separate procedure when billed with an E/M service. The medication administered in the therapeutic injection shall be billed with procedure code 99070 or the appropriate J-code; and identified with the NDC code. The drug is reimbursed at the average wholesale price of the drug (AWP). If an E/M service is not billed, then the administration codes (90782-90799) may be billed in addition to the drug.

Office Visits and Administration of Immunizations

An office visit may be billed and paid separately when an immunization procedure code is billed. Immunizations are billed with procedure codes 90476-90748. An example of an immunization is tetanus toxoid vaccine. The immunization vaccines are reimbursed at the average wholesale price of the drug.

When procedure codes 90476-90748 are billed, the administration procedure is billed with 90471 or 90472 *in addition to the vaccine*.

Supplies and Material (CPT® 99070)

Supplies and materials provided by the physician or health care organization over and above those usually included with the office visit are payable by the carrier. The provider uses procedure code 99070 or the appropriate HCPCS code to describe the service. Supplies are reimbursed at AWP + not more than a 50% mark-up.

The following are *examples* of supplies usually included with the office visit:

Sterile or non-sterile dressings, tape,	Antiseptic ointments & solutions, Alcohol wipes	Gloves, Cotton-tipped applicators
Butterfly dressings, Cold or hot compress.	Minor educational supplies	Syringes, Medicine cups, Needles

Follow-up Days

When a service listed in the schedule is assigned a number of follow-up days, no

payment will be made for office visits or hospital visits for routine, normal follow-up post-operative surgical care. Physicians may; however, charge for supplies (i.e.; dressings braces) furnished in the office. If the length of follow-up care goes beyond the number of follow-up days indicated, the physician will be allowed to charge for office/hospital visits.

STATE OF MICHIGAN
WORKERS' COMPENSATION FEE SCHEDULE 2003

CPT® CODE	MOD	DESCRIPTION	RVU	MAP
				RVU x $47.01
99201		Office/outpatient visit, new	0.97	$45.60
99202		Office/outpatient visit, new	1.78	$83.68
99203		Office/outpatient visit, new	2.66	$125.05
99204		Office/outpatient visit, new	3.77	$177.23
99205		Office/outpatient visit, new	4.79	$225.18
99211		Office/outpatient visit, est	0.57	$26.80
99212		Office/outpatient visit, est	1.03	$48.42
99213		Office/outpatient visit, est	1.44	$67.69
99214		Office/outpatient visit, est	2.25	$105.77
99215		Office/outpatient visit, est	3.32	$156.07
99217		Observation care discharge	1.87	$87.91
99218		Observation care	1.87	$87.91
99219		Observation care	3.12	$146.67
99220		Observation care	4.36	$204.96
99221		Initial hospital care	1.89	$88.85
99222		Initial hospital care	3.14	$147.61
99223		Initial hospital care	4.36	$204.96
99231		Subsequent hospital care	0.94	$44.19
99232		Subsequent hospital care	1.54	$72.40
99233		Subsequent hospital care	2.20	$103.42
99234		Observ/hosp same date	3.79	$178.17
99235		Observ/hosp same date	4.99	$234.58
99236		Observ/hosp same date	6.23	$292.87
99238		Hospital discharge day	1.91	$89.79
99239		Hospital discharge day	2.61	$122.70
99241		Office consultation	1.36	$63.93
99242		Office consultation	2.54	$119.41
99243		Office consultation	3.35	$157.48
99244		Office consultation	4.75	$223.30
99245		Office consultation	6.14	$288.64
99251		Initial inpatient consult	1.02	$47.95
99252		Initial inpatient consult	2.06	$96.84
99253		Initial inpatient consult	2.78	$130.69
99254		Initial inpatient consult	3.97	$186.63
99255		Initial inpatient consult	5.47	$257.14
99261		Follow-up inpatient consult	0.63	$29.62
99262		Follow-up inpatient consult	1.26	$59.23
99263		Follow-up inpatient consult	1.87	$87.91
99271		Confirmatory consultation	1.19	$55.94
99272		Confirmatory consultation	1.88	$88.38
99273		Confirmatory consultation	2.49	$117.05
99274		Confirmatory consultation	3.37	$158.42
99275		Confirmatory consultation	4.25	$199.79
99281		Emergency dept visit	0.47	$22.09
99282		Emergency dept visit	0.78	$36.67
99283		Emergency dept visit	1.77	$83.21
99284		Emergency dept visit	2.75	$129.28
99285		Emergency dept visit	4.31	$202.61
99288		Direct advanced life support	0.00	$0.00

Procedure codes and abbreviated descriptors are from "Physicians' Current Procedural Terminology (CPT)", edition 2003. Refer to CPT for complete description of the code

Fees are determined by the bureau using 2002 Relative Vaule Unit data.

STATE OF MICHIGAN
WORKERS' COMPENSATION FEE SCHEDULE 2003

CPT® CODE	MOD	DESCRIPTION	RVU	MAP
				RVU x $47.01
99289		Pt transport, 30-74 min	0.00	$0.00
99290		Pt transport, addl 30 min	0.00	$0.00
99291		Critical care, first hour	6.03	$283.47
99292		Critical care, addl 30 min	3.12	$146.67
99295		Neonatal critical care	22.46	$1,055.84
99296		Neonatal critical care	11.27	$529.80
99298		Neonatal critical care	4.00	$188.04
99301		Nursing facility care	2.01	$94.49
99302		Nursing facility care	2.73	$128.34
99303		Nursing facility care	3.39	$159.36
99311		Nursing fac care, subseq	1.14	$53.59
99312		Nursing fac care, subseq	1.76	$82.74
99313		Nursing fac care, subseq	2.41	$113.29
99315		Nursing fac discharge day	1.98	$93.08
99316		Nursing fac discharge day	2.59	$121.76
99321		Rest home visit, new patient	1.26	$59.23
99322		Rest home visit, new patient	1.79	$84.15
99323		Rest home visit, new patient	2.32	$109.06
99331		Rest home visit, est pat	1.12	$52.65
99332		Rest home visit, est pat	1.47	$69.10
99333		Rest home visit, est pat	1.81	$85.09
99341		Home visit, new patient	1.70	$79.92
99342		Home visit, new patient	2.53	$118.94
99343		Home visit, new patient	3.76	$176.76
99344		Home visit, new patient	4.88	$229.41
99345		Home visit, new patient	5.99	$281.59
99347		Home visit, est patient	1.33	$62.52
99348		Home visit, est patient	2.11	$99.19
99349		Home visit, est patient	3.27	$153.72
99350		Home visit, est patient	4.78	$224.71
99354		Prolonged service, office	3.39	$159.36
99355		Prolonged service, office	3.17	$149.02
99356		Prolonged service, inpatient	2.49	$117.05
99357		Prolonged service, inpatient	2.51	$118.00
99358		Prolonged serv, w/o contact	0.00	$0.00
99359		Prolonged serv, w/o contact	0.00	$0.00
99360		Physician standby services	0.00	$0.00
99361		Physician/team conference	0.00	$0.00
99362		Physician/team conference	0.00	$0.00
99371		Physician phone consultation	0.00	$0.00
99372		Physician phone consultation	0.00	$0.00
99373		Physician phone consultation	0.00	$0.00
99374		Home health care supervision	2.67	$125.52
99377		Hospice care supervision	2.67	$125.52
99379		Nursing fac care supervision	2.65	$124.58
99380		Nursing fac care supervision	3.59	$168.77
99381		Prev visit, new, infant	2.79	$131.16
99382		Prev visit, new, age 1-4	3.01	$141.50
99383		Prev visit, new, age 5-11	2.95	$138.68

Procedure codes and abbreviated descriptors are from "Physicians' Current Procedural Terminology (CPT)", edition 2003. Refer to CPT for complete description of the code

Fees are determined by the bureau using 2002 Relative Vaule Unit data.

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CPT® CODE	MOD	DESCRIPTION	RVU	MAP
				RVU x $47.01
99384		Prev visit, new, age 12-17	3.21	$150.90
99385		Prev visit, new, age 18-39	3.21	$150.90
99386		Prev visit, new, age 40-64	3.78	$177.70
99387		Prev visit, new, 65 & over	4.09	$192.27
99391		Prev visit, est, infant	2.12	$99.66
99392		Prev visit, est, age 1-4	2.39	$112.35
99393		Prev visit, est, age 5-11	2.36	$110.94
99394		Prev visit, est, age 12-17	2.62	$123.17
99395		Prev visit, est, age 18-39	2.65	$124.58
99396		Prev visit, est, age 40-64	2.94	$138.21
99397		Prev visit, est, 65 & over	3.22	$151.37
99401		Preventive counseling, indiv	1.13	$53.12
99402		Preventive counseling, indiv	1.90	$89.32
99403		Preventive counseling, indiv	2.65	$124.58
99404		Preventive counseling, indiv	3.42	$160.77
99411		Preventive counseling, group	0.35	$16.45
99412		Preventive counseling, group	0.52	$24.45
99420		Health risk assessment test	0.00	$0.00
99429		Unlisted preventive service	0.00	$0.00
99431		Initial care, normal newborn	1.67	$78.51
99432		Newborn care, not in hosp	2.53	$118.94
99433		Normal newborn care/hospital	0.89	$41.84
99435		Newborn discharge day hosp	2.18	$102.48
99436		Attendance, birth	2.14	$100.60
99440		Newborn resuscitation	4.41	$207.31
99450		Life/disability evaluation	0.00	0
99455	32	Disability examination (See Table 1501-A)	0.00	$70.00
99456		Disability examination	0.00	0
99499		Unlisted e&m service	0.00	0
99500		Home visit, prenatal	0.00	0
99501		Home visit, postnatal	0.00	0
99502		Home visit, nb care	0.00	0
99503		Home visit, resp therapy	0.00	0
99504		Home visit mech ventilator	0.00	0
99505		Home visit, stoma care	0.00	0
99506		Home visit, im injection	0.00	0
99507		Home visit, cath maintain	0.00	0
99509		Home visit day life activity	0.00	0
99510		Home visit, sing/m/fam couns	0.00	0
99511		Home visit, fecal/enema mgmt	0.00	0
99512		Home visit, hemodialysis	0.00	0
99551		Home infus, pain mgmt, iv/sc	0.00	0
99552		Hm infus pain mgmt, epid/ith	0.00	0
99553		Home infuse, tocolytic tx	0.00	0
99554		Home infus, hormone/platelet	0.00	0
99555		Home infuse, chemotheraphy	0.00	0
99556		Home infus, antibio/fung/vir	0.00	0
99557		Home infuse, anticoagulant	0.00	0
99558		Home infuse, immunotherapy	0.00	0

Procedure codes and abbreviated descriptors are from "Physicians' Current Procedural Terminology (CPT)", edition 2003. Refer to CPT for complete description of the code

Fees are determined by the bureau using 2002 Relative Vaule Unit data.

STATE OF MICHIGAN
WORKERS' COMPENSATION FEE SCHEDULE 2003

CPT® CODE	MOD	DESCRIPTION	RVU	MAP
				RVU x $47.01
99559		Home infus, periton dialysis	0.00	0
99560		Home infus, entero nutrition	0.00	0
99561		Home infuse, hydration tx	0.00	0
99562		Home infus, parent nutrition	0.00	0
99563		Home admin, pentamidine	0.00	0
99564		Hme infus, antihemophil agnt	0.00	0
99565		Home infus, proteinase inhib	0.00	0
99566		Home infuse, iv therapy	0.00	0
99567		Home infuse, sympath agent	0.00	0
99568		Home infus, misc drug, daily	0.00	0
99569		Home infuse, each addl tx	0.00	0

Procedure codes and abbreviated descriptors are from "Physicians' Current Procedural Terminology (CPT)", edition 2003. Refer to CPT for complete description of the code

Fees are determined by the bureau using 2002 Relative Vaule Unit data.

Chapter 7

Anesthesia

This section stipulates only those policies and procedures that are unique to anesthesia services. Additional policies and procedures that apply to all providers are listed in Chapters 1-5 of this manual.

General Information and Overview

Payment for an anesthesia service includes all usual pre-operative and post-operative visits, the anesthesia care during the procedure, and the administration of fluids and/or blood incidental to the anesthesia or surgery and usual monitoring procedures. Specialized forms of monitoring (e.g., intra-arterial, central venous, and Swan-Ganz) are not included in the anesthesia base. **The anesthesia procedure code billed on the HCFA 1500 reports the base units for the procedure.** See the anesthesia table in this chapter for a listing of the base units assigned to each anesthesia procedure.

To report regional or general anesthesia provided by the surgeon performing the surgical procedure see modifier -47, Anesthesia by Surgeon, discussed in Chapter 7 of this manual or in the CPT® manual. When anesthesia is provided by the surgeon only the base units shall be paid.

Time Reporting

Anesthesia time units are equivalent to 15-minute intervals for the actual administration of the anesthesia and 30-minute intervals for supervision of a certified registered nurse anesthetist (CRNA). Not less than the equivalent of one (15) minute unit for administration or one (30) minute unit for supervision shall be paid.

Time is reported by placing the total number of minutes for the anesthesia service in the days or units column on the HCFA 1500 claim form (element 24g on the HCFA 1500 12-90).

Anesthesia time begins when the anesthesiologist (or CRNA) begins to prepare the patient for the induction of anesthesia in the operating room or in an equivalent area and ends when the anesthesiologist is no longer in personal attendance.

Determining Anesthesia Payment

Anesthesia services are reimbursed based upon total base units + total time units. Anesthesia services may be performed and billed by an anesthesiologist, a certified registered nurse anesthetist (CRNA), or both. The base units for a procedure are paid only once for the anesthesia service. Whenever multiple surgical procedures are performed, the anesthesia procedure with the greatest number of base units shall be billed to describe the anesthesia base services.

Anesthesia services must be submitted on the HCFA 1500 using the anesthesia procedure code and a modifier to identify the service provider. A copy of the anesthesia record must be included. The carrier will reimburse as follows:

-AA is used when the anesthesiologist administers the anesthesia. The provider is paid $42.00 for each base unit billed, plus $2.80 for each minute of anesthesia administered and billed.

-SA is used when the anesthesiologist is supervising a CRNA. The provider is paid $42.00 for each base unit billed, plus $1.40 for each minute of supervision.

-QX is used to describe CRNA services under the supervision of the anesthesiologist. The CRNA is paid $2.80 for each minute of anesthesia administered and billed.

-QZ is used to describe CRNA services performed without supervision of an anesthesiologist. The CRNA in this instance would be paid the same as the anesthesiologist billing with modifier -AA (base +$2.80 per minutes).

Note: The CRNA is generally supervised in most hospitals by an anesthesiologist. **Modifier -QZ cannot be billed on the same date as Modifier -AA or Modifier -SA for an anesthesia service.**

If the anesthesiologist employs the CRNA, the anesthesia service is billed on 2 lines of the HCFA 1500. The anesthesia procedure code is billed with modifier SA designating the anesthesiologist service and again on a second line with modifier QX to represent the CRNA service.

Physical Risk Modifiers and Emergency Anesthesia

When a provider bills physical status modifiers, documentation shall be included with the bill to support the additional risk factors. The physical status modifiers are assigned unit values. When appropriate, the unit value would be added to the base units and be paid at $42.00 per unit. The values assigned are:

P1	A normal health patient	**0**
P2	A patient with mild systemic disease	**0**
P3	A patient with severe systemic disease	**1**
P4	A patient with severe systemic disease that is a constant threat to life	**2**
P5	A moribund patient who is expected not to survive without the operation	**3**
P6	A declared brain-dead patient whose organs are being removed for donor purposes	**0**

Procedure code 99140 would be billed as an add-on procedure when an emergency condition complicates anesthesia. Documentation supporting the emergency must be included with the bill.

- Refer to the Health Care Services Rules, R 418.10108 (n) for a definition of emergency condition.
- On-call coverage does not meet criteria for billing 99140.

Anesthesia Fee Table, Updated 2003
Each base Unit =$42.00

STATE OF MICHIGAN
WORKERS' COMPENSATION FEE SCHEDULE 2003

CODE	ANESTHESIA PROCEDURE DESCRIPTIONS	BASE	MAP
00100	Anesthesia for salivary glands	5	$210.00
00103	For reconstruction procedures of eyelid	5	$210.00
00104	Anesthesia for electroconvulsive therapy	4	$168.00
00120	Anesthesia for procedures on external, middle, and inner ear	5	$210.00
00124	otoscopy	4	$168.00
00126	typmpanotomy	4	$168.00
00140	Anesthesia for procedures on eye	5	$210.00
00142	lens surgery	4	$168.00
00144	corneal transplant	6	$252.00
00145	Vitrectomy	6	$252.00
00147	Iridectomy	6	$252.00
00148	ophthalmoscopy	4	$168.00
00160	Anesthesia for procedures on nose and accessory sinuses	5	$210.00
00162	radical surgery	7	$294.00
00164	biopsy, soft tissue	4	$168.00
00170	Anesthesia for intra-oral procedures	5	$210.00
00174	Excision of retropharygeal tumor	6	$252.00
00176	radical surgery	7	$294.00
00190	Anesthesia for facial bones or skull	5	$210.00
00192	radical surgery	7	$294.00
00210	Anesthesia for intracranial procedures	11	$462.00
00212	subdural taps	5	$210.00
00214	burr holes	9	$378.00
00215	elevation of depressed skull fracture, extradural	9	$378.00
00216	vascular procedures	15	$630.00
00218	sitting position	13	$546.00
00220	spinal fluid shunting procedures	10	$420.00
00222	electrocoagulation of intracranial nerve	6	$252.00
00300	Anesthesia for all procedures on integumentary system of neck	5	$210.00
00320	Anesthesia for esophagus, thyroid, larynx, trachea, lymphatic system of neck	6	$252.00
00322	needle biopsy of thyroid	3	$126.00
00350	Anesthesia for procedures on major vessels of neck	10	$420.00
00352	simple ligation	5	$210.00
00400	Anesthesia for anterior integumentary system of extrem. and trunk	3	$126.00
00402	reconstruction procedures on breast	5	$210.00
00404	radical or modified radical proc.	5	$210.00
00410	electrical conversion of arrhythmias	4	$168.00
00450	Anesthesia for procedures on clavicle and scapula	5	$252.00
00452	radical surgery	6	$252.00
00454	biopsy of clavicle	3	$126.00
00470	Anesthesia for partial rib resection	6	$252.00
00472	thoracoplasty (any type)	10	$420.00
00474	radical procedures (e.g., pectus excavatum)	13	$546.00
00500	Anesthesia for all procedures on esophagus	15	$630.00
00520	Anesthesia for closed chest procedures (including bronchoscopy)	6	$252.00
00522	needle biopsy of pleura	4	$168.00

Procedure codes and abbreviated descriptors are from "2003 Physicians' Procedural Terminology (CPT®)" Refer to CPT® for complete descriptors.

Base units adopted from the ASA Guide for Anesthesia Values. The fee for each base unit is set by the bureau at $42.00

STATE OF MICHIGAN
WORKERS' COMPENSATION FEE SCHEDULE 2003

CODE	ANESTHESIA PROCEDURE DESCRIPTIONS	BASE	MAP
00524	pneumocentesis	4	$168.00
00528	mediastinoscopy	8	$336.00
00530	Anesthesia for permanent transvenous pacemaker insertion	4	$168.00
00532	Anesthesia for access to central venous circulation	4	$168.00
00534	Anesthesia for transvenous insertion or replacement of pacing cardioverter	7	$294.00
00537	Anesthesia for cardiac electrophysiologic proc/	10	$420.00
00539	Anesthesia for tracheobronchial reconstruction		
00540	Anesthesia for thoracotomy procedures	13	$546.00
00541	Utilizing one lung ventilation		
00542	Decortication	15	$630.00
00544	Pleurectomy	15	$630.00
00546	pulmonary resection with thoracoplasty	15	$630.00
00548	intrathoracic procdures on `trachea and bronchi	15	$630.00
00550	Anesthesia forsternal debridement	10	$420.00
00560	Anesthesia for procedures on heart, pericardium, and great vessels of chest;	15	$630.00
00562	with pump oxygenator	20	$840.00
00563	With pump oxygenator/hypothermic	25	$1050.00
00566	Anestheisa for direct coronary bypass grafting	25	$1050.00
00580	Anesthesia for heart transplant or heart/lung transplant	20	$840.00
00600	Anesthesia for procedures on cervical spine and cord	10	$420.00
00604	posterior cervical laminectomy in sitting position	13	$546.00
00620	Anesthesia for procedures on thoracic spine and cord; not otherwise specified	10	$420.00
00622	thoracolumbar sympathectomy	13	$546.00
00630	Anesthesia for procedures in lumbar region; not otherwise specified	8	$336.00
00632	lumbar sympathectomy	7	$294.00
00634	Chemonucleolysis	10	$420.00
00635	Diagnostic or therapeutic lumbar puncture	4	$168.00
00640	Anesthesia for manipulation of spine or for closed procedures		
00670	Anesthesia for extensive spine and spinal cord procedures	13	$546.00
00700	Anesthesia for procedures on upper abd. Wall	3	$126.00
00702	percutaneous liver biopsy	4	$168.00
00730	Anesthesia for upper posterior abdominal wall	5	$210.00
00740	Anesthesia for upper gastrointestinal endoscopic procedures	5	$210.00
00750	Anesthesia for hernia repairs in upper abdomen; not otherwise specified	4	$168.00
00752	lumbar and ventral (incisional) hernias and/or wound dehiscence	6	$252.00
00754	Omphalocele	7	$294.00
00756	transabdominal repair of diaphragmatic hernia	7	$294.00
00770	Anesthesia for all procedures on major abdominal blood vessels	15	$630.00
00790	Anesthesia for intraperitoneal procedures in upper abdomen	7	$294.00
00792	partial hepatectomy or mgmt of liver hemorrage	13	$546.00
00794	pancreatectomy, partial or total (e.g., Whipple procedure)	8	$336.00
00796	Liver transplant-recipient	30	$1250.00
00800	Anesthesia for procedures on lower anterior abdominal wall	3	$126.00
00802	Panniculectomy	5	$210.00
00810	Anesthesia for lower intestinal endoscopic procedures	6	$252.00

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STATE OF MICHIGAN
WORKERS' COMPENSATION FEE SCHEDULE 2003

CODE	ANESTHESIA PROCEDURE DESCRIPTIONS	BASE	MAP
00820	Anesthesia for procedures on lower posterior abdominal wall	5	$210.00
00830	Anesthesia for hernia repairs in lower abdomen	4	$168.00
00832	ventral and incisional hernias	6	$252.00
00840	Anesthesia for intraperitoneal procedures in lower abdomen	6	$252.00
00842	Amniocentesis	4	$168.00
00844	abdominoperineal resection	7	$294.00
00860	Anesthesia for extraperitoneal procedures in lower abdomen; inc urinary tract	6	$252.00
00862	renal procedures, including upper 1/3 of ureter, or donor nephrectomy	7	$294.00
00864	total cystectomy	8	$336.00
00865	radical prostatectomy	7	$294.00
00866	Adrenalectomy	10	$420.00
00868	renal transplant	10	$420.00
00870	Cystolithotomy	5	$210.00
00872	Anesthsia for lithotripsy, with water bath	7	$294.00
00873	Without water bath	5	$210.00
00880	Anesthesia for procedures on major lower abdominal vessels	15	$630.00
00882	inferior vena cava ligation	10	$420.00
00902	Anesthesia for anorectal procedure	5	$210.00
00904	radical perineal procedure	7	$294.00
00906	vulvectomy	4	$168.00
00908	perineal porstatectomy	6	$252.00
00910	Anesthesia for transurethral procedures	3	$126.00
00912	transurethral resection of bladder tumors	5	$210.00
00914	transurethral rescection of prostate	5	$210.00
00916	post-transurethral resection bleeding	5	$210.00
00918	With fragmentation, manip. or removal of ureteral calculus	5	$210.00
00920	Anesthesia for procedures on male external genitalia	3	$126.00
00922	seminal vesicles	6	$252.00
00926	radical orchiectomy, inguinal	4	$168.00
00928	radical orchiectomy, abdominal	6	$252.00
00930	orchiopexy, unilateral or bilateral	4	$168.00
00932	complete amputation of penis	4	$168.00
00934	radical amputation of penis with bilateral inguinal lymphadenectomy	6	$252.00
00936	radical amputation of penis with bilateral inguinal and iliac lymphadenectomy	8	$336.00
00938	insertion of penile prosthesis (perineal approach)	4	$168.00
00940	Anesthesia for vaginal procedures	3	$126.00
00942	colpotomy, colpectomy, colporrhaphy and open urethral	4	$168.00
00944	vaginal hysterectomy	6	$252.00
00948	cervical cerclage	4	$168.00
00950	culdoscopy	5	$210.00
00952	Hysteroscopy and/or hysterosalpingography	4	$168.00
01112	Anesthesia for bone marrow aspiration/iliac crest	5	$210.00
01120	Anesthesia for procedures on bony pelvis	6	$252.00
01130	Anesthesia for body cast application or revision	3	$126.00
01140	Anesthesia for interpelviabdominal (hind quarter) amputation	15	$630.00

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CODE	ANESTHESIA PROCEDURE DESCRIPTIONS	BASE	MAP
01160	Anesthesia for closed procedures involving symphysis pubis or sacroiliac joint	4	$168.00
01170	Anesthesia for open procedures involving symphysis pubis or sacroiliac joint	8	$336.00
01180	Anesthesia for obturator neurectomy; extrapelvic	3	$126.00
01190	intrapelvic	4	$168.00
01200	Anesthesia for all closed procedures involving hip joint	4	$168.00
01202	Anesthesia for arthroscopic procedures of hip joint	4	$168.00
01210	Anesthesia for open procedures involving hip joint; not otherwise specified	6	$252.00
01212	hip disarticulation	10	$420.00
01214	total hip replacement or revision	10	$420.00
01215	Revision total hip replacement	10	$420.00
01220	Anesthesia for all closed procedures involving upper 2/3 of femur	4	$168.00
01230	Anesthesia for open procedures involving upper 2/3 of femur	6	$252.00
01232	amputation	5	$210.00
01234	radical resection	8	$336.00
01250	Anesthesia for nerves, muscles, tendons, fascia, bursae of upper leg	4	$168.00
01260	Anesthesia for all procedures involving veins of upper leg	3	$126.00
01270	Anesthesia for procedures involving arteries of upper leg	8	$336.00
01272	femoral artery ligation	4	$168.00
01274	femoral artery embolectomy	6	$252.00
01320	Anesthesia for nerves, muscles, tendons, fascia, bursae of knee, popliteal area	4	$168.00
01340	Anesthesia for all closed procedures on lower 1/3 of femur	4	$168.00
01360	Anesthesia for all open procedures on lower 1/3 of femur	5	$210.00
01380	Anesthesia for all closed procedures on knee joint	3	$126.00
01382	Anesthesia for arthroscopic procedures of knee joint	3	$126.00
01390	Anesthesia for all closed procedures on upper ends of tibia, fibula, patella	3	$126.00
01392	Anesthesia for all open procedures on upper ends of tibia, fibula, patella	4	$168.00
01400	Anesthesia for open procedures or arthroscopic, knee	4	$168.00
01402	total knee replacement	7	$294.00
01404	disarticulation at knee	5	$210.00
01420	Anesthesia for all cast applications, removal, or repair involving knee joint	3	$126.00
01430	Anesthesia for procedures on veins of knee and popliteal area	3	$126.00
01432	arteriovenous fistula	5	$210.00
01440	Anesthesia for procedures on arteries of knee and popliteal area	5	$210.00
01442	popliteal thromboendarterectomy, with or without patch graft	8	$336.00
01444	popliteal excision and graft or repair for occlusion or aneurysm	8	$336.00
01462	Anesthesia for all closed procedures on lower leg, ankle, and foot	3	$126.00
01464	Anesthesia for arthroscopic procedures of ankle joint	3	$126.00
01470	Anesthesia for nerves, muscles, tendons, fascia of lower leg, ankle, & foot	3	$126.00
01472	repair of ruptured Achilles tendon, with or without graft	5	$210.00
01474	gastrocnemius recession (e.g., Strayer procedure)	5	$210.00
01480	Anesthesia/open procedures on bones of lower leg, ankle, and foot;	3	$126.00
01482	radical resection	4	$168.00
01484	osteotomy or osteoplasty of tibia and/or fibula	4	$168.00
01486	total ankle replacement	7	$294.00
01490	Anesthesia for lower leg cast application, removal, or repair	3	$126.00

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STATE OF MICHIGAN
WORKERS' COMPENSATION FEE SCHEDULE 2003

CODE	ANESTHESIA PROCEDURE DESCRIPTIONS	BASE	MAP
01500	Anesthesia for procedures on arteries of lower leg, including bypass graft	8	$336.00
01502	embolectomy, direct or with catheter	6	$252.00
01520	Anesthesia for procedures on veins of lower leg	3	$126.00
01522	venous thrombectomy, direct or with catheter	5	$210.00
01610	Anesthesia / proc. on nerves, muscles, tendons, fascia, bursae/ upper leg	5	$210.00
01620	Anesthesia for all closed procedures on humeral head and neck,	4	$168.00
01622	Anesthesia for arthroscopic procedures of shoulder joint	4	$168.00
01630	Anesthesia for open procedures on humeral head and neck,	5	$210.00
01632	radical resection	6	$252.00
01634	shoulder disarticulation	9	$378.00
01636	interthoracoscapular (forequarter) amputation	15	$630.00
01638	total shoulder replacement	10	$420.00
01650	Anesthesia for procedures on arteries of shoulder/axilla	6	$252.00
01652	axillary-brachial aneurysm	10	$420.00
01654	bypass graft	8	$336.00
01656	axillary-femoral bypass graft	10	$420.00
01670	Anesthesia for all procedures on veins of shoulder and axilla	4	$168.00
01680	Anesthesia for shoulder cast application, removal or repair;	3	$126.00
01682	shoulder spica	4	$168.00
01710	Anesthesia/proc.on nerves, muscles, tendons, fascia, bursae of upper arm	3	$126.00
01712	tenotomy, elbow to shoulder, open	5	$210.00
01714	tenoplasty, elbow to shoulder	5	$210.00
01716	tenodesis, rupture of long tendon of biceps	5	$210.00
01730	Anesthesia for all closed procedures on humerus and elbow	3	$126.00
01732	Anesthesia for arthroscopic procedures of elbow joint	3	$126.00
01740	Anesthesia for open procedures on humerus and elbow	4	$210.00
01742	osteotomy of humerus	5	$210.00
01744	repair of nonunion or malunion of humerus	5	$210.00
01756	radical procedures	6	$252.00
01758	excision of cyst or tumor of humerus	5	$210.00
01760	total elbow replacement	7	$294.00
01770	Anesthesia for procedures on arteries of upper arm and elbow	8	$336.00
01772	embolectomy	6	$252.00
01780	Anesthesia for procedures on veins of upper arm and elbow	3	$126.00
01782	phleborrhaphy	4	$168.00
01810	Anesthesia/on nerves, muscles, tendons, fascia, bursae of forearm, wrist, hand	3	$126.00
01820	Anesthesia for all closed procedures on radius, ulna, wrist, or hand bones	3	$126.00
01829	Anesthesia for diagnostic arthroscopic procedures on wrist		
01830	Anesthesia for open procedures on radius, ulna, wrist, or hand bones	3	$126.00
01832	total wrist replacement	6	$252.00
01840	Anesthesia for procedures on arteries of forearm, wrist, and hand	6	$252.00
01842	Embolectomy	6	$252.00
01844	Anesthesia for vascular shunt, or shunt revision, any type (eg, dialysis)	6	$252.00
01850	Anesthesia for procedures on veins of forearm, wrist, and hand;	3	$126.00
01852	Phleborrhaphy	4	$168.00
01860	Anesthesia for forearm, wrist, or hand cast application, removal, or repair	3	$126.00

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Base units adopted from the ASA Guide for Anesthesia Values. The fee for each base unit is set by the bureau at $42.00

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CODE	ANESTHESIA PROCEDURE DESCRIPTIONS	BASE	MAP
01905	Anesthesia for injection procedure for myelography;	5	$210.00
01916	Anesthesia for diagnostic arteriograms,	5	$210.00
01920	Anesthesia for cardiac catheterization including coronary arteriography	7	$294.00
01922	Anesthesia for non-invasive imaging or radiation therapy	7	$294.00
01951	Anesthesia for 2nd and 3rd degree burn excision or debridement	3	$126.00
01952	one percent-nine percent to nine percent total body surface	5	$210.00
01953	each additional nine today body surface area	1	$42.00
01990	Physiological support for harvesting organs from brain dead patient	7	$294.00
01991	Anesthesia for diagnostic or therapeutic nerve blocks and injections		
01992	prone position		
01995	Regional IV administration of local anesthetic agent (upper or lower extremity)	5	$210.00
01996	Daily management of epidural or subarachnoid drug administration	3	$126.00
01999	Unlisted anesthesia procedure(s)	BR	BR
01999PA	Patient Controlled Analgesia. Refer to R 418.10915 for payment conditions		$137.00
99140	Anesthesia performed as an emergency procedure	2	$84.00

Procedure codes and abbreviated descriptors are from "2003 Physicians' Procedural Terminology (CPT®)" Refer to CPT® for complete descriptors.

Base units adopted from the ASA Guide for Anesthesia Values. The fee for each base unit is set by the bureau at $42.00

Chapter 8

Surgery

This section stipulates the policies and procedures that are unique to surgery.

General

The schedule of maximum allowable payment (MAP) amounts for surgery lists the CPT® code, a brief description of the procedure, the MAP amount and the follow-up days (FUD). The starred (*) surgical procedures and those procedures allowing a technical surgical assist ("T") are also noted. A claim for a surgical procedure (procedure codes 10040-69990) is considered incomplete unless accompanied by an operative report. The **office notes** documenting a surgical procedure performed are also considered the operative report for those surgical procedures performed in the office setting.

Follow-up Care

During the follow-up period no payment will be made for hospital or office visits for typical postoperative follow-up care. Follow-up care for therapeutic surgical procedures includes only that care which is usually a part of the surgical service. Complications, exacerbations, recurrence, or the presence of other diseases or injuries requiring additional services should be separately reported.

Global Procedure (Package)

The payment for surgical procedures is based upon a global package concept. Global payment requires that the service(s) performed be identified and billed using the fewest possible CPT® codes ("unbundling" is not allowed).

The global surgical procedure includes:

- The immediate preoperative care (a consultation or an evaluation in an emergency situation to evaluate the need for surgery is not considered part of the global procedure)
- Local anesthesia, such as infiltration, digital, or topical anesthesia
- The surgical procedure and application of the initial dressing, cast, or splint, including skin traction, unless excluded by the CPT® book
- Normal, uncomplicated follow-up care (follow-up days noted in the manual).

> **Note:** When office visits are required to treat complications or other conditions or injuries in the follow-up period for the surgical procedure, documentation must be submitted with the charges to support medical necessity for the office visit. The E/M code billed is modified with -25.

- Suture removal by the same practitioner or health care organization
- The day after the service is rendered is considered Day 1 of the follow-up period.

Carrier or Employer requested visits during the global period.

When a **carrier or an employer requests** a visit during the global period for the purpose of changing or modifying a work restriction or to evaluate for a different job, the carrier will prior authorize the visit and instruct the provider to bill with 99455-32 and the carrier will pay the additional visit at $70.00, in accord with R 418.10401 & R 418.101501. If the employer requests the visit, the employer should obtain the prior authorization number from the carrier.

Anesthesia by Surgeon

Regional anesthesia provided by the surgeon is reported by adding the modifier –47 to the basic service. The anesthesia code 01995 would be placed on a separate line of the HCFA 1500 claim form to describe the regional anesthesia and the surgeon is paid only the **base units** for the procedure.

> **Note:** Payment is not made when infiltration, digital, or topical anesthesia is provided (local anesthesia is included in the global package).

Surgical Supplies

Supplies and material provided by the physician (eg, sterile trays/drugs), over and above those usually included with the office visit or other services rendered, may be listed separately. List drugs, trays, supplies, and materials provided. Identify as 99070.

Multiple Procedures (More than one procedure performed at a single operative session)

When the same practitioner performs multiple procedures at a single operative session, the major procedure is billed with the applicable CPT® code and is paid at 100% of the MAP amount. The additional or lesser procedure(s) must be billed using modifier -51. Payment for the additional procedures will be made at 50% of the listed MAP amount.

Exceptions

- When the CPT® designates **"add-on procedure" or "each additional procedure"** no modifier is appended and reimbursement is **100% of the**

MAP, or the provider's usual and customary charge, whichever is less.

- When **multiple injuries occur in different areas of the body, the first surgical procedure in each part of the body is reimbursed at 100%** of the MAP amount, and the remaining procedures for each part are identified with modifier -51 and paid at 50% of the MAP amount.

Separate Procedures

A procedure designated as **"separate procedure"** in the descriptor is commonly performed as a component of a larger procedure and, as such, must not be paid as a separate service. However, when **a "separate procedure" is performed independently** of, and not immediately related to other services, it **may be billed and paid**.

Bilateral Procedures

When a CPT® code for a bilateral procedure is not available, report the CPT® code for the primary procedure on **one line** of the HCFA and append with **modifier -50**. Reimbursement shall be **150% of the MAP** amount or the provider's usual and customary charge, whichever is less.

Surgical Assistant

A technical surgical assistant fee may be billed for surgical procedures designated with a "T" in the surgical section of this schedule. The **operative report must document the services of a technical assist.** An assistant surgeon's service may be billed by: a doctor of dental surgery, a doctor of podiatry, a doctor of osteopathy, a doctor of medicine, a physician's assistant or a nurse with a specialty certification (nurse practitioner or nurse midwife).

Physician Surgical Assistant: Append the procedure with modifier -80 and bill the usual and customary charge for the primary procedure. **Reimbursement will be 20% of the MAP or the provider's charge, whichever is less.**

Certified Physician's Assistant or Nurse Practitioner or Midwife as Surgical Assistant: Append the procedure with modifier -81. **Reimbursement will be 13% of the MAP, or the practitioner's usual and customary charge, whichever is less.**

> **Note:** When an office is billing for both the primary surgeon and the technical surgical assistant, two (2) lines are used on the HCFA 1500.

Co-Surgeons

When two surgeons work together as primary surgeons performing distinct part(s) of a ***single*** reportable procedure, **each** surgeon should report his/her distinct operative work by adding Modifier -62 to the single definitive procedure. **Each** surgeon should report the co-surgery once using the same procedure. If additional procedure(s) (including add-on procedure(s)) are performed during the same surgical session, separate

codes(s) may be reported without modifier -62.

> **Note:** If a co-surgeon acts as an assistant for the remaining procedures, then modifier -80 may be appended as appropriate.

Multiplying the MAP amount for the surgical procedure, times 125%, and then dividing the result by 2 determines payment. **Each co-surgeon** receives half of the resulting amount or **62.5% of the MAP amount**.

Surgical Team

Under some circumstances highly complex procedures are carried out under the "surgical team" concept. Each participating physician would report the basic procedure with the addition of modifier -66.

Starred Surgical (*) Procedures

Certain services listed in the schedule are marked with a star (*) after the CPT® code. These are relatively small surgical procedures for which the usual global package does not apply. Payment for the starred (*) service includes anesthesia for infiltration, digital block, or topical application.

When the **starred (*) service is performed at the time of the initial visit**, and the service is the major service rendered during the visit, an office visit will be paid when billed with CPT® code 99025. Example: procedure code 12001 (repair of laceration) and procedure code 99025 (initial new patient exam) would both be paid.

When the **starred (*) service is performed at the time of an initial or other visit involving significant identifiable service(s),** the appropriate E/M service is listed in addition to the starred (*) service. Example: when an initial consult is performed and a joint injection is also performed, it is appropriate to bill and be paid for both the consult *and* the injection.

When a **starred (*) service is performed at the time of a follow-up visit and the surgical procedure constitutes the major service**, the evaluation and management service is not paid in addition to the surgical procedure.
When the **starred (*) service requires hospitalization,** an appropriate hospital visit is listed, in addition to the starred (*) surgical procedure and its follow-up care.

> **Note:** When follow-up days are listed as "0" the follow-up services shall be billed as independent procedures.

> **Note:** When billing starred (*) surgical procedures for injection codes into bursa, joints, etc., the **Injectable medications may be billed** separately using **99070 or the appropriate J code listed in Medicare's Level II codes**. The drug shall be reimbursed at AWP.

Wound Repair and Suture Removal

Payment for wound repair includes the evaluation, routine debridement, materials normally required to perform the procedure and suture removal. In the rare event that another physician, not associated with the initial physician, performs suture removal, that physician may be paid for the office visit at the appropriate level of service and list 99070 to list the suture removal kit.

> **Note:** The following policies for reporting wound repairs listed below were adapted from the CPT® manual.

Wound repairs are classified as Simple, Intermediate, or Complex.

1. **Simple Repair:** When a wound involves only the skin and/or superficial tissues and requires simple suturing or use of adhesive. (When closure is done with adhesive strips, the surgical procedure is not charged and *only* the appropriate office visit is paid)

2. **Intermediate Repair:** When a wound involves deeper layers and requires layer closure.

3. **Complex Repair:** When a wound is more complicated and requires more than layered closure.

The repaired wound(s) should be measured and recorded in centimeters, whether curved, angular, or stellate.

When multiple wounds of the same classification (see above) are repaired, add together the lengths of those wounds and report them as a single repair. When multiple wounds of more than one classification are repaired, list the more complicated as the primary procedure, and report the less complicated as the secondary procedure by listing it separately and adding modifier -51.

Debridement is considered a separate procedure only when gross contamination requires prolonged cleansing, when appreciable amounts of devitalized or contaminated tissue are removed, or when debridement is carried out separately without immediate primary closure. (For extensive debridement of soft tissue and/or bone, see CPT® codes 11040-11044).

Involvement of nerves, blood vessels, and tendons: Report under appropriate system (nervous, cardiovascular, musculoskeletal) for repair of these structures. The repair of these associated wounds is included in the primary procedure, unless it qualifies as a complex wound, in which case modifier -51 applies.

Burns, Local Treatment

Procedure code 16000 must be used when billing for treatment of first degree burns when no more than local treatment of the burned surface(s) is required.

Procedure codes 16010-16030 must be used only when billing for treatment of second and third degree burns.

> **Note:** If no burn treatment is done, then the appropriate E/M code should be used to describe the service.

Major debridement of foreign bodies, grease, epidermis, or necrotic tissue may be billed separately using CPT® code 11000-11044.

In order to accurately identify the proper CPT® code (codes 16010-16030) and substantiate the descriptor for billing, the exact percentage of the body surface involved and the degree of the burn must be specified in the proper section on the billing form. Percentage of body surface burned is defined as follows:

- **"Small"** means less than 9 percent of the body area
- **"Medium"** means 9-18 percent of the body area (e.g., whole face or whole extremity)
- **"Large"** means greater than 18 percent of the body area (e.g., more than one extremity)

Musculoskeletal System

Application of Casts and Strapping

Cast and strapping services (CPT® codes 2900-29799) may be billed and paid when the cast or strapping is a replacement procedure used during or after the follow-up care, or when the cast or strapping is an initial treatment service performed without a restorative procedure to stabilize or protect a fracture, injury or dislocation and/or to afford comfort to a patient. CPT Assistant Volume 6, Issue 2, February 1996 discusses when the casting codes are appropriately used.

The payment for a cast/strapping code includes the application and the removal of the cast, splint, or strapping. Casting supplies may be billed in addition to the procedure using 99070 or the appropriate HCPCS code, (eg, A4590).

Fracture Care

Fracture care provided during an initial visit must be billed under the appropriate CPT® fracture code regardless of whether the fracture is open or closed. Payment for fracture

care includes the procedure and the application and removal of the first cast or traction device. Replacement casts provided during follow-up visits must be billed using the appropriate CPT® replacement casting and strapping codes (procedure codes 29000-29590). When follow-up days are indicated for the surgical procedure, payment may be made for replacement casts, but not for routine follow-up visits during the follow-up period. If no follow-up days are indicated, office visits may be billed and paid as appropriate.

Diagnostic or Therapeutic Nerve Blocks

A nerve block may be performed either for diagnostic or therapeutic purposes. The provider will select the appropriate procedure code from the CPT® book and bill as a surgical procedure.

Microsurgical Procedures

The surgical microscope is employed when the surgical services are performed using the techniques of microsurgery. **Code 69990 for microsurgery is listed separately in addition to the code for the primary procedure and is reported without modifier -51.** Do not report code 69990 in addition to procedures where the use of the operating microscope is an inclusive component or when the magnifying loupes have been used for visual correction. Refer to the CPT® manual for complete listing of codes where the operating microscope is considered an inclusive component of the primary procedure.

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CPT® CODE		MOD	DESCRIPTION	TOTAL RVU	MAP	GLOBAL DAYS	ASST SURG
					RVU X $47.01		"T"
10021			Fna w/o image	2.55	$119.88	XXX	T
10021		TC	Fna w/o image	0.54	$25.39	XXX	T
10021		26	Fna w/o image	2.01	$94.49	XXX	
10022			Fna w/image	2.59	$121.76	XXX	
10022		TC	Fna w/image	0.70	$32.91	XXX	
10022		26	Fna w/image	1.89	$88.85	XXX	
10040	*		Acne surgery	2.32	$109.06	010	
10060	*		Drainage of skin abscess	2.89	$135.86	010	
10061			Drainage of skin abscess	4.72	$221.89	010	
10080	*		Drainage of pilonidal cyst	3.58	$168.30	010	
10081			Drainage of pilonidal cyst	5.96	$280.18	010	
10120	*		Remove foreign body	2.99	$140.56	010	
10121			Remove foreign body	6.31	$296.63	010	
10140	*		Drainage of hematoma/fluid	3.45	$162.18	010	
10160	*		Puncture drainage of lesion	2.22	$104.36	010	
10180			Complex drainage, wound	4.38	$205.90	010	
11000	*		Debride infected skin	1.39	$65.34	000	
11001			Debride infected skin add-on	0.72	$33.85	ZZZ	
11010			Debride skin, fx	7.85	$369.03	010	
11011			Debride skin/muscle, fx	10.17	$478.09	000	
11012			Debride skin/muscle/bone, fx	14.58	$685.41	000	
11040			Debride skin, partial	1.17	$55.00	000	
11041			Debride skin, full	1.71	$80.39	000	
11042			Debride skin/tissue	2.44	$114.70	000	
11043			Debride tissue/muscle	5.70	$267.96	010	
11044			Debride tissue/muscle/bone	7.20	$338.47	010	
11055			Trim skin lesion	1.00	$47.01	000	
11056			Trim skin lesions, 2 to 4	1.28	$60.17	000	
11057			Trim skin lesions, over 4	1.56	$73.34	000	
11100			Biopsy of skin lesion	2.41	$113.29	000	
11101			Biopsy, skin add-on	1.17	$55.00	ZZZ	
11200	*		Removal of skin tags	2.08	$97.78	010	
11201			Remove skin tags add-on	0.87	$40.90	ZZZ	
11300	*		Shave skin lesion	1.64	$77.10	000	
11301			Shave skin lesion	2.08	$97.78	000	
11302			Shave skin lesion	2.40	$112.82	000	
11303			Shave skin lesion	2.76	$129.75	000	
11305	*		Shave skin lesion	1.55	$72.87	000	
11306			Shave skin lesion	2.15	$101.07	000	
11307			Shave skin lesion	2.43	$114.23	000	
11308			Shave skin lesion	2.89	$135.86	000	
11310	*		Shave skin lesion	1.99	$93.55	000	
11311			Shave skin lesion	2.43	$114.23	000	
11312			Shave skin lesion	2.68	$125.99	000	
11313			Shave skin lesion	3.49	$164.06	000	
11400			Removal of skin lesion	2.75	$129.28	010	
11401			Removal of skin lesion	3.38	$158.89	010	
11402			Removal of skin lesion	4.53	$212.96	010	

Procedure codes and descriptors are from the 2003 edition of "Physicians' Current Procedural Terminology (CPT)". Refer to CPT for complete description.

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CPT® CODE		MOD	DESCRIPTION	TOTAL RVU	MAP	GLOBAL DAYS	ASST SURG
					RVU X $47.01		"T"
11403			Removal of skin lesion	5.16	$242.57	010	
11404			Removal of skin lesion	5.68	$267.02	010	
11406			Removal of skin lesion	6.72	$315.91	010	
11420			Removal of skin lesion	2.78	$130.69	010	
11421			Removal of skin lesion	3.65	$171.59	010	
11422			Removal of skin lesion	4.72	$221.89	010	
11423			Removal of skin lesion	5.62	$264.20	010	
11424			Removal of skin lesion	6.36	$298.98	010	
11426			Removal of skin lesion	8.45	$397.23	010	
11440			Removal of skin lesion	3.62	$170.18	010	
11441			Removal of skin lesion	4.37	$205.43	010	
11442			Removal of skin lesion	5.14	$241.63	010	
11443			Removal of skin lesion	6.36	$298.98	010	
11444			Removal of skin lesion	7.98	$375.14	010	
11446			Removal of skin lesion	9.64	$453.18	010	
11450			Removal, sweat gland lesion	7.58	$356.34	090	
11451			Removal, sweat gland lesion	10.15	$477.15	090	
11462			Removal, sweat gland lesion	7.41	$348.34	090	
11463			Removal, sweat gland lesion	10.61	$498.78	090	
11470			Removal, sweat gland lesion	8.97	$421.68	090	
11471			Removal, sweat gland lesion	10.96	$515.23	090	
11600			Removal of skin lesion	4.12	$193.68	010	
11601			Removal of skin lesion	4.76	$223.77	010	
11602			Removal of skin lesion	5.09	$239.28	010	
11603			Removal of skin lesion	5.70	$267.96	010	
11604			Removal of skin lesion	6.32	$297.10	010	
11606			Removal of skin lesion	8.02	$377.02	010	
11620			Removal of skin lesion	4.04	$189.92	010	
11621			Removal of skin lesion	4.85	$228.00	010	
11622			Removal of skin lesion	5.60	$263.26	010	
11623			Removal of skin lesion	6.75	$317.32	010	
11624			Removal of skin lesion	7.79	$366.21	010	
11626			Removal of skin lesion	9.67	$454.59	010	
11640			Removal of skin lesion	4.30	$202.14	010	
11641			Removal of skin lesion	5.77	$271.25	010	
11642			Removal of skin lesion	6.77	$318.26	010	
11643			Removal of skin lesion	7.95	$373.73	010	
11644			Removal of skin lesion	10.21	$479.97	010	
11646			Removal of skin lesion	12.81	$602.20	010	
11719			Trim nail(s)	0.45	$21.15	000	
11720			Debride nail, 1-5	0.71	$33.38	000	
11721			Debride nail, 6 or more	1.08	$50.77	000	
11730	*		Removal of nail plate	2.19	$102.95	000	
11732			Remove nail plate, add-on	1.00	$47.01	ZZZ	
11740			Drain blood from under nail	1.26	$59.23	000	
11750			Removal of nail bed	4.02	$188.98	010	
11752			Remove nail bed/finger tip	5.68	$267.02	010	
11755			Biopsy, nail unit	2.58	$121.29	000	

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CPT® CODE		MOD	DESCRIPTION	TOTAL RVU	MAP	GLOBAL DAYS	ASST SURG
					RVU X $47.01		"T"
11760			Repair of nail bed	3.80	$178.64	010	
11762			Reconstruction of nail bed	5.96	$280.18	010	
11765			Excision of nail fold, toe	1.96	$92.14	010	
11770			Removal of pilonidal lesion	6.32	$297.10	010	
11771			Removal of pilonidal lesion	12.94	$608.31	090	
11772			Removal of pilonidal lesion	15.63	$734.77	090	
11900	*		Injection into skin lesions	1.35	$63.46	000	
11901	*		Added skin lesions injection	1.78	$83.68	000	
11920			Correct skin color defects	4.28	$201.20	000	
11921			Correct skin color defects	5.23	$245.86	000	
11922			Correct skin color defects	1.01	$47.48	ZZZ	
11950			Therapy for contour defects	2.22	$104.36	000	
11951			Therapy for contour defects	2.91	$136.80	000	
11952			Therapy for contour defects	3.76	$176.76	000	
11954			Therapy for contour defects	4.94	$232.23	000	
11960			Insert tissue expander(s)	22.82	$1,072.77	090	
11970			Replace tissue expander	14.12	$663.78	090	
11971			Remove tissue expander(s)	8.75	$411.34	090	
11975			Insert contraceptive cap	3.41	$160.30	XXX	
11976			Removal of contraceptive cap	3.93	$184.75	000	
11977			Removal/reinsert contra cap	6.39	$300.39	XXX	
11980			Implant hormone pellet(s)	2.88	$135.39	000	
11981			Insert drug implant device	3.41	$160.30	XXX	
11982			Remove drug implant device	3.91	$183.81	XXX	
11983			Remove/insert drug implant	6.39	$300.39	XXX	
12001	*		Repair superficial wound(s)	4.16	$195.56	010	
12002	*		Repair superficial wound(s)	4.45	$209.19	010	
12004	*		Repair superficial wound(s)	5.15	$242.10	010	
12005			Repair superficial wound(s)	6.49	$305.09	010	
12006			Repair superficial wound(s)	8.05	$378.43	010	
12007			Repair superficial wound(s)	9.31	$437.66	010	
12011	*		Repair superficial wound(s)	4.42	$207.78	010	
12013	*		Repair superficial wound(s)	4.85	$228.00	010	
12014			Repair superficial wound(s)	5.64	$265.14	010	
12015			Repair superficial wound(s)	7.19	$338.00	010	
12016			Repair superficial wound(s)	8.64	$406.17	010	
12017			Repair superficial wound(s)	7.64	$359.16	010	
12018			Repair superficial wound(s)	8.89	$417.92	010	T
12020			Closure of split wound	5.73	$269.37	010	
12021			Closure of split wound	3.96	$186.16	010	
12031	*		Layer closure of wound(s)	4.75	$223.30	010	
12032	*		Layer closure of wound(s)	5.71	$268.43	010	
12034			Layer closure of wound(s)	6.58	$309.33	010	
12035			Layer closure of wound(s)	7.39	$347.40	010	
12036			Layer closure of wound(s)	10.40	$488.90	010	
12037			Layer closure of wound(s)	11.46	$538.73	010	
12041	*		Layer closure of wound(s)	5.22	$245.39	010	
12042			Layer closure of wound(s)	6.22	$292.40	010	

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CPT® CODE		MOD	DESCRIPTION	TOTAL RVU	MAP	GLOBAL DAYS	ASST SURG
					RVU X $47.01		"T"
12044			Layer closure of wound(s)	6.98	$328.13	010	
12045			Layer closure of wound(s)	8.03	$377.49	010	
12046			Layer closure of wound(s)	11.49	$540.14	010	T'
12047			Layer closure of wound(s)	12.89	$605.96	010	
12051	*		Layer closure of wound(s)	6.00	$282.06	010	
12052			Layer closure of wound(s)	6.22	$292.40	010	
12053			Layer closure of wound(s)	6.84	$321.55	010	
12054			Layer closure of wound(s)	7.63	$358.69	010	
12055			Layer closure of wound(s)	9.81	$461.17	010	
12056			Layer closure of wound(s)	13.64	$641.22	010	
12057			Layer closure of wound(s)	13.54	$636.52	010	T
13100			Repair of wound or lesion	7.06	$331.89	010	
13101			Repair of wound or lesion	8.10	$380.78	010	
13102			Repair wound/lesion add-on	2.25	$105.77	ZZZ	
13120			Repair of wound or lesion	7.38	$346.93	010	
13121			Repair of wound or lesion	8.84	$415.57	010	
13122			Repair wound/lesion add-on	2.64	$124.11	ZZZ	
13131			Repair of wound or lesion	8.19	$385.01	010	
13132			Repair of wound or lesion	11.38	$534.97	010	
13133			Repair wound/lesion add-on	3.86	$181.46	ZZZ	
13150			Repair of wound or lesion	9.74	$457.88	010	
13151			Repair of wound or lesion	10.26	$482.32	010	
13152			Repair of wound or lesion	13.12	$616.77	010	
13153			Repair wound/lesion add-on	4.22	$198.38	ZZZ	
13160			Late closure of wound	19.90	$935.50	090	
14000			Skin tissue rearrangement	14.64	$688.23	090	
14001			Skin tissue rearrangement	18.86	$886.61	090	
14020			Skin tissue rearrangement	15.92	$748.40	090	
14021			Skin tissue rearrangement	21.15	$994.26	090	
14040			Skin tissue rearrangement	17.44	$819.85	090	
14041			Skin tissue rearrangement	23.20	$1,090.63	090	
14060			Skin tissue rearrangement	18.67	$877.68	090	
14061			Skin tissue rearrangement	25.12	$1,180.89	090	
14300			Skin tissue rearrangement	24.14	$1,134.82	090	
14350			Skin tissue rearrangement	18.79	$883.32	090	T
15000			Skin graft	7.44	$349.75	000	
15001			Skin graft add-on	1.91	$89.79	ZZZ	
15050			Skin pinch graft	10.42	$489.84	090	
15100			Skin split graft	17.67	$830.67	090	
15101			Skin split graft add-on	3.57	$167.83	ZZZ	
15120			Skin split graft	20.65	$970.76	090	
15121			Skin split graft add-on	5.18	$243.51	ZZZ	
15200			Skin full graft	19.77	$929.39	090	
15201			Skin full graft add-on	2.67	$125.52	ZZZ	T
15220			Skin full graft	18.97	$891.78	090	
15221			Skin full graft add-on	2.41	$113.29	ZZZ	
15240			Skin full graft	20.00	$940.20	090	
15241			Skin full graft add-on	3.76	$176.76	ZZZ	

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CPT® CODE		MOD	DESCRIPTION	TOTAL RVU	MAP	GLOBAL DAYS	ASST SURG
					RVU X $47.01		"T"
15260			Skin full graft	20.73	$974.52	090	
15261			Skin full graft add-on	4.26	$200.26	ZZZ	
15342			Cultured skin graft, 25 cm	3.40	$159.83	010	
15343			Culture skn graft addl 25 cm	0.72	$33.85	ZZZ	
15350			Skin homograft	12.82	$602.67	090	
15351			Skin homograft add-on	2.12	$99.66	ZZZ	
15400			Skin heterograft	9.89	$464.93	090	
15401			Skin heterograft add-on	2.86	$134.45	ZZZ	
15570			Form skin pedicle flap	19.40	$911.99	090	
15572			Form skin pedicle flap	19.67	$924.69	090	
15574			Form skin pedicle flap	20.81	$978.28	090	
15576			Form skin pedicle flap	19.41	$912.46	090	
15600			Skin graft	9.04	$424.97	090	T
15610			Skin graft	8.94	$420.27	090	T
15620			Skin graft	10.67	$501.60	090	
15630			Skin graft	10.06	$472.92	090	
15650			Transfer skin pedicle flap	10.56	$496.43	090	T
15732			Muscle-skin graft, head/neck	33.29	$1,564.96	090	T
15734			Muscle-skin graft, trunk	34.03	$1,599.75	090	T
15736			Muscle-skin graft, arm	31.83	$1,496.33	090	
15738			Muscle-skin graft, leg	34.24	$1,609.62	090	T
15740			Island pedicle flap graft	20.63	$969.82	090	
15750			Neurovascular pedicle graft	22.67	$1,065.72	090	T
15756			Free muscle flap, microvasc	65.62	$3,084.80	090	T
15757			Free skin flap, microvasc	66.25	$3,114.41	090	T
15758			Free fascial flap, microvasc	66.66	$3,133.69	090	T
15760			Composite skin graft	19.84	$932.68	090	
15770			Derma-fat-fascia graft	15.60	$733.36	090	T
15775			Hair transplant punch grafts	8.15	$383.13	000	T
15776			Hair transplant punch grafts	11.00	$517.11	000	T
15780			Abrasion treatment of skin	14.80	$695.75	090	T
15781			Abrasion treatment of skin	10.74	$504.89	090	
15782			Abrasion treatment of skin	9.26	$435.31	090	
15783			Abrasion treatment of skin	10.00	$470.10	090	
15786	*		Abrasion, lesion, single	4.06	$190.86	010	
15787			Abrasion, lesions, add-on	0.77	$36.20	ZZZ	
15788			Chemical peel, face, epiderm	5.53	$259.97	090	
15789			Chemical peel, face, dermal	11.29	$530.74	090	
15792			Chemical peel, nonfacial	5.00	$235.05	090	
15793			Chemical peel, nonfacial	8.02	$377.02	090	
15810			Salabrasion	9.84	$462.58	090	
15811			Salabrasion	12.54	$589.51	090	
15819			Plastic surgery, neck	17.59	$826.91	090	
15820			Revision of lower eyelid	16.28	$765.32	090	
15821			Revision of lower eyelid	18.41	$865.45	090	
15822			Revision of upper eyelid	15.62	$734.30	090	
15823			Revision of upper eyelid	19.31	$907.76	090	
15824			Removal of forehead wrinkles	0.00	$0.00	000	

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					RVU X $47.01		"T"
15825			Removal of neck wrinkles	0.00	$0.00	000	
15826			Removal of brow wrinkles	0.00	$0.00	000	
15828			Removal of face wrinkles	0.00	$0.00	000	
15829			Removal of skin wrinkles	0.00	$0.00	000	
15831			Excise excessive skin tissue	23.78	$1,117.90	090	T
15832			Excise excessive skin tissue	22.65	$1,064.78	090	T
15833			Excise excessive skin tissue	20.88	$981.57	090	T
15834			Excise excessive skin tissue	21.37	$1,004.60	090	T
15835			Excise excessive skin tissue	22.45	$1,055.37	090	T
15836			Excise excessive skin tissue	18.22	$856.52	090	T
15837			Excise excessive skin tissue	17.69	$831.61	090	T
15838			Excise excessive skin tissue	14.31	$672.71	090	T
15839			Excise excessive skin tissue	19.23	$904.00	090	T
15840			Graft for face nerve palsy	26.28	$1,235.42	090	
15841			Graft for face nerve palsy	44.50	$2,091.95	090	T
15842			Flap for face nerve palsy	70.72	$3,324.55	090	T
15845			Skin and muscle repair, face	23.49	$1,104.26	090	T
15850			Removal of sutures	2.32	$109.06	XXX	
15851			Removal of sutures	2.63	$123.64	000	
15852			Dressing change,not for burn	2.97	$139.62	000	
15860			Test for blood flow in graft	3.64	$171.12	000	
15876			Suction assisted lipectomy	0.00	$0.00	000	
15877			Suction assisted lipectomy	0.00	$0.00	000	
15878			Suction assisted lipectomy	0.00	$0.00	000	
15879			Suction assisted lipectomy	0.00	$0.00	000	
15920			Removal of tail bone ulcer	15.92	$748.40	090	
15922			Removal of tail bone ulcer	20.32	$955.24	090	T
15931			Remove sacrum pressure sore	17.50	$822.68	090	
15933			Remove sacrum pressure sore	22.01	$1,034.69	090	
15934			Remove sacrum pressure sore	24.53	$1,153.16	090	
15935			Remove sacrum pressure sore	28.57	$1,343.08	090	T
15936			Remove sacrum pressure sore	24.47	$1,150.33	090	
15937			Remove sacrum pressure sore	28.72	$1,350.13	090	T
15940			Remove hip pressure sore	17.95	$843.83	090	
15941			Remove hip pressure sore	24.92	$1,171.49	090	
15944			Remove hip pressure sore	23.24	$1,092.51	090	
15945			Remove hip pressure sore	25.85	$1,215.21	090	
15946			Remove hip pressure sore	41.99	$1,973.95	090	T
15950			Remove thigh pressure sore	14.96	$703.27	090	
15951			Remove thigh pressure sore	21.63	$1,016.83	090	
15952			Remove thigh pressure sore	22.22	$1,044.56	090	T
15953			Remove thigh pressure sore	25.30	$1,189.35	090	
15956			Remove thigh pressure sore	30.32	$1,425.34	090	
15958			Remove thigh pressure sore	30.81	$1,448.38	090	T
15999			Removal of pressure sore	0.00	$0.00	YYY	
16000			Initial treatment of burn(s)	2.14	$100.60	000	
16010			Treatment of burn(s)	2.26	$106.24	000	
16015			Treatment of burn(s)	4.91	$230.82	000	

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					RVU X $47.01		"T"
16020	*		Treatment of burn(s)	2.15	$101.07	000	
16025	*		Treatment of burn(s)	4.20	$197.44	000	
16030			Treatment of burn(s)	5.89	$276.89	000	
16035			Incision of burn scab, initi	6.22	$292.40	090	
16036			Incise burn scab, addl incis	2.41	$113.29	ZZZ	
17000	*		Detroy benign/premal lesion	1.78	$83.68	010	
17003			Destroy lesions, 2-14	0.42	$19.74	ZZZ	
17004			Destroy lesions, 15 or more	5.69	$267.49	010	
17106			Destruction of skin lesions	10.21	$479.97	090	
17107			Destruction of skin lesions	17.50	$822.68	090	
17108			Destruction of skin lesions	24.40	$1,147.04	090	T
17110	*		Destruct lesion, 1-14	1.86	$87.44	010	
17111			Destruct lesion, 15 or more	2.16	$101.54	010	
17250	*		Chemical cautery, tissue	1.36	$63.93	000	
17260	*		Destruction of skin lesions	2.39	$112.35	010	
17261			Destruction of skin lesions	2.79	$131.16	010	
17262			Destruction of skin lesions	3.46	$162.65	010	
17263			Destruction of skin lesions	3.81	$179.11	010	
17264			Destruction of skin lesions	4.04	$189.92	010	
17266			Destruction of skin lesions	4.72	$221.89	010	
17270	*		Destruction of skin lesions	3.06	$143.85	010	
17271			Destruction of skin lesions	3.31	$155.60	010	
17272			Destruction of skin lesions	3.76	$176.76	010	
17273			Destruction of skin lesions	4.23	$198.85	010	
17274			Destruction of skin lesions	5.11	$240.22	010	
17276			Destruction of skin lesions	6.13	$288.17	010	
17280	*		Destruction of skin lesions	2.72	$127.87	010	
17281			Destruction of skin lesions	3.69	$173.47	010	
17282			Destruction of skin lesions	4.22	$198.38	010	
17283			Destruction of skin lesions	5.18	$243.51	010	
17284			Destruction of skin lesions	6.12	$287.70	010	
17286			Destruction of skin lesions	8.27	$388.77	010	
17304			Chemosurgery of skin lesion	16.24	$763.44	000	
17305			2nd stage chemosurgery	6.79	$319.20	000	
17306			3rd stage chemosurgery	6.83	$321.08	000	
17307			Followup skin lesion therapy	6.81	$320.14	000	
17310			Extensive skin chemosurgery	2.62	$123.17	000	
17340	*		Cryotherapy of skin	1.26	$59.23	010	
17360	*		Skin peel therapy	3.06	$143.85	010	
17380	*		Hair removal by electrolysis	0.00	$0.00	000	
17999			Skin tissue procedure	0.00	$0.00	YYY	
19000	*		Drainage of breast lesion	2.29	$107.65	000	
19001			Drain breast lesion add-on	1.36	$63.93	ZZZ	
19020			Incision of breast lesion	11.57	$543.91	090	
19030			Injection for breast x-ray	5.42	$254.79	000	
19100	*		Bx breast percut w/o image	3.03	$142.44	000	
19101			Biopsy of breast, open	8.97	$421.68	010	
19102			Bx breast percut w/image	7.46	$350.69	000	

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					RVU X $47.01		"T"
19103			Bx breast percut w/device	16.86	$792.59	000	
19110			Nipple exploration	15.18	$713.61	090	
19112			Excise breast duct fistula	15.51	$729.13	090	
19120			Removal of breast lesion	12.14	$570.70	090	
19125			Excision, breast lesion	12.94	$608.31	090	
19126			Excision, addl breast lesion	4.74	$222.83	ZZZ	
19140			Removal of breast tissue	16.69	$784.60	090	
19160			Removal of breast tissue	12.13	$570.23	090	
19162			Remove breast tissue, nodes	25.05	$1,177.60	090	T
19180			Removal of breast	17.08	$802.93	090	T
19182			Removal of breast	14.76	$693.87	090	T
19200			Removal of breast	28.61	$1,344.96	090	T
19220			Removal of breast	29.15	$1,370.34	090	T
19240			Removal of breast	29.00	$1,363.29	090	T
19260			Removal of chest wall lesion	28.65	$1,346.84	090	T
19271			Revision of chest wall	35.63	$1,674.97	090	T
19272			Extensive chest wall surgery	40.18	$1,888.86	090	T
19290			Place needle wire, breast	4.38	$205.90	000	
19291			Place needle wire, breast	2.45	$115.17	ZZZ	
19295			Place breast clip, percut	2.85	$133.98	ZZZ	
19316			Suspension of breast	21.55	$1,013.07	090	T
19318			Reduction of large breast	30.46	$1,431.92	090	T
19324			Enlarge breast	11.83	$556.13	090	T
19325			Enlarge breast with implant	17.69	$831.61	090	T
19328			Removal of breast implant	11.93	$560.83	090	T
19330			Removal of implant material	15.02	$706.09	090	
19340			Immediate breast prosthesis	11.32	$532.15	ZZZ	
19342			Delayed breast prosthesis	22.36	$1,051.14	090	
19350			Breast reconstruction	25.82	$1,213.80	090	T
19355			Correct inverted nipple(s)	21.97	$1,032.81	090	
19357			Breast reconstruction	37.43	$1,759.58	090	T
19361			Breast reconstruction	36.88	$1,733.73	090	T
19364			Breast reconstruction	76.29	$3,586.39	090	T
19366			Breast reconstruction	38.96	$1,831.51	090	T
19367			Breast reconstruction	48.42	$2,276.22	090	T
19368			Breast reconstruction	60.19	$2,829.53	090	T
19369			Breast reconstruction	56.17	$2,640.55	090	T
19370			Surgery of breast capsule	16.58	$779.43	090	
19371			Removal of breast capsule	19.32	$908.23	090	
19380			Revise breast reconstruction	18.93	$889.90	090	
19396			Design custom breast implant	9.81	$461.17	000	
19499			Breast surgery procedure	0.00	$0.00	YYY	
20000	*		Incision of abscess	4.78	$224.71	010	
20005			Incision of deep abscess	7.34	$345.05	010	
20100			Explore wound, neck	19.05	$895.54	010	T
20101			Explore wound, chest	6.87	$322.96	010	
20102			Explore wound, abdomen	8.25	$387.83	010	T
20103			Explore wound, extremity	11.13	$523.22	010	

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					RVU X $47.01		"T"
20150			Excise epiphyseal bar	25.91	$1,218.03	090	T
20200			Muscle biopsy	3.60	$169.24	000	
20205			Deep muscle biopsy	6.96	$327.19	000	
20206	*		Needle biopsy, muscle	4.41	$207.31	000	
20220			Bone biopsy, trocar/needle	6.39	$300.39	000	
20225			Bone biopsy, trocar/needle	6.63	$311.68	000	
20240			Bone biopsy, excisional	8.20	$385.48	010	
20245			Bone biopsy, excisional	15.87	$746.05	010	
20250			Open bone biopsy	10.65	$500.66	010	
20251			Open bone biopsy	12.34	$580.10	010	T
20500	*		Injection of sinus tract	6.82	$320.61	010	
20501	*		Inject sinus tract for x-ray	4.16	$195.56	000	
20520	*		Removal of foreign body	7.89	$370.91	010	
20525			Removal of foreign body	11.74	$551.90	010	
20526			Ther injection carpal tunnel	1.80	$84.62	000	
20550	*		Inject tendon/ligament/cyst	1.87	$87.91	000	
20551			Inject tendon origin/insert	1.80	$84.62	000	
20552			Inject trigger point, 1 or 2	1.80	$84.62	000	
20553			Inject trigger points, > 3	1.80	$84.62	000	
20600	*		Drain/inject, joint/bursa	1.48	$69.57	000	
20605	*		Drain/inject, joint/bursa	1.61	$75.69	000	
20610	*		Drain/inject, joint/bursa	1.95	$91.67	000	
20612			Aspirate/inj ganglion cyst	1.62	$76.16	000	
20615			Treatment of bone cyst	7.65	$359.63	010	
20650	*		Insert and remove bone pin	7.97	$374.67	010	
20660			Apply,remove fixation device	5.15	$242.10	000	
20661			Application of head brace	13.83	$650.15	090	
20662			Application of pelvis brace	13.17	$619.12	090	
20663			Application of thigh brace	12.24	$575.40	090	
20664			Halo brace application	20.18	$948.66	090	
20665	*		Removal of fixation device	4.05	$190.39	010	
20670	*		Removal of support implant	8.02	$377.02	010	
20680			Removal of support implant	9.51	$447.07	090	
20690			Apply bone fixation device	6.58	$309.33	090	
20692			Apply bone fixation device	11.49	$540.14	090	T
20693			Adjust bone fixation device	20.89	$982.04	090	
20694			Remove bone fixation device	14.50	$681.65	090	
20802			Replantation, arm, complete	84.25	$3,960.59	090	T
20805			Replant, forearm, complete	98.84	$4,646.47	090	T
20808			Replantation hand, complete	134.20	$6,308.74	090	T
20816			Replantation digit, complete	87.94	$4,134.06	090	T
20822			Replantation digit, complete	79.07	$3,717.08	090	T
20824			Replantation thumb, complete	88.61	$4,165.56	090	T
20827			Replantation thumb, complete	79.91	$3,756.57	090	T
20838			Replantation foot, complete	81.48	$3,830.37	090	T
20900			Removal of bone for graft	13.42	$630.87	090	T
20902			Removal of bone for graft	19.04	$895.07	090	T
20910			Remove cartilage for graft	15.68	$737.12	090	T

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					RVU X $47.01		"T"
20912			Remove cartilage for graft	15.42	$724.89	090	T
20920			Removal of fascia for graft	12.10	$568.82	090	
20922			Removal of fascia for graft	17.25	$810.92	090	T
20924			Removal of tendon for graft	15.52	$729.60	090	T
20926			Removal of tissue for graft	13.85	$651.09	090	
20930			Spinal bone allograft	0.00	$0.00	XXX	
20931			Spinal bone allograft	3.60	$169.24	ZZZ	
20936			Spinal bone autograft	0.00	$0.00	XXX	
20937			Spinal bone autograft	5.37	$252.44	ZZZ	T
20938			Spinal bone autograft	5.91	$277.83	ZZZ	T
20950			Fluid pressure, muscle	3.80	$178.64	000	
20955			Fibula bone graft, microvasc	80.51	$3,784.78	090	T
20956			Iliac bone graft, microvasc	81.46	$3,829.43	090	T
20957			Mt bone graft, microvasc	76.35	$3,589.21	090	T
20962			Other bone graft, microvasc	80.51	$3,784.78	090	T
20969			Bone/skin graft, microvasc	88.10	$4,141.58	090	T
20970			Bone/skin graft, iliac crest	84.68	$3,980.81	090	T
20972			Bone/skin graft, metatarsal	76.03	$3,574.17	090	T
20973			Bone/skin graft, great toe	87.91	$4,132.65	090	T
20974			Electrical bone stimulation	1.31	$61.58	000	
20975			Electrical bone stimulation	5.04	$236.93	000	T
20979			Us bone stimulation	1.30	$61.11	000	
20999			Musculoskeletal surgery	0.00	$0.00	YYY	
21010			Incision of jaw joint	18.84	$885.67	090	T
21015			Resection of facial tumor	13.97	$656.73	090	
21025			Excision of bone, lower jaw	19.49	$916.22	090	
21026			Excision of facial bone(s)	11.10	$521.81	090	
21029			Contour of face bone lesion	16.75	$787.42	090	
21030			Removal of face bone lesion	13.44	$631.81	090	
21031			Remove exostosis, mandible	7.34	$345.05	090	
21032			Remove exostosis, maxilla	7.31	$343.64	090	
21034			Removal of face bone lesion	30.25	$1,422.05	090	T
21040			Removal of jaw bone lesion	5.62	$264.20	090	
21044			Removal of jaw bone lesion	22.44	$1,054.90	090	T
21045			Extensive jaw surgery	29.90	$1,405.60	090	T
21046			Remove mandible cyst complex	26.01	$1,222.73	90	T
21047			Excise lwr jaw cyst w/repair	32.54	$1,529.71	90	T
21048			Remove maxilla cyst complex[	26.73	$1,256.58	90	T
21049			Excis uppr jaw cyst w/repair	30.27	$1,422.99	90	T
21050			Removal of jaw joint	24.85	$1,168.20	090	T
21060			Remove jaw joint cartilage	23.69	$1,113.67	090	T
21070			Remove coronoid process	16.27	$764.85	090	T
21076			Prepare face/oral prosthesis	26.69	$1,254.70	010	T
21077			Prepare face/oral prosthesis	67.15	$3,156.72	090	T
21079			Prepare face/oral prosthesis	44.02	$2,069.38	090	
21080			Prepare face/oral prosthesis	51.19	$2,406.44	090	
21081			Prepare face/oral prosthesis	45.62	$2,144.60	090	T
21082			Prepare face/oral prosthesis	40.02	$1,881.34	090	T

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CPT® CODE		MOD	DESCRIPTION	TOTAL RVU	MAP	GLOBAL DAYS	ASST SURG
					RVU X $47.01		"T"
21083			Prepare face/oral prosthesis	39.36	$1,850.31	090	T
21084			Prepare face/oral prosthesis	44.27	$2,081.13	090	T
21085			Prepare face/oral prosthesis	17.30	$813.27	010	T
21086			Prepare face/oral prosthesis	49.30	$2,317.59	090	T
21087			Prepare face/oral prosthesis	48.87	$2,297.38	090	T
21088			Prepare face/oral prosthesis	0.00	$0.00	090	T
21089			Prepare face/oral prosthesis	0.00	$0.00	090	
21100	*		Maxillofacial fixation	10.38	$487.96	090	T
21110			Interdental fixation	11.21	$526.98	090	
21116			Injection, jaw joint x-ray	8.81	$414.16	000	
21120			Reconstruction of chin	13.65	$641.69	090	
21121			Reconstruction of chin	16.76	$787.89	090	T
21122			Reconstruction of chin	18.00	$846.18	090	T
21123			Reconstruction of chin	21.73	$1,021.53	090	T
21125			Augmentation, lower jaw bone	22.06	$1,037.04	090	T
21127			Augmentation, lower jaw bone	23.76	$1,116.96	090	T
21137			Reduction of forehead	19.45	$914.34	090	T
21138			Reduction of forehead	24.63	$1,157.86	090	T
21139			Reduction of forehead	25.50	$1,198.76	090	T
21141			Reconstruct midface, lefort	32.92	$1,547.57	090	T
21142			Reconstruct midface, lefort	35.68	$1,677.32	090	T
21143			Reconstruct midface, lefort	33.29	$1,564.96	090	T
21145			Reconstruct midface, lefort	36.84	$1,731.85	090	T
21146			Reconstruct midface, lefort	37.64	$1,769.46	090	T
21147			Reconstruct midface, lefort	37.80	$1,776.98	090	T
21150			Reconstruct midface, lefort	45.50	$2,138.96	090	T
21151			Reconstruct midface, lefort	54.80	$2,576.15	090	T
21154			Reconstruct midface, lefort	63.30	$2,975.73	090	T
21155			Reconstruct midface, lefort	70.90	$3,333.01	090	T
21159			Reconstruct midface, lefort	80.41	$3,780.07	090	T
21160			Reconstruct midface, lefort	87.88	$4,131.24	090	T
21172			Reconstruct orbit/forehead	49.18	$2,311.95	090	T
21175			Reconstruct orbit/forehead	65.46	$3,077.27	090	T
21179			Reconstruct entire forehead	47.33	$2,224.98	090	T
21180			Reconstruct entire forehead	48.99	$2,303.02	090	T
21181			Contour cranial bone lesion	20.79	$977.34	090	T
21182			Reconstruct cranial bone	60.65	$2,851.16	090	T
21183			Reconstruct cranial bone	65.31	$3,070.22	090	T
21184			Reconstruct cranial bone	68.04	$3,198.56	090	T
21188			Reconstruction of midface	43.04	$2,023.31	090	T
21193			Reconst lwr jaw w/o graft	31.80	$1,494.92	090	T
21194			Reconst lwr jaw w/graft	35.90	$1,687.66	090	T
21195			Reconst lwr jaw w/o fixation	32.72	$1,538.17	090	T
21196			Reconst lwr jaw w/fixation	35.86	$1,685.78	090	T
21198			Reconstr lwr jaw segment	29.17	$1,371.28	090	T
21199			Reconstr lwr jaw w/advance	30.08	$1,414.06	090	T
21206			Reconstruct upper jaw bone	26.11	$1,227.43	090	T
21208			Augmentation of facial bones	21.50	$1,010.72	090	T

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CPT® CODE		MOD	DESCRIPTION	TOTAL RVU	MAP	GLOBAL DAYS	ASST SURG
					RVU X $47.01		"T"
21209			Reduction of facial bones	16.28	$765.32	090	T
21210			Face bone graft	21.28	$1,000.37	090	
21215			Lower jaw bone graft	22.33	$1,049.73	090	
21230			Rib cartilage graft	24.04	$1,130.12	090	T
21235			Ear cartilage graft	19.94	$937.38	090	
21240			Reconstruction of jaw joint	28.77	$1,352.48	090	T
21242			Reconstruction of jaw joint	27.28	$1,282.43	090	T
21243			Reconstruction of jaw joint	39.45	$1,854.54	090	T
21244			Reconstruction of lower jaw	23.85	$1,121.19	090	T
21245			Reconstruction of jaw	38.95	$1,831.04	090	T
21246			Reconstruction of jaw	25.70	$1,208.16	090	T
21247			Reconstruct lower jaw bone	48.34	$2,272.46	090	T
21248			Reconstruction of jaw	22.95	$1,078.88	090	
21249			Reconstruction of jaw	32.53	$1,529.24	090	T
21255			Reconstruct lower jaw bone	32.83	$1,543.34	090	T
21256			Reconstruction of orbit	32.79	$1,541.46	090	T
21260			Revise eye sockets	33.28	$1,564.49	090	T
21261			Revise eye sockets	57.26	$2,691.79	090	T
21263			Revise eye sockets	49.08	$2,307.25	090	T
21267			Revise eye sockets	37.15	$1,746.42	090	T
21268			Revise eye sockets	42.00	$1,974.42	090	T
21270			Augmentation, cheek bone	22.51	$1,058.20	090	T
21275			Revision, orbitofacial bones	24.85	$1,168.20	090	T
21280			Revision of eyelid	13.05	$613.48	090	T
21282			Revision of eyelid	9.42	$442.83	090	
21295			Revision of jaw muscle/bone	6.19	$290.99	090	T
21296			Revision of jaw muscle/bone	9.12	$428.73	090	T
21299			Cranio/maxillofacial surgery	0.00	$0.00	YYY	T
21300			Treatment of skull fracture	3.71	$174.41	000	T
21310			Treatment of nose fracture	3.40	$159.83	000	
21315	*		Treatment of nose fracture	5.30	$249.15	010	
21320			Treatment of nose fracture	7.19	$338.00	010	
21325			Treatment of nose fracture	8.29	$389.71	090	
21330			Treatment of nose fracture	12.26	$576.34	090	
21335			Treatment of nose fracture	17.60	$827.38	090	
21336			Treat nasal septal fracture	12.61	$592.80	090	T
21337			Treat nasal septal fracture	8.50	$399.59	090	T
21338			Treat nasoethmoid fracture	13.56	$637.46	090	T
21339			Treat nasoethmoid fracture	16.97	$797.76	090	T
21340			Treatment of nose fracture	21.73	$1,021.53	090	T
21343			Treatment of sinus fracture	25.14	$1,181.83	090	T
21344			Treatment of sinus fracture	37.90	$1,781.68	090	T
21345			Treat nose/jaw fracture	20.06	$943.02	090	T
21346			Treat nose/jaw fracture	22.90	$1,076.53	090	
21347			Treat nose/jaw fracture	25.25	$1,187.00	090	T
21348			Treat nose/jaw fracture	32.05	$1,506.67	090	T
21355	*		Treat cheek bone fracture	8.40	$394.88	010	T
21356			Treat cheek bone fracture	8.37	$393.47	010	T

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					RVU X $47.01		"T"
21360			Treat cheek bone fracture	13.53	$636.05	090	T
21365			Treat cheek bone fracture	29.97	$1,408.89	090	T
21366			Treat cheek bone fracture	35.66	$1,676.38	090	T
21385			Treat eye socket fracture	18.86	$886.61	090	T
21386			Treat eye socket fracture	19.52	$917.64	090	T
21387			Treat eye socket fracture	20.24	$951.48	090	T
21390			Treat eye socket fracture	20.68	$972.17	090	T
21395			Treat eye socket fracture	24.69	$1,160.68	090	T
21400			Treat eye socket fracture	4.99	$234.58	090	T
21401			Treat eye socket fracture	8.44	$396.76	090	T
21406			Treat eye socket fracture	15.71	$738.53	090	T
21407			Treat eye socket fracture	18.32	$861.22	090	T
21408			Treat eye socket fracture	25.77	$1,211.45	090	T
21421			Treat mouth roof fracture	13.44	$631.81	090	T
21422			Treat mouth roof fracture	18.01	$846.65	090	T
21423			Treat mouth roof fracture	21.43	$1,007.42	090	T
21431			Treat craniofacial fracture	16.96	$797.29	090	T
21432			Treat craniofacial fracture	18.11	$851.35	090	T
21433			Treat craniofacial fracture	48.82	$2,295.03	090	T
21435			Treat craniofacial fracture	34.39	$1,616.67	090	T
21436			Treat craniofacial fracture	49.99	$2,350.03	090	T
21440			Treat dental ridge fracture	8.70	$408.99	090	T
21445			Treat dental ridge fracture	13.89	$652.97	090	T
21450			Treat lower jaw fracture	10.00	$470.10	090	T
21451			Treat lower jaw fracture	12.32	$579.16	090	T
21452			Treat lower jaw fracture	15.76	$740.88	090	T
21453			Treat lower jaw fracture	14.09	$662.37	090	T
21454			Treat lower jaw fracture	13.58	$638.40	090	T
21461			Treat lower jaw fracture	18.33	$861.69	090	T
21462			Treat lower jaw fracture	21.89	$1,029.05	090	T
21465			Treat lower jaw fracture	22.51	$1,058.20	090	T
21470			Treat lower jaw fracture	29.10	$1,367.99	090	T
21480			Reset dislocated jaw	2.36	$110.94	000	
21485			Reset dislocated jaw	8.60	$404.29	090	T
21490			Repair dislocated jaw	22.80	$1,071.83	090	T
21493			Treat hyoid bone fracture	5.20	$244.45	090	
21494			Treat hyoid bone fracture	11.64	$547.20	090	T
21495			Treat hyoid bone fracture	12.03	$565.53	090	T
21497			Interdental wiring	9.33	$438.60	090	T
21499			Head surgery procedure	0.00	$0.00	YYY	T
21501			Drain neck/chest lesion	9.21	$432.96	090	
21502			Drain chest lesion	16.13	$758.27	090	T
21510			Drainage of bone lesion	14.86	$698.57	090	T
21550			Biopsy of neck/chest	4.72	$221.89	010	
21555			Remove lesion, neck/chest	9.63	$452.71	090	
21556			Remove lesion, neck/chest	10.15	$477.15	090	
21557			Remove tumor, neck/chest	18.88	$887.55	090	T
21600			Partial removal of rib	16.68	$784.13	090	T

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					RVU X $47.01		"T"
21610			Partial removal of rib	30.41	$1,429.57	090	T
21615			Removal of rib	20.72	$974.05	090	T
21616			Removal of rib and nerves	24.23	$1,139.05	090	T
21620			Partial removal of sternum	16.82	$790.71	090	T
21627			Sternal debridement	20.98	$986.27	090	T
21630			Extensive sternum surgery	36.24	$1,703.64	090	T
21632			Extensive sternum surgery	35.82	$1,683.90	090	T
21700			Revision of neck muscle	15.66	$736.18	090	T
21705			Revision of neck muscle/rib	19.78	$929.86	090	T
21720			Revision of neck muscle	16.33	$767.67	090	T
21725			Revision of neck muscle	16.47	$774.25	090	T
21740			Reconstruction of sternum	34.34	$1,614.32	090	T
21742			Repair stern/nuss w/o scope[	0.00	BR	90	T
21743			Repair sternum/nuss w/scope	0.00	BR	90	T
21750			Repair of sternum separation	23.49	$1,104.26	090	T
21800			Treatment of rib fracture	3.49	$164.06	090	
21805			Treatment of rib fracture	7.55	$354.93	090	T
21810			Treatment of rib fracture(s)	15.87	$746.05	090	T
21820			Treat sternum fracture	4.45	$209.19	090	T
21825			Treat sternum fracture	19.38	$911.05	090	T
21899			Neck/chest surgery procedure	0.00	$0.00	YYY	
21920			Biopsy soft tissue of back	4.78	$224.71	010	
21925			Biopsy soft tissue of back	15.77	$741.35	090	
21930			Remove lesion, back or flank	10.78	$506.77	090	
21935			Remove tumor, back	36.15	$1,699.41	090	
22100			Remove part of neck vertebra	21.83	$1,026.23	090	T
22101			Remove part, thorax vertebra	22.50	$1,057.73	090	T
22102			Remove part, lumbar vertebra	22.53	$1,059.14	090	T
22103			Remove extra spine segment	4.51	$212.02	ZZZ	T
22110			Remove part of neck vertebra	29.09	$1,367.52	090	T
22112			Remove part, thorax vertebra	28.50	$1,339.79	090	T
22114			Remove part, lumbar vertebra	28.31	$1,330.85	090	T
22116			Remove extra spine segment	4.54	$213.43	ZZZ	T
22210			Revision of neck spine	51.40	$2,416.31	090	T
22212			Revision of thorax spine	40.78	$1,917.07	090	T
22214			Revision of lumbar spine	41.53	$1,952.33	090	T
22216			Revise, extra spine segment	11.72	$550.96	ZZZ	T
22220			Revision of neck spine	45.76	$2,151.18	090	T
22222			Revision of thorax spine	44.09	$2,072.67	090	T
22224			Revision of lumbar spine	44.99	$2,114.98	090	T
22226			Revise, extra spine segment	11.70	$550.02	ZZZ	T
22305			Treat spine process fracture	6.00	$282.06	090	
22310			Treat spine fracture	8.28	$389.24	090	
22315			Treat spine fracture	21.47	$1,009.30	090	
22318			Treat odontoid fx w/o graft	46.69	$2,194.90	090	T
22319			Treat odontoid fx w/graft	52.79	$2,481.66	090	T
22325			Treat spine fracture	39.59	$1,861.13	090	T
22326			Treat neck spine fracture	43.75	$2,056.69	090	T

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					RVU X $47.01		"T"
22327			Treat thorax spine fracture	41.32	$1,942.45	090	T
22328			Treat each add spine fx	8.65	$406.64	ZZZ	T
22505			Manipulation of spine	7.10	$333.77	010	
22520			Percut vertebroplasty thor	15.52	$729.60	010	
22521			Percut vertebroplasty lumb	14.57	$684.94	010	
22522			Percut vertebroplasty addl	6.91	$324.84	ZZZ	
22548			Neck spine fusion	55.81	$2,623.63	090	T
22554			Neck spine fusion	40.96	$1,925.53	090	T
22556			Thorax spine fusion	49.39	$2,321.82	090	T
22558			Lumbar spine fusion	45.29	$2,129.08	090	T
22585			Additional spinal fusion	10.83	$509.12	ZZZ	T
22590			Spine & skull spinal fusion	45.20	$2,124.85	090	T
22595			Neck spinal fusion	42.64	$2,004.51	090	T
22600			Neck spine fusion	35.74	$1,680.14	090	T
22610			Thorax spine fusion	35.41	$1,664.62	090	T
22612			Lumbar spine fusion	44.68	$2,100.41	090	T
22614			Spine fusion, extra segment	12.49	$587.15	ZZZ	T
22630			Lumbar spine fusion	45.94	$2,159.64	090	T
22632			Spine fusion, extra segment	10.15	$477.15	ZZZ	T
22800			Fusion of spine	39.13	$1,839.50	090	T
22802			Fusion of spine	63.51	$2,985.61	090	T
22804			Fusion of spine	73.47	$3,453.82	090	T
22808			Fusion of spine	55.05	$2,587.90	090	T
22810			Fusion of spine	60.80	$2,858.21	090	T
22812			Fusion of spine	65.96	$3,100.78	090	T
22818			Kyphectomy, 1-2 segments	65.64	$3,085.74	090	T
22819			Kyphectomy, 3 or more	71.29	$3,351.34	090	T
22830			Exploration of spinal fusion	25.08	$1,179.01	090	T
22840			Insert spine fixation device	24.29	$1,141.87	ZZZ	T
22841			Insert spine fixation device	0.00	$0.00	XXX	
22842			Insert spine fixation device	24.34	$1,144.22	ZZZ	T
22843			Insert spine fixation device	25.94	$1,219.44	ZZZ	T
22844			Insert spine fixation device	31.58	$1,484.58	ZZZ	T
22845			Insert spine fixation device	23.66	$1,112.26	ZZZ	T
22846			Insert spine fixation device	24.55	$1,154.10	ZZZ	T
22847			Insert spine fixation device	26.57	$1,249.06	ZZZ	T
22848			Insert pelv fixation device	11.52	$541.56	ZZZ	T
22849			Reinsert spinal fixation	39.68	$1,865.36	090	T
22850			Remove spine fixation device	22.06	$1,037.04	090	T
22851			Apply spine prosth device	12.93	$607.84	ZZZ	T
22852			Remove spine fixation device	20.99	$986.74	090	T
22855			Remove spine fixation device	33.37	$1,568.72	090	T
22899			Spine surgery procedure	0.00	$0.00	YYY	T
22900			Remove abdominal wall lesion	11.67	$548.61	090	T
22999			Abdomen surgery procedure	0.00	$0.00	YYY	T
23000			Removal of calcium deposits	14.62	$687.29	090	T
23020			Release shoulder joint	22.45	$1,055.37	090	T
23030			Drain shoulder lesion	10.86	$510.53	010	

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					RVU X $47.01		"T"
23031			Drain shoulder bursa	9.35	$439.54	010	
23035			Drain shoulder bone lesion	27.62	$1,298.42	090	T
23040			Exploratory shoulder surgery	24.02	$1,129.18	090	T
23044			Exploratory shoulder surgery	20.21	$950.07	090	
23065			Biopsy shoulder tissues	5.25	$246.80	010	
23066			Biopsy shoulder tissues	13.72	$644.98	090	
23075			Removal of shoulder lesion	8.41	$395.35	010	
23076			Removal of shoulder lesion	18.14	$852.76	090	
23077			Remove tumor of shoulder	34.98	$1,644.41	090	T
23100			Biopsy of shoulder joint	16.73	$786.48	090	T
23101			Shoulder joint surgery	16.08	$755.92	090	
23105			Remove shoulder joint lining	21.16	$994.73	090	T
23106			Incision of collarbone joint	17.22	$809.51	090	
23107			Explore treat shoulder joint	21.92	$1,030.46	090	T
23120			Partial removal, collar bone	19.06	$896.01	090	T
23125			Removal of collar bone	23.26	$1,093.45	090	T
23130			Remove shoulder bone, part	19.94	$937.38	090	
23140			Removal of bone lesion	17.22	$809.51	090	
23145			Removal of bone lesion	22.98	$1,080.29	090	T
23146			Removal of bone lesion	21.22	$997.55	090	T
23150			Removal of humerus lesion	21.40	$1,006.01	090	T
23155			Removal of humerus lesion	25.64	$1,205.34	090	T
23156			Removal of humerus lesion	22.00	$1,034.22	090	T
23170			Remove collar bone lesion	20.24	$951.48	090	
23172			Remove shoulder blade lesion	18.80	$883.79	090	T
23174			Remove humerus lesion	24.41	$1,147.51	090	T
23180			Remove collar bone lesion	27.55	$1,295.13	090	
23182			Remove shoulder blade lesion	26.95	$1,266.92	090	T
23184			Remove humerus lesion	28.82	$1,354.83	090	T
23190			Partial removal of scapula	18.34	$862.16	090	T
23195			Removal of head of humerus	23.20	$1,090.63	090	T
23200			Removal of collar bone	30.10	$1,415.00	090	T
23210			Removal of shoulder blade	30.39	$1,428.63	090	T
23220			Partial removal of humerus	35.07	$1,648.64	090	T
23221			Partial removal of humerus	40.77	$1,916.60	090	T
23222			Partial removal of humerus	52.78	$2,481.19	090	T
23330			Remove shoulder foreign body	8.44	$396.76	010	T
23331			Remove shoulder foreign body	19.56	$919.52	090	T
23332			Remove shoulder foreign body	27.68	$1,301.24	090	T
23350			Injection for shoulder x-ray	8.34	$392.06	000	
23395			Muscle transfer,shoulder/arm	36.53	$1,717.28	090	T
23397			Muscle transfers	35.45	$1,666.50	090	T
23400			Fixation of shoulder blade	32.70	$1,537.23	090	T
23405			Incision of tendon & muscle	20.76	$975.93	090	T
23406			Incise tendon(s) & muscle(s)	25.94	$1,219.44	090	T
23410			Repair of tendon(s)	29.19	$1,372.22	090	T
23412			Repair of tendon(s)	30.89	$1,452.14	090	T
23415			Release of shoulder ligament	23.57	$1,108.03	090	

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CPT® CODE		MOD	DESCRIPTION	TOTAL RVU	MAP	GLOBAL DAYS	ASST SURG
					RVU X $47.01		"T"
23420			Repair of shoulder	31.76	$1,493.04	090	T
23430			Repair biceps tendon	24.53	$1,153.16	090	T
23440			Remove/transplant tendon	25.59	$1,202.99	090	T
23450			Repair shoulder capsule	30.95	$1,454.96	090	T
23455			Repair shoulder capsule	32.88	$1,545.69	090	T
23460			Repair shoulder capsule	34.86	$1,638.77	090	T
23462			Repair shoulder capsule	34.23	$1,609.15	090	T
23465			Repair shoulder capsule	34.34	$1,614.32	090	T
23466			Repair shoulder capsule	32.71	$1,537.70	090	T
23470			Reconstruct shoulder joint	38.15	$1,793.43	090	T
23472			Reconstruct shoulder joint	44.37	$2,085.83	090	T
23480			Revision of collar bone	26.91	$1,265.04	090	
23485			Revision of collar bone	31.01	$1,457.78	090	T
23490			Reinforce clavicle	28.39	$1,334.61	090	T
23491			Reinforce shoulder bones	32.61	$1,533.00	090	T
23500			Treat clavicle fracture	6.58	$309.33	090	
23505			Treat clavicle fracture	10.88	$511.47	090	
23515			Treat clavicle fracture	18.16	$853.70	090	T
23520			Treat clavicle dislocation	6.71	$315.44	090	T
23525			Treat clavicle dislocation	11.83	$556.13	090	T
23530			Treat clavicle dislocation	17.34	$815.15	090	T
23532			Treat clavicle dislocation	19.43	$913.40	090	T
23540			Treat clavicle dislocation	7.38	$346.93	090	
23545			Treat clavicle dislocation	9.20	$432.49	090	T
23550			Treat clavicle dislocation	17.83	$838.19	090	T
23552			Treat clavicle dislocation	20.14	$946.78	090	T
23570			Treat shoulder blade fx	6.78	$318.73	090	
23575			Treat shoulder blade fx	11.57	$543.91	090	T
23585			Treat scapula fracture	21.31	$1,001.78	090	T
23600			Treat humerus fracture	9.53	$448.01	090	
23605			Treat humerus fracture	14.81	$696.22	090	
23615			Treat humerus fracture	22.72	$1,068.07	090	T
23616			Treat humerus fracture	44.79	$2,105.58	090	T
23620			Treat humerus fracture	8.53	$401.00	090	
23625			Treat humerus fracture	12.57	$590.92	090	
23630			Treat humerus fracture	18.05	$848.53	090	T
23650			Treat shoulder dislocation	9.75	$458.35	090	
23655			Treat shoulder dislocation	10.24	$481.38	090	
23660			Treat shoulder dislocation	18.22	$856.52	090	T
23665			Treat dislocation/fracture	13.61	$639.81	090	
23670			Treat dislocation/fracture	19.30	$907.29	090	T
23675			Treat dislocation/fracture	16.29	$765.79	090	
23680			Treat dislocation/fracture	23.33	$1,096.74	090	T
23700	*		Fixation of shoulder	6.85	$322.02	010	
23800			Fusion of shoulder joint	33.23	$1,562.14	090	T
23802			Fusion of shoulder joint	38.12	$1,792.02	090	T
23900			Amputation of arm & girdle	42.13	$1,980.53	090	T
23920			Amputation at shoulder joint	33.00	$1,551.33	090	T

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CPT® CODE		MOD	DESCRIPTION	TOTAL RVU	MAP	GLOBAL DAYS	ASST SURG
					RVU X $47.01		"T"
23921			Amputation follow-up surgery	14.05	$660.49	090	
23929			Shoulder surgery procedure	0.00	$0.00	YYY	T
23930			Drainage of arm lesion	9.83	$462.11	010	
23931			Drainage of arm bursa	8.06	$378.90	010	
23935			Drain arm/elbow bone lesion	21.02	$988.15	090	T
24000			Exploratory elbow surgery	13.76	$646.86	090	T
24006			Release elbow joint	21.05	$989.56	090	T
24065			Biopsy arm/elbow soft tissue	7.94	$373.26	010	
24066			Biopsy arm/elbow soft tissue	15.19	$714.08	090	
24075			Remove arm/elbow lesion	12.78	$600.79	090	
24076			Remove arm/elbow lesion	15.42	$724.89	090	
24077			Remove tumor of arm/elbow	29.25	$1,375.04	090	T
24100			Biopsy elbow joint lining	12.28	$577.28	090	T
24101			Explore/treat elbow joint	14.99	$704.68	090	T
24102			Remove elbow joint lining	18.50	$869.69	090	T
24105			Removal of elbow bursa	10.06	$472.92	090	
24110			Remove humerus lesion	19.55	$919.05	090	T
24115			Remove/graft bone lesion	23.26	$1,093.45	090	T
24116			Remove/graft bone lesion	28.05	$1,318.63	090	T
24120			Remove elbow lesion	15.74	$739.94	090	T
24125			Remove/graft bone lesion	16.74	$786.95	090	T
24126			Remove/graft bone lesion	18.33	$861.69	090	T
24130			Removal of head of radius	15.28	$718.31	090	
24134			Removal of arm bone lesion	29.41	$1,382.56	090	T
24136			Remove radius bone lesion	17.19	$808.10	090	
24138			Remove elbow bone lesion	18.84	$885.67	090	T
24140			Partial removal of arm bone	28.84	$1,355.77	090	T
24145			Partial removal of radius	21.47	$1,009.30	090	
24147			Partial removal of elbow	21.46	$1,008.83	090	
24149			Radical resection of elbow	30.12	$1,415.94	090	T
24150			Extensive humerus surgery	32.60	$1,532.53	090	T
24151			Extensive humerus surgery	37.54	$1,764.76	090	T
24152			Extensive radius surgery	22.95	$1,078.88	090	T
24153			Extensive radius surgery	20.81	$978.28	090	T
24155			Removal of elbow joint	24.88	$1,169.61	090	
24160			Remove elbow joint implant	18.21	$856.05	090	
24164			Remove radius head implant	15.21	$715.02	090	T
24200			Removal of arm foreign body	7.93	$372.79	010	
24201			Removal of arm foreign body	14.35	$674.59	090	T
24220			Injection for elbow x-ray	12.64	$594.21	000	
24300			Manipulate elbow w/anesth	10.47	$492.19	090	T
24301			Muscle/tendon transfer	22.50	$1,057.73	090	T
24305			Arm tendon lengthening	17.54	$824.56	090	T
24310			Revision of arm tendon	16.22	$762.50	090	T
24320			Repair of arm tendon	24.36	$1,145.16	090	T
24330			Revision of arm muscles	21.36	$1,004.13	090	T
24331			Revision of arm muscles	23.35	$1,097.68	090	
24332			Tenolysis, triceps	14.60	$686.35	090	T

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STATE OF MICHIGAN
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CPT® CODE		MOD	DESCRIPTION	TOTAL RVU	MAP	GLOBAL DAYS	ASST SURG
					RVU X $47.01		"T"
24340			Repair of biceps tendon	18.26	$858.40	090	T
24341			Repair arm tendon/muscle	18.38	$864.04	090	T
24342			Repair of ruptured tendon	23.59	$1,108.97	090	T
24343			Repr elbow lat ligmnt w/tiss	19.51	$917.17	090	T
24344			Reconstruct elbow lat ligmnt	29.62	$1,392.44	090	T
24345			Repr elbw med ligmnt w/tiss	19.51	$917.17	090	T
24346			Reconstruct elbow med ligmnt	29.62	$1,392.44	090	T
24350			Repair of tennis elbow	13.25	$622.88	090	T
24351			Repair of tennis elbow	14.62	$687.29	090	T
24352			Repair of tennis elbow	15.63	$734.77	090	
24354			Repair of tennis elbow	15.47	$727.24	090	T
24356			Revision of tennis elbow	16.08	$755.92	090	T
24360			Reconstruct elbow joint	26.72	$1,256.11	090	T
24361			Reconstruct elbow joint	30.13	$1,416.41	090	T
24362			Reconstruct elbow joint	31.00	$1,457.31	090	T
24363			Replace elbow joint	38.44	$1,807.06	090	T
24365			Reconstruct head of radius	19.06	$896.01	090	T
24366			Reconstruct head of radius	20.72	$974.05	090	T
24400			Revision of humerus	27.26	$1,281.49	090	T
24410			Revision of humerus	33.20	$1,560.73	090	T
24420			Revision of humerus	33.95	$1,595.99	090	T
24430			Repair of humerus	30.07	$1,413.59	090	T
24435			Repair humerus with graft	31.63	$1,486.93	090	T
24470			Revision of elbow joint	18.33	$861.69	090	T
24495			Decompression of forearm	20.72	$974.05	090	T
24498			Reinforce humerus	28.29	$1,329.91	090	T
24500			Treat humerus fracture	9.30	$437.19	090	
24505			Treat humerus fracture	15.79	$742.29	090	
24515			Treat humerus fracture	27.02	$1,270.21	090	T
24516			Treat humerus fracture	27.46	$1,290.89	090	T
24530			Treat humerus fracture	10.83	$509.12	090	
24535			Treat humerus fracture	18.01	$846.65	090	
24538			Treat humerus fracture	23.09	$1,085.46	090	
24545			Treat humerus fracture	24.22	$1,138.58	090	T
24546			Treat humerus fracture	34.69	$1,630.78	090	T
24560			Treat humerus fracture	8.52	$400.53	090	
24565			Treat humerus fracture	15.45	$726.30	090	
24566			Treat humerus fracture	20.42	$959.94	090	
24575			Treat humerus fracture	22.67	$1,065.72	090	T
24576			Treat humerus fracture	8.40	$394.88	090	
24577			Treat humerus fracture	15.98	$751.22	090	
24579			Treat humerus fracture	26.86	$1,262.69	090	T
24582			Treat humerus fracture	21.92	$1,030.46	090	
24586			Treat elbow fracture	31.61	$1,485.99	090	T
24587			Treat elbow fracture	31.50	$1,480.82	090	T
24600			Treat elbow dislocation	12.25	$575.87	090	
24605			Treat elbow dislocation	12.20	$573.52	090	
24615			Treat elbow dislocation	20.55	$966.06	090	T

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CPT® CODE		MOD	DESCRIPTION	TOTAL RVU	MAP	GLOBAL DAYS	ASST SURG
					RVU X $47.01		"T"
24620			Treat elbow fracture	15.81	$743.23	090	T
24635			Treat elbow fracture	34.21	$1,608.21	090	T
24640			Treat elbow dislocation	4.82	$226.59	010	T
24650			Treat radius fracture	7.39	$347.40	090	
24655			Treat radius fracture	13.14	$617.71	090	
24665			Treat radius fracture	20.29	$953.83	090	T
24666			Treat radius fracture	22.88	$1,075.59	090	T
24670			Treat ulnar fracture	7.83	$368.09	090	
24675			Treat ulnar fracture	13.85	$651.09	090	
24685			Treat ulnar fracture	21.58	$1,014.48	090	T
24800			Fusion of elbow joint	24.56	$1,154.57	090	T
24802			Fusion/graft of elbow joint	29.80	$1,400.90	090	T
24900			Amputation of upper arm	23.86	$1,121.66	090	T
24920			Amputation of upper arm	26.48	$1,244.82	090	T
24925			Amputation follow-up surgery	19.02	$894.13	090	T
24930			Amputation follow-up surgery	24.13	$1,134.35	090	T
24931			Amputate upper arm & implant	28.18	$1,324.74	090	T
24935			Revision of amputation	32.72	$1,538.17	090	T
24940			Revision of upper arm	0.00	$0.00	090	T
24999			Upper arm/elbow surgery	0.00	$0.00	YYY	T
25000			Incision of tendon sheath	11.96	$562.24	090	
25001			Incise flexor carpi radialis	8.78	$412.75	090	
25020			Decompress forearm 1 space	19.24	$904.47	090	
25023			Decompress forearm 1 space	34.15	$1,605.39	090	
25024			Decompress forearm 2 spaces	20.61	$968.88	090	T
25025			Decompress forarm 2 spaces	33.31	$1,565.90	090	T
25028			Drainage of forearm lesion	16.94	$796.35	090	T
25031			Drainage of forearm bursa	15.60	$733.36	090	
25035			Treat forearm bone lesion	25.91	$1,218.03	090	T
25040			Explore/treat wrist joint	18.92	$889.43	090	T
25065			Biopsy forearm soft tissues	4.84	$227.53	010	T
25066			Biopsy forearm soft tissues	13.73	$645.45	090	
25075			Remove forearm lesion subcut	11.86	$557.54	090	
25076			Remove forearm lesion deep	19.04	$895.07	090	
25077			Remove tumor, forearm/wrist	28.13	$1,322.39	090	
25085			Incision of wrist capsule	18.52	$870.63	090	
25100			Biopsy of wrist joint	13.11	$616.30	090	T
25101			Explore/treat wrist joint	13.90	$653.44	090	T
25105			Remove wrist joint lining	18.94	$890.37	090	T
25107			Remove wrist joint cartilage	19.84	$932.68	090	T
25110			Remove wrist tendon lesion	14.03	$659.55	090	T
25111			Remove wrist tendon lesion	11.11	$522.28	090	
25112			Reremove wrist tendon lesion	13.28	$624.29	090	
25115			Remove wrist/forearm lesion	28.71	$1,349.66	090	
25116			Remove wrist/forearm lesion	25.50	$1,198.76	090	
25118			Excise wrist tendon sheath	13.64	$641.22	090	T
25119			Partial removal of ulna	19.43	$913.40	090	
25120			Removal of forearm lesion	22.93	$1,077.94	090	T

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CPT® CODE		MOD	DESCRIPTION	TOTAL RVU	MAP	GLOBAL DAYS	ASST SURG
					RVU X $47.01		"T"
25125			Remove/graft forearm lesion	26.06	$1,225.08	090	T
25126			Remove/graft forearm lesion	25.74	$1,210.04	090	T
25130			Removal of wrist lesion	15.20	$714.55	090	T
25135			Remove & graft wrist lesion	18.06	$849.00	090	T
25136			Remove & graft wrist lesion	16.68	$784.13	090	T
25145			Remove forearm bone lesion	23.79	$1,118.37	090	T
25150			Partial removal of ulna	21.42	$1,006.95	090	T
25151			Partial removal of radius	25.87	$1,216.15	090	
25170			Extensive forearm surgery	32.34	$1,520.30	090	T
25210			Removal of wrist bone	16.45	$773.31	090	T
25215			Removal of wrist bones	22.65	$1,064.78	090	T
25230			Partial removal of radius	15.07	$708.44	090	
25240			Partial removal of ulna	17.62	$828.32	090	T
25246			Injection for wrist x-ray	11.82	$555.66	000	
25248			Remove forearm foreign body	17.13	$805.28	090	
25250			Removal of wrist prosthesis	17.56	$825.50	090	T
25251			Removal of wrist prosthesis	24.91	$1,171.02	090	T
25259			Manipulate wrist w/anesthes	10.36	$487.02	090	
25260			Repair forearm tendon/muscle	27.27	$1,281.96	090	
25263			Repair forearm tendon/muscle	25.77	$1,211.45	090	T
25265			Repair forearm tendon/muscle	29.90	$1,405.60	090	T
25270			Repair forearm tendon/muscle	23.88	$1,122.60	090	T
25272			Repair forearm tendon/muscle	25.70	$1,208.16	090	T
25274			Repair forearm tendon/muscle	28.81	$1,354.36	090	T
25275			Repair forearm tendon sheath	18.75	$881.44	090	T
25280			Revise wrist/forearm tendon	25.23	$1,186.06	090	T
25290			Incise wrist/forearm tendon	25.05	$1,177.60	090	
25295			Release wrist/forearm tendon	23.75	$1,116.49	090	
25300			Fusion of tendons at wrist	21.45	$1,008.36	090	T
25301			Fusion of tendons at wrist	21.19	$996.14	090	T
25310			Transplant forearm tendon	27.07	$1,272.56	090	T
25312			Transplant forearm tendon	29.78	$1,399.96	090	T
25315			Revise palsy hand tendon(s)	31.87	$1,498.21	090	T
25316			Revise palsy hand tendon(s)	34.95	$1,643.00	090	T
25320			Repair/revise wrist joint	25.54	$1,200.64	090	T
25332			Revise wrist joint	26.87	$1,263.16	090	T
25335			Realignment of hand	30.54	$1,435.69	090	T
25337			Reconstruct ulna/radioulnar	27.17	$1,277.26	090	
25350			Revision of radius	28.30	$1,330.38	090	T
25355			Revision of radius	30.83	$1,449.32	090	T
25360			Revision of ulna	28.12	$1,321.92	090	T
25365			Revise radius & ulna	35.20	$1,654.75	090	T
25370			Revise radius or ulna	35.76	$1,681.08	090	T
25375			Revise radius & ulna	33.95	$1,595.99	090	T
25390			Shorten radius or ulna	31.14	$1,463.89	090	T
25391			Lengthen radius or ulna	36.89	$1,734.20	090	T
25392			Shorten radius & ulna	33.78	$1,588.00	090	T
25393			Lengthen radius & ulna	42.18	$1,982.88	090	T

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CPT® CODE		MOD	DESCRIPTION	TOTAL RVU	MAP	GLOBAL DAYS	ASST SURG
					RVU X $47.01		"T"
25394			Repair carpal bone, shorten	21.68	$1,019.18	090	T
25400			Repair radius or ulna	32.54	$1,529.71	090	T
25405			Repair/graft radius or ulna	39.50	$1,856.90	090	T
25415			Repair radius & ulna	37.03	$1,740.78	090	T
25420			Repair/graft radius & ulna	43.40	$2,040.23	090	T
25425			Repair/graft radius or ulna	41.89	$1,969.25	090	T
25426			Repair/graft radius & ulna	39.39	$1,851.72	090	T
25430			Vasc graft into carpal bone	18.55	$872.04	090	
25431			Repair nonunion carpal bone	18.38	$864.04	090	T
25440			Repair/graft wrist bone	24.93	$1,171.96	090	T
25441			Reconstruct wrist joint	29.59	$1,391.03	090	T
25442			Reconstruct wrist joint	25.37	$1,192.64	090	T
25443			Reconstruct wrist joint	26.86	$1,262.69	090	T
25444			Reconstruct wrist joint	28.93	$1,360.00	090	T
25445			Reconstruct wrist joint	26.26	$1,234.48	090	
25446			Wrist replacement	36.37	$1,709.75	090	T
25447			Repair wrist joint(s)	24.92	$1,171.49	090	T
25449			Remove wrist joint implant	35.03	$1,646.76	090	T
25450			Revision of wrist joint	23.94	$1,125.42	090	
25455			Revision of wrist joint	27.34	$1,285.25	090	
25490			Reinforce radius	29.14	$1,369.87	090	T
25491			Reinforce ulna	30.35	$1,426.75	090	T
25492			Reinforce radius and ulna	32.37	$1,521.71	090	T
25500			Treat fracture of radius	7.41	$348.34	090	
25505			Treat fracture of radius	14.76	$693.87	090	
25515			Treat fracture of radius	22.16	$1,041.74	090	T
25520			Treat fracture of radius	16.33	$767.67	090	
25525			Treat fracture of radius	27.98	$1,315.34	090	T
25526			Treat fracture of radius	32.37	$1,521.71	090	T
25530			Treat fracture of ulna	6.96	$327.19	090	
25535			Treat fracture of ulna	14.54	$683.53	090	
25545			Treat fracture of ulna	21.77	$1,023.41	090	T
25560			Treat fracture radius & ulna	7.38	$346.93	090	
25565			Treat fracture radius & ulna	15.50	$728.66	090	
25574			Treat fracture radius & ulna	18.07	$849.47	090	T
25575			Treat fracture radius/ulna	24.74	$1,163.03	090	T
25600			Treat fracture radius/ulna	7.99	$375.61	090	
25605			Treat fracture radius/ulna	15.96	$750.28	090	
25611			Treat fracture radius/ulna	20.43	$960.41	090	
25620			Treat fracture radius/ulna	21.07	$990.50	090	T
25622			Treat wrist bone fracture	7.89	$370.91	090	
25624			Treat wrist bone fracture	13.41	$630.40	090	T
25628			Treat wrist bone fracture	20.89	$982.04	090	T
25630			Treat wrist bone fracture	8.44	$396.76	090	
25635			Treat wrist bone fracture	12.82	$602.67	090	T
25645			Treat wrist bone fracture	19.08	$896.95	090	T
25650			Treat wrist bone fracture	8.71	$409.46	090	
25651			Pin ulnar styloid fracture	11.53	$542.03	090	T

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STATE OF MICHIGAN
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CPT® CODE		MOD	DESCRIPTION	TOTAL RVU	MAP	GLOBAL DAYS	ASST SURG
					RVU X $47.01		"T"
25652			Treat fracture ulnar styloid	16.88	$793.53	090	
25660			Treat wrist dislocation	11.66	$548.14	090	T
25670			Treat wrist dislocation	20.07	$943.49	090	T
25671			Pin radioulnar dislocation	13.86	$651.56	090	
25675			Treat wrist dislocation	13.63	$640.75	090	T
25676			Treat wrist dislocation	20.24	$951.48	090	T
25680			Treat wrist fracture	13.96	$656.26	090	T
25685			Treat wrist fracture	23.04	$1,083.11	090	T
25690			Treat wrist dislocation	14.39	$676.47	090	T
25695			Treat wrist dislocation	20.64	$970.29	090	T
25800			Fusion of wrist joint	23.80	$1,118.84	090	T
25805			Fusion/graft of wrist joint	26.57	$1,249.06	090	T
25810			Fusion/graft of wrist joint	25.25	$1,187.00	090	T
25820			Fusion of hand bones	19.33	$908.70	090	T
25825			Fuse hand bones with graft	22.71	$1,067.60	090	T
25830			Fusion, radioulnar jnt/ulna	30.15	$1,417.35	090	T
25900			Amputation of forearm	26.69	$1,254.70	090	T
25905			Amputation of forearm	25.97	$1,220.85	090	T
25907			Amputation follow-up surgery	25.52	$1,199.70	090	T
25909			Amputation follow-up surgery	26.09	$1,226.49	090	T
25915			Amputation of forearm	38.05	$1,788.73	090	T
25920			Amputate hand at wrist	21.40	$1,006.01	090	T
25922			Amputate hand at wrist	17.28	$812.33	090	T
25924			Amputation follow-up surgery	21.27	$999.90	090	T
25927			Amputation of hand	25.41	$1,194.52	090	T
25929			Amputation follow-up surgery	17.20	$808.57	090	T
25931			Amputation follow-up surgery	25.76	$1,210.98	090	
25999			Forearm or wrist surgery	0.00	$0.00	YYY	T
26010	*		Drainage of finger abscess	7.13	$335.18	010	
26011	*		Drainage of finger abscess	10.28	$483.26	010	
26020			Drain hand tendon sheath	19.20	$902.59	090	
26025			Drainage of palm bursa	19.53	$918.11	090	T
26030			Drainage of palm bursa(s)	21.70	$1,020.12	090	T
26034			Treat hand bone lesion	22.99	$1,080.76	090	
26035			Decompress fingers/hand	27.43	$1,289.48	090	T
26037			Decompress fingers/hand	22.05	$1,036.57	090	T
26040			Release palm contracture	17.28	$812.33	090	
26045			Release palm contracture	21.52	$1,011.66	090	
26055			Incise finger tendon sheath	11.68	$549.08	090	
26060			Incision of finger tendon	11.23	$527.92	090	T
26070			Explore/treat hand joint	16.24	$763.44	090	
26075			Explore/treat finger joint	17.24	$810.45	090	
26080			Explore/treat finger joint	18.59	$873.92	090	
26100			Biopsy hand joint lining	13.20	$620.53	090	T
26105			Biopsy finger joint lining	17.75	$834.43	090	T
26110			Biopsy finger joint lining	17.05	$801.52	090	
26115			Remove hand lesion subcut	12.69	$596.56	090	
26116			Remove hand lesion, deep	21.12	$992.85	090	

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CPT® CODE		MOD	DESCRIPTION	TOTAL RVU	MAP	GLOBAL DAYS	ASST SURG
					RVU X $47.01		"T"
26117			Remove tumor, hand/finger	26.43	$1,242.47	090	
26121			Release palm contracture	25.63	$1,204.87	090	
26123			Release palm contracture	28.87	$1,357.18	090	
26125			Release palm contracture	8.61	$404.76	ZZZ	
26130			Remove wrist joint lining	22.62	$1,063.37	090	
26135			Revise finger joint, each	26.11	$1,227.43	090	T
26140			Revise finger joint, each	24.35	$1,144.69	090	
26145			Tendon excision, palm/finger	25.05	$1,177.60	090	
26160			Remove tendon sheath lesion	12.03	$565.53	090	
26170			Removal of palm tendon, each	14.76	$693.87	090	T
26180			Removal of finger tendon	15.93	$748.87	090	T
26185			Remove finger bone	15.64	$735.24	090	T
26200			Remove hand bone lesion	21.20	$996.61	090	T
26205			Remove/graft bone lesion	25.37	$1,192.64	090	
26210			Removal of finger lesion	21.02	$988.15	090	
26215			Remove/graft finger lesion	23.88	$1,122.60	090	
26230			Partial removal of hand bone	21.24	$998.49	090	T
26235			Partial removal, finger bone	20.65	$970.76	090	T
26236			Partial removal, finger bone	19.54	$918.58	090	
26250			Extensive hand surgery	27.12	$1,274.91	090	T
26255			Extensive hand surgery	33.82	$1,589.88	090	T
26260			Extensive finger surgery	25.45	$1,196.40	090	T
26261			Extensive finger surgery	27.29	$1,282.90	090	T
26262			Partial removal of finger	22.18	$1,042.68	090	T
26320			Removal of implant from hand	18.24	$857.46	090	
26340			Manipulate finger w/anesth	7.81	$367.15	090	
26350			Repair finger/hand tendon	27.99	$1,315.81	090	
26352			Repair/graft hand tendon	29.68	$1,395.26	090	T
26356			Repair finger/hand tendon	32.02	$1,505.26	090	
26357			Repair finger/hand tendon	32.37	$1,521.71	090	T
26358			Repair/graft hand tendon	34.18	$1,606.80	090	T
26370			Repair finger/hand tendon	29.90	$1,405.60	090	T
26372			Repair/graft hand tendon	31.80	$1,494.92	090	T
26373			Repair finger/hand tendon	33.15	$1,558.38	090	T
26390			Revise hand/finger tendon	28.79	$1,353.42	090	T
26392			Repair/graft hand tendon	36.38	$1,710.22	090	T
26410			Repair hand tendon	22.27	$1,046.91	090	
26412			Repair/graft hand tendon	25.08	$1,179.01	090	T
26415			Excision, hand/finger tendon	28.40	$1,335.08	090	T
26416			Graft hand or finger tendon	31.24	$1,468.59	090	
26418			Repair finger tendon	21.80	$1,024.82	090	T
26420			Repair/graft finger tendon	26.71	$1,255.64	090	T
26426			Repair finger/hand tendon	25.07	$1,178.54	090	
26428			Repair/graft finger tendon	25.31	$1,189.82	090	T
26432			Repair finger tendon	18.67	$877.68	090	
26433			Repair finger tendon	20.34	$956.18	090	
26434			Repair/graft finger tendon	23.16	$1,088.75	090	T
26437			Realignment of tendons	21.78	$1,023.88	090	

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CPT® CODE		MOD	DESCRIPTION	TOTAL RVU	MAP	GLOBAL DAYS	ASST SURG
					RVU X $47.01		"T"
26440			Release palm/finger tendon	24.99	$1,174.78	090	
26442			Release palm & finger tendon	29.86	$1,403.72	090	
26445			Release hand/finger tendon	23.88	$1,122.60	090	
26449			Release forearm/hand tendon	29.20	$1,372.69	090	T
26450			Incision of palm tendon	13.50	$634.64	090	T
26455			Incision of finger tendon	13.16	$618.65	090	T
26460			Incise hand/finger tendon	12.59	$591.86	090	
26471			Fusion of finger tendons	21.43	$1,007.42	090	T
26474			Fusion of finger tendons	20.29	$953.83	090	T
26476			Tendon lengthening	19.41	$912.46	090	
26477			Tendon shortening	20.34	$956.18	090	
26478			Lengthening of hand tendon	22.39	$1,052.55	090	T
26479			Shortening of hand tendon	21.29	$1,000.84	090	T
26480			Transplant hand tendon	28.35	$1,332.73	090	T
26483			Transplant/graft hand tendon	30.58	$1,437.57	090	T
26485			Transplant palm tendon	30.06	$1,413.12	090	T
26489			Transplant/graft palm tendon	29.32	$1,378.33	090	T
26490			Revise thumb tendon	25.84	$1,214.74	090	T
26492			Tendon transfer with graft	28.37	$1,333.67	090	T
26494			Hand tendon/muscle transfer	24.74	$1,163.03	090	T
26496			Revise thumb tendon	27.98	$1,315.34	090	T
26497			Finger tendon transfer	28.85	$1,356.24	090	T
26498			Finger tendon transfer	36.45	$1,713.51	090	T
26499			Revision of finger	25.92	$1,218.50	090	T
26500			Hand tendon reconstruction	22.74	$1,069.01	090	T
26502			Hand tendon reconstruction	24.40	$1,147.04	090	T
26504			Hand tendon reconstruction	23.84	$1,120.72	090	T
26508			Release thumb contracture	21.97	$1,032.81	090	T
26510			Thumb tendon transfer	21.33	$1,002.72	090	T
26516			Fusion of knuckle joint	24.40	$1,147.04	090	T
26517			Fusion of knuckle joints	27.09	$1,273.50	090	T
26518			Fusion of knuckle joints	27.69	$1,301.71	090	T
26520			Release knuckle contracture	25.46	$1,196.87	090	
26525			Release finger contracture	25.59	$1,202.99	090	
26530			Revise knuckle joint	28.12	$1,321.92	090	T
26531			Revise knuckle with implant	29.77	$1,399.49	090	T
26535			Revise finger joint	17.95	$843.83	090	
26536			Revise/implant finger joint	26.28	$1,235.42	090	T
26540			Repair hand joint	22.94	$1,078.41	090	T
26541			Repair hand joint with graft	27.70	$1,302.18	090	T
26542			Repair hand joint with graft	23.40	$1,100.03	090	T
26545			Reconstruct finger joint	25.01	$1,175.72	090	T
26546			Repair nonunion hand	27.65	$1,299.83	090	T
26548			Reconstruct finger joint	26.55	$1,248.12	090	T
26550			Construct thumb replacement	56.15	$2,639.61	090	T
26551			Great toe-hand transfer	91.94	$4,322.10	090	T
26553			Single transfer, toe-hand	81.10	$3,812.51	090	T
26554			Double transfer, toe-hand	106.55	$5,008.92	090	T

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STATE OF MICHIGAN
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CPT® CODE		MOD	DESCRIPTION	TOTAL RVU	MAP	GLOBAL DAYS	ASST SURG
					RVU X $47.01		"T"
26555			Positional change of finger	45.83	$2,154.47	090	T
26556			Toe joint transfer	93.13	$4,378.04	090	T
26560			Repair of web finger	19.40	$911.99	090	T
26561			Repair of web finger	31.33	$1,472.82	090	T
26562			Repair of web finger	31.01	$1,457.78	090	T
26565			Correct metacarpal flaw	23.55	$1,107.09	090	T
26567			Correct finger deformity	23.97	$1,126.83	090	T
26568			Lengthen metacarpal/finger	31.24	$1,468.59	090	T
26580			Repair hand deformity	39.13	$1,839.50	090	T
26585			Repair finger deformity	29.88	$1,404.66	090	T
26587			Reconstruct extra finger	21.51	$1,011.19	090	T
26590			Repair finger deformity	35.99	$1,691.89	090	T
26591			Repair muscles of hand	18.36	$863.10	090	T
26593			Release muscles of hand	20.20	$949.60	090	
26596			Excision constricting tissue	21.39	$1,005.54	090	T
26597			Release of scar contracture	24.13	$1,134.35	090	
26600			Treat metacarpal fracture	6.72	$315.91	090	
26605			Treat metacarpal fracture	9.82	$461.64	090	
26607			Treat metacarpal fracture	15.40	$723.95	090	T
26608			Treat metacarpal fracture	15.98	$751.22	090	T
26615			Treat metacarpal fracture	15.46	$726.77	090	
26641			Treat thumb dislocation	11.56	$543.44	090	T
26645			Treat thumb fracture	13.06	$613.95	090	T
26650			Treat thumb fracture	16.61	$780.84	090	
26665			Treat thumb fracture	19.21	$903.06	090	
26670			Treat hand dislocation	11.05	$519.46	090	T
26675			Treat hand dislocation	12.83	$603.14	090	T
26676			Pin hand dislocation	16.72	$786.01	090	
26685			Treat hand dislocation	18.17	$854.17	090	
26686			Treat hand dislocation	20.34	$956.18	090	T
26700			Treat knuckle dislocation	9.58	$450.36	090	
26705			Treat knuckle dislocation	11.68	$549.08	090	T
26706			Pin knuckle dislocation	12.56	$590.45	090	
26715			Treat knuckle dislocation	16.19	$761.09	090	T
26720			Treat finger fracture, each	5.21	$244.92	090	
26725			Treat finger fracture, each	9.65	$453.65	090	
26727			Treat finger fracture, each	15.79	$742.29	090	
26735			Treat finger fracture, each	16.85	$792.12	090	
26740			Treat finger fracture, each	6.39	$300.39	090	
26742			Treat finger fracture, each	12.25	$575.87	090	
26746			Treat finger fracture, each	16.55	$778.02	090	
26750			Treat finger fracture, each	5.83	$274.07	090	
26755			Treat finger fracture, each	9.09	$427.32	090	
26756			Pin finger fracture, each	14.49	$681.17	090	T
26765			Treat finger fracture, each	13.43	$631.34	090	
26770			Treat finger dislocation	8.57	$402.88	090	
26775			Treat finger dislocation	10.84	$509.59	090	
26776			Pin finger dislocation	14.94	$702.33	090	

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					RVU X $47.01		"T"
26785			Treat finger dislocation	13.47	$633.22	090	
26820			Thumb fusion with graft	26.75	$1,257.52	090	T
26841			Fusion of thumb	24.85	$1,168.20	090	T
26842			Thumb fusion with graft	26.40	$1,241.06	090	T
26843			Fusion of hand joint	23.93	$1,124.95	090	T
26844			Fusion/graft of hand joint	27.09	$1,273.50	090	T
26850			Fusion of knuckle	23.76	$1,116.96	090	T
26852			Fusion of knuckle with graft	26.21	$1,232.13	090	T
26860			Fusion of finger joint	19.59	$920.93	090	
26861			Fusion of finger jnt, add-on	3.27	$153.72	ZZZ	
26862			Fusion/graft of finger joint	24.79	$1,165.38	090	T
26863			Fuse/graft added joint	7.40	$347.87	ZZZ	T
26910			Amputate metacarpal bone	23.78	$1,117.90	090	
26951			Amputation of finger/thumb	19.01	$893.66	090	
26952			Amputation of finger/thumb	22.59	$1,061.96	090	
26989			Hand/finger surgery	0.00	$0.00	YYY	
26990			Drainage of pelvis lesion	25.64	$1,205.34	090	
26991			Drainage of pelvis bursa	20.07	$943.49	090	T
26992			Drainage of bone lesion	37.22	$1,749.71	090	T
27000			Incision of hip tendon	14.95	$702.80	090	
27001			Incision of hip tendon	17.67	$830.67	090	T
27003			Incision of hip tendon	18.62	$875.33	090	T
27005			Incision of hip tendon	23.47	$1,103.32	090	T
27006			Incision of hip tendons	23.51	$1,105.21	090	T
27025			Incision of hip/thigh fascia	25.08	$1,179.01	090	T
27030			Drainage of hip joint	29.87	$1,404.19	090	T
27033			Exploration of hip joint	30.56	$1,436.63	090	T
27035			Denervation of hip joint	40.59	$1,908.14	090	T
27036			Excision of hip joint/muscle	31.29	$1,470.94	090	T
27040			Biopsy of soft tissues	9.64	$453.18	010	
27041			Biopsy of soft tissues	21.01	$987.68	090	
27047			Remove hip/pelvis lesion	18.67	$877.68	090	
27048			Remove hip/pelvis lesion	15.99	$751.69	090	T
27049			Remove tumor, hip/pelvis	31.37	$1,474.70	090	T
27050			Biopsy of sacroiliac joint	13.18	$619.59	090	T
27052			Biopsy of hip joint	16.54	$777.55	090	T
27054			Removal of hip joint lining	22.06	$1,037.04	090	T
27060			Removal of ischial bursa	14.12	$663.78	090	
27062			Remove femur lesion/bursa	14.49	$681.17	090	
27065			Removal of hip bone lesion	16.40	$770.96	090	T
27066			Removal of hip bone lesion	26.31	$1,236.83	090	T
27067			Remove/graft hip bone lesion	33.11	$1,556.50	090	T
27070			Partial removal of hip bone	31.75	$1,492.57	090	T
27071			Partial removal of hip bone	33.80	$1,588.94	090	T
27075			Extensive hip surgery	66.60	$3,130.87	090	T
27076			Extensive hip surgery	49.20	$2,312.89	090	T
27077			Extensive hip surgery	78.70	$3,699.69	090	T
27078			Extensive hip surgery	33.83	$1,590.35	090	T

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					RVU X $47.01		"T"
27079			Extensive hip surgery	31.72	$1,491.16	090	T
27080			Removal of tail bone	15.99	$751.69	090	T
27086	*		Remove hip foreign body	8.14	$382.66	010	T
27087			Remove hip foreign body	20.25	$951.95	090	T
27090			Removal of hip prosthesis	26.29	$1,235.89	090	T
27091			Removal of hip prosthesis	44.86	$2,108.87	090	T
27093			Injection for hip x-ray	15.10	$709.85	000	
27095			Injection for hip x-ray	12.74	$598.91	000	
27096			Inject sacroiliac joint	10.46	$491.72	000	
27097			Revision of hip tendon	19.90	$935.50	090	T
27098			Transfer tendon to pelvis	21.03	$988.62	090	T
27100			Transfer of abdominal muscle	27.92	$1,312.52	090	T
27105			Transfer of spinal muscle	27.95	$1,313.93	090	T
27110			Transfer of iliopsoas muscle	29.68	$1,395.26	090	T
27111			Transfer of iliopsoas muscle	27.56	$1,295.60	090	T
27120			Reconstruction of hip socket	38.27	$1,799.07	090	T
27122			Reconstruction of hip socket	34.52	$1,622.79	090	T
27125			Partial hip replacement	33.70	$1,584.24	090	T
27130			Total hip arthroplasty	44.17	$2,076.43	090	T
27132			Total hip arthroplasty	50.24	$2,361.78	090	T
27134			Revise hip joint replacement	60.01	$2,821.07	090	T
27137			Revise hip joint replacement	45.94	$2,159.64	090	T
27138			Revise hip joint replacement	47.68	$2,241.44	090	T
27140			Transplant femur ridge	28.29	$1,329.91	090	T
27146			Incision of hip bone	38.85	$1,826.34	090	T
27147			Revision of hip bone	44.85	$2,108.40	090	T
27151			Incision of hip bones	49.08	$2,307.25	090	T
27156			Revision of hip bones	52.94	$2,488.71	090	T
27158			Revision of pelvis	41.68	$1,959.38	090	T
27161			Incision of neck of femur	36.83	$1,731.38	090	T
27165			Incision/fixation of femur	38.94	$1,830.57	090	T
27170			Repair/graft femur head/neck	35.59	$1,673.09	090	T
27175			Treat slipped epiphysis	18.62	$875.33	090	T
27176			Treat slipped epiphysis	26.37	$1,239.65	090	T
27177			Treat slipped epiphysis	32.44	$1,525.00	090	T
27178			Treat slipped epiphysis	26.21	$1,232.13	090	T
27179			Revise head/neck of femur	28.36	$1,333.20	090	T
27181			Treat slipped epiphysis	30.89	$1,452.14	090	T
27185			Revision of femur epiphysis	22.36	$1,051.14	090	
27187			Reinforce hip bones	31.67	$1,488.81	090	T
27193			Treat pelvic ring fracture	14.57	$684.94	090	
27194			Treat pelvic ring fracture	22.07	$1,037.51	090	T
27200			Treat tail bone fracture	5.51	$259.03	090	
27202			Treat tail bone fracture	30.36	$1,427.22	090	T
27215			Treat pelvic fracture(s)	23.99	$1,127.77	090	T
27216			Treat pelvic ring fracture	35.93	$1,689.07	090	T
27217			Treat pelvic ring fracture	31.69	$1,489.75	090	T
27218			Treat pelvic ring fracture	43.77	$2,057.63	090	T

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CPT® CODE		MOD	DESCRIPTION	TOTAL RVU	MAP	GLOBAL DAYS	ASST SURG
					RVU X $47.01		"T"
27220			Treat hip socket fracture	15.73	$739.47	090	
27222			Treat hip socket fracture	27.38	$1,287.13	090	
27226			Treat hip wall fracture	30.32	$1,425.34	090	T
27227			Treat hip fracture(s)	48.57	$2,283.28	090	T
27228			Treat hip fracture(s)	56.02	$2,633.50	090	T
27230			Treat thigh fracture	14.90	$700.45	090	
27232			Treat thigh fracture	23.53	$1,106.15	090	
27235			Treat thigh fracture	27.56	$1,295.60	090	
27236			Treat thigh fracture	33.90	$1,593.64	090	T
27238			Treat thigh fracture	13.73	$645.45	090	
27240			Treat thigh fracture	27.01	$1,269.74	090	
27244			Treat thigh fracture	34.62	$1,627.49	090	T
27245			Treat thigh fracture	42.86	$2,014.85	090	T
27246			Treat thigh fracture	13.62	$640.28	090	
27248			Treat thigh fracture	24.18	$1,136.70	090	T
27250			Treat hip dislocation	15.20	$714.55	090	
27252			Treat hip dislocation	22.05	$1,036.57	090	
27253			Treat hip dislocation	28.43	$1,336.49	090	T
27254			Treat hip dislocation	38.69	$1,818.82	090	T
27256	*		Treat hip dislocation	9.64	$453.18	010	T
27257	*		Treat hip dislocation	11.20	$526.51	010	T
27258			Treat hip dislocation	34.39	$1,616.67	090	T
27259			Treat hip dislocation	46.85	$2,202.42	090	T
27265			Treat hip dislocation	12.73	$598.44	090	
27266			Treat hip dislocation	17.52	$823.62	090	
27275	*		Manipulation of hip joint	6.64	$312.15	010	
27280			Fusion of sacroiliac joint	32.14	$1,510.90	090	T
27282			Fusion of pubic bones	26.51	$1,246.24	090	T
27284			Fusion of hip joint	48.21	$2,266.35	090	T
27286			Fusion of hip joint	48.50	$2,279.99	090	T
27290			Amputation of leg at hip	47.87	$2,250.37	090	T
27295			Amputation of leg at hip	39.07	$1,836.68	090	T
27299			Pelvis/hip joint surgery	0.00	$0.00	YYY	T
27301			Drain thigh/knee lesion	23.74	$1,116.02	090	
27303			Drainage of bone lesion	25.67	$1,206.75	090	T
27305			Incise thigh tendon & fascia	16.68	$784.13	090	T
27306			Incision of thigh tendon	13.67	$642.63	090	T
27307			Incision of thigh tendons	15.85	$745.11	090	T
27310			Exploration of knee joint	22.55	$1,060.08	090	T
27315			Partial removal, thigh nerve	12.97	$609.72	090	T
27320			Partial removal, thigh nerve	13.29	$624.76	090	T
27323			Biopsy, thigh soft tissues	8.28	$389.24	010	
27324			Biopsy, thigh soft tissues	13.14	$617.71	090	
27327			Removal of thigh lesion	14.17	$666.13	090	
27328			Removal of thigh lesion	14.38	$676.00	090	
27329			Remove tumor, thigh/knee	33.29	$1,564.96	090	T
27330			Biopsy, knee joint lining	13.00	$611.13	090	
27331			Explore/treat knee joint	15.41	$724.42	090	T

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CPT® CODE		MOD	DESCRIPTION	TOTAL RVU	MAP	GLOBAL DAYS	ASST SURG
					RVU X $47.01		"T"
27332			Removal of knee cartilage	19.91	$935.97	090	T
27333			Removal of knee cartilage	18.29	$859.81	090	T
27334			Remove knee joint lining	21.44	$1,007.89	090	T
27335			Remove knee joint lining	24.01	$1,128.71	090	T
27340			Removal of kneecap bursa	11.62	$546.26	090	
27345			Removal of knee cyst	15.38	$723.01	090	T
27347			Remove knee cyst	10.28	$483.26	090	T
27350			Removal of kneecap	19.91	$935.97	090	T
27355			Remove femur lesion	20.61	$968.88	090	T
27356			Remove femur lesion/graft	23.94	$1,125.42	090	T
27357			Remove femur lesion/graft	25.88	$1,216.62	090	T
27358			Remove femur lesion/fixation	9.06	$425.91	ZZZ	T
27360			Partial removal, leg bone(s)	32.38	$1,522.18	090	T
27365			Extensive leg surgery	36.46	$1,713.98	090	T
27370			Injection for knee x-ray	12.20	$573.52	000	
27372			Removal of foreign body	15.25	$716.90	090	T
27380			Repair of kneecap tendon	18.16	$853.70	090	T
27381			Repair/graft kneecap tendon	24.18	$1,136.70	090	T
27385			Repair of thigh muscle	19.34	$909.17	090	T
27386			Repair/graft of thigh muscle	25.30	$1,189.35	090	T
27390			Incision of thigh tendon	15.23	$715.96	090	T
27391			Incision of thigh tendons	18.69	$878.62	090	T
27392			Incision of thigh tendons	23.35	$1,097.68	090	T
27393			Lengthening of thigh tendon	17.02	$800.11	090	T
27394			Lengthening of thigh tendons	21.86	$1,027.64	090	T
27395			Lengthening of thigh tendons	28.88	$1,357.65	090	T
27396			Transplant of thigh tendon	20.21	$950.07	090	T
27397			Transplants of thigh tendons	26.83	$1,261.28	090	T
27400			Revise thigh muscles/tendons	22.57	$1,061.02	090	T
27403			Repair of knee cartilage	20.03	$941.61	090	T
27405			Repair of knee ligament	21.40	$1,006.01	090	T
27407			Repair of knee ligament	24.32	$1,143.28	090	T
27409			Repair of knee ligaments	29.28	$1,376.45	090	T
27418			Repair degenerated kneecap	25.51	$1,199.23	090	T
27420			Revision of unstable kneecap	23.06	$1,084.05	090	T
27422			Revision of unstable kneecap	22.94	$1,078.41	090	T
27424			Revision/removal of kneecap	22.92	$1,077.47	090	T
27425			Lateral retinacular release	14.28	$671.30	090	T
27427			Reconstruction, knee	22.07	$1,037.51	090	
27428			Reconstruction, knee	31.60	$1,485.52	090	T
27429			Reconstruction, knee	34.52	$1,622.79	090	T
27430			Revision of thigh muscles	22.85	$1,074.18	090	T
27435			Incision of knee joint	22.40	$1,053.02	090	T
27437			Revise kneecap	21.39	$1,005.54	090	T
27438			Revise kneecap with implant	26.37	$1,239.65	090	
27440			Revision of knee joint	24.81	$1,166.32	090	T
27441			Revision of knee joint	25.69	$1,207.69	090	T
27442			Revision of knee joint	27.74	$1,304.06	090	T

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					RVU X $47.01		"T"
27443			Revision of knee joint	26.19	$1,231.19	090	T
27445			Revision of knee joint	38.72	$1,820.23	090	T
27446			Revision of knee joint	35.50	$1,668.86	090	T
27447			Total knee arthroplasty	46.14	$2,169.04	090	T
27448			Incision of thigh	26.72	$1,256.11	090	T
27450			Incision of thigh	32.58	$1,531.59	090	T
27454			Realignment of thigh bone	39.38	$1,851.25	090	T
27455			Realignment of knee	29.72	$1,397.14	090	T
27457			Realignment of knee	29.76	$1,399.02	090	T
27465			Shortening of thigh bone	32.50	$1,527.83	090	T
27466			Lengthening of thigh bone	37.25	$1,751.12	090	T
27468			Shorten/lengthen thighs	40.06	$1,883.22	090	T
27470			Repair of thigh	37.59	$1,767.11	090	T
27472			Repair/graft of thigh	40.76	$1,916.13	090	T
27475			Surgery to stop leg growth	20.91	$982.98	090	
27477			Surgery to stop leg growth	23.15	$1,088.28	090	
27479			Surgery to stop leg growth	29.29	$1,376.92	090	T
27485			Surgery to stop leg growth	21.25	$998.96	090	
27486			Revise/replace knee joint	41.97	$1,973.01	090	T
27487			Revise/replace knee joint	53.15	$2,498.58	090	T
27488			Removal of knee prosthesis	35.33	$1,660.86	090	T
27495			Reinforce thigh	36.63	$1,721.98	090	T
27496			Decompression of thigh/knee	15.95	$749.81	090	
27497			Decompression of thigh/knee	17.40	$817.97	090	T
27498			Decompression of thigh/knee	18.74	$880.97	090	T
27499			Decompression of thigh/knee	21.30	$1,001.31	090	T
27500			Treatment of thigh fracture	17.70	$832.08	090	
27501			Treatment of thigh fracture	18.85	$886.14	090	T
27502			Treatment of thigh fracture	25.47	$1,197.34	090	
27503			Treatment of thigh fracture	25.46	$1,196.87	090	T
27506			Treatment of thigh fracture	37.71	$1,772.75	090	T
27507			Treatment of thigh fracture	31.32	$1,472.35	090	T
27508			Treatment of thigh fracture	14.95	$702.80	090	
27509			Treatment of thigh fracture	19.77	$929.39	090	T
27510			Treatment of thigh fracture	19.57	$919.99	090	
27511			Treatment of thigh fracture	31.67	$1,488.81	090	T
27513			Treatment of thigh fracture	39.83	$1,872.41	090	T
27514			Treatment of thigh fracture	37.72	$1,773.22	090	T
27516			Treat thigh fx growth plate	15.15	$712.20	090	
27517			Treat thigh fx growth plate	21.69	$1,019.65	090	T
27519			Treat thigh fx growth plate	33.22	$1,561.67	090	T
27520			Treat kneecap fracture	9.26	$435.31	090	
27524			Treat kneecap fracture	22.39	$1,052.55	090	T
27530			Treat knee fracture	11.02	$518.05	090	
27532			Treat knee fracture	17.43	$819.38	090	
27535			Treat knee fracture	27.57	$1,296.07	090	T
27536			Treat knee fracture	33.14	$1,557.91	090	T
27538			Treat knee fracture(s)	14.14	$664.72	090	T

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					RVU X $47.01		"T"
27540			Treat knee fracture	28.24	$1,327.56	090	T
27550			Treat knee dislocation	15.03	$706.56	090	T
27552			Treat knee dislocation	18.62	$875.33	090	T
27556			Treat knee dislocation	33.75	$1,586.59	090	T
27557			Treat knee dislocation	38.31	$1,800.95	090	T
27558			Treat knee dislocation	39.73	$1,867.71	090	T
27560			Treat kneecap dislocation	10.70	$503.01	090	
27562			Treat kneecap dislocation	13.16	$618.65	090	T
27566			Treat kneecap dislocation	26.53	$1,247.18	090	T
27570			Fixation of knee joint	5.56	$261.38	010	
27580			Fusion of knee	42.58	$2,001.69	090	T
27590			Amputate leg at thigh	28.04	$1,318.16	090	T
27591			Amputate leg at thigh	30.68	$1,442.27	090	T
27592			Amputate leg at thigh	25.45	$1,196.40	090	T
27594			Amputation follow-up surgery	17.98	$845.24	090	
27596			Amputation follow-up surgery	26.29	$1,235.89	090	
27598			Amputate lower leg at knee	25.27	$1,187.94	090	T
27599			Leg surgery procedure	0.00	$0.00	YYY	T
27600			Decompression of lower leg	14.99	$704.68	090	
27601			Decompression of lower leg	15.01	$705.62	090	
27602			Decompression of lower leg	17.53	$824.09	090	T
27603			Drain lower leg lesion	22.33	$1,049.73	090	
27604			Drain lower leg bursa	16.79	$789.30	090	T
27605	*		Incision of achilles tendon	13.59	$638.87	010	T
27606			Incision of achilles tendon	18.70	$879.09	010	
27607			Treat lower leg bone lesion	23.37	$1,098.62	090	
27610			Explore/treat ankle joint	21.57	$1,014.01	090	
27612			Exploration of ankle joint	18.11	$851.35	090	T
27613			Biopsy lower leg soft tissue	7.96	$374.20	010	
27614			Biopsy lower leg soft tissue	18.07	$849.47	090	
27615			Remove tumor, lower leg	33.06	$1,554.15	090	T
27618			Remove lower leg lesion	18.14	$852.76	090	
27619			Remove lower leg lesion	23.51	$1,105.21	090	
27620			Explore/treat ankle joint	16.20	$761.56	090	T
27625			Remove ankle joint lining	20.69	$972.64	090	T
27626			Remove ankle joint lining	22.29	$1,047.85	090	T
27630			Removal of tendon lesion	16.96	$797.29	090	
27635			Remove lower leg bone lesion	21.49	$1,010.24	090	
27637			Remove/graft leg bone lesion	25.56	$1,201.58	090	T
27638			Remove/graft leg bone lesion	26.69	$1,254.70	090	T
27640			Partial removal of tibia	33.57	$1,578.13	090	
27641			Partial removal of fibula	28.73	$1,350.60	090	
27645			Extensive lower leg surgery	37.76	$1,775.10	090	T
27646			Extensive lower leg surgery	34.95	$1,643.00	090	T
27647			Extensive ankle/heel surgery	27.55	$1,295.13	090	T
27648			Injection for ankle x-ray	10.57	$496.90	000	T
27650			Repair achilles tendon	22.58	$1,061.49	090	T
27652			Repair/graft achilles tendon	23.76	$1,116.96	090	

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					RVU X $47.01		"T"
27654			Repair of achilles tendon	23.79	$1,118.37	090	T
27656			Repair leg fascia defect	17.13	$805.28	090	T
27658			Repair of leg tendon, each	17.26	$811.39	090	T
27659			Repair of leg tendon, each	21.90	$1,029.52	090	T
27664			Repair of leg tendon, each	23.95	$1,125.89	090	T
27665			Repair of leg tendon, each	16.17	$760.15	090	T
27675			Repair lower leg tendons	18.11	$851.35	090	T
27676			Repair lower leg tendons	20.94	$984.39	090	T
27680			Release of lower leg tendon	15.95	$749.81	090	
27681			Release of lower leg tendons	17.94	$843.36	090	
27685			Revision of lower leg tendon	19.08	$896.95	090	T
27686			Revise lower leg tendons	25.30	$1,189.35	090	T
27687			Revision of calf tendon	17.07	$802.46	090	T
27690			Revise lower leg tendon	21.29	$1,000.84	090	T
27691			Revise lower leg tendon	24.46	$1,149.86	090	T
27692			Revise additional leg tendon	3.49	$164.06	ZZZ	T
27695			Repair of ankle ligament	17.90	$841.48	090	
27696			Repair of ankle ligaments	20.63	$969.82	090	
27698			Repair of ankle ligament	22.27	$1,046.91	090	T
27700			Revision of ankle joint	20.27	$952.89	090	T
27702			Reconstruct ankle joint	31.36	$1,474.23	090	T
27703			Reconstruction, ankle joint	34.63	$1,627.96	090	T
27704			Removal of ankle implant	18.57	$872.98	090	
27705			Incision of tibia	25.43	$1,195.46	090	T
27707			Incision of fibula	14.30	$672.24	090	
27709			Incision of tibia & fibula	24.81	$1,166.32	090	T
27712			Realignment of lower leg	33.04	$1,553.21	090	T
27715			Revision of lower leg	34.48	$1,620.90	090	T
27720			Repair of tibia	29.49	$1,386.32	090	T
27722			Repair/graft of tibia	29.29	$1,376.92	090	T
27724			Repair/graft of tibia	40.66	$1,911.43	090	T
27725			Repair of lower leg	36.56	$1,718.69	090	T
27727			Repair of lower leg	32.93	$1,548.04	090	T
27730			Repair of tibia epiphysis	30.79	$1,447.44	090	
27732			Repair of fibula epiphysis	21.30	$1,001.31	090	
27734			Repair lower leg epiphyses	21.44	$1,007.89	090	
27740			Repair of leg epiphyses	28.51	$1,340.26	090	T
27742			Repair of leg epiphyses	30.48	$1,432.86	090	T
27745			Reinforce tibia	25.03	$1,176.66	090	T
27750			Treatment of tibia fracture	9.88	$464.46	090	
27752			Treatment of tibia fracture	16.03	$753.57	090	
27756			Treatment of tibia fracture	19.90	$935.50	090	T
27758			Treatment of tibia fracture	27.60	$1,297.48	090	T
27759			Treatment of tibia fracture	31.91	$1,500.09	090	T
27760			Treatment of ankle fracture	9.38	$440.95	090	
27762			Treatment of ankle fracture	14.55	$684.00	090	
27766			Treatment of ankle fracture	19.47	$915.28	090	
27780			Treatment of fibula fracture	8.82	$414.63	090	

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					RVU X $47.01		"T"
27781			Treatment of fibula fracture	12.17	$572.11	090	
27784			Treatment of fibula fracture	18.12	$851.82	090	
27786			Treatment of ankle fracture	9.12	$428.73	090	
27788			Treatment of ankle fracture	12.58	$591.39	090	
27792			Treatment of ankle fracture	18.44	$866.86	090	
27808			Treatment of ankle fracture	10.19	$479.03	090	
27810			Treatment of ankle fracture	14.62	$687.29	090	
27814			Treatment of ankle fracture	25.26	$1,187.47	090	T
27816			Treatment of ankle fracture	9.76	$458.82	090	
27818			Treatment of ankle fracture	15.19	$714.08	090	
27822			Treatment of ankle fracture	27.35	$1,285.72	090	T
27823			Treatment of ankle fracture	31.43	$1,477.52	090	T
27824			Treat lower leg fracture	10.26	$482.32	090	
27825			Treat lower leg fracture	16.56	$778.49	090	T
27826			Treat lower leg fracture	23.31	$1,095.80	090	T
27827			Treat lower leg fracture	33.83	$1,590.35	090	T
27828			Treat lower leg fracture	36.78	$1,729.03	090	T
27829			Treat lower leg joint	16.03	$753.57	090	T
27830			Treat lower leg dislocation	10.69	$502.54	090	T
27831			Treat lower leg dislocation	10.99	$516.64	090	T
27832			Treat lower leg dislocation	16.76	$787.89	090	T
27840			Treat ankle dislocation	11.96	$562.24	090	
27842			Treat ankle dislocation	13.33	$626.64	090	
27846			Treat ankle dislocation	23.56	$1,107.56	090	T
27848			Treat ankle dislocation	26.67	$1,253.76	090	T
27860			Fixation of ankle joint	6.87	$322.96	010	T
27870			Fusion of ankle joint	32.41	$1,523.59	090	T
27871			Fusion of tibiofibular joint	23.33	$1,096.74	090	T
27880			Amputation of lower leg	27.20	$1,278.67	090	T
27881			Amputation of lower leg	29.67	$1,394.79	090	T
27882			Amputation of lower leg	24.60	$1,156.45	090	T
27884			Amputation follow-up surgery	21.33	$1,002.72	090	
27886			Amputation follow-up surgery	23.35	$1,097.68	090	
27888			Amputation of foot at ankle	23.86	$1,121.66	090	T
27889			Amputation of foot at ankle	23.36	$1,098.15	090	
27892			Decompression of leg	17.92	$842.42	090	T
27893			Decompression of leg	18.14	$852.76	090	T
27894			Decompression of leg	23.66	$1,112.26	090	T
27899			Leg/ankle surgery procedure	0.00	$0.00	YYY	T
28001	*		Drainage of bursa of foot	9.11	$428.26	010	T
28002	*		Treatment of foot infection	12.77	$600.32	010	
28003			Treatment of foot infection	22.33	$1,049.73	090	
28005			Treat foot bone lesion	21.72	$1,021.06	090	
28008			Incision of foot fascia	13.99	$657.67	090	
28010			Incision of toe tendon	11.42	$536.85	090	
28011			Incision of toe tendons	14.90	$700.45	090	
28020			Exploration of foot joint	14.69	$690.58	090	
28022			Exploration of foot joint	14.08	$661.90	090	

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					RVU X $47.01		"T"
28024			Exploration of toe joint	14.16	$665.66	090	
28030			Removal of foot nerve	11.72	$550.96	090	T
28035			Decompression of tibia nerve	15.61	$733.83	090	
28043			Excision of foot lesion	12.10	$568.82	090	
28045			Excision of foot lesion	14.41	$677.41	090	T
28046			Resection of tumor, foot	26.55	$1,248.12	090	
28050			Biopsy of foot joint lining	15.10	$709.85	090	
28052			Biopsy of foot joint lining	13.19	$620.06	090	
28054			Biopsy of toe joint lining	12.24	$575.40	090	T
28060			Partial removal, foot fascia	15.63	$734.77	090	
28062			Removal of foot fascia	17.86	$839.60	090	
28070			Removal of foot joint lining	14.73	$692.46	090	
28072			Removal of foot joint lining	14.97	$703.74	090	
28080			Removal of foot lesion	12.61	$592.80	090	T
28086			Excise foot tendon sheath	18.24	$857.46	090	T
28088			Excise foot tendon sheath	15.09	$709.38	090	T
28090			Removal of foot lesion	13.92	$654.38	090	
28092			Removal of toe lesions	12.93	$607.84	090	
28100			Removal of ankle/heel lesion	20.57	$967.00	090	T
28102			Remove/graft foot lesion	19.11	$898.36	090	T
28103			Remove/graft foot lesion	17.42	$818.91	090	T
28104			Removal of foot lesion	15.29	$718.78	090	T
28106			Remove/graft foot lesion	16.59	$779.90	090	T
28107			Remove/graft foot lesion	17.32	$814.21	090	T
28108			Removal of toe lesions	12.92	$607.37	090	
28110			Part removal of metatarsal	14.08	$661.90	090	
28111			Part removal of metatarsal	15.64	$735.24	090	
28112			Part removal of metatarsal	14.84	$697.63	090	
28113			Part removal of metatarsal	15.24	$716.43	090	
28114			Removal of metatarsal heads	25.45	$1,196.40	090	T
28116			Revision of foot	19.53	$918.11	090	T
28118			Removal of heel bone	17.25	$810.92	090	
28119			Removal of heel spur	15.77	$741.35	090	T
28120			Part removal of ankle/heel	18.36	$863.10	090	
28122			Partial removal of foot bone	20.57	$967.00	090	
28124			Partial removal of toe	16.00	$752.16	090	T
28126			Partial removal of toe	13.07	$614.42	090	
28130			Removal of ankle bone	19.58	$920.46	090	
28140			Removal of metatarsal	19.37	$910.58	090	T
28150			Removal of toe	14.10	$662.84	090	
28153			Partial removal of toe	13.24	$622.41	090	
28160			Partial removal of toe	13.52	$635.58	090	
28171			Extensive foot surgery	20.66	$971.23	090	
28173			Extensive foot surgery	22.19	$1,043.15	090	T
28175			Extensive foot surgery	17.42	$818.91	090	
28190	*		Removal of foot foreign body	8.90	$418.39	010	
28192			Removal of foot foreign body	14.12	$663.78	090	
28193			Removal of foot foreign body	16.22	$762.50	090	

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CPT® CODE		MOD	DESCRIPTION	TOTAL RVU	MAP	GLOBAL DAYS	ASST SURG
					RVU X $47.01		"T"
28200			Repair of foot tendon	14.51	$682.12	090	
28202			Repair/graft of foot tendon	21.57	$1,014.01	090	T
28208			Repair of foot tendon	13.97	$656.73	090	
28210			Repair/graft of foot tendon	18.07	$849.47	090	
28220			Release of foot tendon	14.18	$666.60	090	T
28222			Release of foot tendons	15.89	$746.99	090	
28225			Release of foot tendon	12.63	$593.74	090	
28226			Release of foot tendons	14.33	$673.65	090	
28230			Incision of foot tendon(s)	13.93	$654.85	090	
28232			Incision of toe tendon	12.67	$595.62	090	
28234			Incision of foot tendon	12.46	$585.74	090	
28238			Revision of foot tendon	20.12	$945.84	090	T
28240			Release of big toe	14.01	$658.61	090	
28250			Revision of foot fascia	16.94	$796.35	090	T
28260			Release of midfoot joint	21.63	$1,016.83	090	T
28261			Revision of foot tendon	26.93	$1,265.98	090	T
28262			Revision of foot and ankle	36.89	$1,734.20	090	T
28264			Release of midfoot joint	24.88	$1,169.61	090	T
28270			Release of foot contracture	15.13	$711.26	090	
28272			Release of toe joint, each	12.76	$599.85	090	
28280			Fusion of toes	15.33	$720.66	090	T
28285			Repair of hammertoe	14.93	$701.86	090	
28286			Repair of hammertoe	14.89	$699.98	090	
28288			Partial removal of foot bone	15.31	$719.72	090	
28289			Repair hallux rigidus	19.91	$935.97	090	T
28290			Correction of bunion	17.12	$804.81	090	
28292			Correction of bunion	19.24	$904.47	090	T
28293			Correction of bunion	22.93	$1,077.94	090	T
28294			Correction of bunion	21.90	$1,029.52	090	T
28296			Correction of bunion	23.13	$1,087.34	090	T
28297			Correction of bunion	25.16	$1,182.77	090	T
28298			Correction of bunion	20.76	$975.93	090	T
28299			Correction of bunion	25.18	$1,183.71	090	T
28300			Incision of heel bone	26.87	$1,263.16	090	T
28302			Incision of ankle bone	21.93	$1,030.93	090	T
28304			Incision of midfoot bones	21.17	$995.20	090	T
28305			Incise/graft midfoot bones	26.50	$1,245.77	090	T
28306			Incision of metatarsal	16.67	$783.66	090	T
28307			Incision of metatarsal	21.77	$1,023.41	090	T
28308			Incision of metatarsal	15.05	$707.50	090	T
28309			Incision of metatarsals	27.88	$1,310.64	090	T
28310			Revision of big toe	16.27	$764.85	090	
28312			Revision of toe	14.71	$691.52	090	
28313			Repair deformity of toe	15.72	$739.00	090	
28315			Removal of sesamoid bone	14.41	$677.41	090	
28320			Repair of foot bones	21.29	$1,000.84	090	T
28322			Repair of metatarsals	22.89	$1,076.06	090	T
28340			Resect enlarged toe tissue	18.32	$861.22	090	

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CPT® CODE		MOD	DESCRIPTION	TOTAL RVU	MAP	GLOBAL DAYS	ASST SURG
					RVU X $47.01		"T"
28341			Resect enlarged toe	20.83	$979.22	090	
28344			Repair extra toe(s)	13.09	$615.36	090	
28345			Repair webbed toe(s)	17.43	$819.38	090	T
28360			Reconstruct cleft foot	30.13	$1,416.41	090	T
28400			Treatment of heel fracture	8.62	$405.23	090	
28405			Treatment of heel fracture	12.76	$599.85	090	T
28406			Treatment of heel fracture	17.11	$804.34	090	T
28415			Treat heel fracture	37.14	$1,745.95	090	T
28420			Treat/graft heel fracture	38.17	$1,794.37	090	T
28430			Treatment of ankle fracture	7.99	$375.61	090	
28435			Treatment of ankle fracture	9.95	$467.75	090	T
28436			Treatment of ankle fracture	14.17	$666.13	090	
28445			Treat ankle fracture	32.85	$1,544.28	090	T
28450			Treat midfoot fracture, each	7.78	$365.74	090	
28455			Treat midfoot fracture, each	9.64	$453.18	090	T
28456			Treat midfoot fracture	9.82	$461.64	090	
28465			Treat midfoot fracture, each	17.39	$817.50	090	
28470			Treat metatarsal fracture	7.14	$335.65	090	
28475			Treat metatarsal fracture	9.14	$429.67	090	
28476			Treat metatarsal fracture	11.20	$526.51	090	T
28485			Treat metatarsal fracture	15.81	$743.23	090	
28490			Treat big toe fracture	4.17	$196.03	090	
28495			Treat big toe fracture	4.86	$228.47	090	
28496			Treat big toe fracture	14.19	$667.07	090	
28505			Treat big toe fracture	16.48	$774.72	090	
28510			Treatment of toe fracture	3.92	$184.28	090	
28515			Treatment of toe fracture	4.71	$221.42	090	T
28525			Treat toe fracture	15.20	$714.55	090	T
28530			Treat sesamoid bone fracture	4.29	$201.67	090	
28531			Treat sesamoid bone fracture	15.04	$707.03	090	T
28540			Treat foot dislocation	6.38	$299.92	090	T
28545			Treat foot dislocation	8.01	$376.55	090	T
28546			Treat foot dislocation	16.85	$792.12	090	T
28555			Repair foot dislocation	21.92	$1,030.46	090	T
28570			Treat foot dislocation	5.86	$275.48	090	T
28575			Treat foot dislocation	9.59	$450.83	090	T
28576			Treat foot dislocation	17.58	$826.44	090	T
28585			Repair foot dislocation	19.49	$916.22	090	T
28600			Treat foot dislocation	6.79	$319.20	090	T
28605			Treat foot dislocation	7.96	$374.20	090	T
28606			Treat foot dislocation	22.67	$1,065.72	090	
28615			Repair foot dislocation	19.87	$934.09	090	T
28630	*		Treat toe dislocation	4.47	$210.13	010	T
28635	*		Treat toe dislocation	4.99	$234.58	010	T
28636			Treat toe dislocation	8.52	$400.53	010	
28645			Repair toe dislocation	12.32	$579.16	090	
28660	*		Treat toe dislocation	4.61	$216.72	010	
28665	*		Treat toe dislocation	4.98	$234.11	010	T

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					RVU X $47.01		"T"
28666			Treat toe dislocation	16.86	$792.59	010	
28675			Repair of toe dislocation	13.38	$628.99	090	
28705			Fusion of foot bones	39.74	$1,868.18	090	T
28715			Fusion of foot bones	30.15	$1,417.35	090	T
28725			Fusion of foot bones	27.05	$1,271.62	090	T
28730			Fusion of foot bones	25.19	$1,184.18	090	T
28735			Fusion of foot bones	24.98	$1,174.31	090	T
28737			Revision of foot bones	21.99	$1,033.75	090	T
28740			Fusion of foot bones	23.79	$1,118.37	090	T
28750			Fusion of big toe joint	22.27	$1,046.91	090	T
28755			Fusion of big toe joint	14.86	$698.57	090	
28760			Fusion of big toe joint	20.74	$974.99	090	T
28800			Amputation of midfoot	19.52	$917.64	090	T
28805			Amputation thru metatarsal	19.78	$929.86	090	T
28810			Amputation toe & metatarsal	15.91	$747.93	090	T
28820			Amputation of toe	15.57	$731.95	090	
28825			Partial amputation of toe	14.75	$693.40	090	
28899			Foot/toes surgery procedure	0.00	$0.00	YYY	T
29000			Application of body cast	5.69	$267.49	000	T
29010			Application of body cast	5.70	$267.96	000	T
29015			Application of body cast	6.11	$287.23	000	T
29020			Application of body cast	5.85	$275.01	000	T
29025			Application of body cast	6.36	$298.98	000	T
29035			Application of body cast	5.40	$253.85	000	T
29040			Application of body cast	5.60	$263.26	000	T
29044			Application of body cast	6.02	$283.00	000	T
29046			Application of body cast	6.54	$307.45	000	T
29049			Application of figure eight	2.25	$105.77	000	T
29055			Application of shoulder cast	4.76	$223.77	000	T
29058			Application of shoulder cast	2.99	$140.56	000	T
29065			Application of long arm cast	2.26	$106.24	000	
29075			Application of forearm cast	2.09	$98.25	000	
29085			Apply hand/wrist cast	2.24	$105.30	000	
29086			Apply finger cast	1.60	$75.22	000	
29105			Apply long arm splint	2.19	$102.95	000	
29125			Apply forearm splint	1.62	$76.16	000	
29126			Apply forearm splint	2.13	$100.13	000	
29130			Application of finger splint	1.06	$49.83	000	
29131			Application of finger splint	1.34	$62.99	000	
29200			Strapping of chest	1.61	$75.69	000	
29220			Strapping of low back	1.77	$83.21	000	
29240			Strapping of shoulder	1.76	$82.74	000	
29260			Strapping of elbow or wrist	1.50	$70.52	000	
29280			Strapping of hand or finger	1.52	$71.46	000	
29305			Application of hip cast	5.47	$257.14	000	T
29325			Application of hip casts	6.13	$288.17	000	T
29345			Application of long leg cast	3.37	$158.42	000	
29355			Application of long leg cast	3.49	$164.06	000	

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CPT® CODE		MOD	DESCRIPTION	TOTAL RVU	MAP	GLOBAL DAYS	ASST SURG
					RVU X $47.01		"T"
29358			Apply long leg cast brace	3.61	$169.71	000	
29365			Application of long leg cast	2.97	$139.62	000	
29405			Apply short leg cast	2.18	$102.48	000	
29425			Apply short leg cast	2.40	$112.82	000	
29435			Apply short leg cast	2.94	$138.21	000	
29440			Addition of walker to cast	1.35	$63.46	000	
29445			Apply rigid leg cast	3.95	$185.69	000	
29450			Application of leg cast	3.82	$179.58	000	
29505			Application, long leg splint	1.94	$91.20	000	
29515			Application lower leg splint	1.69	$79.45	000	
29520			Strapping of hip	1.53	$71.93	000	T
29530			Strapping of knee	1.50	$70.52	000	
29540			Strapping of ankle	1.01	$47.48	000	
29550			Strapping of toes	0.99	$46.54	000	
29580			Application of paste boot	1.31	$61.58	000	
29590			Application of foot splint	1.41	$66.28	000	
29700			Removal/revision of cast	1.55	$72.87	000	
29705			Removal/revision of cast	1.73	$81.33	000	
29710			Removal/revision of cast	3.26	$153.25	000	T
29715			Removal/revision of cast	2.12	$99.66	000	T
29720			Repair of body cast	1.87	$87.91	000	
29730			Windowing of cast	1.70	$79.92	000	
29740			Wedging of cast	2.51	$118.00	000	
29750			Wedging of clubfoot cast	2.78	$130.69	000	T
29799			Casting/strapping procedure	0.00	$0.00	YYY	T
29800			Jaw arthroscopy/surgery	17.63	$828.79	090	T
29804			Jaw arthroscopy/surgery	18.55	$872.04	090	T
29805			Shoulder arthroscopy, dx	11.14	$523.69	090	
29806			Shoulder arthroscopy/surgery	30.60	$1,438.51	090	
29807			Shoulder arthroscopy/surgery	29.84	$1,402.78	090	
29815			Shoulder arthroscopy	14.75	$693.40	090	
29819			Shoulder arthroscopy/surgery	20.04	$942.08	090	
29820			Shoulder arthroscopy/surgery	19.02	$894.13	090	T
29821			Shoulder arthroscopy/surgery	20.18	$948.66	090	T
29822			Shoulder arthroscopy/surgery	19.71	$926.57	090	T
29823			Shoulder arthroscopy/surgery	21.10	$991.91	090	T
29824			Shoulder arthroscopy/surgery	18.55	$872.04	090	T
29825			Shoulder arthroscopy/surgery	20.00	$940.20	090	T
29826			Shoulder arthroscopy/surgery	22.70	$1,067.13	090	T
29827			Arthroscop rotator cuff repr	31.49	$1,480.34	90	T
29830			Elbow arthroscopy	13.82	$649.68	090	
29834			Elbow arthroscopy/surgery	15.31	$719.72	090	T
29835			Elbow arthroscopy/surgery	15.57	$731.95	090	T
29836			Elbow arthroscopy/surgery	17.75	$834.43	090	T
29837			Elbow arthroscopy/surgery	16.50	$775.67	090	T
29838			Elbow arthroscopy/surgery	18.04	$848.06	090	T
29840			Wrist arthroscopy	15.61	$733.83	090	T
29843			Wrist arthroscopy/surgery	16.70	$785.07	090	T

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					RVU X $47.01		"T"
29844			Wrist arthroscopy/surgery	17.42	$818.91	090	T
29845			Wrist arthroscopy/surgery	19.15	$900.24	090	T
29846			Wrist arthroscopy/surgery	20.58	$967.47	090	T
29847			Wrist arthroscopy/surgery	21.15	$994.26	090	T
29848			Wrist endoscopy/surgery	15.65	$735.71	090	
29850			Knee arthroscopy/surgery	17.55	$825.03	090	T
29851			Knee arthroscopy/surgery	29.51	$1,387.27	090	T
29855			Tibial arthroscopy/surgery	24.82	$1,166.79	090	T
29856			Tibial arthroscopy/surgery	31.50	$1,480.82	090	T
29860			Hip arthroscopy, dx	18.87	$887.08	090	T
29861			Hip arthroscopy/surgery	21.00	$987.21	090	T
29862			Hip arthroscopy/surgery	23.03	$1,082.64	090	T
29863			Hip arthroscopy/surgery	23.61	$1,109.91	090	T
29870			Knee arthroscopy, dx	12.97	$609.72	090	
29871			Knee arthroscopy/drainage	17.07	$802.46	090	
29873			Knee arthroscopy/surgery	14.35	$674.59	90	
29874			Knee arthroscopy/surgery	17.33	$814.68	090	T
29875			Knee arthroscopy/surgery	16.14	$758.74	090	T
29876			Knee arthroscopy/surgery	19.81	$931.27	090	
29877			Knee arthroscopy/surgery	18.14	$852.76	090	T
29879			Knee arthroscopy/surgery	19.47	$915.28	090	T
29880			Knee arthroscopy/surgery	20.34	$956.18	090	T
29881			Knee arthroscopy/surgery	18.94	$890.37	090	T
29882			Knee arthroscopy/surgery	20.33	$955.71	090	
29883			Knee arthroscopy/surgery	24.73	$1,162.56	090	T
29884			Knee arthroscopy/surgery	18.70	$879.09	090	T
29885			Knee arthroscopy/surgery	22.03	$1,035.63	090	T
29886			Knee arthroscopy/surgery	19.10	$897.89	090	
29887			Knee arthroscopy/surgery	21.96	$1,032.34	090	T
29888			Knee arthroscopy/surgery	31.15	$1,464.36	090	T
29889			Knee arthroscopy/surgery	34.87	$1,639.24	090	T
29891			Ankle arthroscopy/surgery	20.17	$948.19	090	T
29892			Ankle arthroscopy/surgery	21.11	$992.38	090	T
29893			Scope, plantar fasciotomy	12.58	$591.39	090	T
29894			Ankle arthroscopy/surgery	17.71	$832.55	090	T
29895			Ankle arthroscopy/surgery	17.36	$816.09	090	T
29897			Ankle arthroscopy/surgery	18.36	$863.10	090	T
29898			Ankle arthroscopy/surgery	19.89	$935.03	090	T
29899			Ankle arthroscopy/surgery	30.59	$1,438.04	90	T
29900			Mcp joint arthroscopy, dx	12.99	$610.66	090	T
29901			Mcp joint arthroscopy, surg	14.39	$676.47	090	T
29902			Mcp joint arthroscopy, surg	15.47	$727.24	090	T
29909			Arthroscopy of joint	0.00	$0.00	YYY	T
29999			Arthroscopy of joint	0.00	$0.00	YYY	T
30000	*		Drainage of nose lesion	4.22	$198.38	010	T
30020	*		Drainage of nose lesion	4.28	$201.20	010	
30100			Intranasal biopsy	2.44	$114.70	000	
30110			Removal of nose polyp(s)	4.74	$222.83	010	

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					RVU X $47.01		"T"
30115			Removal of nose polyp(s)	9.69	$455.53	090	
30117			Removal of intranasal lesion	8.68	$408.05	090	
30118			Removal of intranasal lesion	19.96	$938.32	090	T
30120			Revision of nose	12.03	$565.53	090	
30124			Removal of nose lesion	6.93	$325.78	090	
30125			Removal of nose lesion	15.16	$712.67	090	T
30130			Removal of turbinate bones	7.94	$373.26	090	
30140			Removal of turbinate bones	8.66	$407.11	090	
30150			Partial removal of nose	19.90	$935.50	090	T
30160			Removal of nose	20.36	$957.12	090	
30200	*		Injection treatment of nose	2.16	$101.54	000	
30210	*		Nasal sinus therapy	3.43	$161.24	010	
30220			Insert nasal septal button	4.34	$204.02	010	
30300	*		Remove nasal foreign body	3.84	$180.52	010	T
30310			Remove nasal foreign body	4.24	$199.32	010	T
30320			Remove nasal foreign body	10.70	$503.01	090	T
30400			Reconstruction of nose	20.82	$978.75	090	T
30410			Reconstruction of nose	26.18	$1,230.72	090	
30420			Reconstruction of nose	31.56	$1,483.64	090	T
30430			Revision of nose	16.18	$760.62	090	T
30435			Revision of nose	25.16	$1,182.77	090	T
30450			Revision of nose	36.92	$1,735.61	090	T
30460			Revision of nose	21.28	$1,000.37	090	T
30462			Revision of nose	38.68	$1,818.35	090	T
30465			Repair nasal stenosis	23.69	$1,113.67	090	T
30520			Repair of nasal septum	12.69	$596.56	090	
30540			Repair nasal defect	15.84	$744.64	090	T
30545			Repair nasal defect	22.65	$1,064.78	090	T
30560	*		Release of nasal adhesions	3.86	$181.46	010	
30580			Repair upper jaw fistula	12.98	$610.19	090	
30600			Repair mouth/nose fistula	12.65	$594.68	090	T
30620			Intranasal reconstruction	13.82	$649.68	090	
30630			Repair nasal septum defect	15.67	$736.65	090	T
30801	*		Cauterization, inner nose	3.86	$181.46	010	
30802			Cauterization, inner nose	5.55	$260.91	010	
30901	*		Control of nosebleed	2.87	$134.92	000	
30903	*		Control of nosebleed	5.04	$236.93	000	
30905	*		Control of nosebleed	6.20	$291.46	000	
30906	*		Repeat control of nosebleed	7.16	$336.59	000	
30915			Ligation, nasal sinus artery	15.63	$734.77	090	
30920			Ligation, upper jaw artery	20.26	$952.42	090	
30930			Therapy, fracture of nose	3.66	$172.06	010	
30999			Nasal surgery procedure	0.00	$0.00	YYY	T
31000	*		Irrigation, maxillary sinus	3.79	$178.17	010	
31002	*		Irrigation, sphenoid sinus	4.34	$204.02	010	T
31020			Exploration, maxillary sinus	7.66	$360.10	090	
31030			Exploration, maxillary sinus	11.86	$557.54	090	
31032			Explore sinus,remove polyps	13.95	$655.79	090	

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CPT® CODE		MOD	DESCRIPTION	TOTAL RVU	MAP	GLOBAL DAYS	ASST SURG
					RVU X $47.01		"T"
31040			Exploration behind upper jaw	18.59	$873.92	090	
31050			Exploration, sphenoid sinus	11.41	$536.38	090	
31051			Sphenoid sinus surgery	15.18	$713.61	090	
31070			Exploration of frontal sinus	10.10	$474.80	090	
31075			Exploration of frontal sinus	19.20	$902.59	090	T
31080			Removal of frontal sinus	22.58	$1,061.49	090	T
31081			Removal of frontal sinus	27.19	$1,278.20	090	T
31084			Removal of frontal sinus	26.76	$1,257.99	090	T
31085			Removal of frontal sinus	28.33	$1,331.79	090	T
31086			Removal of frontal sinus	25.70	$1,208.16	090	T
31087			Removal of frontal sinus	26.33	$1,237.77	090	T
31090			Exploration of sinuses	20.30	$954.30	090	
31200			Removal of ethmoid sinus	11.51	$541.09	090	
31201			Removal of ethmoid sinus	17.79	$836.31	090	
31205			Removal of ethmoid sinus	20.45	$961.35	090	T
31225			Removal of upper jaw	38.23	$1,797.19	090	T
31230			Removal of upper jaw	43.22	$2,031.77	090	T
31231			Nasal endoscopy, dx	3.31	$155.60	000	
31233			Nasal/sinus endoscopy, dx	5.25	$246.80	000	
31235			Nasal/sinus endoscopy, dx	6.04	$283.94	000	
31237			Nasal/sinus endoscopy, surg	6.74	$316.85	000	
31238			Nasal/sinus endoscopy, surg	7.61	$357.75	000	T
31239			Nasal/sinus endoscopy, surg	16.67	$783.66	010	T
31240			Nasal/sinus endoscopy, surg	4.70	$220.95	000	T
31254			Revision of ethmoid sinus	8.28	$389.24	000	
31255			Removal of ethmoid sinus	12.38	$581.98	000	
31256			Exploration maxillary sinus	5.90	$277.36	000	
31267			Endoscopy, maxillary sinus	9.72	$456.94	000	
31276			Sinus endoscopy, surgical	15.71	$738.53	000	
31287			Nasal/sinus endoscopy, surg	6.99	$328.60	000	T
31288			Nasal/sinus endoscopy, surg	8.16	$383.60	000	T
31290			Nasal/sinus endoscopy, surg	32.23	$1,515.13	010	T
31291			Nasal/sinus endoscopy, surg	34.82	$1,636.89	010	T
31292			Nasal/sinus endoscopy, surg	27.71	$1,302.65	010	T
31293			Nasal/sinus endoscopy, surg	29.95	$1,407.95	010	T
31294			Nasal/sinus endoscopy, surg	34.33	$1,613.85	010	T
31299			Sinus surgery procedure	0.00	$0.00	YYY	T
31300			Removal of larynx lesion	34.32	$1,613.38	090	T
31320			Diagnostic incision, larynx	18.81	$884.26	090	T
31360			Removal of larynx	39.43	$1,853.60	090	T
31365			Removal of larynx	51.81	$2,435.59	090	T
31367			Partial removal of larynx	49.84	$2,342.98	090	T
31368			Partial removal of larynx	60.65	$2,851.16	090	T
31370			Partial removal of larynx	48.75	$2,291.74	090	T
31375			Partial removal of larynx	45.07	$2,118.74	090	T
31380			Partial removal of larynx	45.25	$2,127.20	090	T
31382			Partial removal of larynx	47.31	$2,224.04	090	T
31390			Removal of larynx & pharynx	61.48	$2,890.17	090	T

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CPT® CODE		MOD	DESCRIPTION	TOTAL RVU	MAP	GLOBAL DAYS	ASST SURG
					RVU X $47.01		"T"
31395			Reconstruct larynx & pharynx	71.96	$3,382.84	090	T
31400			Revision of larynx	27.92	$1,312.52	090	T
31420			Removal of epiglottis	27.65	$1,299.83	090	T
31500			Insert emergency airway	3.42	$160.77	000	
31502			Change of windpipe airway	2.72	$127.87	000	
31505			Diagnostic laryngoscopy	2.56	$120.35	000	
31510			Laryngoscopy with biopsy	5.16	$242.57	000	T
31511			Remove foreign body, larynx	5.72	$268.90	000	
31512			Removal of larynx lesion	5.48	$257.61	000	T
31513			Injection into vocal cord	3.81	$179.11	000	T
31515			Laryngoscopy for aspiration	4.41	$207.31	000	
31520			Diagnostic laryngoscopy	4.42	$207.78	000	T
31525			Diagnostic laryngoscopy	6.04	$283.94	000	
31526			Diagnostic laryngoscopy	4.63	$217.66	000	
31527			Laryngoscopy for treatment	5.59	$262.79	000	T
31528			Laryngoscopy and dilation	4.03	$189.45	000	T
31529			Laryngoscopy and dilation	4.77	$224.24	000	T
31530			Operative laryngoscopy	5.90	$277.36	000	
31531			Operative laryngoscopy	6.42	$301.80	000	T
31535			Operative laryngoscopy	5.61	$263.73	000	
31536			Operative laryngoscopy	6.37	$299.45	000	
31540			Operative laryngoscopy	7.37	$346.46	000	
31541			Operative laryngoscopy	8.08	$379.84	000	
31560			Operative laryngoscopy	9.56	$449.42	000	T
31561			Operative laryngoscopy	10.06	$472.92	000	T
31570			Laryngoscopy with injection	8.47	$398.17	000	
31571			Laryngoscopy with injection	7.51	$353.05	000	
31575			Diagnostic laryngoscopy	3.38	$158.89	000	
31576			Laryngoscopy with biopsy	4.57	$214.84	000	
31577			Remove foreign body, larynx	5.81	$273.13	000	T
31578			Removal of larynx lesion	6.49	$305.09	000	T
31579			Diagnostic laryngoscopy	5.64	$265.14	000	
31580			Revision of larynx	31.48	$1,479.87	090	T
31582			Revision of larynx	47.62	$2,238.62	090	
31584			Treat larynx fracture	42.36	$1,991.34	090	T
31585			Treat larynx fracture	14.34	$674.12	090	T
31586			Treat larynx fracture	22.18	$1,042.68	090	T
31587			Revision of larynx	29.02	$1,364.23	090	T
31588			Revision of larynx	32.70	$1,537.23	090	T
31590			Reinnervate larynx	20.88	$981.57	090	T
31595			Larynx nerve surgery	21.83	$1,026.23	090	T
31599			Larynx surgery procedure	0.00	$0.00	YYY	T
31600			Incision of windpipe	11.27	$529.80	000	
31601			Incision of windpipe	7.64	$359.16	000	T
31603			Incision of windpipe	6.92	$325.31	000	
31605			Incision of windpipe	5.66	$266.08	000	
31610			Incision of windpipe	21.50	$1,010.72	090	
31611			Surgery/speech prosthesis	16.95	$796.82	090	T

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					RVU X $47.01		"T"
31612			Puncture/clear windpipe	2.60	$122.23	000	T
31613			Repair windpipe opening	14.47	$680.23	090	
31614			Repair windpipe opening	20.90	$982.51	090	
31615			Visualization of windpipe	6.21	$291.93	000	
31622			Dx bronchoscope/wash	6.85	$322.02	000	
31623			Dx bronchoscope/brush	6.23	$292.87	000	
31624			Dx bronchoscope/lavage	5.99	$281.59	000	
31625			Bronchoscopy with biopsy	6.77	$318.26	000	
31628			Bronchoscopy with biopsy	7.59	$356.81	000	
31629			Bronchoscopy with biopsy	5.07	$238.34	000	
31630			Bronchoscopy with repair	6.58	$309.33	000	
31631			Bronchoscopy with dilation	7.22	$339.41	000	
31635			Remove foreign body, airway	5.94	$279.24	000	
31640			Bronchoscopy & remove lesion	8.26	$388.30	000	
31641			Bronchoscopy, treat blockage	8.03	$377.49	000	
31643			Diag bronchoscope/catheter	5.09	$239.28	000	
31645			Bronchoscopy, clear airways	4.80	$225.65	000	
31646			Bronchoscopy, reclear airway	4.18	$196.50	000	
31656			Bronchoscopy, inj for xray	3.50	$164.54	000	T
31700			Insertion of airway catheter	4.97	$233.64	000	T
31708			Instill airway contrast dye	2.22	$104.36	000	T
31710			Insertion of airway catheter	2.22	$104.36	000	T
31715			Injection for bronchus x-ray	2.00	$94.02	000	T
31717			Bronchial brush biopsy	5.62	$264.20	000	
31720			Clearance of airways	3.12	$146.67	000	
31725			Clearance of airways	2.84	$133.51	000	
31730			Intro, windpipe wire/tube	5.80	$272.66	000	
31750			Repair of windpipe	31.84	$1,496.80	090	T
31755			Repair of windpipe	38.17	$1,794.37	090	T
31760			Repair of windpipe	39.03	$1,834.80	090	T
31766			Reconstruction of windpipe	53.36	$2,508.45	090	T
31770			Repair/graft of bronchus	43.86	$2,061.86	090	T
31775			Reconstruct bronchus	45.84	$2,154.94	090	T
31780			Reconstruct windpipe	34.62	$1,627.49	090	T
31781			Reconstruct windpipe	44.20	$2,077.84	090	T
31785			Remove windpipe lesion	33.77	$1,587.53	090	T
31786			Remove windpipe lesion	43.95	$2,066.09	090	T
31800			Repair of windpipe injury	15.93	$748.87	090	T
31805			Repair of windpipe injury	27.44	$1,289.95	090	T
31820			Closure of windpipe lesion	13.62	$640.28	090	T
31825			Repair of windpipe defect	18.95	$890.84	090	T
31830			Revise windpipe scar	13.23	$621.94	090	T
31899			Airways surgical procedure	0.00	$0.00	YYY	T
32000	*		Drainage of chest	4.83	$227.06	000	
32002			Treatment of collapsed lung	3.36	$157.95	000	
32005			Treat lung lining chemically	3.51	$165.01	000	
32020			Insertion of chest tube	6.37	$299.45	000	
32035			Exploration of chest	19.01	$893.66	090	T

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					RVU X $47.01		"T"
32036			Exploration of chest	21.02	$988.15	090	T
32095			Biopsy through chest wall	18.85	$886.14	090	T
32100			Exploration/biopsy of chest	29.19	$1,372.22	090	T
32110			Explore/repair chest	39.96	$1,878.52	090	T
32120			Re-exploration of chest	24.37	$1,145.63	090	T
32124			Explore chest free adhesions	25.97	$1,220.85	090	T
32140			Removal of lung lesion(s)	27.86	$1,309.70	090	T
32141			Remove/treat lung lesions	28.21	$1,326.15	090	T
32150			Removal of lung lesion(s)	27.81	$1,307.35	090	T
32151			Remove lung foreign body	28.12	$1,321.92	090	T
32160			Open chest heart massage	18.15	$853.23	090	T
32200			Drain, open, lung lesion	29.04	$1,365.17	090	T
32201			Drain, percut, lung lesion	10.17	$478.09	000	T
32215			Treat chest lining	23.79	$1,118.37	090	T
32220			Release of lung	43.55	$2,047.29	090	T
32225			Partial release of lung	28.09	$1,320.51	090	T
32310			Removal of chest lining	27.36	$1,286.19	090	T
32320			Free/remove chest lining	43.45	$2,042.58	090	T
32400	*		Needle biopsy chest lining	3.85	$180.99	000	T
32402			Open biopsy chest lining	17.56	$825.50	090	
32405			Biopsy, lung or mediastinum	4.51	$212.02	000	T
32420	*		Puncture/clear lung	3.36	$157.95	000	
32440			Removal of lung	44.97	$2,114.04	090	T
32442			Sleeve pneumonectomy	48.29	$2,270.11	090	T
32445			Removal of lung	46.57	$2,189.26	090	T
32480			Partial removal of lung	42.18	$1,982.88	090	T
32482			Bilobectomy	44.32	$2,083.48	090	T
32484			Segmentectomy	38.91	$1,829.16	090	T
32486			Sleeve lobectomy	44.62	$2,097.59	090	T
32488			Completion pneumonectomy	47.43	$2,229.68	090	T
32491			Lung volume reduction	40.46	$1,902.02	090	T
32500			Partial removal of lung	39.24	$1,844.67	090	T
32501			Repair bronchus add-on	7.66	$360.10	ZZZ	T
32520			Remove lung & revise chest	40.90	$1,922.71	090	T
32522			Remove lung & revise chest	44.85	$2,108.40	090	T
32525			Remove lung & revise chest	48.72	$2,290.33	090	T
32540			Removal of lung lesion	29.15	$1,370.34	090	T
32601			Thoracoscopy, diagnostic	10.62	$499.25	000	T
32602			Thoracoscopy, diagnostic	11.41	$536.38	000	T
32603			Thoracoscopy, diagnostic	14.05	$660.49	000	T
32604			Thoracoscopy, diagnostic	15.98	$751.22	000	T
32605			Thoracoscopy, diagnostic	13.24	$622.41	000	T
32606			Thoracoscopy, diagnostic	15.40	$723.95	000	T
32650			Thoracoscopy, surgical	22.31	$1,048.79	090	T
32651			Thoracoscopy, surgical	25.46	$1,196.87	090	T
32652			Thoracoscopy, surgical	35.48	$1,667.91	090	T
32653			Thoracoscopy, surgical	25.84	$1,214.74	090	T
32654			Thoracoscopy, surgical	23.69	$1,113.67	090	T

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					RVU X $47.01		"T"
32655			Thoracoscopy, surgical	25.74	$1,210.04	090	T
32656			Thoracoscopy, surgical	26.40	$1,241.06	090	T
32657			Thoracoscopy, surgical	27.05	$1,271.62	090	T
32658			Thoracoscopy, surgical	24.29	$1,141.87	090	T
32659			Thoracoscopy, surgical	24.11	$1,133.41	090	T
32660			Thoracoscopy, surgical	33.11	$1,556.50	090	T
32661			Thoracoscopy, surgical	26.48	$1,244.82	090	T
32662			Thoracoscopy, surgical	31.98	$1,503.38	090	T
32663			Thoracoscopy, surgical	35.30	$1,659.45	090	T
32664			Thoracoscopy, surgical	27.82	$1,307.82	090	T
32665			Thoracoscopy, surgical	29.15	$1,370.34	090	T
32800			Repair lung hernia	27.49	$1,292.30	090	T
32810			Close chest after drainage	26.92	$1,265.51	090	T
32815			Close bronchial fistula	43.46	$2,043.05	090	T
32820			Reconstruct injured chest	41.22	$1,937.75	090	T
32850			Donor pneumonectomy	0.00	$0.00	XXX	T
32851			Lung transplant, single	70.61	$3,319.38	090	
32852			Lung transplant with bypass	75.93	$3,569.47	090	T
32853			Lung transplant, double	86.35	$4,059.31	090	T
32854			Lung transplant with bypass	91.09	$4,282.14	090	T
32900			Removal of rib(s)	38.51	$1,810.36	090	T
32905			Revise & repair chest wall	39.77	$1,869.59	090	T
32906			Revise & repair chest wall	49.02	$2,304.43	090	T
32940			Revision of lung	37.45	$1,760.52	090	T
32960	*		Therapeutic pneumothorax	4.31	$202.61	000	T
32997			Total lung lavage	9.39	$441.42	000	
32999			Chest surgery procedure	0.00	$0.00	YYY	
33010	*		Drainage of heart sac	3.60	$169.24	000	T
33011	*		Repeat drainage of heart sac	3.64	$171.12	000	
33015			Incision of heart sac	12.82	$602.67	090	T
33020			Incision of heart sac	24.22	$1,138.58	090	T
33025			Incision of heart sac	23.55	$1,107.09	090	T
33030			Partial removal of heart sac	36.72	$1,726.21	090	T
33031			Partial removal of heart sac	41.81	$1,965.49	090	T
33050			Removal of heart sac lesion	28.86	$1,356.71	090	T
33120			Removal of heart lesion	47.76	$2,245.20	090	T
33130			Removal of heart lesion	39.99	$1,879.93	090	T
33140			Heart revascularize (tmr)	36.20	$1,701.76	090	T
33141			Heart tmr w/other procedure	7.83	$368.09	ZZZ	T
33200			Insertion of heart pacemaker	25.02	$1,176.19	090	T
33201			Insertion of heart pacemaker	22.55	$1,060.08	090	
33206			Insertion of heart pacemaker	13.31	$625.70	090	
33207			Insertion of heart pacemaker	15.52	$729.60	090	
33208			Insertion of heart pacemaker	15.68	$737.12	090	
33210			Insertion of heart electrode	5.10	$239.75	000	
33211			Insertion of heart electrode	5.28	$248.21	000	
33212			Insertion of pulse generator	11.09	$521.34	090	
33213			Insertion of pulse generator	12.41	$583.39	090	

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					RVU X $47.01		"T"
33214			Upgrade of pacemaker system	15.06	$707.97	090	
33215			Reposition pacing-defib lead	8.84	$415.57	90	
33216			Revise eltrd pacing-defib	11.28	$530.27	090	T
33217			Revise eltrd pacing-defib	11.96	$562.24	090	
33218			Revise eltrd pacing-defib	10.98	$516.17	090	
33220			Revise eltrd pacing-defib	10.98	$516.17	090	
33222			Revise pocket, pacemaker	9.89	$464.93	090	
33223			Revise pocket, pacing-defib	12.67	$595.62	090	T
33224			Insert pacing lead & connect	14.00	$658.14	90	
33225			L ventric pacing lead add-on	12.47	$586.21	zzz	
33226			Reposition l ventric lead	13.50	$634.64	000	
33233			Removal of pacemaker system	7.66	$360.10	090	
33234			Removal of pacemaker system	14.30	$672.24	090	
33235			Removal pacemaker electrode	17.42	$818.91	090	
33236			Remove electrode/thoracotomy	25.63	$1,204.87	090	T
33237			Remove electrode/thoracotomy	27.10	$1,273.97	090	T
33238			Remove electrode/thoracotomy	28.36	$1,333.20	090	T
33240			Insert pulse generator	14.47	$680.23	090	
33241			Remove pulse generator	7.18	$337.53	090	T
33243			Remove eltrd/thoracotomy	39.80	$1,871.00	090	T
33244			Remove eltrd, transven	24.69	$1,160.68	090	
33245			Insert epic eltrd pace-defib	28.33	$1,331.79	090	T
33246			Insert epic eltrd/generator	40.39	$1,898.73	090	
33249			Eltrd/insert pace-defib	25.36	$1,192.17	090	T
33250			Ablate heart dysrhythm focus	38.30	$1,800.48	090	T
33251			Ablate heart dysrhythm focus	45.00	$2,115.45	090	T
33253			Reconstruct atria	56.73	$2,666.88	090	T
33261			Ablate heart dysrhythm focus	46.34	$2,178.44	090	T
33282			Implant pat-active ht record	9.57	$449.89	090	
33284			Remove pat-active ht record	7.02	$330.01	090	
33300			Repair of heart wound	34.24	$1,609.62	090	T
33305			Repair of heart wound	41.27	$1,940.10	090	T
33310			Exploratory heart surgery	35.92	$1,688.60	090	T
33315			Exploratory heart surgery	42.91	$2,017.20	090	T
33320			Repair major blood vessel(s)	32.01	$1,504.79	090	T
33321			Repair major vessel	39.95	$1,878.05	090	T
33322			Repair major blood vessel(s)	39.82	$1,871.94	090	T
33330			Insert major vessel graft	39.94	$1,877.58	090	T
33332			Insert major vessel graft	43.03	$2,022.84	090	T
33335			Insert major vessel graft	55.47	$2,607.64	090	T
33400			Repair of aortic valve	53.23	$2,502.34	090	T
33401			Valvuloplasty, open	45.47	$2,137.54	090	T
33403			Valvuloplasty, w/cp bypass	47.09	$2,213.70	090	T
33404			Prepare heart-aorta conduit	53.95	$2,536.19	090	T
33405			Replacement of aortic valve	62.28	$2,927.78	090	T
33406			Replacement of aortic valve	66.16	$3,110.18	090	T
33410			Replacement of aortic valve	59.49	$2,796.62	090	T
33411			Replacement of aortic valve	64.62	$3,037.79	090	T

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CPT® CODE		MOD	DESCRIPTION	TOTAL RVU	MAP	GLOBAL DAYS	ASST SURG
					RVU X $47.01		"T"
33412			Replacement of aortic valve	75.47	$3,547.84	090	T
33413			Replacement of aortic valve	77.25	$3,631.52	090	T
33414			Repair of aortic valve	57.34	$2,695.55	090	T
33415			Revision, subvalvular tissue	51.70	$2,430.42	090	T
33416			Revise ventricle muscle	55.87	$2,626.45	090	T
33417			Repair of aortic valve	54.42	$2,558.28	090	T
33420			Revision of mitral valve	38.37	$1,803.77	090	
33422			Revision of mitral valve	48.78	$2,293.15	090	T
33425			Repair of mitral valve	49.43	$2,323.70	090	T
33426			Repair of mitral valve	59.71	$2,806.97	090	T
33427			Repair of mitral valve	70.13	$3,296.81	090	T
33430			Replacement of mitral valve	60.52	$2,845.05	090	T
33460			Revision of tricuspid valve	44.84	$2,107.93	090	T
33463			Valvuloplasty, tricuspid	48.02	$2,257.42	090	T
33464			Valvuloplasty, tricuspid	51.07	$2,400.80	090	T
33465			Replace tricuspid valve	53.34	$2,507.51	090	T
33468			Revision of tricuspid valve	58.97	$2,772.18	090	T
33470			Revision of pulmonary valve	41.88	$1,968.78	090	T
33471			Valvotomy, pulmonary valve	42.71	$2,007.80	090	T
33472			Revision of pulmonary valve	42.53	$1,999.34	090	T
33474			Revision of pulmonary valve	43.48	$2,043.99	090	T
33475			Replacement, pulmonary valve	58.05	$2,728.93	090	T
33476			Revision of heart chamber	46.06	$2,165.28	090	T
33478			Revision of heart chamber	49.88	$2,344.86	090	T
33496			Repair, prosth valve clot	52.54	$2,469.91	090	T
33500			Repair heart vessel fistula	46.50	$2,185.97	090	T
33501			Repair heart vessel fistula	33.09	$1,555.56	090	T
33502			Coronary artery correction	43.87	$2,062.33	090	T
33503			Coronary artery graft	39.41	$1,852.66	090	T
33504			Coronary artery graft	48.69	$2,288.92	090	T
33505			Repair artery w/tunnel	49.08	$2,307.25	090	T
33506			Repair artery, translocation	62.85	$2,954.58	090	T
33508			Endoscopic vein harvest[nt	0.50	$23.51	90	T
33510			CABG, vein, single	52.32	$2,459.56	090	T
33511			CABG, vein, two	54.34	$2,554.52	090	T
33512			CABG, vein, three	57.60	$2,707.78	090	T
33513			CABG, vein, four	58.59	$2,754.32	090	T
33514			CABG, vein, five	60.45	$2,841.75	090	T
33516			Cabg, vein, six or more	64.06	$3,011.46	090	T
33517			CABG, artery-vein, single	4.22	$198.38	ZZZ	T
33518			CABG, artery-vein, two	7.97	$374.67	ZZZ	T
33519			CABG, artery-vein, three	11.69	$549.55	ZZZ	T
33521			CABG, artery-vein, four	15.45	$726.30	ZZZ	T
33522			CABG, artery-vein, five	19.22	$903.53	ZZZ	T
33523			Cabg, art-vein, six or more	22.96	$1,079.35	ZZZ	T
33530			Coronary artery, bypass/reop	9.62	$452.24	ZZZ	T
33533			CABG, arterial, single	55.30	$2,599.65	090	T
33534			CABG, arterial, two	58.65	$2,757.14	090	T

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					RVU X $47.01		"T"
33535			CABG, arterial, three	62.10	$2,919.32	090	T
33536			Cabg, arterial, four or more	65.13	$3,061.76	090	T
33542			Removal of heart lesion	54.77	$2,574.74	090	T
33545			Repair of heart damage	67.43	$3,169.88	090	T
33572			Open coronary endarterectomy	7.29	$342.70	ZZZ	T
33600			Closure of valve	53.21	$2,501.40	090	T
33602			Closure of valve	52.45	$2,465.67	090	T
33606			Anastomosis/artery-aorta	57.14	$2,686.15	090	T
33608			Repair anomaly w/conduit	57.67	$2,711.07	090	T
33610			Repair by enlargement	59.35	$2,790.04	090	T
33611			Repair double ventricle	61.33	$2,883.12	090	T
33612			Repair double ventricle	66.07	$3,105.95	090	T
33615			Repair, modified fontan	61.28	$2,880.77	090	T
33617			Repair single ventricle	68.41	$3,215.95	090	T
33619			Repair single ventricle	83.24	$3,913.11	090	T
33641			Repair heart septum defect	39.78	$1,870.06	090	T
33645			Revision of heart veins	46.75	$2,197.72	090	T
33647			Repair heart septum defects	54.14	$2,545.12	090	T
33660			Repair of heart defects	54.20	$2,547.94	090	T
33665			Repair of heart defects	54.79	$2,575.68	090	T
33670			Repair of heart chambers	57.46	$2,701.19	090	T
33681			Repair heart septum defect	57.17	$2,687.56	090	T
33684			Repair heart septum defect	56.73	$2,666.88	090	T
33688			Repair heart septum defect	56.87	$2,673.46	090	T
33690			Reinforce pulmonary artery	39.37	$1,850.78	090	T
33692			Repair of heart defects	57.55	$2,705.43	090	T
33694			Repair of heart defects	62.32	$2,929.66	090	T
33697			Repair of heart defects	65.78	$3,092.32	090	T
33702			Repair of heart defects	51.53	$2,422.43	090	T
33710			Repair of heart defects	55.97	$2,631.15	090	T
33720			Repair of heart defect	50.98	$2,396.57	090	T
33722			Repair of heart defect	54.76	$2,574.27	090	T
33730			Repair heart-vein defect(s)	59.88	$2,814.96	090	T
33732			Repair heart-vein defect	53.08	$2,495.29	090	T
33735			Revision of heart chamber	37.43	$1,759.58	090	T
33736			Revision of heart chamber	44.26	$2,080.66	090	T
33737			Revision of heart chamber	44.14	$2,075.02	090	T
33750			Major vessel shunt	38.69	$1,818.82	090	T
33755			Major vessel shunt	41.89	$1,969.25	090	T
33762			Major vessel shunt	39.23	$1,844.20	090	T
33764			Major vessel shunt & graft	40.90	$1,922.71	090	T
33766			Major vessel shunt	45.35	$2,131.90	090	T
33767			Major vessel shunt	47.12	$2,215.11	090	T
33770			Repair great vessels defect	67.08	$3,153.43	090	T
33771			Repair great vessels defect	64.15	$3,015.69	090	T
33774			Repair great vessels defect	57.81	$2,717.65	090	T
33775			Repair great vessels defect	59.91	$2,816.37	090	T
33776			Repair great vessels defect	63.07	$2,964.92	090	T

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					RVU X $47.01		"T"
33777			Repair great vessels defect	62.09	$2,918.85	090	T
33778			Repair great vessels defect	72.12	$3,390.36	090	T
33779			Repair great vessels defect	60.45	$2,841.75	090	T
33780			Repair great vessels defect	75.55	$3,551.61	090	T
33781			Repair great vessels defect	67.26	$3,161.89	090	T
33786			Repair arterial trunk	70.38	$3,308.56	090	T
33788			Revision of pulmonary artery	49.66	$2,334.52	090	T
33800			Aortic suspension	32.25	$1,516.07	090	T
33802			Repair vessel defect	33.83	$1,590.35	090	T
33803			Repair vessel defect	39.56	$1,859.72	090	T
33813			Repair septal defect	41.56	$1,953.74	090	T
33814			Repair septal defect	47.71	$2,242.85	090	T
33820			Revise major vessel	32.39	$1,522.65	090	T
33822			Revise major vessel	34.18	$1,606.80	090	T
33824			Revise major vessel	37.87	$1,780.27	090	T
33840			Remove aorta constriction	40.58	$1,907.67	090	T
33845			Remove aorta constriction	44.07	$2,071.73	090	T
33851			Remove aorta constriction	41.24	$1,938.69	090	T
33852			Repair septal defect	45.65	$2,146.01	090	T
33853			Repair septal defect	60.32	$2,835.64	090	T
33860			Ascending aortic graft	67.40	$3,168.47	090	T
33861			Ascending aortic graft	72.77	$3,420.92	090	T
33863			Ascending aortic graft	77.61	$3,648.45	090	T
33870			Transverse aortic arch graft	77.29	$3,633.40	090	T
33875			Thoracic aortic graft	60.12	$2,826.24	090	T
33877			Thoracoabdominal graft	75.08	$3,529.51	090	T
33910			Remove lung artery emboli	46.28	$2,175.62	090	T
33915			Remove lung artery emboli	36.55	$1,718.22	090	T
33916			Surgery of great vessel	48.83	$2,295.50	090	T
33917			Repair pulmonary artery	47.63	$2,239.09	090	T
33918			Repair pulmonary atresia	49.64	$2,333.58	090	T
33919			Repair pulmonary atresia	69.87	$3,284.59	090	T
33920			Repair pulmonary atresia	58.18	$2,735.04	090	T
33922			Transect pulmonary artery	43.08	$2,025.19	090	T
33924			Remove pulmonary shunt	9.36	$440.01	ZZZ	T
33930			Removal of donor heart/lung	0.00	$0.00	XXX	
33935			Transplantation, heart/lung	108.84	$5,116.57	090	T
33940			Removal of donor heart	0.00	$0.00	XXX	
33945			Transplantation of heart	77.07	$3,623.06	090	T
33960			External circulation assist	30.74	$1,445.09	000	T
33961			External circulation assist	18.32	$861.22	ZZZ	T
33967			Insert ia percut device	7.59	$356.81	000	T
33968			Remove aortic assist device	1.05	$49.36	000	
33970			Aortic circulation assist	10.87	$511.00	000	T
33971			Aortic circulation assist	19.94	$937.38	090	
33973			Insert balloon device	15.73	$739.47	000	T
33974			Remove intra-aortic balloon	28.79	$1,353.42	090	
33975			Implant ventricular device	32.45	$1,525.47	XXX	T

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					RVU X $47.01		"T"
33976			Implant ventricular device	37.74	$1,774.16	XXX	T
33977			Remove ventricular device	35.75	$1,680.61	090	T
33978			Remove ventricular device	39.55	$1,859.25	090	T
33979			Insert intracorporeal device	0.00	$0.00	XXX	T
33980			Remove intracorporeal device	0.00	$0.00	090	T
33999			Cardiac surgery procedure	0.00	$0.00	YYY	T
34001			Removal of artery clot	22.50	$1,057.73	090	T
34051			Removal of artery clot	26.96	$1,267.39	090	T
34101			Removal of artery clot	17.60	$827.38	090	T
34111			Removal of arm artery clot	17.05	$801.52	090	T
34151			Removal of artery clot	40.31	$1,894.97	090	T
34201			Removal of artery clot	17.70	$832.08	090	T
34203			Removal of leg artery clot	27.65	$1,299.83	090	T
34401			Removal of vein clot	38.79	$1,823.52	090	T
34421			Removal of vein clot	20.45	$961.35	090	T
34451			Removal of vein clot	42.33	$1,989.93	090	T
34471			Removal of vein clot	17.64	$829.26	090	
34490			Removal of vein clot	18.01	$846.65	090	
34501			Repair valve, femoral vein	28.47	$1,338.37	090	
34502			Reconstruct vena cava	45.72	$2,149.30	090	
34510			Transposition of vein valve	33.26	$1,563.55	090	T
34520			Cross-over vein graft	31.16	$1,464.83	090	T
34530			Leg vein fusion	30.19	$1,419.23	090	T
34800			Endovasc abdo repair w/tube	34.41	$1,617.61	090	T
34802			Endovasc abdo repr w/device	37.98	$1,785.44	090	T
34804			Endovasc abdo repr w/device	37.98	$1,785.44	090	T
34808			Endovasc abdo occlud device	6.54	$307.45	ZZZ	T
34812			Xpose for endoprosth, aortic	10.71	$503.48	000	T
34813			Xpose for endoprosth, femorl	7.61	$357.75	ZZZ	T
34820			Xpose for endoprosth, iliac	15.46	$726.77	000	T
34825			Endovasc extend prosth, init	20.54	$965.59	090	T
34826			Endovasc exten prosth, addl	6.54	$307.45	ZZZ	T
34830			Open aortic tube prosth repr	53.57	$2,518.33	090	T
34831			Open aortoiliac prosth repr	57.91	$2,722.35	090	T
34832			Open aortofemor prosth repr	57.91	$2,722.35	090	T
34833			Xpose for endoprosth, iliac	18.86	$886.61	000	T
34834			Xpose, endoprosth, brachia	9.07	$426.38	000	T
34900			Endovasc iliac repr w/graft	28.39	$1,334.61	90	T
35001			Repair defect of artery	34.06	$1,601.16	090	T
35002			Repair artery rupture, neck	34.75	$1,633.60	090	T
35005			Repair defect of artery	29.66	$1,394.32	090	T
35011			Repair defect of artery	28.97	$1,361.88	090	T
35013			Repair artery rupture, arm	35.84	$1,684.84	090	T
35021			Repair defect of artery	33.14	$1,557.91	090	T
35022			Repair artery rupture, chest	37.82	$1,777.92	090	T
35045			Repair defect of arm artery	28.82	$1,354.83	090	T
35081			Repair defect of artery	47.63	$2,239.09	090	T
35082			Repair artery rupture, aorta	63.74	$2,996.42	090	T

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					RVU X $47.01		"T"
35091			Repair defect of artery	59.75	$2,808.85	090	T
35092			Repair artery rupture, aorta	73.21	$3,441.60	090	T
35102			Repair defect of artery	51.97	$2,443.11	090	T
35103			Repair artery rupture, groin	65.88	$3,097.02	090	T
35111			Repair defect of artery	40.14	$1,886.98	090	T
35112			Repair artery rupture,spleen	47.20	$2,218.87	090	T
35121			Repair defect of artery	49.76	$2,339.22	090	T
35122			Repair artery rupture, belly	57.60	$2,707.78	090	T
35131			Repair defect of artery	41.03	$1,928.82	090	T
35132			Repair artery rupture, groin	48.49	$2,279.51	090	T
35141			Repair defect of artery	32.88	$1,545.69	090	T
35142			Repair artery rupture, thigh	37.59	$1,767.11	090	T
35151			Repair defect of artery	37.28	$1,752.53	090	T
35152			Repair artery rupture, knee	41.11	$1,932.58	090	T
35161			Repair defect of artery	33.18	$1,559.79	090	T
35162			Repair artery rupture	34.32	$1,613.38	090	T
35180			Repair blood vessel lesion	23.70	$1,114.14	090	T
35182			Repair blood vessel lesion	47.37	$2,226.86	090	T
35184			Repair blood vessel lesion	29.39	$1,381.62	090	T
35188			Repair blood vessel lesion	24.79	$1,165.38	090	T
35189			Repair blood vessel lesion	45.19	$2,124.38	090	T
35190			Repair blood vessel lesion	22.10	$1,038.92	090	T
35201			Repair blood vessel lesion	26.36	$1,239.18	090	T
35206			Repair blood vessel lesion	23.52	$1,105.68	090	T
35207			Repair blood vessel lesion	22.90	$1,076.53	090	
35211			Repair blood vessel lesion	42.61	$2,003.10	090	T
35216			Repair blood vessel lesion	35.95	$1,690.01	090	T
35221			Repair blood vessel lesion	39.34	$1,849.37	090	T
35226			Repair blood vessel lesion	25.29	$1,188.88	090	T
35231			Repair blood vessel lesion	32.92	$1,547.57	090	T
35236			Repair blood vessel lesion	29.19	$1,372.22	090	T
35241			Repair blood vessel lesion	44.34	$2,084.42	090	T
35246			Repair blood vessel lesion	46.43	$2,182.67	090	T
35251			Repair blood vessel lesion	47.56	$2,235.80	090	T
35256			Repair blood vessel lesion	31.42	$1,477.05	090	T
35261			Repair blood vessel lesion	28.83	$1,355.30	090	T
35266			Repair blood vessel lesion	26.02	$1,223.20	090	T
35271			Repair blood vessel lesion	42.36	$1,991.34	090	T
35276			Repair blood vessel lesion	43.76	$2,057.16	090	T
35281			Repair blood vessel lesion	44.46	$2,090.06	090	T
35286			Repair blood vessel lesion	28.51	$1,340.26	090	T
35301			Rechanneling of artery	32.60	$1,532.53	090	T
35311			Rechanneling of artery	44.99	$2,114.98	090	T
35321			Rechanneling of artery	26.34	$1,238.24	090	T
35331			Rechanneling of artery	44.09	$2,072.67	090	T
35341			Rechanneling of artery	42.92	$2,017.67	090	T
35351			Rechanneling of artery	38.59	$1,814.12	090	T
35355			Rechanneling of artery	31.36	$1,474.23	090	T

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					RVU X $47.01		"T"
35361			Rechanneling of artery	46.51	$2,186.44	090	T
35363			Rechanneling of artery	49.75	$2,338.75	090	T
35371			Rechanneling of artery	24.82	$1,166.79	090	T
35372			Rechanneling of artery	29.81	$1,401.37	090	T
35381			Rechanneling of artery	27.62	$1,298.42	090	T
35390			Reoperation, carotid add-on	5.24	$246.33	ZZZ	T
35400			Angioscopy	4.89	$229.88	ZZZ	T
35450			Repair arterial blockage	16.44	$772.84	000	T
35452			Repair arterial blockage	11.91	$559.89	000	T
35454			Repair arterial blockage	10.53	$495.02	000	T
35456			Repair arterial blockage	12.66	$595.15	000	T
35458			Repair arterial blockage	16.22	$762.50	000	T
35459			Repair arterial blockage	14.71	$691.52	000	T
35460			Repair venous blockage	10.38	$487.96	000	
35470			Repair arterial blockage	13.95	$655.79	000	
35471			Repair arterial blockage	16.11	$757.33	000	
35472			Repair arterial blockage	11.28	$530.27	000	T
35473			Repair arterial blockage	9.96	$468.22	000	
35474			Repair arterial blockage	11.96	$562.24	000	
35475			Repair arterial blockage	15.01	$705.62	000	
35476			Repair venous blockage	9.74	$457.88	000	
35480			Atherectomy, open	18.49	$869.21	000	T
35481			Atherectomy, open	13.24	$622.41	000	T
35482			Atherectomy, open	11.67	$548.61	000	T
35483			Atherectomy, open	13.65	$641.69	000	T
35484			Atherectomy, open	17.46	$820.79	000	T
35485			Atherectomy, open	16.17	$760.15	000	T
35490			Atherectomy, percutaneous	17.42	$818.91	000	T
35491			Atherectomy, percutaneous	12.49	$587.15	000	T
35492			Atherectomy, percutaneous	11.00	$517.11	000	T
35493			Atherectomy, percutaneous	13.26	$623.35	000	
35494			Atherectomy, percutaneous	16.35	$768.61	000	
35495			Atherectomy, percutaneous	15.39	$723.48	000	T
35500			Harvest vein for bypass	10.29	$483.73	ZZZ	T
35501			Artery bypass graft	33.08	$1,555.09	090	T
35506			Artery bypass graft	33.75	$1,586.59	090	T
35507			Artery bypass graft	33.58	$1,578.60	090	T
35508			Artery bypass graft	32.32	$1,519.36	090	T
35509			Artery bypass graft	31.01	$1,457.78	090	T
35511			Artery bypass graft	34.46	$1,619.96	090	T
35515			Artery bypass graft	32.03	$1,505.73	090	T
35516			Artery bypass graft	25.92	$1,218.50	090	T
35518			Artery bypass graft	34.55	$1,624.20	090	T
35521			Artery bypass graft	36.39	$1,710.69	090	T
35526			Artery bypass graft	47.80	$2,247.08	090	T
35531			Artery bypass graft	58.20	$2,735.98	090	T
35533			Artery bypass graft	45.74	$2,150.24	090	T
35536			Artery bypass graft	51.25	$2,409.26	090	T

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					RVU X $47.01		"T"
35541			Artery bypass graft	43.62	$2,050.58	090	T
35546			Artery bypass graft	43.35	$2,037.88	090	T
35548			Artery bypass graft	37.10	$1,744.07	090	T
35549			Artery bypass graft	40.08	$1,884.16	090	T
35551			Artery bypass graft	45.75	$2,150.71	090	T
35556			Artery bypass graft	37.36	$1,756.29	090	T
35558			Artery bypass graft	34.40	$1,617.14	090	T
35560			Artery bypass graft	52.08	$2,448.28	090	T
35563			Artery bypass graft	39.01	$1,833.86	090	T
35565			Artery bypass graft	37.62	$1,768.52	090	T
35566			Artery bypass graft	46.19	$2,171.39	090	T
35571			Artery bypass graft	41.62	$1,956.56	090	T
35572			Harvest femoropopliteal vein	10.98	$516.17	zzz	T
35582			Vein bypass graft	46.19	$2,171.39	090	T
35583			Vein bypass graft	39.27	$1,846.08	090	T
35585			Vein bypass graft	50.88	$2,391.87	090	T
35587			Vein bypass graft	43.05	$2,023.78	090	T
35600			Harvest artery for cabg	8.41	$395.35	ZZZ	T
35601			Artery bypass graft	30.13	$1,416.41	090	T
35606			Artery bypass graft	32.01	$1,504.79	090	T
35612			Artery bypass graft	26.74	$1,257.05	090	T
35616			Artery bypass graft	27.30	$1,283.37	090	T
35621			Artery bypass graft	33.08	$1,555.09	090	T
35623			Bypass graft, not vein	39.13	$1,839.50	090	T
35626			Artery bypass graft	46.05	$2,164.81	090	T
35631			Artery bypass graft	54.98	$2,584.61	090	T
35636			Artery bypass graft	47.84	$2,248.96	090	T
35641			Artery bypass graft	42.05	$1,976.77	090	T
35642			Artery bypass graft	30.51	$1,434.28	090	T
35645			Artery bypass graft	30.58	$1,437.57	090	T
35646			Artery bypass graft	51.76	$2,433.24	090	T
35647			Artery bypass graft	47.40	$2,228.27	090	T
35650			Artery bypass graft	31.11	$1,462.48	090	T
35651			Artery bypass graft	42.08	$1,978.18	090	T
35654			Artery bypass graft	40.96	$1,925.53	090	T
35656			Artery bypass graft	33.45	$1,572.48	090	T
35661			Artery bypass graft	31.12	$1,462.95	090	T
35663			Artery bypass graft	35.69	$1,677.79	090	T
35665			Artery bypass graft	34.68	$1,630.31	090	T
35666			Artery bypass graft	39.62	$1,862.54	090	T
35671			Artery bypass graft	34.13	$1,604.45	090	T
35681			Composite bypass graft	2.61	$122.70	ZZZ	T
35682			Composite bypass graft	11.77	$553.31	ZZZ	T
35683			Composite bypass graft	13.92	$654.38	ZZZ	T
35685			Bypass graft patency/patch	6.58	$309.33	ZZZ	T
35686			Bypass graft/av fist patency	5.44	$255.73	ZZZ	T
35691			Arterial transposition	30.81	$1,448.38	090	T
35693			Arterial transposition	26.47	$1,244.35	090	T

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					RVU X $47.01		"T"
35694			Arterial transposition	32.47	$1,526.41	090	T
35695			Arterial transposition	32.51	$1,528.30	090	T
35700			Reoperation, bypass graft	5.04	$236.93	ZZZ	T
35701			Exploration, carotid artery	14.85	$698.10	090	T
35721			Exploration, femoral artery	13.79	$648.27	090	T
35741			Exploration popliteal artery	15.02	$706.09	090	T
35761			Exploration of artery/vein	11.33	$532.62	090	T
35800			Explore neck vessels	12.93	$607.84	090	T
35820			Explore chest vessels	21.16	$994.73	090	T
35840			Explore abdominal vessels	17.62	$828.32	090	T
35860			Explore limb vessels	10.73	$504.42	090	T
35870			Repair vessel graft defect	38.51	$1,810.36	090	T
35875			Removal of clot in graft	19.20	$902.59	090	T
35876			Removal of clot in graft	30.83	$1,449.32	090	T
35879			Revise graft w/vein	27.21	$1,279.14	090	T
35881			Revise graft w/vein	30.35	$1,426.75	090	T
35901			Excision, graft, neck	16.27	$764.85	090	T
35903			Excision, graft, extremity	20.14	$946.78	090	T
35905			Excision, graft, thorax	52.26	$2,456.74	090	T
35907			Excision, graft, abdomen	55.73	$2,619.87	090	T
36000	*		Place needle in vein	0.86	$40.43	XXX	
36002			Pseudoaneurysm injection trt	5.13	$241.16	000	
36005			Injection ext venography	8.34	$392.06	000	T
36010			Place catheter in vein	3.69	$173.47	XXX	
36011			Place catheter in vein	4.70	$220.95	XXX	
36012			Place catheter in vein	5.22	$245.39	XXX	
36013			Place catheter in artery	3.58	$168.30	XXX	
36014			Place catheter in artery	4.47	$210.13	XXX	
36015			Place catheter in artery	5.21	$244.92	XXX	
36100			Establish access to artery	4.66	$219.07	XXX	
36120			Establish access to artery	3.00	$141.03	XXX	
36140			Establish access to artery	3.02	$141.97	XXX	
36145			Artery to vein shunt	2.99	$140.56	XXX	
36160			Establish access to aorta	3.93	$184.75	XXX	
36200			Place catheter in aorta	4.52	$212.49	XXX	
36215			Place catheter in artery	6.97	$327.66	XXX	
36216			Place catheter in artery	7.84	$368.56	XXX	
36217			Place catheter in artery	9.47	$445.18	XXX	
36218			Place catheter in artery	1.52	$71.46	ZZZ	
36245			Place catheter in artery	7.09	$333.30	XXX	
36246			Place catheter in artery	7.91	$371.85	XXX	
36247			Place catheter in artery	9.43	$443.30	XXX	
36248			Place catheter in artery	1.54	$72.40	ZZZ	
36260			Insertion of infusion pump	17.84	$838.66	090	
36261			Revision of infusion pump	10.18	$478.56	090	T
36262			Removal of infusion pump	7.68	$361.04	090	
36299			Vessel injection procedure	0.00	$0.00	YYY	T
36400			Drawing blood	1.13	$53.12	XXX	

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					RVU X $47.01		"T"
36405	*		Drawing blood	0.92	$43.25	XXX	
36406			Drawing blood	1.15	$54.06	XXX	
36410	*		Drawing blood	0.71	$33.38	XXX	
36415	*		Drawing blood	0.00	$0.00	XXX	
36416			Capillary blood draw	0.00	$0.00	xxx	
36420			Establish access to vein	1.57	$73.81	XXX	T
36425			Establish access to vein	4.33	$203.55	XXX	
36430			Blood transfusion service	1.06	$49.83	XXX	T
36440	*		Blood transfusion service	1.55	$72.87	XXX	T
36450			Exchange transfusion service	3.36	$157.95	XXX	
36455			Exchange transfusion service	3.68	$173.00	XXX	T
36460			Transfusion service, fetal	10.57	$496.90	XXX	T
36468			Injection(s), spider veins	0.00	$0.00	000	T
36469			Injection(s), spider veins	0.00	$0.00	000	
36470	*		Injection therapy of vein	3.94	$185.22	010	
36471			Injection therapy of veins	4.59	$215.78	010	
36481			Insertion of catheter, vein	10.92	$513.35	000	
36488	*		Insertion of catheter, vein	2.35	$110.47	000	
36489	*		Insertion of catheter, vein	7.43	$349.28	000	
36490	*		Insertion of catheter, vein	2.96	$139.15	000	
36491	*		Insertion of catheter, vein	2.51	$118.00	000	
36493			Repositioning of cvc	2.25	$105.77	000	
36500			Insertion of catheter, vein	5.23	$245.86	000	
36510	*		Insertion of catheter, vein	1.98	$93.08	000	T
36511			Apheresis wbc	2.62	$123.17	000	
36512			Apheresis rbc	2.62	$123.17	000	
36513			Apheresis platelets	2.62	$123.17	000	
36514			Apheresis plasma	2.62	$123.17	000	
36515			Apheresis, adsorp/reinfuse[	2.62	$123.17	000	
36516			Apheresis, selective	2.62	$123.17	000	
36522			Photopheresis	7.89	$370.91	000	
36530			Insertion of infusion pump	11.79	$554.25	010	T
36531			Revision of infusion pump	9.30	$437.19	010	T
36532			Removal of infusion pump	5.72	$268.90	010	T
36533			Insertion of access device	11.22	$527.45	010	T
36534			Revision of access device	4.85	$228.00	010	T
36535			Removal of access device	5.75	$270.31	010	T
36536			Remove cva device obstruct	37.68	$1,771.34	000	
36537			Remove cva lumen obstruct	8.53	$401.00	000	
36540			Collect blood venous device	0.00	$0.00	XXX	
36550			Declot vascular device	1.08	$50.77	XXX	T
36600	*		Withdrawal of arterial blood	0.80	$37.61	XXX	
36620			Insertion catheter, artery	1.56	$73.34	000	
36625			Insertion catheter, artery	3.13	$147.14	000	
36640			Insertion catheter, artery	3.31	$155.60	000	
36660	*		Insertion catheter, artery	2.00	$94.02	000	T
36680			Insert needle, bone cavity	2.07	$97.31	000	T
36800			Insertion of cannula	4.46	$209.66	000	

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					RVU X $47.01		"T"
36810			Insertion of cannula	7.19	$338.00	000	
36815			Insertion of cannula	4.55	$213.90	000	
36819			Av fusion/uppr arm vein	24.37	$1,145.63	090	T
36820			Av fusion/forearm vein	24.37	$1,145.63	090	T
36821			Av fusion direct any site	16.37	$769.55	090	T
36822			Insertion of cannula(s)	13.78	$647.80	090	
36823			Insertion of cannula(s)	37.08	$1,743.13	090	
36825			Artery-vein graft	18.13	$852.29	090	T
36830			Artery-vein graft	21.42	$1,006.95	090	T
36831			Open thrombect av fistula	13.97	$656.73	090	T
36832			Av fistula revision, open	18.90	$888.49	090	T
36833			Av fistula revision	21.27	$999.90	090	T
36834			Repair A-V aneurysm	16.50	$775.67	090	T
36835			Artery to vein shunt	13.63	$640.75	090	
36860			External cannula declotting	4.80	$225.65	000	
36861			Cannula declotting	4.40	$206.84	000	
36870			Percut thrombect av fistula	47.36	$2,226.39	090	
37140			Revision of circulation	37.47	$1,761.46	090	
37145			Revision of circulation	43.79	$2,058.57	090	T
37160			Revision of circulation	36.45	$1,713.51	090	T
37180			Revision of circulation	41.83	$1,966.43	090	T
37181			Splice spleen/kidney veins	44.40	$2,087.24	090	T
37182			Insert hepatic shunt (tips)	27.16	$1,276.79	000	T
37183			Remove hepatic shunt (tips)	12.29	$577.75	000	T
37195			Thrombolytic therapy, stroke	8.50	$399.59	XXX	T
37200			Transcatheter biopsy	6.70	$314.97	000	
37201			Transcatheter therapy infuse	8.25	$387.83	000	
37202			Transcatheter therapy infuse	10.01	$470.57	000	
37203			Transcatheter retrieval	8.29	$389.71	000	
37204			Transcatheter occlusion	26.86	$1,262.69	000	
37205			Transcatheter stent	13.35	$627.58	000	
37206			Transcatheter stent add-on	6.27	$294.75	ZZZ	T
37207			Transcatheter stent	14.11	$663.31	000	T
37208			Transcatheter stent add-on	6.68	$314.03	ZZZ	T
37209			Exchange arterial catheter	3.37	$158.42	000	T
37250			Iv us first vessel add-on	3.33	$156.54	ZZZ	
37251			Iv us each add vessel add-on	2.54	$119.41	ZZZ	T
37500			Endoscopy ligate perf veins	20.86	$980.63	90	
37501			Vascular endoscopy procedure	0.00	BR	yyy	
37565			Ligation of neck vein	17.50	$822.68	090	T
37600			Ligation of neck artery	18.93	$889.90	090	T
37605			Ligation of neck artery	21.80	$1,024.82	090	T
37606			Ligation of neck artery	12.07	$567.41	090	T
37607			Ligation of a-v fistula	11.54	$542.50	090	T
37609			Temporal artery procedure	10.79	$507.24	010	
37615			Ligation of neck artery	10.77	$506.30	090	
37616			Ligation of chest artery	31.80	$1,494.92	090	T
37617			Ligation of abdomen artery	36.23	$1,703.17	090	T

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					RVU X $47.01		"T"
37618			Ligation of extremity artery	9.74	$457.88	090	T
37620			Revision of major vein	18.04	$848.06	090	T
37650			Revision of major vein	13.89	$652.97	090	
37660			Revision of major vein	33.60	$1,579.54	090	
37700			Revise leg vein	7.92	$372.32	090	T
37720			Removal of leg vein	10.90	$512.41	090	
37730			Removal of leg veins	13.84	$650.62	090	
37735			Removal of leg veins/lesion	19.37	$910.58	090	
37760			Revision of leg veins	19.02	$894.13	090	T
37780			Revision of leg vein	7.75	$364.33	090	T
37785			Revise secondary varicosity	12.03	$565.53	090	
37788			Revascularization, penis	39.67	$1,864.89	090	
37790			Penile venous occlusion	16.74	$786.95	090	T
37799			Vascular surgery procedure	0.00	$0.00	YYY	T
38100			Removal of spleen, total	24.53	$1,153.16	090	T
38101			Removal of spleen, partial	26.08	$1,226.02	090	T
38102			Removal of spleen, total	7.76	$364.80	ZZZ	T
38115			Repair of ruptured spleen	26.60	$1,250.47	090	T
38120			Laparoscopy, splenectomy	28.91	$1,359.06	090	T
38129			Laparoscope proc, spleen	0.00	$0.00	YYY	T
38200			Injection for spleen x-ray	3.91	$183.81	000	T
38204			Bl donor search management	0.00	BR	xxx	
38205			Harvest allogenic stem cells	2.26	$106.24	000	
38206			Harvest auto stem cells	2.26	$106.24	000	
38207			Cryopreserve stem cells	0.00	BR	000	
38208			Thaw preserved stem cells	0.00	BR	000	
38209			Wash harvest stem cells[	0.00	BR	000	
38210			T-cell depletion of harvest	0.00	BR	000	
38211			Tumor cell deplete of harvst	0.00	BR	000	
38212			Rbc depletion of harvest	0.00	BR	000	
38213			Platelet deplete of harvest	0.00	BR	000	
38214			Volume deplete of harvest	0.00	BR	000	
38215			Harvest stem cell concentrte	0.00	BR	000	
38220			Bone marrow aspiration	5.81	$273.13	XXX	T
38221			Bone marrow biopsy	6.23	$292.87	XXX	T
38230			Bone marrow collection	7.66	$360.10	010	T
38240			Bone marrow/stem transplant	3.36	$157.95	XXX	T
38241			Bone marrow/stem transplant	3.34	$157.01	XXX	T
38242			Lymphocyte infuse transplant	2.56	$120.35	000	
38300	*		Drainage, lymph node lesion	7.25	$340.82	010	
38305			Drainage, lymph node lesion	14.94	$702.33	090	
38308			Incision of lymph channels	13.16	$618.65	090	T
38380			Thoracic duct procedure	16.78	$788.83	090	T
38381			Thoracic duct procedure	26.49	$1,245.29	090	T
38382			Thoracic duct procedure	21.57	$1,014.01	090	T
38500			Biopsy/removal, lymph nodes	7.62	$358.22	010	
38505			Needle biopsy, lymph nodes	4.58	$215.31	000	
38510			Biopsy/removal, lymph nodes	12.99	$610.66	010	

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					RVU X $47.01		"T"
38520			Biopsy/removal, lymph nodes	13.67	$642.63	090	
38525			Biopsy/removal, lymph nodes	11.81	$555.19	090	
38530			Biopsy/removal, lymph nodes	15.38	$723.01	090	T
38542			Explore deep node(s), neck	13.27	$623.82	090	T
38550			Removal, neck/armpit lesion	13.66	$642.16	090	T
38555			Removal, neck/armpit lesion	27.25	$1,281.02	090	T
38562			Removal, pelvic lymph nodes	19.73	$927.51	090	T
38564			Removal, abdomen lymph nodes	20.03	$941.61	090	T
38570			Laparoscopy, lymph node biop	16.12	$757.80	010	T
38571			Laparoscopy, lymphadenectomy	23.35	$1,097.68	010	T
38572			Laparoscopy, lymphadenectomy	27.69	$1,301.71	010	T
38589			Laparoscope proc, lymphatic	0.00	$0.00	YYY	T
38700			Removal of lymph nodes, neck	23.39	$1,099.56	090	T
38720			Removal of lymph nodes, neck	32.50	$1,527.83	090	T
38724			Removal of lymph nodes, neck	34.18	$1,606.80	090	T
38740			Remove armpit lymph nodes	17.72	$833.02	090	T
38745			Remove armpit lymph nodes	23.92	$1,124.48	090	T
38746			Remove thoracic lymph nodes	7.91	$371.85	ZZZ	T
38747			Remove abdominal lymph nodes	7.89	$370.91	ZZZ	T
38760			Remove groin lymph nodes	22.61	$1,062.90	090	T
38765			Remove groin lymph nodes	35.43	$1,665.56	090	T
38770			Remove pelvis lymph nodes	22.86	$1,074.65	090	T
38780			Remove abdomen lymph nodes	30.28	$1,423.46	090	T
38790			Inject for lymphatic x-ray	16.27	$764.85	000	
38792			Identify sentinel node	0.81	$38.08	000	
38794			Access thoracic lymph duct	6.51	$306.04	090	T
38999			Blood/lymph system procedure	0.00	$0.00	YYY	T
39000			Exploration of chest	15.30	$719.25	090	T
39010			Exploration of chest	24.69	$1,160.68	090	T
39200			Removal chest lesion	27.78	$1,305.94	090	T
39220			Removal chest lesion	33.89	$1,593.17	090	T
39400			Visualization of chest	14.31	$672.71	010	
39499			Chest procedure	0.00	$0.00	YYY	T
39501			Repair diaphragm laceration	24.45	$1,149.39	090	T
39502			Repair paraesophageal hernia	28.94	$1,360.47	090	T
39503			Repair of diaphragm hernia	142.50	$6,698.93	090	T
39520			Repair of diaphragm hernia	30.22	$1,420.64	090	T
39530			Repair of diaphragm hernia	28.23	$1,327.09	090	T
39531			Repair of diaphragm hernia	29.41	$1,382.56	090	T
39540			Repair of diaphragm hernia	24.56	$1,154.57	090	T
39541			Repair of diaphragm hernia	26.17	$1,230.25	090	T
39545			Revision of diaphragm	26.52	$1,246.71	090	T
39560			Resect diaphragm, simple	22.97	$1,079.82	090	T
39561			Resect diaphragm, complex	32.23	$1,515.13	090	T
39599			Diaphragm surgery procedure	0.00	$0.00	YYY	T
40490			Biopsy of lip	3.01	$141.50	000	
40500			Partial excision of lip	10.80	$507.71	090	
40510			Partial excision of lip	12.42	$583.86	090	

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CPT® CODE		MOD	DESCRIPTION	TOTAL RVU	MAP	GLOBAL DAYS	ASST SURG
					RVU X $47.01		"T"
40520			Partial excision of lip	13.69	$643.57	090	
40525			Reconstruct lip with flap	18.10	$850.88	090	T
40527			Reconstruct lip with flap	20.80	$977.81	090	
40530			Partial removal of lip	13.94	$655.32	090	
40650			Repair lip	10.20	$479.50	090	T
40652			Repair lip	12.32	$579.16	090	T
40654			Repair lip	14.46	$679.76	090	
40700			Repair cleft lip/nasal	26.08	$1,226.02	090	T
40701			Repair cleft lip/nasal	33.96	$1,596.46	090	T
40702			Repair cleft lip/nasal	24.63	$1,157.86	090	T
40720			Repair cleft lip/nasal	29.72	$1,397.14	090	T
40761			Repair cleft lip/nasal	31.02	$1,458.25	090	
40799			Lip surgery procedure	0.00	$0.00	YYY	T
40800	*		Drainage of mouth lesion	3.41	$160.30	010	
40801			Drainage of mouth lesion	5.52	$259.50	010	
40804	*		Removal, foreign body, mouth	4.06	$190.86	010	T
40805			Removal, foreign body, mouth	6.41	$301.33	010	T
40806			Incision of lip fold	1.25	$58.76	000	T
40808			Biopsy of mouth lesion	3.25	$152.78	010	
40810			Excision of mouth lesion	4.24	$199.32	010	
40812			Excise/repair mouth lesion	5.70	$267.96	010	
40814			Excise/repair mouth lesion	8.17	$384.07	090	
40816			Excision of mouth lesion	8.68	$408.05	090	T
40818			Excise oral mucosa for graft	6.83	$321.08	090	T
40819			Excise lip or cheek fold	6.52	$306.51	090	
40820			Treatment of mouth lesion	3.87	$181.93	010	
40830			Repair mouth laceration	4.60	$216.25	010	T
40831			Repair mouth laceration	5.71	$268.43	010	T
40840			Reconstruction of mouth	16.66	$783.19	090	T
40842			Reconstruction of mouth	16.31	$766.73	090	T
40843			Reconstruction of mouth	21.64	$1,017.30	090	T
40844			Reconstruction of mouth	29.10	$1,367.99	090	T
40845			Reconstruction of mouth	34.60	$1,626.55	090	T
40899			Mouth surgery procedure	0.00	$0.00	YYY	T
41000	*		Drainage of mouth lesion	3.93	$184.75	010	
41005	*		Drainage of mouth lesion	3.82	$179.58	010	T
41006			Drainage of mouth lesion	7.46	$350.69	090	T
41007			Drainage of mouth lesion	7.45	$350.22	090	T
41008			Drainage of mouth lesion	7.68	$361.04	090	T
41009			Drainage of mouth lesion	7.89	$370.91	090	T
41010			Incision of tongue fold	4.79	$225.18	010	T
41015			Drainage of mouth lesion	8.76	$411.81	090	T
41016			Drainage of mouth lesion	9.11	$428.26	090	T
41017			Drainage of mouth lesion	9.15	$430.14	090	T
41018			Drainage of mouth lesion	10.40	$488.90	090	T
41100			Biopsy of tongue	4.61	$216.72	010	
41105			Biopsy of tongue	4.10	$192.74	010	
41108			Biopsy of floor of mouth	3.63	$170.65	010	

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					RVU X $47.01		"T"
41110			Excision of tongue lesion	4.98	$234.11	010	
41112			Excision of tongue lesion	6.80	$319.67	090	
41113			Excision of tongue lesion	7.28	$342.23	090	
41114			Excision of tongue lesion	16.71	$785.54	090	T
41115			Excision of tongue fold	4.76	$223.77	010	T
41116			Excision of mouth lesion	6.25	$293.81	090	
41120			Partial removal of tongue	20.70	$973.11	090	T
41130			Partial removal of tongue	23.00	$1,081.23	090	T
41135			Tongue and neck surgery	44.02	$2,069.38	090	T
41140			Removal of tongue	47.68	$2,241.44	090	T
41145			Tongue removal, neck surgery	56.91	$2,675.34	090	T
41150			Tongue, mouth, jaw surgery	45.00	$2,115.45	090	T
41153			Tongue, mouth, neck surgery	46.24	$2,173.74	090	T
41155			Tongue, jaw, & neck surgery	53.39	$2,509.86	090	T
41250	*		Repair tongue laceration	5.27	$247.74	010	T
41251	*		Repair tongue laceration	5.85	$275.01	010	T
41252	*		Repair tongue laceration	6.79	$319.20	010	T
41500			Fixation of tongue	8.81	$414.16	090	T
41510			Tongue to lip surgery	9.43	$443.30	090	T
41520			Reconstruction, tongue fold	6.28	$295.22	090	T
41599			Tongue and mouth surgery	0.00	$0.00	YYY	T
41800	*		Drainage of gum lesion	3.36	$157.95	010	
41805			Removal foreign body, gum	3.55	$166.89	010	T
41806			Removal foreign body,jawbone	5.79	$272.19	010	T
41820			Excision, gum, each quadrant	0.00	$0.00	000	T
41821			Excision of gum flap	0.00	$0.00	000	T
41822			Excision of gum lesion	5.73	$269.37	010	T
41823			Excision of gum lesion	7.57	$355.87	090	T
41825			Excision of gum lesion	3.99	$187.57	010	
41826			Excision of gum lesion	5.41	$254.32	010	
41827			Excision of gum lesion	7.69	$361.51	090	
41828			Excision of gum lesion	6.73	$316.38	010	T
41830			Removal of gum tissue	7.34	$345.05	010	T
41850			Treatment of gum lesion	0.00	$0.00	000	T
41870			Gum graft	0.00	$0.00	000	T
41872			Repair gum	5.99	$281.59	090	T
41874			Repair tooth socket	6.54	$307.45	090	T
41899			Dental surgery procedure	0.00	$0.00	YYY	T
42000	*		Drainage mouth roof lesion	4.00	$188.04	010	T
42100			Biopsy roof of mouth	4.03	$189.45	010	
42104			Excision lesion, mouth roof	4.53	$212.96	010	
42106			Excision lesion, mouth roof	5.17	$243.04	010	
42107			Excision lesion, mouth roof	9.53	$448.01	090	
42120			Remove palate/lesion	13.50	$634.64	090	T
42140			Excision of uvula	5.83	$274.07	090	
42145			Repair palate, pharynx/uvula	17.09	$803.40	090	
42160			Treatment mouth roof lesion	5.38	$252.91	010	T
42180			Repair palate	6.28	$295.22	010	T

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					RVU X $47.01		"T"
42182			Repair palate	7.63	$358.69	010	T
42200			Reconstruct cleft palate	24.26	$1,140.46	090	T
42205			Reconstruct cleft palate	25.22	$1,185.59	090	T
42210			Reconstruct cleft palate	29.12	$1,368.93	090	T
42215			Reconstruct cleft palate	20.92	$983.45	090	T
42220			Reconstruct cleft palate	14.96	$703.27	090	T
42225			Reconstruct cleft palate	20.62	$969.35	090	T
42226			Lengthening of palate	21.85	$1,027.17	090	T
42227			Lengthening of palate	20.42	$959.94	090	T
42235			Repair palate	15.09	$709.38	090	T
42260			Repair nose to lip fistula	18.39	$864.51	090	T
42280			Preparation, palate mold	3.29	$154.66	010	T
42281			Insertion, palate prosthesis	3.86	$181.46	010	T
42299			Palate/uvula surgery	0.00	$0.00	YYY	T
42300	*		Drainage of salivary gland	4.96	$233.17	010	
42305			Drainage of salivary gland	12.63	$593.74	090	T
42310	*		Drainage of salivary gland	4.16	$195.56	010	T
42320	*		Drainage of salivary gland	5.58	$262.32	010	T
42325			Create salivary cyst drain	7.05	$331.42	090	T
42326			Create salivary cyst drain	7.97	$374.67	090	T
42330			Removal of salivary stone	5.43	$255.26	010	
42335			Removal of salivary stone	7.62	$358.22	090	
42340			Removal of salivary stone	10.55	$495.96	090	T
42400	*		Biopsy of salivary gland	3.45	$162.18	000	
42405			Biopsy of salivary gland	7.35	$345.52	010	
42408			Excision of salivary cyst	10.12	$475.74	090	T
42409			Drainage of salivary cyst	6.67	$313.56	090	T
42410			Excise parotid gland/lesion	19.50	$916.70	090	T
42415			Excise parotid gland/lesion	32.96	$1,549.45	090	T
42420			Excise parotid gland/lesion	37.80	$1,776.98	090	T
42425			Excise parotid gland/lesion	26.24	$1,233.54	090	T
42426			Excise parotid gland/lesion	40.76	$1,916.13	090	T
42440			Excise submaxillary gland	14.42	$677.88	090	T
42450			Excise sublingual gland	9.88	$464.46	090	T
42500			Repair salivary duct	10.22	$480.44	090	T
42505			Repair salivary duct	13.34	$627.11	090	
42507			Parotid duct diversion	13.19	$620.06	090	T
42508			Parotid duct diversion	19.16	$900.71	090	T
42509			Parotid duct diversion	23.87	$1,122.13	090	T
42510			Parotid duct diversion	16.90	$794.47	090	T
42550			Injection for salivary x-ray	13.84	$650.62	000	
42600			Closure of salivary fistula	13.59	$638.87	090	T
42650			Dilation of salivary duct	2.05	$96.37	000	
42660	*		Dilation of salivary duct	2.46	$115.64	000	T
42665			Ligation of salivary duct	6.00	$282.06	090	T
42699			Salivary surgery procedure	0.00	$0.00	YYY	T
42700	*		Drainage of tonsil abscess	5.23	$245.86	010	
42720			Drainage of throat abscess	11.20	$526.51	010	T

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					RVU X $47.01		"T"
42725			Drainage of throat abscess	21.48	$1,009.77	090	T
42800			Biopsy of throat	4.74	$222.83	010	
42802			Biopsy of throat	5.06	$237.87	010	
42804			Biopsy of upper nose/throat	4.51	$212.02	010	
42806			Biopsy of upper nose/throat	5.41	$254.32	010	
42808			Excise pharynx lesion	7.73	$363.39	010	
42809			Remove pharynx foreign body	5.62	$264.20	010	
42810			Excision of neck cyst	9.55	$448.95	090	T
42815			Excision of neck cyst	15.10	$709.85	090	T
42820			Remove tonsils and adenoids	8.65	$406.64	090	T
42821			Remove tonsils and adenoids	9.37	$440.48	090	T
42825			Removal of tonsils	7.78	$365.74	090	T
42826			Removal of tonsils	7.79	$366.21	090	
42830			Removal of adenoids	5.55	$260.91	090	T
42831			Removal of adenoids	5.79	$272.19	090	T
42835			Removal of adenoids	5.94	$279.24	090	T
42836			Removal of adenoids	7.44	$349.75	090	T
42842			Extensive surgery of throat	18.31	$860.75	090	T
42844			Extensive surgery of throat	28.57	$1,343.08	090	T
42845			Extensive surgery of throat	46.85	$2,202.42	090	T
42860			Excision of tonsil tags	5.71	$268.43	090	T
42870			Excision of lingual tonsil	12.56	$590.45	090	T
42890			Partial removal of pharynx	26.33	$1,237.77	090	T
42892			Revision of pharyngeal walls	31.46	$1,478.93	090	T
42894			Revision of pharyngeal walls	44.51	$2,092.42	090	T
42900			Repair throat wound	10.19	$479.03	010	T
42950			Reconstruction of throat	17.20	$808.57	090	T
42953			Repair throat, esophagus	19.96	$938.32	090	T
42955			Surgical opening of throat	15.54	$730.54	090	T
42960			Control throat bleeding	4.90	$230.35	010	T
42961			Control throat bleeding	11.93	$560.83	090	T
42962			Control throat bleeding	14.81	$696.22	090	T
42970			Control nose/throat bleeding	10.39	$488.43	090	
42971			Control nose/throat bleeding	13.36	$628.05	090	T
42972			Control nose/throat bleeding	14.32	$673.18	090	T
42999			Throat surgery procedure	0.00	$0.00	YYY	T
43020			Incision of esophagus	16.64	$782.25	090	T
43030			Throat muscle surgery	16.23	$762.97	090	T
43045			Incision of esophagus	36.62	$1,721.51	090	T
43100			Excision of esophagus lesion	18.78	$882.85	090	T
43101			Excision of esophagus lesion	29.57	$1,390.09	090	T
43107			Removal of esophagus	66.91	$3,145.44	090	T
43108			Removal of esophagus	59.97	$2,819.19	090	T
43112			Removal of esophagus	72.93	$3,428.44	090	T
43113			Removal of esophagus	62.32	$2,929.66	090	T
43116			Partial removal of esophagus	56.39	$2,650.89	090	T
43117			Partial removal of esophagus	67.43	$3,169.88	090	T
43118			Partial removal of esophagus	57.83	$2,718.59	090	T

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					RVU X $47.01		"T"
43121			Partial removal of esophagus	52.77	$2,480.72	090	T
43122			Parital removal of esophagus	66.42	$3,122.40	090	T
43123			Partial removal of esophagus	58.56	$2,752.91	090	T
43124			Removal of esophagus	49.81	$2,341.57	090	T
43130			Removal of esophagus pouch	23.48	$1,103.79	090	T
43135			Removal of esophagus pouch	30.77	$1,446.50	090	T
43200			Esophagus endoscopy	9.78	$459.76	000	
43201			Esoph scope w/submucous inj	6.85	$322.02	000	
43202			Esophagus endoscopy, biopsy	8.66	$407.11	000	
43204			Esophagus endoscopy & inject	5.98	$281.12	000	
43205			Esophagus endoscopy/ligation	5.98	$281.12	000	T
43215			Esophagus endoscopy	4.31	$202.61	000	
43216			Esophagus endoscopy/lesion	4.00	$188.04	000	T
43217			Esophagus endoscopy	4.70	$220.95	000	
43219			Esophagus endoscopy	4.66	$219.07	000	
43220			Esoph endoscopy, dilation	3.56	$167.36	000	
43226			Esoph endoscopy, dilation	3.88	$182.40	000	
43227			Esoph endoscopy, repair	5.73	$269.37	000	
43228			Esoph endoscopy, ablation	6.20	$291.46	000	
43231			Esoph endoscopy w/us exam	5.32	$250.09	000	T
43232			Esoph endoscopy w/us fn bx	7.33	$344.58	000	T
43234			Upper GI endoscopy, exam	6.93	$325.78	000	
43235			Uppr gi endoscopy, diagnosis	9.11	$428.26	000	
43236			Uppr gi scope w/submuc inj[	8.00	$376.08	000	
43239			Upper GI endoscopy, biopsy	10.03	$471.51	000	
43240			Esoph endoscope w/drain cyst	10.81	$508.18	000	
43241			Upper GI endoscopy with tube	4.24	$199.32	000	
43242			Uppr gi endoscopy w/us fn bx	10.78	$506.77	000	T
43243			Upper gi endoscopy & inject	7.16	$336.59	000	
43244			Upper GI endoscopy/ligation	7.83	$368.09	000	T
43245			Operative upper GI endoscopy	5.43	$255.26	000	
43246			Place gastrostomy tube	6.82	$320.61	000	T
43247			Operative upper GI endoscopy	5.42	$254.79	000	
43248			Uppr gi endoscopy/guide wire	5.06	$237.87	000	
43249			Esoph endoscopy, dilation	4.70	$220.95	000	
43250			Upper GI endoscopy/tumor	5.14	$241.63	000	
43251			Operative upper GI endoscopy	5.89	$276.89	000	
43255			Operative upper GI endoscopy	7.36	$345.99	000	
43256			Uppr gi endoscopy w stent	6.89	$323.90	000	
43258			Operative upper GI endoscopy	7.15	$336.12	000	
43259			Endoscopic ultrasound exam	7.73	$363.39	000	T
43260			Endo cholangiopancreatograph	9.21	$432.96	000	
43261			Endo cholangiopancreatograph	9.70	$456.00	000	
43262			Endo cholangiopancreatograph	11.37	$534.50	000	
43263			Endo cholangiopancreatograph	11.10	$521.81	000	
43264			Endo cholangiopancreatograph	13.62	$640.28	000	
43265			Endo cholangiopancreatograph	15.20	$714.55	000	
43267			Endo cholangiopancreatograph	11.38	$534.97	000	

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					RVU X $47.01		"T"
43268			Endo cholangiopancreatograph	11.37	$534.50	000	
43269			Endo cholangiopancreatograph	12.37	$581.51	000	
43271			Endo cholangiopancreatograph	11.36	$534.03	000	
43272			Endo cholangiopancreatograph	11.38	$534.97	000	T
43280			Laparoscopy, fundoplasty	30.08	$1,414.06	090	T
43289			Laparoscope proc, esoph	0.00	$0.00	YYY	T
43300			Repair of esophagus	18.59	$873.92	090	T
43305			Repair esophagus and fistula	33.72	$1,585.18	090	T
43310			Repair of esophagus	47.72	$2,243.32	090	T
43312			Repair esophagus and fistula	54.21	$2,548.41	090	T
43313			Esophagoplasty congential	80.69	$3,793.24	090	T
43314			Tracheo-esophagoplasty cong	88.09	$4,141.11	090	T
43320			Fuse esophagus & stomach	34.68	$1,630.31	090	T
43324			Revise esophagus & stomach	34.75	$1,633.60	090	T
43325			Revise esophagus & stomach	34.36	$1,615.26	090	T
43326			Revise esophagus & stomach	34.71	$1,631.72	090	T
43330			Repair of esophagus	33.47	$1,573.42	090	T
43331			Repair of esophagus	36.40	$1,711.16	090	T
43340			Fuse esophagus & intestine	33.86	$1,591.76	090	T
43341			Fuse esophagus & intestine	37.37	$1,756.76	090	T
43350			Surgical opening, esophagus	29.26	$1,375.51	090	T
43351			Surgical opening, esophagus	33.12	$1,556.97	090	T
43352			Surgical opening, esophagus	28.11	$1,321.45	090	T
43360			Gastrointestinal repair	60.79	$2,857.74	090	T
43361			Gastrointestinal repair	67.39	$3,168.00	090	T
43400			Ligate esophagus veins	34.41	$1,617.61	090	T
43401			Esophagus surgery for veins	36.88	$1,733.73	090	T
43405			Ligate/staple esophagus	33.64	$1,581.42	090	T
43410			Repair esophagus wound	25.74	$1,210.04	090	T
43415			Repair esophagus wound	42.45	$1,995.57	090	T
43420			Repair esophagus opening	25.79	$1,212.39	090	T
43425			Repair esophagus opening	37.14	$1,745.95	090	T
43450			Dilate esophagus	3.04	$142.91	000	
43453			Dilate esophagus	2.41	$113.29	000	
43456			Dilate esophagus	4.02	$188.98	000	
43458			Dilate esophagus	4.78	$224.71	000	
43460			Pressure treatment esophagus	5.91	$277.83	000	
43496			Free jejunum flap, microvasc	0.00	$0.00	090	T
43499			Esophagus surgery procedure	0.00	$0.00	YYY	T
43500			Surgical opening of stomach	18.45	$867.33	090	T
43501			Surgical repair of stomach	32.90	$1,546.63	090	T
43502			Surgical repair of stomach	37.99	$1,785.91	090	T
43510			Surgical opening of stomach	22.93	$1,077.94	090	T
43520			Incision of pyloric muscle	17.86	$839.60	090	T
43600			Biopsy of stomach	3.25	$152.78	000	
43605			Biopsy of stomach	19.93	$936.91	090	T
43610			Excision of stomach lesion	24.38	$1,146.10	090	T
43611			Excision of stomach lesion	29.52	$1,387.74	090	T

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CPT® CODE		MOD	DESCRIPTION	TOTAL RVU	MAP	GLOBAL DAYS	ASST SURG
					RVU X $47.01		"T"
43620			Removal of stomach	48.84	$2,295.97	090	T
43621			Removal of stomach	50.03	$2,351.91	090	T
43622			Removal of stomach	52.73	$2,478.84	090	T
43631			Removal of stomach, partial	37.37	$1,756.76	090	T
43632			Removal of stomach, partial	37.40	$1,758.17	090	T
43633			Removal of stomach, partial	38.17	$1,794.37	090	T
43634			Removal of stomach, partial	41.51	$1,951.39	090	T
43635			Removal of stomach, partial	3.33	$156.54	ZZZ	T
43638			Removal of stomach, partial	46.91	$2,205.24	090	T
43639			Removal of stomach, partial	47.90	$2,251.78	090	T
43640			Vagotomy & pylorus repair	28.57	$1,343.08	090	T
43641			Vagotomy & pylorus repair	28.97	$1,361.88	090	T
43651			Laparoscopy, vagus nerve	17.44	$819.85	090	T
43652			Laparoscopy, vagus nerve	20.81	$978.28	090	T
43653			Laparoscopy, gastrostomy	14.05	$660.49	090	T
43659			Laparoscope proc, stom	0.00	$0.00	YYY	T
43750			Place gastrostomy tube	8.06	$378.90	010	
43752			Nasal/orogastric w/stent	0.00	$0.00	XXX	
43760	*		Change gastrostomy tube	2.75	$129.28	000	
43761			Reposition gastrostomy tube	3.11	$146.20	000	
43800			Reconstruction of pylorus	23.04	$1,083.11	090	T
43810			Fusion of stomach and bowel	24.43	$1,148.45	090	T
43820			Fusion of stomach and bowel	25.56	$1,201.58	090	T
43825			Fusion of stomach and bowel	31.64	$1,487.40	090	T
43830			Place gastrostomy tube	16.38	$770.02	090	T
43831			Place gastrostomy tube	14.53	$683.06	090	T
43832			Place gastrostomy tube	26.19	$1,231.19	090	T
43840			Repair of stomach lesion	25.86	$1,215.68	090	T
43842			Gastroplasty for obesity	33.57	$1,578.13	090	T
43843			Gastroplasty for obesity	33.81	$1,589.41	090	T
43846			Gastric bypass for obesity	42.75	$2,009.68	090	T
43847			Gastric bypass for obesity	47.69	$2,241.91	090	T
43848			Revision gastroplasty	52.05	$2,446.87	090	T
43850			Revise stomach-bowel fusion	40.20	$1,889.80	090	T
43855			Revise stomach-bowel fusion	42.47	$1,996.51	090	T
43860			Revise stomach-bowel fusion	40.78	$1,917.07	090	T
43865			Revise stomach-bowel fusion	43.24	$2,032.71	090	T
43870			Repair stomach opening	16.75	$787.42	090	T
43880			Repair stomach-bowel fistula	40.51	$1,904.38	090	T
43999			Stomach surgery procedure	0.00	$0.00	YYY	T
44005			Freeing of bowel adhesion	27.17	$1,277.26	090	T
44010			Incision of small bowel	21.68	$1,019.18	090	T
44015			Insert needle cath bowel	4.18	$196.50	ZZZ	T
44020			Explore small intestine	23.61	$1,109.91	090	T
44021			Decompress small bowel	24.11	$1,133.41	090	T
44025			Incision of large bowel	24.02	$1,129.18	090	T
44050			Reduce bowel obstruction	23.57	$1,108.03	090	T
44055			Correct malrotation of bowel	35.03	$1,646.76	090	T

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CPT® CODE		MOD	DESCRIPTION	TOTAL RVU	MAP	GLOBAL DAYS	ASST SURG
					RVU X $47.01		"T"
44100			Biopsy of bowel	3.42	$160.77	000	
44110			Excise intestine lesion(s)	20.20	$949.60	090	T
44111			Excision of bowel lesion(s)	24.50	$1,151.75	090	T
44120			Removal of small intestine	28.39	$1,334.61	090	T
44121			Removal of small intestine	7.18	$337.53	ZZZ	T
44125			Removal of small intestine	29.20	$1,372.69	090	T
44126			Enterectomy w/taper, cong	55.18	$2,594.01	090	T
44127			Enterectomy w/o taper, cong	63.46	$2,983.25	090	T
44128			Enterectomy cong, add-on	7.36	$345.99	ZZZ	T
44130			Bowel to bowel fusion	24.41	$1,147.51	090	T
44132			Enterectomy, cadaver donor	0.00	$0.00	XXX	T
44133			Enterectomy, live donor	0.00	$0.00	XXX	T
44135			Intestine transplnt, cadaver	0.00	$0.00	XXX	T
44136			Intestine transplant, live	0.00	$0.00	XXX	T
44139			Mobilization of colon	3.56	$167.36	ZZZ	T
44140			Partial removal of colon	35.18	$1,653.81	090	T
44141			Partial removal of colon	36.32	$1,707.40	090	T
44143			Partial removal of colon	41.26	$1,939.63	090	T
44144			Partial removal of colon	38.08	$1,790.14	090	T
44145			Partial removal of colon	43.99	$2,067.97	090	T
44146			Partial removal of colon	48.59	$2,284.22	090	T
44147			Partial removal of colon	35.30	$1,659.45	090	T
44150			Removal of colon	43.25	$2,033.18	090	T
44151			Removal of colon/ileostomy	47.72	$2,243.32	090	T
44152			Removal of colon/ileostomy	50.85	$2,390.46	090	T
44153			Removal of colon/ileostomy	53.24	$2,502.81	090	T
44155			Removal of colon/ileostomy	48.93	$2,300.20	090	T
44156			Removal of colon/ileostomy	54.35	$2,554.99	090	T
44160			Removal of colon	31.23	$1,468.12	090	T
44200			Laparoscopy, enterolysis	24.89	$1,170.08	090	T
44201			Laparoscopy, jejunostomy	17.37	$816.56	090	T
44202			Lap resect s/intestine singl	37.29	$1,753.00	090	T
44203			Lap resect s/intestine, addl	7.18	$337.53	ZZZ	T
44204			Laparo partial colectomy	40.29	$1,894.03	090	T
44205			Lap colectomy part w/ileum	35.59	$1,673.09	090	T
44206			Lap part colectomy w/stoma	43.45	$2,042.58	000	T
44207			L colectomy/coloproctostomy	47.58	$2,236.74	90	T
44208			L colectomy/coloproctostomy	51.18	$2,405.97	90	T
44210			Laparo total proctocolectomy	45.43	$2,135.66	90	T
44211			Laparo total proctocolectomy	56.14	$2,639.14	90	T
44212			Laparo total proctocolectomy	52.56	$2,470.85	90	T
44238			Laparoscope proc, intestine	0.00	BR	yyy	T
44239			Laparoscope proc, rectum	0.00	BR	yyy	T
44300			Open bowel to skin	21.18	$995.67	090	T
44310			Ileostomy/jejunostomy	29.39	$1,381.62	090	T
44312			Revision of ileostomy	14.68	$690.11	090	T
44314			Revision of ileostomy	28.02	$1,317.22	090	T
44316			Devise bowel pouch	38.55	$1,812.24	090	T

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STATE OF MICHIGAN
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CPT® CODE		MOD	DESCRIPTION	TOTAL RVU	MAP	GLOBAL DAYS	ASST SURG
					RVU X $47.01		"T"
44320			Colostomy	33.09	$1,555.56	090	T
44322			Colostomy with biopsies	25.34	$1,191.23	090	T
44340			Revision of colostomy	14.03	$659.55	090	
44345			Revision of colostomy	26.65	$1,252.82	090	T
44346			Revision of colostomy	29.03	$1,364.70	090	T
44360			Small bowel endoscopy	4.36	$204.96	000	
44361			Small bowel endoscopy/biopsy	4.78	$224.71	000	
44363			Small bowel endoscopy	5.72	$268.90	000	T
44364			Small bowel endoscopy	6.11	$287.23	000	T
44365			Small bowel endoscopy	5.48	$257.61	000	T
44366			Small bowel endoscopy	7.06	$331.89	000	
44369			Small bowel endoscopy	7.20	$338.47	000	T
44370			Small bowel endoscopy/stent	7.13	$335.18	000	T
44372			Small bowel endoscopy	7.17	$337.06	000	
44373			Small bowel endoscopy	5.81	$273.13	000	
44376			Small bowel endoscopy	8.40	$394.88	000	T
44377			Small bowel endoscopy/biopsy	8.77	$412.28	000	T
44378			Small bowel endoscopy	11.20	$526.51	000	T
44379			S bowel endoscope w/stent	11.18	$525.57	000	T
44380			Small bowel endoscopy	2.05	$96.37	000	
44382			Small bowel endoscopy	2.40	$112.82	000	
44383			Ileoscopy w/stent	4.79	$225.18	000	
44385			Endoscopy of bowel pouch	7.39	$347.40	000	
44386			Endoscopy, bowel pouch/biop	9.48	$445.65	000	T
44388			Colon endoscopy	10.19	$479.03	000	
44389			Colonoscopy with biopsy	11.22	$527.45	000	
44390			Colonoscopy for foreign body	11.09	$521.34	000	T
44391			Colonoscopy for bleeding	10.98	$516.17	000	T
44392			Colonoscopy & polypectomy	12.63	$593.74	000	
44393			Colonoscopy, lesion removal	14.01	$658.61	000	
44394			Colonoscopy w/snare	12.82	$602.67	000	
44397			Colonoscopy w stent	7.56	$355.40	000	
44500			Intro, gastrointestinal tube	0.92	$43.25	000	T
44602			Suture, small intestine	26.18	$1,230.72	090	T
44603			Suture, small intestine	30.51	$1,434.28	090	T
44604			Suture, large intestine	26.98	$1,268.33	090	T
44605			Repair of bowel lesion	32.43	$1,524.53	090	T
44615			Intestinal stricturoplasty	26.78	$1,258.93	090	T
44620			Repair bowel opening	20.68	$972.17	090	T
44625			Repair bowel opening	25.22	$1,185.59	090	T
44626			Repair bowel opening	41.54	$1,952.80	090	T
44640			Repair bowel-skin fistula	35.18	$1,653.81	090	T
44650			Repair bowel fistula	36.50	$1,715.87	090	T
44660			Repair bowel-bladder fistula	33.97	$1,596.93	090	T
44661			Repair bowel-bladder fistula	39.60	$1,861.60	090	T
44680			Surgical revision, intestine	26.35	$1,238.71	090	T
44700			Suspend bowel w/prosthesis	26.81	$1,260.34	090	T
44701			Intraop colon lavage add-on	4.72	$221.89	zzz	T

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STATE OF MICHIGAN
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					RVU X $47.01		"T"
44799			Intestine surgery procedure	0.00	$0.00	YYY	T
44800			Excision of bowel pouch	19.63	$922.81	090	T
44820			Excision of mesentery lesion	20.69	$972.64	090	T
44850			Repair of mesentery	18.65	$876.74	090	T
44899			Bowel surgery procedure	0.00	$0.00	YYY	T
44900			Drain app abscess, open	18.25	$857.93	090	T
44901			Drain app abscess, percut	8.85	$416.04	000	T
44950			Appendectomy	17.54	$824.56	090	T
44955			Appendectomy add-on	2.50	$117.53	ZZZ	T
44960			Appendectomy	21.61	$1,015.89	090	T
44970			Laparoscopy, appendectomy	15.11	$710.32	090	T
44979			Laparoscope proc, app	0.00	$0.00	YYY	T
45000			Drainage of pelvic abscess	9.26	$435.31	090	
45005			Drainage of rectal abscess	7.02	$330.01	010	
45020			Drainage of rectal abscess	9.97	$468.69	090	
45100			Biopsy of rectum	9.37	$440.48	090	
45108			Removal of anorectal lesion	12.31	$578.69	090	
45110			Removal of rectum	47.06	$2,212.29	090	T
45111			Partial removal of rectum	29.28	$1,376.45	090	T
45112			Removal of rectum	50.30	$2,364.60	090	T
45113			Partial proctectomy	49.53	$2,328.41	090	T
45114			Partial removal of rectum	45.76	$2,151.18	090	T
45116			Partial removal of rectum	41.28	$1,940.57	090	T
45119			Remove rectum w/reservoir	49.66	$2,334.52	090	T
45120			Removal of rectum	41.99	$1,973.95	090	T
45121			Removal of rectum and colon	46.25	$2,174.21	090	T
45123			Partial proctectomy	27.68	$1,301.24	090	T
45126			Pelvic exenteration	72.69	$3,417.16	090	T
45130			Excision of rectal prolapse	27.17	$1,277.26	090	T
45135			Excision of rectal prolapse	32.29	$1,517.95	090	T
45136			Excise ileoanal reservoir	45.58	$2,142.72	090	T
45150			Excision of rectal stricture	12.73	$598.44	090	T
45160			Excision of rectal lesion	25.25	$1,187.00	090	T
45170			Excision of rectal lesion	19.67	$924.69	090	T
45190			Destruction, rectal tumor	17.03	$800.58	090	T
45300			Proctosigmoidoscopy dx	1.84	$86.50	000	
45303			Proctosigmoidoscopy dilate	2.13	$100.13	000	
45305			Protosigmoidoscopy w/bx	2.88	$135.39	000	
45307			Protosigmoidoscopy fb	3.98	$187.10	000	T
45308			Protosigmoidoscopy removal	2.73	$128.34	000	
45309			Protosigmoidoscopy removal	4.87	$228.94	000	
45315			Protosigmoidoscopy removal	4.72	$221.89	000	
45317			Protosigmoidoscopy bleed	3.93	$184.75	000	
45320			Protosigmoidoscopy ablate	3.95	$185.69	000	
45321			Protosigmoidoscopy volvul	2.10	$98.72	000	
45327			Proctosigmoidoscopy w/stent	2.81	$132.10	000	
45330			Diagnostic sigmoidoscopy	3.01	$141.50	000	
45331			Sigmoidoscopy and biopsy	3.71	$174.41	000	

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					RVU X $47.01		"T"
45332			Sigmoidoscopy w/fb removal	6.44	$302.74	000	
45333			Sigmoidoscopy & polypectomy	6.03	$283.47	000	
45334			Sigmoidoscopy for bleeding	4.28	$201.20	000	
45335			Sigmoidoscope w/submuc inj	4.03	$189.45	000	
45337			Sigmoidoscopy & decompress	3.73	$175.35	000	
45338			Sigmoidoscpy w/tumr remove	7.48	$351.63	000	
45339			Sigmoidoscopy w/ablate tumr	7.22	$339.41	000	
45340			Sig w/balloon dilation	9.04	$424.97	000	
45341			Sigmoidoscopy w/ultrasound	4.52	$212.49	000	
45342			Sigmoidoscopy w/us guide bx	6.53	$306.98	000	
45345			Sigmodoscopy w/stent	4.77	$224.24	000	
45355			Surgical colonoscopy	5.47	$257.14	000	
45378			Diagnostic colonoscopy	13.02	$612.07	000	
45378		53	Diagnostic colonoscopy	3.01	$141.50	000	
45379			Colonoscopy w/fb removal	13.61	$639.81	000	
45380			Colonoscopy and biopsy	14.29	$671.77	000	
45381			Colonoscope, submucous inj	10.92	$513.35	000	
45382			Colonoscopy/control bleeding	16.74	$786.95	000	
45383			Lesion removal colonoscopy	16.73	$786.48	000	
45384			Lesion remove colonoscopy	15.08	$708.91	000	
45385			Lesion removal colonoscopy	16.25	$763.91	000	
45386			Colonoscope dilate stricture	20.43	$960.41	000	
45387			Colonoscopy w/stent	9.37	$440.48	000	
45500			Repair of rectum	12.97	$609.72	090	T
45505			Repair of rectum	12.75	$599.38	090	
45520			Treatment of rectal prolapse	1.42	$66.75	000	
45540			Correct rectal prolapse	27.49	$1,292.30	090	T
45541			Correct rectal prolapse	22.74	$1,069.01	090	T
45550			Repair rectum/remove sigmoid	37.53	$1,764.29	090	T
45560			Repair of rectocele	18.61	$874.86	090	T
45562			Exploration/repair of rectum	25.88	$1,216.62	090	T
45563			Exploration/repair of rectum	39.54	$1,858.78	090	T
45800			Repair rect/bladder fistula	29.01	$1,363.76	090	T
45805			Repair fistula w/colostomy	35.33	$1,660.86	090	T
45820			Repair rectourethral fistula	30.12	$1,415.94	090	T
45825			Repair fistula w/colostomy	34.52	$1,622.79	090	T
45900	*		Reduction of rectal prolapse	4.10	$192.74	010	T
45905	*		Dilation of anal sphincter	14.84	$697.63	010	
45910			Dilation of rectal narrowing	20.77	$976.40	010	
45915	*		Remove rectal obstruction	8.48	$398.64	010	
45999			Rectum surgery procedure	0.00	$0.00	YYY	T
46020			Placement of seton	6.55	$307.92	010	
46030	*		Removal of rectal marker	4.40	$206.84	010	T
46040			Incision of rectal abscess	11.73	$551.43	090	
46045			Incision of rectal abscess	8.21	$385.95	090	
46050	*		Incision of anal abscess	5.14	$241.63	010	
46060			Incision of rectal abscess	10.83	$509.12	090	
46070			Incision of anal septum	5.92	$278.30	090	T

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					RVU X $47.01		"T"
46080	*		Incision of anal sphincter	6.88	$323.43	010	
46083			Incise external hemorrhoid	6.48	$304.62	010	
46200			Removal of anal fissure	8.19	$385.01	090	
46210			Removal of anal crypt	8.44	$396.76	090	T
46211			Removal of anal crypts	10.15	$477.15	090	T
46220			Removal of anal tab	3.23	$151.84	010	
46221			Ligation of hemorrhoid(s)	4.16	$195.56	010	
46230			Removal of anal tabs	7.50	$352.58	010	
46250			Hemorrhoidectomy	10.54	$495.49	090	
46255			Hemorrhoidectomy	12.31	$578.69	090	
46257			Remove hemorrhoids & fissure	9.99	$469.63	090	
46258			Remove hemorrhoids & fistula	10.62	$499.25	090	T
46260			Hemorrhoidectomy	12.10	$568.82	090	
46261			Remove hemorrhoids & fissure	13.03	$612.54	090	
46262			Remove hemorrhoids & fistula	13.75	$646.39	090	
46270			Removal of anal fistula	9.85	$463.05	090	
46275			Removal of anal fistula	10.22	$480.44	090	
46280			Removal of anal fistula	11.09	$521.34	090	
46285			Removal of anal fistula	9.23	$433.90	090	
46288			Repair anal fistula	12.91	$606.90	090	
46320	*		Removal of hemorrhoid clot	5.96	$280.18	010	
46500			Injection into hemorrhoid(s)	4.81	$226.12	010	
46600			Diagnostic anoscopy	1.42	$66.75	000	
46604			Anoscopy and dilation	2.53	$118.94	000	
46606			Anoscopy and biopsy	1.86	$87.44	000	
46608			Anoscopy/ remove for body	3.65	$171.59	000	T
46610			Anoscopy/remove lesion	3.08	$144.79	000	
46611			Anoscopy	4.26	$200.26	000	T
46612			Anoscopy/ remove lesions	5.45	$256.20	000	T
46614			Anoscopy/control bleeding	4.27	$200.73	000	
46615			Anoscopy	5.02	$235.99	000	T
46700			Repair of anal stricture	15.40	$723.95	090	
46705			Repair of anal stricture	13.25	$622.88	090	T
46706			Repr of anal fistula w/glue	4.07	$191.33	10	
46715			Repair of anovaginal fistula	13.55	$636.99	090	T
46716			Repair of anovaginal fistula	26.43	$1,242.47	090	T
46730			Construction of absent anus	44.24	$2,079.72	090	T
46735			Construction of absent anus	54.42	$2,558.28	090	T
46740			Construction of absent anus	49.84	$2,342.98	090	T
46742			Repair of imperforated anus	60.93	$2,864.32	090	T
46744			Repair of cloacal anomaly	81.81	$3,845.89	090	T
46746			Repair of cloacal anomaly	92.49	$4,347.95	090	T
46748			Repair of cloacal anomaly	101.60	$4,776.22	090	T
46750			Repair of anal sphincter	17.85	$839.13	090	T
46751			Repair of anal sphincter	16.88	$793.53	090	T
46753			Reconstruction of anus	13.93	$654.85	090	
46754			Removal of suture from anus	7.88	$370.44	010	T
46760			Repair of anal sphincter	23.79	$1,118.37	090	T

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CPT® CODE		MOD	DESCRIPTION	TOTAL RVU	MAP	GLOBAL DAYS	ASST SURG
					RVU X $47.01		"T"
46761			Repair of anal sphincter	22.94	$1,078.41	090	T
46762			Implant artificial sphincter	20.70	$973.11	090	T
46900	*		Destruction, anal lesion(s)	5.77	$271.25	010	
46910	*		Destruction, anal lesion(s)	6.03	$283.47	010	
46916			Cryosurgery, anal lesion(s)	5.34	$251.03	010	
46917			Laser surgery, anal lesions	7.58	$356.34	010	
46922			Excision of anal lesion(s)	6.24	$293.34	010	
46924			Destruction, anal lesion(s)	8.08	$379.84	010	
46934			Destruction of hemorrhoids	10.79	$507.24	090	
46935			Destruction of hemorrhoids	7.47	$351.16	010	
46936			Destruction of hemorrhoids	11.12	$522.75	090	
46937			Cryotherapy of rectal lesion	7.53	$353.99	010	T
46938			Cryotherapy of rectal lesion	11.89	$558.95	090	T
46940			Treatment of anal fissure	6.23	$292.87	010	
46942			Treatment of anal fissure	5.24	$246.33	010	T
46945			Ligation of hemorrhoids	6.30	$296.16	090	
46946			Ligation of hemorrhoids	8.53	$401.00	090	
46999			Anus surgery procedure	0.00	$0.00	YYY	T
47000	*		Needle biopsy of liver	10.49	$493.13	000	
47001			Needle biopsy, liver add-on	3.03	$142.44	ZZZ	
47010			Open drainage, liver lesion	27.46	$1,290.89	090	T
47011			Percut drain, liver lesion	8.78	$412.75	000	T
47015			Inject/aspirate liver cyst	25.65	$1,205.81	090	T
47100			Wedge biopsy of liver	20.15	$947.25	090	T
47120			Partial removal of liver	58.56	$2,752.91	090	T
47122			Extensive removal of liver	88.72	$4,170.73	090	T
47125			Partial removal of liver	79.70	$3,746.70	090	T
47130			Partial removal of liver	85.99	$4,042.39	090	T
47133			Removal of donor liver	0.00	$0.00	XXX	
47134			Partial removal, donor liver	63.03	$2,963.04	XXX	T
47135			Transplantation of liver	145.18	$6,824.91	090	T
47136			Transplantation of liver	132.93	$6,249.04	090	T
47300			Surgery for liver lesion	25.39	$1,193.58	090	T
47350			Repair liver wound	32.31	$1,518.89	090	T
47360			Repair liver wound	44.40	$2,087.24	090	T
47361			Repair liver wound	75.24	$3,537.03	090	T
47362			Repair liver wound	31.49	$1,480.34	090	T
47370			Laparo ablate liver tumor rf	27.55	$1,295.13	090	T
47371			Laparo ablate liver cryosug	26.03	$1,223.67	090	T
47379			Laparoscope procedure, liver	0.00	$0.00	YYY	T
47380			Open ablate liver tumor rf	32.17	$1,512.31	090	T
47381			Open ablate liver tumor cryo	31.81	$1,495.39	090	T
47382			Percut ablate liver rf	19.58	$920.46	010	T
47399			Liver surgery procedure	0.00	$0.00	YYY	T
47400			Incision of liver duct	52.38	$2,462.38	090	T
47420			Incision of bile duct	33.67	$1,582.83	090	T
47425			Incision of bile duct	33.31	$1,565.90	090	T
47460			Incise bile duct sphincter	30.54	$1,435.69	090	T

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CPT® CODE		MOD	DESCRIPTION	TOTAL RVU	MAP	GLOBAL DAYS	ASST SURG
					RVU X $47.01		"T"
47480			Incision of gallbladder	19.80	$930.80	090	T
47490			Incision of gallbladder	15.81	$743.23	090	T
47500			Injection for liver x-rays	2.89	$135.86	000	
47505			Injection for liver x-rays	3.72	$174.88	000	T
47510			Insert catheter, bile duct	18.28	$859.34	090	
47511			Insert bile duct drain	22.37	$1,051.61	090	
47525			Change bile duct catheter	9.56	$449.42	010	
47530			Revise/reinsert bile tube	11.71	$550.49	090	
47550			Bile duct endoscopy add-on	4.85	$228.00	ZZZ	T
47552			Biliary endoscopy thru skin	9.66	$454.12	000	
47553			Biliary endoscopy thru skin	9.88	$464.46	000	
47554			Biliary endoscopy thru skin	14.51	$682.12	000	
47555			Biliary endoscopy thru skin	11.68	$549.08	000	
47556			Biliary endoscopy thru skin	13.12	$616.77	000	
47560			Laparoscopy w/cholangio	8.01	$376.55	000	T
47561			Laparo w/cholangio/biopsy	8.61	$404.76	000	T
47562			Laparoscopic cholecystectomy	19.07	$896.48	090	T
47563			Laparo cholecystectomy/graph	20.40	$959.00	090	T
47564			Laparo cholecystectomy/explr	24.10	$1,132.94	090	T
47570			Laparo cholecystoenterostomy	21.46	$1,008.83	090	T
47579			Laparoscope proc, biliary	0.00	$0.00	YYY	T
47600			Removal of gallbladder	23.39	$1,099.56	090	T
47605			Removal of gallbladder	25.11	$1,180.42	090	T
47610			Removal of gallbladder	31.72	$1,491.16	090	T
47612			Removal of gallbladder	31.56	$1,483.64	090	T
47620			Removal of gallbladder	34.50	$1,621.85	090	T
47630			Remove bile duct stone	13.57	$637.93	090	
47700			Exploration of bile ducts	27.96	$1,314.40	090	T
47701			Bile duct revision	48.88	$2,297.85	090	T
47711			Excision of bile duct tumor	39.41	$1,852.66	090	T
47712			Excision of bile duct tumor	51.02	$2,398.45	090	T
47715			Excision of bile duct cyst	31.81	$1,495.39	090	T
47716			Fusion of bile duct cyst	28.22	$1,326.62	090	T
47720			Fuse gallbladder & bowel	28.06	$1,319.10	090	T
47721			Fuse upper gi structures	33.17	$1,559.32	090	T
47740			Fuse gallbladder & bowel	32.17	$1,512.31	090	T
47741			Fuse gallbladder & bowel	36.60	$1,720.57	090	T
47760			Fuse bile ducts and bowel	43.76	$2,057.16	090	T
47765			Fuse liver ducts & bowel	43.15	$2,028.48	090	T
47780			Fuse bile ducts and bowel	44.77	$2,104.64	090	T
47785			Fuse bile ducts and bowel	53.00	$2,491.53	090	T
47800			Reconstruction of bile ducts	39.85	$1,873.35	090	T
47801			Placement, bile duct support	27.30	$1,283.37	090	T
47802			Fuse liver duct & intestine	37.84	$1,778.86	090	T
47900			Suture bile duct injury	34.37	$1,615.73	090	T
47999			Bile tract surgery procedure	0.00	$0.00	YYY	T
48000			Drainage of abdomen	44.32	$2,083.48	090	T
48001			Placement of drain, pancreas	55.65	$2,616.11	090	T

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CPT® CODE		MOD	DESCRIPTION	TOTAL RVU	MAP	GLOBAL DAYS	ASST SURG
					RVU X $47.01		"T"
48005			Resect/debride pancreas	65.70	$3,088.56	090	T
48020			Removal of pancreatic stone	26.60	$1,250.47	090	T
48100			Biopsy of pancreas, open	22.00	$1,034.22	090	T
48102	*		Needle biopsy, pancreas	14.19	$667.07	010	
48120			Removal of pancreas lesion	26.98	$1,268.33	090	T
48140			Partial removal of pancreas	39.08	$1,837.15	090	T
48145			Partial removal of pancreas	41.18	$1,935.87	090	T
48146			Pancreatectomy	46.50	$2,185.97	090	T
48148			Removal of pancreatic duct	30.55	$1,436.16	090	T
48150			Partial removal of pancreas	80.49	$3,783.83	090	T
48152			Pancreatectomy	74.77	$3,514.94	090	T
48153			Pancreatectomy	81.20	$3,817.21	090	T
48154			Pancreatectomy	75.28	$3,538.91	090	T
48155			Removal of pancreas	44.33	$2,083.95	090	T
48160			Pancreas removal/transplant	0.00	$0.00	XXX	
48180			Fuse pancreas and bowel	41.55	$1,953.27	090	T
48400			Injection, intraop add-on	2.91	$136.80	ZZZ	T
48500			Surgery of pancreatic cyst	26.45	$1,243.41	090	T
48510			Drain pancreatic pseudocyst	24.53	$1,153.16	090	T
48511			Drain pancreatic pseudocyst	8.43	$396.29	000	T
48520			Fuse pancreas cyst and bowel	26.65	$1,252.82	090	T
48540			Fuse pancreas cyst and bowel	33.16	$1,558.85	090	T
48545			Pancreatorrhaphy	31.15	$1,464.36	090	T
48547			Duodenal exclusion	42.71	$2,007.80	090	T
48550			Donor pancreatectomy	0.00	$0.00	XXX	
48554			Transpl allograft pancreas	54.75	$2,573.80	090	T
48556			Removal, allograft pancreas	28.24	$1,327.56	090	T
48999			Pancreas surgery procedure	0.00	$0.00	YYY	T
49000			Exploration of abdomen	20.83	$979.22	090	T
49002			Reopening of abdomen	19.24	$904.47	090	T
49010			Exploration behind abdomen	22.39	$1,052.55	090	T
49020			Drain abdominal abscess	37.76	$1,775.10	090	T
49021			Drain abdominal abscess	9.65	$453.65	000	
49040			Drain, open, abdom abscess	23.76	$1,116.96	090	T
49041			Drain, percut, abdom abscess	10.57	$496.90	000	T
49060			Drain, open, retrop abscess	27.60	$1,297.48	090	
49061			Drain, percut, retroper absc	10.16	$477.62	000	T
49062			Drain to peritoneal cavity	21.14	$993.79	090	T
49080	*		Puncture, peritoneal cavity	6.09	$286.29	000	
49081	*		Removal of abdominal fluid	4.56	$214.37	000	
49085			Remove abdomen foreign body	21.14	$993.79	090	
49180	*		Biopsy, abdominal mass	10.44	$490.78	000	T
49200			Removal of abdominal lesion	19.10	$897.89	090	T
49201			Removal of abdominal lesion	27.36	$1,286.19	090	T
49215			Excise sacral spine tumor	55.45	$2,606.70	090	T
49220			Multiple surgery, abdomen	26.60	$1,250.47	090	
49250			Excision of umbilicus	15.71	$738.53	090	T
49255			Removal of omentum	20.60	$968.41	090	T

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					RVU X $47.01		"T"
49320			Diag laparo separate proc	9.43	$443.30	010	T
49321			Laparoscopy, biopsy	9.80	$460.70	010	T
49322			Laparoscopy, aspiration	10.66	$501.13	010	T
49323			Laparo drain lymphocele	15.88	$746.52	090	T
49329			Laparo proc, abdm/per/oment	0.00	$0.00	YYY	
49400	*		Air injection into abdomen	2.99	$140.56	000	
49419			Insrt abdom cath for chemotx	11.87	$558.01	000	
49420	*		Insert abdominal drain	3.55	$166.89	000	
49421			Insert abdominal drain	11.00	$517.11	090	
49422			Remove perm cannula/catheter	10.84	$509.59	010	T
49423			Exchange drainage catheter	2.35	$110.47	000	T
49424			Assess cyst, contrast inject	1.30	$61.11	000	T
49425			Insert abdomen-venous drain	21.17	$995.20	090	
49426			Revise abdomen-venous shunt	18.14	$852.76	090	T
49427			Injection, abdominal shunt	1.52	$71.46	000	
49428			Ligation of shunt	10.10	$474.80	010	
49429			Removal of shunt	12.96	$609.25	010	T
49491			Repairing hern premie reduc	19.31	$907.76	090	T
49492			Rpr ing hern premie, blocked	23.99	$1,127.77	090	T
49495			Rpr ing hernia baby, reduc	11.00	$517.11	090	T
49496			Rpr ing hernia baby, blocked	16.96	$797.29	090	T
49500			Rpr ing hernia, init, reduce	10.13	$476.21	090	T
49501			Rpr ing hernia, init blocked	15.44	$725.83	090	T
49505			Rpr i/hern init reduc>5 yr	13.83	$650.15	090	T
49507			Rpr i/hern init block>5 yr	17.85	$839.13	090	T
49520			Rerepair ing hernia, reduce	17.25	$810.92	090	T
49521			Rerepair ing hernia, blocked	20.46	$961.82	090	T
49525			Repair ing hernia, sliding	15.42	$724.89	090	T
49540			Repair lumbar hernia	18.33	$861.69	090	T
49550			Rpr fem hernia, init, reduce	15.09	$709.38	090	T
49553			Rpr fem hernia, init blocked	16.50	$775.67	090	T
49555			Rerepair fem hernia, reduce	16.34	$768.14	090	T
49557			Rerepair fem hernia, blocked	19.21	$903.06	090	T
49560			Rpr ventral hern init, reduc	20.22	$950.54	090	T
49561			Rpr ventral hern init, block	24.09	$1,132.47	090	T
49565			Rerepair ventrl hern, reduce	20.38	$958.06	090	T
49566			Rerepair ventrl hern, block	24.35	$1,144.69	090	T
49568			Hernia repair w/mesh	7.90	$371.38	ZZZ	T
49570			Rpr epigastric hern, reduce	10.50	$493.61	090	T
49572			Rpr epigastric hern, blocked	12.20	$573.52	090	T
49580			Rpr umbil hern, reduc <5 yr	8.01	$376.55	090	T
49582			Rpr umbil hern, block < 5 yr	13.12	$616.77	090	T
49585			Rpr umbil hern, reduc > 5 yr	11.73	$551.43	090	T
49587			Rpr umbil hern, block > 5 yr	13.48	$633.69	090	T
49590			Repair spigelian hernia	15.38	$723.01	090	T
49600			Repair umbilical lesion	20.08	$943.96	090	T
49605			Repair umbilical lesion	114.44	$5,379.82	090	T
49606			Repair umbilical lesion	33.69	$1,583.77	090	T

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					RVU X $47.01		"T"
49610			Repair umbilical lesion	19.36	$910.11	090	T
49611			Repair umbilical lesion	17.16	$806.69	090	T
49650			Laparo hernia repair initial	11.20	$526.51	090	T
49651			Laparo hernia repair recur	14.74	$692.93	090	T
49659			Laparo proc, hernia repair	0.00	$0.00	YYY	T
49900			Repair of abdominal wall	22.16	$1,041.74	090	T
49904			Omental flap, extra-abdom	40.78	$1,917.07	90	
49905			Omental flap	10.53	$495.02	ZZZ	T
49906			Free omental flap, microvasc	0.00	$0.00	090	
49999			Abdomen surgery procedure	0.00	$0.00	YYY	T
50010			Exploration of kidney	20.10	$944.90	090	T
50020			Renal abscess, open drain	30.53	$1,435.22	090	
50021			Renal abscess, percut drain	14.24	$669.42	000	T
50040			Drainage of kidney	28.71	$1,349.66	090	
50045			Exploration of kidney	26.78	$1,258.93	090	T
50060			Removal of kidney stone	32.37	$1,521.71	090	T
50065			Incision of kidney	34.41	$1,617.61	090	T
50070			Incision of kidney	34.22	$1,608.68	090	T
50075			Removal of kidney stone	42.02	$1,975.36	090	T
50080			Removal of kidney stone	28.03	$1,317.69	090	
50081			Removal of kidney stone	38.53	$1,811.30	090	T
50100			Revise kidney blood vessels	29.53	$1,388.21	090	T
50120			Exploration of kidney	27.58	$1,296.54	090	T
50125			Explore and drain kidney	28.82	$1,354.83	090	T
50130			Removal of kidney stone	29.30	$1,377.39	090	T
50135			Exploration of kidney	32.24	$1,515.60	090	T
50200	*		Biopsy of kidney	3.93	$184.75	000	
50205			Biopsy of kidney	20.23	$951.01	090	T
50220			Remove kidney, open	29.48	$1,385.85	090	T
50225			Removal kidney open, complex	33.87	$1,592.23	090	T
50230			Removal kidney open, radical	36.58	$1,719.63	090	T
50234			Removal of kidney & ureter	37.09	$1,743.60	090	T
50236			Removal of kidney & ureter	43.12	$2,027.07	090	T
50240			Partial removal of kidney	38.92	$1,829.63	090	T
50280			Removal of kidney lesion	26.98	$1,268.33	090	T
50290			Removal of kidney lesion	26.09	$1,226.49	090	T
50300			Removal of donor kidney	0.00	$0.00	XXX	
50320			Removal of donor kidney	37.76	$1,775.10	090	T
50340			Removal of kidney	24.35	$1,144.69	090	T
50360			Transplantation of kidney	56.89	$2,674.40	090	T
50365			Transplantation of kidney	66.93	$3,146.38	090	T
50370			Remove transplanted kidney	26.78	$1,258.93	090	T
50380			Reimplantation of kidney	38.85	$1,826.34	090	T
50390	*		Drainage of kidney lesion	2.89	$135.86	000	
50392			Insert kidney drain	4.98	$234.11	000	
50393			Insert ureteral tube	6.11	$287.23	000	
50394			Injection for kidney x-ray	3.46	$162.65	000	
50395			Create passage to kidney	4.99	$234.58	000	

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					RVU X $47.01		"T"
50396			Measure kidney pressure	3.26	$153.25	000	T
50398	*		Change kidney tube	2.71	$127.40	000	
50400			Revision of kidney/ureter	32.77	$1,540.52	090	T
50405			Revision of kidney/ureter	39.63	$1,863.01	090	T
50500			Repair of kidney wound	34.69	$1,630.78	090	T
50520			Close kidney-skin fistula	32.29	$1,517.95	090	T
50525			Repair renal-abdomen fistula	39.52	$1,857.84	090	T
50526			Repair renal-abdomen fistula	43.12	$2,027.07	090	T
50540			Revision of horseshoe kidney	33.73	$1,585.65	090	T
50541			Laparo ablate renal cyst	25.42	$1,194.99	090	T
50542			Laparo ablate renal mass	31.90	$1,499.62	90	T
50543			Laparo partial nephrectomy	39.68	$1,865.36	90	T
50544			Laparoscopy, pyeloplasty	35.18	$1,653.81	090	T
50545			Laparo radical nephrectomy	37.70	$1,772.28	090	T
50546			Laparoscopic nephrectomy	32.48	$1,526.88	090	T
50547			Laparo removal donor kidney	42.01	$1,974.89	090	T
50548			Laparo remove k/ureter	38.06	$1,789.20	090	T
50549			Laparoscope proc, renal	0.00	$0.00	YYY	T
50551			Kidney endoscopy	11.41	$536.38	000	T
50553			Kidney endoscopy	23.15	$1,088.28	000	
50555			Kidney endoscopy & biopsy	27.62	$1,298.42	000	T
50557			Kidney endoscopy & treatment	27.86	$1,309.70	000	T
50559			Renal endoscopy/radiotracer	9.98	$469.16	000	T
50561			Kidney endoscopy & treatment	27.05	$1,271.62	000	T
50562			Renal scope w/tumor resect	17.11	$804.34	90	T
50570			Kidney endoscopy	14.28	$671.30	000	T
50572			Kidney endoscopy	15.57	$731.95	000	T
50574			Kidney endoscopy & biopsy	16.63	$781.78	000	T
50575			Kidney endoscopy	20.95	$984.86	000	
50576			Kidney endoscopy & treatment	16.49	$775.19	000	T
50578			Renal endoscopy/radiotracer	17.15	$806.22	000	T
50580			Kidney endoscopy & treatment	17.76	$834.90	000	T
50590			Fragmenting of kidney stone	21.30	$1,001.31	090	
50600			Exploration of ureter	27.53	$1,294.19	090	T
50605			Insert ureteral support	27.27	$1,281.96	090	T
50610			Removal of ureter stone	27.84	$1,308.76	090	T
50620			Removal of ureter stone	26.13	$1,228.37	090	T
50630			Removal of ureter stone	25.81	$1,213.33	090	T
50650			Removal of ureter	29.96	$1,408.42	090	T
50660			Removal of ureter	33.14	$1,557.91	090	T
50684			Injection for ureter x-ray	15.86	$745.58	000	
50686			Measure ureter pressure	6.82	$320.61	000	T
50688	*		Change of ureter tube	3.09	$145.26	010	
50690			Injection for ureter x-ray	16.69	$784.60	000	
50700			Revision of ureter	26.61	$1,250.94	090	T
50715			Release of ureter	35.53	$1,670.27	090	T
50722			Release of ureter	30.35	$1,426.75	090	T
50725			Release/revise ureter	32.80	$1,541.93	090	T

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CPT® CODE		MOD	DESCRIPTION	TOTAL RVU	MAP	GLOBAL DAYS	ASST SURG
					RVU X $47.01		"T"
50727			Revise ureter	16.07	$755.45	090	T
50728			Revise ureter	22.48	$1,056.78	090	T
50740			Fusion of ureter & kidney	31.90	$1,499.62	090	T
50750			Fusion of ureter & kidney	33.27	$1,564.02	090	T
50760			Fusion of ureters	31.80	$1,494.92	090	T
50770			Splicing of ureters	33.24	$1,562.61	090	T
50780			Reimplant ureter in bladder	31.53	$1,482.23	090	T
50782			Reimplant ureter in bladder	34.47	$1,620.43	090	T
50783			Reimplant ureter in bladder	35.32	$1,660.39	090	T
50785			Reimplant ureter in bladder	34.79	$1,635.48	090	T
50800			Implant ureter in bowel	26.97	$1,267.86	090	T
50810			Fusion of ureter & bowel	36.79	$1,729.50	090	T
50815			Urine shunt to intestine	35.08	$1,649.11	090	T
50820			Construct bowel bladder	37.92	$1,782.62	090	T
50825			Construct bowel bladder	48.25	$2,268.23	090	T
50830			Revise urine flow	52.97	$2,490.12	090	T
50840			Replace ureter by bowel	35.16	$1,652.87	090	T
50845			Appendico-vesicostomy	34.45	$1,619.49	090	T
50860			Transplant ureter to skin	26.94	$1,266.45	090	T
50900			Repair of ureter	24.24	$1,139.52	090	T
50920			Closure ureter/skin fistula	24.94	$1,172.43	090	T
50930			Closure ureter/bowel fistula	33.52	$1,575.78	090	T
50940			Release of ureter	25.65	$1,205.81	090	T
50945			Laparoscopy ureterolithotomy	27.44	$1,289.95	090	T
50947			Laparo new ureter/bladder	41.34	$1,943.39	090	T
50948			Laparo new ureter/bladder	37.80	$1,776.98	090	T
50949			Laparoscope proc, ureter	0.00	$0.00	YYY	T
50951			Endoscopy of ureter	12.05	$566.47	000	T
50953			Endoscopy of ureter	23.75	$1,116.49	000	T
50955			Ureter endoscopy & biopsy	28.85	$1,356.24	000	T
50957			Ureter endoscopy & treatment	27.47	$1,291.36	000	T
50959			Ureter endoscopy & tracer	6.49	$305.09	000	T
50961			Ureter endoscopy & treatment	30.33	$1,425.81	000	T
50970			Ureter endoscopy	10.72	$503.95	000	T
50972			Ureter endoscopy & catheter	10.46	$491.72	000	T
50974			Ureter endoscopy & biopsy	13.75	$646.39	000	T
50976			Ureter endoscopy & treatment	13.55	$636.99	000	T
50978			Ureter endoscopy & tracer	7.78	$365.74	000	T
50980			Ureter endoscopy & treatment	10.29	$483.73	000	
51000	*		Drainage of bladder	2.94	$138.21	000	
51005	*		Drainage of bladder	4.59	$215.78	000	
51010			Drainage of bladder	8.55	$401.94	010	T
51020			Incise & treat bladder	13.54	$636.52	090	T
51030			Incise & treat bladder	13.89	$652.97	090	T
51040			Incise & drain bladder	9.58	$450.36	090	T
51045			Incise bladder/drain ureter	14.00	$658.14	090	T
51050			Removal of bladder stone	13.30	$625.23	090	T
51060			Removal of ureter stone	16.81	$790.24	090	T

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CPT® CODE		MOD	DESCRIPTION	TOTAL RVU	MAP	GLOBAL DAYS	ASST SURG
					RVU X $47.01		"T"
51065			Remove ureter calculus	16.32	$767.20	090	T
51080			Drainage of bladder abscess	12.56	$590.45	090	T
51500			Removal of bladder cyst	18.51	$870.16	090	T
51520			Removal of bladder lesion	17.48	$821.73	090	T
51525			Removal of bladder lesion	24.38	$1,146.10	090	T
51530			Removal of bladder lesion	22.34	$1,050.20	090	T
51535			Repair of ureter lesion	23.14	$1,087.81	090	T
51550			Partial removal of bladder	27.09	$1,273.50	090	T
51555			Partial removal of bladder	35.84	$1,684.84	090	T
51565			Revise bladder & ureter(s)	36.93	$1,736.08	090	T
51570			Removal of bladder	41.02	$1,928.35	090	T
51575			Removal of bladder & nodes	50.79	$2,387.64	090	T
51580			Remove bladder/revise tract	52.23	$2,455.33	090	T
51585			Removal of bladder & nodes	58.35	$2,743.03	090	T
51590			Remove bladder/revise tract	54.01	$2,539.01	090	T
51595			Remove bladder/revise tract	60.63	$2,850.22	090	T
51596			Remove bladder/create pouch	64.82	$3,047.19	090	T
51597			Removal of pelvic structures	62.97	$2,960.22	090	T
51600	*		Injection for bladder x-ray	6.49	$305.09	000	
51605			Preparation for bladder xray	17.44	$819.85	000	
51610			Injection for bladder x-ray	17.36	$816.09	000	
51700	*		Irrigation of bladder	2.33	$109.53	000	
51701			Insert bladder catheter	1.64	$77.10	000	
51702			Insert temp bladder cath	2.55	$119.88	000	
51703			Insert bladder cath, complex	3.62	$170.18	000	
51705	*		Change of bladder tube	3.33	$156.54	010	T
51710	*		Change of bladder tube	6.83	$321.08	010	
51715			Endoscopic injection/implant	8.81	$414.16	000	T
51720			Treatment of bladder lesion	3.96	$186.16	000	T
51725			Simple cystometrogram	7.75	$364.33	000	T
51725		TC	Simple cystometrogram	5.46	$256.67	000	
51725		26	Simple cystometrogram	2.29	$107.65	000	
51726			Complex cystometrogram	6.73	$316.38	000	
51726		TC	Complex cystometrogram	4.14	$194.62	000	
51726		26	Complex cystometrogram	2.59	$121.76	000	
51736			Urine flow measurement	1.81	$85.09	000	T
51736		TC	Urine flow measurement	0.88	$41.37	000	T
51736		26	Urine flow measurement	0.93	$43.72	000	T
51741			Electro-uroflowmetry, first	3.30	$155.13	000	
51741		TC	Electro-uroflowmetry, first	1.57	$73.81	000	
51741		26	Electro-uroflowmetry, first	1.73	$81.33	000	
51772			Urethra pressure profile	6.73	$316.38	000	T
51772		TC	Urethra pressure profile	4.22	$198.38	000	T
51772		26	Urethra pressure profile	2.51	$118.00	000	T
51784			Anal/urinary muscle study	5.22	$245.39	000	
51784		TC	Anal/urinary muscle study	2.89	$135.86	000	
51784		26	Anal/urinary muscle study	2.32	$109.06	000	
51785			Anal/urinary muscle study	5.29	$248.68	000	T

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					RVU X $47.01		"T"
51785		TC	Anal/urinary muscle study	2.99	$140.56	000	T
51785		26	Anal/urinary muscle study	2.30	$108.12	000	T
51792			Urinary reflex study	4.90	$230.35	000	T
51792		TC	Urinary reflex study	3.14	$147.61	000	T
51792		26	Urinary reflex study	1.76	$82.74	000	T
51795			Urine voiding pressure study	6.81	$320.14	000	T
51795		TC	Urine voiding pressure study	4.48	$210.60	000	T
51795		26	Urine voiding pressure study	2.32	$109.06	000	T
51797			Intraabdominal pressure test	6.82	$320.61	000	T
51797		TC	Intraabdominal pressure test	4.39	$206.37	000	T
51797		26	Intraabdominal pressure test	2.43	$114.23	000	T
51798			Us urine capacity measure	0.64	$30.09	xxx	
51800			Revision of bladder/urethra	30.08	$1,414.06	090	T
51820			Revision of urinary tract	32.51	$1,528.30	090	T
51840			Attach bladder/urethra	19.82	$931.74	090	T
51841			Attach bladder/urethra	24.27	$1,140.93	090	T
51845			Repair bladder neck	18.26	$858.40	090	T
51860			Repair of bladder wound	22.22	$1,044.56	090	T
51865			Repair of bladder wound	26.62	$1,251.41	090	T
51880			Repair of bladder opening	15.04	$707.03	090	T
51900			Repair bladder/vagina lesion	23.54	$1,106.62	090	T
51920			Close bladder-uterus fistula	21.69	$1,019.65	090	T
51925			Hysterectomy/bladder repair	28.96	$1,361.41	090	T
51940			Correction of bladder defect	49.98	$2,349.56	090	T
51960			Revision of bladder & bowel	40.14	$1,886.98	090	T
51980			Construct bladder opening	20.61	$968.88	090	T
51990			Laparo urethral suspension	21.90	$1,029.52	090	T
51992			Laparo sling operation	23.26	$1,093.45	090	T
52000			Cystoscopy	5.78	$271.72	000	
52001			Cystoscopy, removal of clots	4.13	$194.15	000	
52005			Cystoscopy & ureter catheter	16.14	$758.74	000	
52007			Cystoscopy and biopsy	4.52	$212.49	000	
52010			Cystoscopy & duct catheter	9.40	$441.89	000	
52204			Cystoscopy	8.93	$419.80	000	
52214			Cystoscopy and treatment	10.82	$508.65	000	
52224			Cystoscopy and treatment	10.02	$471.04	000	
52234			Cystoscopy and treatment	7.03	$330.48	000	
52235			Cystoscopy and treatment	8.28	$389.24	000	
52240			Cystoscopy and treatment	14.70	$691.05	000	
52250			Cystoscopy and radiotracer	6.75	$317.32	000	
52260			Cystoscopy and treatment	5.88	$276.42	000	
52265			Cystoscopy and treatment	7.18	$337.53	000	
52270			Cystoscopy & revise urethra	10.77	$506.30	000	
52275			Cystoscopy & revise urethra	12.86	$604.55	000	
52276			Cystoscopy and treatment	13.34	$627.11	000	
52277			Cystoscopy and treatment	9.30	$437.19	000	
52281			Cystoscopy and treatment	17.77	$835.37	000	T
52282			Cystoscopy, implant stent	22.75	$1,069.48	000	

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					RVU X $47.01		"T"
52283			Cystoscopy and treatment	10.90	$512.41	000	
52285			Cystoscopy and treatment	11.24	$528.39	000	
52290			Cystoscopy and treatment	6.87	$322.96	000	
52300			Cystoscopy and treatment	7.96	$374.20	000	
52301			Cystoscopy and treatment	8.35	$392.53	000	T
52305			Cystoscopy and treatment	7.94	$373.26	000	T
52310			Cystoscopy and treatment	7.11	$334.24	000	
52315			Cystoscopy and treatment	22.44	$1,054.90	000	
52317			Remove bladder stone	33.83	$1,590.35	000	
52318			Remove bladder stone	13.75	$646.39	000	
52320			Cystoscopy and treatment	7.04	$330.95	000	
52325			Cystoscopy, stone removal	9.23	$433.90	000	
52327			Cystoscopy, inject material	7.81	$367.15	000	
52330			Cystoscopy and treatment	26.59	$1,250.00	000	
52332			Cystoscopy and treatment	22.09	$1,038.45	000	
52334			Create passage to kidney	7.21	$338.94	000	
52341			Cysto w/ureter stricture tx	9.38	$440.95	000	
52342			Cysto w/up stricture tx	10.15	$477.15	000	
52343			Cysto w/renal stricture tx	11.24	$528.39	000	
52344			Cysto/uretero, stone remove	12.02	$565.06	000	
52345			Cysto/uretero w/up stricture	12.80	$601.73	000	T
52346			Cystouretero w/renal strict	14.42	$677.88	000	T
52347			Cystoscopy, resect ducts	8.30	$390.18	000	T
52351			Cystouretro & or pyeloscope	8.81	$414.16	000	
52352			Cystouretro w/stone remove	10.33	$485.61	000	
52353			Cystouretero w/lithotripsy	11.96	$562.24	000	
52354			Cystouretero w/biopsy	11.03	$518.52	000	
52355			Cystouretero w/excise tumor	13.27	$623.82	000	
52400			Cystouretero w/congen repr	17.02	$800.11	090	
52450			Incision of prostate	15.42	$724.89	090	
52500			Revision of bladder neck	16.61	$780.84	090	
52510			Dilation prostatic urethra	13.58	$638.40	090	
52601			Prostatectomy (TURP)	22.50	$1,057.73	090	
52606			Control postop bleeding	15.70	$738.06	090	
52612			Prostatectomy, first stage	15.97	$750.75	090	
52614			Prostatectomy, second stage	14.23	$668.95	090	
52620			Remove residual prostate	13.87	$652.03	090	
52630			Remove prostate regrowth	14.84	$697.63	090	
52640			Relieve bladder contracture	13.39	$629.46	090	
52647			Laser surgery of prostate	71.21	$3,347.58	090	
52648			Laser surgery of prostate	20.60	$968.41	090	
52700			Drainage of prostate abscess	14.21	$668.01	090	T
53000			Incision of urethra	10.09	$474.33	010	
53010			Incision of urethra	8.30	$390.18	090	
53020			Incision of urethra	6.48	$304.62	000	
53025			Incision of urethra	6.12	$287.70	000	T
53040			Drainage of urethra abscess	22.20	$1,043.62	090	T
53060			Drainage of urethra abscess	9.41	$442.36	010	

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					RVU X $47.01		"T"
53080			Drainage of urinary leakage	15.75	$740.41	090	
53085			Drainage of urinary leakage	22.31	$1,048.79	090	T
53200			Biopsy of urethra	8.66	$407.11	000	
53210			Removal of urethra	22.70	$1,067.13	090	T
53215			Removal of urethra	26.87	$1,263.16	090	T
53220			Treatment of urethra lesion	13.87	$652.03	090	T
53230			Removal of urethra lesion	17.53	$824.09	090	T
53235			Removal of urethra lesion	18.23	$856.99	090	T
53240			Surgery for urethra pouch	12.87	$605.02	090	
53250			Removal of urethra gland	11.56	$543.44	090	
53260			Treatment of urethra lesion	9.67	$454.59	010	
53265			Treatment of urethra lesion	10.24	$481.38	010	
53270			Removal of urethra gland	10.66	$501.13	010	
53275			Repair of urethra defect	8.70	$408.99	010	
53400			Revise urethra, stage 1	23.31	$1,095.80	090	T
53405			Revise urethra, stage 2	25.50	$1,198.76	090	T
53410			Reconstruction of urethra	28.28	$1,329.44	090	T
53415			Reconstruction of urethra	32.66	$1,535.35	090	T
53420			Reconstruct urethra, stage 1	25.27	$1,187.94	090	
53425			Reconstruct urethra, stage 2	27.58	$1,296.54	090	T
53430			Reconstruction of urethra	28.36	$1,333.20	090	T
53431			Reconstruct urethra/bladder	31.14	$1,463.89	090	T
53440			Correct bladder function	22.38	$1,052.08	090	T
53442			Remove perineal prosthesis	15.79	$742.29	090	T
53443			Reconstruction of urethra	34.74	$1,633.13	090	T
53444			Insert tandem cuff	22.17	$1,042.21	090	T
53445			Insert uro/ves nck sphincter	25.02	$1,176.19	090	T
53446			Remove uro sphincter	20.31	$954.77	090	T
53447			Remove/replace ur sphincter	23.50	$1,104.74	090	T
53448			Remov/replc ur sphinctr comp	36.88	$1,733.73	090	T
53449			Repair uro sphincter	17.95	$843.83	090	
53450			Revision of urethra	12.28	$577.28	090	T
53460			Revision of urethra	13.76	$646.86	090	
53502			Repair of urethra injury	14.74	$692.93	090	T
53505			Repair of urethra injury	14.47	$680.23	090	T
53510			Repair of urethra injury	18.29	$859.81	090	T
53515			Repair of urethra injury	23.32	$1,096.27	090	
53520			Repair of urethra defect	16.21	$762.03	090	
53600	*		Dilate urethra stricture	2.59	$121.76	000	
53601	*		Dilate urethra stricture	2.45	$115.17	000	
53605			Dilate urethra stricture	1.93	$90.73	000	
53620	*		Dilate urethra stricture	3.79	$178.17	000	
53621	*		Dilate urethra stricture	3.56	$167.36	000	
53660	*		Dilation of urethra	2.04	$95.90	000	
53661	*		Dilation of urethra	2.04	$95.90	000	
53665			Dilation of urethra	1.16	$54.53	000	
53850			Prostatic microwave thermotx	98.32	$4,622.02	090	
53852			Prostatic rf thermotx	86.82	$4,081.41	090	

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					RVU X $47.01		"T"
53853			Prostatic water thermother	57.75	$2,714.83	090	T
53899			Urology surgery procedure	0.00	$0.00	YYY	T
54000			Slitting of prepuce	7.45	$350.22	010	
54001			Slitting of prepuce	9.11	$428.26	010	
54015			Drain penis lesion	14.13	$664.25	010	T
54050	*		Destruction, penis lesion(s)	4.27	$200.73	010	
54055	*		Destruction, penis lesion(s)	8.04	$377.96	010	
54056			Cryosurgery, penis lesion(s)	4.36	$204.96	010	
54057			Laser surg, penis lesion(s)	4.42	$207.78	010	
54060			Excision of penis lesion(s)	7.89	$370.91	010	
54065			Destruction, penis lesion(s)	8.14	$382.66	010	
54100			Biopsy of penis	5.71	$268.43	000	
54105			Biopsy of penis	10.80	$507.71	010	
54110			Treatment of penis lesion	19.93	$936.91	090	T
54111			Treat penis lesion, graft	25.05	$1,177.60	090	T
54112			Treat penis lesion, graft	28.44	$1,336.96	090	T
54115			Treatment of penis lesion	18.79	$883.32	090	T
54120			Partial removal of penis	19.70	$926.10	090	T
54125			Removal of penis	25.05	$1,177.60	090	T
54130			Remove penis & nodes	35.31	$1,659.92	090	T
54135			Remove penis & nodes	45.25	$2,127.20	090	T
54150			Circumcision	8.27	$388.77	010	T
54152			Circumcision	4.49	$211.07	010	
54160			Circumcision	7.93	$372.79	010	
54161			Circumcision	5.90	$277.36	010	
54162			Lysis penil circumcis lesion	6.39	$300.39	010	
54163			Repair of circumcision	6.02	$283.00	010	
54164			Frenulotomy of penis	5.27	$247.74	010	
54200	*		Treatment of penis lesion	4.09	$192.27	010	
54205			Treatment of penis lesion	16.68	$784.13	090	T
54220			Treatment of penis lesion	4.90	$230.35	000	
54230			Prepare penis study	2.01	$94.49	000	
54231			Dynamic cavernosometry	4.66	$219.07	000	
54235			Penile injection	2.57	$120.82	000	
54240			Penis study	3.22	$151.37	000	T
54240		TC	Penis study	1.25	$58.76	000	T
54240		26	Penis study	1.97	$92.61	000	T
54250			Penis study	5.53	$259.97	000	T
54250		TC	Penis study	2.19	$102.95	000	T
54250		26	Penis study	3.34	$157.01	000	T
54300			Revision of penis	20.99	$986.74	090	T
54304			Revision of penis	24.50	$1,151.75	090	T
54308			Reconstruction of urethra	23.63	$1,110.85	090	T
54312			Reconstruction of urethra	26.45	$1,243.41	090	T
54316			Reconstruction of urethra	31.15	$1,464.36	090	T
54318			Reconstruction of urethra	24.18	$1,136.70	090	T
54322			Reconstruction of urethra	24.62	$1,157.39	090	T
54324			Reconstruction of urethra	31.05	$1,459.66	090	T

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STATE OF MICHIGAN
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CPT® CODE		MOD	DESCRIPTION	TOTAL RVU	MAP	GLOBAL DAYS	ASST SURG
					RVU X $47.01		"T"
54326			Reconstruction of urethra	29.37	$1,380.68	090	T
54328			Revise penis/urethra	29.69	$1,395.73	090	T
54332			Revise penis/urethra	31.64	$1,487.40	090	T
54336			Revise penis/urethra	38.41	$1,805.65	090	T
54340			Secondary urethral surgery	20.54	$965.59	090	T
54344			Secondary urethral surgery	29.72	$1,397.14	090	T
54348			Secondary urethral surgery	31.96	$1,502.44	090	T
54352			Reconstruct urethra/penis	45.52	$2,139.90	090	T
54360			Penis plastic surgery	22.66	$1,065.25	090	T
54380			Repair penis	26.91	$1,265.04	090	T
54385			Repair penis	29.56	$1,389.62	090	T
54390			Repair penis and bladder	39.71	$1,866.77	090	T
54400			Insert semi-rigid prosthesis	16.93	$795.88	090	T
54401			Insert self-contd prosthesis	19.27	$905.88	090	
54402			Remove penis prosthesis	18.23	$856.99	090	
54405			Insert multi-comp penis pros	24.01	$1,128.71	090	
54406			Remove multi-comp penis pros	20.29	$953.83	090	T
54407			Remove multi-comp prosthesis	24.68	$1,160.21	090	T
54408			Repair multi-comp penis pros	21.33	$1,002.72	090	T
54409			Revise penis prosthesis	22.89	$1,076.06	090	T
54410			Remove/replace penis prosth	25.04	$1,177.13	090	T
54411			Remv/replc penis pros, comp	27.17	$1,277.26	090	T
54415			Remove self-contd penis pros	14.99	$704.68	090	T
54416			Remv/repl penis contain pros	19.31	$907.76	090	T
54417			Remv/replc penis pros, compl	23.66	$1,112.26	090	T
54420			Revision of penis	22.02	$1,035.16	090	T
54430			Revision of penis	19.92	$936.44	090	T
54435			Revision of penis	13.38	$628.99	090	T
54440			Repair of penis	0.00	$0.00	090	
54450			Preputial stretching	2.40	$112.82	000	T
54500			Biopsy of testis	7.77	$365.27	000	
54505			Biopsy of testis	6.77	$318.26	010	T
54510			Removal of testis lesion	10.35	$486.55	090	T
54512			Excise lesion testis	15.24	$716.43	090	T
54520			Removal of testis	9.85	$463.05	090	T
54522			Orchiectomy, partial	17.28	$812.33	090	
54530			Removal of testis	15.44	$725.83	090	T
54535			Extensive testis surgery	21.95	$1,031.87	090	T
54550			Exploration for testis	14.04	$660.02	090	T
54560			Exploration for testis	20.28	$953.36	090	T
54600			Reduce testis torsion	12.58	$591.39	090	T
54620			Suspension of testis	8.98	$422.15	010	
54640			Suspension of testis	12.57	$590.92	090	
54650			Orchiopexy (Fowler-Stephens)	20.85	$980.16	090	T
54660			Revision of testis	9.67	$454.59	090	T
54670			Repair testis injury	11.79	$554.25	090	T
54680			Relocation of testis(es)	22.73	$1,068.54	090	T
54690			Laparoscopy, orchiectomy	20.54	$965.59	090	T

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CPT® CODE		MOD	DESCRIPTION	TOTAL RVU	MAP	GLOBAL DAYS	ASST SURG
					RVU X $47.01		"T"
54692			Laparoscopy, orchiopexy	21.00	$987.21	090	
54699			Laparoscope proc, testis	0.00	$0.00	YYY	T
54700			Drainage of scrotum	12.82	$602.67	010	
54800			Biopsy of epididymis	9.14	$429.67	000	T
54820			Exploration of epididymis	9.62	$452.24	090	T
54830			Remove epididymis lesion	10.13	$476.21	090	T
54840			Remove epididymis lesion	9.81	$461.17	090	
54860			Removal of epididymis	11.73	$551.43	090	
54861			Removal of epididymis	15.57	$731.95	090	T
54900			Fusion of spermatic ducts	23.54	$1,106.62	090	T
54901			Fusion of spermatic ducts	31.79	$1,494.45	090	T
55000	*		Drainage of hydrocele	3.93	$184.75	000	
55040			Removal of hydrocele	9.84	$462.58	090	
55041			Removal of hydroceles	13.69	$643.57	090	
55060			Repair of hydrocele	10.13	$476.21	090	T
55100	*		Drainage of scrotum abscess	12.56	$590.45	010	
55110			Explore scrotum	10.36	$487.02	090	
55120			Removal of scrotum lesion	9.48	$445.65	090	T
55150			Removal of scrotum	13.22	$621.47	090	T
55175			Revision of scrotum	9.99	$469.63	090	T
55180			Revision of scrotum	18.99	$892.72	090	T
55200			Incision of sperm duct	8.01	$376.55	090	T
55250			Removal of sperm duct(s)	13.55	$636.99	090	
55300			Prepare, sperm duct x-ray	5.61	$263.73	000	T
55400			Repair of sperm duct	15.14	$711.73	090	T
55450			Ligation of sperm duct	12.83	$603.14	010	T
55500			Removal of hydrocele	10.46	$491.72	090	T
55520			Removal of sperm cord lesion	11.26	$529.33	090	T
55530			Revise spermatic cord veins	10.53	$495.02	090	
55535			Revise spermatic cord veins	11.90	$559.42	090	T
55540			Revise hernia & sperm veins	13.90	$653.44	090	T
55550			Laparo ligate spermatic vein	11.46	$538.73	090	T
55559			Laparo proc, spermatic cord	0.00	$0.00	YYY	T
55600			Incise sperm duct pouch	11.80	$554.72	090	T
55605			Incise sperm duct pouch	14.76	$693.87	090	T
55650			Remove sperm duct pouch	20.15	$947.25	090	T
55680			Remove sperm pouch lesion	9.78	$459.76	090	T
55700			Biopsy of prostate	6.51	$306.04	000	
55705			Biopsy of prostate	9.19	$432.02	010	
55720			Drainage of prostate abscess	14.70	$691.05	090	T
55725			Drainage of prostate abscess	16.62	$781.31	090	T
55801			Removal of prostate	30.45	$1,431.45	090	T
55810			Extensive prostate surgery	38.03	$1,787.79	090	T
55812			Extensive prostate surgery	45.91	$2,158.23	090	T
55815			Extensive prostate surgery	50.37	$2,367.89	090	T
55821			Removal of prostate	24.71	$1,161.62	090	T
55831			Removal of prostate	26.79	$1,259.40	090	T
55840			Extensive prostate surgery	38.66	$1,817.41	090	T

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CPT® CODE		MOD	DESCRIPTION	TOTAL RVU	MAP	GLOBAL DAYS	ASST SURG
					RVU X $47.01		"T"
55842			Extensive prostate surgery	41.18	$1,935.87	090	T
55845			Extensive prostate surgery	47.37	$2,226.86	090	T
55859			Percut/needle insert, pros	22.20	$1,043.62	090	T
55860			Surgical exposure, prostate	24.58	$1,155.51	090	T
55862			Extensive prostate surgery	31.10	$1,462.01	090	T
55865			Extensive prostate surgery	38.01	$1,786.85	090	
55866			Laparo radical prostatectomy	46.37	$2,179.85	90	T
55870			Electroejaculation	4.92	$231.29	000	
55873			Cryoablate prostate	32.89	$1,546.16	090	
55899			Genital surgery procedure	0.00	$0.00	YYY	
55970			Sex transformation, M to F	0.00	$0.00	XXX	
55980			Sex transformation, F to M	0.00	$0.00	XXX	
56405	*		I & D of vulva/perineum	4.29	$201.67	010	
56420	*		Drainage of gland abscess	4.19	$196.97	010	
56440			Surgery for vulva lesion	7.37	$346.46	010	T
56441			Lysis of labial lesion(s)	5.14	$241.63	010	
56501			Destroy, vulva lesions, simp	4.32	$203.08	010	
56515			Destroy vulva lesion/s compl	6.43	$302.27	010	
56605	*		Biopsy of vulva/perineum	3.27	$153.72	000	
56606	*		Biopsy of vulva/perineum	2.39	$112.35	ZZZ	T
56620			Partial removal of vulva	14.50	$681.65	090	T
56625			Complete removal of vulva	16.70	$785.07	090	T
56630			Extensive vulva surgery	23.37	$1,098.62	090	T
56631			Extensive vulva surgery	31.08	$1,461.07	090	T
56632			Extensive vulva surgery	37.79	$1,776.51	090	T
56633			Extensive vulva surgery	30.33	$1,425.81	090	T
56634			Extensive vulva surgery	33.59	$1,579.07	090	T
56637			Extensive vulva surgery	40.60	$1,908.61	090	T
56640			Extensive vulva surgery	40.40	$1,899.20	090	T
56700			Partial removal of hymen	6.30	$296.16	010	T
56720	*		Incision of hymen	2.64	$124.11	000	T
56740			Remove vagina gland lesion	9.59	$450.83	010	
56800			Repair of vagina	7.68	$361.04	010	T
56805			Repair clitoris	33.13	$1,557.44	090	T
56810			Repair of perineum	8.07	$379.37	010	T
56820			Exam of vulva w/scope	3.40	$159.83	000	
56821			Exam/biopsy of vulva w/scope	4.41	$207.31	000	
57000			Exploration of vagina	6.16	$289.58	010	T
57010			Drainage of pelvic abscess	11.54	$542.50	090	T
57020	*		Drainage of pelvic fluid	3.50	$164.54	000	T
57022			I & d vaginal hematoma, pp	5.30	$249.15	010	T
57023			I & d vag hematoma, non-ob	8.42	$395.82	010	T
57061			Destroy vag lesions, simple	3.94	$185.22	010	
57065			Destroy vag lesions, complex	6.35	$298.51	010	
57100	*		Biopsy of vagina	3.09	$145.26	000	
57105			Biopsy of vagina	4.46	$209.66	010	
57106			Remove vagina wall, partial	10.50	$493.61	090	T
57107			Remove vagina tissue, part	39.12	$1,839.03	090	T

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STATE OF MICHIGAN
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CPT® CODE		MOD	DESCRIPTION	TOTAL RVU	MAP	GLOBAL DAYS	ASST SURG
					RVU X $47.01		"T"
57109			Vaginectomy partial w/nodes	46.00	$2,162.46	090	T
57110			Remove vagina wall, complete	25.43	$1,195.46	090	T
57111			Remove vagina tissue, compl	46.64	$2,192.55	090	T
57112			Vaginectomy w/nodes, compl	49.04	$2,305.37	090	T
57120			Closure of vagina	14.14	$664.72	090	T
57130			Remove vagina lesion	5.26	$247.27	010	T
57135			Remove vagina lesion	6.41	$301.33	010	
57150	*		Treat vagina infection	1.74	$81.80	000	
57155			Insert uteri tandems/ovoids	11.52	$541.56	090	
57160	*		Insert pessary/other device	2.23	$104.83	000	
57170			Fitting of diaphragm/cap	2.59	$121.76	000	T
57180			Treat vaginal bleeding	4.35	$204.49	010	
57200			Repair of vagina	8.03	$377.49	090	T
57210			Repair vagina/perineum	10.12	$475.74	090	T
57220			Revision of urethra	8.88	$417.45	090	T
57230			Repair of urethral lesion	11.40	$535.91	090	T
57240			Repair bladder & vagina	12.03	$565.53	090	T
57250			Repair rectum & vagina	10.89	$511.94	090	T
57260			Repair of vagina	15.52	$729.60	090	T
57265			Extensive repair of vagina	21.41	$1,006.48	090	T
57268			Repair of bowel bulge	12.96	$609.25	090	T
57270			Repair of bowel pouch	21.63	$1,016.83	090	T
57280			Suspension of vagina	26.41	$1,241.53	090	T
57282			Repair of vaginal prolapse	16.46	$773.78	090	T
57284			Repair paravaginal defect	23.10	$1,085.93	090	T
57287			Revise/remove sling repair	20.11	$945.37	090	T
57288			Repair bladder defect	22.52	$1,058.67	090	T
57289			Repair bladder & vagina	21.13	$993.32	090	T
57291			Construction of vagina	15.84	$744.64	090	T
57292			Construct vagina with graft	23.53	$1,106.15	090	T
57300			Repair rectum-vagina fistula	14.20	$667.54	090	T
57305			Repair rectum-vagina fistula	24.12	$1,133.88	090	T
57307			Fistula repair & colostomy	27.64	$1,299.36	090	T
57308			Fistula repair, transperine	18.20	$855.58	090	T
57310			Repair urethrovaginal lesion	12.91	$606.90	090	T
57311			Repair urethrovaginal lesion	14.77	$694.34	090	T
57320			Repair bladder-vagina lesion	15.24	$716.43	090	T
57330			Repair bladder-vagina lesion	21.55	$1,013.07	090	T
57335			Repair vagina	32.78	$1,540.99	090	T
57400	*		Dilation of vagina	4.00	$188.04	000	T
57410	*		Pelvic examination	4.86	$228.47	000	
57420			Exam of vagina w/scope	3.54	$166.42	000	
57421			Exam/biopsy of vag w/scope	4.63	$217.66	000	
57415			Remove vaginal foreign body	6.36	$298.98	010	T
57452	*		Examination of vagina	2.93	$137.74	000	
57454	*		Vagina examination & biopsy	3.47	$163.12	000	
57455			Biopsy of cervix w/scope	4.27	$200.73	000	
57456			Endocerv curettage w/scope	4.05	$190.39	000	

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CPT® CODE		MOD	DESCRIPTION	TOTAL RVU	MAP	GLOBAL DAYS	ASST SURG
					RVU X $47.01		"T"
57460			Cervix excision	5.70	$267.96	000	
57461			Conz of cervix w/scope, loop	9.47	$445.18	000	
57500	*		Biopsy of cervix	3.51	$165.01	000	
57505			Endocervical curettage	3.49	$164.06	010	
57510			Cauterization of cervix	5.74	$269.84	010	
57511	*		Cryocautery of cervix	4.89	$229.88	010	
57513			Laser surgery of cervix	5.09	$239.28	010	
57520			Conization of cervix	9.49	$446.12	090	
57522			Conization of cervix	8.23	$386.89	090	
57530			Removal of cervix	9.77	$459.29	090	
57531			Removal of cervix, radical	48.69	$2,288.92	090	T
57540			Removal of residual cervix	21.75	$1,022.47	090	T
57545			Remove cervix/repair pelvis	23.24	$1,092.51	090	T
57550			Removal of residual cervix	10.89	$511.94	090	T
57555			Remove cervix/repair vagina	17.08	$802.93	090	T
57556			Remove cervix, repair bowel	15.52	$729.60	090	T
57700			Revision of cervix	7.09	$333.30	090	T
57720			Revision of cervix	8.57	$402.88	090	T
57800	*		Dilation of cervical canal	2.19	$102.95	000	T
57820			D & c of residual cervix	4.79	$225.18	010	
58100	*		Biopsy of uterus lining	3.28	$154.19	000	
58120			Dilation and curettage	8.10	$380.78	010	
58140			Removal of uterus lesion	25.64	$1,205.34	090	
58145			Removal of uterus lesion	15.15	$712.20	090	T
58146			Myomectomy abdom complex	31.92	$1,500.56	90	T
58150			Total hysterectomy	26.97	$1,267.86	090	T
58152			Total hysterectomy	34.71	$1,631.72	090	T
58180			Partial hysterectomy	27.05	$1,271.62	090	T
58200			Extensive hysterectomy	38.60	$1,814.59	090	T
58210			Extensive hysterectomy	50.81	$2,388.58	090	T
58240			Removal of pelvis contents	67.54	$3,175.06	090	T
58260			Vaginal hysterectomy	22.98	$1,080.29	090	T
58262			Vaginal hysterectomy	26.00	$1,222.26	090	T
58263			Vaginal hysterectomy	28.18	$1,324.74	090	T
58267			Hysterectomy & vagina repair	29.68	$1,395.26	090	T
58270			Hysterectomy & vagina repair	25.14	$1,181.83	090	T
58275			Hysterectomy/revise vagina	27.50	$1,292.78	090	T
58280			Hysterectomy/revise vagina	29.37	$1,380.68	090	T
58285			Extensive hysterectomy	38.21	$1,796.25	090	T
58290			Vag hyst complex[	31.61	$1,485.99	90	T
58291			Vag hyst incl t/o, complex	34.85	$1,638.30	90	T
58292			Vag hyst t/o & repair, comp	36.97	$1,737.96	90	T
58293			Vag hyst w/uro repair, compl	38.28	$1,799.54	90	T
58294			Vag hyst w/enterocele, compl	33.97	$1,596.93	90	T
58300	*		Insert intrauterine device	2.68	$125.99	XXX	
58301			Remove intrauterine device	3.21	$150.90	000	T
58321			Artificial insemination	2.20	$103.42	000	T
58322			Artificial insemination	2.42	$113.76	000	T

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					RVU X $47.01		"T"
58323			Sperm washing	0.81	$38.08	000	
58340	*		Catheter for hysterography	13.48	$633.69	000	T
58345			Reopen fallopian tube	7.32	$344.11	010	
58346			Insert heyman uteri capsule	12.29	$577.75	090	
58350	*		Reopen fallopian tube	3.41	$160.30	010	T
58353			Endometr ablate, thermal	6.76	$317.79	010	T
58400			Suspension of uterus	12.09	$568.35	090	T
58410			Suspension of uterus	22.35	$1,050.67	090	T
58520			Repair of ruptured uterus	21.10	$991.91	090	T
58540			Revision of uterus	24.85	$1,168.20	090	T
58545			Laparoscopic myomectomy	26.00	$1,222.26	90	T
58546			Laparo-myomectomy, complex	32.29	$1,517.95	90	T
58550			Laparo-asst vag hysterectomy	24.91	$1,171.02	010	T
58552			Laparo-vag hyst incl t/o	25.35	$1,191.70	90	T
58553			Laparo-vag hyst, complex	31.81	$1,495.39	90	T
58554			Laparo-vag hyst w/t/o, comp	31.50	$1,480.82	90	T
58555			Hysteroscopy, dx, sep proc	7.13	$335.18	000	
58558			Hysteroscopy, biopsy	9.52	$447.54	000	
58559			Hysteroscopy, lysis	10.31	$484.67	000	
58560			Hysteroscopy, resect septum	11.79	$554.25	000	T
58561			Hysteroscopy, remove myoma	16.34	$768.14	000	T
58562			Hysteroscopy, remove fb	8.85	$416.04	000	
58563			Hysteroscopy, ablation	10.34	$486.08	000	T
58578			Laparo proc, uterus	0.00	$0.00	YYY	T
58579			Hysteroscope procedure	0.00	$0.00	YYY	T
58600			Division of fallopian tube	10.13	$476.21	090	T
58605			Division of fallopian tube	9.19	$432.02	090	T
58611			Ligate oviduct(s) add-on	2.25	$105.77	ZZZ	T
58615			Occlude fallopian tube(s)	8.25	$387.83	010	T
58660			Laparoscopy, lysis	19.93	$936.91	090	T
58661			Laparoscopy, remove adnexa	19.32	$908.23	010	T
58662			Laparoscopy, excise lesions	20.50	$963.71	090	T
58670			Laparoscopy, tubal cautery	10.71	$503.48	090	
58671			Laparoscopy, tubal block	10.74	$504.89	090	
58672			Laparoscopy, fimbrioplasty	22.76	$1,069.95	090	T
58673			Laparoscopy, salpingostomy	24.40	$1,147.04	090	T
58679			Laparo proc, oviduct-ovary	0.00	$0.00	YYY	T
58700			Removal of fallopian tube	19.84	$932.68	090	T
58720			Removal of ovary/tube(s)	20.27	$952.89	090	T
58740			Revise fallopian tube(s)	23.01	$1,081.70	090	T
58750			Repair oviduct	26.24	$1,233.54	090	T
58752			Revise ovarian tube(s)	26.54	$1,247.65	090	T
58760			Remove tubal obstruction	23.48	$1,103.79	090	T
58770			Create new tubal opening	24.76	$1,163.97	090	T
58800			Drainage of ovarian cyst(s)	9.48	$445.65	090	
58805			Drainage of ovarian cyst(s)	10.95	$514.76	090	T
58820			Drain ovary abscess, open	8.36	$393.00	090	T
58822			Drain ovary abscess, percut	17.66	$830.20	090	T

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CPT® CODE		MOD	DESCRIPTION	TOTAL RVU	MAP	GLOBAL DAYS	ASST SURG
					RVU X $47.01		"T"
58823			Drain pelvic abscess, percut	6.25	$293.81	000	T
58825			Transposition, ovary(s)	18.60	$874.39	090	T
58900			Biopsy of ovary(s)	11.04	$518.99	090	T
58920			Partial removal of ovary(s)	19.02	$894.13	090	T
58925			Removal of ovarian cyst(s)	20.01	$940.67	090	T
58940			Removal of ovary(s)	13.30	$625.23	090	T
58943			Removal of ovary(s)	33.01	$1,551.80	090	T
58950			Resect ovarian malignancy	30.26	$1,422.52	090	T
58951			Resect ovarian malignancy	39.71	$1,866.77	090	T
58952			Resect ovarian malignancy	44.27	$2,081.13	090	T
58953			Tah, rad dissect for debulk	55.61	$2,614.23	090	T
58954			Tah rad debulk/lymph remove	60.49	$2,843.63	090	T
58960			Exploration of abdomen	26.85	$1,262.22	090	T
58970			Retrieval of oocyte	12.98	$610.19	000	T
58974			Transfer of embryo	0.00	$0.00	000	T
58976			Transfer of embryo	7.11	$334.24	000	T
58999			Genital surgery procedure	0.00	$0.00	YYY	T
59000	*		Amniocentesis, diagnostic	3.90	$183.34	000	
59001			Amniocentesis, therapeutic	4.96	$233.17	000	
59012			Fetal cord puncture,prenatal	6.65	$312.62	000	T
59015			Chorion biopsy	4.80	$225.65	000	T
59020	*		Fetal contract stress test	1.91	$89.79	000	T
59020	*	TC	Fetal contract stress test	0.68	$31.97	000	T
59020	*	26	Fetal contract stress test	1.23	$57.82	000	T
59025			Fetal non-stress test	1.25	$58.76	000	T
59025		TC	Fetal non-stress test	0.26	$12.22	000	T
59025		26	Fetal non-stress test	0.99	$46.54	000	T
59030	*		Fetal scalp blood sample	3.99	$187.57	000	T
59050			Fetal monitor w/report	1.65	$77.57	XXX	T
59051			Fetal monitor/interpret only	1.39	$65.34	XXX	T
59100			Remove uterus lesion	24.27	$1,140.93	090	T
59120			Treat ectopic pregnancy	22.79	$1,071.36	090	T
59121			Treat ectopic pregnancy	23.08	$1,084.99	090	T
59130			Treat ectopic pregnancy	27.48	$1,291.83	090	T
59135			Treat ectopic pregnancy	27.13	$1,275.38	090	T
59136			Treat ectopic pregnancy	25.21	$1,185.12	090	T
59140			Treat ectopic pregnancy	11.51	$541.09	090	T
59150			Treat ectopic pregnancy	21.43	$1,007.42	090	T
59151			Treat ectopic pregnancy	21.08	$990.97	090	T
59160			D & c after delivery	7.61	$357.75	010	T
59200			Insert cervical dilator	2.56	$120.35	000	
59300			Episiotomy or vaginal repair	5.45	$256.20	000	T
59320			Revision of cervix	4.87	$228.94	000	T
59325			Revision of cervix	7.79	$366.21	000	T
59350			Repair of uterus	9.26	$435.31	000	T
59400			Obstetrical care	48.41	$2,275.75	MMM	
59409			Obstetrical care	24.89	$1,170.08	MMM	T
59410			Obstetrical care	28.13	$1,322.39	MMM	

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CPT® CODE		MOD	DESCRIPTION	TOTAL RVU	MAP	GLOBAL DAYS	ASST SURG
					RVU X $47.01		"T"
59412			Antepartum manipulation	3.83	$180.05	MMM	T
59414			Deliver placenta	3.65	$171.59	MMM	T
59425			Antepartum care only	12.23	$574.93	MMM	T
59426			Antepartum care only	20.99	$986.74	MMM	T
59430			Care after delivery	4.33	$203.55	MMM	
59510			Cesarean delivery	55.11	$2,590.72	MMM	
59514			Cesarean delivery only	29.42	$1,383.03	MMM	
59515			Cesarean delivery	33.39	$1,569.66	MMM	T
59525			Remove uterus after cesarean	15.74	$739.94	ZZZ	
59610			Vbac delivery	51.50	$2,421.02	MMM	T
59612			Vbac delivery only	27.98	$1,315.34	MMM	T
59614			Vbac care after delivery	31.08	$1,461.07	MMM	T
59618			Attempted vbac delivery	58.12	$2,732.22	MMM	T
59620			Attempted vbac delivery only	31.97	$1,502.91	MMM	T
59622			Attempted vbac after care	35.99	$1,691.89	MMM	T
59812			Treatment of miscarriage	9.17	$431.08	090	
59820			Care of miscarriage	9.53	$448.01	090	
59821			Treatment of miscarriage	10.18	$478.56	090	T
59830			Treat uterus infection	12.60	$592.33	090	T
59840			Abortion	8.31	$390.65	010	T
59841			Abortion	13.27	$623.82	010	T
59850			Abortion	11.21	$526.98	090	T
59851			Abortion	11.70	$550.02	090	T
59852			Abortion	16.37	$769.55	090	T
59855			Abortion	12.14	$570.70	090	T
59856			Abortion	14.44	$678.82	090	T
59857			Abortion	17.74	$833.96	090	T
59866			Abortion (mpr)	7.33	$344.58	000	T
59870			Evacuate mole of uterus	11.73	$551.43	090	T
59871			Remove cerclage suture	5.23	$245.86	000	T
59898			Laparo proc, ob care/deliver	0.00	$0.00	YYY	T
59899			Maternity care procedure	0.00	$0.00	YYY	T
60000	*		Drain thyroid/tongue cyst	4.52	$212.49	010	T
60001			Aspirate/inject thyriod cyst	2.90	$136.33	000	
60100	*		Biopsy of thyroid	4.41	$207.31	000	
60200			Remove thyroid lesion	18.56	$872.51	090	T
60210			Partial thyroid excision	20.06	$943.02	090	T
60212			Parital thyroid excision	28.46	$1,337.90	090	T
60220			Partial removal of thyroid	21.65	$1,017.77	090	T
60225			Partial removal of thyroid	25.55	$1,201.11	090	T
60240			Removal of thyroid	29.16	$1,370.81	090	T
60252			Removal of thyroid	36.39	$1,710.69	090	T
60254			Extensive thyroid surgery	48.46	$2,278.10	090	T
60260			Repeat thyroid surgery	31.70	$1,490.22	090	T
60270			Removal of thyroid	36.33	$1,707.87	090	T
60271			Removal of thyroid	30.49	$1,433.33	090	T
60280			Remove thyroid duct lesion	12.32	$579.16	090	T
60281			Remove thyroid duct lesion	16.52	$776.61	090	T

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CPT® CODE		MOD	DESCRIPTION	TOTAL RVU	MAP	GLOBAL DAYS	ASST SURG
					RVU X $47.01		"T"
60500			Explore parathyroid glands	28.26	$1,328.50	090	T
60502			Re-explore parathyroids	35.34	$1,661.33	090	T
60505			Explore parathyroid glands	38.39	$1,804.71	090	T
60512			Autotransplant parathyroid	7.28	$342.23	ZZZ	T
60520			Removal of thymus gland	30.93	$1,454.02	090	T
60521			Removal of thymus gland	36.20	$1,701.76	090	T
60522			Removal of thymus gland	42.94	$2,018.61	090	T
60540			Explore adrenal gland	28.75	$1,351.54	090	T
60545			Explore adrenal gland	34.05	$1,600.69	090	T
60600			Remove carotid body lesion	36.02	$1,693.30	090	T
60605			Remove carotid body lesion	44.00	$2,068.44	090	T
60650			Laparoscopy adrenalectomy	33.31	$1,565.90	090	T
60659			Laparo proc, endocrine	0.00	$0.00	YYY	T
60699			Endocrine surgery procedure	0.00	$0.00	YYY	T
61000	*		Remove cranial cavity fluid	3.70	$173.94	000	T
61001	*		Remove cranial cavity fluid	3.94	$185.22	000	
61020	*		Remove brain cavity fluid	4.65	$218.60	000	
61026	*		Injection into brain canal	4.48	$210.60	000	
61050	*		Remove brain canal fluid	3.40	$159.83	000	T
61055	*		Injection into brain canal	4.24	$199.32	000	
61070	*		Brain canal shunt procedure	8.43	$396.29	000	
61105	*		Twist drill hole	11.31	$531.68	090	T
61107	*		Drill skull for implantation	10.55	$495.96	000	
61108			Drill skull for drainage	22.15	$1,041.27	090	
61120			Burr hole for puncture	18.95	$890.84	090	T
61140			Pierce skull for biopsy	33.43	$1,571.54	090	T
61150			Pierce skull for drainage	36.72	$1,726.21	090	
61151			Pierce skull for drainage	26.43	$1,242.47	090	
61154			Pierce skull & remove clot	31.70	$1,490.22	090	T
61156			Pierce skull for drainage	34.77	$1,634.54	090	T
61210			Pierce skull, implant device	12.14	$570.70	000	
61215			Insert brain-fluid device	11.49	$540.14	090	
61250			Pierce skull & explore	21.98	$1,033.28	090	T
61253			Pierce skull & explore	25.43	$1,195.46	090	T
61304			Open skull for exploration	45.16	$2,122.97	090	T
61305			Open skull for exploration	54.47	$2,560.63	090	T
61312			Open skull for drainage	51.05	$2,399.86	090	T
61313			Open skull for drainage	51.79	$2,434.65	090	T
61314			Open skull for drainage	45.44	$2,136.13	090	T
61315			Open skull for drainage	57.31	$2,694.14	090	T
61316			Implt cran bone flap to abdo	2.97	$139.62	zzz	
61320			Open skull for drainage	53.23	$2,502.34	090	T
61321			Open skull for drainage	57.41	$2,698.84	090	T
61322			Decompressive craniotomy	55.41	$2,604.82	90	T
61323			Decompressive lobectomy	57.15	$2,686.62	90	
61330			Decompress eye socket	49.14	$2,310.07	090	T
61332			Explore/biopsy eye socket	57.77	$2,715.77	090	T
61333			Explore orbit/remove lesion	50.14	$2,357.08	090	T

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					RVU X $47.01		"T"
61334			Explore orbit/remove object	35.64	$1,675.44	090	T
61340			Relieve cranial pressure	39.16	$1,840.91	090	T
61343			Incise skull (press relief)	62.14	$2,921.20	090	T
61345			Relieve cranial pressure	55.89	$2,627.39	090	T
61440			Incise skull for surgery	52.05	$2,446.87	090	T
61450			Incise skull for surgery	52.63	$2,474.14	090	T
61458			Incise skull for brain wound	55.81	$2,623.63	090	T
61460			Incise skull for surgery	57.48	$2,702.13	090	T
61470			Incise skull for surgery	50.97	$2,396.10	090	T
61480			Incise skull for surgery	52.04	$2,446.40	090	T
61490			Incise skull for surgery	53.64	$2,521.62	090	T
61500			Removal of skull lesion	36.77	$1,728.56	090	T
61501			Remove infected skull bone	30.78	$1,446.97	090	T
61510			Removal of brain lesion	58.82	$2,765.13	090	T
61512			Remove brain lining lesion	72.31	$3,399.29	090	T
61514			Removal of brain abscess	52.39	$2,462.85	090	T
61516			Removal of brain lesion	51.42	$2,417.25	090	T
61517			Implt brain chemotx add-on	2.15	$101.07	zzz	
61518			Removal of brain lesion	77.64	$3,649.86	090	T
61519			Remove brain lining lesion	85.29	$4,009.48	090	T
61520			Removal of brain lesion	110.99	$5,217.64	090	T
61521			Removal of brain lesion	91.84	$4,317.40	090	T
61522			Removal of brain abscess	59.38	$2,791.45	090	T
61524			Removal of brain lesion	56.72	$2,666.41	090	T
61526			Removal of brain lesion	100.20	$4,710.40	090	
61530			Removal of brain lesion	86.33	$4,058.37	090	
61531			Implant brain electrodes	30.98	$1,456.37	090	T
61533			Implant brain electrodes	41.01	$1,927.88	090	T
61534			Removal of brain lesion	44.18	$2,076.90	090	T
61535			Remove brain electrodes	25.26	$1,187.47	090	T
61536			Removal of brain lesion	72.70	$3,417.63	090	T
61538			Removal of brain tissue	55.96	$2,630.68	090	T
61539			Removal of brain tissue	66.78	$3,139.33	090	T
61541			Incision of brain tissue	58.91	$2,769.36	090	T
61542			Removal of brain tissue	64.49	$3,031.67	090	T
61543			Removal of brain tissue	61.20	$2,877.01	090	T
61544			Remove & treat brain lesion	52.46	$2,466.14	090	T
61545			Excision of brain tumor	90.09	$4,235.13	090	T
61546			Removal of pituitary gland	64.54	$3,034.03	090	T
61548			Removal of pituitary gland	44.02	$2,069.38	090	T
61550			Release of skull seams	22.48	$1,056.78	090	T
61552			Release of skull seams	31.89	$1,499.15	090	T
61556			Incise skull/sutures	42.63	$2,004.04	090	T
61557			Incise skull/sutures	46.94	$2,206.65	090	T
61558			Excision of skull/sutures	44.78	$2,105.11	090	T
61559			Excision of skull/sutures	68.03	$3,198.09	090	T
61563			Excision of skull tumor	53.84	$2,531.02	090	T
61564			Excision of skull tumor	69.43	$3,263.90	090	T

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					RVU X $47.01		"T"
61570			Remove foreign body, brain	49.43	$2,323.70	090	T
61571			Incise skull for brain wound	54.32	$2,553.58	090	T
61575			Skull base/brainstem surgery	67.94	$3,193.86	090	T
61576			Skull base/brainstem surgery	93.18	$4,380.39	090	T
61580			Craniofacial approach, skull	57.26	$2,691.79	090	T
61581			Craniofacial approach, skull	65.63	$3,085.27	090	
61582			Craniofacial approach, skull	66.27	$3,115.35	090	T
61583			Craniofacial approach, skull	75.53	$3,550.67	090	T
61584			Orbitocranial approach/skull	71.28	$3,350.87	090	T
61585			Orbitocranial approach/skull	75.78	$3,562.42	090	T
61586			Resect nasopharynx, skull	50.07	$2,353.79	090	T
61590			Infratemporal approach/skull	78.60	$3,694.99	090	T
61591			Infratemporal approach/skull	83.54	$3,927.22	090	T
61592			Orbitocranial approach/skull	81.31	$3,822.38	090	T
61595			Transtemporal approach/skull	56.93	$2,676.28	090	T
61596			Transcochlear approach/skull	68.00	$3,196.68	090	T
61597			Transcondylar approach/skull	76.36	$3,589.68	090	T
61598			Transpetrosal approach/skull	65.56	$3,081.98	090	T
61600			Resect/excise cranial lesion	48.55	$2,282.34	090	T
61601			Resect/excise cranial lesion	57.90	$2,721.88	090	T
61605			Resect/excise cranial lesion	54.68	$2,570.51	090	T
61606			Resect/excise cranial lesion	78.38	$3,684.64	090	T
61607			Resect/excise cranial lesion	72.21	$3,394.59	090	T
61608			Resect/excise cranial lesion	86.85	$4,082.82	090	T
61609			Transect artery, sinus	19.93	$936.91	ZZZ	T
61610			Transect artery, sinus	52.75	$2,479.78	ZZZ	T
61611			Transect artery, sinus	14.08	$661.90	ZZZ	T
61612			Transect artery, sinus	50.90	$2,392.81	ZZZ	T
61613			Remove aneurysm, sinus	84.05	$3,951.19	090	T
61615			Resect/excise lesion, skull	64.17	$3,016.63	090	T
61616			Resect/excise lesion, skull	87.26	$4,102.09	090	T
61618			Repair dura	35.45	$1,666.50	090	T
61619			Repair dura	42.63	$2,004.04	090	T
61623			Endovasc tempory vessel occl	15.56	$731.48	000	
61624			Occlusion/embolization cath	30.70	$1,443.21	000	
61626			Occlusion/embolization cath	24.80	$1,165.85	000	
61680			Intracranial vessel surgery	63.53	$2,986.55	090	T
61682			Intracranial vessel surgery	126.49	$5,946.29	090	T
61684			Intracranial vessel surgery	81.22	$3,818.15	090	T
61686			Intracranial vessel surgery	132.68	$6,237.29	090	T
61690			Intracranial vessel surgery	60.15	$2,827.65	090	T
61692			Intracranial vessel surgery	105.70	$4,968.96	090	T
61697			Brain aneurysm repr, complx	103.54	$4,867.42	090	T
61698			Brain aneurysm repr, complx	99.55	$4,679.85	090	T
61700			Brain aneurysm repr , simple	103.25	$4,853.78	090	T
61702			Inner skull vessel surgery	99.00	$4,653.99	090	T
61703			Clamp neck artery	37.23	$1,750.18	090	T
61705			Revise circulation to head	72.09	$3,388.95	090	T

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					RVU X $47.01		"T"
61708			Revise circulation to head	57.61	$2,708.25	090	T
61710			Revise circulation to head	50.55	$2,376.36	090	T
61711			Fusion of skull arteries	74.65	$3,509.30	090	T
61720			Incise skull/brain surgery	36.03	$1,693.77	090	
61735			Incise skull/brain surgery	43.13	$2,027.54	090	
61750			Incise skull/brain biopsy	38.13	$1,792.49	090	
61751			Brain biopsy w/ ct/mr guide	37.06	$1,742.19	090	
61760			Implant brain electrodes	46.07	$2,165.75	090	
61770			Incise skull for treatment	44.49	$2,091.47	090	
61790			Treat trigeminal nerve	22.17	$1,042.21	090	
61791			Treat trigeminal tract	31.22	$1,467.65	090	T
61793			Focus radiation beam	36.68	$1,724.33	090	
61795			Brain surgery using computer	8.11	$381.25	ZZZ	
61850			Implant neuroelectrodes	25.87	$1,216.15	090	T
61860			Implant neuroelectrodes	43.12	$2,027.07	090	T
61862			Implant neurostimul, subcort	40.97	$1,926.00	090	T
61870			Implant neuroelectrodes	29.12	$1,368.93	090	T
61875			Implant neuroelectrodes	28.30	$1,330.38	090	T
61880			Revise/remove neuroelectrode	14.67	$689.64	090	T
61885			Implant neurostim one array	13.12	$616.77	090	T
61886			Implant neurostim arrays	18.04	$848.06	090	T
61888			Revise/remove neuroreceiver	11.45	$538.26	010	
62000			Treat skull fracture	20.99	$986.74	090	
62005			Treat skull fracture	31.19	$1,466.24	090	T
62010			Treatment of head injury	41.30	$1,941.51	090	T
62100			Repair brain fluid leakage	45.76	$2,151.18	090	T
62115			Reduction of skull defect	43.49	$2,044.46	090	T
62116			Reduction of skull defect	49.20	$2,312.89	090	T
62117			Reduction of skull defect	52.54	$2,469.91	090	T
62120			Repair skull cavity lesion	46.01	$2,162.93	090	T
62121			Incise skull repair	41.21	$1,937.28	090	T
62140			Repair of skull defect	28.45	$1,337.43	090	T
62141			Repair of skull defect	31.62	$1,486.46	090	T
62142			Remove skull plate/flap	23.12	$1,086.87	090	T
62143			Replace skull plate/flap	27.95	$1,313.93	090	T
62145			Repair of skull & brain	39.68	$1,865.36	090	T
62146			Repair of skull with graft	33.80	$1,588.94	090	T
62147			Repair of skull with graft	40.44	$1,901.08	090	T
62148			Retr bone flap to fix skull	3.84	$180.52	zzz	
62160			Neuroendoscopy add-on	5.41	$254.32	zzz	
62161			Dissect brain w/scope	38.59	$1,814.12	90	T
62162			Remove colloid cyst w/scope	50.84	$2,389.99	90	T
62163			Neuroendoscopy w/fb removal	32.24	$1,515.60	90	T
62164			Remove brain tumor w/scope	54.38	$2,556.40	90	T
62165			Remove pituit tumor w/scope	41.44	$1,948.09	90	T
62180			Establish brain cavity shunt	44.44	$2,089.12	090	T
62190			Establish brain cavity shunt	24.05	$1,130.59	090	
62192			Establish brain cavity shunt	26.37	$1,239.65	090	T

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CPT® CODE		MOD	DESCRIPTION	TOTAL RVU	MAP	GLOBAL DAYS	ASST SURG
					RVU X $47.01		"T"
62194			Replace/irrigate catheter	8.53	$401.00	010	T
62200			Establish brain cavity shunt	38.87	$1,827.28	090	T
62201			Establish brain cavity shunt	30.69	$1,442.74	090	
62220			Establish brain cavity shunt	27.65	$1,299.83	090	T
62223			Establish brain cavity shunt	27.57	$1,296.07	090	T
62225			Replace/irrigate catheter	12.12	$569.76	090	
62230			Replace/revise brain shunt	21.98	$1,033.28	090	T
62252			Csf shunt reprogram	2.51	$118.00	XXX	T
62252		TC	Csf shunt reprogram	1.09	$51.24	XXX	T
62252		26	Csf shunt reprogram	1.42	$66.75	XXX	T
62256			Remove brain cavity shunt	15.19	$714.08	090	T
62258			Replace brain cavity shunt	30.31	$1,424.87	090	T
62263			Lysis epidural adhesions	12.38	$581.98	010	T
62264			Epidural lysis on single day	16.58	$779.43	10	
62268	*		Drain spinal cord cyst	8.25	$387.83	000	
62269	*		Needle biopsy, spinal cord	8.20	$385.48	000	
62270	*		Spinal fluid tap, diagnostic	5.37	$252.44	000	T
62272	*		Drain cerebro spinal fluid	5.05	$237.40	000	
62273	*		Treat epidural spine lesion	4.09	$192.27	000	
62280	*		Treat spinal cord lesion	6.86	$322.49	010	
62281	*		Treat spinal cord lesion	7.58	$356.34	010	
62282	*		Treat spinal canal lesion	8.26	$388.30	010	
62284	*		Injection for myelogram	7.32	$344.11	000	
62287			Percutaneous diskectomy	14.82	$696.69	090	
62290	*		Inject for spine disk x-ray	9.20	$432.49	000	
62291	*		Inject for spine disk x-ray	9.60	$451.30	000	
62292			Injection into disk lesion	14.86	$698.57	090	T
62294			Injection into spinal artery	21.41	$1,006.48	090	
62310			Inject spine c/t	5.91	$277.83	000	
62311			Inject spine l/s (cd)	5.99	$281.59	000	
62318			Inject spine w/cath, c/t	6.19	$290.99	000	
62319			Inject spine w/cath l/s (cd)	5.83	$274.07	000	
62350			Implant spinal canal cath	12.27	$576.81	090	
62351			Implant spinal canal cath	21.20	$996.61	090	T
62355			Remove spinal canal catheter	9.67	$454.59	090	T
62360			Insert spine infusion device	5.62	$264.20	090	T
62361			Implant spine infusion pump	10.35	$486.55	090	T
62362			Implant spine infusion pump	13.22	$621.47	090	T
62365			Remove spine infusion device	10.85	$510.06	090	T
62367			Analyze spine infusion pump	0.00	$0.00	XXX	T
62367		TC	Analyze spine infusion pump	0.00	$0.00	XXX	T
62367		26	Analyze spine infusion pump	0.70	$32.91	XXX	T
62368			Analyze spine infusion pump	0.00	$0.00	XXX	T
62368		TC	Analyze spine infusion pump	0.00	$0.00	XXX	T
62368		26	Analyze spine infusion pump	1.08	$50.77	XXX	T
63001			Removal of spinal lamina	34.75	$1,633.60	090	T
63003			Removal of spinal lamina	35.04	$1,647.23	090	T
63005			Removal of spinal lamina	32.70	$1,537.23	090	T

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CPT® CODE		MOD	DESCRIPTION	TOTAL RVU	MAP	GLOBAL DAYS	ASST SURG
					RVU X $47.01		"T"
63011			Removal of spinal lamina	29.39	$1,381.62	090	T
63012			Removal of spinal lamina	32.25	$1,516.07	090	T
63015			Removal of spinal lamina	42.20	$1,983.82	090	T
63016			Removal of spinal lamina	41.53	$1,952.33	090	T
63017			Removal of spinal lamina	34.92	$1,641.59	090	T
63020			Neck spine disk surgery	33.05	$1,553.68	090	T
63030			Low back disk surgery	27.21	$1,279.14	090	T
63035			Spinal disk surgery add-on	6.19	$290.99	ZZZ	T
63040			Laminotomy, single cervical	40.27	$1,893.09	090	T
63042			Laminotomy, single lumbar	37.89	$1,781.21	090	T
63043			Laminotomy, addl cervical	0.00	$0.00	ZZZ	T
63044			Laminotomy, addl lumbar	0.00	$0.00	ZZZ	T
63045			Removal of spinal lamina	36.35	$1,708.81	090	T
63046			Removal of spinal lamina	34.75	$1,633.60	090	T
63047			Removal of spinal lamina	32.29	$1,517.95	090	T
63048			Remove spinal lamina add-on	6.40	$300.86	ZZZ	T
63055			Decompress spinal cord	46.90	$2,204.77	090	T
63056			Decompress spinal cord	42.86	$2,014.85	090	T
63057			Decompress spine cord add-on	10.04	$471.98	ZZZ	T
63064			Decompress spinal cord	53.02	$2,492.47	090	T
63066			Decompress spine cord add-on	6.53	$306.98	ZZZ	T
63075			Neck spine disk surgery	42.16	$1,981.94	090	T
63076			Neck spine disk surgery	8.08	$379.84	ZZZ	T
63077			Spine disk surgery, thorax	45.22	$2,125.79	090	T
63078			Spine disk surgery, thorax	6.21	$291.93	ZZZ	T
63081			Removal of vertebral body	51.09	$2,401.74	090	T
63082			Remove vertebral body add-on	8.68	$408.05	ZZZ	T
63085			Removal of vertebral body	56.11	$2,637.73	090	T
63086			Remove vertebral body add-on	6.17	$290.05	ZZZ	T
63087			Removal of vertebral body	72.18	$3,393.18	090	T
63088			Remove vertebral body add-on	8.48	$398.64	ZZZ	T
63090			Removal of vertebral body	56.63	$2,662.18	090	T
63091			Remove vertebral body add-on	5.60	$263.26	ZZZ	T
63170			Incise spinal cord tract(s)	42.67	$2,005.92	090	T
63172			Drainage of spinal cyst	39.30	$1,847.49	090	T
63173			Drainage of spinal cyst	47.44	$2,230.15	090	T
63180			Revise spinal cord ligaments	40.43	$1,900.61	090	T
63182			Revise spinal cord ligaments	42.49	$1,997.45	090	T
63185			Incise spinal column/nerves	29.81	$1,401.37	090	T
63190			Incise spinal column/nerves	36.08	$1,696.12	090	T
63191			Incise spinal column/nerves	36.55	$1,718.22	090	T
63194			Incise spinal column & cord	42.22	$1,984.76	090	T
63195			Incise spinal column & cord	40.11	$1,885.57	090	T
63196			Incise spinal column & cord	47.43	$2,229.68	090	T
63197			Incise spinal column & cord	45.13	$2,121.56	090	T
63198			Incise spinal column & cord	50.74	$2,385.29	090	T
63199			Incise spinal column & cord	54.67	$2,570.04	090	T
63200			Release of spinal cord	41.24	$1,938.69	090	T

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					RVU X $47.01		"T"
63250			Revise spinal cord vessels	82.24	$3,866.10	090	T
63251			Revise spinal cord vessels	83.80	$3,939.44	090	T
63252			Revise spinal cord vessels	83.12	$3,907.47	090	T
63265			Excise intraspinal lesion	45.02	$2,116.39	090	T
63266			Excise intraspinal lesion	46.67	$2,193.96	090	T
63267			Excise intraspinal lesion	37.80	$1,776.98	090	T
63268			Excise intraspinal lesion	37.15	$1,746.42	090	T
63270			Excise intraspinal lesion	55.81	$2,623.63	090	T
63271			Excise intraspinal lesion	56.35	$2,649.01	090	T
63272			Excise intraspinal lesion	52.74	$2,479.31	090	T
63273			Excise intraspinal lesion	51.24	$2,408.79	090	T
63275			Biopsy/excise spinal tumor	49.33	$2,319.00	090	T
63276			Biopsy/excise spinal tumor	48.78	$2,293.15	090	T
63277			Biopsy/excise spinal tumor	43.46	$2,043.05	090	T
63278			Biopsy/excise spinal tumor	43.25	$2,033.18	090	T
63280			Biopsy/excise spinal tumor	58.95	$2,771.24	090	T
63281			Biopsy/excise spinal tumor	58.31	$2,741.15	090	T
63282			Biopsy/excise spinal tumor	54.90	$2,580.85	090	T
63283			Biopsy/excise spinal tumor	52.28	$2,457.68	090	T
63285			Biopsy/excise spinal tumor	74.27	$3,491.43	090	T
63286			Biopsy/excise spinal tumor	73.03	$3,433.14	090	T
63287			Biopsy/excise spinal tumor	75.58	$3,553.02	090	T
63290			Biopsy/excise spinal tumor	77.21	$3,629.64	090	T
63300			Removal of vertebral body	50.49	$2,373.53	090	T
63301			Removal of vertebral body	55.32	$2,600.59	090	T
63302			Removal of vertebral body	56.84	$2,672.05	090	T
63303			Removal of vertebral body	60.76	$2,856.33	090	T
63304			Removal of vertebral body	59.56	$2,799.92	090	T
63305			Removal of vertebral body	64.26	$3,020.86	090	T
63306			Removal of vertebral body	56.59	$2,660.30	090	T
63307			Removal of vertebral body	59.27	$2,786.28	090	T
63308			Remove vertebral body add-on	10.41	$489.37	ZZZ	T
63600			Remove spinal cord lesion	23.50	$1,104.74	090	T
63610			Stimulation of spinal cord	13.81	$649.21	000	T
63615			Remove lesion of spinal cord	32.63	$1,533.94	090	
63650			Implant neuroelectrodes	10.96	$515.23	090	
63655			Implant neuroelectrodes	21.99	$1,033.75	090	T
63660			Revise/remove neuroelectrode	11.45	$538.26	090	
63685			Implant neuroreceiver	13.54	$636.52	090	T
63688			Revise/remove neuroreceiver	10.80	$507.71	090	
63700			Repair of spinal herniation	33.50	$1,574.84	090	T
63702			Repair of spinal herniation	31.90	$1,499.62	090	T
63704			Repair of spinal herniation	42.77	$2,010.62	090	T
63706			Repair of spinal herniation	49.02	$2,304.43	090	T
63707			Repair spinal fluid leakage	24.03	$1,129.65	090	T
63709			Repair spinal fluid leakage	30.10	$1,415.00	090	T
63710			Graft repair of spine defect	29.86	$1,403.72	090	T
63740			Install spinal shunt	24.30	$1,142.34	090	T

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					RVU X $47.01		"T"
63741			Install spinal shunt	15.55	$731.01	090	T
63744			Revision of spinal shunt	17.44	$819.85	090	T
63746			Removal of spinal shunt	14.15	$665.19	090	T
64400	*		Injection for nerve block	3.97	$186.63	000	
64402	*		Injection for nerve block	5.81	$273.13	000	
64405	*		Injection for nerve block	2.87	$134.92	000	
64408	*		Injection for nerve block	4.59	$215.78	000	T
64410	*		Injection for nerve block	4.91	$230.82	000	T
64412	*		Injection for nerve block	3.88	$182.40	000	
64413	*		Injection for nerve block	4.44	$208.72	000	
64415	*		Injection for nerve block	4.34	$204.02	000	
64416			N block cont infuse, b plex	4.52	$212.49	10	
64417	*		Injection for nerve block	4.88	$229.41	000	
64418	*		Injection for nerve block	4.00	$188.04	000	
64420	*		Injection for nerve block	3.73	$175.35	000	
64421	*		Injection for nerve block	4.85	$228.00	000	
64425	*		Injection for nerve block	4.37	$205.43	000	
64430	*		Injection for nerve block	4.63	$217.66	000	
64435	*		Injection for nerve block	4.78	$224.71	000	
64445	*		Injection for nerve block	3.29	$154.66	000	
64446			N blk inj, sciatic, cont inf	4.66	$219.07	10	
64447			N block inj fem, single	2.24	$105.30	10	
64448			N block inj fem, cont inf	4.29	$201.67	10	
64450	*		Injection for nerve block	3.27	$153.72	000	
64470			Inj paravertebral c/t	6.18	$290.52	000	
64472			Inj paravertebral c/t add-on	5.42	$254.79	ZZZ	
64475			Inj paravertebral l/s	5.46	$256.67	000	
64476			Inj paravertebral l/s add-on	4.99	$234.58	ZZZ	
64479			Inj foramen epidural c/t	6.96	$327.19	000	
64480			Inj foramen epidural add-on	5.84	$274.54	ZZZ	
64483			Inj foramen epidural l/s	6.65	$312.62	000	
64484			Inj foramen epidural add-on	5.59	$262.79	ZZZ	
64505	*		Injection for nerve block	3.98	$187.10	000	
64508	*		Injection for nerve block	3.60	$169.24	000	T
64510	*		Injection for nerve block	3.93	$184.75	000	
64520	*		Injection for nerve block	5.05	$237.40	000	
64530	*		Injection for nerve block	4.89	$229.88	000	
64550			Apply neurostimulator	0.77	$36.20	000	
64553			Implant neuroelectrodes	6.99	$328.60	010	T
64555			Implant neuroelectrodes	4.95	$232.70	010	
64560			Implant neuroelectrodes	5.10	$239.75	010	T
64561			Implant neuroelectrodes	22.41	$1,053.49	010	
64565			Implant neuroelectrodes	5.39	$253.38	010	
64573			Implant neuroelectrodes	16.44	$772.84	090	T
64575			Implant neuroelectrodes	8.32	$391.12	090	
64577			Implant neuroelectrodes	9.30	$437.19	090	
64580			Implant neuroelectrodes	8.63	$405.70	090	T
64581			Implant neuroelectrodes	21.38	$1,005.07	090	

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					RVU X $47.01		"T"
64585			Revise/remove neuroelectrode	5.58	$262.32	010	T
64590			Implant neuroreceiver	5.53	$259.97	010	T
64595			Revise/remove neuroreceiver	4.35	$204.49	010	
64600			Injection treatment of nerve	7.14	$335.65	010	
64605			Injection treatment of nerve	10.56	$496.43	010	T
64610			Injection treatment of nerve	14.05	$660.49	010	
64612			Destroy nerve, face muscle	5.21	$244.92	010	
64613			Destroy nerve, spine muscle	4.05	$190.39	010	
64614			Destroy nerve, extrem musc	5.68	$267.02	010	
64620			Injection treatment of nerve	6.27	$294.75	010	
64622			Destr paravertebrl nerve l/s	8.22	$386.42	010	
64623			Destr paravertebral n add-on	4.99	$234.58	ZZZ	
64626			Destr paravertebrl nerve c/t	8.19	$385.01	010	
64627			Destr paravertebral n add-on	5.10	$239.75	ZZZ	
64630			Injection treatment of nerve	7.09	$333.30	010	
64640			Injection treatment of nerve	6.74	$316.85	010	T
64680			Injection treatment of nerve	5.91	$277.83	010	
64702			Revise finger/toe nerve	9.53	$448.01	090	
64704			Revise hand/foot nerve	9.25	$434.84	090	T
64708			Revise arm/leg nerve	13.31	$625.70	090	T
64712			Revision of sciatic nerve	14.77	$694.34	090	T
64713			Revision of arm nerve(s)	20.21	$950.07	090	T
64714			Revise low back nerve(s)	16.28	$765.32	090	T
64716			Revision of cranial nerve	12.97	$609.72	090	T
64718			Revise ulnar nerve at elbow	13.39	$629.46	090	T
64719			Revise ulnar nerve at wrist	11.17	$525.10	090	
64721			Carpal tunnel surgery	12.31	$578.69	090	
64722			Relieve pressure on nerve(s)	9.03	$424.50	090	T
64726			Release foot/toe nerve	8.71	$409.46	090	
64727			Internal nerve revision	5.76	$270.78	ZZZ	
64732			Incision of brow nerve	9.95	$467.75	090	T
64734			Incision of cheek nerve	10.72	$503.95	090	T
64736			Incision of chin nerve	9.30	$437.19	090	T
64738			Incision of jaw nerve	11.69	$549.55	090	T
64740			Incision of tongue nerve	10.81	$508.18	090	T
64742			Incision of facial nerve	12.89	$605.96	090	T
64744			Incise nerve, back of head	11.53	$542.03	090	T
64746			Incise diaphragm nerve	12.35	$580.57	090	T
64752			Incision of vagus nerve	14.07	$661.43	090	T
64755			Incision of stomach nerves	22.87	$1,075.12	090	T
64760			Incision of vagus nerve	12.33	$579.63	090	T
64761			Incision of pelvis nerve	10.63	$499.72	090	T
64763			Incise hip/thigh nerve	15.05	$707.50	090	T
64766			Incise hip/thigh nerve	15.85	$745.11	090	T
64771			Sever cranial nerve	15.96	$750.28	090	T
64772			Incision of spinal nerve	14.98	$704.21	090	T
64774			Remove skin nerve lesion	10.57	$496.90	090	
64776			Remove digit nerve lesion	10.56	$496.43	090	T

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					RVU X $47.01		"T"
64778			Digit nerve surgery add-on	5.69	$267.49	ZZZ	
64782			Remove limb nerve lesion	12.10	$568.82	090	
64783			Limb nerve surgery add-on	6.85	$322.02	ZZZ	
64784			Remove nerve lesion	19.69	$925.63	090	T
64786			Remove sciatic nerve lesion	31.27	$1,470.00	090	T
64787			Implant nerve end	7.95	$373.73	ZZZ	T
64788			Remove skin nerve lesion	9.44	$443.77	090	
64790			Removal of nerve lesion	22.92	$1,077.47	090	T
64792			Removal of nerve lesion	28.67	$1,347.78	090	T
64795			Biopsy of nerve	5.80	$272.66	000	
64802			Remove sympathetic nerves	16.51	$776.14	090	T
64804			Remove sympathetic nerves	25.88	$1,216.62	090	T
64809			Remove sympathetic nerves	22.21	$1,044.09	090	T
64818			Remove sympathetic nerves	18.75	$881.44	090	T
64820			Remove sympathetic nerves	19.75	$928.45	090	
64821			Remove sympathetic nerves	18.29	$859.81	090	
64822			Remove sympathetic nerves	18.29	$859.81	090	
64823			Remove sympathetic nerves	21.16	$994.73	090	
64831			Repair of digit nerve	19.69	$925.63	090	
64832			Repair nerve add-on	10.45	$491.25	ZZZ	T
64834			Repair of hand or foot nerve	20.62	$969.35	090	T
64835			Repair of hand or foot nerve	22.34	$1,050.20	090	T
64836			Repair of hand or foot nerve	22.13	$1,040.33	090	T
64837			Repair nerve add-on	11.69	$549.55	ZZZ	T
64840			Repair of leg nerve	23.07	$1,084.52	090	T
64856			Repair/transpose nerve	27.66	$1,300.30	090	
64857			Repair arm/leg nerve	29.03	$1,364.70	090	T
64858			Repair sciatic nerve	34.23	$1,609.15	090	T
64859			Nerve surgery	7.74	$363.86	ZZZ	T
64861			Repair of arm nerves	38.27	$1,799.07	090	T
64862			Repair of low back nerves	37.79	$1,776.51	090	T
64864			Repair of facial nerve	24.04	$1,130.12	090	T
64865			Repair of facial nerve	29.17	$1,371.28	090	T
64866			Fusion of facial/other nerve	28.35	$1,332.73	090	T
64868			Fusion of facial/other nerve	27.12	$1,274.91	090	T
64870			Fusion of facial/other nerve	28.47	$1,338.37	090	T
64872			Subsequent repair of nerve	3.66	$172.06	ZZZ	T
64874			Repair & revise nerve add-on	5.46	$256.67	ZZZ	T
64876			Repair nerve/shorten bone	5.70	$267.96	ZZZ	T
64885			Nerve graft, head or neck	33.03	$1,552.74	090	T
64886			Nerve graft, head or neck	38.76	$1,822.11	090	T
64890			Nerve graft, hand or foot	29.72	$1,397.14	090	T
64891			Nerve graft, hand or foot	25.41	$1,194.52	090	T
64892			Nerve graft, arm or leg	27.70	$1,302.18	090	T
64893			Nerve graft, arm or leg	30.73	$1,444.62	090	T
64895			Nerve graft, hand or foot	32.96	$1,549.45	090	T
64896			Nerve graft, hand or foot	36.92	$1,735.61	090	T
64897			Nerve graft, arm or leg	35.58	$1,672.62	090	T

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CPT® CODE		MOD	DESCRIPTION	TOTAL RVU	MAP	GLOBAL DAYS	ASST SURG
					RVU X $47.01		"T"
64898			Nerve graft, arm or leg	36.86	$1,732.79	090	T
64901			Nerve graft add-on	18.46	$867.80	ZZZ	T
64902			Nerve graft add-on	20.93	$983.92	ZZZ	T
64905			Nerve pedicle transfer	26.73	$1,256.58	090	T
64907			Nerve pedicle transfer	35.40	$1,664.15	090	T
64999			Nervous system surgery	0.00	$0.00	YYY	T
65091			Revise eye	18.78	$882.85	090	T
65093			Revise eye with implant	19.48	$915.75	090	
65101			Removal of eye	19.85	$933.15	090	
65103			Remove eye/insert implant	20.58	$967.47	090	
65105			Remove eye/attach implant	22.12	$1,039.86	090	T
65110			Removal of eye	31.71	$1,490.69	090	T
65112			Remove eye/revise socket	36.19	$1,701.29	090	T
65114			Remove eye/revise socket	38.60	$1,814.59	090	T
65125			Revise ocular implant	9.75	$458.35	090	
65130			Insert ocular implant	19.40	$911.99	090	
65135			Insert ocular implant	20.51	$964.18	090	
65140			Attach ocular implant	21.26	$999.43	090	
65150			Revise ocular implant	17.90	$841.48	090	T
65155			Reinsert ocular implant	22.35	$1,050.67	090	
65175			Removal of ocular implant	18.35	$862.63	090	
65205	*		Remove foreign body from eye	1.42	$66.75	000	
65210	*		Remove foreign body from eye	1.71	$80.39	000	
65220	*		Remove foreign body from eye	9.05	$425.44	000	
65222	*		Remove foreign body from eye	1.84	$86.50	000	
65235			Remove foreign body from eye	15.46	$726.77	090	T
65260			Remove foreign body from eye	24.84	$1,167.73	090	T
65265			Remove foreign body from eye	28.39	$1,334.61	090	T
65270	*		Repair of eye wound	6.19	$290.99	010	T
65272			Repair of eye wound	10.03	$471.51	090	
65273			Repair of eye wound	9.99	$469.63	090	
65275			Repair of eye wound	11.57	$543.91	090	T
65280			Repair of eye wound	16.39	$770.49	090	T
65285			Repair of eye wound	28.21	$1,326.15	090	T
65286			Repair of eye wound	15.22	$715.49	090	
65290			Repair of eye socket wound	12.72	$597.97	090	
65400			Removal of eye lesion	15.35	$721.60	090	
65410	*		Biopsy of cornea	3.40	$159.83	000	T
65420			Removal of eye lesion	13.00	$611.13	090	
65426			Removal of eye lesion	13.83	$650.15	090	
65430	*		Corneal smear	10.31	$484.67	000	
65435	*		Curette/treat cornea	2.40	$112.82	000	
65436			Curette/treat cornea	10.69	$502.54	090	
65450			Treatment of corneal lesion	11.60	$545.32	090	
65600			Revision of cornea	9.33	$438.60	090	
65710			Corneal transplant	26.99	$1,268.80	090	T
65730			Corneal transplant	28.01	$1,316.75	090	T
65750			Corneal transplant	31.22	$1,467.65	090	T

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CPT® CODE		MOD	DESCRIPTION	TOTAL RVU	MAP	GLOBAL DAYS	ASST SURG
					RVU X $47.01		"T"
65755			Corneal transplant	31.02	$1,458.25	090	T
65760			Revision of cornea	0.00	$0.00	XXX	
65765			Revision of cornea	0.00	$0.00	XXX	
65767			Corneal tissue transplant	0.00	$0.00	XXX	
65770			Revise cornea with implant	35.01	$1,645.82	090	T
65771			Radial keratotomy	0.00	$0.00	XXX	
65772			Correction of astigmatism	12.28	$577.28	090	
65775			Correction of astigmatism	15.04	$707.03	090	
65800	*		Drainage of eye	4.46	$209.66	000	
65805	*		Drainage of eye	4.47	$210.13	000	
65810			Drainage of eye	14.35	$674.59	090	
65815			Drainage of eye	15.01	$705.62	090	
65820			Relieve inner eye pressure	20.02	$941.14	090	T
65850			Incision of eye	22.04	$1,036.10	090	
65855			Laser surgery of eye	9.49	$446.12	010	
65860			Incise inner eye adhesions	8.10	$380.78	090	T
65865			Incise inner eye adhesions	13.14	$617.71	090	
65870			Incise inner eye adhesions	14.20	$667.54	090	
65875			Incise inner eye adhesions	14.62	$687.29	090	
65880			Incise inner eye adhesions	15.53	$730.07	090	
65900			Remove eye lesion	24.97	$1,173.84	090	T
65920			Remove implant of eye	17.60	$827.38	090	
65930			Remove blood clot from eye	17.09	$803.40	090	
66020			Injection treatment of eye	4.21	$197.91	010	
66030			Injection treatment of eye	3.64	$171.12	010	
66130			Remove eye lesion	16.20	$761.56	090	T
66150			Glaucoma surgery	20.21	$950.07	090	
66155			Glaucoma surgery	20.14	$946.78	090	
66160			Glaucoma surgery	23.17	$1,089.22	090	
66165			Glaucoma surgery	19.61	$921.87	090	T
66170			Glaucoma surgery	30.63	$1,439.92	090	T
66172			Incision of eye	32.39	$1,522.65	090	T
66180			Implant eye shunt	28.62	$1,345.43	090	T
66185			Revise eye shunt	17.52	$823.62	090	T
66220			Repair eye lesion	18.66	$877.21	090	T
66225			Repair/graft eye lesion	21.95	$1,031.87	090	T
66250			Follow-up surgery of eye	14.71	$691.52	090	
66500			Incision of iris	8.95	$420.74	090	
66505			Incision of iris	9.57	$449.89	090	
66600			Remove iris and lesion	18.55	$872.04	090	
66605			Removal of iris	27.00	$1,269.27	090	
66625			Removal of iris	13.59	$638.87	090	
66630			Removal of iris	14.60	$686.35	090	
66635			Removal of iris	13.59	$638.87	090	
66680			Repair iris & ciliary body	12.34	$580.10	090	
66682			Repair iris & ciliary body	14.64	$688.23	090	
66700			Destruction, ciliary body	12.48	$586.68	090	T
66710			Destruction, ciliary body	14.21	$668.01	090	

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CPT® CODE		MOD	DESCRIPTION	TOTAL RVU	MAP	GLOBAL DAYS	ASST SURG
					RVU X $47.01		"T"
66720			Destruction, ciliary body	13.71	$644.51	090	
66740			Destruction, ciliary body	11.82	$555.66	090	
66761			Revision of iris	10.18	$478.56	090	
66762			Revision of iris	10.74	$504.89	090	
66770			Removal of inner eye lesion	11.69	$549.55	090	
66820			Incision, secondary cataract	12.83	$603.14	090	
66821			After cataract laser surgery	6.52	$306.51	090	
66825			Reposition intraocular lens	19.70	$926.10	090	T
66830			Removal of lens lesion	16.17	$760.15	090	
66840			Removal of lens material	15.71	$738.53	090	
66850			Removal of lens material	17.66	$830.20	090	
66852			Removal of lens material	19.08	$896.95	090	T
66920			Extraction of lens	17.28	$812.33	090	T
66930			Extraction of lens	20.28	$953.36	090	T
66940			Extraction of lens	18.32	$861.22	090	T
66982			Cataract surgery, complex	24.40	$1,147.04	090	
66983			Cataract surg w/iol, 1 stage	16.38	$770.02	090	
66984			Cataract surg w/iol, i stage	19.25	$904.94	090	
66985			Insert lens prosthesis	16.38	$770.02	090	
66986			Exchange lens prosthesis	22.54	$1,059.61	090	
66990			Ophthalmic endoscope add-on	2.38	$111.88	zzz	
66999			Eye surgery procedure	0.00	$0.00	YYY	T
67005			Partial removal of eye fluid	9.08	$426.85	090	
67010			Partial removal of eye fluid	10.97	$515.70	090	T
67015			Release of eye fluid	16.07	$755.45	090	
67025			Replace eye fluid	25.82	$1,213.80	090	
67027			Implant eye drug system	27.25	$1,281.02	090	T
67028			Injection eye drug	14.73	$692.46	000	
67030			Incise inner eye strands	12.34	$580.10	090	T
67031			Laser surgery, eye strands	8.31	$390.65	090	
67036			Removal of inner eye fluid	22.53	$1,059.14	090	T
67038			Strip retinal membrane	39.65	$1,863.95	090	T
67039			Laser treatment of retina	28.89	$1,358.12	090	T
67040			Laser treatment of retina	33.25	$1,563.08	090	T
67101			Repair detached retina	19.64	$923.28	090	
67105			Repair detached retina	16.04	$754.04	090	
67107			Repair detached retina	30.13	$1,416.41	090	T
67108			Repair detached retina	41.46	$1,949.03	090	T
67110			Repair detached retina	31.52	$1,481.76	090	
67112			Rerepair detached retina	34.40	$1,617.14	090	T
67115			Release encircling material	12.55	$589.98	090	
67120			Remove eye implant material	24.18	$1,136.70	090	
67121			Remove eye implant material	24.33	$1,143.75	090	T
67141			Treatment of retina	14.06	$660.96	090	
67145			Treatment of retina	11.40	$535.91	090	
67208			Treatment of retinal lesion	16.06	$754.98	090	
67210			Treatment of retinal lesion	17.31	$813.74	090	
67218			Treatment of retinal lesion	36.52	$1,716.81	090	

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					RVU X $47.01		"T"
67220			Treatment of choroid lesion	25.77	$1,211.45	090	
67221			Ocular photodynamic ther	9.26	$435.31	000	
67225			Eye photodynamic ther add-on	1.86	$87.44	ZZZ	
67227			Treatment of retinal lesion	16.60	$780.37	090	
67228			Treatment of retinal lesion	24.34	$1,144.22	090	
67250			Reinforce eye wall	21.77	$1,023.41	090	
67255			Reinforce/graft eye wall	22.00	$1,034.22	090	T
67299			Eye surgery procedure	0.00	$0.00	YYY	T
67311			Revise eye muscle	13.77	$647.33	090	
67312			Revise two eye muscles	16.99	$798.70	090	
67314			Revise eye muscle	15.31	$719.72	090	T
67316			Revise two eye muscles	18.78	$882.85	090	
67318			Revise eye muscle(s)	16.10	$756.86	090	
67320			Revise eye muscle(s) add-on	6.91	$324.84	ZZZ	
67331			Eye surgery follow-up add-on	6.56	$308.39	ZZZ	T
67332			Rerevise eye muscles add-on	7.16	$336.59	ZZZ	
67334			Revise eye muscle w/suture	6.34	$298.04	ZZZ	
67335			Eye suture during surgery	3.98	$187.10	ZZZ	T
67340			Revise eye muscle add-on	7.89	$370.91	ZZZ	T
67343			Release eye tissue	15.46	$726.77	090	
67345			Destroy nerve of eye muscle	7.78	$365.74	010	T
67350			Biopsy eye muscle	5.22	$245.39	000	T
67399			Eye muscle surgery procedure	0.00	$0.00	YYY	T
67400			Explore/biopsy eye socket	24.80	$1,165.85	090	T
67405			Explore/drain eye socket	21.48	$1,009.77	090	T
67412			Explore/treat eye socket	26.65	$1,252.82	090	T
67413			Explore/treat eye socket	25.00	$1,175.25	090	T
67414			Explr/decompress eye socket	29.36	$1,380.21	090	T
67415			Aspiration, orbital contents	2.81	$132.10	000	T
67420			Explore/treat eye socket	43.21	$2,031.30	090	T
67430			Explore/treat eye socket	34.27	$1,611.03	090	T
67440			Explore/drain eye socket	33.12	$1,556.97	090	T
67445			Explr/decompress eye socket	34.36	$1,615.26	090	T
67450			Explore/biopsy eye socket	32.59	$1,532.06	090	T
67500	*		Inject/treat eye socket	1.85	$86.97	000	
67505			Inject/treat eye socket	1.88	$88.38	000	
67515	*		Inject/treat eye socket	1.53	$71.93	000	
67550			Insert eye socket implant	25.12	$1,180.89	090	
67560			Revise eye socket implant	25.40	$1,194.05	090	T
67570			Decompress optic nerve	33.11	$1,556.50	090	T
67599			Orbit surgery procedure	0.00	$0.00	YYY	T
67700	*		Drainage of eyelid abscess	9.30	$437.19	010	
67710	*		Incision of eyelid	9.04	$424.97	010	
67715	*		Incision of eyelid fold	1.95	$91.67	010	
67800			Remove eyelid lesion	4.21	$197.91	010	
67801			Remove eyelid lesions	10.32	$485.14	010	
67805			Remove eyelid lesions	10.87	$511.00	010	
67808			Remove eyelid lesion(s)	8.61	$404.76	090	

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CPT® CODE		MOD	DESCRIPTION	TOTAL RVU	MAP	GLOBAL DAYS	ASST SURG
					RVU X $47.01		"T"
67810	*		Biopsy of eyelid	6.90	$324.37	000	
67820	*		Revise eyelashes	3.02	$141.97	000	
67825	*		Revise eyelashes	7.24	$340.35	010	
67830			Revise eyelashes	13.43	$631.34	010	
67835			Revise eyelashes	11.09	$521.34	090	T
67840	*		Remove eyelid lesion	10.45	$491.25	010	
67850	*		Treat eyelid lesion	10.66	$501.13	010	
67875			Closure of eyelid by suture	13.12	$616.77	000	
67880			Revision of eyelid	17.00	$799.17	090	
67882			Revision of eyelid	21.06	$990.03	090	
67900			Repair brow defect	18.24	$857.46	090	
67901			Repair eyelid defect	15.07	$708.44	090	
67902			Repair eyelid defect	15.13	$711.26	090	
67903			Repair eyelid defect	18.11	$851.35	090	
67904			Repair eyelid defect	21.94	$1,031.40	090	
67906			Repair eyelid defect	17.80	$836.78	090	
67908			Repair eyelid defect	15.34	$721.13	090	
67909			Revise eyelid defect	16.28	$765.32	090	
67911			Revise eyelid defect	12.83	$603.14	090	
67914			Repair eyelid defect	17.33	$814.68	090	
67915			Repair eyelid defect	15.26	$717.37	090	
67916			Repair eyelid defect	23.17	$1,089.22	090	
67917			Repair eyelid defect	17.34	$815.15	090	
67921			Repair eyelid defect	16.72	$786.01	090	
67922			Repair eyelid defect	15.14	$711.73	090	
67923			Repair eyelid defect	22.87	$1,075.12	090	
67924			Repair eyelid defect	16.40	$770.96	090	
67930			Repair eyelid wound	16.56	$778.49	010	
67935			Repair eyelid wound	23.12	$1,086.87	090	
67938			Remove eyelid foreign body	11.13	$523.22	010	
67950			Revision of eyelid	15.64	$735.24	090	
67961			Revision of eyelid	15.79	$742.29	090	T
67966			Revision of eyelid	16.47	$774.25	090	
67971			Reconstruction of eyelid	18.82	$884.73	090	T
67973			Reconstruction of eyelid	24.46	$1,149.86	090	T
67974			Reconstruction of eyelid	24.23	$1,139.05	090	T
67975			Reconstruction of eyelid	17.71	$832.55	090	
67999			Revision of eyelid	0.00	$0.00	YYY	T
68020			Incise/drain eyelid lining	9.31	$437.66	010	
68040			Treatment of eyelid lesions	8.60	$404.29	000	
68100			Biopsy of eyelid lining	9.43	$443.30	000	
68110			Remove eyelid lining lesion	10.93	$513.82	010	
68115			Remove eyelid lining lesion	11.10	$521.81	010	
68130			Remove eyelid lining lesion	7.86	$369.50	090	
68135	*		Remove eyelid lining lesion	10.26	$482.32	010	
68200	*		Treat eyelid by injection	1.31	$61.58	000	
68320			Revise/graft eyelid lining	11.72	$550.96	090	
68325			Revise/graft eyelid lining	14.54	$683.53	090	

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					RVU X $47.01		"T"
68326			Revise/graft eyelid lining	14.25	$669.89	090	
68328			Revise/graft eyelid lining	16.35	$768.61	090	T
68330			Revise eyelid lining	12.71	$597.50	090	T
68335			Revise/graft eyelid lining	13.69	$643.57	090	
68340			Separate eyelid adhesions	20.50	$963.71	090	T
68360			Revise eyelid lining	11.62	$546.26	090	
68362			Revise eyelid lining	16.18	$760.62	090	
68399			Eyelid lining surgery	0.00	$0.00	YYY	T
68400			Incise/drain tear gland	13.35	$627.58	010	
68420			Incise/drain tear sac	14.45	$679.29	010	
68440	*		Incise tear duct opening	8.90	$418.39	010	
68500			Removal of tear gland	21.77	$1,023.41	090	
68505			Partial removal, tear gland	22.79	$1,071.36	090	
68510			Biopsy of tear gland	18.22	$856.52	000	T
68520			Removal of tear sac	15.90	$747.46	090	T
68525			Biopsy of tear sac	7.09	$333.30	000	
68530			Clearance of tear duct	19.41	$912.46	010	
68540			Remove tear gland lesion	21.62	$1,016.36	090	
68550			Remove tear gland lesion	25.56	$1,201.58	090	
68700			Repair tear ducts	14.23	$668.95	090	
68705			Revise tear duct opening	10.61	$498.78	010	
68720			Create tear sac drain	18.07	$849.47	090	T
68745			Create tear duct drain	17.51	$823.15	090	T
68750			Create tear duct drain	18.16	$853.70	090	T
68760			Close tear duct opening	8.69	$408.52	010	
68761			Close tear duct opening	4.61	$216.72	010	T
68770			Close tear system fistula	25.53	$1,200.17	090	T
68801	*		Dilate tear duct opening	1.93	$90.73	010	
68810	*		Probe nasolacrimal duct	4.60	$216.25	010	
68811			Probe nasolacrimal duct	5.09	$239.28	010	
68815			Probe nasolacrimal duct	17.65	$829.73	010	
68840	*		Explore/irrigate tear ducts	3.01	$141.50	010	
68850	*		Injection for tear sac x-ray	16.15	$759.21	000	
68899			Tear duct system surgery	0.00	$0.00	YYY	T
69000	*		Drain external ear lesion	3.85	$180.99	010	
69005			Drain external ear lesion	5.07	$238.34	010	
69020	*		Drain outer ear canal lesion	4.01	$188.51	010	
69090			Pierce earlobes	0.00	$0.00	XXX	
69100			Biopsy of external ear	2.36	$110.94	000	
69105			Biopsy of external ear canal	2.51	$118.00	000	
69110			Remove external ear, partial	7.54	$354.46	090	
69120			Removal of external ear	9.52	$447.54	090	
69140			Remove ear canal lesion(s)	17.66	$830.20	090	T
69145			Remove ear canal lesion(s)	6.50	$305.57	090	
69150			Extensive ear canal surgery	27.55	$1,295.13	090	
69155			Extensive ear/neck surgery	40.97	$1,926.00	090	T
69200			Clear outer ear canal	2.35	$110.47	000	
69205			Clear outer ear canal	3.01	$141.50	010	

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					RVU X $47.01		"T"
69210			Remove impacted ear wax	1.30	$61.11	000	
69220			Clean out mastoid cavity	2.51	$118.00	000	
69222			Clean out mastoid cavity	3.90	$183.34	010	
69300			Revise external ear	11.86	$557.54	YYY	T
69310			Rebuild outer ear canal	22.64	$1,064.31	090	
69320			Rebuild outer ear canal	33.78	$1,588.00	090	T
69399			Outer ear surgery procedure	0.00	$0.00	YYY	T
69400			Inflate middle ear canal	2.49	$117.05	000	
69401			Inflate middle ear canal	2.14	$100.60	000	
69405			Catheterize middle ear canal	6.19	$290.99	010	T
69410			Inset middle ear (baffle)	1.77	$83.21	000	T
69420	*		Incision of eardrum	3.94	$185.22	010	
69421	*		Incision of eardrum	4.64	$218.13	010	
69424			Remove ventilating tube	2.68	$125.99	000	
69433	*		Create eardrum opening	4.12	$193.68	010	
69436			Create eardrum opening	4.37	$205.43	010	
69440			Exploration of middle ear	16.36	$769.08	090	
69450			Eardrum revision	12.76	$599.85	090	T
69501			Mastoidectomy	18.97	$891.78	090	
69502			Mastoidectomy	25.42	$1,194.99	090	T
69505			Remove mastoid structures	26.32	$1,237.30	090	T
69511			Extensive mastoid surgery	27.46	$1,290.89	090	T
69530			Extensive mastoid surgery	37.69	$1,771.81	090	T
69535			Remove part of temporal bone	67.99	$3,196.21	090	
69540			Remove ear lesion	3.70	$173.94	010	
69550			Remove ear lesion	23.03	$1,082.64	090	T
69552			Remove ear lesion	37.81	$1,777.45	090	T
69554			Remove ear lesion	60.99	$2,867.14	090	T
69601			Mastoid surgery revision	27.60	$1,297.48	090	T
69602			Mastoid surgery revision	27.58	$1,296.54	090	T
69603			Mastoid surgery revision	28.41	$1,335.55	090	T
69604			Mastoid surgery revision	28.33	$1,331.79	090	
69605			Mastoid surgery revision	36.22	$1,702.70	090	T
69610			Repair of eardrum	9.50	$446.60	010	
69620			Repair of eardrum	13.83	$650.15	090	
69631			Repair eardrum structures	21.03	$988.62	090	
69632			Rebuild eardrum structures	26.79	$1,259.40	090	
69633			Rebuild eardrum structures	25.64	$1,205.34	090	
69635			Repair eardrum structures	27.02	$1,270.21	090	
69636			Rebuild eardrum structures	31.23	$1,468.12	090	T
69637			Rebuild eardrum structures	31.02	$1,458.25	090	T
69641			Revise middle ear & mastoid	26.08	$1,226.02	090	
69642			Revise middle ear & mastoid	34.07	$1,601.63	090	
69643			Revise middle ear & mastoid	31.36	$1,474.23	090	
69644			Revise middle ear & mastoid	34.28	$1,611.50	090	
69645			Revise middle ear & mastoid	33.16	$1,558.85	090	
69646			Revise middle ear & mastoid	36.09	$1,696.59	090	T
69650			Release middle ear bone	19.95	$937.85	090	

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CPT® CODE		MOD	DESCRIPTION	TOTAL RVU	MAP	GLOBAL DAYS	ASST SURG
					RVU X $47.01		"T"
69660			Revise middle ear bone	23.94	$1,125.42	090	
69661			Revise middle ear bone	31.23	$1,468.12	090	T
69662			Revise middle ear bone	30.81	$1,448.38	090	
69666			Repair middle ear structures	20.17	$948.19	090	T
69667			Repair middle ear structures	20.20	$949.60	090	T
69670			Remove mastoid air cells	23.90	$1,123.54	090	T
69676			Remove middle ear nerve	20.44	$960.88	090	
69700			Close mastoid fistula	15.44	$725.83	090	
69710			Implant/replace hearing aid	0.00	$0.00	XXX	
69711			Remove/repair hearing aid	21.71	$1,020.59	090	T
69714			Implant temple bone w/stimul	28.15	$1,323.33	090	
69715			Temple bne implnt w/stimulat	35.72	$1,679.20	090	
69717			Temple bone implant revision	29.24	$1,374.57	090	
69718			Revise temple bone implant	36.17	$1,700.35	090	
69720			Release facial nerve	29.90	$1,405.60	090	T
69725			Release facial nerve	47.98	$2,255.54	090	T
69740			Repair facial nerve	29.80	$1,400.90	090	T
69745			Repair facial nerve	32.15	$1,511.37	090	T
69799			Middle ear surgery procedure	0.00	$0.00	YYY	T
69801			Incise inner ear	18.08	$849.94	090	T
69802			Incise inner ear	26.84	$1,261.75	090	T
69805			Explore inner ear	27.25	$1,281.02	090	T
69806			Explore inner ear	25.41	$1,194.52	090	
69820			Establish inner ear window	20.86	$980.63	090	T
69840			Revise inner ear window	20.95	$984.86	090	T
69905			Remove inner ear	23.04	$1,083.11	090	
69910			Remove inner ear & mastoid	27.50	$1,292.78	090	T
69915			Incise inner ear nerve	41.10	$1,932.11	090	T
69930			Implant cochlear device	32.84	$1,543.81	090	T
69949			Inner ear surgery procedure	0.00	$0.00	YYY	T
69950			Incise inner ear nerve	49.53	$2,328.41	090	T
69955			Release facial nerve	50.35	$2,366.95	090	T
69960			Release inner ear canal	51.59	$2,425.25	090	T
69970			Remove inner ear lesion	55.18	$2,594.01	090	T
69979			Temporal bone surgery	0.00	$0.00	YYY	T
69990			Microsurgery add-on	6.69	$314.50	ZZZ	T

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Chapter 9

Radiology

This section stipulates only those policies and procedures that are unique to radiology services. Additional policies and procedures that apply to all providers are listed in Chapters 1-5 of this manual.

General Information

Radiology services include diagnostic radiology (diagnostic imaging, diagnostic ultrasound, and nuclear medicine). Radiology services are comprised of a **professional component and a technical component.** The professional component is the physician's interpretation of the procedure, and the technical component is the equipment, supplies, and technician's services used to perform the procedure. These are discussed in greater detail later in this chapter.

Contrast Media

Complete procedures, interventional radiological procedures, or diagnostic studies involving injection of contrast media include all usual pre-injection and post-injection services, (e.g., necessary local anesthesia, placement of needle catheter, injection of contrast media, supervision of the study, and interpretation of results).

When a radiology CPT® procedure code includes the use of contrast materials in the description, no additional payment is made for the contrast materials as they are included in the procedure.

Low osmolar contrast material and paramagnetic contrast materials shall only be billed when instructions indicate supplies shall be listed separately. When appropriately billed the contrast material is reimbursed at the wholesale price and a copy of the invoice documenting the wholesale price should be attached to the charges. A supply is billed with the HCPCS code listed in the following table:

Code	**Descriptor**
A4641	Supply of radiopharmaceutical diagnostic imaging agent
A4644	Supply of low osmolar contrast material (100-199 mgs. of iodine)
A4645	Supply of low osmolar contrast material (200-299 mgs. of iodine)
A4646	Supply of low osmolar contrast material (300-399 mgs. of iodine)

X-Ray Consultation (CPT® 76140)

CPT ® code 76140, x-ray consultation, will only be paid when there is a documented need for the service and when performed by a radiologist or physician certified to perform radiological services. When procedure code 76140 is billed the written report must accompany the charges.

Note: Billing code 76140 is not appropriate in the following circumstances because review of the x-rays is included in the E/M code:

- The physician, during the course of an office visit or consultation, reviews an x-ray that was were taken elsewhere.
- The treating or consulting physician reviews x-rays at an emergency room or hospital visit.

Billing

Radiologists are not required to enter a diagnosis code in Element 21 of the HCFA 1500.

When a CPT® code descriptor indicates a minimum number of views, the number listed indicates the *minimum* number of views required for that service, not the maximum. No payment will be made for views in excess of the minimum number.

Billing a Total Procedure (Professional and Technical Component)

When a physician performs both the professional and technical components, bill the appropriate CPT® radiology code without a modifier.

Billing the Professional Component (Modifier -26)

To bill for the professional component of a procedure, such as the reading of a radiology service provided by a hospital or diagnostic center, use the appropriate CPT® code and the modifier -26.

Professional services will *not* be reimbursed when:

- The physician, during the course of an office visit or consultation reviews an x-ray taken elsewhere.
- The treating or consulting physician reviews x-rays at an emergency room or hospital visit.

Note: Should the provider fail to add modifier -26 to a radiology procedure provided in a hospital or other facility, payment will only be made for the professional component.

Billing the Technical Component (Modifier -TC)

When the technical component is provided by a health care provider other than the physician providing the professional component, the health care provider bills

for the technical component by adding modifier -TC to the applicable radiology code.

Billing for Radiological Supervision and Interpretation

When a radiologist and a clinician work together as a team (e.g., when the clinician injects contrast media and the radiologist supervises and interprets the procedure) each must bill separately for services rendered.

To bill for the **service rendered by the clinician** in this case, use the applicable surgical injection procedure code. Payment for the injection includes all the usual physician services for injections (e.g., pre-and post-injection services, local anesthesia, placement of needle or catheter, and the injection itself).

To bill for the **service rendered by the radiologist**, use the applicable radiology procedure code with a descriptor that specifies "supervision and interpretation only."

Radiology Modifiers

-26 **Professional Component:** Radiology procedures are a combination of a physician and technical component. When only the physician professional component is reported use the modifier (-26). A written report is required whenever modifier (-26) describes the radiology service.

-TC **Technical Component:** Radiology procedures are a combination of a physician and technical component. When billing for only the technical component of a procedure, use the modifier (-TC). A hospital is not required to place modifiers on the UB-92; however, a carrier would process the service and pay for the technical portion (-TC) only in instances that R 418.10922 applies.

When a radiologist bills for the professional portion of a radiology procedure performed in an outpatient hospital and the procedure is being paid in accord with R 418.10916, the radiology service shall be reimbursed by the maximum allowable payment listed in the rules for the professional portion. The carrier shall not reduce the radiologist's payment by 40% as the MAP listed for the professional service is the correct payment.

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CPT® CODE	MOD	DESCRIPTION	RVU	MAP
				RVU X $47.01
70010		Contrast x-ray of brain	6.24	$293.34
70010	TC	Contrast x-ray of brain	4.47	$210.13
70010	26	Contrast x-ray of brain	1.77	$83.21
70015		Contrast x-ray of brain	3.18	$149.49
70015	TC	Contrast x-ray of brain	1.43	$67.22
70015	26	Contrast x-ray of brain	1.75	$82.27
70030		X-ray eye for foreign body	0.69	$32.44
70030	TC	X-ray eye for foreign body	0.43	$20.21
70030	26	X-ray eye for foreign body	0.26	$12.22
70100		X-ray exam of jaw	0.81	$38.08
70100	TC	X-ray exam of jaw	0.54	$25.39
70100	26	X-ray exam of jaw	0.27	$12.69
70110		X-ray exam of jaw	1.02	$47.95
70110	TC	X-ray exam of jaw	0.65	$30.56
70110	26	X-ray exam of jaw	0.37	$17.39
70120		X-ray exam of mastoids	0.92	$43.25
70120	TC	X-ray exam of mastoids	0.65	$30.56
70120	26	X-ray exam of mastoids	0.27	$12.69
70130		X-ray exam of mastoids	1.31	$61.58
70130	TC	X-ray exam of mastoids	0.82	$38.55
70130	26	X-ray exam of mastoids	0.49	$23.03
70134		X-ray exam of middle ear	1.27	$59.70
70134	TC	X-ray exam of middle ear	0.78	$36.67
70134	26	X-ray exam of middle ear	0.49	$23.03
70140		X-ray exam of facial bones	0.94	$44.19
70140	TC	X-ray exam of facial bones	0.65	$30.56
70140	26	X-ray exam of facial bones	0.29	$13.63
70150		X-ray exam of facial bones	1.20	$56.41
70150	TC	X-ray exam of facial bones	0.82	$38.55
70150	26	X-ray exam of facial bones	0.38	$17.86
70160		X-ray exam of nasal bones	0.80	$37.61
70160	TC	X-ray exam of nasal bones	0.54	$25.39
70160	26	X-ray exam of nasal bones	0.26	$12.22
70170		X-ray exam of tear duct	1.44	$67.69
70170	TC	X-ray exam of tear duct	1.00	$47.01
70170	26	X-ray exam of tear duct	0.44	$20.68
70190		X-ray exam of eye sockets	0.96	$45.13
70190	TC	X-ray exam of eye sockets	0.65	$30.56
70190	26	X-ray exam of eye sockets	0.31	$14.57
70200		X-ray exam of eye sockets	1.23	$57.82
70200	TC	X-ray exam of eye sockets	0.82	$38.55
70200	26	X-ray exam of eye sockets	0.41	$19.27
70210		X-ray exam of sinuses	0.91	$42.78
70210	TC	X-ray exam of sinuses	0.65	$30.56
70210	26	X-ray exam of sinuses	0.26	$12.22
70220		X-ray exam of sinuses	1.19	$55.94
70220	TC	X-ray exam of sinuses	0.82	$38.55
70220	26	X-ray exam of sinuses	0.37	$17.39
70240		X-ray exam, pituitary saddle	0.72	$33.85

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CPT® CODE	MOD	DESCRIPTION	RVU	MAP
				RVU X $47.01
70240	TC	X-ray exam, pituitary saddle	0.43	$20.21
70240	26	X-ray exam, pituitary saddle	0.29	$13.63
70250		X-ray exam of skull	1.00	$47.01
70250	TC	X-ray exam of skull	0.65	$30.56
70250	26	X-ray exam of skull	0.35	$16.45
70260		X-ray exam of skull	1.43	$67.22
70260	TC	X-ray exam of skull	0.94	$44.19
70260	26	X-ray exam of skull	0.49	$23.03
70300		X-ray exam of teeth	0.46	$21.62
70300	TC	X-ray exam of teeth	0.29	$13.63
70300	26	X-ray exam of teeth	0.16	$7.52
70310		X-ray exam of teeth	0.69	$32.44
70310	TC	X-ray exam of teeth	0.43	$20.21
70310	26	X-ray exam of teeth	0.26	$12.22
70320		Full mouth x-ray of teeth	1.15	$54.06
70320	TC	Full mouth x-ray of teeth	0.82	$38.55
70320	26	Full mouth x-ray of teeth	0.33	$15.51
70328		X-ray exam of jaw joint	0.78	$36.67
70328	TC	X-ray exam of jaw joint	0.51	$23.98
70328	26	X-ray exam of jaw joint	0.27	$12.69
70330		X-ray exam of jaw joints	1.23	$57.82
70330	TC	X-ray exam of jaw joints	0.88	$41.37
70330	26	X-ray exam of jaw joints	0.35	$16.45
70332		X-ray exam of jaw joint	2.98	$140.09
70332	TC	X-ray exam of jaw joint	2.19	$102.95
70332	26	X-ray exam of jaw joint	0.79	$37.14
70336		Magnetic image, jaw joint	13.81	$649.21
70336	TC	Magnetic image, jaw joint	11.63	$546.73
70336	26	Magnetic image, jaw joint	2.19	$102.95
70350		X-ray head for orthodontia	0.66	$31.03
70350	TC	X-ray head for orthodontia	0.40	$18.80
70350	26	X-ray head for orthodontia	0.26	$12.22
70355		Panoramic x-ray of jaws	0.90	$42.31
70355	TC	Panoramic x-ray of jaws	0.60	$28.21
70355	26	Panoramic x-ray of jaws	0.30	$14.10
70360		X-ray exam of neck	0.69	$32.44
70360	TC	X-ray exam of neck	0.43	$20.21
70360	26	X-ray exam of neck	0.26	$12.22
70370		Throat x-ray & fluoroscopy	1.82	$85.56
70370	TC	Throat x-ray & fluoroscopy	1.36	$63.93
70370	26	Throat x-ray & fluoroscopy	0.46	$21.62
70371		Speech evaluation, complex	3.44	$161.71
70371	TC	Speech evaluation, complex	2.19	$102.95
70371	26	Speech evaluation, complex	1.25	$58.76
70373		Contrast x-ray of larynx	2.52	$118.47
70373	TC	Contrast x-ray of larynx	1.87	$87.91
70373	26	Contrast x-ray of larynx	0.64	$30.09
70380		X-ray exam of salivary gland	0.95	$44.66
70380	TC	X-ray exam of salivary gland	0.69	$32.44

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CPT® CODE	MOD	DESCRIPTION	RVU	MAP
				RVU X $47.01
70380	26	X-ray exam of salivary gland	0.26	$12.22
70390		X-ray exam of salivary duct	2.44	$114.70
70390	TC	X-ray exam of salivary duct	1.87	$87.91
70390	26	X-ray exam of salivary duct	0.56	$26.33
70450		Ct head/brain w/o dye	6.16	$289.58
70450	TC	Ct head/brain w/o dye	4.90	$230.35
70450	26	Ct head/brain w/o dye	1.26	$59.23
70460		Ct head/brain w/dye	7.54	$354.46
70460	TC	Ct head/brain w/dye	5.87	$275.95
70460	26	Ct head/brain w/dye	1.67	$78.51
70470		Ct head/brain w/o&w dye	9.22	$433.43
70470	TC	Ct head/brain w/o&w dye	7.33	$344.58
70470	26	Ct head/brain w/o&w dye	1.88	$88.38
70480		Ct orbit/ear/fossa w/o dye	6.80	$319.67
70480	TC	Ct orbit/ear/fossa w/o dye	4.90	$230.35
70480	26	Ct orbit/ear/fossa w/o dye	1.89	$88.85
70481		Ct orbit/ear/fossa w/dye	7.90	$371.38
70481	TC	Ct orbit/ear/fossa w/dye	5.87	$275.95
70481	26	Ct orbit/ear/fossa w/dye	2.02	$94.96
70482		Ct orbit/ear/fossa w/o&w dye	9.46	$444.71
70482	TC	Ct orbit/ear/fossa w/o&w dye	7.33	$344.58
70482	26	Ct orbit/ear/fossa w/o&w dye	2.13	$100.13
70486		Ct maxillofacial w/o dye	6.58	$309.33
70486	TC	Ct maxillofacial w/o dye	4.90	$230.35
70486	26	Ct maxillofacial w/o dye	1.68	$78.98
70487		Ct maxillofacial w/dye	7.80	$366.68
70487	TC	Ct maxillofacial w/dye	5.87	$275.95
70487	26	Ct maxillofacial w/dye	1.92	$90.26
70488		Ct maxillofacial w/o&w dye	9.42	$442.83
70488	TC	Ct maxillofacial w/o&w dye	7.33	$344.58
70488	26	Ct maxillofacial w/o&w dye	2.09	$98.25
70490		Ct soft tissue neck w/o dye	6.80	$319.67
70490	TC	Ct soft tissue neck w/o dye	4.90	$230.35
70490	26	Ct soft tissue neck w/o dye	1.89	$88.85
70491		Ct soft tissue neck w/dye	7.90	$371.38
70491	TC	Ct soft tissue neck w/dye	5.87	$275.95
70491	26	Ct soft tissue neck w/dye	2.02	$94.96
70492		Ct sft tsue nck w/o & w/dye	9.46	$444.71
70492	TC	Ct sft tsue nck w/o & w/dye	7.33	$344.58
70492	26	Ct sft tsue nck w/o & w/dye	2.13	$100.13
70496		Ct angiography, head	10.39	$488.43
70496	TC	Ct angiography, head	7.72	$362.92
70496	26	Ct angiography, head	2.67	$125.52
70498		Ct angiography, neck	10.39	$488.43
70498	TC	Ct angiography, neck	7.72	$362.92
70498	26	Ct angiography, neck	2.67	$125.52
70540		Mri orbit/face/neck w/o dye	13.18	$619.59
70540	TC	Mri orbit/face/neck w/o dye	11.24	$528.39
70540	26	Mri orbit/face/neck w/o dye	1.94	$91.20

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CPT® CODE	MOD	DESCRIPTION	RVU	MAP
				RVU X $47.01
70542		Mri orbit/face/neck w/dye	15.83	$744.17
70542	TC	Mri orbit/face/neck w/dye	13.49	$634.16
70542	26	Mri orbit/face/neck w/dye	2.34	$110.00
70543		Mri orbt/fac/nck w/o&w dye	28.05	$1,318.63
70543	TC	Mri orbt/fac/nck w/o&w dye	24.95	$1,172.90
70543	26	Mri orbt/fac/nck w/o&w dye	3.10	$145.73
70544		Mr angiography head w/o dye	13.38	$628.99
70544	TC	Mr angiography head w/o dye	11.63	$546.73
70544	26	Mr angiography head w/o dye	1.76	$82.74
70545		Mr angiography head w/dye	13.38	$628.99
70545	TC	Mr angiography head w/dye	11.63	$546.73
70545	26	Mr angiography head w/dye	1.76	$82.74
70546		Mr angiograph head w/o&w dye	24.80	$1,165.85
70546	TC	Mr angiograph head w/o&w dye	22.15	$1,041.27
70546	26	Mr angiograph head w/o&w dye	2.65	$124.58
70547		Mr angiography neck w/o dye	13.38	$628.99
70547	TC	Mr angiography neck w/o dye	11.63	$546.73
70547	26	Mr angiography neck w/o dye	1.76	$82.74
70548		Mr angiography neck w/dye	13.38	$628.99
70548	TC	Mr angiography neck w/dye	11.63	$546.73
70548	26	Mr angiography neck w/dye	1.76	$82.74
70549		Mr angiograph neck w/o&w dye	24.80	$1,165.85
70549	TC	Mr angiograph neck w/o&w dye	22.15	$1,041.27
70549	26	Mr angiograph neck w/o&w dye	2.65	$124.58
70551		Mri brain w/o dye	13.81	$649.21
70551	TC	Mri brain w/o dye	11.63	$546.73
70551	26	Mri brain w/o dye	2.19	$102.95
70552		Mri brain w/dye	16.56	$778.49
70552	TC	Mri brain w/dye	13.92	$654.38
70552	26	Mri brain w/dye	2.64	$124.11
70553		Mri brain w/o&w dye	29.30	$1,377.39
70553	TC	Mri brain w/o&w dye	25.83	$1,214.27
70553	26	Mri brain w/o&w dye	3.47	$163.12
71010		Chest x-ray	0.76	$35.73
71010	TC	Chest x-ray	0.49	$23.03
71010	26	Chest x-ray	0.27	$12.69
71015		Chest x-ray	0.85	$39.96
71015	TC	Chest x-ray	0.54	$25.39
71015	26	Chest x-ray	0.31	$14.57
71020		Chest x-ray	0.98	$46.07
71020	TC	Chest x-ray	0.65	$30.56
71020	26	Chest x-ray	0.33	$15.51
71021		Chest x-ray	1.17	$55.00
71021	TC	Chest x-ray	0.78	$36.67
71021	26	Chest x-ray	0.39	$18.33
71022		Chest x-ray	1.25	$58.76
71022	TC	Chest x-ray	0.78	$36.67
71022	26	Chest x-ray	0.47	$22.09
71023		Chest x-ray and fluoroscopy	1.40	$65.81

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CPT® CODE	MOD	DESCRIPTION	RVU	MAP
				RVU X $47.01
71023	TC	Chest x-ray and fluoroscopy	0.82	$38.55
71023	26	Chest x-ray and fluoroscopy	0.57	$26.80
71030		Chest x-ray	1.27	$59.70
71030	TC	Chest x-ray	0.82	$38.55
71030	26	Chest x-ray	0.45	$21.15
71034		Chest x-ray and fluoroscopy	2.20	$103.42
71034	TC	Chest x-ray and fluoroscopy	1.51	$70.99
71034	26	Chest x-ray and fluoroscopy	0.68	$31.97
71035		Chest x-ray	0.81	$38.08
71035	TC	Chest x-ray	0.54	$25.39
71035	26	Chest x-ray	0.27	$12.69
71040		Contrast x-ray of bronchi	2.39	$112.35
71040	TC	Contrast x-ray of bronchi	1.53	$71.93
71040	26	Contrast x-ray of bronchi	0.86	$40.43
71060		Contrast x-ray of bronchi	3.40	$159.83
71060	TC	Contrast x-ray of bronchi	2.31	$108.59
71060	26	Contrast x-ray of bronchi	1.08	$50.77
71090		X-ray & pacemaker insertion	2.60	$122.23
71090	TC	X-ray & pacemaker insertion	1.79	$84.15
71090	26	X-ray & pacemaker insertion	0.82	$38.55
71100		X-ray exam of ribs	0.93	$43.72
71100	TC	X-ray exam of ribs	0.60	$28.21
71100	26	X-ray exam of ribs	0.33	$15.51
71101		X-ray exam of ribs/chest	1.08	$50.77
71101	TC	X-ray exam of ribs/chest	0.69	$32.44
71101	26	X-ray exam of ribs/chest	0.39	$18.33
71110		X-ray exam of ribs	1.21	$56.88
71110	TC	X-ray exam of ribs	0.82	$38.55
71110	26	X-ray exam of ribs	0.39	$18.33
71111		X-ray exam of ribs/ chest	1.40	$65.81
71111	TC	X-ray exam of ribs/ chest	0.94	$44.19
71111	26	X-ray exam of ribs/ chest	0.46	$21.62
71120		X-ray exam of breastbone	0.98	$46.07
71120	TC	X-ray exam of breastbone	0.68	$31.97
71120	26	X-ray exam of breastbone	0.30	$14.10
71130		X-ray exam of breastbone	1.06	$49.83
71130	TC	X-ray exam of breastbone	0.73	$34.32
71130	26	X-ray exam of breastbone	0.33	$15.51
71250		Ct thorax w/o dye	7.84	$368.56
71250	TC	Ct thorax w/o dye	6.13	$288.17
71250	26	Ct thorax w/o dye	1.71	$80.39
71260		Ct thorax w/dye	9.14	$429.67
71260	TC	Ct thorax w/dye	7.33	$344.58
71260	26	Ct thorax w/dye	1.81	$85.09
71270		Ct thorax w/o&w dye	11.19	$526.04
71270	TC	Ct thorax w/o&w dye	9.16	$430.61
71270	26	Ct thorax w/o&w dye	2.02	$94.96
71275		Ct angiography, chest	11.89	$558.95
71275	TC	Ct angiography, chest	9.03	$424.50

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CPT® CODE	MOD	DESCRIPTION	RVU	MAP
				RVU X $47.01
71275	26	Ct angiography, chest	2.86	$134.45
71550		Mri chest w/o dye	13.44	$631.81
71550	TC	Mri chest w/o dye	11.35	$533.56
71550	26	Mri chest w/o dye	2.09	$98.25
71551		Mri chest w/dye	16.09	$756.39
71551	TC	Mri chest w/dye	13.58	$638.40
71551	26	Mri chest w/dye	2.50	$117.53
71552		Mri chest w/o&w dye	27.91	$1,312.05
71552	TC	Mri chest w/o&w dye	24.63	$1,157.86
71552	26	Mri chest w/o&w dye	3.28	$154.19
71555		Mri angio chest w or w/o dye	14.29	$671.77
71555	TC	Mri angio chest w or w/o dye	11.63	$546.73
71555	26	Mri angio chest w or w/o dye	2.67	$125.52
72010		X-ray exam of spine	1.76	$82.74
72010	TC	X-ray exam of spine	1.07	$50.30
72010	26	X-ray exam of spine	0.69	$32.44
72020		X-ray exam of spine	0.66	$31.03
72020	TC	X-ray exam of spine	0.43	$20.21
72020	26	X-ray exam of spine	0.23	$10.81
72040		X-ray exam of neck spine	0.96	$45.13
72040	TC	X-ray exam of neck spine	0.63	$29.62
72040	26	X-ray exam of neck spine	0.33	$15.51
72050		X-ray exam of neck spine	1.42	$66.75
72050	TC	X-ray exam of neck spine	0.94	$44.19
72050	26	X-ray exam of neck spine	0.47	$22.09
72052		X-ray exam of neck spine	1.71	$80.39
72052	TC	X-ray exam of neck spine	1.17	$55.00
72052	26	X-ray exam of neck spine	0.54	$25.39
72069		X-ray exam of trunk spine	0.87	$40.90
72069	TC	X-ray exam of trunk spine	0.51	$23.98
72069	26	X-ray exam of trunk spine	0.36	$16.92
72070		X-ray exam of thoracic spine	1.01	$47.48
72070	TC	X-ray exam of thoracic spine	0.68	$31.97
72070	26	X-ray exam of thoracic spine	0.33	$15.51
72072		X-ray exam of thoracic spine	1.11	$52.18
72072	TC	X-ray exam of thoracic spine	0.78	$36.67
72072	26	X-ray exam of thoracic spine	0.33	$15.51
72074		X-ray exam of thoracic spine	1.29	$60.64
72074	TC	X-ray exam of thoracic spine	0.96	$45.13
72074	26	X-ray exam of thoracic spine	0.33	$15.51
72080		X-ray exam of trunk spine	1.04	$48.89
72080	TC	X-ray exam of trunk spine	0.69	$32.44
72080	26	X-ray exam of trunk spine	0.35	$16.45
72090		X-ray exam of trunk spine	1.12	$52.65
72090	TC	X-ray exam of trunk spine	0.69	$32.44
72090	26	X-ray exam of trunk spine	0.43	$20.21
72100		X-ray exam of lower spine	1.04	$48.89
72100	TC	X-ray exam of lower spine	0.69	$32.44
72100	26	X-ray exam of lower spine	0.35	$16.45

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CPT® CODE	MOD	DESCRIPTION	RVU	MAP
				RVU X $47.01
72110		X-ray exam of lower spine	1.43	$67.22
72110	TC	X-ray exam of lower spine	0.96	$45.13
72110	26	X-ray exam of lower spine	0.47	$22.09
72114		X-ray exam of lower spine	1.80	$84.62
72114	TC	X-ray exam of lower spine	1.23	$57.82
72114	26	X-ray exam of lower spine	0.57	$26.80
72120		X-ray exam of lower spine	1.29	$60.64
72120	TC	X-ray exam of lower spine	0.94	$44.19
72120	26	X-ray exam of lower spine	0.35	$16.45
72125		Ct neck spine w/o dye	7.84	$368.56
72125	TC	Ct neck spine w/o dye	6.13	$288.17
72125	26	Ct neck spine w/o dye	1.71	$80.39
72126		Ct neck spine w/dye	9.12	$428.73
72126	TC	Ct neck spine w/dye	7.33	$344.58
72126	26	Ct neck spine w/dye	1.79	$84.15
72127		Ct neck spine w/o&w dye	11.04	$518.99
72127	TC	Ct neck spine w/o&w dye	9.16	$430.61
72127	26	Ct neck spine w/o&w dye	1.88	$88.38
72128		Ct chest spine w/o dye	7.84	$368.56
72128	TC	Ct chest spine w/o dye	6.13	$288.17
72128	26	Ct chest spine w/o dye	1.71	$80.39
72129		Ct chest spine w/dye	9.12	$428.73
72129	TC	Ct chest spine w/dye	7.33	$344.58
72129	26	Ct chest spine w/dye	1.79	$84.15
72130		Ct chest spine w/o&w dye	11.04	$518.99
72130	TC	Ct chest spine w/o&w dye	9.16	$430.61
72130	26	Ct chest spine w/o&w dye	1.88	$88.38
72131		Ct lumbar spine w/o dye	7.84	$368.56
72131	TC	Ct lumbar spine w/o dye	6.13	$288.17
72131	26	Ct lumbar spine w/o dye	1.71	$80.39
72132		Ct lumbar spine w/dye	9.14	$429.67
72132	TC	Ct lumbar spine w/dye	7.33	$344.58
72132	26	Ct lumbar spine w/dye	1.81	$85.09
72133		Ct lumbar spine w/o&w dye	11.04	$518.99
72133	TC	Ct lumbar spine w/o&w dye	9.16	$430.61
72133	26	Ct lumbar spine w/o&w dye	1.88	$88.38
72141		Mri neck spine w/o dye	13.98	$657.20
72141	TC	Mri neck spine w/o dye	11.63	$546.73
72141	26	Mri neck spine w/o dye	2.35	$110.47
72142		Mri neck spine w/dye	16.78	$788.83
72142	TC	Mri neck spine w/dye	13.92	$654.38
72142	26	Mri neck spine w/dye	2.85	$133.98
72146		Mri chest spine w/o dye	15.23	$715.96
72146	TC	Mri chest spine w/o dye	12.88	$605.49
72146	26	Mri chest spine w/o dye	2.35	$110.47
72147		Mri chest spine w/dye	16.77	$788.36
72147	TC	Mri chest spine w/dye	13.92	$654.38
72147	26	Mri chest spine w/dye	2.84	$133.51
72148		Mri lumbar spine w/o dye	15.07	$708.44

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CPT® CODE	MOD	DESCRIPTION	RVU	MAP
				RVU X $47.01
72148	TC	Mri lumbar spine w/o dye	12.88	$605.49
72148	26	Mri lumbar spine w/o dye	2.19	$102.95
72149		Mri lumbar spine w/dye	16.58	$779.43
72149	TC	Mri lumbar spine w/dye	13.92	$654.38
72149	26	Mri lumbar spine w/dye	2.66	$125.05
72156		Mri neck spine w/o&w dye	29.61	$1,391.97
72156	TC	Mri neck spine w/o&w dye	25.83	$1,214.27
72156	26	Mri neck spine w/o&w dye	3.78	$177.70
72157		Mri chest spine w/o&w dye	29.60	$1,391.50
72157	TC	Mri chest spine w/o&w dye	25.83	$1,214.27
72157	26	Mri chest spine w/o&w dye	3.77	$177.23
72158		Mri lumbar spine w/o&w dye	29.32	$1,378.33
72158	TC	Mri lumbar spine w/o&w dye	25.83	$1,214.27
72158	26	Mri lumbar spine w/o&w dye	3.49	$164.06
72159		Mr angio spine w/o&w dye	15.62	$734.30
72159	TC	Mr angio spine w/o&w dye	12.88	$605.49
72159	26	Mr angio spine w/o&w dye	2.74	$128.81
72170		X-ray exam of pelvis	0.80	$37.61
72170	TC	X-ray exam of pelvis	0.54	$25.39
72170	26	X-ray exam of pelvis	0.26	$12.22
72190		X-ray exam of pelvis	1.00	$47.01
72190	TC	X-ray exam of pelvis	0.69	$32.44
72190	26	X-ray exam of pelvis	0.31	$14.57
72191		Ct angiograph pelv w/o&w dye	11.39	$535.44
72191	TC	Ct angiograph pelv w/o&w dye	8.69	$408.52
72191	26	Ct angiograph pelv w/o&w dye	2.70	$126.93
72192		Ct pelvis w/o dye	7.74	$363.86
72192	TC	Ct pelvis w/o dye	6.13	$288.17
72192	26	Ct pelvis w/o dye	1.61	$75.69
72193		Ct pelvis w/dye	8.81	$414.16
72193	TC	Ct pelvis w/dye	7.10	$333.77
72193	26	Ct pelvis w/dye	1.71	$80.39
72194		Ct pelvis w/o&w dye	10.57	$496.90
72194	TC	Ct pelvis w/o&w dye	8.78	$412.75
72194	26	Ct pelvis w/o&w dye	1.79	$84.15
72195		Mri pelvis w/o dye	13.47	$633.22
72195	TC	Mri pelvis w/o dye	11.35	$533.56
72195	26	Mri pelvis w/o dye	2.11	$99.19
72196		Mri pelvis w/dye	16.06	$754.98
72196	TC	Mri pelvis w/dye	13.58	$638.40
72196	26	Mri pelvis w/dye	2.48	$116.58
72197		Mri pelvis w/o & w dye	28.36	$1,333.20
72197	TC	Mri pelvis w/o & w dye	25.08	$1,179.01
72197	26	Mri pelvis w/o & w dye	3.28	$154.19
72198		Mr angio pelvis w/o&w dye	14.36	$675.06
72198	TC	Mr angio pelvis w/o&w dye	11.63	$546.73
72198	26	Mr angio pelvis w/o&w dye	2.74	$128.81
72200		X-ray exam sacroiliac joints	0.80	$37.61
72200	TC	X-ray exam sacroiliac joints	0.54	$25.39

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CPT® CODE	MOD	DESCRIPTION	RVU	MAP
				RVU X $47.01
72200	26	X-ray exam sacroiliac joints	0.26	$12.22
72202		X-ray exam sacroiliac joints	0.94	$44.19
72202	TC	X-ray exam sacroiliac joints	0.65	$30.56
72202	26	X-ray exam sacroiliac joints	0.29	$13.63
72220		X-ray exam of tailbone	0.86	$40.43
72220	TC	X-ray exam of tailbone	0.60	$28.21
72220	26	X-ray exam of tailbone	0.26	$12.22
72240		Contrast x-ray of neck spine	6.26	$294.28
72240	TC	Contrast x-ray of neck spine	4.93	$231.76
72240	26	Contrast x-ray of neck spine	1.33	$62.52
72255		Contrast x-ray, thorax spine	5.79	$272.19
72255	TC	Contrast x-ray, thorax spine	4.47	$210.13
72255	26	Contrast x-ray, thorax spine	1.32	$62.05
72265		Contrast x-ray, lower spine	5.45	$256.20
72265	TC	Contrast x-ray, lower spine	4.23	$198.85
72265	26	Contrast x-ray, lower spine	1.22	$57.35
72270		Contrast x-ray of spine	8.31	$390.65
72270	TC	Contrast x-ray of spine	6.33	$297.57
72270	26	Contrast x-ray of spine	1.98	$93.08
72275		Epidurography	3.43	$161.24
72275	TC	Epidurography	2.37	$111.41
72275	26	Epidurography	1.05	$49.36
72285		X-ray c/t spine disk	10.39	$488.43
72285	TC	X-ray c/t spine disk	8.68	$408.05
72285	26	X-ray c/t spine disk	1.71	$80.39
72295		X-ray of lower spine disk	9.36	$440.01
72295	TC	X-ray of lower spine disk	8.13	$382.19
72295	26	X-ray of lower spine disk	1.23	$57.82
73000		X-ray exam of collar bone	0.79	$37.14
73000	TC	X-ray exam of collar bone	0.54	$25.39
73000	26	X-ray exam of collar bone	0.25	$11.75
73010		X-ray exam of shoulder blade	0.80	$37.61
73010	TC	X-ray exam of shoulder blade	0.54	$25.39
73010	26	X-ray exam of shoulder blade	0.26	$12.22
73020		X-ray exam of shoulder	0.72	$33.85
73020	TC	X-ray exam of shoulder	0.49	$23.03
73020	26	X-ray exam of shoulder	0.23	$10.81
73030		X-ray exam of shoulder	0.87	$40.90
73030	TC	X-ray exam of shoulder	0.60	$28.21
73030	26	X-ray exam of shoulder	0.27	$12.69
73040		Contrast x-ray of shoulder	3.00	$141.03
73040	TC	Contrast x-ray of shoulder	2.19	$102.95
73040	26	Contrast x-ray of shoulder	0.81	$38.08
73050		X-ray exam of shoulders	1.01	$47.48
73050	TC	X-ray exam of shoulders	0.69	$32.44
73050	26	X-ray exam of shoulders	0.32	$15.04
73060		X-ray exam of humerus	0.86	$40.43
73060	TC	X-ray exam of humerus	0.60	$28.21
73060	26	X-ray exam of humerus	0.26	$12.22

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CPT® CODE	MOD	DESCRIPTION	RVU	MAP
				RVU X $47.01
73070		X-ray exam of elbow	0.77	$36.20
73070	TC	X-ray exam of elbow	0.54	$25.39
73070	26	X-ray exam of elbow	0.23	$10.81
73080		X-ray exam of elbow	0.86	$40.43
73080	TC	X-ray exam of elbow	0.60	$28.21
73080	26	X-ray exam of elbow	0.26	$12.22
73085		Contrast x-ray of elbow	3.01	$141.50
73085	TC	Contrast x-ray of elbow	2.19	$102.95
73085	26	Contrast x-ray of elbow	0.82	$38.55
73090		X-ray exam of forearm	0.79	$37.14
73090	TC	X-ray exam of forearm	0.54	$25.39
73090	26	X-ray exam of forearm	0.25	$11.75
73092		X-ray exam of arm, infant	0.76	$35.73
73092	TC	X-ray exam of arm, infant	0.51	$23.98
73092	26	X-ray exam of arm, infant	0.25	$11.75
73100		X-ray exam of wrist	0.78	$36.67
73100	TC	X-ray exam of wrist	0.51	$23.98
73100	26	X-ray exam of wrist	0.27	$12.69
73110		X-ray exam of wrist	0.81	$38.08
73110	TC	X-ray exam of wrist	0.55	$25.86
73110	26	X-ray exam of wrist	0.26	$12.22
73115		Contrast x-ray of wrist	2.48	$116.58
73115	TC	Contrast x-ray of wrist	1.66	$78.04
73115	26	Contrast x-ray of wrist	0.82	$38.55
73120		X-ray exam of hand	0.76	$35.73
73120	TC	X-ray exam of hand	0.51	$23.98
73120	26	X-ray exam of hand	0.25	$11.75
73130		X-ray exam of hand	0.81	$38.08
73130	TC	X-ray exam of hand	0.55	$25.86
73130	26	X-ray exam of hand	0.26	$12.22
73140		X-ray exam of finger(s)	0.64	$30.09
73140	TC	X-ray exam of finger(s)	0.43	$20.21
73140	26	X-ray exam of finger(s)	0.21	$9.87
73200		Ct upper extremity w/o dye	6.74	$316.85
73200	TC	Ct upper extremity w/o dye	5.13	$241.16
73200	26	Ct upper extremity w/o dye	1.61	$75.69
73201		Ct upper extremity w/dye	7.84	$368.56
73201	TC	Ct upper extremity w/dye	6.13	$288.17
73201	26	Ct upper extremity w/dye	1.71	$80.39
73202		Ct uppr extremity w/o&w dye	9.50	$446.60
73202	TC	Ct uppr extremity w/o&w dye	7.69	$361.51
73202	26	Ct uppr extremity w/o&w dye	1.81	$85.09
73206		Ct angio upr extrm w/o&w dye	10.39	$488.43
73206	TC	Ct angio upr extrm w/o&w dye	7.69	$361.51
73206	26	Ct angio upr extrm w/o&w dye	2.70	$126.93
73218		Mri upper extremity w/o dye	13.18	$619.59
73218	TC	Mri upper extremity w/o dye	11.24	$528.39
73218	26	Mri upper extremity w/o dye	1.94	$91.20
73219		Mri upper extremity w/dye	15.83	$744.17

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CPT® CODE	MOD	DESCRIPTION	RVU	MAP
				RVU X $47.01
73219	TC	Mri upper extremity w/dye	13.49	$634.16
73219	26	Mri upper extremity w/dye	2.34	$110.00
73220		Mri uppr extremity w/o&w dye	28.07	$1,319.57
73220	TC	Mri uppr extremity w/o&w dye	24.95	$1,172.90
73220	26	Mri uppr extremity w/o&w dye	3.13	$147.14
73221		Mri joint upr extrem w/o dye	13.18	$619.59
73221	TC	Mri joint upr extrem w/o dye	11.24	$528.39
73221	26	Mri joint upr extrem w/o dye	1.94	$91.20
73222		Mri joint upr extrem w/ dye	15.83	$744.17
73222	TC	Mri joint upr extrem w/ dye	13.49	$634.16
73222	26	Mri joint upr extrem w/ dye	2.34	$110.00
73223		Mri joint upr extr w/o&w dye	28.05	$1,318.63
73223	TC	Mri joint upr extr w/o&w dye	24.95	$1,172.90
73223	26	Mri joint upr extr w/o&w dye	3.10	$145.73
73225		Mr angio upr extr w/o&w dye	14.26	$670.36
73225	TC	Mr angio upr extr w/o&w dye	11.63	$546.73
73225	26	Mr angio upr extr w/o&w dye	2.64	$124.11
73500		X-ray exam of hip	0.75	$35.26
73500	TC	X-ray exam of hip	0.49	$23.03
73500	26	X-ray exam of hip	0.26	$12.22
73510		X-ray exam of hip	0.93	$43.72
73510	TC	X-ray exam of hip	0.60	$28.21
73510	26	X-ray exam of hip	0.33	$15.51
73520		X-ray exam of hips	1.09	$51.24
73520	TC	X-ray exam of hips	0.69	$32.44
73520	26	X-ray exam of hips	0.40	$18.80
73525		Contrast x-ray of hip	3.01	$141.50
73525	TC	Contrast x-ray of hip	2.19	$102.95
73525	26	Contrast x-ray of hip	0.82	$38.55
73530		X-ray exam of hip	0.96	$45.13
73530	TC	X-ray exam of hip	0.54	$25.39
73530	26	X-ray exam of hip	0.42	$19.74
73540		X-ray exam of pelvis & hips	0.92	$43.25
73540	TC	X-ray exam of pelvis & hips	0.60	$28.21
73540	26	X-ray exam of pelvis & hips	0.32	$15.04
73542		X-ray exam, sacroiliac joint	3.03	$142.44
73542	TC	X-ray exam, sacroiliac joint	2.19	$102.95
73542	26	X-ray exam, sacroiliac joint	0.84	$39.49
73550		X-ray exam of thigh	0.86	$40.43
73550	TC	X-ray exam of thigh	0.60	$28.21
73550	26	X-ray exam of thigh	0.26	$12.22
73560		X-ray exam of knee, 1 or 2	0.82	$38.55
73560	TC	X-ray exam of knee, 1 or 2	0.54	$25.39
73560	26	X-ray exam of knee, 1 or 2	0.28	$13.16
73562		X-ray exam of knee, 3	0.89	$41.84
73562	TC	X-ray exam of knee, 3	0.60	$28.21
73562	26	X-ray exam of knee, 3	0.29	$13.63
73564		X-ray exam, knee, 4 or more	1.00	$47.01
73564	TC	X-ray exam, knee, 4 or more	0.65	$30.56

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CPT® CODE	MOD	DESCRIPTION	RVU	MAP
				RVU X $47.01
73564	26	X-ray exam, knee, 4 or more	0.35	$16.45
73565		X-ray exam of knees	0.80	$37.61
73565	TC	X-ray exam of knees	0.51	$23.98
73565	26	X-ray exam of knees	0.29	$13.63
73580		Contrast x-ray of knee joint	3.54	$166.42
73580	TC	Contrast x-ray of knee joint	2.73	$128.34
73580	26	Contrast x-ray of knee joint	0.81	$38.08
73590		X-ray exam of lower leg	0.80	$37.61
73590	TC	X-ray exam of lower leg	0.54	$25.39
73590	26	X-ray exam of lower leg	0.26	$12.22
73592		X-ray exam of leg, infant	0.76	$35.73
73592	TC	X-ray exam of leg, infant	0.51	$23.98
73592	26	X-ray exam of leg, infant	0.25	$11.75
73600		X-ray exam of ankle	0.76	$35.73
73600	TC	X-ray exam of ankle	0.51	$23.98
73600	26	X-ray exam of ankle	0.25	$11.75
73610		X-ray exam of ankle	0.81	$38.08
73610	TC	X-ray exam of ankle	0.55	$25.86
73610	26	X-ray exam of ankle	0.26	$12.22
73615		Contrast x-ray of ankle	3.00	$141.03
73615	TC	Contrast x-ray of ankle	2.19	$102.95
73615	26	Contrast x-ray of ankle	0.81	$38.08
73620		X-ray exam of foot	0.76	$35.73
73620	TC	X-ray exam of foot	0.51	$23.98
73620	26	X-ray exam of foot	0.25	$11.75
73630		X-ray exam of foot	0.81	$38.08
73630	TC	X-ray exam of foot	0.55	$25.86
73630	26	X-ray exam of foot	0.26	$12.22
73650		X-ray exam of heel	0.74	$34.79
73650	TC	X-ray exam of heel	0.49	$23.03
73650	26	X-ray exam of heel	0.25	$11.75
73660		X-ray exam of toe(s)	0.64	$30.09
73660	TC	X-ray exam of toe(s)	0.43	$20.21
73660	26	X-ray exam of toe(s)	0.21	$9.87
73700		Ct lower extremity w/o dye	6.74	$316.85
73700	TC	Ct lower extremity w/o dye	5.13	$241.16
73700	26	Ct lower extremity w/o dye	1.61	$75.69
73701		Ct lower extremity w/dye	7.84	$368.56
73701	TC	Ct lower extremity w/dye	6.13	$288.17
73701	26	Ct lower extremity w/dye	1.71	$80.39
73702		Ct lwr extremity w/o&w dye	9.48	$445.65
73702	TC	Ct lwr extremity w/o&w dye	7.69	$361.51
73702	26	Ct lwr extremity w/o&w dye	1.79	$84.15
73706		Ct angio lwr extr w/o&w dye	10.53	$495.02
73706	TC	Ct angio lwr extr w/o&w dye	7.69	$361.51
73706	26	Ct angio lwr extr w/o&w dye	2.83	$133.04
73718		Mri lower extremity w/o dye	13.18	$619.59
73718	TC	Mri lower extremity w/o dye	11.24	$528.39
73718	26	Mri lower extremity w/o dye	1.94	$91.20

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CPT® CODE	MOD	DESCRIPTION	RVU	MAP
				RVU X $47.01
73719		Mri lower extremity w/dye	15.82	$743.70
73719	TC	Mri lower extremity w/dye	13.49	$634.16
73719	26	Mri lower extremity w/dye	2.33	$109.53
73720		Mri lwr extremity w/o&w dye	28.07	$1,319.57
73720	TC	Mri lwr extremity w/o&w dye	24.95	$1,172.90
73720	26	Mri lwr extremity w/o&w dye	3.13	$147.14
73721		Mri joint of lwr extre w/o d	13.18	$619.59
73721	TC	Mri joint of lwr extre w/o d	11.24	$528.39
73721	26	Mri joint of lwr extre w/o d	1.94	$91.20
73722		Mri joint of lwr extr w/dye	15.85	$745.11
73722	TC	Mri joint of lwr extr w/dye	13.49	$634.16
73722	26	Mri joint of lwr extr w/dye	2.36	$110.94
73723		Mri joint lwr extr w/o&w dye	28.05	$1,318.63
73723	TC	Mri joint lwr extr w/o&w dye	24.95	$1,172.90
73723	26	Mri joint lwr extr w/o&w dye	3.10	$145.73
73725		Mr ang lwr ext w or w/o dye	14.30	$672.24
73725	TC	Mr ang lwr ext w or w/o dye	11.63	$546.73
73725	26	Mr ang lwr ext w or w/o dye	2.68	$125.99
74000		X-ray exam of abdomen	0.81	$38.08
74000	TC	X-ray exam of abdomen	0.54	$25.39
74000	26	X-ray exam of abdomen	0.27	$12.69
74010		X-ray exam of abdomen	0.94	$44.19
74010	TC	X-ray exam of abdomen	0.60	$28.21
74010	26	X-ray exam of abdomen	0.34	$15.98
74020		X-ray exam of abdomen	1.04	$48.89
74020	TC	X-ray exam of abdomen	0.65	$30.56
74020	26	X-ray exam of abdomen	0.39	$18.33
74022		X-ray exam series, abdomen	1.24	$58.29
74022	TC	X-ray exam series, abdomen	0.78	$36.67
74022	26	X-ray exam series, abdomen	0.46	$21.62
74150		Ct abdomen w/o dye	7.62	$358.22
74150	TC	Ct abdomen w/o dye	5.87	$275.95
74150	26	Ct abdomen w/o dye	1.75	$82.27
74160		Ct abdomen w/dye	8.98	$422.15
74160	TC	Ct abdomen w/dye	7.10	$333.77
74160	26	Ct abdomen w/dye	1.87	$87.91
74170		Ct abdomen w/o&w dye	10.84	$509.59
74170	TC	Ct abdomen w/o&w dye	8.78	$412.75
74170	26	Ct abdomen w/o&w dye	2.05	$96.37
74175		Ct angio abdom w/o&w dye	11.52	$541.56
74175	TC	Ct angio abdom w/o&w dye	8.69	$408.52
74175	26	Ct angio abdom w/o&w dye	2.83	$133.04
74181		Mri abdomen w/o dye	13.44	$631.81
74181	TC	Mri abdomen w/o dye	11.35	$533.56
74181	26	Mri abdomen w/o dye	2.09	$98.25
74182		Mri abdomen w/dye	16.09	$756.39
74182	TC	Mri abdomen w/dye	13.58	$638.40
74182	26	Mri abdomen w/dye	2.50	$117.53
74183		Mri abdomen w/o&w dye	28.36	$1,333.20

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CPT® CODE	MOD	DESCRIPTION	RVU	MAP
				RVU X $47.01
74183	TC	Mri abdomen w/o&w dye	25.08	$1,179.01
74183	26	Mri abdomen w/o&w dye	3.28	$154.19
74185		Mri angio, abdom w or w/o dy	14.27	$670.83
74185	TC	Mri angio, abdom w or w/o dy	11.63	$546.73
74185	26	Mri angio, abdom w or w/o dy	2.65	$124.58
74190		X-ray exam of peritoneum	2.07	$97.31
74190	TC	X-ray exam of peritoneum	1.36	$63.93
74190	26	X-ray exam of peritoneum	0.71	$33.38
74210		Contrst x-ray exam of throat	1.77	$83.21
74210	TC	Contrst x-ray exam of throat	1.23	$57.82
74210	26	Contrst x-ray exam of throat	0.54	$25.39
74220		Contrast x-ray, esophagus	1.90	$89.32
74220	TC	Contrast x-ray, esophagus	1.23	$57.82
74220	26	Contrast x-ray, esophagus	0.67	$31.50
74230		Cine/video x-ray, throat/eso	2.14	$100.60
74230	TC	Cine/video x-ray, throat/eso	1.36	$63.93
74230	26	Cine/video x-ray, throat/eso	0.78	$36.67
74235		Remove esophagus obstruction	4.47	$210.13
74235	TC	Remove esophagus obstruction	2.73	$128.34
74235	26	Remove esophagus obstruction	1.74	$81.80
74240		X-ray exam, upper gi tract	2.54	$119.41
74240	TC	X-ray exam, upper gi tract	1.53	$71.93
74240	26	X-ray exam, upper gi tract	1.01	$47.48
74241		X-ray exam, upper gi tract	2.56	$120.35
74241	TC	X-ray exam, upper gi tract	1.55	$72.87
74241	26	X-ray exam, upper gi tract	1.01	$47.48
74245		X-ray exam, upper gi tract	3.82	$179.58
74245	TC	X-ray exam, upper gi tract	2.48	$116.58
74245	26	X-ray exam, upper gi tract	1.34	$62.99
74246		Contrst x-ray uppr gi tract	2.74	$128.81
74246	TC	Contrst x-ray uppr gi tract	1.72	$80.86
74246	26	Contrst x-ray uppr gi tract	1.01	$47.48
74247		Contrst x-ray uppr gi tract	2.80	$131.63
74247	TC	Contrst x-ray uppr gi tract	1.79	$84.15
74247	26	Contrst x-ray uppr gi tract	1.01	$47.48
74249		Contrst x-ray uppr gi tract	4.02	$188.98
74249	TC	Contrst x-ray uppr gi tract	2.68	$125.99
74249	26	Contrst x-ray uppr gi tract	1.34	$62.99
74250		X-ray exam of small bowel	2.05	$96.37
74250	TC	X-ray exam of small bowel	1.36	$63.93
74250	26	X-ray exam of small bowel	0.69	$32.44
74251		X-ray exam of small bowel	2.37	$111.41
74251	TC	X-ray exam of small bowel	1.36	$63.93
74251	26	X-ray exam of small bowel	1.01	$47.48
74260		X-ray exam of small bowel	2.28	$107.18
74260	TC	X-ray exam of small bowel	1.55	$72.87
74260	26	X-ray exam of small bowel	0.73	$34.32
74270		Contrast x-ray exam of colon	2.82	$132.57
74270	TC	Contrast x-ray exam of colon	1.80	$84.62

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CPT® CODE	MOD	DESCRIPTION	RVU	MAP
				RVU X $47.01
74270	26	Contrast x-ray exam of colon	1.01	$47.48
74280		Contrast x-ray exam of colon	3.80	$178.64
74280	TC	Contrast x-ray exam of colon	2.34	$110.00
74280	26	Contrast x-ray exam of colon	1.45	$68.16
74283		Contrast x-ray exam of colon	5.65	$265.61
74283	TC	Contrast x-ray exam of colon	2.67	$125.52
74283	26	Contrast x-ray exam of colon	2.98	$140.09
74290		Contrast x-ray, gallbladder	1.24	$58.29
74290	TC	Contrast x-ray, gallbladder	0.78	$36.67
74290	26	Contrast x-ray, gallbladder	0.46	$21.62
74291		Contrast x-rays, gallbladder	0.73	$34.32
74291	TC	Contrast x-rays, gallbladder	0.43	$20.21
74291	26	Contrast x-rays, gallbladder	0.30	$14.10
74300		X-ray bile ducts/pancreas	0.00	$0.00
74300	TC	X-ray bile ducts/pancreas	0.00	$0.00
74300	26	X-ray bile ducts/pancreas	0.54	$25.39
74301		X-rays at surgery add-on	0.00	$0.00
74301	TC	X-rays at surgery add-on	0.00	$0.00
74301	26	X-rays at surgery add-on	0.31	$14.57
74305		X-ray bile ducts/pancreas	1.45	$68.16
74305	TC	X-ray bile ducts/pancreas	0.82	$38.55
74305	26	X-ray bile ducts/pancreas	0.62	$29.15
74320		Contrast x-ray of bile ducts	4.06	$190.86
74320	TC	Contrast x-ray of bile ducts	3.27	$153.72
74320	26	Contrast x-ray of bile ducts	0.79	$37.14
74327		X-ray bile stone removal	2.88	$135.39
74327	TC	X-ray bile stone removal	1.85	$86.97
74327	26	X-ray bile stone removal	1.02	$47.95
74328		Xray bile duct endoscopy	4.30	$202.14
74328	TC	Xray bile duct endoscopy	3.27	$153.72
74328	26	Xray bile duct endoscopy	1.03	$48.42
74329		X-ray for pancreas endoscopy	4.30	$202.14
74329	TC	X-ray for pancreas endoscopy	3.27	$153.72
74329	26	X-ray for pancreas endoscopy	1.03	$48.42
74330		X-ray bile/panc endoscopy	4.60	$216.25
74330	TC	X-ray bile/panc endoscopy	3.27	$153.72
74330	26	X-ray bile/panc endoscopy	1.33	$62.52
74340		X-ray guide for GI tube	3.52	$165.48
74340	TC	X-ray guide for GI tube	2.73	$128.34
74340	26	X-ray guide for GI tube	0.79	$37.14
74350		X-ray guide, stomach tube	4.39	$206.37
74350	TC	X-ray guide, stomach tube	3.27	$153.72
74350	26	X-ray guide, stomach tube	1.11	$52.18
74355		X-ray guide, intestinal tube	3.84	$180.52
74355	TC	X-ray guide, intestinal tube	2.73	$128.34
74355	26	X-ray guide, intestinal tube	1.10	$51.71
74360		X-ray guide, GI dilation	4.06	$190.86
74360	TC	X-ray guide, GI dilation	3.27	$153.72
74360	26	X-ray guide, GI dilation	0.79	$37.14

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CPT® CODE	MOD	DESCRIPTION	RVU	MAP
				RVU X $47.01
74363		X-ray, bile duct dilation	7.63	$358.69
74363	TC	X-ray, bile duct dilation	6.33	$297.57
74363	26	X-ray, bile duct dilation	1.30	$61.11
74400		Contrst x-ray, urinary tract	2.50	$117.53
74400	TC	Contrst x-ray, urinary tract	1.79	$84.15
74400	26	Contrst x-ray, urinary tract	0.72	$33.85
74410		Contrst x-ray, urinary tract	2.75	$129.28
74410	TC	Contrst x-ray, urinary tract	2.03	$95.43
74410	26	Contrst x-ray, urinary tract	0.72	$33.85
74415		Contrst x-ray, urinary tract	2.93	$137.74
74415	TC	Contrst x-ray, urinary tract	2.21	$103.89
74415	26	Contrst x-ray, urinary tract	0.72	$33.85
74420		Contrst x-ray, urinary tract	3.28	$154.19
74420	TC	Contrst x-ray, urinary tract	2.73	$128.34
74420	26	Contrst x-ray, urinary tract	0.54	$25.39
74425		Contrst x-ray, urinary tract	1.90	$89.32
74425	TC	Contrst x-ray, urinary tract	1.36	$63.93
74425	26	Contrst x-ray, urinary tract	0.54	$25.39
74430		Contrast x-ray, bladder	1.58	$74.28
74430	TC	Contrast x-ray, bladder	1.10	$51.71
74430	26	Contrast x-ray, bladder	0.48	$22.56
74440		X-ray, male genital tract	1.73	$81.33
74440	TC	X-ray, male genital tract	1.17	$55.00
74440	26	X-ray, male genital tract	0.56	$26.33
74445		X-ray exam of penis	2.84	$133.51
74445	TC	X-ray exam of penis	1.17	$55.00
74445	26	X-ray exam of penis	1.67	$78.51
74450		X-ray, urethra/bladder	2.03	$95.43
74450	TC	X-ray, urethra/bladder	1.53	$71.93
74450	26	X-ray, urethra/bladder	0.50	$23.51
74455		X-ray, urethra/bladder	2.16	$101.54
74455	TC	X-ray, urethra/bladder	1.66	$78.04
74455	26	X-ray, urethra/bladder	0.49	$23.03
74470		X-ray exam of kidney lesion	2.09	$98.25
74470	TC	X-ray exam of kidney lesion	1.30	$61.11
74470	26	X-ray exam of kidney lesion	0.79	$37.14
74475		X-ray control, cath insert	5.02	$235.99
74475	TC	X-ray control, cath insert	4.23	$198.85
74475	26	X-ray control, cath insert	0.79	$37.14
74480		X-ray control, cath insert	5.02	$235.99
74480	TC	X-ray control, cath insert	4.23	$198.85
74480	26	X-ray control, cath insert	0.79	$37.14
74485		X-ray guide, GU dilation	4.08	$191.80
74485	TC	X-ray guide, GU dilation	3.27	$153.72
74485	26	X-ray guide, GU dilation	0.81	$38.08
74710		X-ray measurement of pelvis	1.61	$75.69
74710	TC	X-ray measurement of pelvis	1.10	$51.71
74710	26	X-ray measurement of pelvis	0.51	$23.98
74740		X-ray, female genital tract	1.92	$90.26

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CPT® CODE	MOD	DESCRIPTION	RVU	MAP
				RVU X $47.01
74740	TC	X-ray, female genital tract	1.36	$63.93
74740	26	X-ray, female genital tract	0.56	$26.33
74742		X-ray, fallopian tube	4.18	$196.50
74742	TC	X-ray, fallopian tube	3.27	$153.72
74742	26	X-ray, fallopian tube	0.91	$42.78
74775		X-ray exam of perineum	2.46	$115.64
74775	TC	X-ray exam of perineum	1.53	$71.93
74775	26	X-ray exam of perineum	0.93	$43.72
75552		Heart mri for morph w/o dye	13.98	$657.20
75552	TC	Heart mri for morph w/o dye	11.63	$546.73
75552	26	Heart mri for morph w/o dye	2.35	$110.47
75553		Heart mri for morph w/dye	14.58	$685.41
75553	TC	Heart mri for morph w/dye	11.63	$546.73
75553	26	Heart mri for morph w/dye	2.96	$139.15
75554		Cardiac MRI/function	14.34	$674.12
75554	TC	Cardiac MRI/function	11.63	$546.73
75554	26	Cardiac MRI/function	2.72	$127.87
75555		Cardiac MRI/limited study	14.24	$669.42
75555	TC	Cardiac MRI/limited study	11.63	$546.73
75555	26	Cardiac MRI/limited study	2.61	$122.70
75556		Cardiac MRI/flow mapping	0.00	$0.00
75600		Contrast x-ray exam of aorta	13.79	$648.27
75600	TC	Contrast x-ray exam of aorta	13.04	$613.01
75600	26	Contrast x-ray exam of aorta	0.75	$35.26
75605		Contrast x-ray exam of aorta	14.75	$693.40
75605	TC	Contrast x-ray exam of aorta	13.04	$613.01
75605	26	Contrast x-ray exam of aorta	1.71	$80.39
75625		Contrast x-ray exam of aorta	14.73	$692.46
75625	TC	Contrast x-ray exam of aorta	13.04	$613.01
75625	26	Contrast x-ray exam of aorta	1.69	$79.45
75630		X-ray aorta, leg arteries	16.29	$765.79
75630	TC	X-ray aorta, leg arteries	13.61	$639.81
75630	26	X-ray aorta, leg arteries	2.68	$125.99
75635		Ct angio abdominal arteries	12.30	$578.22
75635	TC	Ct angio abdominal arteries	8.69	$408.52
75635	26	Ct angio abdominal arteries	3.61	$169.71
75650		Artery x-rays, head & neck	15.25	$716.90
75650	TC	Artery x-rays, head & neck	13.04	$613.01
75650	26	Artery x-rays, head & neck	2.21	$103.89
75658		Artery x-rays, arm	15.00	$705.15
75658	TC	Artery x-rays, arm	13.04	$613.01
75658	26	Artery x-rays, arm	1.95	$91.67
75660		Artery x-rays, head & neck	15.00	$705.15
75660	TC	Artery x-rays, head & neck	13.04	$613.01
75660	26	Artery x-rays, head & neck	1.95	$91.67
75662		Artery x-rays, head & neck	15.56	$731.48
75662	TC	Artery x-rays, head & neck	13.04	$613.01
75662	26	Artery x-rays, head & neck	2.51	$118.00
75665		Artery x-rays, head & neck	15.01	$705.62

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CPT® CODE	MOD	DESCRIPTION	RVU	MAP
				RVU X $47.01
75665	TC	Artery x-rays, head & neck	13.04	$613.01
75665	26	Artery x-rays, head & neck	1.97	$92.61
75671		Artery x-rays, head & neck	15.51	$729.13
75671	TC	Artery x-rays, head & neck	13.04	$613.01
75671	26	Artery x-rays, head & neck	2.47	$116.11
75676		Artery x-rays, neck	15.01	$705.62
75676	TC	Artery x-rays, neck	13.04	$613.01
75676	26	Artery x-rays, neck	1.97	$92.61
75680		Artery x-rays, neck	15.51	$729.13
75680	TC	Artery x-rays, neck	13.04	$613.01
75680	26	Artery x-rays, neck	2.47	$116.11
75685		Artery x-rays, spine	14.99	$704.68
75685	TC	Artery x-rays, spine	13.04	$613.01
75685	26	Artery x-rays, spine	1.94	$91.20
75705		Artery x-rays, spine	16.31	$766.73
75705	TC	Artery x-rays, spine	13.04	$613.01
75705	26	Artery x-rays, spine	3.26	$153.25
75710		Artery x-rays, arm/leg	14.76	$693.87
75710	TC	Artery x-rays, arm/leg	13.04	$613.01
75710	26	Artery x-rays, arm/leg	1.72	$80.86
75716		Artery x-rays, arms/legs	14.99	$704.68
75716	TC	Artery x-rays, arms/legs	13.04	$613.01
75716	26	Artery x-rays, arms/legs	1.94	$91.20
75722		Artery x-rays, kidney	14.75	$693.40
75722	TC	Artery x-rays, kidney	13.04	$613.01
75722	26	Artery x-rays, kidney	1.71	$80.39
75724		Artery x-rays, kidneys	15.28	$718.31
75724	TC	Artery x-rays, kidneys	13.04	$613.01
75724	26	Artery x-rays, kidneys	2.23	$104.83
75726		Artery x-rays, abdomen	14.72	$691.99
75726	TC	Artery x-rays, abdomen	13.04	$613.01
75726	26	Artery x-rays, abdomen	1.68	$78.98
75731		Artery x-rays, adrenal gland	14.72	$691.99
75731	TC	Artery x-rays, adrenal gland	13.04	$613.01
75731	26	Artery x-rays, adrenal gland	1.68	$78.98
75733		Artery x-rays, adrenals	14.99	$704.68
75733	TC	Artery x-rays, adrenals	13.04	$613.01
75733	26	Artery x-rays, adrenals	1.94	$91.20
75736		Artery x-rays, pelvis	14.73	$692.46
75736	TC	Artery x-rays, pelvis	13.04	$613.01
75736	26	Artery x-rays, pelvis	1.69	$79.45
75741		Artery x-rays, lung	14.98	$704.21
75741	TC	Artery x-rays, lung	13.04	$613.01
75741	26	Artery x-rays, lung	1.93	$90.73
75743		Artery x-rays, lungs	15.48	$727.71
75743	TC	Artery x-rays, lungs	13.04	$613.01
75743	26	Artery x-rays, lungs	2.43	$114.23
75746		Artery x-rays, lung	14.72	$691.99
75746	TC	Artery x-rays, lung	13.04	$613.01

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CPT® CODE	MOD	DESCRIPTION	RVU	MAP
				RVU X $47.01
75746	26	Artery x-rays, lung	1.68	$78.98
75756		Artery x-rays, chest	14.78	$694.81
75756	TC	Artery x-rays, chest	13.04	$613.01
75756	26	Artery x-rays, chest	1.73	$81.33
75774		Artery x-ray, each vessel	13.59	$638.87
75774	TC	Artery x-ray, each vessel	13.04	$613.01
75774	26	Artery x-ray, each vessel	0.54	$25.39
75790		Visualize A-V shunt	4.16	$195.56
75790	TC	Visualize A-V shunt	1.43	$67.22
75790	26	Visualize A-V shunt	2.72	$127.87
75801		Lymph vessel x-ray, arm/leg	6.84	$321.55
75801	TC	Lymph vessel x-ray, arm/leg	5.62	$264.20
75801	26	Lymph vessel x-ray, arm/leg	1.22	$57.35
75803		Lymph vessel x-ray,arms/legs	7.34	$345.05
75803	TC	Lymph vessel x-ray,arms/legs	5.62	$264.20
75803	26	Lymph vessel x-ray,arms/legs	1.72	$80.86
75805		Lymph vessel x-ray, trunk	7.54	$354.46
75805	TC	Lymph vessel x-ray, trunk	6.33	$297.57
75805	26	Lymph vessel x-ray, trunk	1.21	$56.88
75807		Lymph vessel x-ray, trunk	8.05	$378.43
75807	TC	Lymph vessel x-ray, trunk	6.33	$297.57
75807	26	Lymph vessel x-ray, trunk	1.72	$80.86
75809		Nonvascular shunt, x-ray	1.52	$71.46
75809	TC	Nonvascular shunt, x-ray	0.82	$38.55
75809	26	Nonvascular shunt, x-ray	0.69	$32.44
75810		Vein x-ray, spleen/liver	14.74	$692.93
75810	TC	Vein x-ray, spleen/liver	13.04	$613.01
75810	26	Vein x-ray, spleen/liver	1.70	$79.92
75820		Vein x-ray, arm/leg	2.04	$95.90
75820	TC	Vein x-ray, arm/leg	1.00	$47.01
75820	26	Vein x-ray, arm/leg	1.03	$48.42
75822		Vein x-ray, arms/legs	3.11	$146.20
75822	TC	Vein x-ray, arms/legs	1.54	$72.40
75822	26	Vein x-ray, arms/legs	1.57	$73.81
75825		Vein x-ray, trunk	14.74	$692.93
75825	TC	Vein x-ray, trunk	13.04	$613.01
75825	26	Vein x-ray, trunk	1.70	$79.92
75827		Vein x-ray, chest	14.72	$691.99
75827	TC	Vein x-ray, chest	13.04	$613.01
75827	26	Vein x-ray, chest	1.68	$78.98
75831		Vein x-ray, kidney	14.72	$691.99
75831	TC	Vein x-ray, kidney	13.04	$613.01
75831	26	Vein x-ray, kidney	1.68	$78.98
75833		Vein x-ray, kidneys	15.25	$716.90
75833	TC	Vein x-ray, kidneys	13.04	$613.01
75833	26	Vein x-ray, kidneys	2.21	$103.89
75840		Vein x-ray, adrenal gland	14.78	$694.81
75840	TC	Vein x-ray, adrenal gland	13.04	$613.01
75840	26	Vein x-ray, adrenal gland	1.74	$81.80

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CPT® CODE	MOD	DESCRIPTION	RVU	MAP
				RVU X $47.01
75842		Vein x-ray, adrenal glands	15.24	$716.43
75842	TC	Vein x-ray, adrenal glands	13.04	$613.01
75842	26	Vein x-ray, adrenal glands	2.20	$103.42
75860		Vein x-ray, neck	14.77	$694.34
75860	TC	Vein x-ray, neck	13.04	$613.01
75860	26	Vein x-ray, neck	1.73	$81.33
75870		Vein x-ray, skull	14.76	$693.87
75870	TC	Vein x-ray, skull	13.04	$613.01
75870	26	Vein x-ray, skull	1.72	$80.86
75872		Vein x-ray, skull	14.72	$691.99
75872	TC	Vein x-ray, skull	13.04	$613.01
75872	26	Vein x-ray, skull	1.68	$78.98
75880		Vein x-ray, eye socket	2.05	$96.37
75880	TC	Vein x-ray, eye socket	1.00	$47.01
75880	26	Vein x-ray, eye socket	1.05	$49.36
75885		Vein x-ray, liver	15.15	$712.20
75885	TC	Vein x-ray, liver	13.04	$613.01
75885	26	Vein x-ray, liver	2.11	$99.19
75887		Vein x-ray, liver	15.15	$712.20
75887	TC	Vein x-ray, liver	13.04	$613.01
75887	26	Vein x-ray, liver	2.11	$99.19
75889		Vein x-ray, liver	14.72	$691.99
75889	TC	Vein x-ray, liver	13.04	$613.01
75889	26	Vein x-ray, liver	1.68	$78.98
75891		Vein x-ray, liver	14.72	$691.99
75891	TC	Vein x-ray, liver	13.04	$613.01
75891	26	Vein x-ray, liver	1.68	$78.98
75893		Venous sampling by catheter	13.83	$650.15
75893	TC	Venous sampling by catheter	13.04	$613.01
75893	26	Venous sampling by catheter	0.79	$37.14
75894		X-rays, transcath therapy	26.99	$1,268.80
75894	TC	X-rays, transcath therapy	25.03	$1,176.66
75894	26	X-rays, transcath therapy	1.96	$92.14
75896		X-rays, transcath therapy	23.72	$1,115.08
75896	TC	X-rays, transcath therapy	21.77	$1,023.41
75896	26	X-rays, transcath therapy	1.95	$91.67
75898		Follow-up angiography	3.54	$166.42
75898	TC	Follow-up angiography	1.10	$51.71
75898	26	Follow-up angiography	2.44	$114.70
75900		Arterial catheter exchange	22.49	$1,057.25
75900	TC	Arterial catheter exchange	21.77	$1,023.41
75900	26	Arterial catheter exchange	0.72	$33.85
75901		Remove cva device obstruct	3.58	$168.30
75901	TC	Remove cva device obstruct	2.86	$134.45
75901	26	Remove cva device obstruct	0.72	$33.85
75902		Remove cva lumen obstruct	3.44	$161.71
75902	TC	Remove cva lumen obstruct	2.86	$134.45
75902	26	Remove cva lumen obstruct	0.57	$26.80
75940		X-ray placement, vein filter	13.85	$651.09

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CPT® CODE	MOD	DESCRIPTION	RVU	MAP
				RVU X $47.01
75940	TC	X-ray placement, vein filter	13.04	$613.01
75940	26	X-ray placement, vein filter	0.81	$38.08
75945		Intravascular us	5.36	$251.97
75945	TC	Intravascular us	4.73	$222.36
75945	26	Intravascular us	0.63	$29.62
75946		Intravascular us add-on	3.02	$141.97
75946	TC	Intravascular us add-on	2.40	$112.82
75946	26	Intravascular us add-on	0.62	$29.15
75952		Endovasc repair abdom aorta	0.00	$0.00
75952	TC	Endovasc repair abdom aorta	0.00	$0.00
75952	26	Endovasc repair abdom aorta	7.93	$372.79
75953		Abdom aneurysm endovas rpr	0.00	$0.00
75953	TC	Abdom aneurysm endovas rpr	0.00	$0.00
75953	26	Abdom aneurysm endovas rpr	3.47	$163.12
75954	26	Iliac aneurysm endovas rpr	3.42	$160.77
75960		Transcatheter intro, stent	16.66	$783.19
75960	TC	Transcatheter intro, stent	15.43	$725.36
75960	26	Transcatheter intro, stent	1.23	$57.82
75961		Retrieval, broken catheter	17.13	$805.28
75961	TC	Retrieval, broken catheter	10.90	$512.41
75961	26	Retrieval, broken catheter	6.24	$293.34
75962		Repair arterial blockage	17.16	$806.69
75962	TC	Repair arterial blockage	16.34	$768.14
75962	26	Repair arterial blockage	0.82	$38.55
75964		Repair artery blockage, each	9.23	$433.90
75964	TC	Repair artery blockage, each	8.69	$408.52
75964	26	Repair artery blockage, each	0.54	$25.39
75966		Repair arterial blockage	18.31	$860.75
75966	TC	Repair arterial blockage	16.34	$768.14
75966	26	Repair arterial blockage	1.97	$92.61
75968		Repair artery blockage, each	9.22	$433.43
75968	TC	Repair artery blockage, each	8.69	$408.52
75968	26	Repair artery blockage, each	0.53	$24.92
75970		Vascular biopsy	13.20	$620.53
75970	TC	Vascular biopsy	11.96	$562.24
75970	26	Vascular biopsy	1.24	$58.29
75978		Repair venous blockage	17.12	$804.81
75978	TC	Repair venous blockage	16.34	$768.14
75978	26	Repair venous blockage	0.79	$37.14
75980		Contrast xray exam bile duct	7.73	$363.39
75980	TC	Contrast xray exam bile duct	5.62	$264.20
75980	26	Contrast xray exam bile duct	2.11	$99.19
75982		Contrast xray exam bile duct	8.44	$396.76
75982	TC	Contrast xray exam bile duct	6.33	$297.57
75982	26	Contrast xray exam bile duct	2.11	$99.19
75984		Xray control catheter change	3.09	$145.26
75984	TC	Xray control catheter change	2.03	$95.43
75984	26	Xray control catheter change	1.05	$49.36
75989		Abscess drainage under x-ray	5.02	$235.99

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CPT® CODE	MOD	DESCRIPTION	RVU	MAP
				RVU X $47.01
75989	TC	Abscess drainage under x-ray	3.27	$153.72
75989	26	Abscess drainage under x-ray	1.75	$82.27
75992		Atherectomy, x-ray exam	17.13	$805.28
75992	TC	Atherectomy, x-ray exam	16.34	$768.14
75992	26	Atherectomy, x-ray exam	0.80	$37.61
75993		Atherectomy, x-ray exam	9.22	$433.43
75993	TC	Atherectomy, x-ray exam	8.69	$408.52
75993	26	Atherectomy, x-ray exam	0.53	$24.92
75994		Atherectomy, x-ray exam	18.31	$860.75
75994	TC	Atherectomy, x-ray exam	16.34	$768.14
75994	26	Atherectomy, x-ray exam	1.97	$92.61
75995		Atherectomy, x-ray exam	18.28	$859.34
75995	TC	Atherectomy, x-ray exam	16.34	$768.14
75995	26	Atherectomy, x-ray exam	1.94	$91.20
75996		Atherectomy, x-ray exam	9.20	$432.49
75996	TC	Atherectomy, x-ray exam	8.69	$408.52
75996	26	Atherectomy, x-ray exam	0.51	$23.98
76000		Fluoroscope examination	1.63	$76.63
76000	TC	Fluoroscope examination	1.36	$63.93
76000	26	Fluoroscope examination	0.27	$12.69
76001		Fluoroscope exam, extensive	3.72	$174.88
76001	TC	Fluoroscope exam, extensive	2.73	$128.34
76001	26	Fluoroscope exam, extensive	0.99	$46.54
76003		Needle localization by x-ray	2.17	$102.01
76003	TC	Needle localization by x-ray	1.36	$63.93
76003	26	Needle localization by x-ray	0.81	$38.08
76005		Fluoroguide for spine inject	2.21	$103.89
76005	TC	Fluoroguide for spine inject	1.36	$63.93
76005	26	Fluoroguide for spine inject	0.85	$39.96
76006		X-ray stress view	0.71	$33.38
76010		X-ray, nose to rectum	0.81	$38.08
76010	TC	X-ray, nose to rectum	0.54	$25.39
76010	26	X-ray, nose to rectum	0.27	$12.69
76012		Percut vertebroplasty fluor	0.00	$0.00
76012	TC	Percut vertebroplasty fluor	0.00	$0.00
76012	26	Percut vertebroplasty fluor	2.38	$111.88
76013		Percut vertebroplasty, ct	0.00	$0.00
76013	TC	Percut vertebroplasty, ct	0.00	$0.00
76013	26	Percut vertebroplasty, ct	3.05	$143.38
76020		X-rays for bone age	0.83	$39.02
76020	TC	X-rays for bone age	0.54	$25.39
76020	26	X-rays for bone age	0.29	$13.63
76040		X-rays, bone evaluation	1.27	$59.70
76040	TC	X-rays, bone evaluation	0.82	$38.55
76040	26	X-rays, bone evaluation	0.44	$20.68
76061		X-rays, bone survey	1.72	$80.86
76061	TC	X-rays, bone survey	1.05	$49.36
76061	26	X-rays, bone survey	0.66	$31.03
76062		X-rays, bone survey	2.30	$108.12

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CPT® CODE	MOD	DESCRIPTION	RVU	MAP
				RVU X $47.01
76062	TC	X-rays, bone survey	1.51	$70.99
76062	26	X-rays, bone survey	0.79	$37.14
76065		X-rays, bone evaluation	1.77	$83.21
76065	TC	X-rays, bone evaluation	0.78	$36.67
76065	26	X-rays, bone evaluation	0.99	$46.54
76066		Joint survey, single view	1.63	$76.63
76066	TC	Joint survey, single view	1.16	$54.53
76066	26	Joint survey, single view	0.47	$22.09
76070		CT scan, bone density study	3.44	$161.71
76070	TC	CT scan, bone density study	3.06	$143.85
76070	26	CT scan, bone density study	0.38	$17.86
76071		Ct bone density, periphera	3.34	$157.01
76071	TC	Ct bone density, periphera	3.02	$141.97
76071	26	Ct bone density, periphera	0.32	$15.04
76075		Us exam, abdom, limited	3.66	$172.06
76075	TC	Us exam, abdom, limited	3.22	$151.37
76075	26	Us exam, abdom, limited	0.44	$20.68
76076		Dual energy x-ray study	1.13	$53.12
76076	TC	Dual energy x-ray study	0.80	$37.61
76076	26	Dual energy x-ray study	0.33	$15.51
76078		Radiographic absorptiometry	1.11	$52.18
76078	TC	Radiographic absorptiometry	0.80	$37.61
76078	26	Radiographic absorptiometry	0.31	$14.57
76080		X-ray exam of fistula	1.89	$88.85
76080	TC	X-ray exam of fistula	1.10	$51.71
76080	26	X-ray exam of fistula	0.79	$37.14
76085		Computer mammogram add-on	0.41	$19.27
76085	TC	Computer mammogram add-on	0.31	$14.57
76085	26	Computer mammogram add-on	0.10	$4.70
76086		X-ray of mammary duct	3.28	$154.19
76086	TC	X-ray of mammary duct	2.73	$128.34
76086	26	X-ray of mammary duct	0.54	$25.39
76088		X-ray of mammary ducts	4.47	$210.13
76088	TC	X-ray of mammary ducts	3.80	$178.64
76088	26	X-ray of mammary ducts	0.66	$31.03
76090		Mammogram, one breast	2.13	$100.13
76090	TC	Mammogram, one breast	1.10	$51.71
76090	26	Mammogram, one breast	1.03	$48.42
76091		Mammogram, both breasts	2.62	$123.17
76091	TC	Mammogram, both breasts	1.36	$63.93
76091	26	Mammogram, both breasts	1.26	$59.23
76092		Mamm0gram, screening	2.34	$110.00
76092	TC	Mamm0gram, screening	1.31	$61.58
76092	26	Mamm0gram, screening	1.03	$48.42
76093		Magnetic image, breast	20.66	$971.23
76093	TC	Magnetic image, breast	18.27	$858.87
76093	26	Magnetic image, breast	2.39	$112.35
76094		Magnetic image, both breasts	27.17	$1,277.26
76094	TC	Magnetic image, both breasts	24.78	$1,164.91

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CPT® CODE	MOD	DESCRIPTION	RVU	MAP
				RVU X $47.01
76094	26	Magnetic image, both breasts	2.39	$112.35
76095		Stereotactic breast biopsy	9.81	$461.17
76095	TC	Stereotactic breast biopsy	7.42	$348.81
76095	26	Stereotactic breast biopsy	2.39	$112.35
76096		X-ray of needle wire, breast	2.20	$103.42
76096	TC	X-ray of needle wire, breast	1.36	$63.93
76096	26	X-ray of needle wire, breast	0.84	$39.49
76098		X-ray exam, breast specimen	0.68	$31.97
76098	TC	X-ray exam, breast specimen	0.43	$20.21
76098	26	X-ray exam, breast specimen	0.25	$11.75
76100		X-ray exam of body section	2.16	$101.54
76100	TC	X-ray exam of body section	1.30	$61.11
76100	26	X-ray exam of body section	0.86	$40.43
76101		Complex body section x-ray	2.35	$110.47
76101	TC	Complex body section x-ray	1.49	$70.04
76101	26	Complex body section x-ray	0.86	$40.43
76102		Complex body section x-rays	2.68	$125.99
76102	TC	Complex body section x-rays	1.82	$85.56
76102	26	Complex body section x-rays	0.86	$40.43
76120		Cine/video x-rays	1.67	$78.51
76120	TC	Cine/video x-rays	1.10	$51.71
76120	26	Cine/video x-rays	0.57	$26.80
76125		Cine/ video x-rays add-on	1.22	$57.35
76125	TC	Cine/ video x-rays add-on	0.82	$38.55
76125	26	Cine/ video x-rays add-on	0.40	$18.80
76140		X-ray consultation	0.00	$0.00
76150		X-ray exam, dry process	0.43	$20.21
76350		Special x-ray contrast study	0.00	$0.00
76355		CAT scan for localization	10.35	$486.55
76355	TC	CAT scan for localization	8.54	$401.47
76355	26	CAT scan for localization	1.81	$85.09
76360		CAT scan for needle biopsy	10.24	$481.38
76360	TC	CAT scan for needle biopsy	8.54	$401.47
76360	26	CAT scan for needle biopsy	1.70	$79.92
76362		Cat scan for tissue ablation	16.36	$769.08
76362	TC	Cat scan for tissue ablation	10.49	$493.13
76362	26	Cat scan for tissue ablation	5.87	$275.95
76370		CAT scan for therapy guide	4.32	$203.08
76370	TC	CAT scan for therapy guide	3.06	$143.85
76370	26	CAT scan for therapy guide	1.26	$59.23
76375		3d/holograph reconstr add-on	3.91	$183.81
76375	TC	3d/holograph reconstr add-on	3.66	$172.06
76375	26	3d/holograph reconstr add-on	0.25	$11.75
76380		CAT scan follow-up study	5.05	$237.40
76380	TC	CAT scan follow-up study	3.62	$170.18
76380	26	CAT scan follow-up study	1.43	$67.22
76390		Mr spectroscopy	13.69	$643.57
76390	TC	Mr spectroscopy	11.63	$546.73
76390	26	Mr spectroscopy	2.06	$96.84

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CPT® CODE	MOD	DESCRIPTION	RVU	MAP
				RVU X $47.01
76393		Mr guidance for needle place	13.77	$647.33
76393	TC	Mr guidance for needle place	11.56	$543.44
76393	26	Mr guidance for needle place	2.21	$103.89
76394		Mri for tissue ablation	19.59	$920.93
76394	TC	Mri for tissue ablation	13.44	$631.81
76394	26	Mri for tissue ablation	6.14	$288.64
76400		Magnetic image, bone marrow	13.98	$657.20
76400	TC	Magnetic image, bone marrow	11.63	$546.73
76400	26	Magnetic image, bone marrow	2.35	$110.47
76490		Us for tissue ablation	4.97	$233.64
76490	TC	Us for tissue ablation	1.97	$92.61
76490	26	Us for tissue ablation	3.00	$141.03
76496		Fluoroscopic procedure	0.00	BR
76496	TC	Fluoroscopic procedure	0.00	BR
76496	26	Fluoroscopic procedure	0.00	BR
76497		Ct procedure	0.00	BR
76497	TC	Ct procedure	0.00	BR
76497	26	Ct procedure	0.00	BR
76498		Mri procedure	0.00	BR
76498	TC	Mri procedure	0.00	BR
76498	26	Mri procedure	0.00	BR
76499		Radiographic procedure	0.00	$0.00
76499	TC	Radiographic procedure	0.00	$0.00
76499	26	Radiographic procedure	0.00	$0.00
76506		Echo exam of head	2.46	$115.64
76506	TC	Echo exam of head	1.49	$70.04
76506	26	Echo exam of head	0.97	$45.60
76511		Echo exam of eye	3.49	$164.06
76511	TC	Echo exam of eye	2.03	$95.43
76511	26	Echo exam of eye	1.45	$68.16
76512		Echo exam of eye	3.34	$157.01
76512	TC	Echo exam of eye	2.34	$110.00
76512	26	Echo exam of eye	1.01	$47.48
76513		Echo exam of eye, water bath	3.75	$176.29
76513	TC	Echo exam of eye, water bath	2.73	$128.34
76513	26	Echo exam of eye, water bath	1.02	$47.95
76516		Echo exam of eye	2.73	$128.34
76516	TC	Echo exam of eye	1.89	$88.85
76516	26	Echo exam of eye	0.83	$39.02
76519		Echo exam of eye	2.60	$122.23
76519	TC	Echo exam of eye	1.77	$83.21
76519	26	Echo exam of eye	0.83	$39.02
76529		Echo exam of eye	3.43	$161.24
76529	TC	Echo exam of eye	2.56	$120.35
76529	26	Echo exam of eye	0.87	$40.90
76536		Us exam of head and neck	2.31	$108.59
76536	TC	Us exam of head and neck	1.49	$70.04
76536	26	Us exam of head and neck	0.82	$38.55
76604		Us exam, chest, b-scan	2.16	$101.54

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CPT® CODE	MOD	DESCRIPTION	RVU	MAP
				RVU X $47.01
76604	TC	Us exam, chest, b-scan	1.36	$63.93
76604	26	Us exam, chest, b-scan	0.80	$37.61
76645		Us exam, breast(s)	1.91	$89.79
76645	TC	Us exam, breast(s)	1.10	$51.71
76645	26	Us exam, breast(s)	0.81	$38.08
76700		Us exam, abdom, complete	3.25	$152.78
76700	TC	Us exam, abdom, complete	2.05	$96.37
76700	26	Us exam, abdom, complete	1.20	$56.41
76705		Us exam, abdom, limited	2.37	$111.41
76705	TC	Us exam, abdom, limited	1.49	$70.04
76705	26	Us exam, abdom, limited	0.88	$41.37
76770		Us exam abdo back wall, comp	3.14	$147.61
76770	TC	Us exam abdo back wall, comp	2.05	$96.37
76770	26	Us exam abdo back wall, comp	1.08	$50.77
76775		Us exam abdo back wall, lim	2.35	$110.47
76775	TC	Us exam abdo back wall, lim	1.49	$70.04
76775	26	Us exam abdo back wall, lim	0.86	$40.43
76778		Us exam kidney transplant	3.14	$147.61
76778	TC	Us exam kidney transplant	2.05	$96.37
76778	26	Us exam kidney transplant	1.08	$50.77
76800		Us exam, spinal canal	3.12	$146.67
76800	TC	Us exam, spinal canal	1.49	$70.04
76800	26	Us exam, spinal canal	1.62	$76.16
76801		Ob us < 14 wks, single fetus	2.73	$128.34
76801	TC	Ob us < 14 wks, single fetus	1.27	$59.70
76801	26	Ob us < 14 wks, single fetus	1.46	$68.63
76802		Ob us < 14 wks, addl	2.18	$102.48
76802	TC	Ob us < 14 wks, addl	0.94	$44.19
76802	26	Ob us < 14 wks, addl	1.24	$58.29
76805		Us exam, pg uterus, compl	3.65	$171.59
76805	TC	Us exam, pg uterus, compl	2.19	$102.95
76805	26	Us exam, pg uterus, compl	1.46	$68.63
76810		Us exam, pg uterus, mult	7.27	$341.76
76810	TC	Us exam, pg uterus, mult	4.35	$204.49
76810	26	Us exam, pg uterus, mult	2.92	$137.27
76811		Ob us, detailed, sngl fetus	7.29	$342.70
76811	TC	Ob us, detailed, sngl fetus	4.32	$203.08
76811	26	Ob us, detailed, sngl fetus	2.97	$139.62
76812		Ob us, detailed, addl fetus	4.56	$214.37
76812	TC	Ob us, detailed, addl fetus	1.81	$85.09
76812	26	Ob us, detailed, addl fetus	2.75	$129.28
76815		Us exam, pg uterus limit	2.45	$115.17
76815	TC	Us exam, pg uterus limit	1.49	$70.04
76815	26	Us exam, pg uterus limit	0.96	$45.13
76816		Us exam pg uterus repeat	2.01	$94.49
76816	TC	Us exam pg uterus repeat	1.16	$54.53
76816	26	Us exam pg uterus repeat	0.85	$39.96
76817		Transvaginal us, obstetric	2.71	$127.40
76817	TC	Transvaginal us, obstetric	1.62	$76.16

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CPT® CODE	MOD	DESCRIPTION	RVU	MAP
				RVU X $47.01
76817	26	Transvaginal us, obstetric	1.09	$51.24
76818		Fetal biophy profile w/nst	3.27	$153.72
76818	TC	Fetal biophy profile w/nst	1.69	$79.45
76818	26	Fetal biophy profile w/nst	1.57	$73.81
76819		Fetal biophys profil w/o nst	2.82	$132.57
76819	TC	Fetal biophys profil w/o nst	1.69	$79.45
76819	26	Fetal biophys profil w/o nst	1.13	$53.12
76825		Echo exam of fetal heart	4.52	$212.49
76825	TC	Echo exam of fetal heart	2.05	$96.37
76825	26	Echo exam of fetal heart	2.47	$116.11
76826		Echo exam of fetal heart	1.97	$92.61
76826	TC	Echo exam of fetal heart	0.75	$35.26
76826	26	Echo exam of fetal heart	1.21	$56.88
76827		Echo exam of fetal heart	2.69	$126.46
76827	TC	Echo exam of fetal heart	1.84	$86.50
76827	26	Echo exam of fetal heart	0.86	$40.43
76828		Echo exam of fetal heart	2.05	$96.37
76828	TC	Echo exam of fetal heart	1.21	$56.88
76828	26	Echo exam of fetal heart	0.85	$39.96
76830		Us exam, transvaginal	2.62	$123.17
76830	TC	Us exam, transvaginal	1.60	$75.22
76830	26	Us exam, transvaginal	1.01	$47.48
76831		Echo exam, uterus	2.65	$124.58
76831	TC	Echo exam, uterus	1.60	$75.22
76831	26	Echo exam, uterus	1.05	$49.36
76856		Us exam, pelvic, complete	2.62	$123.17
76856	TC	Us exam, pelvic, complete	1.60	$75.22
76856	26	Us exam, pelvic, complete	1.01	$47.48
76857		Us exam, pelvic, limited	1.66	$78.04
76857	TC	Us exam, pelvic, limited	1.10	$51.71
76857	26	Us exam, pelvic, limited	0.56	$26.33
76870		Us exam, scrotum	2.55	$119.88
76870	TC	Us exam, scrotum	1.60	$75.22
76870	26	Us exam, scrotum	0.94	$44.19
76872		Echo exam, transrectal	2.64	$124.11
76872	TC	Echo exam, transrectal	1.60	$75.22
76872	26	Echo exam, transrectal	1.03	$48.42
76873		Echograp trans r, pros study	4.56	$214.37
76873	TC	Echograp trans r, pros study	2.26	$106.24
76873	26	Echograp trans r, pros study	2.30	$108.12
76880		Us exam, extremity	2.37	$111.41
76880	TC	Us exam, extremity	1.49	$70.04
76880	26	Us exam, extremity	0.88	$41.37
76885		Us exam infant hips, dynamic	2.69	$126.46
76885	TC	Us exam infant hips, dynamic	1.60	$75.22
76885	26	Us exam infant hips, dynamic	1.08	$50.77
76886		Us exam infant hips, static	2.41	$113.29
76886	TC	Us exam infant hips, static	1.49	$70.04
76886	26	Us exam infant hips, static	0.92	$43.25

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CPT® CODE	MOD	DESCRIPTION	RVU	MAP
				RVU X $47.01
76930		Echo guide, cardiocentesis	2.60	$122.23
76930	TC	Echo guide, cardiocentesis	1.60	$75.22
76930	26	Echo guide, cardiocentesis	1.00	$47.01
76932		Echo guide for heart biopsy	2.60	$122.23
76932	TC	Echo guide for heart biopsy	1.60	$75.22
76932	26	Echo guide for heart biopsy	1.00	$47.01
76936		Echo guide for artery repair	9.52	$447.54
76936	TC	Echo guide for artery repair	6.54	$307.45
76936	26	Echo guide for artery repair	2.98	$140.09
76941		Echo guide for transfusion	3.62	$170.18
76941	TC	Echo guide for transfusion	1.59	$74.75
76941	26	Echo guide for transfusion	2.03	$95.43
76942		Echo guide for biopsy	2.61	$122.70
76942	TC	Echo guide for biopsy	1.60	$75.22
76942	26	Echo guide for biopsy	1.00	$47.01
76945		Echo guide, villus sampling	2.58	$121.29
76945	TC	Echo guide, villus sampling	1.59	$74.75
76945	26	Echo guide, villus sampling	0.99	$46.54
76946		Echo guide for amniocentesis	2.16	$101.54
76946	TC	Echo guide for amniocentesis	1.60	$75.22
76946	26	Echo guide for amniocentesis	0.56	$26.33
76948		Echo guide, ova aspiration	2.17	$102.01
76948	TC	Echo guide, ova aspiration	1.60	$75.22
76948	26	Echo guide, ova aspiration	0.56	$26.33
76950		Echo guidance radiotherapy	2.23	$104.83
76950	TC	Echo guidance radiotherapy	1.36	$63.93
76950	26	Echo guidance radiotherapy	0.87	$40.90
76965		Echo guidance radiotherapy	7.76	$364.80
76965	TC	Echo guidance radiotherapy	5.77	$271.25
76965	26	Echo guidance radiotherapy	1.99	$93.55
76970		Ultrasound exam follow-up	1.70	$79.92
76970	TC	Ultrasound exam follow-up	1.10	$51.71
76970	26	Ultrasound exam follow-up	0.59	$27.74
76975		GI endoscopic ultrasound	2.79	$131.16
76975	TC	GI endoscopic ultrasound	1.60	$75.22
76975	26	GI endoscopic ultrasound	1.18	$55.47
76977		Us bone density measure	0.96	$45.13
76977	TC	Us bone density measure	0.86	$40.43
76977	26	Us bone density measure	0.09	$4.23
76986		Ultrasound guide intraoper	4.54	$213.43
76986	TC	Ultrasound guide intraoper	2.73	$128.34
76986	26	Ultrasound guide intraoper	1.80	$84.62
76999		Echo examination procedure	0.00	$0.00
76999	TC	Echo examination procedure	0.00	$0.00
76999	26	Echo examination procedure	0.00	$0.00
77261		Radiation therapy planning	2.11	$99.19
77262		Radiation therapy planning	3.18	$149.49
77263		Radiation therapy planning	4.73	$222.36
77280		Set radiation therapy field	4.63	$217.66

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CPT® CODE	MOD	DESCRIPTION	RVU	MAP
				RVU X $47.01
77280	TC	Set radiation therapy field	3.60	$169.24
77280	26	Set radiation therapy field	1.03	$48.42
77285		Set radiation therapy field	7.34	$345.05
77285	TC	Set radiation therapy field	5.79	$272.19
77285	26	Set radiation therapy field	1.54	$72.40
77290		Set radiation therapy field	9.05	$425.44
77290	TC	Set radiation therapy field	6.76	$317.79
77290	26	Set radiation therapy field	2.29	$107.65
77295		Set radiation therapy field	35.73	$1,679.67
77295	TC	Set radiation therapy field	29.01	$1,363.76
77295	26	Set radiation therapy field	6.72	$315.91
77299		Radiation therapy planning	0.00	$0.00
77299	TC	Radiation therapy planning	0.00	$0.00
77299	26	Radiation therapy planning	0.00	$0.00
77300		Radiation therapy dose plan	2.32	$109.06
77300	TC	Radiation therapy dose plan	1.40	$65.81
77300	26	Radiation therapy dose plan	0.92	$43.25
77301		Radioltherapy dos plan, imrt	40.76	$1,916.13
77301	TC	Radioltherapy dos plan, imrt	29.01	$1,363.76
77301	26	Radioltherapy dos plan, imrt	11.76	$552.84
77305		Radiation therapy dose plan	2.98	$140.09
77305	TC	Radiation therapy dose plan	1.94	$91.20
77305	26	Radiation therapy dose plan	1.03	$48.42
77310		Radiation therapy dose plan	3.98	$187.10
77310	TC	Radiation therapy dose plan	2.43	$114.23
77310	26	Radiation therapy dose plan	1.54	$72.40
77315		Radiation therapy dose plan	5.06	$237.87
77315	TC	Radiation therapy dose plan	2.77	$130.22
77315	26	Radiation therapy dose plan	2.29	$107.65
77321		Radiation therapy port plan	5.58	$262.32
77321	TC	Radiation therapy port plan	4.18	$196.50
77321	26	Radiation therapy port plan	1.40	$65.81
77326		Radiation therapy dose plan	3.84	$180.52
77326	TC	Radiation therapy dose plan	2.46	$115.64
77326	26	Radiation therapy dose plan	1.38	$64.87
77327		Radiation therapy dose plan	5.66	$266.08
77327	TC	Radiation therapy dose plan	3.60	$169.24
77327	26	Radiation therapy dose plan	2.05	$96.37
77328		Radiation therapy dose plan	8.22	$386.42
77328	TC	Radiation therapy dose plan	5.13	$241.16
77328	26	Radiation therapy dose plan	3.09	$145.26
77331		Special radiation dosimetry	1.81	$85.09
77331	TC	Special radiation dosimetry	0.52	$24.45
77331	26	Special radiation dosimetry	1.29	$60.64
77332		Radiation treatment aid(s)	2.19	$102.95
77332	TC	Radiation treatment aid(s)	1.40	$65.81
77332	26	Radiation treatment aid(s)	0.79	$37.14
77333		Radiation treatment aid(s)	3.23	$151.84
77333	TC	Radiation treatment aid(s)	1.98	$93.08

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77333	26	Radiation treatment aid(s)	1.25	$58.76
77334		Radiation treatment aid(s)	5.20	$244.45
77334	TC	Radiation treatment aid(s)	3.37	$158.42
77334	26	Radiation treatment aid(s)	1.83	$86.03
77336		Radiation physics consult	3.09	$145.26
77370		Radiation physics consult	3.61	$169.71
77399		External radiation dosimetry	0.00	$0.00
77399	TC	External radiation dosimetry	0.00	$0.00
77399	26	External radiation dosimetry	0.00	$0.00
77401		Radiation treatment delivery	1.86	$87.44
77402		Radiation treatment delivery	1.86	$87.44
77403		Radiation treatment delivery	1.86	$87.44
77404		Radiation treatment delivery	1.86	$87.44
77406		Radiation treatment delivery	1.86	$87.44
77407		Radiation treatment delivery	2.18	$102.48
77408		Radiation treatment delivery	2.18	$102.48
77409		Radiation treatment delivery	2.18	$102.48
77411		Radiation treatment delivery	2.18	$102.48
77412		Radiation treatment delivery	2.43	$114.23
77413		Radiation treatment delivery	2.43	$114.23
77414		Radiation treatment delivery	2.43	$114.23
77416		Radiation treatment delivery	2.43	$114.23
77417		Radiology port film(s)	0.62	$29.15
77418		Radiation tx delivery, imrt	16.13	$758.27
77427		Radiation tx management, x5	4.89	$229.88
77431		Radiation therapy management	2.73	$128.34
77432		Stereotactic radiation trmt	12.09	$568.35
77470		Special radiation treatment	14.66	$689.17
77470	TC	Special radiation treatment	11.58	$544.38
77470	26	Special radiation treatment	3.09	$145.26
77499		Radiation therapy management	0.00	$0.00
77499	TC	Radiation therapy management	0.00	$0.00
77499	26	Radiation therapy management	0.00	$0.00
77520		Proton trmt, simple w/o comp	0.00	$0.00
77522		Proton trmt, simple w/comp	0.00	$0.00
77523		Proton trmt, intermediate	0.00	$0.00
77525		Proton treatment, complex	0.00	$0.00
77600		Hyperthermia treatment	5.47	$257.14
77600	TC	Hyperthermia treatment	3.15	$148.08
77600	26	Hyperthermia treatment	2.32	$109.06
77605		Hyperthermia treatment	7.41	$348.34
77605	TC	Hyperthermia treatment	4.22	$198.38
77605	26	Hyperthermia treatment	3.19	$149.96
77610		Hyperthermia treatment	5.45	$256.20
77610	TC	Hyperthermia treatment	3.15	$148.08
77610	26	Hyperthermia treatment	2.30	$108.12
77615		Hyperthermia treatment	7.30	$343.17
77615	TC	Hyperthermia treatment	4.22	$198.38
77615	26	Hyperthermia treatment	3.08	$144.79

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77620		Hyperthermia treatment	5.46	$256.67
77620	TC	Hyperthermia treatment	3.15	$148.08
77620	26	Hyperthermia treatment	2.31	$108.59
77750		Infuse radioactive materials	8.56	$402.41
77750	TC	Infuse radioactive materials	1.39	$65.34
77750	26	Infuse radioactive materials	7.17	$337.06
77761		Apply intrcav radiat simple	8.01	$376.55
77761	TC	Apply intrcav radiat simple	2.62	$123.17
77761	26	Apply intrcav radiat simple	5.38	$252.91
77762		Apply intrcav radiat interm	12.08	$567.88
77762	TC	Apply intrcav radiat interm	3.75	$176.29
77762	26	Apply intrcav radiat interm	8.33	$391.59
77763		Apply intrcav radiat compl	17.28	$812.33
77763	TC	Apply intrcav radiat compl	4.64	$218.13
77763	26	Apply intrcav radiat compl	12.64	$594.21
77776		Apply interstit radiat simpl	9.24	$434.37
77776	TC	Apply interstit radiat simpl	2.29	$107.65
77776	26	Apply interstit radiat simpl	6.95	$326.72
77777		Apply interstit radiat inter	15.09	$709.38
77777	TC	Apply interstit radiat inter	4.38	$205.90
77777	26	Apply interstit radiat inter	10.71	$503.48
77778		Apply iterstit radiat compl	21.83	$1,026.23
77778	TC	Apply iterstit radiat compl	5.32	$250.09
77778	26	Apply iterstit radiat compl	16.50	$775.67
77781		High intensity brachytherapy	23.50	$1,104.74
77781	TC	High intensity brachytherapy	21.05	$989.56
77781	26	High intensity brachytherapy	2.45	$115.17
77782		High intensity brachytherapy	24.71	$1,161.62
77782	TC	High intensity brachytherapy	21.05	$989.56
77782	26	High intensity brachytherapy	3.67	$172.53
77783		High intensity brachytherapy	26.53	$1,247.18
77783	TC	High intensity brachytherapy	21.05	$989.56
77783	26	High intensity brachytherapy	5.49	$258.08
77784		High intensity brachytherapy	29.29	$1,376.92
77784	TC	High intensity brachytherapy	21.05	$989.56
77784	26	High intensity brachytherapy	8.24	$387.36
77789		Apply surface radiation	2.09	$98.25
77789	TC	Apply surface radiation	0.47	$22.09
77789	26	Apply surface radiation	1.62	$76.16
77790		Radiation handling	2.06	$96.84
77790	TC	Radiation handling	0.52	$24.45
77790	26	Radiation handling	1.54	$72.40
77799		Radium/radioisotope therapy	0.00	$0.00
77799	TC	Radium/radioisotope therapy	0.00	$0.00
77799	26	Radium/radioisotope therapy	0.00	$0.00
78000		Thyroid, single uptake	1.31	$61.58
78000	TC	Thyroid, single uptake	1.02	$47.95
78000	26	Thyroid, single uptake	0.29	$13.63
78001		Thyroid, multiple uptakes	1.74	$81.80

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				RVU X $47.01
78001	TC	Thyroid, multiple uptakes	1.36	$63.93
78001	26	Thyroid, multiple uptakes	0.38	$17.86
78003		Thyroid suppress/stimul	1.50	$70.52
78003	TC	Thyroid suppress/stimul	1.02	$47.95
78003	26	Thyroid suppress/stimul	0.48	$22.56
78006		Thyroid imaging with uptake	3.21	$150.90
78006	TC	Thyroid imaging with uptake	2.48	$116.58
78006	26	Thyroid imaging with uptake	0.73	$34.32
78007		Thyroid image, mult uptakes	3.42	$160.77
78007	TC	Thyroid image, mult uptakes	2.68	$125.99
78007	26	Thyroid image, mult uptakes	0.74	$34.79
78010		Thyroid imaging	2.50	$117.53
78010	TC	Thyroid imaging	1.91	$89.79
78010	26	Thyroid imaging	0.58	$27.27
78011		Thyroid imaging with flow	3.18	$149.49
78011	TC	Thyroid imaging with flow	2.51	$118.00
78011	26	Thyroid imaging with flow	0.66	$31.03
78015		Thyroid met imaging	3.68	$173.00
78015	TC	Thyroid met imaging	2.68	$125.99
78015	26	Thyroid met imaging	0.99	$46.54
78016		Thyroid met imaging/studies	4.83	$227.06
78016	TC	Thyroid met imaging/studies	3.61	$169.71
78016	26	Thyroid met imaging/studies	1.21	$56.88
78018		Thyroid met imaging, body	6.90	$324.37
78018	TC	Thyroid met imaging, body	5.63	$264.67
78018	26	Thyroid met imaging, body	1.27	$59.70
78020		Thyroid met uptake	2.39	$112.35
78020	TC	Thyroid met uptake	1.50	$70.52
78020	26	Thyroid met uptake	0.89	$41.84
78070		Parathyroid nuclear imaging	3.12	$146.67
78070	TC	Parathyroid nuclear imaging	1.91	$89.79
78070	26	Parathyroid nuclear imaging	1.20	$56.41
78075		Adrenal nuclear imaging	6.75	$317.32
78075	TC	Adrenal nuclear imaging	5.63	$264.67
78075	26	Adrenal nuclear imaging	1.11	$52.18
78099		Endocrine nuclear procedure	0.00	$0.00
78099	TC	Endocrine nuclear procedure	0.00	$0.00
78099	26	Endocrine nuclear procedure	0.00	$0.00
78102		Bone marrow imaging, ltd	2.96	$139.15
78102	TC	Bone marrow imaging, ltd	2.14	$100.60
78102	26	Bone marrow imaging, ltd	0.82	$38.55
78103		Bone marrow imaging, mult	4.40	$206.84
78103	TC	Bone marrow imaging, mult	3.29	$154.66
78103	26	Bone marrow imaging, mult	1.10	$51.71
78104		Bone marrow imaging, body	5.41	$254.32
78104	TC	Bone marrow imaging, body	4.23	$198.85
78104	26	Bone marrow imaging, body	1.17	$55.00
78110		Plasma volume, single	1.29	$60.64
78110	TC	Plasma volume, single	1.00	$47.01

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				RVU X $47.01
78110	26	Plasma volume, single	0.29	$13.63
78111		Plasma volume, multiple	3.01	$141.50
78111	TC	Plasma volume, multiple	2.68	$125.99
78111	26	Plasma volume, multiple	0.33	$15.51
78120		Red cell mass, single	2.17	$102.01
78120	TC	Red cell mass, single	1.82	$85.56
78120	26	Red cell mass, single	0.35	$16.45
78121		Red cell mass, multiple	3.47	$163.12
78121	TC	Red cell mass, multiple	3.00	$141.03
78121	26	Red cell mass, multiple	0.47	$22.09
78122		Blood volume	5.45	$256.20
78122	TC	Blood volume	4.77	$224.24
78122	26	Blood volume	0.67	$31.50
78130		Red cell survival study	3.86	$181.46
78130	TC	Red cell survival study	2.95	$138.68
78130	26	Red cell survival study	0.91	$42.78
78135		Red cell survival kinetics	6.00	$282.06
78135	TC	Red cell survival kinetics	5.05	$237.40
78135	26	Red cell survival kinetics	0.95	$44.66
78140		Red cell sequestration	4.98	$234.11
78140	TC	Red cell sequestration	4.08	$191.80
78140	26	Red cell sequestration	0.90	$42.31
78160		Plasma iron turnover	4.33	$203.55
78160	TC	Plasma iron turnover	3.80	$178.64
78160	26	Plasma iron turnover	0.52	$24.45
78162		Iron absorption exam	3.98	$187.10
78162	TC	Iron absorption exam	3.32	$156.07
78162	26	Iron absorption exam	0.66	$31.03
78170		Red cell iron utilization	6.16	$289.58
78170	TC	Red cell iron utilization	5.50	$258.56
78170	26	Red cell iron utilization	0.66	$31.03
78172		Total body iron estimation	0.00	$0.00
78172	TC	Total body iron estimation	0.00	$0.00
78172	26	Total body iron estimation	0.79	$37.14
78185		Spleen imaging	3.07	$144.32
78185	TC	Spleen imaging	2.46	$115.64
78185	26	Spleen imaging	0.60	$28.21
78190		Platelet survival, kinetics	7.58	$356.34
78190	TC	Platelet survival, kinetics	5.93	$278.77
78190	26	Platelet survival, kinetics	1.65	$77.57
78191		Platelet survival	8.50	$399.59
78191	TC	Platelet survival	7.59	$356.81
78191	26	Platelet survival	0.91	$42.78
78195		Lymph system imaging	6.01	$282.53
78195	TC	Lymph system imaging	4.23	$198.85
78195	26	Lymph system imaging	1.78	$83.68
78199		Blood/lymph nuclear exam	0.00	$0.00
78199	TC	Blood/lymph nuclear exam	0.00	$0.00
78199	26	Blood/lymph nuclear exam	0.00	$0.00

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CPT® CODE	MOD	DESCRIPTION	RVU	MAP
				RVU X $47.01
78201		Liver imaging	3.12	$146.67
78201	TC	Liver imaging	2.46	$115.64
78201	26	Liver imaging	0.65	$30.56
78202		Liver imaging with flow	3.74	$175.82
78202	TC	Liver imaging with flow	2.98	$140.09
78202	26	Liver imaging with flow	0.76	$35.73
78205		Liver imaging (3D)	7.19	$338.00
78205	TC	Liver imaging (3D)	6.13	$288.17
78205	26	Liver imaging (3D)	1.05	$49.36
78206		Liver image (3d) w/flow	7.17	$337.06
78206	TC	Liver image (3d) w/flow	5.75	$270.31
78206	26	Liver image (3d) w/flow	1.42	$66.75
78215		Liver and spleen imaging	3.75	$176.29
78215	TC	Liver and spleen imaging	3.03	$142.44
78215	26	Liver and spleen imaging	0.73	$34.32
78216		Liver & spleen image/flow	4.45	$209.19
78216	TC	Liver & spleen image/flow	3.61	$169.71
78216	26	Liver & spleen image/flow	0.84	$39.49
78220		Liver function study	4.59	$215.78
78220	TC	Liver function study	3.86	$181.46
78220	26	Liver function study	0.73	$34.32
78223		Hepatobiliary imaging	5.05	$237.40
78223	TC	Hepatobiliary imaging	3.80	$178.64
78223	26	Hepatobiliary imaging	1.25	$58.76
78230		Salivary gland imaging	2.96	$139.15
78230	TC	Salivary gland imaging	2.29	$107.65
78230	26	Salivary gland imaging	0.66	$31.03
78231		Serial salivary imaging	4.07	$191.33
78231	TC	Serial salivary imaging	3.29	$154.66
78231	26	Serial salivary imaging	0.78	$36.67
78232		Salivary gland function exam	4.34	$204.02
78232	TC	Salivary gland function exam	3.66	$172.06
78232	26	Salivary gland function exam	0.68	$31.97
78258		Esophageal motility study	4.07	$191.33
78258	TC	Esophageal motility study	2.98	$140.09
78258	26	Esophageal motility study	1.09	$51.24
78261		Gastric mucosa imaging	5.28	$248.21
78261	TC	Gastric mucosa imaging	4.25	$199.79
78261	26	Gastric mucosa imaging	1.03	$48.42
78262		Gastroesophageal reflux exam	5.41	$254.32
78262	TC	Gastroesophageal reflux exam	4.40	$206.84
78262	26	Gastroesophageal reflux exam	1.01	$47.48
78264		Gastric emptying study	5.43	$255.26
78264	TC	Gastric emptying study	4.28	$201.20
78264	26	Gastric emptying study	1.14	$53.59
78267		Breath tst attain/anal c-14	0.00	$0.00
78268		Breath test analysis, c-14	0.00	$0.00
78270		Vit B-12 absorption exam	1.93	$90.73
78270	TC	Vit B-12 absorption exam	1.63	$76.63

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CPT® CODE	MOD	DESCRIPTION	RVU	MAP
				RVU X $47.01
78270	26	Vit B-12 absorption exam	0.30	$14.10
78271		Vit B-12 absorp exam, IF	2.02	$94.96
78271	TC	Vit B-12 absorp exam, IF	1.72	$80.86
78271	26	Vit B-12 absorp exam, IF	0.30	$14.10
78272		Vit B-12 absorp, combined	2.82	$132.57
78272	TC	Vit B-12 absorp, combined	2.42	$113.76
78272	26	Vit B-12 absorp, combined	0.40	$18.80
78278		Acute GI blood loss imaging	6.50	$305.57
78278	TC	Acute GI blood loss imaging	5.05	$237.40
78278	26	Acute GI blood loss imaging	1.45	$68.16
78282		GI protein loss exam	0.00	$0.00
78282	TC	GI protein loss exam	0.00	$0.00
78282	26	GI protein loss exam	0.56	$26.33
78290		Meckel’s divert exam	4.15	$195.09
78290	TC	Meckel’s divert exam	3.15	$148.08
78290	26	Meckel’s divert exam	1.00	$47.01
78291		Leveen/shunt patency exam	4.48	$210.60
78291	TC	Leveen/shunt patency exam	3.17	$149.02
78291	26	Leveen/shunt patency exam	1.31	$61.58
78299		GI nuclear procedure	0.00	$0.00
78299	TC	GI nuclear procedure	0.00	$0.00
78299	26	GI nuclear procedure	0.00	$0.00
78300		Bone imaging, limited area	3.52	$165.48
78300	TC	Bone imaging, limited area	2.60	$122.23
78300	26	Bone imaging, limited area	0.92	$43.25
78305		Bone imaging, multiple areas	5.02	$235.99
78305	TC	Bone imaging, multiple areas	3.80	$178.64
78305	26	Bone imaging, multiple areas	1.21	$56.88
78306		Bone imaging, whole body	5.70	$267.96
78306	TC	Bone imaging, whole body	4.42	$207.78
78306	26	Bone imaging, whole body	1.28	$60.17
78315		Bone imaging, 3 phase	6.46	$303.68
78315	TC	Bone imaging, 3 phase	4.96	$233.17
78315	26	Bone imaging, 3 phase	1.50	$70.52
78320		Bone imaging (3D)	7.67	$360.57
78320	TC	Bone imaging (3D)	6.13	$288.17
78320	26	Bone imaging (3D)	1.54	$72.40
78350		Bone mineral, single photon	1.13	$53.12
78350	TC	Bone mineral, single photon	0.80	$37.61
78350	26	Bone mineral, single photon	0.33	$15.51
78351		Bone mineral, dual photon	1.95	$91.67
78399		Musculoskeletal nuclear exam	0.00	$0.00
78399	TC	Musculoskeletal nuclear exam	0.00	$0.00
78399	26	Musculoskeletal nuclear exam	0.00	$0.00
78414		Non-imaging heart function	0.00	$0.00
78414	TC	Non-imaging heart function	0.00	$0.00
78414	26	Non-imaging heart function	0.66	$31.03
78428		Cardiac shunt imaging	3.55	$166.89
78428	TC	Cardiac shunt imaging	2.36	$110.94

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				RVU X $47.01
78428	26	Cardiac shunt imaging	1.18	$55.47
78445		Vascular flow imaging	2.67	$125.52
78445	TC	Vascular flow imaging	1.94	$91.20
78445	26	Vascular flow imaging	0.73	$34.32
78455		Venous thrombosis study	5.19	$243.98
78455	TC	Venous thrombosis study	4.12	$193.68
78455	26	Venous thrombosis study	1.07	$50.30
78456		Acute venous thrombus image	5.76	$270.78
78456	TC	Acute venous thrombus image	4.28	$201.20
78456	26	Acute venous thrombus image	1.48	$69.57
78457		Venous thrombosis imaging	3.91	$183.81
78457	TC	Venous thrombosis imaging	2.77	$130.22
78457	26	Venous thrombosis imaging	1.13	$53.12
78458		Ven thrombosis images, bilat	5.50	$258.56
78458	TC	Ven thrombosis images, bilat	4.16	$195.56
78458	26	Ven thrombosis images, bilat	1.34	$62.99
78459		Heart muscle imaging (PET)	0.00	$0.00
78459	TC	Heart muscle imaging (PET)	0.00	$0.00
78459	26	Heart muscle imaging (PET)	2.85	$133.98
78460		Heart muscle blood, single	3.72	$174.88
78460	TC	Heart muscle blood, single	2.46	$115.64
78460	26	Heart muscle blood, single	1.26	$59.23
78461		Heart muscle blood, multiple	6.73	$316.38
78461	TC	Heart muscle blood, multiple	4.90	$230.35
78461	26	Heart muscle blood, multiple	1.83	$86.03
78464		Heart image (3d), single	8.95	$420.74
78464	TC	Heart image (3d), single	7.33	$344.58
78464	26	Heart image (3d), single	1.61	$75.69
78465		Heart image (3d), multiple	14.39	$676.47
78465	TC	Heart image (3d), multiple	12.22	$574.46
78465	26	Heart image (3d), multiple	2.16	$101.54
78466		Heart infarct image	3.76	$176.76
78466	TC	Heart infarct image	2.73	$128.34
78466	26	Heart infarct image	1.03	$48.42
78468		Heart infarct image (ef)	4.99	$234.58
78468	TC	Heart infarct image (ef)	3.80	$178.64
78468	26	Heart infarct image (ef)	1.18	$55.47
78469		Heart infarct image (3D)	6.78	$318.73
78469	TC	Heart infarct image (3D)	5.42	$254.79
78469	26	Heart infarct image (3D)	1.36	$63.93
78472		Gated heart, planar, single	7.20	$338.47
78472	TC	Gated heart, planar, single	5.74	$269.84
78472	26	Gated heart, planar, single	1.46	$68.63
78473		Gated heart, multiple	10.71	$503.48
78473	TC	Gated heart, multiple	8.54	$401.47
78473	26	Gated heart, multiple	2.17	$102.01
78478		Heart wall motion add-on	2.56	$120.35
78478	TC	Heart wall motion add-on	1.64	$77.10
78478	26	Heart wall motion add-on	0.92	$43.25

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78480		Heart function add-on	2.56	$120.35
78480	TC	Heart function add-on	1.64	$77.10
78480	26	Heart function add-on	0.92	$43.25
78481		Heart first pass, single	6.88	$323.43
78481	TC	Heart first pass, single	5.42	$254.79
78481	26	Heart first pass, single	1.46	$68.63
78483		Heart first pass, multiple	10.35	$486.55
78483	TC	Heart first pass, multiple	8.15	$383.13
78483	26	Heart first pass, multiple	2.19	$102.95
78491		Heart image (pet), single	0.00	$0.00
78491	TC	Heart image (pet), single	0.00	$0.00
78491	26	Heart image (pet), single	2.24	$105.30
78492		Heart image (pet), multiple	0.00	$0.00
78492	TC	Heart image (pet), multiple	0.00	$0.00
78492	26	Heart image (pet), multiple	2.79	$131.16
78494		Heart image, spect	8.94	$420.27
78494	TC	Heart image, spect	7.20	$338.47
78494	26	Heart image, spect	1.74	$81.80
78496		Heart first pass add-on	7.95	$373.73
78496	TC	Heart first pass add-on	7.20	$338.47
78496	26	Heart first pass add-on	0.76	$35.73
78499		Cardiovascular nuclear exam	0.00	$0.00
78499	TC	Cardiovascular nuclear exam	0.00	$0.00
78499	26	Cardiovascular nuclear exam	0.00	$0.00
78580		Lung perfusion imaging	4.65	$218.60
78580	TC	Lung perfusion imaging	3.56	$167.36
78580	26	Lung perfusion imaging	1.09	$51.24
78584		Lung V/Q image single breath	4.77	$224.24
78584	TC	Lung V/Q image single breath	3.32	$156.07
78584	26	Lung V/Q image single breath	1.45	$68.16
78585		Lung V/Q imaging	7.47	$351.16
78585	TC	Lung V/Q imaging	5.85	$275.01
78585	26	Lung V/Q imaging	1.62	$76.16
78586		Aerosol lung image, single	3.30	$155.13
78586	TC	Aerosol lung image, single	2.70	$126.93
78586	26	Aerosol lung image, single	0.59	$27.74
78587		Aerosol lung image, multiple	3.63	$170.65
78587	TC	Aerosol lung image, multiple	2.90	$136.33
78587	26	Aerosol lung image, multiple	0.73	$34.32
78588		Perfusion lung image	4.96	$233.17
78588	TC	Perfusion lung image	3.34	$157.01
78588	26	Perfusion lung image	1.62	$76.16
78591		Vent image, 1 breath, 1 proj	3.55	$166.89
78591	TC	Vent image, 1 breath, 1 proj	2.95	$138.68
78591	26	Vent image, 1 breath, 1 proj	0.60	$28.21
78593		Vent image, 1 proj, gas	4.31	$202.61
78593	TC	Vent image, 1 proj, gas	3.58	$168.30
78593	26	Vent image, 1 proj, gas	0.73	$34.32
78594		Vent image, mult proj, gas	5.93	$278.77

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				RVU X $47.01
78594	TC	Vent image, mult proj, gas	5.15	$242.10
78594	26	Vent image, mult proj, gas	0.78	$36.67
78596		Lung differential function	9.20	$432.49
78596	TC	Lung differential function	7.33	$344.58
78596	26	Lung differential function	1.87	$87.91
78599		Respiratory nuclear exam	0.00	$0.00
78599	TC	Respiratory nuclear exam	0.00	$0.00
78599	26	Respiratory nuclear exam	0.00	$0.00
78600		Brain imaging, ltd static	3.63	$170.65
78600	TC	Brain imaging, ltd static	2.98	$140.09
78600	26	Brain imaging, ltd static	0.65	$30.56
78601		Brain imaging, ltd w/ flow	4.28	$201.20
78601	TC	Brain imaging, ltd w/ flow	3.53	$165.95
78601	26	Brain imaging, ltd w/ flow	0.75	$35.26
78605		Brain imaging, complete	4.31	$202.61
78605	TC	Brain imaging, complete	3.53	$165.95
78605	26	Brain imaging, complete	0.78	$36.67
78606		Brain imaging, compl w/flow	4.96	$233.17
78606	TC	Brain imaging, compl w/flow	4.01	$188.51
78606	26	Brain imaging, compl w/flow	0.95	$44.66
78607		Brain imaging (3D)	8.65	$406.64
78607	TC	Brain imaging (3D)	6.81	$320.14
78607	26	Brain imaging (3D)	1.84	$86.50
78608		Brain imaging (PET)	0.00	$0.00
78609		Brain imaging (PET)	0.00	$0.00
78610		Brain flow imaging only	2.10	$98.72
78610	TC	Brain flow imaging only	1.66	$78.04
78610	26	Brain flow imaging only	0.44	$20.68
78615		Cerebral vascular flow image	4.63	$217.66
78615	TC	Cerebral vascular flow image	3.99	$187.57
78615	26	Cerebral vascular flow image	0.63	$29.62
78630		Cerebrospinal fluid scan	6.22	$292.40
78630	TC	Cerebrospinal fluid scan	5.22	$245.39
78630	26	Cerebrospinal fluid scan	1.00	$47.01
78635		CSF ventriculography	3.58	$168.30
78635	TC	CSF ventriculography	2.66	$125.05
78635	26	CSF ventriculography	0.92	$43.25
78645		CSF shunt evaluation	4.40	$206.84
78645	TC	CSF shunt evaluation	3.56	$167.36
78645	26	CSF shunt evaluation	0.84	$39.49
78647		Cerebrospinal fluid scan	7.45	$350.22
78647	TC	Cerebrospinal fluid scan	6.13	$288.17
78647	26	Cerebrospinal fluid scan	1.32	$62.05
78650		CSF leakage imaging	5.70	$267.96
78650	TC	CSF leakage imaging	4.81	$226.12
78650	26	CSF leakage imaging	0.89	$41.84
78660		Nuclear exam of tear flow	2.99	$140.56
78660	TC	Nuclear exam of tear flow	2.21	$103.89
78660	26	Nuclear exam of tear flow	0.78	$36.67

Procedure codes and abbreviated desriptors are from "2003 Physicians' Current Procedural Terminology (CPT)". Refer to CPT for complete descriptors.

Fees are determined by the bureau using 2002 Relative Value Unit data.

STATE OF MICHIGAN
WORKERS' COMPENSATION FEE SCHEDULE 2003

CPT® CODE	MOD	DESCRIPTION	RVU	MAP
				RVU X $47.01
78699		Nervous system nuclear exam	0.00	$0.00
78699	TC	Nervous system nuclear exam	0.00	$0.00
78699	26	Nervous system nuclear exam	0.00	$0.00
78700		Kidney imaging, static	3.82	$179.58
78700	TC	Kidney imaging, static	3.15	$148.08
78700	26	Kidney imaging, static	0.66	$31.03
78701		Kidney imaging with flow	4.40	$206.84
78701	TC	Kidney imaging with flow	3.68	$173.00
78701	26	Kidney imaging with flow	0.72	$33.85
78704		Imaging renogram	5.19	$243.98
78704	TC	Imaging renogram	4.10	$192.74
78704	26	Imaging renogram	1.09	$51.24
78707		Kidney flow/function image	6.04	$283.94
78707	TC	Kidney flow/function image	4.62	$217.19
78707	26	Kidney flow/function image	1.42	$66.75
78708		Kidney flow/function image	6.41	$301.33
78708	TC	Kidney flow/function image	4.62	$217.19
78708	26	Kidney flow/function image	1.79	$84.15
78709		Kidney flow/function image	6.71	$315.44
78709	TC	Kidney flow/function image	4.62	$217.19
78709	26	Kidney flow/function image	2.08	$97.78
78710		Kidney imaging (3D)	7.10	$333.77
78710	TC	Kidney imaging (3D)	6.13	$288.17
78710	26	Kidney imaging (3D)	0.97	$45.60
78715		Renal vascular flow exam	2.10	$98.72
78715	TC	Renal vascular flow exam	1.66	$78.04
78715	26	Renal vascular flow exam	0.44	$20.68
78725		Kidney function study	2.42	$113.76
78725	TC	Kidney function study	1.87	$87.91
78725	26	Kidney function study	0.55	$25.86
78730		Urinary bladder retention	2.08	$97.78
78730	TC	Urinary bladder retention	1.53	$71.93
78730	26	Urinary bladder retention	0.54	$25.39
78740		Ureteral reflux study	3.05	$143.38
78740	TC	Ureteral reflux study	2.21	$103.89
78740	26	Ureteral reflux study	0.84	$39.49
78760		Testicular imaging	3.75	$176.29
78760	TC	Testicular imaging	2.78	$130.69
78760	26	Testicular imaging	0.97	$45.60
78761		Testicular imaging/flow	4.37	$205.43
78761	TC	Testicular imaging/flow	3.32	$156.07
78761	26	Testicular imaging/flow	1.05	$49.36
78799		Genitourinary nuclear exam	0.00	$0.00
78799	TC	Genitourinary nuclear exam	0.00	$0.00
78799	26	Genitourinary nuclear exam	0.00	$0.00
78800		Tumor imaging, limited area	4.50	$211.55
78800	TC	Tumor imaging, limited area	3.53	$165.95
78800	26	Tumor imaging, limited area	0.97	$45.60
78801		Tumor imaging, mult areas	5.53	$259.97

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CPT® CODE	MOD	DESCRIPTION	RVU	MAP
				RVU X $47.01
78801	TC	Tumor imaging, mult areas	4.37	$205.43
78801	26	Tumor imaging, mult areas	1.16	$54.53
78802		Tumor imaging, whole body	7.02	$330.01
78802	TC	Tumor imaging, whole body	5.75	$270.31
78802	26	Tumor imaging, whole body	1.27	$59.70
78803		Tumor imaging (3D)	8.43	$396.29
78803	TC	Tumor imaging (3D)	6.81	$320.14
78803	26	Tumor imaging (3D)	1.61	$75.69
78805		Abscess imaging, ltd area	4.61	$216.72
78805	TC	Abscess imaging, ltd area	3.53	$165.95
78805	26	Abscess imaging, ltd area	1.08	$50.77
78806		Abscess imaging, whole body	7.96	$374.20
78806	TC	Abscess imaging, whole body	6.70	$314.97
78806	26	Abscess imaging, whole body	1.27	$59.70
78807		Nuclear localization/abscess	8.45	$397.23
78807	TC	Nuclear localization/abscess	6.81	$320.14
78807	26	Nuclear localization/abscess	1.63	$76.63
78810		Tumor imaging (PET)	0.00	$0.00
78810	TC	Tumor imaging (PET)	0.00	$0.00
78810	26	Tumor imaging (PET)	2.94	$138.21
78890		Nuclear medicine data proc	1.43	$67.22
78890	TC	Nuclear medicine data proc	1.34	$62.99
78890	26	Nuclear medicine data proc	0.09	$4.23
78891		Nuclear med data proc	2.87	$134.92
78891	TC	Nuclear med data proc	2.71	$127.40
78891	26	Nuclear med data proc	0.16	$7.52
78990		Provide diag radionuclide(s)	0.00	$0.00
78999		Nuclear diagnostic exam	0.00	$0.00
78999	TC	Nuclear diagnostic exam	0.00	$0.00
78999	26	Nuclear diagnostic exam	0.00	$0.00
79000		Init hyperthyroid therapy	5.38	$252.91
79000	TC	Init hyperthyroid therapy	2.73	$128.34
79000	26	Init hyperthyroid therapy	2.65	$124.58
79001		Repeat hyperthyroid therapy	2.91	$136.80
79001	TC	Repeat hyperthyroid therapy	1.36	$63.93
79001	26	Repeat hyperthyroid therapy	1.55	$72.87
79020		Thyroid ablation	5.38	$252.91
79020	TC	Thyroid ablation	2.73	$128.34
79020	26	Thyroid ablation	2.65	$124.58
79030		Thyroid ablation, carcinoma	5.83	$274.07
79030	TC	Thyroid ablation, carcinoma	2.73	$128.34
79030	26	Thyroid ablation, carcinoma	3.09	$145.26
79035		Thyroid metastatic therapy	6.45	$303.21
79035	TC	Thyroid metastatic therapy	2.73	$128.34
79035	26	Thyroid metastatic therapy	3.72	$174.88
79100		Hematopoetic nuclear therapy	4.70	$220.95
79100	TC	Hematopoetic nuclear therapy	2.73	$128.34
79100	26	Hematopoetic nuclear therapy	1.97	$92.61
79200		Intracavitary nuclear trmt	5.66	$266.08

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STATE OF MICHIGAN
WORKERS' COMPENSATION FEE SCHEDULE 2003

CPT® CODE	MOD	DESCRIPTION	RVU	MAP
				RVU X $47.01
79200	TC	Intracavitary nuclear trmt	2.73	$128.34
79200	26	Intracavitary nuclear trmt	2.93	$137.74
79300		Interstitial nuclear therapy	0.00	$0.00
79300	TC	Interstitial nuclear therapy	0.00	$0.00
79300	26	Interstitial nuclear therapy	2.47	$116.11
79400		Nonhemato nuclear therapy	5.64	$265.14
79400	TC	Nonhemato nuclear therapy	2.73	$128.34
79400	26	Nonhemato nuclear therapy	2.91	$136.80
79420		Intravascular nuclear ther	0.00	$0.00
79420	TC	Intravascular nuclear ther	0.00	$0.00
79420	26	Intravascular nuclear ther	2.22	$104.36
79440		Nuclear joint therapy	5.74	$269.84
79440	TC	Nuclear joint therapy	2.73	$128.34
79440	26	Nuclear joint therapy	3.01	$141.50
79900		Provide ther radiopharm(s)	0.00	$0.00
79999		Nuclear medicine therapy	0.00	$0.00
79999	TC	Nuclear medicine therapy	0.00	$0.00
79999	26	Nuclear medicine therapy	0.00	$0.00

Procedure codes and abbreviated desriptors are from "2003 Physicians' Current Procedural Terminology (CPT)". Refer to CPT for complete descriptors.

Fees are determined by the bureau using 2002 Relative Value Unit data.

Chapter 10

Laboratory and Pathology

This section stipulates only those policies and procedures that are unique to pathology and laboratory services and are billed with CPT® codes 80048-89399. Additional policy and procedures that apply to all providers can be found in Chapters 1-5 of this manual. Most of the laboratory procedure codes do not have assigned relative value units. Some of the laboratory codes have fees promulgated by the rules and those fees are listed in Table 1501-B of the rules. All other laboratory codes without fees or relative value units assigned, are "by report" and are reimbursed at the provider's usual and customary charge or reasonable, whichever is less.

Most of the pathology procedure codes have relative value units and the maximum allowable payment is determined by multiplying the RVU times the conversion factor.

Procedure codes in the 8000 series of codes published by CPT® may be billed by a clinical laboratory, or in some instances, by a physician's office. Some laboratory and pathology services may require interpretation by a physician. In this case, there may be a separate bill for the technical and professional components of the procedure. The technical component is the use of the laboratory equipment and the technician's services, and the professional component is the physician's interpretation and report. When billing for the professional or the technical component, use the appropriate modifier. When billing for the total procedure, no modifier is required.

Laboratory and pathology procedures may be billed by a hospital as either an inpatient or outpatient service. When billed by a hospital on the UB-92, the services are identified with the appropriate CPT® procedures and the hospital is reimbursed by the ratio methodology.

<u>Modifiers</u>

-26 **Professional Component:** Pathology and lab procedures are a combination of a physician and technical component. When only the physician is reported, use the modifier (-26).

-TC **Technical Component:** When billing for only the technical component of a procedure, use the modifier (-TC)

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CPT® Code	MOD	DESCRIPTION	RVU	MAP
				**
80048		Basic metabolic panel	0.00	BR
80050		General health panel	0.00	BR
80051		Electrolyte panel	0.00	BR
80053		Comprehen metabolic panel	0.00	BR
80055		Obstetric panel	0.00	BR
80061		Lipid panel	0.00	BR
80069		Renal function panel	0.00	BR
80072		Arthritis panel	0.00	BR
80074		Acute hepatitis panel	0.00	BR
80076		Hepatic function panel	0.00	BR
80100		Drug screen, qualitate/multi	0.00	BR
80101		Drug screen, single	0.00	BR
80102		Drug confirmation	0.00	BR
80103		Drug analysis, tissue prep	0.00	BR
80150		Assay of amikacin	0.00	BR
80152		Assay of amitriptyline	0.00	BR
80154		Assay of benzodiazepines	0.00	BR
80156		Assay, carbamazepine, total	0.00	BR
80157		Assay, carbamazepine, free	0.00	BR
80158		Assay of cyclosporine	0.00	BR
80160		Assay of desipramine	0.00	BR
80162		Assay of digoxin	0.00	BR
80164		Assay, dipropylacetic acid	0.00	BR
80166		Assay of doxepin	0.00	BR
80168		Assay of ethosuximide	0.00	BR
80170		Assay of gentamicin	0.00	BR
80172		Assay of gold	0.00	BR
80173		Assay of haloperidol	0.00	BR
80174		Assay of imipramine	0.00	BR
80176		Assay of lidocaine	0.00	BR
80178		Assay of lithium	0.00	BR
80182		Assay of nortriptyline	0.00	BR
80184		Assay of phenobarbital	0.00	BR
80185		Assay of phenytoin, total	0.00	BR
80186		Assay of phenytoin, free	0.00	BR
80188		Assay of primidone	0.00	BR
80190		Assay of procainamide	0.00	BR
80192		Assay of procainamide	0.00	BR
80194		Assay of quinidine	0.00	BR
80196		Assay of salicylate	0.00	BR
80197		Assay of tacrolimus	0.00	BR
80198		Assay of theophylline	0.00	BR
80200		Assay of tobramycin	0.00	BR
80201		Assay of topiramate	0.00	BR
80202		Assay of vancomycin	0.00	BR
80299		Quantitative assay, drug	0.00	BR
80400		Acth stimulation panel	0.00	BR
80402		Acth stimulation panel	0.00	BR
80406		Acth stimulation panel	0.00	BR

Codes and descriptors from "2003 Physicians' Current Procedural Terminology (CPT)". Refer to CPt for complete descriptors.

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STATE OF MICHIGAN
WORKERS' COMPENSATION FEE SCHEDULE 2003

CPT® Code	MOD	DESCRIPTION	RVU	MAP
				**
80408		Aldosterone suppression eval	0.00	BR
80410		Calcitonin stimul panel	0.00	BR
80412		CRH stimulation panel	0.00	BR
80414		Testosterone response	0.00	BR
80415		Estradiol response panel	0.00	BR
80416		Renin stimulation panel	0.00	BR
80417		Renin stimulation panel	0.00	BR
80418		Pituitary evaluation panel	0.00	BR
80420		Dexamethasone panel	0.00	BR
80422		Glucagon tolerance panel	0.00	BR
80424		Glucagon tolerance panel	0.00	BR
80426		Gonadotropin hormone panel	0.00	BR
80428		Growth hormone panel	0.00	BR
80430		Growth hormone panel	0.00	BR
80432		Insulin suppression panel	0.00	BR
80434		Insulin tolerance panel	0.00	BR
80435		Insulin tolerance panel	0.00	BR
80436		Metyrapone panel	0.00	BR
80438		TRH stimulation panel	0.00	BR
80439		TRH stimulation panel	0.00	BR
80440		TRH stimulation panel	0.00	BR
80500		Lab pathology consultation	0.61	$28.68
80502		Lab pathology consultation	2.10	$98.72
81000		Urinalysis, nonauto w/scope	0.00	BR
81001		Urinalysis, auto w/scope	0.00	BR
81002		Urinalysis nonauto w/o scope	0.00	BR
81003		Urinalysis, auto, w/o scope	0.00	BR
81005		Urinalysis	0.00	BR
81007		Urine screen for bacteria	0.00	BR
81015		Microscopic exam of urine	0.00	BR
81020		Urinalysis, glass test	0.00	BR
81025		Urine pregnancy test	0.00	BR
81050		Urinalysis, volume measure	0.00	BR
81099		Urinalysis test procedure	0.00	BR
82000		Assay of blood acetaldehyde	0.00	BR
82003		Assay of acetaminophen	0.00	BR
82009		Test for acetone/ketones	0.00	$3.30
82010		Acetone assay	0.00	BR
82013		Acetylcholinesterase assay	0.00	$24.20
82016		Acylcarnitines, qual	0.00	BR
82017		Acylcarnitines, quant	0.00	BR
82024		Assay of acth	0.00	BR
82030		Assay of adp & amp	0.00	BR
82040		Assay of serum albumin	0.00	BR
82042		Assay of urine albumin	0.00	BR
82043		Microalbumin, quantitative	0.00	BR
82044		Microalbumin, semiquant	0.00	BR
82055		Assay of ethanol	0.00	$31.00
82075		Assay of breath ethanol	0.00	$35.00

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STATE OF MICHIGAN
WORKERS' COMPENSATION FEE SCHEDULE 2003

CPT® Code	MOD	DESCRIPTION	RVU	MAP
				**
82085		Assay of aldolase	0.00	BR
82088		Assay of aldosterone	0.00	BR
82101		Assay of urine alkaloids	0.00	BR
82103		Alpha-1-antitrypsin, total	0.00	BR
82104		Alpha-1-antitrypsin, pheno	0.00	BR
82105		Alpha-fetoprotein, serum	0.00	BR
82106		Alpha-fetoprotein, amniotic	0.00	BR
82108		Assay of aluminum	0.00	BR
82120		Amines, vaginal fluid qual	0.00	BR
82127		Amino acid, single qual	0.00	BR
82128		Amino acids, mult qual	0.00	BR
82131		Amino acids, single quant	0.00	BR
82135		Assay, aminolevulinic acid	0.00	BR
82136		Amino acids, quant, 2-5	0.00	BR
82139		Amino acids, quan, 6 or more	0.00	BR
82140		Assay of ammonia	0.00	$9.90
82143		Amniotic fluid scan	0.00	BR
82145		Assay of amphetamines	0.00	$9.90
82150		Assay of amylase	0.00	$8.80
82154		Androstanediol glucuronide	0.00	BR
82157		Assay of androstenedione	0.00	BR
82160		Assay of androsterone	0.00	BR
82163		Assay of angiotensin II	0.00	BR
82164		Angiotensin I enzyme test	0.00	BR
82172		Assay of apolipoprotein	0.00	BR
82175		Assay of arsenic	0.00	$13.20
82180		Assay of ascorbic acid	0.00	$16.50
82190		Atomic absorption	0.00	BR
82205		Assay of barbiturates	0.00	$26.00
82232		Assay of beta-2 protein	0.00	BR
82239		Bile acids, total	0.00	BR
82240		Bile acids, cholylglycine	0.00	BR
82247		Bilirubin, total	0.00	BR
82248		Bilirubin, direct	0.00	BR
82252		Fecal bilirubin test	0.00	BR
82261		Assay of biotinidase	0.00	BR
82270		Test for blood, feces	0.00	BR
82273		Test for blood, other source	0.00	BR
82274		Assay test for blood, fecal	0.00	BR
82286		Assay of bradykinin	0.00	BR
82300		Assay of cadmium	0.00	BR
82306		Assay of vitamin D	0.00	BR
82307		Assay of vitamin D	0.00	BR
82308		Assay of calcitonin	0.00	BR
82310		Assay of calcium	0.00	BR
82330		Assay of calcium	0.00	$23.00
82331		Calcium infusion test	0.00	BR
82340		Assay of calcium in urine	0.00	$11.00
82355		Calculus analysis, qual	0.00	BR

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CPT® Code	MOD	DESCRIPTION	RVU	MAP
				**
82360		Calculus assay, quant	0.00	BR
82365		Calculus spectroscopy	0.00	BR
82370		X-ray assay, calculus	0.00	BR
82373		Assay, c-d transfer measure	0.00	BR
82374		Assay, blood carbon dioxide	0.00	BR
82375		Assay, blood carbon monoxide	0.00	$19.80
82376		Test for carbon monoxide	0.00	BR
82378		Carcinoembryonic antigen	0.00	BR
82379		Assay of carnitine	0.00	BR
82380		Assay of carotene	0.00	BR
82382		Assay, urine catecholamines	0.00	BR
82383		Assay, blood catecholamines	0.00	BR
82384		Assay, three catecholamines	0.00	BR
82387		Assay of cathepsin-d	0.00	BR
82390		Assay of ceruloplasmin	0.00	BR
82397		Chemiluminescent assay	0.00	BR
82415		Assay of chloramphenicol	0.00	BR
82435		Assay of blood chloride	0.00	BR
82436		Assay of urine chloride	0.00	$7.70
82438		Assay, other fluid chlorides	0.00	BR
82441		Test for chlorohydrocarbons	0.00	BR
82465		Assay, bld/serum cholesterol	0.00	BR
82480		Assay, serum cholinesterase	0.00	BR
82482		Assay, rbc cholinesterase	0.00	$9.90
82485		Assay, chondroitin sulfate	0.00	BR
82486		Gas/liquid chromatography	0.00	$27.00
82487		Paper chromatography	0.00	$9.63
82488		Paper chromatography	0.00	$9.63
82489		Thin layer chromatography	0.00	$9.63
82491		Chromotography, quant, sing	0.00	BR
82492		Chromotography, quant, mult	0.00	BR
82495		Assay of chromium	0.00	$16.50
82507		Assay of citrate	0.00	$13.20
82520		Assay of cocaine	0.00	BR
82523		Collagen crosslinks	0.00	BR
82525		Assay of copper	0.00	BR
82528		Assay of corticosterone	0.00	BR
82530		Cortisol, free	0.00	BR
82533		Total cortisol	0.00	BR
82540		Assay of creatine	0.00	$19.80
82541		Column chromotography, qual	0.00	BR
82542		Column chromotography, quant	0.00	BR
82543		Column chromotograph/isotope	0.00	BR
82544		Column chromotograph/isotope	0.00	BR
82550		Assay of ck (cpk)	0.00	$8.00
82552		Assay of cpk in blood	0.00	$23.25
82553		Creatine, MB fraction	0.00	$20.90
82554		Creatine, isoforms	0.00	BR
82565		Assay of creatinine	0.00	BR

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CPT® Code	MOD	DESCRIPTION	RVU	MAP
				**
82570		Assay of urine creatinine	0.00	BR
82575		Creatinine clearance test	0.00	BR
82585		Assay of cryofibrinogen	0.00	BR
82595		Assay of cryoglobulin	0.00	BR
82600		Assay of cyanide	0.00	$23.10
82607		Vitamin B-12	0.00	BR
82608		B-12 binding capacity	0.00	BR
82615		Test for urine cystines	0.00	BR
82626		Dehydroepiandrosterone	0.00	BR
82627		Dehydroepiandrosterone	0.00	BR
82633		Desoxycorticosterone	0.00	BR
82634		Deoxycortisol	0.00	BR
82638		Assay of dibucaine number	0.00	BR
82646		Assay of dihydrocodeinone	0.00	BR
82649		Assay of dihydromorphinone	0.00	BR
82651		Assay of dihydrotestosterone	0.00	BR
82652		Assay of dihydroxyvitamin d	0.00	BR
82654		Assay of dimethadione	0.00	BR
82657		Enzyme cell activity	0.00	BR
82658		Enzyme cell activity, ra	0.00	BR
82664		Electrophoretic test	0.00	BR
82666		Assay of epiandrosterone	0.00	BR
82668		Assay of erythropoietin	0.00	BR
82670		Assay of estradiol	0.00	BR
82671		Assay of estrogens	0.00	BR
82672		Assay of estrogen	0.00	BR
82677		Assay of estriol	0.00	BR
82679		Assay of estrone	0.00	BR
82690		Assay of ethchlorvynol	0.00	BR
82693		Assay of ethylene glycol	0.00	BR
82696		Assay of etiocholanolone	0.00	BR
82705		Fats/lipids, feces, qual	0.00	$13.20
82710		Fats/lipids, feces, quant	0.00	$32.18
82715		Assay of fecal fat	0.00	BR
82725		Assay of blood fatty acids	0.00	BR
82726		Long chain fatty acids	0.00	BR
82728		Assay of ferritin	0.00	BR
82731		Assay of fetal fibronectin	0.00	BR
82735		Assay of fluoride	0.00	$16.50
82742		Assay of flurazepam	0.00	BR
82746		Blood folic acid serum	0.00	BR
82747		Assay of folic acid, rbc	0.00	BR
82757		Assay of semen fructose	0.00	BR
82759		Assay of rbc galactokinase	0.00	BR
82760		Assay of galactose	0.00	BR
82775		Assay galactose transferase	0.00	BR
82776		Galactose transferase test	0.00	BR
82784		Assay of gammaglobulin igm	0.00	BR
82785		Assay of gammaglobulin ige	0.00	BR

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STATE OF MICHIGAN
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CPT® Code	MOD	DESCRIPTION	RVU	MAP
				**
82787		Igg 1, 2, 3 or 4, each	0.00	BR
82800		Blood pH	0.00	$3.30
82803		Blood gases: pH, pO2 & pCO2	0.00	$13.20
82805		Blood gases W/02 saturation	0.00	BR
82810		Blood gases, O2 sat only	0.00	BR
82820		Hemoglobin-oxygen affinity	0.00	BR
82926		Assay of gastric acid	0.00	BR
82928		Assay of gastric acid	0.00	BR
82938		Gastrin test	0.00	BR
82941		Assay of gastrin	0.00	BR
82943		Assay of glucagon	0.00	BR
82945		Glucose other fluid	0.00	BR
82946		Glucagon tolerance test	0.00	BR
82947		Assay, glucose, blood quant	0.00	BR
82948		Reagent strip/blood glucose	0.00	BR
82950		Glucose test	0.00	BR
82951		Glucose tolerance test (GTT)	0.00	$19.00
82952		GTT-added samples	0.00	BR
82953		Glucose-tolbutamide test	0.00	BR
82955		Assay of g6pd enzyme	0.00	BR
82960		Test for G6PD enzyme	0.00	BR
82962		Glucose blood test	0.00	BR
82963		Assay of glucosidase	0.00	BR
82965		Assay of gdh enzyme	0.00	BR
82975		Assay of glutamine	0.00	BR
82977		Assay of GGT	0.00	BR
82978		Assay of glutathione	0.00	BR
82979		Assay, rbc glutathione	0.00	BR
82980		Assay of glutethimide	0.00	BR
82985		Glycated protein	0.00	BR
83001		Gonadotropin (FSH)	0.00	BR
83002		Gonadotropin (LH)	0.00	BR
83003		Assay, growth hormone (hgh)	0.00	BR
83008		Assay of guanosine	0.00	BR
83010		Assay of haptoglobin, quant	0.00	BR
83012		Assay of haptoglobins	0.00	BR
83013		H pylori analysis	0.00	BR
83014		H pylori drug admin/collect	0.00	BR
83015		Heavy metal screen	0.00	$13.20
83018		Quantitative screen, metals	0.00	$5.00
83020		Hemoglobin electrophoresis	0.00	BR
83020	26	Hemoglobin electrophoresis	0.57	$26.80
83021		Hemoglobin chromotography	0.00	BR
83026		Hemoglobin, copper sulfate	0.00	BR
83030		Fetal hemoglobin, chemical	0.00	BR
83033		Fetal hemoglobin assay, qual	0.00	BR
83036		Glycated hemoglobin test	0.00	BR
83045		Blood methemoglobin test	0.00	BR
83050		Blood methemoglobin assay	0.00	$19.80

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CPT® Code	MOD	DESCRIPTION	RVU	MAP
				**
83051		Assay of plasma hemoglobin	0.00	$13.20
83055		Blood sulfhemoglobin test	0.00	$17.60
83060		Blood sulfhemoglobin assay	0.00	$19.80
83065		Assay of hemoglobin heat	0.00	BR
83068		Hemoglobin stability screen	0.00	BR
83069		Assay of urine hemoglobin	0.00	$3.30
83070		Assay of hemosiderin, qual	0.00	$4.00
83071		Assay of hemosiderin, quant	0.00	$4.13
83080		Assay of b hexosaminidase	0.00	BR
83088		Assay of histamine	0.00	BR
83090		Assay of homocystine	0.00	BR
83150		Assay of for hva	0.00	BR
83491		Assay of corticosteroids	0.00	BR
83497		Assay of 5-hiaa	0.00	BR
83498		Assay of progesterone	0.00	BR
83499		Assay of progesterone	0.00	BR
83500		Assay, free hydroxyproline	0.00	BR
83505		Assay, total hydroxyproline	0.00	BR
83516		Immunoassay, nonantibody	0.00	BR
83518		Immunoassay, dipstick	0.00	BR
83519		Immunoassay, nonantibody	0.00	BR
83520		Immunoassay, RIA	0.00	BR
83525		Assay of insulin	0.00	BR
83527		Assay of insulin	0.00	BR
83528		Assay of intrinsic factor	0.00	BR
83540		Assay of iron	0.00	$8.00
83550		Iron binding test	0.00	$9.08
83570		Assay of idh enzyme	0.00	BR
83582		Assay of ketogenic steroids	0.00	BR
83586		Assay 17- ketosteroids	0.00	BR
83593		Fractionation, ketosteroids	0.00	BR
83605		Assay of lactic acid	0.00	BR
83615		Lactate (LD) (LDH) enzyme	0.00	BR
83625		Assay of ldh enzymes	0.00	BR
83632		Placental lactogen	0.00	BR
83633		Test urine for lactose	0.00	BR
83634		Assay of urine for lactose	0.00	BR
83655		Assay of lead	0.00	$16.50
83661		L/s ratio, fetal lung	0.00	BR
83662		Foam stability, fetal lung	0.00	BR
83663		Fluoro polarize, fetal lung	0.00	BR
83664		Lamellar bdy, fetal lung	0.00	BR
83670		Assay of lap enzyme	0.00	BR
83690		Assay of lipase	0.00	$9.90
83715		Assay of blood lipoproteins	0.00	$24.20
83716		Assay of blood lipoproteins	0.00	BR
83718		Assay of lipoprotein	0.00	$8.25
83719		Assay of blood lipoprotein	0.00	$8.25
83721		Assay of blood lipoprotein	0.00	$8.25

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CPT® Code	MOD	DESCRIPTION	RVU	MAP
				**
83727		Assay of lrh hormone	0.00	BR
83735		Assay of magnesium	0.00	BR
83775		Assay of md enzyme	0.00	BR
83785		Assay of manganese	0.00	$16.50
83788		Mass spectrometry qual	0.00	BR
83789		Mass spectrometry quant	0.00	BR
83805		Assay of meprobamate	0.00	$25.58
83825		Assay of mercury	0.00	$16.50
83835		Assay of metanephrines	0.00	BR
83840		Assay of methadone	0.00	BR
83857		Assay of methemalbumin	0.00	BR
83858		Assay of methsuximide	0.00	BR
83864		Mucopolysaccharides	0.00	BR
83866		Mucopolysaccharides screen	0.00	BR
83872		Assay synovial fluid mucin	0.00	BR
83873		Assay of csf protein	0.00	BR
83874		Assay of myoglobin	0.00	BR
83883		Assay, nephelometry not spec	0.00	BR
83885		Assay of nickel	0.00	$13.20
83887		Assay of nicotine	0.00	BR
83890		Molecule isolate	0.00	BR
83891		Molecule isolate nucleic	0.00	BR
83892		Molecular diagnostics	0.00	BR
83893		Molecule dot/slot/blot	0.00	BR
83894		Molecule gel electrophor	0.00	BR
83896		Molecular diagnostics	0.00	BR
83897		Molecule nucleic transfer	0.00	BR
83898		Molecule nucleic ampli	0.00	BR
83901		Molecule nucleic ampli	0.00	BR
83902		Molecular diagnostics	0.00	BR
83903		Molecule mutation scan	0.00	BR
83904		Molecule mutation identify	0.00	BR
83905		Molecule mutation identify	0.00	BR
83906		Molecule mutation identify	0.00	BR
83912		Genetic examination	0.00	BR
83912	26	Genetic examination	0.57	$26.80
83915		Assay of nucleotidase	0.00	BR
83916		Oligoclonal bands	0.00	BR
83918		Organic acids, total, quant	0.00	BR
83919		Organic acids, qual, each	0.00	BR
83921		Organic acid, single, quant	0.00	BR
83925		Assay of opiates	0.00	$5.78
83930		Assay of blood osmolality	0.00	$13.20
83935		Assay of urine osmolality	0.00	BR
83937		Assay of osteocalcin	0.00	BR
83945		Assay of oxalate	0.00	BR
83950		Oncorprotein, her-2/neu	0.00	BR
83970		Assay of parathormone	0.00	BR
83986		Assay of body fluid acidity	0.00	$3.30

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CPT® Code	MOD	DESCRIPTION	RVU	MAP
				**
83992		Assay for phencyclidine	0.00	$17.60
84022		Assay of phenothiazine	0.00	BR
84030		Assay of blood pku	0.00	BR
84035		Assay of phenylketones	0.00	BR
84060		Assay acid phosphatase	0.00	BR
84061		Phosphatase, forensic exam	0.00	BR
84066		Assay prostate phosphatase	0.00	BR
84075		Assay alkaline phosphatase	0.00	BR
84078		Assay alkaline phosphatase	0.00	$19.80
84080		Assay alkaline phosphatases	0.00	$27.50
84081		Amniotic fluid enzyme test	0.00	BR
84085		Assay of rbc pg6d enzyme	0.00	BR
84087		Assay phosphohexose enzymes	0.00	BR
84100		Assay of phosphorus	0.00	BR
84105		Assay of urine phosphorus	0.00	BR
84106		Test for porphobilinogen	0.00	$9.90
84110		Assay of porphobilinogen	0.00	$19.80
84119		Test urine for porphyrins	0.00	BR
84120		Assay of urine porphyrins	0.00	BR
84126		Assay of feces porphyrins	0.00	BR
84127		Assay of feces porphyrins	0.00	BR
84132		Assay of serum potassium	0.00	BR
84133		Assay of urine potassium	0.00	BR
84134		Assay of prealbumin	0.00	BR
84135		Assay of pregnanediol	0.00	BR
84138		Assay of pregnanetriol	0.00	BR
84140		Assay of pregnenolone	0.00	BR
84143		Assay of 17-hydroxypregneno	0.00	BR
84144		Assay of progesterone	0.00	BR
84146		Assay of prolactin	0.00	BR
84150		Assay of prostaglandin	0.00	BR
84152		Assay of psa, complexed	0.00	BR
84153		Assay of psa, total	0.00	BR
84154		Assay of psa, free	0.00	BR
84155		Assay of protein	0.00	$3.00
84160		Assay of serum protein	0.00	$4.00
84165		Assay of serum proteins	0.00	BR
84165	26	Assay of serum proteins	0.57	$26.80
84181		Western blot test	0.00	BR
84181	26	Western blot test	0.55	$25.86
84182		Protein, western blot test	0.00	BR
84182	26	Protein, western blot test	0.55	$25.86
84202		Assay RBC protoporphyrin	0.00	BR
84203		Test RBC protoporphyrin	0.00	BR
84206		Assay of proinsulin	0.00	BR
84207		Assay of vitamin b-6	0.00	BR
84210		Assay of pyruvate	0.00	BR
84220		Assay of pyruvate kinase	0.00	BR
84228		Assay of quinine	0.00	BR

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CPT® Code	MOD	DESCRIPTION	RVU	MAP
				**
84233		Assay of estrogen	0.00	BR
84234		Assay of progesterone	0.00	BR
84235		Assay of endocrine hormone	0.00	BR
84238		Assay, nonendocrine receptor	0.00	BR
84244		Assay of renin	0.00	BR
84252		Assay of vitamin b-2	0.00	BR
84255		Assay of selenium	0.00	$13.20
84260		Assay of serotonin	0.00	BR
84270		Assay of sex hormone globul	0.00	BR
84275		Assay of sialic acid	0.00	BR
84285		Assay of silica	0.00	BR
84295		Assay of serum sodium	0.00	BR
84300		Assay of urine sodium	0.00	$7.98
84305		Assay of somatomedin	0.00	BR
84307		Assay of somatostatin	0.00	BR
84311		Spectrophotometry	0.00	$6.88
84315		Body fluid specific gravity	0.00	$3.30
84375		Chromatogram assay, sugars	0.00	$9.63
84376		Sugars, single, qual	0.00	BR
84377		Sugars, multiple, qual	0.00	BR
84378		Sugars single quant	0.00	BR
84379		Sugars multiple quant	0.00	BR
84392		Assay of urine sulfate	0.00	BR
84402		Assay of testosterone	0.00	BR
84403		Assay of total testosterone	0.00	BR
84425		Assay of vitamin b-1	0.00	BR
84430		Assay of thiocyanate	0.00	$25.58
84432		Assay of thyroglobulin	0.00	BR
84436		Assay of total thyroxine	0.00	BR
84437		Assay of neonatal thyroxine	0.00	BR
84439		Assay of free thyroxine	0.00	BR
84442		Assay of thyroid activity	0.00	BR
84443		Assay thyroid stim hormone	0.00	BR
84445		Assay of tsi	0.00	BR
84446		Assay of vitamin e	0.00	BR
84449		Assay of transcortin	0.00	BR
84450		Transferase (AST) (SGOT)	0.00	BR
84460		Alanine amino (ALT) (SGPT)	0.00	BR
84466		Assay of transferrin	0.00	BR
84478		Assay of triglycerides	0.00	BR
84479		Assay of thyroid (t3 or t4)	0.00	BR
84480		Assay, triiodothyronine (t3)	0.00	BR
84481		Free assay (FT-3)	0.00	BR
84482		Reverse assay (t3)	0.00	BR
84484		Assay of troponin, quant	0.00	BR
84485		Assay duodenal fluid trypsin	0.00	BR
84488		Test feces for trypsin	0.00	BR
84490		Assay of feces for trypsin	0.00	BR
84510		Assay of tyrosine	0.00	BR

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				**
84512		Assay of troponin, qual	0.00	BR
84520		Assay of urea nitrogen	0.00	BR
84525		Urea nitrogen semi-quant	0.00	BR
84540		Assay of urine/urea-n	0.00	BR
84545		Urea-N clearance test	0.00	BR
84550		Assay of blood/uric acid	0.00	BR
84560		Assay of urine/uric acid	0.00	BR
84577		Assay of feces/urobilinogen	0.00	BR
84578		Test urine urobilinogen	0.00	BR
84580		Assay of urine urobilinogen	0.00	BR
84583		Assay of urine urobilinogen	0.00	BR
84585		Assay of urine vma	0.00	BR
84586		Assay of vip	0.00	BR
84588		Assay of vasopressin	0.00	BR
84590		Assay of vitamin a	0.00	BR
84591		Assay of nos vitamin	0.00	BR
84597		Assay of vitamin k	0.00	BR
84600		Assay of volatiles	0.00	BR
84620		Xylose tolerance test	0.00	BR
84630		Assay of zinc	0.00	BR
84681		Assay of c-peptide	0.00	BR
84702		Chorionic gonadotropin test	0.00	BR
84703		Chorionic gonadotropin assay	0.00	BR
84830		Ovulation tests	0.00	BR
84999		Clinical chemistry test	0.00	BR
85002		Bleeding time test	0.00	BR
85007		Differential WBC count	0.00	BR
85008		Nondifferential WBC count	0.00	BR
85009		Differential WBC count	0.00	BR
85013		Hematocrit	0.00	BR
85014		Hematocrit	0.00	BR
85018		Hemoglobin	0.00	BR
85025		Automated hemogram	0.00	BR
85027		Automated hemogram	0.00	BR
85041		Red blood cell (RBC) count	0.00	BR
85044		Reticulocyte count	0.00	BR
85045		Reticulocyte count	0.00	BR
85046		Reticyte/hgb concentrate	0.00	BR
85048		White blood cell (WBC) count	0.00	BR
85060		Blood smear interpretation	0.69	$32.44
85095		Bone marrow aspiration	4.20	$197.44
85097		Bone marrow interpretation	2.76	$129.75
85102		Bone marrow biopsy	4.64	$218.13
85130		Chromogenic substrate assay	0.00	BR
85170		Blood clot retraction	0.00	BR
85175		Blood clot lysis time	0.00	BR
85210		Blood clot factor II test	0.00	BR
85220		Blood clot factor V test	0.00	BR
85230		Blood clot factor VII test	0.00	BR

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				**
85240		Blood clot factor VIII test	0.00	BR
85244		Blood clot factor VIII test	0.00	BR
85245		Blood clot factor VIII test	0.00	BR
85246		Blood clot factor VIII test	0.00	BR
85247		Blood clot factor VIII test	0.00	BR
85250		Blood clot factor IX test	0.00	BR
85260		Blood clot factor X test	0.00	BR
85270		Blood clot factor XI test	0.00	BR
85280		Blood clot factor XII test	0.00	BR
85290		Blood clot factor XIII test	0.00	BR
85291		Blood clot factor XIII test	0.00	BR
85292		Blood clot factor assay	0.00	BR
85293		Blood clot factor assay	0.00	BR
85300		Antithrombin III test	0.00	BR
85301		Antithrombin III test	0.00	BR
85302		Blood clot inhibitor antigen	0.00	BR
85303		Blood clot inhibitor test	0.00	BR
85305		Blood clot inhibitor assay	0.00	BR
85306		Blood clot inhibitor test	0.00	BR
85307		Assay activated protein c	0.00	BR
85335		Factor inhibitor test	0.00	BR
85337		Thrombomodulin	0.00	BR
85345		Coagulation time	0.00	BR
85347		Coagulation time	0.00	BR
85348		Coagulation time	0.00	BR
85360		Euglobulin lysis	0.00	BR
85362		Fibrin degradation products	0.00	BR
85366		Fibrinogen test	0.00	BR
85370		Fibrinogen test	0.00	BR
85378		Fibrin degradation	0.00	BR
85379		Fibrin degradation	0.00	BR
85384		Fibrinogen	0.00	BR
85385		Fibrinogen	0.00	BR
85390		Fibrinolysins screen	0.00	BR
85390	26	Fibrinolysins screen	0.52	$24.45
85400		Fibrinolytic plasmin	0.00	BR
85410		Fibrinolytic antiplasmin	0.00	BR
85415		Fibrinolytic plasminogen	0.00	BR
85420		Fibrinolytic plasminogen	0.00	BR
85421		Fibrinolytic plasminogen	0.00	BR
85441		Heinz bodies, direct	0.00	BR
85445		Heinz bodies, induced	0.00	BR
85460		Hemoglobin, fetal	0.00	BR
85461		Hemoglobin, fetal	0.00	BR
85475		Hemolysin	0.00	BR
85520		Heparin assay	0.00	BR
85525		Heparin	0.00	BR
85530		Heparin-protamine tolerance	0.00	BR
85535		Iron stain, blood cells	0.00	BR

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				**
85536		Iron stain peripheral blood	0.00	BR
85540		Wbc alkaline phosphatase	0.00	BR
85547		RBC mechanical fragility	0.00	BR
85549		Muramidase	0.00	BR
85555		RBC osmotic fragility	0.00	BR
85557		RBC osmotic fragility	0.00	BR
85576		Blood platelet aggregation	0.00	BR
85576	26	Blood platelet aggregation	0.56	$26.33
85597		Platelet neutralization	0.00	BR
85610		Prothrombin time	0.00	BR
85611		Prothrombin test	0.00	BR
85612		Viper venom prothrombin time	0.00	BR
85613		Russell viper venom, diluted	0.00	BR
85635		Reptilase test	0.00	BR
85651		Rbc sed rate, nonautomated	0.00	BR
85652		Rbc sed rate, automated	0.00	BR
85660		RBC sickle cell test	0.00	BR
85670		Thrombin time, plasma	0.00	BR
85675		Thrombin time, titer	0.00	BR
85705		Thromboplastin inhibition	0.00	BR
85730		Thromboplastin time, partial	0.00	BR
85732		Thromboplastin time, partial	0.00	BR
85810		Blood viscosity examination	0.00	BR
85999		Hematology procedure	0.00	BR
86000		Agglutinins, febrile	0.00	BR
86001		Allergen specific igg	0.00	BR
86003		Allergen specific IgE	0.00	BR
86005		Allergen specific IgE	0.00	BR
86021		WBC antibody identification	0.00	BR
86022		Platelet antibodies	0.00	BR
86023		Immunoglobulin assay	0.00	BR
86038		Antinuclear antibodies	0.00	BR
86039		Antinuclear antibodies (ANA)	0.00	BR
86060		Antistreptolysin o, titer	0.00	BR
86063		Antistreptolysin o, screen	0.00	BR
86077		Physician blood bank service	1.51	$70.99
86078		Physician blood bank service	1.54	$72.40
86079		Physician blood bank service	1.53	$71.93
86140		C-reactive protein	0.00	BR
86141		C-reactive protein, hs	0.00	BR
86146		Glycoprotein antibody	0.00	BR
86147		Cardiolipin antibody	0.00	BR
86148		Phospholipid antibody	0.00	BR
86155		Chemotaxis assay	0.00	BR
86156		Cold agglutinin, screen	0.00	BR
86157		Cold agglutinin, titer	0.00	BR
86160		Complement, antigen	0.00	BR
86161		Complement/function activity	0.00	BR
86162		Complement, total (CH50)	0.00	BR

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CPT® Code	MOD	DESCRIPTION	RVU	MAP
				**
86171		Complement fixation, each	0.00	BR
86185		Counterimmunoelectrophoresis	0.00	BR
86215		Deoxyribonuclease, antibody	0.00	BR
86225		DNA antibody	0.00	BR
86226		DNA antibody, single strand	0.00	BR
86235		Nuclear antigen antibody	0.00	BR
86243		Fc receptor	0.00	BR
86255		Fluorescent antibody, screen	0.00	BR
86255	26	Fluorescent antibody, screen	0.57	$26.80
86256		Fluorescent antibody, titer	0.00	$0.00
86256	26	Fluorescent antibody, titer	0.57	$26.80
86277		Growth hormone antibody	0.00	BR
86280		Hemagglutination inhibition	0.00	BR
86294		Immunoassay, tumor qual	0.00	BR
86300		Immunoassay, tumor ca 15-3	0.00	BR
86301		Immunoassay, tumor ca 19-9	0.00	BR
86304		Immunoassay, tumor, ca 125	0.00	BR
86308		Heterophile antibodies	0.00	BR
86309		Heterophile antibodies	0.00	BR
86310		Heterophile antibodies	0.00	BR
86316		Immunoassay, tumor other	0.00	BR
86317		Immunoassay,infectious agent	0.00	BR
86318		Immunoassay,infectious agent	0.00	BR
86320		Serum immunoelectrophoresis	0.00	BR
86320	26	Serum immunoelectrophoresis	0.57	$26.80
86325		Other immunoelectrophoresis	0.00	BR
86325	26	Other immunoelectrophoresis	0.57	$26.80
86327		Immunoelectrophoresis assay	0.00	BR
86327	26	Immunoelectrophoresis assay	0.65	$30.56
86329		Immunodiffusion	0.00	BR
86331		Immunodiffusion ouchterlony	0.00	BR
86332		Immune complex assay	0.00	BR
86334		Immunofixation procedure	0.00	BR
86334	26	Immunofixation procedure	0.57	$26.80
86336		Inhibin A	0.00	BR
86337		Insulin antibodies	0.00	BR
86340		Intrinsic factor antibody	0.00	BR
86341		Islet cell antibody	0.00	BR
86343		Leukocyte histamine release	0.00	BR
86344		Leukocyte phagocytosis	0.00	BR
86353		Lymphocyte transformation	0.00	BR
86359		T cells, total count	0.00	BR
86360		T cell, absolute count/ratio	0.00	BR
86361		T cell, absolute count	0.00	BR
86376		Microsomal antibody	0.00	BR
86378		Migration inhibitory factor	0.00	BR
86382		Neutralization test, viral	0.00	BR
86384		Nitroblue tetrazolium dye	0.00	BR
86403		Particle agglutination test	0.00	BR

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				**
86406		Particle agglutination test	0.00	BR
86430		Rheumatoid factor test	0.00	BR
86431		Rheumatoid factor, quant	0.00	BR
86485		Skin test, candida	0.00	BR
86490		Coccidioidomycosis skin test	0.32	$15.04
86510		Histoplasmosis skin test	0.34	$15.98
86580		TB intradermal test	0.28	$13.16
86585		TB tine test	0.21	$9.87
86586		Skin test, unlisted	0.00	BR
86590		Streptokinase, antibody	0.00	BR
86592		Blood serology, qualitative	0.00	BR
86593		Blood serology, quantitative	0.00	BR
86602		Antinomyces antibody	0.00	BR
86603		Adenovirus antibody	0.00	BR
86606		Aspergillus antibody	0.00	BR
86609		Bacterium antibody	0.00	BR
86611		Bartonella antibody	0.00	BR
86612		Blastomyces antibody	0.00	BR
86615		Bordetella antibody	0.00	BR
86617		Lyme disease antibody	0.00	BR
86618		Lyme disease antibody	0.00	BR
86619		Borrelia antibody	0.00	BR
86622		Brucella antibody	0.00	BR
86625		Campylobacter antibody	0.00	BR
86628		Candida antibody	0.00	BR
86631		Chlamydia antibody	0.00	BR
86632		Chlamydia igm antibody	0.00	BR
86635		Coccidioides antibody	0.00	BR
86638		Q fever antibody	0.00	BR
86641		Cryptococcus antibody	0.00	BR
86644		CMV antibody	0.00	BR
86645		CMV antibody, IgM	0.00	BR
86648		Diphtheria antibody	0.00	BR
86651		Encephalitis antibody	0.00	BR
86652		Encephalitis antibody	0.00	BR
86653		Encephalitis antibody	0.00	BR
86654		Encephalitis antibody	0.00	BR
86658		Enterovirus antibody	0.00	BR
86663		Epstein-barr antibody	0.00	BR
86664		Epstein-barr antibody	0.00	BR
86665		Epstein-barr antibody	0.00	BR
86666		Ehrlichia antibody	0.00	BR
86668		Francisella tularensis	0.00	BR
86671		Fungus antibody	0.00	BR
86674		Giardia lamblia antibody	0.00	BR
86677		Helicobacter pylori	0.00	BR
86682		Helminth antibody	0.00	BR
86683		Hemoglobin, fecal antibody	0.00	BR
86684		Hemophilus influenza	0.00	BR

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				**
86687		Htlv-i antibody	0.00	BR
86688		Htlv-ii antibody	0.00	BR
86689		HTLV/HIV confirmatory test	0.00	BR
86692		Hepatitis, delta agent	0.00	BR
86694		Herpes simplex test	0.00	BR
86695		Herpes simplex test	0.00	BR
86696		Herpes simplex type 2	0.00	BR
86698		Histoplasma	0.00	BR
86701		HIV-1	0.00	BR
86702		HIV-2	0.00	BR
86703		HIV-1/HIV-2, single assay	0.00	BR
86704		Hep b core antibody, total	0.00	BR
86705		Hep b core antibody, igm	0.00	BR
86706		Hep b surface antibody	0.00	BR
86707		Hep be antibody	0.00	BR
86708		Hep a antibody, total	0.00	BR
86709		Hep a antibody, igm	0.00	BR
86710		Influenza virus antibody	0.00	BR
86713		Legionella antibody	0.00	BR
86717		Leishmania antibody	0.00	BR
86720		Leptospira antibody	0.00	BR
86723		Listeria monocytogenes ab	0.00	BR
86727		Lymph choriomeningitis ab	0.00	BR
86729		Lympho venereum antibody	0.00	BR
86732		Mucormycosis antibody	0.00	BR
86735		Mumps antibody	0.00	BR
86738		Mycoplasma antibody	0.00	BR
86741		Neisseria meningitidis	0.00	BR
86744		Nocardia antibody	0.00	BR
86747		Parvovirus antibody	0.00	BR
86750		Malaria antibody	0.00	BR
86753		Protozoa antibody nos	0.00	BR
86756		Respiratory virus antibody	0.00	BR
86757		Rickettsia antibody	0.00	BR
86759		Rotavirus antibody	0.00	BR
86762		Rubella antibody	0.00	BR
86765		Rubeola antibody	0.00	BR
86768		Salmonella antibody	0.00	BR
86771		Shigella antibody	0.00	BR
86774		Tetanus antibody	0.00	BR
86777		Toxoplasma antibody	0.00	BR
86778		Toxoplasma antibody, igm	0.00	BR
86781		Treponema pallidum, confirm	0.00	BR
86784		Trichinella antibody	0.00	BR
86787		Varicella-zoster antibody	0.00	BR
86790		Virus antibody nos	0.00	BR
86793		Yersinia antibody	0.00	BR
86800		Thyroglobulin antibody	0.00	BR
86803		Hepatitis c ab test	0.00	BR

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				**
86804		Hep c ab test, confirm	0.00	BR
86805		Lymphocytotoxicity assay	0.00	BR
86806		Lymphocytotoxicity assay	0.00	BR
86807		Cytotoxic antibody screening	0.00	BR
86808		Cytotoxic antibody screening	0.00	BR
86812		HLA typing, A, B, or C	0.00	BR
86813		HLA typing, A, B, or C	0.00	BR
86816		HLA typing, DR/DQ	0.00	BR
86817		HLA typing, DR/DQ	0.00	BR
86821		Lymphocyte culture, mixed	0.00	BR
86822		Lymphocyte culture, primed	0.00	BR
86849		Immunology procedure	0.00	BR
86850		RBC antibody screen	0.00	BR
86860		RBC antibody elution	0.00	BR
86870		RBC antibody identification	0.00	BR
86880		Coombs test	0.00	BR
86885		Coombs test	0.00	BR
86886		Coombs test	0.00	BR
86890		Autologous blood process	0.00	BR
86891		Autologous blood, op salvage	0.00	BR
86900		Blood typing, ABO	0.00	BR
86901		Blood typing, Rh (D)	0.00	BR
86903		Blood typing, antigen screen	0.00	BR
86904		Blood typing, patient serum	0.00	BR
86905		Blood typing, RBC antigens	0.00	BR
86906		Blood typing, Rh phenotype	0.00	BR
86910		Blood typing, paternity test	0.00	BR
86911		Blood typing, antigen system	0.00	BR
86920		Compatibility test	0.00	BR
86921		Compatibility test	0.00	BR
86922		Compatibility test	0.00	BR
86927		Plasma, fresh frozen	0.00	BR
86930		Frozen blood prep	0.00	BR
86931		Frozen blood thaw	0.00	BR
86932		Frozen blood freeze/thaw	0.00	BR
86940		Hemolysins/agglutinins, auto	0.00	BR
86941		Hemolysins/agglutinins	0.00	BR
86945		Blood product/irradiation	0.00	BR
86950		Leukacyte transfusion	0.00	BR
86965		Pooling blood platelets	0.00	BR
86970		RBC pretreatment	0.00	BR
86971		RBC pretreatment	0.00	BR
86972		RBC pretreatment	0.00	BR
86975		RBC pretreatment, serum	0.00	BR
86976		RBC pretreatment, serum	0.00	BR
86977		RBC pretreatment, serum	0.00	BR
86978		RBC pretreatment, serum	0.00	BR
86985		Split blood or products	0.00	BR
86999		Transfusion procedure	0.00	BR

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				**
87001		Small animal inoculation	0.00	BR
87003		Small animal inoculation	0.00	BR
87015		Specimen concentration	0.00	BR
87040		Blood culture for bacteria	0.00	$15.40
87045		Feces culture, bacteria	0.00	BR
87046		Stool cultr, bacteria, each	0.00	BR
87070		Culture, bacteria, other	0.00	BR
87071		Culture bacteri aerobic othr	0.00	BR
87073		Culture bacteria anaerobic	0.00	BR
87075		Culture bacteria anaerobic	0.00	$33.00
87076		Culture anaerobe ident, each	0.00	BR
87077		Culture aerobic identify	0.00	BR
87081		Culture screen only	0.00	BR
87084		Culture of specimen by kit	0.00	BR
87086		Urine culture/colony count	0.00	BR
87088		Urine bacteria culture	0.00	BR
87101		Skin fungi culture	0.00	BR
87102		Fungus isolation culture	0.00	BR
87103		Blood fungus culture	0.00	BR
87106		Fungi identification, yeast	0.00	BR
87107		Fungi identification, mold	0.00	BR
87109		Mycoplasma	0.00	BR
87110		Chlamydia culture	0.00	BR
87116		Mycobacteria culture	0.00	BR
87118		Mycobacteric identification	0.00	BR
87140		Cultur type immunofluoresc	0.00	BR
87143		Culture typing, glc/hplc	0.00	BR
87147		Culture type, immunologic	0.00	BR
87149		Culture type, nucleic acid	0.00	BR
87152		Culture type pulse field gel	0.00	BR
87158		Culture typing, added method	0.00	BR
87164		Dark field examination	0.00	BR
87164	26	Dark field examination	0.52	$24.45
87166		Dark field examination	0.00	BR
87168		Macroscopic exam arthropod	0.00	BR
87169		Macacroscopic exam parasite	0.00	BR
87172		Pinworm exam	0.00	BR
87176		Tissue homogenization, cultr	0.00	BR
87177		Ova and parasites smears	0.00	BR
87181		Microbe susceptible, diffuse	0.00	$3.30
87184		Microbe susceptible, disk	0.00	BR
87185		Microbe susceptible, enzyme	0.00	BR
87186		Microbe susceptible, mic	0.00	BR
87187		Microbe susceptible, mlc	0.00	BR
87188		Microbe suscept, macrobroth	0.00	BR
87190		Microbe suscept, mycobacteri	0.00	BR
87197		Bactericidal level, serum	0.00	$15.95
87198		Cytomegalovirus antibody dfa	0.00	BR
87199		Enterovirus antibody, dfa	0.00	BR

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				**
87205		Smear, gram stain	0.00	$7.98
87206		Smear, fluorescent/acid stai	0.00	$7.98
87207		Smear, special stain	0.00	BR
87207	26	Smear, special stain	0.58	$27.27
87210		Smear, wet mount, saline/ink	0.00	$7.98
87220		Tissue exam for fungi	0.00	$7.98
87230		Assay, toxin or antitoxin	0.00	BR
87250		Virus inoculate, eggs/animal	0.00	$73.98
87252		Virus inoculation, tissue	0.00	BR
87253		Virus inoculate tissue, addl	0.00	BR
87254		Virus inoculation, shell via	0.00	BR
87260		Adenovirus ag, if	0.00	BR
87265		Pertussis ag, if	0.00	BR
87270		Chlamydia trachomatis ag, if	0.00	BR
87272		Cryptosporidum/gardia ag, if	0.00	BR
87273		Herpes simplex 2, ag, if	0.00	BR
87274		Herpes simplex 1, ag, if	0.00	BR
87275		Influenza b, ag, if	0.00	BR
87276		Influenza a, ag, if	0.00	BR
87277		Legionella micdadei, ag, if	0.00	BR
87278		Legion pneumophilia ag, if	0.00	BR
87279		Parainfluenza, ag, if	0.00	BR
87280		Respiratory syncytial ag, if	0.00	BR
87281		Pneumocystis carinii, ag, if	0.00	BR
87283		Rubeola, ag, if	0.00	BR
87285		Treponema pallidum, ag, if	0.00	BR
87290		Varicella zoster, ag, if	0.00	BR
87299		Antibody detection, nos, if	0.00	BR
87300		Ag detection, polyval, if	0.00	BR
87301		Adenovirus ag, eia	0.00	BR
87320		Chylmd trach ag, eia	0.00	BR
87324		Clostridium ag, eia	0.00	BR
87327		Cryptococcus neoform ag, eia	0.00	BR
87328		Cryptospor ag, eia	0.00	BR
87332		Cytomegalovirus ag, eia	0.00	BR
87335		E coli 0157 ag, eia	0.00	BR
87336		Entamoeb hist dispr, ag, eia	0.00	BR
87337		Entamoeb hist group, ag, eia	0.00	BR
87338		Hpylori, stool, eia	0.00	BR
87339		H pylori ag, eia	0.00	BR
87340		Hepatitis b surface ag, eia	0.00	BR
87341		Hepatitis b surface, ag, eia	0.00	BR
87350		Hepatitis be ag, eia	0.00	BR
87380		Hepatitis delta ag, eia	0.00	BR
87385		Histoplasma capsul ag, eia	0.00	BR
87390		Hiv-1 ag, eia	0.00	BR
87391		Hiv-2 ag, eia	0.00	BR
87400		Influenza a/b, ag, eia	0.00	BR
87420		Resp syncytial ag, eia	0.00	BR

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				**
87425		Rotavirus ag, eia	0.00	BR
87427		Shiga-like toxin ag, eia	0.00	BR
87430		Strep a ag, eia	0.00	BR
87449		Ag detect nos, eia, mult	0.00	BR
87450		Ag detect nos, eia, single	0.00	BR
87451		Ag detect polyval, eia, mult	0.00	BR
87470		Bartonella, dna, dir probe	0.00	BR
87471		Bartonella, dna, amp probe	0.00	BR
87472		Bartonella, dna, quant	0.00	BR
87475		Lyme dis, dna, dir probe	0.00	BR
87476		Lyme dis, dna, amp probe	0.00	BR
87477		Lyme dis, dna, quant	0.00	BR
87480		Candida, dna, dir probe	0.00	BR
87481		Candida, dna, amp probe	0.00	BR
87482		Candida, dna, quant	0.00	BR
87485		Chylmd pneum, dna, dir probe	0.00	BR
87486		Chylmd pneum, dna, amp probe	0.00	BR
87487		Chylmd pneum, dna, quant	0.00	BR
87490		Chylmd trach, dna, dir probe	0.00	BR
87491		Chylmd trach, dna, amp probe	0.00	BR
87492		Chylmd trach, dna, quant	0.00	BR
87495		Cytomeg, dna, dir probe	0.00	BR
87496		Cytomeg, dna, amp probe	0.00	BR
87497		Cytomeg, dna, quant	0.00	BR
87510		Gardner vag, dna, dir probe	0.00	BR
87511		Gardner vag, dna, amp probe	0.00	BR
87512		Gardner vag, dna, quant	0.00	BR
87515		Hepatitis b, dna, dir probe	0.00	BR
87516		Hepatitis b, dna, amp probe	0.00	BR
87517		Hepatitis b, dna, quant	0.00	BR
87520		Hepatitis c, rna, dir probe	0.00	BR
87521		Hepatitis c, rna, amp probe	0.00	BR
87522		Hepatitis c, rna, quant	0.00	BR
87525		Hepatitis g, dna, dir probe	0.00	BR
87526		Hepatitis g, dna, amp probe	0.00	BR
87527		Hepatitis g, dna, quant	0.00	BR
87528		Hsv, dna, dir probe	0.00	BR
87529		Hsv, dna, amp probe	0.00	BR
87530		Hsv, dna, quant	0.00	BR
87531		Hhv-6, dna, dir probe	0.00	BR
87532		Hhv-6, dna, amp probe	0.00	BR
87533		Hhv-6, dna, quant	0.00	BR
87534		Hiv-1, dna, dir probe	0.00	BR
87535		Hiv-1, dna, amp probe	0.00	BR
87536		Hiv-1, dna, quant	0.00	BR
87537		Hiv-2, dna, dir probe	0.00	BR
87538		Hiv-2, dna, amp probe	0.00	BR
87539		Hiv-2, dna, quant	0.00	BR
87540		Legion pneumo, dna, dir prob	0.00	BR

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				**
87541		Legion pneumo, dna, amp prob	0.00	BR
87542		Legion pneumo, dna, quant	0.00	BR
87550		Mycobacteria, dna, dir probe	0.00	BR
87551		Mycobacteria, dna, amp probe	0.00	BR
87552		Mycobacteria, dna, quant	0.00	BR
87555		M.tuberculo, dna, dir probe	0.00	BR
87556		M.tuberculo, dna, amp probe	0.00	BR
87557		M.tuberculo, dna, quant	0.00	BR
87560		M.avium-intra, dna, dir prob	0.00	BR
87561		M.avium-intra, dna, amp prob	0.00	BR
87562		M.avium-intra, dna, quant	0.00	BR
87580		M.pneumon, dna, dir probe	0.00	BR
87581		M.pneumon, dna, amp probe	0.00	BR
87582		M.pneumon, dna, quant	0.00	BR
87590		N.gonorrhoeae, dna, dir prob	0.00	BR
87591		N.gonorrhoeae, dna, amp prob	0.00	BR
87592		N.gonorrhoeae, dna, quant	0.00	BR
87620		Hpv, dna, dir probe	0.00	BR
87621		Hpv, dna, amp probe	0.00	BR
87622		Hpv, dna, quant	0.00	BR
87650		Strep a, dna, dir probe	0.00	BR
87651		Strep a, dna, amp probe	0.00	BR
87652		Strep a, dna, quant	0.00	BR
87797		Detect agent nos, dna, dir	0.00	BR
87798		Detect agent nos, dna, amp	0.00	BR
87799		Detect agent nos, dna, quant	0.00	BR
87800		Detect agnt mult, dna, direc	0.00	BR
87801		Detect agnt mult, dna, ampli	0.00	BR
87802		Strep b assay w/optic	0.00	BR
87803		Clostridium toxin a w/optic	0.00	BR
87804		Influenza assay w/optic	0.00	BR
87810		Chylmd trach assay w/optic	0.00	BR
87850		N. gonorrhoeae assay w/optic	0.00	BR
87880		Strep a assay w/optic	0.00	BR
87899		Agent nos assay w/optic	0.00	BR
87901		Genotype, dna, hiv reverse t	0.00	BR
87902		Genotype, dna, hepatitis C	0.00	BR
87903		Phenotype, dna hiv w/culture	0.00	BR
87904		Phenotype, dna hiv w/clt add	0.00	BR
87999		Microbiology procedure	0.00	BR
88000		Autopsy (necropsy), gross	0.00	BR
88005		Autopsy (necropsy), gross	0.00	BR
88007		Autopsy (necropsy), gross	0.00	BR
88012		Autopsy (necropsy), gross	0.00	BR
88014		Autopsy (necropsy), gross	0.00	BR
88016		Autopsy (necropsy), gross	0.00	BR
88020		Autopsy (necropsy), complete	0.00	BR
88025		Autopsy (necropsy), complete	0.00	BR
88027		Autopsy (necropsy), complete	0.00	BR

Codes and descriptors from "2003 Physicians' Current Procedural Terminology (CPT)". Refer to CPt for complete descriptors.

Fees developed by the bureau using 2002 RVU data. ** Codes showing a 0.00 RVU either have a set fee listed or are by report.

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CPT® Code	MOD	DESCRIPTION	RVU	MAP
				**
88028		Autopsy (necropsy), complete	0.00	BR
88029		Autopsy (necropsy), complete	0.00	BR
88036		Limited autopsy	0.00	BR
88037		Limited autopsy	0.00	BR
88040		Forensic autopsy (necropsy)	0.00	BR
88045		Coroner’s autopsy (necropsy)	0.00	BR
88099		Necropsy (autopsy) procedure	0.00	BR
88104		Cytopathology, fluids	1.38	$64.87
88104	TC	Cytopathology, fluids	0.50	$23.51
88104	26	Cytopathology, fluids	0.88	$41.37
88106		Cytopathology, fluids	1.38	$64.87
88106	TC	Cytopathology, fluids	0.50	$23.51
88106	26	Cytopathology, fluids	0.88	$41.37
88107		Cytopathology, fluids	1.89	$88.85
88107	TC	Cytopathology, fluids	0.70	$32.91
88107	26	Cytopathology, fluids	1.19	$55.94
88108		Cytopath, concentrate tech	1.59	$74.75
88108	TC	Cytopath, concentrate tech	0.72	$33.85
88108	26	Cytopath, concentrate tech	0.88	$41.37
88125		Forensic cytopathology	0.61	$28.68
88125	TC	Forensic cytopathology	0.20	$9.40
88125	26	Forensic cytopathology	0.41	$19.27
88130		Sex chromatin identification	0.00	BR
88140		Sex chromatin identification	0.00	BR
88141		Cytopath, c/v, interpret	0.64	$30.09
88142		Cytopath, c/v, thin layer	0.00	BR
88143		Cytopath, c/v, thin lyr redo	0.00	BR
88147		Cytopath, c/v, automated	0.00	BR
88148		Cytopath, c/v, auto rescreen	0.00	BR
88150		Cytopath, c/v, manual	0.00	BR
88152		Cytopath, c/v, auto redo	0.00	BR
88153		Cytopath, c/v, redo	0.00	BR
88154		Cytopath, c/v, select	0.00	BR
88155		Cytopath, c/v, index add-on	0.00	BR
88160		Cytopath smear, other source	1.60	$75.22
88160	TC	Cytopath smear, other source	0.82	$38.55
88160	26	Cytopath smear, other source	0.78	$36.67
88161		Cytopath smear, other source	1.81	$85.09
88161	TC	Cytopath smear, other source	1.02	$47.95
88161	26	Cytopath smear, other source	0.78	$36.67
88162		Cytopath smear, other source	1.61	$75.69
88162	TC	Cytopath smear, other source	0.42	$19.74
88162	26	Cytopath smear, other source	1.19	$55.94
88164		Cytopath tbs, c/v, manual	0.00	BR
88165		Cytopath tbs, c/v, redo	0.00	BR
88166		Cytopath tbs, c/v, auto redo	0.00	BR
88167		Cytopath tbs, c/v, select	0.00	BR
88170		Fine needle aspiration	4.07	$191.33
88170	TC	Fine needle aspiration	2.10	$98.72

Codes and descriptors from "2003 Physicians' Current Procedural Terminology (CPT)". Refer to CPt for complete descriptors.

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CPT® Code	MOD	DESCRIPTION	RVU	MAP
				**
88170	26	Fine needle aspiration	1.96	$92.14
88171		Fine needle aspiration	4.32	$203.08
88171	TC	Fine needle aspiration	2.40	$112.82
88171	26	Fine needle aspiration	1.92	$90.26
88172		Cytopathology eval of fna	1.38	$64.87
88172	TC	Cytopathology eval of fna	0.44	$20.68
88172	26	Cytopathology eval of fna	0.94	$44.19
88173		Cytopath eval, fna, report	3.36	$157.95
88173	TC	Cytopath eval, fna, report	1.19	$55.94
88173	26	Cytopath eval, fna, report	2.17	$102.01
88180		Cell marker study	1.03	$48.42
88180	TC	Cell marker study	0.47	$22.09
88180	26	Cell marker study	0.56	$26.33
88182		Cell marker study	2.71	$127.40
88182	TC	Cell marker study	1.50	$70.52
88182	26	Cell marker study	1.21	$56.88
88199		Cytopathology procedure	0.00	BR
88199	TC	Cytopathology procedure	0.00	BR
88199	26	Cytopathology procedure	0.00	BR
88230		Tissue culture, lymphocyte	0.00	BR
88233		Tissue culture, skin/biopsy	0.00	BR
88235		Tissue culture, placenta	0.00	BR
88237		Tissue culture, bone marrow	0.00	BR
88239		Tissue culture, tumor	0.00	BR
88240		Cell cryopreserve/storage	0.00	BR
88241		Frozen cell preparation	0.00	BR
88245		Chromosome analysis, 20-25	0.00	BR
88248		Chromosome analysis, 50-100	0.00	BR
88249		Chromosome analysis, 100	0.00	BR
88261		Chromosome analysis, 5	0.00	BR
88262		Chromosome analysis, 15-20	0.00	BR
88263		Chromosome analysis, 45	0.00	BR
88264		Chromosome analysis, 20-25	0.00	BR
88267		Chromosome analys, placenta	0.00	BR
88269		Chromosome analys, amniotic	0.00	BR
88271		Cytogenetics, dna probe	0.00	BR
88272		Cytogenetics, 3-5	0.00	BR
88273		Cytogenetics, 10-30	0.00	BR
88274		Cytogenetics, 25-99	0.00	BR
88275		Cytogenetics, 100-300	0.00	BR
88280		Chromosome karyotype study	0.00	BR
88283		Chromosome banding study	0.00	BR
88285		Chromosome count, additional	0.00	BR
88289		Chromosome study, additional	0.00	BR
88291		Cyto/molecular report	0.81	$38.08
88299		Cytogenetic study	0.00	BR
88300		Surgical path, gross	0.46	$21.62
88300	TC	Surgical path, gross	0.32	$15.04
88300	26	Surgical path, gross	0.14	$6.58

Codes and descriptors from "2003 Physicians' Current Procedural Terminology (CPT)". Refer to CPt for complete descriptors.

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CPT® Code	MOD	DESCRIPTION	RVU	MAP
				**
88302		Tissue exam by pathologist	0.92	$43.25
88302	TC	Tissue exam by pathologist	0.71	$33.38
88302	26	Tissue exam by pathologist	0.22	$10.34
88304		Tissue exam by pathologist	1.23	$57.82
88304	TC	Tissue exam by pathologist	0.89	$41.84
88304	26	Tissue exam by pathologist	0.35	$16.45
88305		Tissue exam by pathologist	2.64	$124.11
88305	TC	Tissue exam by pathologist	1.48	$69.57
88305	26	Tissue exam by pathologist	1.16	$54.53
88307		Tissue exam by pathologist	4.56	$214.37
88307	TC	Tissue exam by pathologist	2.06	$96.84
88307	26	Tissue exam by pathologist	2.50	$117.53
88309		Tissue exam by pathologist	5.99	$281.59
88309	TC	Tissue exam by pathologist	2.44	$114.70
88309	26	Tissue exam by pathologist	3.56	$167.36
88311		Decalcify tissue	0.50	$23.51
88311	TC	Decalcify tissue	0.12	$5.64
88311	26	Decalcify tissue	0.38	$17.86
88312		Special stains	2.29	$107.65
88312	TC	Special stains	1.45	$68.16
88312	26	Special stains	0.85	$39.96
88313		Special stains	1.74	$81.80
88313	TC	Special stains	1.37	$64.40
88313	26	Special stains	0.38	$17.86
88314		Histochemical stain	1.40	$65.81
88314	TC	Histochemical stain	0.70	$32.91
88314	26	Histochemical stain	0.70	$32.91
88318		Chemical histochemistry	1.06	$49.83
88318	TC	Chemical histochemistry	0.41	$19.27
88318	26	Chemical histochemistry	0.65	$30.56
88319		Enzyme histochemistry	3.05	$143.38
88319	TC	Enzyme histochemistry	2.23	$104.83
88319	26	Enzyme histochemistry	0.83	$39.02
88321		Microslide consultation	2.04	$95.90
88323		Microslide consultation	2.90	$136.33
88323	TC	Microslide consultation	0.78	$36.67
88323	26	Microslide consultation	2.12	$99.66
88325		Comprehensive review of data	3.42	$160.77
88329		Path consult introp	1.12	$52.65
88331		Path consult intraop, 1 bloc	2.24	$105.30
88331	TC	Path consult intraop, 1 bloc	0.38	$17.86
88331	26	Path consult intraop, 1 bloc	1.85	$86.97
88332		Path consult intraop, addl	1.16	$54.53
88332	TC	Path consult intraop, addl	0.24	$11.28
88332	26	Path consult intraop, addl	0.92	$43.25
88342		Immunocytochemistry	2.40	$112.82
88342	TC	Immunocytochemistry	1.07	$50.30
88342	26	Immunocytochemistry	1.32	$62.05
88346		Immunofluorescent study	2.18	$102.48

Codes and descriptors from "2003 Physicians' Current Procedural Terminology (CPT)". Refer to CPt for complete descriptors.

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CPT® Code	MOD	DESCRIPTION	RVU	MAP
				**
88346	TC	Immunofluorescent study	0.85	$39.96
88346	26	Immunofluorescent study	1.33	$62.52
88347		Immunofluorescent study	2.87	$134.92
88347	TC	Immunofluorescent study	1.55	$72.87
88347	26	Immunofluorescent study	1.32	$62.05
88348		Electron microscopy	8.67	$407.58
88348	TC	Electron microscopy	6.33	$297.57
88348	26	Electron microscopy	2.34	$110.00
88349		Scanning electron microscopy	9.37	$440.48
88349	TC	Scanning electron microscopy	8.18	$384.54
88349	26	Scanning electron microscopy	1.19	$55.94
88355		Analysis, skeletal muscle	4.55	$213.90
88355	TC	Analysis, skeletal muscle	1.64	$77.10
88355	26	Analysis, skeletal muscle	2.90	$136.33
88356		Analysis, nerve	8.36	$393.00
88356	TC	Analysis, nerve	3.68	$173.00
88356	26	Analysis, nerve	4.67	$219.54
88358		Analysis, tumor	4.99	$234.58
88358	TC	Analysis, tumor	0.59	$27.74
88358	26	Analysis, tumor	4.40	$206.84
88362		Nerve teasing preparations	5.82	$273.60
88362	TC	Nerve teasing preparations	2.46	$115.64
88362	26	Nerve teasing preparations	3.36	$157.95
88365		Tissue hybridization	3.07	$144.32
88365	TC	Tissue hybridization	1.63	$76.63
88365	26	Tissue hybridization	1.45	$68.16
88371		Protein, western blot tissue	0.00	$0.00
88371	26	Protein, western blot tissue	0.55	$25.86
88372		Protein analysis w/probe	0.00	$0.00
88372	26	Protein analysis w/probe	0.57	$26.80
88380		Microdissection	0.00	BR
88380	TC	Microdissection	0.00	BR
88380	26	Microdissection	0.00	BR
88399		Surgical pathology procedure	0.00	BR
88399	TC	Surgical pathology procedure	0.00	BR
88399	26	Surgical pathology procedure	0.00	BR
88400		Bilirubin total transcut	0.00	BR
89050		Body fluid cell count	0.00	BR
89051		Body fluid cell count	0.00	BR
89060		Exam synovial fluid crystals	0.00	BR
89060	26	Exam synovial fluid crystals	0.58	$27.27
89100		Sample intestinal contents	2.92	$137.27
89105		Sample intestinal contents	2.78	$130.69
89125		Specimen fat stain	0.00	$0.00
89130		Sample stomach contents	2.69	$126.46
89132		Sample stomach contents	1.35	$63.46
89135		Sample stomach contents	3.38	$158.89
89136		Sample stomach contents	2.26	$106.24
89140		Sample stomach contents	3.36	$157.95

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CPT® Code	MOD	DESCRIPTION	RVU	MAP
				**
89141		Sample stomach contents	4.04	$189.92
89160		Exam feces for meat fibers	0.00	BR
89190		Nasal smear for eosinophils	0.00	BR
89250		Fertilization of oocyte	0.00	BR
89251		Culture oocyte w/embryos	0.00	BR
89252		Assist oocyte fertilization	0.00	BR
89253		Embryo hatching	0.00	BR
89254		Oocyte identification	0.00	BR
89255		Prepare embryo for transfer	0.00	BR
89256		Prepare cryopreserved embryo	0.00	BR
89257		Sperm identification	0.00	BR
89258		Cryopreservation, embryo	0.00	BR
89259		Cryopreservation, sperm	0.00	BR
89260		Sperm isolation, simple	0.00	BR
89261		Sperm isolation, complex	0.00	BR
89264		Identify sperm tissue	0.00	BR
89300		Semen analysis	0.00	BR
89310		Semen analysis	0.00	BR
89320		Semen analysis	0.00	BR
89321		Semen analysis	0.00	BR
89325		Sperm antibody test	0.00	BR
89329		Sperm evaluation test	0.00	BR
89330		Evaluation, cervical mucus	0.00	BR
89350		Sputum specimen collection	0.43	$20.21
89355		Exam feces for starch	0.00	$0.00
89360		Collect sweat for test	0.47	$22.09
89365		Water load test	0.00	BR
89399		Pathology lab procedure	0.00	BR
89399	TC	Pathology lab procedure	0.00	BR
89399	26	Pathology lab procedure	0.00	BR

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Chapter 11

Medicine

This section stipulates only those policies and procedures that are unique to the medical services covered in this section. Additional policies and procedures that apply to all providers are listed in Chapters 1-5 of this manual. An evaluation and management service is referred to as an E/M service and is covered in Chapter 6 of this manual.

Manipulative Services

Chiropractic and osteopathic manipulative services, which are medicine services will be discussed in Chapter 12 with the physical medicine services.

Audiological Function Tests

The audiometric tests (92551-92596) require the use of calibrated electronic equipment. Other hearing tests (e.g., whisper voice or tuning fork) are considered part of the general otorhinolaryngologic services and are not paid separately. All descriptors refer to testing of both ears.

Psychological Services

Payment for a psychiatric diagnostic interview includes history and mental status determination, development of a treatment plan when necessary, and the preparation of a written report that must be submitted with the required billing form.

Psychotherapy (CPT® codes 90804-90857) must be billed under the CPT® code most closely approximating the length of the session. The codes for individual therapy services designate whether the service includes medical evaluation. Only a psychiatrist (M.D. or D.O.) may bill for those codes that include medical evaluation (procedure codes 90805, 90807, 90809, 90811, 90813, 90815, 90817, 90819, 90822, 90824, 90827, or 908290).

A **service level adjustment factor (SLAF)** is used to determine payment for psychotherapy when a provider other than a fully licensed psychologist provides the service(s). In those instances, the procedure codes must be identified with the **appropriate modifier identifying the provider**. The MAP amount or the provider's usual and customary fee is then reduced by the percentage for that specialty as noted in the following table:

Provider	Modifier	SLAF
Limited License Psychologist	**-AL**	**0.85**
Certified Social Worker	**-AJ**	**0.85**
Licensed Professional Counselor	**-LC**	**0.85**

Provider	Modifier	SLAF
Licensed Marriage and Family Therapist	**-MF**	**0.85**
Limited Licensed Counselor	**-CS**	**0.64**
Limited Licensed Marriage and Family Therapist	**-ML**	**0.64**

Note: A licensed psychologist or any of the above providers may not bill psychiatrists' codes that include medical evaluation of the patient.

Examples:

- When a fully licensed psychologist bills procedure code 90806, no modifier is required and the carrier payment is 100% of the MAP amount.
- If a limited license psychologist bills procedure code 90806, modifier –AL must be added and the carrier pays 85% of the MAP amount.
- If a limited licensed marriage and family therapist bills procedure code 90806, modifier –ML must be added and the carrier pays 64% of the MAP amount.

Biofeedback

Biofeedback is billed with procedure codes 90901-90911. Providers include physicians, physical therapists, and psychologists.

Neurology and Neuromuscular Services

Neurology services are typically consultation services and any of the five levels of consultation may be appropriately billed in addition to the diagnostic studies.

Diagnostic studies (Nerve Conduction Tests, Electromyograms, Electroencephalograms, etc.) may be paid in addition to the office visit or consultative service. A diagnostic study includes both a technical component (equipment, technical personnel, supplies, etc.) and a professional component (interpreting test results, written report, etc). Billing without a modifier indicates that the complete service was provided.

Electromyography (EMG)

Payment for EMG services includes the initial set of electrodes and all supplies necessary to perform the service. The physician may be paid for a consultation or new patient visit in addition to the EMG performed on the same day. When an EMG is performed on the same day as a follow-up visit (established patient), payment may be made for the visit only when documentation supports the need for the medical service in addition to the EMG.

Nerve Conduction

A nerve conduction study is the assessment of the motor and sensory functions of a nerve in an extremity. **Nerve conduction studies may include comparison studies when documented as medically necessary.**

Physicians may be paid for both a new patient visit/consultation and nerve conduction study performed on the same visit. When a nerve conduction study is performed on the same day as a follow-up visit, payment for the visit may be made only when documentation of medical necessity substantiates the need for the visit in addition to the nerve conduction study.

Ophthalmologic Services

Only an ophthalmologist or a doctor of optometry may bill procedure codes 92002, 92004, 92012, and 92014. A doctor of optometry shall use procedure codes 92002-92287 to describe services.

A medical diagnostic eye evaluation is an integral part of the ophthalmology service. Intermediate and comprehensive ophthalmologic services include medical diagnostic eye evaluation and services such as slit lamp examination, keratometry, ophthalmoscopy, retinoscopy, and determination of refractive state, tonometry or motor evaluation.

Injectable Pharmaceuticals

Payment for injection codes includes the supplies usually required to perform the procedure, but not the medication. Injections are classified as subcutaneous, intramuscular, or intravenous. Each of the procedure codes describing a therapeutic injection has an assigned RVU and MAP amount.

> **Note: A therapeutic injection does not include the immunization procedure codes.**

When a therapeutic injection is given during an E/M service, the relative value for providing the injection is in the payment for the E/M service and must not be billed or paid separately. The cost of the injectable pharmaceutical may be billed using procedure code 99070 from CPT® or the appropriate J-Code (Medicare's Level II HCPCS codes). The drug is reimbursed at average wholesale price (AWP) as determined in the current edition of Red Book.

When the injection is provided without an E/M service and only the injection will be billed for that date of service, the injection and the medication should be listed separately on the HCFA 1500. Report the injection by entering the appropriate CPT® injection code and report the medication as described in the preceding paragraph. The

payment for the injection is the MAP amount listed in this schedule. Payment for the medication is AWP as determined by Red Book.
Anesthetic agents such as Xylocaine and Carbocaine used for local infiltration are included in the payment for the procedure and will not be paid separately.

Modifiers

The following modifiers are used in medical services. Consult the current CPT® manual for a complete listing of modifiers.

-AK	Advanced practice nurse with a specialty certification issued by the board of nursing
-AU	A certified physician's assistant
- 26	Professional component
-TC	Technical component
-AH	Licensed psychologist
-AL	Limited license psychologist
-CS	Limited licensed counselor
-LC	Licensed professional counselor
-MF	Licensed marriage and family therapist
-ML	Limited licensed marriage and family therapist

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CPT® CODE	MOD	DESCRIPTION	RVU	MAP
				RVU x $47.01
90281		Human ig, im	0.00	AWP
90283		Human ig, iv	0.00	AWP
90287		Botulinum antitoxin	0.00	AWP
90288		Botulism ig, iv	0.00	AWP
90291		Cmv ig, iv	0.00	AWP
90296		Diphtheria antitoxin	0.00	AWP
90371		Hep b ig, im	0.00	AWP
90375		Rabies ig, im/sc	0.00	AWP
90376		Rabies ig, heat treated	0.00	AWP
90378		Rsv ig, im, 50mg	0.00	AWP
90379		Rsv ig, iv	0.00	AWP
90384		Rh ig, full-dose, im	0.00	AWP
90385		Rh ig, minidose, im	0.00	AWP
90386		Rh ig, iv	0.00	AWP
90389		Tetanus ig, im	0.00	AWP
90393		Vaccina ig, im	0.00	AWP
90396		Varicella-zoster ig, im	0.00	AWP
90399		Immune globulin	0.00	AWP
90471		Immunization admin	0.12	$5.64
90472		Immunization admin, each add	0.12	$5.64
90473		Immune admin oral/nasal	0.00	AWP
90474		Immune admin oral/nasal addl	0.00	AWP
90476		Adenovirus vaccine, type 4	0.00	AWP
90477		Adenovirus vaccine, type 7	0.00	AWP
90581		Anthrax vaccine, sc	0.00	AWP
90585		Bcg vaccine, percut	0.00	AWP
90586		Bcg vaccine, intravesical	0.00	AWP
90632		Hep a vaccine, adult im	0.00	AWP
90633		Hep a vacc, ped/adol, 2 dose	0.00	AWP
90634		Hep a vacc, ped/adol, 3 dose	0.00	AWP
90636		Hep a/hep b vacc, adult im	0.00	AWP
90645		Hib vaccine, hboc, im	0.00	AWP
90646		Hib vaccine, prp-d, im	0.00	AWP
90647		Hib vaccine, prp-omp, im	0.00	AWP
90648		Hib vaccine, prp-t, im	0.00	AWP
90657		Flu vaccine, 6-35 mo, im	0.00	AWP
90658		Flu vaccine, 3 yrs, im	0.00	AWP
90659		Flu vaccine, whole, im	0.00	AWP
90660		Flu vaccine, nasal	0.00	AWP
90665		Lyme disease vaccine, im	0.00	AWP
90669		Pneumococcal vacc, ped<5	0.00	AWP
90675		Rabies vaccine, im	0.00	AWP
90676		Rabies vaccine, id	0.00	AWP
90680		Rotovirus vaccine, oral	0.00	AWP
90690		Typhoid vaccine, oral	0.00	AWP
90691		Typhoid vaccine, im	0.00	AWP
90692		Typhoid vaccine, h-p, sc/id	0.00	AWP
90693		Typhoid vaccine, akd, sc	0.00	AWP

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CPT® CODE	MOD	DESCRIPTION	RVU	MAP
				RVU x $47.01
90700		Dtap vaccine, im	0.00	AWP
90701		Dtp vaccine, im	0.00	AWP
90702		Dt vaccine < 7, im	0.00	AWP
90703		Tetanus vaccine, im	0.00	AWP
90704		Mumps vaccine, sc	0.00	AWP
90705		Measles vaccine, sc	0.00	AWP
90706		Rubella vaccine, sc	0.00	AWP
90707		Mmr vaccine, sc	0.00	AWP
90708		Measles-rubella vaccine, sc	0.00	AWP
90710		Mmrv vaccine, sc	0.00	AWP
90712		Oral poliovirus vaccine	0.00	AWP
90713		Poliovirus, ipv, sc	0.00	AWP
90716		Chicken pox vaccine, sc	0.00	AWP
90717		Yellow fever vaccine, sc	0.00	AWP
90718		Td vaccine > 7, im	0.00	AWP
90719		Diphtheria vaccine, im	0.00	AWP
90720		Dtp/hib vaccine, im	0.00	AWP
90721		Dtap/hib vaccine, im	0.00	AWP
90723		Dtap-hep b-ipv vaccine, im	0.00	AWP
90725		Cholera vaccine, injectable	0.00	AWP
90727		Plague vaccine, im	0.00	AWP
90732		Pneumococcal vaccine	0.00	AWP
90733		Meningococcal vaccine, sc	0.00	AWP
90735		Encephalitis vaccine, sc	0.00	AWP
90740		Hepb vacc, ill pat 3 dose im	0.00	AWP
90743		Hep b vacc, adol, 2 dose, im	0.00	AWP
90744		Hepb vacc ped/adol 3 dose im	0.00	AWP
90746		Hep b vaccine, adult, im	0.00	AWP
90747		Hepb vacc, ill pat 4 dose im	0.00	AWP
90748		Hep b/hib vaccine, im	0.00	AWP
90749		Vaccine toxoid	0.00	AWP
90780		IV infusion therapy, 1 hour	1.18	$55.47
90781		IV infusion, additional hour	0.59	$27.74
90782		Injection, sc/im	0.12	$5.64
90783		Injection, ia	0.43	$20.21
90784		Injection, iv	0.51	$23.98
90788		Injection of antibiotic	0.13	$6.11
90799		Ther/prophylactic/dx inject	0.00	$0.00
90801		Psy dx interview	4.13	$194.15
90802		Intac psy dx interview	4.40	$206.84
90804		Psytx, office, 20-30 min	1.83	$86.03
90805		Psytx, off, 20-30 min w/e&m	2.05	$96.37
90806		Psytx, off, 45-50 min	2.74	$128.81
90807		Psytx, off, 45-50 min w/e&m	2.96	$139.15
90808		Psytx, office, 75-80 min	4.06	$190.86
90809		Psytx, off, 75-80, w/e&m	4.28	$201.20
90810		Intac psytx, off, 20-30 min	1.97	$92.61
90811		Intac psytx, 20-30, w/e&m	2.21	$103.89

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				RVU x $47.01
90812		Intac psytx, off, 45-50 min	2.92	$137.27
90813		Intac psytx, 45-50 min w/e&m	3.16	$148.55
90814		Intac psytx, off, 75-80 min	4.27	$200.73
90815		Intac psytx, 75-80 w/e&m	4.43	$208.25
90816		Psytx, hosp, 20-30 min	1.91	$89.79
90817		Psytx, hosp, 20-30 min w/e&m	2.13	$100.13
90818		Psytx, hosp, 45-50 min	2.82	$132.57
90819		Psytx, hosp, 45-50 min w/e&m	3.03	$142.44
90821		Psytx, hosp, 75-80 min	4.13	$194.15
90822		Psytx, hosp, 75-80 min w/e&m	4.51	$212.02
90823		Intac psytx, hosp, 20-30 min	2.10	$98.72
90824		Intac psytx, hsp 20-30 w/e&m	2.32	$109.06
90826		Intac psytx, hosp, 45-50 min	3.03	$142.44
90827		Intac psytx, hsp 45-50 w/e&m	3.23	$151.84
90828		Intac psytx, hosp, 75-80 min	5.05	$237.40
90829		Intac psytx, hsp 75-80 w/e&m	4.55	$213.90
90845		Psychoanalysis	2.63	$123.64
90846		Family psytx w/o patient	2.69	$126.46
90847		Family psytx w/patient	3.23	$151.84
90849		Multiple family group psytx	0.93	$43.72
90853		Group psychotherapy	0.97	$45.60
90857		Intac group psytx	1.06	$49.83
90862		Medication management	1.45	$68.16
90865		Narcosynthesis	4.75	$223.30
90870		Electroconvulsive therapy	2.75	$129.28
90871		Electroconvulsive therapy	3.95	$185.69
90875		Psychophysiological therapy	2.19	$102.95
90876		Psychophysiological therapy	3.20	$150.43
90880		Hypnotherapy	3.26	$153.25
90882		Environmental manipulation	0.00	$0.00
90885		Psy evaluation of records	1.42	$66.75
90887		Consultation with family	2.40	$112.82
90889		Preparation of report	0.00	$0.00
90899		Psychiatric service/therapy	0.00	$0.00
90901		Biofeedback train, any meth	1.28	$60.17
90911		Biofeedback peri/uro/rectal	1.86	$87.44
90918		ESRD related services, month	17.60	$827.38
90919		ESRD related services, month	13.77	$647.33
90920		ESRD related services, month	11.85	$557.07
90921		ESRD related services, month	7.78	$365.74
90922		ESRD related services, day	0.57	$26.80
90923		Esrd related services, day	0.46	$21.62
90924		Esrd related services, day	0.40	$18.80
90925		Esrd related services, day	0.28	$13.16
90935		Hemodialysis, one evaluation	2.17	$102.01
90937		Hemodialysis, repeated eval	3.48	$163.59
90939		Hemodialysis study, transcut	0.00	$0.00
90940		Hemodialysis access study	0.00	$0.00

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CPT® CODE	MOD	DESCRIPTION	RVU	MAP
				RVU x $47.01
90945		Dialysis, one evaluation	2.28	$107.18
90947		Dialysis, repeated eval	3.57	$167.83
90989		Dialysis training, complete	0.00	$0.00
90993		Dialysis training, incompl	0.00	$0.00
90997		Hemoperfusion	3.09	$145.26
90999		Dialysis procedure	0.00	$0.00
91000		Esophageal intubation	1.15	$54.06
91000	TC	Esophageal intubation	0.09	$4.23
91000	26	Esophageal intubation	1.06	$49.83
91010		Esophagus motility study	4.08	$191.80
91010	TC	Esophagus motility study	2.23	$104.83
91010	26	Esophagus motility study	1.85	$86.97
91011		Esophagus motility study	4.44	$208.72
91011	TC	Esophagus motility study	2.25	$105.77
91011	26	Esophagus motility study	2.19	$102.95
91012		Esophagus motility study	4.09	$192.27
91012	TC	Esophagus motility study	1.92	$90.26
91012	26	Esophagus motility study	2.17	$102.01
91020		Gastric motility	4.65	$218.60
91020	TC	Gastric motility	2.53	$118.94
91020	26	Gastric motility	2.12	$99.66
91030		Acid perfusion of esophagus	3.29	$154.66
91030	TC	Acid perfusion of esophagus	1.95	$91.67
91030	26	Acid perfusion of esophagus	1.34	$62.99
91032		Esophagus, acid reflux test	3.70	$173.94
91032	TC	Esophagus, acid reflux test	1.91	$89.79
91032	26	Esophagus, acid reflux test	1.79	$84.15
91033		Prolonged acid reflux test	4.26	$200.26
91033	TC	Prolonged acid reflux test	2.34	$110.00
91033	26	Prolonged acid reflux test	1.92	$90.26
91052		Gastric analysis test	3.09	$145.26
91052	TC	Gastric analysis test	1.92	$90.26
91052	26	Gastric analysis test	1.16	$54.53
91055		Gastric intubation for smear	3.29	$154.66
91055	TC	Gastric intubation for smear	1.96	$92.14
91055	26	Gastric intubation for smear	1.33	$62.52
91060		Gastric saline load test	0.83	$39.02
91060	TC	Gastric saline load test	0.17	$7.99
91060	26	Gastric saline load test	0.65	$30.56
91065		Breath hydrogen test	4.77	$224.24
91065	TC	Breath hydrogen test	4.47	$210.13
91065	26	Breath hydrogen test	0.30	$14.10
91100		Pass intestine bleeding tube	1.72	$80.86
91105		Gastric intubation treatment	0.63	$29.62
91122		Anal pressure record	4.94	$232.23
91122	TC	Anal pressure record	2.27	$106.71
91122	26	Anal pressure record	2.66	$125.05
91123		Irrigate fecal impaction	0.00	$0.00

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CPT® CODE	MOD	DESCRIPTION	RVU	MAP
				RVU x $47.01
91132		Electrogastrography	0.00	$0.00
91132	TC	Electrogastrography	0.00	$0.00
91132	26	Electrogastrography	0.81	$38.08
91133		Electrogastrography w/test	0.00	$0.00
91133	TC	Electrogastrography w/test	0.00	$0.00
91133	26	Electrogastrography w/test	1.00	$47.01
91299		Gastroenterology procedure	0.00	$0.00
91299	TC	Gastroenterology procedure	0.00	$0.00
91299	26	Gastroenterology procedure	0.00	$0.00
92002		Eye exam, new patient	1.90	$89.32
92004		Eye exam, new patient	3.47	$163.12
92012		Eye exam established pat	1.71	$80.39
92014		Eye exam & treatment	2.56	$120.35
92015		Refraction	1.90	$89.32
92018		New eye exam & treatment	3.76	$176.76
92019		Eye exam & treatment	2.01	$94.49
92020		Special eye evaluation	1.34	$62.99
92060		Special eye evaluation	1.48	$69.57
92060	TC	Special eye evaluation	0.45	$21.15
92060	26	Special eye evaluation	1.04	$48.89
92065		Orthoptic/pleoptic training	1.60	$75.22
92065	TC	Orthoptic/pleoptic training	1.05	$49.36
92065	26	Orthoptic/pleoptic training	0.55	$25.86
92070		Fitting of contact lens	1.85	$86.97
92081		Visual field examination(s)	2.23	$104.83
92081	TC	Visual field examination(s)	1.68	$78.98
92081	26	Visual field examination(s)	0.55	$25.86
92082		Visual field examination(s)	1.34	$62.99
92082	TC	Visual field examination(s)	0.66	$31.03
92082	26	Visual field examination(s)	0.67	$31.50
92083		Visual field examination(s)	2.05	$96.37
92083	TC	Visual field examination(s)	1.29	$60.64
92083	26	Visual field examination(s)	0.76	$35.73
92100		Serial tonometry exam(s)	1.73	$81.33
92120		Tonography & eye evaluation	1.68	$78.98
92130		Water provocation tonography	1.78	$83.68
92135		Opthalmic dx imaging	1.87	$87.91
92135	TC	Opthalmic dx imaging	1.32	$62.05
92135	26	Opthalmic dx imaging	0.55	$25.86
92136		Ophthalmic biometry	2.21	$103.89
92136	TC	Ophthalmic biometry	1.42	$66.75
92136	26	Ophthalmic biometry	0.79	$37.14
92140		Glaucoma provocative tests	1.53	$71.93
92225		Special eye exam, initial	0.64	$30.09
92226		Special eye exam, subsequent	0.58	$27.27
92230		Eye exam with photos	2.37	$111.41
92235		Eye exam with photos	3.58	$168.30
92235	TC	Eye exam with photos	2.32	$109.06

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				RVU x $47.01
92235	26	Eye exam with photos	1.26	$59.23
92240		Icg angiography	6.46	$303.68
92240	TC	Icg angiography	4.77	$224.24
92240	26	Icg angiography	1.70	$79.92
92250		Eye exam with photos	1.85	$86.97
92250	TC	Eye exam with photos	1.18	$55.47
92250	26	Eye exam with photos	0.67	$31.50
92260		Ophthalmoscopy/dynamometry	0.46	$21.62
92265		Eye muscle evaluation	2.14	$100.60
92265	TC	Eye muscle evaluation	0.89	$41.84
92265	26	Eye muscle evaluation	1.25	$58.76
92270		Electro-oculography	2.08	$97.78
92270	TC	Electro-oculography	0.82	$38.55
92270	26	Electro-oculography	1.26	$59.23
92275		Electroretinography	2.36	$110.94
92275	TC	Electroretinography	0.83	$39.02
92275	26	Electroretinography	1.53	$71.93
92283		Color vision examination	0.95	$44.66
92283	TC	Color vision examination	0.68	$31.97
92283	26	Color vision examination	0.27	$12.69
92284		Dark adaptation eye exam	2.02	$94.96
92284	TC	Dark adaptation eye exam	1.66	$78.04
92284	26	Dark adaptation eye exam	0.36	$16.92
92285		Eye photography	1.04	$48.89
92285	TC	Eye photography	0.72	$33.85
92285	26	Eye photography	0.32	$15.04
92286		Internal eye photography	3.71	$174.41
92286	TC	Internal eye photography	2.69	$126.46
92286	26	Internal eye photography	1.02	$47.95
92287		Internal eye photography	4.00	$188.04
92310		Contact lens fitting	2.35	$110.47
92311		Contact lens fitting	2.33	$109.53
92312		Contact lens fitting	2.52	$118.47
92313		Contact lens fitting	2.18	$102.48
92314		Prescription of contact lens	1.63	$76.63
92315		Prescription of contact lens	1.42	$66.75
92316		Prescription of contact lens	1.74	$81.80
92317		Prescription of contact lens	1.44	$67.69
92325		Modification of contact lens	0.40	$18.80
92326		Replacement of contact lens	1.64	$77.10
92330		Fitting of artificial eye	2.20	$103.42
92335		Fitting of artificial eye	1.46	$68.63
92340		Fitting of spectacles	1.07	$50.30
92341		Fitting of spectacles	1.22	$57.35
92342		Fitting of spectacles	1.30	$61.11
92352		Special spectacles fitting	1.07	$50.30
92353		Special spectacles fitting	1.28	$60.17
92354		Special spectacles fitting	8.49	$399.11

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				RVU x $47.01
92355		Special spectacles fitting	4.08	$191.80
92358		Eye prosthesis service	1.00	$47.01
92370		Repair & adjust spectacles	0.91	$42.78
92371		Repair & adjust spectacles	0.63	$29.62
92390		Supply of spectacles	0.00	$0.00
92391		Supply of contact lenses	0.00	$0.00
92392		Supply of low vision aids	3.84	$180.52
92393		Supply of artificial eye	12.84	$603.61
92395		Supply of spectacles	1.47	$69.10
92396		Supply of contact lenses	2.30	$108.12
92499		Eye service or procedure	0.00	$0.00
92499	TC	Eye service or procedure	0.00	$0.00
92499	26	Eye service or procedure	0.00	$0.00
92502		Ear and throat examination	2.95	$138.68
92504		Ear microscopy examination	1.29	$60.64
92506		Speech/hearing evaluation	2.67	$125.52
92507		Speech/hearing therapy	2.10	$98.72
92508		Speech/hearing therapy	2.04	$95.90
92510		Rehab for ear implant	3.76	$176.76
92511		Nasopharyngoscopy	2.27	$106.71
92512		Nasal function studies	1.73	$81.33
92516		Facial nerve function test	1.41	$66.28
92520		Laryngeal function studies	1.36	$63.93
92526		Oral function therapy	2.14	$100.60
92531		Spontaneous nystagmus study	0.00	$0.00
92532		Positional nystagmus test	0.00	$0.00
92533		Caloric vestibular test	0.00	$0.00
92534		Optokinetic nystagmus test	0.00	$0.00
92541		Spontaneous nystagmus test	1.93	$90.73
92541	TC	Spontaneous nystagmus test	1.28	$60.17
92541	26	Spontaneous nystagmus test	0.65	$30.56
92542		Positional nystagmus test	1.78	$83.68
92542	TC	Positional nystagmus test	1.25	$58.76
92542	26	Positional nystagmus test	0.53	$24.92
92543		Caloric vestibular test	0.53	$24.92
92543	TC	Caloric vestibular test	0.36	$16.92
92543	26	Caloric vestibular test	0.17	$7.99
92544		Optokinetic nystagmus test	1.67	$78.51
92544	TC	Optokinetic nystagmus test	1.25	$58.76
92544	26	Optokinetic nystagmus test	0.42	$19.74
92545		Oscillating tracking test	1.61	$75.69
92545	TC	Oscillating tracking test	1.23	$57.82
92545	26	Oscillating tracking test	0.38	$17.86
92546		Sinusoidal rotational test	2.56	$120.35
92546	TC	Sinusoidal rotational test	2.10	$98.72
92546	26	Sinusoidal rotational test	0.46	$21.62
92547		Supplemental electrical test	1.31	$61.58
92548		Posturography	2.87	$134.92

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				RVU x $47.01
92548	TC	Posturography	2.04	$95.90
92548	26	Posturography	0.83	$39.02
92551		Pure tone hearing test, air	0.00	$0.00
92552		Pure tone audiometry, air	0.48	$22.56
92553		Audiometry, air & bone	0.73	$34.32
92555		Speech threshold audiometry	0.42	$19.74
92556		Speech audiometry, complete	0.65	$30.56
92557		Comprehensive hearing test	1.34	$62.99
92559		Group audiometric testing	0.00	$0.00
92560		Bekesy audiometry, screen	0.00	$0.00
92561		Bekesy audiometry, diagnosis	0.79	$37.14
92562		Loudness balance test	0.45	$21.15
92563		Tone decay hearing test	0.42	$19.74
92564		Sisi hearing test	0.54	$25.39
92565		Stenger test, pure tone	0.44	$20.68
92567		Tympanometry	0.61	$28.68
92568		Acoustic reflex testing	0.42	$19.74
92569		Acoustic reflex decay test	0.45	$21.15
92571		Filtered speech hearing test	0.43	$20.21
92572		Staggered spondaic word test	0.10	$4.70
92573		Lombard test	0.39	$18.33
92575		Sensorineural acuity test	0.32	$15.04
92576		Synthetic sentence test	0.51	$23.98
92577		Stenger test, speech	0.81	$38.08
92579		Visual audiometry (vra)	0.80	$37.61
92582		Conditioning play audiometry	0.80	$37.61
92583		Select picture audiometry	0.99	$46.54
92584		Electrocochleography	2.71	$127.40
92585		Auditor evoke potent, compre	2.79	$131.16
92585	TC	Auditor evoke potent, compre	2.00	$94.02
92585	26	Auditor evoke potent, compre	0.78	$36.67
92586		Auditor evoke potent, limit	2.00	$94.02
92587		Evoked auditory test	1.65	$77.57
92587	TC	Evoked auditory test	1.43	$67.22
92587	26	Evoked auditory test	0.23	$10.81
92588		Evoked auditory test	2.20	$103.42
92588	TC	Evoked auditory test	1.63	$76.63
92588	26	Evoked auditory test	0.57	$26.80
92589		Auditory function test(s)	0.62	$29.15
92590		Hearing aid exam, one ear	0.00	$0.00
92591		Hearing aid exam, both ears	0.00	$0.00
92592		Hearing aid check, one ear	0.00	$0.00
92593		Hearing aid check, both ears	0.00	$0.00
92594		Electro hearng aid test, one	0.00	$0.00
92595		Electro hearng aid tst, both	0.00	$0.00
92596		Ear protector evaluation	0.67	$31.50
92603		Cochlear implt f/up exam 7 >	2.47	$116.11
92604		Reprogram cochlear implt 7 >	1.71	$80.39

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WORKERS' COMPENSATION FEE SCHEDULE 2003

CPT® CODE	MOD	DESCRIPTION	RVU	MAP
				RVU x $47.01
92605		Eval for nonspeech device rx	0.00	BR
92606		Non-speech device service	0.00	BR
92607		Ex for speech device rx, 1hr	3.01	$141.50
92608		Ex for speech device rx addl	0.64	$30.09
92609		Use of speech device service	1.64	$77.10
92610		Evaluate swallowing function	1.24	$58.29
92611		Motion fluoroscopy/swallow	1.34	$62.99
92612		Endoscopy swallow tst (fees)	4.81	$226.12
92613		Endoscopy swallow tst (fees)	0.00	BR
92614		Laryngoscopic sensory test	3.75	$176.29
92615		Eval laryngoscopy sense tst	0.00	BR
92616		Fees w/laryngeal sense test	5.10	$239.75
92617		Interprt fees/laryngeal test	0.00	BR
92700		Ent procedure/service	0.00	BR
92950		Heart/lung resuscitation cpr	5.94	$279.24
92953		Temporary external pacing	0.49	$23.03
92960		Cardioversion electric, ext	4.69	$220.48
92961		Cardioversion, electric, int	6.93	$325.78
92970		Cardioassist, internal	5.25	$246.80
92971		Cardioassist, external	2.80	$131.63
92973		Percut coronary thrombectomy	5.10	$239.75
92974		Cath place, cardio brachytx	7.00	$329.07
92975		Dissolve clot, heart vessel	10.90	$512.41
92977		Dissolve clot, heart vessel	8.42	$395.82
92978		Intravasc us, heart add-on	7.46	$350.69
92978	TC	Intravasc us, heart add-on	4.73	$222.36
92978	26	Intravasc us, heart add-on	2.73	$128.34
92979		Intravasc us, heart add-on	4.54	$213.43
92979	TC	Intravasc us, heart add-on	2.40	$112.82
92979	26	Intravasc us, heart add-on	2.14	$100.60
92980		Insert intracoronary stent	23.12	$1,086.87
92981		Insert intracoronary stent	6.48	$304.62
92982		Coronary artery dilation	17.08	$802.93
92984		Coronary artery dilation	4.63	$217.66
92986		Revision of aortic valve	35.23	$1,656.16
92987		Revision of mitral valve	36.66	$1,723.39
92990		Revision of pulmonary valve	28.12	$1,321.92
92992		Revision of heart chamber	0.00	$0.00
92993		Revision of heart chamber	0.00	$0.00
92995		Coronary atherectomy	18.82	$884.73
92996		Coronary atherectomy add-on	5.08	$238.81
92997		Pul art balloon repr, percut	18.22	$856.52
92998		Pul art balloon repr, percut	8.89	$417.92
93000		Electrocardiogram, complete	0.74	$34.79
93005		Electrocardiogram, tracing	0.47	$22.09
93010		Electrocardiogram report	0.27	$12.69
93012		Transmission of ecg	2.55	$119.88
93014		Report on transmitted ecg	0.77	$36.20

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CPT® CODE	MOD	DESCRIPTION	RVU	MAP
				RVU x $47.01
93015		Cardiovascular stress test	2.90	$136.33
93016		Cardiovascular stress test	0.66	$31.03
93017		Cardiovascular stress test	1.79	$84.15
93018		Cardiovascular stress test	0.45	$21.15
93024		Cardiac drug stress test	2.98	$140.09
93024	TC	Cardiac drug stress test	1.22	$57.35
93024	26	Cardiac drug stress test	1.76	$82.74
93025		Microvolt t-wave assess	7.36	$345.99
93040		Rhythm ECG with report	0.40	$18.80
93041		Rhythm ECG, tracing	0.16	$7.52
93042		Rhythm ECG, report	0.24	$11.28
93224		ECG monitor/report, 24 hrs	4.44	$208.72
93225		ECG monitor/record, 24 hrs	1.32	$62.05
93226		ECG monitor/report, 24 hrs	2.33	$109.53
93227		ECG monitor/review, 24 hrs	0.79	$37.14
93230		ECG monitor/report, 24 hrs	4.71	$221.42
93231		Ecg monitor/record, 24 hrs	1.63	$76.63
93232		ECG monitor/report, 24 hrs	2.29	$107.65
93233		ECG monitor/review, 24 hrs	0.79	$37.14
93235		ECG monitor/report, 24 hrs	3.38	$158.89
93236		ECG monitor/report, 24 hrs	2.73	$128.34
93237		ECG monitor/review, 24 hrs	0.65	$30.56
93268		ECG record/review	4.65	$218.60
93270		ECG recording	1.32	$62.05
93271		Ecg/monitoring and analysis	2.55	$119.88
93272		Ecg/review, interpret only	0.78	$36.67
93278		ECG/signal-averaged	1.66	$78.04
93278	TC	ECG/signal-averaged	1.28	$60.17
93278	26	ECG/signal-averaged	0.38	$17.86
93303		Echo transthoracic	5.96	$280.18
93303	TC	Echo transthoracic	4.05	$190.39
93303	26	Echo transthoracic	1.92	$90.26
93304		Echo transthoracic	3.19	$149.96
93304	TC	Echo transthoracic	2.08	$97.78
93304	26	Echo transthoracic	1.11	$52.18
93307		Echo exam of heart	5.43	$255.26
93307	TC	Echo exam of heart	4.05	$190.39
93307	26	Echo exam of heart	1.39	$65.34
93308		Echo exam of heart	2.88	$135.39
93308	TC	Echo exam of heart	2.08	$97.78
93308	26	Echo exam of heart	0.81	$38.08
93312		Echo transesophageal	7.38	$346.93
93312	TC	Echo transesophageal	4.09	$192.27
93312	26	Echo transesophageal	3.29	$154.66
93313		Echo transesophageal	6.31	$296.63
93314		Echo transesophageal	5.97	$280.65
93314	TC	Echo transesophageal	4.09	$192.27
93314	26	Echo transesophageal	1.88	$88.38

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WORKERS' COMPENSATION FEE SCHEDULE 2003

CPT® CODE	MOD	DESCRIPTION	RVU	MAP
				RVU x $47.01
93315		Echo transesophageal	8.26	$388.30
93315	TC	Echo transesophageal	4.09	$192.27
93315	26	Echo transesophageal	4.17	$196.03
93316		Echo transesophageal	7.40	$347.87
93317		Echo transesophageal	6.81	$320.14
93317	TC	Echo transesophageal	4.09	$192.27
93317	26	Echo transesophageal	2.72	$127.87
93318		Echo transesophageal intraop	0.00	$0.00
93318	TC	Echo transesophageal intraop	0.00	$0.00
93318	26	Echo transesophageal intraop	3.26	$153.25
93320		Doppler echo exam, heart	2.41	$113.29
93320	TC	Doppler echo exam, heart	1.84	$86.50
93320	26	Doppler echo exam, heart	0.57	$26.80
93321		Doppler echo exam, heart	1.44	$67.69
93321	TC	Doppler echo exam, heart	1.21	$56.88
93321	26	Doppler echo exam, heart	0.24	$11.28
93325		Doppler color flow add-on	3.23	$151.84
93325	TC	Doppler color flow add-on	3.10	$145.73
93325	26	Doppler color flow add-on	0.12	$5.64
93350		Echo transthoracic	4.06	$190.86
93350	TC	Echo transthoracic	1.90	$89.32
93350	26	Echo transthoracic	2.16	$101.54
93501		Right heart catheterization	22.46	$1,055.84
93501	TC	Right heart catheterization	17.77	$835.37
93501	26	Right heart catheterization	4.68	$220.01
93503		Insert/place heart catheter	4.05	$190.39
93505		Biopsy of heart lining	8.93	$419.80
93505	TC	Biopsy of heart lining	2.14	$100.60
93505	26	Biopsy of heart lining	6.79	$319.20
93508		Cath placement, angiography	19.38	$911.05
93508	TC	Cath placement, angiography	13.01	$611.60
93508	26	Cath placement, angiography	6.37	$299.45
93510		Left heart catheterization	45.60	$2,143.66
93510	TC	Left heart catheterization	38.87	$1,827.28
93510	26	Left heart catheterization	6.73	$316.38
93511		Left heart catheterization	45.63	$2,145.07
93511	TC	Left heart catheterization	37.81	$1,777.45
93511	26	Left heart catheterization	7.82	$367.62
93514		Left heart catheterization	48.61	$2,285.16
93514	TC	Left heart catheterization	37.81	$1,777.45
93514	26	Left heart catheterization	10.80	$507.71
93524		Left heart catheterization	60.21	$2,830.47
93524	TC	Left heart catheterization	49.45	$2,324.64
93524	26	Left heart catheterization	10.76	$505.83
93526		Rt & Lt heart catheters	60.12	$2,826.24
93526	TC	Rt & Lt heart catheters	50.81	$2,388.58
93526	26	Rt & Lt heart catheters	9.31	$437.66
93527		Rt & Lt heart catheters	60.76	$2,856.33

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CPT® CODE	MOD	DESCRIPTION	RVU	MAP
				RVU x $47.01
93527	TC	Rt & Lt heart catheters	49.45	$2,324.64
93527	26	Rt & Lt heart catheters	11.32	$532.15
93528		Rt & Lt heart catheters	63.50	$2,985.14
93528	TC	Rt & Lt heart catheters	49.45	$2,324.64
93528	26	Rt & Lt heart catheters	14.05	$660.49
93529		Rt&lt heart catheterization	56.91	$2,675.34
93529	TC	Rt&lt heart catheterization	49.45	$2,324.64
93529	26	Rt&lt heart catheterization	7.46	$350.69
93530		Rt heart cath, congenital	24.23	$1,139.05
93530	TC	Rt heart cath, congenital	17.77	$835.37
93530	26	Rt heart cath, congenital	6.46	$303.68
93531		R & l heart cath, congenital	63.61	$2,990.31
93531	TC	R & l heart cath, congenital	50.81	$2,388.58
93531	26	R & l heart cath, congenital	12.80	$601.73
93532		R & l heart cath, congenital	64.94	$3,052.83
93532	TC	R & l heart cath, congenital	49.45	$2,324.64
93532	26	R & l heart cath, congenital	15.50	$728.66
93533		R & l heart cath, congenital	59.81	$2,811.67
93533	TC	R & l heart cath, congenital	49.45	$2,324.64
93533	26	R & l heart cath, congenital	10.36	$487.02
93536		Insert circulation assi	7.50	$352.58
93539		Injection, cardiac cath	1.26	$59.23
93540		Injection, cardiac cath	1.31	$61.58
93541		Injection for lung angiogram	0.44	$20.68
93542		Injection for heart x-rays	0.44	$20.68
93543		Injection for heart x-rays	0.86	$40.43
93544		Injection for aortography	0.80	$37.61
93545		Inject for coronary x-rays	1.27	$59.70
93555		Imaging, cardiac cath	7.73	$363.39
93555	TC	Imaging, cardiac cath	6.49	$305.09
93555	26	Imaging, cardiac cath	1.23	$57.82
93556		Imaging, cardiac cath	11.47	$539.20
93556	TC	Imaging, cardiac cath	10.20	$479.50
93556	26	Imaging, cardiac cath	1.26	$59.23
93561		Cardiac output measurement	1.33	$62.52
93561	TC	Cardiac output measurement	0.62	$29.15
93561	26	Cardiac output measurement	0.72	$33.85
93562		Cardiac output measurement	0.59	$27.74
93562	TC	Cardiac output measurement	0.35	$16.45
93562	26	Cardiac output measurement	0.24	$11.28
93571		Heart flow reserve measure	7.55	$354.93
93571	TC	Heart flow reserve measure	4.73	$222.36
93571	26	Heart flow reserve measure	2.82	$132.57
93572		Heart flow reserve measure	4.78	$224.71
93572	TC	Heart flow reserve measure	2.40	$112.82
93572	26	Heart flow reserve measure	2.38	$111.88
93580		Transcath closure of asd	0.00	BR
93581		Transcath closure of vsd	0.00	BR

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CPT® CODE	MOD	DESCRIPTION	RVU	MAP
				RVU x $47.01
93600		Bundle of His recording	5.38	$252.91
93600	TC	Bundle of His recording	2.08	$97.78
93600	26	Bundle of His recording	3.30	$155.13
93602		Intra-atrial recording	4.50	$211.55
93602	TC	Intra-atrial recording	1.18	$55.47
93602	26	Intra-atrial recording	3.31	$155.60
93603		Right ventricular recording	5.06	$237.87
93603	TC	Right ventricular recording	1.79	$84.15
93603	26	Right ventricular recording	3.27	$153.72
93607		Left ventricular recording	6.75	$317.32
93607	TC	Left ventricular recording	1.67	$78.51
93607	26	Left ventricular recording	5.08	$238.81
93609		Map tachycardia, add-on	10.96	$515.23
93609	TC	Map tachycardia, add-on	2.87	$134.92
93609	26	Map tachycardia, add-on	8.10	$380.78
93610		Intra-atrial pacing	6.15	$289.11
93610	TC	Intra-atrial pacing	1.46	$68.63
93610	26	Intra-atrial pacing	4.70	$220.95
93612		Intraventricular pacing	6.41	$301.33
93612	TC	Intraventricular pacing	1.72	$80.86
93612	26	Intraventricular pacing	4.70	$220.95
93613		Electrophys map, 3d, add-on	0.00	$0.00
93613	TC	Electrophys map, 3d, add-on	0.00	$0.00
93613	26	Electrophys map, 3d, add-on	11.11	$522.28
93615		Esophageal recording	1.78	$83.68
93615	TC	Esophageal recording	0.34	$15.98
93615	26	Esophageal recording	1.44	$67.69
93616		Esophageal recording	2.50	$117.53
93616	TC	Esophageal recording	0.34	$15.98
93616	26	Esophageal recording	2.16	$101.54
93618		Heart rhythm pacing	10.79	$507.24
93618	TC	Heart rhythm pacing	4.17	$196.03
93618	26	Heart rhythm pacing	6.62	$311.21
93619		Electrophysiology evaluation	19.45	$914.34
93619	TC	Electrophysiology evaluation	8.12	$381.72
93619	26	Electrophysiology evaluation	11.33	$532.62
93620		Electrophysiology evaluation	27.41	$1,288.54
93620	TC	Electrophysiology evaluation	9.41	$442.36
93620	26	Electrophysiology evaluation	18.00	$846.18
93621		Electrophysiology evaluation	0.00	$0.00
93621	TC	Electrophysiology evaluation	0.00	$0.00
93621	26	Electrophysiology evaluation	3.36	$157.95
93622		Electrophysiology evaluation	0.00	$0.00
93622	TC	Electrophysiology evaluation	0.00	$0.00
93622	26	Electrophysiology evaluation	5.98	$281.12
93623		Stimulation, pacing heart	0.00	$0.00
93623	TC	Stimulation, pacing heart	0.00	$0.00
93623	26	Stimulation, pacing heart	4.44	$208.72

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CPT® CODE	MOD	DESCRIPTION	RVU	MAP
				RVU x $47.01
93624		Electrophysiologic study	9.57	$449.89
93624	TC	Electrophysiologic study	2.11	$99.19
93624	26	Electrophysiologic study	7.46	$350.69
93631		Heart pacing, mapping	18.99	$892.72
93631	TC	Heart pacing, mapping	6.93	$325.78
93631	26	Heart pacing, mapping	12.06	$566.94
93640		Evaluation heart device	12.98	$610.19
93640	TC	Evaluation heart device	7.52	$353.52
93640	26	Evaluation heart device	5.46	$256.67
93641		Electrophysiology evaluation	16.74	$786.95
93641	TC	Electrophysiology evaluation	7.52	$353.52
93641	26	Electrophysiology evaluation	9.22	$433.43
93642		Electrophysiology evaluation	14.91	$700.92
93642	TC	Electrophysiology evaluation	7.52	$353.52
93642	26	Electrophysiology evaluation	7.39	$347.40
93650		Ablate heart dysrhythm focus	16.29	$765.79
93651		Ablate heart dysrhythm focus	25.28	$1,188.41
93652		Ablate heart dysrhythm focus	27.48	$1,291.83
93660		Tilt table evaluation	4.48	$210.60
93660	TC	Tilt table evaluation	1.63	$76.63
93660	26	Tilt table evaluation	2.85	$133.98
93662		Intracardiac ecg (ice)	0.00	$0.00
93662	TC	Intracardiac ecg (ice)	0.00	$0.00
93662	26	Intracardiac ecg (ice)	4.91	$230.82
93668		Peripheral vascular rehab	0.00	$0.00
93701		Bioimpedance, thoracic	0.99	$46.54
93701	TC	Bioimpedance, thoracic	0.72	$33.85
93701	26	Bioimpedance, thoracic	0.27	$12.69
93720		Total body plethysmography	1.03	$48.42
93721		Plethysmography tracing	0.78	$36.67
93722		Plethysmography report	0.26	$12.22
93724		Analyze pacemaker system	11.60	$545.32
93724	TC	Analyze pacemaker system	4.17	$196.03
93724	26	Analyze pacemaker system	7.43	$349.28
93727		Analyze ilr system	0.85	$39.96
93731		Analyze pacemaker system	1.23	$57.82
93731	TC	Analyze pacemaker system	0.53	$24.92
93731	26	Analyze pacemaker system	0.69	$32.44
93732		Analyze pacemaker system	1.94	$91.20
93732	TC	Analyze pacemaker system	0.55	$25.86
93732	26	Analyze pacemaker system	1.39	$65.34
93733		Telephone analy, pacemaker	1.06	$49.83
93733	TC	Telephone analy, pacemaker	0.80	$37.61
93733	26	Telephone analy, pacemaker	0.27	$12.69
93734		Analyze pacemaker system	0.94	$44.19
93734	TC	Analyze pacemaker system	0.37	$17.39
93734	26	Analyze pacemaker system	0.57	$26.80
93735		Analyze pacemaker system	1.61	$75.69

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CPT® CODE	MOD	DESCRIPTION	RVU	MAP
				RVU x $47.01
93735	TC	Analyze pacemaker system	0.48	$22.56
93735	26	Analyze pacemaker system	1.12	$52.65
93736		Telephone analy, pacemaker	0.94	$44.19
93736	TC	Telephone analy, pacemaker	0.71	$33.38
93736	26	Telephone analy, pacemaker	0.24	$11.28
93737		Analyze cardio/defibrillator	1.26	$59.23
93737	TC	Analyze cardio/defibrillator	0.60	$28.21
93737	26	Analyze cardio/defibrillator	0.66	$31.03
93738		Analyze cardio/defibrillator	2.04	$95.90
93738	TC	Analyze cardio/defibrillator	0.66	$31.03
93738	26	Analyze cardio/defibrillator	1.38	$64.87
93740		Temperature gradient studies	0.42	$19.74
93740	TC	Temperature gradient studies	0.17	$7.99
93740	26	Temperature gradient studies	0.25	$11.75
93741		Analyze ht pace device sngl	1.88	$88.38
93741	TC	Analyze ht pace device sngl	0.69	$32.44
93741	26	Analyze ht pace device sngl	1.19	$55.94
93742		Analyze ht pace device sngl	2.04	$95.90
93742	TC	Analyze ht pace device sngl	0.69	$32.44
93742	26	Analyze ht pace device sngl	1.35	$63.46
93743		Analyze ht pace device dual	2.31	$108.59
93743	TC	Analyze ht pace device dual	0.76	$35.73
93743	26	Analyze ht pace device dual	1.55	$72.87
93744		Analyze ht pace device dual	2.45	$115.17
93744	TC	Analyze ht pace device dual	0.69	$32.44
93744	26	Analyze ht pace device dual	1.76	$82.74
93760		Cephalic thermogram	0.00	$0.00
93762		Peripheral thermogram	0.00	$0.00
93770		Measure venous pressure	0.30	$14.10
93770	TC	Measure venous pressure	0.05	$2.35
93770	26	Measure venous pressure	0.25	$11.75
93784		Ambulatory BP monitoring	0.00	$0.00
93786		Ambulatory BP recording	0.00	$0.00
93788		Ambulatory BP analysis	0.00	$0.00
93790		Review/report BP recording	0.00	$0.00
93797		Cardiac rehab	0.53	$24.92
93798		Cardiac rehab/monitor	0.74	$34.79
93799		Cardiovascular procedure	0.00	$0.00
93799	TC	Cardiovascular procedure	0.00	$0.00
93799	26	Cardiovascular procedure	0.00	$0.00
93875		Extracranial study	1.57	$73.81
93875	TC	Extracranial study	1.24	$58.29
93875	26	Extracranial study	0.33	$15.51
93880		Extracranial study	5.08	$238.81
93880	TC	Extracranial study	4.16	$195.56
93880	26	Extracranial study	0.92	$43.25
93882		Extracranial study	3.38	$158.89
93882	TC	Extracranial study	2.73	$128.34

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CPT® CODE	MOD	DESCRIPTION	RVU	MAP
				RVU x $47.01
93882	26	Extracranial study	0.65	$30.56
93886		Intracranial study	6.15	$289.11
93886	TC	Intracranial study	4.68	$220.01
93886	26	Intracranial study	1.47	$69.10
93888		Intracranial study	4.10	$192.74
93888	TC	Intracranial study	3.14	$147.61
93888	26	Intracranial study	0.96	$45.13
93922		Extremity study	1.72	$80.86
93922	TC	Extremity study	1.33	$62.52
93922	26	Extremity study	0.39	$18.33
93923		Extremity study	3.17	$149.02
93923	TC	Extremity study	2.46	$115.64
93923	26	Extremity study	0.71	$33.38
93924		Extremity study	3.50	$164.54
93924	TC	Extremity study	2.70	$126.93
93924	26	Extremity study	0.80	$37.61
93925		Lower extremity study	5.06	$237.87
93925	TC	Lower extremity study	4.17	$196.03
93925	26	Lower extremity study	0.89	$41.84
93926		Lower extremity study	3.38	$158.89
93926	TC	Lower extremity study	2.77	$130.22
93926	26	Lower extremity study	0.61	$28.68
93930		Upper extremity study	5.13	$241.16
93930	TC	Upper extremity study	4.43	$208.25
93930	26	Upper extremity study	0.70	$32.91
93931		Upper extremity study	3.41	$160.30
93931	TC	Upper extremity study	2.93	$137.74
93931	26	Upper extremity study	0.47	$22.09
93965		Extremity study	1.79	$84.15
93965	TC	Extremity study	1.25	$58.76
93965	26	Extremity study	0.53	$24.92
93970		Extremity study	5.67	$266.55
93970	TC	Extremity study	4.62	$217.19
93970	26	Extremity study	1.05	$49.36
93971		Extremity study	3.77	$177.23
93971	TC	Extremity study	3.08	$144.79
93971	26	Extremity study	0.69	$32.44
93975		Vascular study	7.95	$373.73
93975	TC	Vascular study	5.22	$245.39
93975	26	Vascular study	2.73	$128.34
93976		Vascular study	5.31	$249.62
93976	TC	Vascular study	3.51	$165.01
93976	26	Vascular study	1.80	$84.62
93978		Vascular study	5.32	$250.09
93978	TC	Vascular study	4.31	$202.61
93978	26	Vascular study	1.01	$47.48
93979		Vascular study	3.55	$166.89
93979	TC	Vascular study	2.86	$134.45

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CPT® CODE	MOD	DESCRIPTION	RVU	MAP
				RVU x $47.01
93979	26	Vascular study	0.70	$32.91
93980		Penile vascular study	5.78	$271.72
93980	TC	Penile vascular study	3.91	$183.81
93980	26	Penile vascular study	1.87	$87.91
93981		Penile vascular study	4.26	$200.26
93981	TC	Penile vascular study	3.61	$169.71
93981	26	Penile vascular study	0.64	$30.09
93990		Doppler flow testing	3.16	$148.55
93990	TC	Doppler flow testing	2.77	$130.22
93990	26	Doppler flow testing	0.39	$18.33
94010		Breathing capacity test	1.05	$49.36
94010	TC	Breathing capacity test	0.80	$37.61
94010	26	Breathing capacity test	0.26	$12.22
94014		Patient recorded spirometry	1.06	$49.83
94015		Patient recorded spirometry	0.31	$14.57
94016		Review patient spirometry	0.75	$35.26
94060		Evaluation of wheezing	1.80	$84.62
94060	TC	Evaluation of wheezing	1.36	$63.93
94060	26	Evaluation of wheezing	0.44	$20.68
94070		Evaluation of wheezing	4.18	$196.50
94070	TC	Evaluation of wheezing	3.33	$156.54
94070	26	Evaluation of wheezing	0.85	$39.96
94150		Vital capacity test	0.74	$34.79
94150	TC	Vital capacity test	0.62	$29.15
94150	26	Vital capacity test	0.12	$5.64
94200		Lung function test (MBC/MVV)	0.51	$23.98
94200	TC	Lung function test (MBC/MVV)	0.33	$15.51
94200	26	Lung function test (MBC/MVV)	0.17	$7.99
94240		Residual lung capacity	1.62	$76.16
94240	TC	Residual lung capacity	1.26	$59.23
94240	26	Residual lung capacity	0.37	$17.39
94250		Expired gas collection	0.76	$35.73
94250	TC	Expired gas collection	0.59	$27.74
94250	26	Expired gas collection	0.17	$7.99
94260		Thoracic gas volume	0.60	$28.21
94260	TC	Thoracic gas volume	0.40	$18.80
94260	26	Thoracic gas volume	0.20	$9.40
94350		Lung nitrogen washout curve	1.36	$63.93
94350	TC	Lung nitrogen washout curve	0.99	$46.54
94350	26	Lung nitrogen washout curve	0.37	$17.39
94360		Measure airflow resistance	0.90	$42.31
94360	TC	Measure airflow resistance	0.53	$24.92
94360	26	Measure airflow resistance	0.37	$17.39
94370		Breath airway closing volume	2.34	$110.00
94370	TC	Breath airway closing volume	1.97	$92.61
94370	26	Breath airway closing volume	0.37	$17.39
94375		Respiratory flow volume loop	0.84	$39.49
94375	TC	Respiratory flow volume loop	0.40	$18.80

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CPT® CODE	MOD	DESCRIPTION	RVU	MAP
				RVU x $47.01
94375	26	Respiratory flow volume loop	0.44	$20.68
94400		CO2 breathing response curve	1.24	$58.29
94400	TC	CO2 breathing response curve	0.68	$31.97
94400	26	CO2 breathing response curve	0.56	$26.33
94450		Hypoxia response curve	1.34	$62.99
94450	TC	Hypoxia response curve	0.77	$36.20
94450	26	Hypoxia response curve	0.57	$26.80
94620		Pulmonary stress test/simple	2.52	$118.47
94620	TC	Pulmonary stress test/simple	1.61	$75.69
94620	26	Pulmonary stress test/simple	0.91	$42.78
94621		Pulm stress test/complex	2.99	$140.56
94621	TC	Pulm stress test/complex	0.95	$44.66
94621	26	Pulm stress test/complex	2.03	$95.43
94640		Airway inhalation treatment	0.78	$36.67
94642		Aerosol inhalation treatment	0.00	$0.00
94656		Initial ventilator mgmt	1.71	$80.39
94657		Continued ventilator mgmt	1.18	$55.47
94660		Pos airway pressure, CPAP	1.51	$70.99
94662		Neg press ventilation, cnp	1.06	$49.83
94664		Aerosol or vapor inhalations	0.59	$27.74
94667		Chest wall manipulation	1.09	$51.24
94668		Chest wall manipulation	0.79	$37.14
94680		Exhaled air analysis, o2	1.56	$73.34
94680	TC	Exhaled air analysis, o2	1.18	$55.47
94680	26	Exhaled air analysis, o2	0.38	$17.86
94681		Exhaled air analysis, o2/co2	1.76	$82.74
94681	TC	Exhaled air analysis, o2/co2	1.46	$68.63
94681	26	Exhaled air analysis, o2/co2	0.30	$14.10
94690		Exhaled air analysis	1.73	$81.33
94690	TC	Exhaled air analysis	1.62	$76.16
94690	26	Exhaled air analysis	0.11	$5.17
94720		Monoxide diffusing capacity	1.71	$80.39
94720	TC	Monoxide diffusing capacity	1.34	$62.99
94720	26	Monoxide diffusing capacity	0.37	$17.39
94725		Membrane diffusion capacity	1.22	$57.35
94725	TC	Membrane diffusion capacity	0.85	$39.96
94725	26	Membrane diffusion capacity	0.37	$17.39
94750		Pulmonary compliance study	1.37	$64.40
94750	TC	Pulmonary compliance study	1.05	$49.36
94750	26	Pulmonary compliance study	0.33	$15.51
94760		Measure blood oxygen level	0.14	$6.58
94761		Measure blood oxygen level	0.25	$11.75
94762		Measure blood oxygen level	0.91	$42.78
94770		Exhaled carbon dioxide test	1.21	$56.88
94770	TC	Exhaled carbon dioxide test	1.00	$47.01
94770	26	Exhaled carbon dioxide test	0.22	$10.34
94772		Breath recording, infant	0.00	$0.00
94772	TC	Breath recording, infant	0.00	$0.00

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CPT® CODE	MOD	DESCRIPTION	RVU	MAP
				RVU x $47.01
94772	26	Breath recording, infant	0.00	$0.00
94799		Pulmonary service/procedure	0.00	$0.00
94799	TC	Pulmonary service/procedure	0.00	$0.00
94799	26	Pulmonary service/procedure	0.00	$0.00
95004		Allergy skin tests	0.11	$5.17
95010		Sensitivity skin tests	0.62	$29.15
95015		Sensitivity skin tests	0.56	$26.33
95024		Allergy skin tests	0.16	$7.52
95027		Skin end point titration	0.16	$7.52
95028		Allergy skin tests	0.24	$11.28
95044		Allergy patch tests	0.21	$9.87
95052		Photo patch test	0.26	$12.22
95056		Photosensitivity tests	0.19	$8.93
95060		Eye allergy tests	0.37	$17.39
95065		Nose allergy test	0.21	$9.87
95070		Bronchial allergy tests	2.19	$102.95
95071		Bronchial allergy tests	2.78	$130.69
95075		Ingestion challenge test	1.83	$86.03
95078		Provocative testing	0.28	$13.16
95115		Immunotherapy, one injection	0.41	$19.27
95117		Immunotherapy injections	0.52	$24.45
95120		Immunotherapy, one injection	0.00	$0.00
95125		Immunotherapy, many antigens	0.00	$0.00
95130		Immunotherapy, insect venom	0.00	$0.00
95131		Immunotherapy, insect venoms	0.00	$0.00
95132		Immunotherapy, insect venoms	0.00	$0.00
95133		Immunotherapy, insect venoms	0.00	$0.00
95134		Immunotherapy, insect venoms	0.00	$0.00
95144		Antigen therapy services	0.33	$15.51
95145		Antigen therapy services	0.55	$25.86
95146		Antigen therapy services	0.70	$32.91
95147		Antigen therapy services	0.98	$46.07
95148		Antigen therapy services	0.88	$41.37
95149		Antigen therapy services	1.11	$52.18
95165		Antigen therapy services	0.29	$13.63
95170		Antigen therapy services	0.34	$15.98
95180		Rapid desensitization	3.79	$178.17
95199		Allergy immunology services	0.00	$0.00
95250		Glucose monitoring, cont	1.45	$68.16
95805		Multiple sleep latency test	8.52	$400.53
95805	TC	Multiple sleep latency test	5.76	$270.78
95805	26	Multiple sleep latency test	2.75	$129.28
95806		Sleep study, unattended	6.69	$314.50
95806	TC	Sleep study, unattended	4.29	$201.67
95806	26	Sleep study, unattended	2.40	$112.82
95807		Sleep study, attended	13.18	$619.59
95807	TC	Sleep study, attended	10.81	$508.18
95807	26	Sleep study, attended	2.37	$111.41

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CPT® CODE	MOD	DESCRIPTION	RVU	MAP
				RVU x $47.01
95808		Polysomnography, 1-3	13.14	$617.71
95808	TC	Polysomnography, 1-3	9.24	$434.37
95808	26	Polysomnography, 1-3	3.90	$183.34
95810		Polysomnography, 4 or more	21.40	$1,006.01
95810	TC	Polysomnography, 4 or more	16.27	$764.85
95810	26	Polysomnography, 4 or more	5.13	$241.16
95811		Polysomnography w/cpap	21.99	$1,033.75
95811	TC	Polysomnography w/cpap	16.48	$774.72
95811	26	Polysomnography w/cpap	5.51	$259.03
95812		Electroencephalogram (EEG)	5.31	$249.62
95812	TC	Electroencephalogram (EEG)	3.64	$171.12
95812	26	Electroencephalogram (EEG)	1.67	$78.51
95813		Electroencephalogram (EEG)	7.58	$356.34
95813	TC	Electroencephalogram (EEG)	4.95	$232.70
95813	26	Electroencephalogram (EEG)	2.63	$123.64
95816		Electroencephalogram (EEG)	4.76	$223.77
95816	TC	Electroencephalogram (EEG)	3.08	$144.79
95816	26	Electroencephalogram (EEG)	1.68	$78.98
95819		Electroencephalogram (EEG)	5.67	$266.55
95819	TC	Electroencephalogram (EEG)	3.99	$187.57
95819	26	Electroencephalogram (EEG)	1.68	$78.98
95822		Sleep electroencephalogram	3.21	$150.90
95822	TC	Sleep electroencephalogram	1.52	$71.46
95822	26	Sleep electroencephalogram	1.68	$78.98
95824		Electroencephalography	0.00	$0.00
95824	TC	Electroencephalography	0.00	$0.00
95824	26	Electroencephalography	1.17	$55.00
95827		Night electroencephalogram	4.06	$190.86
95827	TC	Night electroencephalogram	2.43	$114.23
95827	26	Night electroencephalogram	1.63	$76.63
95829		Surgery electrocorticogram	38.13	$1,792.49
95829	TC	Surgery electrocorticogram	28.19	$1,325.21
95829	26	Surgery electrocorticogram	9.93	$466.81
95830		Insert electrodes for EEG	5.62	$264.20
95831		Limb muscle testing, manual	0.82	$38.55
95832		Hand muscle testing, manual	0.79	$37.14
95833		Body muscle testing, manual	1.04	$48.89
95834		Body muscle testing, manual	1.24	$58.29
95851		Range of motion measurements	0.73	$34.32
95852		Range of motion measurements	0.62	$29.15
95857		Tensilon test	1.24	$58.29
95858		Tensilon test & myogram	2.84	$133.51
95858	TC	Tensilon test & myogram	0.44	$20.68
95858	26	Tensilon test & myogram	2.40	$112.82
95860		Muscle test, one limb	2.26	$106.24
95860	TC	Muscle test, one limb	0.77	$36.20
95860	26	Muscle test, one limb	1.50	$70.52
95861		Muscle test, two limbs	3.21	$150.90

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CPT® CODE	MOD	DESCRIPTION	RVU	MAP
				RVU x $47.01
95861	TC	Muscle test, two limbs	0.81	$38.08
95861	26	Muscle test, two limbs	2.40	$112.82
95863		Muscle test, 3 limbs	3.90	$183.34
95863	TC	Muscle test, 3 limbs	0.99	$46.54
95863	26	Muscle test, 3 limbs	2.91	$136.80
95864		Muscle test, 4 limbs	4.99	$234.58
95864	TC	Muscle test, 4 limbs	1.90	$89.32
95864	26	Muscle test, 4 limbs	3.09	$145.26
95867		Muscle test, head or neck	1.85	$86.97
95867	TC	Muscle test, head or neck	0.61	$28.68
95867	26	Muscle test, head or neck	1.24	$58.29
95868		Muscle test, head or neck	2.61	$122.70
95868	TC	Muscle test, head or neck	0.74	$34.79
95868	26	Muscle test, head or neck	1.86	$87.44
95869		Muscle test, thor paraspinal	0.81	$38.08
95869	TC	Muscle test, thor paraspinal	0.24	$11.28
95869	26	Muscle test, thor paraspinal	0.57	$26.80
95870		Muscle test, nonparaspinal	0.81	$38.08
95870	TC	Muscle test, nonparaspinal	0.24	$11.28
95870	26	Muscle test, nonparaspinal	0.57	$26.80
95872		Muscle test, one fiber	2.95	$138.68
95872	TC	Muscle test, one fiber	0.65	$30.56
95872	26	Muscle test, one fiber	2.30	$108.12
95875		Limb exercise test	2.69	$126.46
95875	TC	Limb exercise test	0.99	$46.54
95875	26	Limb exercise test	1.70	$79.92
95900		Motor nerve conduction test	1.22	$57.35
95900	TC	Motor nerve conduction test	0.57	$26.80
95900	26	Motor nerve conduction test	0.65	$30.56
95903		Motor nerve conduction test	1.21	$56.88
95903	TC	Motor nerve conduction test	0.28	$13.16
95903	26	Motor nerve conduction test	0.93	$43.72
95904		Sense nerve conduction test	1.05	$49.36
95904	TC	Sense nerve conduction test	0.52	$24.45
95904	26	Sense nerve conduction test	0.53	$24.92
95920		Intraop nerve test add-on	4.82	$226.59
95920	TC	Intraop nerve test add-on	1.36	$63.93
95920	26	Intraop nerve test add-on	3.46	$162.65
95921		Autonomic nerv function test	1.73	$81.33
95921	TC	Autonomic nerv function test	0.40	$18.80
95921	26	Autonomic nerv function test	1.33	$62.52
95922		Autonomic nerv function test	1.88	$88.38
95922	TC	Autonomic nerv function test	0.40	$18.80
95922	26	Autonomic nerv function test	1.48	$69.57
95923		Autonomic nerv function test	3.57	$167.83
95923	TC	Autonomic nerv function test	2.19	$102.95
95923	26	Autonomic nerv function test	1.39	$65.34
95925		Somatosensory testing	1.80	$84.62

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CPT® CODE	MOD	DESCRIPTION	RVU	MAP
				RVU x $47.01
95925	TC	Somatosensory testing	0.96	$45.13
95925	26	Somatosensory testing	0.84	$39.49
95926		Somatosensory testing	1.81	$85.09
95926	TC	Somatosensory testing	0.96	$45.13
95926	26	Somatosensory testing	0.85	$39.96
95927		Somatosensory testing	1.85	$86.97
95927	TC	Somatosensory testing	0.96	$45.13
95927	26	Somatosensory testing	0.89	$41.84
95930		Visual evoked potential test	1.23	$57.82
95930	TC	Visual evoked potential test	0.69	$32.44
95930	26	Visual evoked potential test	0.54	$25.39
95933		Blink reflex test	1.76	$82.74
95933	TC	Blink reflex test	0.84	$39.49
95933	26	Blink reflex test	0.92	$43.25
95934		H-reflex test	1.05	$49.36
95934	TC	H-reflex test	0.24	$11.28
95934	26	H-reflex test	0.81	$38.08
95936		H-reflex test	1.10	$51.71
95936	TC	H-reflex test	0.24	$11.28
95936	26	H-reflex test	0.86	$40.43
95937		Neuromuscular junction test	1.35	$63.46
95937	TC	Neuromuscular junction test	0.36	$16.92
95937	26	Neuromuscular junction test	0.99	$46.54
95950		Ambulatory eeg monitoring	7.42	$348.81
95950	TC	Ambulatory eeg monitoring	5.00	$235.05
95950	26	Ambulatory eeg monitoring	2.42	$113.76
95951		EEG monitoring/videorecord	23.65	$1,111.79
95951	TC	EEG monitoring/videorecord	14.36	$675.06
95951	26	EEG monitoring/videorecord	9.29	$436.72
95953		EEG monitoring/computer	11.50	$540.62
95953	TC	EEG monitoring/computer	6.76	$317.79
95953	26	EEG monitoring/computer	4.75	$223.30
95954		EEG monitoring/giving drugs	7.23	$339.88
95954	TC	EEG monitoring/giving drugs	3.43	$161.24
95954	26	EEG monitoring/giving drugs	3.79	$178.17
95955		EEG during surgery	3.70	$173.94
95955	TC	EEG during surgery	2.16	$101.54
95955	26	EEG during surgery	1.54	$72.40
95956		Eeg monitoring, cable/radio	16.46	$773.78
95956	TC	Eeg monitoring, cable/radio	11.73	$551.43
95956	26	Eeg monitoring, cable/radio	4.74	$222.83
95957		EEG digital analysis	4.90	$230.35
95957	TC	EEG digital analysis	1.83	$86.03
95957	26	EEG digital analysis	3.08	$144.79
95958		EEG monitoring/function test	8.48	$398.64
95958	TC	EEG monitoring/function test	1.88	$88.38
95958	26	EEG monitoring/function test	6.60	$310.27
95961		Electrode stimulation, brain	6.23	$292.87

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CPT® CODE	MOD	DESCRIPTION	RVU	MAP
				RVU x $47.01
95961	TC	Electrode stimulation, brain	1.36	$63.93
95961	26	Electrode stimulation, brain	4.86	$228.47
95962		Electrode stim, brain add-on	6.50	$305.57
95962	TC	Electrode stim, brain add-on	1.36	$63.93
95962	26	Electrode stim, brain add-on	5.14	$241.63
95965		Meg, spontaneous	0.00	$0.00
95965	TC	Meg, spontaneous	0.00	$0.00
95965	26	Meg, spontaneous	11.80	$554.72
95966		Meg, evoked, single	0.00	$0.00
95966	TC	Meg, evoked, single	0.00	$0.00
95966	26	Meg, evoked, single	6.09	$286.29
95967		Meg, evoked, each addl	0.00	$0.00
95967	TC	Meg, evoked, each addl	0.00	$0.00
95967	26	Meg, evoked, each addl	5.36	$251.97
95970		Analyze neurostim, no prog	0.71	$33.38
95971		Analyze neurostim, simple	1.21	$56.88
95972		Analyze neurostim, complex	2.54	$119.41
95973		Analyze neurostim, complex	1.52	$71.46
95974		Cranial neurostim, complex	4.77	$224.24
95975		Cranial neurostim, complex	2.67	$125.52
95990		Spin/brain pump refil & main	0.00	BR
95999		Neurological procedure	0.00	$0.00
96000		Motion analysis, video/3d	2.60	$122.23
96001		Motion test w/ft press meas	3.10	$145.73
96002		Dynamic surface emg	0.62	$29.15
96003		Dynamic fine wire emg	0.60	$28.21
96004		Phys review of motion tests	2.74	$128.81
96100		Psychological testing	1.99	$93.55
96105		Assessment of aphasia	1.99	$93.55
96110		Developmental test, lim	0.00	$0.00
96111		Developmental test, extend	1.99	$93.55
96115		Neurobehavior status exam	1.99	$93.55
96117		Neuropsych test battery	1.99	$93.55
96150		Assess hlth/behave, init	0.77	$36.20
96151		Assess hlth/behave, subseq	0.74	$34.79
96152		Intervene hlth/behave, indiv	0.71	$33.38
96153		Intervene hlth/behave, group	0.16	$7.52
96154		Interv hlth/behav, fam w/pt	0.69	$32.44
96155		Interv hlth/behav fam no pt	0.67	$31.50
96400		Chemotherapy, sc/im	0.15	$7.05
96405		Intralesional chemo admin	2.44	$114.70
96406		Intralesional chemo admin	3.77	$177.23
96408		Chemotherapy, push technique	1.02	$47.95
96410		Chemotherapy infusion method	1.61	$75.69
96412		Chemo, infuse method add-on	1.21	$56.88
96414		Chemo, infuse method add-on	1.41	$66.28
96420		Chemotherapy, push technique	1.32	$62.05
96422		Chemotherapy infusion method	1.31	$61.58

Procedure codes and abbreviated descriptors are from "Physicians' Current Procedural Terminology (CPT)", edition 2003. Refer to CPT for complete descriptors.

Fees are determined by the bureau using 2002 Relative Vaule Unit data.

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CPT® CODE	MOD	DESCRIPTION	RVU	MAP
				RVU x $47.01
96423		Chemo, infuse method add-on	0.50	$23.51
96425		Chemotherapy infusion method	1.50	$70.52
96440		Chemotherapy, intracavitary	10.59	$497.84
96445		Chemotherapy, intracavitary	11.05	$519.46
96450		Chemotherapy, into CNS	8.78	$412.75
96520		Pump refilling, maintenance	0.94	$44.19
96530		Pump refilling, maintenance	1.11	$52.18
96542		Chemotherapy injection	6.21	$291.93
96545		Provide chemotherapy agent	0.00	$0.00
96549		Chemotherapy, unspecified	0.00	$0.00
96567		Photodynamic tx, skin	1.68	$78.98
96570		Photodynamic tx, 30 min	1.67	$78.51
96571		Photodynamic tx, addl 15 min	0.83	$39.02
96900		Ultraviolet light therapy	0.49	$23.03
96902		Trichogram	0.69	$32.44
96910		Photochemotherapy with UV-B	1.42	$66.75
96912		Photochemotherapy with UV-A	1.61	$75.69
96913		Photochemotherapy, UV-A or B	2.41	$113.29
96920		Laser tx, skin < 250 sq cm	0.00	BR
96921		Laser tx, skin 250-500 sq cm	0.00	BR
96922		Laser tx, skin > 500 sq cm	0.00	BR
96999		Dermatological procedure	0.00	$0.00
99000		Specimen handling ***	0.00	$5.00
99001		Specimen handling	0.00	$0.00
99002		Device handling	0.00	$0.00
99024		Postop follow-up visit	0.00	$0.00
99025		Initial surgical evaluation***	0.00	$55.00
99026		In-hospital on call service	0.00	BR
99027		Out-of-hosp on call service	0.00	BR
99050		Medical services after hrs***	0.00	$5.00
99052		Medical services at night***	0.00	$5.00
99054		Medical servcs, unusual hrs***	0.00	$12.00
99056		Non-office medical services	0.00	$0.00
99058		Office emergency care	0.00	$0.00
99070		Special supplies	0.00	$0.00
99071		Patient education materials	0.00	$0.00
99075		Medical testimony	0.00	$0.00
99078		Group health education	0.00	$0.00
99080		Special reports or forms	0.00	$0.00
99082		Unusual physician travel	0.00	$0.00
99090		Computer data analysis	0.00	$0.00
99091		Collect/review data from pt	0.00	$0.00
99100		Special anesthesia service	0.00	$0.00
99116		Anesthesia with hypothermia	0.00	$0.00
99135		Special anesthesia procedure	0.00	$0.00
99140		Emergency anesthesia	0.00	$0.00
99141		Sedation, iv/im or inhalant	3.01	$141.50
99142		Sedation, oral/rectal/nasal	1.91	$89.79

Procedure codes and abbreviated descriptors are from "Physicians' Current Procedural Terminology (CPT)", edition 2003. Refer to CPT for complete descriptors.

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CPT® CODE	MOD	DESCRIPTION	RVU	MAP
				RVU x $47.01
99170		Anogenital exam, child	3.95	$185.69
99172		Ocular function screen	0.00	$0.00
99173		Visual acuity screen	0.00	$0.00
99175		Induction of vomiting	1.49	$70.04
99183		Hyperbaric oxygen therapy	3.43	$161.24
99185		Regional hypothermia	0.67	$31.50
99186		Total body hypothermia	2.51	$118.00
99190		Special pump services	0.00	$0.00
99191		Special pump services	0.00	$0.00
99192		Special pump services	0.00	$0.00
99195		Phlebotomy	0.46	$21.62
99199	32	Special service/proc/report **(See Table 1501-A)**	0.00	$25.00
		Table 101502, Miscellaneous Procedures		
		See Rule R 418.151502 of HCR ***		
99000		Handling or conveyance of specimen	***	$5.00
99025		New patient exam with a starred surgical procedure	***	$55.00
99050		After hour office service monday-friday (R 418.10202)	***	$5.00
99052		Services between 10:00pm and 8:00am	***	$5.00
99054		Weekend, holiday after hour office service	***	$12.00
99199		Carrier arranged missed appointment. (see R 418.10111)	***	BR
99199	32	Carrier or requested report, per page (see R 418.10114)	***	$25.00
WC700		Prescription drug dispense fee (R 418.10912(4)	***	$4.00
99455	32	Carrier requested visit for job evaluation (R 418.10404)	***	$70.00
RN001		Rehabilitation or case manager visit (see R 418.10121)	***	$25.00

Procedure codes and abbreviated descriptors are from "Physicians' Current Procedural Terminology (CPT)", edition 2003. Refer to CPT for complete descriptors.

Fees are determined by the bureau using 2002 Relative Vaule Unit data.

Chapter 12

Physical Medicine and Manipulation

This section stipulates only those policies and procedures that are unique to physical medicine and manipulative services. Additional policies and procedures that apply to all providers are listed in Chapters 1-5 of this manual.

Manipulative Services

The initial office visit to determine the need for manipulative services is billed with the appropriate E/M procedure code by both chiropractic and osteopathic physicians. Ongoing manipulative services include a pre-manipulative patient evaluation. An E/M service **with ongoing manipulation** is only payable when documentation supports a significant change in signs and symptoms, or a periodic re-evaluation is required, or for the evaluation of another work related problem. **The E/M service would be reported using modifier -25.** Rationale for significant other services must be documented in the record.

The following documentation must be submitted to the carrier:

- The initial evaluation including:

    1. Evaluation of function in measurable terms
    2. A goal statement
    3. Treatment plan
    4. Physical and functional improvement in measurable terms and what improvement should be noted if therapy were to continue

- A progress report each 30 days of treatment
- A discharge evaluation

Chiropractic Manipulative Treatment (CMT) is billed with procedure codes 98940-98942. Procedure code 98943, which is not in the scope of practice for Michigan-based chiropractic physicians, is not payable to Michigan providers.

Osteopathic Manipulative Treatment (OMT) is billed with procedure codes 98925-98929.

Physical Medicine Services (Procedure Codes 97000-97999)

Licensed chiropractors, physicians (M.D. 's and D.O.' s) physical and occupational therapists, dentists, and podiatrists may bill and be paid for physical medicine services (97001-97799). Physical medicine services will be paid when the therapy provided is likely to restore function and is specific to the improvement in the patient's condition.

When the treating provider (M.D., D.O., chiropractor, dentist, or podiatrist) provides physical medicine services in the office, an office visit shall not be paid when the sole purpose of the visit is to evaluate the patient's progress in physical treatment. Evaluation and management (E/M) services will be paid in addition to physical medicine services (including manipulative services) ***only*** when the documentation supports a significant other service is performed. **When billing the E/M service with ongoing physical medicine (or manipulation services), modifier -25 is appended to the E/M code indicating a significant other service was performed other than the physical medicine service.**

Physical therapy is when physical medicine services 97001-97799 are provided by a physical therapist and occupational therapy is when procedure codes 97001-97799 are provided by an occupational therapist. An occupational or physical therapist must not use the E/M codes to describe the evaluation, but would use procedure codes 97001-97004.

Documentation and Policies

The following documentation must be submitted:

- The **initial evaluation** including:

  1. **A treatment plan** with measurable goals

  2. Description of **objective findings**

  3. Documentation of **limitations,** if any

- Progress report every 30 days documenting progress towards measurable goals
- Discharge summary

  Note: A periodic re-evaluation is appropriately performed and is payable prior to the ending of the prescribed treatment or when the patient develops a significant change in signs or symptoms. When no progress is documented towards the goals, a re-evaluation may be done to change the treatment plan or to discontinue treatment. Ongoing therapy should not be reimbursed unless a treatment plan with measurable goals has been submitted to the carrier.

Physical and occupational therapists will use evaluation procedure codes within the physical medicine section to describe the initial evaluation. Physicians and other providers would use the E/M service to describe the evaluation performed prior to beginning physical medicine services.

Physical treatment services are payable on the same day as the evaluation. If **therapeutic procedures are performed on the same day as the evaluation**, appropriate modalities may also be billed.

Supervised modalities, those not requiring one-on-one contact by the provider **will not be paid unless accompanied by therapeutic procedures**. (Manipulation services, procedure codes 98925-98942 are considered therapeutic procedures in addition to 97110-97546).

Constant attendance modalities, those services requiring one-on-one contact with the provider, may be billed and paid without being accompanied by the therapeutic procedures. **Phonophoresis** is billed with procedure 97035-22 and is reimbursed the same as 97035 plus $2.00 for the active ingredient.

Functional (Work) Capacity Assessment (FCA)

Procedure **code 97750** is used to report the functional capacity testing. Total payment for the initial **testing shall not exceed 24 units or 6 hours**. A copy of the report and notes must be submitted with the bill. No more than 4 additional units shall be paid for a re-evaluation if performed within 2 months of the initial FCA.

Work Hardening and Work Conditioning

Work hardening and work conditioning are **goal-oriented therapies** designed to prepare injured workers **for their return to work**. Use procedure codes 97545 and 97546 to report these services. Work hardening procedures are considered by report as no RVU is available and the carrier will reimburse at usual and customary or reasonable, whichever is less, unless a pre-determined contractual agreement is made.

Job Site Evaluation

A carrier may request a certified occupational therapist or a registered physical therapist to complete a job site evaluation. Reimbursement for the job site evaluation is not based upon relative values, but is determined on a contractual basis between the carrier and the provider. A copy of the report must be included when submitting the bill to the carrier. The codes to bill for the job site evaluation are as follows:

Code	Work Comp Code	MAP
WC500	Job site evaluation: patient specific, initial 60 minutes	BR
WC505	Each additional 30 minutes	BR
WC550	Job site treatment; patient specific, initial 60 minutes	BR

Code	Work Comp Code	MAP
WC555	Each additional 30 minutes	BR
WC600	Mileage for job site evaluation or job site treatment per mile	State rate

The mileage is reimbursed based upon the state approved rate that is in effect for the date of service. The state approved rate is based on the Federal Standard Mileage Rate (IRS determined rate). The bureau website under Publications, Travel Reimbursement, lists past and current travel reimbursement.

Extremity Splints

Extremity splints may be prefabricated, off-the-shelf, custom-made, or custom-fit. Prefabricated splints are billed with procedure A4570 or 99070 and are payable at AWP plus not more than 50%.

When a therapist constructs a splint the service is described with procedure L3999. A report must be submitted with the bill to document the description of the splint, the time taken to construct the splint, and the charge for additional materials.

When a therapist modifies a prefabricated splint, the service would be billed with A4570 and modified with -22. A report would be included to indicate the time necessary to modify the splint and any additional material used.

Supplies

All of the supplies (e.g., electrodes and solutions) necessary to perform any of the physical medicine services are included in the MAP amount for the procedure.

If a provider dispenses a supply (e.g., lumbar roll, support, or cervical pillow), it shall be billed with procedure 99070 and the carrier will pay the average wholesale price of the supply, plus not more than a 50% mark-up. Redbook lists many average wholesale prices for the expendable medical supplies.

Medical supplies are not routinely used in the course of physical and occupational therapy. However, dressings that must be removed before treatment and replaced after treatment may be billed and paid. The supplies should be billed with 99070 or the appropriate code from Medicare's Level II HCPCS codes. Supplies are reimbursed at AWP plus not more than 50%.

Billing Guidelines

When billing physical therapy or occupational therapy, **a physician's prescription** should be attached to the charges.

CPT® codes 97010-97028 are **supervised modalities** for the application of a modality to one or more areas and **are not billed according to units or minutes of service**.

CPT® codes 97032-97039 are for the application of a modality to one or more areas, requiring one-on-one patient contact by the provider, and are billed in 15-minute increments. CPT™ codes 97110-97770 require one-on-one patient contact by the provider and are billed in 15-minute increments.

Procedure code 97750 is used for reporting Functional Capacity Assessment (FCA) testing and testing by means of a mechanical machine. Use of a back machine (mechanical or computerized) is also reported using 97750.

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CPT® CODE	MOD	DESCRIPTION	RVU	MAP
				RVU x $47.01
97001		PT evaluation	2.01	$94.49
97002		PT re-evaluation	1.05	$49.36
97003		OT evaluation	2.02	$94.96
97004		OT re-evaluation	1.34	$62.99
97005		Athletic train eval	0.00	$0.00
97006		Athletic train reeval	0.00	$0.00
97010		Hot or cold packs therapy	0.12	$5.64
97012		Mechanical traction therapy	0.39	$18.33
97014		Electric stimulation therapy	0.39	$18.33
97016		Vasopneumatic device therapy	0.35	$16.45
97018		Paraffin bath therapy	0.20	$9.40
97020		Microwave therapy	0.13	$6.11
97022		Whirlpool therapy	0.45	$21.15
97024		Diathermy treatment	0.13	$6.11
97026		Infrared therapy	0.13	$6.11
97028		Ultraviolet therapy	0.16	$7.52
97032		Electrical stimulation	0.49	$23.03
97033		Electric current therapy	0.43	$20.21
97034		Contrast bath therapy	0.38	$17.86
97035		Ultrasound therapy	0.32	$15.04
97036		Hydrotherapy	0.65	$30.56
97039		Physical therapy treatment	0.30	$14.10
97110		Therapeutic exercises	0.78	$36.67
97112		Neuromuscular reeducation	0.79	$37.14
97113		Aquatic therapy/exercises	0.85	$39.96
97116		Gait training therapy	0.66	$31.03
97124		Massage therapy	0.59	$27.74
97139		Physical medicine procedure	0.45	$21.15
97140		Manual therapy	0.71	$33.38
97150		Group therapeutic procedures	0.52	$24.45
97504		Orthotic training	0.78	$36.67
97520		Prosthetic training	0.71	$33.38
97530		Therapeutic activities	0.94	$44.19
97532		Cognitive skills development	0.64	$30.09
97533		Sensory integration	0.68	$31.97
97535		Self care mngment training	0.85	$39.96
97537		Community/work reintegration	0.68	$31.97
97542		Wheelchair mngment training	0.70	$32.91
97545		Work hardening	0.00	BR
97546		Work hardening add-on	0.00	BR
97601		Wound(s) care, selective	2.48	$116.58
97602		Wound(s) care non-selective	0.00	$0.00
97703		Prosthetic checkout	0.74	$34.79
97750		Physical performance test	0.74	$34.79
97780		Acupuncture w/o stimul	0.00	$0.00
97781		Acupuncture w/stimul	0.00	$0.00
97799		Physical medicine procedure	0.00	$0.00
97802		Medical nutrition, indiv, in	0.47	$22.09

Procedure codes and abbreviated descriptors are from "Physicians' Current Procedural Terminology (CPT)", edition 2003. Refer to CPT for complete descriptors.

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CPT® CODE	MOD	DESCRIPTION	RVU	MAP
97803		Med nutrition, indiv, subseq	0.47	$22.09
97804		Medical nutrition, group	0.19	$8.93
98925		Osteopathic manipulation	0.86	$40.43
98926		Osteopathic manipulation	1.15	$54.06
98927		Osteopathic manipulation	1.47	$69.10
98928		Osteopathic manipulation	1.71	$80.39
98929		Osteopathic manipulation	1.95	$91.67
98940		Chiropractic manipulation	0.73	$34.32
98941		Chiropractic manipulation	1.02	$47.95
98942		Chiropractic manipulation	1.33	$62.52
98943		Chiropractic manipulation	0.77	$36.20

Procedure codes and abbreviated descriptors are from "Physicians' Current Procedural Terminology (CPT)", edition 2003. Refer to CPT for complete descriptors.

Fees are determined by the bureau using 2002 Relative Vaule Unit data.

Chapter 13

Special Reports and Services

This section lists only those policies and procedures which are unique to special reports and services. Providers may bill these codes as they apply.

Nurse Case Manager

If a carrier assigns a nurse case manager or rehabilitation nurse to a worker compensation case and the nurse accompanies the worker to the physician office visit, the provider may bill the carrier for the additional time and work involved secondary to the nurse case manager accompanying the worker.

A nurse case manager visit may be billed in conjunction with an office visit. The provider would bill the appropriate E/M procedure code and RN001. Both codes are reimbursed at 100%.

Additionally, if the case manager accompanies the worker to a routine follow-up visit during the global surgery period, the nurse case manager visit is billed with RN001. When the visit is for routine, uncomplicated care during the global surgery period, the E/M service is identified with 99024 and is not reimbursed separately as the visit is included in the global surgery package.

Carrier or Employer Requested Visits for the Purpose of Job Restrictions or Revisions

When a carrier requests that a worker be seen during the global surgery period for the purpose of reviewing a worker's job tasks, job restrictions, or to make revisions or adjustments to the worker's job, then the carrier will reimburse the provider for the visit even though the visit occurs within the global follow-up period for the surgery.

The carrier is required to prior authorize the visit and must not deny the visit. The provider will bill the visit with procedure code 99455 using modifier 32 for carrier mandated service. The carrier shall reimburse 99455-32 at the amount listed in Table 1501-A of the HealthCare Services Rules.

Carrier Requested Reports

If a carrier requests the provider to generate a report that is over and above the reports contained within the medical record, then the carrier must reimburse the provider for that report. The provider will bill the report with procedure code 99199 using modifier 32 for carrier requested service.

The carrier will reimburse the provider at $25.00 per page if the report is 3 pages or less. If the report is more extensive then reimbursement shall be considered "by

report." Because the rules do not prohibit the carrier and provider from entering into a contractual agreement this report could also be reimbursed contractually.

Copies of Reports and Records

Providers are required to include certain copies of the medical record (refer to R 418.10113, R 418.10212, and R 418.10901(3)) when submitting claims and may not charge the carrier for those required reports. When the carrier (or the carrier's agent) requests additional medical records pertaining to a **specific date of injury** or duplicate copies of the medical record, the provider may bill for those records. The carrier will reimburse the provider for the additional records or duplicate copies as follows:

- 25 cents per page, plus
- The actual cost of mailing the records, plus
- A handling fee outlined in the following table:

0-30 minutes	$3.50
31-60 minutes	$7.00
Each additional 30 minute increment	$3.50

Medical records pertaining to a specific date of injury may be requested by:

- A carrier or their agent (attorney or review company)
- An injured worker or their agent (attorney)

Note: The provider may bill their usual and customary charge for records that do not pertain to a specific date of injury (other than the case record).

Services Occurring "After Hours"

When an office service occurs after a provider's normal business hours, procedure codes 99050-99058 may be billed. Payment shall not be made for these codes when the service occurs during the provider's normal hours of business (e.g., emergency room or clinics that are open 16-24 hours of the day).

Miscellaneous Procedures. (See Rule 418.101502)

99000			Handling or conveyance of specimen		$5.00
99025			New patient exam with a starred surgical procedure		$55.00
99050			After hour office service monday-friday (R 418.10202)		$5.00
99052			Services between 10:00pm and 8:00am		$5.00
99054			Weekend, holiday after hour office service		$12.00
99199			Carrier arranged missed appointment. (R 418.10111)		BR
99199		32	Carrier or requested report, per page (R 418.10114)		$25.00
WC700			Prescription drug dispense fee (R 418.10912(4)		$4.00
99455		32	Carrier requested visit for job evaluation (R 418.10404)		$70.00
RN001			Rehabilitation or case manager visit (R418.10121)		$25.00

Chapter 14

Ancillary Services

This section contains information specific to ancillary services. The services cited in this chapter (with the exception of the L-Code procedures) are considered "by report" and do not have assigned fees. Refer to Medicare's National Level II HCPCS for a complete listing of all ancillary procedures. Fees for the L-Code procedures will be published in the Health Care Services Rules in R 418.101504. In addition, this section also includes specific workers' compensation codes for billing home health services.

The following services are considered ancillary services. The ancillary service(s) provided to treat a covered work injury or illness is covered under the Workers' Disability Compensation Act and the Health Care Services Rules. A complete listing of all of the procedure codes used for the following services may be found in Medicare's National Level II HCPCS:

- **Ambulance Services** (Codes A0021-A0999)
- **Expendable Medical and Surgical Supplies** (A4000-A8999)
- **Dental Procedures** (D0120-D9999)

  Note: Omitting the "D" preceding the procedure may also be seen and is acceptable when billing dental procedures.
- **Durable Medical Equipment** (E0100-E9999)
- **Orthotic and Prosthetic Procedures** (L0000-L9999)
- **Vision Services** (V0000-V2999)
- **Hearing Services** (V5000-V5999)
- **Home Health Services** (Primarily found in S-Section, temporary national codes)

The durable medical and expendable medical supplies are reimbursed at average wholesale price (AWP), plus not more than 50%. When billing durable medical supplies, a copy of the prescription is attached to the bill.

Chapter 14 Ancillary Services

There are no set fees for the ancillary services and with exception of dental services; the following services are practitioner services, billed on the HCFA 1500 claim form. Dental services are billed using the Standard American Dental claim form.

All services noted below are reimbursed "by report", BR. This means the service is reimbursed at either the practitioner's usual and customary charge or reasonable, whichever is less. Definitions for usual and customary are found in R 418.10109.

- Ambulance services
- Dental services
- Home health services
- Hearing services
- Vision services

"Reasonable amount" is defined as a payment based upon the amount generally paid in the state for a particular procedure code. Generally, data from all other payers across the board is considered when determining reasonable payment.

"Usual and Customary charge" means a particular provider's average charge for a procedure to all payment sources, calculated based on data beginning January 1, 1995.

Home Health Services

The home health services for worker' compensation in Michigan are billed on the UB-92 claim form submitted to the carrier using procedure codes from either the S or G series of procedure codes from HCPCS, Medicare' s Level II as adopted by reference in R 418.10107

If a home health agency bills for therapy services by an occupational therapist, a physical therapist, or a speech and language pathologist, the agency will use the appropriate HCPCS coding to describe the therapy services.

A home health agency may bill supplies using the appropriate supply code from the HCPCS Medicare Level II book, adopted by reference in R 418.10107. Progress notes will be submitted with the charges to document the services and supplies on the bill.

There are no set fees for the home health services. Any of the practitioner services rendered in the home are by report and are reimbursed at either the provider's usual and customary charge as defined in the rules or reasonable, whichever is less. Therapy services may be reimbursed at a per diem rate when the code is described as a per diem service or by the total time of the service if the procedure billed indicates it is time-based. Per-diem would be a daily rate or visit. Supplies dispensed as part of the home care service are reimbursed as in the next paragraph.

Supplies

Expendable medical supplies and durable medical equipment are paid at the average wholesale price, plus a markup of not more than 50% above average wholesale price. The Redbook, as adopted in the Health Care Services Rules, R 418.10107, lists many of the wholesale prices for the expendable medical supplies.

Orthotic and Prosthetic Services

The treating practitioner prescribes orthotic or prosthetic services. When these services are billed, a copy of the prescription is included with the charges. Orthotic equipment or orthosis means an orthopedic apparatus or device that is designed to support, align, prevent, or correct deformities of, or improve the function of, a moveable body part. An orthotist is a practitioner skilled in the design, fabrication, and fitting of an orthosis or orthotic equipment. Orthotic equipment may be any of the following:

- Custom-fit which means the device is fitted to a specific patient.
- Custom-fabricated which mean the device is made for a specific patient from individualized measurements, pattern, or both.

- Non-custom supply means that the device is prefabricated, off-the-shelf, requires little or no fitting, and minimal instruction. A non-custom supply is intended for short-term use and does not include prosthetic procedures.

Prosthesis means an artificial limb or substitute for a missing body part. A prosthesis is constructed by a prosthetist, a practitioner who is skilled in the design, fabrication, and fitting of artificial limbs or prosthesis.

An orthotic or prosthetic procedure code that does not have an assigned fee is considered “by report” and requires a written description accompanying the charges on the HCFA 1500 claim form. The report shall include:

- Date of service
- A description of the service provided
- The time involved
- The charge for materials/components

The L-Code procedures with assigned maximum allowable payments are listed in The Health Care Services Rules in R 418.101504.

Chapter 15

Hospital and Facility Services

This section stipulates policies and procedures that are unique to hospitals and other facilities. Additional policies and procedures that apply to all providers are listed in Chapters 1-5 of this manual.

General Information and Overview

Facilities that are licensed by the state of Michigan will be paid in accord with the Health Care Services Rules for services provided to injured workers. A carrier is not required to pay for facility services when a facility is not licensed. A facility may not balance-bill an injured worker for compensable services rendered to treat a work related illness or injury.

When a hospital located outside the state of Michigan bills a carrier for services rendered to a Michigan injured worker, the carrier should use the out-of-state ratio to process the charges. If the out-of-state hospital does not accept the Michigan fee schedule, the carrier must resolve the issue with the provider to prevent the Michigan injured worker from being balance-billed.

Licensed Facility Services (including hospitals)

A facility, as defined by the Health Care Services Rules, shall submit facility charges on a UB-92 claim form to the carrier. The "Michigan Uniform Billing Manual" contains instructions for facility billing and can be ordered from the Michigan Health and Hospital Association, 6215 West St. Joseph Hwy, Lansing MI, 48917, (517) 323-3443.

A hospital or a facility shall include the following information on the UB-92 claim form:

- Revenue codes
- ICD.9.CM code
- CPT® codes identifying the surgical, radiological, laboratory, medicine, and E/M services

A hospital billing for outpatient laboratory or physical medicine services, (e.g., physical and occupational therapy and speech therapy) will identify the services performed with revenue codes. CPT® procedural coding is not required for PT, OT, and speech therapy performed in the hospital setting as the services are reimbursed by the ratio methodology. Refer to Part 9, Section B, of the Health Care Rules for facility billing. Reimbursement for facility services is found in Part 10, Section B, of the Workers' Disability Compensation Health Care Services Rules.

A facility billing for a practitioner service shall submit the charges on the HCFA 1500 claim form.

Examples of Facility Billing for Practitioner Services:

- ♦ A hospital billing for a CRNA or anesthesiologist, or both
- ♦ A hospital billing for a radiologist
- ♦ Professional component of a laboratory or medicine service
- ♦ A hospital or hospital system-owned occupational or industrial clinic
- ♦ A hospital or hospital system-owned office practice

Facility other than a Hospital

A licensed facility other than a hospital must also use the UB-92 claim form to submit charges and must follow the billing procedures outlined in the UB-92 Billing Manual. A licensed facility other than a hospital will be reimbursed not more than the provider's usual and customary charge or reasonable amount, whichever is less.

When a licensed facility other than a hospital bills radiology or laboratory services, only the technical services shall be billed on the UB-92 claim form. Any professional charges, including anesthesiology services, shall be billed on the HCFA 1500 claim form.

Note: To verify facility licensure, the carrier may contact the Bureau of Health Systems at (517) 241-2626. A booklet listing all of the licensed facilities and the addresses can be purchased from the Bureau of Health Systems, PO Box 30664, Lansing MI, 48909.

Reimbursement for Hospital Facility Services

Hospital Ratio Payment Methodology

The following hospital services are paid by the ratio methodology:

- Inpatient or observation care
- Emergency department care
- Physical medicine services (occupational, physical, and speech therapy)
- Outpatient surgery services
- Laboratory services and outpatient services not listed in Table 10922 of the Health Care Services Rules, R 418.1010922.

  Note: The following "technical" services performed in the hospital would not have professional components and must also be paid by the ratio methodology:

1. Casting and strapping procedures performed by hospital technicians
2. EKG, tracing only procedures

Note: Procedure codes describing **professional service** only **shall not be included on the UB-92.** Examples: 53670, 93000, 93015, 93040, and 93720.

Calculating Hospital Payments by Ratio Methodology

The carrier will use the following formulas to calculate hospital reimbursement for ratio methodology payments:

- **Paying a properly submitted bill within 30 days**:
  (Appropriate charges x hospital ratio for the date of service x 107%)

- **Paying a properly submitted bill after 30 days**:
  (Appropriate charges x hospital ratio for the date of service x 110%)

Billing for Facility Component of Minor Services Performed in the Outpatient Hospital Setting

When procedures located in Table 10922 are performed in the outpatient hospital setting after the initial 10 days of care for an injury, the hospital shall only be paid either the technical component of the procedure listed in the rules or 60% of the MAP for the medical and surgical procedure codes if no technical component is listed. When radiology procedures are performed in the outpatient facility after the initial 10 days of care, the hospital will be paid by the relative value for the technical component (-TC) of the procedure.

The minor procedures listed in Table 10922 are those procedures that could safely be performed in settings other than an outpatient hospital and concerns the technical portion of the procedure only.

The following are exceptions to this rule and are paid by ratio methodology:

1. Services received in the **first 10 days of commencing care** for a work injury

2. **Inpatient or observation stays or services appropriately performed in an emergency room** (ex: Urgent or emergency services performed after the first 10 days of care that are required after the treating practitioner's routine office hours)

3. **Outpatient surgery**

4. When service is combined with another procedure not considered to be minor (**ex: a cat scan**, a minor procedure in Table 10922, **performed with a myelogram** or other outpatient surgery)

Note: **The following table was excerpted from the Health Care Services Rules, R 418.10922:**

TABLE 10922				
10060	20665-20670	30901	65205-65222	92531-92599
10120	23065	40800	67700	93740
10140	23330	40804	67715-67805	94010-95065
10160	24065	40820	67810-67825	95115-95199
11000	24200	41000-41005	67938	95180
11040	25065	41800-41805	69000	95860-95904
11100-11101	26010	42300	69020	95930-95937
11720-11750	27040	42310	70030-70360	98925-98943
11900-11901	27086	45300	70450-71030	99195
12001-12004	27323	45330	71100-72220	99201-99215
15860	27613	46050	73000-74020	99241-99245
16000	28001	50398	74400-74420	90801-90815
16020-16030	28190	51000	78300-78699	
20500	30000-30100	51700-51710	90901-90911	
20520	30200-30210	53600-53661	92002-92014	
20550-20610	30300	53670-53675	92230-92504	

Table 10922 listed above for the facility component of the service corresponds to Table 10916 listed below. The corresponding Table 10916 was also excerpted from the Health Care Services Rules and concerns the practitioner portion for the services on the table.

Billing for Practitioner Component for Minor Services Performed in the Outpatient Hospital

When a practitioner performs a procedure from Table 10916 in the outpatient hospital setting, the practitioner must identify the service with modifier -26 to signify the professional component and will be paid 40% of the MAP allowance.

Exceptions to the practitioner services in Table 10916 are as follows:

- An emergency room physician providing emergency room services is paid at 100% of the MAP

  Note: Hospital occupational clinics are required to bill all services on the HCFA 1500 as a practitioner service, using site of service "3". The hospital should not "split-bill" with facility charges on the UB-92 and professional charges on the HCFA 1500. The hospital occupational clinic shall be paid as a practitioner and receive 100% of the MAP amounts listed in this manual.

TABLE 10916				
10060	20665-20670	30901	65205-65222	92531-92599
10120	23065	40800	67700	93740
10140	23330	40804	67715-67805	94010-95065
10160	24065	40820	67810-67825	95115-95199
11000	24200	41000-41005	67938	95180
11040	25065	41800-41805	69000	95860-95904
11100-11101	26010	42300	69020	95930-95937
11720-11750	27040	42310	70030-70360	98925-98943
11900-11901	27086	45300	70450-71030	99195
12001-12004	27323	45330	71100-72220	99201-99215
15860	27613	46050	73000-74020	99241-99245
16000	28001	50398	74400-74420	90801-90815
16020-16030	28190	51000	78300-78699	
20500	30000-30100	51700-51710	90901-90911	
20520	30200-30210	53600-53661	92002-92014	
20550-20610	30300	53670-53675	92230-92504	

State of Michigan
John Engler, Governor

Department of Consumer & Industry Services
Noelle A Clark, Director

Bureau of Workers' & Unemployment Compensation
Health Care Services Division
7150 Harris Drive
P.O. Box 30016
Lansing, MI 48909
(517) 322-5433
FAX: (517) 322-6689
www:michigan.gov/bwuc

November 6, 2002

MEMORANDUM

TO: **All payers and bill reviewers for Michigan Workers' Compensation**

FROM: Sheila Wilkinson, Sr. Analyst, BWUC-HCSD

RE: **New maximum payment ratio for Oakwood Hospital and Medical Center**

Oakwood Hospital and Medical Center, including Oakwood Annapolis Hospital, Oakwood Heritage Hospital and Oakwood Southshore Medical Center has applied for an adjustment to their maximum hospital payment ratio. The updated maximum payment ration was calculated using the most recent fiscal year ending of 12/31/2001, in accord with R 418.101103.

Oakwood Hospital and Medical Center, FEIN 38-1404141 shall have an adjusted hospital payment ratio of **.4964** effective for dates of service on or after 12/1/2002.

Please update your workers' compensation payment systems accordingly for this hospital.

BWUC
HCSD

Hospital Maximum Payment Ratio

FEIN*	Hospital Name	Fiscal Year End	Hospital Ratio
38-1359180	Allegan General Hospital	12/31/2000	0.6961
38-6000029	Alpena General Hospital	6/30/2001	0.5808
38-3346378	Aurora Healthcare, Inc.	3/31/2001	0.5999
38-2892565	Baraga County Memorial Hospital	9/30/2001	0.8911
38-2776791	Battle Creek Health System	6/30/2001	0.5508
38-1976271	Bay Medical Center	6/30/2001	0.5197
38-1368330	Bi-County Community Hospital	12/31/2000	0.5442
38-3404533	Bon Secours Hospital	8/31/2001	0.4294
38-1360526	Borgess Hospital	6/30/2001	0.6296
38-1426919	Botsford General Osteopathic Hospital	12/31/2000	0.5874
38-1359087	Bronson Methodist Hospital	12/31/2000	0.6595
38-2610349	Bronson Vicksburg Hospital	12/31/2000	0.6611
38-1891817	Caro Community Hospital	12/31/2000	0.7111
38-1490180	Carson City Osteopathic Hospital	12/31/2000	0.6485
38-1420304	Central Michigan Community Hospital	9/30/2001	0.5445
38-1459366	Charlevoix Area Hospital	3/31/2001	0.7045
38-1398825	Cheboygan Memorial Hospital	3/31/2001	0.5844
38-1917674	Chelsea Community Hospital	12/31/2000	0.6371
38-1357994	Children's Hospital of Michigan	12/31/2000	0.6020
38-2602147	Chippewa War Memorial Hospital	9/30/2001	0.5692
38-1358172	Clinton Memorial Hospital	12/31/2000	0.7610
38-6108110	Community Health Center	12/31/2000	0.5749
38-368745	Community Hospital - Watervliet	9/30/2001	0.6555
	Cottage Hospital of Grosse Pointe	8/31/2001	0.3622
38-3369438	Covenant Medical Center, Inc.	6/30/2001	0.4553
38-1359247	Crittenton Hospital	12/31/2000	0.4477
38-1415390	Deckerville Community Hospital	6/30/2001	0.8177
38-2320476	Detroit Receiving Hospital	12/31/2000	0.6450
38-2780429	Dickinson County Memorial Hospital	12/31/2000	0.5103
38-1218485	Doctors Hospital of Jackson	6/30/2001	0.5571
38-1559180	Eaton Rapids Medical Center	6/30/2001	0.7208
38-1360584	Edward W. Sparrow Hospital	12/31/2000	0.4862
38-2796005	Emma L. Bixby Hospital	12/31/2000	0.6026
38-3527511	Forest Health Medical Center, Inc.	12/31/2000	0.4177
23-2285657	Forest View Psychiatric Hospital	12/31/2000	0.4337
38-1394903	Francis Bell Memorial Hospital	6/30/2001	0.6622
38-1358390	Garden City Osteopathic Hospital	9/30/2001	0.4214
38-2377821	Genesys Reg. Med Ctr	6/30/2001	0.6887
38-1359517	Gerber Memorial Hospital	6/30/2001	0.6412
38-2908586	Grand View Hospital	12/31/2000	0.5707
38-1437919	Gratiot Community Hospital	6/30/2001	0.6063
38-1426919	Great Lakes Regional Rehab Hospital	12/31/2000	0.4869
38-1358196	Hackley Hospital	3/31/2001	0.5861
38-1565380	Harbor Beach Community Hospital	2/28/2001	0.8080
34-3232990	Harbor Oaks Hospital	6/30/2001	0.4851
38-2391907	Harper University Hospital	12/31/2000	0.5845
38-2409580	Havenwyck Hospital	6/30/2001	0.5341
38-2007629	Hayes Green Beach Memorial Hospital	3/31/2001	0.6570
38-6004889	Healthsource Saginaw	12/31/2000	0.8532
38-2873485	Helen Newberry Joy Hospital	12/31/2000	0.7904

*The bureau is not responsible for ensuring that the FEIN number is correct.

Effective for dates of service on or after 10/31/2002.

Hospital Maximum Payment Ratio

FEIN*	Hospital Name	Fiscal Year End	Hospital Ratio
38-1357020	Henry Ford Hospital	12/31/2000	0.6093
38-2791823	Henry Ford Wyandotte Hospital	12/31/2000	0.4013
38-3049015	Herrick Memorial Hospital, Inc.	12/31/2000	0.6798
38-1619577	Hills & Dales General Hospital	3/31/2001	0.7196
38-6005550	Hillsdale Community Health Center	6/30/2001	0.5232
38-2800065	Holland Community Hospital	3/31/2001	0.6007
38-6005601	Hurley Medical Center	6/30/2001	0.6201
38-1474929	Huron Memorial Hospital	9/30/2001	0.6318
38-2155995	Huron Valley - Sinai Hospital	12/31/2000	0.4323
38-1434090	Ingham Regional Medical Center	9/30/2001	0.5154
38-3218134	Ionia County Memorial Hospital	6/30/2001	0.5759
38-3236977	Iron County General Hospital	12/31/2000	0.6465
38-6032904	Kalkaska Memorial Health Center	6/30/2001	0.8094
38-1297435	Kelsey Memorial Hospital	6/30/2001	0.6243
38-3289189	Kern Hospital & Medical Center	12/31/2000	0.4610
38-1443361	Keweenaw Memorial Medical Center	9/30/2001	0.6993
	Kindred Hospital - Detroit	8/31/2001	0.3259
	Kindred Hospital - Metro Detroit	8/31/2001	0.4168
38-1357020	Kingswood Psychiatric Hospital	12/31/2000	0.5513
38-1359218	Lake View Community Hospital	3/31/2001	0.5967
38-2156872	Lakeland Hospital - St. Joseph	9/30/2001	0.6351
	Lakeland Speciality Hospital at Berrien Center	12/31/2000	0.9580
38-2549295	Lakeshore Community Hospital	12/31/2000	0.6846
38-2689033	Lapeer Regional Hospital	9/30/2001	0.4075
38-1490190	Lee Memorial Hospital	6/30/2001	0.7199
38-1565441	Leelanau Memorial Hospital	6/30/2001	1.0000
	LifeCare Hospitals of Western Michigan	12/31/2000	0.5440
38-6023127	Mackinac Straits Hospital	3/31/2001	1.0000
38-1901104	Madison Community Hospital	12/31/2000	0.7305
38-1507302	Marlette Community Hospital	6/30/2001	0.7251
38-1358036	Marquette General Hospital	6/30/2001	0.6066
38-1359265	Mary Free Bed Guild	3/31/2001	0.9095
38-2383119	McLaren General Hospital	9/30/2001	0.5610
38-1738615	McKenzie Memorial	9/30/1999	0.8640
38-1368744	Mecosta County General Hospital	6/30/2001	0.6128
38-1358208	Memorial Healthcare Center- Owosso	12/31/1999	0.5430
38-1359266	Memorial Medical Center of West Michigan	9/30/2001	0.5049
38-3175874	Mercy General Health Partners	6/30/2001	0.5253
38-3229575	Mercy Hospital - Cadillac	6/30/2001	0.5150
38-3229573	Mercy Hospital - Grayling	6/30/2001	0.5929
38-3274332	Mercy Hospital - Port Huron	6/30/2001	0.4929
38-1984289	Mercy Memorial Hospital	6/30/2001	0.5393
38-0593405	Metropolitan Hospital - Grand Rapids	6/30/2001	0.7048
38-6020434	Mid Michigan Medical Center-Gladwin	6/30/2001	0.5733
38-0833014	Mid Michigan Reg. Med. Ctr - Midland	6/30/2001	0.6557
38-1518643	Mid-Michigan Medical Center-Clare	6/30/2001	0.5430
38-1218516	Mt. Clemens General Osteopathic Hospital	12/31/2000	0.5062
38-1507046	Munising Memorial Hospital	3/31/2001	0.7621
38-1362830	Munson Medical Center	6/30/2001	0.5844
38-3128831	North Oakland Medical Center	12/31/2000	0.4540

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Effective for dates of service on or after 10/31/2002.

Hospital Maximum Payment Ratio

FEIN*	Hospital Name	Fiscal Year End	Hospital Ratio
38-3330803	North Ottawa Community Hospital	6/30/2001	0.5886
38-2146751	Northern Michigan Hospitals, Inc.	12/31/2000	0.6371
38-1368347	Oaklawn Hospital	12/31/2000	0.5259
38-1404141	Oakwood Hospital & Medical Ctr-Includes Annapolis, Heritage and S	12/31/2000	0.4315
38-2556723	Ontonagon Memorial Hospital	3/31/2001	0.7353
38-1303843	Otsego County Memorial Hospital	12/31/2000	0.7312
38-1415623	Paul Oliver Memorial Hospital	6/30/2001	0.8403
38-1360562	Pennock Hospital	9/30/2001	0.5752
38-1368360	Pine Rest Christian Hospital	6/30/2001	0.6480
38-1381288	Portage Health System	6/30/2000	0.7055
38-1428164	Pontiac Osteopathic Hospital	6/30/2001	0.6164
38-1369611	Port Huron Hospital	6/30/2001	0.5075
38-1358212	Providence Hospital	6/30/2001	0.5220
38-1417366	Rehabilitation Institute	12/31/2000	0.6721
38-1368330	Riverside Osteopathic Hospital	12/31/2000	0.5434
38-2882504	Rogers City Rehabilitation Hospital	7/31/2001	0.7710
	SCCI Hospital - Detroit	11/30/2000	0.4634
38-1456056	Scheurer Hospital	6/30/2001	0.7038
74-2517055	Schoolcraft Memorial Hospital	12/31/2000	0.7938
38-3389548	Select Specialty Hospital-Ann Arbor	4/20/2000	0.3752
38-3389544	Select Specialty Hospital-Battle Creek	6/30/2000	0.6261
38-3329100	Select Specialty Hospital-Flint	1/31/2002	0.4424
38-3345654	Select Specialty Hospital- Macomb	12/31/2001	0.3169
	Select Specialty Hospital-Western Michigan	6/30/2001	0.4145
38-1369796	Sheridan Community Hospital	3/31/2001	0.6657
38-1416522	Sinai-Grace Hospital	12/31/2000	0.5180
38-1676780	South Haven Community Hospital	6/30/2001	0.6309
	Southwestern Michigan Rehabilitation	6/30/2001	0.9594
38-1360529	Spectrum Health - GR	6/30/2001	0.7958
38-3472677	Spectrum Health - Kent Community Campus	12/31/2000	1.0000
38-2770076	Spectrum Health - Reed City Campus	6/30/2001	0.6640
38-1359528	St. Francis Hospital	9/30/2001	0.5578
38-1359063	St. John Hospital-Includes North Shores Hospital	6/30/2001	0.4566
38-3160564	St. John River District Hospital	6/30/2001	0.5383
38-3268544	St. John Northeast Community Hospital	6/30/2001	0.4682
38-3293172	St. John Health System-Oakland General Campus	6/30/2001	0.5789
38-3322109	St. John Macomb Hospital-Includes Detroit Riverview	6/30/2001	0.4769
38-3175878	St. Joseph Mercy Hospital - Ann Arbor	6/30/2001	0.4879
38-2947657	St. Joseph Mercy Hospital & Health Services	6/30/2001	0.4621
38-3176225	St. Joseph Mercy Livingston Hospital	6/30/2001	0.4661
38-3176536	St. Joseph Mercy Oakland	6/30/2001	0.4957
38-3176540	St. Joseph Mercy Saline Hospital	6/30/2001	0.4254
38-3521763	St. Mary Mercy Hospital	6/30/2001	0.4959
38-0997730	St. Mary's Medical Center - Saginaw	6/30/2001	0.5080
38-3176445	St. Mary's Mercy Medical Center-Grand Rapids	6/30/2001	0.6650
38-1671120	Standish Community Hospital	6/30/2001	0.6233
38-1455020	Straith Memorial Hospital	10/31/2000	0.5643
38-1712944	Sturgis Memorial Hospital	9/30/2001	0.6032
38-1443395	Tawas St. Joseph Hospital	6/30/2001	0.6325
38-2317300	Three Rivers Hospital	12/31/2000	0.6333

*The bureau is not responsible for ensuring that the FEIN number is correct.

Effective for dates of service on or after 10/31/2002.

Hospital Maximum Payment Ratio

FEIN*	Hospital Name	Fiscal Year End	Hospital Ratio
38-7242481	Trillium Hospital	12/31/2000	0.7213
38-1358412	United Memorial Hospital	6/30/2001	0.5838
38-6006309	University Health System	6/30/2001	0.7294
38-2027689	W.A. Foote Memorial Hospital	6/30/2001	0.6327
38-6006878	West Branch Regional Medical Center	3/31/2001	0.5732
38-0350304	West Shore Medical Center	6/30/2001	0.6198
38-1459362	William Beaumont Hospital-Includes Royal Oak & Troy	12/31/2000	0.4164
38-1411184	Zeeland Community Hospital	9/30/2001	0.6036
	State Average Ratio		0.5510

*The bureau is not responsible for ensuring that the FEIN number is correct.

Effective for dates of service on or after 10/31/2002.

Chapter 16

Bureau and Miscellaneous Information

This section contains bureau contact information and examples of the forms used in workers' compensation. Also included in this chapter are samples of the provider claim forms.

Bureau Contact Numbers

A provider may call (517) 322-1885 or (888) 396-5041, Ext. 2, to obtain **carrier information**. When calling, be sure to have the following information:

- The employer's name and address
- The date of injury

Bureau forms (including 104B forms) and information may be obtained by calling (888) 396-5041, Ext. 3. Requests for forms can either be e-mailed to **wcinfo@cis.state.mi.us** or faxed to 517-322-1808. All requests should include a contact name, phone number, company, street address, city, state, zip code, the requested form name and/or number, and quantity. In addition, you may print forms directly from our website: **www.michigan.gov/bwuc** Click on employers, then workers' compensation. Clicking on health care services will then take you to the health care page to look at this manual and the fees.
Questions from an **injured worker** may be directed to (517) 241-8999 or (888) 396-5041, Ext 1.

Fee schedule and billing questions may be directed to (517) 322-5896, (517) 322-5433 or (888) 396-5041, Ext. 6.

To **request a copy of the Health Care Services Rules or Fee Schedule** call **(517) 322-5433 or (888) 396-5041, Ext 6.** The Health Care Services Rules and Fee Schedule may be downloaded at no charge from the bureau website: **http://www.michigan.gov/bwuc**.

Providers with questions about completing the **104B form** may call (517) 322-5430 or (888) 396-5041, Ext. 6. Other questions may be directed to (517) 322-5991 or (888) 396-5041, Ext. 8.

> **Note:** Hearings are generally scheduled within 6-8 weeks. Allow for this processing time to elapse before contacting the bureau.

Carriers may direct questions regarding the completion of the forms, "Annual Medical Payment Report" or "Certification of the Carriers' Professional Review Program" to (517) 322-5430. or (888) 396-5041, Ext. 6.

Claim Forms

- The standard practitioner claim form is the most recent HCFA 1500 form (12-90).
- The standard facility claim form is the UB-92 form.
- The standard ADA claim form (dental claim form).
- The universal pharmacy claim form.

Bureau Forms

- **"Sample Reconsideration"** This is not a bureau requirement but is optional for provider usage.
-
- **"Provider's Report of Claim"** (117H) This is not a bureau requirement but is optional for provider use when employer does not report the claim.
- **"Application for Mediation"** (104B). Contact the bureau to obtain the original orange-colored form.
- **"Carriers Explanation of Benefits"**
- **"Annual Medical Payment"**
- **"A Hospital's Request for Adjustment to their Maximum Payment Ratio"**
- **"Application for Certification of a Carrier's Professional Health Care Review Program"**
- **"Notice of Certification of a Carrier's Professional Health Care Review Program"**

SOURCE DOCUMENTS

The following source documents as adopted by reference in the Health Care Services Rules, R 418.10107, and were used in preparing this manual. You may order these documents from the publisher:

- Physicians Current Procedural Terminology (CPT®)
- Medicare's National Level II Codes, HCPCS
- RBRVS, Fee Schedule: The Physicians' Guide
- International Classification of Diseases
- Red Book
- Michigan Uniform Billing Manual

Sample Reconsideration

WORKER'S COMPENSATION HEALTH CARE SERVICES PROVIDER'S REQUEST FOR RECONSIDERATION

COPY 1 CARRIER COPY 2 PROVIDER	REQUEST DATE

PROVIDER NAME			EMPLOYEE NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
SOCIAL SECURITY/FEIN NUMBER*			SOCIAL SECURITY NUMBER*		
PATIENT ACCOUNT NUMBER			DATE OF BILL	DATE OF INJURY	

CARRIER NAME				TELEPHONE NUMBER
STREET ADDRESS	CITY	STATE	ZIP CODE	CLAIM NUMBER
EMPLOYER NAME				

DATE(S) OF SERVICE

CHARGE $	PAYMENT $	REQUESTED AMOUNT	$

REASONS FOR RECONSIDERATION (Detailed Statement)

DOCUMENTS ATTACHED:		BWC-739		REQUESTED REPORT
		OFFICE NOTES		BILL

CONTACT PERSON AND TELEPHONE NUMBER

_____

*PROTECTED INFORMATION TO BE USED FOR IDENTIFICATION PURPOSES

APPLICATION FOR CERTIFICATION OF A CARRIERS' PROFESSIONAL HEALTH CARE REVIEW PROGRAM

Michigan Department of Consumer & Industry Services
Bureau of Workers' & Unemployment Compensation
Health Care Services Division
PO Box 30016, Lansing, Michigan 48909

Date of Application	**Initial** ☐	**Renewal** ☐
Note: A new application must be submitted whenever there is a change in carrier, service company, or review company.		

This form is required in accordance with Part 12, R 418.101206 of the Worker's Compensation Health Care Services Rules to receive certification of a carrier's professional review program.

I. CARRIER

Carrier	**Service Company**	**Review Company**
NAIC NO., Self-Insured No., or FEIN	Bureau Assigned Number	Employer Identification
Name	Name	Name
Address (Street)	Address (Street)	Address (Street)
City, State, Zip Code	City, State, Zip Code	City, State, Zip Code
Telephone No. (Include area code)	Telephone No. (Include area code)	Telephone No. (Include area code)
Contact Person	Contact Person	Contact Person

II. METHODOLOGY/REVIEW STAFF AND CREDENTIALS

Attach the methodology, according to bureau procedure, used to perform a carrier's professional review.

R 418.101204(5)(a)-(c) requires that medical appropriateness of services shall be determined through one of the following approaches:

1) Review by licensed, registered, or certified health care professionals.
2) The application by others of criteria developed by licensed, registered, or certified health care professionals.
3) A combination of (1) and (2) according to the type of covered injury or illness.

The methodology should include a list of all licensed, registered, or certified health care professionals reviewing case records and medical bills for the above carrier. Provide current licensure information (license #, state of issue, date of expiration and restrictions) and qualifications for medical bill review. In addition, include a list of all peer reviewers with current license information and specialty.

*When a service company submits applications for numerous self-insured employers, and the methodology is identical, it is not necessary to submit the professional review methodology more than once. The bureau will maintain on file, the review methodology for each service company.

**Methodology for professional certification must be submitted once every three years or whenever changes occur.

III. AUTHORIZED SIGNATURE

By signing this form, I certify that the information included on this form is correct and complete to the best of my knowledge and that the professional review methodology is attached or has already been submitted by the service company and/or their designated agent. I understand that submitting false information is cause for denial of the application or will subject me to penalties as provided by law.

Authorized Signature (In Ink)	**Authorized Name (Typed)**	**Date**

BWC-590 (REV. 01/01) (Formerly MDL-590)

ANNUAL MEDICAL PAYMENT REPORT

Michigan Department of Consumer & Industry Services
Bureau of Workers' Disability Compensation
Health Care Services Division
PO Box 30016, Lansing, Michigan 48909

Due by February 28th Year Ending 200_

I. CARRIER INFORMATION

Carrier Name	Carrier NAIC No., Self-Insured No., or FEIN No
Carrier Address (Street)	Carrier Telephone No. (Include area code)
Carrier City, State, ZIP Code	Carrier Contact Person
Service company or Review Company submitting the Information	Contact Person and Telephone No. (Include area code)

II. ANNUAL MEDICAL PAYMENT REPORT

Include data for payment of all medical expenditures.

Do not include payments for the following:

a. Indemnity payments
b. Mileage reimbursement
c. Vocational rehabilitation or medical case management expenses
d. Independent medical examinations or legal expenses

Case Type	Number of Cases	Total Dollars Spent for Medical Care
Medical Only		$
Wage Loss		$

By signing this form, I certify that the information included in this annual medical payment report and accompanying attachments, if any, is true, correct and complete to the best of my knowledge.

Authorized Signature (In ink)	Authorized Name (Typed)	Date

Authority: Workers Compensation Health Care Services Rules, part 14, R 418.101401
Completion: Mandatory. Must completed and submitted to the bureau by 2.28 annually for the previous year.
Penalty: Failure to provide data shall prevent certification of the Carrier's Professional Health Care Review Program pursuant to Part 12, R 418.101206

BWC-406 (REV. 04-00) (Formerly MDL-406)

A HOSPITAL'S REQUEST for ADJUSTMENT
To the MAXIMUM PAYMENT RATIO

Michigan Department of Consumer & Industry Services
Bureau of Workers' Disability Compensation
Health Care Services Division
PO Box 30016, Lansing, Michigan 48909

Application Date	
Fiscal Year	

This form is required in accordance with Part 11, R 418.101103 of the Worker=s Compensation Health Care Services Rules for an adjustment to the worker=s compensation maximum payment ratio. Do not submit unless the documentation supports an increased payment ratio and the criteria in the rules is met

I. HOSPITAL

Name	Employer Identification Number
Address (Street)	Telephone No. (Include are code)
City, State, ZIP Code	Contact Person

II. COST INFORMATION

This information is required pursuant to R 418.101103 for the calculation and revision of the maximum payment ratio for hospital facilities. All information in the table below should reflect the hospital's most recent fiscal year reported on the G-2 worksheet.

4) Enter total operating expenses for the most recent fiscal year reported on the "statement of patient revenues and operating expenses, G-2 worksheet."	$
5) Enter total patient revenues for most recent fiscal year as reported on the "statement of patient revenues and operating expenses, G-2 worksheet."	$
3) Total charges for all worker's compensation cases	$

By signing this form, I certify that the information included on this form and accompanying attachments, if any, is true, correct, and complete to the best of my knowledge. I understand that submitting false information is cause for denial of the underpayment adjustment or will subject me to penalties as provided by law.

Authorized Name (Typed)	Authorized Signature (In ink)	Telephone No	Date

Copy 1	Health Care Services Division
Copy 2	Hospital

BWC-581 (REV. 05-00) (Formerly MDL-581)

Copy 1	Provider
Copy 2	Carrier
Copy 3	Employee

Carrier's Explanation of Benefits

State of Michigan Department of Consumer and Industry Services
Bureau of Workers' Disability Compensation
Health Care Services Division

Date processed
Page

DIRECT ALL PAYMENT INQUIRIES AND REQUESTS FOR RECONSIDERATION TO THE CARRIER

Carrier Name	Service Company			NAICS/Self-Insured
Street Address	City	MI	Zip Code	Telephone Number
Employer Name				Claim Number

Provider Name			Employee Name		
Street Address			Street Address		
City	State	Zip Code	City	State	Zip Code
Social Security/FEIN Number*			Social Security Number *		
Patient Account Number			Date of Injury	Date of the Provider Bill	Date bill received by Carrier

PROVIDER:
IF YOU INTEND TO SEEK RECONSIDERATION, PLEASE CONTACT THE CARRIER INDICATED ABOVE WITHIN 60 CALENDAR DAYS OF RECEIPT OF THIS NOTICE. IF ADDITIONAL INFORMATION IS REQUESTED, PLEASE FORWARD THE INFORMATION TO THE CARRIER.

EMPLOYEE:
FOR INFORMATION ONLY. THIS IS NOT A BILL. IF YOU ARE BILLED FOR ANY SERVICES RELATED TO THIS WORKERS' COMPENSATION CLAIM, DO NOT PAY. DO CALL THE CARRIER LISTED ABOVE.

Date of Service	Place of Service	Procedure Code and Modifier	Description--If Needed	Diagnosis Code	Days or Units	Charge	Payment	Note

THIS IS NOT A BILL

Provider/Employee: R 418.10105 and Rule 1013013(3) of the Worker's Compensation Health Care Services Rules require that the carrier notify the employee and the provider that the rules prohibit a provider from billing an employee for any amount for health care services provided for the treatment of a covered work-related injury or illness when that amount is disputed by the carrier pursuant to its utilization review program or when the amount exceeds the maximum allowable payment established by these rules. The carrier shall request the employee to notify the carrier if the provider bills the employee.	Total Charge	Payment

This form is required as set forth in Part 10, R 418.101001 (4) and Part 13 R 418.101301 (1) and (4) of the Workers' Compensation Health Care Services Rules.

***PROTECTED INFORMATION TO BE USED FOR IDENTIFICATION PURPOSES**

BWC-739 (Rev.12-02) (Formerly MDL-739)

Application for Mediation Form B

This form, commonly known as a 104B, is submitted on behalf of: Health Care Providers, Insurance Companies, or Self-Insured Employers to resolve disputes involving medical services.

This form must be filed on the original orange form obtained from the bureau. You may order by fax at (517) 322-1808 or by phone (888) 396-5041, or e-mail your request to wcinfo@cis.state.mi.us.

Insert link for 2003 health care rules