

2012 Physician Fee Schedule RVU File Effective March 1, 2012

CPT codes & descriptions only are copyright 2011AMA. Applicable FARS/DFARS Apply.

All Other Conversion Factor \$ 34.80
\$ 35.15

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RELEASED 11/1/2011

HCPCS	MOD	DESCRIPTION	STATUS CODE	PCTC IND	GLOB DAYS	MULT PROC	BILAT SURG	ASST SURG	CO- SURG	TEAM SURG	ENDO BASE	CY 2012		CY2012 PEIA Fee Allowance	
												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment		
000F		Heart failure composite	X	9	XXX							\$	-	\$	-
0005F		Osteoarthritis composite	X	9	XXX							\$	-	\$	-
00100		Anesth salivary gland	X	9	XXX							\$	-	\$	-
00102		Anesth repair of cleft lip	X	9	XXX							\$	-	\$	-
00103		Anesth blepharoplasty	X	9	XXX							\$	-	\$	-
00104		Anesth electroshock	X	9	XXX							\$	-	\$	-
00120		Anesth ear surgery	X	9	XXX							\$	-	\$	-
00124		Anesth ear exam	X	9	XXX							\$	-	\$	-
00126		Anesth tympanotomy	X	9	XXX							\$	-	\$	-
0012F		Cap bacterial assess	X	9	XXX							\$	-	\$	-
00140		Anesth procedures on eye	X	9	XXX							\$	-	\$	-
00142		Anesth lens surgery	X	9	XXX							\$	-	\$	-
00144		Anesth corneal transplant	X	9	XXX							\$	-	\$	-
00145		Anesth vitreoretinal surg	X	9	XXX							\$	-	\$	-
00147		Anesth iridectomy	X	9	XXX							\$	-	\$	-
00148		Anesth eye exam	X	9	XXX							\$	-	\$	-
0014F		Comp preop assess cat surg	X	9	XXX							\$	-	\$	-
0015F		Melan follow-up complete	X	9	XXX							\$	-	\$	-
00160		Anesth nose/sinus surgery	X	9	XXX							\$	-	\$	-
00162		Anesth nose/sinus surgery	X	9	XXX							\$	-	\$	-
00164		Anesth biopsy of nose	X	9	XXX							\$	-	\$	-
00170		Anesth procedure on mouth	X	9	XXX							\$	-	\$	-
00172		Anesth cleft palate repair	X	9	XXX							\$	-	\$	-
00174		Anesth pharyngeal surgery	X	9	XXX							\$	-	\$	-
00176		Anesth pharyngeal surgery	X	9	XXX							\$	-	\$	-
00190		Anesth face/skull bone surg	X	9	XXX							\$	-	\$	-
00192		Anesth facial bone surgery	X	9	XXX							\$	-	\$	-
0019T		Extracorp shock wv tx ms nos	N	0	XXX							\$	-	\$	-

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
00210		Anesth cranial surg nos	X	9	XXX							\$ -	\$ -	
00211		Anesth cran surg hemotoma	X	9	XXX							\$ -	\$ -	
00212		Anesth skull drainage	X	9	XXX							\$ -	\$ -	
00214		Anesth skull drainage	X	9	XXX							\$ -	\$ -	
00215		Anesth skull repair/fract	X	9	XXX							\$ -	\$ -	
00216		Anesth head vessel surgery	X	9	XXX							\$ -	\$ -	
00218		Anesth special head surgery	X	9	XXX							\$ -	\$ -	
00220		Anesth intrcrn nerve	X	9	XXX							\$ -	\$ -	
00222		Anesth head nerve surgery	X	9	XXX							\$ -	\$ -	
00300		Anesth head/neck/ptrunk	X	9	XXX							\$ -	\$ -	
0030T		Antiprothrombin antibody	X	0	XXX							\$ -	\$ -	
00320		Anesth neck organ 1yr/>	X	9	XXX							\$ -	\$ -	
00322		Anesth biopsy of thyroid	X	9	XXX							\$ -	\$ -	
00326		Anesth larynx/trach < 1 yr	X	9	XXX							\$ -	\$ -	
00350		Anesth neck vessel surgery	X	9	XXX							\$ -	\$ -	
00352		Anesth neck vessel surgery	X	9	XXX							\$ -	\$ -	
00400		Anesth skin ext/per/atrun	X	9	XXX							\$ -	\$ -	
00402		Anesth surgery of breast	X	9	XXX							\$ -	\$ -	
00404		Anesth surgery of breast	X	9	XXX							\$ -	\$ -	
00406		Anesth surgery of breast	X	9	XXX							\$ -	\$ -	
00410		Anesth correct heart rhythm	X	9	XXX							\$ -	\$ -	
0042T		Ct perfusion w/contrast cbf	N	0	XXX							\$ -	\$ -	
00450		Anesth surgery of shoulder	X	9	XXX							\$ -	\$ -	
00452		Anesth surgery of shoulder	X	9	XXX							\$ -	\$ -	
00454		Anesth collar bone biopsy	X	9	XXX							\$ -	\$ -	
00470		Anesth removal of rib	X	9	XXX							\$ -	\$ -	
00472		Anesth chest wall repair	X	9	XXX							\$ -	\$ -	
00474		Anesth surgery of rib	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment			
0048T		Implant ventricular device	C	0	XXX							\$	-	\$	-	
00500		Anesth esophageal surgery	X	9	XXX							\$	-	\$	-	
0050T		Removal circulation assist	C	0	XXX							\$	-	\$	-	
0051T		Implant total heart system	C	0	XXX							\$	-	\$	-	
00520		Anesth chest procedure	X	9	XXX							\$	-	\$	-	
00522		Anesth chest lining biopsy	X	9	XXX							\$	-	\$	-	
00524		Anesth chest drainage	X	9	XXX							\$	-	\$	-	
00528		Anes mediascopy & dx thorscpy	X	9	XXX							\$	-	\$	-	
00529		Anes medscopy&thorscpy 1 lung	X	9	XXX							\$	-	\$	-	
0052T		Replace component heart syst	C	0	XXX							\$	-	\$	-	
00530		Anesth pacemaker insertion	X	9	XXX							\$	-	\$	-	
00532		Anesth vascular access	X	9	XXX							\$	-	\$	-	
00534		Anesth cardioverter/defib	X	9	XXX							\$	-	\$	-	
00537		Anesth cardiac electrophys	X	9	XXX							\$	-	\$	-	
00539		Anesth trach-bronch reconst	X	9	XXX							\$	-	\$	-	
0053T		Replace component heart syst	C	0	XXX							\$	-	\$	-	
00540		Anesth chest surgery	X	9	XXX							\$	-	\$	-	
00541		Anesth one lung ventilation	X	9	XXX							\$	-	\$	-	
00542		Anesth remvl pleura	X	9	XXX							\$	-	\$	-	
00546		Anesth lung chest wall surg	X	9	XXX							\$	-	\$	-	
00548		Anesth trachea bronchi surg	X	9	XXX							\$	-	\$	-	
0054T		Bone surgery using computer	C	0	XXX							\$	-	\$	-	
00550		Anesth sternal debridement	X	9	XXX							\$	-	\$	-	
0055T		Bone surgery using computer	C	0	XXX							\$	-	\$	-	
00560		Anesth heart surg w/o pump	X	9	XXX							\$	-	\$	-	
00561		Anesth heart surg < 1 yr	X	9	XXX							\$	-	\$	-	
00562		Anesth hrt surg w/pmp age 1+	X	9	XXX							\$	-	\$	-	
00563		Anesth heart surg w/arrest	X	9	XXX							\$	-	\$	-	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
00566		Anesth cabg w/o pump	X	9	XXX							\$ -	\$ -	
00567		Anesth cabg w/pump	X	9	XXX							\$ -	\$ -	
00580		Anesth heart/lung transplt	X	9	XXX							\$ -	\$ -	
0058T		Cryopreservation ovary tiss	C	0	XXX							\$ -	\$ -	
0059T		Cryopreservation oocyte	C	0	XXX							\$ -	\$ -	
00600		Anesth spine cord surgery	X	9	XXX							\$ -	\$ -	
00604		Anesth sitting procedure	X	9	XXX							\$ -	\$ -	
00620		Anesth spine cord surgery	X	9	XXX							\$ -	\$ -	
00622		Anesth removal of nerves	X	9	XXX							\$ -	\$ -	
00625		Anes spine tranthor w/o vent	X	9	XXX							\$ -	\$ -	
00626		Anes spine transthor w/vent	X	9	XXX							\$ -	\$ -	
00630		Anesth spine cord surgery	X	9	XXX							\$ -	\$ -	
00632		Anesth removal of nerves	X	9	XXX							\$ -	\$ -	
00634		Anesth for chemonucleolysis	X	9	XXX							\$ -	\$ -	
00635		Anesth lumbar puncture	X	9	XXX							\$ -	\$ -	
00640		Anesth spine manipulation	X	9	XXX							\$ -	\$ -	
00670		Anesth spine cord surgery	X	9	XXX							\$ -	\$ -	
00700		Anesth abdominal wall surg	X	9	XXX							\$ -	\$ -	
00702		Anesth for liver biopsy	X	9	XXX							\$ -	\$ -	
0071T		U/s leiomyomata ablate <200	C	0	XXX							\$ -	\$ -	
0072T		U/s leiomyomata ablate >200	C	0	XXX							\$ -	\$ -	
00730		Anesth abdominal wall surg	X	9	XXX							\$ -	\$ -	
0073T		Delivery comp imrt	A	3	XXX							\$ -	\$ 403.68	
00740		Anesth upper gi visualize	X	9	XXX							\$ -	\$ -	
00750		Anesth repair of hernia	X	9	XXX							\$ -	\$ -	
00752		Anesth repair of hernia	X	9	XXX							\$ -	\$ -	
00754		Anesth repair of hernia	X	9	XXX							\$ -	\$ -	
00756		Anesth repair of hernia	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
0075T		Perq stent/chest vert art	C	1	XXX							\$ -	\$ -	
0075T	26	Perq stent/chest vert art	C	1	XXX							\$ -	\$ -	
0075T	TC	Perq stent/chest vert art	C	1	XXX							\$ -	\$ -	
0076T		S&i stent/chest vert art	C	1	XXX							\$ -	\$ -	
0076T	26	S&i stent/chest vert art	C	1	XXX							\$ -	\$ -	
0076T	TC	S&i stent/chest vert art	C	1	XXX							\$ -	\$ -	
00770		Anesth blood vessel repair	X	9	XXX							\$ -	\$ -	
0078T		Endovasc aort repr w/device	C	0	XXX							\$ -	\$ -	
00790		Anesth surg upper abdomen	X	9	XXX							\$ -	\$ -	
00792		Anesth hemorr/excise liver	X	9	XXX							\$ -	\$ -	
00794		Anesth pancreas removal	X	9	XXX							\$ -	\$ -	
00796		Anesth for liver transplant	X	9	XXX							\$ -	\$ -	
00797		Anesth surgery for obesity	X	9	XXX							\$ -	\$ -	
0079T		Endovasc visc extnsn repr	C	0	XXX							\$ -	\$ -	
00800		Anesth abdominal wall surg	X	9	XXX							\$ -	\$ -	
00802		Anesth fat layer removal	X	9	XXX							\$ -	\$ -	
0080T		Endovasc aort repr rad s&i	C	0	XXX							\$ -	\$ -	
00810		Anesth low intestine scope	X	9	XXX							\$ -	\$ -	
0081T		Endovasc visc extnsn s&i	C	0	XXX							\$ -	\$ -	
00820		Anesth abdominal wall surg	X	9	XXX							\$ -	\$ -	
00830		Anesth repair of hernia	X	9	XXX							\$ -	\$ -	
00832		Anesth repair of hernia	X	9	XXX							\$ -	\$ -	
00834		Anesth hernia repair < 1 yr	X	9	XXX							\$ -	\$ -	
00836		Anesth hernia repair preemie	X	9	XXX							\$ -	\$ -	
00840		Anesth surg lower abdomen	X	9	XXX							\$ -	\$ -	
00842		Anesth amniocentesis	X	9	XXX							\$ -	\$ -	
00844		Anesth pelvis surgery	X	9	XXX							\$ -	\$ -	
00846		Anesth hysterectomy	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
00848		Anesth pelvic organ surg	X	9	XXX							\$ -	\$ -	
00851		Anesth tubal ligation	X	9	XXX							\$ -	\$ -	
0085T		Breath test heart reject	N	9	XXX							\$ -	\$ -	
00860		Anesth surgery of abdomen	X	9	XXX							\$ -	\$ -	
00862		Anesth kidney/ureter surg	X	9	XXX							\$ -	\$ -	
00864		Anesth removal of bladder	X	9	XXX							\$ -	\$ -	
00865		Anesth removal of prostate	X	9	XXX							\$ -	\$ -	
00866		Anesth removal of adrenal	X	9	XXX							\$ -	\$ -	
00868		Anesth kidney transplant	X	9	XXX							\$ -	\$ -	
00870		Anesth bladder stone surg	X	9	XXX							\$ -	\$ -	
00872		Anesth kidney stone destruct	X	9	XXX							\$ -	\$ -	
00873		Anesth kidney stone destruct	X	9	XXX							\$ -	\$ -	
00880		Anesth abdomen vessel surg	X	9	XXX							\$ -	\$ -	
00882		Anesth major vein ligation	X	9	XXX							\$ -	\$ -	
00902		Anesth anorectal surgery	X	9	XXX							\$ -	\$ -	
00904		Anesth perineal surgery	X	9	XXX							\$ -	\$ -	
00906		Anesth removal of vulva	X	9	XXX							\$ -	\$ -	
00908		Anesth removal of prostate	X	9	XXX							\$ -	\$ -	
00910		Anesth bladder surgery	X	9	XXX							\$ -	\$ -	
00912		Anesth bladder tumor surg	X	9	XXX							\$ -	\$ -	
00914		Anesth removal of prostate	X	9	XXX							\$ -	\$ -	
00916		Anesth bleeding control	X	9	XXX							\$ -	\$ -	
00918		Anesth stone removal	X	9	XXX							\$ -	\$ -	
00920		Anesth genitalia surgery	X	9	XXX							\$ -	\$ -	
00921		Anesth vasectomy	X	9	XXX							\$ -	\$ -	
00922		Anesth sperm duct surgery	X	9	XXX							\$ -	\$ -	
00924		Anesth testis exploration	X	9	XXX							\$ -	\$ -	
00926		Anesth removal of testis	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance		
00928		Anesth removal of testis	X	9	XXX							\$	-	\$	-	
0092T		Artific disc addl	C	0	XXX							\$	-	\$	-	
00930		Anesth testis suspension	X	9	XXX							\$	-	\$	-	
00932		Anesth amputation of penis	X	9	XXX							\$	-	\$	-	
00934		Anesth penis nodes removal	X	9	XXX							\$	-	\$	-	
00936		Anesth penis nodes removal	X	9	XXX							\$	-	\$	-	
00938		Anesth insert penis device	X	9	XXX							\$	-	\$	-	
00940		Anesth vaginal procedures	X	9	XXX							\$	-	\$	-	
00942		Anesth surg on vag/urethral	X	9	XXX							\$	-	\$	-	
00944		Anesth vaginal hysterectomy	X	9	XXX							\$	-	\$	-	
00948		Anesth repair of cervix	X	9	XXX							\$	-	\$	-	
00950		Anesth vaginal endoscopy	X	9	XXX							\$	-	\$	-	
00952		Anesth hysteroscope/graph	X	9	XXX							\$	-	\$	-	
0095T		Artific diskectomy addl	C	0	XXX							\$	-	\$	-	
0098T		Rev artific disc addl	C	0	XXX							\$	-	\$	-	
0099T		Implant corneal ring	C	0	XXX							\$	-	\$	-	
0100T		Prosth retina receive&gen	C	0	XXX							\$	-	\$	-	
0101T		Extracorp shockwv tx hi enrg	C	0	XXX							\$	-	\$	-	
0102T		Extracorp shockwv tx anesth	C	0	XXX							\$	-	\$	-	
0103T		Holotranscobalamin	C	0	XXX							\$	-	\$	-	
0106T		Touch quant sensory test	C	0	XXX							\$	-	\$	-	
0107T		Vibrate quant sensory test	C	0	XXX							\$	-	\$	-	
0108T		Cool quant sensory test	C	0	XXX							\$	-	\$	-	
0109T		Heat quant sensory test	C	0	XXX							\$	-	\$	-	
0110T		Nos quant sensory test	C	0	XXX							\$	-	\$	-	
01112		Anesth bone aspirate/bx	X	9	XXX							\$	-	\$	-	
0111T		Rbc membranes fatty acids	C	0	XXX							\$	-	\$	-	
01120		Anesth pelvis surgery	X	9	XXX							\$	-	\$	-	

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01130		Anesth body cast procedure	X	9	XXX							\$	-	\$	-
01140		Anesth amputation at pelvis	X	9	XXX							\$	-	\$	-
01150		Anesth pelvic tumor surgery	X	9	XXX							\$	-	\$	-
01160		Anesth pelvis procedure	X	9	XXX							\$	-	\$	-
01170		Anesth pelvis surgery	X	9	XXX							\$	-	\$	-
01173		Anesth fx repair pelvis	X	9	XXX							\$	-	\$	-
01180		Anesth pelvis nerve removal	X	9	XXX							\$	-	\$	-
01190		Anesth pelvis nerve removal	X	9	XXX							\$	-	\$	-
01200		Anesth hip joint procedure	X	9	XXX							\$	-	\$	-
01202		Anesth arthroscopy of hip	X	9	XXX							\$	-	\$	-
01210		Anesth hip joint surgery	X	9	XXX							\$	-	\$	-
01212		Anesth hip disarticulation	X	9	XXX							\$	-	\$	-
01214		Anesth hip arthroplasty	X	9	XXX							\$	-	\$	-
01215		Anesth revise hip repair	X	9	XXX							\$	-	\$	-
01220		Anesth procedure on femur	X	9	XXX							\$	-	\$	-
01230		Anesth surgery of femur	X	9	XXX							\$	-	\$	-
01232		Anesth amputation of femur	X	9	XXX							\$	-	\$	-
01234		Anesth radical femur surg	X	9	XXX							\$	-	\$	-
0123T		Scleral fistulization	C	0	XXX							\$	-	\$	-
0124T		Conjunctival drug placement	C	0	XXX							\$	-	\$	-
01250		Anesth upper leg surgery	X	9	XXX							\$	-	\$	-
01260		Anesth upper leg veins surg	X	9	XXX							\$	-	\$	-
0126T		Chd risk imt study	C	0	XXX							\$	-	\$	-
01270		Anesth thigh arteries surg	X	9	XXX							\$	-	\$	-
01272		Anesth femoral artery surg	X	9	XXX							\$	-	\$	-
01274		Anesth femoral embolectomy	X	9	XXX							\$	-	\$	-
01320		Anesth knee area surgery	X	9	XXX							\$	-	\$	-
01340		Anesth knee area procedure	X	9	XXX							\$	-	\$	-

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
01360		Anesth knee area surgery	X	9	XXX							\$ -	\$ -	
01380		Anesth knee joint procedure	X	9	XXX							\$ -	\$ -	
01382		Anesth dx knee arthroscopy	X	9	XXX							\$ -	\$ -	
01390		Anesth knee area procedure	X	9	XXX							\$ -	\$ -	
01392		Anesth knee area surgery	X	9	XXX							\$ -	\$ -	
01400		Anesth knee joint surgery	X	9	XXX							\$ -	\$ -	
01402		Anesth knee arthroplasty	X	9	XXX							\$ -	\$ -	
01404		Anesth amputation at knee	X	9	XXX							\$ -	\$ -	
01420		Anesth knee joint casting	X	9	XXX							\$ -	\$ -	
01430		Anesth knee veins surgery	X	9	XXX							\$ -	\$ -	
01432		Anesth knee vessel surg	X	9	XXX							\$ -	\$ -	
01440		Anesth knee arteries surg	X	9	XXX							\$ -	\$ -	
01442		Anesth knee artery surg	X	9	XXX							\$ -	\$ -	
01444		Anesth knee artery repair	X	9	XXX							\$ -	\$ -	
01462		Anesth lower leg procedure	X	9	XXX							\$ -	\$ -	
01464		Anesth ankle/ft arthroscopy	X	9	XXX							\$ -	\$ -	
01470		Anesth lower leg surgery	X	9	XXX							\$ -	\$ -	
01472		Anesth achilles tendon surg	X	9	XXX							\$ -	\$ -	
01474		Anesth lower leg surgery	X	9	XXX							\$ -	\$ -	
01480		Anesth lower leg bone surg	X	9	XXX							\$ -	\$ -	
01482		Anesth radical leg surgery	X	9	XXX							\$ -	\$ -	
01484		Anesth lower leg revision	X	9	XXX							\$ -	\$ -	
01486		Anesth ankle replacement	X	9	XXX							\$ -	\$ -	
01490		Anesth lower leg casting	X	9	XXX							\$ -	\$ -	
01500		Anesth leg arteries surg	X	9	XXX							\$ -	\$ -	
01502		Anesth lwr leg embolectomy	X	9	XXX							\$ -	\$ -	
01520		Anesth lower leg vein surg	X	9	XXX							\$ -	\$ -	
01522		Anesth lower leg vein surg	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
0159T		Cad breast mri	N	1	ZZZ							\$ -	\$ -	
0159T	26	Cad breast mri	N	1	ZZZ							\$ -	\$ -	
0159T	TC	Cad breast mri	N	1	ZZZ							\$ -	\$ -	
01610		Anesth surgery of shoulder	X	9	XXX							\$ -	\$ -	
01620		Anesth shoulder procedure	X	9	XXX							\$ -	\$ -	
01622		Anes dx shoulder arthroscopy	X	9	XXX							\$ -	\$ -	
01630		Anesth surgery of shoulder	X	9	XXX							\$ -	\$ -	
01634		Anesth shoulder joint amput	X	9	XXX							\$ -	\$ -	
01636		Anesth forequarter amput	X	9	XXX							\$ -	\$ -	
01638		Anesth shoulder replacement	X	9	XXX							\$ -	\$ -	
0163T		Lumb artif diskectomy addl	C	0	YYY							\$ -	\$ -	
0164T		Remove lumb artif disc addl	C	0	YYY							\$ -	\$ -	
01650		Anesth shoulder artery surg	X	9	XXX							\$ -	\$ -	
01652		Anesth shoulder vessel surg	X	9	XXX							\$ -	\$ -	
01654		Anesth shoulder vessel surg	X	9	XXX							\$ -	\$ -	
01656		Anesth arm-leg vessel surg	X	9	XXX							\$ -	\$ -	
0165T		Revise lumb artif disc addl	C	0	YYY							\$ -	\$ -	
01670		Anesth shoulder vein surg	X	9	XXX							\$ -	\$ -	
01680		Anesth shoulder casting	X	9	XXX							\$ -	\$ -	
01682		Anesth airplane cast	X	9	XXX							\$ -	\$ -	
0169T		Place stereo cath brain	C	0	XXX							\$ -	\$ -	
01710		Anesth elbow area surgery	X	9	XXX							\$ -	\$ -	
01712		Anesth uppr arm tendon surg	X	9	XXX							\$ -	\$ -	
01714		Anesth uppr arm tendon surg	X	9	XXX							\$ -	\$ -	
01716		Anesth biceps tendon repair	X	9	XXX							\$ -	\$ -	
0171T		Lumbar spine proces distract	C	0	XXX							\$ -	\$ -	
0172T		Lumbar spine process addl	C	0	XXX							\$ -	\$ -	
01730		Anesth uppr arm procedure	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
01732		Anesth dx elbow arthroscopy	X	9	XXX							\$ -	\$ -	
0173T		lop monit io pressure	C	0	XXX							\$ -	\$ -	
01740		Anesth upper arm surgery	X	9	XXX							\$ -	\$ -	
01742		Anesth humerus surgery	X	9	XXX							\$ -	\$ -	
01744		Anesth humerus repair	X	9	XXX							\$ -	\$ -	
0174T		Cad cxr with interp	C	0	XXX							\$ -	\$ -	
01756		Anesth radical humerus surg	X	9	XXX							\$ -	\$ -	
01758		Anesth humeral lesion surg	X	9	XXX							\$ -	\$ -	
0175T		Cad cxr remote	C	0	XXX							\$ -	\$ -	
01760		Anesth elbow replacement	X	9	XXX							\$ -	\$ -	
01770		Anesth uppr arm artery surg	X	9	XXX							\$ -	\$ -	
01772		Anesth uppr arm embolectomy	X	9	XXX							\$ -	\$ -	
01780		Anesth upper arm vein surg	X	9	XXX							\$ -	\$ -	
01782		Anesth uppr arm vein repair	X	9	XXX							\$ -	\$ -	
0178T		64 lead ecg w/i&r	C	4	XXX							\$ -	\$ -	
0179T		64 lead ecg w/tracing	C	3	XXX							\$ -	\$ -	
0180T		64 lead ecg w/i&r only	C	2	XXX							\$ -	\$ -	
01810		Anesth lower arm surgery	X	9	XXX							\$ -	\$ -	
0181T		Corneal hysteresis	C	0	XXX							\$ -	\$ -	
01820		Anesth lower arm procedure	X	9	XXX							\$ -	\$ -	
01829		Anesth dx wrist arthroscopy	X	9	XXX							\$ -	\$ -	
0182T		Hdr elect brachytherapy	C	1	XXX							\$ -	\$ -	
0182T	26	Hdr elect brachytherapy	C	1	XXX							\$ -	\$ -	
0182T	TC	Hdr elect brachytherapy	C	1	XXX							\$ -	\$ -	
01830		Anesth lower arm surgery	X	9	XXX							\$ -	\$ -	
01832		Anesth wrist replacement	X	9	XXX							\$ -	\$ -	
0183T		Wound ultrasound	N	0	XXX							\$ -	\$ -	
01840		Anesth lwr arm artery surg	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
01842		Anesth lwr arm embolectomy	X	9	XXX							\$ -	\$ -	
01844		Anesth vascular shunt surg	X	9	XXX							\$ -	\$ -	
0184T		Exc rectal tumor endoscopic	N	0	XXX							\$ -	\$ -	
01850		Anesth lower arm vein surg	X	9	XXX							\$ -	\$ -	
01852		Anesth lwr arm vein repair	X	9	XXX							\$ -	\$ -	
0185T		Comptr probability analysis	C	0	XXX							\$ -	\$ -	
01860		Anesth lower arm casting	X	9	XXX							\$ -	\$ -	
0186T		Suprachoroidal drug delivery	C	0	XXX							\$ -	\$ -	
0188T		Videoconf crit care 74 min	N	9	XXX							\$ -	\$ -	
0189T		Videoconf crit care addl 30	N	9	XXX							\$ -	\$ -	
0190T		Place intraoc radiation src	C	0	XXX							\$ -	\$ -	
01916		Anesth dx arteriography	X	9	XXX							\$ -	\$ -	
0191T		Insert ant segment drain int	C	0	XXX							\$ -	\$ -	
01920		Anesth catheterize heart	X	9	XXX							\$ -	\$ -	
01922		Anesth cat or mri scan	X	9	XXX							\$ -	\$ -	
01924		Anes ther interven rad art	X	9	XXX							\$ -	\$ -	
01925		Anes ther interven rad car	X	9	XXX							\$ -	\$ -	
01926		Anes tx interv rad hrt/cran	X	9	XXX							\$ -	\$ -	
0192T		Insert ant segment drain ext	C	0	XXX							\$ -	\$ -	
01930		Anes ther interven rad vei	X	9	XXX							\$ -	\$ -	
01931		Anes ther interven rad tip	X	9	XXX							\$ -	\$ -	
01932		Anes tx interv rad th vein	X	9	XXX							\$ -	\$ -	
01933		Anes tx interv rad cran vein	X	9	XXX							\$ -	\$ -	
01935		Anesth perc img dx sp proc	X	9	XXX							\$ -	\$ -	
01936		Anesth perc img tx sp proc	X	9	XXX							\$ -	\$ -	
01951		Anesth burn less 4 percent	X	9	XXX							\$ -	\$ -	
01952		Anesth burn 4-9 percent	X	9	XXX							\$ -	\$ -	
01953		Anesth burn each 9 percent	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
01958		Anesth antepartum manipul	X	9	XXX							\$ -	\$ -	
0195T		Arthro presac interbody	C	0	XXX							\$ -	\$ -	
01960		Anesth vaginal delivery	X	9	XXX							\$ -	\$ -	
01961		Anesth cs delivery	X	9	XXX							\$ -	\$ -	
01962		Anesth emer hysterectomy	X	9	XXX							\$ -	\$ -	
01963		Anesth cs hysterectomy	X	9	XXX							\$ -	\$ -	
01965		Anesth inc/missed ab proc	X	9	XXX							\$ -	\$ -	
01966		Anesth induced ab procedure	X	9	XXX							\$ -	\$ -	
01967		Anesth/analg vag delivery	X	9	XXX							\$ -	\$ -	
01968		Anes/analg cs deliver add-on	X	9	XXX							\$ -	\$ -	
01969		Anesth/analg cs hyst add-on	X	9	XXX							\$ -	\$ -	
0196T		Arthro presac interbody eac	C	0	XXX							\$ -	\$ -	
0197T		Intrafraction track motion	C	0	XXX							\$ -	\$ -	
0198T		Ocular blood flow measure	C	0	XXX							\$ -	\$ -	
01990		Support for organ donor	X	9	XXX							\$ -	\$ -	
01991		Anesth nerve block/inj	X	9	XXX							\$ -	\$ -	
01992		Anesth n block/inj prone	X	9	XXX							\$ -	\$ -	
01996		Hosp manage cont drug admin	X	9	XXX							\$ -	\$ -	
01999		Unlisted anesth procedure	X	9	XXX							\$ -	\$ -	
0199T		Physiologic tremor record	C	0	XXX							\$ -	\$ -	
0200T		Perq sacral augmt unilat inj	C	0	XXX		Y					\$ -	\$ -	
0201T		Perq sacral augmt bilat inj	C	0	XXX							\$ -	\$ -	
0202T		Post vert arthrplst 1 lumbar	C	0	XXX							\$ -	\$ -	
0205T		Inirs each vessel add-on	C	0	ZZZ							\$ -	\$ -	
0206T		Remote algorithm analys ecg	C	3	XXX							\$ -	\$ -	
0207T		Clear eyelid gland w/heat	C	0	XXX							\$ -	\$ -	
0208T		Audiometry air only	C	3	XXX							\$ -	\$ -	
0209T		Audiometry air & bone	C	3	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
0210T		Speech audiometry threshold	C	3	XXX							\$ -	\$ -	
0211T		Speech audiom thresh & recog	C	3	XXX							\$ -	\$ -	
0212T		Compre audiometry evaluation	C	3	XXX							\$ -	\$ -	
0213T		Njx paravert w/us cer/thor	C	0	XXX		Y					\$ -	\$ -	
0214T		Njx paravert w/us cer/thor	C	0	ZZZ		Y					\$ -	\$ -	
0215T		Njx paravert w/us cer/thor	C	0	ZZZ		Y					\$ -	\$ -	
0216T		Njx paravert w/us lumb/sac	C	0	XXX		Y					\$ -	\$ -	
0217T		Njx paravert w/us lumb/sac	C	0	ZZZ		Y					\$ -	\$ -	
0218T		Njx paravert w/us lumb/sac	C	0	ZZZ		Y					\$ -	\$ -	
0219T		Plmt post facet implt cerv	C	0	XXX							\$ -	\$ -	
0220T		Plmt post facet implt thor	C	0	XXX							\$ -	\$ -	
0221T		Plmt post facet implt lumb	C	0	XXX							\$ -	\$ -	
0222T		Plmt post facet implt addl	C	0	ZZZ							\$ -	\$ -	
0223T		Acoustic ecg w/i&r	C	0	XXX							\$ -	\$ -	
0224T		Acoustic ecg 1+ analysis	C	0	XXX							\$ -	\$ -	
0225T		Acoustic ecg analy & reprog	C	0	XXX							\$ -	\$ -	
0226T		Anoscopy hra w/spec collect	C	0	XXX							\$ -	\$ -	
0227T		Anoscopy hra w/biopsy	C	0	XXX							\$ -	\$ -	
0228T		Njx tfrml eprl w/us cer/thor	C	0	XXX		Y					\$ -	\$ -	
0229T		Njx tfrml eprl w/us cer/thor	C	0	XXX		Y					\$ -	\$ -	
0230T		Njx tfrml eprl w/us lumb/sac	C	0	XXX		Y					\$ -	\$ -	
0231T		Njx tfrml eprl w/us lumb/sac	C	0	XXX		Y					\$ -	\$ -	
0232T		Njx platelet plasma	C	0	XXX							\$ -	\$ -	
0233T		Skin glycation spectroscopy	C	0	XXX							\$ -	\$ -	
0234T		Trluml perip athrc renal art	C	0	YYY							\$ -	\$ -	
0235T		Trluml perip athrc visceral	C	0	YYY							\$ -	\$ -	
0236T		Trluml perip athrc abd aorta	C	0	YYY							\$ -	\$ -	
0237T		Trluml perip athrc brchiocph	C	0	YYY							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
0238T		Trluml perip athrc iliac art	C	0	YYY							\$ -	\$ -	
0239T		Bioimpedance spectroscopy	C	0	YYY							\$ -	\$ -	
0240T		Esoph motility 3d topography	C	1	YYY							\$ -	\$ -	
0240T	26	Esoph motility 3d topography	C	1	YYY							\$ -	\$ -	
0240T	TC	Esoph motility 3d topography	C	1	YYY							\$ -	\$ -	
0241T		Esoph motility w/stim/perf	C	1	YYY							\$ -	\$ -	
0241T	26	Esoph motility w/stim/perf	C	1	YYY							\$ -	\$ -	
0241T	TC	Esoph motility w/stim/perf	C	1	YYY							\$ -	\$ -	
0242T		Gi tract transit & pres meas	C	1	YYY							\$ -	\$ -	
0242T	26	Gi tract transit & pres meas	C	1	YYY							\$ -	\$ -	
0242T	TC	Gi tract transit & pres meas	C	1	YYY							\$ -	\$ -	
0243T		Intm msr bronchodil wheeze	C	1	YYY							\$ -	\$ -	
0243T	26	Intm msr bronchodil wheeze	C	1	YYY							\$ -	\$ -	
0243T	TC	Intm msr bronchodil wheeze	C	1	YYY							\$ -	\$ -	
0244T		Cont msr bronchodil wheeze	C	1	YYY							\$ -	\$ -	
0244T	26	Cont msr bronchodil wheeze	C	1	YYY							\$ -	\$ -	
0244T	TC	Cont msr bronchodil wheeze	C	1	YYY							\$ -	\$ -	
0245T		Open tx rib fx 1-2 ribs	C	0	YYY		Y					\$ -	\$ -	
0246T		Opn tx rib fx 3-4 ribs	C	0	YYY		Y					\$ -	\$ -	
0247T		Opn tx rib fx 5-6 ribs	C	0	YYY		Y					\$ -	\$ -	
0248T		Open tx rib fx 7/> ribs	C	0	YYY		Y					\$ -	\$ -	
0249T		Ligation hemorrhoid w/us	C	0	YYY							\$ -	\$ -	
0250T		Insert bronchial valve	C	0	YYY							\$ -	\$ -	
0251T		Remov bronchial valve	C	0	YYY							\$ -	\$ -	
0252T		Remov bronch valve addl	C	0	YYY							\$ -	\$ -	
0253T		Insert aqueous drain device	C	0	YYY							\$ -	\$ -	
0254T		Evasc rpr iliac art bifur	C	0	YYY							\$ -	\$ -	
0255T		Evasc rpr iliac art bifur s&i	C	1	YYY							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
0255T	26	Evasc rpr iliac art bifr s&i	C	1	YYY							\$ -	\$ -	
0255T	TC	Evasc rpr iliac art bifr s&i	C	1	YYY							\$ -	\$ -	
0256T		Evasc aortic hrt valve	C	0	YYY					Y		\$ -	\$ -	
0257T		Opn tthrc aortic hrt valve	C	0	YYY					Y		\$ -	\$ -	
0258T		Aortic hrt valv w/o card byp	C	0	YYY					Y		\$ -	\$ -	
0259T		Aortic hrt valve w/card byp	C	0	YYY					Y		\$ -	\$ -	
0260T		Hypthrm bdy neonate 28d/<	C	0	YYY							\$ -	\$ -	
0261T		Hypthrm head neonate 28d/<	C	0	YYY							\$ -	\$ -	
0262T		Impltj pulm vlv evasc appr	C	0	YYY							\$ -	\$ -	
0263T		Im B1 mrw cel ther cmpl	C	0	XXX							\$ -	\$ -	
0264T		Im B1 mrw cel ther xcl hrvt	C	0	XXX							\$ -	\$ -	
0265T		Im B1 mrw cel ther hrvt onl	C	0	XXX							\$ -	\$ -	
0266T		Implt/rpl crtd sns dev total	C	0	YYY							\$ -	\$ -	
0267T		Implt/rpl crtd sns dev lead	C	0	YYY							\$ -	\$ -	
0268T		Implt/rpl crtd sns dev gen	C	0	YYY							\$ -	\$ -	
0269T		Rev/remvl crtd sns dev total	C	0	XXX							\$ -	\$ -	
0270T		Rev/remvl crtd sns dev lead	C	0	XXX							\$ -	\$ -	
0271T		Rev/remvl crtd sns dev gen	C	0	XXX							\$ -	\$ -	
0272T		Interrogate crtd sns dev	C	0	XXX							\$ -	\$ -	
0273T		Interrogate crtd sns w/pgrmg	C	0	XXX							\$ -	\$ -	
0274T		Perq lamot/lam crv/thrc	C	0	YYY							\$ -	\$ -	
0275T		Perq lamot/lam lumbar	C	0	YYY							\$ -	\$ -	
0276T		Bronch thermoplasty 1 lobe	C	0	XXX							\$ -	\$ -	
0277T		Bronch thermoplasty lobes	C	0	XXX							\$ -	\$ -	
0278T		Temp	C	0	XXX							\$ -	\$ -	
0279T		Ctc test	C	0	XXX							\$ -	\$ -	
0280T		Ctc test w/i & r	C	0	XXX							\$ -	\$ -	
0281T		Laa closure w/implant	C	0	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
0282T		Periph field stimul trial	C	0	XXX		Y					\$ -	\$ -	
0283T		Periph field stimul perm	C	0	XXX		Y					\$ -	\$ -	
0284T		Periph field stimul revise	C	0	XXX							\$ -	\$ -	
0285T		Periph field stimul analys	C	0	XXX							\$ -	\$ -	
0286T		Near ifr spectrsc of wounds	C	0	XXX							\$ -	\$ -	
0287T		Near ifr guide of vasc site	C	0	XXX							\$ -	\$ -	
0288T		Anoscopy w/rf delivery	C	0	XXX							\$ -	\$ -	
0289T		Laser inc for pkp/lkp donor	C	0	ZZZ							\$ -	\$ -	
0290T		Laser inc for pkp/lkp recip	C	0	ZZZ							\$ -	\$ -	
0291T		Iv oct for proc init vessel	C	0	ZZZ							\$ -	\$ -	
0292T		Iv oct for proc addl vessel	C	0	ZZZ							\$ -	\$ -	
0293T		Ins lt atrl press monitor	C	0	XXX							\$ -	\$ -	
0294T		Ins lt atrl press mont addon	C	0	ZZZ							\$ -	\$ -	
0295T		Ext ecg complete	C	0	XXX							\$ -	\$ -	
0296T		Ext ecg recording	C	0	XXX							\$ -	\$ -	
0297T		Ext ecg scan w/report	C	0	XXX							\$ -	\$ -	
0298T		Ext ecg review and interp	C	0	XXX							\$ -	\$ -	
0299T		Esw wound healing init wound	C	0	XXX							\$ -	\$ -	
0300T		Esw wound healing addl wound	C	0	ZZZ							\$ -	\$ -	
0301T		Mw therapy for breast tumor	C	0	XXX							\$ -	\$ -	
0500F		Initial prenatal care visit	M	9	XXX							\$ -	\$ -	
0501F		Prenatal flow sheet	X	9	XXX							\$ -	\$ -	
0502F		Subsequent prenatal care	X	9	XXX							\$ -	\$ -	
0503F		Postpartum care visit	X	9	XXX							\$ -	\$ -	
0505F		Hemodialysis plan docd	X	9	XXX							\$ -	\$ -	
0507F		Periton dialysis plan docd	X	9	XXX							\$ -	\$ -	
0509F		Urine incon plan docd	M	9	XXX							\$ -	\$ -	
0513F		Elev bp plan of care docd	M	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
0514F		Care plan hgb docd esa pt	X	9	XXX							\$ -	\$ -	
0516F		Anemia plan of care docd	X	9	XXX							\$ -	\$ -	
0517F		Glaucoma plan of care docd	M	9	XXX							\$ -	\$ -	
0518F		Fall plan of care docd	M	9	XXX							\$ -	\$ -	
0519F		Pland chemo docd b/4 txmnt	X	9	XXX							\$ -	\$ -	
0520F		Rad dos limts b/4 3d rad	M	9	XXX							\$ -	\$ -	
0521F		Plan of care 4 pain docd	M	9	XXX							\$ -	\$ -	
0525F		Initial visit for episode	X	9	XXX							\$ -	\$ -	
0526F		Subs visit for episode	M	9	XXX							\$ -	\$ -	
0528F		Rcmnd flw-up 10 yrs docd	X	9	XXX							\$ -	\$ -	
0529F		Intrvl 3+yrs pts clnscp docd	M	9	XXX							\$ -	\$ -	
0535F		Dyspnea mngmnt plan docd	X	9	XXX							\$ -	\$ -	
0540F		Gluco mngmnt plan docd	M	9	XXX							\$ -	\$ -	
0545F		Follow up care plan mdd docd	X	9	XXX							\$ -	\$ -	
0550F		Cytopath report nongyn spcmn	X	9	XXX							\$ -	\$ -	
0551F		Cytopath report non routine	X	9	XXX							\$ -	\$ -	
0555F		Symptom mngmnt plan care docd	X	9	XXX							\$ -	\$ -	
0556F		Plan care lipid control docd	M	9	XXX							\$ -	\$ -	
0557F		Plan caremng angl symptdocd	M	9	XXX							\$ -	\$ -	
0575F		HIV rna plan care docd	M	9	XXX							\$ -	\$ -	
1000F		Tobacco use assessed	I	9	XXX							\$ -	\$ -	
10021		Fna w/o image	A	0	XXX							\$ 84.56	\$ 148.94	
10022		Fna w/image	A	0	XXX							\$ 72.73	\$ 133.98	
1002F		Assess anginal symptom/level	M	9	XXX							\$ -	\$ -	
1003F		Level of activity assess	X	9	XXX							\$ -	\$ -	
10040		Acne surgery	A	0	010	Y						\$ 96.40	\$ 107.88	
1004F		Clin symp vol ovrlid assess	X	9	XXX							\$ -	\$ -	
1005F		Asthma symptoms evaluate	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
10060		Drainage of skin abscess	A	0	010	Y						\$ 96.05	\$ 111.71	
10061		Drainage of skin abscess	A	0	010	Y						\$ 184.09	\$ 204.97	
1006F		Osteoarthritis assess	M	9	XXX							\$ -	\$ -	
1007F		Anti-inflm/anglsc otc assess	M	9	XXX							\$ -	\$ -	
10080		Drainage of pilonidal cyst	A	0	010	Y						\$ 108.58	\$ 170.52	
10081		Drainage of pilonidal cyst	A	0	010	Y						\$ 195.23	\$ 277.36	
1008F		Gi/renal risk assess	X	9	XXX							\$ -	\$ -	
1010F		Severity angina by actvty	M	9	XXX							\$ -	\$ -	
1011F		Angina present	M	9	XXX							\$ -	\$ -	
10120		Remove foreign body	A	0	010	Y						\$ 98.14	\$ 137.81	
10121		Remove foreign body	A	0	010	Y						\$ 205.32	\$ 277.36	
1012F		Angina absent	M	9	XXX							\$ -	\$ -	
10140		Drainage of hematoma/fluid	A	0	010	Y						\$ 124.24	\$ 159.73	
1015F		Copd symptoms assess	X	9	XXX							\$ -	\$ -	
10160		Puncture drainage of lesion	A	0	010	Y						\$ 100.57	\$ 128.06	
10180		Complex drainage wound	A	0	010	Y						\$ 203.23	\$ 258.56	
1018F		Assess dyspnea not present	X	9	XXX							\$ -	\$ -	
1019F		Assess dyspnea present	X	9	XXX							\$ -	\$ -	
1022F		Pneumo imm status assess	X	9	XXX							\$ -	\$ -	
1026F		Co-morbid condition assess	X	9	XXX							\$ -	\$ -	
1030F		Influenza imm status assess	X	9	XXX							\$ -	\$ -	
1031F		Smoking & 2nd hand assessed	M	9	XXX							\$ -	\$ -	
1032F		Smoker/exposed 2nd hnd smoke	M	9	XXX							\$ -	\$ -	
1033F		Tobacco nonsmoker nor 2ndhnd	M	9	XXX							\$ -	\$ -	
1034F		Current tobacco smoker	X	9	XXX							\$ -	\$ -	
1035F		Smokeless tobacco user	X	9	XXX							\$ -	\$ -	
1036F		Tobacco non-user	M	9	XXX							\$ -	\$ -	
1038F		Persistent asthma	M	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
1039F		Intermittent asthma	M	9	XXX							\$ -	\$ -	
1040F		Dsm-iv info mdd docd	M	9	XXX							\$ -	\$ -	
1050F		History of mole changes	X	9	XXX							\$ -	\$ -	
1052F		Type location activity asses	M	9	XXX							\$ -	\$ -	
1055F		Visual funct status assess	X	9	XXX							\$ -	\$ -	
1060F		Doc perm/cont/parox atr fib	X	9	XXX							\$ -	\$ -	
1061F		Doc lack perm+cont+parox fib	X	9	XXX							\$ -	\$ -	
1065F		Ischm stroke symp lt3 hrsb/4	X	9	XXX							\$ -	\$ -	
1066F		Ischm stroke symp ge3 hrsb/4	X	9	XXX							\$ -	\$ -	
1070F		Alarm symp assessed-absent	X	9	XXX							\$ -	\$ -	
1071F		Alarm symp assessed-1+ prsnt	x	9	XXX							\$ -	\$ -	
1090F		Pres/absn urine incon assess	M	9	XXX							\$ -	\$ -	
1091F		Urine incon characterized	M	9	XXX							\$ -	\$ -	
11000		Debride infected skin	A	0	000	Y						\$ 31.67	\$ 52.20	
11001		Debride infected skin add-on	A	0	ZZZ							\$ 16.01	\$ 21.92	
11004		Debride genitalia & perineum	A	0	000	Y						\$ 707.14	\$ -	
11005		Debride abdom wall	A	0	000							\$ 987.62	\$ -	
11006		Debride genit/per/abdom wall	A	0	000	Y						\$ 864.08	\$ -	
11008		Remove mesh from abd wall	A	0	ZZZ							\$ 347.30	\$ -	
1100F		Ptfalls assess-docd ge2+/yr	M	9	XXX							\$ -	\$ -	
11010		Debride skin at fx site	A	0	010	Y						\$ 324.34	\$ 501.82	
11011		Debride skin musc at fx site	A	0	000	Y						\$ 363.31	\$ 562.72	
11012		Deb skin bone at fx site	A	0	000	Y						\$ 508.08	\$ 747.85	
1101F		Pt falls assess-docd le1/yr	M	9	XXX							\$ -	\$ -	
11042		Deb subq tissue 20 sq cm/<	A	0	000	Y						\$ 66.47	\$ 107.53	
11043		Deb musc/fascia 20 sq cm/<	A	0	000	Y						\$ 185.83	\$ 247.78	
11044		Deb bone 20 sq cm/<	A	0	000	Y						\$ 281.88	\$ 352.87	
11045		Deb subq tissue add-on	A	0	ZZZ							\$ 34.80	\$ 46.63	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
11046		Deb musc/fascia add-on	A	0	ZZZ							\$ 67.16	\$ 81.08	
11047		Deb bone add-on	A	0	ZZZ							\$ 119.71	\$ 139.55	
11055		Trim skin lesion	A	0	000	Y						\$ 21.58	\$ 46.63	
11056		Trim skin lesions 2 to 4	A	0	000	Y						\$ 24.71	\$ 52.20	
11057		Trim skin lesions over 4	A	0	000	Y						\$ 38.98	\$ 67.16	
11100		Biopsy skin lesion	A	0	000	Y						\$ 54.98	\$ 101.27	
11101		Biopsy skin add-on	A	0	ZZZ							\$ 27.14	\$ 33.76	
1110F		Pt lft inpt fac w/in 60 days	M	9	XXX							\$ -	\$ -	
1111F		Dschrg med/current med merge	M	9	XXX							\$ -	\$ -	
1116F		Auric/peri pain assessed	M	9	XXX							\$ -	\$ -	
1118F		GERD symps assessed 12 month	M	9	XXX							\$ -	\$ -	
1119F		Init eval for condition	M	9	XXX							\$ -	\$ -	
11200		Removal of skin tags	A	0	010	Y						\$ 74.47	\$ 86.30	
11201		Remove skin tags add-on	A	0	ZZZ							\$ 18.79	\$ 20.53	
1121F		Subs eval for condition	M	9	XXX							\$ -	\$ -	
1123F		Acp discuss/dscn mkr docd	M	9	XXX							\$ -	\$ -	
1124F		Acp discuss-no dscnmkr docd	M	9	XXX							\$ -	\$ -	
1125F		Amnt pain noted pain prsnt	M	9	XXX							\$ -	\$ -	
1126F		Amnt pain noted none prsnt	M	9	XXX							\$ -	\$ -	
1127F		New episode for condition	M	9	XXX							\$ -	\$ -	
1128F		Subs episode for condition	M	9	XXX							\$ -	\$ -	
11300		Shave skin lesion	A	0	000	Y						\$ 33.76	\$ 67.51	
11301		Shave skin lesion	A	0	000	Y						\$ 56.38	\$ 92.57	
11302		Shave skin lesion	A	0	000	Y						\$ 70.30	\$ 111.36	
11303		Shave skin lesion	A	0	000	Y						\$ 84.56	\$ 132.59	
11305		Shave skin lesion	A	0	000	Y						\$ 35.50	\$ 66.12	
11306		Shave skin lesion	A	0	000	Y						\$ 59.51	\$ 95.00	
11307		Shave skin lesion	A	0	000	Y						\$ 71.69	\$ 112.40	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
11308		Shave skin lesion	A	0	000	Y						\$ 81.08	\$ 123.54	
1130F		Bk pain + fxn assessed	M	9	XXX							\$ -	\$ -	
11310		Shave skin lesion	A	0	000	Y						\$ 48.72	\$ 84.56	
11311		Shave skin lesion	A	0	000	Y						\$ 70.64	\$ 107.53	
11312		Shave skin lesion	A	0	000	Y						\$ 83.17	\$ 125.98	
11313		Shave skin lesion	A	0	000	Y						\$ 111.01	\$ 158.69	
1134F		Epsd bk pain for =< 6 wks	M	9	XXX							\$ -	\$ -	
1135F		Epsd bk pain for > 6 wks	M	9	XXX							\$ -	\$ -	
1136F		Epsd bk pain for <= 12 wks	M	9	XXX							\$ -	\$ -	
1137F		Epsd bk pain for > 12 wks	M	9	XXX							\$ -	\$ -	
11400		Exc tr-ext b9+marg 0.5 < cm	A	0	010	Y						\$ 81.43	\$ 117.62	
11401		Exc tr-ext b9+marg 0.6-1 cm	A	0	010	Y						\$ 111.01	\$ 148.25	
11402		Exc tr-ext b9+marg 1.1-2 cm	A	0	010	Y						\$ 123.89	\$ 166.34	
11403		Exc tr-ext b9+marg 2.1-3 cm	A	0	010	Y						\$ 159.04	\$ 195.58	
11404		Exc tr-ext b9+marg 3.1-4 cm	A	0	010	Y						\$ 178.18	\$ 223.76	
11406		Exc tr-ext b9+marg > 4.0 cm	A	0	010	Y						\$ 280.14	\$ 334.08	
11420		Exc h-f-nk-sp b9+marg 0.5 <	A	0	010	Y						\$ 84.22	\$ 117.62	
11421		Exc h-f-nk-sp b9+marg 0.6-1	A	0	010	Y						\$ 119.71	\$ 157.99	
11422		Exc h-f-nk-sp b9+marg 1.1-2	A	0	010	Y						\$ 144.42	\$ 177.48	
11423		Exc h-f-nk-sp b9+marg 2.1-3	A	0	010	Y						\$ 171.22	\$ 208.45	
11424		Exc h-f-nk-sp b9+marg 3.1-4	A	0	010	Y						\$ 198.36	\$ 242.56	
11426		Exc h-f-nk-sp b9+marg > 4 cm	A	0	010	Y						\$ 311.11	\$ 359.14	
11440		Exc face-mm b9+marg 0.5 < cm	A	0	010	Y						\$ 105.44	\$ 131.54	
11441		Exc face-mm b9+marg 0.6-1 cm	A	0	010	Y						\$ 139.20	\$ 169.13	
11442		Exc face-mm b9+marg 1.1-2 cm	A	0	010	Y						\$ 156.95	\$ 192.10	
11443		Exc face-mm b9+marg 2.1-3 cm	A	0	010	Y						\$ 195.23	\$ 232.81	
11444		Exc face-mm b9+marg 3.1-4 cm	A	0	010	Y						\$ 252.65	\$ 296.84	
11446		Exc face-mm b9+marg > 4 cm	A	0	010	Y						\$ 365.75	\$ 417.60	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
11450		Removal sweat gland lesion	A	0	090	Y						\$ 280.84	\$ 386.28	
11451		Removal sweat gland lesion	A	0	090	Y						\$ 369.58	\$ 501.82	
11462		Removal sweat gland lesion	A	0	090	Y						\$ 268.66	\$ 377.93	
11463		Removal sweat gland lesion	A	0	090	Y						\$ 370.27	\$ 505.99	
11470		Removal sweat gland lesion	A	0	090	Y						\$ 314.24	\$ 422.12	
11471		Removal sweat gland lesion	A	0	090	Y						\$ 394.28	\$ 528.61	
1150F		Doc pt rsk death w/in 1yr	M	9	XXX							\$ -	\$ -	
1151F		Doc no pt rsk death w/in 1yr	M	9	XXX							\$ -	\$ -	
1152F		Doc advncd dis comfort 1st	M	9	XXX							\$ -	\$ -	
1153F		Doc advncd dis cmfrt not 1st	M	9	XXX							\$ -	\$ -	
1157F		Advnc care plan in rcrd	M	9	XXX							\$ -	\$ -	
1158F		Advnc care plan tlk docd	M	9	XXX							\$ -	\$ -	
1159F		Med list docd in rcrd	M	9	XXX							\$ -	\$ -	
11600		Exc tr-ext mal+marg 0.5 < cm	A	0	010	Y						\$ 130.50	\$ 190.01	
11601		Exc tr-ext mal+marg 0.6-1 cm	A	0	010	Y						\$ 162.86	\$ 228.64	
11602		Exc tr-ext mal+marg 1.1-2 cm	A	0	010	Y						\$ 178.87	\$ 249.52	
11603		Exc tr-ext mal+marg 2.1-3 cm	A	0	010	Y						\$ 214.72	\$ 287.80	
11604		Exc tr-ext mal+marg 3.1-4 cm	A	0	010	Y						\$ 241.86	\$ 324.34	
11606		Exc tr-ext mal+marg > 4 cm	A	0	010	Y						\$ 368.53	\$ 475.72	
1160F		Rvw meds by rx/dr in rcrd	M	9	XXX							\$ -	\$ -	
11620		Exc h-f-nk-sp mal+marg 0.5 <	A	0	010	Y						\$ 131.89	\$ 192.79	
11621		Exc s/n/h/f/g mal+mrg 0.6-1	A	0	010	Y						\$ 163.91	\$ 230.38	
11622		Exc s/n/h/f/g mal+mrg 1.1-2	A	0	010	Y						\$ 189.31	\$ 259.96	
11623		Exc s/n/h/f/g mal+mrg 2.1-3	A	0	010	Y						\$ 237.34	\$ 310.76	
11624		Exc s/n/h/f/g mal+mrg 3.1-4	A	0	010	Y						\$ 273.18	\$ 354.61	
11626		Exc s/n/h/f/g mal+mrg > 4 cm	A	0	010	Y						\$ 341.74	\$ 436.04	
11640		Exc f/e/e/n/l mal+mrg 0.5cm<	A	0	010	Y						\$ 136.42	\$ 198.71	
11641		Exc f/e/e/n/l mal+mrg 0.6-1	A	0	010	Y						\$ 172.61	\$ 240.12	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
11642		Exc f/e/e/n/l mal+mrg 1.1-2	A	0	010	Y						\$ 203.58	\$ 275.96	
11643		Exc f/e/e/n/l mal+mrg 2.1-3	A	0	010	Y						\$ 259.61	\$ 334.08	
11644		Exc f/e/e/n/l mal+mrg 3.1-4	A	0	010	Y						\$ 326.08	\$ 416.56	
11646		Exc f/e/e/n/l mal+mrg > 4 cm	A	0	010	Y						\$ 459.01	\$ 556.80	
1170F		Fxnl status assessed	M	9	XXX							\$ -	\$ -	
11719		Trim nail(s)	A	0	000	Y						\$ 8.35	\$ 20.53	
11720		Debride nail 1-5	A	0	000							\$ 16.70	\$ 30.62	
11721		Debride nail 6 or more	A	0	000							\$ 27.49	\$ 42.80	
11730		Removal of nail plate	A	0	000	Y						\$ 55.33	\$ 93.26	
11732		Remove nail plate add-on	A	0	ZZZ							\$ 22.27	\$ 34.80	
11740		Drain blood from under nail	A	0	000	Y						\$ 31.32	\$ 44.54	
11750		Removal of nail bed	A	0	010	Y						\$ 176.78	\$ 215.06	
11752		Remove nail bed/finger tip	A	0	010	Y						\$ 271.09	\$ 317.03	
11755		Biopsy nail unit	A	0	000	Y						\$ 82.82	\$ 128.06	
1175F		Function stat assessed rvwd	M	9	XXX							\$ -	\$ -	
11760		Repair of nail bed	A	0	010	Y						\$ 143.72	\$ 222.37	
11762		Reconstruction of nail bed	A	0	010	Y						\$ 198.36	\$ 273.18	
11765		Excision of nail fold toe	A	0	010	Y						\$ 89.09	\$ 147.55	
11770		Removal of pilonidal lesion	A	0	010	Y						\$ 211.58	\$ 287.10	
11771		Removal of pilonidal lesion	A	0	090	Y						\$ 498.68	\$ 611.44	
11772		Removal of pilonidal lesion	A	0	090	Y						\$ 642.41	\$ 738.46	
1180F		Thromboemb risk assessed	X	9	XXX							\$ -	\$ -	
1181F		Neuropsychia sympts assessed	M	9	XXX							\$ -	\$ -	
1182F		Neuropsychi sympt 1+present	X	9	XXX							\$ -	\$ -	
1183F		Neuropsychiatric symp absent	X	9	XXX							\$ -	\$ -	
11900		Injection into skin lesions	A	0	000	Y						\$ 35.15	\$ 55.68	
11901		Added skin lesions injection	A	0	000	Y						\$ 54.64	\$ 72.73	
11920		Correct skin color defects	R	0	000	Y						\$ 133.98	\$ 184.09	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
11921		Correct skin color defects	R	0	000	Y						\$ 157.64	\$ 213.32	
11922		Correct skin color defects	R	0	ZZZ							\$ 34.45	\$ 61.60	
11950		Therapy for contour defects	R	0	000	Y						\$ 53.94	\$ 72.73	
11951		Therapy for contour defects	R	0	000	Y						\$ 90.48	\$ 116.58	
11952		Therapy for contour defects	R	0	000	Y						\$ 116.93	\$ 149.64	
11954		Therapy for contour defects	R	0	000	Y						\$ 138.50	\$ 175.74	
11960		Insert tissue expander(s)	A	0	090	Y						\$ 980.32	\$ -	
11970		Replace tissue expander	A	0	090	Y	Y					\$ 698.09	\$ -	
11971		Remove tissue expander(s)	A	0	090	Y	Y					\$ 342.78	\$ 473.28	
11976		Removal of contraceptive cap	A	0	000	Y						\$ 116.23	\$ 157.64	
11980		Implant hormone pellet(s)	A	0	000	Y						\$ 95.35	\$ 114.84	
11981		Insert drug implant device	A	0	XXX	Y						\$ 97.09	\$ 142.33	
11982		Remove drug implant device	A	0	XXX	Y						\$ 111.71	\$ 157.99	
11983		Remove/insert drug implant	A	0	XXX	Y						\$ 191.05	\$ 228.64	
12001		Repair superficial wound(s)	A	0	000	Y						\$ 58.12	\$ 95.35	
12002		Repair superficial wound(s)	A	0	000	Y						\$ 76.56	\$ 116.23	
12004		Repair superficial wound(s)	A	0	000	Y						\$ 95.00	\$ 139.20	
12005		Repair superficial wound(s)	A	0	000	Y						\$ 127.72	\$ 182.00	
12006		Repair superficial wound(s)	A	0	000	Y						\$ 156.60	\$ 220.63	
12007		Repair superficial wound(s)	A	0	000	Y						\$ 191.05	\$ 258.56	
1200F		Seizure type& frequ docd	M	9	XXX							\$ -	\$ -	
12011		Repair superficial wound(s)	A	0	000	Y						\$ 73.08	\$ 116.58	
12013		Repair superficial wound(s)	A	0	000	Y						\$ 81.08	\$ 127.02	
12014		Repair superficial wound(s)	A	0	000	Y						\$ 102.66	\$ 152.08	
12015		Repair superficial wound(s)	A	0	000	Y						\$ 127.37	\$ 188.27	
12016		Repair superficial wound(s)	A	0	000	Y						\$ 172.96	\$ 238.73	
12017		Repair superficial wound(s)	A	0	000	Y						\$ 201.49	\$ -	
12018		Repair superficial wound(s)	A	0	000	Y		Y				\$ 232.46	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
12020		Closure of split wound	A	0	010	Y						\$ 207.06	\$ 280.84	
12021		Closure of split wound	A	0	010	Y						\$ 154.86	\$ 175.74	
12031		Intmd wnd repair s/a/t/ext	A	0	010	Y						\$ 166.69	\$ 236.29	
12032		Intmd wnd repair s/a/t/ext	A	0	010	Y						\$ 210.89	\$ 302.76	
12034		Intmd wnd repair s/tr/ext	A	0	010	Y						\$ 231.77	\$ 318.77	
12035		Intmd wnd repair s/a/t/ext	A	0	010	Y						\$ 275.96	\$ 392.89	
12036		Intmd wnd repair s/a/t/ext	A	0	010	Y						\$ 328.16	\$ 445.79	
12037		Intmd wnd repair s/tr/ext	A	0	010	Y						\$ 384.54	\$ 505.64	
12041		Intmd wnd repair n-hf/genit	A	0	010	Y						\$ 170.52	\$ 240.82	
12042		Intmd wnd repair n-hf/genit	A	0	010	Y						\$ 218.54	\$ 293.36	
12044		Intmd wnd repair n-hf/genit	A	0	010	Y						\$ 241.51	\$ 358.44	
12045		Intmd wnd repair n-hf/genit	A	0	010	Y						\$ 296.84	\$ 404.72	
12046		Intmd wnd repair n-hf/genit	A	0	010	Y						\$ 348.70	\$ 472.58	
12047		Intmd wnd repair n-hf/genit	A	0	010	Y		Y				\$ 393.94	\$ 542.53	
12051		Intmd wnd repair face/mm	A	0	010	Y						\$ 188.96	\$ 261.70	
12052		Intmd wnd repair face/mm	A	0	010	Y						\$ 225.50	\$ 301.02	
12053		Intmd wnd repair face/mm	A	0	010	Y						\$ 242.90	\$ 348.70	
12054		Intmd wnd repair face/mm	A	0	010	Y						\$ 261.70	\$ 376.54	
12055		Intmd wnd repair face/mm	A	0	010	Y						\$ 335.82	\$ 476.41	
12056		Intmd wnd repair face/mm	A	0	010	Y						\$ 396.72	\$ 540.10	
12057		Intmd wnd repair face/mm	A	0	010	Y		Y				\$ 434.65	\$ 617.35	
1205F		EPI etiol synd rvwd and docd	M	9	XXX							\$ -	\$ -	
1220F		Pt screened for depression	M	9	XXX							\$ -	\$ -	
13100		Repair of wound or lesion	A	0	010	Y						\$ 257.17	\$ 323.29	
13101		Repair of wound or lesion	A	0	010	Y						\$ 313.20	\$ 407.86	
13102		Repair wound/lesion add-on	A	0	ZZZ							\$ 89.78	\$ 117.97	
13120		Repair of wound or lesion	A	0	010	Y						\$ 269.35	\$ 336.17	
13121		Repair of wound or lesion	A	0	010	Y						\$ 357.40	\$ 454.49	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
13122		Repair wound/lesion add-on	A	0	ZZZ							\$ 102.31	\$ 130.50	
13131		Repair of wound or lesion	A	0	010	Y						\$ 303.46	\$ 372.71	
13132		Repair of wound or lesion	A	0	010	Y						\$ 515.39	\$ 607.26	
13133		Repair wound/lesion add-on	A	0	ZZZ							\$ 152.42	\$ 181.66	
13150		Repair of wound or lesion	A	0	010	Y						\$ 304.85	\$ 374.10	
13151		Repair of wound or lesion	A	0	010	Y						\$ 348.70	\$ 422.47	
13152		Repair of wound or lesion	A	0	010	Y						\$ 472.58	\$ 587.08	
13153		Repair wound/lesion add-on	A	0	ZZZ							\$ 166.00	\$ 201.49	
13160		Late closure of wound	A	0	090	Y						\$ 936.12	\$ -	
14000		Skin tissue rearrangement	A	0	090	Y						\$ 559.93	\$ 658.76	
14001		Skin tissue rearrangement	A	0	090	Y						\$ 738.11	\$ 856.78	
1400F		Prkns diag rviewed	M	9	XXX							\$ -	\$ -	
14020		Skin tissue rearrangement	A	0	090	Y						\$ 629.18	\$ 734.28	
14021		Skin tissue rearrangement	A	0	090	Y						\$ 801.44	\$ 923.94	
14040		Skin tissue rearrangement	A	0	090	Y						\$ 702.96	\$ 807.36	
14041		Skin tissue rearrangement	A	0	090	Y						\$ 863.74	\$ 997.37	
14060		Skin tissue rearrangement	A	0	090	Y						\$ 747.16	\$ 828.94	
14061		Skin tissue rearrangement	A	0	090	Y						\$ 920.46	\$ 1,066.97	
14301		Skin tissue rearrangement	A	0	090	Y		Y				\$ 1,012.33	\$ 1,173.46	
14302		Skin tissue rearrange add-on	A	0	ZZZ			Y				\$ 263.78	\$ 263.78	
14350		Skin tissue rearrangement	A	0	090	Y						\$ 798.31	\$ -	
1450F		Symptoms improved/consist	M	9	XXX							\$ -	\$ -	
1451F		Sympt show clin import drop	M	9	XXX							\$ -	\$ -	
1460F		Qual card diag prior 12 mons	M	9	XXX							\$ -	\$ -	
1461F		No qual card diag prior12mon	M	9	XXX							\$ -	\$ -	
1490F		Dem severity classified mild	M	9	XXX							\$ -	\$ -	
1491F		Dem severity classified mod	M	9	XXX							\$ -	\$ -	
1493F		Dem severity class severe	M	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
1494F		Cognit assessed and reviewed	M	9	XXX							\$ -	\$ -	
15002		Wound prep trk/arm/leg	A	0	000							\$ 266.57	\$ 364.36	
15003		Wound prep addl 100 cm	A	0	ZZZ							\$ 56.38	\$ 81.43	
15004		Wound prep f/n/hf/g	A	0	000							\$ 309.72	\$ 415.51	
15005		Wnd prep f/n/hf/g addl cm	A	0	ZZZ							\$ 112.06	\$ 139.55	
15040		Harvest cultured skin graft	A	0	000							\$ 149.64	\$ 258.56	
15050		Skin pinch graft	A	0	090	Y						\$ 485.81	\$ 587.42	
15100		Skin splt grft trnk/arm/leg	A	0	090	Y						\$ 829.98	\$ 950.39	
15101		Skin splt grft t/a/l add-on	A	0	ZZZ							\$ 131.89	\$ 196.62	
15110		Epidrm autogrft trnk/arm/leg	A	0	090	Y						\$ 876.61	\$ 970.57	
15111		Epidrm autogrft t/a/l add-on	A	0	ZZZ							\$ 128.41	\$ 138.50	
15115		Epidrm a-grft face/nck/hf/g	A	0	090	Y						\$ 860.60	\$ 950.04	
15116		Epidrm a-grft f/n/hf/g addl	A	0	ZZZ							\$ 185.83	\$ 199.06	
15120		Skn splt a-grft fac/nck/hf/g	A	0	090	Y						\$ 807.71	\$ 935.77	
15121		Skn splt a-grft f/n/hf/g add	A	0	ZZZ							\$ 156.60	\$ 225.16	
15130		Derm autograaft trnk/arm/leg	A	0	090	Y						\$ 647.28	\$ 738.80	
15131		Derm autograaft t/a/l add-on	A	0	ZZZ							\$ 112.75	\$ 120.41	
15135		Derm autograaft face/nck/hf/g	A	0	090	Y						\$ 868.61	\$ 956.30	
15136		Derm autograaft f/n/hf/g add	A	0	ZZZ							\$ 83.87	\$ 88.74	
15150		Cult skin grft t/arm/leg	A	0	090	Y						\$ 752.72	\$ 803.53	
15151		Cult skin grft t/a/l addl	A	0	ZZZ							\$ 139.90	\$ 148.25	
15152		Cult skin graft t/a/l +%	A	0	ZZZ							\$ 186.88	\$ 195.23	
15155		Cult skin graft f/n/hf/g	A	0	090	Y						\$ 646.24	\$ 696.70	
15156		Cult skin grft f/n/hfg add	A	0	ZZZ							\$ 208.10	\$ 215.76	
15157		Cult epiderm grft f/n/hfg +%	A	0	ZZZ							\$ 175.39	\$ 186.88	
15200		Skin full graft trunk	A	0	090	Y						\$ 757.60	\$ 888.10	
15201		Skin full graft trunk add-on	A	0	ZZZ							\$ 97.44	\$ 156.25	
15220		Skin full graft sclp/arm/leg	A	0	090	Y						\$ 688.00	\$ 816.06	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
15221		Skin full graft add-on	A	0	ZZZ							\$ 87.35	\$ 143.03	
15240		Skin full grft face/genit/hf	A	0	090	Y						\$ 883.57	\$ 990.41	
15241		Skin full graft add-on	A	0	ZZZ							\$ 133.63	\$ 195.23	
15260		Skin full graft een & lips	A	0	090	Y						\$ 946.56	\$ 1,068.01	
15261		Skin full graft add-on	A	0	ZZZ							\$ 164.26	\$ 227.24	
15271		Skin sub graft trnk/arm/leg	A	0	000	Y						\$ 103.01	\$ 151.03	
15272		Skin sub graft t/a/l add-on	A	0	ZZZ							\$ 19.84	\$ 28.19	
15273		Skin sub grft t/arm/lg child	A	0	000	Y						\$ 247.43	\$ 321.20	
15274		Skn sub grft t/a/l child add	A	0	ZZZ							\$ 49.76	\$ 71.34	
15275		Skin sub graft face/nk/hf/g	A	0	000	Y						\$ 121.45	\$ 166.69	
15276		Skin sub graft f/n/hf/g addl	A	0	ZZZ							\$ 28.54	\$ 36.19	
15277		Skn sub grft f/n/hf/g child	A	0	000	Y						\$ 253.00	\$ 322.25	
15278		Skn sub grft f/n/hf/g ch add	A	0	ZZZ							\$ 62.29	\$ 85.61	
15570		Form skin pedicle flap	A	0	090	Y						\$ 853.99	\$ 1,000.85	
15572		Form skin pedicle flap	A	0	090	Y						\$ 839.03	\$ 954.56	
15574		Form skin pedicle flap	A	0	090	Y						\$ 863.74	\$ 984.14	
15576		Form skin pedicle flap	A	0	090	Y						\$ 754.46	\$ 865.13	
15600		Skin graft	A	0	090	Y						\$ 220.98	\$ 322.94	
15610		Skin graft	A	0	090	Y						\$ 258.22	\$ 351.13	
15620		Skin graft	A	0	090	Y						\$ 348.70	\$ 445.79	
15630		Skin graft	A	0	090	Y						\$ 374.10	\$ 469.80	
15650		Transfer skin pedicle flap	A	0	090	Y						\$ 421.43	\$ 525.83	
15731		Forehead flap w/vasc pedicle	A	0	090	Y						\$ 1,152.23	\$ 1,249.67	
15732		Muscle-skin graft head/neck	A	0	090	Y						\$ 1,308.83	\$ 1,445.59	
15734		Muscle-skin graft trunk	A	0	090	Y		Y				\$ 1,584.10	\$ 1,734.43	
15736		Muscle-skin graft arm	A	0	090	Y						\$ 1,363.12	\$ 1,512.41	
15738		Muscle-skin graft leg	A	0	090	Y		Y				\$ 1,492.22	\$ 1,634.21	
15740		Island pedicle flap graft	A	0	090	Y						\$ 944.82	\$ 1,075.67	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
15750		Neurovascular pedicle graft	A	0	090	Y		Y				\$ 1,042.26	\$ -	
15756		Free myo/skin flap microvasc	A	0	090	Y		Y	Y			\$ 2,749.20	\$ -	
15757		Free skin flap microvasc	A	0	090	Y		Y	Y			\$ 2,675.77	\$ -	
15758		Free fascial flap microvasc	A	0	090	Y		Y	Y			\$ 2,678.56	\$ -	
15760		Composite skin graft	A	0	090	Y						\$ 793.09	\$ 912.11	
15770		Derma-fat-fascia graft	A	0	090	Y		Y				\$ 758.64	\$ -	
15775		Hair transplant punch grafts	N	0	000	Y						\$ 224.11	\$ 289.88	
15776		Hair transplant punch grafts	N	0	000	Y						\$ 308.33	\$ 398.46	
15777		Acellular derm matrix implt	A	0	ZZZ							\$ 265.18	\$ 265.18	
15780		Abrasion treatment of skin	A	0	090	Y						\$ 682.78	\$ 850.86	
15781		Abrasion treatment of skin	A	0	090	Y						\$ 457.97	\$ 554.36	
15782		Abrasion treatment of skin	A	0	090	Y						\$ 440.57	\$ 581.86	
15783		Abrasion treatment of skin	A	0	090	Y						\$ 394.98	\$ 488.24	
15786		Abrasion lesion single	A	0	010	Y						\$ 155.90	\$ 246.04	
15787		Abrasion lesions add-on	A	0	ZZZ							\$ 19.84	\$ 46.63	
15788		Chemical peel face epiderm	R	0	090	Y						\$ 252.65	\$ 429.08	
15789		Chemical peel face dermal	R	0	090	Y						\$ 442.31	\$ 555.06	
15792		Chemical peel nonfacial	R	0	090	Y						\$ 259.96	\$ 405.42	
15793		Chemical peel nonfacial	A	0	090	Y						\$ 377.93	\$ 481.98	
15819		Plastic surgery neck	A	0	090	Y						\$ 876.96	\$ -	
15820		Revision of lower eyelid	A	0	090	Y	Y					\$ 574.55	\$ 619.44	
15821		Revision of lower eyelid	A	0	090	Y	Y					\$ 612.83	\$ 663.29	
15822		Revision of upper eyelid	A	0	090	Y	Y					\$ 424.56	\$ 468.76	
15823		Revision of upper eyelid	A	0	090	Y	Y					\$ 613.87	\$ 664.33	
15824		Removal of forehead wrinkles	N	0	000	Y	Y					\$ -	\$ -	
15825		Removal of neck wrinkles	N	0	000	Y	Y					\$ -	\$ -	
15826		Removal of brow wrinkles	N	0	000	Y	Y					\$ -	\$ -	
15828		Removal of face wrinkles	N	0	000	Y	Y					\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
15829		Removal of skin wrinkles	N	0	000	Y	Y					\$ -	\$ -	
15830		Exc skin abd	N	0	090	Y		Y				\$ 1,372.16	\$ -	
15832		Excise excessive skin tissue	A	0	090	Y		Y				\$ 1,055.83	\$ -	
15833		Excise excessive skin tissue	A	0	090	Y						\$ 1,006.42	\$ -	
15834		Excise excessive skin tissue	A	0	090	Y						\$ 1,023.82	\$ -	
15835		Excise excessive skin tissue	A	0	090	Y						\$ 1,008.85	\$ -	
15836		Excise excessive skin tissue	A	0	090	Y						\$ 871.39	\$ -	
15837		Excise excessive skin tissue	A	0	090	Y						\$ 823.02	\$ 948.65	
15838		Excise excessive skin tissue	A	0	090	Y						\$ 621.88	\$ -	
15839		Excise excessive skin tissue	A	0	090	Y						\$ 841.81	\$ 960.48	
15840		Graft for face nerve palsy	A	0	090	Y						\$ 1,152.23	\$ -	
15841		Graft for face nerve palsy	A	0	090	Y		Y				\$ 1,798.81	\$ -	
15842		Flap for face nerve palsy	A	0	090	Y		Y				\$ 2,774.26	\$ -	
15845		Skin and muscle repair face	A	0	090	Y		Y				\$ 1,066.27	\$ -	
15847		Exc skin abd add-on	C	0	YYY			Y				\$ -	\$ -	
15850		Removal of sutures	B	9	XXX							\$ 41.06	\$ 80.74	
15851		Removal of sutures	A	0	000	Y						\$ 53.59	\$ 96.74	
15852		Dressing change not for burn	A	0	000	Y						\$ 56.03	\$ -	
15860		Test for blood flow in graft	A	0	000	Y						\$ 136.42	\$ -	
15876		Suction assisted lipectomy	R	0	000	Y						\$ -	\$ -	
15877		Suction assisted lipectomy	R	0	000	Y						\$ -	\$ -	
15878		Suction assisted lipectomy	R	0	000	Y	Y					\$ -	\$ -	
15879		Suction assisted lipectomy	R	0	000	Y	Y					\$ -	\$ -	
15920		Removal of tail bone ulcer	A	0	090	Y						\$ 705.74	\$ -	
15922		Removal of tail bone ulcer	A	0	090	Y		Y				\$ 892.62	\$ -	
15931		Remove sacrum pressure sore	A	0	090	Y						\$ 801.79	\$ -	
15933		Remove sacrum pressure sore	A	0	090	Y						\$ 977.53	\$ -	
15934		Remove sacrum pressure sore	A	0	090	Y						\$ 1,089.59	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
15935		Remove sacrum pressure sore	A	0	090	Y		Y				\$ 1,293.17	\$ -	
15936		Remove sacrum pressure sore	A	0	090	Y						\$ 1,056.18	\$ -	
15937		Remove sacrum pressure sore	A	0	090	Y						\$ 1,224.96	\$ -	
15940		Remove hip pressure sore	A	0	090	Y						\$ 816.76	\$ -	
15941		Remove hip pressure sore	A	0	090	Y						\$ 1,038.78	\$ -	
15944		Remove hip pressure sore	A	0	090	Y						\$ 1,041.22	\$ -	
15945		Remove hip pressure sore	A	0	090	Y						\$ 1,150.14	\$ -	
15946		Remove hip pressure sore	A	0	090	Y						\$ 1,935.58	\$ -	
15950		Remove thigh pressure sore	A	0	090	Y						\$ 669.90	\$ -	
15951		Remove thigh pressure sore	A	0	090	Y						\$ 997.02	\$ -	
15952		Remove thigh pressure sore	A	0	090	Y		Y				\$ 1,062.79	\$ -	
15953		Remove thigh pressure sore	A	0	090	Y						\$ 1,145.96	\$ -	
15956		Remove thigh pressure sore	A	0	090	Y						\$ 1,362.42	\$ -	
15958		Remove thigh pressure sore	A	0	090	Y						\$ 1,380.17	\$ -	
15999		Removal of pressure sore	C	0	YYY	Y				Y		\$ -	\$ -	
16000		Initial treatment of burn(s)	A	0	000	Y						\$ 53.59	\$ 72.73	
16020		Dress/debrid p-thick burn s	A	0	000	Y						\$ 57.42	\$ 80.39	
16025		Dress/debrid p-thick burn m	A	0	000	Y						\$ 128.06	\$ 157.30	
16030		Dress/debrid p-thick burn l	A	0	000	Y						\$ 154.16	\$ 194.88	
16035		Incision of burn scab initi	A	0	000	Y						\$ 242.21	\$ -	
16036		Escharotomy addl incision	A	0	ZZZ							\$ 101.27	\$ -	
17000		Destruct premalg lesion	A	0	010	Y						\$ 57.42	\$ 78.65	
17003		Destruct premalg les 2-14	A	0	ZZZ							\$ 4.87	\$ 7.31	
17004		Destroy premalg lesions 15/>	A	0	010							\$ 144.42	\$ 177.48	
17106		Destruction of skin lesions	A	0	090	Y						\$ 297.19	\$ 352.87	
17107		Destruction of skin lesions	A	0	090	Y						\$ 385.58	\$ 459.01	
17108		Destruction of skin lesions	A	0	090	Y						\$ 596.47	\$ 692.52	
17110		Destruct b9 lesion 1-14	A	0	010	Y						\$ 69.25	\$ 104.05	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
17111		Destruct lesion 15 or more	A	0	010	Y						\$ 87.70	\$ 126.32	
17250		Chemical cautery tissue	A	0	000	Y						\$ 39.32	\$ 74.47	
17260		Destruction of skin lesions	A	0	010	Y						\$ 73.78	\$ 95.00	
17261		Destruction of skin lesions	A	0	010	Y						\$ 99.88	\$ 143.38	
17262		Destruction of skin lesions	A	0	010	Y						\$ 127.02	\$ 176.09	
17263		Destruction of skin lesions	A	0	010	Y						\$ 141.64	\$ 193.49	
17264		Destruction of skin lesions	A	0	010	Y						\$ 152.42	\$ 208.45	
17266		Destruction of skin lesions	A	0	010	Y						\$ 177.83	\$ 237.34	
17270		Destruction of skin lesions	A	0	010	Y						\$ 108.92	\$ 151.03	
17271		Destruction of skin lesions	A	0	010	Y						\$ 122.15	\$ 166.00	
17272		Destruction of skin lesions	A	0	010	Y						\$ 140.59	\$ 189.31	
17273		Destruction of skin lesions	A	0	010	Y						\$ 159.38	\$ 212.28	
17274		Destruction of skin lesions	A	0	010	Y						\$ 195.58	\$ 252.65	
17276		Destruction of skin lesions	A	0	010	Y						\$ 238.38	\$ 298.58	
17280		Destruction of skin lesions	A	0	010	Y						\$ 98.83	\$ 140.94	
17281		Destruction of skin lesions	A	0	010	Y						\$ 137.81	\$ 182.00	
17282		Destruction of skin lesions	A	0	010	Y						\$ 159.04	\$ 209.15	
17283		Destruction of skin lesions	A	0	010	Y						\$ 199.40	\$ 253.69	
17284		Destruction of skin lesions	A	0	010	Y						\$ 232.12	\$ 290.23	
17286		Destruction of skin lesions	A	0	010	Y						\$ 323.99	\$ 385.93	
17311		Mohs 1 stage h/n/hf/g	A	0	000	Y						\$ 428.39	\$ 666.42	
17312		Mohs addl stage	A	0	ZZZ							\$ 226.55	\$ 390.11	
17313		Mohs 1 stage t/a/l	A	0	000	Y						\$ 384.19	\$ 606.56	
17314		Mohs addl stage t/a/l	A	0	ZZZ							\$ 210.54	\$ 361.92	
17315		Mohs surg addl block	A	0	ZZZ							\$ 58.81	\$ 80.74	
17340		Cryotherapy of skin	A	0	010	Y						\$ 52.90	\$ 54.98	
17360		Skin peel therapy	A	0	010	Y						\$ 109.97	\$ 135.72	
17380		Hair removal by electrolysis	R	0	000	Y						\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
17999		Skin tissue procedure	C	0	YYY	Y				Y		\$ -	\$ -	
19000		Drainage of breast lesion	A	0	000	Y						\$ 50.46	\$ 106.49	
19001		Drain breast lesion add-on	A	0	ZZZ							\$ 24.36	\$ 28.54	
19020		Incision of breast lesion	A	0	090	Y	Y					\$ 340.69	\$ 479.20	
19030		Injection for breast x-ray	A	0	000	Y	Y					\$ 84.22	\$ 155.21	
19100		Bx breast percut w/o image	A	0	000	Y	Y					\$ 87.00	\$ 153.82	
19101		Biopsy of breast open	A	0	010	Y	Y					\$ 259.26	\$ 359.14	
19102		Bx breast percut w/image	A	0	000	Y	Y					\$ 114.49	\$ 208.10	
19103		Bx breast percut w/device	A	0	000	Y	Y					\$ 219.59	\$ 523.04	
19105		Cryosurg ablate fa each	A	0	000	Y	Y					\$ 218.20	\$ 2,429.04	
19110		Nipple exploration	A	0	090	Y	Y					\$ 386.28	\$ 506.69	
19112		Excise breast duct fistula	A	0	090	Y	Y					\$ 347.30	\$ 470.84	
19120		Removal of breast lesion	A	0	090	Y	Y					\$ 480.24	\$ 545.66	
19125		Excision breast lesion	A	0	090	Y	Y					\$ 536.62	\$ 608.65	
19126		Excision addl breast lesion	A	0	ZZZ							\$ 203.93	\$ -	
19260		Removal of chest wall lesion	A	0	090	Y		Y				\$ 1,448.72	\$ -	
19271		Revision of chest wall	A	0	090	Y		Y				\$ 1,935.58	\$ -	
19272		Extensive chest wall surgery	A	0	090	Y		Y				\$ 2,171.17	\$ -	
19290		Place needle wire breast	A	0	000	Y	Y					\$ 70.30	\$ 151.38	
19291		Place needle wire breast	A	0	ZZZ							\$ 33.76	\$ 64.73	
19295		Place breast clip percut	A	0	ZZZ							\$ -	\$ 77.95	
19296		Place po breast cath for rad	A	0	000	Y	Y					\$ 256.82	\$ 3,556.21	
19297		Place breast cath for rad	A	0	ZZZ							\$ 117.62	\$ -	
19298		Place breast rad tube/caths	A	0	000	Y	Y					\$ 364.36	\$ 1,074.97	
19300		Removal of breast tissue	A	0	090	Y	Y					\$ 464.93	\$ 559.58	
19301		Partical mastectomy	A	0	090	Y	Y					\$ 776.04	\$ -	
19302		P-mastectomy w/ln removal	A	0	090	Y	Y	Y				\$ 1,073.58	\$ -	
19303		Mast simple complete	A	0	090	Y	Y	Y				\$ 1,206.86	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
19304		Mast subq	A	0	090	Y	Y	Y				\$ 661.55	\$ -	
19305		Mast radical	A	0	090	Y	Y	Y				\$ 1,351.28	\$ -	
19306		Mast rad urban type	A	0	090	Y	Y	Y				\$ 1,421.58	\$ -	
19307		Mast mod rad	A	0	090	Y	Y	Y				\$ 1,418.80	\$ -	
19316		Suspension of breast	A	0	090	Y	Y	Y				\$ 904.45	\$ -	
19318		Reduction of large breast	A	0	090	Y	Y	Y				\$ 1,306.74	\$ -	
19324		Enlarge breast	A	0	090	Y	Y					\$ 570.72	\$ -	
19325		Enlarge breast with implant	A	0	090	Y	Y					\$ 743.68	\$ -	
19328		Removal of breast implant	A	0	090	Y	Y					\$ 567.24	\$ -	
19330		Removal of implant material	A	0	090	Y	Y					\$ 727.67	\$ -	
19340		Immediate breast prosthesis	A	0	090	Y	Y					\$ 1,113.60	\$ -	
19342		Delayed breast prosthesis	A	0	090	Y	Y					\$ 1,067.32	\$ -	
19350		Breast reconstruction	A	0	090	Y	Y					\$ 778.13	\$ 910.72	
19355		Correct inverted nipple(s)	A	0	090	Y	Y					\$ 678.60	\$ 793.44	
19357		Breast reconstruction	A	0	090	Y	Y	Y				\$ 1,691.28	\$ -	
19361		Breast reconstr w/lat flap	A	0	090	Y	Y	Y				\$ 1,889.64	\$ -	
19364		Breast reconstruction	A	0	090	Y	Y	Y				\$ 3,304.26	\$ -	
19366		Breast reconstruction	A	0	090	Y	Y	Y				\$ 1,666.22	\$ -	
19367		Breast reconstruction	A	0	090	Y	Y	Y				\$ 2,134.63	\$ -	
19368		Breast reconstruction	A	0	090	Y	Y	Y				\$ 2,651.06	\$ -	
19369		Breast reconstruction	A	0	090	Y	Y	Y				\$ 2,451.66	\$ -	
19370		Surgery of breast capsule	A	0	090	Y	Y					\$ 789.96	\$ -	
19371		Removal of breast capsule	A	0	090	Y	Y					\$ 905.84	\$ -	
19380		Revise breast reconstruction	A	0	090	Y	Y					\$ 891.23	\$ -	
19396		Design custom breast implant	A	0	000	Y	Y					\$ 173.65	\$ 287.10	
19499		Breast surgery procedure	C	0	YYY	Y	Y			Y		\$ -	\$ -	
20005		I&d abscess subfascial	A	0	010	Y						\$ 263.44	\$ 322.25	
2000F		Blood pressure measure	M	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
2001F		Weight record	M	9	XXX							\$ -	\$ -	
2002F		Clin sign vol ovrl d assess	M	9	XXX							\$ -	\$ -	
2004F		Initial exam involved joints	M	9	XXX							\$ -	\$ -	
20100		Explore wound neck	A	0	010	Y	Y	Y				\$ 726.97	\$ -	
20101		Explore wound chest	A	0	010	Y						\$ 250.21	\$ 449.27	
20102		Explore wound abdomen	A	0	010	Y						\$ 301.02	\$ 490.68	
20103		Explore wound extremity	A	0	010	Y						\$ 409.25	\$ 605.17	
2010F		Vital signs recorded	M	9	XXX							\$ -	\$ -	
2014F		Mental status assess	M	9	XXX							\$ -	\$ -	
20150		Excise epiphyseal bar	A	0	090	Y	Y	Y				\$ 1,167.54	\$ -	
2015F		Asthma impairment assessed	M	9	XXX							\$ -	\$ -	
2016F		Asthma risk assessed	M	9	XXX							\$ -	\$ -	
2018F		Hydration status assess	M	9	XXX							\$ -	\$ -	
2019F		Dilated macul exam done	M	9	XXX							\$ -	\$ -	
20200		Muscle biopsy	A	0	000	Y						\$ 115.88	\$ 209.84	
20205		Deep muscle biopsy	A	0	000	Y						\$ 188.96	\$ 296.15	
20206		Needle biopsy muscle	A	0	000	Y						\$ 63.34	\$ 222.37	
2020F		Dilated fundus eval done	M	9	XXX							\$ -	\$ -	
2021F		Dilat macul+ exam done	M	9	XXX							\$ -	\$ -	
20220		Bone biopsy trocar/needle	A	0	000	Y						\$ 77.26	\$ 156.25	
20225		Bone biopsy trocar/needle	A	0	000	Y						\$ 122.84	\$ 524.78	
2022F		Dil retina exam interp rev	M	9	XXX							\$ -	\$ -	
20240		Bone biopsy excisional	A	0	010	Y						\$ 248.47	\$ -	
20245		Bone biopsy excisional	A	0	010	Y						\$ 717.23	\$ -	
2024F		7 field photo interp doc rev	M	9	XXX							\$ -	\$ -	
20250		Open bone biopsy	A	0	010	Y						\$ 454.14	\$ -	
20251		Open bone biopsy	A	0	010	Y		Y				\$ 492.77	\$ -	
2026F		Eye image valid to dx rev	M	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
2027F		Optic nerve head eval done	M	9	XXX							\$ -	\$ -	
2028F		Foot exam performed	M	9	XXX							\$ -	\$ -	
2029F		Complete phys skin exam done	M	9	XXX							\$ -	\$ -	
2030F		H2o stat docd normal	M	9	XXX							\$ -	\$ -	
2031F		H2o stat docd dehydrated	M	9	XXX							\$ -	\$ -	
2035F		Tymp memb motion examd	M	9	XXX							\$ -	\$ -	
2040F		Bk pn xm on init visit date	M	9	XXX							\$ -	\$ -	
2044F		Doc mntl tst b/4 bk trxmnt	M	9	XXX							\$ -	\$ -	
20500		Injection of sinus tract	A	0	010	Y						\$ 90.48	\$ 107.88	
20501		Inject sinus tract for x-ray	A	0	000	Y						\$ 41.76	\$ 112.75	
2050F		Wound char size etc docd	M	9	XXX							\$ -	\$ -	
20520		Removal of foreign body	A	0	010	Y						\$ 158.69	\$ 204.28	
20525		Removal of foreign body	A	0	010	Y						\$ 283.97	\$ 480.94	
20526		Ther injection carp tunnel	A	0	000	Y	Y					\$ 64.38	\$ 80.04	
20527		Inj dupuytren cord w/enzyme	A	0	000	Y	Y					\$ 68.21	\$ 81.78	
20550		Inj tendon sheath/ligament	A	0	000	Y	Y					\$ 44.89	\$ 58.81	
20551		Inj tendon origin/insertion	A	0	000	Y						\$ 46.28	\$ 59.86	
20552		Inj trigger point 1/2 muscl	A	0	000	Y						\$ 40.72	\$ 54.64	
20553		Inject trigger points => 3	A	0	000	Y						\$ 44.89	\$ 61.60	
20555		Place ndl musc/tis for rt	A	0	000	Y						\$ 381.76	\$ -	
20600		Drain/inject joint/bursa	A	0	000	Y	Y					\$ 41.76	\$ 54.98	
20605		Drain/inject joint/bursa	A	0	000	Y	Y					\$ 44.54	\$ 58.46	
2060F		Pt talk eval hlthwkr re mdd	M	9	XXX							\$ -	\$ -	
20610		Drain/inject joint/bursa	A	0	000	Y	Y					\$ 56.03	\$ 73.08	
20612		Aspirate/inj ganglion cyst	A	0	000	Y						\$ 45.24	\$ 60.20	
20615		Treatment of bone cyst	A	0	010	Y						\$ 170.87	\$ 232.46	
20650		Insert and remove bone pin	A	0	010	Y						\$ 164.60	\$ 204.28	
20660		Apply rem fixation device	A	0	000	Y						\$ 320.51	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
20661		Application of head brace	A	0	090	Y						\$ 592.99	\$ -	
20662		Application of pelvis brace	A	0	090	Y						\$ 451.01	\$ -	
20663		Application of thigh brace	A	0	090	Y						\$ 470.84	\$ -	
20664		Application of halo	A	0	090	Y						\$ 1,089.94	\$ -	
20665		Removal of fixation device	A	0	010	Y						\$ 91.52	\$ 104.40	
20670		Removal of support implant	A	0	010	Y						\$ 160.08	\$ 362.96	
20680		Removal of support implant	A	0	090	Y						\$ 479.89	\$ 642.41	
20690		Apply bone fixation device	A	0	090	Y						\$ 673.03	\$ -	
20692		Apply bone fixation device	A	0	090	Y		Y				\$ 1,249.32	\$ -	
20693		Adjust bone fixation device	A	0	090	Y						\$ 506.69	\$ -	
20694		Remove bone fixation device	A	0	090	Y						\$ 371.32	\$ 445.09	
20696		Comp multiplane ext fixation	A	0	090	Y		Y				\$ 1,123.34	\$ -	
20697		Comp ext fixate strut change	A	0	000			Y				\$ -	\$ 1,649.17	
20802		Replantation arm complete	A	0	090	Y	Y	Y				\$ 2,408.16	\$ -	
20805		Replant forearm complete	A	0	090	Y	Y	Y				\$ 3,562.82	\$ -	
20808		Replantation hand complete	A	0	090	Y	Y	Y				\$ 4,771.08	\$ -	
20816		Replantation digit complete	A	0	090	Y		Y				\$ 2,295.41	\$ -	
20822		Replantation digit complete	A	0	090	Y		Y				\$ 2,116.19	\$ -	
20824		Replantation thumb complete	A	0	090	Y	Y	Y				\$ 2,560.58	\$ -	
20827		Replantation thumb complete	A	0	090	Y	Y	Y				\$ 2,183.35	\$ -	
20838		Replantation foot complete	A	0	090	Y	Y	Y				\$ 2,636.45	\$ -	
20900		Removal of bone for graft	A	0	000	Y		Y				\$ 249.86	\$ 419.34	
20902		Removal of bone for graft	A	0	000	Y		Y				\$ 365.05	\$ -	
20910		Remove cartilage for graft	A	0	090	Y						\$ 470.15	\$ -	
20912		Remove cartilage for graft	A	0	090	Y						\$ 531.05	\$ -	
20920		Removal of fascia for graft	A	0	090	Y						\$ 427.00	\$ -	
20922		Removal of fascia for graft	A	0	090	Y		Y				\$ 563.76	\$ 655.28	
20924		Removal of tendon for graft	A	0	090	Y		Y				\$ 564.46	\$ -	

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20926		Removal of tissue for graft	A	0	090	Y						\$ 499.73	\$ -	
20930		Sp bone algrft morsel add-on	B	9	XXX							\$ -	\$ -	
20931		Sp bone algrft struct add-on	A	0	ZZZ							\$ 153.12	\$ -	
20936		Sp bone agrft local add-on	B	9	XXX							\$ -	\$ -	
20937		Sp bone agrft morsel add-on	A	0	ZZZ			Y				\$ 215.41	\$ -	
20938		Sp bone agrft struct add-on	A	0	ZZZ			Y				\$ 243.60	\$ -	
20950		Fluid pressure muscle	A	0	000	Y						\$ 102.66	\$ 238.73	
20955		Fibula bone graft microvasc	A	0	090	Y		Y				\$ 2,929.81	\$ -	
20956		Iliac bone graft microvasc	A	0	090	Y		Y				\$ 3,140.70	\$ -	
20957		Mt bone graft microvasc	A	0	090	Y		Y				\$ 3,212.39	\$ -	
20962		Other bone graft microvasc	A	0	090	Y		Y				\$ 2,779.48	\$ -	
20969		Bone/skin graft microvasc	A	0	090	Y		Y				\$ 3,186.64	\$ -	
20970		Bone/skin graft iliac crest	A	0	090	Y		Y				\$ 3,348.46	\$ -	
20972		Bone/skin graft metatarsal	A	0	090	Y		Y				\$ 2,398.07	\$ -	
20973		Bone/skin graft great toe	A	0	090	Y		Y				\$ 2,844.55	\$ -	
20974		Electrical bone stimulation	A	0	000							\$ 54.98	\$ 75.52	
20975		Electrical bone stimulation	A	0	000			Y				\$ 213.32	\$ -	
20979		Us bone stimulation	A	0	000							\$ 37.93	\$ 54.64	
20982		Ablate bone tumor(s) perq	A	0	000	Y	Y					\$ 426.30	\$ 3,307.04	
20985		Cptr-asst dir ms px	A	0	ZZZ							\$ 179.57	\$ -	
20999		Musculoskeletal surgery	C	0	YYY	Y				Y		\$ -	\$ -	
21010		Incision of jaw joint	A	0	090	Y	Y					\$ 800.05	\$ -	
21011		Exc face les sc < 2 cm	A	0	090	Y		Y				\$ 275.62	\$ 352.87	
21012		Exc face les sbq 2 cm/>	A	0	090	Y		Y				\$ 371.66	\$ -	
21013		Exc face tum deep < 2 cm	A	0	090	Y		Y				\$ 443.35	\$ 546.01	
21014		Exc face tum deep 2 cm/>	A	0	090	Y		Y				\$ 580.81	\$ -	
21015		Resect face tum < 2 cm	A	0	090	Y						\$ 793.09	\$ -	
21016		Resect face tum 2 cm/>	A	0	090	Y		Y				\$ 1,214.87	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
21025		Excision of bone lower jaw	A	0	090	Y						\$ 806.66	\$ 924.29	
21026		Excision of facial bone(s)	A	0	090	Y						\$ 520.96	\$ 619.79	
21029		Contour of face bone lesion	A	0	090	Y						\$ 734.63	\$ 843.90	
21030		Excise max/zygoma b9 tumor	A	0	090	Y						\$ 440.92	\$ 525.13	
21031		Remove exostosis mandible	A	0	090	Y						\$ 296.84	\$ 378.97	
21032		Remove exostosis maxilla	A	0	090	Y						\$ 295.45	\$ 385.24	
21034		Excise max/zygoma mal tumor	A	0	090	Y		Y				\$ 1,292.12	\$ 1,428.54	
21040		Excise mandible lesion	A	0	090	Y						\$ 439.87	\$ 526.18	
21044		Removal of jaw bone lesion	A	0	090	Y		Y				\$ 969.18	\$ -	
21045		Extensive jaw surgery	A	0	090	Y		Y				\$ 1,357.55	\$ -	
21046		Remove mandible cyst complex	A	0	090	Y						\$ 1,156.75	\$ -	
21047		Excise lwr jaw cyst w/repair	A	0	090	Y		Y				\$ 1,424.71	\$ -	
21048		Remove maxilla cyst complex	A	0	090	Y						\$ 1,187.38	\$ -	
21049		Excis uppr jaw cyst w/repair	A	0	090	Y		Y				\$ 1,357.90	\$ -	
21050		Removal of jaw joint	A	0	090	Y	Y					\$ 1,002.24	\$ -	
21060		Remove jaw joint cartilage	A	0	090	Y	Y	Y				\$ 960.48	\$ -	
21070		Remove coronoid process	A	0	090	Y	Y					\$ 667.12	\$ -	
21073		Mnpj of tmj w/anesth	A	0	090	Y	Y					\$ 291.62	\$ 403.68	
21076		Prepare face/oral prosthesis	A	0	010	Y						\$ 907.93	\$ 1,039.13	
21077		Prepare face/oral prosthesis	A	0	090	Y	Y					\$ 2,295.06	\$ 2,600.60	
21079		Prepare face/oral prosthesis	A	0	090	Y						\$ 1,524.94	\$ 1,755.66	
21080		Prepare face/oral prosthesis	A	0	090	Y						\$ 1,702.07	\$ 1,974.55	
21081		Prepare face/oral prosthesis	A	0	090	Y						\$ 1,556.95	\$ 1,814.82	
21082		Prepare face/oral prosthesis	A	0	090	Y						\$ 1,448.03	\$ 1,698.24	
21083		Prepare face/oral prosthesis	A	0	090	Y						\$ 1,215.91	\$ 1,482.48	
21084		Prepare face/oral prosthesis	A	0	090	Y						\$ 1,562.17	\$ 1,851.71	
21085		Prepare face/oral prosthesis	A	0	010	Y						\$ 870.35	\$ 1,018.60	
21086		Prepare face/oral prosthesis	A	0	090	Y	Y					\$ 1,689.19	\$ 1,924.44	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
21087		Prepare face/oral prosthesis	A	0	090	Y						\$ 1,679.10	\$ 1,919.22	
21088		Prepare face/oral prosthesis	C	0	090							\$ -	\$ -	
21089		Prepare face/oral prosthesis	C	0	YYY					Y		\$ -	\$ -	
21100		Maxillofacial fixation	A	0	090	Y						\$ 407.16	\$ 689.39	
21110		Interdental fixation	A	0	090	Y						\$ 654.94	\$ 762.12	
21116		Injection jaw joint x-ray	A	0	000	Y						\$ 43.50	\$ 135.02	
21120		Reconstruction of chin	A	0	090	Y						\$ 575.24	\$ 695.30	
21121		Reconstruction of chin	A	0	090	Y		Y				\$ 619.79	\$ 727.67	
21122		Reconstruction of chin	A	0	090	Y		Y				\$ 642.06	\$ -	
21123		Reconstruction of chin	A	0	090	Y		Y				\$ 837.64	\$ -	
21125		Augmentation lower jaw bone	A	0	090	Y		Y				\$ 909.32	\$ 2,834.46	
21127		Augmentation lower jaw bone	A	0	090	Y		Y				\$ 922.20	\$ 3,680.80	
21137		Reduction of forehead	A	0	090	Y		Y				\$ 868.61	\$ -	
21138		Reduction of forehead	A	0	090	Y		Y				\$ 976.49	\$ -	
21139		Reduction of forehead	A	0	090	Y		Y				\$ 1,066.97	\$ -	
21141		Reconstruct midface lefort	A	0	090	Y		Y				\$ 1,609.15	\$ -	
21142		Reconstruct midface lefort	A	0	090	Y		Y				\$ 1,648.82	\$ -	
21143		Reconstruct midface lefort	A	0	090	Y		Y				\$ 1,739.65	\$ -	
21145		Reconstruct midface lefort	A	0	090	Y		Y				\$ 1,560.78	\$ -	
21146		Reconstruct midface lefort	A	0	090	Y		Y				\$ 2,029.88	\$ -	
21147		Reconstruct midface lefort	A	0	090	Y		Y				\$ 1,687.10	\$ -	
21150		Reconstruct midface lefort	A	0	090	Y		Y				\$ 1,684.32	\$ -	
21151		Reconstruct midface lefort	A	0	090	Y		Y				\$ 2,093.92	\$ -	
21154		Reconstruct midface lefort	A	0	090	Y		Y				\$ 2,339.95	\$ -	
21155		Reconstruct midface lefort	A	0	090	Y		Y				\$ 2,225.81	\$ -	
21159		Reconstruct midface lefort	A	0	090	Y		Y				\$ 2,812.88	\$ -	
21160		Reconstruct midface lefort	A	0	090	Y		Y				\$ 2,739.11	\$ -	
21172		Reconstruct orbit/forehead	A	0	090	Y		Y				\$ 1,987.08	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
21175		Reconstruct orbit/forehead	A	0	090	Y		Y				\$ 3,150.10	\$ -	
21179		Reconstruct entire forehead	A	0	090	Y		Y				\$ 1,726.43	\$ -	
21180		Reconstruct entire forehead	A	0	090	Y		Y				\$ 1,741.39	\$ -	
21181		Contour cranial bone lesion	A	0	090	Y						\$ 765.60	\$ -	
21182		Reconstruct cranial bone	A	0	090	Y		Y				\$ 2,181.26	\$ -	
21183		Reconstruct cranial bone	A	0	090	Y		Y				\$ 2,761.73	\$ -	
21184		Reconstruct cranial bone	A	0	090	Y		Y				\$ 2,869.61	\$ -	
21188		Reconstruction of midface	A	0	090	Y		Y				\$ 1,732.34	\$ -	
21193		Reconst lwr jaw w/o graft	A	0	090	Y		Y				\$ 1,558.69	\$ -	
21194		Reconst lwr jaw w/graft	A	0	090	Y		Y				\$ 1,526.68	\$ -	
21195		Reconst lwr jaw w/o fixation	A	0	090	Y		Y				\$ 1,452.20	\$ -	
21196		Reconst lwr jaw w/fixation	A	0	090	Y		Y				\$ 1,588.27	\$ -	
21198		Reconstr lwr jaw segment	A	0	090	Y		Y				\$ 1,253.50	\$ -	
21199		Reconstr lwr jaw w/advance	A	0	090	Y		Y				\$ 1,132.39	\$ -	
21206		Reconstruct upper jaw bone	A	0	090	Y		Y				\$ 1,361.38	\$ -	
21208		Augmentation of facial bones	A	0	090	Y						\$ 973.01	\$ 1,873.28	
21209		Reduction of facial bones	A	0	090	Y		Y				\$ 731.84	\$ 883.22	
21210		Face bone graft	A	0	090	Y						\$ 904.80	\$ 2,082.43	
21215		Lower jaw bone graft	A	0	090	Y						\$ 1,035.65	\$ 3,658.52	
21230		Rib cartilage graft	A	0	090	Y						\$ 905.50	\$ -	
21235		Ear cartilage graft	A	0	090	Y						\$ 620.83	\$ 758.29	
21240		Reconstruction of jaw joint	A	0	090	Y	Y	Y				\$ 1,182.85	\$ -	
21242		Reconstruction of jaw joint	A	0	090	Y	Y	Y				\$ 1,085.41	\$ -	
21243		Reconstruction of jaw joint	A	0	090	Y	Y	Y				\$ 1,806.47	\$ -	
21244		Reconstruction of lower jaw	A	0	090	Y		Y				\$ 1,140.40	\$ -	
21245		Reconstruction of jaw	A	0	090	Y		Y				\$ 975.79	\$ 1,172.06	
21246		Reconstruction of jaw	A	0	090	Y		Y				\$ 913.50	\$ -	
21247		Reconstruct lower jaw bone	A	0	090	Y		Y				\$ 1,963.42	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
21248		Reconstruction of jaw	A	0	090	Y						\$ 954.56	\$ 1,125.08	
21249		Reconstruction of jaw	A	0	090	Y						\$ 1,338.41	\$ 1,561.82	
21255		Reconstruct lower jaw bone	A	0	090	Y		Y				\$ 1,480.04	\$ -	
21256		Reconstruction of orbit	A	0	090	Y		Y				\$ 1,296.30	\$ -	
21260		Revise eye sockets	A	0	090	Y		Y				\$ 1,240.62	\$ -	
21261		Revise eye sockets	A	0	090	Y		Y				\$ 2,597.12	\$ -	
21263		Revise eye sockets	A	0	090	Y		Y				\$ 1,927.92	\$ -	
21267		Revise eye sockets	A	0	090	Y		Y				\$ 1,778.98	\$ -	
21268		Revise eye sockets	A	0	090	Y		Y				\$ 2,126.63	\$ -	
21270		Augmentation cheek bone	A	0	090	Y		Y				\$ 805.62	\$ 1,002.94	
21275		Revision orbitofacial bones	A	0	090	Y		Y				\$ 976.84	\$ -	
21280		Revision of eyelid	A	0	090	Y	Y					\$ 644.50	\$ -	
21282		Revision of eyelid	A	0	090	Y	Y					\$ 410.64	\$ -	
21295		Revision of jaw muscle/bone	A	0	090	Y						\$ 198.01	\$ -	
21296		Revision of jaw muscle/bone	A	0	090	Y						\$ 440.92	\$ -	
21299		Cranio/maxillofacial surgery	C	0	YYY	Y				Y		\$ -	\$ -	
21310		Treatment of nose fracture	A	0	000	Y						\$ 35.15	\$ 117.28	
21315		Treatment of nose fracture	A	0	010	Y						\$ 164.95	\$ 274.22	
21320		Treatment of nose fracture	A	0	010	Y						\$ 149.29	\$ 254.04	
21325		Treatment of nose fracture	A	0	090	Y						\$ 484.42	\$ -	
21330		Treatment of nose fracture	A	0	090	Y						\$ 582.20	\$ -	
21335		Treatment of nose fracture	A	0	090	Y						\$ 777.08	\$ -	
21336		Treat nasal septal fracture	A	0	090	Y						\$ 669.55	\$ -	
21337		Treat nasal septal fracture	A	0	090	Y						\$ 314.94	\$ 409.60	
21338		Treat nasoethmoid fracture	A	0	090	Y						\$ 801.44	\$ -	
21339		Treat nasoethmoid fracture	A	0	090	Y		Y				\$ 866.52	\$ -	
21340		Treatment of nose fracture	A	0	090	Y						\$ 881.48	\$ -	
21343		Treatment of sinus fracture	A	0	090	Y		Y				\$ 1,359.98	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
21344		Treatment of sinus fracture	A	0	090	Y		Y	Y			\$ 2,128.37	\$ -	
21345		Treat nose/jaw fracture	A	0	090	Y						\$ 690.43	\$ 824.41	
21346		Treat nose/jaw fracture	A	0	090	Y						\$ 974.40	\$ -	
21347		Treat nose/jaw fracture	A	0	090	Y		Y				\$ 1,167.19	\$ -	
21348		Treat nose/jaw fracture	A	0	090	Y		Y	Y			\$ 1,218.70	\$ -	
21355		Treat cheek bone fracture	A	0	010	Y						\$ 347.30	\$ 443.70	
21356		Treat cheek bone fracture	A	0	010	Y						\$ 407.51	\$ 512.26	
21360		Treat cheek bone fracture	A	0	090	Y		Y				\$ 567.59	\$ -	
21365		Treat cheek bone fracture	A	0	090	Y		Y				\$ 1,275.77	\$ -	
21366		Treat cheek bone fracture	A	0	090	Y		Y	Y			\$ 1,435.15	\$ -	
21385		Treat eye socket fracture	A	0	090	Y		Y				\$ 744.02	\$ -	
21386		Treat eye socket fracture	A	0	090	Y		Y				\$ 770.47	\$ -	
21387		Treat eye socket fracture	A	0	090	Y		Y				\$ 855.73	\$ -	
21390		Treat eye socket fracture	A	0	090	Y		Y				\$ 898.88	\$ -	
21395		Treat eye socket fracture	A	0	090	Y		Y				\$ 1,072.54	\$ -	
21400		Treat eye socket fracture	A	0	090	Y						\$ 162.52	\$ 192.44	
21401		Treat eye socket fracture	A	0	090	Y		Y				\$ 340.34	\$ 495.90	
21406		Treat eye socket fracture	A	0	090	Y		Y				\$ 595.08	\$ -	
21407		Treat eye socket fracture	A	0	090	Y		Y				\$ 736.72	\$ -	
21408		Treat eye socket fracture	A	0	090	Y		Y	Y			\$ 1,056.88	\$ -	
21421		Treat mouth roof fracture	A	0	090	Y						\$ 692.87	\$ 804.92	
21422		Treat mouth roof fracture	A	0	090	Y		Y				\$ 708.53	\$ -	
21423		Treat mouth roof fracture	A	0	090	Y		Y	Y			\$ 921.50	\$ -	
21431		Treat craniofacial fracture	A	0	090	Y		Y				\$ 752.38	\$ -	
21432		Treat craniofacial fracture	A	0	090	Y		Y				\$ 802.49	\$ -	
21433		Treat craniofacial fracture	A	0	090	Y		Y				\$ 1,991.26	\$ -	
21435		Treat craniofacial fracture	A	0	090	Y		Y				\$ 1,493.27	\$ -	
21436		Treat craniofacial fracture	A	0	090	Y		Y	Y			\$ 2,426.95	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
21440		Treat dental ridge fracture	A	0	090	Y						\$ 471.19	\$ 559.93	
21445		Treat dental ridge fracture	A	0	090	Y		Y				\$ 625.01	\$ 745.42	
21450		Treat lower jaw fracture	A	0	090	Y						\$ 489.64	\$ 586.38	
21451		Treat lower jaw fracture	A	0	090	Y						\$ 625.36	\$ 727.32	
21452		Treat lower jaw fracture	A	0	090	Y						\$ 355.31	\$ 572.81	
21453		Treat lower jaw fracture	A	0	090	Y						\$ 785.78	\$ 890.53	
21454		Treat lower jaw fracture	A	0	090	Y						\$ 615.26	\$ -	
21461		Treat lower jaw fracture	A	0	090	Y						\$ 971.62	\$ 1,972.12	
21462		Treat lower jaw fracture	A	0	090	Y		Y				\$ 1,054.79	\$ 2,069.21	
21465		Treat lower jaw fracture	A	0	090	Y		Y				\$ 1,097.24	\$ -	
21470		Treat lower jaw fracture	A	0	090	Y		Y				\$ 1,363.46	\$ -	
21480		Reset dislocated jaw	A	0	000	Y	Y					\$ 38.98	\$ 93.96	
21485		Reset dislocated jaw	A	0	090	Y	Y					\$ 565.50	\$ 659.46	
21490		Repair dislocated jaw	A	0	090	Y	Y	Y				\$ 1,073.58	\$ -	
21495		Treat hyoid bone fracture	A	0	090	Y		Y				\$ 718.97	\$ -	
21497		Interdental wiring	A	0	090	Y						\$ 618.05	\$ 720.01	
21499		Head surgery procedure	C	0	YYY	Y				Y		\$ -	\$ -	
21501		Drain neck/chest lesion	A	0	090	Y						\$ 357.40	\$ 469.10	
21502		Drain chest lesion	A	0	090	Y		Y				\$ 627.10	\$ -	
21510		Drainage of bone lesion	A	0	090	Y						\$ 595.43	\$ -	
21550		Biopsy of neck/chest	A	0	010	Y						\$ 170.17	\$ 257.52	
21552		Exc neck les sc 3 cm/>	A	0	090	Y		Y				\$ 521.65	\$ -	
21554		Exc neck tum deep 5 cm/>	A	0	090	Y		Y				\$ 854.69	\$ -	
21555		Exc neck les sc < 3 cm	A	0	090	Y						\$ 349.04	\$ 440.22	
21556		Exc neck tum deep < 5 cm	A	0	090	Y						\$ 608.65	\$ -	
21557		Resect neck tum < 5 cm	A	0	090	Y		Y				\$ 1,100.72	\$ -	
21558		Resect neck tum 5 cm/>	A	0	090	Y		Y				\$ 1,605.32	\$ -	
21600		Partial removal of rib	A	0	090	Y		Y				\$ 656.68	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
21610		Partial removal of rib	A	0	090	Y		Y				\$ 1,577.48	\$ -	
21615		Removal of rib	A	0	090	Y	Y	Y				\$ 818.84	\$ -	
21616		Removal of rib and nerves	A	0	090	Y	Y	Y				\$ 1,045.04	\$ -	
21620		Partial removal of sternum	A	0	090	Y		Y				\$ 617.35	\$ -	
21627		Sternal debridement	A	0	090	Y		Y				\$ 648.67	\$ -	
21630		Extensive sternum surgery	A	0	090	Y		Y				\$ 1,511.71	\$ -	
21632		Extensive sternum surgery	A	0	090	Y		Y				\$ 1,575.40	\$ -	
21685		Hyoid myotomy & suspension	A	0	090	Y		Y				\$ 1,098.29	\$ -	
21700		Revision of neck muscle	A	0	090	Y		Y				\$ 493.12	\$ -	
21705		Revision of neck muscle/rib	A	0	090	Y		Y				\$ 782.30	\$ -	
21720		Revision of neck muscle	A	0	090	Y		Y				\$ 635.80	\$ -	
21725		Revision of neck muscle	A	0	090	Y		Y				\$ 563.06	\$ -	
21740		Reconstruction of sternum	A	0	090	Y		Y				\$ 1,403.14	\$ -	
21742		Repair stern/nuss w/o scope	C	0	090	Y		Y				\$ -	\$ -	
21743		Repair sternum/nuss w/scope	C	0	090	Y		Y				\$ -	\$ -	
21750		Repair of sternum separation	A	0	090	Y		Y				\$ 887.40	\$ -	
21800		Treatment of rib fracture	A	0	090	Y						\$ 114.84	\$ 112.40	
21805		Treatment of rib fracture	A	0	090	Y						\$ 298.93	\$ -	
21810		Treatment of rib fracture(s)	A	0	090	Y		Y				\$ 612.48	\$ -	
21820		Treat sternum fracture	A	0	090	Y						\$ 149.29	\$ 146.86	
21825		Treat sternum fracture	A	0	090	Y		Y				\$ 668.51	\$ -	
21899		Neck/chest surgery procedure	C	0	YYY	Y				Y		\$ -	\$ -	
21920		Biopsy soft tissue of back	A	0	010	Y						\$ 177.48	\$ 260.30	
21925		Biopsy soft tissue of back	A	0	090	Y						\$ 399.16	\$ 475.72	
21930		Exc back les sc < 3 cm	A	0	090	Y						\$ 421.78	\$ 511.56	
21931		Exc back les sc 3 cm/>	A	0	090	Y		Y				\$ 555.76	\$ -	
21932		Exc back tum deep < 5 cm	A	0	090	Y		Y				\$ 788.92	\$ -	
21933		Exc back tum deep 5 cm/>	A	0	090	Y		Y				\$ 885.66	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
21935		Resect back tum < 5 cm	A	0	090	Y						\$ 1,226.70	\$ -	
21936		Resect back tum 5 cm/>	A	0	090	Y		Y				\$ 1,701.37	\$ -	
22010		I&d p-spine c/t/cerv-thor	A	0	090	Y						\$ 1,144.22	\$ -	
22015		I&d p-spine l/s/l	A	0	090	Y						\$ 1,111.51	\$ -	
22100		Remove part of neck vertebra	A	0	090	Y		Y				\$ 1,170.67	\$ -	
22101		Remove part thorax vertebra	A	0	090	Y		Y				\$ 1,175.89	\$ -	
22102		Remove part lumbar vertebra	A	0	090	Y		Y				\$ 976.49	\$ -	
22103		Remove extra spine segment	A	0	ZZZ			Y				\$ 187.92	\$ -	
22110		Remove part of neck vertebra	A	0	090	Y		Y				\$ 1,419.84	\$ -	
22112		Remove part thorax vertebra	A	0	090	Y		Y				\$ 1,404.88	\$ -	
22114		Remove part lumbar vertebra	A	0	090	Y		Y				\$ 1,150.49	\$ -	
22116		Remove extra spine segment	A	0	ZZZ			Y				\$ 182.70	\$ -	
22206		Cut spine 3 col thor	A	0	090	Y		Y				\$ 2,805.92	\$ -	
22207		Cut spine 3 col lumb	A	0	090	Y		Y				\$ 2,998.37	\$ -	
22208		Cut spine 3 col addl seg	A	0	ZZZ			Y				\$ 771.17	\$ -	
22210		Revision of neck spine	A	0	090	Y		Y				\$ 2,206.32	\$ -	
22212		Revision of thorax spine	A	0	090	Y		Y				\$ 1,775.50	\$ -	
22214		Revision of lumbar spine	A	0	090	Y		Y				\$ 1,798.12	\$ -	
22216		Revise extra spine segment	A	0	ZZZ			Y				\$ 470.50	\$ -	
22220		Revision of neck spine	A	0	090	Y		Y				\$ 2,037.54	\$ -	
22222		Revision of thorax spine	A	0	090	Y		Y				\$ 1,795.68	\$ -	
22224		Revision of lumbar spine	A	0	090	Y		Y				\$ 1,915.04	\$ -	
22226		Revise extra spine segment	A	0	ZZZ			Y				\$ 477.46	\$ -	
22305		Treat spine process fracture	A	0	090	Y						\$ 191.40	\$ 205.67	
22310		Treat spine fracture	A	0	090	Y						\$ 322.25	\$ 342.08	
22315		Treat spine fracture	A	0	090	Y						\$ 921.85	\$ 1,013.72	
22318		Treat odontoid fx w/o graft	A	0	090	Y		Y	Y			\$ 2,160.73	\$ -	
22319		Treat odontoid fx w/graft	A	0	090	Y		Y	Y			\$ 2,458.27	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
22325		Treat spine fracture	A	0	090	Y		Y				\$ 1,806.12	\$ -	
22326		Treat neck spine fracture	A	0	090	Y		Y				\$ 1,906.00	\$ -	
22327		Treat thorax spine fracture	A	0	090	Y		Y				\$ 1,840.57	\$ -	
22328		Treat each add spine fx	A	0	ZZZ			Y				\$ 381.76	\$ -	
22505		Manipulation of spine	A	0	010	Y						\$ 134.68	\$ -	
22520		Percut vertebroplasty thor	A	0	010	Y						\$ 568.98	\$ 2,041.37	
22521		Percut vertebroplasty lumb	A	0	010	Y						\$ 541.14	\$ 2,026.06	
22522		Percut vertebroplasty addl	A	0	ZZZ							\$ 258.91	\$ -	
22523		Percut kyphoplasty thor	A	0	010	Y						\$ 680.34	\$ 6,679.86	
22524		Percut kyphoplasty lumbar	A	0	010	Y						\$ 645.19	\$ 6,617.92	
22525		Percut kyphoplasty add-on	A	0	ZZZ							\$ 323.64	\$ 4,125.89	
22526		Idet single level	N	9	010							\$ 356.00	\$ 1,989.52	
22527		Idet 1 or more levels	N	9	ZZZ							\$ 161.12	\$ 1,598.36	
22532		Lat thorax spine fusion	A	0	090	Y		Y	Y			\$ 2,293.32	\$ -	
22533		Lat lumbar spine fusion	A	0	090	Y		Y	Y			\$ 2,096.70	\$ -	
22534		Lat thor/lumb addl seg	A	0	ZZZ			Y	Y			\$ 476.41	\$ -	
22548		Neck spine fusion	A	0	090	Y		Y	Y			\$ 2,633.66	\$ -	
22551		Neck spine fuse&remov bel c2	A	0	090	Y		Y	Y			\$ 2,242.51	\$ -	
22552		Addl neck spine fusion	A	0	ZZZ			Y	Y			\$ 521.30	\$ -	
22554		Neck spine fusion	A	0	090	Y		Y	Y			\$ 1,643.60	\$ -	
22556		Thorax spine fusion	A	0	090	Y		Y	Y			\$ 2,106.10	\$ -	
22558		Lumbar spine fusion	A	0	090	Y		Y	Y			\$ 1,911.22	\$ -	
22585		Additional spinal fusion	A	0	ZZZ			Y	Y			\$ 451.70	\$ -	
22590		Spine & skull spinal fusion	A	0	090	Y		Y	Y			\$ 2,055.29	\$ -	
22595		Neck spinal fusion	A	0	090	Y		Y	Y			\$ 1,944.28	\$ -	
22600		Neck spine fusion	A	0	090	Y		Y	Y			\$ 1,636.99	\$ -	
22610		Thorax spine fusion	A	0	090	Y		Y	Y			\$ 1,571.22	\$ -	
22612		Lumbar spine fusion	A	0	090	Y		Y	Y			\$ 2,008.31	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
22614		Spine fusion extra segment	A	0	ZZZ			Y	Y			\$ 518.87	\$ -	
22630		Lumbar spine fusion	A	0	090	Y		Y	Y			\$ 1,960.98	\$ -	
22632		Spine fusion extra segment	A	0	ZZZ			Y	Y			\$ 428.39	\$ -	
22633		Lumbar spine fusion combined	A	0	090	Y		Y	Y			\$ 2,345.17	\$ -	
22634		Spine fusion extra segment	A	0	ZZZ			Y	Y			\$ 658.76	\$ -	
22800		Fusion of spine	A	0	090	Y		Y				\$ 1,667.27	\$ -	
22802		Fusion of spine	A	0	090	Y		Y				\$ 2,589.82	\$ -	
22804		Fusion of spine	A	0	090	Y		Y				\$ 2,971.57	\$ -	
22808		Fusion of spine	A	0	090	Y		Y				\$ 2,310.37	\$ -	
22810		Fusion of spine	A	0	090	Y		Y				\$ 2,564.76	\$ -	
22812		Fusion of spine	A	0	090	Y		Y				\$ 2,619.05	\$ -	
22818		Kyphectomy 1-2 segments	A	0	090	Y		Y	Y	Y		\$ 2,590.51	\$ -	
22819		Kyphectomy 3 or more	A	0	090	Y		Y	Y	Y		\$ 3,742.74	\$ -	
22830		Exploration of spinal fusion	A	0	090	Y		Y				\$ 992.84	\$ -	
22840		Insert spine fixation device	A	0	ZZZ			Y				\$ 1,014.07	\$ -	
22841		Insert spine fixation device	B	9	XXX							\$ -	\$ -	
22842		Insert spine fixation device	A	0	ZZZ			Y	Y			\$ 1,011.64	\$ -	
22843		Insert spine fixation device	A	0	ZZZ			Y	Y			\$ 1,062.10	\$ -	
22844		Insert spine fixation device	A	0	ZZZ			Y	Y			\$ 1,234.70	\$ -	
22845		Insert spine fixation device	A	0	ZZZ			Y	Y			\$ 1,005.02	\$ -	
22846		Insert spine fixation device	A	0	ZZZ			Y	Y			\$ 1,040.17	\$ -	
22847		Insert spine fixation device	A	0	ZZZ			Y	Y			\$ 1,249.67	\$ -	
22848		Insert pelv fixation device	A	0	ZZZ			Y	Y			\$ 455.53	\$ -	
22849		Reinsert spinal fixation	A	0	090	Y		Y				\$ 1,643.26	\$ -	
22850		Remove spine fixation device	A	0	090	Y		Y				\$ 885.66	\$ -	
22851		Apply spine prosth device	A	0	ZZZ			Y	Y			\$ 545.32	\$ -	
22852		Remove spine fixation device	A	0	090	Y		Y				\$ 839.38	\$ -	
22855		Remove spine fixation device	A	0	090	Y		Y				\$ 1,439.33	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
22856		Cerv artific diskectomy	A	0	090	Y		Y	Y			\$ 2,160.73	\$ -	
22857		Lumbar artif diskectomy	R	0	090	Y		Y	Y			\$ 2,037.54	\$ -	
22861		Revise cerv artific disc	A	0	090	Y		Y	Y			\$ 2,647.93	\$ -	
22862		Revise lumbar artif disc	R	0	090	Y		Y	Y	Y		\$ 2,490.98	\$ -	
22864		Remove cerv artif disc	A	0	090	Y		Y	Y			\$ 2,469.06	\$ -	
22865		Remove lumb artif disc	R	0	090	Y		Y	Y	Y		\$ 2,438.78	\$ -	
22899		Spine surgery procedure	C	0	YYY	Y		Y		Y		\$ -	\$ -	
22900		Exc abdl tum deep < 5 cm	A	0	090	Y		Y				\$ 651.11	\$ -	
22901		Exc abdl tum deep 5 cm/>	A	0	090	Y		Y				\$ 795.88	\$ -	
22902		Exc abd les sc < 3 cm	A	0	090	Y		Y				\$ 358.79	\$ 451.36	
22903		Exc abd les sc 3 cm/>	A	0	090	Y		Y				\$ 505.30	\$ -	
22904		Resect abd tum < 5 cm	A	0	090	Y		Y		Y		\$ 1,281.68	\$ -	
22905		Resect abd tum 5 cm/>	A	0	090	Y		Y		Y		\$ 1,636.64	\$ -	
22999		Abdomen surgery procedure	C	0	YYY	Y				Y		\$ -	\$ -	
23000		Removal of calcium deposits	A	0	090	Y		Y				\$ 405.07	\$ 576.98	
23020		Release shoulder joint	A	0	090	Y	Y	Y				\$ 783.00	\$ -	
23030		Drain shoulder lesion	A	0	010	Y						\$ 290.93	\$ 444.05	
23031		Drain shoulder bursa	A	0	010	Y	Y					\$ 241.86	\$ 409.25	
23035		Drain shoulder bone lesion	A	0	090	Y	Y	Y				\$ 775.34	\$ -	
23040		Exploratory shoulder surgery	A	0	090	Y	Y	Y				\$ 819.19	\$ -	
23044		Exploratory shoulder surgery	A	0	090	Y	Y					\$ 650.41	\$ -	
23065		Biopsy shoulder tissues	A	0	010	Y	Y					\$ 188.27	\$ 229.68	
23066		Biopsy shoulder tissues	A	0	090	Y	Y					\$ 387.67	\$ 548.10	
23071		Exc shoulder les sc 3 cm/>	A	0	090	Y	Y	Y				\$ 488.59	\$ -	
23073		Exc shoulder tum deep 5 cm/>	A	0	090	Y	Y	Y				\$ 813.62	\$ -	
23075		Exc shoulder les sc < 3 cm	A	0	090	Y	Y					\$ 356.70	\$ 466.32	
23076		Exc shoulder tum deep < 5 cm	A	0	090	Y	Y					\$ 623.96	\$ -	
23077		Resect shoulder tum < 5 cm	A	0	090	Y	Y	Y				\$ 1,371.47	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
23078		Resect shoulder tum 5 cm/>	A	0	090	Y	Y	Y				\$ 1,733.04	\$ -	
23100		Biopsy of shoulder joint	A	0	090	Y	Y	Y				\$ 554.36	\$ -	
23101		Shoulder joint surgery	A	0	090	Y	Y					\$ 507.73	\$ -	
23105		Remove shoulder joint lining	A	0	090	Y	Y	Y				\$ 722.10	\$ -	
23106		Incision of collarbone joint	A	0	090	Y	Y					\$ 548.45	\$ -	
23107		Explore treat shoulder joint	A	0	090	Y	Y	Y				\$ 747.50	\$ -	
23120		Partial removal collar bone	A	0	090	Y		Y				\$ 654.94	\$ -	
23125		Removal of collar bone	A	0	090	Y	Y	Y				\$ 805.27	\$ -	
23130		Remove shoulder bone part	A	0	090	Y	Y					\$ 681.38	\$ -	
23140		Removal of bone lesion	A	0	090	Y	Y					\$ 603.08	\$ -	
23145		Removal of bone lesion	A	0	090	Y	Y	Y				\$ 789.61	\$ -	
23146		Removal of bone lesion	A	0	090	Y	Y					\$ 694.96	\$ -	
23150		Removal of humerus lesion	A	0	090	Y	Y	Y				\$ 746.11	\$ -	
23155		Removal of humerus lesion	A	0	090	Y	Y	Y				\$ 904.80	\$ -	
23156		Removal of humerus lesion	A	0	090	Y	Y	Y				\$ 769.78	\$ -	
23170		Remove collar bone lesion	A	0	090	Y	Y					\$ 623.27	\$ -	
23172		Remove shoulder blade lesion	A	0	090	Y	Y	Y				\$ 635.10	\$ -	
23174		Remove humerus lesion	A	0	090	Y	Y	Y				\$ 856.43	\$ -	
23180		Remove collar bone lesion	A	0	090	Y	Y					\$ 769.08	\$ -	
23182		Remove shoulder blade lesion	A	0	090	Y	Y	Y				\$ 742.98	\$ -	
23184		Remove humerus lesion	A	0	090	Y	Y	Y				\$ 834.85	\$ -	
23190		Partial removal of scapula	A	0	090	Y	Y	Y				\$ 641.36	\$ -	
23195		Removal of head of humerus	A	0	090	Y	Y	Y				\$ 860.95	\$ -	
23200		Resect clavicle tumor	A	0	090	Y	Y	Y				\$ 1,733.39	\$ -	
23210		Resect scapula tumor	A	0	090	Y	Y	Y				\$ 2,044.15	\$ -	
23220		Resect prox humerus tumor	A	0	090	Y	Y	Y				\$ 2,250.17	\$ -	
23330		Remove shoulder foreign body	A	0	010	Y	Y					\$ 167.74	\$ 240.82	
23331		Remove shoulder foreign body	A	0	090	Y	Y					\$ 665.72	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
23332		Remove shoulder foreign body	A	0	090	Y	Y	Y				\$ 1,012.68	\$ -	
23350		Injection for shoulder x-ray	A	0	000	Y	Y					\$ 56.38	\$ 137.81	
23395		Muscle transfer shoulder/arm	A	0	090	Y		Y				\$ 1,488.40	\$ -	
23397		Muscle transfers	A	0	090	Y		Y				\$ 1,331.10	\$ -	
23400		Fixation of shoulder blade	A	0	090	Y	Y	Y				\$ 1,123.69	\$ -	
23405		Incision of tendon & muscle	A	0	090	Y		Y				\$ 715.49	\$ -	
23406		Incise tendon(s) & muscle(s)	A	0	090	Y		Y				\$ 897.14	\$ -	
23410		Repair rotator cuff acute	A	0	090	Y	Y	Y				\$ 942.04	\$ -	
23412		Repair rotator cuff chronic	A	0	090	Y	Y	Y				\$ 979.62	\$ -	
23415		Release of shoulder ligament	A	0	090	Y	Y					\$ 773.95	\$ -	
23420		Repair of shoulder	A	0	090	Y	Y	Y				\$ 1,114.64	\$ -	
23430		Repair biceps tendon	A	0	090	Y	Y	Y				\$ 850.16	\$ -	
23440		Remove/transplant tendon	A	0	090	Y	Y	Y				\$ 869.65	\$ -	
23450		Repair shoulder capsule	A	0	090	Y	Y	Y				\$ 1,100.72	\$ -	
23455		Repair shoulder capsule	A	0	090	Y	Y	Y				\$ 1,166.84	\$ -	
23460		Repair shoulder capsule	A	0	090	Y	Y	Y				\$ 1,268.11	\$ -	
23462		Repair shoulder capsule	A	0	090	Y	Y	Y				\$ 1,251.76	\$ -	
23465		Repair shoulder capsule	A	0	090	Y	Y	Y				\$ 1,302.91	\$ -	
23466		Repair shoulder capsule	A	0	090	Y	Y	Y				\$ 1,295.26	\$ -	
23470		Reconstruct shoulder joint	A	0	090	Y	Y	Y				\$ 1,412.88	\$ -	
23472		Reconstruct shoulder joint	A	0	090	Y	Y	Y				\$ 1,758.44	\$ -	
23480		Revision of collar bone	A	0	090	Y	Y					\$ 942.73	\$ -	
23485		Revision of collar bone	A	0	090	Y	Y	Y				\$ 1,113.95	\$ -	
23490		Reinforce clavicle	A	0	090	Y	Y	Y				\$ 1,015.81	\$ -	
23491		Reinforce shoulder bones	A	0	090	Y	Y	Y				\$ 1,174.50	\$ -	
23500		Treat clavicle fracture	A	0	090	Y	Y					\$ 231.07	\$ 228.98	
23505		Treat clavicle fracture	A	0	090	Y	Y					\$ 356.00	\$ 372.36	
23515		Treat clavicle fracture	A	0	090	Y	Y	Y				\$ 817.10	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
23520		Treat clavicle dislocation	A	0	090	Y	Y					\$ 242.90	\$ 240.12	
23525		Treat clavicle dislocation	A	0	090	Y	Y					\$ 372.01	\$ 394.98	
23530		Treat clavicle dislocation	A	0	090	Y	Y	Y				\$ 639.28	\$ -	
23532		Treat clavicle dislocation	A	0	090	Y	Y	Y				\$ 703.31	\$ -	
23540		Treat clavicle dislocation	A	0	090	Y	Y					\$ 236.64	\$ 234.90	
23545		Treat clavicle dislocation	A	0	090	Y	Y					\$ 324.34	\$ 349.74	
23550		Treat clavicle dislocation	A	0	090	Y	Y	Y				\$ 644.15	\$ -	
23552		Treat clavicle dislocation	A	0	090	Y	Y	Y				\$ 744.72	\$ -	
23570		Treat shoulder blade fx	A	0	090	Y	Y					\$ 248.12	\$ 242.90	
23575		Treat shoulder blade fx	A	0	090	Y	Y					\$ 404.03	\$ 424.91	
23585		Treat scapula fracture	A	0	090	Y	Y	Y				\$ 1,135.18	\$ -	
23600		Treat humerus fracture	A	0	090	Y	Y					\$ 320.16	\$ 338.26	
23605		Treat humerus fracture	A	0	090	Y	Y					\$ 467.02	\$ 499.38	
23615		Treat humerus fracture	A	0	090	Y	Y	Y				\$ 1,013.72	\$ -	
23616		Treat humerus fracture	A	0	090	Y	Y	Y	Y			\$ 1,454.64	\$ -	
23620		Treat humerus fracture	A	0	090	Y	Y					\$ 268.66	\$ 280.14	
23625		Treat humerus fracture	A	0	090	Y	Y					\$ 381.76	\$ 402.98	
23630		Treat humerus fracture	A	0	090	Y	Y	Y				\$ 887.40	\$ -	
23650		Treat shoulder dislocation	A	0	090	Y	Y					\$ 305.89	\$ 327.47	
23655		Treat shoulder dislocation	A	0	090	Y	Y					\$ 430.48	\$ -	
23660		Treat shoulder dislocation	A	0	090	Y	Y	Y				\$ 658.42	\$ -	
23665		Treat dislocation/fracture	A	0	090	Y	Y					\$ 429.08	\$ 452.75	
23670		Treat dislocation/fracture	A	0	090	Y	Y	Y				\$ 1,000.85	\$ -	
23675		Treat dislocation/fracture	A	0	090	Y	Y					\$ 553.32	\$ 592.64	
23680		Treat dislocation/fracture	A	0	090	Y	Y	Y				\$ 1,068.01	\$ -	
23700		Fixation of shoulder	A	0	010	Y	Y					\$ 219.24	\$ -	
23800		Fusion of shoulder joint	A	0	090	Y	Y	Y				\$ 1,190.51	\$ -	
23802		Fusion of shoulder joint	A	0	090	Y		Y				\$ 1,479.00	\$ -	

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HCPCS	MOD	DESCRIPTION	STATUS CODE	PCTC IND	GLOB DAYS	MULT PROC	BILAT SURG	ASST SURG	CO- SURG	TEAM SURG	ENDO BASE	CY 2012	CY 2012	CY2012
												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
23900		Amputation of arm & girdle	A	0	090	Y		Y				\$ 1,613.33	\$ -	
23920		Amputation at shoulder joint	A	0	090	Y		Y				\$ 1,296.65	\$ -	
23921		Amputation follow-up surgery	A	0	090	Y						\$ 504.60	\$ -	
23929		Shoulder surgery procedure	C	0	YYY	Y		Y		Y		\$ -	\$ -	
23930		Drainage of arm lesion	A	0	010	Y	Y					\$ 249.52	\$ 366.44	
23931		Drainage of arm bursa	A	0	010	Y	Y					\$ 172.96	\$ 279.44	
23935		Drain arm/elbow bone lesion	A	0	090	Y	Y					\$ 563.41	\$ -	
24000		Exploratory elbow surgery	A	0	090	Y	Y					\$ 532.09	\$ -	
24006		Release elbow joint	A	0	090	Y	Y	Y	Y			\$ 805.62	\$ -	
24065		Biopsy arm/elbow soft tissue	A	0	010	Y	Y					\$ 182.70	\$ 257.52	
24066		Biopsy arm/elbow soft tissue	A	0	090	Y	Y					\$ 464.58	\$ 636.49	
24071		Exc arm/elbow les sc 3 cm/>	A	0	090	Y	Y	Y				\$ 473.28	\$ -	
24073		Ex arm/elbow tum deep 5 cm/>	A	0	090	Y	Y	Y				\$ 811.54	\$ -	
24075		Exc arm/elbow les sc < 3 cm	A	0	090	Y	Y					\$ 370.62	\$ 508.78	
24076		Ex arm/elbow tum deep < 5 cm	A	0	090	Y	Y					\$ 618.74	\$ -	
24077		Resect arm/elbow tum < 5 cm	A	0	090	Y	Y					\$ 1,220.09	\$ -	
24079		Resect arm/elbow tum 5 cm/>	A	0	090	Y	Y	Y				\$ 1,609.15	\$ -	
24100		Biopsy elbow joint lining	A	0	090	Y	Y	Y				\$ 460.75	\$ -	
24101		Explore/treat elbow joint	A	0	090	Y	Y	Y				\$ 555.41	\$ -	
24102		Remove elbow joint lining	A	0	090	Y	Y	Y				\$ 692.52	\$ -	
24105		Removal of elbow bursa	A	0	090	Y	Y					\$ 373.06	\$ -	
24110		Remove humerus lesion	A	0	090	Y	Y					\$ 659.81	\$ -	
24115		Remove/graft bone lesion	A	0	090	Y	Y	Y				\$ 840.42	\$ -	
24116		Remove/graft bone lesion	A	0	090	Y	Y	Y				\$ 993.89	\$ -	
24120		Remove elbow lesion	A	0	090	Y	Y					\$ 589.16	\$ -	
24125		Remove/graft bone lesion	A	0	090	Y	Y	Y				\$ 696.35	\$ -	
24126		Remove/graft bone lesion	A	0	090	Y	Y	Y				\$ 732.89	\$ -	
24130		Removal of head of radius	A	0	090	Y	Y					\$ 562.37	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
24134		Removal of arm bone lesion	A	0	090	Y	Y	Y				\$ 852.60	\$ -	
24136		Remove radius bone lesion	A	0	090	Y	Y					\$ 706.44	\$ -	
24138		Remove elbow bone lesion	A	0	090	Y	Y	Y				\$ 750.64	\$ -	
24140		Partial removal of arm bone	A	0	090	Y	Y	Y				\$ 796.22	\$ -	
24145		Partial removal of radius	A	0	090	Y	Y					\$ 671.64	\$ -	
24147		Partial removal of elbow	A	0	090	Y	Y					\$ 694.96	\$ -	
24149		Radical resection of elbow	A	0	090	Y	Y	Y				\$ 1,325.53	\$ -	
24150		Resect distal humerus tumor	A	0	090	Y	Y	Y				\$ 1,791.16	\$ -	
24152		Resect radius tumor	A	0	090	Y	Y	Y				\$ 1,535.03	\$ -	
24155		Removal of elbow joint	A	0	090	Y	Y	Y				\$ 982.40	\$ -	
24160		Remove elbow joint implant	A	0	090	Y	Y					\$ 678.60	\$ -	
24164		Remove radius head implant	A	0	090	Y	Y					\$ 559.24	\$ -	
24200		Removal of arm foreign body	A	0	010	Y	Y					\$ 152.77	\$ 207.76	
24201		Removal of arm foreign body	A	0	090	Y	Y					\$ 410.99	\$ 571.07	
24220		Injection for elbow x-ray	A	0	000	Y	Y					\$ 73.78	\$ 152.77	
24300		Manipulate elbow w/anesth	A	0	090	Y	Y					\$ 425.60	\$ -	
24301		Muscle/tendon transfer	A	0	090	Y		Y				\$ 861.30	\$ -	
24305		Arm tendon lengthening	A	0	090	Y						\$ 642.76	\$ -	
24310		Revision of arm tendon	A	0	090	Y						\$ 533.48	\$ -	
24320		Repair of arm tendon	A	0	090	Y		Y				\$ 894.01	\$ -	
24330		Revision of arm muscles	A	0	090	Y	Y	Y				\$ 817.10	\$ -	
24331		Revision of arm muscles	A	0	090	Y	Y	Y				\$ 861.30	\$ -	
24332		Tenolysis triceps	A	0	090	Y	Y					\$ 686.26	\$ -	
24340		Repair of biceps tendon	A	0	090	Y	Y	Y				\$ 693.91	\$ -	
24341		Repair arm tendon/muscle	A	0	090	Y	Y	Y				\$ 835.20	\$ -	
24342		Repair of ruptured tendon	A	0	090	Y	Y	Y				\$ 888.79	\$ -	
24343		Repr elbow lat ligmnt w/tiss	A	0	090	Y	Y	Y				\$ 783.00	\$ -	
24344		Reconstruct elbow lat ligmnt	A	0	090	Y	Y	Y				\$ 1,263.59	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
24345		Repr elbw med ligmnt w/tissu	A	0	090	Y	Y	Y				\$ 779.52	\$ -	
24346		Reconstruct elbow med ligmnt	A	0	090	Y	Y	Y				\$ 1,259.41	\$ -	
24357		Repair elbow perc	A	0	090	Y	Y					\$ 489.29	\$ -	
24358		Repair elbow w/deb open	A	0	090	Y	Y					\$ 581.51	\$ -	
24359		Repair elbow deb/atrch open	A	0	090	Y	Y					\$ 742.98	\$ -	
24360		Reconstruct elbow joint	A	0	090	Y	Y	Y				\$ 1,033.56	\$ -	
24361		Reconstruct elbow joint	A	0	090	Y	Y	Y				\$ 1,164.76	\$ -	
24362		Reconstruct elbow joint	A	0	090	Y	Y	Y				\$ 1,231.57	\$ -	
24363		Replace elbow joint	A	0	090	Y	Y	Y				\$ 1,739.30	\$ -	
24365		Reconstruct head of radius	A	0	090	Y	Y	Y				\$ 725.93	\$ -	
24366		Reconstruct head of radius	A	0	090	Y	Y	Y				\$ 773.26	\$ -	
24400		Revision of humerus	A	0	090	Y	Y	Y				\$ 937.51	\$ -	
24410		Revision of humerus	A	0	090	Y	Y	Y				\$ 1,137.61	\$ -	
24420		Revision of humerus	A	0	090	Y	Y	Y				\$ 1,136.22	\$ -	
24430		Repair of humerus	A	0	090	Y	Y	Y				\$ 1,222.87	\$ -	
24435		Repair humerus with graft	A	0	090	Y	Y	Y				\$ 1,236.10	\$ -	
24470		Revision of elbow joint	A	0	090	Y	Y	Y				\$ 753.07	\$ -	
24495		Decompression of forearm	A	0	090	Y	Y					\$ 752.03	\$ -	
24498		Reinforce humerus	A	0	090	Y	Y	Y				\$ 999.80	\$ -	
24500		Treat humerus fracture	A	0	090	Y	Y					\$ 342.43	\$ 369.58	
24505		Treat humerus fracture	A	0	090	Y	Y					\$ 497.29	\$ 536.27	
24515		Treat humerus fracture	A	0	090	Y	Y	Y				\$ 1,000.85	\$ -	
24516		Treat humerus fracture	A	0	090	Y	Y	Y	Y			\$ 991.80	\$ -	
24530		Treat humerus fracture	A	0	090	Y	Y					\$ 364.70	\$ 395.33	
24535		Treat humerus fracture	A	0	090	Y	Y					\$ 630.58	\$ 669.20	
24538		Treat humerus fracture	A	0	090	Y	Y					\$ 839.72	\$ -	
24545		Treat humerus fracture	A	0	090	Y	Y	Y				\$ 1,068.36	\$ -	
24546		Treat humerus fracture	A	0	090	Y	Y	Y	Y			\$ 1,203.73	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
24560		Treat humerus fracture	A	0	090	Y	Y					\$ 302.06	\$ 330.95	
24565		Treat humerus fracture	A	0	090	Y	Y					\$ 532.44	\$ 568.63	
24566		Treat humerus fracture	A	0	090	Y	Y					\$ 801.79	\$ -	
24575		Treat humerus fracture	A	0	090	Y	Y	Y				\$ 828.59	\$ -	
24576		Treat humerus fracture	A	0	090	Y	Y					\$ 319.81	\$ 348.35	
24577		Treat humerus fracture	A	0	090	Y	Y					\$ 549.14	\$ 587.42	
24579		Treat humerus fracture	A	0	090	Y	Y	Y				\$ 950.39	\$ -	
24582		Treat humerus fracture	A	0	090	Y	Y					\$ 898.19	\$ -	
24586		Treat elbow fracture	A	0	090	Y	Y	Y				\$ 1,259.06	\$ -	
24587		Treat elbow fracture	A	0	090	Y	Y	Y				\$ 1,244.10	\$ -	
24600		Treat elbow dislocation	A	0	090	Y	Y					\$ 365.05	\$ 391.15	
24605		Treat elbow dislocation	A	0	090	Y	Y					\$ 514.69	\$ -	
24615		Treat elbow dislocation	A	0	090	Y	Y	Y				\$ 805.97	\$ -	
24620		Treat elbow fracture	A	0	090	Y	Y					\$ 616.31	\$ -	
24635		Treat elbow fracture	A	0	090	Y	Y	Y				\$ 767.69	\$ -	
24640		Treat elbow dislocation	A	0	010	Y	Y					\$ 103.70	\$ 139.55	
24650		Treat radius fracture	A	0	090	Y	Y					\$ 247.08	\$ 265.52	
24655		Treat radius fracture	A	0	090	Y	Y					\$ 432.91	\$ 465.28	
24665		Treat radius fracture	A	0	090	Y	Y	Y				\$ 726.62	\$ -	
24666		Treat radius fracture	A	0	090	Y	Y	Y				\$ 826.50	\$ -	
24670		Treat ulnar fracture	A	0	090	Y	Y					\$ 274.92	\$ 299.28	
24675		Treat ulnar fracture	A	0	090	Y	Y					\$ 454.49	\$ 487.55	
24685		Treat ulnar fracture	A	0	090	Y	Y	Y				\$ 731.50	\$ -	
24800		Fusion of elbow joint	A	0	090	Y	Y	Y				\$ 942.04	\$ -	
24802		Fusion/graft of elbow joint	A	0	090	Y	Y	Y				\$ 1,157.80	\$ -	
24900		Amputation of upper arm	A	0	090	Y	Y	Y				\$ 835.90	\$ -	
24920		Amputation of upper arm	A	0	090	Y	Y	Y				\$ 792.05	\$ -	
24925		Amputation follow-up surgery	A	0	090	Y	Y	Y				\$ 634.40	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
24930		Amputation follow-up surgery	A	0	090	Y	Y	Y				\$ 885.66	\$ -	
24931		Amputate upper arm & implant	A	0	090	Y	Y	Y				\$ 793.09	\$ -	
24935		Revision of amputation	A	0	090	Y	Y					\$ 1,214.17	\$ -	
24940		Revision of upper arm	C	0	090	Y	Y	Y				\$ -	\$ -	
24999		Upper arm/elbow surgery	C	0	YYY	Y	Y			Y		\$ -	\$ -	
25000		Incision of tendon sheath	A	0	090	Y	Y					\$ 359.48	\$ -	
25001		Incise flexor carpi radialis	A	0	090	Y	Y					\$ 364.01	\$ -	
25020		Decompress forearm 1 space	A	0	090	Y	Y					\$ 610.39	\$ -	
25023		Decompress forearm 1 space	A	0	090	Y	Y					\$ 1,239.92	\$ -	
25024		Decompress forearm 2 spaces	A	0	090	Y	Y					\$ 896.45	\$ -	
25025		Decompress forearm 2 spaces	A	0	090	Y	Y					\$ 1,420.88	\$ -	
25028		Drainage of forearm lesion	A	0	090	Y	Y					\$ 556.10	\$ -	
25031		Drainage of forearm bursa	A	0	090	Y	Y					\$ 401.94	\$ -	
25035		Treat forearm bone lesion	A	0	090	Y	Y					\$ 671.29	\$ -	
25040		Explore/treat wrist joint	A	0	090	Y	Y					\$ 631.27	\$ -	
25065		Biopsy forearm soft tissues	A	0	010	Y	Y					\$ 178.52	\$ 254.74	
25066		Biopsy forearm soft tissues	A	0	090	Y	Y					\$ 396.72	\$ -	
25071		Exc forearm les sc 3 cm/>	A	0	090	Y	Y	Y				\$ 492.07	\$ -	
25073		Exc forearm tum deep 3 cm/>	A	0	090	Y	Y	Y				\$ 605.17	\$ -	
25075		Exc forearm les sc < 3 cm	A	0	090	Y	Y					\$ 357.05	\$ 495.90	
25076		Exc forearm tum deep < 3 cm	A	0	090	Y	Y					\$ 581.16	\$ -	
25077		Resect forearm/wrist tum<3cm	A	0	090	Y	Y					\$ 1,034.26	\$ -	
25078		Resect forearm/wrist tum 3cm>	A	0	090	Y	Y	Y				\$ 1,410.44	\$ -	
25085		Incision of wrist capsule	A	0	090	Y	Y	Y				\$ 505.64	\$ -	
25100		Biopsy of wrist joint	A	0	090	Y	Y					\$ 377.93	\$ -	
25101		Explore/treat wrist joint	A	0	090	Y	Y					\$ 441.96	\$ -	
25105		Remove wrist joint lining	A	0	090	Y	Y					\$ 533.14	\$ -	
25107		Remove wrist joint cartilage	A	0	090	Y	Y	Y				\$ 675.82	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
25109		Excise tendon forearm/wrist	A	0	090	Y	Y					\$ 591.60	\$ -	
25110		Remove wrist tendon lesion	A	0	090	Y	Y					\$ 376.19	\$ -	
25111		Remove wrist tendon lesion	A	0	090	Y	Y					\$ 344.52	\$ -	
25112		Reremove wrist tendon lesion	A	0	090	Y	Y					\$ 424.21	\$ -	
25115		Remove wrist/forearm lesion	A	0	090	Y	Y					\$ 857.82	\$ -	
25116		Remove wrist/forearm lesion	A	0	090	Y	Y					\$ 670.60	\$ -	
25118		Excise wrist tendon sheath	A	0	090	Y	Y					\$ 413.77	\$ -	
25119		Partial removal of ulna	A	0	090	Y	Y	Y				\$ 560.28	\$ -	
25120		Removal of forearm lesion	A	0	090	Y	Y					\$ 564.11	\$ -	
25125		Remove/graft forearm lesion	A	0	090	Y	Y					\$ 690.08	\$ -	
25126		Remove/graft forearm lesion	A	0	090	Y	Y	Y				\$ 683.12	\$ -	
25130		Removal of wrist lesion	A	0	090	Y	Y					\$ 490.33	\$ -	
25135		Remove & graft wrist lesion	A	0	090	Y	Y	Y				\$ 634.75	\$ -	
25136		Remove & graft wrist lesion	A	0	090	Y	Y	Y				\$ 549.84	\$ -	
25145		Remove forearm bone lesion	A	0	090	Y	Y	Y				\$ 589.16	\$ -	
25150		Partial removal of ulna	A	0	090	Y	Y					\$ 633.36	\$ -	
25151		Partial removal of radius	A	0	090	Y	Y	Y				\$ 674.77	\$ -	
25170		Resect radius/ulnar tumor	A	0	090	Y	Y	Y				\$ 1,705.55	\$ -	
25210		Removal of wrist bone	A	0	090	Y						\$ 536.96	\$ -	
25215		Removal of wrist bones	A	0	090	Y		Y				\$ 683.82	\$ -	
25230		Partial removal of radius	A	0	090	Y	Y					\$ 468.41	\$ -	
25240		Partial removal of ulna	A	0	090	Y	Y					\$ 468.76	\$ -	
25246		Injection for wrist x-ray	A	0	000	Y	Y					\$ 81.78	\$ 158.34	
25248		Remove forearm foreign body	A	0	090	Y	Y					\$ 474.67	\$ -	
25250		Removal of wrist prosthesis	A	0	090	Y	Y	Y				\$ 591.60	\$ -	
25251		Removal of wrist prosthesis	A	0	090	Y		Y				\$ 819.54	\$ -	
25259		Manipulate wrist w/anesthes	A	0	090	Y	Y					\$ 428.04	\$ -	
25260		Repair forearm tendon/muscle	A	0	090	Y						\$ 712.01	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
25263		Repair forearm tendon/muscle	A	0	090	Y		Y				\$ 715.49	\$ -	
25265		Repair forearm tendon/muscle	A	0	090	Y		Y				\$ 862.00	\$ -	
25270		Repair forearm tendon/muscle	A	0	090	Y						\$ 559.58	\$ -	
25272		Repair forearm tendon/muscle	A	0	090	Y						\$ 631.27	\$ -	
25274		Repair forearm tendon/muscle	A	0	090	Y						\$ 777.08	\$ -	
25275		Repair forearm tendon sheath	A	0	090	Y	Y					\$ 769.08	\$ -	
25280		Revise wrist/forearm tendon	A	0	090	Y						\$ 635.10	\$ -	
25290		Incise wrist/forearm tendon	A	0	090	Y						\$ 499.73	\$ -	
25295		Release wrist/forearm tendon	A	0	090	Y						\$ 588.47	\$ -	
25300		Fusion of tendons at wrist	A	0	090	Y	Y	Y				\$ 787.87	\$ -	
25301		Fusion of tendons at wrist	A	0	090	Y	Y	Y				\$ 722.10	\$ -	
25310		Transplant forearm tendon	A	0	090	Y		Y				\$ 693.91	\$ -	
25312		Transplant forearm tendon	A	0	090	Y		Y				\$ 821.98	\$ -	
25315		Revise palsy hand tendon(s)	A	0	090	Y	Y	Y				\$ 896.10	\$ -	
25316		Revise palsy hand tendon(s)	A	0	090	Y	Y	Y				\$ 956.30	\$ -	
25320		Repair/revise wrist joint	A	0	090	Y	Y	Y				\$ 1,091.33	\$ -	
25332		Revise wrist joint	A	0	090	Y	Y	Y				\$ 960.48	\$ -	
25335		Realignment of hand	A	0	090	Y	Y	Y				\$ 896.45	\$ -	
25337		Reconstruct ulna/radioulnar	A	0	090	Y	Y					\$ 982.06	\$ -	
25350		Revision of radius	A	0	090	Y	Y	Y				\$ 765.60	\$ -	
25355		Revision of radius	A	0	090	Y	Y	Y				\$ 888.44	\$ -	
25360		Revision of ulna	A	0	090	Y	Y	Y				\$ 750.98	\$ -	
25365		Revise radius & ulna	A	0	090	Y	Y	Y				\$ 1,065.58	\$ -	
25370		Revise radius or ulna	A	0	090	Y	Y	Y				\$ 1,088.20	\$ -	
25375		Revise radius & ulna	A	0	090	Y	Y	Y				\$ 818.15	\$ -	
25390		Shorten radius or ulna	A	0	090	Y	Y	Y				\$ 876.96	\$ -	
25391		Lengthen radius or ulna	A	0	090	Y	Y	Y				\$ 1,166.84	\$ -	
25392		Shorten radius & ulna	A	0	090	Y	Y	Y				\$ 1,190.16	\$ -	

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HCPCS	MOD	DESCRIPTION	STATUS CODE	PCTC IND	GLOB DAYS	MULT PROC	BILAT SURG	ASST SURG	CO- SURG	TEAM SURG	ENDO BASE	CY 2012	CY 2012	CY2012
												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
25393		Lengthen radius & ulna	A	0	090	Y	Y	Y				\$ 1,331.80	\$ -	
25394		Repair carpal bone shorten	A	0	090	Y	Y	Y				\$ 896.80	\$ -	
25400		Repair radius or ulna	A	0	090	Y	Y	Y				\$ 927.07	\$ -	
25405		Repair/graft radius or ulna	A	0	090	Y	Y	Y				\$ 1,198.16	\$ -	
25415		Repair radius & ulna	A	0	090	Y	Y	Y				\$ 1,133.44	\$ -	
25420		Repair/graft radius & ulna	A	0	090	Y	Y	Y				\$ 1,375.30	\$ -	
25425		Repair/graft radius or ulna	A	0	090	Y	Y	Y				\$ 1,136.22	\$ -	
25426		Repair/graft radius & ulna	A	0	090	Y	Y	Y				\$ 1,306.04	\$ -	
25430		Vasc graft into carpal bone	A	0	090	Y	Y					\$ 744.37	\$ -	
25431		Repair nonunion carpal bone	A	0	090	Y	Y	Y				\$ 901.32	\$ -	
25440		Repair/graft wrist bone	A	0	090	Y	Y	Y				\$ 866.17	\$ -	
25441		Reconstruct wrist joint	A	0	090	Y	Y	Y				\$ 969.18	\$ -	
25442		Reconstruct wrist joint	A	0	090	Y	Y	Y				\$ 838.68	\$ -	
25443		Reconstruct wrist joint	A	0	090	Y	Y	Y				\$ 891.23	\$ -	
25444		Reconstruct wrist joint	A	0	090	Y	Y	Y				\$ 795.88	\$ -	
25445		Reconstruct wrist joint	A	0	090	Y	Y					\$ 811.54	\$ -	
25446		Wrist replacement	A	0	090	Y	Y	Y				\$ 1,328.32	\$ -	
25447		Repair wrist joints	A	0	090	Y	Y	Y				\$ 920.46	\$ -	
25449		Remove wrist joint implant	A	0	090	Y	Y	Y				\$ 1,208.26	\$ -	
25450		Revision of wrist joint	A	0	090	Y	Y					\$ 691.82	\$ -	
25455		Revision of wrist joint	A	0	090	Y	Y					\$ 676.86	\$ -	
25490		Reinforce radius	A	0	090	Y	Y	Y				\$ 727.67	\$ -	
25491		Reinforce ulna	A	0	090	Y	Y	Y				\$ 857.47	\$ -	
25492		Reinforce radius and ulna	A	0	090	Y	Y	Y				\$ 1,049.22	\$ -	
25500		Treat fracture of radius	A	0	090	Y	Y					\$ 258.22	\$ 277.36	
25505		Treat fracture of radius	A	0	090	Y	Y					\$ 502.16	\$ 537.31	
25515		Treat fracture of radius	A	0	090	Y	Y	Y				\$ 750.29	\$ -	
25520		Treat fracture of radius	A	0	090	Y	Y					\$ 589.16	\$ 613.52	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
25525		Treat fracture of radius	A	0	090	Y	Y	Y	Y			\$ 888.79	\$ -	
25526		Treat fracture of radius	A	0	090	Y	Y	Y	Y			\$ 1,100.03	\$ -	
25530		Treat fracture of ulna	A	0	090	Y	Y					\$ 242.90	\$ 264.13	
25535		Treat fracture of ulna	A	0	090	Y	Y					\$ 494.86	\$ 524.44	
25545		Treat fracture of ulna	A	0	090	Y	Y	Y				\$ 694.26	\$ -	
25560		Treat fracture radius & ulna	A	0	090	Y	Y					\$ 260.30	\$ 282.92	
25565		Treat fracture radius & ulna	A	0	090	Y	Y					\$ 520.61	\$ 560.98	
25574		Treat fracture radius & ulna	A	0	090	Y	Y	Y	Y			\$ 754.46	\$ -	
25575		Treat fracture radius/ulna	A	0	090	Y	Y	Y				\$ 1,019.64	\$ -	
25600		Treat fracture radius/ulna	A	0	090	Y	Y					\$ 308.68	\$ 325.73	
25605		Treat fracture radius/ulna	A	0	090	Y	Y					\$ 573.50	\$ 601.00	
25606		Treat fx distal radial	A	0	090	Y	Y					\$ 738.46	\$ -	
25607		Treat fx rad extra-articul	A	0	090	Y	Y	Y				\$ 820.58	\$ -	
25608		Treat fx rad intra-articul	A	0	090	Y	Y	Y				\$ 924.64	\$ -	
25609		Treat fx radial 3+ frag	A	0	090	Y	Y	Y				\$ 1,182.85	\$ -	
25622		Treat wrist bone fracture	A	0	090	Y	Y					\$ 288.84	\$ 312.50	
25624		Treat wrist bone fracture	A	0	090	Y	Y					\$ 459.01	\$ 494.86	
25628		Treat wrist bone fracture	A	0	090	Y	Y	Y				\$ 804.23	\$ -	
25630		Treat wrist bone fracture	A	0	090	Y	Y					\$ 297.19	\$ 318.77	
25635		Treat wrist bone fracture	A	0	090	Y	Y					\$ 442.31	\$ 477.46	
25645		Treat wrist bone fracture	A	0	090	Y	Y	Y				\$ 641.02	\$ -	
25650		Treat wrist bone fracture	A	0	090	Y	Y					\$ 317.72	\$ 335.82	
25651		Pin ulnar styloid fracture	A	0	090	Y	Y					\$ 531.40	\$ -	
25652		Treat fracture ulnar styloid	A	0	090	Y	Y					\$ 689.74	\$ -	
25660		Treat wrist dislocation	A	0	090	Y	Y					\$ 444.05	\$ -	
25670		Treat wrist dislocation	A	0	090	Y	Y	Y				\$ 677.90	\$ -	
25671		Pin radioulnar dislocation	A	0	090	Y	Y					\$ 585.68	\$ -	
25675		Treat wrist dislocation	A	0	090	Y	Y					\$ 434.30	\$ 465.62	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
25676		Treat wrist dislocation	A	0	090	Y	Y	Y				\$ 703.31	\$ -	
25680		Treat wrist fracture	A	0	090	Y	Y					\$ 520.61	\$ -	
25685		Treat wrist fracture	A	0	090	Y	Y	Y				\$ 836.94	\$ -	
25690		Treat wrist dislocation	A	0	090	Y	Y					\$ 527.22	\$ -	
25695		Treat wrist dislocation	A	0	090	Y	Y	Y				\$ 716.88	\$ -	
25800		Fusion of wrist joint	A	0	090	Y	Y	Y				\$ 824.41	\$ -	
25805		Fusion/graft of wrist joint	A	0	090	Y	Y	Y				\$ 969.88	\$ -	
25810		Fusion/graft of wrist joint	A	0	090	Y	Y	Y				\$ 975.10	\$ -	
25820		Fusion of hand bones	A	0	090	Y	Y	Y				\$ 675.12	\$ -	
25825		Fuse hand bones with graft	A	0	090	Y	Y	Y				\$ 832.42	\$ -	
25830		Fusion radioulnar jnt/ulna	A	0	090	Y	Y	Y				\$ 1,043.30	\$ -	
25900		Amputation of forearm	A	0	090	Y	Y					\$ 813.62	\$ -	
25905		Amputation of forearm	A	0	090	Y	Y	Y				\$ 809.45	\$ -	
25907		Amputation follow-up surgery	A	0	090	Y	Y	Y				\$ 665.72	\$ -	
25909		Amputation follow-up surgery	A	0	090	Y	Y	Y				\$ 790.31	\$ -	
25915		Amputation of forearm	A	0	090	Y	Y	Y				\$ 1,247.58	\$ -	
25920		Amputate hand at wrist	A	0	090	Y	Y					\$ 782.65	\$ -	
25922		Amputate hand at wrist	A	0	090	Y	Y	Y				\$ 563.41	\$ -	
25924		Amputation follow-up surgery	A	0	090	Y	Y	Y				\$ 721.06	\$ -	
25927		Amputation of hand	A	0	090	Y	Y					\$ 878.70	\$ -	
25929		Amputation follow-up surgery	A	0	090	Y	Y	Y				\$ 677.21	\$ -	
25931		Amputation follow-up surgery	A	0	090	Y	Y					\$ 766.99	\$ -	
25999		Forearm or wrist surgery	C	0	YYY	Y	Y			Y		\$ -	\$ -	
26010		Drainage of finger abscess	A	0	010	Y						\$ 146.51	\$ 250.91	
26011		Drainage of finger abscess	A	0	010	Y						\$ 200.45	\$ 374.80	
26020		Drain hand tendon sheath	A	0	090	Y						\$ 470.15	\$ -	
26025		Drainage of palm bursa	A	0	090	Y						\$ 457.97	\$ -	
26030		Drainage of palm bursas	A	0	090	Y						\$ 547.06	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
26034		Treat hand bone lesion	A	0	090	Y						\$ 590.56	\$ -	
26035		Decompress fingers/hand	A	0	090	Y						\$ 964.31	\$ -	
26037		Decompress fingers/hand	A	0	090	Y						\$ 643.45	\$ -	
26040		Release palm contracture	A	0	090	Y	Y					\$ 326.42	\$ -	
26045		Release palm contracture	A	0	090	Y	Y					\$ 515.04	\$ -	
26055		Incise finger tendon sheath	A	0	090	Y						\$ 322.60	\$ 540.10	
26060		Incision of finger tendon	A	0	090	Y						\$ 285.36	\$ -	
26070		Explore/treat hand joint	A	0	090	Y	Y					\$ 336.52	\$ -	
26075		Explore/treat finger joint	A	0	090	Y	Y					\$ 350.09	\$ -	
26080		Explore/treat finger joint	A	0	090	Y						\$ 415.86	\$ -	
26100		Biopsy hand joint lining	A	0	090	Y	Y					\$ 359.83	\$ -	
26105		Biopsy finger joint lining	A	0	090	Y	Y					\$ 365.75	\$ -	
26110		Biopsy finger joint lining	A	0	090	Y						\$ 342.78	\$ -	
26111		Exc hand les sc 1.5 cm/>	A	0	090	Y		Y				\$ 468.41	\$ -	
26113		Exc hand tum deep 1.5 cm/>	A	0	090	Y		Y				\$ 610.39	\$ -	
26115		Exc hand les sc < 1.5 cm	A	0	090	Y						\$ 366.10	\$ 530.70	
26116		Exc hand tum deep < 1.5 cm	A	0	090	Y						\$ 580.12	\$ -	
26117		Exc hand tum ra < 3 cm	A	0	090	Y						\$ 834.50	\$ -	
26118		Exc hand tum ra 3 cm/>	A	0	090	Y		Y				\$ 1,232.27	\$ -	
26121		Release palm contracture	A	0	090	Y	Y					\$ 662.24	\$ -	
26123		Release palm contracture	A	0	090	Y	Y					\$ 920.11	\$ -	
26125		Release palm contracture	A	0	ZZZ							\$ 326.77	\$ -	
26130		Remove wrist joint lining	A	0	090	Y	Y					\$ 506.69	\$ -	
26135		Revise finger joint each	A	0	090	Y						\$ 608.65	\$ -	
26140		Revise finger joint each	A	0	090	Y						\$ 554.71	\$ -	
26145		Tendon excision palm/finger	A	0	090	Y						\$ 565.15	\$ -	
26160		Remove tendon sheath lesion	A	0	090	Y						\$ 353.57	\$ 559.93	
26170		Removal of palm tendon each	A	0	090	Y						\$ 440.22	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
26180		Removal of finger tendon	A	0	090	Y						\$ 477.11	\$ -	
26185		Remove finger bone	A	0	090	Y	Y	Y				\$ 609.70	\$ -	
26200		Remove hand bone lesion	A	0	090	Y						\$ 496.60	\$ -	
26205		Remove/graft bone lesion	A	0	090	Y						\$ 680.34	\$ -	
26210		Removal of finger lesion	A	0	090	Y						\$ 479.89	\$ -	
26215		Remove/graft finger lesion	A	0	090	Y						\$ 631.62	\$ -	
26230		Partial removal of hand bone	A	0	090	Y						\$ 549.49	\$ -	
26235		Partial removal finger bone	A	0	090	Y						\$ 541.49	\$ -	
26236		Partial removal finger bone	A	0	090	Y						\$ 482.68	\$ -	
26250		Extensive hand surgery	A	0	090	Y						\$ 1,201.99	\$ -	
26260		Resect prox finger tumor	A	0	090	Y		Y				\$ 902.02	\$ -	
26262		Resect distal finger tumor	A	0	090	Y		Y				\$ 710.62	\$ -	
26320		Removal of implant from hand	A	0	090	Y						\$ 373.06	\$ -	
26340		Manipulate finger w/anesth	A	0	090	Y	Y					\$ 337.56	\$ -	
26341		Manipulat palm cord post inj	A	0	010	Y	Y					\$ 79.34	\$ 99.88	
26350		Repair finger/hand tendon	A	0	090	Y						\$ 726.97	\$ -	
26352		Repair/graft hand tendon	A	0	090	Y		Y				\$ 854.69	\$ -	
26356		Repair finger/hand tendon	A	0	090	Y						\$ 1,136.57	\$ -	
26357		Repair finger/hand tendon	A	0	090	Y		Y				\$ 917.68	\$ -	
26358		Repair/graft hand tendon	A	0	090	Y		Y				\$ 974.05	\$ -	
26370		Repair finger/hand tendon	A	0	090	Y						\$ 794.14	\$ -	
26372		Repair/graft hand tendon	A	0	090	Y		Y				\$ 939.25	\$ -	
26373		Repair finger/hand tendon	A	0	090	Y		Y				\$ 894.01	\$ -	
26390		Revise hand/finger tendon	A	0	090	Y		Y				\$ 904.45	\$ -	
26392		Repair/graft hand tendon	A	0	090	Y		Y				\$ 1,054.09	\$ -	
26410		Repair hand tendon	A	0	090	Y						\$ 573.85	\$ -	
26412		Repair/graft hand tendon	A	0	090	Y						\$ 706.44	\$ -	
26415		Excision hand/finger tendon	A	0	090	Y						\$ 715.49	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
26416		Graft hand or finger tendon	A	0	090	Y						\$ 929.16	\$ -	
26418		Repair finger tendon	A	0	090	Y						\$ 578.38	\$ -	
26420		Repair/graft finger tendon	A	0	090	Y		Y				\$ 753.42	\$ -	
26426		Repair finger/hand tendon	A	0	090	Y						\$ 566.89	\$ -	
26428		Repair/graft finger tendon	A	0	090	Y						\$ 795.53	\$ -	
26432		Repair finger tendon	A	0	090	Y						\$ 501.82	\$ -	
26433		Repair finger tendon	A	0	090	Y						\$ 544.27	\$ -	
26434		Repair/graft finger tendon	A	0	090	Y		Y				\$ 677.21	\$ -	
26437		Realignment of tendons	A	0	090	Y						\$ 639.62	\$ -	
26440		Release palm/finger tendon	A	0	090	Y						\$ 626.05	\$ -	
26442		Release palm & finger tendon	A	0	090	Y						\$ 1,008.16	\$ -	
26445		Release hand/finger tendon	A	0	090	Y						\$ 575.59	\$ -	
26449		Release forearm/hand tendon	A	0	090	Y						\$ 775.00	\$ -	
26450		Incision of palm tendon	A	0	090	Y						\$ 416.21	\$ -	
26455		Incision of finger tendon	A	0	090	Y						\$ 416.56	\$ -	
26460		Incise hand/finger tendon	A	0	090	Y						\$ 401.24	\$ -	
26471		Fusion of finger tendons	A	0	090	Y						\$ 633.36	\$ -	
26474		Fusion of finger tendons	A	0	090	Y		Y				\$ 521.30	\$ -	
26476		Tendon lengthening	A	0	090	Y						\$ 609.70	\$ -	
26477		Tendon shortening	A	0	090	Y						\$ 604.82	\$ -	
26478		Lengthening of hand tendon	A	0	090	Y						\$ 646.93	\$ -	
26479		Shortening of hand tendon	A	0	090	Y		Y				\$ 652.50	\$ -	
26480		Transplant hand tendon	A	0	090	Y						\$ 771.52	\$ -	
26483		Transplant/graft hand tendon	A	0	090	Y		Y				\$ 889.49	\$ -	
26485		Transplant palm tendon	A	0	090	Y		Y				\$ 839.72	\$ -	
26489		Transplant/graft palm tendon	A	0	090	Y						\$ 986.23	\$ -	
26490		Revise thumb tendon	A	0	090	Y						\$ 851.56	\$ -	
26492		Tendon transfer with graft	A	0	090	Y		Y				\$ 950.74	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
26494		Hand tendon/muscle transfer	A	0	090	Y		Y				\$ 855.38	\$ -	
26496		Revise thumb tendon	A	0	090	Y						\$ 909.32	\$ -	
26497		Finger tendon transfer	A	0	090	Y		Y				\$ 936.12	\$ -	
26498		Finger tendon transfer	A	0	090	Y		Y				\$ 1,267.07	\$ -	
26499		Revision of finger	A	0	090	Y		Y				\$ 893.66	\$ -	
26500		Hand tendon reconstruction	A	0	090	Y						\$ 655.98	\$ -	
26502		Hand tendon reconstruction	A	0	090	Y		Y				\$ 754.46	\$ -	
26508		Release thumb contracture	A	0	090	Y						\$ 646.93	\$ -	
26510		Thumb tendon transfer	A	0	090	Y						\$ 612.83	\$ -	
26516		Fusion of knuckle joint	A	0	090	Y						\$ 736.72	\$ -	
26517		Fusion of knuckle joints	A	0	090	Y		Y				\$ 898.88	\$ -	
26518		Fusion of knuckle joints	A	0	090	Y		Y				\$ 900.62	\$ -	
26520		Release knuckle contracture	A	0	090	Y						\$ 660.50	\$ -	
26525		Release finger contracture	A	0	090	Y						\$ 658.07	\$ -	
26530		Revise knuckle joint	A	0	090	Y		Y				\$ 590.56	\$ -	
26531		Revise knuckle with implant	A	0	090	Y		Y				\$ 684.52	\$ -	
26535		Revise finger joint	A	0	090	Y						\$ 444.05	\$ -	
26536		Revise/implant finger joint	A	0	090	Y						\$ 718.97	\$ -	
26540		Repair hand joint	A	0	090	Y						\$ 686.95	\$ -	
26541		Repair hand joint with graft	A	0	090	Y		Y				\$ 845.64	\$ -	
26542		Repair hand joint with graft	A	0	090	Y						\$ 712.70	\$ -	
26545		Reconstruct finger joint	A	0	090	Y						\$ 727.67	\$ -	
26546		Repair nonunion hand	A	0	090	Y	Y	Y				\$ 1,044.35	\$ -	
26548		Reconstruct finger joint	A	0	090	Y						\$ 810.49	\$ -	
26550		Construct thumb replacement	A	0	090	Y		Y				\$ 1,820.39	\$ -	
26551		Great toe-hand transfer	A	0	090	Y		Y				\$ 3,564.56	\$ -	
26553		Single transfer toe-hand	A	0	090	Y		Y				\$ 2,790.26	\$ -	
26554		Double transfer toe-hand	A	0	090	Y		Y				\$ 3,317.48	\$ -	

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HCPCS	MOD	DESCRIPTION	STATUS CODE	PCTC IND	GLOB DAYS	MULT PROC	BILAT SURG	ASST SURG	CO- SURG	TEAM SURG	ENDO BASE	CY 2012	CY 2012	CY2012
												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
26555		Positional change of finger	A	0	090	Y		Y				\$ 1,523.54	\$ -	
26556		Toe joint transfer	A	0	090	Y		Y				\$ 3,003.59	\$ -	
26560		Repair of web finger	A	0	090	Y		Y				\$ 610.74	\$ -	
26561		Repair of web finger	A	0	090	Y		Y				\$ 1,054.09	\$ -	
26562		Repair of web finger	A	0	090	Y		Y				\$ 1,264.28	\$ -	
26565		Correct metacarpal flaw	A	0	090	Y		Y				\$ 723.49	\$ -	
26567		Correct finger deformity	A	0	090	Y						\$ 711.66	\$ -	
26568		Lengthen metacarpal/finger	A	0	090	Y		Y				\$ 954.56	\$ -	
26580		Repair hand deformity	A	0	090	Y		Y				\$ 1,705.55	\$ -	
26587		Reconstruct extra finger	A	0	090	Y		Y				\$ 1,119.52	\$ -	
26590		Repair finger deformity	A	0	090	Y		Y				\$ 1,479.00	\$ -	
26591		Repair muscles of hand	A	0	090	Y						\$ 438.13	\$ -	
26593		Release muscles of hand	A	0	090	Y						\$ 610.04	\$ -	
26596		Excision constricting tissue	A	0	090	Y		Y				\$ 832.42	\$ -	
26600		Treat metacarpal fracture	A	0	090	Y						\$ 282.58	\$ 298.24	
26605		Treat metacarpal fracture	A	0	090	Y						\$ 308.33	\$ 332.34	
26607		Treat metacarpal fracture	A	0	090	Y						\$ 500.77	\$ -	
26608		Treat metacarpal fracture	A	0	090	Y						\$ 517.82	\$ -	
26615		Treat metacarpal fracture	A	0	090	Y						\$ 627.10	\$ -	
26641		Treat thumb dislocation	A	0	090	Y						\$ 359.83	\$ 385.93	
26645		Treat thumb fracture	A	0	090	Y						\$ 422.82	\$ 452.05	
26650		Treat thumb fracture	A	0	090	Y						\$ 516.78	\$ -	
26665		Treat thumb fracture	A	0	090	Y						\$ 692.17	\$ -	
26670		Treat hand dislocation	A	0	090	Y						\$ 327.82	\$ 353.22	
26675		Treat hand dislocation	A	0	090	Y						\$ 452.05	\$ 482.33	
26676		Pin hand dislocation	A	0	090	Y						\$ 541.49	\$ -	
26685		Treat hand dislocation	A	0	090	Y						\$ 638.93	\$ -	
26686		Treat hand dislocation	A	0	090	Y		Y				\$ 702.26	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
26700		Treat knuckle dislocation	A	0	090	Y						\$ 324.68	\$ 341.74	
26705		Treat knuckle dislocation	A	0	090	Y						\$ 406.81	\$ 436.39	
26706		Pin knuckle dislocation	A	0	090	Y						\$ 478.15	\$ -	
26715		Treat knuckle dislocation	A	0	090	Y						\$ 628.49	\$ -	
26720		Treat finger fracture each	A	0	090	Y						\$ 190.01	\$ 202.19	
26725		Treat finger fracture each	A	0	090	Y						\$ 327.82	\$ 356.00	
26727		Treat finger fracture each	A	0	090	Y						\$ 507.04	\$ -	
26735		Treat finger fracture each	A	0	090	Y						\$ 654.59	\$ -	
26740		Treat finger fracture each	A	0	090	Y						\$ 218.89	\$ 231.07	
26742		Treat finger fracture each	A	0	090	Y						\$ 362.27	\$ 391.15	
26746		Treat finger fracture each	A	0	090	Y						\$ 821.98	\$ -	
26750		Treat finger fracture each	A	0	090	Y						\$ 190.01	\$ 191.05	
26755		Treat finger fracture each	A	0	090	Y						\$ 295.80	\$ 330.60	
26756		Pin finger fracture each	A	0	090	Y						\$ 446.14	\$ -	
26765		Treat finger fracture each	A	0	090	Y						\$ 540.79	\$ -	
26770		Treat finger dislocation	A	0	090	Y						\$ 272.48	\$ 290.23	
26775		Treat finger dislocation	A	0	090	Y						\$ 368.18	\$ 399.85	
26776		Pin finger dislocation	A	0	090	Y						\$ 475.02	\$ -	
26785		Treat finger dislocation	A	0	090	Y						\$ 591.25	\$ -	
26820		Thumb fusion with graft	A	0	090	Y		Y				\$ 842.16	\$ -	
26841		Fusion of thumb	A	0	090	Y						\$ 766.30	\$ -	
26842		Thumb fusion with graft	A	0	090	Y		Y				\$ 846.34	\$ -	
26843		Fusion of hand joint	A	0	090	Y		Y				\$ 787.18	\$ -	
26844		Fusion/graft of hand joint	A	0	090	Y		Y				\$ 891.23	\$ -	
26850		Fusion of knuckle	A	0	090	Y						\$ 722.45	\$ -	
26852		Fusion of knuckle with graft	A	0	090	Y		Y				\$ 834.85	\$ -	
26860		Fusion of finger joint	A	0	090	Y						\$ 568.98	\$ -	
26861		Fusion of finger jnt add-on	A	0	ZZZ							\$ 123.19	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
26862		Fusion/graft of finger joint	A	0	090	Y		Y				\$ 759.34	\$ -	
26863		Fuse/graft added joint	A	0	ZZZ			Y				\$ 278.75	\$ -	
26910		Amputate metacarpal bone	A	0	090	Y						\$ 771.17	\$ -	
26951		Amputation of finger/thumb	A	0	090	Y						\$ 671.64	\$ -	
26952		Amputation of finger/thumb	A	0	090	Y						\$ 679.99	\$ -	
26989		Hand/finger surgery	C	0	YYY	Y				Y		\$ -	\$ -	
26990		Drainage of pelvis lesion	A	0	090	Y						\$ 700.87	\$ -	
26991		Drainage of pelvis bursa	A	0	090	Y						\$ 597.17	\$ 751.68	
26992		Drainage of bone lesion	A	0	090	Y						\$ 1,104.55	\$ -	
27000		Incision of hip tendon	A	0	090	Y	Y					\$ 489.29	\$ -	
27001		Incision of hip tendon	A	0	090	Y	Y	Y				\$ 612.13	\$ -	
27003		Incision of hip tendon	A	0	090	Y	Y	Y				\$ 670.25	\$ -	
27005		Incision of hip tendon	A	0	090	Y	Y	Y				\$ 832.76	\$ -	
27006		Incision of hip tendons	A	0	090	Y	Y	Y				\$ 840.42	\$ -	
27025		Incision of hip/thigh fascia	A	0	090	Y	Y					\$ 1,060.70	\$ -	
27027		Buttock fasciotomy	A	0	090	Y	Y					\$ 849.12	\$ -	
27030		Drainage of hip joint	A	0	090	Y	Y	Y				\$ 1,086.46	\$ -	
27033		Exploration of hip joint	A	0	090	Y	Y	Y				\$ 1,132.04	\$ -	
27035		Denervation of hip joint	A	0	090	Y	Y	Y				\$ 1,250.02	\$ -	
27036		Excision of hip joint/muscle	A	0	090	Y	Y	Y				\$ 1,162.67	\$ -	
27040		Biopsy of soft tissues	A	0	010	Y	Y					\$ 224.81	\$ 344.17	
27041		Biopsy of soft tissues	A	0	090	Y	Y					\$ 778.48	\$ -	
27043		Exc hip pelvis les sc 3 cm/>	A	0	090	Y	Y					\$ 555.76	\$ -	
27045		Exc hip/pelv tum deep 5 cm/>	A	0	090	Y	Y	Y				\$ 886.01	\$ -	
27047		Exc hip/pelvis les sc < 3 cm	A	0	090	Y	Y					\$ 428.39	\$ 517.82	
27048		Exc hip/pelv tum deep < 5 cm	A	0	090	Y	Y	Y				\$ 708.18	\$ -	
27049		Resect hip/pelv tum < 5 cm	A	0	090	Y	Y	Y				\$ 1,613.68	\$ -	
27050		Biopsy of sacroiliac joint	A	0	090	Y	Y					\$ 431.87	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
27052		Biopsy of hip joint	A	0	090	Y	Y	Y				\$ 647.63	\$ -	
27054		Removal of hip joint lining	A	0	090	Y	Y	Y				\$ 777.43	\$ -	
27057		Buttock fasciotomy w/dbrdmt	A	0	090	Y	Y					\$ 958.04	\$ -	
27059		Resect hip/pelv tum 5 cm/>	A	0	090	Y	Y	Y				\$ 2,169.43	\$ -	
27060		Removal of ischial bursa	A	0	090	Y	Y					\$ 515.04	\$ -	
27062		Remove femur lesion/bursa	A	0	090	Y	Y					\$ 509.12	\$ -	
27065		Remove hip bone les super	A	0	090	Y	Y	Y				\$ 571.76	\$ -	
27066		Remove hip bone les deep	A	0	090	Y	Y	Y				\$ 929.16	\$ -	
27067		Remove/graft hip bone lesion	A	0	090	Y	Y	Y				\$ 1,195.38	\$ -	
27070		Part remove hip bone super	A	0	090	Y	Y	Y				\$ 971.96	\$ -	
27071		Part removal hip bone deep	A	0	090	Y	Y	Y				\$ 1,044.00	\$ -	
27075		Resect hip tumor	A	0	090	Y		Y				\$ 2,495.51	\$ -	
27076		Resect hip tum incl acetabul	A	0	090	Y		Y				\$ 2,972.27	\$ -	
27077		Resect hip tum w/innom bone	A	0	090	Y		Y				\$ 3,375.60	\$ -	
27078		Rsect hip tum incl femur	A	0	090	Y		Y				\$ 2,389.37	\$ -	
27080		Removal of tail bone	A	0	090	Y		Y				\$ 582.90	\$ -	
27086		Remove hip foreign body	A	0	010	Y	Y					\$ 161.82	\$ 249.17	
27087		Remove hip foreign body	A	0	090	Y	Y	Y				\$ 723.14	\$ -	
27090		Removal of hip prosthesis	A	0	090	Y	Y	Y				\$ 955.61	\$ -	
27091		Removal of hip prosthesis	A	0	090	Y	Y	Y				\$ 1,886.16	\$ -	
27093		Injection for hip x-ray	A	0	000	Y	Y					\$ 77.60	\$ 183.40	
27095		Injection for hip x-ray	A	0	000	Y	Y					\$ 91.87	\$ 226.90	
27096		Inject sacroiliac joint	A	0	000	Y	Y					\$ 87.70	\$ 163.56	
27097		Revision of hip tendon	A	0	090	Y	Y	Y				\$ 772.56	\$ -	
27098		Transfer tendon to pelvis	A	0	090	Y	Y	Y				\$ 777.08	\$ -	
27100		Transfer of abdominal muscle	A	0	090	Y	Y	Y				\$ 942.38	\$ -	
27105		Transfer of spinal muscle	A	0	090	Y	Y	Y				\$ 991.10	\$ -	
27110		Transfer of iliopsoas muscle	A	0	090	Y	Y	Y				\$ 1,116.38	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
27111		Transfer of iliopsoas muscle	A	0	090	Y	Y	Y				\$ 971.27	\$ -	
27120		Reconstruction of hip socket	A	0	090	Y	Y	Y				\$ 1,513.45	\$ -	
27122		Reconstruction of hip socket	A	0	090	Y	Y	Y				\$ 1,282.73	\$ -	
27125		Partial hip replacement	A	0	090	Y	Y	Y				\$ 1,321.70	\$ -	
27130		Total hip arthroplasty	A	0	090	Y	Y	Y				\$ 1,697.89	\$ -	
27132		Total hip arthroplasty	A	0	090	Y	Y	Y				\$ 1,984.64	\$ -	
27134		Revise hip joint replacement	A	0	090	Y	Y	Y				\$ 2,292.97	\$ -	
27137		Revise hip joint replacement	A	0	090	Y	Y	Y				\$ 1,746.61	\$ -	
27138		Revise hip joint replacement	A	0	090	Y	Y	Y				\$ 1,820.04	\$ -	
27140		Transplant femur ridge	A	0	090	Y	Y	Y				\$ 1,036.34	\$ -	
27146		Incision of hip bone	A	0	090	Y	Y	Y				\$ 1,496.75	\$ -	
27147		Revision of hip bone	A	0	090	Y	Y	Y				\$ 1,723.99	\$ -	
27151		Incision of hip bones	A	0	090	Y	Y	Y				\$ 1,859.71	\$ -	
27156		Revision of hip bones	A	0	090	Y	Y	Y				\$ 2,021.88	\$ -	
27158		Revision of pelvis	A	0	090	Y		Y				\$ 1,640.82	\$ -	
27161		Incision of neck of femur	A	0	090	Y	Y	Y				\$ 1,418.45	\$ -	
27165		Incision/fixation of femur	A	0	090	Y	Y	Y				\$ 1,604.98	\$ -	
27170		Repair/graft femur head/neck	A	0	090	Y	Y	Y				\$ 1,381.21	\$ -	
27175		Treat slipped epiphysis	A	0	090	Y	Y					\$ 766.99	\$ -	
27176		Treat slipped epiphysis	A	0	090	Y	Y	Y				\$ 1,057.22	\$ -	
27177		Treat slipped epiphysis	A	0	090	Y	Y	Y				\$ 1,291.78	\$ -	
27178		Treat slipped epiphysis	A	0	090	Y	Y	Y				\$ 1,055.83	\$ -	
27179		Revise head/neck of femur	A	0	090	Y	Y	Y				\$ 1,128.22	\$ -	
27181		Treat slipped epiphysis	A	0	090	Y	Y	Y				\$ 1,301.17	\$ -	
27185		Revision of femur epiphysis	A	0	090	Y	Y					\$ 665.72	\$ -	
27187		Reinforce hip bones	A	0	090	Y	Y	Y				\$ 1,149.44	\$ -	
27193		Treat pelvic ring fracture	A	0	090	Y						\$ 534.18	\$ 529.31	
27194		Treat pelvic ring fracture	A	0	090	Y			Y			\$ 780.56	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
27200		Treat tail bone fracture	A	0	090	Y						\$ 194.88	\$ 189.31	
27202		Treat tail bone fracture	A	0	090	Y		Y				\$ 634.06	\$ -	
27215		Treat pelvic fracture(s)	A	9	090							\$ 631.27	\$ -	
27216		Treat pelvic ring fracture	A	9	090							\$ 939.95	\$ -	
27217		Treat pelvic ring fracture	A	9	090							\$ 883.22	\$ -	
27218		Treat pelvic ring fracture	A	9	090							\$ 1,221.48	\$ -	
27220		Treat hip socket fracture	A	0	090	Y	Y					\$ 589.51	\$ 593.69	
27222		Treat hip socket fracture	A	0	090	Y	Y					\$ 1,133.09	\$ -	
27226		Treat hip wall fracture	A	0	090	Y	Y	Y	Y			\$ 1,232.62	\$ -	
27227		Treat hip fracture(s)	A	0	090	Y	Y	Y	Y			\$ 1,963.07	\$ -	
27228		Treat hip fracture(s)	A	0	090	Y	Y	Y	Y			\$ 2,248.08	\$ -	
27230		Treat thigh fracture	A	0	090	Y	Y					\$ 522.35	\$ 525.48	
27232		Treat thigh fracture	A	0	090	Y	Y					\$ 897.14	\$ -	
27235		Treat thigh fracture	A	0	090	Y	Y					\$ 1,052.70	\$ -	
27236		Treat thigh fracture	A	0	090	Y	Y	Y				\$ 1,397.22	\$ -	
27238		Treat thigh fracture	A	0	090	Y	Y					\$ 511.56	\$ -	
27240		Treat thigh fracture	A	0	090	Y	Y					\$ 1,109.42	\$ -	
27244		Treat thigh fracture	A	0	090	Y	Y	Y				\$ 1,436.89	\$ -	
27245		Treat thigh fracture	A	0	090	Y	Y	Y	Y			\$ 1,443.16	\$ -	
27246		Treat thigh fracture	A	0	090	Y	Y					\$ 428.39	\$ 427.00	
27248		Treat thigh fracture	A	0	090	Y	Y	Y				\$ 865.48	\$ -	
27250		Treat hip dislocation	A	0	000	Y	Y					\$ 239.77	\$ -	
27252		Treat hip dislocation	A	0	090	Y	Y					\$ 879.05	\$ -	
27253		Treat hip dislocation	A	0	090	Y	Y	Y				\$ 1,092.72	\$ -	
27254		Treat hip dislocation	A	0	090	Y	Y	Y				\$ 1,488.74	\$ -	
27256		Treat hip dislocation	A	0	010	Y	Y					\$ 285.01	\$ 338.26	
27257		Treat hip dislocation	A	0	010	Y	Y					\$ 392.89	\$ -	
27258		Treat hip dislocation	A	0	090	Y	Y	Y				\$ 1,291.78	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
27259		Treat hip dislocation	A	0	090	Y	Y	Y				\$ 1,819.00	\$ -	
27265		Treat hip dislocation	A	0	090	Y	Y					\$ 441.61	\$ -	
27266		Treat hip dislocation	A	0	090	Y	Y					\$ 658.42	\$ -	
27267		Cltx thigh fx	A	0	090	Y	Y	Y				\$ 485.11	\$ -	
27268		Cltx thigh fx w/mnpj	A	0	090	Y	Y	Y				\$ 603.43	\$ -	
27269		Optx thigh fx	A	0	090	Y	Y	Y				\$ 1,455.34	\$ -	
27275		Manipulation of hip joint	A	0	010	Y						\$ 196.27	\$ -	
27280		Fusion of sacroiliac joint	A	0	090	Y	Y	Y				\$ 1,206.86	\$ -	
27282		Fusion of pubic bones	A	0	090	Y		Y				\$ 967.79	\$ -	
27284		Fusion of hip joint	A	0	090	Y	Y	Y				\$ 1,902.86	\$ -	
27286		Fusion of hip joint	A	0	090	Y	Y	Y				\$ 1,951.24	\$ -	
27290		Amputation of leg at hip	A	0	090	Y		Y				\$ 1,901.47	\$ -	
27295		Amputation of leg at hip	A	0	090	Y		Y				\$ 1,508.23	\$ -	
27299		Pelvis/hip joint surgery	C	0	YYY	Y	Y	Y		Y		\$ -	\$ -	
27301		Drain thigh/knee lesion	A	0	090	Y	Y					\$ 573.85	\$ 717.23	
27303		Drainage of bone lesion	A	0	090	Y	Y	Y				\$ 726.62	\$ -	
27305		Incise thigh tendon & fascia	A	0	090	Y	Y	Y				\$ 538.01	\$ -	
27306		Incision of thigh tendon	A	0	090	Y	Y	Y				\$ 404.03	\$ -	
27307		Incision of thigh tendons	A	0	090	Y	Y					\$ 534.18	\$ -	
27310		Exploration of knee joint	A	0	090	Y	Y	Y				\$ 834.50	\$ -	
27323		Biopsy thigh soft tissues	A	0	010	Y	Y					\$ 198.36	\$ 276.31	
27324		Biopsy thigh soft tissues	A	0	090	Y	Y					\$ 444.74	\$ -	
27325		Neurectomy hamstring	A	0	090	Y	Y	Y				\$ 588.47	\$ -	
27326		Neurectomy popliteal	A	0	090	Y	Y	Y				\$ 567.94	\$ -	
27327		Exc thigh/knee les sc < 3 cm	A	0	090	Y	Y					\$ 354.96	\$ 470.15	
27328		Exc thigh/knee tum deep <5cm	A	0	090	Y	Y					\$ 712.70	\$ -	
27329		Resect thigh/knee tum < 5 cm	A	0	090	Y	Y	Y				\$ 1,230.53	\$ -	
27330		Biopsy knee joint lining	A	0	090	Y	Y					\$ 451.36	\$ -	

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HCPCS	MOD	DESCRIPTION	STATUS CODE	PCTC IND	GLOB DAYS	MULT PROC	BILAT SURG	ASST SURG	CO- SURG	TEAM SURG	ENDO BASE	CY 2012	CY 2012	CY2012
												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
27331		Explore/treat knee joint	A	0	090	Y	Y	Y				\$ 531.74	\$ -	
27332		Removal of knee cartilage	A	0	090	Y	Y	Y				\$ 723.14	\$ -	
27333		Removal of knee cartilage	A	0	090	Y	Y	Y				\$ 658.42	\$ -	
27334		Remove knee joint lining	A	0	090	Y	Y	Y				\$ 777.08	\$ -	
27335		Remove knee joint lining	A	0	090	Y	Y	Y				\$ 875.22	\$ -	
27337		Exc thigh/knee les sc 3 cm/>	A	0	090	Y	Y	Y				\$ 490.33	\$ -	
27339		Exc thigh/knee tum dep 5cm/>	A	0	090	Y	Y	Y				\$ 886.36	\$ -	
27340		Removal of kneecap bursa	A	0	090	Y	Y					\$ 405.07	\$ -	
27345		Removal of knee cyst	A	0	090	Y	Y	Y				\$ 539.05	\$ -	
27347		Remove knee cyst	A	0	090	Y	Y	Y				\$ 590.90	\$ -	
27350		Removal of kneecap	A	0	090	Y	Y	Y				\$ 737.41	\$ -	
27355		Remove femur lesion	A	0	090	Y	Y	Y				\$ 683.82	\$ -	
27356		Remove femur lesion/graft	A	0	090	Y	Y	Y				\$ 840.77	\$ -	
27357		Remove femur lesion/graft	A	0	090	Y	Y	Y				\$ 930.20	\$ -	
27358		Remove femur lesion/fixation	A	0	ZZZ			Y				\$ 338.95	\$ -	
27360		Partial removal leg bone(s)	A	0	090	Y	Y	Y				\$ 971.27	\$ -	
27364		Resect thigh/knee tum 5 cm/>	A	0	090	Y	Y	Y				\$ 1,873.63	\$ -	
27365		Resect femur/knee tumor	A	0	090	Y	Y	Y				\$ 2,404.68	\$ -	
27370		Injection for knee x-ray	A	0	000	Y	Y					\$ 59.16	\$ 160.08	
27372		Removal of foreign body	A	0	090	Y	Y					\$ 455.18	\$ 624.66	
27380		Repair of kneecap tendon	A	0	090	Y	Y	Y				\$ 664.33	\$ -	
27381		Repair/graft kneecap tendon	A	0	090	Y	Y	Y				\$ 910.37	\$ -	
27385		Repair of thigh muscle	A	0	090	Y	Y	Y				\$ 638.58	\$ -	
27386		Repair/graft of thigh muscle	A	0	090	Y	Y	Y				\$ 944.82	\$ -	
27390		Incision of thigh tendon	A	0	090	Y		Y				\$ 496.60	\$ -	
27391		Incision of thigh tendons	A	0	090	Y						\$ 648.67	\$ -	
27392		Incision of thigh tendons	A	0	090	Y		Y				\$ 807.36	\$ -	
27393		Lengthening of thigh tendon	A	0	090	Y		Y				\$ 572.11	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
27394		Lengthening of thigh tendons	A	0	090	Y		Y				\$ 738.46	\$ -	
27395		Lengthening of thigh tendons	A	0	090	Y		Y				\$ 1,007.81	\$ -	
27396		Transplant of thigh tendon	A	0	090	Y		Y				\$ 696.70	\$ -	
27397		Transplants of thigh tendons	A	0	090	Y		Y				\$ 1,046.09	\$ -	
27400		Revise thigh muscles/tendons	A	0	090	Y	Y	Y				\$ 787.87	\$ -	
27403		Repair of knee cartilage	A	0	090	Y	Y	Y				\$ 726.62	\$ -	
27405		Repair of knee ligament	A	0	090	Y	Y	Y				\$ 770.82	\$ -	
27407		Repair of knee ligament	A	0	090	Y	Y	Y				\$ 900.62	\$ -	
27409		Repair of knee ligaments	A	0	090	Y	Y	Y				\$ 1,114.30	\$ -	
27412		Autochondrocyte implant knee	A	0	090	Y	Y	Y				\$ 1,939.40	\$ -	
27415		Osteochondral knee allograft	A	0	090	Y	Y	Y				\$ 1,595.23	\$ -	
27416		Osteochondral knee autograft	A	0	090	Y	Y					\$ 1,133.44	\$ -	
27418		Repair degenerated kneecap	A	0	090	Y	Y	Y				\$ 955.26	\$ -	
27420		Revision of unstable kneecap	A	0	090	Y	Y	Y				\$ 849.82	\$ -	
27422		Revision of unstable kneecap	A	0	090	Y	Y	Y				\$ 848.77	\$ -	
27424		Revision/removal of kneecap	A	0	090	Y	Y	Y				\$ 851.90	\$ -	
27425		Lat retinacular release open	A	0	090	Y	Y					\$ 493.46	\$ -	
27427		Reconstruction knee	A	0	090	Y	Y	Y				\$ 820.24	\$ -	
27428		Reconstruction knee	A	0	090	Y	Y	Y				\$ 1,283.08	\$ -	
27429		Reconstruction knee	A	0	090	Y	Y	Y				\$ 1,440.37	\$ -	
27430		Revision of thigh muscles	A	0	090	Y	Y	Y				\$ 845.99	\$ -	
27435		Incision of knee joint	A	0	090	Y	Y	Y				\$ 920.11	\$ -	
27437		Revise kneecap	A	0	090	Y	Y					\$ 753.07	\$ -	
27438		Revise kneecap with implant	A	0	090	Y	Y	Y				\$ 969.53	\$ -	
27440		Revision of knee joint	A	0	090	Y	Y	Y				\$ 908.28	\$ -	
27441		Revision of knee joint	A	0	090	Y	Y	Y				\$ 939.25	\$ -	
27442		Revision of knee joint	A	0	090	Y	Y	Y				\$ 1,003.28	\$ -	
27443		Revision of knee joint	A	0	090	Y	Y	Y				\$ 938.21	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
27445		Revision of knee joint	A	0	090	Y	Y	Y				\$ 1,470.30	\$ -	
27446		Revision of knee joint	A	0	090	Y	Y	Y				\$ 1,295.95	\$ -	
27447		Total knee arthroplasty	A	0	090	Y	Y	Y				\$ 1,812.73	\$ -	
27448		Incision of thigh	A	0	090	Y	Y	Y				\$ 946.21	\$ -	
27450		Incision of thigh	A	0	090	Y	Y	Y				\$ 1,181.11	\$ -	
27454		Realignment of thigh bone	A	0	090	Y	Y	Y				\$ 1,514.15	\$ -	
27455		Realignment of knee	A	0	090	Y	Y	Y				\$ 1,086.80	\$ -	
27457		Realignment of knee	A	0	090	Y	Y	Y				\$ 1,119.52	\$ -	
27465		Shortening of thigh bone	A	0	090	Y	Y	Y				\$ 1,461.60	\$ -	
27466		Lengthening of thigh bone	A	0	090	Y	Y	Y				\$ 1,378.08	\$ -	
27468		Shorten/lengthen thighs	A	0	090	Y	Y	Y				\$ 1,568.78	\$ -	
27470		Repair of thigh	A	0	090	Y	Y	Y				\$ 1,373.90	\$ -	
27472		Repair/graft of thigh	A	0	090	Y	Y	Y				\$ 1,483.52	\$ -	
27475		Surgery to stop leg growth	A	0	090	Y	Y					\$ 753.07	\$ -	
27477		Surgery to stop leg growth	A	0	090	Y	Y					\$ 838.33	\$ -	
27479		Surgery to stop leg growth	A	0	090	Y	Y	Y				\$ 872.44	\$ -	
27485		Surgery to stop leg growth	A	0	090	Y	Y					\$ 765.60	\$ -	
27486		Revise/replace knee joint	A	0	090	Y	Y	Y				\$ 1,654.39	\$ -	
27487		Revise/replace knee joint	A	0	090	Y	Y	Y				\$ 2,086.96	\$ -	
27488		Removal of knee prosthesis	A	0	090	Y	Y	Y				\$ 1,402.44	\$ -	
27495		Reinforce thigh	A	0	090	Y	Y	Y				\$ 1,316.14	\$ -	
27496		Decompression of thigh/knee	A	0	090	Y	Y					\$ 598.21	\$ -	
27497		Decompression of thigh/knee	A	0	090	Y	Y		Y			\$ 653.89	\$ -	
27498		Decompression of thigh/knee	A	0	090	Y	Y	Y	Y			\$ 726.97	\$ -	
27499		Decompression of thigh/knee	A	0	090	Y	Y	Y	Y			\$ 747.85	\$ -	
27500		Treatment of thigh fracture	A	0	090	Y	Y					\$ 538.01	\$ 570.72	
27501		Treatment of thigh fracture	A	0	090	Y	Y					\$ 560.63	\$ 564.80	
27502		Treatment of thigh fracture	A	0	090	Y	Y					\$ 901.67	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
27503		Treatment of thigh fracture	A	0	090	Y	Y					\$ 920.81	\$ -	
27506		Treatment of thigh fracture	A	0	090	Y	Y	Y				\$ 1,562.17	\$ -	
27507		Treatment of thigh fracture	A	0	090	Y	Y	Y	Y			\$ 1,142.83	\$ -	
27508		Treatment of thigh fracture	A	0	090	Y	Y					\$ 548.45	\$ 574.55	
27509		Treatment of thigh fracture	A	0	090	Y	Y					\$ 720.36	\$ -	
27510		Treatment of thigh fracture	A	0	090	Y	Y					\$ 795.88	\$ -	
27511		Treatment of thigh fracture	A	0	090	Y	Y	Y	Y			\$ 1,180.07	\$ -	
27513		Treatment of thigh fracture	A	0	090	Y	Y	Y	Y			\$ 1,480.39	\$ -	
27514		Treatment of thigh fracture	A	0	090	Y	Y	Y				\$ 1,147.01	\$ -	
27516		Treat thigh fx growth plate	A	0	090	Y	Y					\$ 520.26	\$ 546.01	
27517		Treat thigh fx growth plate	A	0	090	Y	Y					\$ 776.39	\$ -	
27519		Treat thigh fx growth plate	A	0	090	Y	Y	Y				\$ 1,049.22	\$ -	
27520		Treat kneecap fracture	A	0	090	Y	Y					\$ 312.16	\$ 336.52	
27524		Treat kneecap fracture	A	0	090	Y	Y	Y				\$ 861.65	\$ -	
27530		Treat knee fracture	A	0	090	Y	Y					\$ 297.19	\$ 316.68	
27532		Treat knee fracture	A	0	090	Y	Y					\$ 651.11	\$ 682.78	
27535		Treat knee fracture	A	0	090	Y	Y	Y	Y			\$ 1,055.14	\$ -	
27536		Treat knee fracture	A	0	090	Y	Y	Y				\$ 1,388.17	\$ -	
27538		Treat knee fracture(s)	A	0	090	Y	Y					\$ 481.98	\$ 507.73	
27540		Treat knee fracture	A	0	090	Y	Y	Y				\$ 936.12	\$ -	
27550		Treat knee dislocation	A	0	090	Y	Y					\$ 510.17	\$ 540.79	
27552		Treat knee dislocation	A	0	090	Y	Y					\$ 706.09	\$ -	
27556		Treat knee dislocation	A	0	090	Y	Y	Y				\$ 1,032.52	\$ -	
27557		Treat knee dislocation	A	0	090	Y	Y	Y				\$ 1,241.66	\$ -	
27558		Treat knee dislocation	A	0	090	Y	Y	Y	Y			\$ 1,417.40	\$ -	
27560		Treat kneecap dislocation	A	0	090	Y	Y					\$ 377.58	\$ 401.94	
27562		Treat kneecap dislocation	A	0	090	Y	Y					\$ 533.48	\$ -	
27566		Treat kneecap dislocation	A	0	090	Y	Y	Y				\$ 1,031.12	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
27570		Fixation of knee joint	A	0	010	Y						\$ 164.26	\$ -	
27580		Fusion of knee	A	0	090	Y	Y	Y				\$ 1,679.80	\$ -	
27590		Amputate leg at thigh	A	0	090	Y	Y	Y				\$ 1,022.08	\$ -	
27591		Amputate leg at thigh	A	0	090	Y	Y	Y				\$ 1,065.58	\$ -	
27592		Amputate leg at thigh	A	0	090	Y	Y	Y				\$ 850.16	\$ -	
27594		Amputation follow-up surgery	A	0	090	Y	Y					\$ 610.39	\$ -	
27596		Amputation follow-up surgery	A	0	090	Y	Y					\$ 886.36	\$ -	
27598		Amputate lower leg at knee	A	0	090	Y	Y	Y				\$ 890.18	\$ -	
27599		Leg surgery procedure	C	0	YYY	Y	Y	Y		Y		\$ -	\$ -	
27600		Decompression of lower leg	A	0	090	Y	Y					\$ 496.60	\$ -	
27601		Decompression of lower leg	A	0	090	Y	Y					\$ 512.26	\$ -	
27602		Decompression of lower leg	A	0	090	Y	Y	Y				\$ 621.53	\$ -	
27603		Drain lower leg lesion	A	0	090	Y	Y					\$ 445.44	\$ 567.24	
27604		Drain lower leg bursa	A	0	090	Y	Y					\$ 374.80	\$ 490.68	
27605		Incision of achilles tendon	A	0	010	Y	Y					\$ 201.84	\$ 337.21	
27606		Incision of achilles tendon	A	0	010	Y	Y					\$ 325.73	\$ -	
27607		Treat lower leg bone lesion	A	0	090	Y	Y					\$ 697.74	\$ -	
27610		Explore/treat ankle joint	A	0	090	Y	Y					\$ 737.06	\$ -	
27612		Exploration of ankle joint	A	0	090	Y	Y	Y				\$ 611.78	\$ -	
27613		Biopsy lower leg soft tissue	A	0	010	Y	Y					\$ 177.48	\$ 253.00	
27614		Biopsy lower leg soft tissue	A	0	090	Y	Y					\$ 463.54	\$ 606.22	
27615		Resect leg/ankle tum < 5 cm	A	0	090	Y	Y					\$ 1,214.52	\$ -	
27616		Resect leg/ankle tum 5 cm/>	A	0	090	Y	Y					\$ 1,514.15	\$ -	
27618		Exc leg/ankle tum < 3 cm	A	0	090	Y	Y					\$ 345.22	\$ 457.27	
27619		Exc leg/ankle tum deep <5 cm	A	0	090	Y	Y					\$ 551.23	\$ -	
27620		Explore/treat ankle joint	A	0	090	Y	Y	Y				\$ 506.69	\$ -	
27625		Remove ankle joint lining	A	0	090	Y	Y	Y				\$ 636.14	\$ -	
27626		Remove ankle joint lining	A	0	090	Y	Y	Y				\$ 712.01	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
27630		Removal of tendon lesion	A	0	090	Y	Y					\$ 403.33	\$ 565.15	
27632		Exc leg/ankle les sc 3 cm/>	A	0	090	Y	Y	Y				\$ 481.98	\$ -	
27634		Exc leg/ankle tum dep 5 cm/>	A	0	090	Y	Y	Y				\$ 789.96	\$ -	
27635		Remove lower leg bone lesion	A	0	090	Y	Y					\$ 669.20	\$ -	
27637		Remove/graft leg bone lesion	A	0	090	Y	Y	Y				\$ 865.82	\$ -	
27638		Remove/graft leg bone lesion	A	0	090	Y	Y	Y				\$ 894.36	\$ -	
27640		Partial removal of tibia	A	0	090	Y	Y					\$ 961.52	\$ -	
27641		Partial removal of fibula	A	0	090	Y	Y					\$ 761.42	\$ -	
27645		Resect tibia tumor	A	0	090	Y	Y	Y				\$ 2,055.98	\$ -	
27646		Resect fibula tumor	A	0	090	Y	Y	Y				\$ 1,772.02	\$ -	
27647		Resect talus/calcaneus tum	A	0	090	Y	Y	Y				\$ 1,151.18	\$ -	
27648		Injection for ankle x-ray	A	0	000	Y	Y					\$ 58.81	\$ 153.82	
27650		Repair achilles tendon	A	0	090	Y	Y	Y				\$ 739.85	\$ -	
27652		Repair/graft achilles tendon	A	0	090	Y	Y					\$ 773.26	\$ -	
27654		Repair of achilles tendon	A	0	090	Y	Y	Y				\$ 781.26	\$ -	
27656		Repair leg fascia defect	A	0	090	Y	Y	Y				\$ 427.34	\$ 620.48	
27658		Repair of leg tendon each	A	0	090	Y		Y				\$ 409.25	\$ -	
27659		Repair of leg tendon each	A	0	090	Y		Y				\$ 534.53	\$ -	
27664		Repair of leg tendon each	A	0	090	Y						\$ 395.33	\$ -	
27665		Repair of leg tendon each	A	0	090	Y		Y				\$ 454.84	\$ -	
27675		Repair lower leg tendons	A	0	090	Y	Y	Y				\$ 538.36	\$ -	
27676		Repair lower leg tendons	A	0	090	Y	Y	Y				\$ 712.70	\$ -	
27680		Release of lower leg tendon	A	0	090	Y						\$ 478.85	\$ -	
27681		Release of lower leg tendons	A	0	090	Y						\$ 610.04	\$ -	
27685		Revision of lower leg tendon	A	0	090	Y	Y	Y				\$ 504.25	\$ 663.98	
27686		Revise lower leg tendons	A	0	090	Y	Y					\$ 620.83	\$ -	
27687		Revision of calf tendon	A	0	090	Y	Y	Y				\$ 503.56	\$ -	
27690		Revise lower leg tendon	A	0	090	Y	Y	Y				\$ 693.56	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
27691		Revise lower leg tendon	A	0	090	Y	Y	Y				\$ 844.25	\$ -	
27692		Revise additional leg tendon	A	0	ZZZ			Y				\$ 129.46	\$ -	
27695		Repair of ankle ligament	A	0	090	Y	Y					\$ 535.22	\$ -	
27696		Repair of ankle ligaments	A	0	090	Y	Y					\$ 618.74	\$ -	
27698		Repair of ankle ligament	A	0	090	Y	Y	Y				\$ 722.45	\$ -	
27700		Revision of ankle joint	A	0	090	Y	Y	Y				\$ 652.85	\$ -	
27702		Reconstruct ankle joint	A	0	090	Y	Y	Y				\$ 1,124.74	\$ -	
27703		Reconstruction ankle joint	A	0	090	Y	Y	Y				\$ 1,320.66	\$ -	
27704		Removal of ankle implant	A	0	090	Y	Y					\$ 648.32	\$ -	
27705		Incision of tibia	A	0	090	Y	Y	Y				\$ 872.09	\$ -	
27707		Incision of fibula	A	0	090	Y	Y					\$ 441.26	\$ -	
27709		Incision of tibia & fibula	A	0	090	Y	Y	Y				\$ 1,367.29	\$ -	
27712		Realignment of lower leg	A	0	090	Y	Y	Y				\$ 1,280.99	\$ -	
27715		Revision of lower leg	A	0	090	Y	Y	Y				\$ 1,240.62	\$ -	
27720		Repair of tibia	A	0	090	Y	Y	Y				\$ 1,009.90	\$ -	
27722		Repair/graft of tibia	A	0	090	Y	Y	Y				\$ 1,019.99	\$ -	
27724		Repair/graft of tibia	A	0	090	Y	Y	Y				\$ 1,498.84	\$ -	
27725		Repair of lower leg	A	0	090	Y	Y	Y				\$ 1,410.10	\$ -	
27726		Repair fibula nonunion	A	0	090	Y	Y					\$ 1,123.69	\$ -	
27727		Repair of lower leg	A	0	090	Y	Y	Y				\$ 1,188.42	\$ -	
27730		Repair of tibia epiphysis	A	0	090	Y	Y					\$ 661.20	\$ -	
27732		Repair of fibula epiphysis	A	0	090	Y	Y					\$ 444.05	\$ -	
27734		Repair lower leg epiphyses	A	0	090	Y	Y					\$ 606.56	\$ -	
27740		Repair of leg epiphyses	A	0	090	Y	Y	Y				\$ 736.72	\$ -	
27742		Repair of leg epiphyses	A	0	090	Y	Y	Y				\$ 870.70	\$ -	
27745		Reinforce tibia	A	0	090	Y	Y	Y				\$ 866.87	\$ -	
27750		Treatment of tibia fracture	A	0	090	Y	Y					\$ 337.21	\$ 361.57	
27752		Treatment of tibia fracture	A	0	090	Y	Y					\$ 554.02	\$ 588.12	

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HCPCS	MOD	DESCRIPTION	STATUS CODE	PCTC IND	GLOB DAYS	MULT PROC	BILAT SURG	ASST SURG	CO- SURG	TEAM SURG	ENDO BASE	CY 2012	CY 2012	CY2012
												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
27756		Treatment of tibia fracture	A	0	090	Y	Y	Y				\$ 648.67	\$ -	
27758		Treatment of tibia fracture	A	0	090	Y	Y	Y				\$ 1,025.56	\$ -	
27759		Treatment of tibia fracture	A	0	090	Y	Y	Y	Y			\$ 1,161.28	\$ -	
27760		Cltx medial ankle fx	A	0	090	Y	Y					\$ 321.90	\$ 347.30	
27762		Cltx med ankle fx w/mnpj	A	0	090	Y	Y					\$ 484.76	\$ 518.87	
27766		Optx medial ankle fx	A	0	090	Y	Y					\$ 683.82	\$ -	
27767		Cltx post ankle fx	A	0	090	Y	Y					\$ 291.97	\$ 290.93	
27768		Cltx post ankle fx w/mnpj	A	0	090	Y	Y					\$ 477.46	\$ -	
27769		Optx post ankle fx	A	0	090	Y	Y					\$ 834.85	\$ -	
27780		Treatment of fibula fracture	A	0	090	Y	Y					\$ 291.62	\$ 315.29	
27781		Treatment of fibula fracture	A	0	090	Y	Y					\$ 429.43	\$ 455.18	
27784		Treatment of fibula fracture	A	0	090	Y	Y					\$ 813.62	\$ -	
27786		Treatment of ankle fracture	A	0	090	Y	Y					\$ 300.67	\$ 326.77	
27788		Treatment of ankle fracture	A	0	090	Y	Y					\$ 421.08	\$ 451.36	
27792		Treatment of ankle fracture	A	0	090	Y	Y					\$ 740.89	\$ -	
27808		Treatment of ankle fracture	A	0	090	Y	Y					\$ 314.24	\$ 343.13	
27810		Treatment of ankle fracture	A	0	090	Y	Y					\$ 475.37	\$ 510.86	
27814		Treatment of ankle fracture	A	0	090	Y	Y	Y				\$ 882.18	\$ -	
27816		Treatment of ankle fracture	A	0	090	Y	Y					\$ 300.32	\$ 327.82	
27818		Treatment of ankle fracture	A	0	090	Y	Y					\$ 486.50	\$ 527.22	
27822		Treatment of ankle fracture	A	0	090	Y	Y	Y				\$ 956.30	\$ -	
27823		Treatment of ankle fracture	A	0	090	Y	Y	Y				\$ 1,095.16	\$ -	
27824		Treat lower leg fracture	A	0	090	Y	Y					\$ 322.94	\$ 331.30	
27825		Treat lower leg fracture	A	0	090	Y	Y					\$ 561.67	\$ 603.78	
27826		Treat lower leg fracture	A	0	090	Y	Y	Y	Y			\$ 943.08	\$ -	
27827		Treat lower leg fracture	A	0	090	Y	Y	Y	Y			\$ 1,241.32	\$ -	
27828		Treat lower leg fracture	A	0	090	Y	Y	Y	Y			\$ 1,498.84	\$ -	
27829		Treat lower leg joint	A	0	090	Y	Y	Y	Y			\$ 766.30	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
27830		Treat lower leg dislocation	A	0	090	Y	Y					\$ 377.93	\$ 399.85	
27831		Treat lower leg dislocation	A	0	090	Y	Y					\$ 433.96	\$ -	
27832		Treat lower leg dislocation	A	0	090	Y	Y	Y				\$ 851.56	\$ -	
27840		Treat ankle dislocation	A	0	090	Y	Y					\$ 402.29	\$ -	
27842		Treat ankle dislocation	A	0	090	Y	Y					\$ 551.93	\$ -	
27846		Treat ankle dislocation	A	0	090	Y	Y	Y				\$ 840.42	\$ -	
27848		Treat ankle dislocation	A	0	090	Y	Y	Y				\$ 944.12	\$ -	
27860		Fixation of ankle joint	A	0	010	Y						\$ 194.88	\$ -	
27870		Fusion of ankle joint open	A	0	090	Y	Y	Y				\$ 1,197.47	\$ -	
27871		Fusion of tibiofibular joint	A	0	090	Y	Y	Y				\$ 793.09	\$ -	
27880		Amputation of lower leg	A	0	090	Y	Y	Y				\$ 1,154.66	\$ -	
27881		Amputation of lower leg	A	0	090	Y	Y	Y				\$ 1,060.36	\$ -	
27882		Amputation of lower leg	A	0	090	Y	Y					\$ 761.08	\$ -	
27884		Amputation follow-up surgery	A	0	090	Y	Y					\$ 702.26	\$ -	
27886		Amputation follow-up surgery	A	0	090	Y	Y					\$ 806.66	\$ -	
27888		Amputation of foot at ankle	A	0	090	Y	Y	Y				\$ 801.10	\$ -	
27889		Amputation of foot at ankle	A	0	090	Y	Y					\$ 835.55	\$ -	
27892		Decompression of leg	A	0	090	Y	Y					\$ 653.89	\$ -	
27893		Decompression of leg	A	0	090	Y	Y					\$ 689.74	\$ -	
27894		Decompression of leg	A	0	090	Y	Y	Y				\$ 1,027.64	\$ -	
27899		Leg/ankle surgery procedure	C	0	YYY	Y	Y			Y		\$ -	\$ -	
28001		Drainage of bursa of foot	A	0	010	Y						\$ 176.44	\$ 262.74	
28002		Treatment of foot infection	A	0	010	Y						\$ 356.70	\$ 459.71	
28003		Treatment of foot infection	A	0	090	Y						\$ 613.18	\$ 728.71	
28005		Treat foot bone lesion	A	0	090	Y						\$ 630.23	\$ -	
28008		Incision of foot fascia	A	0	090	Y	Y					\$ 306.59	\$ 420.04	
28010		Incision of toe tendon	A	0	090	Y						\$ 215.41	\$ 233.51	
28011		Incision of toe tendons	A	0	090	Y						\$ 312.85	\$ 341.04	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
28020		Exploration of foot joint	A	0	090	Y						\$ 383.84	\$ 525.83	
28022		Exploration of foot joint	A	0	090	Y						\$ 338.26	\$ 469.10	
28024		Exploration of toe joint	A	0	090	Y						\$ 313.90	\$ 438.48	
28035		Decompression of tibia nerve	A	0	090	Y						\$ 383.50	\$ 523.39	
28039		Exc foot/toe tum sc 1.5 cm/>	A	0	090	Y	Y	Y				\$ 376.88	\$ 522.00	
28041		Exc foot/toe tum dep 1.5cm/>	A	0	090	Y	Y					\$ 497.64	\$ -	
28043		Exc foot/toe tum sc < 1.5 cm	A	0	090	Y	Y					\$ 277.01	\$ 381.06	
28045		Exc foot/toe tum deep <1.5cm	A	0	090	Y	Y					\$ 372.36	\$ 498.68	
28046		Resect foot/toe tumor < 3 cm	A	0	090	Y	Y					\$ 831.02	\$ -	
28047		Resect foot/toe tumor 3 cm/>	A	0	090	Y	Y	Y				\$ 1,073.58	\$ -	
28050		Biopsy of foot joint lining	A	0	090	Y	Y					\$ 312.16	\$ 444.74	
28052		Biopsy of foot joint lining	A	0	090	Y	Y					\$ 298.93	\$ 425.60	
28054		Biopsy of toe joint lining	A	0	090	Y	Y					\$ 242.90	\$ 358.79	
28055		Neurectomy foot	A	0	090	Y						\$ 394.98	\$ -	
28060		Partial removal foot fascia	A	0	090	Y	Y					\$ 372.01	\$ 502.51	
28062		Removal of foot fascia	A	0	090	Y						\$ 428.39	\$ 575.59	
28070		Removal of foot joint lining	A	0	090	Y						\$ 372.71	\$ 515.74	
28072		Removal of foot joint lining	A	0	090	Y						\$ 366.10	\$ 512.26	
28080		Removal of foot lesion	A	0	090	Y						\$ 371.66	\$ 499.38	
28086		Excise foot tendon sheath	A	0	090	Y	Y	Y				\$ 389.76	\$ 542.88	
28088		Excise foot tendon sheath	A	0	090	Y	Y					\$ 318.07	\$ 461.80	
28090		Removal of foot lesion	A	0	090	Y	Y					\$ 323.99	\$ 456.23	
28092		Removal of toe lesions	A	0	090	Y						\$ 280.49	\$ 407.51	
28100		Removal of ankle/heel lesion	A	0	090	Y	Y	Y				\$ 437.44	\$ 596.12	
28102		Remove/graft foot lesion	A	0	090	Y	Y	Y				\$ 491.03	\$ -	
28103		Remove/graft foot lesion	A	0	090	Y	Y	Y				\$ 413.42	\$ -	
28104		Removal of foot lesion	A	0	090	Y		Y				\$ 365.05	\$ 503.56	
28106		Remove/graft foot lesion	A	0	090	Y		Y				\$ 450.66	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
28107		Remove/graft foot lesion	A	0	090	Y		Y				\$ 363.31	\$ 503.90	
28108		Removal of toe lesions	A	0	090	Y						\$ 295.10	\$ 417.25	
28110		Part removal of metatarsal	A	0	090	Y	Y					\$ 300.32	\$ 443.35	
28111		Part removal of metatarsal	A	0	090	Y	Y					\$ 358.79	\$ 502.51	
28112		Part removal of metatarsal	A	0	090	Y	Y					\$ 334.08	\$ 479.89	
28113		Part removal of metatarsal	A	0	090	Y	Y					\$ 444.74	\$ 582.20	
28114		Removal of metatarsal heads	A	0	090	Y	Y	Y				\$ 909.32	\$ 1,105.60	
28116		Revision of foot	A	0	090	Y	Y					\$ 610.39	\$ 763.16	
28118		Removal of heel bone	A	0	090	Y	Y	Y				\$ 443.00	\$ 590.21	
28119		Removal of heel spur	A	0	090	Y	Y					\$ 377.93	\$ 513.30	
28120		Part removal of ankle/heel	A	0	090	Y	Y					\$ 536.96	\$ 687.30	
28122		Partial removal of foot bone	A	0	090	Y	Y	Y				\$ 473.28	\$ 605.17	
28124		Partial removal of toe	A	0	090	Y	Y					\$ 339.30	\$ 459.01	
28126		Partial removal of toe	A	0	090	Y						\$ 258.22	\$ 378.28	
28130		Removal of ankle bone	A	0	090	Y	Y	Y				\$ 766.64	\$ -	
28140		Removal of metatarsal	A	0	090	Y						\$ 490.68	\$ 624.66	
28150		Removal of toe	A	0	090	Y						\$ 297.19	\$ 418.99	
28153		Partial removal of toe	A	0	090	Y						\$ 274.57	\$ 396.72	
28160		Partial removal of toe	A	0	090	Y						\$ 281.53	\$ 405.77	
28171		Resect tarsal tumor	A	0	090	Y		Y				\$ 897.84	\$ -	
28173		Resect metatarsal tumor	A	0	090	Y						\$ 850.16	\$ -	
28175		Resect phalanx of toe tumor	A	0	090	Y						\$ 517.13	\$ -	
28190		Removal of foot foreign body	A	0	010	Y	Y					\$ 140.24	\$ 240.82	
28192		Removal of foot foreign body	A	0	090	Y	Y					\$ 333.04	\$ 462.84	
28193		Removal of foot foreign body	A	0	090	Y	Y					\$ 392.54	\$ 527.57	
28200		Repair of foot tendon	A	0	090	Y						\$ 329.21	\$ 463.88	
28202		Repair/graft of foot tendon	A	0	090	Y		Y				\$ 447.88	\$ 587.08	
28208		Repair of foot tendon	A	0	090	Y						\$ 323.99	\$ 454.14	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
28210		Repair/graft of foot tendon	A	0	090	Y		Y				\$ 431.17	\$ 565.50	
28220		Release of foot tendon	A	0	090	Y						\$ 313.55	\$ 433.96	
28222		Release of foot tendons	A	0	090	Y						\$ 368.88	\$ 497.29	
28225		Release of foot tendon	A	0	090	Y						\$ 266.92	\$ 389.41	
28226		Release of foot tendons	A	0	090	Y						\$ 315.64	\$ 448.22	
28230		Incision of foot tendon(s)	A	0	090	Y						\$ 294.76	\$ 416.56	
28232		Incision of toe tendon	A	0	090	Y						\$ 256.13	\$ 375.49	
28234		Incision of foot tendon	A	0	090	Y						\$ 272.83	\$ 392.89	
28238		Revision of foot tendon	A	0	090	Y	Y	Y				\$ 530.35	\$ 684.52	
28240		Release of big toe	A	0	090	Y	Y					\$ 306.24	\$ 428.74	
28250		Revision of foot fascia	A	0	090	Y	Y	Y				\$ 433.26	\$ 573.16	
28260		Release of midfoot joint	A	0	090	Y	Y	Y				\$ 568.63	\$ 715.49	
28261		Revision of foot tendon	A	0	090	Y	Y					\$ 825.80	\$ 990.76	
28262		Revision of foot and ankle	A	0	090	Y	Y	Y				\$ 1,325.88	\$ 1,556.95	
28264		Release of midfoot joint	A	0	090	Y	Y	Y				\$ 725.93	\$ 914.20	
28270		Release of foot contracture	A	0	090	Y	Y					\$ 350.44	\$ 479.20	
28272		Release of toe joint each	A	0	090	Y	Y					\$ 260.65	\$ 374.80	
28280		Fusion of toes	A	0	090	Y	Y					\$ 381.06	\$ 522.00	
28285		Repair of hammertoe	A	0	090	Y	Y					\$ 385.93	\$ 513.65	
28286		Repair of hammertoe	A	0	090	Y						\$ 311.11	\$ 437.09	
28288		Partial removal of foot bone	A	0	090	Y						\$ 452.75	\$ 596.12	
28289		Repair hallux rigidus	A	0	090	Y	Y	Y				\$ 592.99	\$ 746.81	
28290		Correction of bunion	A	0	090	Y	Y					\$ 424.21	\$ 582.20	
28292		Correction of bunion	A	0	090	Y	Y	Y				\$ 626.40	\$ 780.91	
28293		Correction of bunion	A	0	090	Y	Y	Y				\$ 736.02	\$ 1,011.29	
28294		Correction of bunion	A	0	090	Y	Y	Y				\$ 573.50	\$ 749.59	
28296		Correction of bunion	A	0	090	Y	Y	Y				\$ 548.10	\$ 707.83	
28297		Correction of bunion	A	0	090	Y	Y	Y				\$ 647.28	\$ 839.03	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
28298		Correction of bunion	A	0	090	Y	Y	Y				\$ 540.79	\$ 716.88	
28299		Correction of bunion	A	0	090	Y	Y	Y				\$ 726.28	\$ 906.54	
28300		Incision of heel bone	A	0	090	Y	Y	Y				\$ 744.37	\$ -	
28302		Incision of ankle bone	A	0	090	Y	Y	Y				\$ 809.10	\$ -	
28304		Incision of midfoot bones	A	0	090	Y	Y	Y				\$ 653.54	\$ 828.94	
28305		Incise/graft midfoot bones	A	0	090	Y	Y	Y				\$ 668.16	\$ -	
28306		Incision of metatarsal	A	0	090	Y	Y	Y				\$ 445.09	\$ 619.44	
28307		Incision of metatarsal	A	0	090	Y	Y					\$ 535.22	\$ 733.93	
28308		Incision of metatarsal	A	0	090	Y	Y	Y				\$ 395.68	\$ 549.84	
28309		Incision of metatarsals	A	0	090	Y	Y					\$ 1,000.15	\$ -	
28310		Revision of big toe	A	0	090	Y						\$ 372.36	\$ 525.48	
28312		Revision of toe	A	0	090	Y						\$ 336.17	\$ 491.72	
28313		Repair deformity of toe	A	0	090	Y						\$ 388.37	\$ 522.70	
28315		Removal of sesamoid bone	A	0	090	Y	Y					\$ 340.69	\$ 468.06	
28320		Repair of foot bones	A	0	090	Y		Y				\$ 687.65	\$ -	
28322		Repair of metatarsals	A	0	090	Y		Y				\$ 644.15	\$ 817.45	
28340		Resect enlarged toe tissue	A	0	090	Y						\$ 433.61	\$ 571.42	
28341		Resect enlarged toe	A	0	090	Y						\$ 518.52	\$ 667.12	
28344		Repair extra toe(s)	A	0	090	Y						\$ 316.33	\$ 459.71	
28345		Repair webbed toe(s)	A	0	090	Y						\$ 382.45	\$ 514.00	
28360		Reconstruct cleft foot	A	0	090	Y		Y				\$ 1,251.41	\$ -	
28400		Treatment of heel fracture	A	0	090	Y	Y					\$ 234.20	\$ 251.95	
28405		Treatment of heel fracture	A	0	090	Y	Y					\$ 374.10	\$ 402.29	
28406		Treatment of heel fracture	A	0	090	Y	Y					\$ 581.16	\$ -	
28415		Treat heel fracture	A	0	090	Y	Y	Y				\$ 1,268.46	\$ -	
28420		Treat/graft heel fracture	A	0	090	Y	Y	Y				\$ 1,434.80	\$ -	
28430		Treatment of ankle fracture	A	0	090	Y	Y					\$ 216.11	\$ 238.38	
28435		Treatment of ankle fracture	A	0	090	Y	Y					\$ 296.50	\$ 318.42	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
28436		Treatment of ankle fracture	A	0	090	Y	Y					\$ 484.42	\$ -	
28445		Treat ankle fracture	A	0	090	Y	Y	Y				\$ 1,223.57	\$ -	
28446		Osteochondral talus autograft	A	0	090	Y	Y	Y				\$ 1,417.06	\$ -	
28450		Treat midfoot fracture each	A	0	090	Y						\$ 197.66	\$ 217.85	
28455		Treat midfoot fracture each	A	0	090	Y						\$ 274.22	\$ 297.19	
28456		Treat midfoot fracture	A	0	090	Y						\$ 324.34	\$ -	
28465		Treat midfoot fracture each	A	0	090	Y						\$ 675.47	\$ -	
28470		Treat metatarsal fracture	A	0	090	Y						\$ 199.06	\$ 217.15	
28475		Treat metatarsal fracture	A	0	090	Y						\$ 242.21	\$ 265.18	
28476		Treat metatarsal fracture	A	0	090	Y						\$ 357.05	\$ -	
28485		Treat metatarsal fracture	A	0	090	Y						\$ 564.11	\$ -	
28490		Treat big toe fracture	A	0	090	Y						\$ 123.89	\$ 140.59	
28495		Treat big toe fracture	A	0	090	Y						\$ 152.42	\$ 175.04	
28496		Treat big toe fracture	A	0	090	Y						\$ 235.94	\$ 405.77	
28505		Treat big toe fracture	A	0	090	Y						\$ 536.96	\$ 679.64	
28510		Treatment of toe fracture	A	0	090	Y						\$ 117.62	\$ 120.06	
28515		Treatment of toe fracture	A	0	090	Y						\$ 142.33	\$ 156.95	
28525		Treat toe fracture	A	0	090	Y						\$ 427.00	\$ 571.76	
28530		Treat sesamoid bone fracture	A	0	090	Y						\$ 100.22	\$ 110.66	
28531		Treat sesamoid bone fracture	A	0	090	Y			Y			\$ 218.54	\$ 358.09	
28540		Treat foot dislocation	A	0	090	Y						\$ 184.44	\$ 200.10	
28545		Treat foot dislocation	A	0	090	Y						\$ 270.05	\$ 296.15	
28546		Treat foot dislocation	A	0	090	Y						\$ 354.61	\$ 545.32	
28555		Repair foot dislocation	A	0	090	Y		Y				\$ 755.51	\$ 935.77	
28570		Treat foot dislocation	A	0	090	Y						\$ 137.46	\$ 156.25	
28575		Treat foot dislocation	A	0	090	Y						\$ 349.74	\$ 376.88	
28576		Treat foot dislocation	A	0	090	Y						\$ 426.65	\$ -	
28585		Repair foot dislocation	A	0	090	Y		Y				\$ 789.96	\$ 945.86	

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HCPCS	MOD	DESCRIPTION	STATUS CODE	PCTC IND	GLOB DAYS	MULT PROC	BILAT SURG	ASST SURG	CO- SURG	TEAM SURG	ENDO BASE	CY 2012	CY 2012	CY2012
												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
28600		Treat foot dislocation	A	0	090	Y						\$ 192.44	\$ 216.80	
28605		Treat foot dislocation	A	0	090	Y						\$ 302.76	\$ 327.82	
28606		Treat foot dislocation	A	0	090	Y						\$ 429.43	\$ -	
28615		Repair foot dislocation	A	0	090	Y		Y				\$ 876.26	\$ -	
28630		Treat toe dislocation	A	0	010	Y						\$ 120.76	\$ 157.99	
28635		Treat toe dislocation	A	0	010	Y						\$ 143.38	\$ 180.26	
28636		Treat toe dislocation	A	0	010	Y			Y			\$ 213.67	\$ 300.32	
28645		Repair toe dislocation	A	0	090	Y						\$ 511.21	\$ 651.80	
28660		Treat toe dislocation	A	0	010	Y						\$ 98.14	\$ 119.71	
28665		Treat toe dislocation	A	0	010	Y						\$ 141.98	\$ 160.08	
28666		Treat toe dislocation	A	0	010	Y			Y			\$ 219.24	\$ -	
28675		Repair of toe dislocation	A	0	090	Y						\$ 439.52	\$ 586.38	
28705		Fusion of foot bones	A	0	090	Y		Y				\$ 1,487.00	\$ -	
28715		Fusion of foot bones	A	0	090	Y		Y				\$ 1,055.83	\$ -	
28725		Fusion of foot bones	A	0	090	Y		Y				\$ 827.89	\$ -	
28730		Fusion of foot bones	A	0	090	Y		Y				\$ 832.07	\$ -	
28735		Fusion of foot bones	A	0	090	Y		Y				\$ 883.57	\$ -	
28737		Revision of foot bones	A	0	090	Y		Y				\$ 741.59	\$ -	
28740		Fusion of foot bones	A	0	090	Y		Y				\$ 694.96	\$ 884.62	
28750		Fusion of big toe joint	A	0	090	Y	Y					\$ 662.94	\$ 854.69	
28755		Fusion of big toe joint	A	0	090	Y	Y					\$ 347.65	\$ 494.16	
28760		Fusion of big toe joint	A	0	090	Y	Y	Y				\$ 622.92	\$ 797.27	
28800		Amputation of midfoot	A	0	090	Y	Y	Y				\$ 626.40	\$ -	
28805		Amputation thru metatarsal	A	0	090	Y	Y					\$ 886.36	\$ -	
28810		Amputation toe & metatarsal	A	0	090	Y						\$ 510.52	\$ -	
28820		Amputation of toe	A	0	090	Y						\$ 438.48	\$ 585.68	
28825		Partial amputation of toe	A	0	090	Y						\$ 410.64	\$ 556.45	
28890		High energy eswt plantar f	A	0	090	Y	Y					\$ 237.68	\$ 331.64	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
28899		Foot/toes surgery procedure	C	0	YYY	Y				Y		\$ -	\$ -	
29000		Application of body cast	A	0	000	Y						\$ 173.65	\$ 295.10	
29010		Application of body cast	A	0	000	Y						\$ 163.21	\$ 227.24	
29015		Application of body cast	A	0	000	Y						\$ 195.23	\$ 282.58	
29020		Application of body cast	A	0	000	Y						\$ 133.28	\$ 201.84	
29025		Application of body cast	A	0	000	Y						\$ 205.32	\$ 293.02	
29035		Application of body cast	A	0	000	Y						\$ 159.04	\$ 250.91	
29040		Application of body cast	A	0	000	Y						\$ 173.65	\$ 238.03	
29044		Application of body cast	A	0	000	Y						\$ 186.53	\$ 282.58	
29046		Application of body cast	A	0	000	Y						\$ 205.67	\$ 294.41	
29049		Application of figure eight	A	0	000	Y						\$ 77.26	\$ 100.92	
29055		Application of shoulder cast	A	0	000	Y						\$ 155.21	\$ 223.07	
29058		Application of shoulder cast	A	0	000	Y						\$ 92.92	\$ 108.58	
29065		Application of long arm cast	A	0	000	Y	Y					\$ 75.86	\$ 98.83	
29075		Application of forearm cast	A	0	000	Y	Y					\$ 68.56	\$ 91.52	
29085		Apply hand/wrist cast	A	0	000	Y	Y					\$ 72.73	\$ 96.05	
29086		Apply finger cast	A	0	000	Y	Y					\$ 52.90	\$ 74.82	
29105		Apply long arm splint	A	0	000	Y	Y					\$ 66.47	\$ 89.78	
29125		Apply forearm splint	A	0	000	Y	Y					\$ 42.46	\$ 63.34	
29126		Apply forearm splint	A	0	000	Y	Y					\$ 52.90	\$ 76.56	
29130		Application of finger splint	A	0	000	Y	Y					\$ 32.36	\$ 42.46	
29131		Application of finger splint	A	0	000	Y	Y					\$ 37.93	\$ 53.24	
29200		Strapping of chest	A	0	000	Y						\$ 40.37	\$ 51.50	
29240		Strapping of shoulder	A	0	000	Y						\$ 43.85	\$ 55.33	
29260		Strapping of elbow or wrist	A	0	000	Y	Y					\$ 38.28	\$ 50.46	
29280		Strapping of hand or finger	A	0	000	Y	Y					\$ 36.19	\$ 48.02	
29305		Application of hip cast	A	0	000	Y						\$ 177.48	\$ 248.82	
29325		Application of hip casts	A	0	000	Y						\$ 200.80	\$ 277.70	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
29345		Application of long leg cast	A	0	000	Y	Y					\$ 115.88	\$ 144.77	
29355		Application of long leg cast	A	0	000	Y	Y					\$ 123.54	\$ 151.73	
29358		Apply long leg cast brace	A	0	000	Y	Y					\$ 119.71	\$ 165.65	
29365		Application of long leg cast	A	0	000	Y	Y					\$ 100.22	\$ 128.76	
29405		Apply short leg cast	A	0	000	Y	Y					\$ 64.03	\$ 82.82	
29425		Apply short leg cast	A	0	000	Y	Y					\$ 61.25	\$ 79.69	
29435		Apply short leg cast	A	0	000	Y	Y					\$ 98.14	\$ 126.32	
29440		Addition of walker to cast	A	0	000	Y	Y					\$ 40.02	\$ 57.42	
29445		Apply rigid leg cast	A	0	000	Y	Y					\$ 119.36	\$ 145.12	
29450		Application of leg cast	A	0	000	Y	Y					\$ 125.98	\$ 151.03	
29505		Application long leg splint	A	0	000	Y	Y					\$ 53.94	\$ 80.39	
29515		Application lower leg splint	A	0	000	Y	Y					\$ 53.94	\$ 71.69	
29520		Strapping of hip	A	0	000	Y						\$ 36.19	\$ 47.33	
29530		Strapping of knee	A	0	000	Y						\$ 38.63	\$ 50.46	
29540		Strapping of ankle and/or ft	A	0	000	Y						\$ 26.45	\$ 35.15	
29550		Strapping of toes	A	0	000	Y						\$ 18.79	\$ 27.84	
29580		Application of paste boot	A	0	000	Y	Y					\$ 38.98	\$ 52.90	
29581		Apply multilay comprs lwr leg	A	0	000	Y	Y					\$ 12.88	\$ 53.94	
29582		Apply multilay comprs upr leg	A	0	000	Y	Y					\$ 15.31	\$ 61.60	
29583		Apply multilay comprs upr arm	A	0	000	Y	Y					\$ 11.48	\$ 38.63	
29584		Appl multilay comprs arm/hand	A	0	000	Y	Y					\$ 15.31	\$ 61.60	
29590		Application of foot splint	A	0	000	Y						\$ 40.02	\$ 52.20	
29700		Removal/revision of cast	A	0	000	Y						\$ 40.37	\$ 66.82	
29705		Removal/revision of cast	A	0	000	Y	Y					\$ 53.59	\$ 69.95	
29710		Removal/revision of cast	A	0	000	Y	Y					\$ 96.40	\$ 121.45	
29715		Removal/revision of cast	A	0	000	Y						\$ 61.25	\$ 88.39	
29720		Repair of body cast	A	0	000	Y						\$ 50.46	\$ 83.17	
29730		Windowing of cast	A	0	000	Y						\$ 51.16	\$ 67.86	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
29740		Wedging of cast	A	0	000	Y						\$ 75.86	\$ 97.79	
29750		Wedging of clubfoot cast	A	0	000	Y	Y					\$ 93.96	\$ 115.54	
29799		Casting/strapping procedure	C	0	YYY	Y				Y		\$ -	\$ -	
29800		Jaw arthroscopy/surgery	A	0	090	Y	Y					\$ 584.64	\$ -	
29804		Jaw arthroscopy/surgery	A	0	090	Y	Y	Y				\$ 742.28	\$ -	
29805		Shoulder arthroscopy dx	A	0	090	Y	Y					\$ 529.31	\$ -	
29806		Shoulder arthroscopy/surgery	A	0	090	Y	Y				29805	\$ 1,229.83	\$ -	
29807		Shoulder arthroscopy/surgery	A	0	090	Y	Y				29805	\$ 1,194.34	\$ -	
29819		Shoulder arthroscopy/surgery	A	0	090	Y	Y				29805	\$ 664.68	\$ -	
29820		Shoulder arthroscopy/surgery	A	0	090	Y	Y	Y			29805	\$ 612.48	\$ -	
29821		Shoulder arthroscopy/surgery	A	0	090	Y	Y	Y			29805	\$ 672.68	\$ -	
29822		Shoulder arthroscopy/surgery	A	0	090	Y	Y	Y			29805	\$ 653.20	\$ -	
29823		Shoulder arthroscopy/surgery	A	0	090	Y	Y	Y			29805	\$ 713.05	\$ -	
29824		Shoulder arthroscopy/surgery	A	0	090	Y	Y	Y			29805	\$ 769.43	\$ -	
29825		Shoulder arthroscopy/surgery	A	0	090	Y	Y	Y			29805	\$ 664.68	\$ -	
29826		Shoulder arthroscopy/surgery	A	0	ZZZ		Y	Y				\$ 216.11	\$ -	
29827		Arthroscop rotator cuff repr	A	0	090	Y	Y	Y			29805	\$ 1,254.54	\$ -	
29828		Arthroscopy biceps tenodesis	A	0	090	Y	Y	Y			29805	\$ 1,068.01	\$ -	
29830		Elbow arthroscopy	A	0	090	Y	Y					\$ 512.95	\$ -	
29834		Elbow arthroscopy/surgery	A	0	090	Y	Y	Y			29830	\$ 552.97	\$ -	
29835		Elbow arthroscopy/surgery	A	0	090	Y	Y	Y			29830	\$ 571.07	\$ -	
29836		Elbow arthroscopy/surgery	A	0	090	Y	Y	Y			29830	\$ 661.55	\$ -	
29837		Elbow arthroscopy/surgery	A	0	090	Y	Y	Y			29830	\$ 599.60	\$ -	
29838		Elbow arthroscopy/surgery	A	0	090	Y	Y				29830	\$ 667.81	\$ -	
29840		Wrist arthroscopy	A	0	090	Y	Y					\$ 509.12	\$ -	
29843		Wrist arthroscopy/surgery	A	0	090	Y	Y	Y			29840	\$ 542.18	\$ -	
29844		Wrist arthroscopy/surgery	A	0	090	Y	Y	Y			29840	\$ 555.76	\$ -	
29845		Wrist arthroscopy/surgery	A	0	090	Y	Y	Y			29840	\$ 642.41	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
29846		Wrist arthroscopy/surgery	A	0	090	Y	Y				29840	\$ 580.12	\$ -	
29847		Wrist arthroscopy/surgery	A	0	090	Y	Y	Y			29840	\$ 615.96	\$ -	
29848		Wrist endoscopy/surgery	A	0	090	Y	Y					\$ 562.72	\$ -	
29850		Knee arthroscopy/surgery	A	0	090	Y	Y		Y			\$ 651.46	\$ -	
29851		Knee arthroscopy/surgery	A	0	090	Y	Y	Y	Y			\$ 1,077.06	\$ -	
29855		Tibial arthroscopy/surgery	A	0	090	Y	Y	Y	Y			\$ 900.28	\$ -	
29856		Tibial arthroscopy/surgery	A	0	090	Y	Y	Y	Y			\$ 1,156.75	\$ -	
29860		Hip arthroscopy dx	A	0	090	Y	Y	Y				\$ 758.29	\$ -	
29861		Hip arthro w/fb removal	A	0	090	Y	Y	Y			29860	\$ 832.42	\$ -	
29862		Hip arthro w/debridement	A	0	090	Y	Y	Y			29860	\$ 934.38	\$ -	
29863		Hip arthro w/synovectomy	A	0	090	Y	Y	Y			29860	\$ 935.42	\$ -	
29866		Autgrft implnt knee w/scope	A	0	090	Y	Y					\$ 1,208.95	\$ -	
29867		Allgrft implnt knee w/scope	A	0	090	Y	Y					\$ 1,480.39	\$ -	
29868		Meniscal trnspl knee w/scpe	A	0	090	Y	Y					\$ 1,964.46	\$ -	
29870		Knee arthroscopy dx	A	0	090	Y	Y					\$ 461.10	\$ 613.18	
29871		Knee arthroscopy/drainage	A	0	090	Y	Y				29870	\$ 579.42	\$ -	
29873		Knee arthroscopy/surgery	A	0	090	Y	Y				29870	\$ 576.98	\$ -	
29874		Knee arthroscopy/surgery	A	0	090	Y	Y				29870	\$ 610.74	\$ -	
29875		Knee arthroscopy/surgery	A	0	090	Y	Y				29870	\$ 559.93	\$ -	
29876		Knee arthroscopy/surgery	A	0	090	Y	Y				29870	\$ 747.85	\$ -	
29877		Knee arthroscopy/surgery	A	0	090	Y	Y				29870	\$ 706.44	\$ -	
29879		Knee arthroscopy/surgery	A	0	090	Y	Y				29870	\$ 756.90	\$ -	
29880		Knee arthroscopy/surgery	A	0	090	Y	Y				29870	\$ 645.89	\$ -	
29881		Knee arthroscopy/surgery	A	0	090	Y	Y				29870	\$ 617.35	\$ -	
29882		Knee arthroscopy/surgery	A	0	090	Y	Y				29870	\$ 800.40	\$ -	
29883		Knee arthroscopy/surgery	A	0	090	Y	Y				29870	\$ 967.79	\$ -	
29884		Knee arthroscopy/surgery	A	0	090	Y	Y	Y			29870	\$ 705.05	\$ -	
29885		Knee arthroscopy/surgery	A	0	090	Y	Y	Y			29870	\$ 856.43	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
29886		Knee arthroscopy/surgery	A	0	090	Y	Y				29870	\$ 720.71	\$ -	
29887		Knee arthroscopy/surgery	A	0	090	Y	Y	Y			29870	\$ 852.60	\$ -	
29888		Knee arthroscopy/surgery	A	0	090	Y	Y	Y				\$ 1,149.10	\$ -	
29889		Knee arthroscopy/surgery	A	0	090	Y	Y	Y				\$ 1,404.88	\$ -	
29891		Ankle arthroscopy/surgery	A	0	090	Y	Y	Y				\$ 771.17	\$ -	
29892		Ankle arthroscopy/surgery	A	0	090	Y	Y	Y				\$ 764.21	\$ -	
29893		Scope plantar fasciotomy	A	0	090	Y	Y					\$ 433.61	\$ 584.64	
29894		Ankle arthroscopy/surgery	A	0	090	Y	Y	Y				\$ 575.24	\$ -	
29895		Ankle arthroscopy/surgery	A	0	090	Y	Y	Y				\$ 545.32	\$ -	
29897		Ankle arthroscopy/surgery	A	0	090	Y	Y	Y				\$ 579.77	\$ -	
29898		Ankle arthroscopy/surgery	A	0	090	Y	Y	Y				\$ 636.14	\$ -	
29899		Ankle arthroscopy/surgery	A	0	090	Y	Y	Y				\$ 1,204.78	\$ -	
29900		Mcp joint arthroscopy dx	A	0	090	Y	Y					\$ 460.06	\$ -	
29901		Mcp joint arthroscopy surg	A	0	090	Y	Y					\$ 595.78	\$ -	
29902		Mcp joint arthroscopy surg	A	0	090	Y	Y					\$ 762.82	\$ -	
29904		Subtalar arthro w/fb rmvl	A	0	090	Y	Y	Y				\$ 723.49	\$ -	
29905		Subtalar arthro w/exc	A	0	090	Y	Y	Y				\$ 780.22	\$ -	
29906		Subtalar arthro w/deb	A	0	090	Y	Y	Y				\$ 819.89	\$ -	
29907		Subtalar arthro w/fusion	A	0	090	Y	Y	Y				\$ 1,003.28	\$ -	
29914		Hip arthro w/femorooplasty	A	0	090	Y	Y	Y			29860	\$ 1,187.72	\$ -	
29915		Hip arthro acetabuloplasty	A	0	090	Y	Y	Y			29860	\$ 1,208.26	\$ -	
29916		Hip arthro w/labral repair	A	0	090	Y	Y	Y			29860	\$ 1,208.26	\$ -	
29999		Arthroscopy of joint	C	0	YYY	Y	Y			Y		\$ -	\$ -	
30000		Drainage of nose lesion	A	0	010	Y						\$ 128.76	\$ 226.90	
30020		Drainage of nose lesion	A	0	010	Y						\$ 127.02	\$ 224.81	
3006F		Cxr doc rev	M	9	XXX							\$ -	\$ -	
3008F		Body mass index docd	M	9	XXX							\$ -	\$ -	
30100		Intranasal biopsy	A	0	000	Y						\$ 73.43	\$ 136.76	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
30110		Removal of nose polyp(s)	A	0	010	Y	Y					\$ 140.24	\$ 226.90	
30115		Removal of nose polyp(s)	A	0	090	Y	Y					\$ 440.92	\$ -	
30117		Removal of intranasal lesion	A	0	090	Y						\$ 341.74	\$ 807.01	
30118		Removal of intranasal lesion	A	0	090	Y						\$ 819.54	\$ -	
3011F		Lipid panel doc rev	M	9	XXX							\$ -	\$ -	
30120		Revision of nose	A	0	090	Y						\$ 476.06	\$ 543.92	
30124		Removal of nose lesion	A	0	090	Y						\$ 294.06	\$ -	
30125		Removal of nose lesion	A	0	090	Y		Y				\$ 639.62	\$ -	
30130		Excise inferior turbinate	A	0	090	Y	Y					\$ 382.10	\$ -	
30140		Resect inferior turbinate	A	0	090	Y	Y					\$ 435.70	\$ -	
3014F		Screen mammo doc rev	M	9	XXX							\$ -	\$ -	
30150		Partial removal of nose	A	0	090	Y						\$ 833.11	\$ -	
3015F		Cerv cancer screen docd	M	9	XXX							\$ -	\$ -	
30160		Removal of nose	A	0	090	Y		Y				\$ 826.15	\$ -	
3016F		Pt scrnd unhlthy OH use	M	9	XXX							\$ -	\$ -	
3017F		Colorectal ca screen doc rev	M	9	XXX							\$ -	\$ -	
3018F		Pre-prxd rsk et al docd	M	9	XXX							\$ -	\$ -	
3019F		Lvef assess planpost dschrge	M	9	XXX							\$ -	\$ -	
30200		Injection treatment of nose	A	0	000	Y						\$ 64.03	\$ 111.01	
3020F		Lvf assess	M	9	XXX							\$ -	\$ -	
30210		Nasal sinus therapy	A	0	010	Y						\$ 103.36	\$ 147.20	
3021F		Lvef mod/sever deprs syst	M	9	XXX							\$ -	\$ -	
30220		Insert nasal septal button	A	0	010	Y						\$ 135.02	\$ 288.49	
3022F		Lvef >=40% systolic	M	9	XXX							\$ -	\$ -	
3023F		Spirom doc rev	M	9	XXX							\$ -	\$ -	
3025F		Spirom fev/fvc<70% w/copd	M	9	XXX							\$ -	\$ -	
3027F		Spirom fev/fvc>=70%/w/o copd	M	9	XXX							\$ -	\$ -	
3028F		O2 saturation doc rev	M	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
30300		Remove nasal foreign body	A	0	010	Y						\$ 125.98	\$ 217.50	
30310		Remove nasal foreign body	A	0	010	Y						\$ 210.19	\$ -	
30320		Remove nasal foreign body	A	0	090	Y						\$ 463.88	\$ -	
3035F		O2 saturation<=88% /pao<=55	M	9	XXX							\$ -	\$ -	
3037F		O2 saturation> 88% /pao>55	M	9	XXX							\$ -	\$ -	
3038F		Pulm fx w/in 12 mon b/4 surg	M	9	XXX							\$ -	\$ -	
30400		Reconstruction of nose	R	0	090	Y						\$ 1,047.83	\$ -	
3040F		Fev<40% predicted value	M	9	XXX							\$ -	\$ -	
30410		Reconstruction of nose	R	0	090	Y		Y				\$ 1,326.58	\$ -	
30420		Reconstruction of nose	R	0	090	Y						\$ 1,466.82	\$ -	
3042F		Fev>=40% predicted value	M	9	XXX							\$ -	\$ -	
30430		Revision of nose	R	0	090	Y		Y				\$ 983.45	\$ -	
30435		Revision of nose	R	0	090	Y		Y				\$ 1,176.59	\$ -	
3044F		Hg a1c level lt 7.0%	M	9	XXX							\$ -	\$ -	
30450		Revision of nose	R	0	090	Y		Y				\$ 1,611.94	\$ -	
3045F		Hg a1c level 7.0-9.0%	M	9	XXX							\$ -	\$ -	
30460		Revision of nose	A	0	090	Y		Y	Y			\$ 873.13	\$ -	
30462		Revision of nose	A	0	090	Y		Y	Y			\$ 1,789.42	\$ -	
30465		Repair nasal stenosis	A	0	090	Y						\$ 1,053.40	\$ -	
3046F		Hemoglobin a1c level > 9.0%	M	9	XXX							\$ -	\$ -	
3048F		Ldl-c <100 mg/dl	M	9	XXX							\$ -	\$ -	
3049F		Ldl-c 100-129 mg/dl	M	9	XXX							\$ -	\$ -	
3050F		Ldl-c >= 130 mg/dl	M	9	XXX							\$ -	\$ -	
30520		Repair of nasal septum	A	0	090	Y						\$ 645.89	\$ -	
30540		Repair nasal defect	A	0	090	Y		Y				\$ 714.44	\$ -	
30545		Repair nasal defect	A	0	090	Y		Y				\$ 917.33	\$ -	
3055F		Lvef less than/equal to 35%	M	9	XXX							\$ -	\$ -	
30560		Release of nasal adhesions	A	0	010	Y						\$ 141.98	\$ 257.87	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
3056F		Lvef greater than 35%	M	9	XXX							\$ -	\$ -	
30580		Repair upper jaw fistula	A	0	090	Y						\$ 532.44	\$ 649.72	
30600		Repair mouth/nose fistula	A	0	090	Y						\$ 465.97	\$ 590.56	
3060F		Pos microalbuminuria rev	M	9	XXX							\$ -	\$ -	
3061F		Neg microalbuminuria rev	M	9	XXX							\$ -	\$ -	
30620		Intranasal reconstruction	A	0	090	Y						\$ 642.41	\$ -	
3062F		Pos macroalbuminuria rev	M	9	XXX							\$ -	\$ -	
30630		Repair nasal septum defect	A	0	090	Y						\$ 658.07	\$ -	
3066F		Nephropathy doc tx	M	9	XXX							\$ -	\$ -	
3072F		Low risk for retinopathy	M	9	XXX							\$ -	\$ -	
3073F		Pre-surg eye measures docd	M	9	XXX							\$ -	\$ -	
3074F		Syst bp lt 130 mm hg	M	9	XXX							\$ -	\$ -	
3075F		Syst bp ge 130 - 139mm hg	M	9	XXX							\$ -	\$ -	
3077F		Syst bp >= 140 mm hg	M	9	XXX							\$ -	\$ -	
3078F		Diast bp < 80 mm hg	M	9	XXX							\$ -	\$ -	
3079F		Diast bp 80-89 mm hg	M	9	XXX							\$ -	\$ -	
30801		Ablate inf turbinate superf	A	0	010	Y						\$ 135.37	\$ 216.11	
30802		Ablate inf turbinate submuc	A	0	010	Y						\$ 196.97	\$ 285.36	
3080F		Diast bp >= 90 mm hg	M	9	XXX							\$ -	\$ -	
3082F		Kt/v <1.2	M	9	XXX							\$ -	\$ -	
3083F		Kt/v > 1.2 <1.7	M	9	XXX							\$ -	\$ -	
3084F		Kt/v ge 1.7	M	9	XXX							\$ -	\$ -	
3085F		Suicide risk assessed	M	9	XXX							\$ -	\$ -	
3088F		Mdd mild	M	9	XXX							\$ -	\$ -	
3089F		Mdd moderate	M	9	XXX							\$ -	\$ -	
30901		Control of nosebleed	A	0	000	Y	Y					\$ 67.51	\$ 101.62	
30903		Control of nosebleed	A	0	000	Y	Y					\$ 95.70	\$ 201.84	
30905		Control of nosebleed	A	0	000	Y						\$ 122.15	\$ 252.30	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
30906		Repeat control of nosebleed	A	0	000	Y						\$ 153.47	\$ 281.88	
3090F		Mdd severe w/o psych	I	9	XXX							\$ -	\$ -	
30915		Ligation nasal sinus artery	A	0	090	Y						\$ 617.00	\$ -	
3091F		Mdd severe w/psych	M	9	XXX							\$ -	\$ -	
30920		Ligation upper jaw artery	A	0	090	Y						\$ 895.06	\$ -	
3092F		Mdd in remission	M	9	XXX							\$ -	\$ -	
30930		Ther fx nasal inf turbinate	A	0	010	Y	Y					\$ 128.41	\$ -	
3093F		Doc new diag 1st/addl mdd	M	9	XXX							\$ -	\$ -	
3095F		Central dexa results docd	M	9	XXX							\$ -	\$ -	
3096F		Central dexa ordered	M	9	XXX							\$ -	\$ -	
30999		Nasal surgery procedure	C	0	YYY	Y				Y		\$ -	\$ -	
31000		Irrigation maxillary sinus	A	0	010	Y	Y					\$ 107.53	\$ 173.30	
31002		Irrigation sphenoid sinus	A	0	010	Y	Y					\$ 204.28	\$ -	
3100F		Image test ref carot diam	M	9	XXX							\$ -	\$ -	
31020		Exploration maxillary sinus	A	0	090	Y	Y					\$ 356.70	\$ 467.02	
31030		Exploration maxillary sinus	A	0	090	Y	Y					\$ 540.10	\$ 684.52	
31032		Explore sinus remove polyps	A	0	090	Y	Y					\$ 597.86	\$ -	
31040		Exploration behind upper jaw	A	0	090	Y						\$ 818.15	\$ -	
31050		Exploration sphenoid sinus	A	0	090	Y	Y					\$ 502.51	\$ -	
31051		Sphenoid sinus surgery	A	0	090	Y	Y					\$ 667.81	\$ -	
31070		Exploration of frontal sinus	A	0	090	Y	Y					\$ 449.96	\$ -	
31075		Exploration of frontal sinus	A	0	090	Y	Y	Y				\$ 823.02	\$ -	
31080		Removal of frontal sinus	A	0	090	Y	Y	Y				\$ 1,082.28	\$ -	
31081		Removal of frontal sinus	A	0	090	Y	Y	Y				\$ 1,748.35	\$ -	
31084		Removal of frontal sinus	A	0	090	Y	Y	Y				\$ 1,232.96	\$ -	
31085		Removal of frontal sinus	A	0	090	Y	Y	Y				\$ 1,696.85	\$ -	
31086		Removal of frontal sinus	A	0	090	Y	Y	Y				\$ 1,190.51	\$ -	
31087		Removal of frontal sinus	A	0	090	Y	Y	Y				\$ 1,160.58	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
31090		Exploration of sinuses	A	0	090	Y	Y					\$ 1,056.53	\$ -	
3110F		Pres/absn hmrhg/lesion docd	M	9	XXX							\$ -	\$ -	
3111F		Ct/mri brain done w/in 24hrs	M	9	XXX							\$ -	\$ -	
3112F		Ct/mri brain done >24 hrs	M	9	XXX							\$ -	\$ -	
3115F		Quant results activity +symp	M	9	XXX							\$ -	\$ -	
3117F		Hf assessment tool completed	M	9	XXX							\$ -	\$ -	
3118F		Ny heart assoc class docd	M	9	XXX							\$ -	\$ -	
3119F		No eval activity clin symp	M	9	XXX							\$ -	\$ -	
31200		Removal of ethmoid sinus	A	0	090	Y	Y					\$ 564.11	\$ -	
31201		Removal of ethmoid sinus	A	0	090	Y	Y					\$ 773.60	\$ -	
31205		Removal of ethmoid sinus	A	0	090	Y	Y	Y				\$ 947.95	\$ -	
3120F		12-lead ecg performed	M	9	XXX							\$ -	\$ -	
31225		Removal of upper jaw	A	0	090	Y	Y	Y				\$ 2,028.49	\$ -	
31230		Removal of upper jaw	A	0	090	Y	Y	Y				\$ 2,264.78	\$ -	
31231		Nasal endoscopy dx	A	0	000	Y						\$ 81.43	\$ 182.35	
31233		Nasal/sinus endoscopy dx	A	0	000	Y	Y					\$ 153.82	\$ 266.22	
31235		Nasal/sinus endoscopy dx	A	0	000	Y	Y					\$ 180.26	\$ 301.37	
31237		Nasal/sinus endoscopy surg	A	0	000	Y	Y					\$ 203.23	\$ 328.86	
31238		Nasal/sinus endoscopy surg	A	0	000	Y	Y					\$ 220.28	\$ 340.00	
31239		Nasal/sinus endoscopy surg	A	0	010	Y	Y					\$ 733.24	\$ -	
31240		Nasal/sinus endoscopy surg	A	0	000	Y	Y					\$ 180.61	\$ -	
31254		Revision of ethmoid sinus	A	0	000	Y	Y					\$ 309.37	\$ -	
31255		Removal of ethmoid sinus	A	0	000	Y	Y					\$ 454.14	\$ -	
31256		Exploration maxillary sinus	A	0	000	Y	Y					\$ 221.68	\$ -	
3125F		Esoph bx rpt w/dyspl info	M	9	XXX							\$ -	\$ -	
31267		Endoscopy maxillary sinus	A	0	000	Y	Y					\$ 359.14	\$ -	
31276		Sinus endoscopy surgical	A	0	000	Y	Y					\$ 575.94	\$ -	
31287		Nasal/sinus endoscopy surg	A	0	000	Y	Y					\$ 262.39	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
31288		Nasal/sinus endoscopy surg	A	0	000	Y	Y					\$ 305.89	\$ -	
31290		Nasal/sinus endoscopy surg	A	0	010	Y	Y					\$ 1,313.35	\$ -	
31291		Nasal/sinus endoscopy surg	A	0	010	Y	Y					\$ 1,423.67	\$ -	
31292		Nasal/sinus endoscopy surg	A	0	010	Y	Y					\$ 1,113.25	\$ -	
31293		Nasal/sinus endoscopy surg	A	0	010	Y	Y					\$ 1,210.34	\$ -	
31294		Nasal/sinus endoscopy surg	A	0	010	Y	Y					\$ 1,392.35	\$ -	
31295		Sinus endo w/balloon dil	A	0	000	Y	Y	Y				\$ 188.62	\$ 1,873.28	
31296		Sinus endo w/balloon dil	A	0	000	Y	Y	Y				\$ 225.16	\$ 1,906.69	
31297		Sinus endo w/balloon dil	A	0	000	Y	Y					\$ 184.44	\$ 1,865.98	
31299		Sinus surgery procedure	C	0	YYY	Y				Y		\$ -	\$ -	
31300		Removal of larynx lesion	A	0	090	Y		Y				\$ 1,337.36	\$ -	
3130F		Upper gi endoscopy performed	M	9	XXX							\$ -	\$ -	
31320		Diagnostic incision larynx	A	0	090	Y						\$ 657.37	\$ -	
3132F		Doc ref upper gi endoscopy	M	9	XXX							\$ -	\$ -	
31360		Removal of larynx	A	0	090	Y		Y				\$ 2,258.52	\$ -	
31365		Removal of larynx	A	0	090	Y		Y				\$ 2,820.89	\$ -	
31367		Partial removal of larynx	A	0	090	Y		Y				\$ 2,378.58	\$ -	
31368		Partial removal of larynx	A	0	090	Y		Y				\$ 2,637.49	\$ -	
31370		Partial removal of larynx	A	0	090	Y		Y				\$ 2,214.67	\$ -	
31375		Partial removal of larynx	A	0	090	Y		Y				\$ 2,100.88	\$ -	
31380		Partial removal of larynx	A	0	090	Y		Y				\$ 2,068.51	\$ -	
31382		Partial removal of larynx	A	0	090	Y		Y				\$ 2,278.36	\$ -	
31390		Removal of larynx & pharynx	A	0	090	Y		Y				\$ 3,157.40	\$ -	
31395		Reconstruct larynx & pharynx	A	0	090	Y		Y				\$ 3,269.11	\$ -	
31400		Revision of larynx	A	0	090	Y		Y				\$ 1,047.83	\$ -	
3140F		Upper gi endo shows barrtts	M	9	XXX							\$ -	\$ -	
3141F		Upper gi endo not barrtts	M	9	XXX							\$ -	\$ -	
31420		Removal of epiglottis	A	0	090	Y		Y				\$ 900.28	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
3142F		Barium swallow test ordered	M	9	XXX							\$ -	\$ -	
31500		Insert emergency airway	A	0	000							\$ 131.20	\$ -	
31502		Change of windpipe airway	A	0	000	Y						\$ 38.63	\$ -	
31505		Diagnostic laryngoscopy	A	0	000	Y						\$ 51.16	\$ 81.08	
3150F		Forceps esoph biopsy done	M	9	XXX							\$ -	\$ -	
31510		Laryngoscopy with biopsy	A	0	000	Y					31505	\$ 136.07	\$ 215.06	
31511		Remove foreign body larynx	A	0	000	Y					31505	\$ 148.60	\$ 220.28	
31512		Removal of larynx lesion	A	0	000	Y					31505	\$ 146.16	\$ 213.67	
31513		Injection into vocal cord	A	0	000	Y					31505	\$ 147.55	\$ -	
31515		Laryngoscopy for aspiration	A	0	000	Y						\$ 124.24	\$ 210.19	
31520		Dx laryngoscopy newborn	A	0	000	Y						\$ 176.09	\$ -	
31525		Dx laryngoscopy excl nb	A	0	000	Y						\$ 179.92	\$ 260.30	
31526		Dx laryngoscopy w/oper scope	A	0	000	Y						\$ 177.13	\$ -	
31527		Laryngoscopy for treatment	A	0	000	Y					31525	\$ 219.59	\$ -	
31528		Laryngoscopy and dilation	A	0	000	Y					31525	\$ 163.56	\$ -	
31529		Laryngoscopy and dilation	A	0	000	Y					31525	\$ 182.35	\$ -	
31530		Laryngoscopy w/fb removal	A	0	000	Y					31525	\$ 225.85	\$ -	
31531		Laryngoscopy w/fb & op scope	A	0	000	Y					31526	\$ 240.12	\$ -	
31535		Laryngoscopy w/biopsy	A	0	000	Y					31525	\$ 215.06	\$ -	
31536		Laryngoscopy w/bx & op scope	A	0	000	Y					31526	\$ 239.08	\$ -	
31540		Laryngoscopy w/exc of tumor	A	0	000	Y					31525	\$ 275.62	\$ -	
31541		Larynsco w/tumr exc + scope	A	0	000	Y					31526	\$ 302.41	\$ -	
31545		Remove vc lesion w/scope	A	0	000	Y	Y				31526	\$ 413.42	\$ -	
31546		Remove vc lesion scope/graft	A	0	000	Y	Y				31526	\$ 631.27	\$ -	
3155F		Cytogen test marrow b/4 tx	M	9	XXX							\$ -	\$ -	
31560		Laryngoscopy w/arytenoidectomy	A	0	000	Y					31525	\$ 357.74	\$ -	
31561		Larynsco remve cart + scop	A	0	000	Y					31526	\$ 391.50	\$ -	
31570		Laryngoscope w/vc inj	A	0	000	Y					31525	\$ 262.39	\$ 359.48	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
31571		Laryngoscop w/vc inj + scope	A	0	000	Y					31526	\$ 283.62	\$ -	
31575		Diagnostic laryngoscopy	A	0	000	Y						\$ 81.43	\$ 114.84	
31576		Laryngoscopy with biopsy	A	0	000	Y					31575	\$ 136.76	\$ 225.16	
31577		Remove foreign body larynx	A	0	000	Y					31575	\$ 168.43	\$ 249.17	
31578		Removal of larynx lesion	A	0	000	Y					31575	\$ 191.75	\$ 287.10	
31579		Diagnostic laryngoscopy	A	0	000	Y					31575	\$ 158.69	\$ 221.33	
31580		Revision of larynx	A	0	090	Y		Y				\$ 1,284.12	\$ -	
31582		Revision of larynx	A	0	090	Y						\$ 2,008.31	\$ -	
31584		Treat larynx fracture	A	0	090	Y		Y				\$ 1,624.46	\$ -	
31587		Revision of larynx	A	0	090	Y		Y				\$ 1,100.03	\$ -	
31588		Revision of larynx	A	0	090	Y		Y				\$ 1,221.83	\$ -	
31590		Reinnervate larynx	A	0	090	Y		Y				\$ 899.93	\$ -	
31595		Larynx nerve surgery	A	0	090	Y		Y				\$ 801.44	\$ -	
31599		Larynx surgery procedure	C	0	YYY	Y				Y		\$ -	\$ -	
31600		Incision of windpipe	A	0	000	Y						\$ 484.07	\$ -	
31601		Incision of windpipe	A	0	000	Y		Y				\$ 293.71	\$ -	
31603		Incision of windpipe	A	0	000	Y						\$ 270.40	\$ -	
31605		Incision of windpipe	A	0	000	Y						\$ 226.90	\$ -	
3160F		Doc fe+ stores b/4 epo thx	M	9	XXX							\$ -	\$ -	
31610		Incision of windpipe	A	0	090	Y						\$ 772.91	\$ -	
31611		Surgery/speech prosthesis	A	0	090	Y		Y				\$ 560.98	\$ -	
31612		Puncture/clear windpipe	A	0	000	Y						\$ 54.29	\$ 84.22	
31613		Repair windpipe opening	A	0	090	Y						\$ 475.37	\$ -	
31614		Repair windpipe opening	A	0	090	Y						\$ 792.74	\$ -	
31615		Visualization of windpipe	A	0	000	Y						\$ 142.68	\$ 189.66	
31620		Endobronchial us add-on	A	0	ZZZ							\$ 74.47	\$ 256.82	
31622		Dx bronchoscope/wash	A	0	000	Y						\$ 167.74	\$ 312.85	
31623		Dx bronchoscope/brush	A	0	000	Y					31622	\$ 160.78	\$ 322.60	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
31624		Dx bronchoscope/lavage	A	0	000	Y					31622	\$ 161.47	\$ 305.54	
31625		Bronchoscopy w/biopsy(s)	A	0	000	Y					31622	\$ 187.92	\$ 331.99	
31626		Bronchoscopy w/markers	A	0	000	Y						\$ 221.68	\$ 428.74	
31627		Navigational bronchoscopy	A	0	ZZZ							\$ 102.31	\$ 1,135.52	
31628		Bronchoscopy/lung bx each	A	0	000	Y					31622	\$ 204.97	\$ 375.84	
31629		Bronchoscopy/needle bx each	A	0	000	Y					31622	\$ 222.02	\$ 574.55	
31630		Bronchoscopy dilate/fx repr	A	0	000	Y					31622	\$ 233.86	\$ -	
31631		Bronchoscopy dilate w/stent	A	0	000	Y					31622	\$ 269.35	\$ -	
31632		Bronchoscopy/lung bx addl	A	0	ZZZ							\$ 52.55	\$ 72.04	
31633		Bronchoscopy/needle bx addl	A	0	ZZZ							\$ 68.56	\$ 89.44	
31634		Bronch w/balloon occlusion	A	0	000	Y		Y			31622	\$ 229.68	\$ 1,917.48	
31635		Bronchoscopy w/fb removal	A	0	000	Y					31622	\$ 212.28	\$ 351.13	
31636		Bronchoscopy bronch stents	A	0	000	Y					31622	\$ 260.30	\$ -	
31637		Bronchoscopy stent add-on	A	0	ZZZ							\$ 81.78	\$ -	
31638		Bronchoscopy revise stent	A	0	000	Y					31622	\$ 299.63	\$ -	
31640		Bronchoscopy w/tumor excise	A	0	000	Y					31622	\$ 299.63	\$ -	
31641		Bronchoscopy treat blockage	A	0	000	Y					31622	\$ 295.45	\$ -	
31643		Diag bronchoscope/catheter	A	0	000	Y						\$ 191.75	\$ -	
31645		Bronchoscopy clear airways	A	0	000	Y					31622	\$ 176.78	\$ 309.72	
31646		Bronchoscopy reclear airway	A	0	000	Y						\$ 154.16	\$ 279.44	
31656		Bronchoscopy inj for x-ray	A	0	000	Y						\$ 117.28	\$ 285.71	
3170F		Flow cyto done b/4 tx	M	9	XXX							\$ -	\$ -	
31715		Injection for bronchus x-ray	A	0	000	Y	Y					\$ 56.72	\$ -	
31717		Bronchial brush biopsy	A	0	000	Y						\$ 116.93	\$ 259.26	
31720		Clearance of airways	A	0	000	Y						\$ 55.33	\$ -	
31725		Clearance of airways	A	0	000	Y						\$ 106.49	\$ -	
31730		Intro windpipe wire/tube	A	0	000	Y						\$ 177.83	\$ 1,007.11	
31750		Repair of windpipe	A	0	090	Y		Y				\$ 1,445.59	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
31755		Repair of windpipe	A	0	090	Y		Y				\$ 1,772.36	\$ -	
31760		Repair of windpipe	A	0	090	Y		Y				\$ 1,777.24	\$ -	
31766		Reconstruction of windpipe	A	0	090	Y		Y				\$ 2,393.20	\$ -	
31770		Repair/graft of bronchus	A	0	090	Y		Y				\$ 1,743.13	\$ -	
31775		Reconstruct bronchus	A	0	090	Y		Y				\$ 1,822.13	\$ -	
31780		Reconstruct windpipe	A	0	090	Y		Y				\$ 1,397.22	\$ -	
31781		Reconstruct windpipe	A	0	090	Y		Y				\$ 1,831.87	\$ -	
31785		Remove windpipe lesion	A	0	090	Y		Y				\$ 1,237.49	\$ -	
31786		Remove windpipe lesion	A	0	090	Y		Y				\$ 1,896.25	\$ -	
31800		Repair of windpipe injury	A	0	090	Y						\$ 743.68	\$ -	
31805		Repair of windpipe injury	A	0	090	Y		Y				\$ 1,046.09	\$ -	
31820		Closure of windpipe lesion	A	0	090	Y						\$ 364.01	\$ 456.92	
31825		Repair of windpipe defect	A	0	090	Y						\$ 534.88	\$ 640.67	
31830		Revise windpipe scar	A	0	090	Y						\$ 378.28	\$ 463.88	
31899		Airways surgical procedure	C	0	YYY	Y				Y		\$ -	\$ -	
3200F		Barium swallow test not req	M	9	XXX							\$ -	\$ -	
32035		Thoracostomy w/rib resection	A	0	090	Y		Y				\$ 898.54	\$ -	
32036		Thoracostomy w/flap drainage	A	0	090	Y		Y				\$ 983.45	\$ -	
32096		Open wedge/bx lung infiltr	A	0	090	Y		Y				\$ 1,042.26	\$ -	
32097		Open wedge/bx lung nodule	A	0	090	Y		Y				\$ 1,042.26	\$ -	
32098		Open biopsy of lung pleura	A	0	090	Y		Y				\$ 978.23	\$ -	
32100		Exploration of chest	A	0	090	Y		Y				\$ 1,081.93	\$ -	
3210F		Grp a strep test performed	M	9	XXX							\$ -	\$ -	
32110		Explore/repair chest	A	0	090	Y		Y				\$ 1,883.03	\$ -	
32120		Re-exploration of chest	A	0	090	Y		Y				\$ 1,121.26	\$ -	
32124		Explore chest free adhesions	A	0	090	Y		Y				\$ 1,198.16	\$ -	
32140		Removal of lung lesion(s)	A	0	090	Y		Y				\$ 1,277.16	\$ -	
32141		Remove/treat lung lesions	A	0	090	Y		Y				\$ 2,006.57	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
32150		Removal of lung lesion(s)	A	0	090	Y		Y				\$ 1,290.04	\$ -	
32151		Remove lung foreign body	A	0	090	Y		Y				\$ 1,299.78	\$ -	
3215F		Pt immunity to hep a docd	M	9	XXX							\$ -	\$ -	
32160		Open chest heart massage	A	0	090	Y		Y				\$ 996.67	\$ -	
3216F		Pt immunity to hep b docd	M	9	XXX							\$ -	\$ -	
3218F		Rna tstng hep c docd done	M	9	XXX							\$ -	\$ -	
32200		Drain open lung lesion	A	0	090	Y		Y				\$ 1,445.24	\$ -	
32201		Drain percut lung lesion	A	0	000	Y						\$ 220.28	\$ 838.33	
3220F		Hep c quant rna tstng docd	M	9	XXX							\$ -	\$ -	
32215		Treat chest lining	A	0	090	Y		Y				\$ 1,018.94	\$ -	
32220		Release of lung	A	0	090	Y		Y				\$ 2,052.16	\$ -	
32225		Partial release of lung	A	0	090	Y		Y				\$ 1,283.77	\$ -	
3230F		Note hring tst w/in 6 mon	M	9	XXX							\$ -	\$ -	
32310		Removal of chest lining	A	0	090	Y		Y				\$ 1,185.29	\$ -	
32320		Free/remove chest lining	A	0	090	Y		Y				\$ 2,063.29	\$ -	
32400		Needle biopsy chest lining	A	0	000	Y						\$ 98.14	\$ 149.99	
32405		Percut bx lung/mediastinum	A	0	000	Y						\$ 111.01	\$ 221.33	
32420		Puncture/clear lung	A	0	000	Y						\$ 124.24	\$ -	
32421		Thoracentesis for aspiration	A	0	000	Y	Y					\$ 83.87	\$ 149.29	
32422		Thoracentesis w/tube insert	A	0	000	Y	Y					\$ 133.28	\$ 193.84	
32440		Remove lung pneumonectomy	A	0	090	Y		Y				\$ 2,043.11	\$ -	
32442		Sleeve pneumonectomy	A	0	090	Y		Y				\$ 4,058.03	\$ -	
32445		Removal of lung extrapleural	A	0	090	Y		Y				\$ 4,643.36	\$ -	
32480		Partial removal of lung	A	0	090	Y		Y				\$ 1,935.92	\$ -	
32482		Bilobectomy	A	0	090	Y		Y				\$ 2,065.03	\$ -	
32484		Segmentectomy	A	0	090	Y		Y				\$ 1,881.98	\$ -	
32486		Sleeve lobectomy	A	0	090	Y		Y				\$ 3,126.78	\$ -	
32488		Completion pneumonectomy	A	0	090	Y		Y				\$ 3,149.40	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
32491		Lung volume reduction	R	0	090	Y	Y	Y				\$ 1,911.22	\$ -	
32501		Repair bronchus add-on	A	0	ZZZ			Y				\$ 330.25	\$ -	
32503		Resect apical lung tumor	A	0	090	Y		Y				\$ 2,383.10	\$ -	
32504		Resect apical lung tum/chest	A	0	090	Y		Y				\$ 2,695.26	\$ -	
32505		Wedge resect of lung initial	A	0	090	Y		Y				\$ 1,192.94	\$ -	
32506		Wedge resect of lung add-on	A	0	ZZZ			Y				\$ 211.58	\$ -	
32507		Wedge resect of lung diag	A	0	ZZZ			Y				\$ 211.58	\$ -	
3250F		Nonprim loc anat bx site tum	M	9	XXX							\$ -	\$ -	
32540		Removal of lung lesion	A	0	090	Y		Y				\$ 2,250.86	\$ -	
32550		Insert pleural cath	A	0	000							\$ 271.79	\$ 760.38	
32551		Insertion of chest tube	A	0	000	Y	Y					\$ 206.36	\$ -	
32552		Remove lung catheter	A	0	010	Y						\$ 206.36	\$ 227.94	
32553		Ins mark thor for rt perq	A	0	000	Y		Y				\$ 271.09	\$ 593.69	
32560		Treat pleurodesis w/agent	A	0	000	Y						\$ 100.22	\$ 248.12	
32561		Lyse chest fibrin init day	A	0	000	Y		Y				\$ 87.70	\$ 107.53	
32562		Lyse chest fibrin subq day	A	0	000	Y		Y				\$ 80.04	\$ 98.14	
32601		Thoracoscopy diagnostic	A	0	000	Y						\$ 406.12	\$ -	
32604		Thoracoscopy wbx sac	A	0	000	Y						\$ 637.88	\$ -	
32606		Thoracoscopy w/bx med space	A	0	000	Y						\$ 609.00	\$ -	
32607		Thoracoscopy w/bx infiltrate	A	0	000	Y						\$ 404.38	\$ -	
32608		Thoracoscopy w/bx nodule	A	0	000	Y						\$ 499.73	\$ -	
32609		Thoracoscopy w/bx pleura	A	0	000	Y						\$ 345.22	\$ -	
3260F		Pt cat/pn cat/hist grd docd	M	9	XXX							\$ -	\$ -	
32650		Thoracoscopy w/pleurodesis	A	0	090	Y		Y				\$ 845.99	\$ -	
32651		Thoracoscopy remove cortex	A	0	090	Y		Y				\$ 1,406.27	\$ -	
32652		Thoracoscopy rem totl cortex	A	0	090	Y		Y				\$ 2,153.08	\$ -	
32653		Thoracoscopy remov fb/fibrin	A	0	090	Y		Y				\$ 1,355.11	\$ -	
32654		Thoracoscopy contrl bleeding	A	0	090	Y		Y				\$ 1,517.28	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
32655		Thoracoscopy resect bullae	A	0	090	Y		Y				\$ 1,231.57	\$ -	
32656		Thoracoscopy w/pleurectomy	A	0	090	Y		Y				\$ 1,016.86	\$ -	
32658		Thoracoscopy w/sac fb remove	A	0	090	Y		Y				\$ 915.94	\$ -	
32659		Thoracoscopy w/sac drainage	A	0	090	Y		Y				\$ 936.47	\$ -	
3265F		Rna tstng hepc vir ord/docd	M	9	XXX							\$ -	\$ -	
32661		Thoracoscopy w/pericard exc	A	0	090	Y		Y				\$ 1,029.73	\$ -	
32662		Thoracoscopy w/mediast exc	A	0	090	Y		Y				\$ 1,151.88	\$ -	
32663		Thoracoscopy w/lobectomy	A	0	090	Y		Y				\$ 1,831.52	\$ -	
32664		Thoracoscopy w/ th nrv exc	A	0	090	Y	Y	Y				\$ 1,096.20	\$ -	
32665		Thoracoscopy w/esoph musc exc	A	0	090	Y		Y				\$ 1,555.91	\$ -	
32666		Thoracoscopy w/wedge resect	A	0	090	Y		Y				\$ 1,116.04	\$ -	
32667		Thoracoscopy w/w resect addl	A	0	ZZZ			Y				\$ 211.58	\$ -	
32668		Thoracoscopy w/w resect diag	A	0	ZZZ			Y				\$ 214.37	\$ -	
32669		Thoracoscopy remove segment	A	0	090	Y		Y				\$ 1,746.61	\$ -	
3266F		Hepc gn tstng docd b/4txmnt	M	9	XXX							\$ -	\$ -	
32670		Thoracoscopy bilobectomy	A	0	090	Y		Y				\$ 2,089.74	\$ -	
32671		Thoracoscopy pneumonectomy	A	0	090	Y		Y				\$ 2,342.04	\$ -	
32672		Thoracoscopy for lvrs	A	0	090	Y		Y				\$ 1,994.04	\$ -	
32673		Thoracoscopy w/thymus resect	A	0	090	Y		Y				\$ 1,527.02	\$ -	
32674		Thoracoscopy lymph node exc	A	0	ZZZ			Y				\$ 288.84	\$ -	
3267F		path rpt w/ pt pn cat et al	M	9	XXX							\$ -	\$ -	
3268F		Psa/t/glsc docd b/4 txmnt	M	9	XXX							\$ -	\$ -	
3269F		Bone scn b/4 txmnt/aftr Dx	M	9	XXX							\$ -	\$ -	
3270F		No bone scn b/4 txmnt/aftrDx	M	9	XXX							\$ -	\$ -	
3271F		Low risk prostate cancer	M	9	XXX							\$ -	\$ -	
3272F		Med risk prostate cancer	M	9	XXX							\$ -	\$ -	
3273F		High risk prostate cancer	M	9	XXX							\$ -	\$ -	
3274F		Prost Cncr rsk not lw/md/hgh	M	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
3278F		Serum lvls CA/iPTH/lpd ord	M	9	XXX							\$ -	\$ -	
3279F		Hgb lvl >= 13 g/dl	M	9	XXX							\$ -	\$ -	
32800		Repair lung hernia	A	0	090	Y		Y				\$ 1,211.04	\$ -	
3280F		Hgb lvl 11-12.9 g/dL	M	9	XXX							\$ -	\$ -	
32810		Close chest after drainage	A	0	090	Y		Y				\$ 1,157.80	\$ -	
32815		Close bronchial fistula	A	0	090	Y		Y				\$ 3,686.36	\$ -	
3281F		Hgb lvl < 11 g/dl	M	9	XXX							\$ -	\$ -	
32820		Reconstruct injured chest	A	0	090	Y		Y				\$ 1,723.99	\$ -	
3284F		lop down >15% of pre-svc lvl	M	9	XXX							\$ -	\$ -	
32850		Donor pneumonectomy	A	9	XXX							\$ -	\$ -	
32851		Lung transplant single	A	0	090	Y		Y		Y		\$ 4,365.66	\$ -	
32852		Lung transplant with bypass	A	0	090	Y		Y		Y		\$ 4,781.52	\$ -	
32853		Lung transplant double	A	0	090	Y		Y		Y		\$ 6,093.83	\$ -	
32854		Lung transplant with bypass	A	0	090	Y		Y		Y		\$ 6,482.89	\$ -	
32855		Prepare donor lung single	C	0	XXX	Y		Y				\$ -	\$ -	
32856		Prepare donor lung double	C	0	XXX	Y		Y				\$ -	\$ -	
3285F		IOP down <15% of pre-svc lvl	M	9	XXX							\$ -	\$ -	
3288F		Fall risk assessment docd	M	9	XXX							\$ -	\$ -	
32900		Removal of rib(s)	A	0	090	Y		Y				\$ 1,791.16	\$ -	
32905		Revise & repair chest wall	A	0	090	Y		Y				\$ 1,742.44	\$ -	
32906		Revise & repair chest wall	A	0	090	Y		Y				\$ 2,169.08	\$ -	
3290F		Pt=D(Rh)- and unsensitized	M	9	XXX							\$ -	\$ -	
3291F		Pt=d(rh)+ or sensitized	M	9	XXX							\$ -	\$ -	
3292F		Hiv tstng asked/docd/revwd	M	9	XXX							\$ -	\$ -	
3293F		Abo rh blood typing docd	M	9	XXX							\$ -	\$ -	
32940		Revision of lung	A	0	090	Y		Y				\$ 1,605.32	\$ -	
3294F		Grp b strep screening docd	M	9	XXX							\$ -	\$ -	
32960		Therapeutic pneumothorax	A	0	000	Y						\$ 133.63	\$ 163.91	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
32997		Total lung lavage	A	0	000	Y						\$ 415.51	\$ -	
32998		Perq rf ablate tx pul tumor	A	0	000	Y		Y				\$ 325.38	\$ 2,568.59	
32999		Chest surgery procedure	C	0	YYY	Y				Y		\$ -	\$ -	
3300F		AJCC stage docd b/4 thxpy	M	9	XXX							\$ -	\$ -	
33010		Drainage of heart sac	A	0	000	Y						\$ 153.12	\$ -	
33011		Repeat drainage of heart sac	A	0	000	Y						\$ 157.30	\$ -	
33015		Incision of heart sac	A	0	090	Y						\$ 627.10	\$ -	
3301F		Cancer stage docd metast	M	9	XXX							\$ -	\$ -	
33020		Incision of heart sac	A	0	090	Y		Y				\$ 1,137.26	\$ -	
33025		Incision of heart sac	A	0	090	Y		Y				\$ 1,043.30	\$ -	
33030		Partial removal of heart sac	A	0	090	Y		Y				\$ 2,623.92	\$ -	
33031		Partial removal of heart sac	A	0	090	Y		Y				\$ 3,257.98	\$ -	
33050		Resect heart sac lesion	A	0	090	Y		Y				\$ 1,298.04	\$ -	
33120		Removal of heart lesion	A	0	090	Y		Y				\$ 2,792.00	\$ -	
33130		Removal of heart lesion	A	0	090	Y		Y				\$ 1,849.97	\$ -	
33140		Heart revascularize (tmr)	A	0	090	Y		Y				\$ 2,132.20	\$ -	
33141		Heart tmr w/other procedure	A	0	ZZZ			Y				\$ 182.70	\$ -	
3315F		Er+ or pr+ breast cancer	M	9	XXX							\$ -	\$ -	
3316F		ER- or PR- breast cancer	M	9	XXX							\$ -	\$ -	
3317F		Path rpt malig cancer docd	M	9	XXX							\$ -	\$ -	
3318F		Path rpt malig cancer docd	M	9	XXX							\$ -	\$ -	
3319F		X-ray/ct/ultrsnd et al ord	M	9	XXX							\$ -	\$ -	
33202		Insert epicard eltrd open	A	0	090	Y						\$ 1,013.03	\$ -	
33203		Insert epicard eltrd endo	A	0	090	Y						\$ 1,053.40	\$ -	
33206		Insert heart pm atrial	A	0	090	Y			Y			\$ 571.07	\$ -	
33207		Insert heart pm ventricular	A	0	090	Y			Y			\$ 611.78	\$ -	
33208		Insrt heart pm atrial & vent	A	0	090	Y			Y			\$ 661.55	\$ -	
3320F		No xray/ct/ et al ordd	M	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
33210		Insert electrd/pm cath sngl	A	0	000	Y						\$ 232.46	\$ -	
33211		Insert card electrodes dual	A	0	000	Y						\$ 239.42	\$ -	
33212		Insert pulse gen sngl lead	A	0	090	Y						\$ 411.68	\$ -	
33213		Insert pulse gen dual leads	A	0	090	Y						\$ 434.65	\$ -	
33214		Upgrade of pacemaker system	A	0	090	Y			Y			\$ 601.34	\$ -	
33215		Reposition pacing-defib lead	A	0	090	Y						\$ 380.36	\$ -	
33216		Insert 1 electrode pm-defib	A	0	090	Y						\$ 463.54	\$ -	
33217		Insert 2 electrode pm-defib	A	0	090	Y						\$ 461.80	\$ -	
33218		Repair lead pace-defib one	A	0	090	Y						\$ 482.68	\$ -	
3321F		AJCC cncr 0/IA melan docd	M	9	XXX							\$ -	\$ -	
33220		Repair lead pace-defib dual	A	0	090	Y						\$ 486.85	\$ -	
33221		Insert pulse gen mult leads	A	0	090	Y						\$ 442.31	\$ -	
33222		Revise pocket pacemaker	A	0	090	Y						\$ 422.47	\$ -	
33223		Revise pocket for defib	A	0	090	Y						\$ 515.74	\$ -	
33224		Insert pacing lead & connect	A	0	000	Y						\$ 653.89	\$ -	
33225		L ventric pacing lead add-on	A	0	ZZZ							\$ 591.25	\$ -	
33226		Reposition l ventric lead	A	0	000	Y						\$ 628.84	\$ -	
33227		Remove&replace pm gen singl	A	0	090	Y						\$ 421.78	\$ -	
33228		Remv&replc pm gen dual lead	A	0	090	Y						\$ 440.57	\$ -	
33229		Remv&replc pm gen mult leads	A	0	090	Y						\$ 459.36	\$ -	
3322F		Melanoma>ajcc stage 0 or ia	M	9	XXX							\$ -	\$ -	
33230		Insrt pulse gen w/dual leads	A	0	090	Y						\$ 478.15	\$ -	
33231		Insrt pulse gen w/mult leads	A	0	090	Y						\$ 496.94	\$ -	
33233		Removal of pm generator	A	0	090	Y						\$ 285.36	\$ -	
33234		Removal of pacemaker system	A	0	090	Y						\$ 609.00	\$ -	
33235		Removal pacemaker electrode	A	0	090	Y						\$ 792.74	\$ -	
33236		Remove electrode/thoracotomy	A	0	090	Y			Y			\$ 1,025.56	\$ -	
33237		Remove electrode/thoracotomy	A	0	090	Y			Y			\$ 1,068.71	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
33238		Remove electrode/thoracotomy	A	0	090	Y			Y			\$ 1,213.82	\$ -	
3323F		Clin node stgng docdb/4 surg	M	9	XXX							\$ -	\$ -	
33240		Insrt pulse gen w/singl lead	A	0	090	Y						\$ 478.85	\$ -	
33241		Remove pulse generator	A	0	090	Y						\$ 270.40	\$ -	
33243		Remove eltrd/thoracotomy	A	0	090	Y		Y				\$ 1,786.98	\$ -	
33244		Remove eltrd transven	A	0	090	Y						\$ 1,072.88	\$ -	
33249		Nsert pace-defib w/lead	A	0	090	Y						\$ 1,142.48	\$ -	
3324F		Mri ct scan ord rvwd rqstd	M	9	XXX							\$ -	\$ -	
33250		Ablate heart dysrhythm focus	A	0	090	Y		Y				\$ 1,963.76	\$ -	
33251		Ablate heart dysrhythm focus	A	0	090	Y		Y				\$ 2,167.69	\$ -	
33254		Ablate atria lmtd	A	0	090	Y		Y				\$ 1,823.52	\$ -	
33255		Ablate atria w/o bypass ext	A	0	090	Y		Y				\$ 2,208.06	\$ -	
33256		Ablate atria w/bypass exten	A	0	090	Y		Y				\$ 2,644.45	\$ -	
33257		Ablate atria lmtd add-on	A	0	ZZZ			Y				\$ 757.25	\$ -	
33258		Ablate atria x10sv add-on	A	0	ZZZ			Y				\$ 853.99	\$ -	
33259		Ablate atria w/bypass add-on	A	0	ZZZ			Y				\$ 1,106.64	\$ -	
3325F		Preop asses 4 cataract surg	M	9	XXX							\$ -	\$ -	
33261		Ablate heart dysrhythm focus	A	0	090	Y		Y				\$ 2,193.10	\$ -	
33262		Remv&replc cvd gen sing lead	A	0	090	Y						\$ 459.71	\$ -	
33263		Remv&replc cvd gen dual lead	A	0	090	Y						\$ 478.85	\$ -	
33264		Remv&replc cvd gen mult lead	A	0	090	Y						\$ 497.64	\$ -	
33265		Ablate atria lmtd endo	A	0	090	Y		Y				\$ 1,786.98	\$ -	
33266		Ablate atria x10sv endo	A	0	090	Y		Y				\$ 2,465.93	\$ -	
33282		Implant pat-active ht record	A	0	090	Y						\$ 392.20	\$ -	
33284		Remove pat-active ht record	A	0	090	Y						\$ 273.88	\$ -	
3328F		Prfrmnc docd 2 wks b/4 surg	M	9	XXX							\$ -	\$ -	
33300		Repair of heart wound	A	0	090	Y		Y				\$ 3,269.81	\$ -	
33305		Repair of heart wound	A	0	090	Y		Y				\$ 5,529.02	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
3330F		Imaging study ordered (bcp)	M	9	XXX							\$ -	\$ -	
33310		Exploratory heart surgery	A	0	090	Y		Y				\$ 1,502.32	\$ -	
33315		Exploratory heart surgery	A	0	090	Y		Y				\$ 2,556.06	\$ -	
3331F		Bk imaging tst not ordered	M	9	XXX							\$ -	\$ -	
33320		Repair major blood vessel(s)	A	0	090	Y		Y				\$ 1,390.61	\$ -	
33321		Repair major vessel	A	0	090	Y		Y				\$ 1,563.56	\$ -	
33322		Repair major blood vessel(s)	A	0	090	Y		Y				\$ 1,840.57	\$ -	
33330		Insert major vessel graft	A	0	090	Y		Y				\$ 1,915.74	\$ -	
33332		Insert major vessel graft	A	0	090	Y		Y				\$ 1,873.98	\$ -	
33335		Insert major vessel graft	A	0	090	Y		Y				\$ 2,520.91	\$ -	
33400		Repair of aortic valve	A	0	090	Y		Y				\$ 3,049.87	\$ -	
33401		Valvuloplasty open	A	0	090	Y		Y				\$ 1,819.69	\$ -	
33403		Valvuloplasty w/cp bypass	A	0	090	Y		Y				\$ 1,988.47	\$ -	
33404		Prepare heart-aorta conduit	A	0	090	Y		Y				\$ 2,324.64	\$ -	
33405		Replacement of aortic valve	A	0	090	Y		Y				\$ 3,062.75	\$ -	
33406		Replacement of aortic valve	A	0	090	Y		Y				\$ 3,876.02	\$ -	
3340F		Mammo assess inc xray docd	M	9	XXX							\$ -	\$ -	
33410		Replacement of aortic valve	A	0	090	Y		Y				\$ 3,414.23	\$ -	
33411		Replacement of aortic valve	A	0	090	Y		Y				\$ 4,529.57	\$ -	
33412		Replacement of aortic valve	A	0	090	Y		Y				\$ 4,339.21	\$ -	
33413		Replacement of aortic valve	A	0	090	Y		Y				\$ 4,334.34	\$ -	
33414		Repair of aortic valve	A	0	090	Y		Y				\$ 2,933.64	\$ -	
33415		Revision subvalvular tissue	A	0	090	Y		Y				\$ 2,710.92	\$ -	
33416		Revise ventricle muscle	A	0	090	Y		Y				\$ 2,716.84	\$ -	
33417		Repair of aortic valve	A	0	090	Y		Y				\$ 2,207.36	\$ -	
3341F		Mammo assess negative docd	M	9	XXX							\$ -	\$ -	
33420		Revision of mitral valve	A	0	090	Y						\$ 1,691.98	\$ -	
33422		Revision of mitral valve	A	0	090	Y		Y				\$ 2,262.00	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
33425		Repair of mitral valve	A	0	090	Y		Y				\$ 3,659.57	\$ -	
33426		Repair of mitral valve	A	0	090	Y		Y				\$ 3,200.90	\$ -	
33427		Repair of mitral valve	A	0	090	Y		Y				\$ 3,299.39	\$ -	
3342F		Mammo assess bengn docd	M	9	XXX							\$ -	\$ -	
33430		Replacement of mitral valve	A	0	090	Y		Y				\$ 3,764.32	\$ -	
3343F		Mammo probably bengn docd	M	9	XXX							\$ -	\$ -	
3344F		Mammo assess susp docd	M	9	XXX							\$ -	\$ -	
3345F		Mammo assess hghlymalig doc	M	9	XXX							\$ -	\$ -	
33460		Revision of tricuspid valve	A	0	090	Y		Y				\$ 3,304.61	\$ -	
33463		Valvuloplasty tricuspid	A	0	090	Y		Y				\$ 4,163.47	\$ -	
33464		Valvuloplasty tricuspid	A	0	090	Y		Y				\$ 3,281.29	\$ -	
33465		Replace tricuspid valve	A	0	090	Y		Y				\$ 3,716.64	\$ -	
33468		Revision of tricuspid valve	A	0	090	Y		Y				\$ 3,335.23	\$ -	
33470		Revision of pulmonary valve	A	0	090	Y		Y				\$ 1,618.20	\$ -	
33471		Valvotomy pulmonary valve	A	0	090	Y		Y				\$ 1,770.97	\$ -	
33472		Revision of pulmonary valve	A	0	090	Y		Y				\$ 1,792.55	\$ -	
33474		Revision of pulmonary valve	A	0	090	Y		Y				\$ 2,864.74	\$ -	
33475		Replacement pulmonary valve	A	0	090	Y		Y				\$ 3,170.28	\$ -	
33476		Revision of heart chamber	A	0	090	Y		Y				\$ 2,033.02	\$ -	
33478		Revision of heart chamber	A	0	090	Y		Y				\$ 2,109.92	\$ -	
33496		Repair prosth valve clot	A	0	090	Y		Y				\$ 2,209.10	\$ -	
33500		Repair heart vessel fistula	A	0	090	Y		Y				\$ 2,121.41	\$ -	
33501		Repair heart vessel fistula	A	0	090	Y		Y	Y			\$ 1,503.36	\$ -	
33502		Coronary artery correction	A	0	090	Y		Y				\$ 1,695.46	\$ -	
33503		Coronary artery graft	A	0	090	Y						\$ 1,676.66	\$ -	
33504		Coronary artery graft	A	0	090	Y		Y				\$ 1,959.24	\$ -	
33505		Repair artery w/tunnel	A	0	090	Y		Y				\$ 2,824.37	\$ -	
33506		Repair artery translocation	A	0	090	Y		Y				\$ 2,741.20	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
33507		Repair art intramural	A	0	090	Y		Y				\$ 2,290.54	\$ -	
33508		Endoscopic vein harvest	A	0	ZZZ			Y				\$ 21.58	\$ -	
3350F		Mammo bx proven malig docd	M	9	XXX							\$ -	\$ -	
33510		Cabg vein single	A	0	090	Y		Y				\$ 2,598.86	\$ -	
33511		Cabg vein two	A	0	090	Y		Y				\$ 2,854.64	\$ -	
33512		Cabg vein three	A	0	090	Y		Y				\$ 3,250.32	\$ -	
33513		Cabg vein four	A	0	090	Y		Y				\$ 3,346.02	\$ -	
33514		Cabg vein five	A	0	090	Y		Y				\$ 3,532.90	\$ -	
33516		Cabg vein six or more	A	0	090	Y		Y				\$ 3,715.94	\$ -	
33517		Cabg artery-vein single	A	0	ZZZ			Y				\$ 255.78	\$ -	
33518		Cabg artery-vein two	A	0	ZZZ			Y				\$ 563.76	\$ -	
33519		Cabg artery-vein three	A	0	ZZZ			Y				\$ 745.76	\$ -	
3351F		Neg scrn dep symp by deptool	M	9	XXX							\$ -	\$ -	
33521		Cabg artery-vein four	A	0	ZZZ			Y				\$ 898.19	\$ -	
33522		Cabg artery-vein five	A	0	ZZZ			Y				\$ 1,010.24	\$ -	
33523		Cabg art-vein six or more	A	0	ZZZ			Y				\$ 1,145.27	\$ -	
3352F		No sig dep symp by dep tool	M	9	XXX							\$ -	\$ -	
33530		Coronary artery bypass/reop	A	0	ZZZ			Y				\$ 717.58	\$ -	
33533		Cabg arterial single	A	0	090	Y		Y				\$ 2,514.30	\$ -	
33534		Cabg arterial two	A	0	090	Y		Y				\$ 2,955.22	\$ -	
33535		Cabg arterial three	A	0	090	Y		Y				\$ 3,300.78	\$ -	
33536		Cabg arterial four or more	A	0	090	Y		Y				\$ 3,567.70	\$ -	
3353F		Mild-mod dep symp by deptool	M	9	XXX							\$ -	\$ -	
33542		Removal of heart lesion	A	0	090	Y		Y				\$ 3,535.33	\$ -	
33545		Repair of heart damage	A	0	090	Y		Y				\$ 4,160.34	\$ -	
33548		Restore/remodel ventricle	A	0	090	Y		Y				\$ 4,004.09	\$ -	
3354F		Clin sig dep sym by dep tool	M	9	XXX							\$ -	\$ -	
33572		Open coronary endarterectomy	A	0	ZZZ			Y				\$ 317.72	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
33600		Closure of valve	A	0	090	Y		Y				\$ 2,253.30	\$ -	
33602		Closure of valve	A	0	090	Y		Y				\$ 2,110.97	\$ -	
33606		Anastomosis/artery-aorta	A	0	090	Y		Y				\$ 2,323.25	\$ -	
33608		Repair anomaly w/conduit	A	0	090	Y		Y				\$ 2,368.84	\$ -	
33610		Repair by enlargement	A	0	090	Y		Y				\$ 2,334.04	\$ -	
33611		Repair double ventricle	A	0	090	Y		Y				\$ 2,707.79	\$ -	
33612		Repair double ventricle	A	0	090	Y		Y				\$ 2,592.95	\$ -	
33615		Repair modified fontan	A	0	090	Y		Y				\$ 2,646.89	\$ -	
33617		Repair single ventricle	A	0	090	Y		Y				\$ 2,862.30	\$ -	
33619		Repair single ventricle	A	0	090	Y		Y				\$ 3,576.40	\$ -	
33620		Apply r&l pulm art bands	A	0	090	Y		Y				\$ 2,232.42	\$ -	
33621		Transthor cath for stent	A	0	090	Y		Y				\$ 1,176.24	\$ -	
33622		Redo compl cardiac anomaly	A	0	090	Y		Y				\$ 4,632.58	\$ -	
33641		Repair heart septum defect	A	0	090	Y		Y				\$ 2,188.92	\$ -	
33645		Revision of heart veins	A	0	090	Y		Y				\$ 2,343.43	\$ -	
33647		Repair heart septum defects	A	0	090	Y		Y				\$ 2,475.32	\$ -	
33660		Repair of heart defects	A	0	090	Y		Y				\$ 2,385.19	\$ -	
33665		Repair of heart defects	A	0	090	Y		Y				\$ 2,607.91	\$ -	
33670		Repair of heart chambers	A	0	090	Y		Y				\$ 2,708.48	\$ -	
33675		Close mult vsd	A	0	090	Y		Y				\$ 2,682.73	\$ -	
33676		Close mult vsd w/resection	A	0	090	Y		Y				\$ 2,826.80	\$ -	
33677		CI mult vsd w/rem pul band	A	0	090	Y		Y				\$ 2,939.90	\$ -	
33681		Repair heart septum defect	A	0	090	Y		Y				\$ 2,436.00	\$ -	
33684		Repair heart septum defect	A	0	090	Y		Y				\$ 2,573.81	\$ -	
33688		Repair heart septum defect	A	0	090	Y		Y				\$ 2,574.85	\$ -	
33690		Reinforce pulmonary artery	A	0	090	Y		Y				\$ 1,550.34	\$ -	
33692		Repair of heart defects	A	0	090	Y		Y				\$ 2,683.43	\$ -	
33694		Repair of heart defects	A	0	090	Y		Y				\$ 2,661.16	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
33697		Repair of heart defects	A	0	090	Y		Y				\$ 2,691.08	\$ -	
33702		Repair of heart defects	A	0	090	Y		Y				\$ 2,078.60	\$ -	
3370F		AJCC brst cncr stage 0 docd	M	9	XXX							\$ -	\$ -	
33710		Repair of heart defects	A	0	090	Y		Y				\$ 2,745.37	\$ -	
33720		Repair of heart defect	A	0	090	Y		Y				\$ 2,033.36	\$ -	
33722		Repair of heart defect	A	0	090	Y		Y				\$ 2,234.16	\$ -	
33724		Repair venous anomaly	A	0	090	Y		Y				\$ 2,039.63	\$ -	
33726		Repair pul venous stenosis	A	0	090	Y		Y				\$ 2,777.74	\$ -	
3372F		Ajcc brst cncr stage 1 docd	M	9	XXX							\$ -	\$ -	
33730		Repair heart-vein defect(s)	A	0	090	Y		Y				\$ 2,777.74	\$ -	
33732		Repair heart-vein defect	A	0	090	Y		Y				\$ 2,216.06	\$ -	
33735		Revision of heart chamber	A	0	090	Y		Y				\$ 1,708.33	\$ -	
33736		Revision of heart chamber	A	0	090	Y		Y				\$ 1,876.76	\$ -	
33737		Revision of heart chamber	A	0	090	Y		Y				\$ 1,717.73	\$ -	
3374F		Ajcc brst cncr stage 1 docd	M	9	XXX							\$ -	\$ -	
33750		Major vessel shunt	A	0	090	Y		Y				\$ 1,997.52	\$ -	
33755		Major vessel shunt	A	0	090	Y		Y				\$ 1,689.19	\$ -	
33762		Major vessel shunt	A	0	090	Y		Y				\$ 1,780.72	\$ -	
33764		Major vessel shunt & graft	A	0	090	Y		Y				\$ 1,652.65	\$ -	
33766		Major vessel shunt	A	0	090	Y		Y				\$ 1,746.96	\$ -	
33767		Major vessel shunt	A	0	090	Y		Y				\$ 1,917.48	\$ -	
33768		Cavopulmonary shunting	A	0	ZZZ			Y	Y			\$ 591.95	\$ -	
3376F		AJCC brstcncr stage 2 docd	M	9	XXX							\$ -	\$ -	
33770		Repair great vessels defect	A	0	090	Y		Y				\$ 2,883.53	\$ -	
33771		Repair great vessels defect	A	0	090	Y		Y				\$ 3,025.51	\$ -	
33774		Repair great vessels defect	A	0	090	Y		Y				\$ 2,423.12	\$ -	
33775		Repair great vessels defect	A	0	090	Y		Y				\$ 2,551.19	\$ -	
33776		Repair great vessels defect	A	0	090	Y		Y				\$ 2,690.74	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
33777		Repair great vessels defect	A	0	090	Y		Y				\$ 2,626.01	\$ -	
33778		Repair great vessels defect	A	0	090	Y		Y				\$ 3,217.96	\$ -	
33779		Repair great vessels defect	A	0	090	Y		Y				\$ 3,279.55	\$ -	
33780		Repair great vessels defect	A	0	090	Y		Y				\$ 3,340.10	\$ -	
33781		Repair great vessels defect	A	0	090	Y		Y				\$ 3,198.47	\$ -	
33782		Nikaidoh proc	A	0	090	Y		Y				\$ 4,292.93	\$ -	
33783		Nikaidoh proc w/ostia implt	A	0	090	Y		Y				\$ 4,648.93	\$ -	
33786		Repair arterial trunk	A	0	090	Y		Y				\$ 3,125.74	\$ -	
33788		Revision of pulmonary artery	A	0	090	Y		Y				\$ 2,076.86	\$ -	
3378F		AJCC brstcncr stage 3 docd	M	9	XXX							\$ -	\$ -	
33800		Aortic suspension	A	0	090	Y		Y	Y			\$ 1,272.64	\$ -	
33802		Repair vessel defect	A	0	090	Y		Y				\$ 1,435.15	\$ -	
33803		Repair vessel defect	A	0	090	Y		Y				\$ 1,580.62	\$ -	
3380F		AJCC brstcncr stage 4 docd	M	9	XXX							\$ -	\$ -	
33813		Repair septal defect	A	0	090	Y		Y				\$ 1,630.38	\$ -	
33814		Repair septal defect	A	0	090	Y		Y				\$ 2,095.66	\$ -	
33820		Revise major vessel	A	0	090	Y		Y				\$ 1,295.60	\$ -	
33822		Revise major vessel	A	0	090	Y		Y				\$ 1,389.91	\$ -	
33824		Revise major vessel	A	0	090	Y		Y				\$ 1,533.29	\$ -	
3382F		AJCC cln cncr stage 0 docd	M	9	XXX							\$ -	\$ -	
33840		Remove aorta constriction	A	0	090	Y		Y				\$ 1,667.62	\$ -	
33845		Remove aorta constriction	A	0	090	Y		Y				\$ 1,788.72	\$ -	
3384F		AJCC cln cncr stage 1 docd	M	9	XXX							\$ -	\$ -	
33851		Remove aorta constriction	A	0	090	Y		Y				\$ 1,740.00	\$ -	
33852		Repair septal defect	A	0	090	Y		Y				\$ 1,861.80	\$ -	
33853		Repair septal defect	A	0	090	Y		Y				\$ 2,482.98	\$ -	
33860		Ascending aortic graft	A	0	090	Y		Y				\$ 4,324.94	\$ -	
33863		Ascending aortic graft	A	0	090	Y		Y				\$ 4,259.87	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
33864		Ascending aortic graft	A	0	090	Y		Y				\$ 4,351.04	\$ -	
3386F		AJCC cln cncr stage 2 docd	M	9	XXX							\$ -	\$ -	
33870		Transverse aortic arch graft	A	0	090	Y		Y				\$ 3,383.60	\$ -	
33875		Thoracic aortic graft	A	0	090	Y		Y				\$ 3,687.06	\$ -	
33877		Thoracoabdominal graft	A	0	090	Y		Y				\$ 4,913.06	\$ -	
33880		Endovasc taa repr incl subcl	A	0	090	Y		Y	Y			\$ 2,429.39	\$ -	
33881		Endovasc taa repr w/o subcl	A	0	090	Y		Y	Y			\$ 2,086.61	\$ -	
33883		Insert endovasc prosth taa	A	0	090	Y		Y	Y			\$ 1,503.36	\$ -	
33884		Endovasc prosth taa add-on	A	0	ZZZ			Y	Y			\$ 561.32	\$ -	
33886		Endovasc prosth delayed	A	0	090	Y		Y	Y			\$ 1,323.10	\$ -	
33889		Artery transpose/endovas taa	A	0	000	Y	Y	Y	Y			\$ 1,111.51	\$ -	
3388F		AJCC cln cncr stage 3 docd	M	9	XXX							\$ -	\$ -	
33891		Car-car bp grft/endovas taa	A	0	000	Y	Y	Y	Y			\$ 1,378.43	\$ -	
3390F		AJCC cln cncr stage 4 docd	M	9	XXX							\$ -	\$ -	
33910		Remove lung artery emboli	A	0	090	Y		Y				\$ 3,540.55	\$ -	
33915		Remove lung artery emboli	A	0	090	Y		Y				\$ 1,786.63	\$ -	
33916		Surgery of great vessel	A	0	090	Y		Y				\$ 5,628.90	\$ -	
33917		Repair pulmonary artery	A	0	090	Y		Y				\$ 1,913.30	\$ -	
33920		Repair pulmonary atresia	A	0	090	Y		Y				\$ 2,456.88	\$ -	
33922		Transect pulmonary artery	A	0	090	Y		Y				\$ 1,909.82	\$ -	
33924		Remove pulmonary shunt	A	0	ZZZ			Y				\$ 385.93	\$ -	
33925		Rpr pul art unifocal w/o cpb	A	0	090	Y		Y				\$ 2,287.06	\$ -	
33926		Repr pul art unifocal w/cpb	A	0	090	Y		Y				\$ 3,300.08	\$ -	
33930		Removal of donor heart/lung	C	9	XXX							\$ -	\$ -	
33933		Prepare donor heart/lung	C	0	XXX	Y		Y				\$ -	\$ -	
33935		Transplantation heart/lung	A	0	090	Y		Y		Y		\$ 6,728.23	\$ -	
33940		Removal of donor heart	X	9	XXX							\$ -	\$ -	
33944		Prepare donor heart	C	0	XXX	Y		Y				\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
33945		Transplantation of heart	A	0	090	Y		Y		Y		\$ 6,505.16	\$ -	
3394F		Quant her2 ihc eval brst cx	M	9	XXX							\$ -	\$ -	
3395F		Quant nonher2 ihc brst cx	M	9	XXX							\$ -	\$ -	
33960		External circulation assist	A	0	000			Y				\$ 1,286.90	\$ -	
33961		External circulation assist	A	0	ZZZ							\$ 671.29	\$ -	
33967		Insert ia percut device	A	0	000	Y						\$ 345.22	\$ -	
33968		Remove aortic assist device	A	0	000							\$ 44.89	\$ -	
33970		Aortic circulation assist	A	0	000	Y		Y				\$ 480.59	\$ -	
33971		Aortic circulation assist	A	0	090	Y						\$ 923.24	\$ -	
33973		Insert balloon device	A	0	000	Y		Y				\$ 695.65	\$ -	
33974		Remove intra-aortic balloon	A	0	090	Y						\$ 1,176.94	\$ -	
33975		Implant ventricular device	A	0	XXX	Y		Y				\$ 1,775.15	\$ -	
33976		Implant ventricular device	A	0	XXX	Y		Y				\$ 2,208.06	\$ -	
33977		Remove ventricular device	A	0	XXX	Y		Y				\$ 1,540.25	\$ -	
33978		Remove ventricular device	A	0	XXX	Y		Y				\$ 1,859.71	\$ -	
33979		Insert intracorporeal device	A	0	XXX	Y		Y				\$ 2,693.17	\$ -	
33980		Remove intracorporeal device	A	0	XXX	Y		Y				\$ 2,547.71	\$ -	
33981		Replace vad pump ext	A	0	XXX	Y		Y				\$ 1,155.71	\$ -	
33982		Replace vad intra w/o bp	A	0	XXX	Y		Y				\$ 2,675.77	\$ -	
33983		Replace vad intra w/bp	A	0	XXX	Y		Y				\$ 3,143.83	\$ -	
33999		Cardiac surgery procedure	C	0	YYY	Y		Y		Y		\$ -	\$ -	
34001		Removal of artery clot	A	0	090	Y	Y	Y				\$ 1,301.52	\$ -	
34051		Removal of artery clot	A	0	090	Y	Y	Y				\$ 1,268.81	\$ -	
34101		Removal of artery clot	A	0	090	Y	Y	Y				\$ 805.97	\$ -	
34111		Removal of arm artery clot	A	0	090	Y	Y	Y				\$ 804.92	\$ -	
34151		Removal of artery clot	A	0	090	Y	Y	Y				\$ 1,892.08	\$ -	
34201		Removal of artery clot	A	0	090	Y	Y	Y				\$ 1,401.40	\$ -	
34203		Removal of leg artery clot	A	0	090	Y	Y	Y				\$ 1,301.52	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
34401		Removal of vein clot	A	0	090	Y	Y	Y				\$ 1,895.21	\$ -	
34421		Removal of vein clot	A	0	090	Y	Y	Y				\$ 976.14	\$ -	
34451		Removal of vein clot	A	0	090	Y	Y	Y				\$ 2,027.80	\$ -	
34471		Removal of vein clot	A	0	090	Y	Y					\$ 1,545.12	\$ -	
34490		Removal of vein clot	A	0	090	Y	Y					\$ 812.58	\$ -	
34501		Repair valve femoral vein	A	0	090	Y	Y	Y				\$ 1,239.92	\$ -	
34502		Reconstruct vena cava	A	0	090	Y		Y				\$ 1,990.91	\$ -	
3450F		Dyspnea scrnd no-mild dyp	M	9	XXX							\$ -	\$ -	
34510		Transposition of vein valve	A	0	090	Y	Y	Y				\$ 1,470.30	\$ -	
3451F		Dyspnea scrnd mod-high dyp	M	9	XXX							\$ -	\$ -	
34520		Cross-over vein graft	A	0	090	Y	Y	Y				\$ 1,383.30	\$ -	
3452F		Dyspnea not screened	M	9	XXX							\$ -	\$ -	
34530		Leg vein fusion	A	0	090	Y	Y	Y				\$ 1,256.98	\$ -	
3455F		TB scrng done-interpd 6mon	M	9	XXX							\$ -	\$ -	
3470F		Ra disease activity low	M	9	XXX							\$ -	\$ -	
3471F		Ra disease activity mod	M	9	XXX							\$ -	\$ -	
3472F		Ra disease activity high	M	9	XXX							\$ -	\$ -	
3475F		Disease progn RA poor docd	M	9	XXX							\$ -	\$ -	
3476F		Disease progn RA good docd	M	9	XXX							\$ -	\$ -	
34800		Endovas aaa repr w/sm tube	A	0	090	Y		Y	Y			\$ 1,503.01	\$ -	
34802		Endovas aaa repr w/2-p part	A	0	090	Y		Y	Y			\$ 1,664.48	\$ -	
34803		Endovas aaa repr w/3-p part	A	0	090	Y		Y	Y			\$ 1,725.38	\$ -	
34804		Endovas aaa repr w/1-p part	A	0	090	Y		Y	Y			\$ 1,669.01	\$ -	
34805		Endovas aaa repr w/long tube	A	0	090	Y		Y	Y			\$ 1,606.02	\$ -	
34806		Aneurysm press sensor add-on	A	0	ZZZ			Y	Y			\$ 139.90	\$ -	
34808		Endovas iliac a device addon	A	0	ZZZ			Y	Y			\$ 280.14	\$ -	
34812		Xpose for endoprosth femorl	A	0	000	Y	Y	Y	Y			\$ 466.32	\$ -	
34813		Femoral endovas graft add-on	A	0	ZZZ			Y	Y			\$ 329.21	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
34820		Xpose for endoprosth iliac	A	0	000	Y	Y	Y	Y			\$ 666.77	\$ -	
34825		Endovasc extend prosth init	A	0	090	Y		Y	Y			\$ 921.85	\$ -	
34826		Endovasc exten prosth addl	A	0	ZZZ			Y	Y			\$ 278.40	\$ -	
34830		Open aortic tube prosth repr	A	0	090	Y		Y	Y			\$ 2,489.24	\$ -	
34831		Open aortoiliac prosth repr	A	0	090	Y		Y	Y			\$ 2,672.99	\$ -	
34832		Open aortofemor prosth repr	A	0	090	Y		Y	Y			\$ 2,679.60	\$ -	
34833		Xpose for endoprosth iliac	A	0	000	Y	Y	Y	Y			\$ 841.12	\$ -	
34834		Xpose endoprosth brachial	A	0	000	Y	Y	Y	Y			\$ 377.58	\$ -	
34900		Endovasc iliac repr w/graft	A	0	090	Y	Y	Y	Y			\$ 1,185.64	\$ -	
3490F		History aids-defining cond	M	9	XXX							\$ -	\$ -	
3491F		HIV unsure baby of HIV+moms	M	9	XXX							\$ -	\$ -	
3492F		History cd4+ cell count <350	M	9	XXX							\$ -	\$ -	
3493F		No hist cd4+ cell count<350	M	9	XXX							\$ -	\$ -	
3494F		CD4+cell count <200cells/mm3	M	9	XXX							\$ -	\$ -	
3495F		Cd4+cell cnt 200-499 cells	M	9	XXX							\$ -	\$ -	
3496F		Cd4+ cell count + 500 cells	M	9	XXX							\$ -	\$ -	
3497F		CD4+ cell percentage <15%	M	9	XXX							\$ -	\$ -	
3498F		Cd4+ cell >=15% (hiv)	M	9	XXX							\$ -	\$ -	
35001		Repair defect of artery	A	0	090	Y	Y	Y				\$ 1,530.16	\$ -	
35002		Repair artery rupture neck	A	0	090	Y	Y	Y				\$ 1,638.38	\$ -	
35005		Repair defect of artery	A	0	090	Y	Y	Y				\$ 1,440.02	\$ -	
3500F		Cd4+cell cnt/% docd as done	M	9	XXX							\$ -	\$ -	
35011		Repair defect of artery	A	0	090	Y	Y	Y				\$ 1,347.11	\$ -	
35013		Repair artery rupture arm	A	0	090	Y	Y	Y				\$ 1,674.58	\$ -	
35021		Repair defect of artery	A	0	090	Y	Y	Y				\$ 1,642.91	\$ -	
35022		Repair artery rupture chest	A	0	090	Y	Y	Y				\$ 1,900.43	\$ -	
3502F		HIV rna vrl ld <lmts quantif	M	9	XXX							\$ -	\$ -	
3503F		HIV rna vrl ldnot<lmts quntf	M	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
35045		Repair defect of arm artery	A	0	090	Y	Y	Y				\$ 1,305.35	\$ -	
35081		Repair defect of artery	A	0	090	Y		Y				\$ 2,401.20	\$ -	
35082		Repair artery rupture aorta	A	0	090	Y		Y				\$ 2,994.19	\$ -	
35091		Repair defect of artery	A	0	090	Y	Y	Y				\$ 2,487.16	\$ -	
35092		Repair artery rupture aorta	A	0	090	Y	Y	Y				\$ 3,594.14	\$ -	
35102		Repair defect of artery	A	0	090	Y	Y	Y				\$ 2,598.52	\$ -	
35103		Repair artery rupture groin	A	0	090	Y	Y	Y				\$ 3,078.76	\$ -	
3510F		Doc tb scrng-rslts interpd	M	9	XXX							\$ -	\$ -	
35111		Repair defect of artery	A	0	090	Y	Y	Y				\$ 1,798.46	\$ -	
35112		Repair artery rupture spleen	A	0	090	Y	Y	Y				\$ 2,352.83	\$ -	
3511F		Chlmyd/gonrh tst docd done	M	9	XXX							\$ -	\$ -	
35121		Repair defect of artery	A	0	090	Y	Y	Y				\$ 2,240.42	\$ -	
35122		Repair artery rupture belly	A	0	090	Y	Y	Y				\$ 2,724.14	\$ -	
3512F		Syph scrng docd as done	M	9	XXX							\$ -	\$ -	
35131		Repair defect of artery	A	0	090	Y	Y	Y				\$ 1,903.21	\$ -	
35132		Repair artery rupture groin	A	0	090	Y	Y	Y				\$ 2,325.68	\$ -	
3513F		Hep B scrng docd as done	M	9	XXX							\$ -	\$ -	
35141		Repair defect of artery	A	0	090	Y	Y	Y				\$ 1,511.36	\$ -	
35142		Repair artery rupture thigh	A	0	090	Y	Y	Y				\$ 1,811.69	\$ -	
3514F		Hep C scrng docd as done	M	9	XXX							\$ -	\$ -	
35151		Repair defect of artery	A	0	090	Y	Y	Y				\$ 1,707.64	\$ -	
35152		Repair artery rupture knee	A	0	090	Y	Y	Y				\$ 1,969.68	\$ -	
3515F		Pt has docd immun to hep C	M	9	XXX							\$ -	\$ -	
3517F		Hbv assess&results intrp 1yr	M	9	XXX							\$ -	\$ -	
35180		Repair blood vessel lesion	A	0	090	Y		Y				\$ 1,180.07	\$ -	
35182		Repair blood vessel lesion	A	0	090	Y		Y				\$ 2,268.96	\$ -	
35184		Repair blood vessel lesion	A	0	090	Y		Y				\$ 1,351.28	\$ -	
35188		Repair blood vessel lesion	A	0	090	Y		Y				\$ 1,367.64	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
35189		Repair blood vessel lesion	A	0	090	Y		Y				\$ 2,174.65	\$ -	
35190		Repair blood vessel lesion	A	0	090	Y		Y				\$ 1,001.89	\$ -	
35201		Repair blood vessel lesion	A	0	090	Y	Y	Y				\$ 1,238.53	\$ -	
35206		Repair blood vessel lesion	A	0	090	Y	Y	Y				\$ 1,017.55	\$ -	
35207		Repair blood vessel lesion	A	0	090	Y	Y					\$ 859.21	\$ -	
3520F		Cdifficile testing performe	M	9	XXX							\$ -	\$ -	
35211		Repair blood vessel lesion	A	0	090	Y	Y	Y				\$ 1,844.75	\$ -	
35216		Repair blood vessel lesion	A	0	090	Y	Y	Y				\$ 2,696.30	\$ -	
35221		Repair blood vessel lesion	A	0	090	Y	Y	Y				\$ 1,895.21	\$ -	
35226		Repair blood vessel lesion	A	0	090	Y	Y	Y				\$ 1,123.69	\$ -	
35231		Repair blood vessel lesion	A	0	090	Y	Y	Y				\$ 1,535.72	\$ -	
35236		Repair blood vessel lesion	A	0	090	Y	Y	Y				\$ 1,304.65	\$ -	
35241		Repair blood vessel lesion	A	0	090	Y	Y	Y				\$ 1,939.40	\$ -	
35246		Repair blood vessel lesion	A	0	090	Y	Y	Y				\$ 2,020.14	\$ -	
35251		Repair blood vessel lesion	A	0	090	Y	Y	Y				\$ 2,249.82	\$ -	
35256		Repair blood vessel lesion	A	0	090	Y	Y	Y				\$ 1,377.73	\$ -	
35261		Repair blood vessel lesion	A	0	090	Y	Y	Y				\$ 1,430.98	\$ -	
35266		Repair blood vessel lesion	A	0	090	Y	Y	Y				\$ 1,159.88	\$ -	
35271		Repair blood vessel lesion	A	0	090	Y	Y	Y				\$ 1,869.11	\$ -	
35276		Repair blood vessel lesion	A	0	090	Y	Y	Y				\$ 1,919.92	\$ -	
35281		Repair blood vessel lesion	A	0	090	Y	Y	Y				\$ 2,158.99	\$ -	
35286		Repair blood vessel lesion	A	0	090	Y	Y	Y				\$ 1,261.85	\$ -	
35301		Rechanneling of artery	A	0	090	Y	Y	Y				\$ 1,428.89	\$ -	
35302		Rechanneling of artery	A	0	090	Y	Y	Y				\$ 1,537.12	\$ -	
35303		Rechanneling of artery	A	0	090	Y	Y	Y				\$ 1,692.32	\$ -	
35304		Rechanneling of artery	A	0	090	Y	Y	Y				\$ 1,750.09	\$ -	
35305		Rechanneling of artery	A	0	090	Y	Y	Y				\$ 1,686.06	\$ -	
35306		Rechanneling of artery	A	0	ZZZ			Y				\$ 635.45	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
35311		Rechanneling of artery	A	0	090	Y	Y	Y				\$ 2,082.08	\$ -	
35321		Rechanneling of artery	A	0	090	Y	Y	Y				\$ 1,205.82	\$ -	
35331		Rechanneling of artery	A	0	090	Y	Y	Y				\$ 1,996.82	\$ -	
35341		Rechanneling of artery	A	0	090	Y	Y	Y				\$ 1,881.98	\$ -	
35351		Rechanneling of artery	A	0	090	Y	Y	Y				\$ 1,756.01	\$ -	
35355		Rechanneling of artery	A	0	090	Y	Y	Y				\$ 1,423.67	\$ -	
35361		Rechanneling of artery	A	0	090	Y	Y	Y				\$ 2,147.51	\$ -	
35363		Rechanneling of artery	A	0	090	Y	Y	Y				\$ 2,363.96	\$ -	
35371		Rechanneling of artery	A	0	090	Y	Y	Y				\$ 1,114.64	\$ -	
35372		Rechanneling of artery	A	0	090	Y	Y	Y				\$ 1,338.06	\$ -	
35390		Reoperation carotid add-on	A	0	ZZZ			Y				\$ 220.63	\$ -	
35400		Angioscopy	A	0	ZZZ							\$ 206.36	\$ -	
35450		Repair arterial blockage	A	0	000	Y	Y	Y				\$ 700.18	\$ -	
35452		Repair arterial blockage	A	0	000	Y	Y	Y				\$ 486.50	\$ -	
35458		Repair arterial blockage	A	0	000	Y	Y	Y				\$ 666.77	\$ -	
35460		Repair venous blockage	A	0	000	Y	Y					\$ 421.78	\$ -	
35471		Repair arterial blockage	A	0	000	Y	Y					\$ 686.60	\$ 2,591.56	
35472		Repair arterial blockage	A	0	000	Y	Y					\$ 477.80	\$ 1,920.61	
35475		Repair arterial blockage	R	0	000	Y	Y					\$ 601.00	\$ 2,162.12	
35476		Repair venous blockage	A	0	000	Y	Y					\$ 369.58	\$ 1,603.24	
35500		Harvest vein for bypass	A	0	ZZZ			Y				\$ 446.83	\$ -	
35501		Artery bypass graft	A	0	090	Y	Y	Y				\$ 2,083.82	\$ -	
35506		Artery bypass graft	A	0	090	Y	Y	Y				\$ 1,841.27	\$ -	
35508		Artery bypass graft	A	0	090	Y	Y	Y				\$ 1,906.34	\$ -	
35509		Artery bypass graft	A	0	090	Y	Y	Y				\$ 2,001.00	\$ -	
3550F		Low risk thromboembolism	M	9	XXX							\$ -	\$ -	
35510		Artery bypass graft	A	0	090	Y	Y	Y				\$ 1,734.78	\$ -	
35511		Artery bypass graft	A	0	090	Y	Y	Y				\$ 1,681.54	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
35512		Artery bypass graft	A	0	090	Y	Y	Y				\$ 1,700.68	\$ -	
35515		Artery bypass graft	A	0	090	Y	Y	Y				\$ 1,856.93	\$ -	
35516		Artery bypass graft	A	0	090	Y	Y	Y				\$ 1,711.46	\$ -	
35518		Artery bypass graft	A	0	090	Y	Y	Y				\$ 1,614.72	\$ -	
3551F		Intrmed rsk thromboembolism	M	9	XXX							\$ -	\$ -	
35521		Artery bypass graft	A	0	090	Y	Y	Y				\$ 1,723.99	\$ -	
35522		Artery bypass graft	A	0	090	Y	Y	Y				\$ 1,648.13	\$ -	
35523		Artery bypass graft	A	0	090	Y	Y	Y				\$ 1,737.91	\$ -	
35525		Artery bypass graft	A	0	090	Y	Y	Y				\$ 1,545.82	\$ -	
35526		Artery bypass graft	A	0	090	Y	Y	Y				\$ 2,361.88	\$ -	
3552F		Hgh risk for thromboembolism	M	9	XXX							\$ -	\$ -	
35531		Artery bypass graft	A	0	090	Y	Y	Y				\$ 2,760.68	\$ -	
35533		Artery bypass graft	A	0	090	Y	Y	Y				\$ 2,125.24	\$ -	
35535		Artery bypass graft	A	0	090	Y	Y	Y				\$ 1,965.85	\$ -	
35536		Artery bypass graft	A	0	090	Y	Y	Y				\$ 2,384.84	\$ -	
35537		Artery bypass graft	A	0	090	Y		Y				\$ 2,950.00	\$ -	
35538		Artery bypass graft	A	0	090	Y		Y				\$ 3,308.09	\$ -	
35539		Artery bypass graft	A	0	090	Y	Y	Y				\$ 3,099.29	\$ -	
35540		Artery bypass graft	A	0	090	Y	Y					\$ 3,503.66	\$ -	
35556		Artery bypass graft	A	0	090	Y	Y	Y				\$ 1,917.13	\$ -	
35558		Artery bypass graft	A	0	090	Y	Y	Y				\$ 1,683.28	\$ -	
3555F		Pt inr measurement performed	M	9	XXX							\$ -	\$ -	
35560		Artery bypass graft	A	0	090	Y	Y	Y				\$ 2,409.20	\$ -	
35563		Artery bypass graft	A	0	090	Y	Y	Y				\$ 1,974.20	\$ -	
35565		Artery bypass graft	A	0	090	Y	Y	Y				\$ 1,804.73	\$ -	
35566		Artery bypass graft	A	0	090	Y	Y	Y				\$ 2,306.20	\$ -	
35570		Artery bypass graft	A	0	090	Y	Y	Y				\$ 1,558.69	\$ -	
35571		Artery bypass graft	A	0	090	Y	Y	Y				\$ 1,830.83	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
35572		Harvest femoropopliteal vein	A	0	ZZZ			Y				\$ 478.85	\$ -	
35583		Vein bypass graft	A	0	090	Y	Y	Y				\$ 1,977.34	\$ -	
35585		Vein bypass graft	A	0	090	Y	Y	Y				\$ 2,303.76	\$ -	
35587		Vein bypass graft	A	0	090	Y	Y	Y				\$ 1,884.42	\$ -	
35600		Harvest art for cabg add-on	A	0	ZZZ			Y				\$ 353.92	\$ -	
35601		Artery bypass graft	A	0	090	Y	Y	Y				\$ 1,949.15	\$ -	
35606		Artery bypass graft	A	0	090	Y	Y	Y				\$ 1,617.16	\$ -	
35612		Artery bypass graft	A	0	090	Y	Y	Y				\$ 1,459.51	\$ -	
35616		Artery bypass graft	A	0	090	Y	Y	Y				\$ 1,490.48	\$ -	
35621		Artery bypass graft	A	0	090	Y	Y	Y				\$ 1,512.76	\$ -	
35623		Bypass graft not vein	A	0	090	Y	Y	Y				\$ 1,845.79	\$ -	
35626		Artery bypass graft	A	0	090	Y	Y	Y				\$ 2,134.98	\$ -	
35631		Artery bypass graft	A	0	090	Y	Y	Y				\$ 2,557.10	\$ -	
35632		Artery bypass graft	A	0	090	Y	Y	Y				\$ 1,866.32	\$ -	
35633		Artery bypass graft	A	0	090	Y	Y	Y				\$ 2,045.20	\$ -	
35634		Artery bypass graft	A	0	090	Y	Y	Y				\$ 1,858.67	\$ -	
35636		Artery bypass graft	A	0	090	Y	Y	Y				\$ 2,250.52	\$ -	
35637		Artery bypass graft	A	0	090	Y		Y				\$ 2,370.58	\$ -	
35638		Artery bypass graft	A	0	090	Y		Y				\$ 2,419.64	\$ -	
35642		Artery bypass graft	A	0	090	Y	Y	Y				\$ 1,476.56	\$ -	
35645		Artery bypass graft	A	0	090	Y	Y	Y				\$ 1,352.33	\$ -	
35646		Artery bypass graft	A	0	090	Y		Y				\$ 2,358.74	\$ -	
35647		Artery bypass graft	A	0	090	Y	Y	Y				\$ 2,131.15	\$ -	
35650		Artery bypass graft	A	0	090	Y	Y	Y				\$ 1,454.64	\$ -	
35654		Artery bypass graft	A	0	090	Y		Y				\$ 1,882.33	\$ -	
35656		Artery bypass graft	A	0	090	Y	Y	Y				\$ 1,479.00	\$ -	
35661		Artery bypass graft	A	0	090	Y	Y	Y				\$ 1,482.13	\$ -	
35663		Artery bypass graft	A	0	090	Y	Y	Y				\$ 1,720.86	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
35665		Artery bypass graft	A	0	090	Y	Y	Y				\$ 1,606.72	\$ -	
35666		Artery bypass graft	A	0	090	Y	Y	Y				\$ 1,728.52	\$ -	
35671		Artery bypass graft	A	0	090	Y	Y	Y				\$ 1,522.50	\$ -	
35681		Composite bypass graft	A	0	ZZZ			Y				\$ 111.01	\$ -	
35682		Composite bypass graft	A	0	ZZZ							\$ 495.90	\$ -	
35683		Composite bypass graft	A	0	ZZZ							\$ 583.25	\$ -	
35685		Bypass graft patency/patch	A	0	ZZZ			Y				\$ 278.05	\$ -	
35686		Bypass graft/av fist patency	A	0	ZZZ			Y				\$ 228.98	\$ -	
35691		Arterial transposition	A	0	090	Y	Y	Y				\$ 1,325.18	\$ -	
35693		Arterial transposition	A	0	090	Y	Y	Y				\$ 1,247.58	\$ -	
35694		Arterial transposition	A	0	090	Y	Y	Y				\$ 1,382.26	\$ -	
35695		Arterial transposition	A	0	090	Y	Y	Y				\$ 1,437.59	\$ -	
35697		Reimplant artery each	A	0	ZZZ			Y	Y			\$ 206.71	\$ -	
35700		Reoperation bypass graft	A	0	ZZZ			Y				\$ 213.32	\$ -	
35701		Exploration carotid artery	A	0	090	Y	Y	Y				\$ 697.39	\$ -	
3570F		Rprt bone scint xref w xray	M	9	XXX							\$ -	\$ -	
35721		Exploration femoral artery	A	0	090	Y	Y	Y				\$ 592.64	\$ -	
3572F		Pt consid poss risk fx	M	9	XXX							\$ -	\$ -	
3573F		Pt not consid poss risk fx	M	9	XXX							\$ -	\$ -	
35741		Exploration popliteal artery	A	0	090	Y	Y	Y				\$ 664.33	\$ -	
35761		Exploration of artery/vein	A	0	090	Y	Y	Y				\$ 481.98	\$ -	
35800		Explore neck vessels	A	0	090	Y		Y				\$ 886.36	\$ -	
35820		Explore chest vessels	A	0	090	Y		Y				\$ 2,689.69	\$ -	
35840		Explore abdominal vessels	A	0	090	Y		Y				\$ 1,478.30	\$ -	
35860		Explore limb vessels	A	0	090	Y		Y				\$ 1,102.12	\$ -	
35870		Repair vessel graft defect	A	0	090	Y		Y				\$ 1,748.00	\$ -	
35875		Removal of clot in graft	A	0	090	Y						\$ 797.62	\$ -	
35876		Removal of clot in graft	A	0	090	Y		Y				\$ 1,289.69	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
35879		Revise graft w/vein	A	0	090	Y	Y	Y				\$ 1,263.94	\$ -	
35881		Revise graft w/vein	A	0	090	Y	Y	Y				\$ 1,402.44	\$ -	
35883		Revise graft w/nonauto graft	A	0	090	Y	Y	Y				\$ 1,655.09	\$ -	
35884		Revise graft w/vein	A	0	090	Y	Y	Y				\$ 1,742.09	\$ -	
35901		Excision graft neck	A	0	090	Y		Y				\$ 652.85	\$ -	
35903		Excision graft extremity	A	0	090	Y		Y				\$ 739.15	\$ -	
35905		Excision graft thorax	A	0	090	Y		Y				\$ 2,372.32	\$ -	
35907		Excision graft abdomen	A	0	090	Y		Y				\$ 2,637.14	\$ -	
36000		Place needle in vein	B	9	XXX							\$ 11.83	\$ 25.40	
36002		Pseudoaneurysm injection trt	A	0	000	Y	Y					\$ 128.06	\$ 175.39	
36005		Injection ext venography	A	0	000	Y	Y					\$ 58.46	\$ 313.90	
36010		Place catheter in vein	A	0	XXX	Y	Y					\$ 146.86	\$ 506.69	
36011		Place catheter in vein	A	0	XXX	Y	Y					\$ 189.31	\$ 832.42	
36012		Place catheter in vein	A	0	XXX	Y	Y					\$ 215.06	\$ 834.85	
36013		Place catheter in artery	A	0	XXX	Y						\$ 163.56	\$ 768.73	
36014		Place catheter in artery	A	0	XXX	Y	Y					\$ 172.26	\$ 774.30	
36015		Place catheter in artery	A	0	XXX	Y	Y					\$ 198.01	\$ 841.46	
36100		Establish access to artery	A	0	XXX	Y	Y					\$ 212.63	\$ 530.70	
36120		Establish access to artery	A	0	XXX	Y						\$ 125.28	\$ 427.00	
36140		Establish access to artery	A	0	XXX	Y						\$ 133.28	\$ 447.53	
36147		Access av dial grft for eval	A	0	XXX	Y		Y				\$ 220.63	\$ 803.18	
36148		Access av dial grft for proc	A	0	ZZZ			Y				\$ 57.07	\$ 243.60	
36160		Establish access to aorta	A	0	XXX	Y						\$ 156.25	\$ 501.12	
36200		Place catheter in aorta	A	0	000	Y	Y					\$ 200.80	\$ 641.02	
36215		Place catheter in artery	A	0	XXX	Y						\$ 304.15	\$ 1,087.85	
36216		Place catheter in artery	A	0	XXX	Y						\$ 345.22	\$ 1,210.34	
36217		Place catheter in artery	A	0	XXX	Y						\$ 406.81	\$ 1,948.45	
36218		Place catheter in artery	A	0	ZZZ							\$ 64.03	\$ 186.53	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
36245		Ins cath abd/l-ext art 1st	A	0	XXX	Y	Y					\$ 310.76	\$ 1,053.74	
36246		Ins cath abd/l-ext art 2nd	A	0	000	Y	Y					\$ 345.91	\$ 989.36	
36247		Ins cath abd/l-ext art 3rd	A	0	000	Y	Y					\$ 413.42	\$ 1,616.81	
36248		Ins cath abd/l-ext art addl	A	0	ZZZ							\$ 62.99	\$ 154.16	
36251		Ins cath ren art 1st unilat	A	0	000	Y						\$ 350.78	\$ 1,356.50	
36252		Ins cath ren art 1st bilat	A	0	000	Y						\$ 456.92	\$ 1,511.71	
36253		Ins cath ren art 2nd+ unilat	A	0	000	Y						\$ 490.33	\$ 2,061.90	
36254		Ins cath ren art 2nd+ bilat	A	0	000	Y						\$ 528.96	\$ 2,151.34	
36260		Insertion of infusion pump	A	0	090	Y						\$ 773.60	\$ -	
36261		Revision of infusion pump	A	0	090	Y		Y				\$ 481.63	\$ -	
36262		Removal of infusion pump	A	0	090	Y						\$ 353.57	\$ -	
36299		Vessel injection procedure	C	0	YYY	Y				Y		\$ -	\$ -	
36400		Bl draw < 3 yrs fem/jugular	A	0	XXX	Y						\$ 22.62	\$ 29.93	
36405		Bl draw < 3 yrs scalp vein	A	0	XXX	Y						\$ 19.84	\$ 27.84	
36406		Bl draw < 3 yrs other vein	A	0	XXX	Y						\$ 10.79	\$ 18.10	
36410		Non-routine bl draw > 3 yrs	A	0	XXX	Y						\$ 11.48	\$ 18.44	
36415		Routine venipuncture	A	9	XXX							\$ -	\$ -	\$ 3.00
36416		Capillary blood draw	B	9	XXX							\$ -	\$ -	
36420		Vein access cutdown < 1 yr	A	0	XXX	Y						\$ 58.81	\$ -	
36425		Vein access cutdown > 1 yr	A	0	XXX	Y						\$ 46.98	\$ -	
36430		Blood transfusion service	A	5	XXX							\$ -	\$ 29.93	
36440		Bl push transfuse 2 yr or <	A	0	XXX	Y						\$ 73.78	\$ -	
36450		Bl exchange/transfuse nb	A	0	XXX	Y						\$ 112.06	\$ -	
36455		Bl exchange/transfuse non-nb	A	0	XXX	Y						\$ 122.84	\$ -	
36460		Transfusion service fetal	A	0	XXX	Y		Y				\$ 456.92	\$ -	
36468		Injection(s) spider veins	R	0	000	Y						\$ -	\$ -	
36469		Injection(s) spider veins	R	0	000	Y						\$ -	\$ -	
36470		Injection therapy of vein	A	0	010	Y	Y					\$ 94.66	\$ 153.12	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
36471		Injection therapy of veins	A	0	010	Y	Y					\$ 123.54	\$ 187.57	
36475		Endovenous rf 1st vein	A	0	000	Y	Y					\$ 462.49	\$ 1,704.50	
36476		Endovenous rf vein add-on	A	0	ZZZ		Y					\$ 229.68	\$ 422.47	
36478		Endovenous laser 1st vein	A	0	000	Y	Y					\$ 452.75	\$ 1,372.51	
36479		Endovenous laser vein addon	A	0	ZZZ		Y					\$ 223.42	\$ 430.13	
36481		Insertion of catheter vein	A	0	000	Y						\$ 416.21	\$ 1,572.96	
36500		Insertion of catheter vein	A	0	000	Y						\$ 217.85	\$ -	
3650F		Eeg ordered rvwd reqstd	M	9	XXX							\$ -	\$ -	
36510		Insertion of catheter vein	A	0	000	Y						\$ 77.95	\$ 112.06	
36511		Apheresis wbc	A	0	000	Y						\$ 112.40	\$ -	
36512		Apheresis rbc	A	0	000	Y						\$ 100.22	\$ -	
36513		Apheresis platelets	A	0	000	Y						\$ 122.84	\$ -	
36514		Apheresis plasma	A	0	000	Y						\$ 110.66	\$ 475.72	
36515		Apheresis adsorp/reinfuse	A	0	000	Y						\$ 108.58	\$ 1,884.07	
36516		Apheresis selective	A	0	000	Y						\$ 96.05	\$ 1,820.74	
36522		Photopheresis	A	0	000	Y						\$ 108.23	\$ 1,199.56	
36555		Insert non-tunnel cv cath	A	0	000							\$ 135.37	\$ 264.83	
36556		Insert non-tunnel cv cath	A	0	000							\$ 142.33	\$ 240.47	
36557		Insert tunneled cv cath	A	0	010	Y	Y					\$ 397.42	\$ 971.96	
36558		Insert tunneled cv cath	A	0	010	Y	Y					\$ 325.73	\$ 766.30	
36560		Insert tunneled cv cath	A	0	010	Y	Y					\$ 391.15	\$ 1,219.04	
36561		Insert tunneled cv cath	A	0	010	Y	Y					\$ 429.43	\$ 1,149.44	
36563		Insert tunneled cv cath	A	0	010	Y						\$ 467.71	\$ 1,282.03	
36565		Insert tunneled cv cath	A	0	010	Y	Y					\$ 445.09	\$ 1,010.94	
36566		Insert tunneled cv cath	A	0	010	Y	Y					\$ 469.10	\$ 4,462.75	
36568		Insert picc cath	A	0	000							\$ 106.14	\$ 273.88	
36569		Insert picc cath	A	0	000							\$ 102.31	\$ 236.64	
36570		Insert picvad cath	A	0	010	Y	Y					\$ 331.99	\$ 1,081.93	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
36571		Insert picvad cath	A	0	010	Y	Y					\$ 390.11	\$ 1,230.53	
36575		Repair tunneled cv cath	A	0	000	Y						\$ 42.46	\$ 153.12	
36576		Repair tunneled cv cath	A	0	010	Y						\$ 231.42	\$ 388.37	
36578		Replace tunneled cv cath	A	0	010	Y						\$ 249.17	\$ 507.04	
36580		Replace cvad cath	A	0	000							\$ 76.91	\$ 206.02	
36581		Replace tunneled cv cath	A	0	010	Y						\$ 224.81	\$ 709.92	
36582		Replace tunneled cv cath	A	0	010	Y						\$ 365.75	\$ 1,057.92	
36583		Replace tunneled cv cath	A	0	010	Y						\$ 401.59	\$ 1,140.05	
36584		Replace picc cath	A	0	000							\$ 71.69	\$ 191.40	
36585		Replace picvad cath	A	0	010	Y						\$ 322.25	\$ 1,048.18	
36589		Removal tunneled cv cath	A	0	010	Y						\$ 163.21	\$ 185.83	
36590		Removal tunneled cv cath	A	0	010	Y						\$ 246.73	\$ 320.16	
36591		Draw blood off venous device	B	0	XXX							\$ -	\$ 20.53	
36592		Collect blood from picc	B	0	XXX							\$ -	\$ 22.97	
36593		Declot vascular device	A	0	XXX							\$ -	\$ 26.10	
36595		Mech remov tunneled cv cath	A	0	000	Y						\$ 209.84	\$ 541.49	
36596		Mech remov tunneled cv cath	A	0	000	Y						\$ 51.16	\$ 127.37	
36597		Reposition venous catheter	A	0	000	Y						\$ 67.51	\$ 121.10	
36598		Inj w/fluor eval cv device	B	9	000	Y	Y					\$ 45.94	\$ 105.10	
36600		Withdrawal of arterial blood	A	0	XXX	Y						\$ 17.05	\$ 30.28	
36620		Insertion catheter artery	A	0	000							\$ 57.42	\$ -	
36625		Insertion catheter artery	A	0	000							\$ 138.50	\$ -	
36640		Insertion catheter artery	A	0	000	Y						\$ 157.30	\$ -	
36660		Insertion catheter artery	A	0	000	Y						\$ 101.27	\$ -	
36680		Insert needle bone cavity	A	0	000	Y						\$ 75.86	\$ -	
36800		Insertion of cannula	A	0	000	Y						\$ 188.27	\$ -	
36810		Insertion of cannula	A	0	000	Y						\$ 266.57	\$ -	
36815		Insertion of cannula	A	0	000	Y						\$ 192.10	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
36818		Av fuse uppr arm cephalic	A	0	090	Y		Y				\$ 878.35	\$ -	
36819		Av fuse uppr arm basilic	A	0	090	Y		Y				\$ 975.79	\$ -	
36820		Av fusion/forearm vein	A	0	090	Y	Y	Y				\$ 1,060.36	\$ -	
36821		Av fusion direct any site	A	0	090	Y		Y				\$ 902.36	\$ -	
36822		Insertion of cannula(s)	A	0	090	Y						\$ 474.67	\$ -	
36823		Insertion of cannula(s)	A	0	090	Y						\$ 1,689.19	\$ -	
36825		Artery-vein autograft	A	0	090	Y		Y				\$ 1,033.56	\$ -	
36830		Artery-vein nonautograft	A	0	090	Y		Y				\$ 873.13	\$ -	
36831		Open thrombect av fistula	A	0	090	Y		Y				\$ 598.21	\$ -	
36832		Av fistula revision open	A	0	090	Y		Y				\$ 765.60	\$ -	
36833		Av fistula revision	A	0	090	Y		Y				\$ 869.30	\$ -	
36835		Artery to vein shunt	A	0	090	Y						\$ 621.88	\$ -	
36838		Dist revas ligation hemo	A	0	090	Y	Y	Y				\$ 1,553.82	\$ -	
36860		External cannula declotting	A	0	000	Y						\$ 125.28	\$ 208.45	
36861		Cannula declotting	A	0	000	Y						\$ 187.22	\$ -	
36870		Percut thrombect av fistula	A	0	090	Y	Y		Y			\$ 344.87	\$ 1,726.78	
3700F		Psych disorders assessed	M	9	XXX							\$ -	\$ -	
37140		Revision of circulation	A	0	090	Y						\$ 2,839.68	\$ -	
37145		Revision of circulation	A	0	090	Y		Y				\$ 2,666.03	\$ -	
37160		Revision of circulation	A	0	090	Y		Y				\$ 2,702.57	\$ -	
37180		Revision of circulation	A	0	090	Y		Y				\$ 2,605.82	\$ -	
37181		Splice spleen/kidney veins	A	0	090	Y		Y				\$ 2,845.94	\$ -	
37182		Insert hepatic shunt (tips)	A	0	000	Y						\$ 943.08	\$ -	
37183		Remove hepatic shunt (tips)	A	0	000	Y						\$ 442.31	\$ 4,964.57	
37184		Prim art mech thrombectomy	A	0	000	Y	Y		Y			\$ 566.54	\$ 2,192.75	
37185		Prim art m-thrombect add-on	A	0	ZZZ				Y			\$ 214.37	\$ 728.36	
37186		Sec art m-thrombect add-on	A	0	ZZZ				Y			\$ 327.82	\$ 1,403.83	
37187		Venous mech thrombectomy	A	0	000	Y	Y		Y			\$ 491.38	\$ 2,053.55	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
37188		Venous m-thrombectomy add-on	A	0	000	Y	Y		Y			\$ 340.00	\$ 1,702.42	
37191		Ins endovas vena cava filtr	A	0	000	Y						\$ 285.71	\$ 2,344.13	
37192		Redo endovas vena cava filtr	A	0	000	Y						\$ 444.05	\$ 1,645.69	
37193		Rem endovas vena cava filter	A	0	000	Y						\$ 443.70	\$ 1,576.44	
37195		Thrombolytic therapy stroke	C	5	XXX							\$ -	\$ -	
37200		Transcatheter biopsy	A	0	000	Y						\$ 249.52	\$ -	
37201		Transcatheter therapy infuse	A	0	000	Y						\$ 327.82	\$ -	
37202		Transcatheter therapy infuse	A	0	000	Y						\$ 416.56	\$ -	
37203		Transcatheter retrieval	A	0	000	Y						\$ 307.98	\$ 1,227.74	
37204		Transcatheter occlusion	A	0	000	Y						\$ 1,051.31	\$ -	
37205		Transcath iv stent percut	A	0	000	Y						\$ 549.14	\$ 3,853.75	
37206		Transcath iv stent/perc addl	A	0	ZZZ							\$ 275.62	\$ 2,289.84	
37207		Transcath iv stent open	A	0	000	Y	Y	Y	Y			\$ 577.68	\$ -	
37208		Transcath iv stent/open addl	A	0	ZZZ			Y	Y			\$ 282.23	\$ -	
37209		Change iv cath at thromb tx	A	0	000	Y						\$ 136.76	\$ -	
3720F		Cognit impairment assessed	M	9	XXX							\$ -	\$ -	
37210		Embolization uterine fibroid	A	0	000	Y						\$ 591.60	\$ 3,238.14	
37215		Transcath stent cca w/eps	R	0	090	Y						\$ 1,411.84	\$ -	
37216		Transcath stent cca w/o eps	N	9	090							\$ 1,068.01	\$ -	
37220		Iliac revasc	A	0	000	Y	Y					\$ 545.32	\$ 2,976.44	
37221		Iliac revasc w/stent	A	0	000	Y	Y					\$ 651.80	\$ 4,382.36	
37222		Iliac revasc add-on	A	0	ZZZ		Y					\$ 247.78	\$ 884.62	
37223		Iliac revasc w/stent add-on	A	0	ZZZ		Y					\$ 279.10	\$ 2,378.93	
37224		Fem/popl revas w/tla	A	0	000	Y	Y					\$ 597.86	\$ 3,559.00	
37225		Fem/popl revas w/ather	A	0	000	Y	Y					\$ 813.62	\$ 9,815.69	
37226		Fem/popl revasc w/stent	A	0	000	Y	Y					\$ 603.78	\$ 8,209.67	
37227		Fem/popl revasc stnt & ather	A	0	000	Y	Y					\$ 983.10	\$ 13,237.22	
37228		Tib/per revasc w/tla	A	0	000	Y	Y					\$ 735.32	\$ 5,048.78	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
37229		Tib/per revasc w/ather	A	0	000	Y	Y					\$ 954.56	\$ 9,760.01	
37230		Tib/per revasc w/stent	A	0	000	Y	Y					\$ 898.88	\$ 7,765.62	
37231		Tib/per revasc stent & ather	A	0	000	Y	Y					\$ 977.18	\$ 12,333.47	
37232		Tib/per revasc add-on	A	0	ZZZ		Y					\$ 266.22	\$ 1,163.36	
37233		Tibper revasc w/ather add-on	A	0	ZZZ		Y					\$ 439.52	\$ 1,452.55	
37234		Revsc opn/prq tib/pero stent	A	0	ZZZ		Y					\$ 361.92	\$ 3,559.00	
37235		Tib/per revasc stnt & ather	A	0	ZZZ		Y					\$ 513.65	\$ 3,839.14	
37250		Iv us first vessel add-on	A	0	ZZZ							\$ 143.72	\$ -	
37251		Iv us each add vessel add-on	A	0	ZZZ							\$ 108.92	\$ -	
3725F		Screen depression performed	M	9	XXX							\$ -	\$ -	
37500		Endoscopy ligate perf veins	A	0	090	Y	Y					\$ 894.01	\$ -	
37501		Vascular endoscopy procedure	C	0	YYY	Y	Y			Y		\$ -	\$ -	
3750F		Pntotrcvngsteroid>/=10mg/day	M	9	XXX							\$ -	\$ -	
37565		Ligation of neck vein	A	0	090	Y						\$ 913.15	\$ -	
37600		Ligation of neck artery	A	0	090	Y		Y				\$ 899.58	\$ -	
37605		Ligation of neck artery	A	0	090	Y		Y				\$ 1,072.19	\$ -	
37606		Ligation of neck artery	A	0	090	Y		Y				\$ 693.56	\$ -	
37607		Ligation of a-v fistula	A	0	090	Y						\$ 481.63	\$ -	
37609		Temporal artery procedure	A	0	010	Y	Y					\$ 249.86	\$ 338.95	
37615		Ligation of neck artery	A	0	090	Y		Y				\$ 619.79	\$ -	
37616		Ligation of chest artery	A	0	090	Y		Y				\$ 1,392.00	\$ -	
37617		Ligation of abdomen artery	A	0	090	Y		Y				\$ 1,695.80	\$ -	
37618		Ligation of extremity artery	A	0	090	Y		Y				\$ 480.59	\$ -	
37619		Ligation of inf vena cava	A	0	090	Y		Y				\$ 2,143.68	\$ -	
37650		Revision of major vein	A	0	090	Y	Y					\$ 674.08	\$ -	
37660		Revision of major vein	A	0	090	Y		Y				\$ 1,622.03	\$ -	
37700		Revise leg vein	A	0	090	Y	Y					\$ 314.24	\$ -	
37718		Ligate/strip short leg vein	A	0	090	Y	Y					\$ 556.10	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
37722		Ligate/strip long leg vein	A	0	090	Y	Y					\$ 622.92	\$ -	
37735		Removal of leg veins/lesion	A	0	090	Y	Y					\$ 814.67	\$ -	
37760		Ligate leg veins radical	A	0	090	Y	Y					\$ 801.79	\$ -	
37761		Ligate leg veins open	A	0	090	Y	Y	Y				\$ 699.13	\$ -	
37765		Stab phleb veins xtr 10-20	A	0	090	Y	Y					\$ 572.11	\$ 752.72	
37766		Phleb veins - extrem 20+	A	0	090	Y	Y					\$ 707.83	\$ 905.84	
37780		Revision of leg vein	A	0	090	Y	Y					\$ 320.86	\$ -	
37785		Ligate/divide/excise vein	A	0	090	Y	Y					\$ 323.99	\$ 406.12	
37788		Revascularization penis	A	0	090	Y		Y				\$ 1,726.78	\$ -	
37790		Penile venous occlusion	A	0	090	Y						\$ 522.00	\$ -	
37799		Vascular surgery procedure	C	0	YYY	Y				Y		\$ -	\$ -	
38100		Removal of spleen total	A	0	090	Y		Y				\$ 1,412.53	\$ -	
38101		Removal of spleen partial	A	0	090	Y		Y				\$ 1,428.19	\$ -	
38102		Removal of spleen total	A	0	ZZZ			Y				\$ 329.21	\$ -	
38115		Repair of ruptured spleen	A	0	090	Y		Y				\$ 1,541.29	\$ -	
38120		Laparoscopy splenectomy	A	0	090	Y		Y				\$ 1,279.25	\$ -	
38129		Laparoscope proc spleen	C	0	YYY	Y		Y		Y		\$ -	\$ -	
38200		Injection for spleen x-ray	A	0	000	Y						\$ 190.70	\$ -	
38204		Bl donor search management	B	9	XXX							\$ 106.84	\$ -	
38205		Harvest allogenic stem cells	A	0	000	Y						\$ 80.39	\$ -	
38206		Harvest auto stem cells	A	0	000	Y						\$ 84.56	\$ -	
38207		Cryopreserve stem cells	A	9	XXX							\$ 47.33	\$ -	
38208		Thaw preserved stem cells	A	9	XXX							\$ 30.97	\$ -	
38209		Wash harvest stem cells	A	9	XXX							\$ 12.53	\$ -	
38210		T-cell depletion of harvest	A	9	XXX							\$ 84.91	\$ -	
38211		Tumor cell deplete of harvst	A	9	XXX							\$ 77.95	\$ -	
38212		Rbc depletion of harvest	A	9	XXX							\$ 49.76	\$ -	
38213		Platelet deplete of harvest	A	9	XXX							\$ 12.53	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
38214		Volume deplete of harvest	A	9	XXX							\$ 43.50	\$ -	
38215		Harvest stem cell concentrte	A	9	XXX							\$ 49.76	\$ -	
38220		Bone marrow aspiration	A	0	XXX	Y	Y					\$ 65.77	\$ 149.64	
38221		Bone marrow biopsy	A	0	XXX	Y	Y					\$ 76.56	\$ 153.82	
38230		Bone marrow harvest allogeneic	A	0	000	Y						\$ 232.12	\$ -	
38232		Bone marrow harvest autolog	A	0	000	Y						\$ 232.12	\$ -	
38240		Bn marrow/stm transplt allo	A	0	XXX	Y						\$ 129.11	\$ -	
38241		Bn marrow/stm transplt auto	A	0	XXX	Y						\$ 127.37	\$ -	
38242		Lymphocyte infuse transplant	A	0	000	Y						\$ 96.40	\$ -	
38300		Drainage lymph node lesion	A	0	010	Y						\$ 204.97	\$ 285.36	
38305		Drainage lymph node lesion	A	0	090	Y						\$ 536.96	\$ -	
38308		Incision of lymph channels	A	0	090	Y		Y				\$ 538.36	\$ -	
38380		Thoracic duct procedure	A	0	090	Y		Y				\$ 625.01	\$ -	
38381		Thoracic duct procedure	A	0	090	Y		Y				\$ 1,029.38	\$ -	
38382		Thoracic duct procedure	A	0	090	Y		Y				\$ 845.64	\$ -	
38500		Biopsy/removal lymph nodes	A	0	010	Y	Y					\$ 299.28	\$ 364.36	
38505		Needle biopsy lymph nodes	A	0	000	Y	Y					\$ 76.56	\$ 122.50	
38510		Biopsy/removal lymph nodes	A	0	010	Y	Y					\$ 494.51	\$ 579.07	
38520		Biopsy/removal lymph nodes	A	0	090	Y	Y					\$ 551.23	\$ -	
38525		Biopsy/removal lymph nodes	A	0	090	Y	Y					\$ 513.30	\$ -	
38530		Biopsy/removal lymph nodes	A	0	090	Y	Y	Y				\$ 661.55	\$ -	
38542		Explore deep node(s) neck	A	0	090	Y	Y	Y				\$ 595.43	\$ -	
38550		Removal neck/armpit lesion	A	0	090	Y						\$ 590.56	\$ -	
38555		Removal neck/armpit lesion	A	0	090	Y		Y				\$ 1,210.00	\$ -	
38562		Removal pelvic lymph nodes	A	0	090	Y		Y				\$ 813.97	\$ -	
38564		Removal abdomen lymph nodes	A	0	090	Y		Y				\$ 841.46	\$ -	
38570		Laparoscopy lymph node biop	A	0	010	Y		Y	Y		49320	\$ 614.92	\$ -	
38571		Laparoscopy lymphadenectomy	A	0	010	Y		Y	Y			\$ 871.74	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
38572		Laparoscopy lymphadenectomy	A	0	010	Y		Y	Y			\$ 1,090.98	\$ -	
38589		Laparoscope proc lymphatic	C	0	YYY	Y	Y	Y		Y		\$ -	\$ -	
38700		Removal of lymph nodes neck	A	0	090	Y	Y	Y				\$ 903.76	\$ -	
38720		Removal of lymph nodes neck	A	0	090	Y	Y	Y				\$ 1,549.64	\$ -	
38724		Removal of lymph nodes neck	A	0	090	Y	Y	Y				\$ 1,648.13	\$ -	
38740		Remove armpit lymph nodes	A	0	090	Y	Y	Y				\$ 825.46	\$ -	
38745		Remove armpit lymph nodes	A	0	090	Y	Y	Y				\$ 1,055.14	\$ -	
38746		Remove thoracic lymph nodes	A	0	ZZZ			Y				\$ 293.02	\$ -	
38747		Remove abdominal lymph nodes	A	0	ZZZ			Y				\$ 336.52	\$ -	
38760		Remove groin lymph nodes	A	0	090	Y	Y	Y				\$ 1,016.16	\$ -	
38765		Remove groin lymph nodes	A	0	090	Y	Y	Y				\$ 1,554.86	\$ -	
38770		Remove pelvis lymph nodes	A	0	090	Y	Y	Y				\$ 899.23	\$ -	
38780		Remove abdomen lymph nodes	A	0	090	Y		Y				\$ 1,177.28	\$ -	
38790		Inject for lymphatic x-ray	A	0	000	Y	Y					\$ 98.14	\$ -	
38792		Ra tracer id of sentinl node	A	0	000	Y	Y					\$ 43.85	\$ -	
38794		Access thoracic lymph duct	A	0	090	Y						\$ 307.63	\$ -	
38900		lo map of sent lymph node	A	0	ZZZ		Y	Y				\$ 171.91	\$ 171.91	
38999		Blood/lymph system procedure	C	0	YYY	Y				Y		\$ -	\$ -	
39000		Exploration of chest	A	0	090	Y		Y				\$ 612.13	\$ -	
39010		Exploration of chest	A	0	090	Y		Y				\$ 1,023.82	\$ -	
39200		Resect mediastinal cyst	A	0	090	Y		Y				\$ 1,142.83	\$ -	
39220		Resect mediastinal tumor	A	0	090	Y		Y				\$ 1,464.04	\$ -	
39400		Mediastinoscopy incl biopsy	A	0	010	Y						\$ 641.36	\$ -	
39499		Chest procedure	C	0	YYY	Y		Y		Y		\$ -	\$ -	
39501		Repair diaphragm laceration	A	0	090	Y		Y				\$ 1,043.65	\$ -	
39503		Repair of diaphragm hernia	A	0	090	Y		Y				\$ 7,681.75	\$ -	
39540		Repair of diaphragm hernia	A	0	090	Y		Y				\$ 1,076.36	\$ -	
39541		Repair of diaphragm hernia	A	0	090	Y		Y				\$ 1,169.98	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
39545		Revision of diaphragm	A	0	090	Y		Y				\$ 1,142.14	\$ -	
39560		Resect diaphragm simple	A	0	090	Y		Y				\$ 975.79	\$ -	
39561		Resect diaphragm complex	A	0	090	Y		Y				\$ 1,535.03	\$ -	
39599		Diaphragm surgery procedure	C	0	YYY	Y		Y		Y		\$ -	\$ -	
4000F		Tobacco use txmnt counseling	M	9	XXX							\$ -	\$ -	
4001F		Tobacco use txmnt pharmacol	M	9	XXX							\$ -	\$ -	
4003F		Pt ed write/oral pts w/ hf	M	9	XXX							\$ -	\$ -	
4004F		Pt tobacco screen rcvd tlk	M	9	XXX							\$ -	\$ -	
4005F		Pharm thx for op rxd	M	9	XXX							\$ -	\$ -	
4008F		Beta-blocker therapy rxd/tkn	M	9	XXX							\$ -	\$ -	
4010F		ACE/ARB therapy rxd/taken	M	9	XXX							\$ -	\$ -	
4011F		Oral antiplatelet therapy rx	I	9	XXX							\$ -	\$ -	
4012F		Warfarin therapy rx	M	9	XXX							\$ -	\$ -	
4013F		Statin therapy/currently tkn	M	9	XXX							\$ -	\$ -	
4014F		Written discharge instr prvd	M	9	XXX							\$ -	\$ -	
4015F		Persist asthma medicine ctrl	M	9	XXX							\$ -	\$ -	
4016F		Anti-inflm/anglsc agent rx	M	9	XXX							\$ -	\$ -	
4017F		Gi prophylaxis for nsaid rx	M	9	XXX							\$ -	\$ -	
4018F		Therapy exercise joint rx	M	9	XXX							\$ -	\$ -	
4019F		Doc recpt counsl vit d/calc+	M	9	XXX							\$ -	\$ -	
4025F		Inhaled bronchodilator rx	M	9	XXX							\$ -	\$ -	
4030F		Oxygen therapy rx	M	9	XXX							\$ -	\$ -	
4033F		Pulmonary rehab rec	M	9	XXX							\$ -	\$ -	
4035F		Influenza imm rec	M	9	XXX							\$ -	\$ -	
4037F		Influenza imm order/admin	M	9	XXX							\$ -	\$ -	
4040F		Pneumoc vac/admin/rcvd	M	9	XXX							\$ -	\$ -	
4041F		Doc order cefazolin/cefurox	M	9	XXX							\$ -	\$ -	
4042F		Doc antibio not given	M	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
4043F		Doc order given stop antibio	M	9	XXX							\$ -	\$ -	
4044F		Doc order given vte prophylx	M	9	XXX							\$ -	\$ -	
4045F		Empiric antibiotic rx	M	9	XXX							\$ -	\$ -	
4046F		Doc antibio given b/4 surg	M	9	XXX							\$ -	\$ -	
4047F		Doc antibio given b/4 surg	M	9	XXX							\$ -	\$ -	
4048F		Doc antibio given b/4 surg	M	9	XXX							\$ -	\$ -	
40490		Biopsy of lip	A	0	000	Y						\$ 84.56	\$ 131.54	
4049F		Doc order given stop antibio	M	9	XXX							\$ -	\$ -	
40500		Partial excision of lip	A	0	090	Y						\$ 393.59	\$ 515.39	
4050F		Ht care plan doc	M	9	XXX							\$ -	\$ -	
40510		Partial excision of lip	A	0	090	Y						\$ 391.15	\$ 500.77	
4051F		Referred for an AV fistula	M	9	XXX							\$ -	\$ -	
40520		Partial excision of lip	A	0	090	Y						\$ 398.11	\$ 512.26	
40525		Reconstruct lip with flap	A	0	090	Y						\$ 628.14	\$ -	
40527		Reconstruct lip with flap	A	0	090	Y						\$ 689.39	\$ -	
4052F		Hemodialysis via AV fistula	M	9	XXX							\$ -	\$ -	
40530		Partial removal of lip	A	0	090	Y						\$ 451.01	\$ 569.33	
4053F		Hemodialysis via AV graft	X	9	XXX							\$ -	\$ -	
4054F		Hemodialysis via catheter	X	9	XXX							\$ -	\$ -	
4055F		Pt rcvng periton dialysis	X	9	XXX							\$ -	\$ -	
4056F		Approp oral rehyd recommd	X	9	XXX							\$ -	\$ -	
4058F		Ped gastro ed given caregvr	M	9	XXX							\$ -	\$ -	
4060F		Psych svcs provided	M	9	XXX							\$ -	\$ -	
4062F		Pt referral psych docd	M	9	XXX							\$ -	\$ -	
4063F		Antidepres rxthxpy not rxd	M	9	XXX							\$ -	\$ -	
4064F		Antidepressant rx	M	9	XXX							\$ -	\$ -	
40650		Repair lip	A	0	090	Y						\$ 328.16	\$ 444.40	
40652		Repair lip	A	0	090	Y						\$ 393.59	\$ 510.17	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
40654		Repair lip	A	0	090	Y						\$ 475.02	\$ 599.60	
4065F		Antipsychotic rx	M	9	XXX							\$ -	\$ -	
4066F		ECT provided	M	9	XXX							\$ -	\$ -	
4067F		Pt referral for ect docd	M	9	XXX							\$ -	\$ -	
4069F		Vte prophylaxis rcvd	M	9	XXX							\$ -	\$ -	
40700		Repair cleft lip/nasal	A	0	090	Y						\$ 1,042.26	\$ -	
40701		Repair cleft lip/nasal	A	0	090	Y		Y				\$ 1,275.07	\$ -	
40702		Repair cleft lip/nasal	A	0	090	Y		Y				\$ 853.99	\$ -	
4070F		Dvt prophylx recvd day 2	M	9	XXX							\$ -	\$ -	
40720		Repair cleft lip/nasal	A	0	090	Y	Y					\$ 1,212.78	\$ -	
4073F		Oral antiplat thx rx dischrg	I	9	XXX							\$ -	\$ -	
4075F		Anticoag thx rx at dischrg	M	9	XXX							\$ -	\$ -	
40761		Repair cleft lip/nasal	A	0	090	Y						\$ 1,234.01	\$ -	
4077F		Doc t-pa admin considered	M	9	XXX							\$ -	\$ -	
40799		Lip surgery procedure	C	0	YYY	Y		Y		Y		\$ -	\$ -	
4079F		Doc rehab svcs considered	M	9	XXX							\$ -	\$ -	
40800		Drainage of mouth lesion	A	0	010	Y						\$ 133.98	\$ 201.14	
40801		Drainage of mouth lesion	A	0	010	Y						\$ 233.86	\$ 312.85	
40804		Removal foreign body mouth	A	0	010	Y						\$ 135.37	\$ 207.06	
40805		Removal foreign body mouth	A	0	010	Y						\$ 236.64	\$ 349.04	
40806		Incision of lip fold	A	0	000	Y						\$ 37.58	\$ 132.59	
40808		Biopsy of mouth lesion	A	0	010	Y						\$ 108.58	\$ 175.04	
40810		Excision of mouth lesion	A	0	010	Y						\$ 132.59	\$ 199.75	
40812		Excise/repair mouth lesion	A	0	010	Y						\$ 206.71	\$ 283.27	
40814		Excise/repair mouth lesion	A	0	090	Y						\$ 319.81	\$ 386.28	
40816		Excision of mouth lesion	A	0	090	Y						\$ 336.52	\$ 409.25	
40818		Excise oral mucosa for graft	A	0	090	Y						\$ 278.40	\$ 349.39	
40819		Excise lip or cheek fold	A	0	090	Y						\$ 242.21	\$ 303.80	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
40820		Treatment of mouth lesion	A	0	010	Y						\$ 171.91	\$ 251.95	
40830		Repair mouth laceration	A	0	010	Y						\$ 178.18	\$ 261.35	
40831		Repair mouth laceration	A	0	010	Y						\$ 242.56	\$ 335.12	
40840		Reconstruction of mouth	A	0	090	Y		Y				\$ 670.94	\$ 827.54	
40842		Reconstruction of mouth	A	0	090	Y						\$ 686.60	\$ 828.59	
40843		Reconstruction of mouth	A	0	090	Y		Y				\$ 1,014.42	\$ 1,206.17	
40844		Reconstruction of mouth	A	0	090	Y		Y				\$ 1,323.44	\$ 1,537.81	
40845		Reconstruction of mouth	R	0	090	Y						\$ 1,362.07	\$ 1,563.91	
4084F		Aspirin recvd w/in 24 hrs	M	9	XXX							\$ -	\$ -	
4086F		Aspirin/clopidogrel rxd	M	9	XXX							\$ -	\$ -	
40899		Mouth surgery procedure	C	0	YYY	Y				Y		\$ -	\$ -	
4090F		Pt rcvng epo thxpy	M	9	XXX							\$ -	\$ -	
4095F		Pt not rcvng epo thxpy	M	9	XXX							\$ -	\$ -	
41000		Drainage of mouth lesion	A	0	010	Y						\$ 118.32	\$ 161.12	
41005		Drainage of mouth lesion	A	0	010	Y						\$ 129.80	\$ 211.24	
41006		Drainage of mouth lesion	A	0	090	Y						\$ 276.66	\$ 359.48	
41007		Drainage of mouth lesion	A	0	090	Y						\$ 265.18	\$ 360.18	
41008		Drainage of mouth lesion	A	0	090	Y						\$ 283.97	\$ 375.84	
41009		Drainage of mouth lesion	A	0	090	Y						\$ 308.68	\$ 399.85	
4100F		Biphos thxpy vein ord/recvd	M	9	XXX							\$ -	\$ -	
41010		Incision of tongue fold	A	0	010	Y						\$ 113.45	\$ 197.32	
41015		Drainage of mouth lesion	A	0	090	Y						\$ 355.66	\$ 428.04	
41016		Drainage of mouth lesion	A	0	090	Y						\$ 365.05	\$ 439.52	
41017		Drainage of mouth lesion	A	0	090	Y						\$ 365.75	\$ 441.26	
41018		Drainage of mouth lesion	A	0	090	Y						\$ 433.96	\$ 505.99	
41019		Place needles h&n for rt	A	0	000	Y				Y		\$ 491.72	\$ -	
41100		Biopsy of tongue	A	0	010	Y						\$ 117.97	\$ 170.17	
41105		Biopsy of tongue	A	0	010	Y						\$ 120.76	\$ 171.91	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
41108		Biopsy of floor of mouth	A	0	010	Y						\$ 95.70	\$ 145.46	
4110F		Int mam art used for cabg	M	9	XXX							\$ -	\$ -	
41110		Excision of tongue lesion	A	0	010	Y						\$ 141.64	\$ 211.93	
41112		Excision of tongue lesion	A	0	090	Y						\$ 263.78	\$ 333.04	
41113		Excision of tongue lesion	A	0	090	Y						\$ 292.67	\$ 365.05	
41114		Excision of tongue lesion	A	0	090	Y						\$ 690.43	\$ -	
41115		Excision of tongue fold	A	0	010	Y						\$ 156.25	\$ 245.69	
41116		Excision of mouth lesion	A	0	090	Y						\$ 232.46	\$ 327.12	
41120		Partial removal of tongue	A	0	090	Y		Y				\$ 1,096.20	\$ -	
41130		Partial removal of tongue	A	0	090	Y		Y				\$ 1,386.43	\$ -	
41135		Tongue and neck surgery	A	0	090	Y		Y				\$ 2,348.65	\$ -	
41140		Removal of tongue	A	0	090	Y		Y				\$ 2,357.70	\$ -	
41145		Tongue removal neck surgery	A	0	090	Y		Y				\$ 2,988.97	\$ -	
41150		Tongue mouth jaw surgery	A	0	090	Y		Y				\$ 2,380.32	\$ -	
41153		Tongue mouth neck surgery	A	0	090	Y		Y				\$ 2,591.90	\$ -	
41155		Tongue jaw & neck surgery	A	0	090	Y		Y				\$ 3,293.82	\$ -	
4115F		Beta blckr admin w/in 24 hrs	M	9	XXX							\$ -	\$ -	
4120F		Antibiot rxd/given	M	9	XXX							\$ -	\$ -	
4124F		Antibiot not rxd/given	M	9	XXX							\$ -	\$ -	
41250		Repair tongue laceration	A	0	010	Y						\$ 167.74	\$ 257.87	
41251		Repair tongue laceration	A	0	010	Y						\$ 187.92	\$ 273.88	
41252		Repair tongue laceration	A	0	010	Y						\$ 239.08	\$ 326.77	
4130F		Topical prep rx aoe	M	9	XXX							\$ -	\$ -	
4131F		Syst antimicrobial thx rx	M	9	XXX							\$ -	\$ -	
4132F		No syst antimicrobial thx rx	M	9	XXX							\$ -	\$ -	
4133F		Antihist/decong rx/recom	M	9	XXX							\$ -	\$ -	
4134F		No antihist/decong rx/recom	M	9	XXX							\$ -	\$ -	
4135F		Systemic corticosteroids rx	M	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
4136F		Syst corticosteroids not rx	M	9	XXX							\$ -	\$ -	
4140F		Inhaled corticosteroids rxd	M	9	XXX							\$ -	\$ -	
4142F		Corticoster sparing txmnt rxd	M	9	XXX							\$ -	\$ -	
4144F		Alt long-term cntrl med rxd	M	9	XXX							\$ -	\$ -	
4145F		2+ anti-hyprtnsv agents tkn	M	9	XXX							\$ -	\$ -	
4148F		Hep A vac injxn admin/recvd	M	9	XXX							\$ -	\$ -	
4149F		Hep B vac injxn admin/recvd	M	9	XXX							\$ -	\$ -	
41500		Fixation of tongue	A	0	090	Y						\$ 461.10	\$ -	
4150F		Pt rcvng antivir txmnt hepc	M	9	XXX							\$ -	\$ -	
41510		Tongue to lip surgery	A	0	090	Y						\$ 415.16	\$ -	
41512		Tongue suspension	A	0	090	Y						\$ 617.70	\$ -	
4151F		Pt not rcvng antiv hep c	M	9	XXX							\$ -	\$ -	
41520		Reconstruction tongue fold	A	0	090	Y						\$ 262.39	\$ 341.74	
41530		Tongue base vol reduction	A	0	010	Y						\$ 402.29	\$ 2,912.06	
4153F		Combo pegintf/rib rx	M	9	XXX							\$ -	\$ -	
4155F		Hep A vac series prev recvd	M	9	XXX							\$ -	\$ -	
4157F		Hep B vac series prev recvd	M	9	XXX							\$ -	\$ -	
4158F		Pt edu re alcoh drnkng done	M	9	XXX							\$ -	\$ -	
41599		Tongue and mouth surgery	C	0	YYY	Y				Y		\$ -	\$ -	
4159F		Contrcp talk b/4 antiv txmnt	M	9	XXX							\$ -	\$ -	
4163F		Pt couns 4 txmnt opt prost	M	9	XXX							\$ -	\$ -	
4164F		Adjv hrmnl thxpy rxd	M	9	XXX							\$ -	\$ -	
4165F		3d-crt/imrt received	M	9	XXX							\$ -	\$ -	
4167F		Hd bed tilted 1st day vent	M	9	XXX							\$ -	\$ -	
4168F		Pt care icu&vent w/in 24hrs	M	9	XXX							\$ -	\$ -	
4169F		No pt care ICU/vent in 24hrs	M	9	XXX							\$ -	\$ -	
4171F		Pt rcvng esa thxpy	M	9	XXX							\$ -	\$ -	
4172F		Pt not rcvng esa thxpy	M	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
4174F		Couns potent glauc impct	M	9	XXX							\$ -	\$ -	
4175F		Vis of >= 20/40 w/in 90 days	M	9	XXX							\$ -	\$ -	
4176F		Talk re uv light pt/crgvr	M	9	XXX							\$ -	\$ -	
4177F		Talk pt/crgvr re areds prev	M	9	XXX							\$ -	\$ -	
4178F		Antid glbln rcvd w/in 26wks	M	9	XXX							\$ -	\$ -	
4179F		Tamoxifen/AI prescribed	M	9	XXX							\$ -	\$ -	
41800		Drainage of gum lesion	A	0	010	Y						\$ 148.94	\$ 249.86	
41805		Removal foreign body gum	A	0	010	Y						\$ 167.39	\$ 230.72	
41806		Removal foreign body jawbone	A	0	010	Y						\$ 286.40	\$ 368.18	
4180F		Adjv thxpyrxd/rcvd colon ca	M	9	XXX							\$ -	\$ -	
4181F		Conformal radn thxpy rcvd	M	9	XXX							\$ -	\$ -	
41820		Excision gum each quadrant	N	0	000	Y						\$ -	\$ -	
41821		Excision of gum flap	N	0	000	Y						\$ -	\$ -	
41822		Excision of gum lesion	N	0	010	Y						\$ 192.44	\$ 284.32	
41823		Excision of gum lesion	N	0	090	Y						\$ 334.43	\$ 422.82	
41825		Excision of gum lesion	N	0	010	Y						\$ 130.15	\$ 204.28	
41826		Excision of gum lesion	N	0	010	Y						\$ 217.85	\$ 301.02	
41827		Excision of gum lesion	N	0	090	Y						\$ 323.99	\$ 435.00	
41828		Excision of gum lesion	N	0	010	Y						\$ 229.33	\$ 306.59	
4182F		No conformal radn thxpy	M	9	XXX							\$ -	\$ -	
41830		Removal of gum tissue	N	0	010	Y						\$ 295.10	\$ 385.93	
41850		Treatment of gum lesion	N	0	000	Y						\$ -	\$ -	
4185F		Continuous ppi or h2ra rcvd	M	9	XXX							\$ -	\$ -	
4186F		No cont ppi or h2ra rcvd	M	9	XXX							\$ -	\$ -	
41870		Gum graft	N	0	000	Y						\$ -	\$ -	
41872		Repair gum	N	0	090	Y						\$ 316.68	\$ 422.47	
41874		Repair tooth socket	N	0	090	Y						\$ 265.18	\$ 363.66	
4187F		Anti rheum drugthxpyrxd/gvn	M	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
4188F		Approp ACE/ARB tstng done	M	9	XXX							\$ -	\$ -	
41899		Dental surgery procedure	C	0	YYY	Y				Y		\$ -	\$ -	
4189F		Approp digoxin tstng done	M	9	XXX							\$ -	\$ -	
4190F		Approp diuretic tstng done	M	9	XXX							\$ -	\$ -	
4191F		Approp anticonvuls tstng	M	9	XXX							\$ -	\$ -	
4192F		Pt not rcvng glucoco thxpy	M	9	XXX							\$ -	\$ -	
4193F		Pt rcvng<10mg daily predniso	M	9	XXX							\$ -	\$ -	
4194F		Pt rcvng>10mg daily predniso	M	9	XXX							\$ -	\$ -	
4195F		Pt rcvng anti-rheum thxpy RA	M	9	XXX							\$ -	\$ -	
4196F		Ptnot rcvng anti-rhm thxpyRA	M	9	XXX							\$ -	\$ -	
42000		Drainage mouth roof lesion	A	0	010	Y						\$ 109.97	\$ 155.90	
4200F		External beam to prost only	M	9	XXX							\$ -	\$ -	
4201F		Extrnl beam other than prost	M	9	XXX							\$ -	\$ -	
42100		Biopsy roof of mouth	A	0	010	Y						\$ 116.93	\$ 151.73	
42104		Excision lesion mouth roof	A	0	010	Y						\$ 148.60	\$ 213.67	
42106		Excision lesion mouth roof	A	0	010	Y						\$ 188.96	\$ 267.96	
42107		Excision lesion mouth roof	A	0	090	Y						\$ 371.66	\$ 469.45	
4210F		Ace/arb thxpy for mos/>	M	9	XXX							\$ -	\$ -	
42120		Remove palate/lesion	A	0	090	Y		Y				\$ 1,055.83	\$ -	
42140		Excision of uvula	A	0	090	Y						\$ 164.60	\$ 250.91	
42145		Repair palate pharynx/uvula	A	0	090	Y						\$ 766.99	\$ -	
42160		Treatment mouth roof lesion	A	0	010	Y						\$ 158.69	\$ 233.51	
42180		Repair palate	A	0	010	Y						\$ 200.80	\$ 253.34	
42182		Repair palate	A	0	010	Y						\$ 284.66	\$ 340.69	
42200		Reconstruct cleft palate	A	0	090	Y		Y				\$ 943.08	\$ -	
42205		Reconstruct cleft palate	A	0	090	Y		Y				\$ 970.57	\$ -	
4220F		Digoxin thxpy for 6 mos/>	M	9	XXX							\$ -	\$ -	
42210		Reconstruct cleft palate	A	0	090	Y		Y				\$ 1,285.86	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
42215		Reconstruct cleft palate	A	0	090	Y		Y				\$ 784.39	\$ -	
4221F		Diuretic thxpy for 6 mos/>	M	9	XXX							\$ -	\$ -	
42220		Reconstruct cleft palate	A	0	090	Y		Y				\$ 530.00	\$ -	
42225		Reconstruct cleft palate	A	0	090	Y		Y				\$ 936.47	\$ -	
42226		Lengthening of palate	A	0	090	Y		Y				\$ 952.13	\$ -	
42227		Lengthening of palate	A	0	090	Y		Y				\$ 902.71	\$ -	
42235		Repair palate	A	0	090	Y		Y				\$ 771.86	\$ -	
42260		Repair nose to lip fistula	A	0	090	Y		Y				\$ 735.67	\$ 869.65	
42280		Preparation palate mold	A	0	010	Y						\$ 132.24	\$ 178.52	
42281		Insertion palate prosthesis	A	0	010	Y						\$ 164.26	\$ 211.24	
42299		Palate/uvula surgery	C	0	YYY	Y		Y		Y		\$ -	\$ -	
42300		Drainage of salivary gland	A	0	010	Y						\$ 166.00	\$ 215.76	
42305		Drainage of salivary gland	A	0	090	Y						\$ 476.06	\$ -	
4230F		Anticonv thxpy for 6 mos/>	M	9	XXX							\$ -	\$ -	
42310		Drainage of salivary gland	A	0	010	Y						\$ 135.72	\$ 168.43	
42320		Drainage of salivary gland	A	0	010	Y						\$ 191.75	\$ 257.17	
42330		Removal of salivary stone	A	0	010	Y						\$ 180.26	\$ 238.73	
42335		Removal of salivary stone	A	0	090	Y						\$ 276.66	\$ 378.28	
42340		Removal of salivary stone	A	0	090	Y						\$ 368.53	\$ 481.28	
42400		Biopsy of salivary gland	A	0	000	Y						\$ 58.81	\$ 103.70	
42405		Biopsy of salivary gland	A	0	010	Y						\$ 247.43	\$ 310.42	
42408		Excision of salivary cyst	A	0	090	Y						\$ 358.44	\$ 469.80	
42409		Drainage of salivary cyst	A	0	090	Y		Y				\$ 240.12	\$ 337.91	
4240F		Instr xrcz 4bk pn >12 weeks	M	9	XXX							\$ -	\$ -	
42410		Excise parotid gland/lesion	A	0	090	Y		Y				\$ 708.18	\$ -	
42415		Excise parotid gland/lesion	A	0	090	Y		Y				\$ 1,197.82	\$ -	
42420		Excise parotid gland/lesion	A	0	090	Y		Y				\$ 1,353.37	\$ -	
42425		Excise parotid gland/lesion	A	0	090	Y		Y				\$ 947.95	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
42426		Excise parotid gland/lesion	A	0	090	Y		Y				\$ 1,547.56	\$ -	
4242F		Sprvsd xrcz bk pn >12 weeks	M	9	XXX							\$ -	\$ -	
42440		Excise submaxillary gland	A	0	090	Y		Y				\$ 460.75	\$ -	
42450		Excise sublingual gland	A	0	090	Y						\$ 390.11	\$ 471.54	
4245F		Pt instr nrml lifest	M	9	XXX							\$ -	\$ -	
4248F		Pt instr no bd rest 4 days/>	M	9	XXX							\$ -	\$ -	
42500		Repair salivary duct	A	0	090	Y						\$ 370.27	\$ 449.27	
42505		Repair salivary duct	A	0	090	Y						\$ 492.07	\$ 581.51	
42507		Parotid duct diversion	A	0	090	Y		Y				\$ 548.10	\$ -	
42508		Parotid duct diversion	A	0	090	Y		Y				\$ 772.21	\$ -	
42509		Parotid duct diversion	A	0	090	Y						\$ 1,011.64	\$ -	
4250F		Wrmng 4 surg normothermia	M	9	XXX							\$ -	\$ -	
42510		Parotid duct diversion	A	0	090	Y		Y				\$ 682.08	\$ -	
42550		Injection for salivary x-ray	A	0	000	Y						\$ 68.56	\$ 132.24	
4255F		Anesth 60 min/> as docd	M	9	XXX							\$ -	\$ -	
4256F		Anesthe <60 min as docd	M	9	XXX							\$ -	\$ -	
42600		Closure of salivary fistula	A	0	090	Y						\$ 383.50	\$ 499.38	
4260F		Wound srfc culturetech used	M	9	XXX							\$ -	\$ -	
4261F		Tech other than surfc cultr	M	9	XXX							\$ -	\$ -	
42650		Dilation of salivary duct	A	0	000	Y						\$ 63.34	\$ 85.26	
4265F		Wet-dry dressings rx recmd	M	9	XXX							\$ -	\$ -	
42660		Dilation of salivary duct	A	0	000	Y						\$ 84.22	\$ 108.92	
42665		Ligation of salivary duct	A	0	090	Y						\$ 223.42	\$ 317.03	
4266F		No wet-dry drssings rx recmd	M	9	XXX							\$ -	\$ -	
4267F		Comprssion thxpy prescribed	M	9	XXX							\$ -	\$ -	
4268F		Pt ed re comp thxpy rcvd	M	9	XXX							\$ -	\$ -	
42699		Salivary surgery procedure	C	0	YYY	Y		Y		Y		\$ -	\$ -	
4269F		Appropos mthd offloading Rxd	M	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
42700		Drainage of tonsil abscess	A	0	010	Y						\$ 147.20	\$ 193.84	
4270F		Pt rcvng anti r-viral thxpy	M	9	XXX							\$ -	\$ -	
4271F		Pt rcvng anti r-viral thxpy	M	9	XXX							\$ -	\$ -	
42720		Drainage of throat abscess	A	0	010	Y						\$ 441.96	\$ 495.90	
42725		Drainage of throat abscess	A	0	090	Y		Y				\$ 897.49	\$ -	
4274F		Flu immuno admind rcvd	M	9	XXX							\$ -	\$ -	
4276F		Potent antivir thxpy Rxd	M	9	XXX							\$ -	\$ -	
4279F		PCP prophylaxis Rxd	M	9	XXX							\$ -	\$ -	
42800		Biopsy of throat	A	0	010	Y						\$ 122.50	\$ 163.56	
42802		Biopsy of throat	A	0	010	Y						\$ 144.42	\$ 233.51	
42804		Biopsy of upper nose/throat	A	0	010	Y						\$ 120.06	\$ 194.88	
42806		Biopsy of upper nose/throat	A	0	010	Y						\$ 143.38	\$ 223.07	
42808		Excise pharynx lesion	A	0	010	Y						\$ 178.52	\$ 235.94	
42809		Remove pharynx foreign body	A	0	010	Y						\$ 146.16	\$ 181.31	
4280F		PCP prophylax Rxd 3mon low %	M	9	XXX							\$ -	\$ -	
42810		Excision of neck cyst	A	0	090	Y		Y				\$ 305.20	\$ 393.24	
42815		Excision of neck cyst	A	0	090	Y		Y				\$ 608.30	\$ -	
42820		Remove tonsils and adenoids	A	0	090	Y						\$ 318.42	\$ -	
42821		Remove tonsils and adenoids	A	0	090	Y						\$ 331.64	\$ -	
42825		Removal of tonsils	A	0	090	Y						\$ 265.87	\$ -	
42826		Removal of tonsils	A	0	090	Y						\$ 273.88	\$ -	
42830		Removal of adenoids	A	0	090	Y						\$ 223.42	\$ -	
42831		Removal of adenoids	A	0	090	Y						\$ 238.73	\$ -	
42835		Removal of adenoids	A	0	090	Y						\$ 204.28	\$ -	
42836		Removal of adenoids	A	0	090	Y						\$ 261.35	\$ -	
42842		Extensive surgery of throat	A	0	090	Y						\$ 1,057.92	\$ -	
42844		Extensive surgery of throat	A	0	090	Y		Y				\$ 1,470.30	\$ -	
42845		Extensive surgery of throat	A	0	090	Y		Y				\$ 2,439.13	\$ -	

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42860		Excision of tonsil tags	A	0	090	Y						\$ 201.84	\$ -	
42870		Excision of lingual tonsil	A	0	090	Y						\$ 595.43	\$ -	
42890		Partial removal of pharynx	A	0	090	Y		Y				\$ 1,533.64	\$ -	
42892		Revision of pharyngeal walls	A	0	090	Y		Y				\$ 2,044.50	\$ -	
42894		Revision of pharyngeal walls	A	0	090	Y		Y				\$ 2,590.51	\$ -	
42900		Repair throat wound	A	0	010	Y						\$ 378.97	\$ -	
4290F		Pt scrnd for inj drug use	M	9	XXX							\$ -	\$ -	
4293F		Pt scrnd hgh-risk sex behav	M	9	XXX							\$ -	\$ -	
42950		Reconstruction of throat	A	0	090	Y		Y				\$ 832.76	\$ -	
42953		Repair throat esophagus	A	0	090	Y		Y				\$ 999.80	\$ -	
42955		Surgical opening of throat	A	0	090	Y		Y				\$ 784.39	\$ -	
42960		Control throat bleeding	A	0	010	Y						\$ 185.14	\$ -	
42961		Control throat bleeding	A	0	090	Y		Y				\$ 456.58	\$ -	
42962		Control throat bleeding	A	0	090	Y						\$ 568.63	\$ -	
42970		Control nose/throat bleeding	A	0	090	Y						\$ 448.92	\$ -	
42971		Control nose/throat bleeding	A	0	090	Y		Y				\$ 502.16	\$ -	
42972		Control nose/throat bleeding	A	0	090	Y		Y				\$ 566.20	\$ -	
42999		Throat surgery procedure	C	0	YYY	Y				Y		\$ -	\$ -	
4300F		Pt rcvng warf thxpy	M	9	XXX							\$ -	\$ -	
4301F		Pt not rcvng warf thxpy	M	9	XXX							\$ -	\$ -	
43020		Incision of esophagus	A	0	090	Y		Y				\$ 595.43	\$ -	
43030		Throat muscle surgery	A	0	090	Y		Y				\$ 588.82	\$ -	
43045		Incision of esophagus	A	0	090	Y		Y				\$ 1,676.66	\$ -	
4305F		Pt ed re ft care inspct rcvd	M	9	XXX							\$ -	\$ -	
4306F		Pt tlk psych & Rx opd addic	M	9	XXX							\$ -	\$ -	
43100		Excision of esophagus lesion	A	0	090	Y		Y				\$ 695.30	\$ -	
43101		Excision of esophagus lesion	A	0	090	Y		Y				\$ 1,300.48	\$ -	
43107		Removal of esophagus	A	0	090	Y		Y				\$ 3,243.71	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
43108		Removal of esophagus	A	0	090	Y		Y				\$ 5,703.72	\$ -	
43112		Removal of esophagus	A	0	090	Y		Y	Y			\$ 3,475.82	\$ -	
43113		Removal of esophagus	A	0	090	Y		Y	Y			\$ 5,722.16	\$ -	
43116		Partial removal of esophagus	A	0	090	Y		Y				\$ 5,918.78	\$ -	
43117		Partial removal of esophagus	A	0	090	Y		Y	Y			\$ 3,180.02	\$ -	
43118		Partial removal of esophagus	A	0	090	Y		Y	Y			\$ 4,765.86	\$ -	
43121		Partial removal of esophagus	A	0	090	Y		Y	Y			\$ 3,753.53	\$ -	
43122		Partial removal of esophagus	A	0	090	Y		Y				\$ 3,220.39	\$ -	
43123		Partial removal of esophagus	A	0	090	Y		Y				\$ 5,904.86	\$ -	
43124		Removal of esophagus	A	0	090	Y		Y				\$ 5,013.98	\$ -	
43130		Removal of esophagus pouch	A	0	090	Y		Y				\$ 912.46	\$ -	
43135		Removal of esophagus pouch	A	0	090	Y		Y				\$ 1,918.52	\$ -	
43200		Esophagus endoscopy	A	0	000	Y						\$ 117.97	\$ 215.41	
43201		Esoph scope w/submucous inj	A	0	000	Y					43200	\$ 146.51	\$ 302.76	
43202		Esophagus endoscopy biopsy	A	0	000	Y					43200	\$ 133.63	\$ 281.88	
43204		Esoph scope w/sclerosis inj	A	0	000	Y					43200	\$ 258.22	\$ -	
43205		Esophagus endoscopy/ligation	A	0	000	Y					43200	\$ 259.61	\$ -	
4320F		Pt talk psychsoc&rx oh dpnd	M	9	XXX							\$ -	\$ -	
43215		Esophagus endoscopy	A	0	000	Y					43200	\$ 181.31	\$ -	
43216		Esophagus endoscopy/lesion	A	0	000	Y					43200	\$ 166.00	\$ 225.85	
43217		Esophagus endoscopy	A	0	000	Y					43200	\$ 203.23	\$ 386.63	
43219		Esophagus endoscopy	A	0	000	Y					43200	\$ 202.54	\$ -	
43220		Esoph endoscopy dilation	A	0	000	Y					43200	\$ 146.16	\$ -	
43226		Esoph endoscopy dilation	A	0	000	Y					43200	\$ 164.95	\$ -	
43227		Esoph endoscopy repair	A	0	000	Y					43200	\$ 245.34	\$ -	
43228		Esoph endoscopy ablation	A	0	000	Y					43200	\$ 261.00	\$ -	
4322F		Crgvr prov w/ ed addl rsrcs	M	9	XXX							\$ -	\$ -	
43231		Esoph endoscopy w/us exam	A	0	000	Y			Y		43235	\$ 220.98	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
43232		Esoph endoscopy w/us fn bx	A	0	000	Y			Y		43235	\$ 305.20	\$ -	
43234		Upper gi endoscopy exam	A	0	000	Y						\$ 143.38	\$ 283.97	
43235		Uppr gi endoscopy diagnosis	A	0	000	Y						\$ 168.78	\$ 301.02	
43236		Uppr gi scope w/submuc inj	A	0	000	Y					43235	\$ 201.14	\$ 377.93	
43237		Endoscopic us exam esoph	A	0	000	Y					43235	\$ 272.48	\$ -	
43238		Uppr gi endoscopy w/us fn bx	A	0	000	Y					43235	\$ 340.34	\$ -	
43239		Upper gi endoscopy biopsy	A	0	000	Y					43235	\$ 197.66	\$ 347.65	
43240		Esoph endoscope w/drain cyst	A	0	000	Y					43235	\$ 462.49	\$ -	
43241		Upper GI endoscopy with tube	A	0	000	Y					43235	\$ 180.26	\$ -	
43242		Uppr gi endoscopy w/us fn bx	A	0	000	Y					43235	\$ 491.72	\$ -	
43243		Upper gi endoscopy & inject	A	0	000	Y					43235	\$ 310.42	\$ -	
43244		Upper GI endoscopy/ligation	A	0	000	Y					43235	\$ 340.69	\$ -	
43245		Uppr gi scope dilate strictr	A	0	000	Y					43235	\$ 220.28	\$ -	
43246		Place gastrostomy tube	A	0	000	Y			Y		43235	\$ 296.84	\$ -	
43247		Operative upper GI endoscopy	A	0	000	Y					43235	\$ 233.51	\$ -	
43248		Uppr gi endoscopy/guide wire	A	0	000	Y					43235	\$ 216.11	\$ -	
43249		Esoph endoscopy dilation	A	0	000	Y					43235	\$ 199.40	\$ -	
4324F		Pt queried prkns complic	M	9	XXX							\$ -	\$ -	
43250		Upper GI endoscopy/tumor	A	0	000	Y					43235	\$ 223.07	\$ -	
43251		Operative upper GI endoscopy	A	0	000	Y					43235	\$ 253.69	\$ -	
43255		Operative upper GI endoscopy	A	0	000	Y					43235	\$ 327.12	\$ -	
43256		Uppr gi endoscopy w/stent	A	0	000	Y					43235	\$ 297.89	\$ -	
43257		Uppr gi scope w/thrml txmnt	A	0	000	Y					43235	\$ 371.32	\$ -	
43258		Operative upper GI endoscopy	A	0	000	Y					43235	\$ 310.07	\$ -	
43259		Endoscopic ultrasound exam	A	0	000	Y					43235	\$ 350.44	\$ -	
4325F		Med txmnt options rvwd w/pt	M	9	XXX							\$ -	\$ -	
43260		Endo cholangiopancreatograph	A	0	000	Y						\$ 401.24	\$ -	
43261		Endo cholangiopancreatograph	A	0	000	Y					43260	\$ 421.08	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
43262		Endo cholangiopancreatograph	A	0	000	Y					43260	\$ 496.94	\$ -	
43263		Endo cholangiopancreatograph	A	0	000	Y					43260	\$ 491.03	\$ -	
43264		Endo cholangiopancreatograph	A	0	000	Y					43260	\$ 596.47	\$ -	
43265		Endo cholangiopancreatograph	A	0	000	Y					43260	\$ 669.90	\$ -	
43267		Endo cholangiopancreatograph	A	0	000	Y					43260	\$ 495.20	\$ -	
43268		Endo cholangiopancreatograph	A	0	000	Y					43260	\$ 502.16	\$ -	
43269		Endo cholangiopancreatograph	A	0	000	Y					43260	\$ 550.88	\$ -	
4326F		Pt asked re symp auto dysfxn	M	9	XXX							\$ -	\$ -	
43271		Endo cholangiopancreatograph	A	0	000	Y					43260	\$ 496.60	\$ -	
43272		Endo cholangiopancreatograph	A	0	000	Y					43260	\$ 496.94	\$ -	
43273		Endoscopic pancreatoscopy	A	0	ZZZ							\$ 148.25	\$ -	
43279		Lap myotomy heller	A	0	090	Y		Y				\$ 1,604.63	\$ -	
43280		Laparoscopy fundoplasty	A	0	090	Y		Y				\$ 1,331.45	\$ -	
43281		Lap paraesophag hern repair	A	0	090	Y		Y				\$ 1,931.75	\$ -	
43282		Lap paraesoph her rpr w/mesh	A	0	090	Y		Y				\$ 2,174.65	\$ -	
43283		Lap esoph lengthening	A	0	ZZZ			Y				\$ 202.54	\$ -	
43289		Laparoscope proc esoph	C	0	YYY	Y	Y	Y		Y		\$ -	\$ -	
4328F		Pt asked re sleep disturb	M	9	XXX							\$ -	\$ -	
43300		Repair of esophagus	A	0	090	Y		Y				\$ 681.38	\$ -	
43305		Repair esophagus and fistula	A	0	090	Y		Y				\$ 1,231.57	\$ -	
4330F		Cnslng epi spec sfty issues	M	9	XXX							\$ -	\$ -	
43310		Repair of esophagus	A	0	090	Y		Y				\$ 1,946.02	\$ -	
43312		Repair esophagus and fistula	A	0	090	Y		Y				\$ 2,129.41	\$ -	
43313		Esophagoplasty congenital	A	0	090	Y		Y				\$ 3,661.66	\$ -	
43314		Tracheo-esophagoplasty cong	A	0	090	Y		Y				\$ 3,327.58	\$ -	
43320		Fuse esophagus & stomach	A	0	090	Y		Y				\$ 1,714.60	\$ -	
43325		Revise esophagus & stomach	A	0	090	Y		Y				\$ 1,666.57	\$ -	
43327		Esoph fundoplasty lap	A	0	090	Y		Y				\$ 1,005.37	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
43328		Esoph fundoplasty thor	A	0	090	Y		Y				\$ 1,544.77	\$ -	
43330		Esophagomyotomy abdominal	A	0	090	Y		Y				\$ 1,625.51	\$ -	
43331		Esophagomyotomy thoracic	A	0	090	Y		Y				\$ 1,742.09	\$ -	
43332		Transab esoph hiat hern rpr	A	0	090	Y		Y				\$ 1,445.94	\$ -	
43333		Transab esoph hiat hern rpr	A	0	090	Y		Y				\$ 1,571.22	\$ -	
43334		Transthor diaphrag hern rpr	A	0	090	Y		Y				\$ 1,596.97	\$ -	
43335		Transthor diaphrag hern rpr	A	0	090	Y		Y				\$ 1,721.21	\$ -	
43336		Thorabd diaphr hern repair	A	0	090	Y		Y				\$ 1,910.17	\$ -	
43337		Thorabd diaphr hern repair	A	0	090	Y		Y				\$ 2,076.52	\$ -	
43338		Esoph lengthening	A	0	ZZZ			Y				\$ 165.65	\$ -	
43340		Fuse esophagus & intestine	A	0	090	Y		Y				\$ 1,693.72	\$ -	
43341		Fuse esophagus & intestine	A	0	090	Y		Y				\$ 1,828.74	\$ -	
43350		Surgical opening esophagus	A	0	090	Y		Y				\$ 1,515.89	\$ -	
43351		Surgical opening esophagus	A	0	090	Y		Y				\$ 1,691.63	\$ -	
43352		Surgical opening esophagus	A	0	090	Y		Y				\$ 1,370.42	\$ -	
43360		Gastrointestinal repair	A	0	090	Y		Y				\$ 3,038.39	\$ -	
43361		Gastrointestinal repair	A	0	090	Y		Y				\$ 3,329.66	\$ -	
43400		Ligate esophagus veins	A	0	090	Y		Y				\$ 1,714.94	\$ -	
43401		Esophagus surgery for veins	A	0	090	Y		Y				\$ 1,917.13	\$ -	
43405		Ligate/staple esophagus	A	0	090	Y		Y				\$ 1,819.34	\$ -	
4340F		CnsIng chldbrng women epi	M	9	XXX							\$ -	\$ -	
43410		Repair esophagus wound	A	0	090	Y		Y				\$ 1,342.93	\$ -	
43415		Repair esophagus wound	A	0	090	Y		Y				\$ 3,267.02	\$ -	
43420		Repair esophagus opening	A	0	090	Y						\$ 1,141.09	\$ -	
43425		Repair esophagus opening	A	0	090	Y		Y				\$ 1,825.26	\$ -	
43450		Dilate esophagus	A	0	000	Y						\$ 102.31	\$ 161.12	
43453		Dilate esophagus	A	0	000	Y						\$ 109.97	\$ 283.27	
43456		Dilate esophagus	A	0	000	Y						\$ 178.52	\$ 565.15	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
43458		Dilate esophagus	A	0	000	Y						\$ 209.15	\$ 388.72	
43460		Pressure treatment esophagus	A	0	000	Y						\$ 256.13	\$ -	
43496		Free jejunum flap microvasc	C	0	090	Y		Y				\$ -	\$ -	
43499		Esophagus surgery procedure	C	0	YYY	Y				Y		\$ -	\$ -	
43500		Surgical opening of stomach	A	0	090	Y		Y				\$ 955.96	\$ -	
43501		Surgical repair of stomach	A	0	090	Y		Y				\$ 1,653.70	\$ -	
43502		Surgical repair of stomach	A	0	090	Y		Y				\$ 1,875.37	\$ -	
4350F		Cnslng provided symp mngmnt	M	9	XXX							\$ -	\$ -	
43510		Surgical opening of stomach	A	0	090	Y		Y				\$ 1,073.93	\$ -	
43520		Incision of pyloric muscle	A	0	090	Y		Y				\$ 855.04	\$ -	
43605		Biopsy of stomach	A	0	090	Y		Y				\$ 1,016.16	\$ -	
43610		Excision of stomach lesion	A	0	090	Y		Y				\$ 1,200.60	\$ -	
43611		Excision of stomach lesion	A	0	090	Y		Y				\$ 1,491.18	\$ -	
43620		Removal of stomach	A	0	090	Y		Y				\$ 2,442.61	\$ -	
43621		Removal of stomach	A	0	090	Y		Y				\$ 2,816.02	\$ -	
43622		Removal of stomach	A	0	090	Y		Y				\$ 2,860.91	\$ -	
43631		Removal of stomach partial	A	0	090	Y		Y				\$ 1,785.94	\$ -	
43632		Removal of stomach partial	A	0	090	Y		Y				\$ 2,508.04	\$ -	
43633		Removal of stomach partial	A	0	090	Y		Y				\$ 2,371.97	\$ -	
43634		Removal of stomach partial	A	0	090	Y		Y				\$ 2,631.58	\$ -	
43635		Removal of stomach partial	A	0	ZZZ			Y				\$ 140.59	\$ -	
43640		Vagotomy & pylorus repair	A	0	090	Y		Y				\$ 1,438.63	\$ -	
43641		Vagotomy & pylorus repair	A	0	090	Y		Y				\$ 1,466.12	\$ -	
43644		Lap gastric bypass/roux-en-y	A	0	090	Y		Y				\$ 2,135.33	\$ -	
43645		Lap gastr bypass incl smll i	A	0	090	Y		Y				\$ 2,292.28	\$ -	
43647		Lap impl electrode antrum	C	0	YYY	Y		Y				\$ -	\$ -	
43648		Lap revise/remv eltrd antrum	C	0	YYY	Y		Y				\$ -	\$ -	
43651		Laparoscopy vagus nerve	A	0	090	Y		Y				\$ 784.74	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
43652		Laparoscopy vagus nerve	A	0	090	Y		Y				\$ 923.94	\$ -	
43653		Laparoscopy gastrostomy	A	0	090	Y		Y				\$ 677.21	\$ -	
43659		Laparoscope proc stom	C	0	YYY	Y	Y	Y		Y		\$ -	\$ -	
43752		Nasal/orogastric w/stent	A	0	000							\$ 44.89	\$ -	
43753		Tx gastro intub w/asp	A	0	000			Y				\$ 21.92	\$ -	
43754		Dx gastr intub w/asp spec	A	0	000			Y				\$ 32.71	\$ 77.26	
43755		Dx gastr intub w/asp specs	A	0	000			Y				\$ 60.55	\$ 119.71	
43756		Dx duod intub w/asp spec	A	0	000			Y				\$ 52.20	\$ 207.41	
43757		Dx duod intub w/asp specs	A	0	000			Y				\$ 79.69	\$ 294.41	
43760		Change gastrostomy tube	A	0	000	Y						\$ 58.12	\$ 408.90	
43761		Reposition gastrostomy tube	A	0	000	Y						\$ 117.97	\$ 130.50	
43770		Lap place gastr adj device	A	0	090	Y		Y				\$ 1,355.11	\$ -	
43771		Lap revise gastr adj device	A	0	090	Y		Y				\$ 1,551.04	\$ -	
43772		Lap rmvl gastr adj device	A	0	090	Y		Y				\$ 1,168.58	\$ -	
43773		Lap replace gastr adj device	A	0	090	Y		Y				\$ 1,550.69	\$ -	
43774		Lap rmvl gastr adj all parts	A	0	090	Y		Y				\$ 1,174.15	\$ -	
43775		Lap sleeve gastrectomy	N	9	XXX							\$ 1,587.58	\$ -	
43800		Reconstruction of pylorus	A	0	090	Y		Y				\$ 1,141.44	\$ -	
43810		Fusion of stomach and bowel	A	0	090	Y		Y				\$ 1,244.10	\$ -	
43820		Fusion of stomach and bowel	A	0	090	Y		Y				\$ 1,640.12	\$ -	
43825		Fusion of stomach and bowel	A	0	090	Y		Y				\$ 1,599.76	\$ -	
43830		Place gastrostomy tube	A	0	090	Y		Y				\$ 831.72	\$ -	
43831		Place gastrostomy tube	A	0	090	Y		Y				\$ 696.70	\$ -	
43832		Place gastrostomy tube	A	0	090	Y		Y				\$ 1,278.20	\$ -	
43840		Repair of stomach lesion	A	0	090	Y		Y				\$ 1,663.79	\$ -	
43842		V-band gastroplasty	N	9	090							\$ 1,197.12	\$ -	
43843		Gastroplasty w/o v-band	A	0	090	Y		Y	Y			\$ 1,565.30	\$ -	
43845		Gastroplasty duodenal switch	A	0	090	Y		Y				\$ 2,411.99	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
43846		Gastric bypass for obesity	A	0	090	Y		Y				\$ 1,999.96	\$ -	
43847		Gastric bypass incl small i	A	0	090	Y		Y				\$ 2,212.24	\$ -	
43848		Revision gastroplasty	A	0	090	Y		Y				\$ 2,376.84	\$ -	
43850		Revise stomach-bowel fusion	A	0	090	Y		Y				\$ 2,005.52	\$ -	
43855		Revise stomach-bowel fusion	A	0	090	Y		Y				\$ 2,083.82	\$ -	
43860		Revise stomach-bowel fusion	A	0	090	Y		Y				\$ 2,013.18	\$ -	
43865		Revise stomach-bowel fusion	A	0	090	Y		Y				\$ 2,108.88	\$ -	
43870		Repair stomach opening	A	0	090	Y		Y				\$ 855.73	\$ -	
43880		Repair stomach-bowel fistula	A	0	090	Y		Y				\$ 1,963.07	\$ -	
43881		Impl/redo electrdr antrum	C	0	YYY	Y		Y				\$ -	\$ -	
43882		Revise/remove electrdr antrum	C	0	YYY	Y		Y				\$ -	\$ -	
43886		Revise gastric port open	A	0	090	Y		Y				\$ 410.64	\$ -	
43887		Remove gastric port open	A	0	090	Y		Y				\$ 373.75	\$ -	
43888		Change gastric port open	A	0	090	Y		Y				\$ 534.18	\$ -	
43999		Stomach surgery procedure	C	0	YYY	Y				Y		\$ -	\$ -	
44005		Freeing of bowel adhesion	A	0	090	Y		Y				\$ 1,339.45	\$ -	
4400F		Rehab thxpy options w/pt	M	9	XXX							\$ -	\$ -	
44010		Incision of small bowel	A	0	090	Y		Y				\$ 1,056.18	\$ -	
44015		Insert needle cath bowel	A	0	ZZZ			Y				\$ 181.31	\$ -	
44020		Explore small intestine	A	0	090	Y		Y				\$ 1,189.81	\$ -	
44021		Decompress small bowel	A	0	090	Y		Y				\$ 1,200.25	\$ -	
44025		Incision of large bowel	A	0	090	Y		Y				\$ 1,206.52	\$ -	
44050		Reduce bowel obstruction	A	0	090	Y		Y				\$ 1,140.05	\$ -	
44055		Correct malrotation of bowel	A	0	090	Y		Y				\$ 1,848.92	\$ -	
44100		Biopsy of bowel	A	0	000	Y						\$ 133.63	\$ -	
44110		Excise intestine lesion(s)	A	0	090	Y		Y				\$ 1,031.47	\$ -	
44111		Excision of bowel lesion(s)	A	0	090	Y		Y				\$ 1,203.04	\$ -	
44120		Removal of small intestine	A	0	090	Y		Y				\$ 1,500.92	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
44121		Removal of small intestine	A	0	ZZZ			Y				\$ 302.76	\$ -	
44125		Removal of small intestine	A	0	090	Y		Y				\$ 1,440.72	\$ -	
44126		Enterectomy w/o taper cong	A	0	090	Y		Y				\$ 3,047.78	\$ -	
44127		Enterectomy w/taper cong	A	0	090	Y		Y				\$ 3,536.38	\$ -	
44128		Enterectomy cong add-on	A	0	ZZZ			Y				\$ 306.59	\$ -	
44130		Bowel to bowel fusion	A	0	090	Y		Y				\$ 1,598.71	\$ -	
44132		Enterectomy cadaver donor	A	0	XXX							\$ -	\$ -	
44133		Enterectomy live donor	A	0	XXX							\$ -	\$ -	
44135		Intestine transplnt cadaver	A	0	XXX							\$ -	\$ -	
44136		Intestine transplant live	A	0	XXX							\$ -	\$ -	
44137		Remove intestinal allograft	C	0	XXX	Y		Y				\$ -	\$ -	
44139		Mobilization of colon	A	0	ZZZ			Y				\$ 150.68	\$ -	
44140		Partial removal of colon	A	0	090	Y		Y				\$ 1,637.34	\$ -	
44141		Partial removal of colon	A	0	090	Y		Y				\$ 2,208.41	\$ -	
44143		Partial removal of colon	A	0	090	Y		Y				\$ 2,029.88	\$ -	
44144		Partial removal of colon	A	0	090	Y		Y				\$ 2,164.21	\$ -	
44145		Partial removal of colon	A	0	090	Y		Y				\$ 2,023.27	\$ -	
44146		Partial removal of colon	A	0	090	Y		Y				\$ 2,543.53	\$ -	
44147		Partial removal of colon	A	0	090	Y		Y				\$ 2,372.32	\$ -	
44150		Removal of colon	A	0	090	Y		Y				\$ 2,247.04	\$ -	
44151		Removal of colon/ileostomy	A	0	090	Y		Y				\$ 2,609.30	\$ -	
44155		Removal of colon/ileostomy	A	0	090	Y		Y				\$ 2,476.37	\$ -	
44156		Removal of colon/ileostomy	A	0	090	Y		Y				\$ 2,811.14	\$ -	
44157		Colectomy w/ileoanal anast	A	0	090	Y		Y				\$ 2,660.11	\$ -	
44158		Colectomy w/neo-rectum pouch	A	0	090	Y		Y				\$ 2,729.71	\$ -	
44160		Removal of colon	A	0	090	Y		Y				\$ 1,512.41	\$ -	
44180		Lap enterolysis	A	0	090	Y		Y				\$ 1,121.26	\$ -	
44186		Lap jejunostomy	A	0	090	Y		Y				\$ 791.35	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
44187		Lap ileo/jejuno-stomy	A	0	090	Y		Y				\$ 1,301.87	\$ -	
44188		Lap colostomy	A	0	090	Y		Y				\$ 1,457.08	\$ -	
44202		Lap enterectomy	A	0	090	Y		Y				\$ 1,698.24	\$ -	
44203		Lap resect s/intestine addl	A	0	ZZZ			Y				\$ 305.89	\$ -	
44204		Laparo partial colectomy	A	0	090	Y		Y				\$ 1,875.72	\$ -	
44205		Lap colectomy part w/ileum	A	0	090	Y		Y				\$ 1,627.25	\$ -	
44206		Lap part colectomy w/stoma	A	0	090	Y		Y				\$ 2,146.46	\$ -	
44207		L colectomy/coloproctostomy	A	0	090	Y		Y				\$ 2,228.24	\$ -	
44208		L colectomy/coloproctostomy	A	0	090	Y		Y				\$ 2,392.85	\$ -	
44210		Laparo total proctocolectomy	A	0	090	Y		Y				\$ 2,160.38	\$ -	
44211		Lap colectomy w/proctectomy	A	0	090	Y		Y				\$ 2,755.12	\$ -	
44212		Laparo total proctocolectomy	A	0	090	Y		Y				\$ 2,456.88	\$ -	
44213		Lap mobil splenic fl add-on	A	0	ZZZ			Y				\$ 234.20	\$ -	
44227		Lap close enterostomy	A	0	090	Y		Y				\$ 2,048.68	\$ -	
44238		Laparoscope proc intestine	C	0	YYY	Y	Y	Y		Y		\$ -	\$ -	
44300		Open bowel to skin	A	0	090	Y		Y				\$ 1,026.25	\$ -	
44310		Ileostomy/jejunostomy	A	0	090	Y		Y				\$ 1,261.85	\$ -	
44312		Revision of ileostomy	A	0	090	Y						\$ 691.82	\$ -	
44314		Revision of ileostomy	A	0	090	Y		Y				\$ 1,202.69	\$ -	
44316		Devise bowel pouch	A	0	090	Y		Y				\$ 1,734.78	\$ -	
44320		Colostomy	A	0	090	Y		Y				\$ 1,458.47	\$ -	
44322		Colostomy with biopsies	A	0	090	Y		Y				\$ 1,149.44	\$ -	
44340		Revision of colostomy	A	0	090	Y						\$ 730.10	\$ -	
44345		Revision of colostomy	A	0	090	Y		Y				\$ 1,265.68	\$ -	
44346		Revision of colostomy	A	0	090	Y		Y				\$ 1,424.02	\$ -	
44360		Small bowel endoscopy	A	0	000	Y						\$ 180.61	\$ -	
44361		Small bowel endoscopy/biopsy	A	0	000	Y					44360	\$ 198.01	\$ -	
44363		Small bowel endoscopy	A	0	000	Y					44360	\$ 239.42	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
44364		Small bowel endoscopy	A	0	000	Y					44360	\$ 254.39	\$ -	
44365		Small bowel endoscopy	A	0	000	Y					44360	\$ 228.29	\$ -	
44366		Small bowel endoscopy	A	0	000	Y					44360	\$ 299.28	\$ -	
44369		Small bowel endoscopy	A	0	000	Y					44360	\$ 305.89	\$ -	
44370		Small bowel endoscopy/stent	A	0	000	Y					44360	\$ 328.51	\$ -	
44372		Small bowel endoscopy	A	0	000	Y					44360	\$ 300.67	\$ -	
44373		Small bowel endoscopy	A	0	000	Y					44360	\$ 239.42	\$ -	
44376		Small bowel endoscopy	A	0	000	Y					44360	\$ 357.05	\$ -	
44377		Small bowel endoscopy/biopsy	A	0	000	Y					44376	\$ 373.40	\$ -	
44378		Small bowel endoscopy	A	0	000	Y					44376	\$ 478.85	\$ -	
44379		S bowel endoscope w/stent	A	0	000	Y					44376	\$ 506.34	\$ -	
44380		Small bowel endoscopy	A	0	000	Y					44360	\$ 75.86	\$ -	
44382		Small bowel endoscopy	A	0	000	Y					44360	\$ 94.31	\$ -	
44383		Ileoscopy w/stent	A	0	000	Y					44360	\$ 183.74	\$ -	
44385		Endoscopy of bowel pouch	A	0	000	Y					44360	\$ 122.15	\$ 254.04	
44386		Endoscopy bowel pouch/biop	A	0	000	Y					44360	\$ 147.55	\$ 344.17	
44388		Colonoscopy	A	0	000	Y					44388	\$ 195.23	\$ 357.74	
44389		Colonoscopy with biopsy	A	0	000	Y					44388	\$ 216.46	\$ 404.38	
44390		Colonoscopy for foreign body	A	0	000	Y					44388	\$ 254.04	\$ 456.92	
44391		Colonoscopy for bleeding	A	0	000	Y					44388	\$ 292.32	\$ 514.69	
44392		Colonoscopy & polypectomy	A	0	000	Y					44388	\$ 261.35	\$ 455.53	
44393		Colonoscopy lesion removal	A	0	000	Y					44388	\$ 327.47	\$ 528.26	
44394		Colonoscopy w/snare	A	0	000	Y					44388	\$ 300.67	\$ 516.08	
44397		Colonoscopy w/stent	A	0	000	Y					44388	\$ 317.72	\$ -	
44500		Intro gastrointestinal tube	A	0	000						44500	\$ 26.45	\$ -	
4450F		Self-care ed provided to pt	M	9	XXX						4450F	\$ -	\$ -	
44602		Suture small intestine	A	0	090	Y		Y			44602	\$ 1,739.65	\$ -	
44603		Suture small intestine	A	0	090	Y		Y			44603	\$ 1,988.82	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
44604		Suture large intestine	A	0	090	Y		Y				\$ 1,297.34	\$ -	
44605		Repair of bowel lesion	A	0	090	Y		Y				\$ 1,602.19	\$ -	
44615		Intestinal stricturoplasty	A	0	090	Y		Y				\$ 1,314.74	\$ -	
44620		Repair bowel opening	A	0	090	Y		Y				\$ 1,043.30	\$ -	
44625		Repair bowel opening	A	0	090	Y		Y				\$ 1,232.27	\$ -	
44626		Repair bowel opening	A	0	090	Y		Y				\$ 1,978.03	\$ -	
44640		Repair bowel-skin fistula	A	0	090	Y		Y				\$ 1,719.82	\$ -	
44650		Repair bowel fistula	A	0	090	Y		Y				\$ 1,779.32	\$ -	
44660		Repair bowel-bladder fistula	A	0	090	Y		Y				\$ 1,576.79	\$ -	
44661		Repair bowel-bladder fistula	A	0	090	Y		Y				\$ 1,881.29	\$ -	
44680		Surgical revision intestine	A	0	090	Y		Y				\$ 1,322.75	\$ -	
44700		Suspend bowel w/prosthesis	A	0	090	Y		Y				\$ 1,204.08	\$ -	
44701		Intraop colon lavage add-on	A	0	ZZZ			Y				\$ 207.06	\$ -	
4470F		Icd counseling provided	M	9	XXX							\$ -	\$ -	
44715		Prepare donor intestine	C	0	XXX	Y		Y				\$ -	\$ -	
44720		Prep donor intestine/venous	A	0	XXX	Y		Y				\$ 262.04	\$ -	
44721		Prep donor intestine/artery	A	0	XXX	Y		Y				\$ 487.90	\$ -	
44799		Unlisted procedure intestine	C	0	YYY	Y				Y		\$ -	\$ -	
44800		Excision of bowel pouch	A	0	090	Y		Y				\$ 911.06	\$ -	
4480F		Pt rcvng ace/arb b-blockertx	M	9	XXX							\$ -	\$ -	
4481F		Pt rcvng ace/arb blker<3mons	M	9	XXX							\$ -	\$ -	
44820		Excision of mesentery lesion	A	0	090	Y		Y				\$ 1,016.51	\$ -	
44850		Repair of mesentery	A	0	090	Y		Y				\$ 906.19	\$ -	
44899		Bowel surgery procedure	C	0	YYY	Y		Y		Y		\$ -	\$ -	
44900		Drain app abscess open	A	0	090	Y		Y				\$ 937.51	\$ -	
44901		Drain app abscess percut	A	0	000	Y						\$ 190.01	\$ 841.46	
44950		Appendectomy	A	0	090	Y		Y				\$ 783.35	\$ -	
44955		Appendectomy add-on	A	0	ZZZ			Y				\$ 105.10	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
44960		Appendectomy	A	0	090	Y		Y				\$ 1,069.75	\$ -	
44970		Laparoscopy appendectomy	A	0	090	Y		Y	Y			\$ 718.97	\$ -	
44979		Laparoscope proc app	C	0	YYY	Y	Y	Y		Y		\$ -	\$ -	
45000		Drainage of pelvic abscess	A	0	090	Y						\$ 479.54	\$ -	
45005		Drainage of rectal abscess	A	0	010	Y						\$ 176.09	\$ 269.35	
4500F		Ref to outpt card rehab prog	M	9	XXX							\$ -	\$ -	
45020		Drainage of rectal abscess	A	0	090	Y						\$ 658.42	\$ -	
45100		Biopsy of rectum	A	0	090	Y						\$ 332.69	\$ -	
45108		Removal of anorectal lesion	A	0	090	Y						\$ 427.34	\$ -	
4510F		Prev cardrehab qualcardevent	M	9	XXX							\$ -	\$ -	
45110		Removal of rectum	A	0	090	Y		Y				\$ 2,211.54	\$ -	
45111		Partial removal of rectum	A	0	090	Y		Y				\$ 1,310.57	\$ -	
45112		Removal of rectum	A	0	090	Y		Y				\$ 2,272.44	\$ -	
45113		Partial proctectomy	A	0	090	Y		Y				\$ 2,440.52	\$ -	
45114		Partial removal of rectum	A	0	090	Y		Y				\$ 2,238.34	\$ -	
45116		Partial removal of rectum	A	0	090	Y		Y				\$ 1,797.42	\$ -	
45119		Remove rectum w/reservoir	A	0	090	Y		Y				\$ 2,311.07	\$ -	
45120		Removal of rectum	A	0	090	Y		Y				\$ 1,941.49	\$ -	
45121		Removal of rectum and colon	A	0	090	Y		Y				\$ 2,131.50	\$ -	
45123		Partial proctectomy	A	0	090	Y		Y				\$ 1,303.26	\$ -	
45126		Pelvic exenteration	A	0	090	Y		Y				\$ 3,560.04	\$ -	
45130		Excision of rectal prolapse	A	0	090	Y		Y				\$ 1,277.16	\$ -	
45135		Excision of rectal prolapse	A	0	090	Y		Y				\$ 1,663.79	\$ -	
45136		Excise ileoanal reservior	A	0	090	Y		Y				\$ 2,057.72	\$ -	
45150		Excision of rectal stricture	A	0	090	Y						\$ 430.82	\$ -	
45160		Excision of rectal lesion	A	0	090	Y		Y				\$ 1,231.22	\$ -	
45171		Exc rect tum transanal part	A	0	090	Y		Y				\$ 683.47	\$ -	
45172		Exc rect tum transanal full	A	0	090	Y		Y				\$ 945.52	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
45190		Destruction rectal tumor	A	0	090	Y						\$ 790.31	\$ -	
4525F		Neuropsychia interven order	M	9	XXX							\$ -	\$ -	
4526F		Neuropsychia interven rcvd	M	9	XXX							\$ -	\$ -	
45300		Proctosigmoidoscopy dx	A	0	000	Y						\$ 59.51	\$ 116.58	
45303		Proctosigmoidoscopy dilate	A	0	000	Y					45300	\$ 106.84	\$ 827.54	
45305		Proctosigmoidoscopy w/bx	A	0	000	Y					45300	\$ 92.92	\$ 191.05	
45307		Proctosigmoidoscopy fb	A	0	000	Y					45300	\$ 124.24	\$ 228.98	
45308		Proctosigmoidoscopy removal	A	0	000	Y					45300	\$ 103.01	\$ 204.28	
45309		Proctosigmoidoscopy removal	A	0	000	Y					45300	\$ 109.27	\$ 219.24	
45315		Proctosigmoidoscopy removal	A	0	000	Y					45300	\$ 130.50	\$ 232.46	
45317		Proctosigmoidoscopy bleed	A	0	000	Y					45300	\$ 137.81	\$ 240.82	
45320		Proctosigmoidoscopy ablate	A	0	000	Y					45300	\$ 127.02	\$ 237.68	
45321		Proctosigmoidoscopy volvul	A	0	000	Y					45300	\$ 128.41	\$ -	
45327		Proctosigmoidoscopy w/stent	A	0	000	Y					45300	\$ 149.99	\$ -	
45330		Diagnostic sigmoidoscopy	A	0	000	Y						\$ 70.99	\$ 137.81	
45331		Sigmoidoscopy and biopsy	A	0	000	Y					45330	\$ 86.30	\$ 166.00	
45332		Sigmoidoscopy w/fb removal	A	0	000	Y					45330	\$ 129.11	\$ 287.45	
45333		Sigmoidoscopy & polypectomy	A	0	000	Y					45330	\$ 128.41	\$ 290.93	
45334		Sigmoidoscopy for bleeding	A	0	000	Y					45330	\$ 187.57	\$ -	
45335		Sigmoidoscopy w/submuc inj	A	0	000	Y					45330	\$ 106.49	\$ 261.35	
45337		Sigmoidoscopy & decompress	A	0	000	Y					45330	\$ 166.34	\$ -	
45338		Sigmoidoscopy w/tumr remove	A	0	000	Y					45330	\$ 162.86	\$ 319.46	
45339		Sigmoidoscopy w/ablate tumr	A	0	000	Y					45330	\$ 216.46	\$ 350.78	
45340		Sig w/balloon dilation	A	0	000	Y					45330	\$ 135.02	\$ 452.40	
45341		Sigmoidoscopy w/ultrasound	A	0	000	Y						\$ 179.92	\$ -	
45342		Sigmoidoscopy w/us guide bx	A	0	000	Y						\$ 277.01	\$ -	
45345		Sigmoidoscopy w/stent	A	0	000	Y					45330	\$ 201.49	\$ -	
45355		Surgical colonoscopy	A	0	000	Y						\$ 243.25	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
45378		Diagnostic colonoscopy	A	0	000	Y						\$ 255.08	\$ 409.60	
45378	53	Diagnostic colonoscopy	A	0	000	Y						\$ 70.99	\$ 137.81	
45379		Colonoscopy w/fb removal	A	0	000	Y					45378	\$ 317.72	\$ 519.91	
45380		Colonoscopy and biopsy	A	0	000	Y					45378	\$ 302.06	\$ 485.81	
45381		Colonoscopy submucous inj	A	0	000	Y					45378	\$ 286.06	\$ 479.89	
45382		Colonoscopy/control bleeding	A	0	000	Y					45378	\$ 383.84	\$ 630.92	
45383		Lesion removal colonoscopy	A	0	000	Y					45378	\$ 394.98	\$ 596.47	
45384		Lesion remove colonoscopy	A	0	000	Y					45378	\$ 318.07	\$ 488.94	
45385		Lesion removal colonoscopy	A	0	000	Y					45378	\$ 359.14	\$ 551.93	
45386		Colonoscopy dilate stricture	A	0	000	Y					45378	\$ 312.50	\$ 666.77	
45387		Colonoscopy w/stent	A	0	000	Y					45378	\$ 400.90	\$ -	
45391		Colonoscopy w/endoscope us	A	0	000	Y					45378	\$ 341.04	\$ -	
45392		Colonoscopy w/endoscopic fnb	A	0	000	Y					45378	\$ 445.79	\$ -	
45395		Lap removal of rectum	A	0	090	Y		Y				\$ 2,352.48	\$ -	
45397		Lap remove rectum w/pouch	A	0	090	Y		Y				\$ 2,504.56	\$ -	
45400		Laparoscopic proc	A	0	090	Y		Y				\$ 1,373.90	\$ -	
45402		Lap proctopexy w/sig resect	A	0	090	Y		Y				\$ 1,832.92	\$ -	
45499		Laparoscope proc rectum	C	0	YYY	Y		Y		Y		\$ -	\$ -	
45500		Repair of rectum	A	0	090	Y						\$ 582.20	\$ -	
45505		Repair of rectum	A	0	090	Y						\$ 664.68	\$ -	
45520		Treatment of rectal prolapse	A	0	000	Y						\$ 42.46	\$ 136.42	
45540		Correct rectal prolapse	A	0	090	Y		Y				\$ 1,247.93	\$ -	
45541		Correct rectal prolapse	A	0	090	Y		Y				\$ 1,074.62	\$ -	
45550		Repair rectum/remove sigmoid	A	0	090	Y		Y				\$ 1,738.96	\$ -	
45560		Repair of rectocele	A	0	090	Y		Y				\$ 802.49	\$ -	
45562		Exploration/repair of rectum	A	0	090	Y		Y				\$ 1,312.66	\$ -	
45563		Exploration/repair of rectum	A	0	090	Y		Y				\$ 1,992.30	\$ -	
45800		Repair rect/bladder fistula	A	0	090	Y		Y				\$ 1,401.40	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
45805		Repair fistula w/colostomy	A	0	090	Y		Y				\$ 1,766.45	\$ -	
45820		Repair rectourethral fistula	A	0	090	Y		Y				\$ 1,253.50	\$ -	
45825		Repair fistula w/colostomy	A	0	090	Y		Y				\$ 1,647.08	\$ -	
45900		Reduction of rectal prolapse	A	0	010	Y						\$ 232.46	\$ -	
45905		Dilation of anal sphincter	A	0	010	Y						\$ 188.96	\$ -	
45910		Dilation of rectal narrowing	A	0	010	Y						\$ 220.28	\$ -	
45915		Remove rectal obstruction	A	0	010	Y						\$ 249.52	\$ 334.43	
45990		Surg dx exam anorectal	A	0	000	Y				Y		\$ 125.63	\$ -	
45999		Rectum surgery procedure	C	0	YYY	Y				Y		\$ -	\$ -	
46020		Placement of seton	A	0	010	Y						\$ 257.17	\$ 290.58	
46030		Removal of rectal marker	A	0	010	Y						\$ 101.96	\$ 141.98	
46040		Incision of rectal abscess	A	0	090	Y						\$ 462.14	\$ 559.58	
46045		Incision of rectal abscess	A	0	090	Y						\$ 489.29	\$ -	
46050		Incision of anal abscess	A	0	010	Y						\$ 108.58	\$ 194.18	
46060		Incision of rectal abscess	A	0	090	Y						\$ 529.31	\$ -	
46070		Incision of anal septum	A	0	090	Y						\$ 230.72	\$ -	
46080		Incision of anal sphincter	A	0	010	Y						\$ 188.62	\$ 262.04	
46083		Incise external hemorrhoid	A	0	010	Y						\$ 117.97	\$ 177.13	
46200		Removal of anal fissure	A	0	090	Y						\$ 342.08	\$ 437.09	
46220		Excise anal ext tag/papilla	A	0	010	Y						\$ 133.63	\$ 205.67	
46221		Ligation of hemorrhoid(s)	A	0	010	Y						\$ 207.06	\$ 270.74	
46230		Removal of anal tags	A	0	010	Y						\$ 199.40	\$ 282.58	
46250		Remove ext hem groups 2+	A	0	090	Y						\$ 353.92	\$ 474.67	
46255		Remove int/ext hem 1 group	A	0	090	Y						\$ 401.94	\$ 527.92	
46257		Remove in/ex hem grp & fiss	A	0	090	Y						\$ 472.93	\$ -	
46258		Remove in/ex hem grp w/fistu	A	0	090	Y						\$ 538.01	\$ -	
46260		Remove in/ex hem groups 2+	A	0	090	Y						\$ 538.01	\$ -	
46261		Remove in/ex hem grps & fiss	A	0	090	Y						\$ 596.47	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
46262		Remove in/ex hem grps w/fist	A	0	090	Y						\$ 625.01	\$ -	
46270		Remove anal fist subq	A	0	090	Y						\$ 434.30	\$ 528.61	
46275		Remove anal fist inter	A	0	090	Y						\$ 455.53	\$ 555.41	
46280		Remove anal fist complex	A	0	090	Y						\$ 519.56	\$ -	
46285		Remove anal fist 2 stage	A	0	090	Y						\$ 447.53	\$ 543.23	
46288		Repair anal fistula	A	0	090	Y						\$ 609.35	\$ -	
46320		Removal of hemorrhoid clot	A	0	010	Y						\$ 127.02	\$ 186.88	
46500		Injection into hemorrhoid(s)	A	0	010	Y						\$ 141.64	\$ 229.33	
46505		Chemodenervation anal musc	A	0	010	Y	Y					\$ 267.61	\$ 306.24	
46600		Diagnostic anoscopy	A	0	000	Y						\$ 43.50	\$ 83.17	
46604		Anoscopy and dilation	A	0	000	Y					46600	\$ 74.47	\$ 529.31	
46606		Anoscopy and biopsy	A	0	000	Y					46600	\$ 90.48	\$ 215.76	
46608		Anoscopy remove for body	A	0	000	Y					46600	\$ 95.00	\$ 223.76	
46610		Anoscopy remove lesion	A	0	000	Y					46600	\$ 95.35	\$ 218.20	
46611		Anoscopy	A	0	000	Y					46600	\$ 95.70	\$ 174.70	
46612		Anoscopy remove lesions	A	0	000	Y					46600	\$ 114.14	\$ 258.22	
46614		Anoscopy control bleeding	A	0	000	Y					46600	\$ 72.04	\$ 124.93	
46615		Anoscopy	A	0	000	Y					46600	\$ 112.06	\$ 155.90	
46700		Repair of anal stricture	A	0	090	Y						\$ 733.93	\$ -	
46705		Repair of anal stricture	A	0	090	Y		Y				\$ 508.43	\$ -	
46706		Repr of anal fistula w/glue	A	0	010	Y						\$ 187.92	\$ -	
46707		Repair anorectal fist w/plug	A	0	090	Y						\$ 502.86	\$ -	
46710		Repr per/vag pouch sngl proc	A	0	090	Y		Y				\$ 1,319.62	\$ -	
46712		Repr per/vag pouch dbl proc	A	0	090	Y		Y				\$ 2,105.40	\$ -	
46715		Rep perf anoper fistu	A	0	090	Y		Y				\$ 494.51	\$ -	
46716		Rep perf anoper/vestib fistu	A	0	090	Y		Y				\$ 1,152.23	\$ -	
46730		Construction of absent anus	A	0	090	Y		Y				\$ 1,843.01	\$ -	
46735		Construction of absent anus	A	0	090	Y		Y				\$ 2,102.27	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
46740		Construction of absent anus	A	0	090	Y		Y				\$ 2,579.72	\$ -	
46742		Repair of imperforated anus	A	0	090	Y		Y				\$ 2,969.14	\$ -	
46744		Repair of cloacal anomaly	A	0	090	Y		Y				\$ 3,821.04	\$ -	
46746		Repair of cloacal anomaly	A	0	090	Y		Y				\$ 3,675.58	\$ -	
46748		Repair of cloacal anomaly	A	0	090	Y		Y				\$ 3,989.82	\$ -	
46750		Repair of anal sphincter	A	0	090	Y		Y				\$ 870.70	\$ -	
46751		Repair of anal sphincter	A	0	090	Y		Y				\$ 690.78	\$ -	
46753		Reconstruction of anus	A	0	090	Y						\$ 664.33	\$ -	
46754		Removal of suture from anus	A	0	010	Y						\$ 244.30	\$ 301.37	
46760		Repair of anal sphincter	A	0	090	Y		Y				\$ 1,212.78	\$ -	
46761		Repair of anal sphincter	A	0	090	Y		Y				\$ 1,066.62	\$ -	
46762		Implant artificial sphincter	A	0	090	Y		Y				\$ 1,028.34	\$ -	
46900		Destruction anal lesion(s)	A	0	010	Y						\$ 151.73	\$ 236.29	
46910		Destruction anal lesion(s)	A	0	010	Y						\$ 152.42	\$ 251.26	
46916		Cryosurgery anal lesion(s)	A	0	010	Y						\$ 155.56	\$ 229.33	
46917		Laser surgery anal lesions	A	0	010	Y						\$ 150.68	\$ 430.82	
46922		Excision of anal lesion(s)	A	0	010	Y						\$ 153.12	\$ 262.04	
46924		Destruction anal lesion(s)	A	0	010	Y						\$ 208.10	\$ 505.99	
46930		Destroy internal hemorrhoids	A	0	090	Y						\$ 156.95	\$ 206.02	
46940		Treatment of anal fissure	A	0	010	Y						\$ 166.69	\$ 234.20	
46942		Treatment of anal fissure	A	0	010	Y						\$ 148.94	\$ 216.80	
46945		Remove by ligat int hem grp	A	0	090	Y						\$ 232.46	\$ 299.28	
46946		Remove by ligat int hem grps	A	0	090	Y						\$ 240.12	\$ 311.81	
46947		Hemorrhoidopexy by stapling	A	0	090	Y						\$ 441.26	\$ -	
46999		Anus surgery procedure	C	0	YYY	Y				Y		\$ -	\$ -	
47000		Needle biopsy of liver	A	0	000	Y						\$ 113.10	\$ 252.30	
47001		Needle biopsy liver add-on	A	0	ZZZ							\$ 128.76	\$ -	
47010		Open drainage liver lesion	A	0	090	Y		Y				\$ 1,441.07	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
47011		Percut drain liver lesion	A	0	000	Y						\$ 203.58	\$ -	
47015		Inject/aspirate liver cyst	A	0	090	Y		Y				\$ 1,402.44	\$ -	
47100		Wedge biopsy of liver	A	0	090	Y		Y				\$ 1,001.89	\$ -	
47120		Partial removal of liver	A	0	090	Y		Y				\$ 2,849.08	\$ -	
47122		Extensive removal of liver	A	0	090	Y		Y				\$ 4,248.38	\$ -	
47125		Partial removal of liver	A	0	090	Y		Y				\$ 3,792.50	\$ -	
47130		Partial removal of liver	A	0	090	Y		Y				\$ 4,077.52	\$ -	
47133		Removal of donor liver	C	9	XXX							\$ -	\$ -	
47135		Transplantation of liver	A	0	090	Y		Y		Y		\$ 6,043.37	\$ -	
47136		Transplantation of liver	A	0	090	Y		Y		Y		\$ 5,116.30	\$ -	
47140		Partial removal donor liver	A	0	090	Y		Y		Y		\$ 4,323.20	\$ -	
47141		Partial removal donor liver	A	0	090	Y		Y		Y		\$ 4,065.68	\$ -	
47142		Partial removal donor liver	A	0	090	Y		Y				\$ 5,789.68	\$ -	
47143		Prep donor liver whole	C	0	XXX	Y		Y				\$ -	\$ -	
47144		Prep donor liver 3-segment	C	0	090	Y		Y				\$ -	\$ -	
47145		Prep donor liver lobe split	C	0	XXX	Y		Y				\$ -	\$ -	
47146		Prep donor liver/venous	A	0	XXX	Y		Y				\$ 416.90	\$ -	
47147		Prep donor liver/arterial	A	0	XXX	Y		Y				\$ 485.11	\$ -	
47300		Surgery for liver lesion	A	0	090	Y		Y				\$ 1,369.03	\$ -	
47350		Repair liver wound	A	0	090	Y		Y				\$ 1,666.22	\$ -	
47360		Repair liver wound	A	0	090	Y		Y				\$ 2,289.14	\$ -	
47361		Repair liver wound	A	0	090	Y		Y				\$ 3,706.20	\$ -	
47362		Repair liver wound	A	0	090	Y		Y				\$ 1,751.83	\$ -	
47370		Laparo ablate liver tumor rf	A	0	090	Y		Y				\$ 1,499.53	\$ -	
47371		Laparo ablate liver cryosurg	A	0	090	Y		Y				\$ 1,541.99	\$ -	
47379		Laparoscope procedure liver	C	0	YYY	Y		Y		Y		\$ -	\$ -	
47380		Open ablate liver tumor rf	A	0	090	Y		Y				\$ 1,746.61	\$ -	
47381		Open ablate liver tumor cryo	A	0	090	Y		Y				\$ 1,824.22	\$ -	

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47382		Percut ablate liver rf	A	0	010	Y						\$ 865.48	\$ 4,357.66	
47399		Liver surgery procedure	C	0	YYY	Y				Y		\$ -	\$ -	
47400		Incision of liver duct	A	0	090	Y		Y				\$ 2,651.76	\$ -	
47420		Incision of bile duct	A	0	090	Y		Y				\$ 1,635.60	\$ -	
47425		Incision of bile duct	A	0	090	Y		Y				\$ 1,664.48	\$ -	
47460		Incise bile duct sphincter	A	0	090	Y		Y				\$ 1,545.47	\$ -	
47480		Incision of gallbladder	A	0	090	Y		Y				\$ 1,032.86	\$ -	
47490		Incision of gallbladder	A	0	010	Y						\$ 353.57	\$ -	
47500		Injection for liver x-rays	A	0	000	Y						\$ 109.62	\$ -	
47505		Injection for liver x-rays	A	0	000	Y						\$ 41.76	\$ -	
47510		Insert catheter bile duct	A	0	090	Y						\$ 508.43	\$ -	
47511		Insert bile duct drain	A	0	090	Y	Y					\$ 633.01	\$ -	
47525		Change bile duct catheter	A	0	000	Y	Y					\$ 96.40	\$ 454.14	
47530		Revise/reinsert bile tube	A	0	090	Y						\$ 382.45	\$ 1,303.26	
47550		Bile duct endoscopy add-on	A	0	ZZZ			Y				\$ 208.10	\$ -	
47552		Biliary endoscopy thru skin	A	0	000	Y						\$ 351.83	\$ -	
47553		Biliary endoscopy thru skin	A	0	000	Y					47552	\$ 353.22	\$ -	
47554		Biliary endoscopy thru skin	A	0	000	Y					47552	\$ 589.86	\$ -	
47555		Biliary endoscopy thru skin	A	0	000	Y					47552	\$ 415.51	\$ -	
47556		Biliary endoscopy thru skin	A	0	000	Y					47552	\$ 470.15	\$ -	
47560		Laparoscopy w/cholangio	A	0	000	Y						\$ 340.34	\$ -	
47561		Laparo w/cholangio/biopsy	A	0	000	Y						\$ 367.84	\$ -	
47562		Laparoscopic cholecystectomy	A	0	090	Y		Y				\$ 899.93	\$ -	
47563		Laparo cholecystectomy/graph	A	0	090	Y		Y				\$ 867.56	\$ -	
47564		Laparo cholecystectomy/explr	A	0	090	Y		Y				\$ 1,336.67	\$ -	
47570		Laparo cholecystoenterostomy	A	0	090	Y		Y				\$ 941.69	\$ -	
47579		Laparoscope proc biliary	C	0	YYY	Y	Y	Y		Y		\$ -	\$ -	
47600		Removal of gallbladder	A	0	090	Y		Y				\$ 1,311.61	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
47605		Removal of gallbladder	A	0	090	Y		Y				\$ 1,195.03	\$ -	
47610		Removal of gallbladder	A	0	090	Y		Y				\$ 1,537.81	\$ -	
47612		Removal of gallbladder	A	0	090	Y		Y				\$ 1,554.52	\$ -	
47620		Removal of gallbladder	A	0	090	Y		Y				\$ 1,688.15	\$ -	
47630		Remove bile duct stone	A	0	090	Y						\$ 615.96	\$ -	
47700		Exploration of bile ducts	A	0	090	Y		Y				\$ 1,267.07	\$ -	
47701		Bile duct revision	A	0	090	Y						\$ 2,133.94	\$ -	
47711		Excision of bile duct tumor	A	0	090	Y		Y				\$ 1,903.91	\$ -	
47712		Excision of bile duct tumor	A	0	090	Y		Y				\$ 2,461.75	\$ -	
47715		Excision of bile duct cyst	A	0	090	Y		Y				\$ 1,615.42	\$ -	
47720		Fuse gallbladder & bowel	A	0	090	Y		Y				\$ 1,389.22	\$ -	
47721		Fuse upper gi structures	A	0	090	Y		Y				\$ 1,647.08	\$ -	
47740		Fuse gallbladder & bowel	A	0	090	Y		Y				\$ 1,591.75	\$ -	
47741		Fuse gallbladder & bowel	A	0	090	Y		Y				\$ 1,799.86	\$ -	
47760		Fuse bile ducts and bowel	A	0	090	Y		Y				\$ 2,766.60	\$ -	
47765		Fuse liver ducts & bowel	A	0	090	Y		Y				\$ 3,749.00	\$ -	
47780		Fuse bile ducts and bowel	A	0	090	Y		Y				\$ 3,042.56	\$ -	
47785		Fuse bile ducts and bowel	A	0	090	Y		Y				\$ 4,014.53	\$ -	
47800		Reconstruction of bile ducts	A	0	090	Y		Y				\$ 1,934.53	\$ -	
47801		Placement bile duct support	A	0	090	Y		Y				\$ 1,159.54	\$ -	
47802		Fuse liver duct & intestine	A	0	090	Y		Y				\$ 1,859.71	\$ -	
47900		Suture bile duct injury	A	0	090	Y		Y				\$ 1,658.57	\$ -	
47999		Bile tract surgery procedure	C	0	YYY	Y				Y		\$ -	\$ -	
48000		Drainage of abdomen	A	0	090	Y		Y				\$ 2,239.38	\$ -	
48001		Placement of drain pancreas	A	0	090	Y		Y				\$ 2,862.65	\$ -	
48020		Removal of pancreatic stone	A	0	090	Y		Y				\$ 1,432.37	\$ -	
48100		Biopsy of pancreas open	A	0	090	Y		Y				\$ 1,071.49	\$ -	
48102		Needle biopsy pancreas	A	0	010	Y						\$ 266.92	\$ 520.26	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
48105		Resect/debride pancreas	A	0	090	Y		Y				\$ 3,521.41	\$ -	
48120		Removal of pancreas lesion	A	0	090	Y		Y				\$ 1,351.28	\$ -	
48140		Partial removal of pancreas	A	0	090	Y		Y				\$ 1,915.74	\$ -	
48145		Partial removal of pancreas	A	0	090	Y		Y				\$ 2,004.48	\$ -	
48146		Pancreatectomy	A	0	090	Y		Y				\$ 2,285.32	\$ -	
48148		Removal of pancreatic duct	A	0	090	Y		Y				\$ 1,519.02	\$ -	
48150		Partial removal of pancreas	A	0	090	Y		Y				\$ 3,821.39	\$ -	
48152		Pancreatectomy	A	0	090	Y		Y				\$ 3,554.12	\$ -	
48153		Pancreatectomy	A	0	090	Y		Y				\$ 3,815.82	\$ -	
48154		Pancreatectomy	A	0	090	Y		Y				\$ 3,569.09	\$ -	
48155		Removal of pancreas	A	0	090	Y		Y				\$ 2,204.58	\$ -	
48160		Pancreas removal/transplant	A	9	XXX							\$ -	\$ -	
48400		Injection intraop add-on	A	0	ZZZ							\$ 127.72	\$ -	
48500		Surgery of pancreatic cyst	A	0	090	Y		Y				\$ 1,386.08	\$ -	
48510		Drain pancreatic pseudocyst	A	0	090	Y		Y				\$ 1,300.13	\$ -	
48511		Drain pancreatic pseudocyst	A	0	000	Y						\$ 220.63	\$ 851.21	
48520		Fuse pancreas cyst and bowel	A	0	090	Y		Y				\$ 1,338.41	\$ -	
48540		Fuse pancreas cyst and bowel	A	0	090	Y		Y				\$ 1,607.41	\$ -	
48545		Pancreatorrhaphy	A	0	090	Y		Y				\$ 1,644.30	\$ -	
48547		Duodenal exclusion	A	0	090	Y		Y				\$ 2,206.67	\$ -	
48548		Fuse pancreas and bowel	A	0	090	Y		Y				\$ 2,047.28	\$ -	
48550		Donor pancreatectomy	C	9	XXX							\$ -	\$ -	
48551		Prep donor pancreas	C	0	XXX	Y		Y				\$ -	\$ -	
48552		Prep donor pancreas/venous	A	0	XXX	Y		Y				\$ 296.84	\$ -	
48554		Transpl allograft pancreas	R	0	090	Y		Y	Y	Y		\$ 3,010.55	\$ -	
48556		Removal allograft pancreas	A	0	090	Y		Y	Y	Y		\$ 1,520.06	\$ -	
48999		Pancreas surgery procedure	C	0	YYY	Y		Y		Y		\$ -	\$ -	
49000		Exploration of abdomen	A	0	090	Y		Y				\$ 930.20	\$ -	

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49002		Reopening of abdomen	A	0	090	Y		Y				\$ 1,276.81	\$ -	
49010		Exploration behind abdomen	A	0	090	Y		Y				\$ 1,147.70	\$ -	
49020		Drain abdominal abscess	A	0	090	Y		Y				\$ 1,931.75	\$ -	
49021		Drain abdominal abscess	A	0	000	Y						\$ 185.14	\$ 805.27	
49040		Drain open abdom abscess	A	0	090	Y		Y				\$ 1,214.87	\$ -	
49041		Drain percut abdom abscess	A	0	000	Y						\$ 220.28	\$ 841.46	
49060		Drain open retroper abscess	A	0	090	Y						\$ 1,335.62	\$ -	
49061		Drain percut retroper abscess	A	0	000	Y						\$ 202.54	\$ 819.19	
49062		Drain to peritoneal cavity	A	0	090	Y		Y				\$ 897.84	\$ -	
49082		Abd paracentesis	A	0	000	Y						\$ 74.47	\$ 153.82	
49083		Abd paracentesis w/imaging	A	0	000	Y						\$ 115.88	\$ 286.75	
49084		Peritoneal lavage	A	0	000	Y						\$ 108.23	\$ -	
49180		Biopsy abdominal mass	A	0	000	Y						\$ 95.35	\$ 158.69	
49203		Exc abd tum 5 cm or less	A	0	090	Y		Y				\$ 1,441.07	\$ -	
49204		Exc abd tum over 5 cm	A	0	090	Y		Y				\$ 1,844.05	\$ -	
49205		Exc abd tum over 10 cm	A	0	090	Y		Y				\$ 2,133.94	\$ -	
49215		Excise sacral spine tumor	A	0	090	Y		Y				\$ 2,683.78	\$ -	
49220		Multiple surgery abdomen	A	0	090	Y		Y				\$ 1,185.29	\$ -	
49250		Excision of umbilicus	A	0	090	Y						\$ 692.87	\$ -	
49255		Removal of omentum	A	0	090	Y		Y				\$ 945.86	\$ -	
49320		Diag laparo separate proc	A	0	010	Y		Y				\$ 389.76	\$ -	
49321		Laparoscopy biopsy	A	0	010	Y		Y	Y		49320	\$ 415.86	\$ -	
49322		Laparoscopy aspiration	A	0	010	Y		Y	Y		49320	\$ 442.66	\$ -	
49323		Laparo drain lymphocele	A	0	090	Y		Y	Y		49320	\$ 778.48	\$ -	
49324		Lap insert tunnel ip cath	A	0	010	Y		Y	Y		49320	\$ 477.80	\$ -	
49325		Lap revision perm ip cath	A	0	010	Y		Y	Y		49320	\$ 514.69	\$ -	
49326		Lap w/omentopexy add-on	A	0	ZZZ			Y				\$ 239.08	\$ -	
49327		Lap ins device for rt	A	0	ZZZ			Y				\$ 163.21	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
49329		Laparo proc abdm/per/oment	C	0	YYY	Y	Y	Y		Y		\$ -	\$ -	
49400		Air injection into abdomen	A	0	000	Y						\$ 111.01	\$ 153.47	
49402		Remove foreign body adbomen	A	0	090	Y						\$ 1,036.00	\$ -	
49411		Ins mark abd/pel for rt perq	A	0	000	Y						\$ 212.63	\$ 517.82	
49412		Ins device for rt guide open	A	0	ZZZ							\$ 101.62	\$ -	
49418		Insert tun ip cath perc	A	0	000	Y						\$ 269.35	\$ 1,423.32	
49419		Insert tun ip cath w/port	A	0	090	Y						\$ 512.26	\$ -	
49421		Ins tun ip cath for dial opn	A	0	000	Y						\$ 303.11	\$ -	
49422		Remove tunneled ip cath	A	0	010	Y						\$ 464.93	\$ -	
49423		Exchange drainage catheter	A	0	000	Y						\$ 79.34	\$ 503.21	
49424		Assess cyst contrast inject	A	0	000	Y						\$ 42.80	\$ 137.46	
49425		Insert abdomen-venous drain	A	0	090	Y		Y				\$ 926.03	\$ -	
49426		Revise abdomen-venous shunt	A	0	090	Y						\$ 763.86	\$ -	
49427		Injection abdominal shunt	A	0	000	Y						\$ 51.16	\$ -	
49428		Ligation of shunt	A	0	010	Y						\$ 565.50	\$ -	
49429		Removal of shunt	A	0	010	Y						\$ 549.49	\$ -	
49435		Insert subq exten to ip cath	A	0	ZZZ			Y				\$ 151.38	\$ -	
49436		Embedded ip cath exit-site	A	0	010	Y		Y				\$ 220.98	\$ -	
49440		Place gastrostomy tube perc	A	0	010	Y						\$ 253.34	\$ 983.10	
49441		Place duod/jej tube perc	A	0	010	Y						\$ 287.80	\$ 1,090.98	
49442		Place cecostomy tube perc	A	0	010	Y						\$ 234.20	\$ 886.70	
49446		Change g-tube to g-j perc	A	0	000	Y						\$ 182.35	\$ 905.84	
49450		Replace g/c tube perc	A	0	000	Y						\$ 73.78	\$ 608.30	
49451		Replace duod/jej tube perc	A	0	000	Y						\$ 104.75	\$ 648.67	
49452		Replace g-j tube perc	A	0	000	Y						\$ 157.99	\$ 805.62	
49460		Fix g/colon tube w/device	A	0	000	Y						\$ 54.29	\$ 675.47	
49465		Fluoro exam of g/colon tube	A	0	000	Y						\$ 33.06	\$ 155.21	
49491		Rpr hern preemie reduc	A	0	090	Y	Y	Y				\$ 937.51	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
49492		Rpr ing hern premie blocked	A	0	090	Y	Y	Y				\$ 1,160.23	\$ -	
49495		Rpr ing hernia baby reduc	A	0	090	Y	Y	Y				\$ 485.81	\$ -	
49496		Rpr ing hernia baby blocked	A	0	090	Y	Y	Y				\$ 738.80	\$ -	
49500		Rpr ing hernia init reduce	A	0	090	Y	Y	Y				\$ 478.50	\$ -	
49501		Rpr ing hernia init blocked	A	0	090	Y	Y	Y				\$ 723.84	\$ -	
49505		Prp i/hern init reduc >5 yr	A	0	090	Y	Y	Y				\$ 617.70	\$ -	
49507		Prp i/hern init block >5 yr	A	0	090	Y	Y	Y				\$ 702.96	\$ -	
49520		Rerepair ing hernia reduce	A	0	090	Y	Y	Y				\$ 759.34	\$ -	
49521		Rerepair ing hernia blocked	A	0	090	Y	Y	Y				\$ 865.48	\$ -	
49525		Repair ing hernia sliding	A	0	090	Y	Y	Y				\$ 684.52	\$ -	
49540		Repair lumbar hernia	A	0	090	Y	Y	Y				\$ 810.84	\$ -	
49550		Rpr rem hernia init reduce	A	0	090	Y	Y	Y				\$ 689.39	\$ -	
49553		Rpr fem hernia init blocked	A	0	090	Y	Y	Y				\$ 758.99	\$ -	
49555		Rerepair fem hernia reduce	A	0	090	Y	Y	Y				\$ 717.92	\$ -	
49557		Rerepair fem hernia blocked	A	0	090	Y	Y	Y				\$ 874.18	\$ -	
49560		Rpr ventral hern init reduc	A	0	090	Y	Y	Y				\$ 890.18	\$ -	
49561		Rpr ventral hern init block	A	0	090	Y	Y	Y				\$ 1,134.13	\$ -	
49565		Rerepair ventrl hern reduce	A	0	090	Y	Y	Y				\$ 928.81	\$ -	
49566		Rerepair ventrl hern block	A	0	090	Y	Y	Y				\$ 1,148.05	\$ -	
49568		Hernia repair w/mesh	A	0	ZZZ			Y				\$ 337.91	\$ -	
49570		Rpr epigastric hern reduce	A	0	090	Y	Y	Y				\$ 488.94	\$ -	
49572		Rpr epigastric hern blocked	A	0	090	Y	Y	Y				\$ 611.78	\$ -	
49580		Rpr umbil hern reduc < 5 yr	A	0	090	Y		Y				\$ 381.76	\$ -	
49582		Rpr umbil hern block < 5 yr	A	0	090	Y		Y				\$ 569.33	\$ -	
49585		Rpr umbil hern reduc > 5 yr	A	0	090	Y		Y				\$ 522.70	\$ -	
49587		Rpr umbil hern block > 5 yr	A	0	090	Y		Y				\$ 563.06	\$ -	
49590		Repair spigelian hernia	A	0	090	Y	Y	Y				\$ 684.86	\$ -	
49600		Repair umbilical lesion	A	0	090	Y		Y				\$ 881.48	\$ -	

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49605		Repair umbilical lesion	A	0	090	Y		Y				\$ 6,185.35	\$ -	
49606		Repair umbilical lesion	A	0	090	Y		Y				\$ 1,393.04	\$ -	
49610		Repair umbilical lesion	A	0	090	Y		Y				\$ 829.28	\$ -	
49611		Repair umbilical lesion	A	0	090	Y		Y				\$ 559.93	\$ -	
49650		Lap ing hernia repair init	A	0	090	Y	Y	Y				\$ 504.25	\$ -	
49651		Lap ing hernia repair recur	A	0	090	Y	Y	Y				\$ 660.85	\$ -	
49652		Lap vent/abd hernia repair	A	0	090	Y	Y	Y				\$ 706.79	\$ -	
49653		Lap vent/abd hern proc comp	A	0	090	Y	Y	Y				\$ 886.01	\$ -	
49654		Lap inc hernia repair	A	0	090	Y	Y	Y				\$ 806.32	\$ -	
49655		Lap inc hern repair comp	A	0	090	Y	Y	Y				\$ 984.84	\$ -	
49656		Lap inc hernia repair recur	A	0	090	Y	Y	Y				\$ 875.22	\$ -	
49657		Lap inc hern recur comp	A	0	090	Y	Y	Y				\$ 1,261.15	\$ -	
49659		Laparo proc hernia repair	C	0	YYY	Y	Y	Y		Y		\$ -	\$ -	
49900		Repair of abdominal wall	A	0	090	Y		Y				\$ 964.66	\$ -	
49904		Omental flap extra-abdom	A	0	090	Y				Y		\$ 1,754.96	\$ -	
49905		Omental flap intra-abdom	A	0	ZZZ			Y	Y			\$ 435.70	\$ -	
49906		Free omental flap microvasc	C	0	090	Y						\$ -	\$ -	
49999		Abdomen surgery procedure	C	0	YYY	Y				Y		\$ -	\$ -	
50010		Exploration of kidney	A	0	090	Y		Y				\$ 837.98	\$ -	
50020		Renal abscess open drain	A	0	090	Y						\$ 1,185.64	\$ -	
50021		Renal abscess percut drain	A	0	000	Y						\$ 184.79	\$ 852.60	
50040		Drainage of kidney	A	0	090	Y						\$ 1,014.77	\$ -	
50045		Exploration of kidney	A	0	090	Y		Y				\$ 1,012.33	\$ -	
5005F		Pt counslid on exam for moles	M	9	XXX							\$ -	\$ -	
50060		Removal of kidney stone	A	0	090	Y		Y				\$ 1,244.45	\$ -	
50065		Incision of kidney	A	0	090	Y		Y				\$ 1,319.62	\$ -	
50070		Incision of kidney	A	0	090	Y		Y				\$ 1,324.84	\$ -	
50075		Removal of kidney stone	A	0	090	Y		Y				\$ 1,599.41	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
50080		Removal of kidney stone	A	0	090	Y	Y					\$ 951.08	\$ -	
50081		Removal of kidney stone	A	0	090	Y	Y	Y				\$ 1,401.05	\$ -	
50100		Revise kidney blood vessels	A	0	090	Y		Y				\$ 1,168.58	\$ -	
5010F		Macul result to phy mng dm	M	9	XXX							\$ -	\$ -	
50120		Exploration of kidney	A	0	090	Y	Y	Y				\$ 1,032.52	\$ -	
50125		Explore and drain kidney	A	0	090	Y	Y	Y				\$ 1,108.38	\$ -	
50130		Removal of kidney stone	A	0	090	Y	Y	Y				\$ 1,127.17	\$ -	
50135		Exploration of kidney	A	0	090	Y	Y	Y				\$ 1,225.31	\$ -	
5015F		Doc fx & test/txmnt for op	M	9	XXX							\$ -	\$ -	
50200		Renal biopsy perq	A	0	000	Y	Y					\$ 161.82	\$ 552.28	
50205		Renal biopsy open	A	0	090	Y	Y	Y				\$ 900.62	\$ -	
5020F		Txmnts 2 main Dr by 1 mon	M	9	XXX							\$ -	\$ -	
50220		Remove kidney open	A	0	090	Y	Y	Y				\$ 1,172.76	\$ -	
50225		Removal kidney open complex	A	0	090	Y	Y	Y				\$ 1,328.66	\$ -	
50230		Removal kidney open radical	A	0	090	Y	Y	Y	Y			\$ 1,417.06	\$ -	
50234		Removal of kidney & ureter	A	0	090	Y		Y				\$ 1,434.11	\$ -	
50236		Removal of kidney & ureter	A	0	090	Y		Y				\$ 1,606.02	\$ -	
50240		Partial removal of kidney	A	0	090	Y		Y				\$ 1,452.55	\$ -	
50250		Cryoablate renal mass open	A	0	090	Y		Y				\$ 1,335.62	\$ -	
50280		Removal of kidney lesion	A	0	090	Y		Y				\$ 1,056.18	\$ -	
50290		Removal of kidney lesion	A	0	090	Y		Y				\$ 969.18	\$ -	
50300		Remove cadaver donor kidney	C	9	XXX							\$ -	\$ -	
50320		Remove kidney living donor	A	0	090	Y	Y	Y				\$ 1,652.65	\$ -	
50323		Prep cadaver renal allograft	C	0	XXX	Y		Y				\$ -	\$ -	
50325		Prep donor renal graft	C	0	XXX	Y		Y				\$ -	\$ -	
50327		Prep renal graft/venous	A	0	XXX	Y		Y				\$ 269.00	\$ -	
50328		Prep renal graft/arterial	A	0	XXX	Y		Y				\$ 234.55	\$ -	
50329		Prep renal graft/ureteral	A	0	XXX	Y		Y				\$ 205.67	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
50340		Removal of kidney	A	0	090	Y	Y	Y				\$ 1,122.30	\$ -	
50360		Transplantation of kidney	A	0	090	Y		Y	Y	Y		\$ 3,069.01	\$ -	
50365		Transplantation of kidney	A	0	090	Y	Y	Y	Y	Y		\$ 3,490.09	\$ -	
50370		Remove transplanted kidney	A	0	090	Y		Y				\$ 1,420.54	\$ -	
50380		Reimplantation of kidney	A	0	090	Y		Y				\$ 2,392.85	\$ -	
50382		Change ureter stent percut	A	0	000	Y	Y					\$ 304.50	\$ 1,136.22	
50384		Remove ureter stent percut	A	0	000	Y	Y					\$ 277.36	\$ 938.90	
50385		Change stent via transureth	A	0	000	Y	Y					\$ 256.82	\$ 1,091.33	
50386		Remove stent via transureth	A	0	000	Y	Y					\$ 193.14	\$ 714.44	
50387		Change ext/int ureter stent	A	0	000	Y	Y					\$ 111.36	\$ 521.30	
50389		Remove renal tube w/fluoro	A	0	000	Y	Y					\$ 60.20	\$ 282.23	
50390		Drainage of kidney lesion	A	0	000	Y	Y					\$ 107.53	\$ -	
50391		Instll rx agnt into rnal tub	A	0	000	Y						\$ 111.01	\$ 131.89	
50392		Insert kidney drain	A	0	000	Y	Y					\$ 195.23	\$ -	
50393		Insert ureteral tube	A	0	000	Y	Y					\$ 237.68	\$ -	
50394		Injection for kidney x-ray	A	0	000	Y	Y					\$ 51.85	\$ 96.74	
50395		Create passage to kidney	A	0	000	Y	Y					\$ 198.36	\$ -	
50396		Measure kidney pressure	A	0	000	Y	Y					\$ 126.67	\$ -	
50398		Change kidney tube	A	0	000	Y	Y					\$ 79.34	\$ 465.62	
50400		Revision of kidney/ureter	A	0	090	Y		Y				\$ 1,269.16	\$ -	
50405		Revision of kidney/ureter	A	0	090	Y		Y				\$ 1,529.46	\$ -	
50500		Repair of kidney wound	A	0	090	Y		Y				\$ 1,571.22	\$ -	
5050F		Plan 2 main dr by 1 month	M	9	XXX							\$ -	\$ -	
50520		Close kidney-skin fistula	A	0	090	Y		Y				\$ 1,129.96	\$ -	
50525		Repair renal-abdomen fistula	A	0	090	Y		Y				\$ 1,763.32	\$ -	
50526		Repair renal-abdomen fistula	A	0	090	Y		Y				\$ 1,485.26	\$ -	
50540		Revision of horseshoe kidney	A	0	090	Y		Y				\$ 1,248.62	\$ -	
50541		Laparo ablate renal cyst	A	0	090	Y		Y				\$ 1,011.29	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
50542		Laparo ablate renal mass	A	0	090	Y		Y				\$ 1,278.20	\$ -	
50543		Laparo partial nephrectomy	A	0	090	Y	Y	Y				\$ 1,635.95	\$ -	
50544		Laparoscopy pyeloplasty	A	0	090	Y		Y				\$ 1,374.95	\$ -	
50545		Laparo radical nephrectomy	A	0	090	Y	Y	Y				\$ 1,484.57	\$ -	
50546		Laparoscopic nephrectomy	A	0	090	Y	Y	Y				\$ 1,327.27	\$ -	
50547		Laparo removal donor kidney	A	0	090	Y	Y	Y				\$ 1,899.04	\$ -	
50548		Laparo remove w/ureter	A	0	090	Y	Y	Y				\$ 1,485.96	\$ -	
50549		Laparoscope proc renal	C	0	YYY	Y	Y	Y		Y		\$ -	\$ -	
50551		Kidney endoscopy	A	0	000	Y	Y					\$ 325.03	\$ 381.06	
50553		Kidney endoscopy	A	0	000	Y	Y					\$ 354.26	\$ 413.77	
50555		Kidney endoscopy & biopsy	A	0	000	Y	Y				50551	\$ 377.23	\$ 437.78	
50557		Kidney endoscopy & treatment	A	0	000	Y	Y				50551	\$ 382.45	\$ 445.09	
50561		Kidney endoscopy & treatment	A	0	000	Y	Y				50551	\$ 438.48	\$ 508.08	
50562		Renal scope w/tumor resect	A	0	090	Y		Y				\$ 640.67	\$ -	
50570		Kidney endoscopy	A	0	000	Y	Y					\$ 543.58	\$ -	
50572		Kidney endoscopy	A	0	000	Y	Y				50570	\$ 591.25	\$ -	
50574		Kidney endoscopy & biopsy	A	0	000	Y	Y				50570	\$ 629.18	\$ -	
50575		Kidney endoscopy	A	0	000	Y	Y				50570	\$ 794.83	\$ -	
50576		Kidney endoscopy & treatment	A	0	000	Y	Y				50570	\$ 626.05	\$ -	
50580		Kidney endoscopy & treatment	A	0	000	Y	Y				50570	\$ 675.82	\$ -	
50590		Fragmenting of kidney stone	A	0	090	Y	Y					\$ 610.74	\$ 823.72	
50592		Perc rf ablate renal tumor	A	0	010	Y	Y					\$ 395.68	\$ 2,867.87	
50593		Perc cryo ablate renal tum	A	0	010	Y	Y	Y				\$ 523.39	\$ 4,087.61	
50600		Exploration of ureter	A	0	090	Y	Y	Y				\$ 1,023.82	\$ -	
50605		Insert ureteral support	A	0	090	Y	Y	Y				\$ 1,136.22	\$ -	
5060F		Fndngs mammo 2pt w/in 3 days	M	9	XXX							\$ -	\$ -	
50610		Removal of ureter stone	A	0	090	Y	Y	Y				\$ 1,031.12	\$ -	
50620		Removal of ureter stone	A	0	090	Y	Y	Y				\$ 985.88	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
5062F		Mammo result com to pt 5 day	M	9	XXX							\$ -	\$ -	
50630		Removal of ureter stone	A	0	090	Y	Y	Y				\$ 970.92	\$ -	
50650		Removal of ureter	A	0	090	Y		Y				\$ 1,135.52	\$ -	
50660		Removal of ureter	A	0	090	Y		Y				\$ 1,248.62	\$ -	
50684		Injection for ureter x-ray	A	0	000	Y	Y					\$ 52.20	\$ 118.32	
50686		Measure ureter pressure	A	0	000	Y						\$ 104.40	\$ 147.20	
50688		Change of ureter tube/stent	A	0	010	Y						\$ 83.17	\$ -	
50690		Injection for ureter x-ray	A	0	000	Y						\$ 73.43	\$ 97.09	
50700		Revision of ureter	A	0	090	Y		Y				\$ 1,007.46	\$ -	
50715		Release of ureter	A	0	090	Y	Y	Y				\$ 1,364.86	\$ -	
50722		Release of ureter	A	0	090	Y		Y				\$ 1,245.14	\$ -	
50725		Release/revise ureter	A	0	090	Y		Y				\$ 1,198.51	\$ -	
50727		Revise ureter	A	0	090	Y		Y	Y			\$ 544.27	\$ -	
50728		Revise ureter	A	0	090	Y		Y	Y			\$ 752.03	\$ -	
50740		Fusion of ureter & kidney	A	0	090	Y		Y				\$ 1,501.27	\$ -	
50750		Fusion of ureter & kidney	A	0	090	Y		Y				\$ 1,261.15	\$ -	
50760		Fusion of ureters	A	0	090	Y		Y				\$ 1,286.21	\$ -	
50770		Splicing of ureters	A	0	090	Y		Y				\$ 1,251.41	\$ -	
50780		Reimplant ureter in bladder	A	0	090	Y	Y	Y				\$ 1,237.14	\$ -	
50782		Reimplant ureter in bladder	A	0	090	Y	Y	Y	Y			\$ 1,433.76	\$ -	
50783		Reimplant ureter in bladder	A	0	090	Y	Y	Y	Y			\$ 1,222.52	\$ -	
50785		Reimplant ureter in bladder	A	0	090	Y	Y	Y				\$ 1,331.10	\$ -	
50800		Implant ureter in bowel	A	0	090	Y	Y	Y				\$ 1,017.55	\$ -	
50810		Fusion of ureter & bowel	A	0	090	Y		Y				\$ 1,703.81	\$ -	
50815		Urine shunt to intestine	A	0	090	Y	Y	Y				\$ 1,333.54	\$ -	
50820		Construct bowel bladder	A	0	090	Y	Y	Y				\$ 1,465.08	\$ -	
50825		Construct bowel bladder	A	0	090	Y		Y				\$ 1,833.26	\$ -	
50830		Revise urine flow	A	0	090	Y		Y				\$ 1,975.60	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
50840		Replace ureter by bowel	A	0	090	Y	Y	Y				\$ 1,342.58	\$ -	
50845		Appendico-vesicostomy	A	0	090	Y		Y				\$ 1,360.33	\$ -	
50860		Transplant ureter to skin	A	0	090	Y	Y	Y				\$ 1,027.99	\$ -	
50900		Repair of ureter	A	0	090	Y		Y				\$ 919.07	\$ -	
50920		Closure ureter/skin fistula	A	0	090	Y		Y				\$ 959.09	\$ -	
50930		Closure ureter/bowel fistula	A	0	090	Y		Y				\$ 1,509.28	\$ -	
50940		Release of ureter	A	0	090	Y	Y	Y				\$ 963.96	\$ -	
50945		Laparoscopy ureterolithotomy	A	0	090	Y	Y	Y				\$ 1,065.23	\$ -	
50947		Laparo new ureter/bladder	A	0	090	Y	Y	Y				\$ 1,515.19	\$ -	
50948		Laparo new ureter/bladder	A	0	090	Y	Y	Y				\$ 1,400.00	\$ -	
50949		Laparoscope proc ureter	C	0	YYY	Y	Y	Y		Y		\$ -	\$ -	
50951		Endoscopy of ureter	A	0	000	Y	Y					\$ 338.26	\$ 397.76	
50953		Endoscopy of ureter	A	0	000	Y	Y				50951	\$ 372.71	\$ 423.52	
50955		Ureter endoscopy & biopsy	A	0	000	Y	Y				50951	\$ 400.55	\$ 455.53	
50957		Ureter endoscopy & treatment	A	0	000	Y	Y				50951	\$ 391.15	\$ 454.84	
50961		Ureter endoscopy & treatment	A	0	000	Y	Y				50951	\$ 351.13	\$ 410.64	
50970		Ureter endoscopy	A	0	000	Y	Y					\$ 409.25	\$ -	
50972		Ureter endoscopy & catheter	A	0	000	Y	Y					\$ 396.72	\$ -	
50974		Ureter endoscopy & biopsy	A	0	000	Y	Y				50970	\$ 523.74	\$ -	
50976		Ureter endoscopy & treatment	A	0	000	Y	Y				50970	\$ 516.43	\$ -	
50980		Ureter endoscopy & treatment	A	0	000	Y	Y					\$ 392.89	\$ -	
5100F		Rsk fx ref w/n 24 hrs xray	M	9	XXX							\$ -	\$ -	
51020		Incise & treat bladder	A	0	090	Y		Y				\$ 504.95	\$ -	
51030		Incise & treat bladder	A	0	090	Y						\$ 497.99	\$ -	
51040		Incise & drain bladder	A	0	090	Y		Y				\$ 306.94	\$ -	
51045		Incise bladder/drain ureter	A	0	090	Y		Y				\$ 546.36	\$ -	
51050		Removal of bladder stone	A	0	090	Y		Y				\$ 508.43	\$ -	
51060		Removal of ureter stone	A	0	090	Y		Y				\$ 628.14	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
51065		Remove ureter calculus	A	0	090	Y						\$ 625.36	\$ -	
51080		Drainage of bladder abscess	A	0	090	Y		Y				\$ 436.04	\$ -	
51100		Drain bladder by needle	A	0	000	Y						\$ 43.85	\$ 62.99	
51101		Drain bladder by trocar/cath	A	0	000	Y						\$ 60.20	\$ 123.54	
51102		Drain bl w/cath insertion	A	0	000	Y						\$ 162.86	\$ 234.20	
51500		Removal of bladder cyst	A	0	090	Y		Y				\$ 717.23	\$ -	
51520		Removal of bladder lesion	A	0	090	Y		Y				\$ 638.58	\$ -	
51525		Removal of bladder lesion	A	0	090	Y		Y				\$ 942.73	\$ -	
51530		Removal of bladder lesion	A	0	090	Y		Y				\$ 877.31	\$ -	
51535		Repair of ureter lesion	A	0	090	Y	Y	Y				\$ 842.16	\$ -	
51550		Partial removal of bladder	A	0	090	Y		Y				\$ 1,090.98	\$ -	
51555		Partial removal of bladder	A	0	090	Y		Y				\$ 1,417.40	\$ -	
51565		Revise bladder & ureter(s)	A	0	090	Y		Y				\$ 1,425.06	\$ -	
51570		Removal of bladder	A	0	090	Y		Y				\$ 1,630.38	\$ -	
51575		Removal of bladder & nodes	A	0	090	Y		Y				\$ 2,004.48	\$ -	
51580		Remove bladder/revise tract	A	0	090	Y		Y				\$ 2,082.08	\$ -	
51585		Removal of bladder & nodes	A	0	090	Y		Y				\$ 2,321.16	\$ -	
51590		Remove bladder/revise tract	A	0	090	Y		Y				\$ 2,137.42	\$ -	
51595		Remove bladder/revise tract	A	0	090	Y		Y				\$ 2,418.95	\$ -	
51596		Remove bladder/create pouch	A	0	090	Y		Y				\$ 2,591.21	\$ -	
51597		Removal of pelvic structures	A	0	090	Y		Y				\$ 2,550.84	\$ -	
51600		Injection for bladder x-ray	A	0	000	Y						\$ 48.37	\$ 174.00	
51605		Preparation for bladder xray	A	0	000	Y						\$ 40.02	\$ -	
51610		Injection for bladder x-ray	A	0	000	Y						\$ 68.21	\$ 106.49	
51700		Irrigation of bladder	A	0	000	Y						\$ 48.72	\$ 82.82	
51701		Insert bladder catheter	A	0	000	Y						\$ 29.93	\$ 54.98	
51702		Insert temp bladder cath	A	0	000	Y						\$ 32.36	\$ 69.25	
51703		Insert bladder cath complex	A	0	000	Y						\$ 88.39	\$ 132.24	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
51705		Change of bladder tube	A	0	000	Y						\$ 55.68	\$ 87.35	
51710		Change of bladder tube	A	0	000	Y						\$ 83.17	\$ 94.66	
51715		Endoscopic injection/implant	A	0	000	Y						\$ 222.02	\$ 299.98	
51720		Treatment of bladder lesion	A	0	000	Y						\$ 87.70	\$ 113.45	
51725		Simple cystometrogram	A	1	000	Y						\$ -	\$ 187.57	
51725	26	Simple cystometrogram	A	1	000	Y						\$ 82.48	\$ 82.48	
51725	TC	Simple cystometrogram	A	1	000	Y						\$ -	\$ 105.10	
51726		Complex cystometrogram	A	1	000	Y						\$ -	\$ 270.74	
51726	26	Complex cystometrogram	A	1	000	Y						\$ 93.26	\$ 93.26	
51726	TC	Complex cystometrogram	A	1	000	Y						\$ -	\$ 177.48	
51727		Cystometrogram w/up	A	1	000	Y						\$ -	\$ 297.19	
51727	26	Cystometrogram w/up	A	1	000	Y						\$ 120.76	\$ 120.76	
51727	TC	Cystometrogram w/up	A	1	000	Y						\$ -	\$ 176.44	
51728		Cystometrogram w/vp	A	1	000	Y						\$ -	\$ 292.67	
51728	26	Cystometrogram w/vp	A	1	000	Y						\$ 114.14	\$ 114.14	
51728	TC	Cystometrogram w/vp	A	1	000	Y						\$ -	\$ 178.52	
51729		Cystometrogram w/vp&up	A	1	000	Y						\$ -	\$ 323.99	
51729	26	Cystometrogram w/vp&up	A	1	000	Y						\$ 140.24	\$ 140.24	
51729	TC	Cystometrogram w/vp&up	A	1	000	Y						\$ -	\$ 183.40	
51736		Urine flow measurement	A	1	XXX	Y						\$ -	\$ 20.88	
51736	26	Urine flow measurement	A	1	XXX	Y						\$ 10.44	\$ 10.44	
51736	TC	Urine flow measurement	A	1	XXX	Y						\$ -	\$ 10.79	
51741		Electro-urowflowmetry first	A	1	XXX	Y						\$ -	\$ 24.01	
51741	26	Electro-urowflowmetry first	A	1	XXX	Y						\$ 12.18	\$ 12.18	
51741	TC	Electro-urowflowmetry first	A	1	XXX	Y						\$ -	\$ 11.83	
51784		Anal/urinary muscle study	A	1	000	Y						\$ -	\$ 188.96	
51784	26	Anal/urinary muscle study	A	1	000	Y						\$ 82.82	\$ 82.82	
51784	TC	Anal/urinary muscle study	A	1	000	Y						\$ -	\$ 106.14	

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HCPCS	MOD	DESCRIPTION	STATUS CODE	PCTC IND	GLOB DAYS	MULT PROC	BILAT SURG	ASST SURG	CO-SURG	TEAM SURG	ENDO BASE	CY 2012 Facility Outpatient RVU Payment	CY 2012 Non-Facility Outpatient RVU Payment	CY2012 PEIA Fee Allowance
51785		Anal/urinary muscle study	A	1	000	Y						\$ -	\$ 220.28	
51785	26	Anal/urinary muscle study	A	1	000	Y						\$ 83.87	\$ 83.87	
51785	TC	Anal/urinary muscle study	A	1	000	Y						\$ -	\$ 136.42	
51792		Urinary reflex study	A	1	000	Y						\$ -	\$ 205.32	
51792	26	Urinary reflex study	A	1	000	Y						\$ 61.25	\$ 61.25	
51792	TC	Urinary reflex study	A	1	000	Y						\$ -	\$ 143.72	
51797		Intraabdominal pressure test	A	1	ZZZ							\$ -	\$ 113.45	
51797	26	Intraabdominal pressure test	A	1	ZZZ							\$ 42.46	\$ 42.46	
51797	TC	Intraabdominal pressure test	A	1	ZZZ							\$ -	\$ 71.34	
51798		Us urine capacity measure	A	0	XXX							\$ -	\$ 17.40	
51800		Revision of bladder/urethra	A	0	090	Y		Y				\$ 1,149.10	\$ -	
51820		Revision of urinary tract	A	0	090	Y		Y				\$ 1,171.37	\$ -	
51840		Attach bladder/urethra	A	0	090	Y		Y				\$ 750.29	\$ -	
51841		Attach bladder/urethra	A	0	090	Y		Y				\$ 897.14	\$ -	
51845		Repair bladder neck	A	0	090	Y		Y				\$ 655.98	\$ -	
51860		Repair of bladder wound	A	0	090	Y		Y				\$ 858.17	\$ -	
51865		Repair of bladder wound	A	0	090	Y		Y				\$ 1,006.07	\$ -	
51880		Repair of bladder opening	A	0	090	Y		Y				\$ 523.74	\$ -	
51900		Repair bladder/vagina lesion	A	0	090	Y		Y				\$ 898.19	\$ -	
51920		Close bladder-uterus fistula	A	0	090	Y		Y				\$ 820.93	\$ -	
51925		Hysterectomy/bladder repair	A	0	090	Y		Y				\$ 1,210.69	\$ -	
51940		Correction of bladder defect	A	0	090	Y		Y				\$ 1,790.11	\$ -	
51960		Revision of bladder & bowel	A	0	090	Y		Y				\$ 1,536.07	\$ -	
51980		Construct bladder opening	A	0	090	Y		Y				\$ 772.21	\$ -	
51990		Laparo urethral suspension	A	0	090	Y		Y				\$ 864.43	\$ -	
51992		Laparo sling operation	A	0	090	Y		Y				\$ 994.58	\$ -	
51999		Laparoscope proc bla	C	0	YYY					Y		\$ -	\$ -	
52000		Cystoscopy	A	0	000	Y						\$ 138.16	\$ 206.02	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
52001		Cystoscopy removal of clots	A	0	000	Y					52000	\$ 317.03	\$ 390.11	
52005		Cystoscopy & ureter catheter	A	0	000	Y					52000	\$ 145.81	\$ 270.74	
52007		Cystoscopy and biopsy	A	0	000	Y	Y				52000	\$ 182.00	\$ 451.36	
5200F		Eval appros surg thxpy epi	M	9	XXX							\$ -	\$ -	
52010		Cystoscopy & duct catheter	A	0	000	Y					52000	\$ 180.96	\$ 370.27	
52204		Cystoscopy w/biopsy(s)	A	0	000	Y					52000	\$ 155.56	\$ 368.88	
52214		Cystoscopy and treatment	A	0	000	Y					52000	\$ 221.33	\$ 589.86	
52224		Cystoscopy and treatment	A	0	000	Y					52000	\$ 186.53	\$ 616.66	
52234		Cystoscopy and treatment	A	0	000	Y					52000	\$ 270.05	\$ -	
52235		Cystoscopy and treatment	A	0	000	Y					52000	\$ 318.42	\$ -	
52240		Cystoscopy and treatment	A	0	000	Y					52000	\$ 558.89	\$ -	
52250		Cystoscopy and radiotracer	A	0	000	Y					52000	\$ 267.61	\$ -	
52260		Cystoscopy and treatment	A	0	000	Y					52000	\$ 232.12	\$ -	
52265		Cystoscopy and treatment	A	0	000	Y					52000	\$ 184.09	\$ 374.45	
52270		Cystoscopy & revise urethra	A	0	000	Y					52000	\$ 200.10	\$ 360.53	
52275		Cystoscopy & revise urethra	A	0	000	Y					52000	\$ 273.53	\$ 489.64	
52276		Cystoscopy and treatment	A	0	000	Y					52000	\$ 293.36	\$ -	
52277		Cystoscopy and treatment	A	0	000	Y					52000	\$ 359.48	\$ -	
52281		Cystoscopy and treatment	A	0	000	Y					52000	\$ 168.78	\$ 279.10	
52282		Cystoscopy implant stent	A	0	000	Y					52000	\$ 375.49	\$ -	
52283		Cystoscopy and treatment	A	0	000	Y					52000	\$ 221.68	\$ 286.40	
52285		Cystoscopy and treatment	A	0	000	Y					52000	\$ 216.80	\$ 288.84	
52290		Cystoscopy and treatment	A	0	000	Y					52000	\$ 268.66	\$ -	
52300		Cystoscopy and treatment	A	0	000	Y					52000	\$ 317.03	\$ -	
52301		Cystoscopy and treatment	A	0	000	Y					52000	\$ 322.25	\$ -	
52305		Cystoscopy and treatment	A	0	000	Y					52000	\$ 308.68	\$ -	
52310		Cystoscopy and treatment	A	0	000	Y					52000	\$ 168.43	\$ 248.12	
52315		Cystoscopy and treatment	A	0	000	Y					52000	\$ 302.41	\$ 427.34	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
52317		Remove bladder stone	A	0	000	Y					52000	\$ 384.89	\$ 815.36	
52318		Remove bladder stone	A	0	000	Y					52000	\$ 524.09	\$ -	
52320		Cystoscopy and treatment	A	0	000	Y	Y				52000	\$ 271.79	\$ -	
52325		Cystoscopy stone removal	A	0	000	Y	Y				52000	\$ 355.66	\$ -	
52327		Cystoscopy inject material	A	0	000	Y	Y				52000	\$ 294.06	\$ -	
52330		Cystoscopy and treatment	A	0	000	Y	Y				52000	\$ 291.62	\$ 557.15	
52332		Cystoscopy and treatment	A	0	000	Y	Y				52000	\$ 170.52	\$ 467.71	
52334		Create passage to kidney	A	0	000	Y	Y				52000	\$ 283.97	\$ -	
52341		Cysto w/ureter stricture tx	A	0	000	Y	Y				52000	\$ 317.72	\$ -	
52342		Cysto w/up stricture tx	A	0	000	Y	Y				52000	\$ 344.87	\$ -	
52343		Cysto w/renal stricture tx	A	0	000	Y	Y				52000	\$ 385.58	\$ -	
52344		Cysto/uretero stricture tx	A	0	000	Y	Y				52000	\$ 417.25	\$ -	
52345		Cysto/uretero w/up stricture	A	0	000	Y					52351	\$ 444.40	\$ -	
52346		Cystouretero w/renal strict	A	0	000	Y					52351	\$ 504.25	\$ -	
52351		Cystouretero & or pyeloscope	A	0	000	Y						\$ 344.52	\$ -	
52352		Cystouretero w/stone remove	A	0	000	Y	Y				52351	\$ 405.77	\$ -	
52353		Cystouretero w/lithotripsy	A	0	000	Y	Y				52351	\$ 465.28	\$ -	
52354		Cystouretero w/biopsy	A	0	000	Y	Y				52351	\$ 431.17	\$ -	
52355		Cystouretero w/excise tumor	A	0	000	Y	Y				52351	\$ 515.04	\$ -	
52400		Cystouretero w/congen repr	A	0	090	Y					52000	\$ 522.70	\$ -	
52402		Cystourethro cut ejacul duct	A	0	000	Y					52000	\$ 296.15	\$ -	
52450		Incision of prostate	A	0	090	Y						\$ 502.51	\$ -	
52500		Revision of bladder neck	A	0	090	Y						\$ 522.70	\$ -	
5250F		Asthma discharge plan presnt	M	9	XXX							\$ -	\$ -	
52601		Prostatectomy (TURP)	A	0	090	Y						\$ 919.07	\$ -	
52630		Remove prostate regrowth	A	0	090	Y						\$ 428.39	\$ -	
52640		Relieve bladder contracture	A	0	090	Y						\$ 327.12	\$ -	
52647		Laser surgery of prostate	A	0	090	Y						\$ 700.87	\$ 1,778.28	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
52648		Laser surgery of prostate	A	0	090	Y						\$ 750.29	\$ 1,833.96	
52649		Prostate laser enucleation	A	0	090	Y						\$ 902.71	\$ -	
52700		Drainage of prostate abscess	A	0	090	Y						\$ 475.72	\$ -	
53000		Incision of urethra	A	0	010	Y						\$ 158.69	\$ -	
53010		Incision of urethra	A	0	090	Y						\$ 309.02	\$ -	
53020		Incision of urethra	A	0	000	Y						\$ 106.84	\$ -	
53025		Incision of urethra	A	0	000	Y						\$ 69.25	\$ -	
53040		Drainage of urethra abscess	A	0	090	Y						\$ 421.43	\$ -	
53060		Drainage of urethra abscess	A	0	010	Y						\$ 194.53	\$ 210.89	
53080		Drainage of urinary leakage	A	0	090	Y						\$ 452.75	\$ -	
53085		Drainage of urinary leakage	A	0	090	Y		Y				\$ 734.28	\$ -	
53200		Biopsy of urethra	A	0	000	Y						\$ 156.60	\$ 168.43	
53210		Removal of urethra	A	0	090	Y		Y				\$ 839.38	\$ -	
53215		Removal of urethra	A	0	090	Y		Y				\$ 1,012.68	\$ -	
53220		Treatment of urethra lesion	A	0	090	Y						\$ 487.90	\$ -	
53230		Removal of urethra lesion	A	0	090	Y		Y				\$ 671.29	\$ -	
53235		Removal of urethra lesion	A	0	090	Y		Y				\$ 684.52	\$ -	
53240		Surgery for urethra pouch	A	0	090	Y						\$ 455.53	\$ -	
53250		Removal of urethra gland	A	0	090	Y						\$ 514.69	\$ -	
53260		Treatment of urethra lesion	A	0	010	Y						\$ 199.06	\$ 217.50	
53265		Treatment of urethra lesion	A	0	010	Y						\$ 203.58	\$ 231.77	
53270		Removal of urethra gland	A	0	010	Y						\$ 222.37	\$ 241.16	
53275		Repair of urethra defect	A	0	010	Y						\$ 285.36	\$ -	
53400		Revise urethra stage 1	A	0	090	Y		Y				\$ 875.57	\$ -	
53405		Revise urethra stage 2	A	0	090	Y		Y				\$ 951.43	\$ -	
53410		Reconstruction of urethra	A	0	090	Y		Y				\$ 1,065.58	\$ -	
53415		Reconstruction of urethra	A	0	090	Y		Y				\$ 1,239.58	\$ -	
53420		Reconstruct urethra stage 1	A	0	090	Y						\$ 907.93	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
53425		Reconstruct urethra stage 2	A	0	090	Y		Y				\$ 1,023.82	\$ -	
53430		Reconstruction of urethra	A	0	090	Y		Y				\$ 1,077.76	\$ -	
53431		Reconstruct urethra/bladder	A	0	090	Y		Y				\$ 1,260.46	\$ -	
53440		Male sling procedure	A	0	090	Y		Y				\$ 830.33	\$ -	
53442		Remove/revise male sling	A	0	090	Y		Y				\$ 843.55	\$ -	
53444		Insert tandem cuff	A	0	090	Y		Y				\$ 862.69	\$ -	
53445		Insert uro/ves nck sphincter	A	0	090	Y		Y				\$ 826.85	\$ -	
53446		Remove uro sphincter	A	0	090	Y		Y				\$ 695.30	\$ -	
53447		Remove/replace ur sphincter	A	0	090	Y		Y				\$ 879.74	\$ -	
53448		Remov/replc ur sphinctr comp	A	0	090	Y		Y				\$ 1,398.26	\$ -	
53449		Repair uro sphincter	A	0	090	Y		Y				\$ 663.64	\$ -	
53450		Revision of urethra	A	0	090	Y						\$ 437.78	\$ -	
53460		Revision of urethra	A	0	090	Y						\$ 489.98	\$ -	
53500		Urethrllys transvag w/ scope	A	0	090	Y		Y				\$ 833.46	\$ -	
53502		Repair of urethra injury	A	0	090	Y						\$ 522.35	\$ -	
53505		Repair of urethra injury	A	0	090	Y		Y				\$ 523.39	\$ -	
53510		Repair of urethra injury	A	0	090	Y		Y				\$ 682.08	\$ -	
53515		Repair of urethra injury	A	0	090	Y		Y				\$ 863.39	\$ -	
53520		Repair of urethra defect	A	0	090	Y						\$ 598.21	\$ -	
53600		Dilate urethra stricture	A	0	000	Y						\$ 69.60	\$ 86.65	
53601		Dilate urethra stricture	A	0	000	Y						\$ 56.72	\$ 81.08	
53605		Dilate urethra stricture	A	0	000	Y						\$ 70.99	\$ -	
53620		Dilate urethra stricture	A	0	000	Y						\$ 96.05	\$ 122.50	
53621		Dilate urethra stricture	A	0	000	Y						\$ 77.95	\$ 111.71	
53660		Dilation of urethra	A	0	000	Y						\$ 44.89	\$ 70.64	
53661		Dilation of urethra	A	0	000	Y						\$ 44.20	\$ 69.60	
53665		Dilation of urethra	A	0	000	Y						\$ 43.50	\$ -	
53850		Prostatic microwave thermotx	A	0	090	Y						\$ 618.40	\$ 1,961.68	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
53852		Prostatic rf thermotx	A	0	090	Y						\$ 673.73	\$ 1,907.74	
53855		Insert prost urethral stent	A	0	000	Y						\$ 90.48	\$ 662.24	
53860		Transurethral rf treatment	A	0	090	Y						\$ 275.96	\$ 1,368.68	
53899		Urology surgery procedure	C	0	YYY	Y				Y		\$ -	\$ -	
54000		Slitting of prepuce	A	0	010	Y						\$ 111.36	\$ 148.25	
54001		Slitting of prepuce	A	0	010	Y						\$ 149.29	\$ 190.70	
54015		Drain penis lesion	A	0	010	Y						\$ 336.52	\$ -	
54050		Destruction penis lesion(s)	A	0	010	Y						\$ 108.58	\$ 131.20	
54055		Destruction penis lesion(s)	A	0	010	Y						\$ 96.40	\$ 119.02	
54056		Cryosurgery penis lesion(s)	A	0	010	Y						\$ 116.23	\$ 141.98	
54057		Laser surg penis lesion(s)	A	0	010	Y						\$ 96.40	\$ 133.63	
54060		Excision of penis lesion(s)	A	0	010	Y						\$ 139.90	\$ 184.09	
54065		Destruction penis lesion(s)	A	0	010	Y						\$ 185.14	\$ 226.20	
54100		Biopsy of penis	A	0	000	Y						\$ 137.46	\$ 199.06	
54105		Biopsy of penis	A	0	010	Y						\$ 228.64	\$ 274.92	
54110		Treatment of penis lesion	A	0	090	Y		Y				\$ 675.82	\$ -	
54111		Treat penis lesion graft	A	0	090	Y		Y				\$ 872.78	\$ -	
54112		Treat penis lesion graft	A	0	090	Y		Y				\$ 1,021.73	\$ -	
54115		Treatment of penis lesion	A	0	090	Y		Y				\$ 452.75	\$ 476.41	
54120		Partial removal of penis	A	0	090	Y		Y				\$ 685.91	\$ -	
54125		Removal of penis	A	0	090	Y		Y				\$ 890.88	\$ -	
54130		Remove penis & nodes	A	0	090	Y		Y				\$ 1,305.00	\$ -	
54135		Remove penis & nodes	A	0	090	Y		Y				\$ 1,693.37	\$ -	
54150		Circumcision w/regionl block	A	0	000	Y						\$ 113.10	\$ 166.69	
54160		Circumcision neonate	A	0	010	Y						\$ 155.56	\$ 223.42	
54161		Circum 28 days or older	A	0	010	Y						\$ 213.67	\$ -	
54162		Lysis penil circumic lesion	A	0	010	Y						\$ 214.02	\$ 267.96	
54163		Repair of circumcision	A	0	010	Y						\$ 231.42	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
54164		Frenulotomy of penis	A	0	010	Y						\$ 203.93	\$ -	
54200		Treatment of penis lesion	A	0	010	Y						\$ 85.96	\$ 106.49	
54205		Treatment of penis lesion	A	0	090	Y		Y				\$ 572.46	\$ -	
54220		Treatment of penis lesion	A	0	000	Y						\$ 149.29	\$ 209.50	
54230		Prepare penis study	A	0	000	Y						\$ 84.56	\$ 99.18	
54231		Dynamic cavernosometry	A	0	000	Y						\$ 126.67	\$ 146.86	
54235		Penile injection	A	0	000	Y						\$ 77.95	\$ 92.22	
54240		Penis study	A	1	000							\$ -	\$ 98.83	
54240	26	Penis study	A	1	000							\$ 67.86	\$ 67.86	
54240	TC	Penis study	A	1	000							\$ -	\$ 30.97	
54250		Penis study	A	1	000							\$ -	\$ 126.67	
54250	26	Penis study	A	1	000							\$ 115.88	\$ 115.88	
54250	TC	Penis study	A	1	000							\$ -	\$ 10.79	
54300		Revision of penis	A	0	090	Y		Y				\$ 696.70	\$ -	
54304		Revision of penis	A	0	090	Y		Y				\$ 815.71	\$ -	
54308		Reconstruction of urethra	A	0	090	Y		Y				\$ 794.14	\$ -	
54312		Reconstruction of urethra	A	0	090	Y		Y				\$ 890.53	\$ -	
54316		Reconstruction of urethra	A	0	090	Y		Y				\$ 1,112.21	\$ -	
54318		Reconstruction of urethra	A	0	090	Y		Y				\$ 732.54	\$ -	
54322		Reconstruction of urethra	A	0	090	Y		Y				\$ 852.25	\$ -	
54324		Reconstruction of urethra	A	0	090	Y		Y				\$ 1,058.62	\$ -	
54326		Reconstruction of urethra	A	0	090	Y		Y				\$ 1,024.16	\$ -	
54328		Revise penis/urethra	A	0	090	Y		Y				\$ 1,022.08	\$ -	
54332		Revise penis/urethra	A	0	090	Y		Y				\$ 1,108.03	\$ -	
54336		Revise penis/urethra	A	0	090	Y		Y				\$ 1,286.56	\$ -	
54340		Secondary urethral surgery	A	0	090	Y		Y				\$ 611.44	\$ -	
54344		Secondary urethral surgery	A	0	090	Y		Y				\$ 1,034.95	\$ -	
54348		Secondary urethral surgery	A	0	090	Y		Y				\$ 1,052.35	\$ -	

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HCPCS	MOD	DESCRIPTION	STATUS CODE	PCTC IND	GLOB DAYS	MULT PROC	BILAT SURG	ASST SURG	CO-SURG	TEAM SURG	ENDO BASE	CY 2012 Facility Outpatient RVU Payment	CY 2012 Non-Facility Outpatient RVU Payment	CY2012 PEIA Fee Allowance
54352		Reconstruct urethra/penis	A	0	090	Y		Y				\$ 1,556.95	\$ -	
54360		Penis plastic surgery	A	0	090	Y		Y				\$ 785.09	\$ -	
54380		Repair penis	A	0	090	Y		Y				\$ 941.34	\$ -	
54385		Repair penis	A	0	090	Y		Y				\$ 1,137.96	\$ -	
54390		Repair penis and bladder	A	0	090	Y		Y				\$ 1,368.68	\$ -	
54400		Insert semi-rigid prosthesis	A	0	090	Y						\$ 572.46	\$ -	
54401		Insert self-contd prosthesis	A	0	090	Y						\$ 699.83	\$ -	
54405		Insert multi-comp penis pros	A	0	090	Y		Y				\$ 881.83	\$ -	
54406		Remove muti-comp penis pros	A	0	090	Y		Y				\$ 792.40	\$ -	
54408		Repair multi-comp penis pros	A	0	090	Y		Y				\$ 858.86	\$ -	
54410		Remove/replace penis prosth	A	0	090	Y		Y				\$ 934.38	\$ -	
54411		Remov/replc penis pros comp	A	0	090	Y		Y				\$ 1,115.34	\$ -	
54415		Remove self-contd penis pros	A	0	090	Y		Y				\$ 567.94	\$ -	
54416		Remv/repl penis contain pros	A	0	090	Y		Y				\$ 765.95	\$ -	
54417		Remv/replc penis pros compl	A	0	090	Y		Y				\$ 978.58	\$ -	
54420		Revision of penis	A	0	090	Y		Y				\$ 766.30	\$ -	
54430		Revision of penis	A	0	090	Y		Y				\$ 693.22	\$ -	
54435		Revision of penis	A	0	090	Y						\$ 444.74	\$ -	
54440		Repair of penis	C	0	090	Y		Y				\$ -	\$ -	
54450		Preputial stretching	A	0	000	Y						\$ 62.99	\$ 73.78	
54500		Biopsy of testis	A	0	000	Y	Y					\$ 80.39	\$ -	
54505		Biopsy of testis	A	0	010	Y	Y					\$ 225.85	\$ -	
54512		Excise lesion testis	A	0	090	Y	Y					\$ 585.34	\$ -	
54520		Removal of testis	A	0	090	Y	Y					\$ 357.40	\$ -	
54522		Orchiectomy partial	A	0	090	Y	Y	Y				\$ 636.49	\$ -	
54530		Removal of testis	A	0	090	Y	Y	Y				\$ 548.10	\$ -	
54535		Extensive testis surgery	A	0	090	Y	Y	Y				\$ 804.92	\$ -	
54550		Exploration for testis	A	0	090	Y	Y	Y				\$ 529.66	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
54560		Exploration for testis	A	0	090	Y	Y	Y				\$ 773.60	\$ -	
54600		Reduce testis torsion	A	0	090	Y	Y					\$ 485.46	\$ -	
54620		Suspension of testis	A	0	010	Y	Y					\$ 324.34	\$ -	
54640		Suspension of testis	A	0	090	Y	Y					\$ 519.91	\$ -	
54650		Orchiopexy (Fowler-Stephens)	A	0	090	Y	Y	Y				\$ 768.73	\$ -	
54660		Revision of testis	A	0	090	Y	Y					\$ 377.93	\$ -	
54670		Repair testis injury	A	0	090	Y	Y					\$ 432.56	\$ -	
54680		Relocation of testis(es)	A	0	090	Y	Y	Y				\$ 852.95	\$ -	
54690		Laparoscopy orchiectomy	A	0	090	Y	Y	Y				\$ 893.32	\$ -	
54692		Laparoscopy orchiopexy	A	0	090	Y	Y					\$ 827.20	\$ -	
54699		Laparoscope proc testis	C	0	YYY	Y	Y	Y		Y		\$ -	\$ -	
54700		Drainage of scrotum	A	0	010	Y						\$ 232.81	\$ -	
54800		Biopsy of epididymis	A	0	000	Y						\$ 151.03	\$ -	
54830		Remove epididymis lesion	A	0	090	Y						\$ 401.59	\$ -	
54840		Remove epididymis lesion	A	0	090	Y						\$ 344.87	\$ -	
54860		Removal of epididymis	A	0	090	Y						\$ 449.62	\$ -	
54861		Removal of epididymis	A	0	090	Y						\$ 608.65	\$ -	
54865		Explore epididymis	A	0	090	Y						\$ 382.10	\$ -	
54900		Fusion of spermatic ducts	A	0	090	Y						\$ 816.41	\$ -	
54901		Fusion of spermatic ducts	A	0	090	Y						\$ 1,095.50	\$ -	
55000		Drainage of hydrocele	A	0	000	Y						\$ 91.18	\$ 120.41	
55040		Removal of hydrocele	A	0	090	Y						\$ 368.53	\$ -	
55041		Removal of hydroceles	A	0	090	Y						\$ 554.02	\$ -	
55060		Repair of hydrocele	A	0	090	Y	Y					\$ 412.38	\$ -	
55100		Drainage of scrotum abscess	A	0	010	Y						\$ 179.92	\$ 223.76	
55110		Explore scrotum	A	0	090	Y						\$ 420.73	\$ -	
55120		Removal of scrotum lesion	A	0	090	Y						\$ 386.98	\$ -	
55150		Removal of scrotum	A	0	090	Y		Y				\$ 532.44	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
55175		Revision of scrotum	A	0	090	Y						\$ 390.11	\$ -	
55180		Revision of scrotum	A	0	090	Y						\$ 760.03	\$ -	
55200		Incision of sperm duct	A	0	090	Y						\$ 296.50	\$ 445.79	
55250		Removal of sperm duct(s)	A	0	090	Y						\$ 238.73	\$ 386.28	
55300		Prepare sperm duct x-ray	A	0	000	Y						\$ 203.93	\$ -	
55400		Repair of sperm duct	A	0	090	Y	Y	Y				\$ 538.70	\$ -	
55450		Ligation of sperm duct	A	0	010	Y						\$ 275.96	\$ 369.23	
55500		Removal of hydrocele	A	0	090	Y						\$ 443.35	\$ -	
55520		Removal of sperm cord lesion	A	0	090	Y		Y				\$ 529.66	\$ -	
55530		Revise spermatic cord veins	A	0	090	Y	Y					\$ 384.54	\$ -	
55535		Revise spermatic cord veins	A	0	090	Y	Y	Y				\$ 460.06	\$ -	
55540		Revise hernia & sperm veins	A	0	090	Y	Y					\$ 635.45	\$ -	
55550		Laparo ligate spermatic vein	A	0	090	Y	Y	Y				\$ 457.27	\$ -	
55559		Laparo proc spermatic cord	C	0	YYY	Y	Y	Y		Y		\$ -	\$ -	
55600		Incise sperm duct pouch	A	0	090	Y	Y					\$ 452.05	\$ -	
55605		Incise sperm duct pouch	A	0	090	Y	Y					\$ 554.02	\$ -	
55650		Remove sperm duct pouch	A	0	090	Y	Y	Y				\$ 776.04	\$ -	
55680		Remove sperm pouch lesion	A	0	090	Y						\$ 366.79	\$ -	
55700		Biopsy of prostate	A	0	000	Y						\$ 153.47	\$ 224.46	
55705		Biopsy of prostate	A	0	010	Y						\$ 288.49	\$ -	
55706		Prostate saturation sampling	A	0	010	Y		Y				\$ 383.84	\$ -	
55720		Drainage of prostate abscess	A	0	090	Y		Y				\$ 484.76	\$ -	
55725		Drainage of prostate abscess	A	0	090	Y		Y				\$ 637.54	\$ -	
55801		Removal of prostate	A	0	090	Y		Y				\$ 1,190.86	\$ -	
55810		Extensive prostate surgery	A	0	090	Y		Y				\$ 1,452.90	\$ -	
55812		Extensive prostate surgery	A	0	090	Y		Y				\$ 1,765.75	\$ -	
55815		Extensive prostate surgery	A	0	090	Y		Y				\$ 1,936.97	\$ -	
55821		Removal of prostate	A	0	090	Y		Y				\$ 954.56	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
55831		Removal of prostate	A	0	090	Y		Y				\$ 1,031.47	\$ -	
55840		Extensive prostate surgery	A	0	090	Y		Y				\$ 1,466.12	\$ -	
55842		Extensive prostate surgery	A	0	090	Y		Y				\$ 1,572.96	\$ -	
55845		Extensive prostate surgery	A	0	090	Y		Y				\$ 1,803.68	\$ -	
55860		Surgical exposure prostate	A	0	090	Y						\$ 952.13	\$ -	
55862		Extensive prostate surgery	A	0	090	Y		Y				\$ 1,198.16	\$ -	
55865		Extensive prostate surgery	A	0	090	Y		Y				\$ 1,461.25	\$ -	
55866		Laparo radical prostatectomy	A	0	090	Y		Y				\$ 1,906.34	\$ -	
55870		Electroejaculation	A	0	000	Y						\$ 156.95	\$ 184.79	
55873		Cryoablate prostate	A	0	090	Y						\$ 866.52	\$ 5,864.84	
55875		Transperi needle place pros	A	0	090	Y						\$ 825.11	\$ -	
55876		Place rt device/marker pros	A	0	000	Y				Y		\$ 107.88	\$ 137.81	
55899		Genital surgery procedure	C	0	YYY	Y				Y		\$ -	\$ -	
55920		Place needles pelvic for rt	A	0	000	Y						\$ 477.46	\$ -	
55970		Sex transformation m to f	N	9	XXX							\$ -	\$ -	
55980		Sex transformation f to m	N	9	XXX							\$ -	\$ -	
56405		I & D of vulva/perineum	A	0	010	Y			Y			\$ 122.50	\$ 123.89	
56420		Drainage of gland abscess	A	0	010	Y						\$ 106.14	\$ 132.59	
56440		Surgery for vulva lesion	A	0	010	Y						\$ 213.32	\$ -	
56441		Lysis of labial lesion(s)	A	0	010	Y						\$ 153.47	\$ 158.69	
56442		Hymenotomy	A	0	000	Y						\$ 54.29	\$ -	
56501		Destroy vulva lesions sim	A	0	010	Y						\$ 129.46	\$ 143.03	
56515		Destroy vulva lesion/s compl	A	0	010	Y						\$ 228.64	\$ 250.21	
56605		Biopsy of vulva/perineum	A	0	000	Y			Y			\$ 72.73	\$ 91.52	
56606		Biopsy of vulva/perineum	A	0	ZZZ				Y			\$ 34.45	\$ 41.41	
56620		Partial removal of vulva	A	0	090	Y		Y				\$ 578.72	\$ -	
56625		Complete removal of vulva	A	0	090	Y		Y				\$ 704.35	\$ -	
56630		Extensive vulva surgery	A	0	090	Y		Y				\$ 1,054.79	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
56631		Extensive vulva surgery	A	0	090	Y		Y	Y			\$ 1,335.28	\$ -	
56632		Extensive vulva surgery	A	0	090	Y		Y	Y			\$ 1,548.25	\$ -	
56633		Extensive vulva surgery	A	0	090	Y		Y	Y			\$ 1,371.82	\$ -	
56634		Extensive vulva surgery	A	0	090	Y		Y	Y			\$ 1,452.55	\$ -	
56637		Extensive vulva surgery	A	0	090	Y		Y	Y			\$ 1,711.12	\$ -	
56640		Extensive vulva surgery	A	0	090	Y	Y	Y				\$ 1,707.98	\$ -	
56700		Partial removal of hymen	A	0	010	Y		Y				\$ 216.46	\$ -	
56740		Remove vagina gland lesion	A	0	010	Y						\$ 350.78	\$ -	
56800		Repair of vagina	A	0	010	Y		Y				\$ 280.84	\$ -	
56805		Repair clitoris	A	0	090	Y		Y				\$ 1,373.90	\$ -	
56810		Repair of perineum	A	0	010	Y		Y	Y			\$ 303.11	\$ -	
56820		Exam of vulva w/scope	A	0	000	Y						\$ 103.01	\$ 124.58	
56821		Exam/biopsy of vulva w/scope	A	0	000	Y						\$ 137.81	\$ 164.95	
57000		Exploration of vagina	A	0	010	Y						\$ 216.46	\$ -	
57010		Drainage of pelvic abscess	A	0	090	Y						\$ 506.34	\$ -	
57020		Drainage of pelvic fluid	A	0	000	Y						\$ 99.88	\$ 110.32	
57022		I & d vaginal hematoma pp	A	0	010	Y						\$ 196.27	\$ -	
57023		I & d vag hematoma non-ob	A	0	010	Y						\$ 367.49	\$ -	
57061		Destroy vag lesions simple	A	0	010	Y						\$ 109.62	\$ 123.19	
57065		Destroy vag lesions complex	A	0	010	Y						\$ 198.01	\$ 215.76	
57100		Biopsy of vagina	A	0	000	Y						\$ 79.34	\$ 98.48	
57105		Biopsy of vagina	A	0	010	Y						\$ 140.94	\$ 149.29	
57106		Remove vagina wall partial	A	0	090	Y		Y				\$ 554.02	\$ -	
57107		Remove vagina tissue part	A	0	090	Y		Y				\$ 1,681.54	\$ -	
57109		Vaginectomy partial w/nodes	A	0	090	Y		Y				\$ 1,928.96	\$ -	
57110		Remove vagina wall complete	A	0	090	Y		Y				\$ 1,069.06	\$ -	
57111		Remove vagina tissue compl	A	0	090	Y		Y				\$ 1,933.14	\$ -	
57112		Vaginectomy w/nodes compl	A	0	090	Y		Y				\$ 1,753.92	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
57120		Closure of vagina	A	0	090	Y		Y				\$ 595.78	\$ -	
57130		Remove vagina lesion	A	0	010	Y		Y				\$ 184.44	\$ 200.45	
57135		Remove vagina lesion	A	0	010	Y						\$ 199.06	\$ 215.41	
57150		Treat vagina infection	A	0	000	Y						\$ 34.45	\$ 49.42	
57155		Insert uteri tandems/ovoids	A	0	000	Y			Y			\$ 303.11	\$ 431.52	
57156		Ins vag brachytx device	A	0	000	Y						\$ 152.42	\$ 193.49	
57160		Insert pessary/other device	A	0	000	Y						\$ 57.07	\$ 82.13	
57170		Fitting of diaphragm/cap	A	0	000	Y						\$ 57.77	\$ 69.95	
57180		Treat vaginal bleeding	A	0	010	Y						\$ 122.15	\$ 152.42	
57200		Repair of vagina	A	0	090	Y		Y				\$ 338.26	\$ -	
57210		Repair vagina/perineum	A	0	090	Y		Y				\$ 420.04	\$ -	
57220		Revision of urethra	A	0	090	Y		Y				\$ 367.14	\$ -	
57230		Repair of urethral lesion	A	0	090	Y		Y				\$ 463.88	\$ -	
57240		Repair bladder & vagina	A	0	090	Y		Y				\$ 765.95	\$ -	
57250		Repair rectum & vagina	A	0	090	Y		Y				\$ 793.09	\$ -	
57260		Repair of vagina	A	0	090	Y		Y				\$ 982.75	\$ -	
57265		Extensive repair of vagina	A	0	090	Y		Y				\$ 1,079.84	\$ -	
57267		Insert mesh/pelvic flr addon	A	0	ZZZ			Y				\$ 306.24	\$ -	
57268		Repair of bowel bulge	A	0	090	Y		Y				\$ 555.76	\$ -	
57270		Repair of bowel pouch	A	0	090	Y		Y				\$ 945.17	\$ -	
57280		Suspension of vagina	A	0	090	Y		Y				\$ 1,123.34	\$ -	
57282		Colpopexy extraperitoneal	A	0	090	Y		Y				\$ 575.24	\$ -	
57283		Colpopexy intraperitoneal	A	0	090	Y		Y				\$ 814.32	\$ -	
57284		Repair paravag defect open	A	0	090	Y		Y	Y			\$ 956.30	\$ -	
57285		Repair paravag defect vag	A	0	090	Y		Y	Y			\$ 788.92	\$ -	
57287		Revise/remove sling repair	A	0	090	Y		Y				\$ 762.82	\$ -	
57288		Repair bladder defect	A	0	090	Y		Y				\$ 804.58	\$ -	
57289		Repair bladder & vagina	A	0	090	Y		Y				\$ 783.00	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
57291		Construction of vagina	A	0	090	Y		Y				\$ 695.30	\$ -	
57292		Construct vagina with graft	A	0	090	Y		Y				\$ 974.40	\$ -	
57295		Revise vag graft via vagina	A	0	090	Y		Y				\$ 552.62	\$ -	
57296		Revise vag graft open abd	A	0	090	Y		Y				\$ 1,137.61	\$ -	
57300		Repair rectum-vagina fistula	A	0	090	Y		Y				\$ 646.24	\$ -	
57305		Repair rectum-vagina fistula	A	0	090	Y		Y				\$ 1,116.73	\$ -	
57307		Fistula repair & colostomy	A	0	090	Y		Y				\$ 1,296.30	\$ -	
57308		Fistula repair transperine	A	0	090	Y		Y				\$ 756.20	\$ -	
57310		Repair urethrovaginal lesion	A	0	090	Y		Y				\$ 490.33	\$ -	
57311		Repair urethrovaginal lesion	A	0	090	Y		Y				\$ 561.32	\$ -	
57320		Repair bladder-vagina lesion	A	0	090	Y		Y				\$ 587.42	\$ -	
57330		Repair bladder-vagina lesion	A	0	090	Y		Y				\$ 799.70	\$ -	
57335		Repair vagina	A	0	090	Y		Y				\$ 1,355.46	\$ -	
57400		Dilation of vagina	A	0	000	Y						\$ 158.34	\$ -	
57410		Pelvic examination	A	0	000	Y						\$ 125.28	\$ -	
57415		Remove vaginal foreign body	A	0	010	Y						\$ 180.61	\$ -	
57420		Exam of vagina w/scope	A	0	000	Y						\$ 107.18	\$ 129.46	
57421		Exam/biopsy of vag w/scope	A	0	000	Y						\$ 147.90	\$ 176.09	
57423		Repair paravag defect lap	A	0	090	Y		Y	Y			\$ 1,102.46	\$ -	
57425		Laparoscopy surg colpexy	A	0	090	Y		Y				\$ 1,144.57	\$ -	
57426		Revise prosth vag graft lap	A	0	090	Y		Y				\$ 1,009.20	\$ -	
57452		Exam of cervix w/scope	A	0	000	Y						\$ 106.49	\$ 120.76	
57454		Bx/curett of cervix w/scope	A	0	000	Y					57452	\$ 160.78	\$ 175.39	
57455		Biopsy of cervix w/scope	A	0	000	Y					57452	\$ 133.28	\$ 160.78	
57456		Endocerv curettage w/scope	A	0	000	Y					57452	\$ 124.58	\$ 151.73	
57460		Bx of cervix w/scope leep	A	0	000	Y					57452	\$ 195.58	\$ 302.06	
57461		Conz of cervix w/scope leep	A	0	000	Y					57452	\$ 229.33	\$ 345.91	
57500		Biopsy of cervix	A	0	000	Y						\$ 88.04	\$ 133.98	

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HCPCS	MOD	DESCRIPTION	STATUS CODE	PCTC IND	GLOB DAYS	MULT PROC	BILAT SURG	ASST SURG	CO- SURG	TEAM SURG	ENDO BASE	CY 2012	CY 2012	CY2012
												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
57505		Endocervical curettage	A	0	010	Y						\$ 101.96	\$ 110.66	
57510		Cauterization of cervix	A	0	010	Y						\$ 135.02	\$ 148.60	
57511		Cryocautery of cervix	A	0	010	Y						\$ 151.73	\$ 162.86	
57513		Laser surgery of cervix	A	0	010	Y						\$ 152.08	\$ 161.47	
57520		Conization of cervix	A	0	090	Y						\$ 312.50	\$ 341.04	
57522		Conization of cervix	A	0	090	Y						\$ 281.18	\$ 298.24	
57530		Removal of cervix	A	0	090	Y		Y				\$ 396.37	\$ -	
57531		Removal of cervix radical	A	0	090	Y		Y				\$ 2,065.03	\$ -	
57540		Removal of residual cervix	A	0	090	Y		Y				\$ 926.03	\$ -	
57545		Remove cervix/repair pelvis	A	0	090	Y		Y				\$ 976.84	\$ -	
57550		Removal of residual cervix	A	0	090	Y		Y				\$ 475.02	\$ -	
57555		Remove cervix/repair vagina	A	0	090	Y		Y				\$ 707.48	\$ -	
57556		Remove cervix repair bowel	A	0	090	Y		Y				\$ 656.33	\$ -	
57558		D&c of cervical stump	A	0	010	Y						\$ 131.20	\$ 140.59	
57700		Revision of cervix	A	0	090	Y						\$ 350.44	\$ -	
57720		Revision of cervix	A	0	090	Y		Y				\$ 352.18	\$ -	
57800		Dilation of cervical canal	A	0	000	Y						\$ 55.68	\$ 65.42	
58100		Biopsy of uterus lining	A	0	000	Y						\$ 105.10	\$ 123.89	
58110		Bx done w/colposcopy add-on	A	0	ZZZ							\$ 49.07	\$ 55.33	
58120		Dilation and curettage	A	0	010	Y						\$ 257.17	\$ 289.54	
58140		Myomectomy abdom method	A	0	090	Y		Y				\$ 1,106.99	\$ -	
58145		Myomectomy vag method	A	0	090	Y		Y				\$ 639.97	\$ -	
58146		Myomectomy abdom complex	A	0	090	Y		Y				\$ 1,388.17	\$ -	
58150		Total hysterectomy	A	0	090	Y		Y				\$ 1,192.60	\$ -	
58152		Total hysterectomy	A	0	090	Y		Y				\$ 1,499.53	\$ -	
58180		Partial hysterectomy	A	0	090	Y		Y				\$ 1,143.18	\$ -	
58200		Extensive hysterectomy	A	0	090	Y		Y				\$ 1,576.09	\$ -	
58210		Extensive hysterectomy	A	0	090	Y		Y				\$ 2,116.19	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
58240		Removal of pelvis contents	A	0	090	Y		Y				\$ 3,356.11	\$ -	
58260		Vaginal hysterectomy	A	0	090	Y		Y				\$ 984.14	\$ -	
58262		Vag hyst including t/o	A	0	090	Y		Y	Y			\$ 1,101.42	\$ -	
58263		Vag hyst w/t/o & vag repair	A	0	090	Y		Y	Y			\$ 1,186.33	\$ -	
58267		Vag hyst w/urinary repair	A	0	090	Y		Y				\$ 1,265.68	\$ -	
58270		Vag hyst w/enterocele repair	A	0	090	Y		Y				\$ 1,053.05	\$ -	
58275		Hysterectomy/revise vagina	A	0	090	Y		Y				\$ 1,178.33	\$ -	
58280		Hysterectomy/revise vagina	A	0	090	Y		Y				\$ 1,259.41	\$ -	
58285		Extensive hysterectomy	A	0	090	Y		Y				\$ 1,579.22	\$ -	
58290		Vag hyst complex	A	0	090	Y		Y				\$ 1,382.95	\$ -	
58291		Vag hyst incl t/o complex	A	0	090	Y		Y	Y			\$ 1,499.53	\$ -	
58292		Vag hyst t/o & repair compl	A	0	090	Y		Y	Y			\$ 1,582.36	\$ -	
58293		Vag hyst w/uro repair compl	A	0	090	Y		Y				\$ 1,647.78	\$ -	
58294		Vag hyst w/enterocele compl	A	0	090	Y		Y				\$ 1,467.86	\$ -	
58300		Insert intrauterine device	A	9	XXX							\$ 53.94	\$ 70.64	
58301		Remove intrauterine device	A	0	000	Y						\$ 83.52	\$ 107.18	
58321		Artificial insemination	A	0	000	Y						\$ 48.02	\$ 72.04	
58322		Artificial insemination	A	0	000	Y						\$ 71.34	\$ 94.66	
58323		Sperm washing	A	0	000	Y						\$ 15.31	\$ 18.79	
58340		Catheter for hystero-graphy	A	0	000	Y						\$ 64.03	\$ 117.62	
58345		Reopen fallopian tube	A	0	010	Y	Y	Y	Y			\$ 330.25	\$ -	
58346		Insert heyman uteri capsule	A	0	090	Y						\$ 470.84	\$ -	
58350		Reopen fallopian tube	A	0	010	Y						\$ 88.74	\$ 103.70	
58353		Endometr ablate thermal	A	0	010	Y			Y			\$ 258.91	\$ 967.09	
58356		Endometrial cryoablation	A	0	010	Y		Y	Y			\$ 422.12	\$ 1,797.07	
58400		Suspension of uterus	A	0	090	Y		Y				\$ 504.25	\$ -	
58410		Suspension of uterus	A	0	090	Y		Y				\$ 956.65	\$ -	
58520		Repair of ruptured uterus	A	0	090	Y		Y				\$ 1,009.20	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
58540		Revision of uterus	A	0	090	Y		Y				\$ 1,085.06	\$ -	
58541		Lsh uterus 250 g or less	A	0	090	Y		Y	Y		49320	\$ 1,023.82	\$ -	
58542		Lsh w/t/o ut 250 g or less	A	0	090	Y		Y	Y			\$ 1,148.75	\$ -	
58543		Lsh uterus above 250 g	A	0	090	Y		Y	Y			\$ 1,169.28	\$ -	
58544		Lsh w/t/o uterus above 250 g	A	0	090	Y		Y	Y			\$ 1,268.81	\$ -	
58545		Laparoscopic myomectomy	A	0	090	Y		Y	Y			\$ 1,073.93	\$ -	
58546		Laparo-myomectomy complex	A	0	090	Y		Y	Y			\$ 1,357.55	\$ -	
58548		Lap radical hyst	A	0	090	Y		Y	Y			\$ 2,160.04	\$ -	
58550		Laparo-asst vag hysterectomy	A	0	090	Y		Y	Y		49320	\$ 1,052.35	\$ -	
58552		Laparo-vag hyst incl t/o	A	0	090	Y		Y	Y			\$ 1,171.72	\$ -	
58553		Laparo-vag hyst complex	A	0	090	Y		Y	Y			\$ 1,365.55	\$ -	
58554		Laparo-vag hyst w/t/o compl	A	0	090	Y		Y	Y			\$ 1,578.88	\$ -	
58555		Hysteroscopy dx sep proc	A	0	000	Y			Y			\$ 227.59	\$ 310.76	
58558		Hysteroscopy biopsy	A	0	000	Y			Y		58555	\$ 321.20	\$ 416.21	
58559		Hysteroscopy lysis	A	0	000	Y			Y		58555	\$ 415.51	\$ -	
58560		Hysteroscopy resect septum	A	0	000	Y		Y	Y		58555	\$ 468.41	\$ -	
58561		Hysteroscopy remove myoma	A	0	000	Y			Y		58555	\$ 662.94	\$ -	
58562		Hysteroscopy remove fb	A	0	000	Y			Y		58555	\$ 349.74	\$ 437.44	
58563		Hysteroscopy ablation	A	0	000	Y			Y		58555	\$ 415.16	\$ 1,594.54	
58565		Hysteroscopy sterilization	A	0	090	Y			Y		58555	\$ 510.86	\$ 1,774.80	
58570		Tlh uterus 250 g or less	A	0	090	Y		Y	Y			\$ 1,105.25	\$ -	
58571		Tlh w/t/o 250 g or less	A	0	090	Y		Y	Y			\$ 1,230.53	\$ -	
58572		Tlh uterus over 250 g	A	0	090	Y		Y	Y			\$ 1,381.91	\$ -	
58573		Tlh w/t/o uterus over 250 g	A	0	090	Y		Y	Y			\$ 1,580.96	\$ -	
58578		Laparo proc uterus	C	0	YYY	Y	Y	Y		Y		\$ -	\$ -	
58579		Hysteroscope procedure	C	0	YYY	Y	Y	Y		Y		\$ -	\$ -	
58600		Division of fallopian tube	A	0	090	Y		Y				\$ 429.08	\$ -	
58605		Division of fallopian tube	A	0	090	Y		Y				\$ 384.19	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
58611		Ligate oviduct(s) add-on	A	0	ZZZ			Y				\$ 94.31	\$ -	
58615		Occlude fallopian tube(s)	A	0	010	Y		Y				\$ 287.80	\$ -	
58660		Laparoscopy lysis	A	0	090	Y		Y	Y		49320	\$ 809.10	\$ -	
58661		Laparoscopy remove adnexa	A	0	010	Y	Y	Y	Y		49320	\$ 773.95	\$ -	
58662		Laparoscopy excise lesions	A	0	090	Y		Y	Y		49320	\$ 842.86	\$ -	
58670		Laparoscopy tubal cautery	A	0	090	Y			Y		49320	\$ 429.78	\$ -	
58671		Laparoscopy tubal block	A	0	090	Y			Y		49320	\$ 429.78	\$ -	
58672		Laparoscopy fimbrioplasty	A	0	090	Y	Y	Y			49320	\$ 882.88	\$ -	
58673		Laparoscopy salpingostomy	A	0	090	Y	Y	Y			49320	\$ 958.04	\$ -	
58679		Laparo proc oviduct-ovary	C	0	YYY	Y	Y	Y		Y		\$ -	\$ -	
58700		Removal of fallopian tube	A	0	090	Y		Y				\$ 935.42	\$ -	
58720		Removal of ovary/tube(s)	A	0	090	Y		Y				\$ 863.74	\$ -	
58740		Adhesiolysis tube ovary	A	0	090	Y		Y				\$ 1,052.00	\$ -	
58750		Repair oviduct	A	0	090	Y		Y				\$ 1,078.80	\$ -	
58752		Revise ovarian tube(s)	A	0	090	Y		Y				\$ 900.97	\$ -	
58760		Fimbrioplasty	A	0	090	Y	Y	Y				\$ 966.05	\$ -	
58770		Create new tubal opening	A	0	090	Y	Y	Y				\$ 1,014.77	\$ -	
58800		Drainage of ovarian cyst(s)	A	0	090	Y						\$ 344.52	\$ 361.92	
58805		Drainage of ovarian cyst(s)	A	0	090	Y		Y				\$ 470.84	\$ -	
58820		Drain ovary abscess open	A	0	090	Y		Y				\$ 358.79	\$ -	
58822		Drain ovary abscess percut	A	0	090	Y		Y				\$ 907.93	\$ -	
58823		Drain pelvic abscess percut	A	0	000	Y						\$ 193.49	\$ 833.81	
58825		Transposition ovary(s)	A	0	090	Y		Y				\$ 834.85	\$ -	
58900		Biopsy of ovary(s)	A	0	090	Y		Y				\$ 532.79	\$ -	
58920		Partial removal of ovary(s)	A	0	090	Y		Y				\$ 831.02	\$ -	
58925		Removal of ovarian cyst(s)	A	0	090	Y		Y				\$ 887.05	\$ -	
58940		Removal of ovary(s)	A	0	090	Y		Y				\$ 616.31	\$ -	
58943		Removal of ovary(s)	A	0	090	Y		Y				\$ 1,369.38	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
58950		Resect ovarian malignancy	A	0	090	Y		Y				\$ 1,298.04	\$ -	
58951		Resect ovarian malignancy	A	0	090	Y		Y				\$ 1,670.75	\$ -	
58952		Resect ovarian malignancy	A	0	090	Y		Y				\$ 1,888.60	\$ -	
58953		Tah rad dissect for debulk	A	0	090	Y		Y				\$ 2,339.26	\$ -	
58954		Tah rad debulk/lymph remove	A	0	090	Y		Y				\$ 2,534.48	\$ -	
58956		Bso omentectomy w/tah	A	0	090	Y		Y				\$ 1,593.49	\$ -	
58957		Resect recurrent gyn mal	A	0	090	Y		Y				\$ 1,842.31	\$ -	
58958		Resect recur gyn mal w/lym	A	0	090	Y		Y				\$ 1,997.17	\$ -	
58960		Exploration of abdomen	A	0	090	Y		Y				\$ 1,110.82	\$ -	
58970		Retrieval of oocyte	A	0	000	Y						\$ 202.19	\$ 221.33	
58974		Transfer of embryo	C	0	000	Y		Y				\$ -	\$ -	
58976		Transfer of embryo	A	0	000	Y		Y				\$ 216.80	\$ 245.69	
58999		Genital surgery procedure	C	0	YYY	Y				Y		\$ -	\$ -	
59000		Amniocentesis diagnostic	A	0	000	Y						\$ 108.58	\$ 147.55	
59001		Amniocentesis therapeutic	A	0	000	Y						\$ 246.04	\$ -	
59012		Fetal cord puncture prenatal	A	0	000	Y						\$ 276.31	\$ -	
59015		Chorion biopsy	A	0	000	Y						\$ 179.92	\$ 199.75	
59020		Fetal contract stress test	A	1	000							\$ -	\$ 78.30	
59020	26	Fetal contract stress test	A	1	000							\$ 48.72	\$ 48.72	
59020	TC	Fetal contract stress test	A	1	000							\$ -	\$ 29.58	
59025		Fetal non-stress test	A	1	000							\$ -	\$ 54.64	
59025	26	Fetal non-stress test	A	1	000							\$ 38.28	\$ 38.28	
59025	TC	Fetal non-stress test	A	1	000							\$ -	\$ 16.36	
59030		Fetal scalp blood sample	A	0	000	Y						\$ 103.70	\$ -	
59050		Fetal monitor w/report	A	0	XXX							\$ 70.64	\$ -	
59051		Fetal monitor/interpret only	A	0	XXX							\$ 59.16	\$ -	
59070		Transabdom amnioinfus w/us	A	0	000	Y		Y				\$ 427.00	\$ 512.26	
59072		Umbilical cord occlud w/us	A	0	000	Y						\$ 717.92	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
59074		Fetal fluid drainage w/us	A	0	000	Y		Y				\$ 431.87	\$ 519.91	
59076		Fetal shunt placement w/us	A	0	000	Y		Y				\$ 715.49	\$ -	
59100		Remove uterus lesion	A	0	090	Y		Y				\$ 1,117.78	\$ -	
59120		Treat ectopic pregnancy	A	0	090	Y		Y				\$ 1,065.92	\$ -	
59121		Treat ectopic pregnancy	A	0	090	Y		Y				\$ 1,067.66	\$ -	
59130		Treat ectopic pregnancy	A	0	090	Y						\$ 869.30	\$ -	
59135		Treat ectopic pregnancy	A	0	090	Y						\$ 878.70	\$ -	
59136		Treat ectopic pregnancy	A	0	090	Y		Y				\$ 1,179.02	\$ -	
59140		Treat ectopic pregnancy	A	0	090	Y		Y				\$ 372.36	\$ -	
59150		Treat ectopic pregnancy	A	0	090	Y		Y				\$ 1,031.47	\$ -	
59151		Treat ectopic pregnancy	A	0	090	Y		Y				\$ 1,007.81	\$ -	
59160		D & c after delivery	A	0	010	Y						\$ 232.12	\$ 258.91	
59200		Insert cervical dilator	A	0	000	Y						\$ 62.99	\$ 86.65	
59300		Episiotomy or vaginal repair	A	0	000	Y						\$ 198.36	\$ 236.64	
59320		Revision of cervix	A	0	000	Y						\$ 203.58	\$ -	
59325		Revision of cervix	A	0	000	Y						\$ 230.03	\$ -	
59350		Repair of uterus	A	0	000	Y		Y				\$ 389.76	\$ -	
59400		Obstetrical care	A	0	MMM	Y						\$ 2,722.75	\$ -	
59409		Obstetrical care	A	0	MMM	Y						\$ 1,118.82	\$ -	
59410		Obstetrical care	A	0	MMM	Y						\$ 1,414.27	\$ -	
59412		Antepartum manipulation	A	0	MMM							\$ 140.24	\$ -	
59414		Deliver placenta	A	0	MMM	Y						\$ 127.02	\$ -	
59425		Antepartum care only	A	0	MMM							\$ 488.94	\$ 573.16	
59426		Antepartum care only	A	0	MMM							\$ 857.47	\$ 1,015.81	
59430		Care after delivery	A	0	MMM	Y						\$ 191.05	\$ 223.07	
59510		Cesarean delivery	A	0	MMM	Y						\$ 3,037.69	\$ -	
59514		Cesarean delivery only	A	0	MMM	Y		Y				\$ 1,269.16	\$ -	
59515		Cesarean delivery	A	0	MMM	Y						\$ 1,715.64	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
59525		Remove uterus after cesarean	A	0	ZZZ			Y				\$ 673.73	\$ -	
59610		Vbac delivery	A	0	MMM	Y						\$ 2,890.14	\$ -	
59612		Vbac delivery only	A	0	MMM	Y						\$ 1,270.55	\$ -	
59614		Vbac care after delivery	A	0	MMM	Y						\$ 1,566.00	\$ -	
59618		Attempted vbac delivery	A	0	MMM	Y						\$ 3,093.72	\$ -	
59620		Attempted vbac delivery only	A	0	MMM	Y		Y				\$ 1,321.01	\$ -	
59622		Attempted vbac after care	A	0	MMM	Y						\$ 1,772.71	\$ -	
59812		Treatment of miscarriage	A	0	090	Y						\$ 384.54	\$ 403.33	
59820		Care of miscarriage	A	0	090	Y						\$ 451.36	\$ 471.54	
59821		Treatment of miscarriage	A	0	090	Y						\$ 460.75	\$ 482.33	
59830		Treat uterus infection	A	0	090	Y						\$ 573.16	\$ -	
59840		Abortion	A	0	010	Y						\$ 262.39	\$ 269.70	
59841		Abortion	A	0	010	Y						\$ 479.20	\$ 497.64	
59850		Abortion	A	0	090	Y						\$ 356.70	\$ -	
59851		Abortion	A	0	090	Y						\$ 520.26	\$ -	
59852		Abortion	A	0	090	Y						\$ 515.04	\$ -	
59855		Abortion	A	0	090	Y						\$ 550.88	\$ -	
59856		Abortion	A	0	090	Y						\$ 652.85	\$ -	
59857		Abortion	A	0	090	Y						\$ 536.96	\$ -	
59866		Abortion (mpr)	A	0	000	Y		Y				\$ 225.85	\$ -	
59870		Evacuate mole of uterus	A	0	090	Y		Y				\$ 604.48	\$ -	
59871		Remove cerclage suture	A	0	000	Y						\$ 179.22	\$ -	
59897		Fetal invas px w/us	C	0	YYY	Y						\$ -	\$ -	
59898		Laparo proc ob care/deliver	C	0	YYY	Y	Y	Y		Y		\$ -	\$ -	
59899		Maternity care procedure	C	0	YYY	Y		Y		Y		\$ -	\$ -	
60000		Drain thyroid/tongue cyst	A	0	010	Y						\$ 154.86	\$ 169.13	
6005F		Care level rationale doc	M	9	XXX							\$ -	\$ -	
60100		Biopsy of thyroid	A	0	000	Y						\$ 88.04	\$ 115.19	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
6010F		Dysphag test done b/4 eating	M	9	XXX							\$ -	\$ -	
6015F		Dysphag test done b/4 eating	M	9	XXX							\$ -	\$ -	
60200		Remove thyroid lesion	A	0	090	Y		Y				\$ 757.60	\$ -	
6020F		Npo (nothing-mouth) ordered	M	9	XXX							\$ -	\$ -	
60210		Partial thyroid excision	A	0	090	Y		Y				\$ 834.50	\$ -	
60212		Partial thyroid excision	A	0	090	Y		Y				\$ 1,203.38	\$ -	
60220		Partial removal of thyroid	A	0	090	Y		Y				\$ 826.50	\$ -	
60225		Partial removal of thyroid	A	0	090	Y		Y				\$ 1,089.24	\$ -	
60240		Removal of thyroid	A	0	090	Y		Y				\$ 1,091.68	\$ -	
60252		Removal of thyroid	A	0	090	Y		Y				\$ 1,559.74	\$ -	
60254		Extensive thyroid surgery	A	0	090	Y		Y				\$ 1,950.54	\$ -	
60260		Repeat thyroid surgery	A	0	090	Y	Y	Y				\$ 1,290.38	\$ -	
60270		Removal of thyroid	A	0	090	Y		Y				\$ 1,654.39	\$ -	
60271		Removal of thyroid	A	0	090	Y		Y				\$ 1,243.75	\$ -	
60280		Remove thyroid duct lesion	A	0	090	Y		Y				\$ 483.02	\$ -	
60281		Remove thyroid duct lesion	A	0	090	Y		Y				\$ 646.93	\$ -	
60300		Aspir/inj thyroid cyst	A	0	000	Y						\$ 56.03	\$ 110.66	
6030F		Max sterile barriers follwd	M	9	XXX							\$ -	\$ -	
6040F		Appro rad ds dvcs techs docd	M	9	XXX							\$ -	\$ -	
6045F		Radxps in end rpt4fluro pxd	M	9	XXX							\$ -	\$ -	
60500		Explore parathyroid glands	A	0	090	Y		Y				\$ 1,152.58	\$ -	
60502		Re-explore parathyroids	A	0	090	Y		Y				\$ 1,543.73	\$ -	
60505		Explore parathyroid glands	A	0	090	Y		Y				\$ 1,674.58	\$ -	
60512		Autotransplant parathyroid	A	0	ZZZ			Y				\$ 298.93	\$ -	
60520		Removal of thymus gland	A	0	090	Y		Y				\$ 1,258.72	\$ -	
60521		Removal of thymus gland	A	0	090	Y		Y				\$ 1,459.86	\$ -	
60522		Removal of thymus gland	A	0	090	Y		Y				\$ 1,771.67	\$ -	
60540		Explore adrenal gland	A	0	090	Y	Y	Y				\$ 1,243.06	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
60545		Explore adrenal gland	A	0	090	Y		Y				\$ 1,444.90	\$ -	
60600		Remove carotid body lesion	A	0	090	Y		Y				\$ 1,801.60	\$ -	
60605		Remove carotid body lesion	A	0	090	Y		Y				\$ 1,895.21	\$ -	
60650		Laparoscopy adrenalectomy	A	0	090	Y	Y	Y				\$ 1,429.58	\$ -	
60659		Laparo proc endocrine	C	0	YYY	Y	Y	Y				\$ -	\$ -	
60699		Endocrine surgery procedure	C	0	YYY	Y		Y		Y		\$ -	\$ -	
6070F		Pt asked/cnslid aed effects	M	9	XXX							\$ -	\$ -	
6080F		Pt/caregiver queried falls	M	9	XXX							\$ -	\$ -	
6090F		Pt/caregiver counsel safety	M	9	XXX							\$ -	\$ -	
61000		Remove cranial cavity fluid	A	0	000	Y						\$ 112.75	\$ -	
61001		Remove cranial cavity fluid	A	0	000	Y						\$ 152.08	\$ -	
6100F		Verify pt site pxd docd	M	9	XXX							\$ -	\$ -	
6101F		Safety counseling dementia	M	9	XXX							\$ -	\$ -	
61020		Remove brain cavity fluid	A	0	000	Y						\$ 167.74	\$ -	
61026		Injection into brain canal	A	0	000	Y						\$ 150.68	\$ -	
6102F		Safety counseling dem order	M	9	XXX							\$ -	\$ -	
61050		Remove brain canal fluid	A	0	000	Y						\$ 105.79	\$ -	
61055		Injection into brain canal	A	0	000							\$ 150.34	\$ -	
61070		Brain canal shunt procedure	A	0	000	Y						\$ 93.96	\$ -	
61105		Twist drill hole	A	0	090	Y						\$ 584.29	\$ -	
61107		Drill skull for implantation	A	0	000							\$ 447.53	\$ -	
61108		Drill skull for drainage	A	0	090	Y						\$ 1,183.55	\$ -	
6110F		Counsel prov driving risks	M	9	XXX							\$ -	\$ -	
61120		Burr hole for puncture	A	0	090	Y						\$ 978.23	\$ -	
61140		Pierce skull for biopsy	A	0	090	Y		Y				\$ 1,683.97	\$ -	
61150		Pierce skull for drainage	A	0	090	Y						\$ 1,829.78	\$ -	
61151		Pierce skull for drainage	A	0	090	Y						\$ 1,329.01	\$ -	
61154		Pierce skull & remove clot	A	0	090	Y	Y	Y				\$ 1,690.24	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
61156		Pierce skull for drainage	A	0	090	Y		Y				\$ 1,685.02	\$ -	
61210		Pierce skull implant device	A	0	000	Y						\$ 523.04	\$ -	
61215		Insert brain-fluid device	A	0	090	Y						\$ 637.54	\$ -	
61250		Pierce skull & explore	A	0	090	Y	Y	Y				\$ 1,147.36	\$ -	
61253		Pierce skull & explore	A	0	090	Y		Y				\$ 921.16	\$ -	
61304		Open skull for exploration	A	0	090	Y		Y				\$ 2,214.67	\$ -	
61305		Open skull for exploration	A	0	090	Y		Y				\$ 2,738.06	\$ -	
61312		Open skull for drainage	A	0	090	Y		Y				\$ 2,849.42	\$ -	
61313		Open skull for drainage	A	0	090	Y		Y				\$ 2,692.48	\$ -	
61314		Open skull for drainage	A	0	090	Y		Y				\$ 2,482.28	\$ -	
61315		Open skull for drainage	A	0	090	Y		Y				\$ 2,827.85	\$ -	
61316		Implt cran bone flap to abdo	A	0	ZZZ							\$ 123.89	\$ -	
61320		Open skull for drainage	A	0	090	Y		Y				\$ 2,591.56	\$ -	
61321		Open skull for drainage	A	0	090	Y		Y				\$ 2,905.10	\$ -	
61322		Decompressive craniotomy	A	0	090	Y		Y				\$ 3,240.92	\$ -	
61323		Decompressive lobectomy	A	0	090	Y						\$ 3,275.03	\$ -	
61330		Decompress eye socket	A	0	090	Y	Y	Y				\$ 2,439.48	\$ -	
61332		Explore/biopsy eye socket	A	0	090	Y		Y				\$ 2,735.98	\$ -	
61333		Explore orbit/remove lesion	A	0	090	Y		Y				\$ 2,800.36	\$ -	
61334		Explore orbit/remove object	A	0	090	Y		Y				\$ 1,749.74	\$ -	
61340		Subtemporal decompression	A	0	090	Y	Y	Y				\$ 1,951.58	\$ -	
61343		Incise skull (press relief)	A	0	090	Y		Y				\$ 3,003.94	\$ -	
61345		Relieve cranial pressure	A	0	090	Y		Y				\$ 2,785.74	\$ -	
61440		Incise skull for surgery	A	0	090	Y		Y				\$ 2,732.50	\$ -	
61450		Incise skull for surgery	A	0	090	Y		Y				\$ 2,629.14	\$ -	
61458		Incise skull for brain wound	A	0	090	Y		Y				\$ 2,734.24	\$ -	
61460		Incise skull for surgery	A	0	090	Y		Y	Y			\$ 2,870.65	\$ -	
61470		Incise skull for surgery	A	0	090	Y		Y				\$ 2,509.08	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
61480		Incise skull for surgery	A	0	090	Y		Y				\$ 1,702.42	\$ -	
61490		Incise skull for surgery	A	0	090	Y	Y	Y				\$ 2,591.56	\$ -	
61500		Removal of skull lesion	A	0	090	Y		Y				\$ 1,730.60	\$ -	
61501		Remove infected skull bone	A	0	090	Y		Y				\$ 1,467.52	\$ -	
6150F		Pt notrcvng1st antitnf txmnt	M	9	XXX							\$ -	\$ -	
61510		Removal of brain lesion	A	0	090	Y		Y				\$ 2,962.18	\$ -	
61512		Remove brain lining lesion	A	0	090	Y		Y				\$ 3,501.92	\$ -	
61514		Removal of brain abscess	A	0	090	Y		Y				\$ 2,594.69	\$ -	
61516		Removal of brain lesion	A	0	090	Y		Y				\$ 2,506.64	\$ -	
61517		Implt brain chemotx add-on	A	0	ZZZ							\$ 123.19	\$ -	
61518		Removal of brain lesion	A	0	090	Y		Y				\$ 3,779.98	\$ -	
61519		Remove brain lining lesion	A	0	090	Y		Y				\$ 4,061.16	\$ -	
61520		Removal of brain lesion	A	0	090	Y		Y	Y			\$ 5,027.56	\$ -	
61521		Removal of brain lesion	A	0	090	Y		Y				\$ 4,395.59	\$ -	
61522		Removal of brain abscess	A	0	090	Y		Y				\$ 2,994.19	\$ -	
61524		Removal of brain lesion	A	0	090	Y		Y				\$ 2,844.20	\$ -	
61526		Removal of brain lesion	A	0	090	Y			Y			\$ 5,036.95	\$ -	
61530		Removal of brain lesion	A	0	090	Y			Y			\$ 4,202.80	\$ -	
61531		Implant brain electrodes	A	0	090	Y		Y	Y			\$ 1,628.64	\$ -	
61533		Implant brain electrodes	A	0	090	Y		Y				\$ 2,065.38	\$ -	
61534		Removal of brain lesion	A	0	090	Y		Y				\$ 2,225.81	\$ -	
61535		Remove brain electrodes	A	0	090	Y		Y				\$ 1,322.05	\$ -	
61536		Removal of brain lesion	A	0	090	Y		Y				\$ 3,551.69	\$ -	
61537		Removal of brain tissue	A	0	090	Y		Y				\$ 3,390.91	\$ -	
61538		Removal of brain tissue	A	0	090	Y		Y				\$ 3,681.49	\$ -	
61539		Removal of brain tissue	A	0	090	Y		Y				\$ 3,237.10	\$ -	
61540		Removal of brain tissue	A	0	090	Y		Y				\$ 2,987.58	\$ -	
61541		Incision of brain tissue	A	0	090	Y		Y				\$ 2,939.21	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
61542		Removal of brain tissue	A	0	090	Y		Y				\$ 3,060.31	\$ -	
61543		Removal of brain tissue	A	0	090	Y		Y				\$ 2,966.70	\$ -	
61544		Remove & treat brain lesion	A	0	090	Y		Y				\$ 2,578.33	\$ -	
61545		Excision of brain tumor	A	0	090	Y		Y				\$ 4,374.71	\$ -	
61546		Removal of pituitary gland	A	0	090	Y		Y				\$ 3,161.93	\$ -	
61548		Removal of pituitary gland	A	0	090	Y		Y	Y			\$ 2,016.66	\$ -	
61550		Release of skull seams	A	0	090	Y		Y				\$ 1,034.60	\$ -	
61552		Release of skull seams	A	0	090	Y		Y				\$ 1,310.22	\$ -	
61556		Incise skull/sutures	A	0	090	Y		Y				\$ 2,310.02	\$ -	
61557		Incise skull/sutures	A	0	090	Y		Y				\$ 2,270.00	\$ -	
61558		Excision of skull/sutures	A	0	090	Y		Y				\$ 2,549.80	\$ -	
61559		Excision of skull/sutures	A	0	090	Y		Y				\$ 1,956.11	\$ -	
61563		Excision of skull tumor	A	0	090	Y		Y				\$ 2,707.09	\$ -	
61564		Excision of skull tumor	A	0	090	Y		Y				\$ 3,294.52	\$ -	
61566		Removal of brain tissue	A	0	090	Y		Y				\$ 3,080.15	\$ -	
61567		Incision of brain tissue	A	0	090	Y		Y				\$ 3,516.19	\$ -	
61570		Remove foreign body brain	A	0	090	Y		Y				\$ 2,536.57	\$ -	
61571		Incise skull for brain wound	A	0	090	Y		Y				\$ 2,712.66	\$ -	
61575		Skull base/brainstem surgery	A	0	090	Y		Y				\$ 3,435.11	\$ -	
61576		Skull base/brainstem surgery	A	0	090	Y		Y				\$ 4,057.68	\$ -	
61580		Craniofacial approach skull	A	0	090	Y	Y			Y		\$ 2,792.35	\$ -	
61581		Craniofacial approach skull	A	0	090	Y	Y		Y	Y		\$ 2,935.38	\$ -	
61582		Craniofacial approach skull	A	0	090	Y		Y		Y		\$ 3,850.97	\$ -	
61583		Craniofacial approach skull	A	0	090	Y		Y		Y		\$ 3,776.15	\$ -	
61584		Orbitocranial approach/skull	A	0	090	Y	Y	Y		Y		\$ 3,714.20	\$ -	
61585		Orbitocranial approach/skull	A	0	090	Y	Y	Y		Y		\$ 4,262.65	\$ -	
61586		Resect nasopharynx skull	A	0	090	Y		Y		Y		\$ 3,044.65	\$ -	
61590		Infratemporal approach/skull	A	0	090	Y	Y	Y		Y		\$ 3,574.66	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
61591		Infratemporal approach/skull	A	0	090	Y	Y	Y		Y		\$ 3,710.38	\$ -	
61592		Orbitocranial approach/skull	A	0	090	Y	Y	Y		Y		\$ 4,164.52	\$ -	
61595		Transtemporal approach/skull	A	0	090	Y	Y			Y		\$ 2,802.79	\$ -	
61596		Transcochlear approach/skull	A	0	090	Y	Y	Y		Y		\$ 2,751.29	\$ -	
61597		Transcondylar approach/skull	A	0	090	Y	Y	Y		Y		\$ 3,942.84	\$ -	
61598		Transpetrosal approach/skull	A	0	090	Y		Y		Y		\$ 3,694.02	\$ -	
61600		Resect/excise cranial lesion	A	0	090	Y		Y		Y		\$ 2,510.47	\$ -	
61601		Resect/excise cranial lesion	A	0	090	Y		Y		Y		\$ 3,074.23	\$ -	
61605		Resect/excise cranial lesion	A	0	090	Y		Y		Y		\$ 2,461.75	\$ -	
61606		Resect/excise cranial lesion	A	0	090	Y		Y		Y		\$ 3,942.84	\$ -	
61607		Resect/excise cranial lesion	A	0	090	Y		Y		Y		\$ 3,926.48	\$ -	
61608		Resect/excise cranial lesion	A	0	090	Y		Y		Y		\$ 4,313.46	\$ -	
61609		Transect artery sinus	A	0	ZZZ			Y		Y		\$ 860.60	\$ -	
61610		Transect artery sinus	A	0	ZZZ			Y		Y		\$ 2,589.12	\$ -	
61611		Transect artery sinus	A	0	ZZZ			Y		Y		\$ 401.59	\$ -	
61612		Transect artery sinus	A	0	ZZZ			Y		Y		\$ 1,500.92	\$ -	
61613		Remove aneurysm sinus	A	0	090	Y	Y	Y		Y		\$ 4,407.07	\$ -	
61615		Resect/excise lesion skull	A	0	090	Y		Y		Y		\$ 2,533.79	\$ -	
61616		Resect/excise lesion skull	A	0	090	Y		Y		Y		\$ 4,303.02	\$ -	
61618		Repair dura	A	0	090	Y		Y		Y		\$ 1,697.20	\$ -	
61619		Repair dura	A	0	090	Y		Y		Y		\$ 1,917.48	\$ -	
61623		Endovasc tempory vessel occl	A	0	000	Y						\$ 679.64	\$ -	
61624		Transcath occlusion CNS	A	0	000	Y						\$ 1,357.90	\$ -	
61626		Transcath occlusion non-CNS	A	0	000	Y						\$ 989.02	\$ -	
61630		Intracranial angioplasty	A	0	XXX	Y		Y				\$ 1,532.94	\$ -	
61635		Intracran angioplasty w/stent	A	0	XXX	Y		Y				\$ 1,635.60	\$ -	
61640		Dilate IC vasospasm init	N	9	000							\$ 658.42	\$ -	
61641		Dilate IC vasospasm add-on	N	9	ZZZ							\$ 231.77	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
61642		Dilate ic vasospasm add-on	N	9	ZZZ							\$ 462.49	\$ -	
61680		Intracranial vessel surgery	A	0	090	Y		Y				\$ 3,094.07	\$ -	
61682		Intracranial vessel surgery	A	0	090	Y		Y				\$ 5,847.10	\$ -	
61684		Intracranial vessel surgery	A	0	090	Y		Y				\$ 3,911.17	\$ -	
61686		Intracranial vessel surgery	A	0	090	Y		Y				\$ 6,261.22	\$ -	
61690		Intracranial vessel surgery	A	0	090	Y		Y				\$ 2,985.49	\$ -	
61692		Intracranial vessel surgery	A	0	090	Y		Y				\$ 5,076.97	\$ -	
61697		Brain aneurysm repr complx	A	0	090	Y		Y				\$ 5,847.44	\$ -	
61698		Brain aneurysm repr complx	A	0	090	Y		Y				\$ 6,433.13	\$ -	
61700		Brain aneurysm repr simple	A	0	090	Y		Y				\$ 4,722.36	\$ -	
61702		Inner skull vessel surgery	A	0	090	Y		Y				\$ 5,573.92	\$ -	
61703		Clamp neck artery	A	0	090	Y		Y				\$ 1,831.87	\$ -	
61705		Revise circulation to head	A	0	090	Y		Y				\$ 3,576.74	\$ -	
61708		Revise circulation to head	A	0	090	Y		Y				\$ 2,200.06	\$ -	
61710		Revise circulation to head	A	0	090	Y						\$ 2,399.81	\$ -	
61711		Fusion of skull arteries	A	0	090	Y		Y				\$ 3,592.40	\$ -	
61720		Incise skull/brain surgery	A	0	090	Y						\$ 1,702.76	\$ -	
61735		Incise skull/brain surgery	A	0	090	Y						\$ 2,139.16	\$ -	
61750		Incise skull/brain biopsy	A	0	090	Y						\$ 1,902.17	\$ -	
61751		Brain biopsy w/ct/mr guide	A	0	090	Y						\$ 1,840.22	\$ -	
61760		Implant brain electrodes	A	0	090	Y			Y			\$ 2,140.55	\$ -	
61770		Incise skull for treatment	A	0	090	Y						\$ 2,189.62	\$ -	
61781		Scan proc cranial intra	A	0	ZZZ							\$ 327.12	\$ -	
61782		Scan proc cranial extra	A	0	ZZZ							\$ 255.43	\$ -	
61783		Scan proc spinal	A	0	ZZZ							\$ 327.12	\$ -	
61790		Treat trigeminal nerve	A	0	090	Y						\$ 1,147.36	\$ -	
61791		Treat trigeminal tract	A	0	090	Y						\$ 1,469.95	\$ -	
61796		Srs cranial lesion simple	A	0	090			Y				\$ 1,308.48	\$ -	

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HCPCS	MOD	DESCRIPTION	STATUS CODE	PCTC IND	GLOB DAYS	MULT PROC	BILAT SURG	ASST SURG	CO- SURG	TEAM SURG	ENDO BASE	CY 2012	CY 2012	CY2012
												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
61797		Srs cran les simple addl	A	0	ZZZ			Y				\$ 301.72	\$ -	
61798		Srs cranial lesion complex	A	0	090			Y				\$ 1,800.20	\$ -	
61799		Srs cran les complex addl	A	0	ZZZ			Y				\$ 415.86	\$ -	
61800		Apply srs headframe add-on	A	0	ZZZ			Y				\$ 202.88	\$ -	
61850		Implant neuroelectrodes	A	0	090	Y		Y				\$ 1,316.14	\$ -	
61860		Implant neuroelectrodes	A	0	090	Y		Y				\$ 2,131.50	\$ -	
61863		Implant neuroelectrode	A	0	090	Y	Y	Y				\$ 2,020.14	\$ -	
61864		Implant neuroelectrde addl	A	0	ZZZ			Y				\$ 404.38	\$ -	
61867		Implant neuroelectrode	A	0	090	Y	Y	Y				\$ 3,128.17	\$ -	
61868		Implant neuroelectrde addl	A	0	ZZZ			Y				\$ 712.01	\$ -	
61870		Implant neuroelectrodes	A	0	090	Y		Y				\$ 1,595.58	\$ -	
61875		Implant neuroelectrodes	A	0	090	Y		Y				\$ 1,056.53	\$ -	
61880		Revise/remove neuroelectrode	A	0	090	Y	Y	Y				\$ 729.76	\$ -	
61885		Insrt/redo neurostim 1 array	A	0	090	Y	Y					\$ 659.46	\$ -	
61886		Implant neurostim arrays	A	0	090	Y						\$ 1,071.14	\$ -	
61888		Revise/remove neuroreceiver	A	0	010	Y	Y					\$ 504.25	\$ -	
62000		Treat skull fracture	A	0	090	Y						\$ 1,255.58	\$ -	
62005		Treat skull fracture	A	0	090	Y		Y				\$ 1,711.12	\$ -	
62010		Treatment of head injury	A	0	090	Y		Y				\$ 2,069.90	\$ -	
62100		Repair brain fluid leakage	A	0	090	Y		Y				\$ 2,130.11	\$ -	
62115		Reduction of skull defect	A	0	090	Y		Y				\$ 1,297.34	\$ -	
62116		Reduction of skull defect	A	0	090	Y		Y				\$ 2,407.81	\$ -	
62117		Reduction of skull defect	A	0	090	Y		Y				\$ 1,805.08	\$ -	
62120		Repair skull cavity lesion	A	0	090	Y		Y				\$ 1,843.36	\$ -	
62121		Incise skull repair	A	0	090	Y		Y				\$ 2,260.26	\$ -	
62140		Repair of skull defect	A	0	090	Y		Y				\$ 1,368.68	\$ -	
62141		Repair of skull defect	A	0	090	Y		Y				\$ 1,510.32	\$ -	
62142		Remove skull plate/flap	A	0	090	Y		Y				\$ 1,167.19	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
62143		Replace skull plate/flap	A	0	090	Y		Y				\$ 1,388.87	\$ -	
62145		Repair of skull & brain	A	0	090	Y		Y				\$ 1,924.79	\$ -	
62146		Repair of skull with graft	A	0	090	Y		Y				\$ 1,679.45	\$ -	
62147		Repair of skull with graft	A	0	090	Y		Y				\$ 1,983.60	\$ -	
62148		Retr bone flap to fix skull	A	0	ZZZ							\$ 178.87	\$ -	
62160		Neuroendoscopy add-on	A	0	ZZZ							\$ 270.05	\$ -	
62161		Dissect brain w/scope	A	0	090	Y		Y				\$ 2,051.11	\$ -	
62162		Remove colloid cyst w/scope	A	0	090	Y		Y				\$ 2,571.37	\$ -	
62163		Zneuroendoscopy w/fb removal	A	0	090	Y		Y				\$ 1,634.90	\$ -	
62164		Remove brain tumor w/scope	A	0	090	Y		Y				\$ 2,828.89	\$ -	
62165		Remove pituit tumor w/scope	A	0	090	Y						\$ 1,986.04	\$ -	
62180		Establish brain cavity shunt	A	0	090	Y		Y				\$ 2,173.61	\$ -	
62190		Establish brain cavity shunt	A	0	090	Y						\$ 1,222.18	\$ -	
62192		Establish brain cavity shunt	A	0	090	Y		Y				\$ 1,295.60	\$ -	
62194		Replace/irrigate catheter	A	0	010	Y						\$ 420.38	\$ -	
62200		Establish brain cavity shunt	A	0	090	Y		Y				\$ 1,864.24	\$ -	
62201		Brain cavity shunt w/scope	A	0	090	Y						\$ 1,596.28	\$ -	
62220		Establish brain cavity shunt	A	0	090	Y		Y				\$ 1,355.46	\$ -	
62223		Establish brain cavity shunt	A	0	090	Y		Y				\$ 1,386.08	\$ -	
62225		Replace/irrigate catheter	A	0	090	Y						\$ 663.64	\$ -	
62230		Replace/revise brain shunt	A	0	090	Y		Y				\$ 1,115.69	\$ -	
62252		Csf shunt reprogram	A	1	XXX							\$ -	\$ 101.62	
62252	26	Csf shunt reprogram	A	1	XXX							\$ 63.34	\$ 63.34	
62252	TC	Csf shunt reprogram	A	1	XXX							\$ -	\$ 38.28	
62256		Remove brain cavity shunt	A	0	090	Y		Y				\$ 772.21	\$ -	
62258		Replace brain cavity shunt	A	0	090	Y		Y				\$ 1,503.71	\$ -	
62263		Epidural lysis mult sessions	A	0	010	Y						\$ 346.61	\$ 636.84	
62264		Epidural lysis on single day	A	0	010	Y						\$ 253.34	\$ 418.30	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
62267		Interdiscal perq aspir dx	A	0	000	Y						\$ 173.65	\$ 249.52	
62268		Drain spinal cord cyst	A	0	000	Y						\$ 281.53	\$ 312.50	
62269		Needle biopsy spinal cord	A	0	000	Y						\$ 296.15	\$ 337.56	
62270		Spinal fluid tap diagnostic	A	0	000	Y						\$ 92.57	\$ 159.04	
62272		Drain cerebro spinal fluid	A	0	000	Y						\$ 106.84	\$ 204.28	
62273		Inject epidural patch	A	0	000	Y						\$ 123.54	\$ 173.65	
62280		Treat spinal cord lesion	A	0	010	Y						\$ 197.32	\$ 339.65	
62281		Treat spinal cord lesion	A	0	010	Y						\$ 165.30	\$ 248.12	
62282		Treat spinal canal lesion	A	0	010	Y						\$ 156.60	\$ 286.06	
62284		Injection for myelogram	A	0	000	Y						\$ 95.35	\$ 193.49	
62287		Percutaneous diskectomy	A	0	090	Y						\$ 587.77	\$ -	
62290		Inject for spine disk x-ray	A	0	000	Y						\$ 186.53	\$ 331.30	
62291		Inject for spine disk x-ray	A	0	000	Y						\$ 177.83	\$ 313.55	
62292		Injection into disk lesion	A	0	090	Y						\$ 592.99	\$ -	
62294		Injection into spinal artery	A	0	090	Y						\$ 835.20	\$ -	
62310		Inject spine c/t	A	0	000	Y						\$ 113.45	\$ 231.77	
62311		Inject spine l/s (cd)	A	0	000	Y						\$ 91.87	\$ 194.53	
62318		Inject spine w/cath c/t	A	0	000	Y						\$ 109.62	\$ 235.94	
62319		Inject spine w/cath l/s (cd)	A	0	000	Y						\$ 104.75	\$ 179.57	
62350		Implant spinal canal cath	A	0	010	Y						\$ 457.27	\$ -	
62351		Implant spinal canal cath	A	0	090	Y		Y	Y			\$ 1,090.98	\$ -	
62355		Remove spinal canal catheter	A	0	010	Y						\$ 289.54	\$ -	
62360		Insert spine infusion device	A	0	010	Y						\$ 357.74	\$ -	
62361		Implant spine infusion pump	A	0	010	Y						\$ 404.03	\$ -	
62362		Implant spine infusion pump	A	0	010	Y						\$ 452.75	\$ -	
62365		Remove spine infusion device	A	0	010	Y						\$ 331.99	\$ -	
62367		Analyze spine infus pump	A	0	XXX							\$ 27.49	\$ 41.06	
62368		Analyze sp inf pump w/reprog	A	0	XXX							\$ 35.50	\$ 53.24	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
62369		Anal sp inf pmp w/reprg&fill	A	0	XXX							\$ 36.19	\$ 112.06	
62370		Anl sp inf pmp w/mdreprg&fil	A	0	XXX							\$ 49.07	\$ 119.71	
63001		Removal of spinal lamina	A	0	090	Y		Y	Y			\$ 1,628.99	\$ -	
63003		Removal of spinal lamina	A	0	090	Y		Y	Y			\$ 1,625.86	\$ -	
63005		Removal of spinal lamina	A	0	090	Y		Y	Y			\$ 1,520.41	\$ -	
63011		Removal of spinal lamina	A	0	090	Y		Y	Y			\$ 1,345.02	\$ -	
63012		Removal of spinal lamina	A	0	090	Y		Y	Y			\$ 1,536.07	\$ -	
63015		Removal of spinal lamina	A	0	090	Y		Y	Y			\$ 1,970.03	\$ -	
63016		Removal of spinal lamina	A	0	090	Y		Y	Y			\$ 1,981.51	\$ -	
63017		Removal of spinal lamina	A	0	090	Y		Y	Y			\$ 1,627.94	\$ -	
63020		Neck spine disk surgery	A	0	090	Y	Y	Y	Y			\$ 1,511.02	\$ -	
63030		Low back disk surgery	A	0	090	Y	Y	Y	Y			\$ 1,221.83	\$ -	
63035		Spinal disk surgery add-on	A	0	ZZZ		Y	Y	Y			\$ 255.43	\$ -	
63040		Laminotomy single cervical	A	0	090	Y	Y	Y	Y			\$ 1,837.09	\$ -	
63042		Laminotomy single lumbar	A	0	090	Y	Y	Y	Y			\$ 1,647.08	\$ -	
63043		Laminotomy addl cervical	C	0	ZZZ		Y	Y	Y			\$ -	\$ -	
63044		Laminotomy addl lumbar	C	0	ZZZ		Y	Y	Y			\$ -	\$ -	
63045		Removal of spinal lamina	A	0	090	Y		Y	Y			\$ 1,666.22	\$ -	
63046		Removal of spinal lamina	A	0	090	Y		Y	Y			\$ 1,557.65	\$ -	
63047		Removal of spinal lamina	A	0	090	Y		Y	Y			\$ 1,393.39	\$ -	
63048		Remove spinal lamina add-on	A	0	ZZZ			Y	Y			\$ 286.06	\$ -	
63050		Cervical laminoplasty	A	0	090	Y		Y	Y			\$ 2,111.32	\$ -	
63051		C-laminoplasty w/graft/plate	A	0	090	Y		Y	Y			\$ 2,206.67	\$ -	
63055		Decompress spinal cord	A	0	090	Y		Y				\$ 2,160.38	\$ -	
63056		Decompress spinal cord	A	0	090	Y		Y				\$ 1,900.78	\$ -	
63057		Decompress spine cord add-on	A	0	ZZZ			Y				\$ 430.82	\$ -	
63064		Decompress spinal cord	A	0	090	Y		Y				\$ 2,319.77	\$ -	
63066		Decompress spine cord add-on	A	0	ZZZ			Y				\$ 294.06	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
63075		Neck spine disk surgery	A	0	090	Y		Y	Y			\$ 1,794.29	\$ -	
63076		Neck spine disk surgery	A	0	ZZZ			Y	Y			\$ 341.39	\$ -	
63077		Spine disk surgery thorax	A	0	090	Y		Y	Y			\$ 1,889.99	\$ -	
63078		Spine disk surgery thorax	A	0	ZZZ			Y	Y			\$ 245.69	\$ -	
63081		Removal of vertebral body	A	0	090	Y		Y		Y		\$ 2,315.59	\$ -	
63082		Remove vertebral body add-on	A	0	ZZZ			Y		Y		\$ 364.01	\$ -	
63085		Removal of vertebral body	A	0	090	Y		Y	Y	Y		\$ 2,440.87	\$ -	
63086		Remove vertebral body add-on	A	0	ZZZ			Y	Y	Y		\$ 254.39	\$ -	
63087		Removal of vertebral body	A	0	090	Y		Y	Y	Y		\$ 3,051.96	\$ -	
63088		Remove vertebral body add-on	A	0	ZZZ			Y	Y	Y		\$ 332.69	\$ -	
63090		Removal of vertebral body	A	0	090	Y		Y	Y	Y		\$ 2,441.22	\$ -	
63091		Remove vertebral body add-on	A	0	ZZZ			Y	Y	Y		\$ 225.50	\$ -	
63101		Removal of vertebral body	A	0	090	Y		Y				\$ 3,059.62	\$ -	
63102		Removal of vertebral body	A	0	090	Y		Y				\$ 2,812.54	\$ -	
63103		Remove vertebral body add-on	A	0	ZZZ			Y				\$ 383.84	\$ -	
63170		Incise spinal cord tract(s)	A	0	090	Y		Y				\$ 2,148.20	\$ -	
63172		Drainage of spinal cyst	A	0	090	Y		Y				\$ 1,906.69	\$ -	
63173		Drainage of spinal cyst	A	0	090	Y		Y				\$ 2,344.48	\$ -	
63180		Revise spinal cord ligaments	A	0	090	Y		Y				\$ 1,989.86	\$ -	
63182		Revise spinal cord ligaments	A	0	090	Y		Y				\$ 2,181.96	\$ -	
63185		Incise spinal column/nerves	A	0	090	Y		Y				\$ 1,601.84	\$ -	
63190		Incise spinal column/nerves	A	0	090	Y		Y				\$ 1,535.72	\$ -	
63191		Incise spinal column/nerves	A	0	090	Y	Y	Y				\$ 1,464.04	\$ -	
63194		Incise spinal column & cord	A	0	090	Y		Y				\$ 1,427.84	\$ -	
63195		Incise spinal column & cord	A	0	090	Y		Y				\$ 2,081.39	\$ -	
63196		Incise spinal column & cord	A	0	090	Y		Y				\$ 1,454.29	\$ -	
63197		Incise spinal column & cord	A	0	090	Y		Y				\$ 2,321.51	\$ -	
63198		Incise spinal column & cord	A	0	090	Y		Y				\$ 1,669.70	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
63199		Incise spinal column & cord	A	0	090	Y		Y				\$ 1,940.45	\$ -	
63200		Release of spinal cord	A	0	090	Y		Y				\$ 2,058.77	\$ -	
63250		Revise spinal cord vessels	A	0	090	Y		Y				\$ 4,099.44	\$ -	
63251		Revise spinal cord vessels	A	0	090	Y		Y				\$ 4,186.44	\$ -	
63252		Revise spinal cord vessels	A	0	090	Y		Y				\$ 4,185.40	\$ -	
63265		Excise intraspinal lesion	A	0	090	Y		Y				\$ 2,234.86	\$ -	
63266		Excise intraspinal lesion	A	0	090	Y		Y				\$ 2,310.72	\$ -	
63267		Excise intraspinal lesion	A	0	090	Y		Y				\$ 1,808.21	\$ -	
63268		Excise intraspinal lesion	A	0	090	Y		Y				\$ 1,952.63	\$ -	
63270		Excise intraspinal lesion	A	0	090	Y		Y				\$ 2,836.55	\$ -	
63271		Excise intraspinal lesion	A	0	090	Y		Y				\$ 2,820.89	\$ -	
63272		Excise intraspinal lesion	A	0	090	Y		Y				\$ 2,573.46	\$ -	
63273		Excise intraspinal lesion	A	0	090	Y		Y				\$ 2,528.22	\$ -	
63275		Biopsy/excise spinal tumor	A	0	090	Y		Y				\$ 2,418.25	\$ -	
63276		Biopsy/excise spinal tumor	A	0	090	Y		Y				\$ 2,397.02	\$ -	
63277		Biopsy/excise spinal tumor	A	0	090	Y		Y				\$ 2,035.10	\$ -	
63278		Biopsy/excise spinal tumor	A	0	090	Y		Y				\$ 2,142.98	\$ -	
63280		Biopsy/excise spinal tumor	A	0	090	Y		Y				\$ 2,881.44	\$ -	
63281		Biopsy/excise spinal tumor	A	0	090	Y		Y				\$ 2,852.56	\$ -	
63282		Biopsy/excise spinal tumor	A	0	090	Y		Y				\$ 2,676.12	\$ -	
63283		Biopsy/excise spinal tumor	A	0	090	Y		Y				\$ 2,574.50	\$ -	
63285		Biopsy/excise spinal tumor	A	0	090	Y		Y				\$ 3,589.27	\$ -	
63286		Biopsy/excise spinal tumor	A	0	090	Y		Y				\$ 3,507.14	\$ -	
63287		Biopsy/excise spinal tumor	A	0	090	Y		Y				\$ 3,775.80	\$ -	
63290		Biopsy/excise spinal tumor	A	0	090	Y		Y				\$ 3,841.57	\$ -	
63295		Repair of laminectomy defect	A	0	ZZZ			Y	Y			\$ 471.19	\$ -	
63300		Removal of vertebral body	A	0	090	Y		Y				\$ 2,443.31	\$ -	
63301		Removal of vertebral body	A	0	090	Y		Y				\$ 2,996.63	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
63302		Removal of vertebral body	A	0	090	Y		Y				\$ 2,958.35	\$ -	
63303		Removal of vertebral body	A	0	090	Y		Y				\$ 3,090.24	\$ -	
63304		Removal of vertebral body	A	0	090	Y		Y				\$ 3,211.00	\$ -	
63305		Removal of vertebral body	A	0	090	Y		Y				\$ 3,412.14	\$ -	
63306		Removal of vertebral body	A	0	090	Y		Y				\$ 3,156.01	\$ -	
63307		Removal of vertebral body	A	0	090	Y		Y				\$ 3,298.69	\$ -	
63308		Remove vertebral body add-on	A	0	ZZZ			Y				\$ 434.65	\$ -	
63600		Remove spinal cord lesion	A	0	090	Y						\$ 991.45	\$ -	
63610		Stimulation of spinal cord	A	0	000	Y						\$ 467.71	\$ 656.68	
63615		Remove lesion of spinal cord	A	0	090	Y						\$ 1,665.53	\$ -	
63620		Srs spinal lesion	A	0	090			Y				\$ 1,447.33	\$ -	
63621		Srs spinal lesion addl	A	0	ZZZ			Y				\$ 345.91	\$ -	
63650		Implant neuroelectrodes	A	0	010	Y						\$ 450.66	\$ -	
63655		Implant neuroelectrodes	A	0	090	Y		Y				\$ 1,052.70	\$ -	
63661		Remove spine eltrd perq aray	A	0	010	Y		Y				\$ 360.88	\$ 594.38	
63662		Remove spine eltrd plate	A	0	090	Y		Y				\$ 851.21	\$ -	
63663		Revise spine eltrd perq aray	A	0	010	Y		Y				\$ 532.79	\$ 855.04	
63664		Revise spine eltrd plate	A	0	090	Y		Y				\$ 875.22	\$ -	
63685		Insrt/redo spine n generator	A	0	010	Y		Y				\$ 413.42	\$ -	
63688		Revise/remove neuroreceiver	A	0	010	Y						\$ 423.86	\$ -	
63700		Repair of spinal herniation	A	0	090	Y		Y				\$ 1,724.34	\$ -	
63702		Repair of spinal herniation	A	0	090	Y		Y				\$ 1,905.65	\$ -	
63704		Repair of spinal herniation	A	0	090	Y		Y				\$ 2,194.14	\$ -	
63706		Repair of spinal herniation	A	0	090	Y		Y				\$ 2,469.06	\$ -	
63707		Repair spinal fluid leakage	A	0	090	Y		Y				\$ 1,139.00	\$ -	
63709		Repair spinal fluid leakage	A	0	090	Y		Y				\$ 1,400.00	\$ -	
63710		Graft repair of spine defect	A	0	090	Y		Y				\$ 1,434.80	\$ -	
63740		Install spinal shunt	A	0	090	Y		Y				\$ 1,234.01	\$ -	

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HCPCS	MOD	DESCRIPTION	STATUS CODE	PCTC IND	GLOB DAYS	MULT PROC	BILAT SURG	ASST SURG	CO- SURG	TEAM SURG	ENDO BASE	CY 2012	CY 2012	CY2012
												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
63741		Install spinal shunt	A	0	090	Y		Y				\$ 769.08	\$ -	
63744		Revision of spinal shunt	A	0	090	Y		Y				\$ 881.14	\$ -	
63746		Removal of spinal shunt	A	0	090	Y						\$ 769.78	\$ -	
64400		N block inj trigeminal	A	0	000	Y	Y					\$ 78.30	\$ 120.76	
64402		N block inj facial	A	0	000	Y	Y					\$ 84.91	\$ 121.80	
64405		N block inj occipital	A	0	000	Y	Y					\$ 73.43	\$ 103.01	
64408		N block inj vagus	A	0	000	Y	Y					\$ 87.00	\$ 111.36	
64410		N block inj phrenic	A	0	000	Y	Y					\$ 109.27	\$ 164.26	
64412		N block inj spinal accessor	A	0	000	Y	Y					\$ 85.61	\$ 148.94	
64413		N block inj cervical plexus	A	0	000	Y	Y					\$ 91.87	\$ 128.41	
64415		N block inj brachial plexus	A	0	000	Y	Y					\$ 73.08	\$ 121.80	
64416		N block cont infuse b plex	A	0	000	Y	Y					\$ 89.09	\$ -	
64417		N block inj axillary	A	0	000	Y	Y					\$ 76.56	\$ 129.11	
64418		N block inj suprascapular	A	0	000	Y	Y					\$ 79.34	\$ 134.33	
64420		N block inj intercost sng	A	0	000	Y						\$ 73.43	\$ 122.50	
64421		N block inj intercost mlt	A	0	000	Y	Y					\$ 105.10	\$ 175.74	
64425		N block inj ilio-ing/hypogi	A	0	000	Y	Y					\$ 106.14	\$ 139.20	
64430		N block inj pudental	A	0	000	Y	Y					\$ 89.09	\$ 138.16	
64435		N block inj paracervical	A	0	000	Y	Y					\$ 98.83	\$ 146.51	
64445		N block inj sciatic sng	A	0	000	Y	Y					\$ 83.52	\$ 136.07	
64446		N blk inj sciatic cont inf	A	0	000	Y	Y					\$ 89.78	\$ -	
64447		N block inj fem single	A	0	000	Y	Y					\$ 72.73	\$ 121.80	
64448		N block inj fem cont inf	A	0	000	Y	Y					\$ 79.69	\$ -	
64449		N block inj lumbar plexus	A	0	000	Y	Y					\$ 92.22	\$ -	
64450		N block other peripheral	A	0	000	Y	Y					\$ 74.12	\$ 104.75	
64455		N block inj plantar digit	A	0	000	Y	Y					\$ 41.06	\$ 51.50	
64479		Inj foramen epidural c/t	A	0	000	Y	Y					\$ 147.55	\$ 254.74	
64480		Inj foramen epidural add-on	A	0	ZZZ		Y					\$ 77.26	\$ 127.02	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
64483		Inj foramen epidural l/s	A	0	000	Y	Y					\$ 117.62	\$ 227.59	
64484		Inj foramen epidural add-on	A	0	ZZZ		Y					\$ 56.38	\$ 96.40	
64490		Inj paravert f jnt c/t 1 lev	A	0	000	Y	Y	Y				\$ 119.71	\$ 196.97	
64491		Inj paravert f jnt c/t 2 lev	A	0	ZZZ		Y	Y				\$ 67.51	\$ 98.14	
64492		Inj paravert f jnt c/t 3 lev	A	0	ZZZ		Y	Y				\$ 67.86	\$ 98.83	
64493		Inj paravert f jnt l/s 1 lev	A	0	000	Y	Y	Y				\$ 98.14	\$ 172.61	
64494		Inj paravert f jnt l/s 2 lev	A	0	ZZZ		Y	Y				\$ 56.03	\$ 87.70	
64495		Inj paravert f jnt l/s 3 lev	A	0	ZZZ		Y	Y				\$ 56.72	\$ 88.39	
64505		N block spenopalatine gangl	A	0	000	Y						\$ 85.96	\$ 100.22	
64508		N block carotid sinus s/p	A	0	000	Y						\$ 91.18	\$ 98.83	
64510		N block stellate ganglion	A	0	000	Y						\$ 75.86	\$ 128.76	
64517		N block inj hypogas plxs	A	0	000	Y						\$ 132.24	\$ 182.00	
64520		N block lumbar/thoracic	A	0	000	Y						\$ 83.87	\$ 183.40	
64530		N block inj celiac pelus	A	0	000	Y						\$ 98.14	\$ 190.01	
64550		Apply neurostimulator	A	0	000							\$ 9.05	\$ 15.31	
64553		Implant neuroelectrodes	A	0	010	Y						\$ 185.14	\$ 229.33	
64555		Implant neuroelectrodes	A	0	010	Y						\$ 158.34	\$ 200.80	
64561		Implant neuroelectrodes	A	0	010	Y	Y					\$ 441.96	\$ 855.38	
64565		Implant neuroelectrodes	A	0	010	Y						\$ 136.42	\$ 181.31	
64566		Neuroeltrd stim post tibial	A	0	000	Y						\$ 32.36	\$ 120.41	
64568		Inc for vagus n elect impl	A	0	090	Y	Y					\$ 690.43	\$ -	
64569		Revise/repl vagus n eltrd	A	0	090	Y	Y			Y		\$ 917.68	\$ -	
64570		Remove vagus n eltrd	A	0	090	Y	Y			Y		\$ 804.23	\$ -	
64575		Implant neuroelectrodes	A	0	090	Y						\$ 312.85	\$ -	
64580		Implant neuroelectrodes	A	0	090	Y		Y				\$ 354.26	\$ -	
64581		Implant neuroelectrodes	A	0	090	Y						\$ 773.26	\$ -	
64585		Revise/remove neuroelectrode	A	0	010	Y						\$ 159.38	\$ 263.44	
64590		Insrt/redo pn/gastr stimul	A	0	010	Y						\$ 175.74	\$ 270.40	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
64595		Revise/rmv pn/gastr stimul	A	0	010	Y						\$ 137.81	\$ 254.04	
64600		Injection treatment of nerve	A	0	010	Y						\$ 248.47	\$ 409.94	
64605		Injection treatment of nerve	A	0	010	Y						\$ 349.74	\$ 561.67	
64610		Injection treatment of nerve	A	0	010	Y						\$ 634.06	\$ 859.56	
64611		Chemodenerv saliv glands	A	0	010	Y						\$ 107.18	\$ 116.23	
64612		Destroy nerve face muscle	A	0	010	Y	Y					\$ 201.49	\$ 213.67	
64613		Destroy nerve neck muscle	A	0	010	Y	Y					\$ 187.22	\$ 201.14	
64614		Destroy nerve extrem musc	A	0	010	Y	Y					\$ 178.87	\$ 197.32	
64620		Injection treatment of nerve	A	0	010	Y						\$ 185.48	\$ 229.33	
64630		Injection treatment of nerve	A	0	010	Y						\$ 205.32	\$ 238.73	
64632		N block inj common digit	A	0	010	Y	Y					\$ 73.08	\$ 86.65	
64633		Destroy cerv/thor facet jnt	A	0	010	Y	Y					\$ 246.04	\$ 429.43	
64634		Destroy c/th facet jnt addl	A	0	ZZZ		Y					\$ 75.52	\$ 191.05	
64635		Destroy lumb/sac facet jnt	A	0	010	Y	Y					\$ 240.82	\$ 421.78	
64636		Destroy l/s facet jnt addl	A	0	ZZZ		Y					\$ 65.08	\$ 171.22	
64640		Injection treatment of nerve	A	0	010	Y	Y					\$ 177.83	\$ 220.28	
64650		Chemodenerv eccrine glands	A	0	000	Y						\$ 46.98	\$ 105.44	
64653		Chemodenerv eccrine glands	A	0	000	Y						\$ 69.60	\$ 133.98	
64680		Injection treatment of nerve	A	0	010	Y						\$ 179.57	\$ 314.24	
64681		Injection treatment of nerve	A	0	010	Y						\$ 212.63	\$ 365.75	
64702		Revise finger/toe nerve	A	0	090	Y						\$ 542.18	\$ -	
64704		Revise hand/foot nerve	A	0	090	Y		Y				\$ 336.52	\$ -	
64708		Revise arm/leg nerve	A	0	090	Y		Y				\$ 549.49	\$ -	
64712		Revision of sciatic nerve	A	0	090	Y		Y				\$ 625.36	\$ -	
64713		Revision of arm nerve(s)	A	0	090	Y		Y				\$ 901.67	\$ -	
64714		Revise low back nerve(s)	A	0	090	Y		Y				\$ 762.82	\$ -	
64716		Revision of cranial nerve	A	0	090	Y		Y				\$ 588.12	\$ -	
64718		Revise ulnar nerve at elbow	A	0	090	Y						\$ 662.24	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
64719		Revise ulnar nerve at wrist	A	0	090	Y						\$ 440.92	\$ -	
64721		Carpal tunnel surgery	A	0	090	Y	Y					\$ 468.06	\$ 470.50	
64722		Relieve pressure on nerve(s)	A	0	090	Y		Y				\$ 398.11	\$ -	
64726		Release foot/toe nerve	A	0	090	Y						\$ 283.62	\$ -	
64727		Internal nerve revision	A	0	ZZZ							\$ 223.76	\$ -	
64732		Incision of brow nerve	A	0	090	Y		Y				\$ 545.66	\$ -	
64734		Incision of cheek nerve	A	0	090	Y						\$ 465.97	\$ -	
64736		Incision of chin nerve	A	0	090	Y		Y				\$ 586.73	\$ -	
64738		Incision of jaw nerve	A	0	090	Y		Y				\$ 653.89	\$ -	
64740		Incision of tongue nerve	A	0	090	Y		Y				\$ 492.07	\$ -	
64742		Incision of facial nerve	A	0	090	Y		Y				\$ 502.16	\$ -	
64744		Incise nerve back of head	A	0	090	Y	Y					\$ 612.83	\$ -	
64746		Incise diaphragm nerve	A	0	090	Y		Y				\$ 537.66	\$ -	
64752		Incision of vagus nerve	A	0	090	Y		Y				\$ 635.45	\$ -	
64755		Incision of stomach nerves	A	0	090	Y		Y				\$ 1,120.21	\$ -	
64760		Incision of vagus nerve	A	0	090	Y		Y				\$ 603.78	\$ -	
64761		Incision of pelvis nerve	A	0	090	Y	Y	Y				\$ 509.47	\$ -	
64763		Incise hip/thigh nerve	A	0	090	Y	Y	Y				\$ 614.57	\$ -	
64766		Incise hip/thigh nerve	A	0	090	Y	Y	Y				\$ 623.62	\$ -	
64771		Sever cranial nerve	A	0	090	Y		Y				\$ 635.80	\$ -	
64772		Incision of spinal nerve	A	0	090	Y		Y				\$ 686.26	\$ -	
64774		Remove skin nerve lesion	A	0	090	Y						\$ 471.89	\$ -	
64776		Remove digit nerve lesion	A	0	090	Y						\$ 430.48	\$ -	
64778		Digit nerve surgery add-on	A	0	ZZZ							\$ 223.07	\$ -	
64782		Remove limb nerve lesion	A	0	090	Y						\$ 493.81	\$ -	
64783		Limb nerve surgery add-on	A	0	ZZZ							\$ 241.86	\$ -	
64784		Remove nerve lesion	A	0	090	Y						\$ 845.99	\$ -	
64786		Remove sciatic nerve lesion	A	0	090	Y		Y				\$ 1,266.37	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
64787		Implant nerve end	A	0	ZZZ							\$ 287.10	\$ -	
64788		Remove skin nerve lesion	A	0	090	Y						\$ 454.49	\$ -	
64790		Removal of nerve lesion	A	0	090	Y						\$ 999.80	\$ -	
64792		Removal of nerve lesion	A	0	090	Y		Y				\$ 1,571.92	\$ -	
64795		Biopsy of nerve	A	0	000	Y						\$ 249.86	\$ -	
64802		Remove sympathetic nerves	A	0	090	Y	Y	Y				\$ 578.72	\$ -	
64804		Remove sympathetic nerves	A	0	090	Y	Y	Y				\$ 859.56	\$ -	
64809		Remove sympathetic nerves	A	0	090	Y	Y	Y				\$ 799.01	\$ -	
64818		Remove sympathetic nerves	A	0	090	Y	Y	Y				\$ 803.18	\$ -	
64820		Remove sympathetic nerves	A	0	090	Y						\$ 859.91	\$ -	
64821		Remove sympathetic nerves	A	0	090	Y	Y					\$ 801.44	\$ -	
64822		Remove sympathetic nerves	A	0	090	Y	Y					\$ 785.44	\$ -	
64823		Remove sympathetic nerves	A	0	090	Y	Y					\$ 898.88	\$ -	
64831		Repair of digit nerve	A	0	090	Y						\$ 764.90	\$ -	
64832		Repair nerve add-on	A	0	ZZZ							\$ 405.07	\$ -	
64834		Repair of hand or foot nerve	A	0	090	Y						\$ 839.03	\$ -	
64835		Repair of hand or foot nerve	A	0	090	Y		Y				\$ 940.99	\$ -	
64836		Repair of hand or foot nerve	A	0	090	Y		Y				\$ 941.34	\$ -	
64837		Repair nerve add-on	A	0	ZZZ			Y				\$ 396.72	\$ -	
64840		Repair of leg nerve	A	0	090	Y		Y				\$ 904.10	\$ -	
64856		Repair/transpose nerve	A	0	090	Y						\$ 1,179.72	\$ -	
64857		Repair arm/leg nerve	A	0	090	Y		Y				\$ 1,223.57	\$ -	
64858		Repair sciatic nerve	A	0	090	Y		Y				\$ 1,312.66	\$ -	
64859		Nerve surgery	A	0	ZZZ			Y				\$ 317.38	\$ -	
64861		Repair of arm nerves	A	0	090	Y		Y				\$ 1,583.05	\$ -	
64862		Repair of low back nerves	A	0	090	Y		Y				\$ 2,052.16	\$ -	
64864		Repair of facial nerve	A	0	090	Y		Y				\$ 958.74	\$ -	
64865		Repair of facial nerve	A	0	090	Y		Y				\$ 1,219.74	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
64866		Fusion of facial/other nerve	A	0	090	Y		Y				\$ 1,240.27	\$ -	
64868		Fusion of facial/other nerve	A	0	090	Y		Y				\$ 1,119.17	\$ -	
64870		Fusion of facial/other nerve	A	0	090	Y		Y				\$ 1,323.10	\$ -	
64872		Subsequent repair of nerve	A	0	ZZZ			Y				\$ 132.24	\$ -	
64874		Repair & revise nerve add-on	A	0	ZZZ			Y				\$ 189.66	\$ -	
64876		Repair nerve/shorten bone	A	0	ZZZ			Y				\$ 228.98	\$ -	
64885		Nerve graft head or neck	A	0	090	Y		Y				\$ 1,221.83	\$ -	
64886		Nerve graft head or neck	A	0	090	Y		Y				\$ 1,432.37	\$ -	
64890		Nerve graft hand or foot	A	0	090	Y		Y				\$ 1,304.65	\$ -	
64891		Nerve graft hand or foot	A	0	090	Y		Y				\$ 1,327.62	\$ -	
64892		Nerve graft arm or leg	A	0	090	Y		Y				\$ 1,268.11	\$ -	
64893		Nerve graft arm or leg	A	0	090	Y		Y				\$ 1,352.68	\$ -	
64895		Nerve graft hand or foot	A	0	090	Y		Y				\$ 1,609.85	\$ -	
64896		Nerve graft hand or foot	A	0	090	Y		Y				\$ 2,153.08	\$ -	
64897		Nerve graft arm or leg	A	0	090	Y		Y				\$ 1,539.20	\$ -	
64898		Nerve graft arm or leg	A	0	090	Y		Y				\$ 1,669.70	\$ -	
64901		Nerve graft add-on	A	0	ZZZ			Y				\$ 760.38	\$ -	
64902		Nerve graft add-on	A	0	ZZZ			Y				\$ 879.05	\$ -	
64905		Nerve pedicle transfer	A	0	090	Y		Y				\$ 1,212.78	\$ -	
64907		Nerve pedicle transfer	A	0	090	Y		Y				\$ 1,161.62	\$ -	
64910		Nerve repair w/allograft	A	0	090	Y		Y				\$ 927.42	\$ -	
64911		Neurorrhaphy w/vein autograft	A	0	090	Y		Y				\$ 1,192.25	\$ -	
64999		Nervous system surgery	C	0	YYY	Y				Y		\$ -	\$ -	
65091		Revise eye	A	0	090	Y	Y					\$ 699.83	\$ -	
65093		Revise eye with implant	A	0	090	Y	Y					\$ 690.78	\$ -	
65101		Removal of eye	A	0	090	Y	Y					\$ 809.45	\$ -	
65103		Remove eye/insert implant	A	0	090	Y	Y					\$ 849.12	\$ -	
65105		Remove eye/attach implant	A	0	090	Y	Y	Y				\$ 940.64	\$ -	

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65110		Removal of eye	A	0	090	Y	Y	Y				\$ 1,261.50	\$ -	
65112		Remove eye/revise socket	A	0	090	Y	Y	Y				\$ 1,472.74	\$ -	
65114		Remove eye/revise socket	A	0	090	Y	Y	Y				\$ 1,549.99	\$ -	
65125		Revise ocular implant	A	0	090	Y	Y					\$ 320.16	\$ 456.23	
65130		Insert ocular implant	A	0	090	Y	Y					\$ 806.66	\$ -	
65135		Insert ocular implant	A	0	090	Y	Y					\$ 818.50	\$ -	
65140		Attach ocular implant	A	0	090	Y	Y					\$ 821.98	\$ -	
65150		Revise ocular implant	A	0	090	Y	Y					\$ 539.05	\$ -	
65155		Reinsert ocular implant	A	0	090	Y	Y					\$ 941.69	\$ -	
65175		Removal of ocular implant	A	0	090	Y	Y					\$ 663.29	\$ -	
65205		Remove foreign body from eye	A	0	000	Y	Y					\$ 48.72	\$ 58.46	
65210		Remove foreign body from eye	A	0	000	Y	Y					\$ 59.51	\$ 72.38	
65220		Remove foreign body from eye	A	0	000	Y	Y					\$ 48.72	\$ 61.25	
65222		Remove foreign body from eye	A	0	000	Y	Y					\$ 65.77	\$ 80.04	
65235		Remove foreign body from eye	A	0	090	Y	Y					\$ 741.59	\$ -	
65260		Remove foreign body from eye	A	0	090	Y	Y	Y				\$ 911.76	\$ -	
65265		Remove foreign body from eye	A	0	090	Y	Y	Y				\$ 1,268.81	\$ -	
65270		Repair of eye wound	A	0	010	Y	Y					\$ 150.68	\$ 254.39	
65272		Repair of eye wound	A	0	090	Y	Y					\$ 335.12	\$ 459.01	
65273		Repair of eye wound	A	0	090	Y	Y					\$ 365.75	\$ -	
65275		Repair of eye wound	A	0	090	Y	Y					\$ 489.29	\$ 582.55	
65280		Repair of eye wound	A	0	090	Y	Y					\$ 775.00	\$ -	
65285		Repair of eye wound	A	0	090	Y	Y					\$ 1,237.84	\$ -	
65286		Repair of eye wound	A	0	090	Y	Y					\$ 523.39	\$ 695.30	
65290		Repair of eye socket wound	A	0	090	Y	Y					\$ 563.41	\$ -	
65400		Removal of eye lesion	A	0	090	Y	Y					\$ 627.79	\$ 690.78	
65410		Biopsy of cornea	A	0	000	Y	Y					\$ 124.24	\$ 156.25	
65420		Removal of eye lesion	A	0	090	Y	Y					\$ 382.10	\$ 496.94	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
65426		Removal of eye lesion	A	0	090	Y	Y					\$ 500.42	\$ 643.10	
65430		Corneal smear	A	0	000	Y	Y					\$ 113.45	\$ 122.50	
65435		Curette/treat cornea	A	0	000	Y	Y					\$ 77.60	\$ 85.96	
65436		Curette/treat cornea	A	0	090	Y	Y					\$ 411.34	\$ 423.86	
65450		Treatment of corneal lesion	A	0	090	Y	Y					\$ 325.73	\$ 328.86	
65600		Revision of cornea	A	0	090	Y	Y					\$ 359.14	\$ 400.90	
65710		Corneal transplant	A	0	090	Y	Y	Y				\$ 1,165.10	\$ -	
65730		Corneal transplant	A	0	090	Y	Y	Y				\$ 1,297.69	\$ -	
65750		Corneal transplant	A	0	090	Y	Y	Y				\$ 1,296.65	\$ -	
65755		Corneal transplant	A	0	090	Y	Y	Y				\$ 1,306.39	\$ -	
65756		Corneal trnspl endothelial	A	0	090	Y	Y	Y				\$ 1,143.18	\$ -	
65757		Prep corneal endo allograft	C	0	ZZZ							\$ -	\$ -	
65760		Revision of cornea	N	9	XXX							\$ -	\$ -	
65765		Revision of cornea	N	9	XXX							\$ -	\$ -	
65767		Corneal tissue transplant	N	9	XXX							\$ -	\$ -	
65770		Revise cornea with implant	A	0	090	Y	Y	Y				\$ 2,011.79	\$ -	
65771		Radial keratotomy	N	9	XXX							\$ -	\$ -	
65772		Correction of astigmatism	A	0	090	Y	Y					\$ 418.30	\$ 455.18	
65775		Correction of astigmatism	A	0	090	Y	Y					\$ 523.39	\$ -	
65778		Cover eye w/membrane	A	0	010	Y	Y					\$ 83.17	\$ 1,166.15	
65779		Cover eye w/membrane suture	A	0	010	Y	Y					\$ 311.46	\$ 1,086.46	
65780		Ocular reconst transplant	A	0	090	Y	Y					\$ 911.76	\$ -	
65781		Ocular reconst transplant	A	0	090	Y	Y	Y				\$ 1,280.29	\$ -	
65782		Ocular reconst transplant	A	0	090	Y	Y					\$ 1,330.06	\$ -	
65800		Drainage of eye	A	0	000	Y	Y					\$ 142.33	\$ 157.30	
65805		Drainage of eye	A	0	000	Y	Y					\$ 150.68	\$ 177.13	
65810		Drainage of eye	A	0	090	Y	Y					\$ 490.33	\$ -	
65815		Drainage of eye	A	0	090	Y	Y					\$ 525.48	\$ 658.07	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
65820		Relieve inner eye pressure	A	0	090	Y	Y					\$ 704.35	\$ -	
65850		Incision of eye	A	0	090	Y	Y					\$ 942.04	\$ -	
65855		Laser surgery of eye	A	0	010	Y	Y					\$ 325.03	\$ 359.14	
65860		Incise inner eye adhesions	A	0	090	Y	Y					\$ 368.18	\$ 414.12	
65865		Incise inner eye adhesions	A	0	090	Y	Y					\$ 445.09	\$ -	
65870		Incise inner eye adhesions	A	0	090	Y	Y					\$ 648.32	\$ -	
65875		Incise inner eye adhesions	A	0	090	Y	Y					\$ 656.68	\$ -	
65880		Incise inner eye adhesions	A	0	090	Y	Y					\$ 629.53	\$ -	
65900		Remove eye lesion	A	0	090	Y	Y	Y				\$ 917.68	\$ -	
65920		Remove implant of eye	A	0	090	Y	Y					\$ 814.67	\$ -	
65930		Remove blood clot from eye	A	0	090	Y	Y					\$ 710.96	\$ -	
66020		Injection treatment of eye	A	0	010	Y	Y					\$ 123.89	\$ 169.13	
66030		Injection treatment of eye	A	0	010	Y	Y					\$ 114.14	\$ 159.73	
66130		Remove eye lesion	A	0	090	Y	Y					\$ 674.77	\$ 779.87	
66150		Glaucoma surgery	A	0	090	Y	Y					\$ 823.02	\$ -	
66155		Glaucoma surgery	A	0	090	Y	Y					\$ 821.98	\$ -	
66160		Glaucoma surgery	A	0	090	Y	Y					\$ 934.73	\$ -	
66165		Glaucoma surgery	A	0	090	Y	Y	Y				\$ 806.66	\$ -	
66170		Glaucoma surgery	A	0	090	Y	Y	Y				\$ 1,234.70	\$ -	
66172		Incision of eye	A	0	090	Y	Y	Y				\$ 1,555.91	\$ -	
66174		Translum dil eye canal	A	0	090	Y	Y	Y				\$ 1,084.72	\$ -	
66175		Trnslum dil eye canal w/stnt	A	0	090	Y	Y	Y				\$ 1,424.02	\$ -	
66180		Implant eye shunt	A	0	090	Y	Y	Y				\$ 1,233.31	\$ -	
66185		Revise eye shunt	A	0	090	Y	Y	Y				\$ 825.80	\$ -	
66220		Repair eye lesion	A	0	090	Y	Y	Y				\$ 772.21	\$ -	
66225		Repair/graft eye lesion	A	0	090	Y	Y					\$ 1,075.67	\$ -	
66250		Follow-up surgery of eye	A	0	090	Y	Y					\$ 631.97	\$ 790.66	
66500		Incision of iris	A	0	090	Y	Y					\$ 328.51	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
66505		Incision of iris	A	0	090	Y	Y					\$ 360.88	\$ -	
66600		Remove iris and lesion	A	0	090	Y	Y					\$ 787.52	\$ -	
66605		Removal of iris	A	0	090	Y	Y					\$ 1,011.98	\$ -	
66625		Removal of iris	A	0	090	Y	Y					\$ 445.79	\$ -	
66630		Removal of iris	A	0	090	Y	Y					\$ 621.88	\$ -	
66635		Removal of iris	A	0	090	Y	Y					\$ 545.32	\$ -	
66680		Repair iris & ciliary body	A	0	090	Y	Y					\$ 592.99	\$ -	
66682		Repair iris & ciliary body	A	0	090	Y	Y					\$ 703.31	\$ -	
66700		Destruction ciliary body	A	0	090	Y	Y					\$ 389.41	\$ 435.70	
66710		Ciliary transsleral therapy	A	0	090	Y	Y					\$ 450.31	\$ 489.29	
66711		Ciliary endoscopic ablation	A	0	090	Y	Y				66710	\$ 603.08	\$ -	
66720		Destruction ciliary body	A	0	090	Y	Y					\$ 433.96	\$ 475.02	
66740		Destruction ciliary body	A	0	090	Y	Y					\$ 373.06	\$ 409.25	
66761		Revision of iris	A	0	010	Y	Y					\$ 268.66	\$ 314.59	
66762		Revision of iris	A	0	090	Y	Y					\$ 438.48	\$ 478.85	
66770		Removal of inner eye lesion	A	0	090	Y	Y					\$ 456.23	\$ 493.12	
66820		Incision secondary cataract	A	0	090	Y	Y					\$ 408.20	\$ -	
66821		After cataract laser surgery	A	0	090	Y	Y					\$ 322.60	\$ 338.26	
66825		Reposition intraocular lens	A	0	090	Y	Y					\$ 776.04	\$ -	
66830		Removal of lens lesion	A	0	090	Y	Y					\$ 680.69	\$ -	
66840		Removal of lens material	A	0	090	Y	Y					\$ 797.96	\$ -	
66850		Removal of lens material	A	0	090	Y	Y					\$ 839.38	\$ -	
66852		Removal of lens material	A	0	090	Y	Y					\$ 946.56	\$ -	
66920		Extraction of lens	A	0	090	Y	Y					\$ 720.71	\$ -	
66930		Extraction of lens	A	0	090	Y	Y					\$ 820.58	\$ -	
66940		Extraction of lens	A	0	090	Y	Y					\$ 862.69	\$ -	
66982		Cataract surgery complex	A	0	090	Y	Y					\$ 1,165.10	\$ -	
66983		Cataract surg w/iol 1 stage	A	0	090	Y	Y					\$ 727.67	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
66984		Cataract surg w/iol 1 stage	A	0	090	Y	Y					\$ 836.24	\$ -	
66985		Insert lens prosthesis	A	0	090	Y	Y					\$ 800.40	\$ -	
66986		Exchange lens prosthesis	A	0	090	Y	Y					\$ 952.82	\$ -	
66990		Ophthalmic endoscope add-on	A	0	ZZZ							\$ 89.09	\$ -	
66999		Eye surgery procedure	C	0	YYY	Y	Y			Y		\$ -	\$ -	
67005		Partial removal of eye fluid	A	0	090	Y	Y					\$ 542.88	\$ -	
67010		Partial removal of eye fluid	A	0	090	Y	Y					\$ 571.76	\$ -	
67015		Release of eye fluid	A	0	090	Y	Y					\$ 604.13	\$ -	
67025		Replace eye fluid	A	0	090	Y	Y					\$ 700.18	\$ 777.78	
67027		Implant eye drug system	A	0	090	Y	Y	Y				\$ 955.96	\$ -	
67028		Injection eye drug	A	0	000	Y	Y					\$ 112.40	\$ 122.15	
67030		Incise inner eye strands	A	0	090	Y	Y					\$ 495.90	\$ -	
67031		Laser surgery eye strands	A	0	090	Y	Y					\$ 369.23	\$ 395.33	
67036		Removal of inner eye fluid	A	0	090	Y	Y	Y				\$ 1,023.82	\$ -	
67039		Laser treatment of retina	A	0	090	Y	Y	Y				\$ 1,389.22	\$ -	
67040		Laser treatment of retina	A	0	090	Y	Y	Y				\$ 1,514.84	\$ -	
67041		Vit for macular pucker	A	0	090	Y	Y	Y				\$ 1,428.89	\$ -	
67042		Vit for macular hole	A	0	090	Y	Y	Y				\$ 1,641.17	\$ -	
67043		Vit for membrane dissect	A	0	090	Y	Y	Y				\$ 1,823.52	\$ -	
67101		Repair detached retina	A	0	090	Y	Y					\$ 749.24	\$ 839.03	
67105		Repair detached retina	A	0	090	Y	Y					\$ 679.99	\$ 742.98	
67107		Repair detached retina	A	0	090	Y	Y	Y				\$ 1,370.77	\$ -	
67108		Repair detached retina	A	0	090	Y	Y	Y				\$ 1,725.73	\$ -	
67110		Repair detached retina	A	0	090	Y	Y					\$ 806.66	\$ 884.27	
67112		Rerepair detached retina	A	0	090	Y	Y	Y				\$ 1,421.58	\$ -	
67113		Repair retinal detach cplx	A	0	090	Y	Y	Y				\$ 1,882.33	\$ -	
67115		Release encircling material	A	0	090	Y	Y					\$ 510.86	\$ -	
67120		Remove eye implant material	A	0	090	Y	Y					\$ 633.01	\$ 714.79	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
67121		Remove eye implant material	A	0	090	Y	Y	Y				\$ 1,018.25	\$ -	
67141		Treatment of retina	A	0	090	Y	Y					\$ 537.31	\$ 567.24	
67145		Treatment of retina	A	0	090	Y	Y					\$ 519.56	\$ 543.92	
67208		Treatment of retinal lesion	A	0	090	Y	Y					\$ 550.19	\$ 567.59	
67210		Treatment of retinal lesion	A	0	090	Y	Y					\$ 538.01	\$ 555.06	
67218		Treatment of retinal lesion	A	0	090	Y	Y					\$ 1,343.98	\$ -	
67220		Treatment of choroid lesion	A	0	090	Y	Y					\$ 585.68	\$ 618.40	
67221		Ocular photodynamic ther	A	0	000	Y						\$ 238.38	\$ 299.98	
67225		Eye photodynamic ther add-on	A	0	ZZZ							\$ 27.49	\$ 28.88	
67227		Treatment of retinal lesion	A	0	090	Y	Y					\$ 543.92	\$ 576.64	
67228		Treatment of retinal lesion	A	0	090	Y	Y					\$ 1,066.27	\$ 1,129.26	
67229		Tr retinal les preterm inf	A	0	090	Y	Y					\$ 1,086.46	\$ -	
67250		Reinforce eye wall	A	0	090	Y	Y					\$ 846.68	\$ -	
67255		Reinforce/graft eye wall	A	0	090	Y	Y	Y				\$ 940.30	\$ -	
67299		Eye surgery procedure	C	0	YYY	Y	Y			Y		\$ -	\$ -	
67311		Revise eye muscle	A	0	090	Y	Y					\$ 657.02	\$ -	
67312		Revise two eye muscles	A	0	090	Y	Y					\$ 824.06	\$ -	
67314		Revise eye muscle	A	0	090	Y	Y					\$ 740.20	\$ -	
67316		Revise two eye muscles	A	0	090	Y	Y					\$ 927.07	\$ -	
67318		Revise eye muscle(s)	A	0	090	Y	Y					\$ 669.20	\$ -	
67320		Revise eye muscle(s) add-on	A	0	ZZZ							\$ 320.16	\$ -	
67331		Eye surgery follow-up add-on	A	0	ZZZ							\$ 360.88	\$ -	
67332		Rerevise eye muscles add-on	A	0	ZZZ							\$ 391.85	\$ -	
67334		Revise eye muscle w/suture	A	0	ZZZ							\$ 298.58	\$ -	
67335		Eye suture during surgery	A	0	ZZZ							\$ 175.04	\$ -	
67340		Revise eye muscle add-on	A	0	ZZZ			Y				\$ 355.66	\$ -	
67343		Release eye tissue	A	0	090	Y	Y					\$ 743.33	\$ -	
67345		Destroy nerve of eye muscle	A	0	010	Y	Y					\$ 271.79	\$ 291.28	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
67346		Biopsy eye muscle	A	0	000	Y	Y					\$ 240.82	\$ -	
67399		Eye muscle surgery procedure	C	0	YYY	Y	Y	Y		Y		\$ -	\$ -	
67400		Explore/biopsy eye socket	A	0	090	Y	Y					\$ 1,025.21	\$ -	
67405		Explore/drain eye socket	A	0	090	Y	Y					\$ 806.32	\$ -	
67412		Explore/treat eye socket	A	0	090	Y	Y					\$ 935.08	\$ -	
67413		Explore/treat eye socket	A	0	090	Y	Y	Y				\$ 954.56	\$ -	
67414		Explr/decompress eye socket	A	0	090	Y	Y	Y				\$ 1,385.04	\$ -	
67415		Aspiration orbital contents	A	0	000	Y	Y					\$ 117.97	\$ -	
67420		Explore/treat eye socket	A	0	090	Y	Y	Y				\$ 1,866.67	\$ -	
67430		Explore/treat eye socket	A	0	090	Y	Y	Y				\$ 1,179.72	\$ -	
67440		Explore/drain eye socket	A	0	090	Y	Y	Y				\$ 1,239.58	\$ -	
67445		Explr/decompress eye socket	A	0	090	Y	Y	Y				\$ 1,621.68	\$ -	
67450		Explore/biopsy eye socket	A	0	090	Y	Y	Y				\$ 1,286.90	\$ -	
67500		Inject/treat eye socket	A	0	000	Y	Y					\$ 79.00	\$ 85.26	
67505		Inject/treat eye socket	A	0	000	Y	Y					\$ 98.83	\$ 105.44	
67515		Inject/treat eye socket	A	0	000	Y	Y					\$ 105.44	\$ 111.71	
67550		Insert eye socket implant	A	0	090	Y	Y					\$ 1,082.63	\$ -	
67560		Revise eye socket implant	A	0	090	Y	Y					\$ 1,015.81	\$ -	
67570		Decompress optic nerve	A	0	090	Y	Y	Y				\$ 1,561.13	\$ -	
67599		Orbit surgery procedure	C	0	YYY	Y	Y	Y		Y		\$ -	\$ -	
67700		Drainage of eyelid abscess	A	0	010	Y	Y					\$ 124.58	\$ 249.17	
67710		Incision of eyelid	A	0	010	Y	Y					\$ 107.53	\$ 211.93	
67715		Incision of eyelid fold	A	0	010	Y	Y					\$ 122.15	\$ 227.59	
67800		Remove eyelid lesion	A	0	010	Y						\$ 115.54	\$ 135.02	
67801		Remove eyelid lesions	A	0	010	Y						\$ 156.25	\$ 179.57	
67805		Remove eyelid lesions	A	0	010	Y						\$ 190.70	\$ 220.98	
67808		Remove eyelid lesion(s)	A	0	090	Y						\$ 414.47	\$ -	
67810		Biopsy of eyelid	A	0	000	Y	Y					\$ 103.01	\$ 209.15	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
67820		Revise eyelashes	A	0	000	Y	Y					\$ 58.12	\$ 55.68	
67825		Revise eyelashes	A	0	010	Y	Y					\$ 133.98	\$ 139.55	
67830		Revise eyelashes	A	0	010	Y	Y					\$ 156.25	\$ 261.70	
67835		Revise eyelashes	A	0	090	Y	Y					\$ 502.16	\$ -	
67840		Remove eyelid lesion	A	0	010	Y	Y					\$ 173.65	\$ 270.40	
67850		Treat eyelid lesion	A	0	010	Y	Y					\$ 144.42	\$ 210.89	
67875		Closure of eyelid by suture	A	0	000	Y	Y					\$ 110.32	\$ 171.56	
67880		Revision of eyelid	A	0	090	Y	Y					\$ 405.77	\$ 479.54	
67882		Revision of eyelid	A	0	090	Y	Y					\$ 535.22	\$ 610.74	
67900		Repair brow defect	A	0	090	Y	Y					\$ 573.16	\$ 681.04	
67901		Repair eyelid defect	A	0	090	Y	Y					\$ 660.85	\$ 795.53	
67902		Repair eyelid defect	A	0	090	Y	Y					\$ 833.81	\$ -	
67903		Repair eyelid defect	A	0	090	Y	Y					\$ 558.54	\$ 650.06	
67904		Repair eyelid defect	A	0	090	Y	Y					\$ 680.34	\$ 791.70	
67906		Repair eyelid defect	A	0	090	Y	Y					\$ 488.24	\$ -	
67908		Repair eyelid defect	A	0	090	Y	Y					\$ 481.98	\$ 536.62	
67909		Revise eyelid defect	A	0	090	Y	Y					\$ 498.68	\$ 579.07	
67911		Revise eyelid defect	A	0	090	Y	Y					\$ 636.49	\$ -	
67912		Correction eyelid w/implant	A	0	090	Y	Y					\$ 525.48	\$ 855.73	
67914		Repair eyelid defect	A	0	090	Y	Y					\$ 322.94	\$ 405.07	
67915		Repair eyelid defect	A	0	090	Y	Y					\$ 268.31	\$ 344.52	
67916		Repair eyelid defect	A	0	090	Y	Y					\$ 475.72	\$ 563.41	
67917		Repair eyelid defect	A	0	090	Y	Y					\$ 536.62	\$ 627.79	
67921		Repair eyelid defect	A	0	090	Y	Y					\$ 307.98	\$ 389.76	
67922		Repair eyelid defect	A	0	090	Y	Y					\$ 256.48	\$ 331.30	
67923		Repair eyelid defect	A	0	090	Y	Y					\$ 525.48	\$ 609.00	
67924		Repair eyelid defect	A	0	090	Y	Y					\$ 510.86	\$ 623.62	
67930		Repair eyelid wound	A	0	010	Y	Y					\$ 287.80	\$ 390.11	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
67935		Repair eyelid wound	A	0	090	Y	Y					\$ 521.30	\$ 645.89	
67938		Remove eyelid foreign body	A	0	010	Y	Y					\$ 123.54	\$ 228.29	
67950		Revision of eyelid	A	0	090	Y	Y					\$ 520.61	\$ 610.39	
67961		Revision of eyelid	A	0	090	Y	Y					\$ 512.95	\$ 612.13	
67966		Revision of eyelid	A	0	090	Y	Y					\$ 752.38	\$ 844.25	
67971		Reconstruction of eyelid	A	0	090	Y	Y					\$ 841.46	\$ -	
67973		Reconstruction of eyelid	A	0	090	Y	Y	Y				\$ 1,092.02	\$ -	
67974		Reconstruction of eyelid	A	0	090	Y	Y	Y				\$ 1,089.94	\$ -	
67975		Reconstruction of eyelid	A	0	090	Y	Y					\$ 794.48	\$ -	
67999		Revision of eyelid	C	0	YYY	Y	Y			Y		\$ -	\$ -	
68020		Incise/drain eyelid lining	A	0	010	Y	Y					\$ 116.93	\$ 124.24	
68040		Treatment of eyelid lesions	A	0	000	Y	Y					\$ 63.68	\$ 73.43	
68100		Biopsy of eyelid lining	A	0	000	Y	Y					\$ 106.49	\$ 165.30	
68110		Remove eyelid lining lesion	A	0	010	Y	Y					\$ 166.00	\$ 229.33	
68115		Remove eyelid lining lesion	A	0	010	Y	Y					\$ 191.40	\$ 296.50	
68130		Remove eyelid lining lesion	A	0	090	Y	Y					\$ 388.72	\$ 493.12	
68135		Remove eyelid lining lesion	A	0	010	Y	Y					\$ 157.99	\$ 162.52	
68200		Treat eyelid by injection	A	0	000	Y	Y					\$ 38.98	\$ 44.89	
68320		Revise/graft eyelid lining	A	0	090	Y	Y					\$ 604.13	\$ 756.90	
68325		Revise/graft eyelid lining	A	0	090	Y	Y					\$ 753.07	\$ -	
68326		Revise/graft eyelid lining	A	0	090	Y	Y					\$ 737.06	\$ -	
68328		Revise/graft eyelid lining	A	0	090	Y	Y					\$ 816.76	\$ -	
68330		Revise eyelid lining	A	0	090	Y	Y					\$ 520.96	\$ 639.28	
68335		Revise/graft eyelid lining	A	0	090	Y	Y					\$ 739.85	\$ -	
68340		Separate eyelid adhesions	A	0	090	Y	Y					\$ 451.01	\$ 571.07	
68360		Revise eyelid lining	A	0	090	Y	Y					\$ 465.28	\$ 563.76	
68362		Revise eyelid lining	A	0	090	Y	Y					\$ 750.64	\$ -	
68371		Harvest eye tissue alograft	A	0	010	Y	Y					\$ 389.76	\$ -	

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HCPCS	MOD	DESCRIPTION	STATUS CODE	PCTC IND	GLOB DAYS	MULT PROC	BILAT SURG	ASST SURG	CO- SURG	TEAM SURG	ENDO BASE	CY 2012	CY 2012	CY2012
												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
68399		Eyelid lining surgery	C	0	YYY	Y	Y			Y		\$ -	\$ -	
68400		Incise/drain tear gland	A	0	010	Y	Y					\$ 151.73	\$ 274.92	
68420		Incise/drain tear sac	A	0	010	Y	Y					\$ 178.87	\$ 302.76	
68440		Incise tear duct opening	A	0	010	Y	Y					\$ 106.14	\$ 110.32	
68500		Removal of tear gland	A	0	090	Y	Y					\$ 1,170.32	\$ -	
68505		Partial removal tear gland	A	0	090	Y	Y					\$ 1,109.42	\$ -	
68510		Biopsy of tear gland	A	0	000	Y	Y					\$ 353.92	\$ 480.94	
68520		Removal of tear sac	A	0	090	Y	Y					\$ 715.49	\$ -	
68525		Biopsy of tear sac	A	0	000	Y	Y					\$ 326.08	\$ -	
68530		Clearance of tear duct	A	0	010	Y	Y					\$ 302.41	\$ 442.66	
68540		Remove tear gland lesion	A	0	090	Y	Y					\$ 967.79	\$ -	
68550		Remove tear gland lesion	A	0	090	Y	Y					\$ 1,049.92	\$ -	
68700		Repair tear ducts	A	0	090	Y	Y					\$ 689.04	\$ -	
68705		Revise tear duct opening	A	0	010	Y	Y					\$ 187.92	\$ 245.69	
68720		Create tear sac drain	A	0	090	Y	Y	Y				\$ 832.76	\$ -	
68745		Create tear duct drain	A	0	090	Y	Y	Y				\$ 868.61	\$ -	
68750		Create tear duct drain	A	0	090	Y	Y	Y				\$ 894.01	\$ -	
68760		Close tear duct opening	A	0	010	Y	Y					\$ 162.52	\$ 208.10	
68761		Close tear duct opening	A	0	010	Y	Y					\$ 126.32	\$ 149.64	
68770		Close tear system fistula	A	0	090	Y	Y					\$ 713.05	\$ -	
68801		Dilate tear duct opening	A	0	010	Y	Y					\$ 109.27	\$ 123.19	
68810		Probe nasolacrimal duct	A	0	010	Y	Y					\$ 204.28	\$ 247.78	
68811		Probe nasolacrimal duct	A	0	010	Y	Y					\$ 230.03	\$ -	
68815		Probe nasolacrimal duct	A	0	010	Y	Y					\$ 286.06	\$ 443.00	
68816		Probe nl duct w/balloon	A	0	010	Y	Y					\$ 281.18	\$ 676.16	
68840		Explore/irrigate tear ducts	A	0	010	Y	Y					\$ 125.28	\$ 134.68	
68850		Injection for tear sac x-ray	A	0	000	Y	Y					\$ 55.33	\$ 59.51	
68899		Tear duct system surgery	C	0	YYY	Y	Y			Y		\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
69000		Drain external ear lesion	A	0	010	Y						\$ 129.11	\$ 186.53	
69005		Drain external ear lesion	A	0	010	Y						\$ 171.22	\$ 220.98	
69020		Drain outer ear canal lesion	A	0	010	Y						\$ 148.94	\$ 228.64	
69090		Pierce earlobes	N	9	XXX							\$ -	\$ -	
69100		Biopsy of external ear	A	0	000	Y						\$ 55.33	\$ 100.22	
69105		Biopsy of external ear canal	A	0	000	Y						\$ 67.86	\$ 135.72	
69110		Remove external ear partial	A	0	090	Y						\$ 344.17	\$ 459.01	
69120		Removal of external ear	A	0	090	Y						\$ 420.38	\$ -	
69140		Remove ear canal lesion(s)	A	0	090	Y						\$ 894.01	\$ -	
69145		Remove ear canal lesion(s)	A	0	090	Y						\$ 259.96	\$ 388.37	
69150		Extensive ear canal surgery	A	0	090	Y						\$ 1,140.05	\$ -	
69155		Extensive ear/neck surgery	A	0	090	Y		Y				\$ 1,817.26	\$ -	
69200		Clear outer ear canal	A	0	000	Y	Y					\$ 61.94	\$ 120.06	
69205		Clear outer ear canal	A	0	010	Y						\$ 107.18	\$ -	
69210		Remove impacted ear wax	A	0	000	Y						\$ 36.54	\$ 52.55	
69220		Clean out mastoid cavity	A	0	000	Y	Y					\$ 66.12	\$ 132.59	
69222		Clean out mastoid cavity	A	0	010	Y	Y					\$ 141.98	\$ 215.41	
69300		Revise external ear	A	0	YYY	Y	Y					\$ 516.78	\$ 724.88	
69310		Rebuild outer ear canal	A	0	090	Y						\$ 1,122.30	\$ -	
69320		Rebuild outer ear canal	A	0	090	Y		Y				\$ 1,603.24	\$ -	
69399		Outer ear surgery procedure	C	0	YYY	Y				Y		\$ -	\$ -	
69400		Inflate middle ear canal	A	0	000	Y						\$ 66.12	\$ 140.94	
69401		Inflate middle ear canal	A	0	000	Y						\$ 51.85	\$ 84.56	
69405		Catheterize middle ear canal	A	0	010	Y						\$ 208.80	\$ 268.66	
69420		Incision of eardrum	A	0	010	Y	Y					\$ 127.02	\$ 189.66	
69421		Incision of eardrum	A	0	010	Y	Y					\$ 158.69	\$ -	
69424		Remove ventilating tube	A	0	000	Y	Y					\$ 66.47	\$ 125.63	
69433		Create eardrum opening	A	0	010	Y	Y					\$ 139.90	\$ 201.49	

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69436		Create eardrum opening	A	0	010	Y	Y					\$ 172.26	\$ -	
69440		Exploration of middle ear	A	0	090	Y	Y					\$ 721.40	\$ -	
69450		Eardrum revision	A	0	090	Y	Y					\$ 563.06	\$ -	
69501		Mastoidectomy	A	0	090	Y	Y					\$ 780.91	\$ -	
69502		Mastoidectomy	A	0	090	Y	Y					\$ 1,048.18	\$ -	
69505		Remove mastoid structures	A	0	090	Y	Y					\$ 1,257.32	\$ -	
69511		Extensive mastoid surgery	A	0	090	Y	Y					\$ 1,292.12	\$ -	
69530		Extensive mastoid surgery	A	0	090	Y	Y	Y				\$ 1,758.79	\$ -	
69535		Remove part of temporal bone	A	0	090	Y	Y					\$ 2,940.25	\$ -	
69540		Remove ear lesion	A	0	010	Y	Y					\$ 131.20	\$ 203.58	
69550		Remove ear lesion	A	0	090	Y	Y	Y				\$ 1,084.72	\$ -	
69552		Remove ear lesion	A	0	090	Y	Y	Y				\$ 1,677.71	\$ -	
69554		Remove ear lesion	A	0	090	Y	Y	Y				\$ 2,742.94	\$ -	
69601		Mastoid surgery revision	A	0	090	Y	Y					\$ 1,119.86	\$ -	
69602		Mastoid surgery revision	A	0	090	Y	Y					\$ 1,164.06	\$ -	
69603		Mastoid surgery revision	A	0	090	Y	Y					\$ 1,323.44	\$ -	
69604		Mastoid surgery revision	A	0	090	Y	Y					\$ 1,193.29	\$ -	
69605		Mastoid surgery revision	A	0	090	Y	Y	Y				\$ 1,652.65	\$ -	
69610		Repair of eardrum	A	0	010	Y	Y					\$ 325.03	\$ 408.20	
69620		Repair of eardrum	A	0	090	Y	Y					\$ 518.17	\$ 699.83	
69631		Repair eardrum structures	A	0	090	Y	Y					\$ 928.12	\$ -	
69632		Rebuild eardrum structures	A	0	090	Y	Y					\$ 1,142.14	\$ -	
69633		Rebuild eardrum structures	A	0	090	Y	Y					\$ 1,101.77	\$ -	
69635		Repair eardrum structures	A	0	090	Y	Y					\$ 1,277.86	\$ -	
69636		Rebuild eardrum structures	A	0	090	Y	Y					\$ 1,444.55	\$ -	
69637		Rebuild eardrum structures	A	0	090	Y	Y					\$ 1,442.81	\$ -	
69641		Revise middle ear & mastoid	A	0	090	Y	Y					\$ 1,110.47	\$ -	
69642		Revise middle ear & mastoid	A	0	090	Y	Y					\$ 1,431.32	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
69643		Revise middle ear & mastoid	A	0	090	Y	Y					\$ 1,308.83	\$ -	
69644		Revise middle ear & mastoid	A	0	090	Y	Y					\$ 1,560.78	\$ -	
69645		Revise middle ear & mastoid	A	0	090	Y	Y					\$ 1,531.55	\$ -	
69646		Revise middle ear & mastoid	A	0	090	Y	Y					\$ 1,630.38	\$ -	
69650		Release middle ear bone	A	0	090	Y	Y					\$ 851.21	\$ -	
69660		Revise middle ear bone	A	0	090	Y	Y					\$ 996.32	\$ -	
69661		Revise middle ear bone	A	0	090	Y	Y					\$ 1,296.30	\$ -	
69662		Revise middle ear bone	A	0	090	Y	Y					\$ 1,250.02	\$ -	
69666		Repair middle ear structures	A	0	090	Y	Y					\$ 857.12	\$ -	
69667		Repair middle ear structures	A	0	090	Y	Y					\$ 858.86	\$ -	
69670		Remove mastoid air cells	A	0	090	Y	Y	Y				\$ 1,006.07	\$ -	
69676		Remove middle ear nerve	A	0	090	Y	Y					\$ 876.96	\$ -	
69700		Close mastoid fistula	A	0	090	Y	Y					\$ 730.80	\$ -	
69710		Implant/replace hearing aid	N	9	XXX							\$ -	\$ -	
69711		Remove/repair hearing aid	N	0	090	Y	Y	Y				\$ 918.72	\$ -	
69714		Implant temple bone w/stimul	A	0	090	Y	Y					\$ 1,161.62	\$ -	
69715		Temple bone implnt w/stimulat	A	0	090	Y	Y					\$ 1,451.51	\$ -	
69717		Temple bone implant revision	A	0	090	Y	Y					\$ 1,226.35	\$ -	
69718		Revise temple bone implant	A	0	090	Y	Y					\$ 1,467.52	\$ -	
69720		Release facial nerve	A	0	090	Y	Y					\$ 1,262.89	\$ -	
69725		Release facial nerve	A	0	090	Y	Y	Y				\$ 2,067.12	\$ -	
69740		Repair facial nerve	A	0	090	Y	Y	Y				\$ 1,269.85	\$ -	
69745		Repair facial nerve	A	0	090	Y	Y	Y				\$ 1,348.50	\$ -	
69799		Middle ear surgery procedure	C	0	YYY	Y	Y			Y		\$ -	\$ -	
69801		Incise inner ear	A	0	000	Y	Y					\$ 215.41	\$ 205.67	
69805		Explore inner ear	A	0	090	Y	Y	Y				\$ 1,147.01	\$ -	
69806		Explore inner ear	A	0	090	Y	Y					\$ 1,020.68	\$ -	
69820		Establish inner ear window	A	0	090	Y	Y	Y				\$ 914.20	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
69840		Revise inner ear window	A	0	090	Y	Y	Y				\$ 884.96	\$ -	
69905		Remove inner ear	A	0	090	Y	Y					\$ 978.58	\$ -	
69910		Remove inner ear & mastoid	A	0	090	Y	Y					\$ 1,105.25	\$ -	
69915		Incise inner ear nerve	A	0	090	Y	Y	Y				\$ 1,698.24	\$ -	
69930		Implant cochlear device	A	0	090	Y	Y					\$ 1,343.63	\$ -	
69949		Inner ear surgery procedure	C	0	YYY	Y	Y			Y		\$ -	\$ -	
69950		Incise inner ear nerve	A	0	090	Y	Y	Y				\$ 1,986.38	\$ -	
69955		Release facial nerve	A	0	090	Y	Y	Y				\$ 2,181.26	\$ -	
69960		Release inner ear canal	A	0	090	Y	Y	Y				\$ 2,132.89	\$ -	
69970		Remove inner ear lesion	A	0	090	Y	Y	Y				\$ 2,370.58	\$ -	
69979		Temporal bone surgery	C	0	YYY	Y	Y			Y		\$ -	\$ -	
69990		Microsurgery add-on	A	0	ZZZ			Y				\$ 302.06	\$ -	
70010		Contrast x-ray of brain	A	0	XXX							\$ 104.75	\$ 104.75	
70015		Contrast x-ray of brain	A	1	XXX							\$ -	\$ 145.12	
70015	26	Contrast x-ray of brain	A	1	XXX							\$ 61.94	\$ 61.94	
70015	TC	Contrast x-ray of brain	A	1	XXX							\$ -	\$ 83.17	
70030		X-ray eye for foreign body	A	1	XXX							\$ -	\$ 27.14	
70030	26	X-ray eye for foreign body	A	1	XXX							\$ 8.70	\$ 8.70	
70030	TC	X-ray eye for foreign body	A	1	XXX							\$ -	\$ 18.79	
70100		X-ray exam of jaw	A	1	XXX							\$ -	\$ 32.36	
70100	26	X-ray exam of jaw	A	1	XXX							\$ 9.05	\$ 9.05	
70100	TC	X-ray exam of jaw	A	1	XXX							\$ -	\$ 22.97	
7010F		Pt info into recall system	M	9	XXX							\$ -	\$ -	
70110		X-ray exam of jaw	A	1	XXX							\$ -	\$ 37.24	
70110	26	X-ray exam of jaw	A	1	XXX							\$ 12.53	\$ 12.53	
70110	TC	X-ray exam of jaw	A	1	XXX							\$ -	\$ 24.71	
70120		X-ray exam of mastoids	A	1	XXX							\$ -	\$ 34.10	
70120	26	X-ray exam of mastoids	A	1	XXX							\$ 9.40	\$ 9.40	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
70120	TC	X-ray exam of mastoids	A	1	XXX							\$ -	\$ 24.36	
70130		X-ray exam of mastoids	A	1	XXX							\$ -	\$ 52.55	
70130	26	X-ray exam of mastoids	A	1	XXX							\$ 16.70	\$ 16.70	
70130	TC	X-ray exam of mastoids	A	1	XXX							\$ -	\$ 36.19	
70134		X-ray exam of middle ear	A	1	XXX							\$ -	\$ 51.85	
70134	26	X-ray exam of middle ear	A	1	XXX							\$ 17.40	\$ 17.40	
70134	TC	X-ray exam of middle ear	A	1	XXX							\$ -	\$ 34.45	
70140		X-ray exam of facial bones	A	1	XXX							\$ -	\$ 28.88	
70140	26	X-ray exam of facial bones	A	1	XXX							\$ 10.09	\$ 10.09	
70140	TC	X-ray exam of facial bones	A	1	XXX							\$ -	\$ 18.79	
70150		X-ray exam of facial bones	A	1	XXX							\$ -	\$ 39.67	
70150	26	X-ray exam of facial bones	A	1	XXX							\$ 12.88	\$ 12.88	
70150	TC	X-ray exam of facial bones	A	1	XXX							\$ -	\$ 27.14	
70160		X-ray exam of nasal bones	A	1	XXX							\$ -	\$ 31.32	
70160	26	X-ray exam of nasal bones	A	1	XXX							\$ 8.70	\$ 8.70	
70160	TC	X-ray exam of nasal bones	A	1	XXX							\$ -	\$ 22.62	
70170		X-ray exam of tear duct	C	1	XXX							\$ 320.51	\$ 320.51	
70170	26	X-ray exam of tear duct	A	1	XXX							\$ 16.70	\$ 16.70	
70170	TC	X-ray exam of tear duct	C	1	XXX							\$ 304.50	\$ 304.50	
70190		X-ray exam of eye sockets	A	1	XXX							\$ -	\$ 33.76	
70190	26	X-ray exam of eye sockets	A	1	XXX							\$ 10.79	\$ 10.79	
70190	TC	X-ray exam of eye sockets	A	1	XXX							\$ -	\$ 22.97	
70200		X-ray exam of eye sockets	A	1	XXX							\$ -	\$ 40.72	
70200	26	X-ray exam of eye sockets	A	1	XXX							\$ 13.57	\$ 13.57	
70200	TC	X-ray exam of eye sockets	A	1	XXX							\$ -	\$ 27.14	
7020F		Mammo assess cat in dbase	M	9	XXX							\$ -	\$ -	
70210		X-ray exam of sinuses	A	1	XXX							\$ -	\$ 29.23	
70210	26	X-ray exam of sinuses	A	1	XXX							\$ 8.70	\$ 8.70	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
70210	TC	X-ray exam of sinuses	A	1	XXX							\$ -	\$ 20.53	
70220		X-ray exam of sinuses	A	1	XXX							\$ -	\$ 36.89	
70220	26	X-ray exam of sinuses	A	1	XXX							\$ 12.53	\$ 12.53	
70220	TC	X-ray exam of sinuses	A	1	XXX							\$ -	\$ 24.36	
70240		X-ray exam pituitary saddle	A	1	XXX							\$ -	\$ 28.54	
70240	26	X-ray exam pituitary saddle	A	1	XXX							\$ 9.74	\$ 9.74	
70240	TC	X-ray exam pituitary saddle	A	1	XXX							\$ -	\$ 18.79	
70250		X-ray exam of skull	A	1	XXX							\$ -	\$ 34.80	
70250	26	X-ray exam of skull	A	1	XXX							\$ 12.18	\$ 12.18	
70250	TC	X-ray exam of skull	A	1	XXX							\$ -	\$ 22.62	
7025F		Pt infosys alarm 4 nxt mammo	M	9	XXX							\$ -	\$ -	
70260		X-ray exam of skull	A	1	XXX							\$ -	\$ 44.20	
70260	26	X-ray exam of skull	A	1	XXX							\$ 16.70	\$ 16.70	
70260	TC	X-ray exam of skull	A	1	XXX							\$ -	\$ 27.49	
70300		X-ray exam of teeth	A	1	XXX							\$ -	\$ 14.96	
70300	26	X-ray exam of teeth	A	1	XXX							\$ 6.26	\$ 6.26	
70300	TC	X-ray exam of teeth	A	1	XXX							\$ -	\$ 8.70	
70310		X-ray exam of teeth	A	1	XXX							\$ -	\$ 35.15	
70310	26	X-ray exam of teeth	A	1	XXX							\$ 8.70	\$ 8.70	
70310	TC	X-ray exam of teeth	A	1	XXX							\$ -	\$ 26.45	
70320		Full mouth x-ray of teeth	A	1	XXX							\$ -	\$ 46.98	
70320	26	Full mouth x-ray of teeth	A	1	XXX							\$ 11.83	\$ 11.83	
70320	TC	Full mouth x-ray of teeth	A	1	XXX							\$ -	\$ 35.50	
70328		X-ray exam of jaw joint	A	1	XXX							\$ -	\$ 29.23	
70328	26	X-ray exam of jaw joint	A	1	XXX							\$ 9.05	\$ 9.05	
70328	TC	X-ray exam of jaw joint	A	1	XXX							\$ -	\$ 20.18	
70330		X-ray exam of jaw joints	A	1	XXX							\$ -	\$ 44.89	
70330	26	X-ray exam of jaw joints	A	1	XXX							\$ 12.53	\$ 12.53	

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RELEASED 11/1/2011

HCPCS	MOD	DESCRIPTION	STATUS CODE	PCTC IND	GLOB DAYS	MULT PROC	BILAT SURG	ASST SURG	CO- SURG	TEAM SURG	ENDO BASE	CY 2012	CY 2012	CY2012
												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
70330	TC	X-ray exam of jaw joints	A	1	XXX							\$ -	\$ 32.71	
70332		X-ray exam of jaw joint	A	1	XXX							\$ -	\$ 70.99	
70332	26	X-ray exam of jaw joint	A	1	XXX							\$ 27.49	\$ 27.49	
70332	TC	X-ray exam of jaw joint	A	1	XXX							\$ -	\$ 43.50	
70336		Magnetic image jaw joint	A	1	XXX	Y						\$ -	\$ 366.10	
70336	26	Magnetic image jaw joint	A	1	XXX	Y						\$ 74.47	\$ 74.47	
70336	TC	Magnetic image jaw joint	A	1	XXX	Y						\$ -	\$ 291.62	
70350		X-ray head for orthodontia	A	1	XXX							\$ -	\$ 20.88	
70350	26	X-ray head for orthodontia	A	1	XXX							\$ 9.74	\$ 9.74	
70350	TC	X-ray head for orthodontia	A	1	XXX							\$ -	\$ 11.14	
70355		Panoramic x-ray of jaws	A	1	XXX							\$ -	\$ 20.88	
70355	26	Panoramic x-ray of jaws	A	1	XXX							\$ 10.79	\$ 10.79	
70355	TC	Panoramic x-ray of jaws	A	1	XXX							\$ -	\$ 10.09	
70360		X-ray exam of neck	A	1	XXX							\$ -	\$ 25.75	
70360	26	X-ray exam of neck	A	1	XXX							\$ 8.70	\$ 8.70	
70360	TC	X-ray exam of neck	A	1	XXX							\$ -	\$ 17.40	
70370		Throat x-ray & fluoroscopy	A	1	XXX							\$ -	\$ 77.60	
70370	26	Throat x-ray & fluoroscopy	A	1	XXX							\$ 15.66	\$ 15.66	
70370	TC	Throat x-ray & fluoroscopy	A	1	XXX							\$ -	\$ 61.94	
70371		Speech evaluation complex	A	1	XXX							\$ -	\$ 88.04	
70371	26	Speech evaluation complex	A	1	XXX							\$ 41.06	\$ 41.06	
70371	TC	Speech evaluation complex	A	1	XXX							\$ -	\$ 46.98	
70373		Contrast x-ray of larynx	A	1	XXX							\$ -	\$ 72.73	
70373	26	Contrast x-ray of larynx	A	1	XXX							\$ 20.53	\$ 20.53	
70373	TC	Contrast x-ray of larynx	A	1	XXX							\$ -	\$ 52.20	
70380		X-ray exam of salivary gland	A	1	XXX							\$ -	\$ 37.24	
70380	26	X-ray exam of salivary gland	A	1	XXX							\$ 9.40	\$ 9.40	
70380	TC	X-ray exam of salivary gland	A	1	XXX							\$ -	\$ 27.84	

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HCPCS	MOD	DESCRIPTION	STATUS CODE	PCTC IND	GLOB DAYS	MULT PROC	BILAT SURG	ASST SURG	CO- SURG	TEAM SURG	ENDO BASE	CY 2012	CY 2012	CY2012
												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
70390		X-ray exam of salivary duct	A	1	XXX							\$ -	\$ 93.61	
70390	26	X-ray exam of salivary duct	A	1	XXX							\$ 20.18	\$ 20.18	
70390	TC	X-ray exam of salivary duct	A	1	XXX							\$ -	\$ 73.43	
70450		Ct head/brain w/o dye	A	1	XXX	Y						\$ -	\$ 164.60	
70450	26	Ct head/brain w/o dye	A	1	XXX	Y						\$ 42.46	\$ 42.46	
70450	TC	Ct head/brain w/o dye	A	1	XXX	Y						\$ -	\$ 122.15	
70460		Ct head/brain w/dye	A	1	XXX	Y						\$ -	\$ 214.37	
70460	26	Ct head/brain w/dye	A	1	XXX	Y						\$ 56.03	\$ 56.03	
70460	TC	Ct head/brain w/dye	A	1	XXX	Y						\$ -	\$ 158.34	
70470		Ct head/brain w/o & w/dye	A	1	XXX	Y						\$ -	\$ 231.07	
70470	26	Ct head/brain w/o & w/dye	A	1	XXX	Y						\$ 64.38	\$ 64.38	
70470	TC	Ct head/brain w/o & w/dye	A	1	XXX	Y						\$ -	\$ 166.69	
70480		Ct orbit/ear/fossa w/o dye	A	1	XXX	Y						\$ -	\$ 269.35	
70480	26	Ct orbit/ear/fossa w/o dye	A	1	XXX	Y						\$ 65.08	\$ 65.08	
70480	TC	Ct orbit/ear/fossa w/o dye	A	1	XXX	Y						\$ -	\$ 204.28	
70481		Ct orbit/ear/fossa w/dye	A	1	XXX	Y						\$ -	\$ 311.81	
70481	26	Ct orbit/ear/fossa w/dye	A	1	XXX	Y						\$ 70.30	\$ 70.30	
70481	TC	Ct orbit/ear/fossa w/dye	A	1	XXX	Y						\$ -	\$ 241.16	
70482		Ct orbit/ear/fossa w/o&w/dye	A	1	XXX	Y						\$ -	\$ 346.96	
70482	26	Ct orbit/ear/fossa w/o&w/dye	A	1	XXX	Y						\$ 73.43	\$ 73.43	
70482	TC	Ct orbit/ear/fossa w/o&w/dye	A	1	XXX	Y						\$ -	\$ 273.88	
70486		Ct maxillofacial w/o dye	A	1	XXX	Y						\$ -	\$ 223.07	
70486	26	Ct maxillofacial w/o dye	A	1	XXX	Y						\$ 56.72	\$ 56.72	
70486	TC	Ct maxillofacial w/o dye	A	1	XXX	Y						\$ -	\$ 166.34	
70487		Ct maxillofacial w/dye	A	1	XXX	Y						\$ -	\$ 268.66	
70487	26	Ct maxillofacial w/dye	A	1	XXX	Y						\$ 65.77	\$ 65.77	
70487	TC	Ct maxillofacial w/dye	A	1	XXX	Y						\$ -	\$ 202.88	
70488		Ct maxillofacial w/o & w/dye	A	1	XXX	Y						\$ -	\$ 323.64	

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HCPCS	MOD	DESCRIPTION	STATUS CODE	PCTC IND	GLOB DAYS	MULT PROC	BILAT SURG	ASST SURG	CO- SURG	TEAM SURG	ENDO BASE	CY 2012	CY 2012	CY2012
												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
70488	26	Ct maxillofacial w/o & w/dye	A	1	XXX	Y						\$ 72.04	\$ 72.04	
70488	TC	Ct maxillofacial w/o & w/dye	A	1	XXX	Y						\$ -	\$ 251.60	
70490		Ct soft tissue neck w/o dye	A	1	XXX	Y						\$ -	\$ 219.94	
70490	26	Ct soft tissue neck w/o dye	A	1	XXX	Y						\$ 65.08	\$ 65.08	
70490	TC	Ct soft tissue neck w/o dye	A	1	XXX	Y						\$ -	\$ 154.86	
70491		Ct soft tissue neck w/dye	A	1	XXX	Y						\$ -	\$ 263.09	
70491	26	Ct soft tissue neck w/dye	A	1	XXX	Y						\$ 69.25	\$ 69.25	
70491	TC	Ct soft tissue neck w/dye	A	1	XXX	Y						\$ -	\$ 193.49	
70492		Ct sft tsue nck w/o & w/dye	A	1	XXX	Y						\$ -	\$ 314.59	
70492	26	Ct sft tsue nck w/o & w/dye	A	1	XXX	Y						\$ 73.43	\$ 73.43	
70492	TC	Ct sft tsue nck w/o & w/dye	A	1	XXX	Y						\$ -	\$ 241.16	
70496		Ct angiography head	A	1	XXX	Y						\$ 528.61	\$ 493.46	
70496	26	Ct angiography head	A	1	XXX	Y						\$ 89.09	\$ 89.09	
70496	TC	Ct angiography head	A	1	XXX	Y						\$ 437.78	\$ 404.38	
70498		Ct angiography neck	A	1	XXX	Y						\$ 528.61	\$ 505.99	
70498	26	Ct angiography neck	A	1	XXX	Y						\$ 89.09	\$ 89.09	
70498	TC	Ct angiography neck	A	1	XXX	Y						\$ 437.78	\$ 416.56	
70540		Mri orbit/face/neck w/o dye	A	1	XXX	Y						\$ -	\$ 407.51	
70540	26	Mri orbit/face/neck w/o dye	A	1	XXX	Y						\$ 68.90	\$ 68.90	
70540	TC	Mri orbit/face/neck w/o dye	A	1	XXX	Y						\$ -	\$ 338.60	
70542		Mri orbit/face/neck w/dye	A	1	XXX	Y						\$ -	\$ 459.01	
70542	26	Mri orbit/face/neck w/dye	A	1	XXX	Y						\$ 83.17	\$ 83.17	
70542	TC	Mri orbit/face/neck w/dye	A	1	XXX	Y						\$ -	\$ 375.84	
70543		Mri orbt/fac/nck w/o & w/dye	A	1	XXX	Y						\$ -	\$ 580.46	
70543	26	Mri orbt/fac/nck w/o & w/dye	A	1	XXX	Y						\$ 108.58	\$ 108.58	
70543	TC	Mri orbt/fac/nck w/o & w/dye	A	1	XXX	Y						\$ -	\$ 471.54	
70544		Mr angiography head w/o dye	A	1	XXX	Y						\$ -	\$ 450.31	
70544	26	Mr angiography head w/o dye	A	1	XXX	Y						\$ 61.25	\$ 61.25	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
70544	TC	Mr angiography head w/o dye	A	1	XXX	Y						\$ -	\$ 389.06	
70545		Mr angiography head w/dye	A	1	XXX	Y						\$ -	\$ 443.00	
70545	26	Mr angiography head w/dye	A	1	XXX	Y						\$ 60.90	\$ 60.90	
70545	TC	Mr angiography head w/dye	A	1	XXX	Y						\$ -	\$ 382.10	
70546		Mr angiograph head w/o&w/dye	A	1	XXX	Y						\$ -	\$ 691.48	
70546	26	Mr angiograph head w/o&w/dye	A	1	XXX	Y						\$ 92.22	\$ 92.22	
70546	TC	Mr angiograph head w/o&w/dye	A	1	XXX	Y						\$ -	\$ 598.91	
70547		Mr angiography neck w/o dye	A	1	XXX	Y						\$ -	\$ 449.62	
70547	26	Mr angiography neck w/o dye	A	1	XXX	Y						\$ 61.25	\$ 61.25	
70547	TC	Mr angiography neck w/o dye	A	1	XXX	Y						\$ -	\$ 388.37	
70548		Mr angiography neck w/dye	A	1	XXX	Y						\$ -	\$ 474.32	
70548	26	Mr angiography neck w/dye	A	1	XXX	Y						\$ 61.25	\$ 61.25	
70548	TC	Mr angiography neck w/dye	A	1	XXX	Y						\$ -	\$ 413.08	
70549		Mr angiograph neck w/o&w/dye	A	1	XXX	Y						\$ -	\$ 691.82	
70549	26	Mr angiograph neck w/o&w/dye	A	1	XXX	Y						\$ 91.18	\$ 91.18	
70549	TC	Mr angiograph neck w/o&w/dye	A	1	XXX	Y						\$ -	\$ 600.65	
70551		Mri brain w/o dye	A	1	XXX	Y						\$ -	\$ 425.26	
70551	26	Mri brain w/o dye	A	1	XXX	Y						\$ 74.82	\$ 74.82	
70551	TC	Mri brain w/o dye	A	1	XXX	Y						\$ -	\$ 350.78	
70552		Mri brain w/dye	A	1	XXX	Y						\$ -	\$ 477.46	
70552	26	Mri brain w/dye	A	1	XXX	Y						\$ 91.52	\$ 91.52	
70552	TC	Mri brain w/dye	A	1	XXX	Y						\$ -	\$ 385.93	
70553		Mri brain w/o & w/dye	A	1	XXX	Y						\$ -	\$ 581.51	
70553	26	Mri brain w/o & w/dye	A	1	XXX	Y						\$ 120.76	\$ 120.76	
70553	TC	Mri brain w/o & w/dye	A	1	XXX	Y						\$ -	\$ 460.75	
70554		Fmri brain by tech	A	1	XXX	Y						\$ -	\$ 479.54	
70554	26	Fmri brain by tech	A	1	XXX	Y						\$ 107.88	\$ 107.88	
70554	TC	Fmri brain by tech	A	1	XXX	Y						\$ -	\$ 371.66	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
70555		Fmri brain by phys/psych	C	1	XXX							\$ -	\$ -	
70555	26	Fmri brain by phys/psych	A	1	XXX							\$ 140.94	\$ 140.94	
70555	TC	Fmri brain by phys/psych	C	1	XXX							\$ -	\$ -	
70557		Mri brain w/o dye	C	1	XXX							\$ 630.58	\$ 630.58	
70557	26	Mri brain w/o dye	A	1	XXX							\$ 250.56	\$ 250.56	
70557	TC	Mri brain w/o dye	C	1	XXX							\$ 437.78	\$ 437.78	
70558		Mri brain w/dye	C	1	XXX							\$ 735.67	\$ 735.67	
70558	26	Mri brain w/dye	A	1	XXX							\$ 176.78	\$ 176.78	
70558	TC	Mri brain w/dye	C	1	XXX							\$ 563.76	\$ 563.76	
70559		Mri brain w/o & w/dye	C	1	XXX							\$ 863.74	\$ 863.74	
70559	26	Mri brain w/o & w/dye	A	1	XXX							\$ 177.83	\$ 177.83	
70559	TC	Mri brain w/o & w/dye	C	1	XXX							\$ 690.78	\$ 690.78	
71010		Chest x-ray	A	1	XXX							\$ -	\$ 22.62	
71010	26	Chest x-ray	A	1	XXX							\$ 9.05	\$ 9.05	
71010	TC	Chest x-ray	A	1	XXX							\$ -	\$ 13.57	
71015		Chest x-ray	A	1	XXX							\$ -	\$ 28.88	
71015	26	Chest x-ray	A	1	XXX							\$ 10.44	\$ 10.44	
71015	TC	Chest x-ray	A	1	XXX							\$ -	\$ 18.44	
71020		Chest x-ray	A	1	XXX							\$ -	\$ 28.88	
71020	26	Chest x-ray	A	1	XXX							\$ 10.79	\$ 10.79	
71020	TC	Chest x-ray	A	1	XXX							\$ -	\$ 18.10	
71021		Chest x-ray	A	1	XXX							\$ -	\$ 35.50	
71021	26	Chest x-ray	A	1	XXX							\$ 13.22	\$ 13.22	
71021	TC	Chest x-ray	A	1	XXX							\$ -	\$ 22.27	
71022		Chest x-ray	A	1	XXX							\$ -	\$ 44.20	
71022	26	Chest x-ray	A	1	XXX							\$ 15.31	\$ 15.31	
71022	TC	Chest x-ray	A	1	XXX							\$ -	\$ 28.88	
71023		Chest x-ray and fluoroscopy	A	1	XXX							\$ -	\$ 61.94	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
71023	26	Chest x-ray and fluoroscopy	A	1	XXX							\$ 18.10	\$ 18.10	
71023	TC	Chest x-ray and fluoroscopy	A	1	XXX							\$ -	\$ 43.85	
71030		Chest x-ray	A	1	XXX							\$ -	\$ 42.80	
71030	26	Chest x-ray	A	1	XXX							\$ 14.96	\$ 14.96	
71030	TC	Chest x-ray	A	1	XXX							\$ -	\$ 27.84	
71034		Chest x-ray and fluoroscopy	A	1	XXX							\$ -	\$ 79.00	
71034	26	Chest x-ray and fluoroscopy	A	1	XXX							\$ 21.92	\$ 21.92	
71034	TC	Chest x-ray and fluoroscopy	A	1	XXX							\$ -	\$ 57.07	
71035		Chest x-ray	A	1	XXX							\$ -	\$ 33.41	
71035	26	Chest x-ray	A	1	XXX							\$ 9.05	\$ 9.05	
71035	TC	Chest x-ray	A	1	XXX							\$ -	\$ 24.36	
71040		Contrast x-ray of bronchi	A	1	XXX							\$ -	\$ 87.35	
71040	26	Contrast x-ray of bronchi	A	1	XXX							\$ 26.80	\$ 26.80	
71040	TC	Contrast x-ray of bronchi	A	1	XXX							\$ -	\$ 60.90	
71060		Contrast x-ray of bronchi	A	1	XXX							\$ -	\$ 130.15	
71060	26	Contrast x-ray of bronchi	A	1	XXX							\$ 37.58	\$ 37.58	
71060	TC	Contrast x-ray of bronchi	A	1	XXX							\$ -	\$ 92.92	
71100		X-ray exam of ribs	A	1	XXX							\$ -	\$ 30.97	
71100	26	X-ray exam of ribs	A	1	XXX							\$ 11.14	\$ 11.14	
71100	TC	X-ray exam of ribs	A	1	XXX							\$ -	\$ 19.84	
71101		X-ray exam of ribs/chest	A	1	XXX							\$ -	\$ 36.89	
71101	26	X-ray exam of ribs/chest	A	1	XXX							\$ 13.22	\$ 13.22	
71101	TC	X-ray exam of ribs/chest	A	1	XXX							\$ -	\$ 24.01	
71110		X-ray exam of ribs	A	1	XXX							\$ -	\$ 38.28	
71110	26	X-ray exam of ribs	A	1	XXX							\$ 13.22	\$ 13.22	
71110	TC	X-ray exam of ribs	A	1	XXX							\$ -	\$ 24.71	
71111		X-ray exam of ribs/chest	A	1	XXX							\$ -	\$ 49.07	
71111	26	X-ray exam of ribs/chest	A	1	XXX							\$ 15.66	\$ 15.66	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
71111	TC	X-ray exam of ribs/chest	A	1	XXX							\$ -	\$ 33.41	
71120		X-ray exam of breastbone	A	1	XXX							\$ -	\$ 29.93	
71120	26	X-ray exam of breastbone	A	1	XXX							\$ 10.09	\$ 10.09	
71120	TC	X-ray exam of breastbone	A	1	XXX							\$ -	\$ 19.84	
71130		X-ray exam of breastbone	A	1	XXX							\$ -	\$ 35.15	
71130	26	X-ray exam of breastbone	A	1	XXX							\$ 11.14	\$ 11.14	
71130	TC	X-ray exam of breastbone	A	1	XXX							\$ -	\$ 24.01	
71250		Ct thorax w/o dye	A	1	XXX	Y						\$ -	\$ 209.50	
71250	26	Ct thorax w/o dye	A	1	XXX	Y						\$ 51.50	\$ 51.50	
71250	TC	Ct thorax w/o dye	A	1	XXX	Y						\$ -	\$ 157.99	
71260		Ct thorax w/dye	A	1	XXX	Y						\$ -	\$ 260.65	
71260	26	Ct thorax w/dye	A	1	XXX	Y						\$ 63.34	\$ 63.34	
71260	TC	Ct thorax w/dye	A	1	XXX	Y						\$ -	\$ 197.32	
71270		Ct thorax w/o & w/dye	A	1	XXX	Y						\$ -	\$ 316.68	
71270	26	Ct thorax w/o & w/dye	A	1	XXX	Y						\$ 69.25	\$ 69.25	
71270	TC	Ct thorax w/o & w/dye	A	1	XXX	Y						\$ -	\$ 247.08	
71275		Ct angiography chest	A	1	XXX	Y						\$ -	\$ 397.42	
71275	26	Ct angiography chest	A	1	XXX	Y						\$ 97.79	\$ 97.79	
71275	TC	Ct angiography chest	A	1	XXX	Y						\$ -	\$ 299.63	
71550		Mri chest w/o dye	A	1	XXX	Y						\$ -	\$ 466.32	
71550	26	Mri chest w/o dye	A	1	XXX	Y						\$ 73.78	\$ 73.78	
71550	TC	Mri chest w/o dye	A	1	XXX	Y						\$ -	\$ 392.89	
71551		Mri chest w/dye	A	1	XXX	Y						\$ -	\$ 523.74	
71551	26	Mri chest w/dye	A	1	XXX	Y						\$ 88.39	\$ 88.39	
71551	TC	Mri chest w/dye	A	1	XXX	Y						\$ -	\$ 435.35	
71552		Mri chest w/o & w/dye	A	1	XXX	Y						\$ -	\$ 671.64	
71552	26	Mri chest w/o & w/dye	A	1	XXX	Y						\$ 114.14	\$ 114.14	
71552	TC	Mri chest w/o & w/dye	A	1	XXX	Y						\$ -	\$ 557.50	

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RELEASED 11/1/2011

HCPCS	MOD	DESCRIPTION	STATUS CODE	PCTC IND	GLOB DAYS	MULT PROC	BILAT SURG	ASST SURG	CO- SURG	TEAM SURG	ENDO BASE	CY 2012	CY 2012	CY2012
												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
71555		Mri angio chest w or w/o dye	A	1	XXX	Y						\$ -	\$ 460.06	
71555	26	Mri angio chest w or w/o dye	A	1	XXX	Y						\$ 92.22	\$ 92.22	
71555	TC	Mri angio chest w or w/o dye	A	1	XXX	Y						\$ -	\$ 367.84	
72010		X-ray exam of spine	A	1	XXX							\$ -	\$ 72.38	
72010	26	X-ray exam of spine	A	1	XXX							\$ 24.01	\$ 24.01	
72010	TC	X-ray exam of spine	A	1	XXX							\$ -	\$ 48.37	
72020		X-ray exam of spine	A	1	XXX							\$ -	\$ 22.97	
72020	26	X-ray exam of spine	A	1	XXX							\$ 8.00	\$ 8.00	
72020	TC	X-ray exam of spine	A	1	XXX							\$ -	\$ 14.96	
72040		X-ray exam of neck spine	A	1	XXX							\$ -	\$ 38.63	
72040	26	X-ray exam of neck spine	A	1	XXX							\$ 13.57	\$ 13.57	
72040	TC	X-ray exam of neck spine	A	1	XXX							\$ -	\$ 25.40	
72050		X-ray exam of neck spine	A	1	XXX							\$ -	\$ 51.16	
72050	26	X-ray exam of neck spine	A	1	XXX							\$ 17.40	\$ 17.40	
72050	TC	X-ray exam of neck spine	A	1	XXX							\$ -	\$ 33.76	
72052		X-ray exam of neck spine	A	1	XXX							\$ -	\$ 64.38	
72052	26	X-ray exam of neck spine	A	1	XXX							\$ 19.84	\$ 19.84	
72052	TC	X-ray exam of neck spine	A	1	XXX							\$ -	\$ 44.54	
72069		X-ray exam of trunk spine	A	1	XXX							\$ -	\$ 37.24	
72069	26	X-ray exam of trunk spine	A	1	XXX							\$ 13.57	\$ 13.57	
72069	TC	X-ray exam of trunk spine	A	1	XXX							\$ -	\$ 24.01	
72070		X-ray exam of thoracic spine	A	1	XXX							\$ -	\$ 32.02	
72070	26	X-ray exam of thoracic spine	A	1	XXX							\$ 11.14	\$ 11.14	
72070	TC	X-ray exam of thoracic spine	A	1	XXX							\$ -	\$ 20.88	
72072		X-ray exam of thoracic spine	A	1	XXX							\$ -	\$ 35.15	
72072	26	X-ray exam of thoracic spine	A	1	XXX							\$ 10.79	\$ 10.79	
72072	TC	X-ray exam of thoracic spine	A	1	XXX							\$ -	\$ 24.36	
72074		X-ray exam of thoracic spine	A	1	XXX							\$ -	\$ 41.06	

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HCPCS	MOD	DESCRIPTION	STATUS CODE	PCTC IND	GLOB DAYS	MULT PROC	BILAT SURG	ASST SURG	CO- SURG	TEAM SURG	ENDO BASE	CY 2012	CY 2012	CY2012
												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
72074	26	X-ray exam of thoracic spine	A	1	XXX							\$ 10.79	\$ 10.79	
72074	TC	X-ray exam of thoracic spine	A	1	XXX							\$ -	\$ 30.28	
72080		X-ray exam of trunk spine	A	1	XXX							\$ -	\$ 36.19	
72080	26	X-ray exam of trunk spine	A	1	XXX							\$ 13.57	\$ 13.57	
72080	TC	X-ray exam of trunk spine	A	1	XXX							\$ -	\$ 22.62	
72090		X-ray exam of trunk spine	A	1	XXX							\$ -	\$ 49.42	
72090	26	X-ray exam of trunk spine	A	1	XXX							\$ 17.40	\$ 17.40	
72090	TC	X-ray exam of trunk spine	A	1	XXX							\$ -	\$ 32.02	
72100		X-ray exam of lower spine	A	1	XXX							\$ -	\$ 36.54	
72100	26	X-ray exam of lower spine	A	1	XXX							\$ 13.57	\$ 13.57	
72100	TC	X-ray exam of lower spine	A	1	XXX							\$ -	\$ 22.97	
72110		X-ray exam of lower spine	A	1	XXX							\$ -	\$ 48.37	
72110	26	X-ray exam of lower spine	A	1	XXX							\$ 17.40	\$ 17.40	
72110	TC	X-ray exam of lower spine	A	1	XXX							\$ -	\$ 30.97	
72114		X-ray exam of lower spine	A	1	XXX							\$ -	\$ 62.64	
72114	26	X-ray exam of lower spine	A	1	XXX							\$ 19.49	\$ 19.49	
72114	TC	X-ray exam of lower spine	A	1	XXX							\$ -	\$ 43.15	
72120		X-ray exam of lower spine	A	1	XXX							\$ -	\$ 42.46	
72120	26	X-ray exam of lower spine	A	1	XXX							\$ 13.57	\$ 13.57	
72120	TC	X-ray exam of lower spine	A	1	XXX							\$ -	\$ 28.88	
72125		Ct neck spine w/o dye	A	1	XXX	Y						\$ -	\$ 212.98	
72125	26	Ct neck spine w/o dye	A	1	XXX	Y						\$ 53.59	\$ 53.59	
72125	TC	Ct neck spine w/o dye	A	1	XXX	Y						\$ -	\$ 159.73	
72126		Ct neck spine w/dye	A	1	XXX	Y						\$ -	\$ 260.65	
72126	26	Ct neck spine w/dye	A	1	XXX	Y						\$ 62.29	\$ 62.29	
72126	TC	Ct neck spine w/dye	A	1	XXX	Y						\$ -	\$ 198.36	
72127		Ct neck spine w/o & w/dye	A	1	XXX	Y						\$ -	\$ 310.42	
72127	26	Ct neck spine w/o & w/dye	A	1	XXX	Y						\$ 64.03	\$ 64.03	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
72127	TC	Ct neck spine w/o & w/dye	A	1	XXX	Y						\$ -	\$ 246.38	
72128		Ct chest spine w/o dye	A	1	XXX	Y						\$ -	\$ 209.50	
72128	26	Ct chest spine w/o dye	A	1	XXX	Y						\$ 50.46	\$ 50.46	
72128	TC	Ct chest spine w/o dye	A	1	XXX	Y						\$ -	\$ 159.04	
72129		Ct chest spine w/dye	A	1	XXX	Y						\$ -	\$ 260.65	
72129	26	Ct chest spine w/dye	A	1	XXX	Y						\$ 62.29	\$ 62.29	
72129	TC	Ct chest spine w/dye	A	1	XXX	Y						\$ -	\$ 198.36	
72130		Ct chest spine w/o & w/dye	A	1	XXX	Y						\$ -	\$ 312.50	
72130	26	Ct chest spine w/o & w/dye	A	1	XXX	Y						\$ 64.38	\$ 64.38	
72130	TC	Ct chest spine w/o & w/dye	A	1	XXX	Y						\$ -	\$ 248.12	
72131		Ct lumbar spine w/o dye	A	1	XXX	Y						\$ -	\$ 209.15	
72131	26	Ct lumbar spine w/o dye	A	1	XXX	Y						\$ 50.46	\$ 50.46	
72131	TC	Ct lumbar spine w/o dye	A	1	XXX	Y						\$ -	\$ 158.34	
72132		Ct lumbar spine w/dye	A	1	XXX	Y						\$ -	\$ 260.30	
72132	26	Ct lumbar spine w/dye	A	1	XXX	Y						\$ 62.29	\$ 62.29	
72132	TC	Ct lumbar spine w/dye	A	1	XXX	Y						\$ -	\$ 198.01	
72133		Ct lumbar spine w/o & w/dye	A	1	XXX	Y						\$ -	\$ 312.16	
72133	26	Ct lumbar spine w/o & w/dye	A	1	XXX	Y						\$ 64.38	\$ 64.38	
72133	TC	Ct lumbar spine w/o & w/dye	A	1	XXX	Y						\$ -	\$ 247.78	
72141		Mri neck spine w/o dye	A	1	XXX	Y						\$ -	\$ 384.89	
72141	26	Mri neck spine w/o dye	A	1	XXX	Y						\$ 82.48	\$ 82.48	
72141	TC	Mri neck spine w/o dye	A	1	XXX	Y						\$ -	\$ 302.41	
72142		Mri neck spine w/dye	A	1	XXX	Y						\$ -	\$ 485.46	
72142	26	Mri neck spine w/dye	A	1	XXX	Y						\$ 98.14	\$ 98.14	
72142	TC	Mri neck spine w/dye	A	1	XXX	Y						\$ -	\$ 387.32	
72146		Mri chest spine w/o dye	A	1	XXX	Y						\$ -	\$ 387.67	
72146	26	Mri chest spine w/o dye	A	1	XXX	Y						\$ 82.48	\$ 82.48	
72146	TC	Mri chest spine w/o dye	A	1	XXX	Y						\$ -	\$ 305.20	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
72147		Mri chest spine w/dye	A	1	XXX	Y						\$ -	\$ 435.35	
72147	26	Mri chest spine w/dye	A	1	XXX	Y						\$ 98.14	\$ 98.14	
72147	TC	Mri chest spine w/dye	A	1	XXX	Y						\$ -	\$ 337.21	
72148		Mri lumbar spine w/o dye	A	1	XXX	Y						\$ -	\$ 382.10	
72148	26	Mri lumbar spine w/o dye	A	1	XXX	Y						\$ 77.26	\$ 77.26	
72148	TC	Mri lumbar spine w/o dye	A	1	XXX	Y						\$ -	\$ 304.85	
72149		Mri lumbar spine w/dye	A	1	XXX	Y						\$ -	\$ 473.28	
72149	26	Mri lumbar spine w/dye	A	1	XXX	Y						\$ 91.87	\$ 91.87	
72149	TC	Mri lumbar spine w/dye	A	1	XXX	Y						\$ -	\$ 381.41	
72156		Mri neck spine w/o & w/dye	A	1	XXX	Y						\$ -	\$ 583.60	
72156	26	Mri neck spine w/o & w/dye	A	1	XXX	Y						\$ 132.24	\$ 132.24	
72156	TC	Mri neck spine w/o & w/dye	A	1	XXX	Y						\$ -	\$ 451.36	
72157		Mri chest spine w/o & w/dye	A	1	XXX	Y						\$ -	\$ 548.45	
72157	26	Mri chest spine w/o & w/dye	A	1	XXX	Y						\$ 132.24	\$ 132.24	
72157	TC	Mri chest spine w/o & w/dye	A	1	XXX	Y						\$ -	\$ 416.21	
72158		Mri lumbar spine w/o & w/dye	A	1	XXX	Y						\$ -	\$ 573.16	
72158	26	Mri lumbar spine w/o & w/dye	A	1	XXX	Y						\$ 123.19	\$ 123.19	
72158	TC	Mri lumbar spine w/o & w/dye	A	1	XXX	Y						\$ -	\$ 449.96	
72159		Mr angio spine w/o&w/dye	N	1	XXX	Y						\$ -	\$ 475.02	
72159	26	Mr angio spine w/o&w/dye	N	1	XXX	Y						\$ 87.70	\$ 87.70	
72159	TC	Mr angio spine w/o&w/dye	N	1	XXX	Y						\$ -	\$ 387.32	
72170		X-ray exam of pelvis	A	1	XXX							\$ -	\$ 27.14	
72170	26	X-ray exam of pelvis	A	1	XXX							\$ 11.14	\$ 11.14	
72170	TC	X-ray exam of pelvis	A	1	XXX							\$ -	\$ 16.01	
72190		X-ray exam of pelvis	A	1	XXX							\$ -	\$ 41.76	
72190	26	X-ray exam of pelvis	A	1	XXX							\$ 13.22	\$ 13.22	
72190	TC	X-ray exam of pelvis	A	1	XXX							\$ -	\$ 28.54	
72191		Ct angiograph pelv w/o&w/dye	A	1	XXX	Y						\$ -	\$ 408.90	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
72191	26	Ct angiograph pelv w/o&w/dye	A	1	XXX	Y						\$ 93.96	\$ 93.96	
72191	TC	Ct angiograph pelv w/o&w/dye	A	1	XXX	Y						\$ -	\$ 314.94	
72192		Ct pelvis w/o dye	A	1	XXX	Y						\$ -	\$ 203.23	
72192	26	Ct pelvis w/o dye	A	1	XXX	Y						\$ 54.29	\$ 54.29	
72192	TC	Ct pelvis w/o dye	A	1	XXX	Y						\$ -	\$ 148.94	
72193		Ct pelvis w/dye	A	1	XXX	Y						\$ -	\$ 247.08	
72193	26	Ct pelvis w/dye	A	1	XXX	Y						\$ 59.51	\$ 59.51	
72193	TC	Ct pelvis w/dye	A	1	XXX	Y						\$ -	\$ 187.22	
72194		Ct pelvis w/o & w/dye	A	1	XXX	Y						\$ -	\$ 313.55	
72194	26	Ct pelvis w/o & w/dye	A	1	XXX	Y						\$ 62.29	\$ 62.29	
72194	TC	Ct pelvis w/o & w/dye	A	1	XXX	Y						\$ -	\$ 251.26	
72195		Mri pelvis w/o dye	A	1	XXX	Y						\$ -	\$ 424.56	
72195	26	Mri pelvis w/o dye	A	1	XXX	Y						\$ 76.21	\$ 76.21	
72195	TC	Mri pelvis w/o dye	A	1	XXX	Y						\$ -	\$ 348.00	
72196		Mri pelvis w/dye	A	1	XXX	Y						\$ -	\$ 470.50	
72196	26	Mri pelvis w/dye	A	1	XXX	Y						\$ 88.39	\$ 88.39	
72196	TC	Mri pelvis w/dye	A	1	XXX	Y						\$ -	\$ 382.10	
72197		Mri pelvis w/o & w/dye	A	1	XXX	Y						\$ -	\$ 592.99	
72197	26	Mri pelvis w/o & w/dye	A	1	XXX	Y						\$ 113.80	\$ 113.80	
72197	TC	Mri pelvis w/o & w/dye	A	1	XXX	Y						\$ -	\$ 479.20	
72198		Mr angio pelvis w/o & w/dye	A	1	XXX	Y						\$ -	\$ 460.40	
72198	26	Mr angio pelvis w/o & w/dye	A	1	XXX	Y						\$ 91.18	\$ 91.18	
72198	TC	Mr angio pelvis w/o & w/dye	A	1	XXX	Y						\$ -	\$ 369.23	
72200		X-ray exam sacroiliac joints	A	1	XXX							\$ -	\$ 28.54	
72200	26	X-ray exam sacroiliac joints	A	1	XXX							\$ 8.70	\$ 8.70	
72200	TC	X-ray exam sacroiliac joints	A	1	XXX							\$ -	\$ 19.49	
72202		X-ray exam sacroiliac joints	A	1	XXX							\$ -	\$ 32.71	
72202	26	X-ray exam sacroiliac joints	A	1	XXX							\$ 9.40	\$ 9.40	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
72202	TC	X-ray exam sacroiliac joints	A	1	XXX							\$ -	\$ 22.97	
72220		X-ray exam of tailbone	A	1	XXX							\$ -	\$ 27.49	
72220	26	X-ray exam of tailbone	A	1	XXX							\$ 8.70	\$ 8.70	
72220	TC	X-ray exam of tailbone	A	1	XXX							\$ -	\$ 18.79	
72240		Contrast x-ray of neck spine	A	1	XXX							\$ -	\$ 127.72	
72240	26	Contrast x-ray of neck spine	A	1	XXX							\$ 45.94	\$ 45.94	
72240	TC	Contrast x-ray of neck spine	A	1	XXX							\$ -	\$ 81.43	
72255		Contrast x-ray thorax spine	A	1	XXX							\$ -	\$ 121.10	
72255	26	Contrast x-ray thorax spine	A	1	XXX							\$ 45.24	\$ 45.24	
72255	TC	Contrast x-ray thorax spine	A	1	XXX							\$ -	\$ 75.86	
72265		Contrast x-ray lower spine	A	1	XXX							\$ -	\$ 122.15	
72265	26	Contrast x-ray lower spine	A	1	XXX							\$ 41.76	\$ 41.76	
72265	TC	Contrast x-ray lower spine	A	1	XXX							\$ -	\$ 80.39	
72270		Contrast x-ray spine	A	1	XXX							\$ -	\$ 191.40	
72270	26	Contrast x-ray spine	A	1	XXX							\$ 67.51	\$ 67.51	
72270	TC	Contrast x-ray spine	A	1	XXX							\$ -	\$ 123.89	
72275		Epidurography	A	1	XXX							\$ -	\$ 109.97	
72275	26	Epidurography	A	1	XXX							\$ 39.67	\$ 39.67	
72275	TC	Epidurography	A	1	XXX							\$ -	\$ 70.30	
72285		X-ray c/t spine disk	A	1	XXX							\$ -	\$ 124.93	
72285	26	X-ray c/t spine disk	A	1	XXX							\$ 59.51	\$ 59.51	
72285	TC	X-ray c/t spine disk	A	1	XXX							\$ -	\$ 65.77	
72291		Perq verte/sacroplsty fluor	C	1	XXX							\$ -	\$ -	
72291	26	Perq verte/sacroplsty fluor	A	1	XXX							\$ 85.61	\$ 85.61	
72291	TC	Perq verte/sacroplsty fluor	C	1	XXX							\$ -	\$ -	
72292		Perq verte/sacroplsty ct	C	1	XXX							\$ -	\$ -	
72292	26	Perq verte/sacroplsty ct	A	1	XXX							\$ 85.61	\$ 85.61	
72292	TC	Perq verte/sacroplsty ct	C	1	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
72295		X-ray of lower spine disk	A	1	XXX							\$ -	\$ 109.27	
72295	26	X-ray of lower spine disk	A	1	XXX							\$ 43.50	\$ 43.50	
72295	TC	X-ray of lower spine disk	A	1	XXX							\$ -	\$ 66.12	
73000		X-ray exam of collar bone	A	1	XXX							\$ -	\$ 27.49	
73000	26	X-ray exam of collar bone	A	1	XXX							\$ 8.70	\$ 8.70	
73000	TC	X-ray exam of collar bone	A	1	XXX							\$ -	\$ 19.14	
73010		X-ray exam of shoulder blade	A	1	XXX							\$ -	\$ 31.67	
73010	26	X-ray exam of shoulder blade	A	1	XXX							\$ 11.48	\$ 11.48	
73010	TC	X-ray exam of shoulder blade	A	1	XXX							\$ -	\$ 20.18	
73020		X-ray exam of shoulder	A	1	XXX							\$ -	\$ 23.32	
73020	26	X-ray exam of shoulder	A	1	XXX							\$ 8.00	\$ 8.00	
73020	TC	X-ray exam of shoulder	A	1	XXX							\$ -	\$ 15.31	
73030		X-ray exam of shoulder	A	1	XXX							\$ -	\$ 30.97	
73030	26	X-ray exam of shoulder	A	1	XXX							\$ 11.83	\$ 11.83	
73030	TC	X-ray exam of shoulder	A	1	XXX							\$ -	\$ 19.14	
73040		Contrast x-ray of shoulder	A	1	XXX							\$ -	\$ 100.22	
73040	26	Contrast x-ray of shoulder	A	1	XXX							\$ 28.88	\$ 28.88	
73040	TC	Contrast x-ray of shoulder	A	1	XXX							\$ -	\$ 71.34	
73050		X-ray exam of shoulders	A	1	XXX							\$ -	\$ 39.32	
73050	26	X-ray exam of shoulders	A	1	XXX							\$ 12.88	\$ 12.88	
73050	TC	X-ray exam of shoulders	A	1	XXX							\$ -	\$ 26.10	
73060		X-ray exam of humerus	A	1	XXX							\$ -	\$ 27.84	
73060	26	X-ray exam of humerus	A	1	XXX							\$ 8.70	\$ 8.70	
73060	TC	X-ray exam of humerus	A	1	XXX							\$ -	\$ 19.14	
73070		X-ray exam of elbow	A	1	XXX							\$ -	\$ 27.14	
73070	26	X-ray exam of elbow	A	1	XXX							\$ 8.35	\$ 8.35	
73070	TC	X-ray exam of elbow	A	1	XXX							\$ -	\$ 19.14	
73080		X-ray exam of elbow	A	1	XXX							\$ -	\$ 32.02	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
73080	26	X-ray exam of elbow	A	1	XXX							\$ 8.70	\$ 8.70	
73080	TC	X-ray exam of elbow	A	1	XXX							\$ -	\$ 22.97	
73085		Contrast x-ray of elbow	A	1	XXX							\$ -	\$ 93.26	
73085	26	Contrast x-ray of elbow	A	1	XXX							\$ 28.54	\$ 28.54	
73085	TC	Contrast x-ray of elbow	A	1	XXX							\$ -	\$ 64.73	
73090		X-ray exam of forearm	A	1	XXX							\$ -	\$ 26.45	
73090	26	X-ray exam of forearm	A	1	XXX							\$ 8.35	\$ 8.35	
73090	TC	X-ray exam of forearm	A	1	XXX							\$ -	\$ 18.10	
73092		X-ray exam of arm infant	A	1	XXX							\$ -	\$ 26.80	
73092	26	X-ray exam of arm infant	A	1	XXX							\$ 8.35	\$ 8.35	
73092	TC	X-ray exam of arm infant	A	1	XXX							\$ -	\$ 18.44	
73100		X-ray exam of wrist	A	1	XXX							\$ -	\$ 32.02	
73100	26	X-ray exam of wrist	A	1	XXX							\$ 11.14	\$ 11.14	
73100	TC	X-ray exam of wrist	A	1	XXX							\$ -	\$ 20.88	
73110		X-ray exam of wrist	A	1	XXX							\$ -	\$ 34.80	
73110	26	X-ray exam of wrist	A	1	XXX							\$ 8.70	\$ 8.70	
73110	TC	X-ray exam of wrist	A	1	XXX							\$ -	\$ 26.10	
73115		Contrast x-ray of wrist	A	1	XXX							\$ -	\$ 104.75	
73115	26	Contrast x-ray of wrist	A	1	XXX							\$ 29.58	\$ 29.58	
73115	TC	Contrast x-ray of wrist	A	1	XXX							\$ -	\$ 75.17	
73120		X-ray exam of hand	A	1	XXX							\$ -	\$ 26.80	
73120	26	X-ray exam of hand	A	1	XXX							\$ 8.70	\$ 8.70	
73120	TC	X-ray exam of hand	A	1	XXX							\$ -	\$ 18.10	
73130		X-ray exam of hand	A	1	XXX							\$ -	\$ 30.62	
73130	26	X-ray exam of hand	A	1	XXX							\$ 8.70	\$ 8.70	
73130	TC	X-ray exam of hand	A	1	XXX							\$ -	\$ 21.58	
73140		X-ray exam of finger(s)	A	1	XXX							\$ -	\$ 30.97	
73140	26	X-ray exam of finger(s)	A	1	XXX							\$ 7.31	\$ 7.31	

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HCPCS	MOD	DESCRIPTION	STATUS CODE	PCTC IND	GLOB DAYS	MULT PROC	BILAT SURG	ASST SURG	CO- SURG	TEAM SURG	ENDO BASE	CY 2012	CY 2012	CY2012
												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
73140	TC	X-ray exam of finger(s)	A	1	XXX							\$ -	\$ 23.66	
73200		Ct upper extremity w/o dye	A	1	XXX	Y						\$ -	\$ 208.10	
73200	26	Ct upper extremity w/o dye	A	1	XXX	Y						\$ 52.90	\$ 52.90	
73200	TC	Ct upper extremity w/o dye	A	1	XXX	Y						\$ -	\$ 155.21	
73201		Ct upper extremity w/dye	A	1	XXX	Y						\$ -	\$ 253.34	
73201	26	Ct upper extremity w/dye	A	1	XXX	Y						\$ 59.51	\$ 59.51	
73201	TC	Ct upper extremity w/dye	A	1	XXX	Y						\$ -	\$ 193.49	
73202		Ct uppr extremity w/o&w/dye	A	1	XXX	Y						\$ -	\$ 321.90	
73202	26	Ct uppr extremity w/o&w/dye	A	1	XXX	Y						\$ 62.29	\$ 62.29	
73202	TC	Ct uppr extremity w/o&w/dye	A	1	XXX	Y						\$ -	\$ 259.61	
73206		Ct angio upr extrm w/o&w/dye	A	1	XXX	Y						\$ -	\$ 360.53	
73206	26	Ct angio upr extrm w/o&w/dye	A	1	XXX	Y						\$ 89.78	\$ 89.78	
73206	TC	Ct angio upr extrm w/o&w/dye	A	1	XXX	Y						\$ -	\$ 270.74	
73218		Mri upper extremity w/o dye	A	1	XXX	Y						\$ -	\$ 417.95	
73218	26	Mri upper extremity w/o dye	A	1	XXX	Y						\$ 67.86	\$ 67.86	
73218	TC	Mri upper extremity w/o dye	A	1	XXX	Y						\$ -	\$ 349.74	
73219		Mri upper extremity w/dye	A	1	XXX	Y						\$ -	\$ 463.19	
73219	26	Mri upper extremity w/dye	A	1	XXX	Y						\$ 83.52	\$ 83.52	
73219	TC	Mri upper extremity w/dye	A	1	XXX	Y						\$ -	\$ 379.67	
73220		Mri uppr extremity w/o&w/dye	A	1	XXX	Y						\$ -	\$ 589.16	
73220	26	Mri uppr extremity w/o&w/dye	A	1	XXX	Y						\$ 109.27	\$ 109.27	
73220	TC	Mri uppr extremity w/o&w/dye	A	1	XXX	Y						\$ -	\$ 479.89	
73221		Mri joint upr extrem w/o dye	A	1	XXX	Y						\$ -	\$ 401.24	
73221	26	Mri joint upr extrem w/o dye	A	1	XXX	Y						\$ 71.69	\$ 71.69	
73221	TC	Mri joint upr extrem w/o dye	A	1	XXX	Y						\$ -	\$ 329.56	
73222		Mri joint upr extrem w/dye	A	1	XXX	Y						\$ -	\$ 435.35	
73222	26	Mri joint upr extrem w/dye	A	1	XXX	Y						\$ 83.52	\$ 83.52	
73222	TC	Mri joint upr extrem w/dye	A	1	XXX	Y						\$ -	\$ 351.83	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
73223		Mri joint upr extr w/o&w/dye	A	1	XXX	Y						\$ -	\$ 557.50	
73223	26	Mri joint upr extr w/o&w/dye	A	1	XXX	Y						\$ 109.27	\$ 109.27	
73223	TC	Mri joint upr extr w/o&w/dye	A	1	XXX	Y						\$ -	\$ 448.22	
73225		Mr angio upr extr w/o&w/dye	N	1	XXX	Y						\$ -	\$ 456.92	
73225	26	Mr angio upr extr w/o&w/dye	N	1	XXX	Y						\$ 84.22	\$ 84.22	
73225	TC	Mr angio upr extr w/o&w/dye	N	1	XXX	Y						\$ -	\$ 372.71	
73500		X-ray exam of hip	A	1	XXX							\$ -	\$ 27.84	
73500	26	X-ray exam of hip	A	1	XXX							\$ 11.14	\$ 11.14	
73500	TC	X-ray exam of hip	A	1	XXX							\$ -	\$ 16.70	
73510		X-ray exam of hip	A	1	XXX							\$ -	\$ 38.63	
73510	26	X-ray exam of hip	A	1	XXX							\$ 13.22	\$ 13.22	
73510	TC	X-ray exam of hip	A	1	XXX							\$ -	\$ 25.40	
73520		X-ray exam of hips	A	1	XXX							\$ -	\$ 40.37	
73520	26	X-ray exam of hips	A	1	XXX							\$ 15.31	\$ 15.31	
73520	TC	X-ray exam of hips	A	1	XXX							\$ -	\$ 25.06	
73525		Contrast x-ray of hip	A	1	XXX							\$ -	\$ 97.09	
73525	26	Contrast x-ray of hip	A	1	XXX							\$ 29.93	\$ 29.93	
73525	TC	Contrast x-ray of hip	A	1	XXX							\$ -	\$ 67.16	
73530		X-ray exam of hip	C	1	XXX							\$ -	\$ -	
73530	26	X-ray exam of hip	A	1	XXX							\$ 16.36	\$ 16.36	
73530	TC	X-ray exam of hip	C	1	XXX							\$ -	\$ -	
73540		X-ray exam of pelvis & hips	A	1	XXX							\$ -	\$ 42.80	
73540	26	X-ray exam of pelvis & hips	A	1	XXX							\$ 12.88	\$ 12.88	
73540	TC	X-ray exam of pelvis & hips	A	1	XXX							\$ -	\$ 29.58	
73550		X-ray exam of thigh	A	1	XXX							\$ -	\$ 28.88	
73550	26	X-ray exam of thigh	A	1	XXX							\$ 11.14	\$ 11.14	
73550	TC	X-ray exam of thigh	A	1	XXX							\$ -	\$ 17.75	
73560		X-ray exam of knee 1 or 2	A	1	XXX							\$ -	\$ 31.32	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
73560	26	X-ray exam of knee 1 or 2	A	1	XXX							\$ 11.48	\$ 11.48	
73560	TC	X-ray exam of knee 1 or 2	A	1	XXX							\$ -	\$ 19.84	
73562		X-ray exam of knee 3	A	1	XXX							\$ -	\$ 36.54	
73562	26	X-ray exam of knee 3	A	1	XXX							\$ 11.83	\$ 11.83	
73562	TC	X-ray exam of knee 3	A	1	XXX							\$ -	\$ 24.71	
73564		X-ray exam knee 4 or more	A	1	XXX							\$ -	\$ 42.11	
73564	26	X-ray exam knee 4 or more	A	1	XXX							\$ 13.57	\$ 13.57	
73564	TC	X-ray exam knee 4 or more	A	1	XXX							\$ -	\$ 28.54	
73565		X-ray exam of knees	A	1	XXX							\$ -	\$ 35.15	
73565	26	X-ray exam of knees	A	1	XXX							\$ 11.83	\$ 11.83	
73565	TC	X-ray exam of knees	A	1	XXX							\$ -	\$ 23.32	
73580		Contrast x-ray of knee joint	A	1	XXX							\$ -	\$ 124.93	
73580	26	Contrast x-ray of knee joint	A	1	XXX							\$ 31.32	\$ 31.32	
73580	TC	Contrast x-ray of knee joint	A	1	XXX							\$ -	\$ 93.61	
73590		X-ray exam of lower leg	A	1	XXX							\$ -	\$ 26.45	
73590	26	X-ray exam of lower leg	A	1	XXX							\$ 8.70	\$ 8.70	
73590	TC	X-ray exam of lower leg	A	1	XXX							\$ -	\$ 17.75	
73592		X-ray exam of leg infant	A	1	XXX							\$ -	\$ 30.28	
73592	26	X-ray exam of leg infant	A	1	XXX							\$ 8.70	\$ 8.70	
73592	TC	X-ray exam of leg infant	A	1	XXX							\$ -	\$ 21.92	
73600		X-ray exam of ankle	A	1	XXX							\$ -	\$ 27.49	
73600	26	X-ray exam of ankle	A	1	XXX							\$ 8.70	\$ 8.70	
73600	TC	X-ray exam of ankle	A	1	XXX							\$ -	\$ 19.14	
73610		X-ray exam of ankle	A	1	XXX							\$ -	\$ 31.32	
73610	26	X-ray exam of ankle	A	1	XXX							\$ 8.70	\$ 8.70	
73610	TC	X-ray exam of ankle	A	1	XXX							\$ -	\$ 22.62	
73615		Contrast x-ray of ankle	A	1	XXX							\$ -	\$ 100.92	
73615	26	Contrast x-ray of ankle	A	1	XXX							\$ 29.93	\$ 29.93	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
73615	TC	Contrast x-ray of ankle	A	1	XXX							\$ -	\$ 70.99	
73620		X-ray exam of foot	A	1	XXX							\$ -	\$ 26.10	
73620	26	X-ray exam of foot	A	1	XXX							\$ 8.00	\$ 8.00	
73620	TC	X-ray exam of foot	A	1	XXX							\$ -	\$ 18.10	
73630		X-ray exam of foot	A	1	XXX							\$ -	\$ 29.93	
73630	26	X-ray exam of foot	A	1	XXX							\$ 8.70	\$ 8.70	
73630	TC	X-ray exam of foot	A	1	XXX							\$ -	\$ 21.23	
73650		X-ray exam of heel	A	1	XXX							\$ -	\$ 27.14	
73650	26	X-ray exam of heel	A	1	XXX							\$ 8.35	\$ 8.35	
73650	TC	X-ray exam of heel	A	1	XXX							\$ -	\$ 18.79	
73660		X-ray exam of toe(s)	A	1	XXX							\$ -	\$ 28.19	
73660	26	X-ray exam of toe(s)	A	1	XXX							\$ 6.96	\$ 6.96	
73660	TC	X-ray exam of toe(s)	A	1	XXX							\$ -	\$ 21.23	
73700		Ct lower extremity w/o dye	A	1	XXX	Y						\$ -	\$ 208.45	
73700	26	Ct lower extremity w/o dye	A	1	XXX	Y						\$ 52.55	\$ 52.55	
73700	TC	Ct lower extremity w/o dye	A	1	XXX	Y						\$ -	\$ 155.90	
73701		Ct lower extremity w/dye	A	1	XXX	Y						\$ -	\$ 255.78	
73701	26	Ct lower extremity w/dye	A	1	XXX	Y						\$ 59.51	\$ 59.51	
73701	TC	Ct lower extremity w/dye	A	1	XXX	Y						\$ -	\$ 196.27	
73702		Ct lwr extremity w/o&w/dye	A	1	XXX	Y						\$ -	\$ 321.55	
73702	26	Ct lwr extremity w/o&w/dye	A	1	XXX	Y						\$ 62.29	\$ 62.29	
73702	TC	Ct lwr extremity w/o&w/dye	A	1	XXX	Y						\$ -	\$ 259.26	
73706		Ct angio lwr extr w/o&w/dye	A	1	XXX	Y						\$ -	\$ 400.90	
73706	26	Ct angio lwr extr w/o&w/dye	A	1	XXX	Y						\$ 97.09	\$ 97.09	
73706	TC	Ct angio lwr extr w/o&w/dye	A	1	XXX	Y						\$ -	\$ 303.80	
73718		Mri lower extremity w/o dye	A	1	XXX	Y						\$ -	\$ 413.08	
73718	26	Mri lower extremity w/o dye	A	1	XXX	Y						\$ 68.90	\$ 68.90	
73718	TC	Mri lower extremity w/o dye	A	1	XXX	Y						\$ -	\$ 344.17	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
73719		Mri lower extremity w/dye	A	1	XXX	Y						\$ -	\$ 464.23	
73719	26	Mri lower extremity w/dye	A	1	XXX	Y						\$ 83.52	\$ 83.52	
73719	TC	Mri lower extremity w/dye	A	1	XXX	Y						\$ -	\$ 381.06	
73720		Mri lwr extremity w/o&w/dye	A	1	XXX	Y						\$ -	\$ 591.95	
73720	26	Mri lwr extremity w/o&w/dye	A	1	XXX	Y						\$ 108.92	\$ 108.92	
73720	TC	Mri lwr extremity w/o&w/dye	A	1	XXX	Y						\$ -	\$ 483.02	
73721		Mri jnt of lwr extre w/o dye	A	1	XXX	Y						\$ -	\$ 409.60	
73721	26	Mri jnt of lwr extre w/o dye	A	1	XXX	Y						\$ 71.69	\$ 71.69	
73721	TC	Mri jnt of lwr extre w/o dye	A	1	XXX	Y						\$ -	\$ 337.91	
73722		Mri joint of lwr extr w/dye	A	1	XXX	Y						\$ -	\$ 445.79	
73722	26	Mri joint of lwr extr w/dye	A	1	XXX	Y						\$ 84.91	\$ 84.91	
73722	TC	Mri joint of lwr extr w/dye	A	1	XXX	Y						\$ -	\$ 360.88	
73723		Mri joint lwr extr w/o&w/dye	A	1	XXX	Y						\$ -	\$ 558.19	
73723	26	Mri joint lwr extr w/o&w/dye	A	1	XXX	Y						\$ 108.92	\$ 108.92	
73723	TC	Mri joint lwr extr w/o&w/dye	A	1	XXX	Y						\$ -	\$ 449.27	
73725		Mr ang lwr ext w or w/o dye	R	1	XXX	Y						\$ -	\$ 461.45	
73725	26	Mr ang lwr ext w or w/o dye	R	1	XXX	Y						\$ 92.22	\$ 92.22	
73725	TC	Mr ang lwr ext w or w/o dye	R	1	XXX	Y						\$ -	\$ 369.58	
74000		X-ray exam of abdomen	A	1	XXX							\$ -	\$ 24.01	
74000	26	X-ray exam of abdomen	A	1	XXX							\$ 9.05	\$ 9.05	
74000	TC	X-ray exam of abdomen	A	1	XXX							\$ -	\$ 14.62	
74010		X-ray exam of abdomen	A	1	XXX							\$ -	\$ 35.84	
74010	26	X-ray exam of abdomen	A	1	XXX							\$ 11.48	\$ 11.48	
74010	TC	X-ray exam of abdomen	A	1	XXX							\$ -	\$ 24.36	
74020		X-ray exam of abdomen	A	1	XXX							\$ -	\$ 37.58	
74020	26	X-ray exam of abdomen	A	1	XXX							\$ 13.22	\$ 13.22	
74020	TC	X-ray exam of abdomen	A	1	XXX							\$ -	\$ 24.36	
74022		X-ray exam series abdomen	A	1	XXX							\$ -	\$ 44.89	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
74022	26	X-ray exam series abdomen	A	1	XXX							\$ 15.31	\$ 15.31	
74022	TC	X-ray exam series abdomen	A	1	XXX							\$ -	\$ 29.23	
74150		Ct abdomen w/o dye	A	1	XXX	Y						\$ -	\$ 209.15	
74150	26	Ct abdomen w/o dye	A	1	XXX	Y						\$ 60.90	\$ 60.90	
74150	TC	Ct abdomen w/o dye	A	1	XXX	Y						\$ -	\$ 148.25	
74160		Ct abdomen w/dye	A	1	XXX	Y						\$ -	\$ 280.84	
74160	26	Ct abdomen w/dye	A	1	XXX	Y						\$ 64.38	\$ 64.38	
74160	TC	Ct abdomen w/dye	A	1	XXX	Y						\$ -	\$ 216.46	
74170		Ct abdomen w/o & w/dye	A	1	XXX	Y						\$ -	\$ 369.23	
74170	26	Ct abdomen w/o & w/dye	A	1	XXX	Y						\$ 71.34	\$ 71.34	
74170	TC	Ct abdomen w/o & w/dye	A	1	XXX	Y						\$ -	\$ 297.89	
74174		Ct angio abd&pelv w/o&w/dye	A	1	XXX	Y						\$ -	\$ 499.03	
74174	26	Ct angio abd&pelv w/o&w/dye	A	1	XXX	Y						\$ 111.71	\$ 111.71	
74174	TC	Ct angio abd&pelv w/o&w/dye	A	1	XXX	Y						\$ -	\$ 387.32	
74175		Ct angio abdom w/o & w/dye	A	1	XXX	Y						\$ -	\$ 433.96	
74175	26	Ct angio abdom w/o & w/dye	A	1	XXX	Y						\$ 98.14	\$ 98.14	
74175	TC	Ct angio abdom w/o & w/dye	A	1	XXX	Y						\$ -	\$ 335.82	
74176		Ct abd & pelvis	A	1	XXX	Y						\$ -	\$ 209.15	
74176	26	Ct abd & pelvis	A	1	XXX	Y						\$ 87.35	\$ 87.35	
74176	TC	Ct abd & pelvis	A	1	XXX	Y						\$ -	\$ 121.45	
74177		Ct abd & pelv w/contrast	A	1	XXX	Y						\$ -	\$ 320.86	
74177	26	Ct abd & pelv w/contrast	A	1	XXX	Y						\$ 90.83	\$ 90.83	
74177	TC	Ct abd & pelv w/contrast	A	1	XXX	Y						\$ -	\$ 230.03	
74178		Ct abd & pelv 1/> regns	A	1	XXX	Y						\$ -	\$ 405.42	
74178	26	Ct abd & pelv 1/> regns	A	1	XXX	Y						\$ 101.62	\$ 101.62	
74178	TC	Ct abd & pelv 1/> regns	A	1	XXX	Y						\$ -	\$ 303.80	
74181		Mri abdomen w/o dye	A	1	XXX	Y						\$ -	\$ 377.58	
74181	26	Mri abdomen w/o dye	A	1	XXX	Y						\$ 74.12	\$ 74.12	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
74181	TC	Mri abdomen w/o dye	A	1	XXX	Y						\$ -	\$ 303.80	
74182		Mri abdomen w/dye	A	1	XXX	Y						\$ -	\$ 512.26	
74182	26	Mri abdomen w/dye	A	1	XXX	Y						\$ 88.39	\$ 88.39	
74182	TC	Mri abdomen w/dye	A	1	XXX	Y						\$ -	\$ 424.21	
74183		Mri abdomen w/o & w/dye	A	1	XXX	Y						\$ -	\$ 594.04	
74183	26	Mri abdomen w/o & w/dye	A	1	XXX	Y						\$ 113.80	\$ 113.80	
74183	TC	Mri abdomen w/o & w/dye	A	1	XXX	Y						\$ -	\$ 480.24	
74185		Mri angio abdom w orw/o dye	N	1	XXX	Y						\$ -	\$ 459.36	
74185	26	Mri angio abdom w orw/o dye	N	1	XXX	Y						\$ 91.18	\$ 91.18	
74185	TC	Mri angio abdom w orw/o dye	N	1	XXX	Y						\$ -	\$ 368.18	
74190		X-ray exam of peritoneum	C	1	XXX							\$ 329.90	\$ 329.90	
74190	26	X-ray exam of peritoneum	A	1	XXX							\$ 25.75	\$ 25.75	
74190	TC	X-ray exam of peritoneum	C	1	XXX							\$ 304.50	\$ 304.50	
74210		Contrst x-ray exam of throat	A	1	XXX							\$ -	\$ 71.69	
74210	26	Contrst x-ray exam of throat	A	1	XXX							\$ 17.40	\$ 17.40	
74210	TC	Contrst x-ray exam of throat	A	1	XXX							\$ -	\$ 54.29	
74220		Contrast x-ray esophagus	A	1	XXX							\$ -	\$ 83.87	
74220	26	Contrast x-ray esophagus	A	1	XXX							\$ 23.66	\$ 23.66	
74220	TC	Contrast x-ray esophagus	A	1	XXX							\$ -	\$ 60.20	
74230		Cine/vid x-ray throat/esoph	A	1	XXX							\$ -	\$ 85.61	
74230	26	Cine/vid x-ray throat/esoph	A	1	XXX							\$ 27.14	\$ 27.14	
74230	TC	Cine/vid x-ray throat/esoph	A	1	XXX							\$ -	\$ 58.46	
74235		Remove esophagus obstruction	C	1	XXX							\$ -	\$ -	
74235	26	Remove esophagus obstruction	A	1	XXX							\$ 69.25	\$ 69.25	
74235	TC	Remove esophagus obstruction	C	1	XXX							\$ -	\$ -	
74240		X-ray exam upper gi tract	A	1	XXX							\$ -	\$ 106.49	
74240	26	X-ray exam upper gi tract	A	1	XXX							\$ 35.50	\$ 35.50	
74240	TC	X-ray exam upper gi tract	A	1	XXX							\$ -	\$ 70.99	

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HCPCS	MOD	DESCRIPTION	STATUS CODE	PCTC IND	GLOB DAYS	MULT PROC	BILAT SURG	ASST SURG	CO- SURG	TEAM SURG	ENDO BASE	CY 2012	CY 2012	CY2012
												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
74241		X-ray exam upper gi tract	A	1	XXX							\$ -	\$ 110.32	
74241	26	X-ray exam upper gi tract	A	1	XXX							\$ 34.10	\$ 34.10	
74241	TC	X-ray exam upper gi tract	A	1	XXX							\$ -	\$ 76.21	
74245		X-ray exam upper gi tract	A	1	XXX							\$ -	\$ 163.56	
74245	26	X-ray exam upper gi tract	A	1	XXX							\$ 45.94	\$ 45.94	
74245	TC	X-ray exam upper gi tract	A	1	XXX							\$ -	\$ 117.62	
74246		Contrst x-ray uppr gi tract	A	1	XXX							\$ -	\$ 118.67	
74246	26	Contrst x-ray uppr gi tract	A	1	XXX							\$ 35.15	\$ 35.15	
74246	TC	Contrst x-ray uppr gi tract	A	1	XXX							\$ -	\$ 83.17	
74247		Contrst x-ray uppr gi tract	A	1	XXX							\$ -	\$ 130.85	
74247	26	Contrst x-ray uppr gi tract	A	1	XXX							\$ 35.15	\$ 35.15	
74247	TC	Contrst x-ray uppr gi tract	A	1	XXX							\$ -	\$ 95.70	
74249		Contrst x-ray uppr gi tract	A	1	XXX							\$ -	\$ 176.09	
74249	26	Contrst x-ray uppr gi tract	A	1	XXX							\$ 45.94	\$ 45.94	
74249	TC	Contrst x-ray uppr gi tract	A	1	XXX							\$ -	\$ 129.80	
74250		X-ray exam of small bowel	A	1	XXX							\$ -	\$ 99.18	
74250	26	X-ray exam of small bowel	A	1	XXX							\$ 24.36	\$ 24.36	
74250	TC	X-ray exam of small bowel	A	1	XXX							\$ -	\$ 74.82	
74251		X-ray exam of small bowel	A	1	XXX							\$ 220.28	\$ 220.28	
74251	26	X-ray exam of small bowel	A	1	XXX							\$ 35.15	\$ 35.15	
74251	TC	X-ray exam of small bowel	A	1	XXX							\$ 184.44	\$ 184.44	
74260		X-ray exam of small bowel	A	1	XXX							\$ 136.07	\$ 136.07	
74260	26	X-ray exam of small bowel	A	1	XXX							\$ 25.75	\$ 25.75	
74260	TC	X-ray exam of small bowel	A	1	XXX							\$ 109.97	\$ 109.97	
74261		Ct colonography dx	A	1	XXX	Y						\$ 370.62	\$ 370.62	
74261	26	Ct colonography dx	A	1	XXX	Y						\$ 118.67	\$ 118.67	
74261	TC	Ct colonography dx	A	1	XXX	Y						\$ 248.47	\$ 248.47	
74262		Ct colonography dx w/dye	A	1	XXX	Y						\$ 517.82	\$ 517.82	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
74262	26	Ct colonography dx w/dye	A	1	XXX	Y						\$ 127.02	\$ 127.02	
74262	TC	Ct colonography dx w/dye	A	1	XXX	Y						\$ 388.37	\$ 388.37	
74263		Ct colonography screening	N	1	XXX							\$ -	\$ 706.79	
74263	26	Ct colonography screening	N	1	XXX							\$ 116.93	\$ 116.93	
74263	TC	Ct colonography screening	N	1	XXX							\$ -	\$ 589.86	
74270		Contrast x-ray exam of colon	A	1	XXX							\$ 146.16	\$ 142.33	
74270	26	Contrast x-ray exam of colon	A	1	XXX							\$ 35.15	\$ 35.15	
74270	TC	Contrast x-ray exam of colon	A	1	XXX							\$ 110.32	\$ 107.18	
74280		Contrast x-ray exam of colon	A	1	XXX							\$ -	\$ 196.62	
74280	26	Contrast x-ray exam of colon	A	1	XXX							\$ 49.76	\$ 49.76	
74280	TC	Contrast x-ray exam of colon	A	1	XXX							\$ -	\$ 146.86	
74283		Contrast x-ray exam of colon	A	1	XXX							\$ -	\$ 190.01	
74283	26	Contrast x-ray exam of colon	A	1	XXX							\$ 95.70	\$ 95.70	
74283	TC	Contrast x-ray exam of colon	A	1	XXX							\$ -	\$ 94.31	
74290		Contrast x-ray gallbladder	A	1	XXX							\$ -	\$ 63.34	
74290	26	Contrast x-ray gallbladder	A	1	XXX							\$ 15.31	\$ 15.31	
74290	TC	Contrast x-ray gallbladder	A	1	XXX							\$ -	\$ 47.68	
74291		Contrast x-rays gallbladder	A	1	XXX							\$ -	\$ 60.55	
74291	26	Contrast x-rays gallbladder	A	1	XXX							\$ 10.09	\$ 10.09	
74291	TC	Contrast x-rays gallbladder	A	1	XXX							\$ -	\$ 50.46	
74300		X-ray bile ducts/pancreas	C	1	XXX							\$ -	\$ -	
74300	26	X-ray bile ducts/pancreas	A	1	XXX							\$ 19.49	\$ 19.49	
74300	TC	X-ray bile ducts/pancreas	C	1	XXX							\$ -	\$ -	
74301		X-rays at surgery add-on	C	1	ZZZ							\$ -	\$ -	
74301	26	X-rays at surgery add-on	A	1	ZZZ							\$ 12.88	\$ 12.88	
74301	TC	X-rays at surgery add-on	C	1	ZZZ							\$ -	\$ -	
74305		X-ray bile ducts/pancreas	C	1	XXX							\$ 327.12	\$ 327.12	
74305	26	X-ray bile ducts/pancreas	A	1	XXX							\$ 23.32	\$ 23.32	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
74305	TC	X-ray bile ducts/pancreas	C	1	XXX							\$ 304.50	\$ 304.50	
74320		Contrast x-ray of bile ducts	A	1	XXX							\$ -	\$ 95.70	
74320	26	Contrast x-ray of bile ducts	A	1	XXX							\$ 27.49	\$ 27.49	
74320	TC	Contrast x-ray of bile ducts	A	1	XXX							\$ -	\$ 68.21	
74327		X-ray bile stone removal	A	1	XXX							\$ -	\$ 134.33	
74327	26	X-ray bile stone removal	A	1	XXX							\$ 44.89	\$ 44.89	
74327	TC	X-ray bile stone removal	A	1	XXX							\$ -	\$ 89.78	
74328		X-ray bile duct endoscopy	C	1	XXX							\$ -	\$ -	
74328	26	X-ray bile duct endoscopy	A	1	XXX							\$ 37.58	\$ 37.58	
74328	TC	X-ray bile duct endoscopy	C	1	XXX							\$ -	\$ -	
74329		X-ray for pancreas endoscopy	C	1	XXX							\$ -	\$ -	
74329	26	X-ray for pancreas endoscopy	A	1	XXX							\$ 37.58	\$ 37.58	
74329	TC	X-ray for pancreas endoscopy	C	1	XXX							\$ -	\$ -	
74330		X-ray bile/panc endoscopy	C	1	XXX							\$ -	\$ -	
74330	26	X-ray bile/panc endoscopy	A	1	XXX							\$ 48.72	\$ 48.72	
74330	TC	X-ray bile/panc endoscopy	C	1	XXX							\$ -	\$ -	
74340		X-ray guide for GI tube	C	1	XXX							\$ -	\$ -	
74340	26	X-ray guide for GI tube	A	1	XXX							\$ 28.54	\$ 28.54	
74340	TC	X-ray guide for GI tube	C	1	XXX							\$ -	\$ -	
74355		X-ray guide intestinal tube	C	1	XXX							\$ -	\$ -	
74355	26	X-ray guide intestinal tube	A	1	XXX							\$ 42.80	\$ 42.80	
74355	TC	X-ray guide intestinal tube	C	1	XXX							\$ -	\$ -	
74360		X-ray guide gi dilation	C	1	XXX							\$ -	\$ -	
74360	26	X-ray guide gi dilation	A	1	XXX							\$ 30.62	\$ 30.62	
74360	TC	X-ray guide gi dilation	C	1	XXX							\$ -	\$ -	
74363		X-ray bile duct dilation	C	1	XXX							\$ -	\$ -	
74363	26	X-ray bile duct dilation	A	1	XXX							\$ 48.37	\$ 48.37	
74363	TC	X-ray bile duct dilation	C	1	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
74400		Contrst x-ray urinary tract	A	1	XXX							\$ -	\$ 103.01	
74400	26	Contrst x-ray urinary tract	A	1	XXX							\$ 25.06	\$ 25.06	
74400	TC	Contrst x-ray urinary tract	A	1	XXX							\$ -	\$ 77.95	
74410		Contrst x-ray urinary tract	A	1	XXX							\$ -	\$ 104.05	
74410	26	Contrst x-ray urinary tract	A	1	XXX							\$ 25.40	\$ 25.40	
74410	TC	Contrst x-ray urinary tract	A	1	XXX							\$ -	\$ 78.65	
74415		Contrst x-ray urinary tract	A	1	XXX							\$ -	\$ 124.24	
74415	26	Contrst x-ray urinary tract	A	1	XXX							\$ 25.06	\$ 25.06	
74415	TC	Contrst x-ray urinary tract	A	1	XXX							\$ -	\$ 99.18	
74420		Contrst x-ray urinary tract	C	1	XXX							\$ 256.13	\$ 256.13	
74420	26	Contrst x-ray urinary tract	A	1	XXX							\$ 19.49	\$ 19.49	
74420	TC	Contrst x-ray urinary tract	C	1	XXX							\$ 236.99	\$ 236.99	
74425		Contrst x-ray urinary tract	C	1	XXX							\$ 255.78	\$ 255.78	
74425	26	Contrst x-ray urinary tract	A	1	XXX							\$ 19.14	\$ 19.14	
74425	TC	Contrst x-ray urinary tract	C	1	XXX							\$ 236.99	\$ 236.99	
74430		Contrast x-ray bladder	A	1	XXX							\$ -	\$ 46.63	
74430	26	Contrast x-ray bladder	A	1	XXX							\$ 15.31	\$ 15.31	
74430	TC	Contrast x-ray bladder	A	1	XXX							\$ -	\$ 31.32	
74440		X-ray male genital tract	A	1	XXX							\$ -	\$ 76.91	
74440	26	X-ray male genital tract	A	1	XXX							\$ 20.18	\$ 20.18	
74440	TC	X-ray male genital tract	A	1	XXX							\$ -	\$ 56.72	
74445		X-ray exam of penis	C	1	XXX							\$ 298.24	\$ 298.24	
74445	26	X-ray exam of penis	A	1	XXX							\$ 62.64	\$ 62.64	
74445	TC	X-ray exam of penis	C	1	XXX							\$ 236.99	\$ 236.99	
74450		X-ray urethra/bladder	C	1	XXX							\$ 254.74	\$ 254.74	
74450	26	X-ray urethra/bladder	A	1	XXX							\$ 18.10	\$ 18.10	
74450	TC	X-ray urethra/bladder	C	1	XXX							\$ 236.99	\$ 236.99	
74455		X-ray urethra/bladder	A	1	XXX							\$ -	\$ 79.69	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
74455	26	X-ray urethra/bladder	A	1	XXX							\$ 16.01	\$ 16.01	
74455	TC	X-ray urethra/bladder	A	1	XXX							\$ -	\$ 63.68	
74470		X-ray exam of kidney lesion	C	1	XXX							\$ 332.69	\$ 332.69	
74470	26	X-ray exam of kidney lesion	A	1	XXX							\$ 28.54	\$ 28.54	
74470	TC	X-ray exam of kidney lesion	C	1	XXX							\$ 304.50	\$ 304.50	
74475		X-ray control cath insert	A	1	XXX							\$ -	\$ 96.74	
74475	26	X-ray control cath insert	A	1	XXX							\$ 27.49	\$ 27.49	
74475	TC	X-ray control cath insert	A	1	XXX							\$ -	\$ 69.60	
74480		X-ray control cath insert	A	1	XXX							\$ -	\$ 96.74	
74480	26	X-ray control cath insert	A	1	XXX							\$ 27.49	\$ 27.49	
74480	TC	X-ray control cath insert	A	1	XXX							\$ -	\$ 69.60	
74485		X-ray guide gu dilation	A	1	XXX							\$ -	\$ 96.74	
74485	26	X-ray guide gu dilation	A	1	XXX							\$ 27.49	\$ 27.49	
74485	TC	X-ray guide gu dilation	A	1	XXX							\$ -	\$ 69.60	
74710		X-ray measurement of pelvis	A	1	XXX							\$ -	\$ 35.84	
74710	26	X-ray measurement of pelvis	A	1	XXX							\$ 16.36	\$ 16.36	
74710	TC	X-ray measurement of pelvis	A	1	XXX							\$ -	\$ 19.49	
74740		X-ray female genital tract	A	1	XXX							\$ -	\$ 72.04	
74740	26	X-ray female genital tract	A	1	XXX							\$ 18.10	\$ 18.10	
74740	TC	X-ray female genital tract	A	1	XXX							\$ -	\$ 53.94	
74742		X-ray fallopian tube	C	1	XXX							\$ -	\$ -	
74742	26	X-ray fallopian tube	A	1	XXX							\$ 33.06	\$ 33.06	
74742	TC	X-ray fallopian tube	C	1	XXX							\$ -	\$ -	
74775		X-ray exam of perineum	C	1	XXX							\$ 269.70	\$ 269.70	
74775	26	X-ray exam of perineum	A	1	XXX							\$ 33.06	\$ 33.06	
74775	TC	X-ray exam of perineum	C	1	XXX							\$ 236.99	\$ 236.99	
75557		Cardiac mri for morph	A	1	XXX	Y						\$ -	\$ 371.66	
75557	26	Cardiac mri for morph	A	1	XXX	Y						\$ 117.28	\$ 117.28	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
75557	TC	Cardiac mri for morph	A	1	XXX	Y						\$ -	\$ 254.39	
75559		Cardiac mri w/stress img	A	1	XXX	Y						\$ -	\$ 522.70	
75559	26	Cardiac mri w/stress img	A	1	XXX	Y						\$ 147.20	\$ 147.20	
75559	TC	Cardiac mri w/stress img	A	1	XXX	Y						\$ -	\$ 375.49	
75561		Cardiac mri for morph w/dye	A	1	XXX	Y						\$ -	\$ 495.90	
75561	26	Cardiac mri for morph w/dye	A	1	XXX	Y						\$ 129.46	\$ 129.46	
75561	TC	Cardiac mri for morph w/dye	A	1	XXX	Y						\$ -	\$ 366.10	
75563		Card mri w/stress img & dye	A	1	XXX	Y						\$ -	\$ 593.69	
75563	26	Card mri w/stress img & dye	A	1	XXX	Y						\$ 149.64	\$ 149.64	
75563	TC	Card mri w/stress img & dye	A	1	XXX	Y						\$ -	\$ 444.05	
75565		Card mri veloc flow mapping	A	1	ZZZ							\$ -	\$ 58.81	
75565	26	Card mri veloc flow mapping	A	1	ZZZ							\$ 12.18	\$ 12.18	
75565	TC	Card mri veloc flow mapping	A	1	ZZZ							\$ -	\$ 46.63	
75571		Ct hrt w/o dye w/ca test	A	1	XXX	Y						\$ 87.70	\$ 87.70	
75571	26	Ct hrt w/o dye w/ca test	A	1	XXX	Y						\$ 26.80	\$ 26.80	
75571	TC	Ct hrt w/o dye w/ca test	A	1	XXX	Y						\$ 59.16	\$ 59.16	
75572		Ct hrt w/3d image	A	1	XXX	Y						\$ -	\$ 278.75	
75572	26	Ct hrt w/3d image	A	1	XXX	Y						\$ 82.48	\$ 82.48	
75572	TC	Ct hrt w/3d image	A	1	XXX	Y						\$ -	\$ 196.27	
75573		Ct hrt w/3d image congen	A	1	XXX	Y						\$ -	\$ 383.84	
75573	26	Ct hrt w/3d image congen	A	1	XXX	Y						\$ 121.10	\$ 121.10	
75573	TC	Ct hrt w/3d image congen	A	1	XXX	Y						\$ -	\$ 262.74	
75574		Ct angio hrt w/3d image	A	1	XXX	Y						\$ -	\$ 412.03	
75574	26	Ct angio hrt w/3d image	A	1	XXX	Y						\$ 114.49	\$ 114.49	
75574	TC	Ct angio hrt w/3d image	A	1	XXX	Y						\$ -	\$ 297.54	
75600		Contrast x-ray exam of aorta	A	1	XXX							\$ -	\$ 213.67	
75600	26	Contrast x-ray exam of aorta	A	1	XXX							\$ 25.75	\$ 25.75	
75600	TC	Contrast x-ray exam of aorta	A	1	XXX							\$ -	\$ 187.92	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
75605		Contrast x-ray exam of aorta	A	1	XXX							\$ -	\$ 170.17	
75605	26	Contrast x-ray exam of aorta	A	1	XXX							\$ 58.81	\$ 58.81	
75605	TC	Contrast x-ray exam of aorta	A	1	XXX							\$ -	\$ 111.36	
75625		Contrast x-ray exam of aorta	A	1	XXX							\$ -	\$ 174.35	
75625	26	Contrast x-ray exam of aorta	A	1	XXX							\$ 61.60	\$ 61.60	
75625	TC	Contrast x-ray exam of aorta	A	1	XXX							\$ -	\$ 112.75	
75630		X-ray aorta leg arteries	A	1	XXX							\$ -	\$ 204.97	
75630	26	X-ray aorta leg arteries	A	1	XXX							\$ 90.83	\$ 90.83	
75630	TC	X-ray aorta leg arteries	A	1	XXX							\$ -	\$ 114.14	
75635		Ct angio abdominal arteries	A	1	XXX	Y						\$ -	\$ 449.62	
75635	26	Ct angio abdominal arteries	A	1	XXX	Y						\$ 120.76	\$ 120.76	
75635	TC	Ct angio abdominal arteries	A	1	XXX	Y						\$ -	\$ 328.86	
75650		Artery x-rays head & neck	A	1	XXX							\$ -	\$ 192.10	
75650	26	Artery x-rays head & neck	A	1	XXX							\$ 77.60	\$ 77.60	
75650	TC	Artery x-rays head & neck	A	1	XXX							\$ -	\$ 114.49	
75658		Artery x-rays arm	A	1	XXX							\$ -	\$ 194.53	
75658	26	Artery x-rays arm	A	1	XXX							\$ 66.12	\$ 66.12	
75658	TC	Artery x-rays arm	A	1	XXX							\$ -	\$ 128.41	
75660		Artery x-rays head & neck	A	1	XXX							\$ -	\$ 202.54	
75660	26	Artery x-rays head & neck	A	1	XXX							\$ 63.68	\$ 63.68	
75660	TC	Artery x-rays head & neck	A	1	XXX							\$ -	\$ 138.85	
75662		Artery x-rays head & neck	A	1	XXX							\$ -	\$ 244.64	
75662	26	Artery x-rays head & neck	A	1	XXX							\$ 83.17	\$ 83.17	
75662	TC	Artery x-rays head & neck	A	1	XXX							\$ -	\$ 161.47	
75665		Artery x-rays head & neck	A	1	XXX							\$ -	\$ 216.11	
75665	26	Artery x-rays head & neck	A	1	XXX							\$ 71.69	\$ 71.69	
75665	TC	Artery x-rays head & neck	A	1	XXX							\$ -	\$ 144.42	
75671		Artery x-rays head & neck	A	1	XXX							\$ -	\$ 254.04	

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HCPCS	MOD	DESCRIPTION	STATUS CODE	PCTC IND	GLOB DAYS	MULT PROC	BILAT SURG	ASST SURG	CO- SURG	TEAM SURG	ENDO BASE	CY 2012	CY 2012	CY2012
												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
75671	26	Artery x-rays head & neck	A	1	XXX							\$ 85.96	\$ 85.96	
75671	TC	Artery x-rays head & neck	A	1	XXX							\$ -	\$ 168.08	
75676		Artery x-rays neck	A	1	XXX							\$ -	\$ 204.62	
75676	26	Artery x-rays neck	A	1	XXX							\$ 71.34	\$ 71.34	
75676	TC	Artery x-rays neck	A	1	XXX							\$ -	\$ 133.28	
75680		Artery x-rays neck	A	1	XXX							\$ -	\$ 232.12	
75680	26	Artery x-rays neck	A	1	XXX							\$ 85.96	\$ 85.96	
75680	TC	Artery x-rays neck	A	1	XXX							\$ -	\$ 146.16	
75685		Artery x-rays spine	A	1	XXX							\$ -	\$ 204.62	
75685	26	Artery x-rays spine	A	1	XXX							\$ 68.21	\$ 68.21	
75685	TC	Artery x-rays spine	A	1	XXX							\$ -	\$ 136.42	
75705		Artery x-rays spine	A	1	XXX							\$ -	\$ 246.38	
75705	26	Artery x-rays spine	A	1	XXX							\$ 106.49	\$ 106.49	
75705	TC	Artery x-rays spine	A	1	XXX							\$ -	\$ 139.90	
75710		Artery x-rays arm/leg	A	1	XXX							\$ -	\$ 187.22	
75710	26	Artery x-rays arm/leg	A	1	XXX							\$ 56.03	\$ 56.03	
75710	TC	Artery x-rays arm/leg	A	1	XXX							\$ -	\$ 131.20	
75716		Artery x-rays arms/legs	A	1	XXX							\$ -	\$ 225.50	
75716	26	Artery x-rays arms/legs	A	1	XXX							\$ 69.25	\$ 69.25	
75716	TC	Artery x-rays arms/legs	A	1	XXX							\$ -	\$ 156.25	
75726		Artery x-rays abdomen	A	1	XXX							\$ -	\$ 188.96	
75726	26	Artery x-rays abdomen	A	1	XXX							\$ 59.51	\$ 59.51	
75726	TC	Artery x-rays abdomen	A	1	XXX							\$ -	\$ 129.46	
75731		Artery x-rays adrenal gland	A	1	XXX							\$ -	\$ 179.57	
75731	26	Artery x-rays adrenal gland	A	1	XXX							\$ 56.38	\$ 56.38	
75731	TC	Artery x-rays adrenal gland	A	1	XXX							\$ -	\$ 123.19	
75733		Artery x-rays adrenals	A	1	XXX							\$ -	\$ 216.11	
75733	26	Artery x-rays adrenals	A	1	XXX							\$ 64.38	\$ 64.38	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
75733	TC	Artery x-rays adrenals	A	1	XXX							\$ -	\$ 151.73	
75736		Artery x-rays pelvis	A	1	XXX							\$ -	\$ 184.09	
75736	26	Artery x-rays pelvis	A	1	XXX							\$ 56.03	\$ 56.03	
75736	TC	Artery x-rays pelvis	A	1	XXX							\$ -	\$ 128.06	
75741		Artery x-rays lung	A	1	XXX							\$ -	\$ 177.13	
75741	26	Artery x-rays lung	A	1	XXX							\$ 66.82	\$ 66.82	
75741	TC	Artery x-rays lung	A	1	XXX							\$ -	\$ 109.97	
75743		Artery x-rays lungs	A	1	XXX							\$ -	\$ 203.23	
75743	26	Artery x-rays lungs	A	1	XXX							\$ 84.91	\$ 84.91	
75743	TC	Artery x-rays lungs	A	1	XXX							\$ -	\$ 117.97	
75746		Artery x-rays lung	A	1	XXX							\$ -	\$ 182.00	
75746	26	Artery x-rays lung	A	1	XXX							\$ 58.81	\$ 58.81	
75746	TC	Artery x-rays lung	A	1	XXX							\$ -	\$ 123.19	
75756		Artery x-rays chest	A	1	XXX							\$ -	\$ 211.58	
75756	26	Artery x-rays chest	A	1	XXX							\$ 76.56	\$ 76.56	
75756	TC	Artery x-rays chest	A	1	XXX							\$ -	\$ 135.02	
75774		Artery x-ray each vessel	A	1	ZZZ							\$ -	\$ 117.28	
75774	26	Artery x-ray each vessel	A	1	ZZZ							\$ 19.14	\$ 19.14	
75774	TC	Artery x-ray each vessel	A	1	ZZZ							\$ -	\$ 98.14	
75791		Av dialysis shunt imaging	A	1	XXX							\$ -	\$ 305.54	
75791	26	Av dialysis shunt imaging	A	1	XXX							\$ 84.91	\$ 84.91	
75791	TC	Av dialysis shunt imaging	A	1	XXX							\$ -	\$ 220.63	
75801		Lymph vessel x-ray arm/leg	C	1	XXX							\$ 566.54	\$ 566.54	
75801	26	Lymph vessel x-ray arm/leg	A	1	XXX							\$ 57.07	\$ 57.07	
75801	TC	Lymph vessel x-ray arm/leg	C	1	XXX							\$ 517.82	\$ 517.82	
75803		Lymph vessel x-ray arms/legs	C	1	XXX							\$ 580.12	\$ 580.12	
75803	26	Lymph vessel x-ray arms/legs	A	1	XXX							\$ 63.68	\$ 63.68	
75803	TC	Lymph vessel x-ray arms/legs	C	1	XXX							\$ 517.82	\$ 517.82	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
75805		Lymph vessel x-ray trunk	C	1	XXX							\$ 560.98	\$ 560.98	
75805	26	Lymph vessel x-ray trunk	A	1	XXX							\$ 44.20	\$ 44.20	
75805	TC	Lymph vessel x-ray trunk	C	1	XXX							\$ 517.82	\$ 517.82	
75807		Lymph vessel x-ray trunk	C	1	XXX							\$ 580.12	\$ 580.12	
75807	26	Lymph vessel x-ray trunk	A	1	XXX							\$ 63.68	\$ 63.68	
75807	TC	Lymph vessel x-ray trunk	C	1	XXX							\$ 517.82	\$ 517.82	
75809		Nonvascular shunt x-ray	A	1	XXX							\$ -	\$ 94.66	
75809	26	Nonvascular shunt x-ray	A	1	XXX							\$ 24.71	\$ 24.71	
75809	TC	Nonvascular shunt x-ray	A	1	XXX							\$ -	\$ 69.95	
75810		Vein x-ray spleen/liver	C	1	XXX							\$ 2,749.55	\$ 2,749.55	
75810	26	Vein x-ray spleen/liver	A	1	XXX							\$ 62.29	\$ 62.29	
75810	TC	Vein x-ray spleen/liver	C	1	XXX							\$ 2,688.30	\$ 2,688.30	
75820		Vein x-ray arm/leg	A	1	XXX							\$ -	\$ 116.58	
75820	26	Vein x-ray arm/leg	A	1	XXX							\$ 35.84	\$ 35.84	
75820	TC	Vein x-ray arm/leg	A	1	XXX							\$ -	\$ 80.74	
75822		Vein x-ray arms/legs	A	1	XXX							\$ -	\$ 145.81	
75822	26	Vein x-ray arms/legs	A	1	XXX							\$ 54.98	\$ 54.98	
75822	TC	Vein x-ray arms/legs	A	1	XXX							\$ -	\$ 91.18	
75825		Vein x-ray trunk	A	1	XXX							\$ -	\$ 166.00	
75825	26	Vein x-ray trunk	A	1	XXX							\$ 59.16	\$ 59.16	
75825	TC	Vein x-ray trunk	A	1	XXX							\$ -	\$ 106.84	
75827		Vein x-ray chest	A	1	XXX							\$ -	\$ 167.74	
75827	26	Vein x-ray chest	A	1	XXX							\$ 57.77	\$ 57.77	
75827	TC	Vein x-ray chest	A	1	XXX							\$ -	\$ 109.97	
75831		Vein x-ray kidney	A	1	XXX							\$ -	\$ 187.92	
75831	26	Vein x-ray kidney	A	1	XXX							\$ 77.60	\$ 77.60	
75831	TC	Vein x-ray kidney	A	1	XXX							\$ -	\$ 110.32	
75833		Vein x-ray kidneys	A	1	XXX							\$ -	\$ 198.01	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
75833	26	Vein x-ray kidneys	A	1	XXX							\$ 73.78	\$ 73.78	
75833	TC	Vein x-ray kidneys	A	1	XXX							\$ -	\$ 124.24	
75840		Vein x-ray adrenal gland	A	1	XXX							\$ -	\$ 186.88	
75840	26	Vein x-ray adrenal gland	A	1	XXX							\$ 77.95	\$ 77.95	
75840	TC	Vein x-ray adrenal gland	A	1	XXX							\$ -	\$ 108.92	
75842		Vein x-ray adrenal glands	A	1	XXX							\$ -	\$ 200.80	
75842	26	Vein x-ray adrenal glands	A	1	XXX							\$ 75.52	\$ 75.52	
75842	TC	Vein x-ray adrenal glands	A	1	XXX							\$ -	\$ 124.93	
75860		Vein x-ray neck	A	1	XXX							\$ -	\$ 171.22	
75860	26	Vein x-ray neck	A	1	XXX							\$ 60.20	\$ 60.20	
75860	TC	Vein x-ray neck	A	1	XXX							\$ -	\$ 111.01	
75870		Vein x-ray skull	A	1	XXX							\$ -	\$ 168.43	
75870	26	Vein x-ray skull	A	1	XXX							\$ 58.81	\$ 58.81	
75870	TC	Vein x-ray skull	A	1	XXX							\$ -	\$ 109.62	
75872		Vein x-ray skull	A	1	XXX							\$ -	\$ 248.12	
75872	26	Vein x-ray skull	A	1	XXX							\$ 62.64	\$ 62.64	
75872	TC	Vein x-ray skull	A	1	XXX							\$ -	\$ 185.14	
75880		Vein x-ray eye socket	A	1	XXX							\$ -	\$ 121.10	
75880	26	Vein x-ray eye socket	A	1	XXX							\$ 35.50	\$ 35.50	
75880	TC	Vein x-ray eye socket	A	1	XXX							\$ -	\$ 85.61	
75885		Vein x-ray liver	A	1	XXX							\$ -	\$ 182.70	
75885	26	Vein x-ray liver	A	1	XXX							\$ 73.08	\$ 73.08	
75885	TC	Vein x-ray liver	A	1	XXX							\$ -	\$ 109.62	
75887		Vein x-ray liver	A	1	XXX							\$ -	\$ 180.26	
75887	26	Vein x-ray liver	A	1	XXX							\$ 69.25	\$ 69.25	
75887	TC	Vein x-ray liver	A	1	XXX							\$ -	\$ 111.01	
75889		Vein x-ray liver	A	1	XXX							\$ -	\$ 168.78	
75889	26	Vein x-ray liver	A	1	XXX							\$ 58.46	\$ 58.46	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
75889	TC	Vein x-ray liver	A	1	XXX							\$ -	\$ 110.32	
75891		Vein x-ray liver	A	1	XXX							\$ -	\$ 169.13	
75891	26	Vein x-ray liver	A	1	XXX							\$ 58.46	\$ 58.46	
75891	TC	Vein x-ray liver	A	1	XXX							\$ -	\$ 110.66	
75893		Venous sampling by catheter	A	1	XXX							\$ -	\$ 134.68	
75893	26	Venous sampling by catheter	A	1	XXX							\$ 25.06	\$ 25.06	
75893	TC	Venous sampling by catheter	A	1	XXX							\$ -	\$ 109.62	
75894		X-rays transcath therapy	C	1	XXX							\$ -	\$ -	
75894	26	X-rays transcath therapy	A	1	XXX							\$ 76.21	\$ 76.21	
75894	TC	X-rays transcath therapy	C	1	XXX							\$ -	\$ -	
75896		X-rays transcath therapy	C	1	XXX							\$ -	\$ -	
75896	26	X-rays transcath therapy	A	1	XXX							\$ 76.56	\$ 76.56	
75896	TC	X-rays transcath therapy	C	1	XXX							\$ -	\$ -	
75898		Follow-up angiography	C	1	XXX							\$ 188.62	\$ 188.62	
75898	26	Follow-up angiography	A	1	XXX							\$ 96.40	\$ 96.40	
75898	TC	Follow-up angiography	C	1	XXX							\$ 97.79	\$ 97.79	
75900		Intravascular cath exchange	C	1	XXX							\$ -	\$ -	
75900	26	Intravascular cath exchange	A	1	XXX							\$ 27.14	\$ 27.14	
75900	TC	Intravascular cath exchange	C	1	XXX							\$ -	\$ -	
75901		Remove cva device obstruct	A	1	XXX							\$ -	\$ 154.86	
75901	26	Remove cva device obstruct	A	1	XXX							\$ 25.06	\$ 25.06	
75901	TC	Remove cva device obstruct	A	1	XXX							\$ -	\$ 129.80	
75902		Remove cva lumen obstruct	A	1	XXX							\$ -	\$ 72.73	
75902	26	Remove cva lumen obstruct	A	1	XXX							\$ 21.58	\$ 21.58	
75902	TC	Remove cva lumen obstruct	A	1	XXX							\$ -	\$ 51.16	
75945		Intravascular us	C	1	XXX							\$ 217.85	\$ 217.85	
75945	26	Intravascular us	A	1	XXX							\$ 23.32	\$ 23.32	
75945	TC	Intravascular us	C	1	XXX							\$ 196.27	\$ 196.27	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
75946		Intravascular us add-on	C	1	ZZZ							\$ -	\$ -	
75946	26	Intravascular us add-on	A	1	ZZZ							\$ 25.40	\$ 25.40	
75946	TC	Intravascular us add-on	C	1	ZZZ							\$ -	\$ -	
75952		Endovasc repair abdom aorta	C	1	XXX							\$ -	\$ -	
75952	26	Endovasc repair abdom aorta	A	1	XXX							\$ 291.97	\$ 291.97	
75952	TC	Endovasc repair abdom aorta	C	1	XXX							\$ -	\$ -	
75953		Abdom aneurysm endovas rpr	C	1	XXX							\$ -	\$ -	
75953	26	Abdom aneurysm endovas rpr	A	1	XXX							\$ 89.78	\$ 89.78	
75953	TC	Abdom aneurysm endovas rpr	C	1	XXX							\$ -	\$ -	
75954		Iliac aneurysm endovas rpr	C	1	XXX							\$ -	\$ -	
75954	26	Iliac aneurysm endovas rpr	A	1	XXX							\$ 144.07	\$ 144.07	
75954	TC	Iliac aneurysm endovas rpr	C	1	XXX							\$ -	\$ -	
75956		Xray endovasc thor ao repr	C	1	XXX							\$ -	\$ -	
75956	26	Xray endovasc thor ao repr	A	1	XXX							\$ 465.97	\$ 465.97	
75956	TC	Xray endovasc thor ao repr	C	1	XXX							\$ -	\$ -	
75957		Xray endovasc thor ao repr	C	1	XXX							\$ -	\$ -	
75957	26	Xray endovasc thor ao repr	A	1	XXX							\$ 397.07	\$ 397.07	
75957	TC	Xray endovasc thor ao repr	C	1	XXX							\$ -	\$ -	
75958		Xray place prox ext thor ao	C	1	XXX							\$ -	\$ -	
75958	26	Xray place prox ext thor ao	A	1	XXX							\$ 265.52	\$ 265.52	
75958	TC	Xray place prox ext thor ao	C	1	XXX							\$ -	\$ -	
75959		Xray place dist ext thor ao	C	1	XXX							\$ -	\$ -	
75959	26	Xray place dist ext thor ao	A	1	XXX							\$ 242.21	\$ 242.21	
75959	TC	Xray place dist ext thor ao	C	1	XXX							\$ -	\$ -	
75960		Transcath iv stent rs&i	A	1	XXX							\$ -	\$ 145.46	
75960	26	Transcath iv stent rs&i	A	1	XXX							\$ 41.76	\$ 41.76	
75960	TC	Transcath iv stent rs&i	A	1	XXX							\$ -	\$ 103.36	
75961		Retrieval broken catheter	A	1	XXX							\$ -	\$ 336.52	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
75961	26	Retrieval broken catheter	A	1	XXX							\$ 217.50	\$ 217.50	
75961	TC	Retrieval broken catheter	A	1	XXX							\$ -	\$ 119.36	
75962		Repair arterial blockage	A	1	XXX							\$ -	\$ 157.99	
75962	26	Repair arterial blockage	A	1	XXX							\$ 27.14	\$ 27.14	
75962	TC	Repair arterial blockage	A	1	XXX							\$ -	\$ 130.85	
75964		Repair artery blockage each	A	1	ZZZ							\$ -	\$ 104.40	
75964	26	Repair artery blockage each	A	1	ZZZ							\$ 20.53	\$ 20.53	
75964	TC	Repair artery blockage each	A	1	ZZZ							\$ -	\$ 83.87	
75966		Repair arterial blockage	A	1	XXX							\$ -	\$ 198.36	
75966	26	Repair arterial blockage	A	1	XXX							\$ 66.47	\$ 66.47	
75966	TC	Repair arterial blockage	A	1	XXX							\$ -	\$ 131.89	
75968		Repair artery blockage each	A	1	ZZZ							\$ -	\$ 98.14	
75968	26	Repair artery blockage each	A	1	ZZZ							\$ 17.40	\$ 17.40	
75968	TC	Repair artery blockage each	A	1	ZZZ							\$ -	\$ 81.08	
75970		Vascular biopsy	C	1	XXX							\$ -	\$ -	
75970	26	Vascular biopsy	A	1	XXX							\$ 44.89	\$ 44.89	
75970	TC	Vascular biopsy	C	1	XXX							\$ -	\$ -	
75978		Repair venous blockage	A	1	XXX							\$ -	\$ 161.47	
75978	26	Repair venous blockage	A	1	XXX							\$ 27.14	\$ 27.14	
75978	TC	Repair venous blockage	A	1	XXX							\$ -	\$ 134.33	
75980		Contrast xray exam bile duct	C	1	XXX							\$ -	\$ -	
75980	26	Contrast xray exam bile duct	A	1	XXX							\$ 77.26	\$ 77.26	
75980	TC	Contrast xray exam bile duct	C	1	XXX							\$ -	\$ -	
75982		Contrast xray exam bile duct	C	1	XXX							\$ -	\$ -	
75982	26	Contrast xray exam bile duct	A	1	XXX							\$ 77.26	\$ 77.26	
75982	TC	Contrast xray exam bile duct	C	1	XXX							\$ -	\$ -	
75984		Xray control catheter change	A	1	XXX							\$ -	\$ 105.79	
75984	26	Xray control catheter change	A	1	XXX							\$ 36.54	\$ 36.54	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
75984	TC	Xray control catheter change	A	1	XXX							\$ -	\$ 69.25	
75989		Abscess drainage under x-ray	A	1	XXX							\$ -	\$ 122.84	
75989	26	Abscess drainage under x-ray	A	1	XXX							\$ 58.46	\$ 58.46	
75989	TC	Abscess drainage under x-ray	A	1	XXX							\$ -	\$ 64.38	
76000		Fluoroscope examination	A	1	XXX							\$ -	\$ 58.12	
76000	26	Fluoroscope examination	A	1	XXX							\$ 8.70	\$ 8.70	
76000	TC	Fluoroscope examination	A	1	XXX							\$ -	\$ 49.42	
76001		Fluoroscope exam extensive	C	1	XXX							\$ -	\$ -	
76001	26	Fluoroscope exam extensive	A	1	XXX							\$ 39.67	\$ 39.67	
76001	TC	Fluoroscope exam extensive	C	1	XXX							\$ -	\$ -	
76010		X-ray nose to rectum	A	1	XXX							\$ -	\$ 25.75	
76010	26	X-ray nose to rectum	A	1	XXX							\$ 9.05	\$ 9.05	
76010	TC	X-ray nose to rectum	A	1	XXX							\$ -	\$ 16.70	
76080		X-ray exam of fistula	A	1	XXX							\$ -	\$ 58.46	
76080	26	X-ray exam of fistula	A	1	XXX							\$ 27.49	\$ 27.49	
76080	TC	X-ray exam of fistula	A	1	XXX							\$ -	\$ 30.97	
76098		X-ray exam breast specimen	A	1	XXX							\$ -	\$ 18.44	
76098	26	X-ray exam breast specimen	A	1	XXX							\$ 8.35	\$ 8.35	
76098	TC	X-ray exam breast specimen	A	1	XXX							\$ -	\$ 10.09	
76100		X-ray exam of body section	A	1	XXX							\$ -	\$ 104.40	
76100	26	X-ray exam of body section	A	1	XXX							\$ 33.41	\$ 33.41	
76100	TC	X-ray exam of body section	A	1	XXX							\$ -	\$ 71.34	
76101		Complex body section x-ray	A	1	XXX							\$ -	\$ 152.42	
76101	26	Complex body section x-ray	A	1	XXX							\$ 38.63	\$ 38.63	
76101	TC	Complex body section x-ray	A	1	XXX							\$ -	\$ 113.45	
76102		Complex body section x-rays	A	1	XXX							\$ -	\$ 203.58	
76102	26	Complex body section x-rays	A	1	XXX							\$ 40.72	\$ 40.72	
76102	TC	Complex body section x-rays	A	1	XXX							\$ -	\$ 162.86	

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HCPCS	MOD	DESCRIPTION	STATUS CODE	PCTC IND	GLOB DAYS	MULT PROC	BILAT SURG	ASST SURG	CO- SURG	TEAM SURG	ENDO BASE	CY 2012	CY 2012	CY2012
												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
76120		Cine/video x-rays	A	1	XXX							\$ -	\$ 71.34	
76120	26	Cine/video x-rays	A	1	XXX							\$ 20.18	\$ 20.18	
76120	TC	Cine/video x-rays	A	1	XXX							\$ -	\$ 51.16	
76125		Cine/video x-rays add-on	C	1	ZZZ							\$ -	\$ -	
76125	26	Cine/video x-rays add-on	A	1	ZZZ							\$ 16.01	\$ 16.01	
76125	TC	Cine/video x-rays add-on	C	1	ZZZ							\$ -	\$ -	
76140		X-ray consultation	I	9	XXX							\$ -	\$ -	
76376		3d render w/o postprocess	A	1	XXX							\$ -	\$ 59.16	
76376	26	3d render w/o postprocess	A	1	XXX							\$ 10.09	\$ 10.09	
76376	TC	3d render w/o postprocess	A	1	XXX							\$ -	\$ 49.07	
76377		3d rendering w/postprocess	A	1	XXX							\$ -	\$ 82.13	
76377	26	3d rendering w/postprocess	A	1	XXX							\$ 39.67	\$ 39.67	
76377	TC	3d rendering w/postprocess	A	1	XXX							\$ -	\$ 42.46	
76380		CAT scan follow-up study	A	1	XXX							\$ -	\$ 162.17	
76380	26	CAT scan follow-up study	A	1	XXX							\$ 48.37	\$ 48.37	
76380	TC	CAT scan follow-up study	A	1	XXX							\$ -	\$ 113.80	
76390		Mr spectroscopy	N	1	XXX							\$ -	\$ 422.47	
76390	26	Mr spectroscopy	N	1	XXX							\$ 69.25	\$ 69.25	
76390	TC	Mr spectroscopy	N	1	XXX							\$ -	\$ 353.22	
76496		Fluoroscopic procedure	C	1	XXX							\$ -	\$ -	
76496	26	Fluoroscopic procedure	C	1	XXX							\$ -	\$ -	
76496	TC	Fluoroscopic procedure	C	1	XXX							\$ 109.97	\$ 109.97	
76497		Ct procedure	C	1	XXX							\$ -	\$ -	
76497	26	Ct procedure	C	1	XXX							\$ -	\$ -	
76497	TC	Ct procedure	C	1	XXX							\$ 138.16	\$ 138.16	
76498		Mri procedure	C	1	XXX							\$ -	\$ -	
76498	26	Mri procedure	C	1	XXX							\$ -	\$ -	
76498	TC	Mri procedure	C	1	XXX							\$ 437.78	\$ 437.78	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
76499		Radiographic procedure	C	1	XXX							\$ -	\$ -	
76499	26	Radiographic procedure	C	1	XXX							\$ -	\$ -	
76499	TC	Radiographic procedure	C	1	XXX							\$ 58.12	\$ 58.12	
76506		Echo exam of head	A	1	XXX							\$ 114.49	\$ 114.14	
76506	26	Echo exam of head	A	1	XXX							\$ 32.71	\$ 32.71	
76506	TC	Echo exam of head	A	1	XXX							\$ 81.43	\$ 81.43	
76510		Ophth us b & quant a	A	1	XXX							\$ -	\$ 176.78	
76510	26	Ophth us b & quant a	A	1	XXX							\$ 108.92	\$ 108.92	
76510	TC	Ophth us b & quant a	A	1	XXX							\$ -	\$ 67.86	
76511		Ophth us quant a only	A	1	XXX							\$ -	\$ 91.87	
76511	26	Ophth us quant a only	A	1	XXX							\$ 48.72	\$ 48.72	
76511	TC	Ophth us quant a only	A	1	XXX							\$ -	\$ 42.80	
76512		Ophth us b w/non-quant a	A	1	XXX							\$ -	\$ 87.35	
76512	26	Ophth us b w/non-quant a	A	1	XXX							\$ 52.20	\$ 52.20	
76512	TC	Ophth us b w/non-quant a	A	1	XXX							\$ -	\$ 35.15	
76513		Echo exam of eye water bath	A	1	XXX							\$ -	\$ 82.48	
76513	26	Echo exam of eye water bath	A	1	XXX							\$ 33.06	\$ 33.06	
76513	TC	Echo exam of eye water bath	A	1	XXX							\$ -	\$ 49.42	
76514		Echo exam of eye thickness	A	1	XXX							\$ -	\$ 14.96	
76514	26	Echo exam of eye thickness	A	1	XXX							\$ 9.74	\$ 9.74	
76514	TC	Echo exam of eye thickness	A	1	XXX							\$ -	\$ 5.22	
76516		Echo exam of eye	A	1	XXX							\$ -	\$ 68.21	
76516	26	Echo exam of eye	A	1	XXX							\$ 28.54	\$ 28.54	
76516	TC	Echo exam of eye	A	1	XXX							\$ -	\$ 39.67	
76519		Echo exam of eye	A	1	XXX							\$ -	\$ 75.17	
76519	26	Echo exam of eye	A	1	XXX							\$ 30.97	\$ 30.97	
76519	TC	Echo exam of eye	A	1	XXX							\$ -	\$ 44.20	
76529		Echo exam of eye	A	1	XXX							\$ -	\$ 71.69	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance		
76529	26	Echo exam of eye	A	1	XXX							\$	32.71	\$	32.71	
76529	TC	Echo exam of eye	A	1	XXX							\$	-	\$	38.98	
76536		Us exam of head and neck	A	1	XXX							\$	-	\$	110.32	
76536	26	Us exam of head and neck	A	1	XXX							\$	28.19	\$	28.19	
76536	TC	Us exam of head and neck	A	1	XXX							\$	-	\$	82.13	
76604		Us exam chest	A	1	XXX	Y						\$	-	\$	81.78	
76604	26	Us exam chest	A	1	XXX	Y						\$	27.49	\$	27.49	
76604	TC	Us exam chest	A	1	XXX	Y						\$	-	\$	54.29	
76645		Us exam breast(s)	A	1	XXX							\$	-	\$	90.83	
76645	26	Us exam breast(s)	A	1	XXX							\$	28.54	\$	28.54	
76645	TC	Us exam breast(s)	A	1	XXX							\$	-	\$	62.29	
76700		Us exam abdom complete	A	1	XXX	Y						\$	-	\$	129.80	
76700	26	Us exam abdom complete	A	1	XXX	Y						\$	40.72	\$	40.72	
76700	TC	Us exam abdom complete	A	1	XXX	Y						\$	-	\$	89.09	
76705		Echo exam of abdomen	A	1	XXX	Y						\$	-	\$	99.18	
76705	26	Echo exam of abdomen	A	1	XXX	Y						\$	29.58	\$	29.58	
76705	TC	Echo exam of abdomen	A	1	XXX	Y						\$	-	\$	69.60	
76770		Us exam abdo back wall comp	A	1	XXX	Y						\$	-	\$	123.19	
76770	26	Us exam abdo back wall comp	A	1	XXX	Y						\$	37.58	\$	37.58	
76770	TC	Us exam abdo back wall comp	A	1	XXX	Y						\$	-	\$	85.61	
76775		Us exam abdo back wall lim	A	1	XXX	Y						\$	-	\$	101.27	
76775	26	Us exam abdo back wall lim	A	1	XXX	Y						\$	29.23	\$	29.23	
76775	TC	Us exam abdo back wall lim	A	1	XXX	Y						\$	-	\$	72.04	
76776		Us exam k transpl w/doppler	A	1	XXX	Y						\$	-	\$	140.24	
76776	26	Us exam k transpl w/doppler	A	1	XXX	Y						\$	38.28	\$	38.28	
76776	TC	Us exam k transpl w/doppler	A	1	XXX	Y						\$	-	\$	101.96	
76800		Us exam spinal canal	A	1	XXX							\$	-	\$	123.19	
76800	26	Us exam spinal canal	A	1	XXX							\$	54.64	\$	54.64	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
76800	TC	Us exam spinal canal	A	1	XXX							\$ -	\$ 68.56	
76801		Ob us < 14 wks single fetus	A	1	XXX							\$ -	\$ 119.71	
76801	26	Ob us < 14 wks single fetus	A	1	XXX							\$ 48.02	\$ 48.02	
76801	TC	Ob us < 14 wks single fetus	A	1	XXX							\$ -	\$ 71.34	
76802		Ob us < 14 wks addl fetus	A	1	ZZZ							\$ -	\$ 66.12	
76802	26	Ob us < 14 wks addl fetus	A	1	ZZZ							\$ 40.72	\$ 40.72	
76802	TC	Ob us < 14 wks addl fetus	A	1	ZZZ							\$ -	\$ 25.40	
76805		Ob us >= 14 wks sngl fetus	A	1	XXX							\$ -	\$ 137.11	
76805	26	Ob us >= 14 wks sngl fetus	A	1	XXX							\$ 48.02	\$ 48.02	
76805	TC	Ob us >= 14 wks sngl fetus	A	1	XXX							\$ -	\$ 89.09	
76810		Ob us >= 14 wks addl fetus	A	1	ZZZ							\$ -	\$ 92.57	
76810	26	Ob us >= 14 wks addl fetus	A	1	ZZZ							\$ 47.68	\$ 47.68	
76810	TC	Ob us >= 14 wks addl fetus	A	1	ZZZ							\$ -	\$ 44.54	
76811		Ob us detailed sngl fetus	A	1	XXX							\$ -	\$ 177.83	
76811	26	Ob us detailed sngl fetus	A	1	XXX							\$ 92.92	\$ 92.92	
76811	TC	Ob us detailed sngl fetus	A	1	XXX							\$ -	\$ 84.91	
76812		Ob us detailed addl fetus	A	1	ZZZ							\$ 174.00	\$ 174.00	
76812	26	Ob us detailed addl fetus	A	1	ZZZ							\$ 87.00	\$ 87.00	
76812	TC	Ob us detailed addl fetus	A	1	ZZZ							\$ 81.43	\$ 81.43	
76813		Ob us nuchal meas 1 gest	A	1	XXX							\$ -	\$ 118.32	
76813	26	Ob us nuchal meas 1 gest	A	1	XXX							\$ 58.12	\$ 58.12	
76813	TC	Ob us nuchal meas 1 gest	A	1	XXX							\$ -	\$ 59.86	
76814		Ob us nuchal meas add-on	A	1	XXX							\$ -	\$ 77.95	
76814	26	Ob us nuchal meas add-on	A	1	XXX							\$ 48.72	\$ 48.72	
76814	TC	Ob us nuchal meas add-on	A	1	XXX							\$ -	\$ 29.23	
76815		Ob us limited fetus(s)	A	1	XXX							\$ -	\$ 83.87	
76815	26	Ob us limited fetus(s)	A	1	XXX							\$ 30.28	\$ 30.28	
76815	TC	Ob us limited fetus(s)	A	1	XXX							\$ -	\$ 53.24	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
76816		Ob us follow-up per fetus	A	1	XXX							\$ -	\$ 110.66	
76816	26	Ob us follow-up per fetus	A	1	XXX							\$ 42.46	\$ 42.46	
76816	TC	Ob us follow-up per fetus	A	1	XXX							\$ -	\$ 68.21	
76817		Transvaginal us obstetric	A	1	XXX							\$ -	\$ 96.05	
76817	26	Transvaginal us obstetric	A	1	XXX							\$ 37.24	\$ 37.24	
76817	TC	Transvaginal us obstetric	A	1	XXX							\$ -	\$ 58.81	
76818		Fetal biophys profile w/nst	A	1	XXX							\$ -	\$ 114.84	
76818	26	Fetal biophys profile w/nst	A	1	XXX							\$ 51.50	\$ 51.50	
76818	TC	Fetal biophys profile w/nst	A	1	XXX							\$ -	\$ 62.99	
76819		Fetal biophys profil w/o nst	A	1	XXX							\$ -	\$ 85.61	
76819	26	Fetal biophys profil w/o nst	A	1	XXX							\$ 38.63	\$ 38.63	
76819	TC	Fetal biophys profil w/o nst	A	1	XXX							\$ -	\$ 47.33	
76820		Umbilical artery echo	A	1	XXX							\$ -	\$ 41.41	
76820	26	Umbilical artery echo	A	1	XXX							\$ 24.01	\$ 24.01	
76820	TC	Umbilical artery echo	A	1	XXX							\$ -	\$ 17.75	
76821		Middle cerebral artery echo	A	1	XXX							\$ -	\$ 90.83	
76821	26	Middle cerebral artery echo	A	1	XXX							\$ 35.50	\$ 35.50	
76821	TC	Middle cerebral artery echo	A	1	XXX							\$ -	\$ 55.33	
76825		Echo exam of fetal heart	A	1	XXX							\$ -	\$ 201.84	
76825	26	Echo exam of fetal heart	A	1	XXX							\$ 80.39	\$ 80.39	
76825	TC	Echo exam of fetal heart	A	1	XXX							\$ -	\$ 121.45	
76826		Echo exam of fetal heart	A	1	XXX							\$ -	\$ 119.02	
76826	26	Echo exam of fetal heart	A	1	XXX							\$ 41.06	\$ 41.06	
76826	TC	Echo exam of fetal heart	A	1	XXX							\$ -	\$ 77.95	
76827		Echo exam of fetal heart	A	1	XXX							\$ -	\$ 59.51	
76827	26	Echo exam of fetal heart	A	1	XXX							\$ 27.49	\$ 27.49	
76827	TC	Echo exam of fetal heart	A	1	XXX							\$ -	\$ 32.02	
76828		Echo exam of fetal heart	A	1	XXX							\$ -	\$ 44.54	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
76828	26	Echo exam of fetal heart	A	1	XXX							\$ 26.45	\$ 26.45	
76828	TC	Echo exam of fetal heart	A	1	XXX							\$ -	\$ 17.75	
76830		Transvaginal us non-ob	A	1	XXX							\$ -	\$ 115.88	
76830	26	Transvaginal us non-ob	A	1	XXX							\$ 34.45	\$ 34.45	
76830	TC	Transvaginal us non-ob	A	1	XXX							\$ -	\$ 81.43	
76831		Echo exam uterus	A	1	XXX	Y						\$ -	\$ 117.28	
76831	26	Echo exam uterus	A	1	XXX	Y						\$ 36.19	\$ 36.19	
76831	TC	Echo exam uterus	A	1	XXX	Y						\$ -	\$ 81.08	
76856		Us exam pelvic complete	A	1	XXX	Y						\$ -	\$ 114.84	
76856	26	Us exam pelvic complete	A	1	XXX	Y						\$ 34.10	\$ 34.10	
76856	TC	Us exam pelvic complete	A	1	XXX	Y						\$ -	\$ 80.74	
76857		Us exam pelvic limited	A	1	XXX	Y						\$ -	\$ 91.18	
76857	26	Us exam pelvic limited	A	1	XXX	Y						\$ 20.53	\$ 20.53	
76857	TC	Us exam pelvic limited	A	1	XXX	Y						\$ -	\$ 70.64	
76870		Us exam scrotum	A	1	XXX	Y						\$ -	\$ 114.84	
76870	26	Us exam scrotum	A	1	XXX	Y						\$ 33.06	\$ 33.06	
76870	TC	Us exam scrotum	A	1	XXX	Y						\$ -	\$ 81.78	
76872		Us transrectal	A	1	XXX							\$ -	\$ 125.28	
76872	26	Us transrectal	A	1	XXX							\$ 35.50	\$ 35.50	
76872	TC	Us transrectal	A	1	XXX							\$ -	\$ 89.78	
76873		Echograp trans r pros study	A	1	XXX							\$ -	\$ 164.60	
76873	26	Echograp trans r pros study	A	1	XXX							\$ 78.65	\$ 78.65	
76873	TC	Echograp trans r pros study	A	1	XXX							\$ -	\$ 85.96	
76881		Us xtr non-vasc complete	A	1	XXX							\$ -	\$ 111.71	
76881	26	Us xtr non-vasc complete	A	1	XXX							\$ 32.02	\$ 32.02	
76881	TC	Us xtr non-vasc complete	A	1	XXX							\$ -	\$ 79.69	
76882		Us xtr non-vasc lmtd	A	1	XXX							\$ -	\$ 36.19	
76882	26	Us xtr non-vasc lmtd	A	1	XXX							\$ 26.10	\$ 26.10	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
76882	TC	Us xtr non-vasc lmtd	A	1	XXX							\$ -	\$ 10.09	
76885		Us exam infant hips dynamic	A	1	XXX							\$ 120.06	\$ 120.06	
76885	26	Us exam infant hips dynamic	A	1	XXX							\$ 37.93	\$ 37.93	
76885	TC	Us exam infant hips dynamic	A	1	XXX							\$ 81.43	\$ 81.43	
76886		Us exam infant hips static	A	1	XXX							\$ -	\$ 94.66	
76886	26	Us exam infant hips static	A	1	XXX							\$ 28.54	\$ 28.54	
76886	TC	Us exam infant hips static	A	1	XXX							\$ -	\$ 66.12	
76930		Echo guide cardiocentesis	A	1	XXX							\$ -	\$ 79.00	
76930	26	Echo guide cardiocentesis	A	1	XXX							\$ 31.67	\$ 31.67	
76930	TC	Echo guide cardiocentesis	A	1	XXX							\$ -	\$ 47.33	
76932		Echo guide for heart biopsy	C	1	XXX							\$ -	\$ -	
76932	26	Echo guide for heart biopsy	A	1	XXX							\$ 35.15	\$ 35.15	
76932	TC	Echo guide for heart biopsy	C	1	XXX							\$ -	\$ -	
76936		Echo guide for artery repair	A	1	XXX							\$ 245.34	\$ 245.34	
76936	26	Echo guide for artery repair	A	1	XXX							\$ 113.45	\$ 113.45	
76936	TC	Echo guide for artery repair	A	1	XXX							\$ 138.16	\$ 138.16	
76937		Us guide vascular access	A	1	ZZZ							\$ -	\$ 34.80	
76937	26	Us guide vascular access	A	1	ZZZ							\$ 16.70	\$ 16.70	
76937	TC	Us guide vascular access	A	1	ZZZ							\$ -	\$ 18.10	
76940		Us guide tissue ablation	C	1	XXX							\$ -	\$ -	
76940	26	Us guide tissue ablation	A	1	XXX							\$ 122.50	\$ 122.50	
76940	TC	Us guide tissue ablation	C	1	XXX							\$ -	\$ -	
76941		Echo guide for transfusion	C	1	XXX							\$ -	\$ -	
76941	26	Echo guide for transfusion	A	1	XXX							\$ 72.04	\$ 72.04	
76941	TC	Echo guide for transfusion	C	1	XXX							\$ -	\$ -	
76942		Echo guide for biopsy	A	1	XXX							\$ -	\$ 182.35	
76942	26	Echo guide for biopsy	A	1	XXX							\$ 34.45	\$ 34.45	
76942	TC	Echo guide for biopsy	A	1	XXX							\$ -	\$ 147.90	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
76945		Echo guide villus sampling	C	1	XXX							\$ -	\$ -	
76945	26	Echo guide villus sampling	A	1	XXX							\$ 35.50	\$ 35.50	
76945	TC	Echo guide villus sampling	C	1	XXX							\$ -	\$ -	
76946		Echo guide for amniocentesis	A	1	XXX							\$ -	\$ 33.41	
76946	26	Echo guide for amniocentesis	A	1	XXX							\$ 18.44	\$ 18.44	
76946	TC	Echo guide for amniocentesis	A	1	XXX							\$ -	\$ 14.96	
76948		Echo guide ova aspiration	A	1	XXX							\$ -	\$ 35.84	
76948	26	Echo guide ova aspiration	A	1	XXX							\$ 20.88	\$ 20.88	
76948	TC	Echo guide ova aspiration	A	1	XXX							\$ -	\$ 14.96	
76950		Echo guidance radiotherapy	A	1	XXX							\$ -	\$ 52.90	
76950	26	Echo guidance radiotherapy	A	1	XXX							\$ 29.58	\$ 29.58	
76950	TC	Echo guidance radiotherapy	A	1	XXX							\$ -	\$ 23.32	
76965		Echo guidance radiotherapy	A	1	XXX							\$ -	\$ 101.62	
76965	26	Echo guidance radiotherapy	A	1	XXX							\$ 69.25	\$ 69.25	
76965	TC	Echo guidance radiotherapy	A	1	XXX							\$ -	\$ 32.36	
76970		Ultrasound exam follow-up	A	1	XXX							\$ -	\$ 93.61	
76970	26	Ultrasound exam follow-up	A	1	XXX							\$ 22.27	\$ 22.27	
76970	TC	Ultrasound exam follow-up	A	1	XXX							\$ -	\$ 71.34	
76975		GI endoscopic ultrasound	C	1	XXX							\$ 242.21	\$ 242.21	
76975	26	GI endoscopic ultrasound	A	1	XXX							\$ 47.33	\$ 47.33	
76975	TC	GI endoscopic ultrasound	C	1	XXX							\$ 196.27	\$ 196.27	
76977		Us bone density measure	A	1	XXX							\$ -	\$ 9.40	
76977	26	Us bone density measure	A	1	XXX							\$ 3.48	\$ 3.48	
76977	TC	Us bone density measure	A	1	XXX							\$ -	\$ 5.92	
76998		Us guide intraop	C	1	XXX							\$ -	\$ -	
76998	26	Us guide intraop	A	1	XXX							\$ 83.17	\$ 83.17	
76998	TC	Us guide intraop	C	1	XXX							\$ -	\$ -	
76999		Echo examination procedure	C	1	XXX							\$ -	\$ -	

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HCPCS	MOD	DESCRIPTION	STATUS CODE	PCTC IND	GLOB DAYS	MULT PROC	BILAT SURG	ASST SURG	CO- SURG	TEAM SURG	ENDO BASE	CY 2012	CY 2012	CY2012
												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
76999	26	Echo examination procedure	C	1	XXX							\$ -	\$ -	
76999	TC	Echo examination procedure	C	1	XXX							\$ -	\$ -	
77001		Fluoroguide for vein device	A	1	ZZZ							\$ -	\$ 106.49	
77001	26	Fluoroguide for vein device	A	1	ZZZ							\$ 20.18	\$ 20.18	
77001	TC	Fluoroguide for vein device	A	1	ZZZ							\$ -	\$ 86.30	
77002		Needle localization by xray	A	1	XXX							\$ -	\$ 72.38	
77002	26	Needle localization by xray	A	1	XXX							\$ 28.19	\$ 28.19	
77002	TC	Needle localization by xray	A	1	XXX							\$ -	\$ 44.20	
77003		Fluoroguide for spine inject	A	1	XXX							\$ -	\$ 60.90	
77003	26	Fluoroguide for spine inject	A	1	XXX							\$ 30.62	\$ 30.62	
77003	TC	Fluoroguide for spine inject	A	1	XXX							\$ -	\$ 30.28	
77011		Ct scan for localization	A	1	XXX							\$ -	\$ 315.64	
77011	26	Ct scan for localization	A	1	XXX							\$ 59.86	\$ 59.86	
77011	TC	Ct scan for localization	A	1	XXX							\$ -	\$ 255.78	
77012		Ct scan for needle biopsy	A	1	XXX							\$ -	\$ 134.33	
77012	26	Ct scan for needle biopsy	A	1	XXX							\$ 56.03	\$ 56.03	
77012	TC	Ct scan for needle biopsy	A	1	XXX							\$ -	\$ 78.30	
77013		Ct guide for tissue ablation	C	1	XXX							\$ -	\$ -	
77013	26	Ct guide for tissue ablation	A	1	XXX							\$ 219.24	\$ 219.24	
77013	TC	Ct guide for tissue ablation	C	1	XXX							\$ -	\$ -	
77014		Ct scan for therapy guide	A	1	XXX							\$ -	\$ 129.80	
77014	26	Ct scan for therapy guide	A	1	XXX							\$ 42.80	\$ 42.80	
77014	TC	Ct scan for therapy guide	A	1	XXX							\$ -	\$ 87.00	
77021		Mr guidance for needle place	A	1	XXX							\$ -	\$ 371.32	
77021	26	Mr guidance for needle place	A	1	XXX							\$ 80.39	\$ 80.39	
77021	TC	Mr guidance for needle place	A	1	XXX							\$ -	\$ 290.93	
77022		Mri for tissue ablation	C	1	XXX							\$ -	\$ -	
77022	26	Mri for tissue ablation	A	1	XXX							\$ 229.68	\$ 229.68	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
77022	TC	Mri for tissue ablation	C	1	XXX							\$ -	\$ -	
77031		Stereotact guide for brst bx	A	1	XXX							\$ -	\$ 142.33	
77031	26	Stereotact guide for brst bx	A	1	XXX							\$ 84.56	\$ 84.56	
77031	TC	Stereotact guide for brst bx	A	1	XXX							\$ -	\$ 57.77	
77032		Guidance for needle breast	A	1	XXX							\$ -	\$ 51.85	
77032	26	Guidance for needle breast	A	1	XXX							\$ 28.19	\$ 28.19	
77032	TC	Guidance for needle breast	A	1	XXX							\$ -	\$ 23.66	
77051		Computer dx mammogram add-on	A	1	ZZZ							\$ -	\$ 11.14	
77051	26	Computer dx mammogram add-on	A	1	ZZZ							\$ 3.83	\$ 3.83	
77051	TC	Computer dx mammogram add-on	A	1	ZZZ							\$ -	\$ 7.66	
77052		Comp screen mammogram add-on	A	1	ZZZ							\$ -	\$ 11.14	
77052	26	Comp screen mammogram add-on	A	1	ZZZ							\$ 3.83	\$ 3.83	
77052	TC	Comp screen mammogram add-on	A	1	ZZZ							\$ -	\$ 7.66	
77053		X-ray of mammary duct	A	1	XXX							\$ -	\$ 57.42	
77053	26	X-ray of mammary duct	A	1	XXX							\$ 17.05	\$ 17.05	
77053	TC	X-ray of mammary duct	A	1	XXX							\$ -	\$ 40.37	
77054		X-ray of mammary ducts	A	1	XXX							\$ -	\$ 79.00	
77054	26	X-ray of mammary ducts	A	1	XXX							\$ 23.32	\$ 23.32	
77054	TC	X-ray of mammary ducts	A	1	XXX							\$ -	\$ 55.68	
77055		Mammogram one breast	A	1	XXX							\$ -	\$ 82.13	
77055	26	Mammogram one breast	A	1	XXX							\$ 35.84	\$ 35.84	
77055	TC	Mammogram one breast	A	1	XXX							\$ -	\$ 45.94	
77056		Mammogram both breasts	A	1	XXX							\$ -	\$ 104.40	
77056	26	Mammogram both breasts	A	1	XXX							\$ 44.54	\$ 44.54	
77056	TC	Mammogram both breasts	A	1	XXX							\$ -	\$ 59.86	
77057		Mammogram screening	A	1	XXX							\$ -	\$ 76.56	
77057	26	Mammogram screening	A	1	XXX							\$ 35.84	\$ 35.84	
77057	TC	Mammogram screening	A	1	XXX							\$ -	\$ 40.72	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
77058		Mri one breast	A	1	XXX	Y						\$ -	\$ 612.13	
77058	26	Mri one breast	A	1	XXX	Y						\$ 83.52	\$ 83.52	
77058	TC	Mri one breast	A	1	XXX	Y						\$ -	\$ 528.61	
77059		Mri both breasts	A	1	XXX	Y						\$ -	\$ 623.62	
77059	26	Mri both breasts	A	1	XXX	Y						\$ 83.52	\$ 83.52	
77059	TC	Mri both breasts	A	1	XXX	Y						\$ -	\$ 540.44	
77071		X-ray stress view	A	2	XXX							\$ 50.81	\$ 50.81	
77072		X-rays for bone age	A	1	XXX							\$ -	\$ 22.62	
77072	26	X-rays for bone age	A	1	XXX							\$ 9.40	\$ 9.40	
77072	TC	X-rays for bone age	A	1	XXX							\$ -	\$ 12.88	
77073		X-rays bone length studies	A	1	XXX							\$ -	\$ 38.98	
77073	26	X-rays bone length studies	A	1	XXX							\$ 17.05	\$ 17.05	
77073	TC	X-rays bone length studies	A	1	XXX							\$ -	\$ 21.92	
77074		X-rays bone survey limited	A	1	XXX							\$ -	\$ 65.42	
77074	26	X-rays bone survey limited	A	1	XXX							\$ 23.32	\$ 23.32	
77074	TC	X-rays bone survey limited	A	1	XXX							\$ -	\$ 42.11	
77075		X-rays bone survey complete	A	1	XXX							\$ -	\$ 95.70	
77075	26	X-rays bone survey complete	A	1	XXX							\$ 27.49	\$ 27.49	
77075	TC	X-rays bone survey complete	A	1	XXX							\$ -	\$ 67.86	
77076		X-rays bone survey infant	A	1	XXX							\$ -	\$ 100.57	
77076	26	X-rays bone survey infant	A	1	XXX							\$ 35.84	\$ 35.84	
77076	TC	X-rays bone survey infant	A	1	XXX							\$ -	\$ 64.38	
77077		Joint survey single view	A	1	XXX							\$ -	\$ 41.76	
77077	26	Joint survey single view	A	1	XXX							\$ 19.14	\$ 19.14	
77077	TC	Joint survey single view	A	1	XXX							\$ -	\$ 22.62	
77078		Ct bone density axial	A	1	XXX							\$ 105.10	\$ 105.10	
77078	26	Ct bone density axial	A	1	XXX							\$ 12.18	\$ 12.18	
77078	TC	Ct bone density axial	A	1	XXX							\$ 92.57	\$ 92.57	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
77080		Dxa bone density axial	A	1	XXX							\$ -	\$ 50.81	
77080	26	Dxa bone density axial	A	1	XXX							\$ 10.09	\$ 10.09	
77080	TC	Dxa bone density axial	A	1	XXX							\$ -	\$ 40.72	
77081		Dxa bone density/peripheral	A	1	XXX							\$ -	\$ 27.14	
77081	26	Dxa bone density/peripheral	A	1	XXX							\$ 11.14	\$ 11.14	
77081	TC	Dxa bone density/peripheral	A	1	XXX							\$ -	\$ 16.01	
77082		Dxa bone density vert fx	A	1	XXX							\$ -	\$ 27.14	
77082	26	Dxa bone density vert fx	A	1	XXX							\$ 8.70	\$ 8.70	
77082	TC	Dxa bone density vert fx	A	1	XXX							\$ -	\$ 18.10	
77084		Magnetic image bone marrow	A	1	XXX							\$ -	\$ 433.26	
77084	26	Magnetic image bone marrow	A	1	XXX							\$ 82.48	\$ 82.48	
77084	TC	Magnetic image bone marrow	A	1	XXX							\$ -	\$ 351.13	
77261		Radiation therapy planning	A	2	XXX							\$ 75.52	\$ 75.52	
77262		Radiation therapy planning	A	2	XXX							\$ 115.88	\$ 115.88	
77263		Radiation therapy planning	A	2	XXX							\$ 171.22	\$ 171.22	
77280		Set radiation therapy field	A	1	XXX							\$ -	\$ 165.65	
77280	26	Set radiation therapy field	A	1	XXX							\$ 35.15	\$ 35.15	
77280	TC	Set radiation therapy field	A	1	XXX							\$ -	\$ 130.50	
77285		Set radiation therapy field	A	1	XXX							\$ -	\$ 290.58	
77285	26	Set radiation therapy field	A	1	XXX							\$ 52.90	\$ 52.90	
77285	TC	Set radiation therapy field	A	1	XXX							\$ -	\$ 237.34	
77290		Set radiation therapy field	A	1	XXX							\$ -	\$ 468.06	
77290	26	Set radiation therapy field	A	1	XXX							\$ 78.30	\$ 78.30	
77290	TC	Set radiation therapy field	A	1	XXX							\$ -	\$ 389.76	
77295		Set radiation therapy field	A	1	XXX							\$ -	\$ 469.10	
77295	26	Set radiation therapy field	A	1	XXX							\$ 232.81	\$ 232.81	
77295	TC	Set radiation therapy field	A	1	XXX							\$ -	\$ 236.29	
77299		Radiation therapy planning	C	1	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
77299	26	Radiation therapy planning	C	1	XXX							\$ -	\$ -	
77299	TC	Radiation therapy planning	C	1	XXX							\$ -	\$ -	
77300		Radiation therapy dose plan	A	1	XXX							\$ -	\$ 63.68	
77300	26	Radiation therapy dose plan	A	1	XXX							\$ 31.32	\$ 31.32	
77300	TC	Radiation therapy dose plan	A	1	XXX							\$ -	\$ 32.36	
77301		Radiotherapy dose plan imrt	A	1	XXX							\$ -	\$ 1,772.36	
77301	26	Radiotherapy dose plan imrt	A	1	XXX							\$ 406.46	\$ 406.46	
77301	TC	Radiotherapy dose plan imrt	A	1	XXX							\$ -	\$ 1,365.90	
77305		Teletx isodose plan simple	A	1	XXX							\$ -	\$ 59.51	
77305	26	Teletx isodose plan simple	A	1	XXX							\$ 35.15	\$ 35.15	
77305	TC	Teletx isodose plan simple	A	1	XXX							\$ -	\$ 24.36	
77310		Teletx isodose plan intermed	A	1	XXX							\$ -	\$ 85.26	
77310	26	Teletx isodose plan intermed	A	1	XXX							\$ 52.90	\$ 52.90	
77310	TC	Teletx isodose plan intermed	A	1	XXX							\$ -	\$ 32.36	
77315		Teletx isodose plan complex	A	1	XXX							\$ -	\$ 130.50	
77315	26	Teletx isodose plan complex	A	1	XXX							\$ 78.30	\$ 78.30	
77315	TC	Teletx isodose plan complex	A	1	XXX							\$ -	\$ 52.55	
77321		Special teletx port plan	A	1	XXX							\$ -	\$ 92.22	
77321	26	Special teletx port plan	A	1	XXX							\$ 47.33	\$ 47.33	
77321	TC	Special teletx port plan	A	1	XXX							\$ -	\$ 44.54	
77326		Brachytx isodose calc simp	A	1	XXX							\$ -	\$ 132.24	
77326	26	Brachytx isodose calc simp	A	1	XXX							\$ 46.28	\$ 46.28	
77326	TC	Brachytx isodose calc simp	A	1	XXX							\$ -	\$ 85.96	
77327		Brachytx isodose calc interm	A	1	XXX							\$ -	\$ 186.53	
77327	26	Brachytx isodose calc interm	A	1	XXX							\$ 70.64	\$ 70.64	
77327	TC	Brachytx isodose calc interm	A	1	XXX							\$ -	\$ 116.23	
77328		Brachytx isodose plan compl	A	1	XXX							\$ -	\$ 251.95	
77328	26	Brachytx isodose plan compl	A	1	XXX							\$ 105.44	\$ 105.44	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
77328	TC	Brachytx isodose plan compl	A	1	XXX							\$ -	\$ 146.51	
77331		Special radiation dosimetry	A	1	XXX							\$ -	\$ 60.90	
77331	26	Special radiation dosimetry	A	1	XXX							\$ 43.85	\$ 43.85	
77331	TC	Special radiation dosimetry	A	1	XXX							\$ -	\$ 17.05	
77332		Radiation treatment aid(s)	A	1	XXX							\$ -	\$ 71.34	
77332	26	Radiation treatment aid(s)	A	1	XXX							\$ 27.49	\$ 27.49	
77332	TC	Radiation treatment aid(s)	A	1	XXX							\$ -	\$ 43.85	
77333		Radiation treatment aid(s)	A	1	XXX							\$ -	\$ 54.29	
77333	26	Radiation treatment aid(s)	A	1	XXX							\$ 42.11	\$ 42.11	
77333	TC	Radiation treatment aid(s)	A	1	XXX							\$ -	\$ 12.18	
77334		Radiation treatment aid(s)	A	1	XXX							\$ -	\$ 136.76	
77334	26	Radiation treatment aid(s)	A	1	XXX							\$ 61.60	\$ 61.60	
77334	TC	Radiation treatment aid(s)	A	1	XXX							\$ -	\$ 75.17	
77336		Radiation physics consult	A	3	XXX							\$ -	\$ 40.37	
77338		Design mlc device for imrt	A	1	XXX							\$ -	\$ 459.71	
77338	26	Design mlc device for imrt	A	1	XXX							\$ 218.54	\$ 218.54	
77338	TC	Design mlc device for imrt	A	1	XXX							\$ -	\$ 241.16	
77370		Radiation physics consult	A	3	XXX							\$ -	\$ 99.53	
77371		Srs multisource	C	3	XXX							\$ -	\$ -	
77372		Srs linear based	A	3	XXX							\$ -	\$ 713.40	
77373		Sbrt delivery	A	3	XXX							\$ -	\$ 1,357.20	
77399		External radiation dosimetry	C	1	XXX							\$ -	\$ -	
77399	26	External radiation dosimetry	C	1	XXX							\$ -	\$ -	
77399	TC	External radiation dosimetry	C	1	XXX							\$ -	\$ -	
77401		Radiation treatment delivery	A	3	XXX							\$ -	\$ 19.49	
77402		Radiation treatment delivery	A	3	XXX							\$ -	\$ 156.25	
77403		Radiation treatment delivery	A	3	XXX							\$ -	\$ 114.14	
77404		Radiation treatment delivery	A	3	XXX							\$ -	\$ 127.37	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
77406		Radiation treatment delivery	A	3	XXX							\$ -	\$ 129.80	
77407		Radiation treatment delivery	A	3	XXX							\$ -	\$ 215.06	
77408		Radiation treatment delivery	A	3	XXX							\$ -	\$ 155.90	
77409		Radiation treatment delivery	A	3	XXX							\$ -	\$ 173.30	
77411		Radiation treatment delivery	A	3	XXX							\$ -	\$ 172.61	
77412		Radiation treatment delivery	A	3	XXX							\$ -	\$ 207.06	
77413		Radiation treatment delivery	A	3	XXX							\$ -	\$ 204.97	
77414		Radiation treatment delivery	A	3	XXX							\$ -	\$ 230.03	
77416		Radiation treatment delivery	A	3	XXX							\$ -	\$ 230.72	
77417		Radiology port film(s)	A	3	XXX							\$ -	\$ 12.88	
77418		Radiation tx delivery imrt	A	3	XXX							\$ -	\$ 403.68	
77421		Stereoscopic x-ray guidance	A	1	XXX							\$ -	\$ 76.91	
77421	26	Stereoscopic x-ray guidance	A	1	XXX							\$ 18.44	\$ 18.44	
77421	TC	Stereoscopic x-ray guidance	A	1	XXX							\$ -	\$ 58.12	
77422		Neutron beam tx simple	A	3	XXX							\$ -	\$ 215.06	
77423		Neutron beam tx complex	A	3	XXX							\$ -	\$ 222.37	
77424		lo rad tx delivery by x-ray	X	9	XXX							\$ -	\$ -	
77425		lo rad tx deliver by elctrns	X	9	XXX							\$ -	\$ -	
77427		Radiation tx management x5	A	2	XXX							\$ 188.96	\$ 188.96	
77431		Radiation therapy management	A	2	XXX							\$ 103.01	\$ 103.01	
77432		Stereotactic radiation trmt	A	2	XXX							\$ 432.22	\$ 432.22	
77435		Sbrt management	A	2	XXX							\$ 649.37	\$ 657.02	
77469		lo radiation tx management	A	0	XXX							\$ 319.46	\$ -	
77470		Special radiation treatment	A	1	XXX							\$ -	\$ 166.34	
77470	26	Special radiation treatment	A	1	XXX							\$ 105.44	\$ 105.44	
77470	TC	Special radiation treatment	A	1	XXX							\$ -	\$ 60.90	
77499		Radiation therapy management	C	1	XXX							\$ -	\$ -	
77499	26	Radiation therapy management	C	1	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
77499	TC	Radiation therapy management	C	1	XXX							\$ -	\$ -	
77520		Proton trmt simple w/o comp	C	3	XXX							\$ -	\$ -	
77522		Proton trmt simple w/comp	C	3	XXX							\$ -	\$ -	
77523		Proton trmt intermediate	C	3	XXX							\$ -	\$ -	
77525		Proton treatment complex	C	3	XXX							\$ -	\$ -	
77600		Hyperthermia treatment	N	1	XXX							\$ -	\$ 368.53	
77600	26	Hyperthermia treatment	N	1	XXX							\$ 78.30	\$ 78.30	
77600	TC	Hyperthermia treatment	N	1	XXX							\$ -	\$ 290.58	
77605		Hyperthermia treatment	N	1	XXX							\$ -	\$ 642.06	
77605	26	Hyperthermia treatment	N	1	XXX							\$ 137.11	\$ 137.11	
77605	TC	Hyperthermia treatment	N	1	XXX							\$ -	\$ 505.30	
77610		Hyperthermia treatment	N	1	XXX							\$ -	\$ 577.33	
77610	26	Hyperthermia treatment	N	1	XXX							\$ 77.60	\$ 77.60	
77610	TC	Hyperthermia treatment	N	1	XXX							\$ -	\$ 499.73	
77615		Hyperthermia treatment	N	1	XXX							\$ -	\$ 863.04	
77615	26	Hyperthermia treatment	N	1	XXX							\$ 105.44	\$ 105.44	
77615	TC	Hyperthermia treatment	N	1	XXX							\$ -	\$ 757.60	
77620		Hyperthermia treatment	N	1	XXX							\$ -	\$ 478.15	
77620	26	Hyperthermia treatment	N	1	XXX							\$ 74.82	\$ 74.82	
77620	TC	Hyperthermia treatment	N	1	XXX							\$ -	\$ 403.33	
77750		Infuse radioactive materials	A	1	090							\$ -	\$ 345.22	
77750	26	Infuse radioactive materials	A	1	090							\$ 254.74	\$ 254.74	
77750	TC	Infuse radioactive materials	A	1	090							\$ -	\$ 90.48	
77761		Apply intrcav radiat simple	A	1	090							\$ -	\$ 350.78	
77761	26	Apply intrcav radiat simple	A	1	090							\$ 195.23	\$ 195.23	
77761	TC	Apply intrcav radiat simple	A	1	090							\$ -	\$ 155.21	
77762		Apply intrcav radiat interm	A	1	090							\$ -	\$ 472.93	
77762	26	Apply intrcav radiat interm	A	1	090							\$ 293.36	\$ 293.36	

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HCPCS	MOD	DESCRIPTION	STATUS CODE	PCTC IND	GLOB DAYS	MULT PROC	BILAT SURG	ASST SURG	CO- SURG	TEAM SURG	ENDO BASE	CY 2012	CY 2012	CY2012
												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
77762	TC	Apply intrcav radiat interm	A	1	090							\$ -	\$ 179.57	
77763		Apply intrcav radiat compl	A	1	090							\$ -	\$ 673.38	
77763	26	Apply intrcav radiat compl	A	1	090							\$ 439.52	\$ 439.52	
77763	TC	Apply intrcav radiat compl	A	1	090							\$ -	\$ 233.86	
77776		Apply interstit radiat simpl	A	1	090							\$ -	\$ 406.46	
77776	26	Apply interstit radiat simpl	A	1	090				Y			\$ 246.73	\$ 246.73	
77776	TC	Apply interstit radiat simpl	A	1	090							\$ -	\$ 159.73	
77777		Apply interstit radiat inter	A	1	090							\$ -	\$ 562.02	
77777	26	Apply interstit radiat inter	A	1	090				Y			\$ 396.02	\$ 396.02	
77777	TC	Apply interstit radiat inter	A	1	090							\$ -	\$ 166.00	
77778		Apply interstit radiat compl	A	1	090							\$ -	\$ 816.76	
77778	26	Apply interstit radiat compl	A	1	090				Y			\$ 576.98	\$ 576.98	
77778	TC	Apply interstit radiat compl	A	1	090							\$ -	\$ 240.12	
77785		Hdr brachytx 1 channel	A	1	XXX							\$ -	\$ 212.98	
77785	26	Hdr brachytx 1 channel	A	1	XXX							\$ 72.04	\$ 72.04	
77785	TC	Hdr brachytx 1 channel	A	1	XXX							\$ -	\$ 140.94	
77786		Hdr brachytx 2-12 channel	A	1	XXX							\$ -	\$ 508.78	
77786	26	Hdr brachytx 2-12 channel	A	1	XXX							\$ 163.91	\$ 163.91	
77786	TC	Hdr brachytx 2-12 channel	A	1	XXX							\$ -	\$ 344.87	
77787		Hdr brachytx over 12 chan	A	1	XXX							\$ -	\$ 840.77	
77787	26	Hdr brachytx over 12 chan	A	1	XXX							\$ 250.56	\$ 250.56	
77787	TC	Hdr brachytx over 12 chan	A	1	XXX							\$ -	\$ 590.21	
77789		Apply surface radiation	A	1	000							\$ -	\$ 105.10	
77789	26	Apply surface radiation	A	1	000							\$ 57.07	\$ 57.07	
77789	TC	Apply surface radiation	A	1	000							\$ -	\$ 47.68	
77790		Radiation handling	A	1	XXX							\$ -	\$ 86.30	
77790	26	Radiation handling	A	1	XXX							\$ 51.50	\$ 51.50	
77790	TC	Radiation handling	A	1	XXX							\$ -	\$ 34.45	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
77799		Radium/radioisotope therapy	C	1	XXX							\$ -	\$ -	
77799	26	Radium/radioisotope therapy	C	1	XXX							\$ -	\$ -	
77799	TC	Radium/radioisotope therapy	C	1	XXX							\$ -	\$ -	
78000		Thyroid single uptake	A	1	XXX							\$ -	\$ 65.77	
78000	26	Thyroid single uptake	A	1	XXX							\$ 9.40	\$ 9.40	
78000	TC	Thyroid single uptake	A	1	XXX							\$ -	\$ 56.03	
78001		Thyroid multiple uptakes	A	1	XXX							\$ -	\$ 84.91	
78001	26	Thyroid multiple uptakes	A	1	XXX							\$ 12.88	\$ 12.88	
78001	TC	Thyroid multiple uptakes	A	1	XXX							\$ -	\$ 72.38	
78003		Thyroid suppress/stimul	A	1	XXX							\$ -	\$ 73.43	
78003	26	Thyroid suppress/stimul	A	1	XXX							\$ 15.66	\$ 15.66	
78003	TC	Thyroid suppress/stimul	A	1	XXX							\$ -	\$ 57.77	
78006		Thyroid imaging with uptake	A	1	XXX							\$ -	\$ 216.11	
78006	26	Thyroid imaging with uptake	A	1	XXX							\$ 25.06	\$ 25.06	
78006	TC	Thyroid imaging with uptake	A	1	XXX							\$ -	\$ 191.05	
78007		Thyroid image mult uptakes	A	1	XXX							\$ -	\$ 205.67	
78007	26	Thyroid image mult uptakes	A	1	XXX							\$ 25.40	\$ 25.40	
78007	TC	Thyroid image mult uptakes	A	1	XXX							\$ -	\$ 180.26	
78010		Thyroid imaging	A	1	XXX							\$ -	\$ 149.99	
78010	26	Thyroid imaging	A	1	XXX							\$ 18.10	\$ 18.10	
78010	TC	Thyroid imaging	A	1	XXX							\$ -	\$ 131.54	
78011		Thyroid imaging with flow	A	1	XXX							\$ -	\$ 162.17	
78011	26	Thyroid imaging with flow	A	1	XXX							\$ 23.32	\$ 23.32	
78011	TC	Thyroid imaging with flow	A	1	XXX							\$ -	\$ 138.50	
78015		Thyroid met imaging	A	1	XXX							\$ -	\$ 196.97	
78015	26	Thyroid met imaging	A	1	XXX							\$ 33.76	\$ 33.76	
78015	TC	Thyroid met imaging	A	1	XXX							\$ -	\$ 163.21	
78016		Thyroid met imaging/studies	A	1	XXX							\$ -	\$ 265.87	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
78016	26	Thyroid met imaging/studies	A	1	XXX							\$ 36.54	\$ 36.54	
78016	TC	Thyroid met imaging/studies	A	1	XXX							\$ -	\$ 228.98	
78018		Thyroid met imaging body	A	1	XXX							\$ -	\$ 283.62	
78018	26	Thyroid met imaging body	A	1	XXX							\$ 41.76	\$ 41.76	
78018	TC	Thyroid met imaging body	A	1	XXX							\$ -	\$ 241.86	
78020		Thyroid met uptake	A	1	ZZZ							\$ -	\$ 78.30	
78020	26	Thyroid met uptake	A	1	ZZZ							\$ 28.88	\$ 28.88	
78020	TC	Thyroid met uptake	A	1	ZZZ							\$ -	\$ 49.42	
78070		Parathyroid nuclear imaging	A	1	XXX							\$ -	\$ 146.51	
78070	26	Parathyroid nuclear imaging	A	1	XXX							\$ 40.37	\$ 40.37	
78070	TC	Parathyroid nuclear imaging	A	1	XXX							\$ -	\$ 106.14	
78075		Adrenal nuclear imaging	A	1	XXX							\$ -	\$ 377.23	
78075	26	Adrenal nuclear imaging	A	1	XXX							\$ 36.19	\$ 36.19	
78075	TC	Adrenal nuclear imaging	A	1	XXX							\$ -	\$ 341.04	
78099		Endocrine nuclear procedure	C	1	XXX							\$ -	\$ -	
78099	26	Endocrine nuclear procedure	C	1	XXX							\$ -	\$ -	
78099	TC	Endocrine nuclear procedure	C	1	XXX							\$ -	\$ -	
78102		Bone marrow imaging ltd	A	1	XXX							\$ -	\$ 152.42	
78102	26	Bone marrow imaging ltd	A	1	XXX							\$ 27.49	\$ 27.49	
78102	TC	Bone marrow imaging ltd	A	1	XXX							\$ -	\$ 124.93	
78103		Bone marrow imaging mult	A	1	XXX							\$ -	\$ 200.45	
78103	26	Bone marrow imaging mult	A	1	XXX							\$ 36.89	\$ 36.89	
78103	TC	Bone marrow imaging mult	A	1	XXX							\$ -	\$ 163.21	
78104		Bone marrow imaging body	A	1	XXX							\$ -	\$ 223.42	
78104	26	Bone marrow imaging body	A	1	XXX							\$ 39.32	\$ 39.32	
78104	TC	Bone marrow imaging body	A	1	XXX							\$ -	\$ 183.74	
78110		Plasma volume single	A	1	XXX							\$ -	\$ 77.26	
78110	26	Plasma volume single	A	1	XXX							\$ 9.40	\$ 9.40	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
78110	TC	Plasma volume single	A	1	XXX							\$ -	\$ 67.86	
78111		Plasma volume multiple	A	1	XXX							\$ -	\$ 75.86	
78111	26	Plasma volume multiple	A	1	XXX							\$ 10.09	\$ 10.09	
78111	TC	Plasma volume multiple	A	1	XXX							\$ -	\$ 65.77	
78120		Red cell mass single	A	1	XXX							\$ -	\$ 79.69	
78120	26	Red cell mass single	A	1	XXX							\$ 11.48	\$ 11.48	
78120	TC	Red cell mass single	A	1	XXX							\$ -	\$ 68.21	
78121		Red cell mass multiple	A	1	XXX							\$ -	\$ 89.09	
78121	26	Red cell mass multiple	A	1	XXX							\$ 15.31	\$ 15.31	
78121	TC	Red cell mass multiple	A	1	XXX							\$ -	\$ 73.78	
78122		Blood volume	A	1	XXX							\$ -	\$ 93.26	
78122	26	Blood volume	A	1	XXX							\$ 20.18	\$ 20.18	
78122	TC	Blood volume	A	1	XXX							\$ -	\$ 73.08	
78130		Red cell survival study	A	1	XXX							\$ -	\$ 142.68	
78130	26	Red cell survival study	A	1	XXX							\$ 31.67	\$ 31.67	
78130	TC	Red cell survival study	A	1	XXX							\$ -	\$ 111.01	
78135		Red cell survival kinetics	A	1	XXX							\$ -	\$ 318.77	
78135	26	Red cell survival kinetics	A	1	XXX							\$ 33.41	\$ 33.41	
78135	TC	Red cell survival kinetics	A	1	XXX							\$ -	\$ 285.71	
78140		Red cell sequestration	A	1	XXX							\$ -	\$ 124.93	
78140	26	Red cell sequestration	A	1	XXX							\$ 31.67	\$ 31.67	
78140	TC	Red cell sequestration	A	1	XXX							\$ -	\$ 93.26	
78185		Spleen imaging	A	1	XXX							\$ -	\$ 184.44	
78185	26	Spleen imaging	A	1	XXX							\$ 18.79	\$ 18.79	
78185	TC	Spleen imaging	A	1	XXX							\$ -	\$ 165.65	
78190		Platelet survival kinetics	A	1	XXX							\$ 264.13	\$ 264.13	
78190	26	Platelet survival kinetics	A	1	XXX							\$ 54.29	\$ 54.29	
78190	TC	Platelet survival kinetics	A	1	XXX							\$ 207.41	\$ 207.41	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
78191		Platelet survival	A	1	XXX							\$ -	\$ 152.42	
78191	26	Platelet survival	A	1	XXX							\$ 31.67	\$ 31.67	
78191	TC	Platelet survival	A	1	XXX							\$ -	\$ 120.76	
78195		Lymph system imaging	A	1	XXX							\$ -	\$ 322.60	
78195	26	Lymph system imaging	A	1	XXX							\$ 60.55	\$ 60.55	
78195	TC	Lymph system imaging	A	1	XXX							\$ -	\$ 262.04	
78199		Blood/lymph nuclear exam	C	1	XXX							\$ -	\$ -	
78199	26	Blood/lymph nuclear exam	C	1	XXX							\$ -	\$ -	
78199	TC	Blood/lymph nuclear exam	C	1	XXX							\$ -	\$ -	
78201		Liver imaging	A	1	XXX							\$ -	\$ 167.39	
78201	26	Liver imaging	A	1	XXX							\$ 23.32	\$ 23.32	
78201	TC	Liver imaging	A	1	XXX							\$ -	\$ 144.07	
78202		Liver imaging with flow	A	1	XXX							\$ -	\$ 183.05	
78202	26	Liver imaging with flow	A	1	XXX							\$ 22.97	\$ 22.97	
78202	TC	Liver imaging with flow	A	1	XXX							\$ -	\$ 160.08	
78205		Liver imaging (3D)	A	1	XXX							\$ -	\$ 199.06	
78205	26	Liver imaging (3D)	A	1	XXX							\$ 35.50	\$ 35.50	
78205	TC	Liver imaging (3D)	A	1	XXX							\$ -	\$ 163.56	
78206		Liver image (3d) with flow	A	1	XXX							\$ -	\$ 309.37	
78206	26	Liver image (3d) with flow	A	1	XXX							\$ 46.63	\$ 46.63	
78206	TC	Liver image (3d) with flow	A	1	XXX							\$ -	\$ 262.74	
78215		Liver and spleen imaging	A	1	XXX							\$ -	\$ 174.70	
78215	26	Liver and spleen imaging	A	1	XXX							\$ 25.06	\$ 25.06	
78215	TC	Liver and spleen imaging	A	1	XXX							\$ -	\$ 149.64	
78216		Liver & spleen image/flow	A	1	XXX							\$ -	\$ 115.19	
78216	26	Liver & spleen image/flow	A	1	XXX							\$ 28.19	\$ 28.19	
78216	TC	Liver & spleen image/flow	A	1	XXX							\$ -	\$ 87.35	
78226		Hepatobiliary system imaging	A	1	XXX							\$ -	\$ 287.45	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
78226	26	Hepatobiliary system imaging	A	1	XXX							\$ 36.54	\$ 36.54	
78226	TC	Hepatobiliary system imaging	A	1	XXX							\$ -	\$ 250.91	
78227		Hepatobil syst image w/drug	A	1	XXX							\$ 424.56	\$ 391.85	
78227	26	Hepatobil syst image w/drug	A	1	XXX							\$ 43.50	\$ 43.50	
78227	TC	Hepatobil syst image w/drug	A	1	XXX							\$ 379.67	\$ 348.35	
78230		Salivary gland imaging	A	1	XXX							\$ -	\$ 153.82	
78230	26	Salivary gland imaging	A	1	XXX							\$ 23.32	\$ 23.32	
78230	TC	Salivary gland imaging	A	1	XXX							\$ -	\$ 130.50	
78231		Serial salivary imaging	A	1	XXX							\$ -	\$ 114.14	
78231	26	Serial salivary imaging	A	1	XXX							\$ 24.36	\$ 24.36	
78231	TC	Serial salivary imaging	A	1	XXX							\$ -	\$ 89.78	
78232		Salivary gland function exam	A	1	XXX							\$ -	\$ 98.83	
78232	26	Salivary gland function exam	A	1	XXX							\$ 22.27	\$ 22.27	
78232	TC	Salivary gland function exam	A	1	XXX							\$ -	\$ 76.21	
78258		Esophageal motility study	A	1	XXX							\$ -	\$ 208.80	
78258	26	Esophageal motility study	A	1	XXX							\$ 36.19	\$ 36.19	
78258	TC	Esophageal motility study	A	1	XXX							\$ -	\$ 172.61	
78261		Gastric mucosa imaging	A	1	XXX							\$ -	\$ 226.90	
78261	26	Gastric mucosa imaging	A	1	XXX							\$ 35.15	\$ 35.15	
78261	TC	Gastric mucosa imaging	A	1	XXX							\$ -	\$ 191.75	
78262		Gastroesophageal reflux exam	A	1	XXX							\$ -	\$ 222.37	
78262	26	Gastroesophageal reflux exam	A	1	XXX							\$ 31.32	\$ 31.32	
78262	TC	Gastroesophageal reflux exam	A	1	XXX							\$ -	\$ 191.40	
78264		Gastric emptying study	A	1	XXX							\$ -	\$ 259.61	
78264	26	Gastric emptying study	A	1	XXX							\$ 39.67	\$ 39.67	
78264	TC	Gastric emptying study	A	1	XXX							\$ -	\$ 219.94	
78267		Breath tst attain/anal c-14	X	9	XXX							\$ -	\$ -	
78268		Breath test analysis c-14	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
78270		Vit B-12 absorption exam	A	1	XXX							\$ -	\$ 73.43	
78270	26	Vit B-12 absorption exam	A	1	XXX							\$ 10.09	\$ 10.09	
78270	TC	Vit B-12 absorption exam	A	1	XXX							\$ -	\$ 63.34	
78271		Vit b-12 absrp exam int fac	A	1	XXX							\$ -	\$ 78.65	
78271	26	Vit b-12 absrp exam int fac	A	1	XXX							\$ 10.09	\$ 10.09	
78271	TC	Vit b-12 absrp exam int fac	A	1	XXX							\$ -	\$ 68.56	
78272		Vit b-12 absorp combined	A	1	XXX							\$ -	\$ 82.13	
78272	26	Vit b-12 absorp combined	A	1	XXX							\$ 13.22	\$ 13.22	
78272	TC	Vit b-12 absorp combined	A	1	XXX							\$ -	\$ 68.90	
78278		Acute GI blood loss imaging	A	1	XXX							\$ -	\$ 312.85	
78278	26	Acute GI blood loss imaging	A	1	XXX							\$ 49.42	\$ 49.42	
78278	TC	Acute GI blood loss imaging	A	1	XXX							\$ -	\$ 263.44	
78282		GI protein loss exam	C	1	XXX							\$ 335.47	\$ 335.47	
78282	26	GI protein loss exam	A	1	XXX							\$ 20.18	\$ 20.18	
78282	TC	GI protein loss exam	C	1	XXX							\$ 315.29	\$ 315.29	
78290		Meckels divert exam	A	1	XXX							\$ -	\$ 294.41	
78290	26	Meckels divert exam	A	1	XXX							\$ 34.45	\$ 34.45	
78290	TC	Meckels divert exam	A	1	XXX							\$ -	\$ 259.96	
78291		Leveen/shunt patency exam	A	1	XXX							\$ -	\$ 230.03	
78291	26	Leveen/shunt patency exam	A	1	XXX							\$ 44.20	\$ 44.20	
78291	TC	Leveen/shunt patency exam	A	1	XXX							\$ -	\$ 185.83	
78299		GI nuclear procedure	C	1	XXX							\$ -	\$ -	
78299	26	GI nuclear procedure	C	1	XXX							\$ -	\$ -	
78299	TC	GI nuclear procedure	C	1	XXX							\$ -	\$ -	
78300		Bone imaging limited area	A	1	XXX							\$ -	\$ 161.47	
78300	26	Bone imaging limited area	A	1	XXX							\$ 30.97	\$ 30.97	
78300	TC	Bone imaging limited area	A	1	XXX							\$ -	\$ 130.50	
78305		Bone imaging multiple areas	A	1	XXX							\$ -	\$ 212.63	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
78305	26	Bone imaging multiple areas	A	1	XXX							\$ 41.06	\$ 41.06	
78305	TC	Bone imaging multiple areas	A	1	XXX							\$ -	\$ 171.56	
78306		Bone imaging whole body	A	1	XXX							\$ -	\$ 227.94	
78306	26	Bone imaging whole body	A	1	XXX							\$ 42.46	\$ 42.46	
78306	TC	Bone imaging whole body	A	1	XXX							\$ -	\$ 185.48	
78315		Bone imaging 3 phase	A	1	XXX							\$ -	\$ 312.50	
78315	26	Bone imaging 3 phase	A	1	XXX							\$ 50.46	\$ 50.46	
78315	TC	Bone imaging 3 phase	A	1	XXX							\$ -	\$ 262.04	
78320		Bone imaging (3D)	A	1	XXX							\$ -	\$ 214.72	
78320	26	Bone imaging (3D)	A	1	XXX							\$ 51.16	\$ 51.16	
78320	TC	Bone imaging (3D)	A	1	XXX							\$ -	\$ 163.56	
78350		Bone mineral single photon	N	1	XXX							\$ -	\$ 30.97	
78350	26	Bone mineral single photon	N	1	XXX							\$ 11.14	\$ 11.14	
78350	TC	Bone mineral single photon	N	1	XXX							\$ -	\$ 19.84	
78351		Bone mineral dual photon	N	9	XXX							\$ 14.96	\$ 14.62	
78399		Musculoskeletal nuclear exam	C	1	XXX							\$ -	\$ -	
78399	26	Musculoskeletal nuclear exam	C	1	XXX							\$ -	\$ -	
78399	TC	Musculoskeletal nuclear exam	C	1	XXX							\$ -	\$ -	
78414		Non-imaging heart function	C	1	XXX							\$ -	\$ -	
78414	26	Non-imaging heart function	A	1	XXX							\$ 24.01	\$ 24.01	
78414	TC	Non-imaging heart function	C	1	XXX							\$ -	\$ -	
78428		Cardiac shunt imaging	A	1	XXX							\$ -	\$ 171.56	
78428	26	Cardiac shunt imaging	A	1	XXX							\$ 38.28	\$ 38.28	
78428	TC	Cardiac shunt imaging	A	1	XXX							\$ -	\$ 133.28	
78445		Vascular flow imaging	A	1	XXX							\$ -	\$ 155.21	
78445	26	Vascular flow imaging	A	1	XXX							\$ 22.27	\$ 22.27	
78445	TC	Vascular flow imaging	A	1	XXX							\$ -	\$ 133.28	
78451		Ht muscle image spect sing	A	1	XXX							\$ -	\$ 318.77	

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HCPCS	MOD	DESCRIPTION	STATUS CODE	PCTC IND	GLOB DAYS	MULT PROC	BILAT SURG	ASST SURG	CO- SURG	TEAM SURG	ENDO BASE	CY 2012	CY 2012	CY2012
												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
78451	26	Ht muscle image spect sing	A	1	XXX							\$ 66.12	\$ 66.12	
78451	TC	Ht muscle image spect sing	A	1	XXX							\$ -	\$ 252.65	
78452		Ht muscle image spect mult	A	1	XXX							\$ -	\$ 441.61	
78452	26	Ht muscle image spect mult	A	1	XXX							\$ 76.91	\$ 76.91	
78452	TC	Ht muscle image spect mult	A	1	XXX							\$ -	\$ 364.70	
78453		Ht muscle image planar sing	A	1	XXX							\$ -	\$ 274.57	
78453	26	Ht muscle image planar sing	A	1	XXX							\$ 49.07	\$ 49.07	
78453	TC	Ht muscle image planar sing	A	1	XXX							\$ -	\$ 225.50	
78454		Ht musc image planar mult	A	1	XXX							\$ -	\$ 390.11	
78454	26	Ht musc image planar mult	A	1	XXX							\$ 64.03	\$ 64.03	
78454	TC	Ht musc image planar mult	A	1	XXX							\$ -	\$ 326.08	
78456		Acute venous thrombus image	A	1	XXX							\$ 242.56	\$ 242.56	
78456	26	Acute venous thrombus image	A	1	XXX							\$ 49.42	\$ 49.42	
78456	TC	Acute venous thrombus image	A	1	XXX							\$ 190.36	\$ 190.36	
78457		Venous thrombosis imaging	A	1	XXX							\$ -	\$ 184.44	
78457	26	Venous thrombosis imaging	A	1	XXX							\$ 38.63	\$ 38.63	
78457	TC	Venous thrombosis imaging	A	1	XXX							\$ -	\$ 146.16	
78458		Ven thrombosis images bilat	A	1	XXX							\$ -	\$ 174.70	
78458	26	Ven thrombosis images bilat	A	1	XXX							\$ 43.50	\$ 43.50	
78458	TC	Ven thrombosis images bilat	A	1	XXX							\$ -	\$ 131.20	
78459		Heart muscle imaging (PET)	C	1	XXX							\$ 1,418.45	\$ 1,418.45	
78459	26	Heart muscle imaging (PET)	A	1	XXX							\$ 77.26	\$ 77.26	
78459	TC	Heart muscle imaging (PET)	C	1	XXX							\$ 1,341.19	\$ 1,341.19	
78466		Heart infarct image	A	1	XXX							\$ -	\$ 160.08	
78466	26	Heart infarct image	A	1	XXX							\$ 34.45	\$ 34.45	
78466	TC	Heart infarct image	A	1	XXX							\$ -	\$ 125.63	
78468		Heart infarct image (ef)	A	1	XXX							\$ -	\$ 192.79	
78468	26	Heart infarct image (ef)	A	1	XXX							\$ 39.67	\$ 39.67	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
78468	TC	Heart infarct image (ef)	A	1	XXX							\$ -	\$ 153.12	
78469		Heart infarct image (3D)	A	1	XXX							\$ -	\$ 218.20	
78469	26	Heart infarct image (3D)	A	1	XXX							\$ 44.89	\$ 44.89	
78469	TC	Heart infarct image (3D)	A	1	XXX							\$ -	\$ 173.30	
78472		Gated heart planar single	A	1	XXX							\$ -	\$ 220.63	
78472	26	Gated heart planar single	A	1	XXX							\$ 48.37	\$ 48.37	
78472	TC	Gated heart planar single	A	1	XXX							\$ -	\$ 172.26	
78473		Gated heart multiple	A	1	XXX							\$ -	\$ 285.01	
78473	26	Gated heart multiple	A	1	XXX							\$ 72.04	\$ 72.04	
78473	TC	Gated heart multiple	A	1	XXX							\$ -	\$ 212.98	
78481		Heart first pass single	A	1	XXX							\$ -	\$ 179.22	
78481	26	Heart first pass single	A	1	XXX							\$ 48.02	\$ 48.02	
78481	TC	Heart first pass single	A	1	XXX							\$ -	\$ 131.20	
78483		Heart first pass multiple	A	1	XXX							\$ -	\$ 247.08	
78483	26	Heart first pass multiple	A	1	XXX							\$ 72.73	\$ 72.73	
78483	TC	Heart first pass multiple	A	1	XXX							\$ -	\$ 174.35	
78491		Heart image (pet) single	C	1	XXX							\$ 1,419.49	\$ 1,419.49	
78491	26	Heart image (pet) single	A	1	XXX							\$ 77.95	\$ 77.95	
78491	TC	Heart image (pet) single	C	1	XXX							\$ 1,341.19	\$ 1,341.19	
78492		Heart image (pet) multiple	C	1	XXX							\$ 1,440.02	\$ 1,440.02	
78492	26	Heart image (pet) multiple	A	1	XXX							\$ 97.79	\$ 97.79	
78492	TC	Heart image (pet) multiple	C	1	XXX							\$ 1,341.19	\$ 1,341.19	
78494		Heart image spect	A	1	XXX							\$ -	\$ 224.46	
78494	26	Heart image spect	A	1	XXX							\$ 58.12	\$ 58.12	
78494	TC	Heart image spect	A	1	XXX							\$ -	\$ 166.34	
78496		Heart first pass add-on	A	1	ZZZ							\$ -	\$ 58.12	
78496	26	Heart first pass add-on	A	1	ZZZ							\$ 24.01	\$ 24.01	
78496	TC	Heart first pass add-on	A	1	ZZZ							\$ -	\$ 34.10	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
78499		Cardiovascular nuclear exam	C	1	XXX							\$ -	\$ -	
78499	26	Cardiovascular nuclear exam	C	1	XXX							\$ -	\$ -	
78499	TC	Cardiovascular nuclear exam	C	1	XXX							\$ -	\$ -	
78579		Lung ventilation imaging	A	1	XXX							\$ -	\$ 154.51	
78579	26	Lung ventilation imaging	A	1	XXX							\$ 24.36	\$ 24.36	
78579	TC	Lung ventilation imaging	A	1	XXX							\$ -	\$ 129.80	
78580		Lung perfusion imaging	A	1	XXX							\$ -	\$ 199.40	
78580	26	Lung perfusion imaging	A	1	XXX							\$ 36.19	\$ 36.19	
78580	TC	Lung perfusion imaging	A	1	XXX							\$ -	\$ 163.21	
78582		Lung ventilat&perfus imaging	A	1	XXX							\$ -	\$ 284.32	
78582	26	Lung ventilat&perfus imaging	A	1	XXX							\$ 51.85	\$ 51.85	
78582	TC	Lung ventilat&perfus imaging	A	1	XXX							\$ -	\$ 232.46	
78597		Lung perfusion differential	A	1	XXX							\$ -	\$ 173.65	
78597	26	Lung perfusion differential	A	1	XXX							\$ 34.45	\$ 34.45	
78597	TC	Lung perfusion differential	A	1	XXX							\$ -	\$ 139.20	
78598		Lung perf&ventilat diferentl	A	1	XXX							\$ -	\$ 265.18	
78598	26	Lung perf&ventilat diferentl	A	1	XXX							\$ 39.67	\$ 39.67	
78598	TC	Lung perf&ventilat diferentl	A	1	XXX							\$ -	\$ 225.50	
78599		Respiratory nuclear exam	C	1	XXX							\$ -	\$ -	
78599	26	Respiratory nuclear exam	C	1	XXX							\$ -	\$ -	
78599	TC	Respiratory nuclear exam	C	1	XXX							\$ -	\$ -	
78600		Brain image < 4 views	A	1	XXX							\$ -	\$ 162.17	
78600	26	Brain image < 4 views	A	1	XXX							\$ 20.88	\$ 20.88	
78600	TC	Brain image < 4 views	A	1	XXX							\$ -	\$ 141.29	
78601		Brain image w/flow < 4 views	A	1	XXX							\$ -	\$ 192.10	
78601	26	Brain image w/flow < 4 views	A	1	XXX							\$ 25.75	\$ 25.75	
78601	TC	Brain image w/flow < 4 views	A	1	XXX							\$ -	\$ 166.34	
78605		Brain image 4+ views	A	1	XXX							\$ -	\$ 178.52	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
78605	26	Brain image 4+ views	A	1	XXX							\$ 27.14	\$ 27.14	
78605	TC	Brain image 4+ views	A	1	XXX							\$ -	\$ 151.73	
78606		Brain image w/flow 4 + views	A	1	XXX							\$ -	\$ 293.71	
78606	26	Brain image w/flow 4 + views	A	1	XXX							\$ 29.58	\$ 29.58	
78606	TC	Brain image w/flow 4 + views	A	1	XXX							\$ -	\$ 264.13	
78607		Brain imaging (3D)	A	1	XXX							\$ -	\$ 327.12	
78607	26	Brain imaging (3D)	A	1	XXX							\$ 59.16	\$ 59.16	
78607	TC	Brain imaging (3D)	A	1	XXX							\$ -	\$ 267.96	
78608		Brain imaging (PET)	C	1	XXX							\$ 1,418.10	\$ 1,418.10	
78608	26	Brain imaging (PET)	A	1	XXX							\$ 77.26	\$ 77.26	
78608	TC	Brain imaging (PET)	C	1	XXX							\$ 1,341.19	\$ 1,341.19	
78609		Brain imaging (PET)	N	1	XXX							\$ -	\$ 79.34	
78609	26	Brain imaging (PET)	N	1	XXX							\$ 79.34	\$ 79.34	
78609	TC	Brain imaging (PET)	N	1	XXX							\$ -	\$ -	
78610		Brain flow imaging only	A	1	XXX							\$ -	\$ 157.99	
78610	26	Brain flow imaging only	A	1	XXX							\$ 14.62	\$ 14.62	
78610	TC	Brain flow imaging only	A	1	XXX							\$ -	\$ 143.38	
78630		Cerebrospinal fluid scan	A	1	XXX							\$ -	\$ 304.15	
78630	26	Cerebrospinal fluid scan	A	1	XXX							\$ 33.41	\$ 33.41	
78630	TC	Cerebrospinal fluid scan	A	1	XXX							\$ -	\$ 270.74	
78635		CSF ventriculography	A	1	XXX							\$ -	\$ 294.06	
78635	26	CSF ventriculography	A	1	XXX							\$ 28.54	\$ 28.54	
78635	TC	CSF ventriculography	A	1	XXX							\$ -	\$ 265.52	
78645		CSF shunt evaluation	A	1	XXX							\$ -	\$ 285.71	
78645	26	CSF shunt evaluation	A	1	XXX							\$ 28.19	\$ 28.19	
78645	TC	CSF shunt evaluation	A	1	XXX							\$ -	\$ 257.17	
78647		Cerebrospinal fluid scan	A	1	XXX							\$ -	\$ 308.33	
78647	26	Cerebrospinal fluid scan	A	1	XXX							\$ 44.54	\$ 44.54	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
78647	TC	Cerebrospinal fluid scan	A	1	XXX							\$ -	\$ 263.78	
78650		CSF leakage imaging	A	1	XXX							\$ -	\$ 295.80	
78650	26	CSF leakage imaging	A	1	XXX							\$ 30.97	\$ 30.97	
78650	TC	CSF leakage imaging	A	1	XXX							\$ -	\$ 264.83	
78660		Nuclear exam of tear flow	A	1	XXX							\$ -	\$ 167.74	
78660	26	Nuclear exam of tear flow	A	1	XXX							\$ 27.49	\$ 27.49	
78660	TC	Nuclear exam of tear flow	A	1	XXX							\$ -	\$ 139.90	
78699		Nervous system nuclear exam	C	1	XXX							\$ -	\$ -	
78699	26	Nervous system nuclear exam	C	1	XXX							\$ -	\$ -	
78699	TC	Nervous system nuclear exam	C	1	XXX							\$ -	\$ -	
78700		Kidney imaging morphol	A	1	XXX							\$ -	\$ 160.08	
78700	26	Kidney imaging morphol	A	1	XXX							\$ 23.32	\$ 23.32	
78700	TC	Kidney imaging morphol	A	1	XXX							\$ -	\$ 136.42	
78701		Kidney imaging with flow	A	1	XXX							\$ -	\$ 192.44	
78701	26	Kidney imaging with flow	A	1	XXX							\$ 25.06	\$ 25.06	
78701	TC	Kidney imaging with flow	A	1	XXX							\$ -	\$ 167.39	
78707		K flow/func image w/o drug	A	1	XXX							\$ -	\$ 212.98	
78707	26	K flow/func image w/o drug	A	1	XXX							\$ 46.63	\$ 46.63	
78707	TC	K flow/func image w/o drug	A	1	XXX							\$ -	\$ 166.69	
78708		K flow/func image w/drug	A	1	XXX							\$ -	\$ 160.78	
78708	26	K flow/func image w/drug	A	1	XXX							\$ 58.81	\$ 58.81	
78708	TC	K flow/func image w/drug	A	1	XXX							\$ -	\$ 101.96	
78709		K flow/func image multiple	A	1	XXX							\$ -	\$ 333.38	
78709	26	K flow/func image multiple	A	1	XXX							\$ 69.60	\$ 69.60	
78709	TC	K flow/func image multiple	A	1	XXX							\$ -	\$ 263.78	
78710		Kidney imaging (3D)	A	1	XXX							\$ -	\$ 190.01	
78710	26	Kidney imaging (3D)	A	1	XXX							\$ 29.23	\$ 29.23	
78710	TC	Kidney imaging (3D)	A	1	XXX							\$ -	\$ 160.78	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
78725		Kidney function study	A	1	XXX							\$ -	\$ 95.00	
78725	26	Kidney function study	A	1	XXX							\$ 17.75	\$ 17.75	
78725	TC	Kidney function study	A	1	XXX							\$ -	\$ 77.60	
78730		Urinary bladder retention	A	1	ZZZ							\$ -	\$ 68.56	
78730	26	Urinary bladder retention	A	1	ZZZ							\$ 8.35	\$ 8.35	
78730	TC	Urinary bladder retention	A	1	ZZZ							\$ -	\$ 60.55	
78740		Ureteral reflux study	A	1	XXX							\$ -	\$ 206.71	
78740	26	Ureteral reflux study	A	1	XXX							\$ 29.23	\$ 29.23	
78740	TC	Ureteral reflux study	A	1	XXX							\$ -	\$ 177.48	
78761		Testicular imaging w/flow	A	1	XXX							\$ -	\$ 193.14	
78761	26	Testicular imaging w/flow	A	1	XXX							\$ 36.19	\$ 36.19	
78761	TC	Testicular imaging w/flow	A	1	XXX							\$ -	\$ 156.95	
78799		Genitourinary nuclear exam	C	1	XXX							\$ -	\$ -	
78799	26	Genitourinary nuclear exam	C	1	XXX							\$ -	\$ -	
78799	TC	Genitourinary nuclear exam	C	1	XXX							\$ -	\$ -	
78800		Tumor imaging limited area	A	1	XXX							\$ -	\$ 172.61	
78800	26	Tumor imaging limited area	A	1	XXX							\$ 34.10	\$ 34.10	
78800	TC	Tumor imaging limited area	A	1	XXX							\$ -	\$ 138.50	
78801		Tumor imaging mult areas	A	1	XXX							\$ -	\$ 222.72	
78801	26	Tumor imaging mult areas	A	1	XXX							\$ 39.32	\$ 39.32	
78801	TC	Tumor imaging mult areas	A	1	XXX							\$ -	\$ 183.40	
78802		Tumor imaging whole body	A	1	XXX	Y						\$ -	\$ 291.28	
78802	26	Tumor imaging whole body	A	1	XXX	Y						\$ 42.11	\$ 42.11	
78802	TC	Tumor imaging whole body	A	1	XXX	Y						\$ -	\$ 249.17	
78803		Tumor imaging (3D)	A	1	XXX	Y						\$ -	\$ 311.46	
78803	26	Tumor imaging (3D)	A	1	XXX	Y						\$ 52.55	\$ 52.55	
78803	TC	Tumor imaging (3D)	A	1	XXX	Y						\$ -	\$ 258.91	
78804		Tumor imaging whole body	A	1	XXX							\$ -	\$ 513.30	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
78804	26	Tumor imaging whole body	A	1	XXX							\$ 52.20	\$ 52.20	
78804	TC	Tumor imaging whole body	A	1	XXX							\$ -	\$ 461.10	
78805		Abscess imaging ltd area	A	1	XXX							\$ -	\$ 167.39	
78805	26	Abscess imaging ltd area	A	1	XXX							\$ 36.54	\$ 36.54	
78805	TC	Abscess imaging ltd area	A	1	XXX							\$ -	\$ 130.85	
78806		Abscess imaging whole body	A	1	XXX	Y						\$ -	\$ 300.67	
78806	26	Abscess imaging whole body	A	1	XXX	Y						\$ 42.11	\$ 42.11	
78806	TC	Abscess imaging whole body	A	1	XXX	Y						\$ -	\$ 258.56	
78807		Nuclear localization/abscess	A	1	XXX	Y						\$ -	\$ 311.11	
78807	26	Nuclear localization/abscess	A	1	XXX	Y						\$ 51.50	\$ 51.50	
78807	TC	Nuclear localization/abscess	A	1	XXX	Y						\$ -	\$ 259.61	
78808		Iv inj ra drug dx study	A	5	XXX							\$ -	\$ 39.67	
78811		Pet image ltd area	C	1	XXX							\$ 1,424.71	\$ 1,424.71	
78811	26	Pet image ltd area	A	1	XXX							\$ 88.39	\$ 88.39	
78811	TC	Pet image ltd area	C	1	XXX							\$ 1,341.19	\$ 1,341.19	
78812		Pet image skull-thigh	C	1	XXX							\$ 1,442.46	\$ 1,442.46	
78812	26	Pet image skull-thigh	A	1	XXX							\$ 103.01	\$ 103.01	
78812	TC	Pet image skull-thigh	C	1	XXX							\$ 1,341.19	\$ 1,341.19	
78813		Pet image full body	C	1	XXX							\$ 1,447.33	\$ 1,447.33	
78813	26	Pet image full body	A	1	XXX							\$ 108.92	\$ 108.92	
78813	TC	Pet image full body	C	1	XXX							\$ 1,341.19	\$ 1,341.19	
78814		Pet image w/ct lmted	C	1	XXX							\$ 1,457.77	\$ 1,457.77	
78814	26	Pet image w/ct lmted	A	1	XXX							\$ 119.71	\$ 119.71	
78814	TC	Pet image w/ct lmted	C	1	XXX							\$ 1,341.19	\$ 1,341.19	
78815		Pet image w/ct skull-thigh	C	1	XXX							\$ 1,469.95	\$ 1,469.95	
78815	26	Pet image w/ct skull-thigh	A	1	XXX							\$ 132.24	\$ 132.24	
78815	TC	Pet image w/ct skull-thigh	C	1	XXX							\$ 1,341.19	\$ 1,341.19	
78816		Pet image w/ct full body	C	1	XXX							\$ 1,471.34	\$ 1,471.34	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
78816	26	Pet image w/ct full body	A	1	XXX							\$ 133.28	\$ 133.28	
78816	TC	Pet image w/ct full body	C	1	XXX							\$ 1,341.19	\$ 1,341.19	
78999		Nuclear diagnostic exam	C	1	XXX							\$ -	\$ -	
78999	26	Nuclear diagnostic exam	C	1	XXX							\$ -	\$ -	
78999	TC	Nuclear diagnostic exam	C	1	XXX							\$ -	\$ -	
79005		Nuclear rx oral admin	A	1	XXX							\$ -	\$ 131.54	
79005	26	Nuclear rx oral admin	A	1	XXX							\$ 87.00	\$ 87.00	
79005	TC	Nuclear rx oral admin	A	1	XXX							\$ -	\$ 44.54	
79101		Nuclear rx iv admin	A	1	XXX							\$ -	\$ 147.55	
79101	26	Nuclear rx iv admin	A	1	XXX							\$ 99.53	\$ 99.53	
79101	TC	Nuclear rx iv admin	A	1	XXX							\$ -	\$ 47.68	
79200		Nuclear rx intracav admin	A	1	XXX							\$ -	\$ 158.69	
79200	26	Nuclear rx intracav admin	A	1	XXX							\$ 101.62	\$ 101.62	
79200	TC	Nuclear rx intracav admin	A	1	XXX							\$ -	\$ 57.07	
79300		Nuclr rx interstit colloid	C	1	XXX							\$ -	\$ -	
79300	26	Nuclr rx interstit colloid	A	1	XXX							\$ 90.83	\$ 90.83	
79300	TC	Nuclr rx interstit colloid	C	1	XXX							\$ -	\$ -	
79403		Hematopoietic nuclear tx	A	1	XXX							\$ -	\$ 186.18	
79403	26	Hematopoietic nuclear tx	A	1	XXX							\$ 111.36	\$ 111.36	
79403	TC	Hematopoietic nuclear tx	A	1	XXX							\$ -	\$ 74.47	
79440		Nuclear rx intra-articular	A	1	XXX							\$ -	\$ 147.20	
79440	26	Nuclear rx intra-articular	A	1	XXX							\$ 97.79	\$ 97.79	
79440	TC	Nuclear rx intra-articular	A	1	XXX							\$ -	\$ 49.42	
79445		Nuclear rx intra-arterial	C	1	XXX							\$ -	\$ -	
79445	26	Nuclear rx intra-arterial	A	1	XXX							\$ 127.02	\$ 127.02	
79445	TC	Nuclear rx intra-arterial	C	1	XXX							\$ -	\$ -	
79999		Nuclear medicine therapy	C	1	XXX							\$ -	\$ -	
79999	26	Nuclear medicine therapy	C	1	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
79999	TC	Nuclear medicine therapy	C	1	XXX							\$ -	\$ -	
80047		Metabolic panel ionized ca	X	9	XXX							\$ -	\$ -	
80048		Metabolic panel total ca	X	9	XXX							\$ -	\$ -	
80050		General health panel	X	9	XXX							\$ -	\$ -	
80051		Electrolyte panel	X	9	XXX							\$ -	\$ -	
80053		Comprehen metabolic panel	X	9	XXX							\$ -	\$ -	
80055		Obstetric panel	X	9	XXX							\$ -	\$ -	
80061		Lipid panel	X	9	XXX							\$ -	\$ -	
80069		Renal function panel	X	9	XXX							\$ -	\$ -	
80074		Acute hepatitis panel	X	9	XXX							\$ -	\$ -	
80076		Hepatic function panel	X	9	XXX							\$ -	\$ -	
80100		Drug screen qualitate/multi	X	9	XXX							\$ -	\$ -	
80101		Drug screen single	x	9	XXX							\$ -	\$ -	
80102		Drug confirmation	X	9	XXX							\$ -	\$ -	
80103		Drug analysis tissue prep	X	9	XXX							\$ -	\$ -	
80104		Drug scrn 1+ class nonchromo	X	9	XXX							\$ -	\$ -	
80150		Assay of amikacin	X	9	XXX							\$ -	\$ -	
80152		Assay of amitriptyline	X	9	XXX							\$ -	\$ -	
80154		Assay of benzodiazepines	X	9	XXX							\$ -	\$ -	
80156		Assay carbamazepine total	X	9	XXX							\$ -	\$ -	
80157		Assay carbamazepine free	X	9	XXX							\$ -	\$ -	
80158		Assay of cyclosporine	X	9	XXX							\$ -	\$ -	
80160		Assay of desipramine	X	9	XXX							\$ -	\$ -	
80162		Assay of digoxin	X	9	XXX							\$ -	\$ -	
80164		Assay dipropylacetic acid	X	9	XXX							\$ -	\$ -	
80166		Assay of doxepin	X	9	XXX							\$ -	\$ -	
80168		Assay of ethosuximide	X	9	XXX							\$ -	\$ -	
80170		Assay of gentamicin	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
80172		Assay of gold	X	9	XXX							\$ -	\$ -	
80173		Assay of haloperidol	X	9	XXX							\$ -	\$ -	
80174		Assay of imipramine	X	9	XXX							\$ -	\$ -	
80176		Assay of lidocaine	X	9	XXX							\$ -	\$ -	
80178		Assay of lithium	X	9	XXX							\$ -	\$ -	
80182		Assay of nortriptyline	X	9	XXX							\$ -	\$ -	
80184		Assay of phenobarbital	X	9	XXX							\$ -	\$ -	
80185		Assay of phenytoin total	X	9	XXX							\$ -	\$ -	
80186		Assay of phenytoin free	X	9	XXX							\$ -	\$ -	
80188		Assay of primidone	X	9	XXX							\$ -	\$ -	
80190		Assay of procainamide	X	9	XXX							\$ -	\$ -	
80192		Assay of procainamide	X	9	XXX							\$ -	\$ -	
80194		Assay of quinidine	X	9	XXX							\$ -	\$ -	
80195		Assay of sirolimus	X	9	XXX							\$ -	\$ -	
80196		Assay of salicylate	X	9	XXX							\$ -	\$ -	
80197		Assay of tacrolimus	X	9	XXX							\$ -	\$ -	
80198		Assay of theophylline	X	9	XXX							\$ -	\$ -	
80200		Assay of tobramycin	X	9	XXX							\$ -	\$ -	
80201		Assay of topiramate	X	9	XXX							\$ -	\$ -	
80202		Assay of vancomycin	X	9	XXX							\$ -	\$ -	
80299		Quantitative assay drug	X	9	XXX							\$ -	\$ -	
80400		Acth stimulation panel	X	9	XXX							\$ -	\$ -	
80402		Acth stimulation panel	X	9	XXX							\$ -	\$ -	
80406		Acth stimulation panel	X	9	XXX							\$ -	\$ -	
80408		Aldosterone suppression eval	X	9	XXX							\$ -	\$ -	
80410		Calcitonin stim panel	X	9	XXX							\$ -	\$ -	
80412		CRH stimulation panel	X	9	XXX							\$ -	\$ -	
80414		Testosterone response	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
80415		Estradiol response panel	X	9	XXX							\$ -	\$ -	
80416		Renin stimulation panel	X	9	XXX							\$ -	\$ -	
80417		Renin stimulation panel	X	9	XXX							\$ -	\$ -	
80418		Pituitary evaluation panel	X	9	XXX							\$ -	\$ -	
80420		Dexamethasone panel	X	9	XXX							\$ -	\$ -	
80422		Glucagon tolerance panel	X	9	XXX							\$ -	\$ -	
80424		Glucagon tolerance panel	X	9	XXX							\$ -	\$ -	
80426		Gonadotropin hormone panel	X	9	XXX							\$ -	\$ -	
80428		Growth hormone panel	X	9	XXX							\$ -	\$ -	
80430		Growth hormone panel	X	9	XXX							\$ -	\$ -	
80432		Insulin suppression panel	X	9	XXX							\$ -	\$ -	
80434		Insulin tolerance panel	X	9	XXX							\$ -	\$ -	
80435		Insulin tolerance panel	X	9	XXX							\$ -	\$ -	
80436		Metyrapone panel	X	9	XXX							\$ -	\$ -	
80438		TRH stimulation panel	X	9	XXX							\$ -	\$ -	
80439		TRH stimulation panel	X	9	XXX							\$ -	\$ -	
80440		TRH stimulation panel	X	9	XXX							\$ -	\$ -	
80500		Lab pathology consultation	A	0	XXX							\$ 19.49	\$ 20.88	
80502		Lab pathology consultation	A	0	XXX							\$ 64.03	\$ 65.77	
81000		Urinalysis nonauto w/scope	X	9	XXX							\$ -	\$ -	
81001		Urinalysis auto w/scope	X	9	XXX							\$ -	\$ -	
81002		Urinalysis nonauto w/o scope	X	9	XXX							\$ -	\$ -	
81003		Urinalysis auto w/o scope	X	9	XXX							\$ -	\$ -	
81005		Urinalysis	X	9	XXX							\$ -	\$ -	
81007		Urine screen for bacteria	X	9	XXX							\$ -	\$ -	
81015		Microscopic exam of urine	X	9	XXX							\$ -	\$ -	
81020		Urinalysis glass test	X	9	XXX							\$ -	\$ -	
81025		Urine pregnancy test	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
81050		Urinalysis volume measure	X	9	XXX							\$ -	\$ -	
81099		Urinalysis test procedure	X	9	XXX							\$ -	\$ -	
81200		Aspa gene	X	9	XXX							\$ -	\$ -	
81205		Bckdhb gene	X	9	XXX							\$ -	\$ -	
81206		Bcr/abl1 gene major bp	X	9	XXX							\$ -	\$ -	
81207		Bcr/abl1 gene minor bp	X	9	XXX							\$ -	\$ -	
81208		Bcr/abl1 gene other bp	X	9	XXX							\$ -	\$ -	
81209		Blm gene	X	9	XXX							\$ -	\$ -	
81210		Braf gene	X	9	XXX							\$ -	\$ -	
81211		Brca1&2 seq & com dup/del	X	9	XXX							\$ -	\$ -	
81212		Brca1&2 185&5385&6174 var	X	9	XXX							\$ -	\$ -	
81213		Brca1&2 uncom dup/del var	X	9	XXX							\$ -	\$ -	
81214		Brca1 full seq & com dup/del	X	9	XXX							\$ -	\$ -	
81215		Brca1 gene known fam variant	X	9	XXX							\$ -	\$ -	
81216		Brca2 gene full sequence	X	9	XXX							\$ -	\$ -	
81217		Brca2 gene known fam variant	X	9	XXX							\$ -	\$ -	
81220		Cftr gene com variants	X	9	XXX							\$ -	\$ -	
81221		Cftr gene known fam variants	X	9	XXX							\$ -	\$ -	
81222		Cftr gene dup/delet variants	X	9	XXX							\$ -	\$ -	
81223		Cftr gene full sequence	X	9	XXX							\$ -	\$ -	
81224		Cftr gene intron poly t	X	9	XXX							\$ -	\$ -	
81225		Cyp2c19 gene com variants	X	9	XXX							\$ -	\$ -	
81226		Cyp2d6 gene com variants	X	9	XXX							\$ -	\$ -	
81227		Cyp2c9 gene com variants	X	9	XXX							\$ -	\$ -	
81228		Cytogen micrarray copy nmb	X	9	XXX							\$ -	\$ -	
81229		Cytogen m array copy no&snp	X	9	XXX							\$ -	\$ -	
81240		F2 gene	X	9	XXX							\$ -	\$ -	
81241		F5 gene	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
81242		Fancc gene	X	9	XXX							\$ -	\$ -	
81243		Fmr1 gene detection	X	9	XXX							\$ -	\$ -	
81244		Fmr1 gene characterization	X	9	XXX							\$ -	\$ -	
81245		Flt3 gene	X	9	XXX							\$ -	\$ -	
81250		G6pc gene	X	9	XXX							\$ -	\$ -	
81251		Gba gene	X	9	XXX							\$ -	\$ -	
81255		Hexa gene	X	9	XXX							\$ -	\$ -	
81256		Hfe gene	X	9	XXX							\$ -	\$ -	
81257		Hba1/hba2 gene	X	9	XXX							\$ -	\$ -	
81260		lkbkap gene	X	9	XXX							\$ -	\$ -	
81261		Igh gene rearrange amp meth	X	9	XXX							\$ -	\$ -	
81262		Igh gene rearrang dir probe	X	9	XXX							\$ -	\$ -	
81263		Igh vari regional mutation	X	9	XXX							\$ -	\$ -	
81264		Igk rearrangeabn clonal pop	X	9	XXX							\$ -	\$ -	
81265		Str markers specimen anal	X	9	XXX							\$ -	\$ -	
81266		Str markers spec anal addl	X	9	XXX							\$ -	\$ -	
81267		Chimerism anal no cell selec	X	9	XXX							\$ -	\$ -	
81268		Chimerism anal w/cell select	X	9	XXX							\$ -	\$ -	
81270		Jak2 gene	X	9	XXX							\$ -	\$ -	
81275		Kras gene	X	9	XXX							\$ -	\$ -	
81280		Long qt synd gene full seq	X	9	XXX							\$ -	\$ -	
81281		Long qt synd known fam var	X	9	XXX							\$ -	\$ -	
81282		Long qt syn gene dup/dlt var	X	9	XXX							\$ -	\$ -	
81290		Mcoln1 gene	X	9	XXX							\$ -	\$ -	
81291		Mthfr gene	X	9	XXX							\$ -	\$ -	
81292		Mlh1 gene full seq	X	9	XXX							\$ -	\$ -	
81293		Mlh1 gene known variants	X	9	XXX							\$ -	\$ -	
81294		Mlh1 gene dup/delete variant	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment			
81295		Msh2 gene full seq	X	9	XXX							\$	-	\$	-	
81296		Msh2 gene known variants	X	9	XXX							\$	-	\$	-	
81297		Msh2 gene dup/delete variant	X	9	XXX							\$	-	\$	-	
81298		Msh6 gene full seq	X	9	XXX							\$	-	\$	-	
81299		Msh6 gene known variants	X	9	XXX							\$	-	\$	-	
81300		Msh6 gene dup/delete variant	X	9	XXX							\$	-	\$	-	
81301		Microsatellite instability	X	9	XXX							\$	-	\$	-	
81302		Mecp2 gene full seq	X	9	XXX							\$	-	\$	-	
81303		Mecp2 gene known variant	X	9	XXX							\$	-	\$	-	
81304		Mecp2 gene dup/delet variant	X	9	XXX							\$	-	\$	-	
81310		Npm1 gene	X	9	XXX							\$	-	\$	-	
81315		Pml/raralpha com breakpoints	X	9	XXX							\$	-	\$	-	
81316		Pml/raralpha 1 breakpoint	X	9	XXX							\$	-	\$	-	
81317		Pms2 gene full seq analysis	X	9	XXX							\$	-	\$	-	
81318		Pms2 known familial variants	X	9	XXX							\$	-	\$	-	
81319		Pms2 gene dup/delet variants	X	9	XXX							\$	-	\$	-	
81330		Smpd1 gene common variants	X	9	XXX							\$	-	\$	-	
81331		Snrpn/ube3a gene	X	9	XXX							\$	-	\$	-	
81332		Serpina1 gene	X	9	XXX							\$	-	\$	-	
81340		Trb@ gene rearrange amplify	X	9	XXX							\$	-	\$	-	
81341		Trb@ gene rearrange dirprobe	X	9	XXX							\$	-	\$	-	
81342		Trg gene rearrangement anal	X	9	XXX							\$	-	\$	-	
81350		Ugt1a1 gene	X	9	XXX							\$	-	\$	-	
81355		Vkorc1 gene	X	9	XXX							\$	-	\$	-	
81370		Hla i & ii typing 1r	X	9	XXX							\$	-	\$	-	
81371		Hla i & ii type verify 1r	X	9	XXX							\$	-	\$	-	
81372		Hla i typing complete 1r	X	9	XXX							\$	-	\$	-	
81373		Hla i typing 1 locus 1r	X	9	XXX							\$	-	\$	-	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
81374		Hla i typing 1 antigen 1r	X	9	XXX							\$ -	\$ -	
81375		Hla ii typing ag equiv 1r	X	9	XXX							\$ -	\$ -	
81376		Hla ii typing 1 locus 1r	X	9	XXX							\$ -	\$ -	
81377		Hla ii type 1 ag equiv 1r	X	9	XXX							\$ -	\$ -	
81378		Hla i & ii typing hr	X	9	XXX							\$ -	\$ -	
81379		Hla i typing complete hr	X	9	XXX							\$ -	\$ -	
81380		Hla i typing 1 locus hr	X	9	XXX							\$ -	\$ -	
81381		Hla i typing 1 allele hr	X	9	XXX							\$ -	\$ -	
81382		Hla ii typing 1 loc hr	X	9	XXX							\$ -	\$ -	
81383		Hla ii typing 1 allele hr	X	9	XXX							\$ -	\$ -	
81400		Mopath procedure level 1	X	9	XXX							\$ -	\$ -	
81401		Mopath procedure level 2	X	9	XXX							\$ -	\$ -	
81402		Mopath procedure level 3	X	9	XXX							\$ -	\$ -	
81403		Mopath procedure level 4	X	9	XXX							\$ -	\$ -	
81404		Mopath procedure level 5	X	9	XXX							\$ -	\$ -	
81405		Mopath procedure level 6	X	9	XXX							\$ -	\$ -	
81406		Mopath procedure level 7	X	9	XXX							\$ -	\$ -	
81407		Mopath procedure level 8	X	9	XXX							\$ -	\$ -	
81408		Mopath procedure level 9	X	9	XXX							\$ -	\$ -	
82000		Assay of blood acetaldehyde	X	9	XXX							\$ -	\$ -	
82003		Assay of acetaminophen	X	9	XXX							\$ -	\$ -	
82009		Test for acetone/ketones	X	9	XXX							\$ -	\$ -	
82010		Acetone assay	X	9	XXX							\$ -	\$ -	
82013		Acetylcholinesterase assay	X	9	XXX							\$ -	\$ -	
82016		Acylcarnitines qual	X	9	XXX							\$ -	\$ -	
82017		Acylcarnitines quant	X	9	XXX							\$ -	\$ -	
82024		Assay of acth	X	9	XXX							\$ -	\$ -	
82030		Assay of adp & amp	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
82040		Assay of serum albumin	X	9	XXX							\$ -	\$ -	
82042		Assay of urine albumin	X	9	XXX							\$ -	\$ -	
82043		Microalbumin quantitative	X	9	XXX							\$ -	\$ -	
82044		Microalbumin semiquant	X	9	XXX							\$ -	\$ -	
82045		Albumin ischemia modified	X	9	XXX							\$ -	\$ -	
82055		Assay of ethanol	X	9	XXX							\$ -	\$ -	
82075		Assay of breath ethanol	X	9	XXX							\$ -	\$ -	
82085		Assay of aldolase	X	9	XXX							\$ -	\$ -	
82088		Assay of aldosterone	X	9	XXX							\$ -	\$ -	
82101		Assay of urine alkaloids	X	9	XXX							\$ -	\$ -	
82103		Alpha-1-antitrypsin total	X	9	XXX							\$ -	\$ -	
82104		Alpha-1-antitrypsin pheno	X	9	XXX							\$ -	\$ -	
82105		Alpha-fetoprotein serum	X	9	XXX							\$ -	\$ -	
82106		Alpha-fetoprotein amniotic	X	9	XXX							\$ -	\$ -	
82107		Alpha-fetoprotein I3	X	9	XXX							\$ -	\$ -	
82108		Assay of aluminum	X	9	XXX							\$ -	\$ -	
82120		Amines vaginal fluid qual	X	9	XXX							\$ -	\$ -	
82127		Amino acid single qual	X	9	XXX							\$ -	\$ -	
82128		Amino acids mult qual	X	9	XXX							\$ -	\$ -	
82131		Amino acids single quant	X	9	XXX							\$ -	\$ -	
82135		Assay aminolevulinic acid	X	9	XXX							\$ -	\$ -	
82136		Amino acids quant 2-5	X	9	XXX							\$ -	\$ -	
82139		Amino acids quan 6 or more	X	9	XXX							\$ -	\$ -	
82140		Assay of ammonia	X	9	XXX							\$ -	\$ -	
82143		Amniotic fluid scan	X	9	XXX							\$ -	\$ -	
82145		Assay of amphetamines	X	9	XXX							\$ -	\$ -	
82150		Assay of amylase	X	9	XXX							\$ -	\$ -	
82154		Androstanediol glucuronide	X	9	XXX							\$ -	\$ -	

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RELEASED 11/1/2011

HCPCS	MOD	DESCRIPTION	STATUS CODE	PCTC IND	GLOB DAYS	MULT PROC	BILAT SURG	ASST SURG	CO- SURG	TEAM SURG	ENDO BASE	CY 2012	CY 2012	CY2012
												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
82157		Assay of androstenedione	X	9	XXX							\$ -	\$ -	
82160		Assay of androsterone	X	9	XXX							\$ -	\$ -	
82163		Assay of angiotensin II	X	9	XXX							\$ -	\$ -	
82164		Angiotensin I enzyme test	X	9	XXX							\$ -	\$ -	
82172		Assay of apolipoprotein	X	9	XXX							\$ -	\$ -	
82175		Assay of arsenic	X	9	XXX							\$ -	\$ -	
82180		Assay of ascorbic acid	X	9	XXX							\$ -	\$ -	
82190		Atomic absorption	X	9	XXX							\$ -	\$ -	
82205		Assay of barbiturates	X	9	XXX							\$ -	\$ -	
82232		Assay of beta-2 protein	X	9	XXX							\$ -	\$ -	
82239		Bile acids total	X	9	XXX							\$ -	\$ -	
82240		Bile acids cholyglycine	X	9	XXX							\$ -	\$ -	
82247		Bilirubin total	X	9	XXX							\$ -	\$ -	
82248		Bilirubin direct	X	9	XXX							\$ -	\$ -	
82252		Fecal bilirubin test	X	9	XXX							\$ -	\$ -	
82261		Assay of biotinidase	X	9	XXX							\$ -	\$ -	
82270		Occult blood feces	X	9	XXX							\$ -	\$ -	
82271		Occult blood other sources	X	9	XXX							\$ -	\$ -	
82272		Occult bld feces 1-3 tests	X	9	XXX							\$ -	\$ -	
82274		Assay test for blood fecal	X	9	XXX							\$ -	\$ -	
82286		Assay of bradykinin	X	9	XXX							\$ -	\$ -	
82300		Assay of cadmium	X	9	XXX							\$ -	\$ -	
82306		Vitamin d 25 hydroxy	X	9	XXX							\$ -	\$ -	
82308		Assay of calcitonin	X	9	XXX							\$ -	\$ -	
82310		Assay of calcium	X	9	XXX							\$ -	\$ -	
82330		Assay of calcium	X	9	XXX							\$ -	\$ -	
82331		Calcium infusion test	X	9	XXX							\$ -	\$ -	
82340		Assay of calcium in urine	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
82355		Calculus analysis qual	X	9	XXX							\$ -	\$ -	
82360		Calculus assay quant	X	9	XXX							\$ -	\$ -	
82365		Calculus spectroscopy	X	9	XXX							\$ -	\$ -	
82370		X-ray assay calculus	X	9	XXX							\$ -	\$ -	
82373		Assay c-d transfer measure	X	9	XXX							\$ -	\$ -	
82374		Assay blood carbon dioxide	X	9	XXX							\$ -	\$ -	
82375		Assay carboxyhb quant	X	9	XXX							\$ -	\$ -	
82376		Assay carboxyhb qual	X	9	XXX							\$ -	\$ -	
82378		Carcinoembryonic antigen	X	9	XXX							\$ -	\$ -	
82379		Assay of carnitine	X	9	XXX							\$ -	\$ -	
82380		Assay of carotene	X	9	XXX							\$ -	\$ -	
82382		Assay urine catecholamines	X	9	XXX							\$ -	\$ -	
82383		Assay blood catecholamines	X	9	XXX							\$ -	\$ -	
82384		Assay three catecholamines	X	9	XXX							\$ -	\$ -	
82387		Assay of cathepsin-d	X	9	XXX							\$ -	\$ -	
82390		Assay of ceruloplasmin	X	9	XXX							\$ -	\$ -	
82397		Chemiluminescent assay	X	9	XXX							\$ -	\$ -	
82415		Assay of chloramphenicol	X	9	XXX							\$ -	\$ -	
82435		Assay of blood chloride	X	9	XXX							\$ -	\$ -	
82436		Assay of urine chloride	X	9	XXX							\$ -	\$ -	
82438		Assay other fluid chlorides	X	9	XXX							\$ -	\$ -	
82441		Test for chlorohydrocarbons	X	9	XXX							\$ -	\$ -	
82465		Assay bld/serum cholesterol	X	9	XXX							\$ -	\$ -	
82480		Assay serum cholinesterase	X	9	XXX							\$ -	\$ -	
82482		Assay rbc cholinesterase	X	9	XXX							\$ -	\$ -	
82485		Assay chondroitin sulfate	X	9	XXX							\$ -	\$ -	
82486		Gas/liquid chromatography	X	9	XXX							\$ -	\$ -	
82487		Paper chromatography	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment			
82488		Paper chromatography	X	9	XXX							\$	-	\$	-	
82489		Thin layer chromatography	X	9	XXX							\$	-	\$	-	
82491		Chromotography quant sing	X	9	XXX							\$	-	\$	-	
82492		Chromotography quant mult	X	9	XXX							\$	-	\$	-	
82495		Assay of chromium	X	9	XXX							\$	-	\$	-	
82507		Assay of citrate	X	9	XXX							\$	-	\$	-	
82520		Assay of cocaine	X	9	XXX							\$	-	\$	-	
82523		Collagen crosslinks	X	9	XXX							\$	-	\$	-	
82525		Assay of copper	X	9	XXX							\$	-	\$	-	
82528		Assay of corticosterone	X	9	XXX							\$	-	\$	-	
82530		Cortisol free	X	9	XXX							\$	-	\$	-	
82533		Total cortisol	X	9	XXX							\$	-	\$	-	
82540		Assay of creatine	X	9	XXX							\$	-	\$	-	
82541		Column chromatography qual	X	9	XXX							\$	-	\$	-	
82542		Column chromatography quant	X	9	XXX							\$	-	\$	-	
82543		Column chromatograph/isotope	X	9	XXX							\$	-	\$	-	
82544		Column chromatograph/isotope	X	9	XXX							\$	-	\$	-	
82550		Assay of ck (cpk)	X	9	XXX							\$	-	\$	-	
82552		Assay of cpk in blood	X	9	XXX							\$	-	\$	-	
82553		Creatine mb fraction	X	9	XXX							\$	-	\$	-	
82554		Creatine isoforms	X	9	XXX							\$	-	\$	-	
82565		Assay of creatinine	X	9	XXX							\$	-	\$	-	
82570		Assay of urine creatinine	X	9	XXX							\$	-	\$	-	
82575		Creatinine clearance test	X	9	XXX							\$	-	\$	-	
82585		Assay of cryofibrinogen	X	9	XXX							\$	-	\$	-	
82595		Assay of cryoglobulin	X	9	XXX							\$	-	\$	-	
82600		Assay of cyanide	X	9	XXX							\$	-	\$	-	
82607		Vitamin B-12	X	9	XXX							\$	-	\$	-	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
82608		B-12 binding capacity	X	9	XXX							\$ -	\$ -	
82610		Cystatin c	X	9	XXX							\$ -	\$ -	
82615		Test for urine cystines	X	9	XXX							\$ -	\$ -	
82626		Dehydroepiandrosterone	X	9	XXX							\$ -	\$ -	
82627		Dehydroepiandrosterone	X	9	XXX							\$ -	\$ -	
82633		Desoxycorticosterone	X	9	XXX							\$ -	\$ -	
82634		Deoxycortisol	X	9	XXX							\$ -	\$ -	
82638		Assay of dibucaine number	X	9	XXX							\$ -	\$ -	
82646		Assay of dihydrocodeinone	X	9	XXX							\$ -	\$ -	
82649		Assay of dihydromorphinone	X	9	XXX							\$ -	\$ -	
82651		Assay of dihydrotestosterone	X	9	XXX							\$ -	\$ -	
82652		Vit d 1 25-dihydroxy	X	9	XXX							\$ -	\$ -	
82654		Assay of dimethadione	X	9	XXX							\$ -	\$ -	
82656		Pancreatic elastase fecal	X	9	XXX							\$ -	\$ -	
82657		Enzyme cell activity	X	9	XXX							\$ -	\$ -	
82658		Enzyme cell activity ra	X	9	XXX							\$ -	\$ -	
82664		Electrophoretic test	X	9	XXX							\$ -	\$ -	
82666		Assay of epiandrosterone	X	9	XXX							\$ -	\$ -	
82668		Assay of erythropoietin	X	9	XXX							\$ -	\$ -	
82670		Assay of estradiol	X	9	XXX							\$ -	\$ -	
82671		Assay of estrogens	X	9	XXX							\$ -	\$ -	
82672		Assay of estrogen	X	9	XXX							\$ -	\$ -	
82677		Assay of estriol	X	9	XXX							\$ -	\$ -	
82679		Assay of estrone	X	9	XXX							\$ -	\$ -	
82690		Assay of ethchlorvynol	X	9	XXX							\$ -	\$ -	
82693		Assay of ethylene glycol	X	9	XXX							\$ -	\$ -	
82696		Assay of etiocholanolone	X	9	XXX							\$ -	\$ -	
82705		Fats/lipids feces qual	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
82710		Fats/lipids feces quant	X	9	XXX							\$ -	\$ -	
82715		Assay of fecal fat	X	9	XXX							\$ -	\$ -	
82725		Assay of blood fatty acids	X	9	XXX							\$ -	\$ -	
82726		Long chain fatty acids	X	9	XXX							\$ -	\$ -	
82728		Assay of ferritin	X	9	XXX							\$ -	\$ -	
82731		Assay of fetal fibronectin	X	9	XXX							\$ -	\$ -	
82735		Assay of fluoride	X	9	XXX							\$ -	\$ -	
82742		Assay of flurazepam	X	9	XXX							\$ -	\$ -	
82746		Blood folic acid serum	X	9	XXX							\$ -	\$ -	
82747		Assay of folic acid rbc	X	9	XXX							\$ -	\$ -	
82757		Assay of semen fructose	X	9	XXX							\$ -	\$ -	
82759		Assay of rbc galactokinase	X	9	XXX							\$ -	\$ -	
82760		Assay of galactose	X	9	XXX							\$ -	\$ -	
82775		Assay galactose transferase	X	9	XXX							\$ -	\$ -	
82776		Galactose transferase test	X	9	XXX							\$ -	\$ -	
82784		Assay iga/igd/igg/igm each	X	9	XXX							\$ -	\$ -	
82785		Assay of ige	X	9	XXX							\$ -	\$ -	
82787		Igg 1 2 3 or 4 each	X	9	XXX							\$ -	\$ -	
82800		Blood pH	X	9	XXX							\$ -	\$ -	
82803		Blood gases any combination	X	9	XXX							\$ -	\$ -	
82805		Blood gases w/o2 saturation	X	9	XXX							\$ -	\$ -	
82810		Blood gases o2 sat only	X	9	XXX							\$ -	\$ -	
82820		Hemoglobin-oxygen affinity	X	9	XXX							\$ -	\$ -	
82930		Gastric analy w/ph ea spec	X	9	XXX							\$ -	\$ -	
82938		Gastrin test	X	9	XXX							\$ -	\$ -	
82941		Assay of gastrin	X	9	XXX							\$ -	\$ -	
82943		Assay of glucagon	X	9	XXX							\$ -	\$ -	
82945		Glucose other fluid	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
82946		Glucagon tolerance test	X	9	XXX							\$ -	\$ -	
82947		Assay glucose blood quant	X	9	XXX							\$ -	\$ -	
82948		Reagent strip/blood glucose	X	9	XXX							\$ -	\$ -	
82950		Glucose test	X	9	XXX							\$ -	\$ -	
82951		Glucose tolerance test (GTT)	X	9	XXX							\$ -	\$ -	
82952		GTT-added samples	X	9	XXX							\$ -	\$ -	
82953		Glucose-tolbutamide test	X	9	XXX							\$ -	\$ -	
82955		Assay of g6pd enzyme	X	9	XXX							\$ -	\$ -	
82960		Test for G6PD enzyme	X	9	XXX							\$ -	\$ -	
82962		Glucose blood test	X	9	XXX							\$ -	\$ -	
82963		Assay of glucosidase	X	9	XXX							\$ -	\$ -	
82965		Assay of gdh enzyme	X	9	XXX							\$ -	\$ -	
82975		Assay of glutamine	X	9	XXX							\$ -	\$ -	
82977		Assay of GGT	X	9	XXX							\$ -	\$ -	
82978		Assay of glutathione	X	9	XXX							\$ -	\$ -	
82979		Assay rbc glutathione	X	9	XXX							\$ -	\$ -	
82980		Assay of glutethimide	X	9	XXX							\$ -	\$ -	
82985		Glycated protein	X	9	XXX							\$ -	\$ -	
83001		Gonadotropin (FSH)	X	9	XXX							\$ -	\$ -	
83002		Gonadotropin (LH)	X	9	XXX							\$ -	\$ -	
83003		Assay growth hormone (hgh)	X	9	XXX							\$ -	\$ -	
83008		Assay of guanosine	X	9	XXX							\$ -	\$ -	
83009		H pylori (c-13) blood	X	9	XXX							\$ -	\$ -	
83010		Assay of haptoglobin quant	X	9	XXX							\$ -	\$ -	
83012		Assay of haptoglobins	X	9	XXX							\$ -	\$ -	
83013		H pylori (c-13) breath	X	9	XXX							\$ -	\$ -	
83014		H pylori drug admin	X	9	XXX							\$ -	\$ -	
83015		Heavy metal screen	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
83018		Quantitative screen metals	X	9	XXX							\$ -	\$ -	
83020		Hemoglobin electrophoresis	X	9	XXX							\$ -	\$ -	
83020	26	Hemoglobin electrophoresis	A	6	XXX							\$ 20.88	\$ 20.88	
83021		Hemoglobin chromatography	X	9	XXX							\$ -	\$ -	
83026		Hemoglobin copper sulfate	X	9	XXX							\$ -	\$ -	
83030		Fetal hemoglobin chemical	X	9	XXX							\$ -	\$ -	
83033		Fetal hemoglobin assay qual	X	9	XXX							\$ -	\$ -	
83036		Glycosylated hemoglobin test	X	9	XXX							\$ -	\$ -	
83037		Glycosylated hb home device	X	9	XXX							\$ -	\$ -	
83045		Blood methemoglobin test	X	9	XXX							\$ -	\$ -	
83050		Blood methemoglobin assay	X	9	XXX							\$ -	\$ -	
83051		Assay of plasma hemoglobin	X	9	XXX							\$ -	\$ -	
83055		Blood sulfhemoglobin test	X	9	XXX							\$ -	\$ -	
83060		Blood sulfhemoglobin assay	X	9	XXX							\$ -	\$ -	
83065		Assay of hemoglobin heat	X	9	XXX							\$ -	\$ -	
83068		Hemoglobin stability screen	X	9	XXX							\$ -	\$ -	
83069		Assay of urine hemoglobin	X	9	XXX							\$ -	\$ -	
83070		Assay of hemosiderin qual	X	9	XXX							\$ -	\$ -	
83071		Assay of hemosiderin quant	X	9	XXX							\$ -	\$ -	
83080		Assay of b hexosaminidase	X	9	XXX							\$ -	\$ -	
83088		Assay of histamine	X	9	XXX							\$ -	\$ -	
83090		Assay of homocystine	X	9	XXX							\$ -	\$ -	
83150		Assay of for hva	X	9	XXX							\$ -	\$ -	
83491		Assay of corticosteroids	X	9	XXX							\$ -	\$ -	
83497		Assay of 5-hiaa	X	9	XXX							\$ -	\$ -	
83498		Assay of progesterone	X	9	XXX							\$ -	\$ -	
83499		Assay of progesterone	X	9	XXX							\$ -	\$ -	
83500		Assay free hydroxyproline	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
83505		Assay total hydroxyproline	X	9	XXX							\$ -	\$ -	
83516		Immunoassay nonantibody	X	9	XXX							\$ -	\$ -	
83518		Immunoassay dipstick	X	9	XXX							\$ -	\$ -	
83519		Ria nonantibody	X	9	XXX							\$ -	\$ -	
83520		Immunoassay quant nos nonab	X	9	XXX							\$ -	\$ -	
83525		Assay of insulin	X	9	XXX							\$ -	\$ -	
83527		Assay of insulin	X	9	XXX							\$ -	\$ -	
83528		Assay of intrinsic factor	X	9	XXX							\$ -	\$ -	
83540		Assay of iron	X	9	XXX							\$ -	\$ -	
83550		Iron binding test	X	9	XXX							\$ -	\$ -	
83570		Assay of idh enzyme	X	9	XXX							\$ -	\$ -	
83582		Assay of ketogenic steroids	X	9	XXX							\$ -	\$ -	
83586		Assay 17- ketosteroids	X	9	XXX							\$ -	\$ -	
83593		Fractionation ketosteroids	X	9	XXX							\$ -	\$ -	
83605		Assay of lactic acid	X	9	XXX							\$ -	\$ -	
83615		Lactate (LD) (LDH) enzyme	X	9	XXX							\$ -	\$ -	
83625		Assay of ldh enzymes	X	9	XXX							\$ -	\$ -	
83630		Lactoferrin fecal (qual)	X	9	XXX							\$ -	\$ -	
83631		Lactoferrin fecal (quant)	X	9	XXX							\$ -	\$ -	
83632		Placental lactogen	X	9	XXX							\$ -	\$ -	
83633		Test urine for lactose	X	9	XXX							\$ -	\$ -	
83634		Assay of urine for lactose	X	9	XXX							\$ -	\$ -	
83655		Assay of lead	X	9	XXX							\$ -	\$ -	
83661		L/s ratio fetal lung	X	9	XXX							\$ -	\$ -	
83662		Foam stability fetal lung	X	9	XXX							\$ -	\$ -	
83663		Fluoro polarize fetal lung	X	9	XXX							\$ -	\$ -	
83664		Lamellar bdy fetal lung	X	9	XXX							\$ -	\$ -	
83670		Assay of lap enzyme	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
83690		Assay of lipase	X	9	XXX							\$ -	\$ -	
83695		Assay of lipoprotein(a)	X	9	XXX							\$ -	\$ -	
83698		Assay lipoprotein pla2	X	9	XXX							\$ -	\$ -	
83700		Lipopro bld electrophoretic	X	9	XXX							\$ -	\$ -	
83701		Lipoprotein bld hr fraction	X	9	XXX							\$ -	\$ -	
83704		Lipoprotein bld by nmr	X	9	XXX							\$ -	\$ -	
83718		Assay of lipoprotein	X	9	XXX							\$ -	\$ -	
83719		Assay of blood lipoprotein	X	9	XXX							\$ -	\$ -	
83721		Assay of blood lipoprotein	X	9	XXX							\$ -	\$ -	
83727		Assay of lrh hormone	X	9	XXX							\$ -	\$ -	
83735		Assay of magnesium	X	9	XXX							\$ -	\$ -	
83775		Assay of md enzyme	X	9	XXX							\$ -	\$ -	
83785		Assay of manganese	X	9	XXX							\$ -	\$ -	
83788		Mass spectrometry qual	X	9	XXX							\$ -	\$ -	
83789		Mass spectrometry quant	X	9	XXX							\$ -	\$ -	
83805		Assay of meprobamate	X	9	XXX							\$ -	\$ -	
83825		Assay of mercury	X	9	XXX							\$ -	\$ -	
83835		Assay of metanephrines	X	9	XXX							\$ -	\$ -	
83840		Assay of methadone	X	9	XXX							\$ -	\$ -	
83857		Assay of methemalbumin	X	9	XXX							\$ -	\$ -	
83858		Assay of methsuximide	X	9	XXX							\$ -	\$ -	
83861		Microfluid analy tears	X	9	XXX							\$ -	\$ -	
83864		Mucopolysaccharides	X	9	XXX							\$ -	\$ -	
83866		Mucopolysaccharides screen	X	9	XXX							\$ -	\$ -	
83872		Assay synovial fluid mucin	X	9	XXX							\$ -	\$ -	
83873		Assay of csf protein	X	9	XXX							\$ -	\$ -	
83874		Assay of myoglobin	X	9	XXX							\$ -	\$ -	
83876		Assay myeloperoxidase	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
83880		Natriuretic peptide	X	9	XXX							\$ -	\$ -	
83883		Assay nephelometry not spec	X	9	XXX							\$ -	\$ -	
83885		Assay of nickel	X	9	XXX							\$ -	\$ -	
83887		Assay of nicotine	X	9	XXX							\$ -	\$ -	
83890		Molecule isolate	X	9	XXX							\$ -	\$ -	
83891		Molecule isolate nucleic	X	9	XXX							\$ -	\$ -	
83892		Molecular diagnostics	X	9	XXX							\$ -	\$ -	
83893		Molecule dot/slot/blot	X	9	XXX							\$ -	\$ -	
83894		Molecule gel electrophor	X	9	XXX							\$ -	\$ -	
83896		Molecular diagnostics	X	9	XXX							\$ -	\$ -	
83897		Molecule nucleic transfer	X	9	XXX							\$ -	\$ -	
83898		Molecule nucleic ampli each	X	9	XXX							\$ -	\$ -	
83900		Molecule nucleic ampli 2 seq	X	9	XXX							\$ -	\$ -	
83901		Molecule nucleic ampli addon	X	9	XXX							\$ -	\$ -	
83902		Molecular diagnostics	X	9	XXX							\$ -	\$ -	
83903		Molecule mutation scan	X	9	XXX							\$ -	\$ -	
83904		Molecule mutation identify	X	9	XXX							\$ -	\$ -	
83905		Molecule mutation identify	X	9	XXX							\$ -	\$ -	
83906		Molecule mutation identify	X	9	XXX							\$ -	\$ -	
83907		Lyse cells for nucleic ext	X	9	XXX							\$ -	\$ -	
83908		Nucleic acid signal ampli	X	9	XXX							\$ -	\$ -	
83909		Nucleic acid high resolute	X	9	XXX							\$ -	\$ -	
83912		Genetic examination	X	9	XXX							\$ -	\$ -	
83912	26	Genetic examination	A	6	XXX							\$ 19.84	\$ 19.84	
83913		Molecular rna stabilization	X	9	XXX							\$ -	\$ -	
83914		Mutation ident ola/sbce/aspe	X	9	XXX							\$ -	\$ -	
83915		Assay of nucleotidase	X	9	XXX							\$ -	\$ -	
83916		Oligoclonal bands	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
83918		Organic acids total quant	X	9	XXX							\$ -	\$ -	
83919		Organic acids qual each	X	9	XXX							\$ -	\$ -	
83921		Organic acid single quant	X	9	XXX							\$ -	\$ -	
83925		Assay of opiates	X	9	XXX							\$ -	\$ -	
83930		Assay of blood osmolality	X	9	XXX							\$ -	\$ -	
83935		Assay of urine osmolality	X	9	XXX							\$ -	\$ -	
83937		Assay of osteocalcin	X	9	XXX							\$ -	\$ -	
83945		Assay of oxalate	X	9	XXX							\$ -	\$ -	
83950		Oncoprotein her-2/neu	X	9	XXX							\$ -	\$ -	
83951		Oncoprotein dcp	X	9	XXX							\$ -	\$ -	
83970		Assay of parathormone	X	9	XXX							\$ -	\$ -	
83986		Assay ph body fluid nos	X	9	XXX							\$ -	\$ -	
83987		Exhaled breath condensate	X	9	XXX							\$ -	\$ -	
83992		Assay for phencyclidine	X	9	XXX							\$ -	\$ -	
83993		Assay for calprotectin fecal	X	9	XXX							\$ -	\$ -	
84022		Assay of phenothiazine	X	9	XXX							\$ -	\$ -	
84030		Assay of blood pku	X	9	XXX							\$ -	\$ -	
84035		Assay of phenylketones	X	9	XXX							\$ -	\$ -	
84060		Assay acid phosphatase	X	9	XXX							\$ -	\$ -	
84061		Phosphatase forensic exam	X	9	XXX							\$ -	\$ -	
84066		Assay prostate phosphatase	X	9	XXX							\$ -	\$ -	
84075		Assay alkaline phosphatase	X	9	XXX							\$ -	\$ -	
84078		Assay alkaline phosphatase	X	9	XXX							\$ -	\$ -	
84080		Assay alkaline phosphatases	X	9	XXX							\$ -	\$ -	
84081		Amniotic fluid enzyme test	X	9	XXX							\$ -	\$ -	
84085		Assay of rbc pg6d enzyme	X	9	XXX							\$ -	\$ -	
84087		Assay phosphohexose enzymes	X	9	XXX							\$ -	\$ -	
84100		Assay of phosphorus	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment		
84105		Assay of urine phosphorus	X	9	XXX							\$	-	\$	-
84106		Test for porphobilinogen	X	9	XXX							\$	-	\$	-
84110		Assay of porphobilinogen	X	9	XXX							\$	-	\$	-
84112		Placenta alpha micro ig c/v	X	9	XXX							\$	-	\$	-
84119		Test urine for porphyrins	X	9	XXX							\$	-	\$	-
84120		Assay of urine porphyrins	X	9	XXX							\$	-	\$	-
84126		Assay of feces porphyrins	X	9	XXX							\$	-	\$	-
84127		Assay of feces porphyrins	X	9	XXX							\$	-	\$	-
84132		Assay of serum potassium	X	9	XXX							\$	-	\$	-
84133		Assay of urine potassium	X	9	XXX							\$	-	\$	-
84134		Assay of prealbumin	X	9	XXX							\$	-	\$	-
84135		Assay of pregnanediol	X	9	XXX							\$	-	\$	-
84138		Assay of pregnanetriol	X	9	XXX							\$	-	\$	-
84140		Assay of pregnenolone	X	9	XXX							\$	-	\$	-
84143		Assay of 17-hydroxypregнено	X	9	XXX							\$	-	\$	-
84144		Assay of progesterone	X	9	XXX							\$	-	\$	-
84145		Procalcitonin (pct)	X	9	XXX							\$	-	\$	-
84146		Assay of prolactin	X	9	XXX							\$	-	\$	-
84150		Assay of prostaglandin	X	9	XXX							\$	-	\$	-
84152		Assay of psa complexed	X	9	XXX							\$	-	\$	-
84153		Assay of psa total	X	9	XXX							\$	-	\$	-
84154		Assay of psa free	X	9	XXX							\$	-	\$	-
84155		Assay of protein serum	X	9	XXX							\$	-	\$	-
84156		Assay of protein urine	X	9	XXX							\$	-	\$	-
84157		Assay of protein other	X	9	XXX							\$	-	\$	-
84160		Assay of protein any source	X	9	XXX							\$	-	\$	-
84163		Pappa serum	X	9	XXX							\$	-	\$	-
84165		Protein e-phoresis serum	X	9	XXX							\$	-	\$	-

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance		
84165	26	Protein e-phoresis serum	A	6	XXX							\$	20.53	\$	20.53	
84166		Protein e-phoresis/urine/csf	X	9	XXX							\$	-	\$	-	
84166	26	Protein e-phoresis/urine/csf	A	6	XXX							\$	20.53	\$	20.53	
84181		Western blot test	X	9	XXX							\$	-	\$	-	
84181	26	Western blot test	A	6	XXX							\$	20.53	\$	20.53	
84182		Protein western blot test	X	9	XXX							\$	-	\$	-	
84182	26	Protein western blot test	A	6	XXX							\$	19.49	\$	19.49	
84202		Assay RBC protoporphyrin	X	9	XXX							\$	-	\$	-	
84203		Test RBC protoporphyrin	X	9	XXX							\$	-	\$	-	
84206		Assay of proinsulin	X	9	XXX							\$	-	\$	-	
84207		Assay of vitamin b-6	X	9	XXX							\$	-	\$	-	
84210		Assay of pyruvate	X	9	XXX							\$	-	\$	-	
84220		Assay of pyruvate kinase	X	9	XXX							\$	-	\$	-	
84228		Assay of quinine	X	9	XXX							\$	-	\$	-	
84233		Assay of estrogen	X	9	XXX							\$	-	\$	-	
84234		Assay of progesterone	X	9	XXX							\$	-	\$	-	
84235		Assay of endocrine hormone	X	9	XXX							\$	-	\$	-	
84238		Assay nonendocrine receptor	X	9	XXX							\$	-	\$	-	
84244		Assay of renin	X	9	XXX							\$	-	\$	-	
84252		Assay of vitamin b-2	X	9	XXX							\$	-	\$	-	
84255		Assay of selenium	X	9	XXX							\$	-	\$	-	
84260		Assay of serotonin	X	9	XXX							\$	-	\$	-	
84270		Assay of sex hormone globul	X	9	XXX							\$	-	\$	-	
84275		Assay of sialic acid	X	9	XXX							\$	-	\$	-	
84285		Assay of silica	X	9	XXX							\$	-	\$	-	
84295		Assay of serum sodium	X	9	XXX							\$	-	\$	-	
84300		Assay of urine sodium	X	9	XXX							\$	-	\$	-	
84302		Assay of sweat sodium	X	9	XXX							\$	-	\$	-	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
84305		Assay of somatomedin	X	9	XXX							\$ -	\$ -	
84307		Assay of somatostatin	X	9	XXX							\$ -	\$ -	
84311		Spectrophotometry	X	9	XXX							\$ -	\$ -	
84315		Body fluid specific gravity	X	9	XXX							\$ -	\$ -	
84375		Chromatogram assay sugars	X	9	XXX							\$ -	\$ -	
84376		Sugars single qual	X	9	XXX							\$ -	\$ -	
84377		Sugars multiple qual	X	9	XXX							\$ -	\$ -	
84378		Sugars single quant	X	9	XXX							\$ -	\$ -	
84379		Sugars multiple quant	X	9	XXX							\$ -	\$ -	
84392		Assay of urine sulfate	X	9	XXX							\$ -	\$ -	
84402		Assay of testosterone	X	9	XXX							\$ -	\$ -	
84403		Assay of total testosterone	X	9	XXX							\$ -	\$ -	
84425		Assay of vitamin b-1	X	9	XXX							\$ -	\$ -	
84430		Assay of thiocyanate	X	9	XXX							\$ -	\$ -	
84431		Thromboxane urine	X	9	XXX							\$ -	\$ -	
84432		Assay of thyroglobulin	X	9	XXX							\$ -	\$ -	
84436		Assay of total thyroxine	X	9	XXX							\$ -	\$ -	
84437		Assay of neonatal thyroxine	X	9	XXX							\$ -	\$ -	
84439		Assay of free thyroxine	X	9	XXX							\$ -	\$ -	
84442		Assay of thyroid activity	X	9	XXX							\$ -	\$ -	
84443		Assay thyroid stim hormone	X	9	XXX							\$ -	\$ -	
84445		Assay of tsi	X	9	XXX							\$ -	\$ -	
84446		Assay of vitamin e	X	9	XXX							\$ -	\$ -	
84449		Assay of transcortin	X	9	XXX							\$ -	\$ -	
84450		Transferase (AST) (SGOT)	X	9	XXX							\$ -	\$ -	
84460		Alanine amino (ALT) (SGPT)	X	9	XXX							\$ -	\$ -	
84466		Assay of transferrin	X	9	XXX							\$ -	\$ -	
84478		Assay of triglycerides	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
84479		Assay of thyroid (t3 or t4)	X	9	XXX							\$ -	\$ -	
84480		Assay triiodothyronine (t3)	X	9	XXX							\$ -	\$ -	
84481		Free assay (FT-3)	X	9	XXX							\$ -	\$ -	
84482		T3 reverse	X	9	XXX							\$ -	\$ -	
84484		Assay of troponin quant	X	9	XXX							\$ -	\$ -	
84485		Assay duodenal fluid trypsin	X	9	XXX							\$ -	\$ -	
84488		Test feces for trypsin	X	9	XXX							\$ -	\$ -	
84490		Assay of feces for trypsin	X	9	XXX							\$ -	\$ -	
84510		Assay of tyrosine	X	9	XXX							\$ -	\$ -	
84512		Assay of troponin qual	X	9	XXX							\$ -	\$ -	
84520		Assay of urea nitrogen	X	9	XXX							\$ -	\$ -	
84525		Urea nitrogen semi-quant	X	9	XXX							\$ -	\$ -	
84540		Assay of urine/urea-n	X	9	XXX							\$ -	\$ -	
84545		Urea-N clearance test	X	9	XXX							\$ -	\$ -	
84550		Assay of blood/uric acid	X	9	XXX							\$ -	\$ -	
84560		Assay of urine/uric acid	X	9	XXX							\$ -	\$ -	
84577		Assay of feces/urobilinogen	X	9	XXX							\$ -	\$ -	
84578		Test urine urobilinogen	X	9	XXX							\$ -	\$ -	
84580		Assay of urine urobilinogen	X	9	XXX							\$ -	\$ -	
84583		Assay of urine urobilinogen	X	9	XXX							\$ -	\$ -	
84585		Assay of urine vma	X	9	XXX							\$ -	\$ -	
84586		Assay of vip	X	9	XXX							\$ -	\$ -	
84588		Assay of vasopressin	X	9	XXX							\$ -	\$ -	
84590		Assay of vitamin a	X	9	XXX							\$ -	\$ -	
84591		Assay of nos vitamin	X	9	XXX							\$ -	\$ -	
84597		Assay of vitamin k	X	9	XXX							\$ -	\$ -	
84600		Assay of volatiles	X	9	XXX							\$ -	\$ -	
84620		Xylose tolerance test	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
84630		Assay of zinc	X	9	XXX							\$ -	\$ -	
84681		Assay of c-peptide	X	9	XXX							\$ -	\$ -	
84702		Chorionic gonadotropin test	X	9	XXX							\$ -	\$ -	
84703		Chorionic gonadotropin assay	X	9	XXX							\$ -	\$ -	
84704		Hcg free betachain test	X	9	XXX							\$ -	\$ -	
84830		Ovulation tests	X	9	XXX							\$ -	\$ -	
84999		Clinical chemistry test	X	9	XXX							\$ -	\$ -	
85002		Bleeding time test	X	9	XXX							\$ -	\$ -	
85004		Automated diff wbc count	X	9	XXX							\$ -	\$ -	
85007		Bl smear w/diff wbc count	X	9	XXX							\$ -	\$ -	
85008		Bl smear w/o diff wbc count	X	9	XXX							\$ -	\$ -	
85009		Manual diff wbc count b-coat	X	9	XXX							\$ -	\$ -	
85013		Spun microhematocrit	X	9	XXX							\$ -	\$ -	
85014		Hematocrit	X	9	XXX							\$ -	\$ -	
85018		Hemoglobin	X	9	XXX							\$ -	\$ -	
85025		Complete cbc w/auto diff wbc	X	9	XXX							\$ -	\$ -	
85027		Complete cbc automated	X	9	XXX							\$ -	\$ -	
85032		Manual cell count each	X	9	XXX							\$ -	\$ -	
85041		Automated rbc count	X	9	XXX							\$ -	\$ -	
85044		Manual reticulocyte count	X	9	XXX							\$ -	\$ -	
85045		Automated reticulocyte count	X	9	XXX							\$ -	\$ -	
85046		Reticyte/hgb concentrate	X	9	XXX							\$ -	\$ -	
85048		Automated leukocyte count	X	9	XXX							\$ -	\$ -	
85049		Automated platelet count	X	9	XXX							\$ -	\$ -	
85055		Reticulated platelet assay	X	9	XXX							\$ -	\$ -	
85060		Blood smear interpretation	A	8	XXX							\$ 24.36	\$ 24.36	
85097		Bone marrow interpretation	A	0	XXX							\$ 48.02	\$ 79.34	
85130		Chromogenic substrate assay	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
85170		Blood clot retraction	X	9	XXX							\$ -	\$ -	
85175		Blood clot lysis time	X	9	XXX							\$ -	\$ -	
85210		Blood clot factor II test	X	9	XXX							\$ -	\$ -	
85220		Blood clot factor V test	X	9	XXX							\$ -	\$ -	
85230		Blood clot factor VII test	X	9	XXX							\$ -	\$ -	
85240		Blood clot factor VIII test	X	9	XXX							\$ -	\$ -	
85244		Blood clot factor VIII test	X	9	XXX							\$ -	\$ -	
85245		Blood clot factor VIII test	X	9	XXX							\$ -	\$ -	
85246		Blood clot factor VIII test	X	9	XXX							\$ -	\$ -	
85247		Blood clot factor VIII test	X	9	XXX							\$ -	\$ -	
85250		Blood clot factor IX test	X	9	XXX							\$ -	\$ -	
85260		Blood clot factor X test	X	9	XXX							\$ -	\$ -	
85270		Blood clot factor XI test	X	9	XXX							\$ -	\$ -	
85280		Blood clot factor XII test	X	9	XXX							\$ -	\$ -	
85290		Blood clot factor XIII test	X	9	XXX							\$ -	\$ -	
85291		Blood clot factor XIII test	X	9	XXX							\$ -	\$ -	
85292		Blood clot factor assay	X	9	XXX							\$ -	\$ -	
85293		Blood clot factor assay	X	9	XXX							\$ -	\$ -	
85300		Antithrombin III test	X	9	XXX							\$ -	\$ -	
85301		Antithrombin III test	X	9	XXX							\$ -	\$ -	
85302		Blood clot inhibitor antigen	X	9	XXX							\$ -	\$ -	
85303		Blood clot inhibitor test	X	9	XXX							\$ -	\$ -	
85305		Blood clot inhibitor assay	X	9	XXX							\$ -	\$ -	
85306		Blood clot inhibitor test	X	9	XXX							\$ -	\$ -	
85307		Assay activated protein c	X	9	XXX							\$ -	\$ -	
85335		Factor inhibitor test	X	9	XXX							\$ -	\$ -	
85337		Thrombomodulin	X	9	XXX							\$ -	\$ -	
85345		Coagulation time	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
85347		Coagulation time	X	9	XXX							\$ -	\$ -	
85348		Coagulation time	X	9	XXX							\$ -	\$ -	
85360		Euglobulin lysis	X	9	XXX							\$ -	\$ -	
85362		Fibrin degradation products	X	9	XXX							\$ -	\$ -	
85366		Fibrinogen test	X	9	XXX							\$ -	\$ -	
85370		Fibrinogen test	X	9	XXX							\$ -	\$ -	
85378		Fibrin degrade semiquant	X	9	XXX							\$ -	\$ -	
85379		Fibrin degradation quant	X	9	XXX							\$ -	\$ -	
85380		Fibrin degradation vte	X	9	XXX							\$ -	\$ -	
85384		Fibrinogen	X	9	XXX							\$ -	\$ -	
85385		Fibrinogen	X	9	XXX							\$ -	\$ -	
85390		Fibrinolysins screen	X	9	XXX							\$ -	\$ -	
85390	26	Fibrinolysins screen	A	6	XXX							\$ 20.88	\$ 20.88	
85396		Clotting assay whole blood	A	0	XXX							\$ 20.53	\$ -	
85397		Clotting funct activity	X	9	XXX							\$ -	\$ -	
85400		Fibrinolytic plasmin	X	9	XXX							\$ -	\$ -	
85410		Fibrinolytic antiplasmin	X	9	XXX							\$ -	\$ -	
85415		Fibrinolytic plasminogen	X	9	XXX							\$ -	\$ -	
85420		Fibrinolytic plasminogen	X	9	XXX							\$ -	\$ -	
85421		Fibrinolytic plasminogen	X	9	XXX							\$ -	\$ -	
85441		Heinz bodies direct	X	9	XXX							\$ -	\$ -	
85445		Heinz bodies induced	X	9	XXX							\$ -	\$ -	
85460		Hemoglobin fetal	X	9	XXX							\$ -	\$ -	
85461		Hemoglobin fetal	X	9	XXX							\$ -	\$ -	
85475		Hemolysin	X	9	XXX							\$ -	\$ -	
85520		Heparin assay	X	9	XXX							\$ -	\$ -	
85525		Heparin neutralization	X	9	XXX							\$ -	\$ -	
85530		Heparin-protamine tolerance	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
85536		Iron stain peripheral blood	X	9	XXX							\$ -	\$ -	
85540		Wbc alkaline phosphatase	X	9	XXX							\$ -	\$ -	
85547		RBC mechanical fragility	X	9	XXX							\$ -	\$ -	
85549		Muramidase	X	9	XXX							\$ -	\$ -	
85555		RBC osmotic fragility	X	9	XXX							\$ -	\$ -	
85557		RBC osmotic fragility	X	9	XXX							\$ -	\$ -	
85576		Blood platelet aggregation	X	9	XXX							\$ -	\$ -	
85576	26	Blood platelet aggregation	A	6	XXX							\$ 20.88	\$ 20.88	
85597		Phospholipid pltlt neutraliz	X	9	XXX							\$ -	\$ -	
85598		Hexagnal phosph pltlt neutrl	X	9	XXX							\$ -	\$ -	
85610		Prothrombin time	X	9	XXX							\$ -	\$ -	
85611		Prothrombin test	X	9	XXX							\$ -	\$ -	
85612		Viper venom prothrombin time	X	9	XXX							\$ -	\$ -	
85613		Russell viper venom diluted	X	9	XXX							\$ -	\$ -	
85635		Reptilase test	X	9	XXX							\$ -	\$ -	
85651		Rbc sed rate nonautomated	X	9	XXX							\$ -	\$ -	
85652		Rbc sed rate automated	X	9	XXX							\$ -	\$ -	
85660		RBC sickle cell test	X	9	XXX							\$ -	\$ -	
85670		Thrombin time plasma	X	9	XXX							\$ -	\$ -	
85675		Thrombin time titer	X	9	XXX							\$ -	\$ -	
85705		Thromboplastin inhibition	X	9	XXX							\$ -	\$ -	
85730		Thromboplastin time partial	X	9	XXX							\$ -	\$ -	
85732		Thromboplastin time partial	X	9	XXX							\$ -	\$ -	
85810		Blood viscosity examination	X	9	XXX							\$ -	\$ -	
85999		Hematology procedure	X	9	XXX							\$ -	\$ -	
86000		Agglutinins febrile	X	9	XXX							\$ -	\$ -	
86001		Allergen specific igg	X	9	XXX							\$ -	\$ -	
86003		Allergen specific IgE	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
86005		Allergen specific IgE	X	9	XXX							\$ -	\$ -	
86021		WBC antibody identification	X	9	XXX							\$ -	\$ -	
86022		Platelet antibodies	X	9	XXX							\$ -	\$ -	
86023		Immunoglobulin assay	X	9	XXX							\$ -	\$ -	
86038		Antinuclear antibodies	X	9	XXX							\$ -	\$ -	
86039		Antinuclear antibodies (ANA)	X	9	XXX							\$ -	\$ -	
86060		Antistreptolysin o titer	X	9	XXX							\$ -	\$ -	
86063		Antistreptolysin o screen	X	9	XXX							\$ -	\$ -	
86077		Physician blood bank service	A	0	XXX							\$ 49.07	\$ 51.85	
86078		Physician blood bank service	A	0	XXX							\$ 49.42	\$ 52.20	
86079		Physician blood bank service	A	0	XXX							\$ 49.42	\$ 52.20	
86140		C-reactive protein	X	9	XXX							\$ -	\$ -	
86141		C-reactive protein hs	X	9	XXX							\$ -	\$ -	
86146		Glycoprotein antibody	X	9	XXX							\$ -	\$ -	
86147		Cardiolipin antibody	X	9	XXX							\$ -	\$ -	
86148		Phospholipid antibody	X	9	XXX							\$ -	\$ -	
86155		Chemotaxis assay	X	9	XXX							\$ -	\$ -	
86156		Cold agglutinin screen	X	9	XXX							\$ -	\$ -	
86157		Cold agglutinin titer	X	9	XXX							\$ -	\$ -	
86160		Complement antigen	X	9	XXX							\$ -	\$ -	
86161		Complement/function activity	X	9	XXX							\$ -	\$ -	
86162		Complement total (ch50)	X	9	XXX							\$ -	\$ -	
86171		Complement fixation each	X	9	XXX							\$ -	\$ -	
86185		Counterimmunoelectrophoresis	X	9	XXX							\$ -	\$ -	
86200		Ccp antibody	X	9	XXX							\$ -	\$ -	
86215		Deoxyribonuclease antibody	X	9	XXX							\$ -	\$ -	
86225		DNA antibody	X	9	XXX							\$ -	\$ -	
86226		Dna antibody single strand	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
86235		Nuclear antigen antibody	X	9	XXX							\$ -	\$ -	
86243		Fc receptor	X	9	XXX							\$ -	\$ -	
86255		Fluorescent antibody screen	X	9	XXX							\$ -	\$ -	
86255	26	Fluorescent antibody screen	A	6	XXX							\$ 20.88	\$ 20.88	
86256		Fluorescent antibody titer	X	9	XXX							\$ -	\$ -	
86256	26	Fluorescent antibody titer	A	6	XXX							\$ 18.10	\$ 18.10	
86277		Growth hormone antibody	X	9	XXX							\$ -	\$ -	
86280		Hemagglutination inhibition	X	9	XXX							\$ -	\$ -	
86294		Immunoassay tumor qual	X	9	XXX							\$ -	\$ -	
86300		Immunoassay tumor ca 15-3	X	9	XXX							\$ -	\$ -	
86301		Immunoassay tumor ca 19-9	X	9	XXX							\$ -	\$ -	
86304		Immunoassay tumor ca 125	X	9	XXX							\$ -	\$ -	
86305		Human epididymis protein 4	X	9	XXX							\$ -	\$ -	
86308		Heterophile antibodies	X	9	XXX							\$ -	\$ -	
86309		Heterophile antibodies	X	9	XXX							\$ -	\$ -	
86310		Heterophile antibodies	X	9	XXX							\$ -	\$ -	
86316		Immunoassay tumor other	X	9	XXX							\$ -	\$ -	
86317		Immunoassay infectious agent	X	9	XXX							\$ -	\$ -	
86318		Immunoassay infectious agent	X	9	XXX							\$ -	\$ -	
86320		Serum immunoelectrophoresis	X	9	XXX							\$ -	\$ -	
86320	26	Serum immunoelectrophoresis	A	6	XXX							\$ 18.10	\$ 18.10	
86325		Other immunoelectrophoresis	X	9	XXX							\$ -	\$ -	
86325	26	Other immunoelectrophoresis	A	6	XXX							\$ 18.10	\$ 18.10	
86327		Immunoelectrophoresis assay	X	9	XXX							\$ -	\$ -	
86327	26	Immunoelectrophoresis assay	A	6	XXX							\$ 22.97	\$ 22.97	
86329		Immunodiffusion	X	9	XXX							\$ -	\$ -	
86331		Immunodiffusion ouchterlony	X	9	XXX							\$ -	\$ -	
86332		Immune complex assay	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
86334		Immunofix e-phoresis serum	X	9	XXX							\$ -	\$ -	
86334	26	Immunofix e-phoresis serum	A	6	XXX							\$ 20.53	\$ 20.53	
86335		Immunofix e-phorsis/urine/csf	X	9	XXX							\$ -	\$ -	
86335	26	Immunofix e-phorsis/urine/csf	A	6	XXX							\$ 20.53	\$ 20.53	
86336		Inhibin A	X	9	XXX							\$ -	\$ -	
86337		Insulin antibodies	X	9	XXX							\$ -	\$ -	
86340		Intrinsic factor antibody	X	9	XXX							\$ -	\$ -	
86341		Islet cell antibody	X	9	XXX							\$ -	\$ -	
86343		Leukocyte histamine release	X	9	XXX							\$ -	\$ -	
86344		Leukocyte phagocytosis	X	9	XXX							\$ -	\$ -	
86352		Cell function assay w/stim	X	9	XXX							\$ -	\$ -	
86353		Lymphocyte transformation	X	9	XXX							\$ -	\$ -	
86355		B cells total count	X	9	XXX							\$ -	\$ -	
86356		Mononuclear cell antigen	X	9	XXX							\$ -	\$ -	
86357		Nk cells total count	X	9	XXX							\$ -	\$ -	
86359		T cells total count	X	9	XXX							\$ -	\$ -	
86360		T cell absolute count/ratio	X	9	XXX							\$ -	\$ -	
86361		T cell absolute count	X	9	XXX							\$ -	\$ -	
86367		Stem cells total count	X	9	XXX							\$ -	\$ -	
86376		Microsomal antibody	X	9	XXX							\$ -	\$ -	
86378		Migration inhibitory factor	X	9	XXX							\$ -	\$ -	
86382		Neutralization test viral	X	9	XXX							\$ -	\$ -	
86384		Nitroblue tetrazolium dye	X	9	XXX							\$ -	\$ -	
86386		Nuclear matrix protein 22	X	9	XXX							\$ -	\$ -	
86403		Particle agglutination test	X	9	XXX							\$ -	\$ -	
86406		Particle agglutination test	X	9	XXX							\$ -	\$ -	
86430		Rheumatoid factor test	X	9	XXX							\$ -	\$ -	
86431		Rheumatoid factor quant	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
86480		Tb test cell immun measure	X	9	XXX							\$ -	\$ -	
86481		Tb ag response t-cell susp	X	9	XXX							\$ -	\$ -	
86485		Skin test candida	C	3	XXX							\$ -	\$ -	
86486		Skin test nos antigen	A	3	XXX							\$ -	\$ 5.57	
86490		Coccidioidomycosis skin test	A	3	XXX							\$ -	\$ 6.26	
86510		Histoplasmosis skin test	A	3	XXX							\$ -	\$ 6.26	
86580		TB intradermal test	A	3	XXX							\$ -	\$ 7.66	
86590		Streptokinase antibody	X	9	XXX							\$ -	\$ -	
86592		Syphilis test non-trep qual	X	9	XXX							\$ -	\$ -	
86593		Syphilis test non-trep quant	X	9	XXX							\$ -	\$ -	
86602		Antinomyces antibody	X	9	XXX							\$ -	\$ -	
86603		Adenovirus antibody	X	9	XXX							\$ -	\$ -	
86606		Aspergillus antibody	X	9	XXX							\$ -	\$ -	
86609		Bacterium antibody	X	9	XXX							\$ -	\$ -	
86611		Bartonella antibody	X	9	XXX							\$ -	\$ -	
86612		Blastomyces antibody	X	9	XXX							\$ -	\$ -	
86615		Bordetella antibody	X	9	XXX							\$ -	\$ -	
86617		Lyme disease antibody	X	9	XXX							\$ -	\$ -	
86618		Lyme disease antibody	X	9	XXX							\$ -	\$ -	
86619		Borrelia antibody	X	9	XXX							\$ -	\$ -	
86622		Brucella antibody	X	9	XXX							\$ -	\$ -	
86625		Campylobacter antibody	X	9	XXX							\$ -	\$ -	
86628		Candida antibody	X	9	XXX							\$ -	\$ -	
86631		Chlamydia antibody	X	9	XXX							\$ -	\$ -	
86632		Chlamydia igm antibody	X	9	XXX							\$ -	\$ -	
86635		Coccidioides antibody	X	9	XXX							\$ -	\$ -	
86638		Q fever antibody	X	9	XXX							\$ -	\$ -	
86641		Cryptococcus antibody	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
86644		CMV antibody	X	9	XXX							\$ -	\$ -	
86645		Cmv antibody igm	X	9	XXX							\$ -	\$ -	
86648		Diphtheria antibody	X	9	XXX							\$ -	\$ -	
86651		Encephalitis antibody	X	9	XXX							\$ -	\$ -	
86652		Encephalitis antibody	X	9	XXX							\$ -	\$ -	
86653		Encephalitis antibody	X	9	XXX							\$ -	\$ -	
86654		Encephalitis antibody	X	9	XXX							\$ -	\$ -	
86658		Enterovirus antibody	X	9	XXX							\$ -	\$ -	
86663		Epstein-barr antibody	X	9	XXX							\$ -	\$ -	
86664		Epstein-barr antibody	X	9	XXX							\$ -	\$ -	
86665		Epstein-barr antibody	X	9	XXX							\$ -	\$ -	
86666		Ehrlichia antibody	X	9	XXX							\$ -	\$ -	
86668		Francisella tularensis	X	9	XXX							\$ -	\$ -	
86671		Fungus antibody	X	9	XXX							\$ -	\$ -	
86674		Giardia lamblia antibody	X	9	XXX							\$ -	\$ -	
86677		Helicobacter pylori	X	9	XXX							\$ -	\$ -	
86682		Helminth antibody	X	9	XXX							\$ -	\$ -	
86684		Hemophilus influenza	X	9	XXX							\$ -	\$ -	
86687		Htlv-i antibody	X	9	XXX							\$ -	\$ -	
86688		Htlv-ii antibody	X	9	XXX							\$ -	\$ -	
86689		HTLV/HIV confirmatory test	X	9	XXX							\$ -	\$ -	
86692		Hepatitis delta agent	X	9	XXX							\$ -	\$ -	
86694		Herpes simplex test	X	9	XXX							\$ -	\$ -	
86695		Herpes simplex test	X	9	XXX							\$ -	\$ -	
86696		Herpes simplex type 2	X	9	XXX							\$ -	\$ -	
86698		Histoplasma	X	9	XXX							\$ -	\$ -	
86701		HIV-1	X	9	XXX							\$ -	\$ -	
86702		HIV-2	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment			
86703		Hiv-1/hiv-2 single result	X	9	XXX							\$	-	\$	-	
86704		Hep b core antibody total	X	9	XXX							\$	-	\$	-	
86705		Hep b core antibody igm	X	9	XXX							\$	-	\$	-	
86706		Hep b surface antibody	X	9	XXX							\$	-	\$	-	
86707		Hep be antibody	X	9	XXX							\$	-	\$	-	
86708		Hep a antibody total	X	9	XXX							\$	-	\$	-	
86709		Hep a antibody igm	X	9	XXX							\$	-	\$	-	
86710		Influenza virus antibody	X	9	XXX							\$	-	\$	-	
86713		Legionella antibody	X	9	XXX							\$	-	\$	-	
86717		Leishmania antibody	X	9	XXX							\$	-	\$	-	
86720		Leptospira antibody	X	9	XXX							\$	-	\$	-	
86723		Listeria monocytogenes ab	X	9	XXX							\$	-	\$	-	
86727		Lymph choriomeningitis ab	X	9	XXX							\$	-	\$	-	
86729		Lympho venereum antibody	X	9	XXX							\$	-	\$	-	
86732		Mucormycosis antibody	X	9	XXX							\$	-	\$	-	
86735		Mumps antibody	X	9	XXX							\$	-	\$	-	
86738		Mycoplasma antibody	X	9	XXX							\$	-	\$	-	
86741		Neisseria meningitidis	X	9	XXX							\$	-	\$	-	
86744		Nocardia antibody	X	9	XXX							\$	-	\$	-	
86747		Parvovirus antibody	X	9	XXX							\$	-	\$	-	
86750		Malaria antibody	X	9	XXX							\$	-	\$	-	
86753		Protozoa antibody nos	X	9	XXX							\$	-	\$	-	
86756		Respiratory virus antibody	X	9	XXX							\$	-	\$	-	
86757		Rickettsia antibody	X	9	XXX							\$	-	\$	-	
86759		Rotavirus antibody	X	9	XXX							\$	-	\$	-	
86762		Rubella antibody	X	9	XXX							\$	-	\$	-	
86765		Rubeola antibody	X	9	XXX							\$	-	\$	-	
86768		Salmonella antibody	X	9	XXX							\$	-	\$	-	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment			
86771		Shigella antibody	X	9	XXX							\$	-	\$	-	
86774		Tetanus antibody	X	9	XXX							\$	-	\$	-	
86777		Toxoplasma antibody	X	9	XXX							\$	-	\$	-	
86778		Toxoplasma antibody igm	X	9	XXX							\$	-	\$	-	
86780		Treponema pallidum	X	9	XXX							\$	-	\$	-	
86784		Trichinella antibody	X	9	XXX							\$	-	\$	-	
86787		Varicella-zoster antibody	X	9	XXX							\$	-	\$	-	
86788		West Nile virus ab igm	X	9	XXX							\$	-	\$	-	
86789		West Nile virus antibody	X	9	XXX							\$	-	\$	-	
86790		Virus antibody nos	X	9	XXX							\$	-	\$	-	
86793		Yersinia antibody	X	9	XXX							\$	-	\$	-	
86800		Thyroglobulin antibody	X	9	XXX							\$	-	\$	-	
86803		Hepatitis c ab test	X	9	XXX							\$	-	\$	-	
86804		Hep c ab test confirm	X	9	XXX							\$	-	\$	-	
86805		Lymphocytotoxicity assay	X	9	XXX							\$	-	\$	-	
86806		Lymphocytotoxicity assay	X	9	XXX							\$	-	\$	-	
86807		Cytotoxic antibody screening	X	9	XXX							\$	-	\$	-	
86808		Cytotoxic antibody screening	X	9	XXX							\$	-	\$	-	
86812		Hla typing a b or c	X	9	XXX							\$	-	\$	-	
86813		Hla typing a b or c	X	9	XXX							\$	-	\$	-	
86816		Hla typing dr/dq	X	9	XXX							\$	-	\$	-	
86817		Hla typing dr/dq	X	9	XXX							\$	-	\$	-	
86821		Lymphocyte culture mixed	X	9	XXX							\$	-	\$	-	
86822		Lymphocyte culture primed	X	9	XXX							\$	-	\$	-	
86825		Hla x-match non-cytotoxic	X	9	XXX							\$	-	\$	-	
86826		Hla x-match noncytotoxic addl	X	9	XXX							\$	-	\$	-	
86849		Immunology procedure	X	9	XXX							\$	-	\$	-	
86850		RBC antibody screen	X	9	XXX							\$	-	\$	-	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
86860		RBC antibody elution	X	9	XXX							\$ -	\$ -	
86870		RBC antibody identification	X	9	XXX							\$ -	\$ -	
86880		Coombs test direct	X	9	XXX							\$ -	\$ -	
86885		Coombs test indirect qual	X	9	XXX							\$ -	\$ -	
86886		Coombs test indirect titer	X	9	XXX							\$ -	\$ -	
86890		Autologous blood process	X	9	XXX							\$ -	\$ -	
86891		Autologous blood op salvage	X	9	XXX							\$ -	\$ -	
86900		Blood typing abo	X	9	XXX							\$ -	\$ -	
86901		Blood typing rh (d)	X	9	XXX							\$ -	\$ -	
86902		Blood type antigen donor ea	X	9	XXX							\$ -	\$ -	
86904		Blood typing patient serum	X	9	XXX							\$ -	\$ -	
86905		Blood typing rbc antigens	X	9	XXX							\$ -	\$ -	
86906		Blood typing rh phenotype	X	9	XXX							\$ -	\$ -	
86910		Blood typing paternity test	N	9	XXX							\$ -	\$ -	
86911		Blood typing antigen system	N	9	XXX							\$ -	\$ -	
86920		Compatibility test spin	X	9	XXX							\$ -	\$ -	
86921		Compatibility test incubate	X	9	XXX							\$ -	\$ -	
86922		Compatibility test antiglob	X	9	XXX							\$ -	\$ -	
86923		Compatibility test electric	X	9	XXX							\$ -	\$ -	
86927		Plasma fresh frozen	X	9	XXX							\$ -	\$ -	
86930		Frozen blood prep	X	9	XXX							\$ -	\$ -	
86931		Frozen blood thaw	X	9	XXX							\$ -	\$ -	
86932		Frozen blood freeze/thaw	X	9	XXX							\$ -	\$ -	
86940		Hemolysins/agglutinins auto	X	9	XXX							\$ -	\$ -	
86941		Hemolysins/agglutinins	X	9	XXX							\$ -	\$ -	
86945		Blood product/irradiation	X	9	XXX							\$ -	\$ -	
86950		Leukocyte transfusion	X	9	XXX							\$ -	\$ -	
86960		Vol reduction of blood/prod	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment			
86965		Pooling blood platelets	X	9	XXX							\$	-	\$	-	
86970		RBC pretreatment	X	9	XXX							\$	-	\$	-	
86971		RBC pretreatment	X	9	XXX							\$	-	\$	-	
86972		RBC pretreatment	X	9	XXX							\$	-	\$	-	
86975		Rbc pretreatment serum	X	9	XXX							\$	-	\$	-	
86976		Rbc pretreatment serum	X	9	XXX							\$	-	\$	-	
86977		Rbc pretreatment serum	X	9	XXX							\$	-	\$	-	
86978		Rbc pretreatment serum	X	9	XXX							\$	-	\$	-	
86985		Split blood or products	X	9	XXX							\$	-	\$	-	
86999		Transfusion procedure	X	9	XXX							\$	-	\$	-	
87001		Small animal inoculation	X	9	XXX							\$	-	\$	-	
87003		Small animal inoculation	X	9	XXX							\$	-	\$	-	
87015		Specimen concentration	X	9	XXX							\$	-	\$	-	
87040		Blood culture for bacteria	X	9	XXX							\$	-	\$	-	
87045		Feces culture bacteria	X	9	XXX							\$	-	\$	-	
87046		Stool cultr bacteria each	X	9	XXX							\$	-	\$	-	
87070		Culture bacteria other	X	9	XXX							\$	-	\$	-	
87071		Culture bacteri aerobic othr	X	9	XXX							\$	-	\$	-	
87073		Culture bacteria anaerobic	X	9	XXX							\$	-	\$	-	
87075		Cultr bacteria except blood	X	9	XXX							\$	-	\$	-	
87076		Culture anaerobe ident each	X	9	XXX							\$	-	\$	-	
87077		Culture aerobic identify	X	9	XXX							\$	-	\$	-	
87081		Culture screen only	X	9	XXX							\$	-	\$	-	
87084		Culture of specimen by kit	X	9	XXX							\$	-	\$	-	
87086		Urine culture/colony count	X	9	XXX							\$	-	\$	-	
87088		Urine bacteria culture	X	9	XXX							\$	-	\$	-	
87101		Skin fungi culture	X	9	XXX							\$	-	\$	-	
87102		Fungus isolation culture	X	9	XXX							\$	-	\$	-	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
87103		Blood fungus culture	X	9	XXX							\$ -	\$ -	
87106		Fungi identification yeast	X	9	XXX							\$ -	\$ -	
87107		Fungi identification mold	X	9	XXX							\$ -	\$ -	
87109		Mycoplasma	X	9	XXX							\$ -	\$ -	
87110		Chlamydia culture	X	9	XXX							\$ -	\$ -	
87116		Mycobacteria culture	X	9	XXX							\$ -	\$ -	
87118		Mycobacteric identification	X	9	XXX							\$ -	\$ -	
87140		Culture type immunofluoresc	X	9	XXX							\$ -	\$ -	
87143		Culture typing glc/hplc	X	9	XXX							\$ -	\$ -	
87147		Culture type immunologic	X	9	XXX							\$ -	\$ -	
87149		Dna/rna direct probe	X	9	XXX							\$ -	\$ -	
87150		Dna/rna amplified probe	X	9	XXX							\$ -	\$ -	
87152		Culture type pulse field gel	X	9	XXX							\$ -	\$ -	
87153		Dna/rna sequencing	X	9	XXX							\$ -	\$ -	
87158		Culture typing added method	X	9	XXX							\$ -	\$ -	
87164		Dark field examination	X	9	XXX							\$ -	\$ -	
87164	26	Dark field examination	A	6	XXX							\$ 20.53	\$ 20.53	
87166		Dark field examination	X	9	XXX							\$ -	\$ -	
87168		Macroscopic exam arthropod	X	9	XXX							\$ -	\$ -	
87169		Macroscopic exam parasite	X	9	XXX							\$ -	\$ -	
87172		Pinworm exam	X	9	XXX							\$ -	\$ -	
87176		Tissue homogenization cultr	X	9	XXX							\$ -	\$ -	
87177		Ova and parasites smears	X	9	XXX							\$ -	\$ -	
87181		Microbe susceptible diffuse	X	9	XXX							\$ -	\$ -	
87184		Microbe susceptible disk	X	9	XXX							\$ -	\$ -	
87185		Microbe susceptible enzyme	X	9	XXX							\$ -	\$ -	
87186		Microbe susceptible mic	X	9	XXX							\$ -	\$ -	
87187		Microbe susceptible mlc	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
87188		Microbe suscept macrobroth	X	9	XXX							\$ -	\$ -	
87190		Microbe suscept mycobacteri	X	9	XXX							\$ -	\$ -	
87197		Bactericidal level serum	X	9	XXX							\$ -	\$ -	
87205		Smear gram stain	X	9	XXX							\$ -	\$ -	
87206		Smear fluorescent/acid stai	X	9	XXX							\$ -	\$ -	
87207		Smear special stain	X	9	XXX							\$ -	\$ -	
87207	26	Smear special stain	A	6	XXX							\$ 20.88	\$ 20.88	
87209		Smear complex stain	X	9	XXX							\$ -	\$ -	
87210		Smear wet mount saline/ink	X	9	XXX							\$ -	\$ -	
87220		Tissue exam for fungi	X	9	XXX							\$ -	\$ -	
87230		Assay toxin or antitoxin	X	9	XXX							\$ -	\$ -	
87250		Virus inoculate eggs/animal	X	9	XXX							\$ -	\$ -	
87252		Virus inoculation tissue	X	9	XXX							\$ -	\$ -	
87253		Virus inoculate tissue addl	X	9	XXX							\$ -	\$ -	
87254		Virus inoculation shell via	X	9	XXX							\$ -	\$ -	
87255		Genet virus isolate hsv	X	9	XXX							\$ -	\$ -	
87260		Adenovirus ag if	X	9	XXX							\$ -	\$ -	
87265		Pertussis ag if	X	9	XXX							\$ -	\$ -	
87267		Enterovirus antibody dfa	X	9	XXX							\$ -	\$ -	
87269		Giardia ag if	X	9	XXX							\$ -	\$ -	
87270		Chlamydia trachomatis ag if	X	9	XXX							\$ -	\$ -	
87271		Cytomegalovirus dfa	X	9	XXX							\$ -	\$ -	
87272		Cryptosporidium ag if	X	9	XXX							\$ -	\$ -	
87273		Herpes simplex 2 ag if	X	9	XXX							\$ -	\$ -	
87274		Herpes simplex 1 ag if	X	9	XXX							\$ -	\$ -	
87275		Influenza b ag if	X	9	XXX							\$ -	\$ -	
87276		Influenza a ag if	X	9	XXX							\$ -	\$ -	
87277		Legionella micdadei ag if	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
87278		Legion pneumophila ag if	X	9	XXX							\$ -	\$ -	
87279		Parainfluenza ag if	X	9	XXX							\$ -	\$ -	
87280		Respiratory syncytial ag if	X	9	XXX							\$ -	\$ -	
87281		Pneumocystis carinii ag if	X	9	XXX							\$ -	\$ -	
87283		Rubeola ag if	X	9	XXX							\$ -	\$ -	
87285		Treponema pallidum ag if	X	9	XXX							\$ -	\$ -	
87290		Varicella zoster ag if	X	9	XXX							\$ -	\$ -	
87299		Antibody detection nos if	X	9	XXX							\$ -	\$ -	
87300		Ag detection polyval if	X	9	XXX							\$ -	\$ -	
87301		Adenovirus ag eia	X	9	XXX							\$ -	\$ -	
87305		Aspergillus ag eia	X	9	XXX							\$ -	\$ -	
87320		Chylmd trach ag eia	X	9	XXX							\$ -	\$ -	
87324		Clostridium ag eia	X	9	XXX							\$ -	\$ -	
87327		Cryptococcus neoform ag eia	X	9	XXX							\$ -	\$ -	
87328		Cryptosporidium ag eia	X	9	XXX							\$ -	\$ -	
87329		Giardia ag eia	X	9	XXX							\$ -	\$ -	
87332		Cytomegalovirus ag eia	X	9	XXX							\$ -	\$ -	
87335		E coli 0157 ag eia	X	9	XXX							\$ -	\$ -	
87336		Entamoeb hist dispr ag eia	X	9	XXX							\$ -	\$ -	
87337		Entamoeb hist group ag eia	X	9	XXX							\$ -	\$ -	
87338		Hpylori stool eia	X	9	XXX							\$ -	\$ -	
87339		H pylori ag eia	X	9	XXX							\$ -	\$ -	
87340		Hepatitis b surface ag eia	X	9	XXX							\$ -	\$ -	
87341		Hepatitis b surface ag eia	X	9	XXX							\$ -	\$ -	
87350		Hepatitis be ag eia	X	9	XXX							\$ -	\$ -	
87380		Hepatitis delta ag eia	X	9	XXX							\$ -	\$ -	
87385		Histoplasma capsul ag eia	X	9	XXX							\$ -	\$ -	
87389		Hiv-1 ag w/hiv-1 & hiv-2 ab	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
87390		Hiv-1 ag eia	X	9	XXX							\$ -	\$ -	
87391		Hiv-2 ag eia	X	9	XXX							\$ -	\$ -	
87400		Influenza a/b ag eia	X	9	XXX							\$ -	\$ -	
87420		Resp syncytial ag eia	X	9	XXX							\$ -	\$ -	
87425		Rotavirus ag eia	X	9	XXX							\$ -	\$ -	
87427		Shiga-like toxin ag eia	X	9	XXX							\$ -	\$ -	
87430		Strep a ag eia	X	9	XXX							\$ -	\$ -	
87449		Ag detect nos eia mult	X	9	XXX							\$ -	\$ -	
87450		Ag detect nos eia single	X	9	XXX							\$ -	\$ -	
87451		Ag detect polyval eia mult	X	9	XXX							\$ -	\$ -	
87470		Bartonella dna dir probe	X	9	XXX							\$ -	\$ -	
87471		Bartonella dna amp probe	X	9	XXX							\$ -	\$ -	
87472		Bartonella dna quant	X	9	XXX							\$ -	\$ -	
87475		Lyme dis dna dir probe	X	9	XXX							\$ -	\$ -	
87476		Lyme dis dna amp probe	X	9	XXX							\$ -	\$ -	
87477		Lyme dis dna quant	X	9	XXX							\$ -	\$ -	
87480		Candida dna dir probe	X	9	XXX							\$ -	\$ -	
87481		Candida dna amp probe	X	9	XXX							\$ -	\$ -	
87482		Candida dna quant	X	9	XXX							\$ -	\$ -	
87485		Chylmd pneum dna dir probe	X	9	XXX							\$ -	\$ -	
87486		Chylmd pneum dna amp probe	X	9	XXX							\$ -	\$ -	
87487		Chylmd pneum dna quant	X	9	XXX							\$ -	\$ -	
87490		Chylmd trach dna dir probe	X	9	XXX							\$ -	\$ -	
87491		Chylmd trach dna amp probe	X	9	XXX							\$ -	\$ -	
87492		Chylmd trach dna quant	X	9	XXX							\$ -	\$ -	
87493		C diff amplified probe	X	9	XXX							\$ -	\$ -	
87495		Cytomeg dna dir probe	X	9	XXX							\$ -	\$ -	
87496		Cytomeg dna amp probe	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
87497		Cytomeg dna quant	X	9	XXX							\$ -	\$ -	
87498		Enterovirus dna amp probe	X	9	XXX							\$ -	\$ -	
87500		Vanomycin dna amp probe	X	9	XXX							\$ -	\$ -	
87501		Influenza dna amp prob 1+	X	9	XXX							\$ -	\$ -	
87502		Influenza dna amp probe	X	9	XXX							\$ -	\$ -	
87503		Influenza dna amp prob addl	X	9	XXX							\$ -	\$ -	
87510		Gardner vag dna dir probe	X	9	XXX							\$ -	\$ -	
87511		Gardner vag dna amp probe	X	9	XXX							\$ -	\$ -	
87512		Gardner vag dna quant	X	9	XXX							\$ -	\$ -	
87515		Hepatitis b dna dir probe	X	9	XXX							\$ -	\$ -	
87516		Hepatitis b dna amp probe	X	9	XXX							\$ -	\$ -	
87517		Hepatitis b dna quant	X	9	XXX							\$ -	\$ -	
87520		Hepatitis c rna dir probe	X	9	XXX							\$ -	\$ -	
87521		Hepatitis c rna amp probe	X	9	XXX							\$ -	\$ -	
87522		Hepatitis c rna quant	X	9	XXX							\$ -	\$ -	
87525		Hepatitis g dna dir probe	X	9	XXX							\$ -	\$ -	
87526		Hepatitis g dna amp probe	X	9	XXX							\$ -	\$ -	
87527		Hepatitis g dna quant	X	9	XXX							\$ -	\$ -	
87528		Hsv dna dir probe	X	9	XXX							\$ -	\$ -	
87529		Hsv dna amp probe	X	9	XXX							\$ -	\$ -	
87530		Hsv dna quant	X	9	XXX							\$ -	\$ -	
87531		Hhv-6 dna dir probe	X	9	XXX							\$ -	\$ -	
87532		Hhv-6 dna amp probe	X	9	XXX							\$ -	\$ -	
87533		Hhv-6 dna quant	X	9	XXX							\$ -	\$ -	
87534		Hiv-1 dna dir probe	X	9	XXX							\$ -	\$ -	
87535		Hiv-1 dna amp probe	X	9	XXX							\$ -	\$ -	
87536		Hiv-1 dna quant	X	9	XXX							\$ -	\$ -	
87537		Hiv-2 dna dir probe	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
87538		Hiv-2 dna amp probe	X	9	XXX							\$ -	\$ -	
87539		Hiv-2 dna quant	X	9	XXX							\$ -	\$ -	
87540		Legion pneumo dna dir prob	X	9	XXX							\$ -	\$ -	
87541		Legion pneumo dna amp prob	X	9	XXX							\$ -	\$ -	
87542		Legion pneumo dna quant	X	9	XXX							\$ -	\$ -	
87550		Mycobacteria dna dir probe	X	9	XXX							\$ -	\$ -	
87551		Mycobacteria dna amp probe	X	9	XXX							\$ -	\$ -	
87552		Mycobacteria dna quant	X	9	XXX							\$ -	\$ -	
87555		M.tuberculo dna dir probe	X	9	XXX							\$ -	\$ -	
87556		M.tuberculo dna amp probe	X	9	XXX							\$ -	\$ -	
87557		M.tuberculo dna quant	X	9	XXX							\$ -	\$ -	
87560		M.avium-intra dna dir prob	X	9	XXX							\$ -	\$ -	
87561		M.avium-intra dna amp prob	X	9	XXX							\$ -	\$ -	
87562		M.avium-intra dna quant	X	9	XXX							\$ -	\$ -	
87580		M.pneumon dna dir probe	X	9	XXX							\$ -	\$ -	
87581		M.pneumon dna amp probe	X	9	XXX							\$ -	\$ -	
87582		M.pneumon dna quant	X	9	XXX							\$ -	\$ -	
87590		N.gonorrhoeae dna dir prob	X	9	XXX							\$ -	\$ -	
87591		N.gonorrhoeae dna amp prob	X	9	XXX							\$ -	\$ -	
87592		N.gonorrhoeae dna quant	X	9	XXX							\$ -	\$ -	
87620		Hpv dna dir probe	X	9	XXX							\$ -	\$ -	
87621		Hpv dna amp probe	X	9	XXX							\$ -	\$ -	
87622		Hpv dna quant	X	9	XXX							\$ -	\$ -	
87640		Staph a dna amp probe	X	9	XXX							\$ -	\$ -	
87641		Mr-staph dna amp probe	X	9	XXX							\$ -	\$ -	
87650		Strep a dna dir probe	X	9	XXX							\$ -	\$ -	
87651		Strep a dna amp probe	X	9	XXX							\$ -	\$ -	
87652		Strep a dna quant	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
87653		Strep b dna amp probe	X	9	XXX							\$ -	\$ -	
87660		Trichomonas vagin dir probe	X	9	XXX							\$ -	\$ -	
87797		Detect agent nos dna dir	X	9	XXX							\$ -	\$ -	
87798		Detect agent nos dna amp	X	9	XXX							\$ -	\$ -	
87799		Detect agent nos dna quant	X	9	XXX							\$ -	\$ -	
87800		Detect agnt mult dna direc	X	9	XXX							\$ -	\$ -	
87801		Detect agnt mult dna ampli	X	9	XXX							\$ -	\$ -	
87802		Strep b assay w/optic	X	9	XXX							\$ -	\$ -	
87803		Clostridium toxin a w/optic	X	9	XXX							\$ -	\$ -	
87804		Influenza assay w/optic	X	9	XXX							\$ -	\$ -	
87807		Rsv assay w/optic	X	9	XXX							\$ -	\$ -	
87808		Trichomonas assay w/optic	X	9	XXX							\$ -	\$ -	
87809		Adenovirus assay w/optic	X	9	XXX							\$ -	\$ -	
87810		Chylmd trach assay w/optic	X	9	XXX							\$ -	\$ -	
87850		N. gonorrhoeae assay w/optic	X	9	XXX							\$ -	\$ -	
87880		Strep a assay w/optic	X	9	XXX							\$ -	\$ -	
87899		Agent nos assay w/optic	X	9	XXX							\$ -	\$ -	
87900		Phenotype infect agent drug	X	9	XXX							\$ -	\$ -	
87901		Genotype dna hiv reverse t	X	9	XXX							\$ -	\$ -	
87902		Genotype dna hepatitis c	X	9	XXX							\$ -	\$ -	
87903		Phenotype dna hiv w/culture	X	9	XXX							\$ -	\$ -	
87904		Phenotype dna hiv w/clt add	X	9	XXX							\$ -	\$ -	
87905		Sialidase enzyme assay	X	9	XXX							\$ -	\$ -	
87906		Genotype dna hiv reverse t	X	9	XXX							\$ -	\$ -	
87999		Microbiology procedure	X	9	XXX							\$ -	\$ -	
88000		Autopsy (necropsy) gross	N	9	XXX							\$ -	\$ -	
88005		Autopsy (necropsy) gross	N	9	XXX							\$ -	\$ -	
88007		Autopsy (necropsy) gross	N	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
88012		Autopsy (necropsy) gross	N	9	XXX							\$ -	\$ -	
88014		Autopsy (necropsy) gross	N	9	XXX							\$ -	\$ -	
88016		Autopsy (necropsy) gross	N	9	XXX							\$ -	\$ -	
88020		Autopsy (necropsy) complete	N	9	XXX							\$ -	\$ -	
88025		Autopsy (necropsy) complete	N	9	XXX							\$ -	\$ -	
88027		Autopsy (necropsy) complete	N	9	XXX							\$ -	\$ -	
88028		Autopsy (necropsy) complete	N	9	XXX							\$ -	\$ -	
88029		Autopsy (necropsy) complete	N	9	XXX							\$ -	\$ -	
88036		Limited autopsy	N	9	XXX							\$ -	\$ -	
88037		Limited autopsy	N	9	XXX							\$ -	\$ -	
88040		Forensic autopsy (necropsy)	N	9	XXX							\$ -	\$ -	
88045		Coroners autopsy (necropsy)	N	9	XXX							\$ -	\$ -	
88099		Necropsy (autopsy) procedure	N	9	XXX							\$ -	\$ -	
88104		Cytopath fl nongyn smears	A	1	XXX							\$ -	\$ 61.60	
88104	26	Cytopath fl nongyn smears	A	1	XXX							\$ 26.45	\$ 26.45	
88104	TC	Cytopath fl nongyn smears	A	1	XXX							\$ -	\$ 35.15	
88106		Cytopath fl nongyn filter	A	1	XXX							\$ -	\$ 65.08	
88106	26	Cytopath fl nongyn filter	A	1	XXX							\$ 18.44	\$ 18.44	
88106	TC	Cytopath fl nongyn filter	A	1	XXX							\$ -	\$ 46.63	
88108		Cytopath concentrate tech	A	1	XXX							\$ -	\$ 63.68	
88108	26	Cytopath concentrate tech	A	1	XXX							\$ 21.23	\$ 21.23	
88108	TC	Cytopath concentrate tech	A	1	XXX							\$ -	\$ 42.80	
88112		Cytopath cell enhance tech	A	1	XXX							\$ -	\$ 96.74	
88112	26	Cytopath cell enhance tech	A	1	XXX							\$ 56.72	\$ 56.72	
88112	TC	Cytopath cell enhance tech	A	1	XXX							\$ -	\$ 40.02	
88120		Cytp urne 3-5 probes ea spec	A	1	XXX							\$ -	\$ 411.68	
88120	26	Cytp urne 3-5 probes ea spec	A	1	XXX							\$ 52.20	\$ 52.20	
88120	TC	Cytp urne 3-5 probes ea spec	A	1	XXX							\$ -	\$ 359.48	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
88121		Cytp urine 3-5 probes cmpr	A	1	XXX							\$ -	\$ 353.57	
88121	26	Cytp urine 3-5 probes cmpr	A	1	XXX							\$ 46.28	\$ 46.28	
88121	TC	Cytp urine 3-5 probes cmpr	A	1	XXX							\$ -	\$ 307.28	
88125		Forensic cytopathology	A	1	XXX							\$ -	\$ 21.58	
88125	26	Forensic cytopathology	A	1	XXX							\$ 12.88	\$ 12.88	
88125	TC	Forensic cytopathology	A	1	XXX							\$ -	\$ 8.70	
88130		Sex chromatin identification	X	9	XXX							\$ -	\$ -	
88140		Sex chromatin identification	X	9	XXX							\$ -	\$ -	
88141		Cytopath c/v interpret	A	2	XXX							\$ 29.23	\$ 29.23	
88142		Cytopath c/v thin layer	X	9	XXX							\$ -	\$ -	
88143		Cytopath c/v thin layer redo	X	9	XXX							\$ -	\$ -	
88147		Cytopath c/v automated	X	9	XXX							\$ -	\$ -	
88148		Cytopath c/v auto rescreen	X	9	XXX							\$ -	\$ -	
88150		Cytopath c/v manual	X	9	XXX							\$ -	\$ -	
88152		Cytopath c/v auto redo	X	9	XXX							\$ -	\$ -	
88153		Cytopath c/v redo	X	9	XXX							\$ -	\$ -	
88154		Cytopath c/v select	X	9	XXX							\$ -	\$ -	
88155		Cytopath c/v index add-on	X	9	XXX							\$ -	\$ -	
88160		Cytopath smear other source	A	1	XXX							\$ -	\$ 51.50	
88160	26	Cytopath smear other source	A	1	XXX							\$ 23.66	\$ 23.66	
88160	TC	Cytopath smear other source	A	1	XXX							\$ -	\$ 27.49	
88161		Cytopath smear other source	A	1	XXX							\$ -	\$ 52.55	
88161	26	Cytopath smear other source	A	1	XXX							\$ 23.32	\$ 23.32	
88161	TC	Cytopath smear other source	A	1	XXX							\$ -	\$ 29.23	
88162		Cytopath smear other source	A	1	XXX							\$ -	\$ 79.69	
88162	26	Cytopath smear other source	A	1	XXX							\$ 38.28	\$ 38.28	
88162	TC	Cytopath smear other source	A	1	XXX							\$ -	\$ 41.41	
88164		Cytopath tbs c/v manual	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
88165		Cytopath tbs c/v redo	X	9	XXX							\$ -	\$ -	
88166		Cytopath tbs c/v auto redo	X	9	XXX							\$ -	\$ -	
88167		Cytopath tbs c/v select	X	9	XXX							\$ -	\$ -	
88172		Cytp dx eval fna 1st ea site	A	1	XXX							\$ -	\$ 49.76	
88172	26	Cytp dx eval fna 1st ea site	A	1	XXX							\$ 32.71	\$ 32.71	
88172	TC	Cytp dx eval fna 1st ea site	A	1	XXX							\$ -	\$ 17.05	
88173		Cytopath eval fna report	A	1	XXX							\$ -	\$ 128.41	
88173	26	Cytopath eval fna report	A	1	XXX							\$ 67.16	\$ 67.16	
88173	TC	Cytopath eval fna report	A	1	XXX							\$ -	\$ 61.25	
88174		Cytopath c/v auto in fluid	X	9	XXX							\$ -	\$ -	
88175		Cytopath c/v auto fluid redo	X	9	XXX							\$ -	\$ -	
88177		Cytp fna eval ea addl	A	1	ZZZ							\$ -	\$ 27.14	
88177	26	Cytp fna eval ea addl	A	1	ZZZ							\$ 20.53	\$ 20.53	
88177	TC	Cytp fna eval ea addl	A	1	ZZZ							\$ -	\$ 6.61	
88182		Cell marker study	A	1	XXX							\$ -	\$ 95.35	
88182	26	Cell marker study	A	1	XXX							\$ 35.15	\$ 35.15	
88182	TC	Cell marker study	A	1	XXX							\$ -	\$ 60.20	
88184		Flowcytometry/ tc 1 marker	A	3	XXX							\$ -	\$ 70.99	
88185		Flowcytometry/tc add-on	A	3	ZZZ							\$ -	\$ 43.15	
88187		Flowcytometry/read 2-8	A	2	XXX							\$ 69.95	\$ 69.95	
88188		Flowcytometry/read 9-15	A	2	XXX							\$ 87.35	\$ 87.35	
88189		Flowcytometry/read 16 & >	A	2	XXX							\$ 107.53	\$ 107.53	
88199		Cytopathology procedure	X	1	XXX							\$ -	\$ -	
88199	26	Cytopathology procedure	X	1	XXX							\$ -	\$ -	
88199	TC	Cytopathology procedure	X	1	XXX							\$ -	\$ -	
88230		Tissue culture lymphocyte	X	9	XXX							\$ -	\$ -	
88233		Tissue culture skin/biopsy	X	9	XXX							\$ -	\$ -	
88235		Tissue culture placenta	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
88237		Tissue culture bone marrow	X	9	XXX							\$ -	\$ -	
88239		Tissue culture tumor	X	9	XXX							\$ -	\$ -	
88240		Cell cryopreserve/storage	X	9	XXX							\$ -	\$ -	
88241		Frozen cell preparation	X	9	XXX							\$ -	\$ -	
88245		Chromosome analysis 20-25	X	9	XXX							\$ -	\$ -	
88248		Chromosome analysis 50-100	X	9	XXX							\$ -	\$ -	
88249		Chromosome analysis 100	X	9	XXX							\$ -	\$ -	
88261		Chromosome analysis 5	X	9	XXX							\$ -	\$ -	
88262		Chromosome analysis 15-20	X	9	XXX							\$ -	\$ -	
88263		Chromosome analysis 45	X	9	XXX							\$ -	\$ -	
88264		Chromosome analysis 20-25	X	9	XXX							\$ -	\$ -	
88267		Chromosome analys placenta	X	9	XXX							\$ -	\$ -	
88269		Chromosome analys amniotic	X	9	XXX							\$ -	\$ -	
88271		Cytogenetics dna probe	X	9	XXX							\$ -	\$ -	
88272		Cytogenetics 3-5	X	9	XXX							\$ -	\$ -	
88273		Cytogenetics 10-30	X	9	XXX							\$ -	\$ -	
88274		Cytogenetics 25-99	X	9	XXX							\$ -	\$ -	
88275		Cytogenetics 100-300	X	9	XXX							\$ -	\$ -	
88280		Chromosome karyotype study	X	9	XXX							\$ -	\$ -	
88283		Chromosome banding study	X	9	XXX							\$ -	\$ -	
88285		Chromosome count additional	X	9	XXX							\$ -	\$ -	
88289		Chromosome study additional	X	9	XXX							\$ -	\$ -	
88291		Cyto/molecular report	A	2	XXX							\$ 29.93	\$ 29.93	
88299		Cytogenetic study	X	0	XXX							\$ -	\$ -	
88300		Surgical path gross	A	1	XXX							\$ -	\$ 26.10	
88300	26	Surgical path gross	A	1	XXX							\$ 4.87	\$ 4.87	
88300	TC	Surgical path gross	A	1	XXX							\$ -	\$ 20.88	
88302		Tissue exam by pathologist	A	1	XXX							\$ -	\$ 49.76	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
88302	26	Tissue exam by pathologist	A	1	XXX							\$ 6.96	\$ 6.96	
88302	TC	Tissue exam by pathologist	A	1	XXX							\$ -	\$ 42.80	
88304		Tissue exam by pathologist	A	1	XXX							\$ -	\$ 55.33	
88304	26	Tissue exam by pathologist	A	1	XXX							\$ 11.14	\$ 11.14	
88304	TC	Tissue exam by pathologist	A	1	XXX							\$ -	\$ 44.20	
88305		Tissue exam by pathologist	A	1	XXX							\$ -	\$ 95.00	
88305	26	Tissue exam by pathologist	A	1	XXX							\$ 34.80	\$ 34.80	
88305	TC	Tissue exam by pathologist	A	1	XXX							\$ -	\$ 59.86	
88307		Tissue exam by pathologist	A	1	XXX							\$ -	\$ 210.19	
88307	26	Tissue exam by pathologist	A	1	XXX							\$ 77.95	\$ 77.95	
88307	TC	Tissue exam by pathologist	A	1	XXX							\$ -	\$ 132.59	
88309		Tissue exam by pathologist	A	1	XXX							\$ -	\$ 323.64	
88309	26	Tissue exam by pathologist	A	1	XXX							\$ 137.81	\$ 137.81	
88309	TC	Tissue exam by pathologist	A	1	XXX							\$ -	\$ 185.83	
88311		Decalcify tissue	A	1	XXX							\$ -	\$ 19.14	
88311	26	Decalcify tissue	A	1	XXX							\$ 12.18	\$ 12.18	
88311	TC	Decalcify tissue	A	1	XXX							\$ -	\$ 6.96	
88312		Special stains group 1	A	1	XXX							\$ -	\$ 83.52	
88312	26	Special stains group 1	A	1	XXX							\$ 25.40	\$ 25.40	
88312	TC	Special stains group 1	A	1	XXX							\$ -	\$ 58.12	
88313		Special stains group 2	A	1	XXX							\$ -	\$ 58.46	
88313	26	Special stains group 2	A	1	XXX							\$ 11.83	\$ 11.83	
88313	TC	Special stains group 2	A	1	XXX							\$ -	\$ 46.63	
88314		Histochemical stains add-on	A	1	XXX							\$ -	\$ 71.69	
88314	26	Histochemical stains add-on	A	1	XXX							\$ 21.58	\$ 21.58	
88314	TC	Histochemical stains add-on	A	1	XXX							\$ -	\$ 50.11	
88319		Enzyme histochemistry	A	1	XXX							\$ -	\$ 89.09	
88319	26	Enzyme histochemistry	A	1	XXX							\$ 27.14	\$ 27.14	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
88319	TC	Enzyme histochemistry	A	1	XXX							\$ -	\$ 61.60	
88321		Microslide consultation	A	0	XXX							\$ 84.56	\$ 92.57	
88323		Microslide consultation	A	1	XXX							\$ -	\$ 129.11	
88323	26	Microslide consultation	A	1	XXX							\$ 81.08	\$ 81.08	
88323	TC	Microslide consultation	A	1	XXX							\$ -	\$ 48.02	
88325		Comprehensive review of data	A	0	XXX							\$ 127.72	\$ 188.96	
88329		Path consult introp	A	0	XXX							\$ 35.84	\$ 51.50	
88331		Path consult intraop 1 bloc	A	1	XXX							\$ -	\$ 85.61	
88331	26	Path consult intraop 1 bloc	A	1	XXX							\$ 56.38	\$ 56.38	
88331	TC	Path consult intraop 1 bloc	A	1	XXX							\$ -	\$ 29.23	
88332		Path consult intraop addl	A	1	XXX							\$ -	\$ 38.98	
88332	26	Path consult intraop addl	A	1	XXX							\$ 28.54	\$ 28.54	
88332	TC	Path consult intraop addl	A	1	XXX							\$ -	\$ 10.79	
88333		Intraop cyto path consult 1	A	1	XXX							\$ -	\$ 92.22	
88333	26	Intraop cyto path consult 1	A	1	XXX							\$ 59.86	\$ 59.86	
88333	TC	Intraop cyto path consult 1	A	1	XXX							\$ -	\$ 32.71	
88334		Intraop cyto path consult 2	A	1	XXX							\$ -	\$ 57.77	
88334	26	Intraop cyto path consult 2	A	1	XXX							\$ 37.24	\$ 37.24	
88334	TC	Intraop cyto path consult 2	A	1	XXX							\$ -	\$ 20.88	
88342		Immunohistochemistry	A	1	XXX							\$ -	\$ 96.74	
88342	26	Immunohistochemistry	A	1	XXX							\$ 41.06	\$ 41.06	
88342	TC	Immunohistochemistry	A	1	XXX							\$ -	\$ 55.68	
88346		Immunofluorescent study	A	1	XXX							\$ -	\$ 93.26	
88346	26	Immunofluorescent study	A	1	XXX							\$ 39.67	\$ 39.67	
88346	TC	Immunofluorescent study	A	1	XXX							\$ -	\$ 53.59	
88347		Immunofluorescent study	A	1	XXX							\$ -	\$ 68.21	
88347	26	Immunofluorescent study	A	1	XXX							\$ 36.19	\$ 36.19	
88347	TC	Immunofluorescent study	A	1	XXX							\$ -	\$ 32.36	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
88348		Electron microscopy	A	1	XXX							\$ -	\$ 613.52	
88348	26	Electron microscopy	A	1	XXX							\$ 72.04	\$ 72.04	
88348	TC	Electron microscopy	A	1	XXX							\$ -	\$ 541.49	
88349		Scanning electron microscopy	A	1	XXX							\$ -	\$ 342.08	
88349	26	Scanning electron microscopy	A	1	XXX							\$ 38.63	\$ 38.63	
88349	TC	Scanning electron microscopy	A	1	XXX							\$ -	\$ 303.46	
88355		Analysis skeletal muscle	A	1	XXX							\$ -	\$ 178.18	
88355	26	Analysis skeletal muscle	A	1	XXX							\$ 82.48	\$ 82.48	
88355	TC	Analysis skeletal muscle	A	1	XXX							\$ -	\$ 95.70	
88356		Analysis nerve	A	1	XXX							\$ -	\$ 260.65	
88356	26	Analysis nerve	A	1	XXX							\$ 133.63	\$ 133.63	
88356	TC	Analysis nerve	A	1	XXX							\$ -	\$ 126.67	
88358		Analysis tumor	A	1	XXX							\$ -	\$ 72.04	
88358	26	Analysis tumor	A	1	XXX							\$ 42.46	\$ 42.46	
88358	TC	Analysis tumor	A	1	XXX							\$ -	\$ 29.23	
88360		Tumor immunohistochem/manual	A	1	XXX							\$ -	\$ 110.66	
88360	26	Tumor immunohistochem/manual	A	1	XXX							\$ 51.16	\$ 51.16	
88360	TC	Tumor immunohistochem/manual	A	1	XXX							\$ -	\$ 59.51	
88361		Tumor immunohistochem/comput	A	1	XXX							\$ -	\$ 138.16	
88361	26	Tumor immunohistochem/comput	A	1	XXX							\$ 56.38	\$ 56.38	
88361	TC	Tumor immunohistochem/comput	A	1	XXX							\$ -	\$ 81.78	
88362		Nerve teasing preparations	A	1	XXX							\$ -	\$ 278.05	
88362	26	Nerve teasing preparations	A	1	XXX							\$ 109.62	\$ 109.62	
88362	TC	Nerve teasing preparations	A	1	XXX							\$ -	\$ 168.43	
88363		Xm archive tissue molec anal	A	0	XXX							\$ 17.75	\$ 34.45	
88365		Insitu hybridization (fish)	A	1	XXX							\$ -	\$ 149.29	
88365	26	Insitu hybridization (fish)	A	1	XXX							\$ 56.03	\$ 56.03	
88365	TC	Insitu hybridization (fish)	A	1	XXX							\$ -	\$ 93.26	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
88367		Insitu hybridization auto	A	1	XXX							\$ -	\$ 234.90	
88367	26	Insitu hybridization auto	A	1	XXX							\$ 61.60	\$ 61.60	
88367	TC	Insitu hybridization auto	A	1	XXX							\$ -	\$ 173.30	
88368		Insitu hybridization manual	A	1	XXX							\$ -	\$ 198.36	
88368	26	Insitu hybridization manual	A	1	XXX							\$ 61.94	\$ 61.94	
88368	TC	Insitu hybridization manual	A	1	XXX							\$ -	\$ 136.42	
88371		Protein western blot tissue	X	9	XXX							\$ -	\$ -	
88371	26	Protein western blot tissue	A	6	XXX							\$ 20.18	\$ 20.18	
88372		Protein analysis w/probe	X	9	XXX							\$ -	\$ -	
88372	26	Protein analysis w/probe	A	6	XXX							\$ 18.10	\$ 18.10	
88380		Microdissection laser	A	1	XXX							\$ -	\$ 166.34	
88380	26	Microdissection laser	A	1	XXX							\$ 73.78	\$ 73.78	
88380	TC	Microdissection laser	A	1	XXX							\$ -	\$ 92.57	
88381		Microdissection manual	A	1	XXX							\$ -	\$ 145.46	
88381	26	Microdissection manual	A	1	XXX							\$ 51.16	\$ 51.16	
88381	TC	Microdissection manual	A	1	XXX							\$ -	\$ 94.66	
88384		Eval molecular probes 11-50	C	1	XXX							\$ -	\$ -	
88384	26	Eval molecular probes 11-50	C	1	XXX							\$ -	\$ -	
88384	TC	Eval molecular probes 11-50	C	1	XXX							\$ -	\$ -	
88385		Eval molecu probes 51-250	A	1	XXX							\$ -	\$ 479.20	
88385	26	Eval molecu probes 51-250	A	1	XXX							\$ 63.34	\$ 63.34	
88385	TC	Eval molecu probes 51-250	A	1	XXX							\$ -	\$ 415.86	
88386		Eval molecu probes 251-500	A	1	XXX							\$ -	\$ 543.23	
88386	26	Eval molecu probes 251-500	A	1	XXX							\$ 83.87	\$ 83.87	
88386	TC	Eval molecu probes 251-500	A	1	XXX							\$ -	\$ 459.71	
88387		Tiss exam molecular study	A	1	XXX							\$ -	\$ 34.10	
88387	26	Tiss exam molecular study	A	1	XXX							\$ 27.84	\$ 27.84	
88387	TC	Tiss exam molecular study	A	1	XXX							\$ -	\$ 6.26	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
88388		Tiss ex molecu study add-on	A	1	XXX							\$ -	\$ 29.93	
88388	26	Tiss ex molecu study add-on	A	1	XXX							\$ 21.92	\$ 21.92	
88388	TC	Tiss ex molecu study add-on	A	1	XXX							\$ -	\$ 7.66	
88399		Surgical pathology procedure	C	1	XXX							\$ -	\$ -	
88399	26	Surgical pathology procedure	C	1	XXX							\$ -	\$ -	
88399	TC	Surgical pathology procedure	C	1	XXX							\$ -	\$ -	
88720		Bilirubin total transcut	X	9	XXX							\$ -	\$ -	
88738		Hgb quant transcutaneous	X	9	XXX							\$ -	\$ -	
88740		Transcutaneous carboxyhb	X	9	XXX							\$ -	\$ -	
88741		Transcutaneous methb	X	9	XXX							\$ -	\$ -	
88749		In vivo lab service	X	9	XXX							\$ -	\$ -	
89049		Chct for mal hyperthermia	A	0	XXX							\$ 70.30	\$ 239.08	
89050		Body fluid cell count	X	9	XXX							\$ -	\$ -	
89051		Body fluid cell count	X	9	XXX							\$ -	\$ -	
89055		Leukocyte assessment fecal	X	9	XXX							\$ -	\$ -	
89060		Exam synovial fluid crystals	X	9	XXX							\$ -	\$ -	
89060	26	Exam synovial fluid crystals	A	6	XXX							\$ 20.53	\$ 20.53	
89125		Specimen fat stain	X	9	XXX							\$ -	\$ -	
89160		Exam feces for meat fibers	X	9	XXX							\$ -	\$ -	
89190		Nasal smear for eosinophils	X	9	XXX							\$ -	\$ -	
89220		Sputum specimen collection	A	3	XXX							\$ -	\$ 14.62	
89230		Collect sweat for test	A	3	XXX							\$ -	\$ 3.13	
89240		Pathology lab procedure	C	0	XXX							\$ -	\$ -	
89250		Cultr oocyte/embryo <4 days	X	9	XXX							\$ -	\$ -	
89251		Cultr oocyte/embryo <4 days	X	9	XXX							\$ -	\$ -	
89253		Embryo hatching	X	9	XXX							\$ -	\$ -	
89254		Oocyte identification	X	9	XXX							\$ -	\$ -	
89255		Prepare embryo for transfer	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
89257		Sperm identification	X	9	XXX							\$ -	\$ -	
89258		Cryopreservation embryo(s)	X	9	XXX							\$ -	\$ -	
89259		Cryopreservation sperm	X	9	XXX							\$ -	\$ -	
89260		Sperm isolation simple	X	9	XXX							\$ -	\$ -	
89261		Sperm isolation complex	X	9	XXX							\$ -	\$ -	
89264		Identify sperm tissue	X	9	XXX							\$ -	\$ -	
89268		Insemination of oocytes	X	9	XXX							\$ -	\$ -	
89272		Extended culture of oocytes	X	9	XXX							\$ -	\$ -	
89280		Assist oocyte fertilization	X	9	XXX							\$ -	\$ -	
89281		Assist oocyte fertilization	X	9	XXX							\$ -	\$ -	
89290		Biopsy oocyte polar body	X	9	XXX							\$ -	\$ -	
89291		Biopsy oocyte polar body	X	9	XXX							\$ -	\$ -	
89300		Semen analysis w/huhner	X	9	XXX							\$ -	\$ -	
89310		Semen analysis w/count	X	9	XXX							\$ -	\$ -	
89320		Semen anal vol/count/mot	X	9	XXX							\$ -	\$ -	
89321		Semen anal sperm detection	X	9	XXX							\$ -	\$ -	
89322		Semen anal strict criteria	X	9	XXX							\$ -	\$ -	
89325		Sperm antibody test	X	9	XXX							\$ -	\$ -	
89329		Sperm evaluation test	X	9	XXX							\$ -	\$ -	
89330		Evaluation cervical mucus	X	9	XXX							\$ -	\$ -	
89331		Retrograde ejaculation anal	X	9	XXX							\$ -	\$ -	
89335		Cryopreserve testicular tiss	X	9	XXX							\$ -	\$ -	
89342		Storage/year embryo(s)	X	9	XXX							\$ -	\$ -	
89343		Storage/year sperm/semen	X	9	XXX							\$ -	\$ -	
89344		Storage/year reprod tissue	X	9	XXX							\$ -	\$ -	
89346		Storage/year oocyte(s)	X	9	XXX							\$ -	\$ -	
89352		Thawing cryopresrved embryo	X	9	XXX							\$ -	\$ -	
89353		Thawing cryopresrved sperm	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
89354		Thaw cryoprsvrd reprod tiss	X	9	XXX							\$ -	\$ -	
89356		Thawing cryopresrvd oocyte	X	9	XXX							\$ -	\$ -	
89398		Unlisted reprod med lab proc	X	9	XXX							\$ -	\$ -	
90281		Human ig im	I	9	XXX							\$ -	\$ -	
90283		Human ig iv	I	9	XXX							\$ -	\$ -	
90284		Human ig sc	X	9	XXX							\$ -	\$ -	
90287		Botulinum antitoxin	I	9	XXX							\$ -	\$ -	
90288		Botulism ig iv	I	9	XXX							\$ -	\$ -	
90291		Cmv ig iv	I	9	XXX							\$ -	\$ -	
90296		Diphtheria antitoxin	I	9	XXX							\$ -	\$ -	
90371		Hep b ig im	I	9	XXX							\$ -	\$ -	
90375		Rabies ig im/sc	I	9	XXX							\$ -	\$ -	
90376		Rabies ig heat treated	I	9	XXX							\$ -	\$ -	
90378		Rsv mab im 50mg	I	9	XXX							\$ -	\$ -	
90384		Rh ig full-dose im	I	9	XXX							\$ -	\$ -	
90385		Rh ig minidose im	I	9	XXX							\$ -	\$ -	
90386		Rh ig iv	I	9	XXX							\$ -	\$ -	
90389		Tetanus ig im	I	9	XXX							\$ -	\$ -	
90393		Vaccina ig im	I	9	XXX							\$ -	\$ -	
90396		Varicella-zoster ig im	I	9	XXX							\$ -	\$ -	
90399		Immune globulin	I	9	XXX							\$ -	\$ -	
90460		Im admin 1st/only component	A	0	XXX							\$ -	\$ 22.27	\$ 12.00
90461		Im admin each addl component	N	0	ZZZ							\$ -	\$ 12.18	
90471		Immunization admin	A	5	XXX							\$ -	\$ 22.27	\$ 12.00
90472		Immunization admin each add	A	5	ZZZ							\$ -	\$ 11.48	\$ 12.00
90473		Immune admin oral/nasal	A	0	XXX							\$ -	\$ 20.53	\$ 12.00
90474		Immune admin oral/nasal addl	A	0	ZZZ							\$ -	\$ 11.48	\$ 12.00
90476		Adenovirus vaccine type 4	I	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
90477		Adenovirus vaccine type 7	I	9	XXX							\$ -	\$ -	
90581		Anthrax vaccine sc or im	I	9	XXX							\$ -	\$ -	
90585		Bcg vaccine percut	I	9	XXX							\$ -	\$ -	
90586		Bcg vaccine intravesical	I	9	XXX							\$ -	\$ -	
90632		Hep a vaccine adult im	I	9	XXX							\$ -	\$ -	
90633		Hep a vacc ped/adol 2 dose	I	9	XXX							\$ -	\$ -	
90634		Hep a vacc ped/adol 3 dose	I	9	XXX							\$ -	\$ -	
90636		Hep a/hep b vacc adult im	I	9	XXX							\$ -	\$ -	
90644		Meningoccl hib vac 4 dose im	I	9	XXX							\$ -	\$ -	
90645		Hib vaccine hboc im	I	9	XXX							\$ -	\$ -	
90646		Hib vaccine prp-d im	I	9	XXX							\$ -	\$ -	
90647		Hib vaccine prp-omp im	I	9	XXX							\$ -	\$ -	
90648		Hib vaccine prp-t im	I	9	XXX							\$ -	\$ -	
90649		Hpv vaccine 4 valent im	I	9	XXX							\$ -	\$ -	
90650		Hpv vaccine 2 valent im	I	9	XXX							\$ -	\$ -	
90654		Flu vaccine no preserv id	I	9	XXX							\$ -	\$ -	
90655		Flu vaccine no preserv 6-35m	I	9	XXX							\$ -	\$ -	
90656		Flu vaccine no preserv 3 & >	i	9	XXX							\$ -	\$ -	
90657		Flu vaccine 3 yrs im	I	9	XXX							\$ -	\$ -	
90658		Flu vaccine 3 yrs & > im	I	9	XXX							\$ -	\$ -	
90660		Flu vaccine nasal	I	9	XXX							\$ -	\$ -	
90661		Flu vacc cell cult prsv free	I	9	XXX							\$ -	\$ -	
90662		Flu vacc prsv free inc antig	I	9	XXX							\$ -	\$ -	
90664		Flu vacc pandemic intranasal	I	9	XXX							\$ -	\$ -	
90665		Lyme disease vaccine im	I	9	XXX							\$ -	\$ -	
90666		Flu vac pandem prsv free im	I	9	XXX							\$ -	\$ -	
90667		Flu vac pandemic adjuvant im	i	9	XXX							\$ -	\$ -	
90668		Flu vac pandemic splt im	I	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
90669		Pneumococcal vacc 7 val im	I	9	XXX							\$ -	\$ -	
90670		Pneumococcal vacc 13 val im	I	9	XXX							\$ -	\$ -	
90675		Rabies vaccine im	I	9	XXX							\$ -	\$ -	
90676		Rabies vaccine id	I	9	XXX							\$ -	\$ -	
90680		Rotovirus vacc 3 dose oral	I	9	XXX							\$ -	\$ -	
90681		Rotavirus vacc 2 dose oral	I	9	XXX							\$ -	\$ -	
90690		Typhoid vaccine oral	I	9	XXX							\$ -	\$ -	
90691		Typhoid vaccine im	I	9	XXX							\$ -	\$ -	
90692		Typhoid vaccine h-p sc/id	I	9	XXX							\$ -	\$ -	
90693		Typhoid vaccine akd sc	I	9	XXX							\$ -	\$ -	
90696		Dtap-ipv vacc 4-6 yr im	I	9	XXX							\$ -	\$ -	
90698		Dtap-hib-ip vaccine im	I	9	XXX							\$ -	\$ -	
90700		Dtap vaccine < 7 yrs im	I	9	XXX							\$ -	\$ -	
90701		Dtp vaccine im	I	9	XXX							\$ -	\$ -	
90702		Dt vaccine < 7 im	I	9	XXX							\$ -	\$ -	
90703		Tetanus vaccine im	I	9	XXX							\$ -	\$ -	
90704		Mumps vaccine sc	I	9	XXX							\$ -	\$ -	
90705		Measles vaccine sc	I	9	XXX							\$ -	\$ -	
90706		Rubella vaccine sc	I	9	XXX							\$ -	\$ -	
90707		Mmr vaccine sc	I	9	XXX							\$ -	\$ -	
90708		Measles-rubella vaccine sc	I	9	XXX							\$ -	\$ -	
90710		Mmr vaccine sc	I	9	XXX							\$ -	\$ -	
90712		Oral poliovirus vaccine	I	9	XXX							\$ -	\$ -	
90713		Poliovirus ipv sc/im	I	9	XXX							\$ -	\$ -	
90714		Td vaccine no prsrv >= 7 im	I	9	XXX							\$ -	\$ -	
90715		Tdap vaccine >7 im	I	9	XXX							\$ -	\$ -	
90716		Chicken pox vaccine sc	I	9	XXX							\$ -	\$ -	
90717		Yellow fever vaccine sc	I	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
90718		Td vaccine > 7 im	I	9	XXX							\$ -	\$ -	
90719		Diphtheria vaccine im	I	9	XXX							\$ -	\$ -	
90720		Dtp/hib vaccine im	I	9	XXX							\$ -	\$ -	
90721		Dtap/hib vaccine im	I	9	XXX							\$ -	\$ -	
90723		Dtap-hep b-ipv vaccine im	I	9	XXX							\$ -	\$ -	
90725		Cholera vaccine injectable	I	9	XXX							\$ -	\$ -	
90727		Plague vaccine im	I	9	XXX							\$ -	\$ -	
90732		Pneumococcal vaccine	I	9	XXX							\$ -	\$ -	
90733		Meningococcal vaccine sc	I	9	XXX							\$ -	\$ -	
90734		Meningococcal vaccine im	I	9	XXX							\$ -	\$ -	
90735		Encephalitis vaccine sc	I	9	XXX							\$ -	\$ -	
90736		Zoster vacc sc	I	9	XXX							\$ -	\$ -	
90738		Inactivated je vacc im	I	9	XXX							\$ -	\$ -	
90740		Hepb vacc ill pat 3 dose im	I	9	XXX							\$ -	\$ -	
90743		Hep b vacc adol 2 dose im	I	9	XXX							\$ -	\$ -	
90744		Hepb vacc ped/adol 3 dose im	I	9	XXX							\$ -	\$ -	
90746		Hep b vaccine adult im	I	9	XXX							\$ -	\$ -	
90747		Hepb vacc ill pat 4 dose im	I	9	XXX							\$ -	\$ -	
90748		Hep b/hib vaccine im	I	9	XXX							\$ -	\$ -	
90749		Vaccine toxoid	I	9	XXX							\$ -	\$ -	
90801		Psy dx interview	A	0	XXX							\$ 124.24	\$ 151.73	
90802		Intac psy dx interview	A	0	XXX							\$ 133.63	\$ 165.30	
90804		Psytx office 20-30 min	A	0	XXX							\$ 50.81	\$ 61.25	
90805		Psytx off 20-30 min w/e&m	A	0	XXX							\$ 59.51	\$ 71.69	
90806		Psytx off 45-50 min	A	0	XXX							\$ 78.30	\$ 84.22	
90807		Psytx off 45-50 min w/e&m	A	0	XXX							\$ 88.39	\$ 100.57	
90808		Psytx office 75-80 min	A	0	XXX							\$ 117.28	\$ 123.19	
90809		Psytx off 75-80 w/e&m	A	0	XXX							\$ 130.50	\$ 141.64	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
90810		Intac psytx off 20-30 min	A	0	XXX							\$ 56.38	\$ 64.03	
90811		Intac psytx 20-30 w/e&m	A	0	XXX							\$ 66.47	\$ 82.13	
90812		Intac psytx off 45-50 min	A	0	XXX							\$ 82.82	\$ 91.52	
90813		Intac psytx 45-50 min w/e&m	A	0	XXX							\$ 92.92	\$ 108.23	
90814		Intac psytx off 75-80 min	A	0	XXX							\$ 122.15	\$ 132.24	
90815		Intac psytx 75-80 w/e&m	A	0	XXX							\$ 137.11	\$ 152.08	
90816		Psytx hosp 20-30 min	A	0	XXX							\$ 54.98	\$ 53.59	
90817		Psytx hosp 20-30 min w/e&m	A	0	XXX							\$ 64.38	\$ 64.03	
90818		Psytx hosp 45-50 min	A	0	XXX							\$ 82.48	\$ 80.04	
90819		Psytx hosp 45-50 min w/e&m	A	0	XXX							\$ 93.26	\$ 92.22	
90821		Psytx hosp 75-80 min	A	0	XXX							\$ 121.80	\$ 118.32	
90822		Psytx hosp 75-80 min w/e&m	A	0	XXX							\$ 134.68	\$ 132.94	
90823		Intac psytx hosp 20-30 min	A	0	XXX							\$ 59.86	\$ 58.46	
90824		Intac psytx hsp 20-30 w/e&m	A	0	XXX							\$ 71.34	\$ 70.64	
90826		Intac psytx hosp 45-50 min	A	0	XXX							\$ 87.00	\$ 84.56	
90827		Intac psytx hsp 45-50 w/e&m	A	0	XXX							\$ 97.09	\$ 96.05	
90828		Intac psytx hosp 75-80 min	A	0	XXX							\$ 125.28	\$ 121.80	
90829		Intac psytx hsp 75-80 w/e&m	A	0	XXX							\$ 139.20	\$ 137.46	
90845		Psychoanalysis	A	0	XXX							\$ 91.18	\$ 93.26	
90846		Family psytx w/o patient	A	0	XXX							\$ 81.08	\$ 84.22	
90847		Family psytx w/patient	A	0	XXX							\$ 96.40	\$ 103.70	
90849		Multiple family group psytx	R	0	XXX							\$ 28.88	\$ 32.71	
90853		Group psychotherapy	A	0	XXX							\$ 29.58	\$ 32.02	
90857		Intac group psytx	A	0	XXX							\$ 30.97	\$ 36.19	
90862		Medication management	A	0	XXX							\$ 45.24	\$ 57.42	
90865		Narcosynthesis	A	0	XXX							\$ 128.06	\$ 157.30	
90867		Tcranial magn stim tx plan	A	0	000							\$ 176.44	\$ 323.29	
90868		Tcranial magn stim tx deli	A	0	000							\$ 24.01	\$ 147.90	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance		
90869		Tcran magn stim redetemine	A	0	000							\$	123.19	\$	383.15	
90870		Electroconvulsive therapy	A	0	000							\$	111.36	\$	163.91	
90875		Psychophysiological therapy	N	9	XXX							\$	64.03	\$	73.78	
90876		Psychophysiological therapy	N	9	XXX							\$	99.88	\$	109.62	
90880		Hypnotherapy	N	0	XXX							\$	93.61	\$	99.18	
90882		Environmental manipulation	N	9	XXX							\$	-	\$	-	
90885		Psy evaluation of records	B	9	XXX							\$	52.20	\$	52.20	
90887		Consultation with family	B	9	XXX							\$	78.65	\$	89.09	
90889		Preparation of report	B	9	XXX							\$	-	\$	-	
90899		Psychiatric service/therapy	C	0	XXX							\$	-	\$	-	
90901		Biofeedback train any meth	A	0	000							\$	20.18	\$	35.84	
90911		Biofeedback peri/uro/rectal	A	0	000							\$	48.02	\$	82.48	
90935		Hemodialysis one evaluation	A	0	000							\$	75.52	\$	-	
90937		Hemodialysis repeated eval	A	0	000							\$	107.18	\$	-	
90940		Hemodialysis access study	X	9	XXX							\$	-	\$	-	
90945		Dialysis one evaluation	A	0	000							\$	84.91	\$	-	
90947		Dialysis repeated eval	A	0	000							\$	128.76	\$	-	
90951		Esrd serv 4 visits p mo <2	A	0	XXX							\$	963.26	\$	963.26	
90952		Esrd serv 2-3 vsts p mo <2	C	0	XXX							\$	-	\$	-	
90953		Esrd serv 1 visit p mo <2	C	0	XXX							\$	-	\$	-	
90954		Esrd serv 4 vsts p mo 2-11	A	0	XXX							\$	825.46	\$	825.46	
90955		Esrd srv 2-3 vsts p mo 2-11	A	0	XXX							\$	463.88	\$	463.88	
90956		Esrd srv 1 visit p mo 2-11	A	0	XXX							\$	320.16	\$	320.16	
90957		Esrd srv 4 vsts p mo 12-19	A	0	XXX							\$	658.76	\$	658.76	
90958		Esrd srv 2-3 vsts p mo 12-19	A	0	XXX							\$	445.09	\$	445.09	
90959		Esrd serv 1 vst p mo 12-19	A	0	XXX							\$	297.19	\$	297.19	
90960		Esrd srv 4 visits p mo 20+	A	0	XXX							\$	290.23	\$	290.23	
90961		Esrd srv 2-3 vsts p mo 20+	A	0	XXX							\$	241.51	\$	241.51	

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90962		Esrd serv 1 visit p mo 20+	A	0	XXX							\$ 183.40	\$ 183.40	
90963		Esrd home pt serv p mo <2	A	0	XXX							\$ 557.50	\$ 557.50	
90964		Esrd home pt serv p mo 2-11	A	0	XXX							\$ 480.24	\$ 480.24	
90965		Esrd home pt serv p mo 12-19	A	0	XXX							\$ 457.27	\$ 457.27	
90966		Esrd home pt serv p mo 20+	A	0	XXX							\$ 240.47	\$ 240.47	
90967		Esrd home pt serv p day <2	A	0	XXX							\$ 17.75	\$ 17.75	
90968		Esrd home pt srv p day 2-11	A	0	XXX							\$ 14.96	\$ 14.96	
90969		Esrd home pt srv p day 12-19	A	0	XXX							\$ 14.62	\$ 14.62	
90970		Esrd home pt serv p day 20+	A	0	XXX							\$ 8.00	\$ 8.00	
90989		Dialysis training complete	X	9	XXX							\$ -	\$ -	
90993		Dialysis training incompl	X	9	XXX							\$ -	\$ -	
90997		Hemoperfusion	A	0	000							\$ 91.87	\$ -	
90999		Dialysis procedure	C	0	XXX							\$ -	\$ -	
91010		Esophagus motility study	A	1	000							\$ -	\$ 171.56	
91010	26	Esophagus motility study	A	1	000							\$ 69.95	\$ 69.95	
91010	TC	Esophagus motility study	A	1	000							\$ -	\$ 101.27	
91013		Esophgl motil w/stim/perfus	A	1	ZZZ							\$ -	\$ 22.97	
91013	26	Esophgl motil w/stim/perfus	A	1	ZZZ							\$ 9.74	\$ 9.74	
91013	TC	Esophgl motil w/stim/perfus	A	1	ZZZ							\$ -	\$ 13.22	
91020		Gastric motility studies	A	1	000							\$ -	\$ 221.33	
91020	26	Gastric motility studies	A	1	000							\$ 77.95	\$ 77.95	
91020	TC	Gastric motility studies	A	1	000							\$ -	\$ 143.38	
91022		Duodenal motility study	A	1	000							\$ -	\$ 166.34	
91022	26	Duodenal motility study	A	1	000							\$ 76.56	\$ 76.56	
91022	TC	Duodenal motility study	A	1	000							\$ -	\$ 89.78	
91030		Acid perfusion of esophagus	A	1	000							\$ -	\$ 130.50	
91030	26	Acid perfusion of esophagus	A	1	000							\$ 49.07	\$ 49.07	
91030	TC	Acid perfusion of esophagus	A	1	000							\$ -	\$ 81.43	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
91034		Gastroesophageal reflux test	A	1	000							\$ -	\$ 178.18	
91034	26	Gastroesophageal reflux test	A	1	000							\$ 51.50	\$ 51.50	
91034	TC	Gastroesophageal reflux test	A	1	000							\$ -	\$ 126.32	
91035		G-esoph reflx tst w/electrod	A	1	000							\$ -	\$ 440.57	
91035	26	G-esoph reflx tst w/electrod	A	1	000							\$ 84.91	\$ 84.91	
91035	TC	G-esoph reflx tst w/electrod	A	1	000							\$ -	\$ 355.66	
91037		Esoph imped function test	A	1	000							\$ -	\$ 153.82	
91037	26	Esoph imped function test	A	1	000							\$ 55.33	\$ 55.33	
91037	TC	Esoph imped function test	A	1	000							\$ -	\$ 98.48	
91038		Esoph imped funct test > 1h	A	1	000							\$ -	\$ 349.74	
91038	26	Esoph imped funct test > 1h	A	1	000							\$ 59.51	\$ 59.51	
91038	TC	Esoph imped funct test > 1h	A	1	000							\$ -	\$ 290.58	
91040		Esoph balloon distension tst	A	1	000							\$ -	\$ 278.75	
91040	26	Esoph balloon distension tst	A	1	000							\$ 47.68	\$ 47.68	
91040	TC	Esoph balloon distension tst	A	1	000							\$ -	\$ 231.07	
91065		Breath hydrogen test	A	1	000							\$ -	\$ 78.30	
91065	26	Breath hydrogen test	A	1	000							\$ 10.79	\$ 10.79	
91065	TC	Breath hydrogen test	A	1	000							\$ -	\$ 67.51	
91110		Gi tract capsule endoscopy	A	1	XXX							\$ -	\$ 827.54	
91110	26	Gi tract capsule endoscopy	A	1	XXX							\$ 196.27	\$ 196.27	
91110	TC	Gi tract capsule endoscopy	A	1	XXX							\$ -	\$ 631.27	
91111		Esophageal capsule endoscopy	A	1	XXX							\$ -	\$ 657.37	
91111	26	Esophageal capsule endoscopy	A	1	XXX							\$ 53.59	\$ 53.59	
91111	TC	Esophageal capsule endoscopy	A	1	XXX							\$ -	\$ 603.78	
91117		Colon motility 6 hr study	A	0	000							\$ 172.61	\$ 163.56	
91120		Rectal sensation test	A	1	XXX							\$ -	\$ 358.09	
91120	26	Rectal sensation test	A	1	XXX							\$ 54.29	\$ 54.29	
91120	TC	Rectal sensation test	A	1	XXX							\$ -	\$ 304.15	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
91122		Anal pressure record	A	1	000							\$ -	\$ 209.84	
91122	26	Anal pressure record	A	1	000							\$ 92.22	\$ 92.22	
91122	TC	Anal pressure record	A	1	000							\$ -	\$ 117.62	
91132		Electrogastrography	A	1	XXX							\$ -	\$ 141.29	
91132	26	Electrogastrography	A	1	XXX							\$ 28.88	\$ 28.88	
91132	TC	Electrogastrography	A	1	XXX							\$ -	\$ 112.40	
91133		Electrogastrography w/test	A	1	XXX							\$ -	\$ 164.60	
91133	26	Electrogastrography w/test	A	1	XXX							\$ 37.24	\$ 37.24	
91133	TC	Electrogastrography w/test	A	1	XXX							\$ -	\$ 127.72	
91299		Gastroenterology procedure	C	1	XXX							\$ -	\$ -	
91299	26	Gastroenterology procedure	C	1	XXX							\$ -	\$ -	
91299	TC	Gastroenterology procedure	C	1	XXX							\$ -	\$ -	
92002		Eye exam new patient	A	0	XXX							\$ 50.11	\$ 76.91	
92004		Eye exam new patient	A	0	XXX							\$ 101.96	\$ 141.29	
92012		Eye exam established pat	A	0	XXX							\$ 53.94	\$ 80.39	
92014		Eye exam & treatment	A	0	XXX							\$ 81.78	\$ 116.93	
92015		Refraction	N	9	XXX							\$ 20.88	\$ 24.01	
92018		New eye exam & treatment	A	0	XXX							\$ 143.72	\$ -	
92019		Eye exam & treatment	A	0	XXX							\$ 68.90	\$ -	
92020		Special eye evaluation	A	0	XXX							\$ 21.92	\$ 26.80	
92025		Corneal topography	A	1	XXX							\$ -	\$ 34.10	
92025	26	Corneal topography	A	1	XXX							\$ 18.79	\$ 18.79	
92025	TC	Corneal topography	A	1	XXX							\$ -	\$ 15.66	
92060		Special eye evaluation	A	1	XXX							\$ -	\$ 59.86	
92060	26	Special eye evaluation	A	1	XXX							\$ 37.58	\$ 37.58	
92060	TC	Special eye evaluation	A	1	XXX							\$ -	\$ 22.27	
92065		Orthoptic/pleoptic training	A	1	XXX							\$ -	\$ 47.33	
92065	26	Orthoptic/pleoptic training	A	1	XXX							\$ 17.75	\$ 17.75	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
92065	TC	Orthoptic/pleoptic training	A	1	XXX							\$ -	\$ 29.58	
92071		Contact lens fitting for tx	A	0	XXX							\$ 33.76	\$ 37.24	
92072		Fit contac lens for managmnt	A	0	XXX							\$ 99.88	\$ 120.06	
92081		Visual field examination(s)	A	1	XXX							\$ -	\$ 46.28	
92081	26	Visual field examination(s)	A	1	XXX							\$ 18.10	\$ 18.10	
92081	TC	Visual field examination(s)	A	1	XXX							\$ -	\$ 28.19	
92082		Visual field examination(s)	A	1	XXX							\$ -	\$ 65.42	
92082	26	Visual field examination(s)	A	1	XXX							\$ 24.01	\$ 24.01	
92082	TC	Visual field examination(s)	A	1	XXX							\$ -	\$ 41.06	
92083		Visual field examination(s)	A	1	XXX							\$ -	\$ 81.43	
92083	26	Visual field examination(s)	A	1	XXX							\$ 28.19	\$ 28.19	
92083	TC	Visual field examination(s)	A	1	XXX							\$ -	\$ 53.24	
92100		Serial tonometry exam(s)	A	0	XXX							\$ 50.46	\$ 88.74	
92132		Cmptr ophth dx img ant segmt	A	1	XXX							\$ -	\$ 36.54	
92132	26	Cmptr ophth dx img ant segmt	A	1	XXX							\$ 21.58	\$ 21.58	
92132	TC	Cmptr ophth dx img ant segmt	A	1	XXX							\$ -	\$ 14.96	
92133		Cmptr ophth img optic nerve	A	1	XXX							\$ -	\$ 43.85	
92133	26	Cmptr ophth img optic nerve	A	1	XXX							\$ 29.23	\$ 29.23	
92133	TC	Cmptr ophth img optic nerve	A	1	XXX							\$ -	\$ 14.62	
92134		Cptr ophth dx img post segmt	A	1	XXX							\$ -	\$ 43.85	
92134	26	Cptr ophth dx img post segmt	A	1	XXX							\$ 29.23	\$ 29.23	
92134	TC	Cptr ophth dx img post segmt	A	1	XXX							\$ -	\$ 14.62	
92136		Ophthalmic biometry	A	1	XXX							\$ -	\$ 77.95	
92136	26	Ophthalmic biometry	A	1	XXX							\$ 28.88	\$ 28.88	
92136	TC	Ophthalmic biometry	A	1	XXX							\$ -	\$ 49.42	
92140		Glaucoma provocative tests	A	0	XXX							\$ 27.14	\$ 56.72	
92225		Special eye exam initial	A	0	XXX							\$ 22.27	\$ 26.45	
92226		Special eye exam subsequent	A	0	XXX							\$ 18.10	\$ 22.27	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
92227		Remote dx retinal imaging	A	9	XXX							\$ -	\$ 11.14	
92228		Remote retinal imaging mgmt	A	1	XXX							\$ -	\$ 32.71	
92228	26	Remote retinal imaging mgmt	A	1	XXX							\$ 20.18	\$ 20.18	
92228	TC	Remote retinal imaging mgmt	A	1	XXX							\$ -	\$ 12.53	
92230		Eye exam with photos	A	0	XXX							\$ 33.76	\$ 54.98	
92235		Eye exam with photos	A	1	XXX							\$ -	\$ 123.54	
92235	26	Eye exam with photos	A	1	XXX							\$ 44.89	\$ 44.89	
92235	TC	Eye exam with photos	A	1	XXX							\$ -	\$ 78.30	
92240		Icg angiography	A	1	XXX							\$ -	\$ 218.89	
92240	26	Icg angiography	A	1	XXX							\$ 59.86	\$ 59.86	
92240	TC	Icg angiography	A	1	XXX							\$ -	\$ 159.04	
92250		Eye exam with photos	A	1	XXX							\$ -	\$ 68.56	
92250	26	Eye exam with photos	A	1	XXX							\$ 22.62	\$ 22.62	
92250	TC	Eye exam with photos	A	1	XXX							\$ -	\$ 45.94	
92260		Ophthalmoscopy/dynamometry	A	0	XXX							\$ 11.14	\$ 17.40	
92265		Eye muscle evaluation	A	1	XXX							\$ -	\$ 74.82	
92265	26	Eye muscle evaluation	A	1	XXX							\$ 42.11	\$ 42.11	
92265	TC	Eye muscle evaluation	A	1	XXX							\$ -	\$ 32.71	
92270		Electro-oculography	A	1	XXX							\$ -	\$ 84.91	
92270	26	Electro-oculography	A	1	XXX							\$ 41.06	\$ 41.06	
92270	TC	Electro-oculography	A	1	XXX							\$ -	\$ 44.20	
92275		Electroretinography	A	1	XXX							\$ -	\$ 137.46	
92275	26	Electroretinography	A	1	XXX							\$ 56.03	\$ 56.03	
92275	TC	Electroretinography	A	1	XXX							\$ -	\$ 81.43	
92283		Color vision examination	A	1	XXX							\$ -	\$ 46.98	
92283	26	Color vision examination	A	1	XXX							\$ 9.05	\$ 9.05	
92283	TC	Color vision examination	A	1	XXX							\$ -	\$ 37.58	
92284		Dark adaptation eye exam	A	1	XXX							\$ -	\$ 54.29	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
92284	26	Dark adaptation eye exam	A	1	XXX							\$ 12.18	\$ 12.18	
92284	TC	Dark adaptation eye exam	A	1	XXX							\$ -	\$ 42.46	
92285		Eye photography	A	1	XXX							\$ -	\$ 22.97	
92285	26	Eye photography	A	1	XXX							\$ 4.18	\$ 4.18	
92285	TC	Eye photography	A	1	XXX							\$ -	\$ 18.79	
92286		Internal eye photography	A	1	XXX							\$ -	\$ 108.58	
92286	26	Internal eye photography	A	1	XXX							\$ 33.76	\$ 33.76	
92286	TC	Internal eye photography	A	1	XXX							\$ -	\$ 74.82	
92287		Internal eye photography	A	0	XXX							\$ 45.94	\$ 110.32	
92310		Contact lens fitting	N	9	XXX							\$ 62.29	\$ 92.22	
92311		Contact lens fitting	N	0	XXX							\$ 59.51	\$ 96.40	
92312		Contact lens fitting	N	0	XXX							\$ 64.03	\$ 106.49	
92313		Contact lens fitting	N	0	XXX							\$ 51.16	\$ 92.92	
92314		Prescription of contact lens	N	9	XXX							\$ 35.84	\$ 72.73	
92315		Prescription of contact lens	N	0	XXX							\$ 25.40	\$ 69.60	
92316		Prescription of contact lens	N	0	XXX							\$ 39.32	\$ 92.92	
92317		Prescription of contact lens	N	0	XXX							\$ 20.88	\$ 65.08	
92325		Modification of contact lens	N	5	XXX							\$ -	\$ 32.71	
92326		Replacement of contact lens	N	5	XXX							\$ -	\$ 30.97	
92340		Fitting of spectacles	N	9	XXX							\$ 20.18	\$ 34.45	
92341		Fitting of spectacles	N	9	XXX							\$ 24.71	\$ 38.98	
92342		Fitting of spectacles	N	9	XXX							\$ 28.88	\$ 42.80	
92352		Special spectacles fitting	N	9	XXX							\$ 20.18	\$ 38.63	
92353		Special spectacles fitting	N	9	XXX							\$ 26.10	\$ 44.54	
92354		Special spectacles fitting	N	9	XXX							\$ -	\$ 30.62	
92355		Special spectacles fitting	N	9	XXX							\$ -	\$ 26.80	
92358		Eye prosthesis service	N	9	XXX							\$ -	\$ 11.83	
92370		Repair & adjust spectacles	N	9	XXX							\$ 18.10	\$ 30.28	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
92371		Repair & adjust spectacles	N	9	XXX							\$ -	\$ 11.14	
92499		Eye service or procedure	C	1	XXX							\$ -	\$ -	
92499	26	Eye service or procedure	C	1	XXX							\$ -	\$ -	
92499	TC	Eye service or procedure	C	1	XXX							\$ -	\$ -	
92502		Ear and throat examination	A	0	000							\$ 95.70	\$ -	
92504		Ear microscopy examination	A	0	XXX							\$ 9.74	\$ 27.84	
92506		Speech/hearing evaluation	A	7	XXX	Y						\$ -	\$ 148.25	
92507		Speech/hearing therapy	A	7	XXX	Y						\$ -	\$ 75.52	
92508		Speech/hearing therapy	A	7	XXX	Y						\$ -	\$ 21.58	
92511		Nasopharyngoscopy	A	0	000							\$ 47.68	\$ 128.06	
92512		Nasal function studies	A	0	XXX							\$ 29.23	\$ 57.77	
92516		Facial nerve function test	A	0	XXX							\$ 24.36	\$ 65.08	
92520		Laryngeal function studies	A	0	XXX							\$ 41.41	\$ 66.47	
92526		Oral function therapy	A	7	XXX	Y						\$ -	\$ 82.82	
92531		Spontaneous nystagmus study	B	9	XXX							\$ -	\$ -	
92532		Positional nystagmus test	B	9	XXX							\$ -	\$ -	
92533		Caloric vestibular test	B	9	XXX							\$ -	\$ -	
92534		Optokinetic nystagmus test	B	9	XXX							\$ -	\$ -	
92540		Basic vestibular evaluation	A	1	XXX							\$ -	\$ 96.05	
92540	26	Basic vestibular evaluation	A	1	XXX							\$ 76.56	\$ 76.56	
92540	TC	Basic vestibular evaluation	A	1	XXX							\$ -	\$ 19.49	
92541		Spontaneous nystagmus test	A	1	XXX							\$ -	\$ 35.15	
92541	26	Spontaneous nystagmus test	A	1	XXX							\$ 19.84	\$ 19.84	
92541	TC	Spontaneous nystagmus test	A	1	XXX							\$ -	\$ 15.66	
92542		Positional nystagmus test	A	1	XXX							\$ -	\$ 33.76	
92542	26	Positional nystagmus test	A	1	XXX							\$ 16.70	\$ 16.70	
92542	TC	Positional nystagmus test	A	1	XXX							\$ -	\$ 17.05	
92543		Caloric vestibular test	A	1	XXX							\$ -	\$ 18.79	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
92543	26	Caloric vestibular test	A	1	XXX							\$ 5.92	\$ 5.92	
92543	TC	Caloric vestibular test	A	1	XXX							\$ -	\$ 12.53	
92544		Optokinetic nystagmus test	A	1	XXX							\$ -	\$ 28.19	
92544	26	Optokinetic nystagmus test	A	1	XXX							\$ 13.22	\$ 13.22	
92544	TC	Optokinetic nystagmus test	A	1	XXX							\$ -	\$ 14.96	
92545		Oscillating tracking test	A	1	XXX							\$ -	\$ 26.45	
92545	26	Oscillating tracking test	A	1	XXX							\$ 12.18	\$ 12.18	
92545	TC	Oscillating tracking test	A	1	XXX							\$ -	\$ 14.27	
92546		Sinusoidal rotational test	A	1	XXX							\$ -	\$ 89.09	
92546	26	Sinusoidal rotational test	A	1	XXX							\$ 14.62	\$ 14.62	
92546	TC	Sinusoidal rotational test	A	1	XXX							\$ -	\$ 74.47	
92547		Supplemental electrical test	A	3	ZZZ							\$ 5.92	\$ 5.92	
92548		Posturography	A	1	XXX							\$ -	\$ 93.26	
92548	26	Posturography	A	1	XXX							\$ 24.71	\$ 24.71	
92548	TC	Posturography	A	1	XXX							\$ -	\$ 68.90	
92550		Tympanometry & reflex thresh	A	7	XXX							\$ -	\$ 20.18	
92551		Pure tone hearing test air	N	9	XXX							\$ -	\$ 10.79	
92552		Pure tone audiometry air	A	3	XXX							\$ -	\$ 26.10	
92553		Audiometry air & bone	A	3	XXX							\$ -	\$ 31.32	
92555		Speech threshold audiometry	A	3	XXX							\$ -	\$ 19.14	
92556		Speech audiometry complete	A	3	XXX							\$ -	\$ 29.58	
92557		Comprehensive hearing test	A	7	XXX							\$ 34.45	\$ 38.63	
92558		Evoked auditory test qual	X	9	XXX							\$ -	\$ -	
92559		Group audiometric testing	N	9	XXX							\$ -	\$ -	
92560		Bekesy audiometry screen	N	9	XXX							\$ -	\$ -	
92561		Bekesy audiometry diagnosis	A	3	XXX							\$ -	\$ 31.32	
92562		Loudness balance test	A	3	XXX							\$ -	\$ 33.76	
92563		Tone decay hearing test	A	3	XXX							\$ -	\$ 26.10	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
92564		Sisi hearing test	A	3	XXX							\$ -	\$ 22.62	
92565		Stenger test pure tone	A	3	XXX							\$ -	\$ 14.27	
92567		Tympanometry	A	7	XXX							\$ 11.48	\$ 14.62	
92568		Acoustic refl threshold tst	A	7	XXX							\$ 15.66	\$ 15.66	
92570		Acoustic immitance testing	A	7	XXX							\$ 30.28	\$ 32.36	
92571		Filtered speech hearing test	A	3	XXX							\$ -	\$ 21.58	
92572		Staggered spondaic word test	A	3	XXX							\$ -	\$ 27.49	
92575		Sensorineural acuity test	A	3	XXX							\$ -	\$ 56.03	
92576		Synthetic sentence test	A	3	XXX							\$ -	\$ 29.58	
92577		Stenger test speech	A	3	XXX							\$ -	\$ 16.01	
92579		Visual audiometry (vra)	A	7	XXX							\$ 38.28	\$ 42.11	
92582		Conditioning play audiometry	A	3	XXX							\$ -	\$ 54.64	
92583		Select picture audiometry	A	3	XXX							\$ -	\$ 40.37	
92584		Electrocochleography	A	3	XXX							\$ -	\$ 61.25	
92585		Auditor evoke potent compre	A	1	XXX							\$ -	\$ 109.27	
92585	26	Auditor evoke potent compre	A	1	XXX							\$ 24.71	\$ 24.71	
92585	TC	Auditor evoke potent compre	A	1	XXX							\$ -	\$ 84.56	
92586		Auditor evoke potent limit	A	3	XXX							\$ -	\$ 68.90	
92587		Evoked auditory test limited	A	1	XXX							\$ -	\$ 28.88	
92587	26	Evoked auditory test limited	A	1	XXX							\$ 19.49	\$ 19.49	
92587	TC	Evoked auditory test limited	A	1	XXX							\$ -	\$ 9.40	
92588		Evoked auditory tst complete	A	1	XXX							\$ -	\$ 41.41	
92588	26	Evoked auditory tst complete	A	1	XXX							\$ 28.19	\$ 28.19	
92588	TC	Evoked auditory tst complete	A	1	XXX							\$ -	\$ 13.22	
92590		Hearing aid exam one ear	N	9	XXX							\$ -	\$ -	
92591		Hearing aid exam both ears	N	9	XXX							\$ -	\$ -	
92592		Hearing aid check one ear	N	9	XXX							\$ -	\$ -	
92593		Hearing aid check both ears	N	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
92594		Electro hearing aid test one	N	9	XXX							\$ -	\$ -	
92595		Electro hearing aid tst both	N	9	XXX							\$ -	\$ -	
92596		Ear protector evaluation	A	3	XXX							\$ -	\$ 37.58	
92597		Oral speech device eval	A	7	XXX	Y						\$ -	\$ 82.13	
92601		Cochlear implt f/up exam < 7	A	7	XXX							\$ 125.98	\$ 142.33	
92602		Reprogram cochlear implt < 7	A	7	XXX							\$ 73.08	\$ 89.78	
92603		Cochlear implt f/up exam 7 >	A	7	XXX							\$ 124.24	\$ 143.38	
92604		Reprogram cochlear implt 7 >	A	7	XXX							\$ 67.86	\$ 83.87	
92605		Ex for nonspeech device rx	B	9	XXX							\$ 89.44	\$ 92.92	
92606		Non-speech device service	B	9	XXX							\$ 71.34	\$ 81.08	
92607		Ex for speech device rx 1hr	A	7	XXX	Y						\$ -	\$ 138.16	
92608		Ex for speech device rx addl	A	7	ZZZ							\$ -	\$ 45.59	
92609		Use of speech device service	A	7	XXX	Y						\$ -	\$ 98.83	
92610		Evaluate swallowing function	A	7	XXX							\$ 68.90	\$ 88.04	
92611		Motion fluoroscopy/swallow	A	7	XXX							\$ -	\$ 96.40	
92612		Endoscopy swallow tst (fees)	A	0	XXX							\$ 69.25	\$ 155.90	
92613		Endoscopy swallow tst (fees)	A	0	XXX							\$ 38.63	\$ 38.63	
92614		Laryngoscopic sensory test	A	0	XXX							\$ 69.60	\$ 140.94	
92615		Eval laryngoscopy sense tst	A	0	XXX							\$ 34.10	\$ 34.10	
92616		Fees w/laryngeal sense test	A	0	XXX							\$ 101.62	\$ 190.36	
92617		Interprt fees/laryngeal test	A	0	XXX							\$ 42.46	\$ 42.46	
92618		Ex for nonspeech dev rx add	B	9	ZZZ							\$ 32.71	\$ 33.41	
92620		Auditory function 60 min	A	9	XXX							\$ 80.39	\$ 87.70	
92621		Auditory function + 15 min	A	9	ZZZ							\$ 17.75	\$ 20.53	
92625		Tinnitus assessment	A	9	XXX							\$ 60.90	\$ 66.12	
92626		Eval aud rehab status	A	9	XXX							\$ 77.60	\$ 87.00	
92627		Eval aud status rehab add-on	A	9	ZZZ							\$ 17.75	\$ 20.88	
92630		Aud rehab pre-ling hear loss	C	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
92633		Aud rehab postling hear loss	C	9	XXX							\$ -	\$ -	
92640		Aud brainstem implt programg	A	9	XXX							\$ 124.24	\$ 136.42	
92700		Ent procedure/service	C	0	XXX							\$ -	\$ -	
92950		Heart/lung resuscitation cpr	A	0	000							\$ 201.84	\$ 298.24	
92953		Temporary external pacing	A	0	000							\$ 11.14	\$ -	
92960		Cardioversion electric ext	A	0	000							\$ 127.37	\$ 207.41	
92961		Cardioversion electric int	A	0	000							\$ 267.96	\$ -	
92970		Cardioassist internal	A	0	000							\$ 186.88	\$ -	
92971		Cardioassist external	A	0	000							\$ 98.14	\$ -	
92973		Percut coronary thrombectomy	A	0	ZZZ							\$ 232.12	\$ -	
92974		Cath place cardio brachytx	A	0	ZZZ							\$ 212.63	\$ -	
92975		Dissolve clot heart vessel	A	0	000	Y						\$ 514.34	\$ -	
92977		Dissolve clot heart vessel	A	5	XXX							\$ -	\$ 106.14	
92978		Intravasc us heart add-on	C	1	ZZZ							\$ -	\$ -	
92978	26	Intravasc us heart add-on	A	1	ZZZ							\$ 96.40	\$ 96.40	
92978	TC	Intravasc us heart add-on	C	1	ZZZ							\$ -	\$ -	
92979		Intravasc us heart add-on	C	1	ZZZ							\$ -	\$ -	
92979	26	Intravasc us heart add-on	A	1	ZZZ							\$ 77.60	\$ 77.60	
92979	TC	Intravasc us heart add-on	C	1	ZZZ							\$ -	\$ -	
92980		Insert intracoronary stent	A	0	000	Y						\$ 1,059.66	\$ -	
92981		Insert intracoronary stent	A	0	ZZZ							\$ 294.76	\$ -	
92982		Coronary artery dilation	A	0	000	Y						\$ 783.35	\$ -	
92984		Coronary artery dilation	A	0	ZZZ							\$ 210.19	\$ -	
92986		Revision of aortic valve	A	0	090	Y						\$ 1,712.86	\$ -	
92987		Revision of mitral valve	A	0	090	Y						\$ 1,766.10	\$ -	
92990		Revision of pulmonary valve	A	0	090	Y						\$ 1,377.73	\$ -	
92992		Revision of heart chamber	C	0	090	Y		Y				\$ -	\$ -	
92993		Revision of heart chamber	C	0	090	Y		Y				\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
92995		Coronary atherectomy	A	0	000	Y						\$ 863.39	\$ -	
92996		Coronary atherectomy add-on	A	0	ZZZ							\$ 231.42	\$ -	
92997		Pul art balloon repr percut	A	0	000	Y						\$ 847.38	\$ -	
92998		Pul art balloon repr percut	A	0	ZZZ							\$ 423.52	\$ -	
93000		Electrocardiogram complete	A	4	XXX							\$ -	\$ 18.79	
93005		Electrocardiogram tracing	A	3	XXX							\$ -	\$ 9.74	
93010		Electrocardiogram report	A	2	XXX							\$ 8.70	\$ 8.70	
93015		Cardiovascular stress test	A	4	XXX							\$ -	\$ 81.08	
93016		Cardiovascular stress test	A	2	XXX							\$ 21.58	\$ 21.58	
93017		Cardiovascular stress test	A	3	XXX							\$ -	\$ 44.54	
93018		Cardiovascular stress test	A	2	XXX							\$ 14.96	\$ 14.96	
93024		Cardiac drug stress test	A	1	XXX							\$ -	\$ 106.49	
93024	26	Cardiac drug stress test	A	1	XXX							\$ 58.12	\$ 58.12	
93024	TC	Cardiac drug stress test	A	1	XXX							\$ -	\$ 48.72	
93025		Microvolt t-wave assess	A	1	XXX							\$ -	\$ 160.08	
93025	26	Microvolt t-wave assess	A	1	XXX							\$ 37.93	\$ 37.93	
93025	TC	Microvolt t-wave assess	A	1	XXX							\$ -	\$ 122.15	
93040		Rhythm ECG with report	A	4	XXX							\$ -	\$ 13.22	
93041		Rhythm ecg tracing	A	3	XXX							\$ -	\$ 5.92	
93042		Rhythm ecg report	A	2	XXX							\$ 7.66	\$ 7.66	
93224		Ecg monit/reprt up to 48 hrs	A	4	XXX							\$ -	\$ 88.74	
93225		Ecg monit/reprt up to 48 hrs	A	3	XXX							\$ -	\$ 25.75	
93226		Ecg monit/reprt up to 48 hrs	A	3	XXX							\$ -	\$ 37.58	
93227		Ecg monit/reprt up to 48 hrs	A	2	XXX							\$ 25.75	\$ 25.75	
93228		Remote 30 day ecg rev/report	A	2	XXX							\$ 26.80	\$ 26.80	
93229		Remote 30 day ecg tech supp	A	3	XXX							\$ -	\$ 588.12	
93268		ECG record/review	A	4	XXX							\$ -	\$ 206.71	
93270		Remote 30 day ecg rev/report	A	3	XXX							\$ -	\$ 11.14	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
93271		Ecg/monitoring and analysis	A	3	XXX							\$ -	\$ 171.22	
93272		Ecg/review interpret only	A	2	XXX							\$ 24.36	\$ 24.36	
93278		ECG/signal-averaged	A	1	XXX							\$ -	\$ 30.97	
93278	26	ECG/signal-averaged	A	1	XXX							\$ 12.88	\$ 12.88	
93278	TC	ECG/signal-averaged	A	1	XXX							\$ -	\$ 18.10	
93279		Pm device progr eval snl	A	1	XXX							\$ -	\$ 49.42	
93279	26	Pm device progr eval snl	A	1	XXX							\$ 33.41	\$ 33.41	
93279	TC	Pm device progr eval snl	A	1	XXX							\$ -	\$ 16.01	
93280		Pm device progr eval dual	A	1	XXX							\$ -	\$ 57.07	
93280	26	Pm device progr eval dual	A	1	XXX							\$ 38.98	\$ 38.98	
93280	TC	Pm device progr eval dual	A	1	XXX							\$ -	\$ 18.10	
93281		Pm device progr eval multi	A	1	XXX							\$ -	\$ 65.77	
93281	26	Pm device progr eval multi	A	1	XXX							\$ 44.89	\$ 44.89	
93281	TC	Pm device progr eval multi	A	1	XXX							\$ -	\$ 20.88	
93282		lcd device prog eval 1 snl	A	1	XXX							\$ -	\$ 60.90	
93282	26	lcd device prog eval 1 snl	A	1	XXX							\$ 42.46	\$ 42.46	
93282	TC	lcd device prog eval 1 snl	A	1	XXX							\$ -	\$ 18.79	
93283		lcd device progr eval dual	A	1	XXX							\$ -	\$ 78.65	
93283	26	lcd device progr eval dual	A	1	XXX							\$ 57.42	\$ 57.42	
93283	TC	lcd device progr eval dual	A	1	XXX							\$ -	\$ 21.23	
93284		lcd device progr eval mult	A	1	XXX							\$ -	\$ 86.65	
93284	26	lcd device progr eval mult	A	1	XXX							\$ 62.29	\$ 62.29	
93284	TC	lcd device progr eval mult	A	1	XXX							\$ -	\$ 24.36	
93285		llr device eval progr	A	1	XXX							\$ -	\$ 40.02	
93285	26	llr device eval progr	A	1	XXX							\$ 25.06	\$ 25.06	
93285	TC	llr device eval progr	A	1	XXX							\$ -	\$ 14.62	
93286		Pre-op pm device eval	A	1	XXX							\$ -	\$ 25.06	
93286	26	Pre-op pm device eval	A	1	XXX							\$ 14.27	\$ 14.27	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
93286	TC	Pre-op pm device eval	A	1	XXX							\$ -	\$ 10.79	
93287		Pre-op icd device eval	A	1	XXX							\$ -	\$ 33.06	
93287	26	Pre-op icd device eval	A	1	XXX							\$ 21.23	\$ 21.23	
93287	TC	Pre-op icd device eval	A	1	XXX							\$ -	\$ 11.83	
93288		Pm device eval in person	A	1	XXX							\$ -	\$ 36.19	
93288	26	Pm device eval in person	A	1	XXX							\$ 20.88	\$ 20.88	
93288	TC	Pm device eval in person	A	1	XXX							\$ -	\$ 14.96	
93289		lcd device interrogate	A	1	XXX							\$ -	\$ 63.34	
93289	26	lcd device interrogate	A	1	XXX							\$ 45.24	\$ 45.24	
93289	TC	lcd device interrogate	A	1	XXX							\$ -	\$ 18.10	
93290		lcm device eval	A	1	XXX							\$ -	\$ 29.23	
93290	26	lcm device eval	A	1	XXX							\$ 20.18	\$ 20.18	
93290	TC	lcm device eval	A	1	XXX							\$ -	\$ 9.05	
93291		llr device interrogate	A	1	XXX							\$ -	\$ 34.45	
93291	26	llr device interrogate	A	1	XXX							\$ 20.88	\$ 20.88	
93291	TC	llr device interrogate	A	1	XXX							\$ -	\$ 13.57	
93292		wcd device interrogate	A	1	XXX							\$ -	\$ 31.32	
93292	26	wcd device interrogate	A	1	XXX							\$ 20.88	\$ 20.88	
93292	TC	wcd device interrogate	A	1	XXX							\$ -	\$ 10.44	
93293		Pm phone r-strip device eval	A	1	XXX							\$ -	\$ 49.42	
93293	26	Pm phone r-strip device eval	A	1	XXX							\$ 15.31	\$ 15.31	
93293	TC	Pm phone r-strip device eval	A	1	XXX							\$ -	\$ 34.10	
93294		Pm device interrogate remote	A	2	XXX							\$ 34.45	\$ 34.45	
93295		lcd device interrogat remote	A	2	XXX							\$ 68.21	\$ 68.21	
93296		Pm/icd remote tech serv	A	3	XXX							\$ -	\$ 26.10	
93297		lcm device interrogat remote	A	2	XXX							\$ 26.45	\$ 26.45	
93298		llr device interrogat remote	A	2	XXX							\$ 27.49	\$ 27.49	
93299		lcm/llr remote tech serv	C	3	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
93303		Echo transthoracic	A	1	XXX							\$ -	\$ 186.53	
93303	26	Echo transthoracic	A	1	XXX							\$ 64.03	\$ 64.03	
93303	TC	Echo transthoracic	A	1	XXX							\$ -	\$ 122.50	
93304		Echo transthoracic	A	1	XXX							\$ -	\$ 121.10	
93304	26	Echo transthoracic	A	1	XXX							\$ 37.24	\$ 37.24	
93304	TC	Echo transthoracic	A	1	XXX							\$ -	\$ 83.87	
93306		Tte w/doppler complete	A	1	XXX							\$ -	\$ 190.70	
93306	26	Tte w/doppler complete	A	1	XXX							\$ 64.38	\$ 64.38	
93306	TC	Tte w/doppler complete	A	1	XXX							\$ -	\$ 126.32	
93307		Tte w/o doppler complete	A	1	XXX							\$ -	\$ 119.71	
93307	26	Tte w/o doppler complete	A	1	XXX							\$ 45.94	\$ 45.94	
93307	TC	Tte w/o doppler complete	A	1	XXX							\$ -	\$ 74.12	
93308		Tte f-up or lmtd	A	1	XXX							\$ -	\$ 90.48	
93308	26	Tte f-up or lmtd	A	1	XXX							\$ 25.40	\$ 25.40	
93308	TC	Tte f-up or lmtd	A	1	XXX							\$ -	\$ 65.08	
93312		Echo transesophageal	A	1	XXX							\$ -	\$ 286.06	
93312	26	Echo transesophageal	A	1	XXX							\$ 106.14	\$ 106.14	
93312	TC	Echo transesophageal	A	1	XXX							\$ -	\$ 179.92	
93313		Echo transesophageal	A	0	XXX							\$ 45.94	\$ -	
93314		Echo transesophageal	A	1	XXX							\$ -	\$ 254.39	
93314	26	Echo transesophageal	A	1	XXX							\$ 60.55	\$ 60.55	
93314	TC	Echo transesophageal	A	1	XXX							\$ -	\$ 193.84	
93315		Echo transesophageal	C	1	XXX							\$ 658.42	\$ 658.42	
93315	26	Echo transesophageal	A	1	XXX							\$ 152.42	\$ 152.42	
93315	TC	Echo transesophageal	C	1	XXX							\$ 508.08	\$ 508.08	
93316		Echo transesophageal	A	0	XXX							\$ 47.68	\$ -	
93317		Echo transesophageal	C	1	XXX							\$ -	\$ -	
93317	26	Echo transesophageal	A	1	XXX							\$ 106.84	\$ 106.84	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
93317	TC	Echo transesophageal	C	1	XXX							\$ -	\$ -	
93318		Echo transesophageal intraop	C	1	XXX							\$ 871.74	\$ 871.74	
93318	26	Echo transesophageal intraop	A	1	XXX							\$ 131.89	\$ 131.89	
93318	TC	Echo transesophageal intraop	C	1	XXX							\$ 750.29	\$ 750.29	
93320		Doppler echo exam heart	A	1	ZZZ							\$ -	\$ 49.42	
93320	26	Doppler echo exam heart	A	1	ZZZ							\$ 18.44	\$ 18.44	
93320	TC	Doppler echo exam heart	A	1	ZZZ							\$ -	\$ 30.97	
93321		Doppler echo exam heart	A	1	ZZZ							\$ -	\$ 25.06	
93321	26	Doppler echo exam heart	A	1	ZZZ							\$ 8.00	\$ 8.00	
93321	TC	Doppler echo exam heart	A	1	ZZZ							\$ -	\$ 17.40	
93325		Doppler color flow add-on	A	1	ZZZ							\$ -	\$ 26.10	
93325	26	Doppler color flow add-on	A	1	ZZZ							\$ 4.52	\$ 4.52	
93325	TC	Doppler color flow add-on	A	1	ZZZ							\$ -	\$ 21.58	
93350		Stress tte only	A	1	XXX							\$ -	\$ 187.92	
93350	26	Stress tte only	A	1	XXX							\$ 72.73	\$ 72.73	
93350	TC	Stress tte only	A	1	XXX							\$ -	\$ 114.84	
93351		Stress tte complete	A	1	XXX							\$ -	\$ 220.63	
93351	26	Stress tte complete	A	1	XXX							\$ 86.65	\$ 86.65	
93351	TC	Stress tte complete	A	1	XXX							\$ -	\$ 133.98	
93352		Admin ecg contrast agent	A	0	ZZZ							\$ -	\$ 31.32	
93451		Right heart cath	A	1	000	Y						\$ -	\$ 745.42	
93451	26	Right heart cath	A	1	000	Y						\$ 188.27	\$ 188.27	
93451	TC	Right heart cath	A	1	000							\$ -	\$ 557.15	
93452		Left hrt cath w/ventrclgrphy	A	1	000	Y						\$ -	\$ 864.08	
93452	26	Left hrt cath w/ventrclgrphy	A	1	000	Y						\$ 331.64	\$ 331.64	
93452	TC	Left hrt cath w/ventrclgrphy	A	1	000							\$ -	\$ 532.09	
93453		R&I hrt cath w/ventriclgrphy	A	1	000	Y						\$ -	\$ 1,129.61	
93453	26	R&I hrt cath w/ventriclgrphy	A	1	000	Y						\$ 432.91	\$ 432.91	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
93453	TC	R&I hrt cath w/ventriclgrphy	A	1	000							\$ -	\$ 696.70	
93454		Coronary artery angio s&i	A	1	000	Y						\$ -	\$ 887.05	
93454	26	Coronary artery angio s&i	A	1	000	Y						\$ 333.38	\$ 333.38	
93454	TC	Coronary artery angio s&i	A	1	000							\$ -	\$ 553.67	
93455		Coronary art/grft angio s&i	A	1	000	Y						\$ -	\$ 1,033.56	
93455	26	Coronary art/grft angio s&i	A	1	000	Y						\$ 383.84	\$ 383.84	
93455	TC	Coronary art/grft angio s&i	A	1	000							\$ -	\$ 649.72	
93456		R hrt coronary artery angio	A	1	000	Y						\$ -	\$ 1,111.16	
93456	26	R hrt coronary artery angio	A	1	000	Y						\$ 424.56	\$ 424.56	
93456	TC	R hrt coronary artery angio	A	1	000							\$ -	\$ 686.60	
93457		R hrt art/grft angio	A	1	000	Y						\$ -	\$ 1,258.02	
93457	26	R hrt art/grft angio	A	1	000	Y						\$ 476.76	\$ 476.76	
93457	TC	R hrt art/grft angio	A	1	000							\$ -	\$ 781.61	
93458		L hrt artery/ventricle angio	A	1	000	Y						\$ -	\$ 1,072.19	
93458	26	L hrt artery/ventricle angio	A	1	000	Y						\$ 406.81	\$ 406.81	
93458	TC	L hrt artery/ventricle angio	A	1	000							\$ -	\$ 665.72	
93459		L hrt art/grft angio	A	1	000	Y						\$ -	\$ 1,184.94	
93459	26	L hrt art/grft angio	A	1	000	Y						\$ 455.88	\$ 455.88	
93459	TC	L hrt art/grft angio	A	1	000							\$ -	\$ 728.71	
93460		R&I hrt art/ventricle angio	A	1	000	Y						\$ -	\$ 1,272.98	
93460	26	R&I hrt art/ventricle angio	A	1	000	Y						\$ 507.38	\$ 507.38	
93460	TC	R&I hrt art/ventricle angio	A	1	000							\$ -	\$ 765.60	
93461		R&I hrt art/ventricle angio	A	1	000	Y						\$ -	\$ 1,454.29	
93461	26	R&I hrt art/ventricle angio	A	1	000	Y						\$ 561.32	\$ 561.32	
93461	TC	R&I hrt art/ventricle angio	A	1	000							\$ -	\$ 892.97	
93462		L hrt cath trnsptl puncture	A	0	ZZZ							\$ 257.52	\$ 257.52	
93463		Drug admin & hemodynamic meas	A	0	ZZZ							\$ 133.28	\$ 133.28	
93464		Exercise w/hemodynamic meas	A	1	ZZZ							\$ -	\$ 265.52	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
93464	26	Exercise w/hemodynamic meas	A	1	ZZZ							\$ 117.97	\$ 117.97	
93464	TC	Exercise w/hemodynamic meas	A	1	ZZZ							\$ -	\$ 147.55	
93503		Insert/place heart catheter	A	0	000							\$ 150.68	\$ -	
93505		Biopsy of heart lining	A	1	000	Y						\$ -	\$ 779.87	
93505	26	Biopsy of heart lining	A	1	000	Y						\$ 295.80	\$ 295.80	
93505	TC	Biopsy of heart lining	A	1	000							\$ -	\$ 484.07	
93530		Rt heart cath congenital	C	1	000	Y						\$ -	\$ -	
93530	26	Rt heart cath congenital	A	1	000	Y						\$ 297.89	\$ 297.89	
93530	TC	Rt heart cath congenital	C	1	000							\$ -	\$ -	
93531		R & l heart cath congenital	C	1	000	Y						\$ -	\$ -	
93531	26	R & l heart cath congenital	A	1	000	Y						\$ 589.16	\$ 589.16	
93531	TC	R & l heart cath congenital	C	1	000							\$ -	\$ -	
93532		R & l heart cath congenital	C	1	000	Y						\$ -	\$ -	
93532	26	R & l heart cath congenital	A	1	000	Y						\$ 704.00	\$ 704.00	
93532	TC	R & l heart cath congenital	C	1	000							\$ -	\$ -	
93533		R & l heart cath congenital	C	1	000	Y						\$ -	\$ -	
93533	26	R & l heart cath congenital	A	1	000	Y						\$ 472.93	\$ 472.93	
93533	TC	R & l heart cath congenital	C	1	000							\$ -	\$ -	
93561		Cardiac output measurement	C	1	000							\$ -	\$ -	
93561	26	Cardiac output measurement	A	1	000							\$ 26.80	\$ 26.80	
93561	TC	Cardiac output measurement	C	1	000							\$ -	\$ -	
93562		Card output measure subsq	C	1	000							\$ -	\$ -	
93562	26	Card output measure subsq	A	1	000							\$ 8.00	\$ 8.00	
93562	TC	Card output measure subsq	C	1	000							\$ -	\$ -	
93563		Injct congenital card cath	A	0	ZZZ							\$ 60.55	\$ 60.55	
93564		Injct hrt congntl art/grft	A	0	ZZZ							\$ 62.64	\$ 62.64	
93565		Injct l ventr/atrial angio	A	0	ZZZ							\$ 47.33	\$ 47.33	
93566		Injct r ventr/atrial angio	A	0	ZZZ							\$ 46.98	\$ 163.21	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
93567		Inject suprlv aortography	A	0	ZZZ							\$ 52.20	\$ 134.33	
93568		Inject pulm art hrt cath	A	0	ZZZ							\$ 48.37	\$ 148.94	
93571		Heart flow reserve measure	C	1	ZZZ							\$ -	\$ -	
93571	26	Heart flow reserve measure	A	1	ZZZ							\$ 95.35	\$ 95.35	
93571	TC	Heart flow reserve measure	C	1	ZZZ							\$ -	\$ -	
93572		Heart flow reserve measure	C	1	ZZZ							\$ -	\$ -	
93572	26	Heart flow reserve measure	A	1	ZZZ							\$ 78.30	\$ 78.30	
93572	TC	Heart flow reserve measure	C	1	ZZZ							\$ -	\$ -	
93580		Transcath closure of asd	A	0	000	Y						\$ 1,285.16	\$ -	
93581		Transcath closure of vsd	A	0	000	Y						\$ 1,727.47	\$ -	
93600		Bundle of His recording	C	1	000							\$ -	\$ -	
93600	26	Bundle of His recording	A	1	000							\$ 148.60	\$ 148.60	
93600	TC	Bundle of His recording	C	1	000							\$ -	\$ -	
93602		Intra-atrial recording	C	1	000							\$ -	\$ -	
93602	26	Intra-atrial recording	A	1	000							\$ 148.60	\$ 148.60	
93602	TC	Intra-atrial recording	C	1	000							\$ -	\$ -	
93603		Right ventricular recording	C	1	000							\$ -	\$ -	
93603	26	Right ventricular recording	A	1	000							\$ 148.60	\$ 148.60	
93603	TC	Right ventricular recording	C	1	000							\$ -	\$ -	
93609		Map tachycardia add-on	C	1	ZZZ							\$ -	\$ -	
93609	26	Map tachycardia add-on	A	1	ZZZ							\$ 354.26	\$ 354.26	
93609	TC	Map tachycardia add-on	C	1	ZZZ							\$ -	\$ -	
93610		Intra-atrial pacing	C	1	000							\$ -	\$ -	
93610	26	Intra-atrial pacing	A	1	000							\$ 212.63	\$ 212.63	
93610	TC	Intra-atrial pacing	C	1	000							\$ -	\$ -	
93612		Intraventricular pacing	C	1	000							\$ -	\$ -	
93612	26	Intraventricular pacing	A	1	000							\$ 211.93	\$ 211.93	
93612	TC	Intraventricular pacing	C	1	000							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
93613		Electrophys map 3d add-on	A	0	ZZZ							\$ 495.55	\$ -	
93615		Esophageal recording	C	1	000							\$ -	\$ -	
93615	26	Esophageal recording	A	1	000							\$ 50.81	\$ 50.81	
93615	TC	Esophageal recording	C	1	000							\$ -	\$ -	
93616		Esophageal recording	C	1	000							\$ -	\$ -	
93616	26	Esophageal recording	A	1	000							\$ 73.08	\$ 73.08	
93616	TC	Esophageal recording	C	1	000							\$ -	\$ -	
93618		Heart rhythm pacing	C	1	000							\$ -	\$ -	
93618	26	Heart rhythm pacing	A	1	000							\$ 299.98	\$ 299.98	
93618	TC	Heart rhythm pacing	C	1	000							\$ -	\$ -	
93619		Electrophysiology evaluation	C	1	000	Y						\$ -	\$ -	
93619	26	Electrophysiology evaluation	A	1	000	Y						\$ 519.56	\$ 519.56	
93619	TC	Electrophysiology evaluation	C	1	000							\$ -	\$ -	
93620		Electrophysiology evaluation	C	1	000	Y						\$ -	\$ -	
93620	26	Electrophysiology evaluation	A	1	000	Y						\$ 821.28	\$ 821.28	
93620	TC	Electrophysiology evaluation	C	1	000							\$ -	\$ -	
93621		Electrophysiology evaluation	C	1	ZZZ							\$ -	\$ -	
93621	26	Electrophysiology evaluation	A	1	ZZZ							\$ 147.90	\$ 147.90	
93621	TC	Electrophysiology evaluation	C	1	ZZZ							\$ -	\$ -	
93622		Electrophysiology evaluation	C	1	ZZZ							\$ -	\$ -	
93622	26	Electrophysiology evaluation	A	1	ZZZ							\$ 218.89	\$ 218.89	
93622	TC	Electrophysiology evaluation	C	1	ZZZ							\$ -	\$ -	
93623		Stimulation pacing heart	C	1	ZZZ							\$ -	\$ -	
93623	26	Stimulation pacing heart	A	1	ZZZ							\$ 203.23	\$ 203.23	
93623	TC	Stimulation pacing heart	C	1	ZZZ							\$ -	\$ -	
93624		Electrophysiologic study	C	1	000	Y						\$ -	\$ -	
93624	26	Electrophysiologic study	A	1	000	Y						\$ -	\$ 341.39	
93624	TC	Electrophysiologic study	C	1	000							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
93631		Heart pacing mapping	C	1	000							\$ -	\$ -	
93631	26	Heart pacing mapping	A	1	000							\$ 543.23	\$ 543.23	
93631	TC	Heart pacing mapping	C	1	000							\$ -	\$ -	
93640		Evaluation heart device	C	1	000	Y						\$ -	\$ -	
93640	26	Evaluation heart device	A	1	000	Y						\$ 248.47	\$ 248.47	
93640	TC	Evaluation heart device	C	1	000							\$ -	\$ -	
93641		Electrophysiology evaluation	C	1	000	Y						\$ -	\$ -	
93641	26	Electrophysiology evaluation	A	1	000	Y						\$ 420.04	\$ 420.04	
93641	TC	Electrophysiology evaluation	C	1	000							\$ -	\$ -	
93642		Electrophysiology evaluation	A	1	000	Y						\$ -	\$ 381.41	
93642	26	Electrophysiology evaluation	A	1	000	Y						\$ 244.99	\$ 244.99	
93642	TC	Electrophysiology evaluation	A	1	000							\$ -	\$ 136.42	
93650		Ablate heart dysrhythm focus	A	0	000	Y						\$ 750.98	\$ -	
93651		Ablate heart dysrhythm focus	A	0	000	Y						\$ 1,151.53	\$ -	
93652		Ablate heart dysrhythm focus	A	0	000	Y						\$ 1,253.15	\$ -	
93660		Tilt table evaluation	A	1	000	Y						\$ -	\$ 149.64	
93660	26	Tilt table evaluation	A	1	000	Y						\$ 94.66	\$ 94.66	
93660	TC	Tilt table evaluation	A	1	000							\$ -	\$ 54.64	
93662		Intracardiac ecg (ice)	C	1	ZZZ							\$ -	\$ -	
93662	26	Intracardiac ecg (ice)	A	1	ZZZ							\$ 151.38	\$ 151.38	
93662	TC	Intracardiac ecg (ice)	C	1	ZZZ							\$ -	\$ -	
93668		Peripheral vascular rehab	N	9	XXX							\$ -	\$ 17.05	
93701		Bioimpedance cv analysis	A	3	XXX							\$ -	\$ 22.62	
93724		Analyze pacemaker system	A	1	000							\$ -	\$ 276.66	
93724	26	Analyze pacemaker system	A	1	000							\$ 244.30	\$ 244.30	
93724	TC	Analyze pacemaker system	A	1	000							\$ -	\$ 32.36	
93740		Temperature gradient studies	B	9	XXX							\$ 11.14	\$ 11.14	
93745		Set-up cardiovert-defibrill	C	1	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
93745	26	Set-up cardiovert-defibrill	C	1	XXX							\$ -	\$ -	
93745	TC	Set-up cardiovert-defibrill	C	1	XXX							\$ -	\$ -	
93750		Interrogation vad in person	A	0	XXX							\$ 46.28	\$ 53.59	
93770		Measure venous pressure	B	9	XXX							\$ 10.79	\$ 10.79	
93784		Ambulatory BP monitoring	A	4	XXX							\$ -	\$ 54.29	
93786		Ambulatory BP recording	A	3	XXX							\$ -	\$ 27.49	
93788		Ambulatory BP analysis	A	3	XXX							\$ -	\$ 8.35	
93790		Review/report BP recording	A	2	XXX							\$ 18.44	\$ 18.44	
93797		Cardiac rehab	A	0	000							\$ 9.40	\$ 16.01	
93798		Cardiac rehab/monitor	A	0	000							\$ 13.92	\$ 23.66	
93799		Cardiovascular procedure	C	1	XXX							\$ -	\$ -	
93799	26	Cardiovascular procedure	C	1	XXX							\$ -	\$ -	
93799	TC	Cardiovascular procedure	C	1	XXX							\$ -	\$ -	
93880		Extracranial study	A	1	XXX							\$ 227.59	\$ 220.63	
93880	26	Extracranial study	A	1	XXX							\$ 31.32	\$ 31.32	
93880	TC	Extracranial study	A	1	XXX							\$ 196.27	\$ 189.31	
93882		Extracranial study	A	1	XXX							\$ -	\$ 158.34	
93882	26	Extracranial study	A	1	XXX							\$ 23.32	\$ 23.32	
93882	TC	Extracranial study	A	1	XXX							\$ -	\$ 135.02	
93886		Intracranial study	A	1	XXX							\$ 245.34	\$ 245.34	
93886	26	Intracranial study	A	1	XXX							\$ 46.98	\$ 46.98	
93886	TC	Intracranial study	A	1	XXX							\$ 196.62	\$ 196.62	
93888		Intracranial study	A	1	XXX							\$ 114.14	\$ 114.14	
93888	26	Intracranial study	A	1	XXX							\$ 32.71	\$ 32.71	
93888	TC	Intracranial study	A	1	XXX							\$ 81.43	\$ 81.43	
93890		Tcd vasoreactivity study	A	1	XXX							\$ 176.78	\$ 176.78	
93890	26	Tcd vasoreactivity study	A	1	XXX							\$ 49.76	\$ 49.76	
93890	TC	Tcd vasoreactivity study	A	1	XXX							\$ 124.93	\$ 124.93	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
93892		Tcd emboli detect w/o inj	A	1	XXX							\$ 184.44	\$ 184.44	
93892	26	Tcd emboli detect w/o inj	A	1	XXX							\$ 57.42	\$ 57.42	
93892	TC	Tcd emboli detect w/o inj	A	1	XXX							\$ 124.58	\$ 124.58	
93893		Tcd emboli detect w/inj	A	1	XXX							\$ 184.79	\$ 184.79	
93893	26	Tcd emboli detect w/inj	A	1	XXX							\$ 57.77	\$ 57.77	
93893	TC	Tcd emboli detect w/inj	A	1	XXX							\$ 124.58	\$ 124.58	
93922		Upr/l xtremity art 2 levels	A	1	XXX							\$ -	\$ 91.18	
93922	26	Upr/l xtremity art 2 levels	A	1	XXX							\$ 12.18	\$ 12.18	
93922	TC	Upr/l xtremity art 2 levels	A	1	XXX							\$ -	\$ 79.00	
93923		Upr/lxtr art stdy 3+ lvs	A	1	XXX							\$ -	\$ 143.03	
93923	26	Upr/lxtr art stdy 3+ lvs	A	1	XXX							\$ 24.36	\$ 24.36	
93923	TC	Upr/lxtr art stdy 3+ lvs	A	1	XXX							\$ -	\$ 118.67	
93924		Lwr xtr vasc stdy bilat	A	1	XXX							\$ -	\$ 178.87	
93924	26	Lwr xtr vasc stdy bilat	A	1	XXX							\$ 26.80	\$ 26.80	
93924	TC	Lwr xtr vasc stdy bilat	A	1	XXX							\$ -	\$ 151.73	
93925		Lower extremity study	A	1	XXX							\$ 226.55	\$ 226.55	
93925	26	Lower extremity study	A	1	XXX							\$ 30.28	\$ 30.28	
93925	TC	Lower extremity study	A	1	XXX							\$ 196.27	\$ 196.27	
93926		Lower extremity study	A	1	XXX							\$ 145.81	\$ 145.81	
93926	26	Lower extremity study	A	1	XXX							\$ 22.62	\$ 22.62	
93926	TC	Lower extremity study	A	1	XXX							\$ 124.58	\$ 124.58	
93930		Upper extremity study	A	1	XXX							\$ 220.63	\$ 220.63	
93930	26	Upper extremity study	A	1	XXX							\$ 25.06	\$ 25.06	
93930	TC	Upper extremity study	A	1	XXX							\$ 196.27	\$ 196.27	
93931		Upper extremity study	A	1	XXX							\$ 141.29	\$ 141.29	
93931	26	Upper extremity study	A	1	XXX							\$ 17.05	\$ 17.05	
93931	TC	Upper extremity study	A	1	XXX							\$ 124.58	\$ 124.58	
93965		Extremity study	A	1	XXX							\$ -	\$ 112.75	

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HCPCS	MOD	DESCRIPTION	STATUS CODE	PCTC IND	GLOB DAYS	MULT PROC	BILAT SURG	ASST SURG	CO- SURG	TEAM SURG	ENDO BASE	CY 2012	CY 2012	CY2012
												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
93965	26	Extremity study	A	1	XXX							\$ 18.79	\$ 18.79	
93965	TC	Extremity study	A	1	XXX							\$ -	\$ 93.96	
93970		Extremity study	A	1	XXX							\$ 232.46	\$ 231.07	
93970	26	Extremity study	A	1	XXX							\$ 37.93	\$ 37.93	
93970	TC	Extremity study	A	1	XXX							\$ 196.27	\$ 193.49	
93971		Extremity study	A	1	XXX							\$ 148.60	\$ 137.81	
93971	26	Extremity study	A	1	XXX							\$ 24.36	\$ 24.36	
93971	TC	Extremity study	A	1	XXX							\$ 124.58	\$ 113.45	
93975		Vascular study	A	1	XXX							\$ 291.28	\$ 291.28	
93975	26	Vascular study	A	1	XXX							\$ 95.70	\$ 95.70	
93975	TC	Vascular study	A	1	XXX							\$ 196.27	\$ 196.27	
93976		Vascular study	A	1	XXX							\$ -	\$ 198.01	
93976	26	Vascular study	A	1	XXX							\$ 62.64	\$ 62.64	
93976	TC	Vascular study	A	1	XXX							\$ -	\$ 135.37	
93978		Vascular study	A	1	XXX							\$ 231.07	\$ 216.46	
93978	26	Vascular study	A	1	XXX							\$ 36.54	\$ 36.54	
93978	TC	Vascular study	A	1	XXX							\$ 196.27	\$ 180.26	
93979		Vascular study	A	1	XXX							\$ 148.25	\$ 148.25	
93979	26	Vascular study	A	1	XXX							\$ 24.01	\$ 24.01	
93979	TC	Vascular study	A	1	XXX							\$ 124.58	\$ 124.58	
93980		Penile vascular study	A	1	XXX							\$ -	\$ 159.73	
93980	26	Penile vascular study	A	1	XXX							\$ 64.03	\$ 64.03	
93980	TC	Penile vascular study	A	1	XXX							\$ -	\$ 95.70	
93981		Penile vascular study	A	1	XXX							\$ -	\$ 105.10	
93981	26	Penile vascular study	A	1	XXX							\$ 22.97	\$ 22.97	
93981	TC	Penile vascular study	A	1	XXX							\$ -	\$ 81.78	
93982		Aneurysm pressure sens study	R	0	XXX							\$ -	\$ 42.46	
93990		Doppler flow testing	A	1	XXX							\$ 138.50	\$ 138.50	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
93990	26	Doppler flow testing	A	1	XXX							\$ 15.31	\$ 15.31	
93990	TC	Doppler flow testing	A	1	XXX							\$ 124.58	\$ 124.58	
93998		Noninvas vasc dx study proc	C	0	XXX					Y		\$ -	\$ -	
94002		Vent mgmt inpat init day	A	0	XXX							\$ 100.57	\$ -	
94003		Vent mgmt inpat subq day	A	0	XXX							\$ 70.64	\$ -	
94004		Vent mgmt nf per day	A	0	XXX							\$ 51.50	\$ -	
94005		Home vent mgmt supervision	B	9	XXX							\$ -	\$ 92.92	
94010		Breathing capacity test	A	1	XXX							\$ -	\$ 33.06	
94010	26	Breathing capacity test	A	1	XXX							\$ 8.70	\$ 8.70	
94010	TC	Breathing capacity test	A	1	XXX							\$ -	\$ 24.36	
94011		Spirometry up to 2 yrs old	A	0	XXX							\$ 106.49	\$ -	
94012		Spirntry w/brnchdil inf-2 yr	A	0	XXX							\$ 169.13	\$ -	
94013		Meas lung vol thru 2 yrs	A	0	XXX							\$ 34.45	\$ -	
94014		Patient recorded spirometry	A	4	XXX							\$ -	\$ 44.20	
94015		Patient recorded spirometry	A	3	XXX							\$ -	\$ 20.88	
94016		Review patient spirometry	A	2	XXX							\$ 23.32	\$ 23.32	
94060		Evaluation of wheezing	A	1	XXX							\$ -	\$ 54.64	
94060	26	Evaluation of wheezing	A	1	XXX							\$ 12.88	\$ 12.88	
94060	TC	Evaluation of wheezing	A	1	XXX							\$ -	\$ 41.76	
94070		Evaluation of wheezing	A	1	XXX							\$ -	\$ 57.77	
94070	26	Evaluation of wheezing	A	1	XXX							\$ 29.58	\$ 29.58	
94070	TC	Evaluation of wheezing	A	1	XXX							\$ -	\$ 28.19	
94150		Vital capacity test	B	1	XXX							\$ -	\$ 23.32	
94150	26	Vital capacity test	B	1	XXX							\$ 4.52	\$ 4.52	
94150	TC	Vital capacity test	B	1	XXX							\$ -	\$ 19.14	
94200		Lung function test (MBC/MVV)	A	1	XXX							\$ -	\$ 23.66	
94200	26	Lung function test (MBC/MVV)	A	1	XXX							\$ 5.92	\$ 5.92	
94200	TC	Lung function test (MBC/MVV)	A	1	XXX							\$ -	\$ 17.75	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
94250		Expired gas collection	A	1	XXX							\$ -	\$ 24.71	
94250	26	Expired gas collection	A	1	XXX							\$ 5.92	\$ 5.92	
94250	TC	Expired gas collection	A	1	XXX							\$ -	\$ 18.79	
94375		Respiratory flow volume loop	A	1	XXX							\$ -	\$ 36.19	
94375	26	Respiratory flow volume loop	A	1	XXX							\$ 14.62	\$ 14.62	
94375	TC	Respiratory flow volume loop	A	1	XXX							\$ -	\$ 21.58	
94400		CO2 breathing response curve	A	1	XXX							\$ -	\$ 51.85	
94400	26	CO2 breathing response curve	A	1	XXX							\$ 18.44	\$ 18.44	
94400	TC	CO2 breathing response curve	A	1	XXX							\$ -	\$ 33.06	
94450		Hypoxia response curve	A	1	XXX							\$ -	\$ 57.77	
94450	26	Hypoxia response curve	A	1	XXX							\$ 18.79	\$ 18.79	
94450	TC	Hypoxia response curve	A	1	XXX							\$ -	\$ 38.98	
94452		Hast w/report	A	1	XXX							\$ -	\$ 52.55	
94452	26	Hast w/report	A	1	XXX							\$ 14.27	\$ 14.27	
94452	TC	Hast w/report	A	1	XXX							\$ -	\$ 37.93	
94453		Hast w/oxygen titrate	A	1	XXX							\$ -	\$ 70.64	
94453	26	Hast w/oxygen titrate	A	1	XXX							\$ 18.44	\$ 18.44	
94453	TC	Hast w/oxygen titrate	A	1	XXX							\$ -	\$ 52.55	
94610		Surfactant admin thru tube	A	0	XXX							\$ 61.94	\$ 61.94	
94620		Pulmonary stress test/simple	A	1	XXX							\$ -	\$ 57.07	
94620	26	Pulmonary stress test/simple	A	1	XXX							\$ 31.32	\$ 31.32	
94620	TC	Pulmonary stress test/simple	A	1	XXX							\$ -	\$ 26.10	
94621		Pulm stress test/complex	A	1	XXX							\$ -	\$ 150.34	
94621	26	Pulm stress test/complex	A	1	XXX							\$ 68.56	\$ 68.56	
94621	TC	Pulm stress test/complex	A	1	XXX							\$ -	\$ 81.78	
94640		Airway inhalation treatment	A	5	XXX							\$ -	\$ 16.01	
94642		Aerosol inhalation treatment	C	5	XXX							\$ -	\$ -	
94644		Cbt 1st hour	A	5	XXX							\$ -	\$ 37.58	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
94645		Cbt each addl hour	A	5	XXX							\$ -	\$ 12.88	
94660		Pos airway pressure cpap	A	0	XXX							\$ 39.32	\$ 59.51	
94662		Neg press ventilation cnp	A	0	XXX							\$ 38.28	\$ -	
94664		Evaluate pt use of inhaler	A	5	XXX							\$ -	\$ 15.31	
94667		Chest wall manipulation	A	5	XXX							\$ -	\$ 21.23	
94668		Chest wall manipulation	A	5	XXX							\$ -	\$ 20.88	
94680		Exhaled air analysis o2	A	1	XXX							\$ -	\$ 53.24	
94680	26	Exhaled air analysis o2	A	1	XXX							\$ 12.88	\$ 12.88	
94680	TC	Exhaled air analysis o2	A	1	XXX							\$ -	\$ 40.72	
94681		Exhaled air analysis o2/co2	A	1	XXX							\$ -	\$ 48.37	
94681	26	Exhaled air analysis o2/co2	A	1	XXX							\$ 9.74	\$ 9.74	
94681	TC	Exhaled air analysis o2/co2	A	1	XXX							\$ -	\$ 38.63	
94690		Exhaled air analysis	A	1	XXX							\$ -	\$ 46.28	
94690	26	Exhaled air analysis	A	1	XXX							\$ 4.52	\$ 4.52	
94690	TC	Exhaled air analysis	A	1	XXX							\$ -	\$ 41.76	
94726		Pulm funct tst plethysmograp	A	1	XXX							\$ -	\$ 49.42	
94726	26	Pulm funct tst plethysmograp	A	1	XXX							\$ 12.53	\$ 12.53	
94726	TC	Pulm funct tst plethysmograp	A	1	XXX							\$ -	\$ 36.89	
94727		Pulm function test by gas	A	1	XXX							\$ -	\$ 38.63	
94727	26	Pulm function test by gas	A	1	XXX							\$ 12.53	\$ 12.53	
94727	TC	Pulm function test by gas	A	1	XXX							\$ -	\$ 26.10	
94728		Pulm funct test oscillometry	A	1	XXX							\$ -	\$ 38.63	
94728	26	Pulm funct test oscillometry	A	1	XXX							\$ 12.53	\$ 12.53	
94728	TC	Pulm funct test oscillometry	A	1	XXX							\$ -	\$ 26.10	
94729		C02/membrane diffuse capacity	A	1	ZZZ							\$ -	\$ 47.68	
94729	26	C02/membrane diffuse capacity	A	1	ZZZ							\$ 8.70	\$ 8.70	
94729	TC	C02/membrane diffuse capacity	A	1	ZZZ							\$ -	\$ 39.32	
94750		Pulmonary compliance study	A	1	XXX							\$ -	\$ 70.64	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
94750	26	Pulmonary compliance study	A	1	XXX							\$ 11.14	\$ 11.14	
94750	TC	Pulmonary compliance study	A	1	XXX							\$ -	\$ 59.51	
94760		Measure blood oxygen level	B	3	XXX							\$ -	\$ 3.48	
94761		Measure blood oxygen level	B	3	XXX							\$ -	\$ 4.87	
94762		Measure blood oxygen level	A	3	XXX							\$ -	\$ 13.92	
94770		Exhaled carbon dioxide test	A	0	XXX							\$ 16.70	\$ 16.70	
94772		Breath recording infant	C	1	XXX							\$ -	\$ -	
94772	26	Breath recording infant	C	1	XXX							\$ -	\$ -	
94772	TC	Breath recording infant	C	1	XXX							\$ -	\$ -	
94774		Ped home apnea rec compl	C	4	YYY							\$ -	\$ -	
94775		Ped home apnea rec hk-up	C	3	YYY							\$ -	\$ -	
94776		Ped home apnea rec downld	C	3	YYY							\$ -	\$ -	
94777		Ped home apnea rec report	C	2	YYY							\$ -	\$ -	
94780		Car seat/bed test 60 min	A	0	XXX							\$ 24.71	\$ 47.68	
94781		Car seat/bed test + 30 min	A	0	ZZZ							\$ 8.70	\$ 18.44	
94799		Pulmonary service/procedure	C	1	XXX							\$ -	\$ -	
94799	26	Pulmonary service/procedure	C	1	XXX							\$ -	\$ -	
94799	TC	Pulmonary service/procedure	C	1	XXX							\$ -	\$ -	
95004		Percut allergy skin tests	A	0	XXX							\$ -	\$ 6.26	
95010		Percut allergy titrate test	A	0	XXX							\$ 5.92	\$ 11.83	
95012		Exhaled nitric oxide meas	A	5	XXX							\$ -	\$ 18.10	
95015		Id allergy titrate-drug/bug	A	0	XXX							\$ 3.83	\$ 7.31	
95024		Id allergy test drug/bug	A	0	XXX							\$ 1.74	\$ 7.66	
95027		Id allergy titrate-airborne	A	0	XXX							\$ -	\$ 5.22	
95028		Id allergy test-delayed type	A	3	XXX							\$ -	\$ 12.53	
95044		Allergy patch tests	A	5	XXX							\$ -	\$ 5.92	
95052		Photo patch test	A	5	XXX							\$ -	\$ 6.61	
95056		Photosensitivity tests	A	5	XXX							\$ -	\$ 37.93	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
95060		Eye allergy tests	A	3	XXX							\$ 27.84	\$ 27.84	
95065		Nose allergy test	A	3	XXX							\$ 22.27	\$ 22.27	
95070		Bronchial allergy tests	A	3	XXX							\$ -	\$ 29.93	
95071		Bronchial allergy tests	A	3	XXX							\$ -	\$ 58.46	
95075		Ingestion challenge test	A	0	XXX							\$ 46.98	\$ 61.25	
95115		Immunotherapy one injection	A	5	XXX							\$ -	\$ 9.40	
95117		Immunotherapy injections	A	5	XXX							\$ -	\$ 10.79	
95120		Immunotherapy one injection	N	9	XXX							\$ -	\$ -	
95125		Immunotherapy many antigens	N	9	XXX							\$ -	\$ -	
95130		Immunotherapy insect venom	N	9	XXX							\$ -	\$ -	
95131		Immunotherapy insect venoms	N	9	XXX							\$ -	\$ -	
95132		Immunotherapy insect venoms	N	9	XXX							\$ -	\$ -	
95133		Immunotherapy insect venoms	N	9	XXX							\$ -	\$ -	
95134		Immunotherapy insect venoms	N	9	XXX							\$ -	\$ -	
95144		Antigen therapy services	A	0	XXX							\$ 3.83	\$ 11.83	
95145		Antigen therapy services	A	0	XXX							\$ 3.83	\$ 18.44	
95146		Antigen therapy services	A	0	XXX							\$ 3.83	\$ 31.67	
95147		Antigen therapy services	A	0	XXX							\$ 3.83	\$ 29.23	
95148		Antigen therapy services	A	0	XXX							\$ 3.83	\$ 42.80	
95149		Antigen therapy services	A	0	XXX							\$ 3.83	\$ 56.72	
95165		Antigen therapy services	A	0	XXX							\$ 4.18	\$ 12.18	
95170		Antigen therapy services	A	0	XXX							\$ 3.83	\$ 9.05	
95180		Rapid desensitization	A	0	XXX							\$ 101.62	\$ 130.50	
95199		Allergy immunology services	C	0	XXX							\$ -	\$ -	
95250		Glucose monitoring cont	A	3	XXX							\$ -	\$ 134.68	
95251		Gluc monitor cont phys i&r	A	2	XXX							\$ 42.80	\$ 42.80	
95800		Slp stdy unattended	A	1	XXX							\$ -	\$ 145.46	
95800	26	Slp stdy unattended	A	1	XXX							\$ 51.16	\$ 51.16	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
95800	TC	Slp stdy unattended	A	1	XXX							\$ -	\$ 94.66	
95801		Slp stdy unatnd w/anal	A	1	XXX							\$ -	\$ 82.13	
95801	26	Slp stdy unatnd w/anal	A	1	XXX							\$ 48.72	\$ 48.72	
95801	TC	Slp stdy unatnd w/anal	A	1	XXX							\$ -	\$ 33.41	
95803		Actigraphy testing	A	1	XXX							\$ -	\$ 148.60	
95803	26	Actigraphy testing	A	1	XXX							\$ 44.89	\$ 44.89	
95803	TC	Actigraphy testing	A	1	XXX							\$ -	\$ 103.70	
95805		Multiple sleep latency test	A	1	XXX							\$ -	\$ 366.10	
95805	26	Multiple sleep latency test	A	1	XXX							\$ 59.16	\$ 59.16	
95805	TC	Multiple sleep latency test	A	1	XXX							\$ -	\$ 306.94	
95806		Sleep study unatt&resp efft	A	1	XXX							\$ -	\$ 168.43	
95806	26	Sleep study unatt&resp efft	A	1	XXX							\$ 62.64	\$ 62.64	
95806	TC	Sleep study unatt&resp efft	A	1	XXX							\$ -	\$ 105.79	
95807		Sleep study attended	A	1	XXX							\$ -	\$ 440.92	
95807	26	Sleep study attended	A	1	XXX							\$ 62.64	\$ 62.64	
95807	TC	Sleep study attended	A	1	XXX							\$ -	\$ 377.93	
95808		Polysomnography 1-3	A	1	XXX							\$ -	\$ 591.25	
95808	26	Polysomnography 1-3	A	1	XXX							\$ 88.04	\$ 88.04	
95808	TC	Polysomnography 1-3	A	1	XXX							\$ -	\$ 503.56	
95810		Polysomnography 4 or more	A	1	XXX							\$ -	\$ 590.90	
95810	26	Polysomnography 4 or more	A	1	XXX							\$ 123.19	\$ 123.19	
95810	TC	Polysomnography 4 or more	A	1	XXX							\$ -	\$ 467.71	
95811		Polysomnography w/cpap	A	1	XXX							\$ -	\$ 630.23	
95811	26	Polysomnography w/cpap	A	1	XXX							\$ 129.11	\$ 129.11	
95811	TC	Polysomnography w/cpap	A	1	XXX							\$ -	\$ 501.47	
95812		Eeg 41-60 minutes	A	1	XXX							\$ -	\$ 321.90	
95812	26	Eeg 41-60 minutes	A	1	XXX							\$ 54.29	\$ 54.29	
95812	TC	Eeg 41-60 minutes	A	1	XXX							\$ -	\$ 267.26	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
95813		Eeg over 1 hour	A	1	XXX							\$ -	\$ 377.58	
95813	26	Eeg over 1 hour	A	1	XXX							\$ 87.35	\$ 87.35	
95813	TC	Eeg over 1 hour	A	1	XXX							\$ -	\$ 290.23	
95816		Eeg awake and drowsy	A	1	XXX							\$ -	\$ 297.19	
95816	26	Eeg awake and drowsy	A	1	XXX							\$ 55.68	\$ 55.68	
95816	TC	Eeg awake and drowsy	A	1	XXX							\$ -	\$ 241.86	
95819		Eeg awake and asleep	A	1	XXX							\$ -	\$ 335.12	
95819	26	Eeg awake and asleep	A	1	XXX							\$ 54.29	\$ 54.29	
95819	TC	Eeg awake and asleep	A	1	XXX							\$ -	\$ 280.49	
95822		Eeg coma or sleep only	A	1	XXX							\$ -	\$ 306.59	
95822	26	Eeg coma or sleep only	A	1	XXX							\$ 54.29	\$ 54.29	
95822	TC	Eeg coma or sleep only	A	1	XXX							\$ -	\$ 252.30	
95824		Eeg cerebral death only	C	1	XXX							\$ -	\$ -	
95824	26	Eeg cerebral death only	A	1	XXX							\$ 39.67	\$ 39.67	
95824	TC	Eeg cerebral death only	C	1	XXX							\$ -	\$ -	
95827		Eeg all night recording	A	1	XXX							\$ -	\$ 584.64	
95827	26	Eeg all night recording	A	1	XXX							\$ 55.68	\$ 55.68	
95827	TC	Eeg all night recording	A	1	XXX							\$ -	\$ 528.96	
95829		Surgery electrocorticogram	A	1	XXX							\$ -	\$ 1,462.99	
95829	26	Surgery electrocorticogram	A	1	XXX							\$ 304.50	\$ 304.50	
95829	TC	Surgery electrocorticogram	A	1	XXX							\$ -	\$ 1,158.49	
95830		Insert electrodes for EEG	A	0	XXX							\$ 93.26	\$ 190.36	
95831		Limb muscle testing manual	A	0	XXX							\$ 16.36	\$ 27.84	
95832		Hand muscle testing manual	A	0	XXX							\$ 17.05	\$ 26.45	
95833		Body muscle testing manual	A	0	XXX							\$ 21.23	\$ 34.45	
95834		Body muscle testing manual	A	0	XXX							\$ 30.62	\$ 46.28	
95851		Range of motion measurements	A	0	XXX							\$ 8.00	\$ 17.05	
95852		Range of motion measurements	A	0	XXX							\$ 6.26	\$ 14.96	

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HCPCS	MOD	DESCRIPTION	STATUS CODE	PCTC IND	GLOB DAYS	MULT PROC	BILAT SURG	ASST SURG	CO- SURG	TEAM SURG	ENDO BASE	CY 2012	CY 2012	CY2012
												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
95857		Cholinesterase challenge	A	0	XXX							\$ 29.93	\$ 48.72	
95860		Muscle test one limb	A	1	XXX							\$ -	\$ 89.09	
95860	26	Muscle test one limb	A	1	XXX							\$ 48.72	\$ 48.72	
95860	TC	Muscle test one limb	A	1	XXX							\$ -	\$ 40.37	
95861		Muscle test 2 limbs	A	1	XXX							\$ -	\$ 130.50	
95861	26	Muscle test 2 limbs	A	1	XXX							\$ 78.30	\$ 78.30	
95861	TC	Muscle test 2 limbs	A	1	XXX							\$ -	\$ 52.55	
95863		Muscle test 3 limbs	A	1	XXX							\$ -	\$ 158.69	
95863	26	Muscle test 3 limbs	A	1	XXX							\$ 95.35	\$ 95.35	
95863	TC	Muscle test 3 limbs	A	1	XXX							\$ -	\$ 63.34	
95864		Muscle test 4 limbs	A	1	XXX							\$ -	\$ 170.87	
95864	26	Muscle test 4 limbs	A	1	XXX							\$ 100.92	\$ 100.92	
95864	TC	Muscle test 4 limbs	A	1	XXX							\$ -	\$ 69.95	
95865		Muscle test larynx	A	1	XXX							\$ -	\$ 116.93	
95865	26	Muscle test larynx	A	1	XXX							\$ 79.00	\$ 79.00	
95865	TC	Muscle test larynx	A	1	XXX							\$ -	\$ 37.93	
95866		Muscle test hemidiaphragm	A	1	XXX		Y					\$ -	\$ 105.44	
95866	26	Muscle test hemidiaphragm	A	1	XXX		Y					\$ 63.68	\$ 63.68	
95866	TC	Muscle test hemidiaphragm	A	1	XXX		Y					\$ -	\$ 41.41	
95867		Muscle test cran nerv unilat	A	1	XXX							\$ -	\$ 84.56	
95867	26	Muscle test cran nerv unilat	A	1	XXX							\$ 40.02	\$ 40.02	
95867	TC	Muscle test cran nerv unilat	A	1	XXX							\$ -	\$ 44.54	
95868		Muscle test cran nerve bilat	A	1	XXX							\$ -	\$ 113.45	
95868	26	Muscle test cran nerve bilat	A	1	XXX							\$ 59.16	\$ 59.16	
95868	TC	Muscle test cran nerve bilat	A	1	XXX							\$ -	\$ 54.29	
95869		Muscle test thor paraspinal	A	1	XXX							\$ -	\$ 61.25	
95869	26	Muscle test thor paraspinal	A	1	XXX							\$ 18.10	\$ 18.10	
95869	TC	Muscle test thor paraspinal	A	1	XXX							\$ -	\$ 42.80	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
95870		Muscle test nonparaspinal	A	1	XXX							\$ -	\$ 58.81	
95870	26	Muscle test nonparaspinal	A	1	XXX							\$ 18.44	\$ 18.44	
95870	TC	Muscle test nonparaspinal	A	1	XXX							\$ -	\$ 40.37	
95872		Muscle test one fiber	A	1	XXX							\$ -	\$ 180.61	
95872	26	Muscle test one fiber	A	1	XXX							\$ 144.77	\$ 144.77	
95872	TC	Muscle test one fiber	A	1	XXX							\$ -	\$ 36.19	
95873		Guide nerv destr elec stim	A	1	ZZZ							\$ -	\$ 59.86	
95873	26	Guide nerv destr elec stim	A	1	ZZZ							\$ 19.49	\$ 19.49	
95873	TC	Guide nerv destr elec stim	A	1	ZZZ							\$ -	\$ 40.72	
95874		Guide nerv destr needle emg	A	1	ZZZ							\$ -	\$ 57.07	
95874	26	Guide nerv destr needle emg	A	1	ZZZ							\$ 18.79	\$ 18.79	
95874	TC	Guide nerv destr needle emg	A	1	ZZZ							\$ -	\$ 38.28	
95875		Limb exercise test	A	1	XXX							\$ -	\$ 104.75	
95875	26	Limb exercise test	A	1	XXX							\$ 56.38	\$ 56.38	
95875	TC	Limb exercise test	A	1	XXX							\$ -	\$ 48.37	
95885		Musc tst done w/nerv tst lim	A	1	ZZZ							\$ -	\$ 50.46	
95885	26	Musc tst done w/nerv tst lim	A	1	ZZZ							\$ 17.40	\$ 17.40	
95885	TC	Musc tst done w/nerv tst lim	A	1	ZZZ							\$ -	\$ 33.06	
95886		Musc test done w/n test comp	A	1	ZZZ							\$ -	\$ 81.78	
95886	26	Musc test done w/n test comp	A	1	ZZZ							\$ 46.98	\$ 46.98	
95886	TC	Musc test done w/n test comp	A	1	ZZZ							\$ -	\$ 34.80	
95887		Musc tst done w/n tst nonext	A	1	ZZZ							\$ -	\$ 72.04	
95887	26	Musc tst done w/n tst nonext	A	1	ZZZ							\$ 36.54	\$ 36.54	
95887	TC	Musc tst done w/n tst nonext	A	1	ZZZ							\$ -	\$ 35.50	
95900		Motor nerve conduction test	A	1	XXX							\$ -	\$ 58.12	
95900	26	Motor nerve conduction test	A	1	XXX							\$ 20.88	\$ 20.88	
95900	TC	Motor nerve conduction test	A	1	XXX							\$ -	\$ 37.24	
95903		Motor nerve conduction test	A	1	XXX							\$ -	\$ 69.95	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
95903	26	Motor nerve conduction test	A	1	XXX							\$ 31.32	\$ 31.32	
95903	TC	Motor nerve conduction test	A	1	XXX							\$ -	\$ 38.63	
95904		Sense nerve conduction test	A	1	XXX							\$ -	\$ 51.50	
95904	26	Sense nerve conduction test	A	1	XXX							\$ 17.05	\$ 17.05	
95904	TC	Sense nerve conduction test	A	1	XXX							\$ -	\$ 34.45	
95905		Motor/sens nrve conduct test	A	1	XXX							\$ -	\$ 59.16	
95905	26	Motor/sens nrve conduct test	A	1	XXX							\$ 3.48	\$ 3.48	
95905	TC	Motor/sens nrve conduct test	A	1	XXX							\$ -	\$ 55.68	
95920		Intraop nerve test add-on	A	1	ZZZ							\$ -	\$ 158.69	
95920	26	Intraop nerve test add-on	A	1	ZZZ							\$ 107.18	\$ 107.18	
95920	TC	Intraop nerve test add-on	A	1	ZZZ							\$ -	\$ 51.50	
95921		Autonomic nerv function test	A	1	XXX							\$ -	\$ 79.00	
95921	26	Autonomic nerv function test	A	1	XXX							\$ 44.54	\$ 44.54	
95921	TC	Autonomic nerv function test	A	1	XXX							\$ -	\$ 34.45	
95922		Autonomic nerv function test	A	1	XXX							\$ -	\$ 97.44	
95922	26	Autonomic nerv function test	A	1	XXX							\$ 47.33	\$ 47.33	
95922	TC	Autonomic nerv function test	A	1	XXX							\$ -	\$ 49.76	
95923		Autonomic nerv function test	A	1	XXX							\$ -	\$ 142.33	
95923	26	Autonomic nerv function test	A	1	XXX							\$ 46.28	\$ 46.28	
95923	TC	Autonomic nerv function test	A	1	XXX							\$ -	\$ 96.05	
95925		Somatosensory testing	A	1	XXX							\$ -	\$ 145.12	
95925	26	Somatosensory testing	A	1	XXX							\$ 26.10	\$ 26.10	
95925	TC	Somatosensory testing	A	1	XXX							\$ -	\$ 119.02	
95926		Somatosensory testing	A	1	XXX							\$ -	\$ 142.68	
95926	26	Somatosensory testing	A	1	XXX							\$ 28.19	\$ 28.19	
95926	TC	Somatosensory testing	A	1	XXX							\$ -	\$ 114.49	
95927		Somatosensory testing	A	1	XXX							\$ -	\$ 142.68	
95927	26	Somatosensory testing	A	1	XXX							\$ 26.10	\$ 26.10	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
95927	TC	Somatosensory testing	A	1	XXX							\$ -	\$ 116.58	
95928		C motor evoked uppr limbs	A	1	XXX							\$ -	\$ 231.42	
95928	26	C motor evoked uppr limbs	A	1	XXX							\$ 77.26	\$ 77.26	
95928	TC	C motor evoked uppr limbs	A	1	XXX							\$ -	\$ 154.16	
95929		C motor evoked lwr limbs	A	1	XXX							\$ -	\$ 234.90	
95929	26	C motor evoked lwr limbs	A	1	XXX							\$ 77.26	\$ 77.26	
95929	TC	C motor evoked lwr limbs	A	1	XXX							\$ -	\$ 157.64	
95930		Visual evoked potential test	A	1	XXX							\$ -	\$ 131.20	
95930	26	Visual evoked potential test	A	1	XXX							\$ 17.40	\$ 17.40	
95930	TC	Visual evoked potential test	A	1	XXX							\$ -	\$ 113.80	
95933		Blink reflex test	A	1	XXX							\$ -	\$ 74.82	
95933	26	Blink reflex test	A	1	XXX							\$ 30.62	\$ 30.62	
95933	TC	Blink reflex test	A	1	XXX							\$ -	\$ 44.20	
95934		H-reflex test	A	1	XXX		Y					\$ -	\$ 56.38	
95934	26	H-reflex test	A	1	XXX		Y					\$ 24.71	\$ 24.71	
95934	TC	H-reflex test	A	1	XXX		Y					\$ -	\$ 31.32	
95936		H-reflex test	A	1	XXX		Y					\$ -	\$ 46.28	
95936	26	H-reflex test	A	1	XXX		Y					\$ 26.80	\$ 26.80	
95936	TC	H-reflex test	A	1	XXX		Y					\$ -	\$ 19.49	
95937		Neuromuscular junction test	A	1	XXX							\$ -	\$ 66.12	
95937	26	Neuromuscular junction test	A	1	XXX							\$ 34.45	\$ 34.45	
95937	TC	Neuromuscular junction test	A	1	XXX							\$ -	\$ 31.67	
95938		Somatosensory testing	A	1	XXX							\$ -	\$ 260.65	
95938	26	Somatosensory testing	A	1	XXX							\$ 44.54	\$ 44.54	
95938	TC	Somatosensory testing	A	1	XXX							\$ -	\$ 216.11	
95939		C motor evoked upr&lwr limbs	A	1	XXX							\$ -	\$ 415.51	
95939	26	C motor evoked upr&lwr limbs	A	1	XXX							\$ 117.28	\$ 117.28	
95939	TC	C motor evoked upr&lwr limbs	A	1	XXX							\$ -	\$ 298.24	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
95950		Ambulatory eeg monitoring	A	1	XXX							\$ -	\$ 268.31	
95950	26	Ambulatory eeg monitoring	A	1	XXX							\$ 77.26	\$ 77.26	
95950	TC	Ambulatory eeg monitoring	A	1	XXX							\$ -	\$ 190.70	
95951		EEG monitoring/videorecord	C	1	XXX							\$ -	\$ -	
95951	26	EEG monitoring/videorecord	A	1	XXX							\$ 331.30	\$ 331.30	
95951	TC	EEG monitoring/videorecord	C	1	XXX							\$ -	\$ -	
95953		EEG monitoring/computer	A	1	XXX							\$ -	\$ 393.59	
95953	26	EEG monitoring/computer	A	1	XXX							\$ 159.38	\$ 159.38	
95953	TC	EEG monitoring/computer	A	1	XXX							\$ -	\$ 234.20	
95954		EEG monitoring/giving drugs	A	1	XXX							\$ -	\$ 367.84	
95954	26	EEG monitoring/giving drugs	A	1	XXX							\$ 120.76	\$ 120.76	
95954	TC	EEG monitoring/giving drugs	A	1	XXX							\$ -	\$ 247.08	
95955		EEG during surgery	A	1	XXX							\$ -	\$ 173.30	
95955	26	EEG during surgery	A	1	XXX							\$ 51.16	\$ 51.16	
95955	TC	EEG during surgery	A	1	XXX							\$ -	\$ 122.15	
95956		Eeg monitor technol attended	A	1	XXX							\$ -	\$ 1,042.96	
95956	26	Eeg monitor technol attended	A	1	XXX							\$ 180.96	\$ 180.96	
95956	TC	Eeg monitor technol attended	A	1	XXX							\$ -	\$ 862.00	
95957		EEG digital analysis	A	1	XXX							\$ -	\$ 346.26	
95957	26	EEG digital analysis	A	1	XXX							\$ 102.31	\$ 102.31	
95957	TC	EEG digital analysis	A	1	XXX							\$ -	\$ 243.60	
95958		EEG monitoring/function test	A	1	XXX							\$ -	\$ 461.80	
95958	26	EEG monitoring/function test	A	1	XXX							\$ 219.59	\$ 219.59	
95958	TC	EEG monitoring/function test	A	1	XXX							\$ -	\$ 242.21	
95961		Electrode stimulation brain	A	1	XXX							\$ -	\$ 256.48	
95961	26	Electrode stimulation brain	A	1	XXX							\$ 154.16	\$ 154.16	
95961	TC	Electrode stimulation brain	A	1	XXX							\$ -	\$ 102.31	
95962		Electrode stim brain add-on	A	1	ZZZ							\$ -	\$ 227.94	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
95962	26	Electrode stim brain add-on	A	1	ZZZ							\$ 163.91	\$ 163.91	
95962	TC	Electrode stim brain add-on	A	1	ZZZ							\$ -	\$ 64.03	
95965		Meg spontaneous	C	1	XXX							\$ -	\$ -	
95965	26	Meg spontaneous	A	1	XXX							\$ 444.40	\$ 444.40	
95965	TC	Meg spontaneous	C	1	XXX							\$ -	\$ -	
95966		Meg evoked single	C	1	XXX							\$ -	\$ -	
95966	26	Meg evoked single	A	1	XXX							\$ 220.63	\$ 220.63	
95966	TC	Meg evoked single	C	1	XXX							\$ -	\$ -	
95967		Meg evoked each addl	C	1	ZZZ							\$ -	\$ -	
95967	26	Meg evoked each addl	A	1	ZZZ							\$ 194.18	\$ 194.18	
95967	TC	Meg evoked each addl	C	1	ZZZ							\$ -	\$ -	
95970		Analyze neurostim no prog	A	0	XXX							\$ 25.06	\$ 59.51	
95971		Analyze neurostim simple	A	0	XXX							\$ 43.50	\$ 58.46	
95972		Analyze neurostim complex	A	0	XXX							\$ 84.91	\$ 110.66	
95973		Analyze neurostim complex	A	0	ZZZ							\$ 51.85	\$ 63.68	
95974		Cranial neurostim complex	A	0	XXX							\$ 167.04	\$ 197.66	
95975		Cranial neurostim complex	A	0	ZZZ							\$ 92.22	\$ 105.10	
95978		Analyze neurostim brain/1h	A	0	XXX							\$ 205.32	\$ 244.99	
95979		Analyz neurostim brain addon	A	0	ZZZ							\$ 91.87	\$ 104.40	
95980		lo anal gast n-stim init	A	0	XXX							\$ 56.38	\$ -	
95981		lo anal gast n-stim subsq	A	0	XXX							\$ 18.79	\$ 30.97	
95982		lo ga n-stim subsq w/reprog	A	0	XXX							\$ 37.24	\$ 50.46	
95990		Spin/brain pump refill & main	A	5	XXX							\$ -	\$ 75.17	
95991		Spin/brain pump refill & main	A	0	XXX							\$ 40.72	\$ 106.49	
95992		Canalith repositioning proc	A	0	XXX							\$ 39.67	\$ 43.50	
95999		Neurological procedure	C	0	XXX							\$ -	\$ -	
96000		Motion analysis video/3d	A	7	XXX							\$ 98.83	\$ -	
96001		Motion test w/ft press meas	A	7	XXX							\$ 103.70	\$ -	

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96002		Dynamic surface emg	A	0	XXX							\$ 22.27	\$ -	
96003		Dynamic fine wire emg	A	0	XXX							\$ 20.18	\$ -	
96004		Phys review of motion tests	A	2	XXX							\$ 116.58	\$ 116.58	
96020		Functional brain mapping	C	1	XXX							\$ -	\$ -	
96020	26	Functional brain mapping	A	1	XXX							\$ 188.62	\$ 188.62	
96020	TC	Functional brain mapping	C	1	XXX							\$ -	\$ -	
96040		Genetic counseling 30 min	B	9	XXX							\$ -	\$ 41.76	
96101		Psycho testing by psych/phys	A	0	XXX							\$ 79.34	\$ 83.87	
96102		Psycho testing by technician	A	0	XXX							\$ 24.01	\$ 67.86	
96103		Psycho testing admin by comp	A	0	XXX							\$ 25.40	\$ 58.46	
96105		Assessment of aphasia	A	0	XXX							\$ -	\$ 97.79	
96110		Developmental screen	X	9	XXX							\$ -	\$ -	
96111		Developmental test extend	A	0	XXX							\$ 126.67	\$ 131.20	
96116		Neurobehavioral status exam	A	0	XXX							\$ 88.04	\$ 92.92	
96118		Neuropsych tst by psych/phys	A	0	XXX							\$ 78.65	\$ 93.61	
96119		Neuropsych testing by tec	A	0	XXX							\$ 22.62	\$ 62.29	
96120		Neuropsych tst admin w/comp	A	0	XXX							\$ 25.40	\$ 80.04	
96125		Cognitive test by hc pro	A	7	XXX	Y						\$ -	\$ 97.79	
96150		Assess hlth/behave init	A	0	XXX							\$ 20.18	\$ 20.53	
96151		Assess hlth/behave subseq	A	0	XXX							\$ 19.49	\$ 19.84	
96152		Intervene hlth/behave indiv	A	0	XXX							\$ 18.44	\$ 18.79	
96153		Intervene hlth/behave group	A	0	XXX							\$ 5.22	\$ 5.22	
96154		Interv hlth/behav fam w/pt	A	0	XXX							\$ 18.10	\$ 18.44	
96155		Interv hlth/behav fam no pt	N	9	XXX							\$ 23.32	\$ 23.66	
96360		Hydration iv infusion init	A	5	XXX							\$ -	\$ 51.85	
96361		Hydrate iv infusion add-on	A	5	ZZZ							\$ -	\$ 14.27	
96365		Ther/proph/diag iv inf init	A	5	XXX							\$ -	\$ 65.08	
96366		Ther/proph/diag iv inf addon	A	5	ZZZ							\$ -	\$ 19.84	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
96367		Tx/proph/dg addl seq iv inf	A	5	ZZZ							\$ -	\$ 29.23	
96368		Ther/diag concurrent inf	A	5	ZZZ							\$ -	\$ 17.75	
96369		Sc ther infusion up to 1 hr	A	5	XXX							\$ -	\$ 162.17	
96370		Sc ther infusion addl hr	A	5	ZZZ							\$ -	\$ 14.96	
96371		Sc ther infusion reset pump	A	5	ZZZ							\$ -	\$ 73.78	
96372		Ther/proph/diag inj sc/im	T	5	XXX							\$ -	\$ 22.27	
96373		Ther/proph/diag inj ia	A	5	XXX							\$ -	\$ 18.44	
96374		Ther/proph/diag inj iv push	A	5	XXX							\$ -	\$ 50.81	
96375		Tx/pro/dx inj new drug addon	A	5	ZZZ							\$ -	\$ 20.18	
96376		Tx/pro/dx inj same drug adon	X	9	ZZZ							\$ -	\$ -	
96379		Ther/prop/diag inj/inf proc	C	0	XXX							\$ -	\$ -	
96401		Chemo anti-neopl sq/im	A	5	XXX							\$ -	\$ 66.47	
96402		Chemo hormon antineopl sq/im	A	5	XXX							\$ -	\$ 30.28	
96405		Chemo intralesional up to 7	A	0	000	Y						\$ 30.62	\$ 76.91	
96406		Chemo intralesional over 7	A	0	000	Y						\$ 44.54	\$ 109.62	
96409		Chemo iv push snl drug	A	5	XXX							\$ -	\$ 99.53	
96411		Chemo iv push addl drug	A	5	ZZZ							\$ -	\$ 56.38	
96413		Chemo iv infusion 1 hr	A	5	XXX							\$ -	\$ 122.84	
96415		Chemo iv infusion addl hr	A	5	ZZZ							\$ -	\$ 27.84	
96416		Chemo prolong infuse w/pump	A	5	XXX							\$ -	\$ 123.89	
96417		Chemo iv infus each addl seq	A	5	ZZZ							\$ -	\$ 63.68	
96420		Chemo ia push technique	A	5	XXX							\$ -	\$ 98.48	
96422		Chemo ia infusion up to 1 hr	A	5	XXX							\$ -	\$ 153.47	
96423		Chemo ia infuse each addl hr	A	5	ZZZ							\$ -	\$ 70.99	
96425		Chemotherapy infusion method	A	5	XXX							\$ -	\$ 162.17	
96440		Chemotherapy intracavitary	A	0	000							\$ 177.48	\$ 758.29	
96446		Chemotx admn prtl cavity	A	5	XXX							\$ 25.75	\$ 170.52	
96450		Chemotherapy into cns	A	0	000							\$ 85.96	\$ 175.04	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
96521		Refill/maint portable pump	A	5	XXX							\$ -	\$ 121.10	
96522		Refill/maint pump/resvr syst	A	5	XXX							\$ -	\$ 99.18	
96523		Irrig drug delivery device	T	5	XXX							\$ -	\$ 22.27	
96542		Chemotherapy injection	A	0	XXX							\$ 42.46	\$ 111.01	
96549		Chemotherapy unspecified	C	0	XXX							\$ -	\$ -	
96567		Photodynamic tx skin	A	5	XXX							\$ -	\$ 116.58	
96570		Photodynmc tx 30 min add-on	A	0	ZZZ							\$ 69.60	\$ 69.60	
96571		Photodynamic tx addl 15 min	A	0	ZZZ							\$ 28.54	\$ 28.54	
96900		Ultraviolet light therapy	A	5	XXX							\$ -	\$ 19.14	
96902		Trichogram	B	9	XXX							\$ 22.27	\$ 22.62	
96904		Whole body photography	A	5	XXX							\$ -	\$ 61.25	
96910		Photochemotherapy with UV-B	A	5	XXX							\$ -	\$ 61.94	
96912		Photochemotherapy with UV-A	A	5	XXX							\$ -	\$ 79.34	
96913		Photochemotherapy uv-a or b	A	5	XXX							\$ -	\$ 109.97	
96920		Laser tx skin < 250 sq cm	A	0	000	Y						\$ 65.42	\$ 157.30	
96921		Laser tx skin 250-500 sq cm	A	0	000	Y						\$ 65.77	\$ 159.73	
96922		Laser tx skin > 500 sq cm	A	0	000	Y						\$ 118.67	\$ 229.33	
96999		Dermatological procedure	C	0	XXX							\$ -	\$ -	
97001		Pt evaluation	A	7	XXX	Y						\$ -	\$ 72.04	
97002		Pt re-evaluation	A	7	XXX	Y						\$ -	\$ 40.02	
97003		Ot evaluation	A	7	XXX	Y						\$ -	\$ 79.69	
97004		Ot re-evaluation	A	7	XXX	Y						\$ -	\$ 48.37	
97005		Athletic train eval	N	9	XXX							\$ -	\$ -	
97006		Athletic train reeval	N	9	XXX							\$ -	\$ -	
97010		Hot or cold packs therapy	B	9	XXX							\$ -	\$ 5.92	
97012		Mechanical traction therapy	A	7	XXX	Y						\$ -	\$ 15.31	
97014		Electric stimulation therapy	A	9	XXX							\$ -	\$ 14.62	
97016		Vasopneumatic device therapy	A	7	XXX	Y						\$ -	\$ 17.40	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
97018		Paraffin bath therapy	A	7	XXX	Y						\$ -	\$ 9.74	
97022		Whirlpool therapy	A	7	XXX	Y						\$ -	\$ 20.53	
97024		Diathermy eg microwave	A	7	XXX	Y						\$ -	\$ 6.61	
97026		Infrared therapy	A	7	XXX	Y						\$ -	\$ 5.92	
97028		Ultraviolet therapy	A	7	XXX	Y						\$ -	\$ 7.31	
97032		Electrical stimulation	A	7	XXX	Y						\$ -	\$ 17.75	
97033		Electric current therapy	A	7	XXX	Y						\$ -	\$ 28.19	
97034		Contrast bath therapy	A	7	XXX	Y						\$ -	\$ 16.36	
97035		Ultrasound therapy	A	7	XXX	Y						\$ -	\$ 12.18	
97036		Hydrotherapy	A	7	XXX	Y						\$ -	\$ 28.54	
97039		Physical therapy treatment	C	7	XXX							\$ -	\$ -	
97110		Therapeutic exercises	A	7	XXX	Y						\$ -	\$ 28.88	
97112		Neuromuscular reeducation	A	7	XXX	Y						\$ -	\$ 29.93	
97113		Aquatic therapy/exercises	A	7	XXX	Y						\$ -	\$ 37.58	
97116		Gait training therapy	A	7	XXX	Y						\$ -	\$ 25.75	
97124		Massage therapy	A	7	XXX	Y						\$ -	\$ 23.66	
97139		Physical medicine procedure	C	7	XXX							\$ -	\$ -	
97140		Manual therapy	A	7	XXX	Y						\$ -	\$ 27.14	
97150		Group therapeutic procedures	A	7	XXX	Y						\$ -	\$ 18.79	
97530		Therapeutic activities	A	7	XXX	Y						\$ -	\$ 31.32	
97532		Cognitive skills development	A	7	XXX							\$ -	\$ 24.71	
97533		Sensory integration	A	7	XXX	Y						\$ -	\$ 26.80	
97535		Self care mngmt training	A	7	XXX	Y						\$ -	\$ 31.32	
97537		Community/work reintegration	A	7	XXX	Y						\$ -	\$ 27.49	
97542		Wheelchair mngmt training	A	7	XXX	Y						\$ -	\$ 28.19	
97545		Work hardening	A	7	XXX							\$ -	\$ -	
97546		Work hardening add-on	A	7	ZZZ							\$ -	\$ -	
97597		Rmvl devital tis 20 cm/<	A	0	000							\$ 26.80	\$ 70.30	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance		
97598		Rmvl devital tis addl 20 cm<	A	0	ZZZ							\$	13.22	\$	24.71	
97602		Wound(s) care non-selective	B	9	XXX							\$	-	\$	-	
97605		Neg press wound tx < 50 cm	A	0	XXX							\$	32.36	\$	44.20	
97606		Neg press wound tx > 50 cm	A	0	XXX							\$	36.54	\$	48.37	
97750		Physical performance test	A	7	XXX	Y						\$	-	\$	32.02	
97755		Assistive technology assess	A	7	XXX	Y						\$	-	\$	35.15	
97760		Orthotic mgmt and training	A	7	XXX	Y						\$	-	\$	35.84	
97761		Prosthetic training	A	7	XXX	Y						\$	-	\$	31.67	
97762		C/o for orthotic/prosth use	A	7	XXX	Y						\$	-	\$	39.67	
97799		Physical medicine procedure	C	7	XXX							\$	-	\$	-	
97802		Medical nutrition indiv in	A	0	XXX							\$	32.02	\$	33.76	
97803		Med nutrition indiv subseq	A	0	XXX							\$	27.84	\$	29.93	
97804		Medical nutrition group	A	0	XXX							\$	14.27	\$	14.62	
97810		Acupunct w/o stimul 15 min	N	9	XXX							\$	32.02	\$	36.54	NC 7/1/2012
97811		Acupunct w/o stimul addl 15m	N	9	ZZZ							\$	26.10	\$	27.84	NC 7/1/2012
97813		Acupunct w/stimul 15 min	N	9	XXX							\$	34.10	\$	38.63	NC 7/1/2012
97814		Acupunct w/stimul addl 15m	N	9	ZZZ							\$	29.58	\$	32.02	NC 7/1/2012
98925		Osteopathic manipulation	A	0	000							\$	24.36	\$	30.62	
98926		Osteopathic manipulation	A	0	000							\$	35.50	\$	42.80	
98927		Osteopathic manipulation	A	0	000							\$	46.98	\$	56.38	
98928		Osteopathic manipulation	A	0	000							\$	60.20	\$	70.30	
98929		Osteopathic manipulation	A	0	000							\$	73.78	\$	85.96	
98940		Chiropractic manipulation	A	0	000							\$	20.53	\$	24.71	
98941		Chiropractic manipulation	A	0	000							\$	31.67	\$	36.19	
98942		Chiropractic manipulation	A	0	000							\$	41.06	\$	45.59	
98943		Chiropractic manipulation	A	9	XXX							\$	21.92	\$	24.71	
98960		Self-mgmt educ & train 1 pt	B	9	XXX							\$	-	\$	24.01	
98961		Self-mgmt educ/train 2-4 pt	B	9	XXX							\$	-	\$	12.18	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
98962		Self-mgmt educ/train 5-8 pt	B	9	XXX							\$ -	\$ 9.40	
98966		Hc pro phone call 5-10 min	N	9	XXX							\$ 12.53	\$ 13.57	
98967		Hc pro phone call 11-20 min	N	9	XXX							\$ 26.10	\$ 27.14	
98968		Hc pro phone call 21-30 min	N	9	XXX							\$ 39.67	\$ 40.72	
98969		Online service by hc pro	N	9	XXX							\$ -	\$ -	
99000		Specimen handling	B	9	XXX							\$ -	\$ -	
99001		Specimen handling	B	9	XXX							\$ -	\$ -	
99002		Device handling	B	9	XXX							\$ -	\$ -	
99024		Postop follow-up visit	B	9	XXX							\$ -	\$ -	
99026		In-hospital on call service	N	9	XXX							\$ -	\$ -	
99027		Out-of-hosp on call service	N	9	XXX							\$ -	\$ -	
99050		Medical services after hrs	B	9	XXX							\$ -	\$ -	
99051		Med serv eve/wkend/holiday	B	9	XXX							\$ -	\$ -	
99053		Med serv 10pm-8am 24 hr fac	B	9	XXX							\$ -	\$ -	
99056		Med service out of office	B	9	XXX							\$ -	\$ -	
99058		Office emergency care	B	9	XXX							\$ -	\$ -	
99060		Out of office emerg med serv	B	9	XXX							\$ -	\$ -	
99070		Special supplies	B	9	XXX							\$ -	\$ -	
99071		Patient education materials	B	9	XXX							\$ -	\$ -	
99075		Medical testimony	N	9	XXX							\$ -	\$ -	
99078		Group health education	B	9	XXX							\$ -	\$ -	
99080		Special reports or forms	B	9	XXX							\$ -	\$ -	
99082		Unusual physician travel	C	0	XXX							\$ -	\$ -	
99090		Computer data analysis	B	9	XXX							\$ -	\$ -	
99091		Collect/review data from pt	B	9	XXX							\$ -	\$ 57.77	
99100		Special anesthesia service	B	9	ZZZ							\$ -	\$ -	
99116		Anesthesia with hypothermia	B	9	ZZZ							\$ -	\$ -	
99135		Special anesthesia procedure	B	9	ZZZ							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
99140		Emergency anesthesia	B	9	ZZZ							\$ -	\$ -	
99143		Mod cs by same phys < 5 yrs	C	0	XXX							\$ -	\$ -	
99144		Mod cs by same phys 5 yrs +	C	0	XXX							\$ -	\$ -	
99145		Mod cs by same phys add-on	C	0	ZZZ							\$ -	\$ -	
99148		Mod cs diff phys < 5 yrs	C	0	XXX							\$ -	\$ -	
99149		Mod cs diff phys 5 yrs +	C	0	XXX							\$ -	\$ -	
99150		Mod cs diff phys add-on	C	0	ZZZ							\$ -	\$ -	
99170		Anogenital exam child	A	0	000	Y						\$ 93.96	\$ 132.24	
99172		Ocular function screen	N	9	XXX							\$ -	\$ -	
99173		Visual acuity screen	N	9	XXX							\$ -	\$ 3.48	
99174		Ocular photoscreening	N	9	XXX							\$ -	\$ 25.40	
99175		Induction of vomiting	A	5	XXX							\$ -	\$ 17.05	
99183		Hyperbaric oxygen therapy	A	0	XXX							\$ 134.68	\$ 216.46	
99190		Special pump services	X	9	XXX							\$ -	\$ -	
99191		Special pump services	X	9	XXX							\$ -	\$ -	
99192		Special pump services	X	9	XXX							\$ -	\$ -	
99195		Phlebotomy	A	5	XXX							\$ -	\$ 83.17	
99199		Special service/proc/report	C	0	XXX							\$ -	\$ -	
99201		Office/outpatient visit new	A	0	XXX							\$ 27.49	\$ 41.76	
99201	TC	Office/outpatient visit new	A									\$ 14.27		
99202		Office/outpatient visit new	A	0	XXX							\$ 51.85	\$ 71.69	
99202	TC	Office/outpatient visit new	A									\$ 19.84		
99203		Office/outpatient visit new	A	0	XXX							\$ 82.13	\$ 107.88	
99203	TC	Office/outpatient visit new	A									\$ 25.75		
99204		Office/outpatient visit new	A	0	XXX							\$ 138.85	\$ 167.39	
99204	TC	Office/outpatient visit new	A									\$ 28.54		
99205		Office/outpatient visit new	A	0	XXX							\$ 176.09	\$ 207.06	
99205	TC	Office/outpatient visit new	A									\$ 30.97		

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
99211		Office/outpatient visit est	A	0	XXX							\$ 9.40	\$ 18.44	
99211	TC	Office/outpatient visit est	A									\$ 9.04		
99212		Office/outpatient visit est	A	0	XXX							\$ 27.14	\$ 41.76	
88212	TC	Office/outpatient visit est	A									\$ 14.62		
99213		Office/outpatient visit est	A	0	XXX							\$ 52.55	\$ 70.30	
99213	TC	Office/outpatient visit est	A									\$ 17.75		
99214		Office/outpatient visit est	A	0	XXX							\$ 80.39	\$ 104.05	
22914	TC	Office/outpatient visit est	A									\$ 23.66		
99215		Office/outpatient visit est	A	0	XXX							\$ 112.75	\$ 140.59	
99215	TC	Office/outpatient visit est	A									\$ 27.84		
99217		Observation care discharge	A	0	XXX							\$ 72.38	\$ -	
99218		Initial observation care	A	0	XXX							\$ 99.18	\$ -	
99219		Initial observation care	A	0	XXX							\$ 136.76	\$ -	
99220		Initial observation care	A	0	XXX							\$ 188.27	\$ -	
99221		Initial hospital care	A	0	XXX							\$ 107.88	\$ -	
99222		Initial hospital care	A	0	XXX							\$ 144.07	\$ -	
99223		Initial hospital care	A	0	XXX							\$ 208.80	\$ -	
99224		Subsequent observation care	A	0	XXX							\$ 41.76	\$ -	
99225		Subsequent observation care	A	0	XXX							\$ 72.04	\$ -	
99226		Subsequent observation care	A	0	XXX							\$ 104.05	\$ -	
99231		Subsequent hospital care	A	0	XXX							\$ 40.02	\$ -	
99232		Subsequent hospital care	A	0	XXX							\$ 72.38	\$ -	
99233		Subsequent hospital care	A	0	XXX							\$ 104.40	\$ -	
99234		Observ/hosp same date	A	0	XXX							\$ 142.33	\$ -	
99235		Observ/hosp same date	A	0	XXX							\$ 173.65	\$ -	
99236		Observ/hosp same date	A	0	XXX							\$ 224.46	\$ -	
99238		Hospital discharge day	A	0	XXX							\$ 70.99	\$ -	
99239		Hospital discharge day	A	0	XXX							\$ 105.79	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
99241		Office consultation	N	9	XXX							\$ 36.54	\$ 48.72	
99242		Office consultation	N	9	XXX							\$ 75.86	\$ 92.92	
99243		Office consultation	N	9	XXX							\$ 104.40	\$ 125.98	
99244		Office consultation	N	9	XXX							\$ 159.38	\$ 183.05	
99245		Office consultation	N	9	XXX							\$ 199.75	\$ 226.20	
99251		Inpatient consultation	N	9	XXX							\$ 50.81	\$ -	
99252		Inpatient consultation	N	9	XXX							\$ 79.00	\$ -	
99253		Inpatient consultation	N	9	XXX							\$ 117.62	\$ -	
99254		Inpatient consultation	N	9	XXX							\$ 166.34	\$ -	
99255		Inpatient consultation	N	9	XXX							\$ 203.23	\$ -	
99281		Emergency dept visit	A	0	XXX							\$ 21.92	\$ -	
99282		Emergency dept visit	A	0	XXX							\$ 44.20	\$ -	
99283		Emergency dept visit	A	0	XXX							\$ 66.12	\$ -	
99284		Emergency dept visit	A	0	XXX							\$ 128.06	\$ -	
99285		Emergency dept visit	A	0	XXX							\$ 186.18	\$ -	
99288		Direct advanced life support	B	9	XXX							\$ -	\$ -	
99291		Critical care first hour	A	0	XXX							\$ 234.55	\$ 276.66	
99292		Critical care addl 30 min	A	0	ZZZ							\$ 118.32	\$ 127.37	
99304		Nursing facility care init	A	0	XXX							\$ 96.05	\$ 96.05	
99305		Nursing facility care init	A	0	XXX							\$ 135.72	\$ 135.72	
99306		Nursing facility care init	A	0	XXX							\$ 170.52	\$ 170.52	
99307		Nursing fac care subseq	A	0	XXX							\$ 43.15	\$ 43.15	
99308		Nursing fac care subseq	A	0	XXX							\$ 67.51	\$ 67.51	
99309		Nursing fac care subseq	A	0	XXX							\$ 87.70	\$ 87.70	
99310		Nursing fac care subseq	A	0	XXX							\$ 132.24	\$ 132.24	
99315		Nursing fac discharge day	A	0	XXX							\$ 72.04	\$ 72.04	
99316		Nursing fac discharge day	A	0	XXX							\$ 102.31	\$ 102.31	
99318		Annual nursing fac assessmnt	A	0	XXX							\$ 94.66	\$ 94.66	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
99324		Domicil/r-home visit new pat	A	0	XXX							\$ -	\$ 57.07	
99325		Domicil/r-home visit new pat	A	0	XXX							\$ -	\$ 82.82	
99326		Domicil/r-home visit new pat	A	0	XXX							\$ -	\$ 140.59	
99327		Domicil/r-home visit new pat	A	0	XXX							\$ -	\$ 187.22	
99328		Domicil/r-home visit new pat	A	0	XXX							\$ -	\$ 216.46	
99334		Domicil/r-home visit est pat	A	0	XXX							\$ -	\$ 60.55	
99335		Domicil/r-home visit est pat	A	0	XXX							\$ -	\$ 93.96	
99336		Domicil/r-home visit est pat	A	0	XXX							\$ -	\$ 132.94	
99337		Domicil/r-home visit est pat	A	0	XXX							\$ -	\$ 193.84	
99339		Domicil/r-home care supervis	B	9	XXX							\$ -	\$ 76.91	
99340		Domicil/r-home care supervis	B	9	XXX							\$ -	\$ 108.92	
99341		Home visit new patient	A	0	XXX							\$ -	\$ 56.72	
99342		Home visit new patient	A	0	XXX							\$ -	\$ 83.17	
99343		Home visit new patient	A	0	XXX							\$ -	\$ 136.42	
99344		Home visit new patient	A	0	XXX							\$ -	\$ 184.09	
99345		Home visit new patient	A	0	XXX							\$ -	\$ 219.94	
99347		Home visit est patient	A	0	XXX							\$ -	\$ 56.72	
99348		Home visit est patient	A	0	XXX							\$ -	\$ 85.61	
99349		Home visit est patient	A	0	XXX							\$ -	\$ 127.37	
99350		Home visit est patient	A	0	XXX							\$ -	\$ 179.57	
99354		Prolonged service office	A	0	ZZZ							\$ 93.61	\$ 99.53	
99355		Prolonged service office	A	0	ZZZ							\$ 92.22	\$ 97.79	
99356		Prolonged service inpatient	A	0	ZZZ							\$ 92.57	\$ -	
99357		Prolonged service inpatient	A	0	ZZZ							\$ 92.22	\$ -	
99358		Prolong service w/o contact	B	9	XXX							\$ 112.40	\$ 112.40	
99359		Prolong serv w/o contact add	B	9	ZZZ							\$ 54.64	\$ 54.64	
99360		Physician standby services	N	9	XXX							\$ 63.68	\$ -	
99363		Anticoag mgmt init	B	9	XXX							\$ 87.35	\$ 122.84	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
99364		Anticoag mgmt subseq	B	9	XXX							\$ 33.06	\$ 42.11	
99366		Team conf w/pat by hc pro	B	9	XXX							\$ 42.80	\$ 43.50	
99367		Team conf w/o pat by phys	B	9	XXX							\$ 57.77	\$ -	
99368		Team conf w/o pat by hc pro	B	9	XXX							\$ 37.24	\$ -	
99374		Home health care supervision	B	9	XXX							\$ 57.77	\$ 69.25	
99375		Home health care supervision	A	9	XXX							\$ 93.26	\$ 105.79	
99377		Hospice care supervision	B	9	XXX							\$ 57.77	\$ 69.25	
99378		Hospice care supervision	A	9	XXX							\$ 93.96	\$ 106.84	
99379		Nursing fac care supervision	B	9	XXX							\$ 57.77	\$ 69.25	
99380		Nursing fac care supervision	A	9	XXX							\$ 91.18	\$ 104.75	
99381		Init pm e/m new pat inf	A	9	XXX							\$ 78.65	\$ 107.18	
99381	TC	Init pm e/m new pat inf	A									\$ 28.53		
99382		Init pm e/m new pat 1-4 yrs	A	9	XXX							\$ 82.13	\$ 110.66	
99382	TC	Init pm e/m new pat 1-4 yrs	A									\$ 28.53		
99383		Prev visit new age 5-11	A	9	XXX							\$ 87.70	\$ 115.54	
99383	TC	Prev visit new age 5-11	A									\$ 27.84		
99384		Prev visit new age 12-17	A	9	XXX							\$ 104.05	\$ 132.24	
33384	TC	Prev visit new age 12-17	A									\$ 28.19		
99385		Prev visit new age 18-39	A	9	XXX							\$ 100.92	\$ 128.76	
99385	TC	Prev visit new age 18-39	A									\$ 27.84		
99386		Prev visit new age 40-64	A	9	XXX							\$ 121.80	\$ 149.99	
99386	TC	Prev Visit new age 40-64	A									\$ 28.19		
99387		Init pm e/m new pat 65+ yrs	A	9	XXX							\$ 131.89	\$ 163.21	
99387	TC	Init pm e/m new pat 65+ yrs	A									\$ 31.32		
99391		Per pm reeval est pat inf	A	9	XXX							\$ 71.69	\$ 95.35	
99391	TC	Per pm reeval est pat inf	A									\$ 23.66		
99392		Prev visit est age 1-4	A	9	XXX							\$ 78.65	\$ 102.66	
99392	TC	Prev visit est age 1-4	A									\$ 24.01		

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
99393		Prev visit est age 5-11	A	9	XXX							\$ 78.65	\$ 102.31	
99393	TC	Prev visit est age 5-11	A									\$ 23.66		
99394		Prev visit est age 12-17	A	9	XXX							\$ 87.70	\$ 111.36	
99394	TC	Prev visit est age 12-17	A									\$ 23.66		
99395		Prev visit est age 18-39	A	9	XXX							\$ 89.78	\$ 113.80	
99395	TC	Prev visit est age 18-39	A									\$ 24.02		
99396		Prev visit est age 40-64	A	9	XXX							\$ 98.83	\$ 122.84	
99396	TC	Prev visit est age 40-64	A									\$ 24.01		
99397		Per pm reeval est pat 65+ yr	A	9	XXX							\$ 105.10	\$ 132.59	
99397	TC	Per pm reeval est pat 65+ yr	A									\$ 27.49		
99401		Preventive counseling indiv	A	9	XXX							\$ 25.40	\$ 35.15	
99401	TC	Preventive counseling indiv	A									\$ 9.75		
99402		Preventive counseling indiv	A	9	XXX							\$ 52.55	\$ 62.64	
99402	TC	Preventive counseling indiv	A									\$ 10.09		
99403		Preventive counseling indiv	A	9	XXX							\$ 77.60	\$ 88.04	
99403	TC	Preventive counseling indiv	A									\$ 10.44		
99404		Preventive counseling indiv	A	9	XXX							\$ 102.31	\$ 112.75	
99404	TC	Preventive counseling indiv	A									\$ 10.44		
99406		Behav chng smoking 3-10 min	A	0	XXX							\$ 11.83	\$ 13.57	
99406	TC	Behav chng smoking 3-10 min	A									\$ 1.74		
99407		Behav chng smoking > 10 min	A	0	XXX							\$ 26.10	\$ 27.49	
99407	TC	Behav chng smoking > 10 min	A									\$ 1.39		
99408		Audit/dast 15-30 min	N	9	XXX							\$ 34.10	\$ 35.50	
99409		Audit/dast over 30 min	N	9	XXX							\$ 68.21	\$ 69.95	
99411		Preventive counseling group	N	9	XXX							\$ 8.00	\$ 14.96	
99412		Preventive counseling group	N	9	XXX							\$ 12.53	\$ 19.49	
99420		Health risk assessment test	N	9	XXX							\$ -	\$ 9.74	
99429		Unlisted preventive service	N	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
99441		Phone e/m by phys 5-10 min	N	9	XXX							\$ 12.53	\$ 13.57	
99442		Phone e/m by phys 11-20 min	N	9	XXX							\$ 26.10	\$ 27.14	
99443		Phone e/m by phys 21-30 min	N	9	XXX							\$ 39.67	\$ 40.72	
99444		Online e/m by phys	N	9	XXX							\$ -	\$ -	
99450		Basic life disability exam	N	9	XXX							\$ -	\$ -	
99455		Work related disability exam	N	0	XXX							\$ -	\$ -	
99456		Disability examination	N	0	XXX							\$ -	\$ -	
99460		Init nb em per day hosp	A	0	XXX							\$ 95.00	\$ -	
99461		Init nb em per day non-fac	A	0	XXX							\$ 66.12	\$ 92.22	
99462		Sbsq nb em per day hosp	A	0	XXX							\$ 43.85	\$ -	
99463		Same day nb discharge	A	0	XXX							\$ 112.75	\$ -	
99464		Attendance at delivery	A	0	XXX							\$ 73.78	\$ -	
99465		Nb resuscitation	A	0	XXX							\$ 155.21	\$ -	
99466		Ped crit care transport	A	0	XXX							\$ 336.17	\$ -	
99467		Ped crit care transport addl	A	0	ZZZ							\$ 123.89	\$ -	
99468		Neonate crit care initial	A	0	XXX							\$ 980.32	\$ -	
99469		Neonate crit care subsq	A	0	XXX							\$ 416.90	\$ -	
99471		Ped critical care initial	A	0	XXX							\$ 801.79	\$ -	
99472		Ped critical care subsq	A	0	XXX							\$ 410.29	\$ -	
99475		Ped crit care age 2-5 init	A	0	XXX							\$ 590.56	\$ 590.56	
99476		Ped crit care age 2-5 subsq	A	0	XXX							\$ 357.74	\$ 357.74	
99477		Init day hosp neonate care	A	0	XXX							\$ 351.83	\$ -	
99478		lc lbw inf < 1500 gm subsq	A	0	XXX							\$ 142.68	\$ -	
99479		lc lbw inf 1500-2500 g subsq	A	0	XXX							\$ 130.50	\$ -	
99480		lc inf pbw 2501-5000 g subsq	A	0	XXX							\$ 123.89	\$ -	
99499		Unlisted e&m service	C	0	XXX							\$ -	\$ -	
99500		Home visit prenatal	X	9	XXX							\$ -	\$ -	
99501		Home visit postnatal	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
99502		Home visit nb care	X	9	XXX							\$ -	\$ -	
99503		Home visit resp therapy	X	9	XXX							\$ -	\$ -	
99504		Home visit mech ventilator	X	9	XXX							\$ -	\$ -	
99505		Home visit stoma care	X	9	XXX							\$ -	\$ -	
99506		Home visit im injection	X	9	XXX							\$ -	\$ -	
99507		Home visit cath maintain	X	9	XXX							\$ -	\$ -	
99509		Home visit day life activity	X	9	XXX							\$ -	\$ -	
99510		Home visit sing/m/fam couns	X	9	XXX							\$ -	\$ -	
99511		Home visit fecal/enema mgmt	X	9	XXX							\$ -	\$ -	
99512		Home visit for hemodialysis	X	9	XXX							\$ -	\$ -	
99600		Home visit nos	X	9	XXX							\$ -	\$ -	
99601		Home infusion/visit 2 hrs	X	9	XXX							\$ -	\$ -	
99602		Home infusion each addtl hr	I	9	XXX							\$ -	\$ -	
99605		Mtms by pharm np 15 min	X	9	XXX							\$ -	\$ -	
99606		Mtms by pharm est 15 min	X	9	XXX							\$ -	\$ -	
99607		Mtms by pharm addl 15 min	X	9	XXX							\$ -	\$ -	
A0021		Outside state ambulance serv	X	9	XXX							\$ -	\$ -	
A0080		Noninterest escort in non er	X	9	XXX							\$ -	\$ -	
A0090		Interest escort in non er	X	9	XXX							\$ -	\$ -	
A0100		Nonemergency transport taxi	X	9	XXX							\$ -	\$ -	
A0110		Nonemergency transport bus	X	9	XXX							\$ -	\$ -	
A0120		Noner transport mini-bus	X	9	XXX							\$ -	\$ -	
A0130		Noner transport wheelch van	X	9	XXX							\$ -	\$ -	
A0140		Nonemergency transport air	X	9	XXX							\$ -	\$ -	
A0160		Noner transport case worker	X	9	XXX							\$ -	\$ -	
A0170		Transport parking fees/tolls	X	9	XXX							\$ -	\$ -	
A0180		Noner transport lodgng recip	X	9	XXX							\$ -	\$ -	
A0190		Noner transport meals recip	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
A0200		Noner transport lodgng escrt	X	9	XXX							\$ -	\$ -	
A0210		Noner transport meals escort	X	9	XXX							\$ -	\$ -	
A0225		Neonatal emergency transport	X	9	XXX							\$ -	\$ -	
A0380		Basic life support mileage	X	9	XXX							\$ -	\$ -	
A0382		Basic support routine suppl	X	9	XXX							\$ -	\$ -	
A0384		Bls defibrillation supplies	X	9	XXX							\$ -	\$ -	
A0390		Advanced life support mileag	X	9	XXX							\$ -	\$ -	
A0392		Als defibrillation supplies	X	9	XXX							\$ -	\$ -	
A0394		Als IV drug therapy supplies	X	9	XXX							\$ -	\$ -	
A0396		Als esophageal intub suppl	X	9	XXX							\$ -	\$ -	
A0398		Als routine disposble suppl	X	9	XXX							\$ -	\$ -	
A0420		Ambulance waiting 1/2 hr	X	9	XXX							\$ -	\$ -	
A0422		Ambulance 02 life sustaining	X	9	XXX							\$ -	\$ -	
A0424		Extra ambulance attendant	X	9	XXX							\$ -	\$ -	
A0425		Ground mileage	X	9	XXX							\$ -	\$ -	
A0426		Als 1	X	9	XXX							\$ -	\$ -	
A0427		ALS1-emergency	X	9	XXX							\$ -	\$ -	
A0428		bls	X	9	XXX							\$ -	\$ -	
A0429		BLS-emergency	X	9	XXX							\$ -	\$ -	
A0430		Fixed wing air transport	X	9	XXX							\$ -	\$ -	
A0431		Rotary wing air transport	X	9	XXX							\$ -	\$ -	
A0432		PI volunteer ambulance co	X	9	XXX							\$ -	\$ -	
A0433		als 2	X	9	XXX							\$ -	\$ -	
A0434		Specialty care transport	X	9	XXX							\$ -	\$ -	
A0435		Fixed wing air mileage	X	9	XXX							\$ -	\$ -	
A0436		Rotary wing air mileage	X	9	XXX							\$ -	\$ -	
A0888		Noncovered ambulance mileage	N	9	XXX							\$ -	\$ -	
A0998		Ambulance response/treatment	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
A0999		Unlisted ambulance service	X	9	XXX							\$ -	\$ -	
A4206		1 CC sterile syringe&needle	X	9	XXX							\$ -	\$ -	
A4207		2 CC sterile syringe&needle	X	9	XXX							\$ -	\$ -	
A4208		3 CC sterile syringe&needle	X	9	XXX							\$ -	\$ -	
A4209		5+ CC sterile syringe&needle	X	9	XXX							\$ -	\$ -	
A4210		Nonneedle injection device	N	9	XXX							\$ -	\$ -	
A4211		Supp for self-adm injections	X	9	XXX							\$ -	\$ -	
A4212		Non coring needle or stylet	X	9	XXX							\$ -	\$ -	
A4213		20+ CC syringe only	X	9	XXX							\$ -	\$ -	
A4215		Sterile needle	X	9	XXX							\$ -	\$ -	
A4216		Sterile water/saline, 10 ml	X	9	XXX							\$ -	\$ -	
A4217		Sterile water/saline, 500 ml	X	9	XXX							\$ -	\$ -	
A4218		Sterile saline or water	X	9	XXX							\$ -	\$ -	
A4220		Infusion pump refill kit	X	9	XXX							\$ -	\$ -	
A4221		Maint drug infus cath per wk	X	9	XXX							\$ -	\$ -	
A4222		Infusion supplies with pump	X	9	XXX							\$ -	\$ -	
A4223		Infusion supplies w/o pump	X	9	XXX							\$ -	\$ -	
A4230		Infus insulin pump non needl	X	9	XXX							\$ -	\$ -	
A4231		Infusion insulin pump needle	X	9	XXX							\$ -	\$ -	
A4232		Syringe w/needle insulin 3cc	X	9	XXX							\$ -	\$ -	
A4233		Alkalin batt for glucose mon	X	9	XXX							\$ -	\$ -	
A4234		J-cell batt for glucose mon	X	9	XXX							\$ -	\$ -	
A4235		Lithium batt for glucose mon	X	9	XXX							\$ -	\$ -	
A4236		Silvr oxide batt glucose mon	X	9	XXX							\$ -	\$ -	
A4244		Alcohol or peroxide per pint	X	9	XXX							\$ -	\$ -	
A4245		Alcohol wipes per box	X	9	XXX							\$ -	\$ -	
A4246		Betadine/phiso hex solution	X	9	XXX							\$ -	\$ -	
A4247		Betadine/iodine swabs/wipes	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
A4248		Chlorhexidine antisept	X	9	XXX							\$ -	\$ -	
A4250		Urine reagent strips/tablets	N	9	XXX							\$ -	\$ -	
A4252		Blood ketone test or strip	N	9	XXX							\$ -	\$ -	
A4253		Blood glucose/reagent strips	X	9	XXX							\$ -	\$ -	
A4255		Glucose monitor platforms	X	9	XXX							\$ -	\$ -	
A4256		Calibrator solution/chips	X	9	XXX							\$ -	\$ -	
A4257		Replace Lensshield Cartridge	X	9	XXX							\$ -	\$ -	
A4258		Lancet device each	X	9	XXX							\$ -	\$ -	
A4259		Lancets per box	X	9	XXX							\$ -	\$ -	
A4261		Cervical cap contraceptive	X	9	XXX							\$ -	\$ -	
A4262		Temporary tear duct plug	B	9	XXX							\$ -	\$ -	
A4263		Permanent tear duct plug	B	9	XXX							\$ -	\$ -	
A4264		Intratubal occlusion device	I	9	XXX							\$ -	\$ -	
A4265		Paraffin	X	9	XXX							\$ -	\$ -	
A4266		Diaphragm	X	9	XXX							\$ -	\$ -	
A4267		Male condom	X	9	XXX							\$ -	\$ -	
A4268		Female condom	X	9	XXX							\$ -	\$ -	
A4269		Spermicide	X	9	XXX							\$ -	\$ -	
A4270		Disposable endoscope sheath	B	9	XXX							\$ -	\$ -	
A4280		Brst prsths adhsv attchmnt	X	9	XXX							\$ -	\$ -	
A4281		Replacement breastpump tube	X	9	XXX							\$ -	\$ -	
A4282		Replacement breastpump adpt	X	9	XXX							\$ -	\$ -	
A4283		Replacement breastpump cap	X	9	XXX							\$ -	\$ -	
A4284		Replcmnt breast pump shield	X	9	XXX							\$ -	\$ -	
A4285		Replcmnt breast pump bottle	X	9	XXX							\$ -	\$ -	
A4286		Replcmnt breastpump lok ring	X	9	XXX							\$ -	\$ -	
A4290		Sacral nerve stim test lead	X	9	XXX							\$ -	\$ -	
A4300		Cath impl vasc access portal	B	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
A4301		Implantable access syst perc	B	9	XXX							\$ -	\$ -	
A4305		Drug delivery system >=50 ML	B	9	XXX							\$ -	\$ -	
A4306		Drug delivery system <=50 ml	B	9	XXX							\$ -	\$ -	
A4310		Insert tray w/o bag/cath	B	9	XXX							\$ -	\$ -	
A4311		Catheter w/o bag 2-way latex	B	9	XXX							\$ -	\$ -	
A4312		Cath w/o bag 2-way silicone	B	9	XXX							\$ -	\$ -	
A4313		Catheter w/bag 3-way	B	9	XXX							\$ -	\$ -	
A4314		Cath w/drainage 2-way latex	B	9	XXX							\$ -	\$ -	
A4315		Cath w/drainage 2-way silcne	B	9	XXX							\$ -	\$ -	
A4316		Cath w/drainage 3-way	B	9	XXX							\$ -	\$ -	
A4320		Irrigation tray	B	9	XXX							\$ -	\$ -	
A4321		Cath therapeutic irrig agent	X	9	XXX							\$ -	\$ -	
A4322		Irrigation syringe	B	9	XXX							\$ -	\$ -	
A4326		Male external catheter	B	9	XXX							\$ -	\$ -	
A4327		Fem urinary collect dev cup	B	9	XXX							\$ -	\$ -	
A4328		Fem urinary collect pouch	B	9	XXX							\$ -	\$ -	
A4330		Stool collection pouch	B	9	XXX							\$ -	\$ -	
A4331		Extension drainage tubing	X	9	XXX							\$ -	\$ -	
A4332		Lube sterile packet	X	9	XXX							\$ -	\$ -	
A4333		Urinary cath anchor device	X	9	XXX							\$ -	\$ -	
A4334		Urinary cath leg strap	X	9	XXX							\$ -	\$ -	
A4335		Incontinence supply	B	9	XXX							\$ -	\$ -	
A4336		Urethral insert	X	9	XXX							\$ -	\$ -	
A4338		Indwelling catheter latex	B	9	XXX							\$ -	\$ -	
A4340		Indwelling catheter special	B	9	XXX							\$ -	\$ -	
A4344		Cath indw foley 2 way silicn	B	9	XXX							\$ -	\$ -	
A4346		Cath indw foley 3 way	B	9	XXX							\$ -	\$ -	
A4349		Disposable male external cat	X	9	XXX							\$ -	\$ -	

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HCPCS	MOD	DESCRIPTION	STATUS CODE	PCTC IND	GLOB DAYS	MULT PROC	BILAT SURG	ASST SURG	CO- SURG	TEAM SURG	ENDO BASE	CY 2012	CY 2012	CY2012
												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
A4351		Straight tip urine catheter	B	9	XXX							\$ -	\$ -	
A4352		Coude tip urinary catheter	B	9	XXX							\$ -	\$ -	
A4353		Intermittent urinary cath	X	9	XXX							\$ -	\$ -	
A4354		Cath insertion tray w/bag	B	9	XXX							\$ -	\$ -	
A4355		Bladder irrigation tubing	B	9	XXX							\$ -	\$ -	
A4356		Ext ureth clmp or compr dvc	B	9	XXX							\$ -	\$ -	
A4357		Bedside drainage bag	B	9	XXX							\$ -	\$ -	
A4358		Urinary leg or abdomen bag	B	9	XXX							\$ -	\$ -	
A4360		Disposable ext urethral dev	X	9	XXX							\$ -	\$ -	
A4361		Ostomy face plate	B	9	XXX							\$ -	\$ -	
A4362		Solid skin barrier	B	9	XXX							\$ -	\$ -	
A4363		Ostomy clamp, replacement	X	9	XXX							\$ -	\$ -	
A4364		Adhesive, liquid or equal	B	9	XXX							\$ -	\$ -	
A4366		Ostomy vent	X	9	XXX							\$ -	\$ -	
A4367		Ostomy belt	B	9	XXX							\$ -	\$ -	
A4368		Ostomy filter	X	9	XXX							\$ -	\$ -	
A4369		Skin barrier liquid per oz	X	9	XXX							\$ -	\$ -	
A4371		Skin barrier powder per oz	X	9	XXX							\$ -	\$ -	
A4372		Skin barrier solid 4x4 equiv	X	9	XXX							\$ -	\$ -	
A4373		Skin barrier with flange	X	9	XXX							\$ -	\$ -	
A4375		Drainable plastic pch w fcpl	X	9	XXX							\$ -	\$ -	
A4376		Drainable rubber pch w fcpl	X	9	XXX							\$ -	\$ -	
A4377		Drainable plstic pch w/o fp	X	9	XXX							\$ -	\$ -	
A4378		Drainable rubber pch w/o fp	X	9	XXX							\$ -	\$ -	
A4379		Urinary plastic pouch w fcpl	X	9	XXX							\$ -	\$ -	
A4380		Urinary rubber pouch w fcpl	X	9	XXX							\$ -	\$ -	
A4381		Urinary plastic pouch w/o fp	X	9	XXX							\$ -	\$ -	
A4382		Urinary hvly plstc pch w/o fp	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment		
A4383		Urinary rubber pouch w/o fp	X	9	XXX							\$	-	\$	-
A4384		Ostomy faceplt/silicone ring	X	9	XXX							\$	-	\$	-
A4385		Ost skn barrier sld ext wear	X	9	XXX							\$	-	\$	-
A4387		Ost clsd pouch w att st barr	X	9	XXX							\$	-	\$	-
A4388		Drainable pch w ex wear barr	X	9	XXX							\$	-	\$	-
A4389		Drainable pch w st wear barr	X	9	XXX							\$	-	\$	-
A4390		Drainable pch ex wear convex	X	9	XXX							\$	-	\$	-
A4391		Urinary pouch w ex wear barr	X	9	XXX							\$	-	\$	-
A4392		Urinary pouch w st wear barr	X	9	XXX							\$	-	\$	-
A4393		Urine pch w ex wear bar conv	X	9	XXX							\$	-	\$	-
A4394		Ostomy pouch liq deodorant	X	9	XXX							\$	-	\$	-
A4395		Ostomy pouch solid deodorant	X	9	XXX							\$	-	\$	-
A4396		Peristomal hernia supprt blt	X	9	XXX							\$	-	\$	-
A4397		Irrigation supply sleeve	B	9	XXX							\$	-	\$	-
A4398		Ostomy irrigation bag	B	9	XXX							\$	-	\$	-
A4399		Ostomy irrig cone/cath w brs	B	9	XXX							\$	-	\$	-
A4400		Ostomy irrigation set	B	9	XXX							\$	-	\$	-
A4402		Lubricant per ounce	B	9	XXX							\$	-	\$	-
A4404		Ostomy ring each	B	9	XXX							\$	-	\$	-
A4405		Nonpectin based ostomy paste	X	9	XXX							\$	-	\$	-
A4406		Pectin based ostomy paste	X	9	XXX							\$	-	\$	-
A4407		Ext wear ost skn barr <=4sq"	X	9	XXX							\$	-	\$	-
A4408		Ext wear ost skn barr >4sq"	X	9	XXX							\$	-	\$	-
A4409		Ost skn barr convex <=4 sq i	X	9	XXX							\$	-	\$	-
A4410		Ost skn barr extnd >4 sq	X	9	XXX							\$	-	\$	-
A4411		Ost skn barr extnd =4sq	X	9	XXX							\$	-	\$	-
A4412		Ost pouch drain high output	X	9	XXX							\$	-	\$	-
A4413		2 pc drainable ost pouch	X	9	XXX							\$	-	\$	-

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
A4414		Ost sknbar w/o conv<=4 sq in	X	9	XXX							\$ -	\$ -	
A4415		Ost skn barr w/o conv >4 sqi	X	9	XXX							\$ -	\$ -	
A4416		Ost pch clsd w barrier/filtr	X	9	XXX							\$ -	\$ -	
A4417		Ost pch w bar/bltinconv/fltr	X	9	XXX							\$ -	\$ -	
A4418		Ost pch clsd w/o bar w filtr	X	9	XXX							\$ -	\$ -	
A4419		Ost pch for bar w flange/flt	X	9	XXX							\$ -	\$ -	
A4420		Ost pch clsd for bar w lk fl	X	9	XXX							\$ -	\$ -	
A4421		Ostomy supply misc	X	9	XXX							\$ -	\$ -	
A4422		Ost pouch absorbent material	X	9	XXX							\$ -	\$ -	
A4423		Ost pch for bar w lk fl/filtr	X	9	XXX							\$ -	\$ -	
A4424		Ost pch drain w bar & filter	X	9	XXX							\$ -	\$ -	
A4425		Ost pch drain for barrier fl	X	9	XXX							\$ -	\$ -	
A4426		Ost pch drain 2 piece system	X	9	XXX							\$ -	\$ -	
A4427		Ost pch drain/barr lk flng/f	X	9	XXX							\$ -	\$ -	
A4428		Urine ost pouch w faucet/tap	X	9	XXX							\$ -	\$ -	
A4429		Urine ost pouch w bltinconv	X	9	XXX							\$ -	\$ -	
A4430		Ost urine pch w b/bltin conv	X	9	XXX							\$ -	\$ -	
A4431		Ost pch urine w barrier/tapv	X	9	XXX							\$ -	\$ -	
A4432		Os pch urine w bar/fange/tap	X	9	XXX							\$ -	\$ -	
A4433		Urine ost pch bar w lock fln	X	9	XXX							\$ -	\$ -	
A4434		Ost pch urine w lock flng/ft	X	9	XXX							\$ -	\$ -	
A4450		Non-waterproof tape	X	9	XXX							\$ -	\$ -	
A4452		Waterproof tape	X	9	XXX							\$ -	\$ -	
A4455		Adhesive remover per ounce	B	9	XXX							\$ -	\$ -	
A4456		Adhesive remover, wipes	X	9	XXX							\$ -	\$ -	
A4458		Reusable enema bag	X	9	XXX							\$ -	\$ -	
A4461		Surgicl dress hold non-reuse	X	9	XXX							\$ -	\$ -	
A4463		Surgical dress holder reuse	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
A4465		Non-elastic extremity binder	B	9	XXX							\$ -	\$ -	
A4466		Elastic garment/covering	I	9	XXX							\$ -	\$ -	
A4470		Gravlee jet washer	B	9	XXX							\$ -	\$ -	
A4480		Vabra aspirator	B	9	XXX							\$ -	\$ -	
A4481		Tracheostoma filter	X	9	XXX							\$ -	\$ -	
A4483		Moisture exchanger	X	9	XXX							\$ -	\$ -	
A4490		Above knee surgical stocking	X	9	XXX							\$ -	\$ -	
A4495		Thigh length surg stocking	X	9	XXX							\$ -	\$ -	
A4500		Below knee surgical stocking	X	9	XXX							\$ -	\$ -	
A4510		Full length surg stocking	X	9	XXX							\$ -	\$ -	
A4520		Incontinence garment anytype	X	9	XXX							\$ -	\$ -	
A4550		Surgical trays	B	9	XXX							\$ -	\$ -	
A4554		Disposable underpads	N	9	XXX							\$ -	\$ -	
A4556		Electrodes, pair	B	9	XXX							\$ -	\$ -	
A4557		Lead wires, pair	B	9	XXX							\$ -	\$ -	
A4558		Conductive gel or paste	B	9	XXX							\$ -	\$ -	
A4559		Coupling gel or paste	X	9	XXX							\$ -	\$ -	
A4561		Pessary rubber, any type	X	9	XXX							\$ -	\$ -	
A4562		Pessary, non rubber,any type	X	9	XXX							\$ -	\$ -	
A4565		Slings	X	9	XXX							\$ -	\$ -	
A4566		Should sling/vest/abrestrain	X	9	XXX							\$ -	\$ -	
A4570		Splint	X	9	XXX							\$ -	\$ -	
A4575		Hyperbaric o2 chamber disps	N	9	XXX							\$ -	\$ -	
A4580		Cast supplies (plaster)	X	9	XXX							\$ -	\$ -	
A4590		Special casting material	X	9	XXX							\$ -	\$ -	
A4595		TENS suppl 2 lead per month	X	9	XXX							\$ -	\$ -	
A4600		Sleeve, inter limb comp dev	X	9	XXX							\$ -	\$ -	
A4601		Lith ion batt, non-pros use	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
A4604		Tubing with heating element	X	9	XXX							\$ -	\$ -	
A4605		Trach suction cath close sys	X	9	XXX							\$ -	\$ -	
A4606		Oxygen probe used w oximeter	X	9	XXX							\$ -	\$ -	
A4608		Transtracheal oxygen cath	X	9	XXX							\$ -	\$ -	
A4611		Heavy duty battery	X	9	XXX							\$ -	\$ -	
A4612		Battery cables	X	9	XXX							\$ -	\$ -	
A4613		Battery charger	X	9	XXX							\$ -	\$ -	
A4614		Hand-held PEFR meter	X	9	XXX							\$ -	\$ -	
A4615		Cannula nasal	X	9	XXX							\$ -	\$ -	
A4616		Tubing (oxygen) per foot	X	9	XXX							\$ -	\$ -	
A4617		Mouth piece	X	9	XXX							\$ -	\$ -	
A4618		Breathing circuits	X	9	XXX							\$ -	\$ -	
A4619		Face tent	X	9	XXX							\$ -	\$ -	
A4620		Variable concentration mask	X	9	XXX							\$ -	\$ -	
A4623		Tracheostomy inner cannula	X	9	XXX							\$ -	\$ -	
A4624		Tracheal suction tube	X	9	XXX							\$ -	\$ -	
A4625		Trach care kit for new trach	X	9	XXX							\$ -	\$ -	
A4626		Tracheostomy cleaning brush	X	9	XXX							\$ -	\$ -	
A4627		Spacer bag/reservoir	N	9	XXX							\$ -	\$ -	
A4628		Oropharyngeal suction cath	X	9	XXX							\$ -	\$ -	
A4629		Tracheostomy care kit	X	9	XXX							\$ -	\$ -	
A4630		Repl bat t.e.n.s. own by pt	X	9	XXX							\$ -	\$ -	
A4633		Uvl replacement bulb	X	9	XXX							\$ -	\$ -	
A4634		Replacement bulb th lightbox	X	9	XXX							\$ -	\$ -	
A4635		Underarm crutch pad	X	9	XXX							\$ -	\$ -	
A4636		Handgrip for cane etc	X	9	XXX							\$ -	\$ -	
A4637		Repl tip cane/crutch/walker	X	9	XXX							\$ -	\$ -	
A4638		Repl batt pulse gen sys	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
A4639		Infrared ht sys replcmnt pad	X	9	XXX							\$ -	\$ -	
A4640		Alternating pressure pad	X	9	XXX							\$ -	\$ -	
A4641		Radiopharm dx agent noc	C	0	XXX							\$ -	\$ -	
A4642		In111 satumomab	C	0	XXX							\$ -	\$ -	
A4648		Implantable tissue marker	X	9	XXX							\$ -	\$ -	
A4649		Surgical supplies	B	9	XXX							\$ -	\$ -	
A4650		Implant radiation dosimeter	X	9	XXX							\$ -	\$ -	
A4651		Calibrated microcap tube	X	9	XXX							\$ -	\$ -	
A4652		Microcapillary tube sealant	X	9	XXX							\$ -	\$ -	
A4653		PD catheter anchor belt	X	9	XXX							\$ -	\$ -	
A4657		Syringe w/wo needle	X	9	XXX							\$ -	\$ -	
A4660		Sphyg/bp app w cuff and stet	X	9	XXX							\$ -	\$ -	
A4663		Dialysis blood pressure cuff	X	9	XXX							\$ -	\$ -	
A4670		Automatic bp monitor, dial	N	9	XXX							\$ -	\$ -	
A4671		Disposable cyler set	X	9	XXX							\$ -	\$ -	
A4672		Drainage ext line, dialysis	X	9	XXX							\$ -	\$ -	
A4673		Ext line w easy lock connect	X	9	XXX							\$ -	\$ -	
A4674		Chem/antisept solution, 8oz	X	9	XXX							\$ -	\$ -	
A4680		Activated carbon filter, ea	X	9	XXX							\$ -	\$ -	
A4690		Dialyzer, each	X	9	XXX							\$ -	\$ -	
A4706		Bicarbonate conc sol per gal	X	9	XXX							\$ -	\$ -	
A4707		Bicarbonate conc pow per pac	X	9	XXX							\$ -	\$ -	
A4708		Acetate conc sol per gallon	X	9	XXX							\$ -	\$ -	
A4709		Acid conc sol per gallon	X	9	XXX							\$ -	\$ -	
A4714		Treated water per gallon	X	9	XXX							\$ -	\$ -	
A4719	Y	"Y set" tubing	X	9	XXX							\$ -	\$ -	
A4720		Dialysat sol fld vol > 249cc	X	9	XXX							\$ -	\$ -	
A4721		Dialysat sol fld vol > 999cc	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment		
A4722		Dialys sol fld vol > 1999cc	X	9	XXX							\$	-	\$	-
A4723		Dialys sol fld vol > 2999cc	X	9	XXX							\$	-	\$	-
A4724		Dialys sol fld vol > 3999cc	X	9	XXX							\$	-	\$	-
A4725		Dialys sol fld vol > 4999cc	X	9	XXX							\$	-	\$	-
A4726		Dialys sol fld vol > 5999cc	X	9	XXX							\$	-	\$	-
A4728		Dialysate solution, non-dex	X	9	XXX							\$	-	\$	-
A4730		Fistula cannulation set, ea	X	9	XXX							\$	-	\$	-
A4736		Topical anesthetic, per gram	X	9	XXX							\$	-	\$	-
A4737		Inj anesthetic per 10 ml	X	9	XXX							\$	-	\$	-
A4740		Shunt accessory	X	9	XXX							\$	-	\$	-
A4750		Art or venous blood tubing	X	9	XXX							\$	-	\$	-
A4755		Comb art/venous blood tubing	X	9	XXX							\$	-	\$	-
A4760		Dialysate sol test kit, each	X	9	XXX							\$	-	\$	-
A4765		Dialysate conc pow per pack	X	9	XXX							\$	-	\$	-
A4766		Dialysate conc sol add 10 ml	X	9	XXX							\$	-	\$	-
A4770		Blood collection tube/vacuum	X	9	XXX							\$	-	\$	-
A4771		Serum clotting time tube	X	9	XXX							\$	-	\$	-
A4772		Blood glucose test strips	X	9	XXX							\$	-	\$	-
A4773		Occult blood test strips	X	9	XXX							\$	-	\$	-
A4774		Ammonia test strips	X	9	XXX							\$	-	\$	-
A4802		Protamine sulfate per 50 mg	X	9	XXX							\$	-	\$	-
A4860		Disposable catheter tips	X	9	XXX							\$	-	\$	-
A4870		Plumb/elec wk hm hemo equip	X	9	XXX							\$	-	\$	-
A4890		Repair/maint cont hemo equip	X	0	XXX							\$	-	\$	-
A4911		Drain bag/bottle	X	9	XXX							\$	-	\$	-
A4913		Misc dialysis supplies noc	X	9	XXX							\$	-	\$	-
A4918		Venous pressure clamp	X	9	XXX							\$	-	\$	-
A4927		Non-sterile gloves	X	9	XXX							\$	-	\$	-

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
A4928		Surgical mask	X	9	XXX							\$ -	\$ -	
A4929		Tourniquet for dialysis, ea	X	9	XXX							\$ -	\$ -	
A4930		Sterile, gloves per pair	X	9	XXX							\$ -	\$ -	
A4931		Reusable oral thermometer	X	9	XXX							\$ -	\$ -	
A4932		Reusable rectal thermometer	X	9	XXX							\$ -	\$ -	
A5051		Pouch clsd w barr attached	B	9	XXX							\$ -	\$ -	
A5052		Clsd ostomy pouch w/o barr	B	9	XXX							\$ -	\$ -	
A5053		Clsd ostomy pouch faceplate	B	9	XXX							\$ -	\$ -	
A5054		Clsd ostomy pouch w/flange	B	9	XXX							\$ -	\$ -	
A5055		Stoma cap	B	9	XXX							\$ -	\$ -	
A5056		1 pc ost pouch w filter	X	9	XXX							\$ -	\$ -	
A5057		1 pc ost pou w built-in conv	X	9	XXX							\$ -	\$ -	
A5061		Pouch drainable w barrier at	B	9	XXX							\$ -	\$ -	
A5062		Drnble ostomy pouch w/o barr	B	9	XXX							\$ -	\$ -	
A5063		Drain ostomy pouch w/flange	B	9	XXX							\$ -	\$ -	
A5071		Urinary pouch w/barrier	B	9	XXX							\$ -	\$ -	
A5072		Urinary pouch w/o barrier	B	9	XXX							\$ -	\$ -	
A5073		Urinary pouch on barr w/flng	B	9	XXX							\$ -	\$ -	
A5081		Continent stoma plug	B	9	XXX							\$ -	\$ -	
A5082		Continent stoma catheter	B	9	XXX							\$ -	\$ -	
A5083		Stoma absorptive cover	X	9	XXX							\$ -	\$ -	
A5093		Ostomy accessory convex inse	B	9	XXX							\$ -	\$ -	
A5102		Bedside drain btl w/wo tube	B	9	XXX							\$ -	\$ -	
A5105		Urinary suspensory	B	9	XXX							\$ -	\$ -	
A5112		Urinary leg bag	B	9	XXX							\$ -	\$ -	
A5113		Latex leg strap	B	9	XXX							\$ -	\$ -	
A5114		Foam/fabric leg strap	B	9	XXX							\$ -	\$ -	
A5120		Skin barrier, wipe or swab	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
A5121		Solid skin barrier 6x6	B	9	XXX							\$ -	\$ -	
A5122		Solid skin barrier 8x8	B	9	XXX							\$ -	\$ -	
A5126		Disk/foam pad +or- adhesive	B	9	XXX							\$ -	\$ -	
A5131		Appliance cleaner	B	9	XXX							\$ -	\$ -	
A5200		Percutaneous catheter anchor	X	9	XXX							\$ -	\$ -	
A5500		Diab shoe for density insert	X	9	XXX							\$ -	\$ -	
A5501		Diabetic custom molded shoe	X	9	XXX							\$ -	\$ -	
A5503		Diabetic shoe w/roller/rockr	X	9	XXX							\$ -	\$ -	
A5504		Diabetic shoe with wedge	X	9	XXX							\$ -	\$ -	
A5505		Diab shoe w/metatarsal bar	X	9	XXX							\$ -	\$ -	
A5506		Diabetic shoe w/off set heel	X	9	XXX							\$ -	\$ -	
A5507		Modification diabetic shoe	X	9	XXX							\$ -	\$ -	
A5508		Diabetic deluxe shoe	X	9	XXX							\$ -	\$ -	
A5510		Compression form shoe insert	X	9	XXX							\$ -	\$ -	
A5512		Multi den insert direct form	X	9	XXX							\$ -	\$ -	
A5513		Multi den insert custom mold	X	9	XXX							\$ -	\$ -	
A6000		Wound warming wound cover	N	9	XXX							\$ -	\$ -	
A6010		Collagen based wound filler	X	9	XXX							\$ -	\$ -	
A6011		Collagen gel/paste wound fil	X	9	XXX							\$ -	\$ -	
A6021		Collagen dressing <=16 sq in	X	9	XXX							\$ -	\$ -	
A6022		Collagen drsg>16<=48 sq in	X	9	XXX							\$ -	\$ -	
A6023		Collagen dressing >48 sq in	X	9	XXX							\$ -	\$ -	
A6024		Collagen dsg wound filler	X	9	XXX							\$ -	\$ -	
A6025		Silicone gel sheet, each	X	9	XXX							\$ -	\$ -	
A6154		Wound pouch each	B	9	XXX							\$ -	\$ -	
A6196		Alginate dressing <=16 sq in	B	9	XXX							\$ -	\$ -	
A6197		Alginate drsg >16 <=48 sq in	B	9	XXX							\$ -	\$ -	
A6198		alginate dressing > 48 sq in	B	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
A6199		Alginate drsg wound filler	B	9	XXX							\$ -	\$ -	
A6203		Composite drsg <= 16 sq in	B	9	XXX							\$ -	\$ -	
A6204		Composite drsg >16<=48 sq in	B	9	XXX							\$ -	\$ -	
A6205		Composite drsg > 48 sq in	B	9	XXX							\$ -	\$ -	
A6206		Contact layer <= 16 sq in	B	9	XXX							\$ -	\$ -	
A6207		Contact layer >16<= 48 sq in	B	9	XXX							\$ -	\$ -	
A6208		Contact layer > 48 sq in	B	9	XXX							\$ -	\$ -	
A6209		Foam drsg <=16 sq in w/o bdr	B	9	XXX							\$ -	\$ -	
A6210		Foam drg >16<=48 sq in w/o b	B	9	XXX							\$ -	\$ -	
A6211		Foam drg > 48 sq in w/o brdr	B	9	XXX							\$ -	\$ -	
A6212		Foam drg <=16 sq in w/border	B	9	XXX							\$ -	\$ -	
A6213		Foam drg >16<=48 sq in w/bdr	B	9	XXX							\$ -	\$ -	
A6214		Foam drg > 48 sq in w/border	B	9	XXX							\$ -	\$ -	
A6215		Foam dressing wound filler	B	9	XXX							\$ -	\$ -	
A6216		Non-sterile gauze<=16 sq in	B	9	XXX							\$ -	\$ -	
A6217		Non-sterile gauze>16<=48 sq	B	9	XXX							\$ -	\$ -	
A6218		Non-sterile gauze > 48 sq in	B	9	XXX							\$ -	\$ -	
A6219		Gauze <= 16 sq in w/border	B	9	XXX							\$ -	\$ -	
A6220		Gauze >16 <=48 sq in w/bordr	B	9	XXX							\$ -	\$ -	
A6221		Gauze > 48 sq in w/border	B	9	XXX							\$ -	\$ -	
A6222		Gauze <=16 in no w/sal w/o b	B	9	XXX							\$ -	\$ -	
A6223		Gauze >16<=48 no w/sal w/o b	B	9	XXX							\$ -	\$ -	
A6224		Gauze > 48 in no w/sal w/o b	B	9	XXX							\$ -	\$ -	
A6228		Gauze <= 16 sq in water/sal	B	9	XXX							\$ -	\$ -	
A6229		Gauze >16<=48 sq in watr/sal	B	9	XXX							\$ -	\$ -	
A6230		Gauze > 48 sq in water/salne	B	9	XXX							\$ -	\$ -	
A6231		Hydrogel dsg<=16 sq in	X	9	XXX							\$ -	\$ -	
A6232		Hydrogel dsg>16<=48 sq in	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
A6233		Hydrogel dressing >48 sq in	X	9	XXX							\$ -	\$ -	
A6234		Hydrocolld drg <=16 w/o bdr	B	9	XXX							\$ -	\$ -	
A6235		Hydrocolld drg >16<=48 w/o b	B	9	XXX							\$ -	\$ -	
A6236		Hydrocolld drg > 48 in w/o b	B	9	XXX							\$ -	\$ -	
A6237		Hydrocolld drg <=16 in w/bdr	B	9	XXX							\$ -	\$ -	
A6238		Hydrocolld drg >16<=48 w/bdr	B	9	XXX							\$ -	\$ -	
A6239		Hydrocolld drg > 48 in w/bdr	B	9	XXX							\$ -	\$ -	
A6240		Hydrocolld drg filler paste	B	9	XXX							\$ -	\$ -	
A6241		Hydrocolloid drg filler dry	B	9	XXX							\$ -	\$ -	
A6242		Hydrogel drg <=16 in w/o bdr	B	9	XXX							\$ -	\$ -	
A6243		Hydrogel drg >16<=48 w/o bdr	B	9	XXX							\$ -	\$ -	
A6244		Hydrogel drg >48 in w/o bdr	B	9	XXX							\$ -	\$ -	
A6245		Hydrogel drg <= 16 in w/bdr	B	9	XXX							\$ -	\$ -	
A6246		Hydrogel drg >16<=48 in w/b	B	9	XXX							\$ -	\$ -	
A6247		Hydrogel drg > 48 sq in w/b	B	9	XXX							\$ -	\$ -	
A6248		Hydrogel drsg gel filler	B	9	XXX							\$ -	\$ -	
A6250		Skin seal protect moisturizr	B	9	XXX							\$ -	\$ -	
A6251		Absorpt drg <=16 sq in w/o b	B	9	XXX							\$ -	\$ -	
A6252		Absorpt drg >16 <=48 w/o bdr	B	9	XXX							\$ -	\$ -	
A6253		Absorpt drg > 48 sq in w/o b	B	9	XXX							\$ -	\$ -	
A6254		Absorpt drg <=16 sq in w/bdr	B	9	XXX							\$ -	\$ -	
A6255		Absorpt drg >16<=48 in w/bdr	B	9	XXX							\$ -	\$ -	
A6256		Absorpt drg > 48 sq in w/bdr	B	9	XXX							\$ -	\$ -	
A6257		Transparent film <= 16 sq in	B	9	XXX							\$ -	\$ -	
A6258		Transparent film >16<=48 in	B	9	XXX							\$ -	\$ -	
A6259		Transparent film > 48 sq in	B	9	XXX							\$ -	\$ -	
A6260		Wound cleanser any type/size	B	9	XXX							\$ -	\$ -	
A6261		Wound filler gel/paste /oz	B	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance	
A6262		Wound filler dry form / gram	B	9	XXX							\$	-	\$	-
A6266		Impreg gauze no h20/sal/yard	B	9	XXX							\$	-	\$	-
A6402		Sterile gauze <= 16 sq in	B	9	XXX							\$	-	\$	-
A6403		Sterile gauze>16 <= 48 sq in	B	9	XXX							\$	-	\$	-
A6404		Sterile gauze > 48 sq in	B	9	XXX							\$	-	\$	-
A6407		Packing strips, non-impreg	X	9	XXX							\$	-	\$	-
A6410		Sterile eye pad	X	9	XXX							\$	-	\$	-
A6411		Non-sterile eye pad	X	9	XXX							\$	-	\$	-
A6412		Occlusive eye patch	X	9	XXX							\$	-	\$	-
A6413		Adhesive bandage, first-aid	N	9	XXX							\$	-	\$	-
A6441		Pad band w>=3" <5"/yd	X	9	XXX							\$	-	\$	-
A6442		Conform band n/s w<3"/yd	X	9	XXX							\$	-	\$	-
A6443		Conform band n/s w>=3"<5"/yd	X	9	XXX							\$	-	\$	-
A6444		Conform band n/s w>=5"/yd	X	9	XXX							\$	-	\$	-
A6445		Conform band s w <3"/yd	X	9	XXX							\$	-	\$	-
A6446		Conform band s w>=3" <5"/yd	X	9	XXX							\$	-	\$	-
A6447		Conform band s w >=5"/yd	X	9	XXX							\$	-	\$	-
A6448		Lt compres band <3"/yd	X	9	XXX							\$	-	\$	-
A6449		Lt compres band >=3" <5"/yd	X	9	XXX							\$	-	\$	-
A6450		Lt compres band >=5"/yd	X	9	XXX							\$	-	\$	-
A6451		Mod compres band w>=3"<5"/yd	X	9	XXX							\$	-	\$	-
A6452		High compres band w>=3"<5"/yd	X	9	XXX							\$	-	\$	-
A6453		Self-adher band w <3"/yd	X	9	XXX							\$	-	\$	-
A6454		Self-adher band w>=3" <5"/yd	X	9	XXX							\$	-	\$	-
A6455		Self-adher band >=5"/yd	X	9	XXX							\$	-	\$	-
A6456		Zinc paste band w >=3"<5"/yd	X	9	XXX							\$	-	\$	-
A6457		Tubular dressing	X	9	XXX							\$	-	\$	-
A6501		Compres burngarment bodysuit	X	9	XXX							\$	-	\$	-

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
A6502		Compres burngarment chinstrp	X	9	XXX							\$ -	\$ -	
A6503		Compres burngarment facehood	X	9	XXX							\$ -	\$ -	
A6504		Cmprsburngarment glove-wrist	X	9	XXX							\$ -	\$ -	
A6505		Cmprsburngarment glove-elbow	X	9	XXX							\$ -	\$ -	
A6506		Cmprsburngrmnt glove-axilla	X	9	XXX							\$ -	\$ -	
A6507		Cmprs burngarment foot-knee	X	9	XXX							\$ -	\$ -	
A6508		Cmprs burngarment foot-thigh	X	9	XXX							\$ -	\$ -	
A6509		Compres burn garment jacket	X	9	XXX							\$ -	\$ -	
A6510		Compres burn garment leotard	X	9	XXX							\$ -	\$ -	
A6511		Compres burn garment panty	X	9	XXX							\$ -	\$ -	
A6512		Compres burn garment, noc	X	9	XXX							\$ -	\$ -	
A6513		Compress burn mask face/neck	X	9	XXX							\$ -	\$ -	
A6530		Compression stocking BK18-30	N	9	XXX							\$ -	\$ -	
A6531		Compression stocking BK30-40	X	9	XXX							\$ -	\$ -	
A6532		Compression stocking BK40-50	X	9	XXX							\$ -	\$ -	
A6533		Gc stocking thighlngh 18-30	N	9	XXX							\$ -	\$ -	
A6534		Gc stocking thighlngh 30-40	N	9	XXX							\$ -	\$ -	
A6535		Gc stocking thighlngh 40-50	N	9	XXX							\$ -	\$ -	
A6536		Gc stocking full lngth 18-30	N	9	XXX							\$ -	\$ -	
A6537		Gc stocking full lngth 30-40	N	9	XXX							\$ -	\$ -	
A6538		Gc stocking full lngth 40-50	N	9	XXX							\$ -	\$ -	
A6539		Gc stocking waistlngh 18-30	N	9	XXX							\$ -	\$ -	
A6540		Gc stocking waistlngh 30-40	N	9	XXX							\$ -	\$ -	
A6541		Gc stocking waistlngh 40-50	N	9	XXX							\$ -	\$ -	
A6544		Gc stocking garter belt	N	9	XXX							\$ -	\$ -	
A6545		Grad comp non-elastic BK	X	9	XXX							\$ -	\$ -	
A6549		G compression stocking	N	9	XXX							\$ -	\$ -	
A6550		Neg pres wound ther drsg set	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
A7000		Disposable canister for pump	X	9	XXX							\$ -	\$ -	
A7001		Nondisposable pump canister	X	9	XXX							\$ -	\$ -	
A7002		Tubing used w suction pump	X	9	XXX							\$ -	\$ -	
A7003		Nebulizer administration set	X	9	XXX							\$ -	\$ -	
A7004		Disposable nebulizer sml vol	X	9	XXX							\$ -	\$ -	
A7005		Nondisposable nebulizer set	X	9	XXX							\$ -	\$ -	
A7006		Filtered nebulizer admin set	X	9	XXX							\$ -	\$ -	
A7007		Lg vol nebulizer disposable	X	9	XXX							\$ -	\$ -	
A7008		Disposable nebulizer prefill	X	9	XXX							\$ -	\$ -	
A7009		Nebulizer reservoir bottle	X	9	XXX							\$ -	\$ -	
A7010		Disposable corrugated tubing	X	9	XXX							\$ -	\$ -	
A7011		Nondispos corrugated tubing	X	9	XXX							\$ -	\$ -	
A7012		Nebulizer water collec devic	X	9	XXX							\$ -	\$ -	
A7013		Disposable compressor filter	X	9	XXX							\$ -	\$ -	
A7014		Compressor nondispos filter	X	9	XXX							\$ -	\$ -	
A7015		Aerosol mask used w nebulize	X	9	XXX							\$ -	\$ -	
A7016		Nebulizer dome & mouthpiece	X	9	XXX							\$ -	\$ -	
A7017		Nebulizer not used w oxygen	X	9	XXX							\$ -	\$ -	
A7018		Water distilled w/nebulizer	X	9	XXX							\$ -	\$ -	
A7020		Interface, cough stim device	X	9	XXX							\$ -	\$ -	
A7025		Replace chest compress vest	X	9	XXX							\$ -	\$ -	
A7026		Replace chst cmprss sys hose	X	9	XXX							\$ -	\$ -	
A7027		Combination oral/nasal mask	X	9	XXX							\$ -	\$ -	
A7028		Repl oral cushion combo mask	X	9	XXX							\$ -	\$ -	
A7029		Repl nasal pillow comb mask	X	9	XXX							\$ -	\$ -	
A7030		CPAP full face mask	X	9	XXX							\$ -	\$ -	
A7031		Replacement facemask interfa	X	9	XXX							\$ -	\$ -	
A7032		Replacement nasal cushion	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
A7033		Replacement nasal pillows	X	9	XXX							\$ -	\$ -	
A7034		Nasal application device	X	9	XXX							\$ -	\$ -	
A7035		Pos airway press headgear	X	9	XXX							\$ -	\$ -	
A7036		Pos airway press chinstrap	X	9	XXX							\$ -	\$ -	
A7037		Pos airway pressure tubing	X	9	XXX							\$ -	\$ -	
A7038		Pos airway pressure filter	X	9	XXX							\$ -	\$ -	
A7039		Filter, non disposable w pap	X	9	XXX							\$ -	\$ -	
A7040		One way chest drain valve	X	9	XXX							\$ -	\$ -	
A7041		Water seal drain container	X	9	XXX							\$ -	\$ -	
A7042		Implanted pleural catheter	X	9	XXX							\$ -	\$ -	
A7043		Vacuum drainagebottle/tubing	X	9	XXX							\$ -	\$ -	
A7044		PAP oral interface	X	9	XXX							\$ -	\$ -	
A7045		Repl exhalation port for PAP	X	9	XXX							\$ -	\$ -	
A7046		Repl water chamber, PAP dev	X	9	XXX							\$ -	\$ -	
A7501		Tracheostoma valve w diaphra	X	9	XXX							\$ -	\$ -	
A7502		Replacement diaphragm/fplate	X	9	XXX							\$ -	\$ -	
A7503		HMES filter holder or cap	X	9	XXX							\$ -	\$ -	
A7504		Tracheostoma HMES filter	X	9	XXX							\$ -	\$ -	
A7505		HMES or trach valve housing	X	9	XXX							\$ -	\$ -	
A7506		HMES/trachvalve adhesivedisk	X	9	XXX							\$ -	\$ -	
A7507		Integrated filter & holder	X	9	XXX							\$ -	\$ -	
A7508		Housing & Integrated Adhesiv	X	9	XXX							\$ -	\$ -	
A7509		Heat & moisture exchange sys	X	9	XXX							\$ -	\$ -	
A7520		Trach/laryn tube non-cuffed	X	9	XXX							\$ -	\$ -	
A7521		Trach/laryn tube cuffed	X	9	XXX							\$ -	\$ -	
A7522		Trach/laryn tube stainless	X	9	XXX							\$ -	\$ -	
A7523		Tracheostomy shower protect	X	9	XXX							\$ -	\$ -	
A7524		Tracheostoma stent/stud/btt	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
A7525		Tracheostomy mask	X	9	XXX							\$ -	\$ -	
A7526		Tracheostomy tube collar	X	9	XXX							\$ -	\$ -	
A7527		Trach/laryn tube plug/stop	X	9	XXX							\$ -	\$ -	
A8000		Soft protect helmet prefab	X	9	XXX							\$ -	\$ -	
A8001		Hard protect helmet prefab	X	9	XXX							\$ -	\$ -	
A8002		Soft protect helmet custom	X	9	XXX							\$ -	\$ -	
A8003		Hard protect helmet custom	X	9	XXX							\$ -	\$ -	
A8004		Repl soft interface, helmet	X	9	XXX							\$ -	\$ -	
A9150		Misc/exper non-prescript dru	X	9	XXX							\$ -	\$ -	
A9152		Single vitamin nos	I	9	XXX							\$ -	\$ -	
A9153		Multi-vitamin nos	I	9	XXX							\$ -	\$ -	
A9155		Artificial saliva	X	9	XXX							\$ -	\$ -	
A9180		Lice treatment, topical	I	9	XXX							\$ -	\$ -	
A9270		Non-covered item or service	N	9	XXX							\$ -	\$ -	
A9272		Disposable mech wound suct	X	9	XXX							\$ -	\$ -	
A9273		Hot/cold h2obot/cap/col/wrap	N	9	XXX							\$ -	\$ -	
A9274		Ext amb insulin delivery sys	X	9	XXX							\$ -	\$ -	
A9275		Disp home glucose monitor	N	9	XXX							\$ -	\$ -	
A9276		Disposable sensor, CGM sys	N	9	XXX							\$ -	\$ -	
A9277		External transmitter, CGM	N	9	XXX							\$ -	\$ -	
A9278		External receiver, CGM sys	N	9	XXX							\$ -	\$ -	
A9279		Monitoring feature/deviceNOC	X	9	XXX							\$ -	\$ -	
A9280		Alert device, noc	N	9	XXX							\$ -	\$ -	
A9281		Reaching/grabbing device	N	9	XXX							\$ -	\$ -	
A9282		Wig any type	N	9	XXX							\$ -	\$ -	
A9283		Foot press off load supp dev	N	9	XXX							\$ -	\$ -	
A9284		Non-electronic spirometer	X	9	XXX							\$ -	\$ -	
A9300		Exercise equipment	N	9	XXX							\$ -	\$ -	

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HCPCS	MOD	DESCRIPTION	STATUS CODE	PCTC IND	GLOB DAYS	MULT PROC	BILAT SURG	ASST SURG	CO- SURG	TEAM SURG	ENDO BASE	CY 2012	CY 2012	CY2012
												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
A9500		Tc99m sestamibi	C	0	XXX							\$ -	\$ -	
A9501		Technetium TC-99m teboroxime	C	0	XXX							\$ -	\$ -	
A9502		Tc99m tetrofosmin	C	0	XXX							\$ -	\$ -	
A9503		Tc99m medronate	C	0	XXX							\$ -	\$ -	
A9504		Tc99m apcitide	C	0	XXX							\$ -	\$ -	
A9505		TL201 thallium	C	0	XXX							\$ -	\$ -	
A9507		In111 capromab	C	0	XXX							\$ -	\$ -	
A9508		I131 iodobenguante, dx	C	0	XXX							\$ -	\$ -	
A9509		Iodine I-123 sod iodide mil	C	0	XXX							\$ -	\$ -	
A9510		Tc99m disofenin	C	0	XXX							\$ -	\$ -	
A9512		Tc99m pertechnetate	C	0	XXX							\$ -	\$ -	
A9516		Iodine I-123 sod iodide mic	C	0	XXX							\$ -	\$ -	
A9517		I131 iodide cap, rx	C	0	XXX							\$ -	\$ -	
A9521		Tc99m exametazime	C	0	XXX							\$ -	\$ -	
A9524		I131 serum albumin, dx	C	0	XXX							\$ -	\$ -	
A9526		Nitrogen N-13 ammonia	C	0	XXX							\$ -	\$ -	
A9527		Iodine I-125 sodium iodide	C	0	XXX							\$ -	\$ -	
A9528		Iodine I-131 iodide cap, dx	C	0	XXX							\$ -	\$ -	
A9529		I131 iodide sol, dx	C	0	XXX							\$ -	\$ -	
A9530		I131 iodide sol, rx	C	0	XXX							\$ -	\$ -	
A9531		I131 max 100uCi	C	0	XXX							\$ -	\$ -	
A9532		I125 serum albumin, dx	C	0	XXX							\$ -	\$ -	
A9536		Tc99m depreotide	C	0	XXX							\$ -	\$ -	
A9537		Tc99m mebrofenin	C	0	XXX							\$ -	\$ -	
A9538		Tc99m pyrophosphate	C	0	XXX							\$ -	\$ -	
A9539		Tc99m pentetate	C	0	XXX							\$ -	\$ -	
A9540		Tc99m MAA	C	0	XXX							\$ -	\$ -	
A9541		Tc99m sulfur colloid	C	0	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
A9542		In111 ibritumomab, dx	C	0	XXX							\$ -	\$ -	
A9543		Y90 ibritumomab, rx	C	0	XXX							\$ -	\$ -	
A9544		I131 tositumomab, dx	C	0	XXX							\$ -	\$ -	
A9545		I131 tositumomab, rx	C	0	XXX							\$ -	\$ -	
A9546		Co57/58	C	0	XXX							\$ -	\$ -	
A9547		In111 oxyquinoline	C	0	XXX							\$ -	\$ -	
A9548		In111 pentetate	C	0	XXX							\$ -	\$ -	
A9550		Tc99m gluceptate	C	0	XXX							\$ -	\$ -	
A9551		Tc99m succimer	C	0	XXX							\$ -	\$ -	
A9552		F18 fdg	C	0	XXX							\$ -	\$ -	
A9553		Cr51 chromate	C	0	XXX							\$ -	\$ -	
A9554		I125 iothalamate, dx	C	0	XXX							\$ -	\$ -	
A9555		Rb82 rubidium	C	0	XXX							\$ -	\$ -	
A9556		Ga67 gallium	C	0	XXX							\$ -	\$ -	
A9557		Tc99m bicsate	C	0	XXX							\$ -	\$ -	
A9558		Xe133 xenon 10mci	C	0	XXX							\$ -	\$ -	
A9559		Co57 cyano	C	0	XXX							\$ -	\$ -	
A9560		Tc99m labeled rbc	C	0	XXX							\$ -	\$ -	
A9561		Tc99m oxidronate	C	0	XXX							\$ -	\$ -	
A9562		Tc99m mertiatide	C	0	XXX							\$ -	\$ -	
A9563		P32 Na phosphate	C	0	XXX							\$ -	\$ -	
A9564		P32 chromic phosphate	C	0	XXX							\$ -	\$ -	
A9566		Tc99m fanolesomab	C	0	XXX							\$ -	\$ -	
A9567		Technetium TC-99m aerosol	C	0	XXX							\$ -	\$ -	
A9568		Technetium tc99m arcitumomab	C	0	XXX							\$ -	\$ -	
A9569		Technetium TC-99m auto WBC	C	0	XXX							\$ -	\$ -	
A9570		Indium In-111 auto WBC	C	0	XXX							\$ -	\$ -	
A9571		Indium IN-111 auto platelet	C	0	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
A9572		Indium In-111 pentetrotide	C	0	XXX							\$ -	\$ -	
A9576		Inj prohance multipack	X	9	XXX							\$ -	\$ -	
A9577		Inj multihance	X	9	XXX							\$ -	\$ -	
A9578		Inj multihance multipack	X	9	XXX							\$ -	\$ -	
A9579		Gad-base MR contrast NOS,1ml	X	9	XXX							\$ -	\$ -	
A9580		Sodium fluoride F-18	C	0	XXX							\$ -	\$ -	
A9581		Gadoxetate disodium inj	X	9	XXX							\$ -	\$ -	
A9582		Iodine I-123 iobenguane	X	9	XXX							\$ -	\$ -	
A9583		Gadofosveset trisodium inj	X	9	XXX							\$ -	\$ -	
A9584		Iodine I-123 ioflupane	X	9	XXX							\$ -	\$ -	
A9585		Gadobutrol injection	X	9	XXX							\$ -	\$ -	
A9600		Sr89 strontium	C	0	XXX							\$ -	\$ -	
A9604		Sm 153 lexidronam	X	9	XXX							\$ -	\$ -	
A9698		Non-rad contrast materialNOC	X	9	XXX							\$ -	\$ -	
A9699		Radiopharm rx agent noc	C	0	XXX							\$ -	\$ -	
A9700		Echocardiography Contrast	X	9	XXX							\$ -	\$ -	
A9900		Supply/accessory/service	X	9	XXX							\$ -	\$ -	
A9901		Delivery/set up/dispensing	X	9	XXX							\$ -	\$ -	
A9999		DME supply or accessory, nos	X	9	XXX							\$ -	\$ -	
G0008		Admin influenza virus vac	X	9	XXX							\$ -	\$ -	
G0009		Admin pneumococcal vaccine	X	9	XXX							\$ -	\$ -	
G0010		Admin hepatitis b vaccine	X	9	XXX							\$ -	\$ -	
G0027		Semen analysis	X	9	XXX							\$ -	\$ -	
G0101		CA screen;pelvic/breast exam	A	0	XXX							\$ 27.84	\$ 36.54	
G0102		Prostate ca screening; dre	A	0	XXX							\$ 9.05	\$ 18.10	
G0103		PSA screening	X	9	XXX							\$ -	\$ -	
G0104		CA screen;flexi sigmoidscope	A	0	000	Y						\$ 70.99	\$ 137.81	
G0105		Colorectal scrn; hi risk ind	A	0	000	Y						\$ 255.08	\$ 409.60	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
G0105	53	Colorectal scrn; hi risk ind	A	0	000	Y						\$ 70.99	\$ 137.81	
G0106		Colon CA screen;barium enema	A	1	XXX							\$ -	\$ 194.18	
G0106	26	Colon CA screen;barium enema	A	1	XXX							\$ 47.33	\$ 47.33	
G0106	TC	Colon CA screen;barium enema	A	1	XXX							\$ -	\$ 146.86	
G0108		Diab manage trn per indiv	A	0	XXX							\$ -	\$ 53.94	
G0109		Diab manage trn ind/group	A	0	XXX							\$ -	\$ 16.01	
G0117		Glaucoma scrn hgh risk direc	A	0	XXX							\$ -	\$ 48.37	
G0118		Glaucoma scrn hgh risk direc	A	0	XXX							\$ -	\$ 32.36	
G0120		Colon ca scrn; barium enema	A	1	XXX							\$ -	\$ 194.18	
G0120	26	Colon ca scrn; barium enema	A	1	XXX							\$ 47.33	\$ 47.33	
G0120	TC	Colon ca scrn; barium enema	A	1	XXX							\$ -	\$ 146.86	
G0121		Colon ca scrn not hi rsk ind	A	0	000	Y						\$ 255.08	\$ 409.60	
G0121	53	Colon ca scrn not hi rsk ind	A	0	000	Y						\$ 70.99	\$ 137.81	
G0122		Colon ca scrn; barium enema	X	1	XXX							\$ -	\$ 250.91	
G0122	26	Colon ca scrn; barium enema	X	1	XXX							\$ 49.76	\$ 49.76	
G0122	TC	Colon ca scrn; barium enema	X	1	XXX							\$ -	\$ 201.49	
G0123		Screen cerv/vag thin layer	X	9	XXX							\$ -	\$ -	
G0124		Screen c/v thin layer by MD	A	0	XXX							\$ 29.23	\$ 29.23	
G0127		Trim nail(s)	A	0	000	Y						\$ 8.35	\$ 20.53	
G0128		CORF skilled nursing service	N	0	XXX							\$ -	\$ 9.74	
G0130		Single energy x-ray study	A	1	XXX							\$ -	\$ 31.67	
G0130	26	Single energy x-ray study	A	1	XXX							\$ 11.14	\$ 11.14	
G0130	TC	Single energy x-ray study	A	1	XXX							\$ -	\$ 20.53	
G0141		Scr c/v cyto,autosys and md	A	0	XXX							\$ 29.23	\$ 29.23	
G0143		Scr c/v cyto,thinlayer,rescr	X	9	XXX							\$ -	\$ -	
G0144		Scr c/v cyto,thinlayer,rescr	X	9	XXX							\$ -	\$ -	
G0145		Scr c/v cyto,thinlayer,rescr	X	9	XXX							\$ -	\$ -	
G0147		Scr c/v cyto, automated sys	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
G0148		Scr c/v cyto, autosys, rescr	X	9	XXX							\$ -	\$ -	
G0157		HHC PT assistant ea 15	X	9	XXX							\$ -	\$ -	
G0158		HHC OT assistant ea 15	X	9	XXX							\$ -	\$ -	
G0159		HHC PT maint ea 15 min	X	9	XXX							\$ -	\$ -	
G0160		HHC Occup Therapy ea 15	X	9	XXX							\$ -	\$ -	
G0161		HHC SLP ea 15 min	X	9	XXX							\$ -	\$ -	
G0162		HHC RN E&M plan svcs, 15 min	X	9	XXX							\$ -	\$ -	
G0163		HHC LPN/RN obs/asses ea 15	X	9	XXX							\$ -	\$ -	
G0164		HHC lis nurse train ea 15	X	9	XXX							\$ -	\$ -	
G0166		Extrnl counterpulse, per tx	A	0	XXX							\$ -	\$ 130.50	
G0168		Wound closure by adhesive	A	0	000	Y						\$ 27.14	\$ 86.30	
G0173		Linear acc stereo radsur com	X	9	XXX							\$ -	\$ -	
G0175		OPPS Service,sched team conf	X	9	XXX							\$ -	\$ -	
G0176		OPPS/PHP;activity therapy	X	9	XXX							\$ -	\$ -	
G0177		OPPS/PHP; train & educ serv	X	9	XXX							\$ -	\$ -	
G0179		MD recertification HHA PT	A	0	XXX							\$ -	\$ 39.32	
G0180		MD certification HHA patient	A	0	XXX							\$ -	\$ 51.16	
G0181		Home health care supervision	A	0	XXX							\$ -	\$ 105.44	
G0182		Hospice care supervision	A	0	XXX							\$ -	\$ 106.84	
G0186		Dstry eye lesn,fdr vssl tech	C	0	YYY	Y	Y			Y		\$ -	\$ -	
G0202		Screeningmammographydigital	A	1	XXX							\$ -	\$ 125.98	
G0202	26	Screeningmammographydigital	A	1	XXX							\$ 36.19	\$ 36.19	
G0202	TC	Screeningmammographydigital	A	1	XXX							\$ -	\$ 89.78	
G0204		Diagnosticmammographydigital	A	1	XXX							\$ -	\$ 152.08	
G0204	26	Diagnosticmammographydigital	A	1	XXX							\$ 44.89	\$ 44.89	
G0204	TC	Diagnosticmammographydigital	A	1	XXX							\$ -	\$ 107.18	
G0206		Diagnosticmammographydigital	A	1	XXX							\$ -	\$ 120.41	
G0206	26	Diagnosticmammographydigital	A	1	XXX							\$ 36.19	\$ 36.19	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
G0206	TC	Diagnosticmammographydigital	A	1	XXX							\$ -	\$ 84.56	
G0219		PET img wholbod melano nonco	N	1	XXX							\$ -	\$ -	
G0219	26	PET img wholbod melano nonco	N	1	XXX							\$ -	\$ -	
G0219	TC	PET img wholbod melano nonco	N	1	XXX							\$ -	\$ -	
G0235		PET not otherwise specified	N	1	XXX							\$ -	\$ -	
G0235	26	PET not otherwise specified	N	1	XXX							\$ -	\$ -	
G0235	TC	PET not otherwise specified	N	1	XXX							\$ -	\$ -	
G0237		Therapeutic procd strg endur	A	0	XXX							\$ -	\$ 9.40	
G0238		Oth resp proc, indiv	A	5	XXX							\$ -	\$ 10.09	
G0239		Oth resp proc, group	A	5	XXX							\$ -	\$ 11.48	
G0245		Initial foot exam pt lops	A	0	XXX							\$ 44.20	\$ 62.64	
G0246		Followup eval of foot pt lop	A	0	XXX							\$ 22.62	\$ 36.54	
G0247		Routine footcare pt w lops	A	0	ZZZ							\$ 25.75	\$ 60.90	
G0248		Demonstrate use home inr mon	N	3	XXX							\$ -	\$ 106.49	
G0249		Provide INR test mater/equip	N	3	XXX							\$ -	\$ 98.14	
G0250		MD INR test revie inter mgmt	N	2	XXX							\$ -	\$ 9.40	
G0251		Linear acc based stero radio	X	9	XXX							\$ -	\$ -	
G0252		PET imaging initial dx	N	1	XXX							\$ -	\$ -	
G0252	26	PET imaging initial dx	N	1	XXX							\$ 80.39	\$ 80.39	
G0252	TC	PET imaging initial dx	N	1	XXX							\$ -	\$ -	
G0255		Current percep threshold tst	N	1	XXX							\$ -	\$ -	
G0255	26	Current percep threshold tst	N	1	XXX							\$ -	\$ -	
G0255	TC	Current percep threshold tst	N	1	XXX							\$ -	\$ -	
G0257		Unsched dialysis ESRD pt hos	X	9	XXX							\$ -	\$ -	
G0259		Inject for sacroiliac joint	X	9	XXX							\$ -	\$ -	
G0260		Inj for sacroiliac jt anesth	X	9	XXX							\$ -	\$ -	
G0268		Removal of impacted wax md	B	0	000	Y						\$ 32.71	\$ 49.42	
G0269		Occlusive device in vein art	B	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
G0270		MNT subs tx for change dx	A	0	XXX							\$ 27.84	\$ 29.93	
G0271		Group MNT 2 or more 30 mins	A	0	XXX							\$ 14.27	\$ 14.62	
G0275		Renal angio, cardiac cath	A	0	ZZZ							\$ 12.88	\$ -	
G0278		Iliac art angio,cardiac cath	A	0	ZZZ							\$ 12.88	\$ -	
G0281		Elec stim unattend for press	A	7	XXX	Y						\$ -	\$ 12.88	
G0282		Elect stim wound care not pd	N	9	XXX							\$ -	\$ -	
G0283		Elec stim other than wound	A	7	XXX	Y						\$ -	\$ 12.88	
G0288		Recon, CTA for surg plan	A	3	XXX							\$ -	\$ 53.94	
G0289		Arthro, loose body + chondro	A	0	ZZZ		Y					\$ 106.49	\$ -	
G0290		Drug-eluting stents, single	X	9	XXX							\$ -	\$ -	
G0291		Drug-eluting stents,each add	X	9	XXX							\$ -	\$ -	
G0293		Non-cov surg proc,clin trial	X	9	XXX							\$ -	\$ -	
G0294		Non-cov proc, clinical trial	X	9	XXX							\$ -	\$ -	
G0295		Electromagnetic therapy onc	N	9	XXX							\$ -	\$ -	
G0302		Pre-op service LVRS complete	X	9	XXX							\$ -	\$ -	
G0303		Pre-op service LVRS 10-15dos	X	9	XXX							\$ -	\$ -	
G0304		Pre-op service LVRS 1-9 dos	X	9	XXX							\$ -	\$ -	
G0305		Post op service LVRS min 6	X	9	XXX							\$ -	\$ -	
G0306		CBC/diffwbc w/o platelet	X	9	XXX							\$ -	\$ -	
G0307		CBC without platelet	X	9	XXX							\$ -	\$ -	
G0328		Fecal blood scrn immunoassay	X	9	XXX							\$ -	\$ -	
G0329		Electromagntic tx for ulcers	A	7	XXX	Y						\$ -	\$ 9.40	
G0333		Dispense fee initial 30 day	X	9	XXX							\$ -	\$ -	
G0337		Hospice evaluation preelecti	X	9	XXX							\$ 75.86	\$ 75.86	
G0339		Robot lin-radsurg com, first	C	0	XXX							\$ -	\$ -	
G0340		Robt lin-radsurg fractx 2-5	C	0	XXX							\$ -	\$ -	
G0341		Percutaneous islet celltrans	A	0	000	Y						\$ 349.04	\$ 938.56	
G0342		Laparoscopy islet cell trans	A	0	090	Y		Y				\$ 681.73	\$ -	

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G0343		Laparotomy islet cell transp	A	0	090	Y		Y				\$ 1,173.11	\$ -	
G0364		Bone marrow aspirate & biopsy	A	0	ZZZ							\$ 9.05	\$ 11.83	
G0365		Vessel mapping hemo access	A	1	XXX							\$ 209.50	\$ 192.10	
G0365	26	Vessel mapping hemo access	A	1	XXX							\$ 14.27	\$ 14.27	
G0365	TC	Vessel mapping hemo access	A	1	XXX							\$ 196.27	\$ 178.18	
G0372		MD service required for PMD	A	0	XXX							\$ 8.70	\$ 9.74	
G0378		Hospital observation per hr	X	9	XXX							\$ -	\$ -	
G0379		Direct refer hospital observ	X	9	XXX							\$ -	\$ -	
G0389		Ultrasound exam AAA screen	A	1	XXX							\$ -	\$ 101.27	
G0389	26	Ultrasound exam AAA screen	A	1	XXX							\$ 29.23	\$ 29.23	
G0389	TC	Ultrasound exam AAA screen	A	1	XXX							\$ -	\$ 72.04	
G0396		Alcohol/subs interv 15-30mn	A	0	XXX							\$ 34.10	\$ 35.50	
G0397		Alcohol/subs interv >30 min	A	0	XXX							\$ 68.90	\$ 70.30	
G0398		Home sleep test/type 2 Porta	C	1	XXX							\$ -	\$ -	
G0398	26	Home sleep test/type 2 Porta	C	1	XXX							\$ -	\$ -	
G0398	TC	Home sleep test/type 2 Porta	C	1	XXX							\$ -	\$ -	
G0399		Home sleep test/type 3 Porta	C	1	XXX							\$ -	\$ -	
G0399	26	Home sleep test/type 3 Porta	C	1	XXX							\$ -	\$ -	
G0399	TC	Home sleep test/type 3 Porta	C	1	XXX							\$ -	\$ -	
G0400		Home sleep test/type 4 Porta	C	1	XXX							\$ -	\$ -	
G0400	26	Home sleep test/type 4 Porta	C	1	XXX							\$ -	\$ -	
G0400	TC	Home sleep test/type 4 Porta	C	1	XXX							\$ -	\$ -	
G0402		Initial preventive exam	A	0	XXX							\$ 126.67	\$ 153.82	
G0403		EKG for initial prevent exam	A	4	XXX							\$ -	\$ 18.79	
G0404		EKG tracing for initial prev	A	3	XXX							\$ -	\$ 9.74	
G0405		EKG interpret & report preve	A	2	XXX							\$ 8.70	\$ 8.70	
G0406		Inpt/tele follow up 15	A	0	XXX							\$ 40.02	\$ -	
G0407		Inpt/tele follow up 25	A	0	XXX							\$ 72.38	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
G0408		Inpt/tele follow up 35	A	0	XXX							\$ 104.40	\$ -	
G0409		CORF related serv 15 mins ea	A	9	XXX							\$ -	\$ 9.40	
G0410		Grp psych partial hosp 45-50	X	9	XXX							\$ -	\$ -	
G0411		Inter active grp psych parti	X	9	XXX							\$ -	\$ -	
G0412		Open tx iliac spine uni/bil	A	0	090	Y		Y	Y			\$ 839.38	\$ -	
G0413		Pelvic ring fracture uni/bil	A	0	090	Y		Y	Y			\$ 1,236.79	\$ -	
G0414		Pelvic ring fx treat int fix	A	0	090	Y		Y	Y			\$ 1,168.58	\$ -	
G0415		Open tx post pelvic fxcture	A	0	090	Y		Y	Y			\$ 1,628.29	\$ -	
G0416		Sat biopsy prostate 1-20 spc	A	1	XXX							\$ -	\$ 592.99	
G0416	26	Sat biopsy prostate 1-20 spc	A	1	XXX							\$ 178.18	\$ 178.18	
G0416	TC	Sat biopsy prostate 1-20 spc	A	1	XXX							\$ -	\$ 414.47	
G0417		Sat biopsy prostate 21-40	A	1	XXX							\$ -	\$ 1,153.97	
G0417	26	Sat biopsy prostate 21-40	A	1	XXX							\$ 345.22	\$ 345.22	
G0417	TC	Sat biopsy prostate 21-40	A	1	XXX							\$ -	\$ 808.75	
G0418		Sat biopsy prostate 41-60	A	1	XXX							\$ -	\$ 1,979.42	
G0418	26	Sat biopsy prostate 41-60	A	1	XXX							\$ 598.91	\$ 598.91	
G0418	TC	Sat biopsy prostate 41-60	A	1	XXX							\$ -	\$ 1,380.52	
G0419		Sat biopsy prostate: >60	A	1	XXX							\$ -	\$ 2,344.82	
G0419	26	Sat biopsy prostate: >60	A	1	XXX							\$ 688.34	\$ 688.34	
G0419	TC	Sat biopsy prostate: >60	A	1	XXX							\$ -	\$ 1,656.48	
G0420		Ed svc CKD ind per session	A	0	XXX							\$ -	\$ 109.27	
G0421		Ed svc CKD grp per session	A	0	XXX							\$ -	\$ 25.75	
G0422		Intens cardiac rehab w/exerc	A	0	XXX							\$ 94.66	\$ 94.66	
G0423		Intens cardiac rehab no exer	A	0	XXX							\$ 94.66	\$ 94.66	
G0424		Pulmonary rehab w exer	A	0	XXX							\$ 16.01	\$ 30.28	
G0425		Inpt/ED teleconsult30	A	0	XXX							\$ 108.92	\$ -	
G0426		Inpt/ED teleconsult50	A	0	XXX							\$ 145.46	\$ -	
G0427		Inpt/ED teleconsult70	A	0	XXX							\$ 210.89	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
G0428		Collagen Meniscus Implant	N	9	XXX							\$ -	\$ -	
G0429		Dermal filler injection(s)	A	0	000	Y						\$ 89.78	\$ 112.75	
G0431		Drug screen multiple class	X	9	XXX							\$ -	\$ -	
G0432		EIA HIV-1/HIV-2 screen	X	9	XXX							\$ -	\$ -	
G0433		ELISA HIV-1/HIV-2 screen	X	9	XXX							\$ -	\$ -	
G0434		Drug screen multi drug class	X	9	XXX							\$ -	\$ -	
G0435		Oral HIV-1/HIV-2 screen	X	9	XXX							\$ -	\$ -	
G0436		Tobacco-use counsel 3-10 min	A	0	XXX							\$ 12.18	\$ 13.57	
G0437		Tobacco-use counsel>10min	A	0	XXX							\$ 26.80	\$ 28.88	
G0438		PPPS, initial visit	A	0	XXX							\$ -	\$ 162.86	
G0439		PPPS, subseq visit	A	0	XXX							\$ -	\$ 103.70	
G0442		Annual alcohol screen 15 min	A	0	XXX							\$ 9.40	\$ 16.36	
G0443		Brief alcohol misuse counsel	A	0	XXX							\$ 24.36	\$ 26.10	
G0444		Depression screen annual	A	0	XXX							\$ 9.40	\$ 16.36	
G0445		High inten beh couns STD 30m	A	0	XXX							\$ 24.36	\$ 26.10	
G0446		Intens behave ther cardio dx	A	0	XXX							\$ 24.36	\$ 26.10	
G0447		Behavior counsel obesity 15m	A	0	XXX							\$ 24.36	\$ 26.10	
G0448		Place perm pacing cardiovert	X	9	XXX							\$ -	\$ -	
G0449		Annual obesity screen 15 min	B	9	XXX							\$ -	\$ -	
G0450		Screen STI w four lab test	B	9	XXX							\$ -	\$ -	
G0451		Devlopment test interpt&rep	A	5	XXX							\$ -	\$ 9.40	
G0908		HgB > 12 g/dL	M	9	XXX							\$ -	\$ -	
G0909		HbG not doc	M	9	XXX							\$ -	\$ -	
G0910		HgB <= 12 g/dL	M	9	XXX							\$ -	\$ -	
G0911		Assess activity symptoms	M	9	XXX							\$ -	\$ -	
G0912		No assess activity symptoms	M	9	XXX							\$ -	\$ -	
G0913		Improve visual funct	M	9	XXX							\$ -	\$ -	
G0914		Survey not complete	M	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
G0915		No improve visual funct	M	9	XXX							\$ -	\$ -	
G0916		Satisfy with care	M	9	XXX							\$ -	\$ -	
G0917		Satisfy survey not complete	M	9	XXX							\$ -	\$ -	
G0918		No satisfy with care	M	9	XXX							\$ -	\$ -	
G0919		Flu immunize not avail	M	9	XXX							\$ -	\$ -	
G0920		Type loc act doc	M	9	XXX							\$ -	\$ -	
G0921		Doc pt reas no assess	M	9	XXX							\$ -	\$ -	
G0922		Type loc act not doc	M	9	XXX							\$ -	\$ -	
G3001		Admin + supply, tositumomab	X	9	XXX							\$ -	\$ -	
G8126		Pt treat w/antidepress12wks	M	9	XXX							\$ -	\$ -	
G8127		Pt not treat w/antidepress12w	M	9	XXX							\$ -	\$ -	
G8128		Pt inelig for antidepress med	M	9	XXX							\$ -	\$ -	
G8395		LVEF>=40% doc normal or mild	M	9	XXX							\$ -	\$ -	
G8396		LVEF not performed	M	9	XXX							\$ -	\$ -	
G8397		Dil macula/fundus exam/w doc	M	9	XXX							\$ -	\$ -	
G8398		Dil macular/fundus not perfo	M	9	XXX							\$ -	\$ -	
G8399		Pt w/DXA document or order	M	9	XXX							\$ -	\$ -	
G8400		Pt w/DXA no document or orde	M	9	XXX							\$ -	\$ -	
G8401		Pt inelig osteo screen measu	M	9	XXX							\$ -	\$ -	
G8404		Low extemity neur exam docum	M	9	XXX							\$ -	\$ -	
G8405		Low extemity neur not perfor	M	9	XXX							\$ -	\$ -	
G8406		Pt inelig lower extrem neuro	M	9	XXX							\$ -	\$ -	
G8410		Eval on foot documented	M	9	XXX							\$ -	\$ -	
G8415		Eval on foot not performed	M	9	XXX							\$ -	\$ -	
G8416		Pt inelig footwear evaluatio	M	9	XXX							\$ -	\$ -	
G8417		Calc BMI abv up param f/u	M	9	XXX							\$ -	\$ -	
G8418		Calc BMI blw low param f/u	M	9	XXX							\$ -	\$ -	
G8419		Calc BMI out nrm param nof/u	M	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
G8420		Calc BMI norm parameters	M	9	XXX							\$ -	\$ -	
G8421		BMI not calculated	M	9	XXX							\$ -	\$ -	
G8422		Pt inelig BMI calculation	M	9	XXX							\$ -	\$ -	
G8427		Doc cur meds by prov	M	9	XXX							\$ -	\$ -	
G8428		Cur meds not document	M	9	XXX							\$ -	\$ -	
G8430		Pt inelig med check	M	9	XXX							\$ -	\$ -	
G8431		Pos clin depres scrn f/u doc	M	9	XXX							\$ -	\$ -	
G8432		Clin depression screen not d	M	9	XXX							\$ -	\$ -	
G8433		Pt inelig; scrn clin dep	M	9	XXX							\$ -	\$ -	
G8442		Pt inelig pain assessment	M	9	XXX							\$ -	\$ -	
G8447		Pt vis doc use EHR cer ATCB	M	9	XXX							\$ -	\$ -	
G8448		Pt vis doc w/PQRI qual EHR	M	9	XXX							\$ -	\$ -	
G8450		Beta-bloc rx pt w/abn lvef	M	9	XXX							\$ -	\$ -	
G8451		Pt w/abn lvef inelig b-bloc	M	9	XXX							\$ -	\$ -	
G8452		Pt w/abn lvef b-bloc no rx	M	9	XXX							\$ -	\$ -	
G8458		Pt inelig geno no antivir tx	M	9	XXX							\$ -	\$ -	
G8459		Doc pt rec antivir treat	M	9	XXX							\$ -	\$ -	
G8460		Pt inelig RNA no antivir tx	M	9	XXX							\$ -	\$ -	
G8461		Pt rec antivir treat hep c	M	9	XXX							\$ -	\$ -	
G8462		Pt inelig couns no antivir tx	M	9	XXX							\$ -	\$ -	
G8463		Pt rec antiviral treat doc	M	9	XXX							\$ -	\$ -	
G8464		Pt inelig; lo to no dter rsk	M	9	XXX							\$ -	\$ -	
G8465		High risk recurrence pro ca	M	9	XXX							\$ -	\$ -	
G8468		ACE/ARB rx pt w/abn lvef	M	9	XXX							\$ -	\$ -	
G8469		Pt w/abn lvef inelig ACE/ARB	M	9	XXX							\$ -	\$ -	
G8470		Pt w/ normal lvef	M	9	XXX							\$ -	\$ -	
G8471		LVEF not performed/doc	M	9	XXX							\$ -	\$ -	
G8472		ACE/ARB no rx pt w/abn lvef	M	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
G8473		ACE/ARB thxpy rx'd	M	9	XXX							\$ -	\$ -	
G8474		ACE/ARB not rx'd; doc reas	M	9	XXX							\$ -	\$ -	
G8475		ACE/ARB thxpy not rx'd	M	9	XXX							\$ -	\$ -	
G8476		BP sys <130 and dias <80	M	9	XXX							\$ -	\$ -	
G8477		BP sys>=130 and/or dias >=80	M	9	XXX							\$ -	\$ -	
G8478		BP not performed/doc	M	9	XXX							\$ -	\$ -	
G8482		Flu immunize order/admin	M	9	XXX							\$ -	\$ -	
G8483		Flu imm no ord/admin doc rea	M	9	XXX							\$ -	\$ -	
G8484		Flu immunize no order/admin	M	9	XXX							\$ -	\$ -	
G8485		Report, Diabetes measures	M	9	XXX							\$ -	\$ -	
G8486		Report, Prev Care Measures	M	9	XXX							\$ -	\$ -	
G8487		Report CKD Measures	M	9	XXX							\$ -	\$ -	
G8489		CAD measures grp	M	9	XXX							\$ -	\$ -	
G8490		RA measures grp	M	9	XXX							\$ -	\$ -	
G8491		HIV/AIDS measures grp	M	9	XXX							\$ -	\$ -	
G8492		Periop Care measures grp	M	9	XXX							\$ -	\$ -	
G8493		Back pain measures grp	M	9	XXX							\$ -	\$ -	
G8494		DM meas qual act perform	M	9	XXX							\$ -	\$ -	
G8495		CKD meas qual act perform	M	9	XXX							\$ -	\$ -	
G8496		Prev Care MG qual act perfrm	M	9	XXX							\$ -	\$ -	
G8497		CABG meas qual act perform	M	9	XXX							\$ -	\$ -	
G8498		CAD meas qual act perform	M	9	XXX							\$ -	\$ -	
G8499		RA meas qual act perform	M	9	XXX							\$ -	\$ -	
G8500		HIV meas qual act perform	M	9	XXX							\$ -	\$ -	
G8501		Perio meas qual act perform	M	9	XXX							\$ -	\$ -	
G8502		Back Pain MG qual act perfrm	M	9	XXX							\$ -	\$ -	
G8506		Pt rec ACE/ARB	M	9	XXX							\$ -	\$ -	
G8509		Pos pain assess no f/u doc	M	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
G8510		Pt inelig neg scrn depres	M	9	XXX							\$ -	\$ -	
G8511		Clin depres scrn no f/u doc	M	9	XXX							\$ -	\$ -	
G8524		Patch closure conv CEA	M	9	XXX							\$ -	\$ -	
G8525		No patch closure CEA	M	9	XXX							\$ -	\$ -	
G8526		No patch closure conv CEA	M	9	XXX							\$ -	\$ -	
G8530		Auto AV fistula recd	M	9	XXX							\$ -	\$ -	
G8531		Pt inelig; auto AV fistula	M	9	XXX							\$ -	\$ -	
G8532		No auto AV fistula; no reas	M	9	XXX							\$ -	\$ -	
G8535		Pt inelig no eld mal scrn	M	9	XXX							\$ -	\$ -	
G8536		No doc elder mal scrn	M	9	XXX							\$ -	\$ -	
G8539		Doc funct and care plan	M	9	XXX							\$ -	\$ -	
G8540		Pt inelig funct assess	M	9	XXX							\$ -	\$ -	
G8541		No doc cur funct assess	M	9	XXX							\$ -	\$ -	
G8542		Doc funct no deficiencies	M	9	XXX							\$ -	\$ -	
G8543		Cur funct asses; no care pln	M	9	XXX							\$ -	\$ -	
G8544		CABG measures grp	M	9	XXX							\$ -	\$ -	
G8545		HepC measures grp	M	9	XXX							\$ -	\$ -	
G8546		CAP measures grp	M	9	XXX							\$ -	\$ -	
G8547		IVD measures grp	M	9	XXX							\$ -	\$ -	
G8548		HF measures grp	M	9	XXX							\$ -	\$ -	
G8549		HepC MG qual act perform	M	9	XXX							\$ -	\$ -	
G8550		CAP MG qual act perform	M	9	XXX							\$ -	\$ -	
G8551		HF MG qual act perform	M	9	XXX							\$ -	\$ -	
G8552		IVD MG qual act perform	M	9	XXX							\$ -	\$ -	
G8553		Rx certified EHR	M	9	XXX							\$ -	\$ -	
G8556		Ref to doc otolog eval	M	9	XXX							\$ -	\$ -	
G8557		Pt inelig ref otolog eval	M	9	XXX							\$ -	\$ -	
G8558		No ref to doc otolog eval	M	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment		
G8559		Pt ref doc oto eval	M	9	XXX							\$	-	\$	-
G8560		Pt hx act drain prev 90 days	M	9	XXX							\$	-	\$	-
G8561		Pt inelig for ref oto eval	M	9	XXX							\$	-	\$	-
G8562		Pt no hx act drain 90 d	M	9	XXX							\$	-	\$	-
G8563		Pt no ref oto reas no spec	M	9	XXX							\$	-	\$	-
G8564		Pt ref oto eval	M	9	XXX							\$	-	\$	-
G8565		Ver doc hear loss	M	9	XXX							\$	-	\$	-
G8566		Pt inelig ref oto eval	M	9	XXX							\$	-	\$	-
G8567		Pt no doc hear loss	M	9	XXX							\$	-	\$	-
G8568		Pt no ref otolo no spec	M	9	XXX							\$	-	\$	-
G8569		Prol intubation req	M	9	XXX							\$	-	\$	-
G8570		No prol intub req	M	9	XXX							\$	-	\$	-
G8571		Ster wd ifx 30 d postop	M	9	XXX							\$	-	\$	-
G8572		No ster wd ifx	M	9	XXX							\$	-	\$	-
G8573		Stk CABG	M	9	XXX							\$	-	\$	-
G8574		No strk CABG	M	9	XXX							\$	-	\$	-
G8575		Postop ren fail	M	9	XXX							\$	-	\$	-
G8576		No postop ren fail	M	9	XXX							\$	-	\$	-
G8577		Reop req bld grft oth	M	9	XXX							\$	-	\$	-
G8578		No reop req bld grft oth	M	9	XXX							\$	-	\$	-
G8579		Antplt med disch	M	9	XXX							\$	-	\$	-
G8580		Antplt med contraind	M	9	XXX							\$	-	\$	-
G8581		no antplt med disch	M	9	XXX							\$	-	\$	-
G8582		Bblock disch	M	9	XXX							\$	-	\$	-
G8583		Bblock contraind	M	9	XXX							\$	-	\$	-
G8584		No bblock disch	M	9	XXX							\$	-	\$	-
G8585		Antilipid treat disch	M	9	XXX							\$	-	\$	-
G8586		Antlip disch contra	M	9	XXX							\$	-	\$	-

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
G8587		No antlipid treat disch	M	9	XXX							\$ -	\$ -	
G8588		Sys BP <140	M	9	XXX							\$ -	\$ -	
G8589		Sys BP >= 140	M	9	XXX							\$ -	\$ -	
G8590		Dia BP < 90	M	9	XXX							\$ -	\$ -	
G8591		Dia BP >= 90	M	9	XXX							\$ -	\$ -	
G8592		No BP measure	M	9	XXX							\$ -	\$ -	
G8593		Lipid pn results	M	9	XXX							\$ -	\$ -	
G8594		No lipid prof perf	M	9	XXX							\$ -	\$ -	
G8595		Ldl < 100	M	9	XXX							\$ -	\$ -	
G8596		No LDL perf	M	9	XXX							\$ -	\$ -	
G8597		Ldl >= 100	M	9	XXX							\$ -	\$ -	
G8598		Asp therp used	M	9	XXX							\$ -	\$ -	
G8599		No asp therp used	M	9	XXX							\$ -	\$ -	
G8600		tPA initi w/in 3 hrs	M	9	XXX							\$ -	\$ -	
G8601		No elig tPA init w/in 3 hrs	M	9	XXX							\$ -	\$ -	
G8602		No tPA init w/in 3 hrs	M	9	XXX							\$ -	\$ -	
G8603		Spok lang comp score	M	9	XXX							\$ -	\$ -	
G8604		No high score spok lang	M	9	XXX							\$ -	\$ -	
G8605		No spok lang comp score	M	9	XXX							\$ -	\$ -	
G8606		Attention score	M	9	XXX							\$ -	\$ -	
G8607		No high score attention	M	9	XXX							\$ -	\$ -	
G8608		No attention score	M	9	XXX							\$ -	\$ -	
G8609		Memory score	M	9	XXX							\$ -	\$ -	
G8610		No high score memory	M	9	XXX							\$ -	\$ -	
G8611		No memory score	M	9	XXX							\$ -	\$ -	
G8612		Moto speech score	M	9	XXX							\$ -	\$ -	
G8613		No high score moto speech	M	9	XXX							\$ -	\$ -	
G8614		No moto speech score	M	9	XXX							\$ -	\$ -	

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HCPCS	MOD	DESCRIPTION	STATUS CODE	PCTC IND	GLOB DAYS	MULT PROC	BILAT SURG	ASST SURG	CO- SURG	TEAM SURG	ENDO BASE	CY 2012	CY 2012	CY2012
												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
G8615		Reading score	M	9	XXX							\$ -	\$ -	
G8616		No high score reading	M	9	XXX							\$ -	\$ -	
G8617		No reading score	M	9	XXX							\$ -	\$ -	
G8618		Spok lang exp score	M	9	XXX							\$ -	\$ -	
G8619		No high score spok lang exp	M	9	XXX							\$ -	\$ -	
G8620		No spok lang exp score	M	9	XXX							\$ -	\$ -	
G8621		Writing score	M	9	XXX							\$ -	\$ -	
G8622		No high score writing	M	9	XXX							\$ -	\$ -	
G8623		No writing score	M	9	XXX							\$ -	\$ -	
G8624		Swallowing score	M	9	XXX							\$ -	\$ -	
G8625		No high score swallowing	M	9	XXX							\$ -	\$ -	
G8626		No swallowing score	M	9	XXX							\$ -	\$ -	
G8627		Surg proc w/in 30 days	M	9	XXX							\$ -	\$ -	
G8628		No surg proc w/in 30 days	M	9	XXX							\$ -	\$ -	
G8629		Doc antibio order b/4 surg	M	9	XXX							\$ -	\$ -	
G8630		Doc antibio given b/4 surg	M	9	XXX							\$ -	\$ -	
G8631		Pt no elg 4 order antbi give	M	9	XXX							\$ -	\$ -	
G8632		Doc no antibi order b/4 surg	M	9	XXX							\$ -	\$ -	
G8633		Pharm ther osteo rx	M	9	XXX							\$ -	\$ -	
G8634		Pt no elg phar ther osteo	M	9	XXX							\$ -	\$ -	
G8635		No pharm ther osteo rx	M	9	XXX							\$ -	\$ -	
G8642		Hrdshp rural w/o internet	M	9	XXX							\$ -	\$ -	
G8643		Hrdshp w/o suff pharm w/eRx	M	9	XXX							\$ -	\$ -	
G8644		EP no prescribe priv	M	9	XXX							\$ -	\$ -	
G8645		Asthma measures grp	M	9	XXX							\$ -	\$ -	
G8646		Asthma MG qual act perform	M	9	XXX							\$ -	\$ -	
G8647		Fun stat score knee >= 0	M	9	XXX							\$ -	\$ -	
G8648		Fun stat score knee < 0	M	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
G8649		Fun stat score knee pt noelg	M	9	XXX							\$ -	\$ -	
G8650		Fun stat score knee not done	M	9	XXX							\$ -	\$ -	
G8651		Fun stat score hip >= 0	M	9	XXX							\$ -	\$ -	
G8652		Fun stat score hip < 0	M	9	XXX							\$ -	\$ -	
G8653		Fun stat score hip pt no elg	M	9	XXX							\$ -	\$ -	
G8654		Fun stat score hip not done	M	9	XXX							\$ -	\$ -	
G8655		Fun stat score LE >= 0	M	9	XXX							\$ -	\$ -	
G8656		Fun stat score LE < 0	M	9	XXX							\$ -	\$ -	
G8657		Fun stat score LE pt no elg	M	9	XXX							\$ -	\$ -	
G8658		Fun stat score LE not done	M	9	XXX							\$ -	\$ -	
G8659		Fun stat score LS >= 0	M	9	XXX							\$ -	\$ -	
G8660		Fun stat score LS < 0	M	9	XXX							\$ -	\$ -	
G8661		Fun stat score LS pt no elg	M	9	XXX							\$ -	\$ -	
G8662		Fun stat score LS not done	M	9	XXX							\$ -	\$ -	
G8663		Fun stat score shdl >=0	M	9	XXX							\$ -	\$ -	
G8664		Fun stat score shdl < 0	M	9	XXX							\$ -	\$ -	
G8665		Fun stat score shdl pt no el	M	9	XXX							\$ -	\$ -	
G8666		Fun stat score shdl not done	M	9	XXX							\$ -	\$ -	
G8667		Fun stat score UE >=0	M	9	XXX							\$ -	\$ -	
G8668		Fun stat score UE < 0	M	9	XXX							\$ -	\$ -	
G8669		Fun stat score UE pt no elg	M	9	XXX							\$ -	\$ -	
G8670		Fun stat score UE not done	M	9	XXX							\$ -	\$ -	
G8671		Fun stat score neck/TS >=0	M	9	XXX							\$ -	\$ -	
G8672		Fun stat score neck/TS < 0	M	9	XXX							\$ -	\$ -	
G8673		Fun stat scor nek/TS pt no e	M	9	XXX							\$ -	\$ -	
G8674		Fun stat scor nek/TS not don	M	9	XXX							\$ -	\$ -	
G8682		LVG test perf	M	9	XXX							\$ -	\$ -	
G8683		Pt not elig for LVF test	M	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
G8685		LVF test not perf	M	9	XXX							\$ -	\$ -	
G8694		Lvef <40%	M	9	XXX							\$ -	\$ -	
G8695		Lvef >=40%	M	9	XXX							\$ -	\$ -	
G8696		Antithromb thx presc	M	9	XXX							\$ -	\$ -	
G8697		Antithromb no presc doc reas	M	9	XXX							\$ -	\$ -	
G8698		Antithromb no presc no reas	M	9	XXX							\$ -	\$ -	
G8699		Rehab ordered disch	M	9	XXX							\$ -	\$ -	
G8700		Rehab not indicated disch	M	9	XXX							\$ -	\$ -	
G8701		Rehab not ordered	M	9	XXX							\$ -	\$ -	
G8702		Antibiotics 4 hr prior surg	M	9	XXX							\$ -	\$ -	
G8703		Antibiotics not prior surg	M	9	XXX							\$ -	\$ -	
G8704		ECG performed	M	9	XXX							\$ -	\$ -	
G8705		Med reas no ECG	M	9	XXX							\$ -	\$ -	
G8706		Pt reas no ECG	M	9	XXX							\$ -	\$ -	
G8707		ECG not performed	M	9	XXX							\$ -	\$ -	
G8708		Antibiotic not pres	M	9	XXX							\$ -	\$ -	
G8709		Med reas antibiotic pres	M	9	XXX							\$ -	\$ -	
G8710		Pt pres antibiotic	M	9	XXX							\$ -	\$ -	
G8711		Pres antibiotic	M	9	XXX							\$ -	\$ -	
G8712		Not pres antibiotic	M	9	XXX							\$ -	\$ -	
G8713		SpKt/V great 1.2 Kt/V	M	9	XXX							\$ -	\$ -	
G8714		Hemodialysis 3 times week	M	9	XXX							\$ -	\$ -	
G8715		Hemodialysis not 3 times wk	M	9	XXX							\$ -	\$ -	
G8716		Pt reas not great 1.2Kt/V	M	9	XXX							\$ -	\$ -	
G8717		Less 1.2 Kt/V	M	9	XXX							\$ -	\$ -	
G8718		Great 1.7 Kt/V per week	M	9	XXX							\$ -	\$ -	
G8720		Less 1.7 Kt/V per week	M	9	XXX							\$ -	\$ -	
G8721		Pt, pn, hist grade doc	M	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
G8722		Med reas pt, pn, not doc	M	9	XXX							\$ -	\$ -	
G8723		Spec sit not prim tumor	M	9	XXX							\$ -	\$ -	
G8724		Pt, pn, hist grade not doc	M	9	XXX							\$ -	\$ -	
G8725		Lipid profile perf doc	M	9	XXX							\$ -	\$ -	
G8726		Doc reas no lipid profile	M	9	XXX							\$ -	\$ -	
G8727		Hemo, perit, or kidney trans	M	9	XXX							\$ -	\$ -	
G8728		Lipid profile not perf	M	9	XXX							\$ -	\$ -	
G8730		Pain doc pos and plan	M	9	XXX							\$ -	\$ -	
G8731		Pain neg no plan	M	9	XXX							\$ -	\$ -	
G8732		No doc of pain	M	9	XXX							\$ -	\$ -	
G8733		Doc pos elder mal scrn plan	M	9	XXX							\$ -	\$ -	
G8734		Doc neg elder mal no plan	M	9	XXX							\$ -	\$ -	
G8735		Eld mal scrn pos no plan	M	9	XXX							\$ -	\$ -	
G8736		LDL-C <100mg/dL	M	9	XXX							\$ -	\$ -	
G8737		LDL-C >=100mg/dL	M	9	XXX							\$ -	\$ -	
G8738		Lvef < 40%	M	9	XXX							\$ -	\$ -	
G8739		Lvef >= 40%	M	9	XXX							\$ -	\$ -	
G8740		LVEF not perfrmd	M	9	XXX							\$ -	\$ -	
G8741		Not tx spoken lang	M	9	XXX							\$ -	\$ -	
G8742		Not tx attention	M	9	XXX							\$ -	\$ -	
G8743		Not tx memory	M	9	XXX							\$ -	\$ -	
G8744		Not tx motor speech	M	9	XXX							\$ -	\$ -	
G8745		Not tx reading	M	9	XXX							\$ -	\$ -	
G8746		Not tx spoken lang express	M	9	XXX							\$ -	\$ -	
G8747		Not tx writing	M	9	XXX							\$ -	\$ -	
G8748		Not tx swallowing	M	9	XXX							\$ -	\$ -	
G8749		Signs of melanoma absent	M	9	XXX							\$ -	\$ -	
G8750		Signs of melanoma present	M	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
G8751		Smkg status not assess	M	9	XXX							\$ -	\$ -	
G8752		Sys BP less 140	M	9	XXX							\$ -	\$ -	
G8753		Sys BP > or = 140	M	9	XXX							\$ -	\$ -	
G8754		Dias BP less 90	M	9	XXX							\$ -	\$ -	
G8755		Dias BP > or = 90	M	9	XXX							\$ -	\$ -	
G8756		No BP measure doc	M	9	XXX							\$ -	\$ -	
G8757		COPD MG qual act perform	M	9	XXX							\$ -	\$ -	
G8758		IBD MG qual act perform	M	9	XXX							\$ -	\$ -	
G8759		OSA MG qual act perform	M	9	XXX							\$ -	\$ -	
G8760		Epilepsy MG qual act perform	M	9	XXX							\$ -	\$ -	
G8761		Dementia MG qual act perform	M	9	XXX							\$ -	\$ -	
G8762		PD MG qual act perform	M	9	XXX							\$ -	\$ -	
G8763		Hyperten MG qual act perform	M	9	XXX							\$ -	\$ -	
G8764		Car Prev MG qual act perform	M	9	XXX							\$ -	\$ -	
G8765		Cataract MG qual act perform	M	9	XXX							\$ -	\$ -	
G8767		Lipid panel res doc rev	M	9	XXX							\$ -	\$ -	
G8768		Doc med reas no lipid profle	M	9	XXX							\$ -	\$ -	
G8769		Lipid profile not perform	M	9	XXX							\$ -	\$ -	
G8770		Urine protein test doc rev	M	9	XXX							\$ -	\$ -	
G8771		Doc dx CKD	M	9	XXX							\$ -	\$ -	
G8772		Doc med reas no urine protn	M	9	XXX							\$ -	\$ -	
G8773		No urine protein test	M	9	XXX							\$ -	\$ -	
G8774		Serum creatinine doc rev	M	9	XXX							\$ -	\$ -	
G8775		Doc med reas no serum crtn	M	9	XXX							\$ -	\$ -	
G8776		No serum creatinine test	M	9	XXX							\$ -	\$ -	
G8777		Diabetes screen	M	9	XXX							\$ -	\$ -	
G8778		Doc med reas no diabete scrn	M	9	XXX							\$ -	\$ -	
G8779		No diabetes screen	M	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
G8780		Counsel diet phys activity	M	9	XXX							\$ -	\$ -	
G8781		Doc med reas no counsel diet	M	9	XXX							\$ -	\$ -	
G8782		No counsel diet phys act	M	9	XXX							\$ -	\$ -	
G8783		BP scrn perf rec interval	M	9	XXX							\$ -	\$ -	
G8784		Pt no elig for BP assess	M	9	XXX							\$ -	\$ -	
G8785		BP scrn no perf at interval	M	9	XXX							\$ -	\$ -	
G8786		Severity of angina assess	M	9	XXX							\$ -	\$ -	
G8787		Angina present	M	9	XXX							\$ -	\$ -	
G8788		Angina absent	M	9	XXX							\$ -	\$ -	
G8789		Severity angina not assess	M	9	XXX							\$ -	\$ -	
G8790		Systolic <130mmHg	M	9	XXX							\$ -	\$ -	
G8791		Systolic 130-139mmHg	M	9	XXX							\$ -	\$ -	
G8792		Systolic >=140mmHg	M	9	XXX							\$ -	\$ -	
G8793		Diastolic <80mmHg	M	9	XXX							\$ -	\$ -	
G8794		Diastolic 80-89mmHg	M	9	XXX							\$ -	\$ -	
G8795		Diastolic >=90mmHg	M	9	XXX							\$ -	\$ -	
G8796		BP not doc	M	9	XXX							\$ -	\$ -	
G8797		Specimen site not esophagus	M	9	XXX							\$ -	\$ -	
G8798		Specimen site not prostate	M	9	XXX							\$ -	\$ -	
G8799		Anticoag ordered	M	9	XXX							\$ -	\$ -	
G8800		Doc reas anticoag not order	M	9	XXX							\$ -	\$ -	
G8801		Anticoag not ordered	M	9	XXX							\$ -	\$ -	
G8802		Pregnancy test order	M	9	XXX							\$ -	\$ -	
G8803		Doc reas no pregnancy test	M	9	XXX							\$ -	\$ -	
G8805		Pregnancy test not order	M	9	XXX							\$ -	\$ -	
G8806		Transab or transvag US	M	9	XXX							\$ -	\$ -	
G8807		Doc reas no US	M	9	XXX							\$ -	\$ -	
G8808		No transab or transvag US	M	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
G8809		Rh-immunoglobulin order	M	9	XXX							\$ -	\$ -	
G8810		Doc reas no Rh-immuno	M	9	XXX							\$ -	\$ -	
G8811		No Rh-immunoglobulin order	M	9	XXX							\$ -	\$ -	
G8812		Pt not elig CTA, duplex, MRA	M	9	XXX							\$ -	\$ -	
G8813		CTA, duplex, MRA performed	M	9	XXX							\$ -	\$ -	
G8814		No CTA, duplex, MRA	M	9	XXX							\$ -	\$ -	
G8815		Doc reas no statin therapy	M	9	XXX							\$ -	\$ -	
G8816		Statin med pres at disch	M	9	XXX							\$ -	\$ -	
G8817		Doc reas no statin med disch	M	9	XXX							\$ -	\$ -	
G8818		Pt disch to home by day#7	M	9	XXX							\$ -	\$ -	
G8819		Aneurysm <= 5.5 cm	M	9	XXX							\$ -	\$ -	
G8820		Aneurysm 5.6-6.0 cm	M	9	XXX							\$ -	\$ -	
G8821		Aneurysm not infarenal	M	9	XXX							\$ -	\$ -	
G8822		Male aneurysms >6cm	M	9	XXX							\$ -	\$ -	
G8823		Female aneurysm >6cm	M	9	XXX							\$ -	\$ -	
G8824		Female aneurysm 5.6-6.0 cm	M	9	XXX							\$ -	\$ -	
G8825		Pt not disch to home day#7	M	9	XXX							\$ -	\$ -	
G8826		Pt disch home day #2 EVAR	M	9	XXX							\$ -	\$ -	
G8827		Aneurysm <= 5.5cm for women	M	9	XXX							\$ -	\$ -	
G8828		Aneurysm <= 5.5cm for men	M	9	XXX							\$ -	\$ -	
G8829		Aneurysm 5.6-6.0 cm for men	M	9	XXX							\$ -	\$ -	
G8830		Aneurysm >6cm for men	M	9	XXX							\$ -	\$ -	
G8831		Aneurysm >-6cm for women	M	9	XXX							\$ -	\$ -	
G8832		Aneurysm 5.6-6.0 women	M	9	XXX							\$ -	\$ -	
G8833		Pt not disch home day#2 EVAR	M	9	XXX							\$ -	\$ -	
G8834		Pt disch home day #2 CEA	M	9	XXX							\$ -	\$ -	
G8835		Asymptom no trans	M	9	XXX							\$ -	\$ -	
G8836		Stroke or TIA <120 days CEA	M	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
G8837		Stroke or TIA >120 days CEA	M	9	XXX							\$ -	\$ -	
G8838		Not disch home by day #2	M	9	XXX							\$ -	\$ -	
G8839		Sleep apnea assess	M	9	XXX							\$ -	\$ -	
G8840		Doc reas no sleep apnea	M	9	XXX							\$ -	\$ -	
G8841		No sleep apnea assess	M	9	XXX							\$ -	\$ -	
G8842		AHI or RDI initial dx	M	9	XXX							\$ -	\$ -	
G8843		Doc reas no AHI or RDI	M	9	XXX							\$ -	\$ -	
G8844		No AHI or RDI initial dx	M	9	XXX							\$ -	\$ -	
G8845		Pos Airway Press prescribed	M	9	XXX							\$ -	\$ -	
G8846		Mod or severe OSA	M	9	XXX							\$ -	\$ -	
G8847		Pos Air Press not prescribed	M	9	XXX							\$ -	\$ -	
G8848		Mild OSA	M	9	XXX							\$ -	\$ -	
G8849		Doc reas no Pos Air Press	M	9	XXX							\$ -	\$ -	
G8850		No PAP prescribed	M	9	XXX							\$ -	\$ -	
G8851		Adhere Pos Air Press therapy	M	9	XXX							\$ -	\$ -	
G8852		Pos Air Press prescribe	M	9	XXX							\$ -	\$ -	
G8853		Pos Air Press not prescribe	M	9	XXX							\$ -	\$ -	
G8854		Reas no adhere Pos Air Pres	M	9	XXX							\$ -	\$ -	
G8855		Pos Air Press adhere no perf	M	9	XXX							\$ -	\$ -	
G8856		Ref for oto eval	M	9	XXX							\$ -	\$ -	
G8857		No elig ref for oto eval	M	9	XXX							\$ -	\$ -	
G8858		Not ref for oto eval	M	9	XXX							\$ -	\$ -	
G8859		Corticosteroids 10mg 60 days	M	9	XXX							\$ -	\$ -	
G8860		Corticosteroid 10 mg 60 days	M	9	XXX							\$ -	\$ -	
G8861		DXA ordered for osteo	M	9	XXX							\$ -	\$ -	
G8862		No corticostrd 10mg 60 days	M	9	XXX							\$ -	\$ -	
G8863		No assess bone loss	M	9	XXX							\$ -	\$ -	
G8864		Pneumococcal vaccine admin	M	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
G8865		Doc med reas no pneumococcal	M	9	XXX							\$ -	\$ -	
G8866		Doc pt reas no pneumococcal	M	9	XXX							\$ -	\$ -	
G8867		No pneumococcal admin	M	9	XXX							\$ -	\$ -	
G8868		1st course antiTNF	M	9	XXX							\$ -	\$ -	
G8869		Doc immun hep B 1st antiTNF	M	9	XXX							\$ -	\$ -	
G8870		HepB admin 1st antiTNF	M	9	XXX							\$ -	\$ -	
G8871		No 1st antiTNF	M	9	XXX							\$ -	\$ -	
G8872		Intraop image confirm excise	M	9	XXX							\$ -	\$ -	
G8873		Specimen not intraop image	M	9	XXX							\$ -	\$ -	
G8874		Tissue not image intraop	M	9	XXX							\$ -	\$ -	
G8875		Breast cancer dx min invsive	M	9	XXX							\$ -	\$ -	
G8876		Doc reas no min inv dx	M	9	XXX							\$ -	\$ -	
G8877		No brst cncr dx min invasive	M	9	XXX							\$ -	\$ -	
G8878		Sent lymph node biopsy	M	9	XXX							\$ -	\$ -	
G8879		Node neg inv brst cncr	M	9	XXX							\$ -	\$ -	
G8880		Doc reas no lymph node biop	M	9	XXX							\$ -	\$ -	
G8881		Brst cncr stage > T1N0M0	M	9	XXX							\$ -	\$ -	
G8882		No sent lymph node biopsy	M	9	XXX							\$ -	\$ -	
G8883		Rev, comm, track, doc biopsy	M	9	XXX							\$ -	\$ -	
G8884		Doc reas biopsy not review	M	9	XXX							\$ -	\$ -	
G8885		No rev, comm, track biopsy	M	9	XXX							\$ -	\$ -	
G8886		BP under control	M	9	XXX							\$ -	\$ -	
G8887		Doc med reas BP not control	M	9	XXX							\$ -	\$ -	
G8888		BP not under control	M	9	XXX							\$ -	\$ -	
G8889		No doc BP	M	9	XXX							\$ -	\$ -	
G8890		LDL-C under control	M	9	XXX							\$ -	\$ -	
G8891		Doc med reas no LDL-C contrl	M	9	XXX							\$ -	\$ -	
G8892		Doc med reas no LDL-C test	M	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
G8893		LDL-C not under control	M	9	XXX							\$ -	\$ -	
G8894		LDL-C not performed	M	9	XXX							\$ -	\$ -	
G8895		Anticoag prescribe	M	9	XXX							\$ -	\$ -	
G8896		Doc med reas no anticoag	M	9	XXX							\$ -	\$ -	
G8897		Anticoag not prescribe	M	9	XXX							\$ -	\$ -	
G8898		COPD Measures Group	M	9	XXX							\$ -	\$ -	
G8899		Inflammatory Bowel Dis MG	M	9	XXX							\$ -	\$ -	
G8900		Obstructive Sleep Apnea MG	M	9	XXX							\$ -	\$ -	
G8901		Epilepsy Measures Group	M	9	XXX							\$ -	\$ -	
G8902		Dementia Measures Group	M	9	XXX							\$ -	\$ -	
G8903		Parkinson's Disease MG	M	9	XXX							\$ -	\$ -	
G8904		Hypertension MG	M	9	XXX							\$ -	\$ -	
G8905		Cardiovascular Prevention MG	M	9	XXX							\$ -	\$ -	
G8906		Cataract Measures Group	M	9	XXX							\$ -	\$ -	
G9001		MCCD, initial rate	X	9	XXX							\$ -	\$ -	
G9002		MCCD,maintenance rate	X	9	XXX							\$ -	\$ -	
G9003		MCCD, risk adj hi, initial	X	9	XXX							\$ -	\$ -	
G9004		MCCD, risk adj lo, initial	X	9	XXX							\$ -	\$ -	
G9005		MCCD, risk adj, maintenance	X	9	XXX							\$ -	\$ -	
G9006		MCCD, Home monitoring	X	9	XXX							\$ -	\$ -	
G9007		MCCD, sch team conf	X	9	XXX							\$ -	\$ -	
G9008		Mccd,phys coor-care ovrsght	X	9	XXX							\$ -	\$ -	
G9009		MCCD, risk adj, level 3	X	9	XXX							\$ -	\$ -	
G9010		MCCD, risk adj, level 4	X	9	XXX							\$ -	\$ -	
G9011		MCCD, risk adj, level 5	X	9	XXX							\$ -	\$ -	
G9012		Other Specified Case Mgmt	X	9	XXX							\$ -	\$ -	
G9013		ESRD demo bundle level I	N	9	XXX							\$ -	\$ -	
G9014		ESRD demo bundle-level II	N	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
G9016		Demo-smoking cessation coun	N	9	XXX							\$ -	\$ -	
G9017		Amantadine HCL 100mg oral	X	9	XXX							\$ -	\$ -	
G9018		Zanamivir,inhalation pwd 10m	X	9	XXX							\$ -	\$ -	
G9019		Oseltamivir phosphate 75mg	X	9	XXX							\$ -	\$ -	
G9020		Rimantadine HCL 100mg oral	X	9	XXX							\$ -	\$ -	
G9033		Amantadine HCL oral brand	X	9	XXX							\$ -	\$ -	
G9034		Zanamivir, inh pwdr, brand	X	9	XXX							\$ -	\$ -	
G9035		Oseltamivir phosp, brand	X	9	XXX							\$ -	\$ -	
G9036		Rimantadine HCL, brand	X	9	XXX							\$ -	\$ -	
G9050		Oncology work-up evaluation	X	9	XXX							\$ -	\$ -	
G9051		Oncology tx decision-mgmt	X	9	XXX							\$ -	\$ -	
G9052		Onc surveillance for disease	X	9	XXX							\$ -	\$ -	
G9053		Onc expectant management pt	X	9	XXX							\$ -	\$ -	
G9054		Onc supervision palliative	X	9	XXX							\$ -	\$ -	
G9055		Onc visit unspecified NOS	X	9	XXX							\$ -	\$ -	
G9056		Onc prac mgmt adheres guide	X	9	XXX							\$ -	\$ -	
G9057		Onc pract mgmt differs trial	X	9	XXX							\$ -	\$ -	
G9058		Onc prac mgmt disagree w/gui	X	9	XXX							\$ -	\$ -	
G9059		Onc prac mgmt pt opt alterna	X	9	XXX							\$ -	\$ -	
G9060		Onc prac mgmt dif pt comorb	X	9	XXX							\$ -	\$ -	
G9061		Onc prac cond noadd by guide	X	9	XXX							\$ -	\$ -	
G9062		Onc prac guide differs nos	X	9	XXX							\$ -	\$ -	
G9063		Onc dx nsclc stg1 no progres	M	9	XXX							\$ -	\$ -	
G9064		Onc dx nsclc stg2 no progres	M	9	XXX							\$ -	\$ -	
G9065		Onc dx nsclc stg3A no progre	M	9	XXX							\$ -	\$ -	
G9066		Onc dx nsclc stg3B-4 metasta	M	9	XXX							\$ -	\$ -	
G9067		Onc dx nsclc dx unknown nos	M	9	XXX							\$ -	\$ -	
G9068		Onc dx sclc/nsclc limited	M	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
G9069		Onc dx sclc/nsclc ext at dx	M	9	XXX							\$ -	\$ -	
G9070		Onc dx sclc/nsclc ext unkwn	M	9	XXX							\$ -	\$ -	
G9071		Onc dx brst stg1-2B HR,nopro	M	9	XXX							\$ -	\$ -	
G9072		Onc dx brst stg1-2 noprogres	M	9	XXX							\$ -	\$ -	
G9073		Onc dx brst stg3-HR, no pro	M	9	XXX							\$ -	\$ -	
G9074		Onc dx brst stg3-noprogres	M	9	XXX							\$ -	\$ -	
G9075		Onc dx brst metastic/ recur	M	9	XXX							\$ -	\$ -	
G9077		Onc dx prostate T1no progres	M	9	XXX							\$ -	\$ -	
G9078		Onc dx prostate T2no progres	M	9	XXX							\$ -	\$ -	
G9079		Onc dx prostate T3b-T4noprog	M	9	XXX							\$ -	\$ -	
G9080		Onc dx prostate w/rise PSA	M	9	XXX							\$ -	\$ -	
G9083		Onc dx prostate unkwn nos	M	9	XXX							\$ -	\$ -	
G9084		Onc dx colon t1-3,n1-2,no pr	M	9	XXX							\$ -	\$ -	
G9085		Onc dx colon T4, N0 w/o prog	M	9	XXX							\$ -	\$ -	
G9086		Onc dx colon T1-4 no dx prog	M	9	XXX							\$ -	\$ -	
G9087		Onc dx colon metas evid dx	M	9	XXX							\$ -	\$ -	
G9088		Onc dx colon metas noevid dx	M	9	XXX							\$ -	\$ -	
G9089		Onc dx colon extent unknown	M	9	XXX							\$ -	\$ -	
G9090		Onc dx rectal T1-2 no progr	M	9	XXX							\$ -	\$ -	
G9091		Onc dx rectal T3 N0 no prog	M	9	XXX							\$ -	\$ -	
G9092		Onc dx rectal T1-3,N1-2noprg	M	9	XXX							\$ -	\$ -	
G9093		Onc dx rectal T4,N,M0 no prg	M	9	XXX							\$ -	\$ -	
G9094		Onc dx rectal M1 w/mets prog	M	9	XXX							\$ -	\$ -	
G9095		Onc dx rectal extent unkwn	M	9	XXX							\$ -	\$ -	
G9096		Onc dx esophag T1-T3 noprog	M	9	XXX							\$ -	\$ -	
G9097		Onc dx esophageal T4 no prog	M	9	XXX							\$ -	\$ -	
G9098		Onc dx esophageal mets recur	M	9	XXX							\$ -	\$ -	
G9099		Onc dx esophageal unknown	M	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
G9100		Onc dx gastric no recurrence	M	9	XXX							\$ -	\$ -	
G9101		Onc dx gastric p R1-R2noprog	M	9	XXX							\$ -	\$ -	
G9102		Onc dx gastric unresectable	M	9	XXX							\$ -	\$ -	
G9103		Onc dx gastric recurrent	M	9	XXX							\$ -	\$ -	
G9104		Onc dx gastric unknown NOS	M	9	XXX							\$ -	\$ -	
G9105		Onc dx pancreatc p R0 res no	M	9	XXX							\$ -	\$ -	
G9106		Onc dx pancreatc p R1/R2 no	M	9	XXX							\$ -	\$ -	
G9107		Onc dx pancreatic unresectab	M	9	XXX							\$ -	\$ -	
G9108		Onc dx pancreatic unknwn NOS	M	9	XXX							\$ -	\$ -	
G9109		Onc dx head/neck T1-T2no prg	M	9	XXX							\$ -	\$ -	
G9110		Onc dx head/neck T3-4 noprog	M	9	XXX							\$ -	\$ -	
G9111		Onc dx head/neck M1 mets rec	M	9	XXX							\$ -	\$ -	
G9112		Onc dx head/neck ext unknown	M	9	XXX							\$ -	\$ -	
G9113		Onc dx ovarian stg1A-B no pr	M	9	XXX							\$ -	\$ -	
G9114		Onc dx ovarian stg1A-B or 2	M	9	XXX							\$ -	\$ -	
G9115		Onc dx ovarian stg3/4 noprog	M	9	XXX							\$ -	\$ -	
G9116		Onc dx ovarian recurrence	M	9	XXX							\$ -	\$ -	
G9117		Onc dx ovarian unknown NOS	M	9	XXX							\$ -	\$ -	
G9123		Onc dx CML chronic phase	M	9	XXX							\$ -	\$ -	
G9124		Onc dx CML acceler phase	M	9	XXX							\$ -	\$ -	
G9125		Onc dx CML blast phase	M	9	XXX							\$ -	\$ -	
G9126		Onc dx CML remission	M	9	XXX							\$ -	\$ -	
G9128		Onc dx multi myeloma stage I	M	9	XXX							\$ -	\$ -	
G9129		Onc dx mult myeloma stg2 hig	M	9	XXX							\$ -	\$ -	
G9130		Onc dx multi myeloma unknown	M	9	XXX							\$ -	\$ -	
G9131		Onc dx brst unknown NOS	M	9	XXX							\$ -	\$ -	
G9132		Onc dx prostate mets no cast	M	9	XXX							\$ -	\$ -	
G9133		Onc dx prostate clinical met	M	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
G9134		Onc NHLstg 1-2 no relap no	M	9	XXX							\$ -	\$ -	
G9135		Onc dx NHL stg 3-4 not relap	M	9	XXX							\$ -	\$ -	
G9136		Onc dx NHL trans to Ig Bcell	M	9	XXX							\$ -	\$ -	
G9137		Onc dx NHL relapse/refractor	M	9	XXX							\$ -	\$ -	
G9138		Onc dx NHL stg unknown	M	9	XXX							\$ -	\$ -	
G9139		Onc dx CML dx status unknown	M	9	XXX							\$ -	\$ -	
G9140		Frontier extended stay demo	X	9	XXX							\$ -	\$ -	
G9141		Influenza A H1N1,admin w cou	X	9	XXX							\$ -	\$ -	
G9142		Influenza A H1N1, vaccine	X	9	XXX							\$ -	\$ -	
G9143		Warfarin respon genetic test	X	9	XXX							\$ -	\$ -	
G9147		Outpt IV insulin tx any mea	N	9	XXX							\$ -	\$ -	
G9156		Evaluation for wheelchair	R	9	XXX							\$ -	\$ -	
H0001		Alcohol and/or drug assess	X	9	XXX							\$ -	\$ -	
H0002		Alcohol and/or drug screenin	X	9	XXX							\$ -	\$ -	
H0003		Alcohol and/or drug screenin	X	9	XXX							\$ -	\$ -	
H0004		Alcohol and/or drug services	X	9	XXX							\$ -	\$ -	
H0005		Alcohol and/or drug services	X	9	XXX							\$ -	\$ -	
H0006		Alcohol and/or drug services	X	9	XXX							\$ -	\$ -	
H0007		Alcohol and/or drug services	X	9	XXX							\$ -	\$ -	
H0008		Alcohol and/or drug services	X	9	XXX							\$ -	\$ -	
H0009		Alcohol and/or drug services	X	9	XXX							\$ -	\$ -	
H0010		Alcohol and/or drug services	X	9	XXX							\$ -	\$ -	
H0011		Alcohol and/or drug services	X	9	XXX							\$ -	\$ -	
H0012		Alcohol and/or drug services	X	9	XXX							\$ -	\$ -	
H0013		Alcohol and/or drug services	X	9	XXX							\$ -	\$ -	
H0014		Alcohol and/or drug services	X	9	XXX							\$ -	\$ -	
H0015		Alcohol and/or drug services	X	9	XXX							\$ -	\$ -	
H0016		Alcohol and/or drug services	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
H0017		Alcohol and/or drug services	X	9	XXX							\$ -	\$ -	
H0018		Alcohol and/or drug services	X	9	XXX							\$ -	\$ -	
H0019		Alcohol and/or drug services	X	9	XXX							\$ -	\$ -	
H0020		Alcohol and/or drug services	X	9	XXX							\$ -	\$ -	
H0021		Alcohol and/or drug training	X	9	XXX							\$ -	\$ -	
H0022		Alcohol and/or drug interven	X	9	XXX							\$ -	\$ -	
H0023		Alcohol and/or drug outreach	X	9	XXX							\$ -	\$ -	
H0024		Alcohol and/or drug preventi	X	9	XXX							\$ -	\$ -	
H0025		Alcohol and/or drug preventi	X	9	XXX							\$ -	\$ -	
H0026		Alcohol and/or drug preventi	X	9	XXX							\$ -	\$ -	
H0027		Alcohol and/or drug preventi	X	9	XXX							\$ -	\$ -	
H0028		Alcohol and/or drug preventi	X	9	XXX							\$ -	\$ -	
H0029		Alcohol and/or drug preventi	X	9	XXX							\$ -	\$ -	
H0030		Alcohol and/or drug hotline	X	9	XXX							\$ -	\$ -	
H0031		MH health assess by non-md; beha	A	9	XXX							\$ -	\$ 120.00	Autism Services
H0032		MH svc plan dev by non-md; devel	A	9	XXX							\$ -	\$ 58.28	Autism Services
H0033		Oral med adm direct observe	X	9	XXX							\$ -	\$ -	
H0034		Med trng & support per 15min	X	9	XXX							\$ -	\$ -	
H0035		MH partial hosp tx under 24h	X	9	XXX							\$ -	\$ -	
H0036		Comm psy face-face per 15min	X	9	XXX							\$ -	\$ -	
H0037		Comm psy sup tx pgm per diem	x	9	XXX							\$ -	\$ -	
H0038		Self-help/peer svc per 15min	X	9	XXX							\$ -	\$ -	
H0039		Asser com tx face-face/15min	X	9	XXX							\$ -	\$ -	
H0040		Assert comm tx pgm per diem	X	9	XXX							\$ -	\$ -	
H0041		Fos c chld non-ther per diem	I	9	XXX							\$ -	\$ -	
H0042		Fos c chld non-ther per mon	X	9	XXX							\$ -	\$ -	
H0043		Supported housing, per diem	X	9	XXX							\$ -	\$ -	
H0044		Supported housing, per month	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
H0045		Respite not-in-home per diem	X	9	XXX							\$ -	\$ -	
H0046		Mental health service, nos	X	9	XXX							\$ -	\$ -	
H0047		Alcohol/drug abuse svc nos	X	9	XXX							\$ -	\$ -	
H0048		Spec coll non-blood:a/d test	X	9	XXX							\$ -	\$ -	
H0049		Alcohol/drug screening	X	9	XXX							\$ -	\$ -	
H0050		Alcohol/drug service 15 min	X	9	XXX							\$ -	\$ -	
H1000		Prenatal care atrisk assessm	I	9	XXX							\$ -	\$ -	
H1001		Antepartum management	X	9	XXX							\$ -	\$ -	
H1002		Carecoordination prenatal	X	9	XXX							\$ -	\$ -	
H1003		Prenatal at risk education	X	9	XXX							\$ -	\$ -	
H1004		Follow up home visit/prental	X	9	XXX							\$ -	\$ -	
H1005		Prenatalcare enhanced srv pk	X	9	XXX							\$ -	\$ -	
H1010		Nonmed family planning ed	X	9	XXX							\$ -	\$ -	
H1011		Family assessment	X	9	XXX							\$ -	\$ -	
H2000		Comp multidisipln evaluation	X	9	XXX							\$ -	\$ -	
H2001		Rehabilitation program 1/2 d	X	9	XXX							\$ -	\$ -	
H2010		Comprehensive med svc 15 min	X	9	XXX							\$ -	\$ -	
H2011		Crisis interven svc, 15 min	X	9	XXX							\$ -	\$ -	
H2012		Behav hlth day treat, per hr; omdov	A	9	XXX							\$ -	\$ 17.43	Autism Services
H2013		Psych hlth fac svc, per diem	X	9	XXX							\$ -	\$ -	
H2014		Skills train and dev, 15 min; grp AB	A	9	XXX							\$ -	\$ 11.79	Autism Services
H2015		Comp comm supp svc, 15 min	X	9	XXX							\$ -	\$ -	
H2016		Comp comm supp svc, per diem	X	9	XXX							\$ -	\$ -	
H2017		Psysoc rehab svc, per 15 min	X	9	XXX							\$ -	\$ -	
H2018		Psysoc rehab svc, per diem	X	9	XXX							\$ -	\$ -	
H2019		Ther behav svc, per 15 min;individu	A	9	XXX							\$ -	\$ 17.43	Autism Services
H2020		Ther behav svc, per diem	X	9	XXX							\$ -	\$ -	
H2021		Com wrap-around sv, 15 min	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
H2022		Com wrap-around sv, per diem	X	9	XXX							\$ -	\$ -	
H2023		Supported employ, per 15 min	X	9	XXX							\$ -	\$ -	
H2024		Supported employ, per diem	X	9	XXX							\$ -	\$ -	
H2025		Supp maint employ, 15 min	X	9	XXX							\$ -	\$ -	
H2026		Supp maint employ, per diem	X	9	XXX							\$ -	\$ -	
H2027		Psychoed svc, per 15 min	X	9	XXX							\$ -	\$ -	
H2028		Sex offend tx svc, 15 min	X	9	XXX							\$ -	\$ -	
H2029		Sex offend tx svc, per diem	X	9	XXX							\$ -	\$ -	
H2030		MH clubhouse svc, per 15 min	X	9	XXX							\$ -	\$ -	
H2031		MH clubhouse svc, per diem	X	9	XXX							\$ -	\$ -	
H2032		Activity therapy, per 15 min	X	9	XXX							\$ -	\$ -	
H2033		Multisys ther/juvenile 15min	X	9	XXX							\$ -	\$ -	
H2034		A/D halfway house, per diem	X	9	XXX							\$ -	\$ -	
H2035		A/D tx program, per hour	X	9	XXX							\$ -	\$ -	
H2036		A/D tx program, per diem	X	9	XXX							\$ -	\$ -	
H2037		Dev delay prev dp ch, 15 min	X	9	XXX							\$ -	\$ -	
J0120		Tetracyclin injection	X	9	XXX							\$ -	\$ -	
J0129		Abatacept injection	X	9	XXX							\$ -	\$ -	
J0130		Abciximab injection	X	9	XXX							\$ -	\$ -	
J0131		Acetaminophen injection	X	9	XXX							\$ -	\$ -	
J0132		Acetylcysteine injection	X	9	XXX							\$ -	\$ -	
J0133		Acylovir injection	X	9	XXX							\$ -	\$ -	
J0135		Adalimumab injection	X	9	XXX							\$ -	\$ -	
J0150		Injection adenosine 6 MG	X	9	XXX							\$ -	\$ -	
J0152		Adenosine injection	X	9	XXX							\$ -	\$ -	
J0171		Adrenalin epinephrine inject	X	9	XXX							\$ -	\$ -	
J0180		Agalsidase beta injection	X	9	XXX							\$ -	\$ -	
J0190		Inj biperiden lactate/5 mg	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment		
J0200		Alatrofloxacin mesylate	X	9	XXX							\$	-	\$	-
J0205		Alglucerase injection	X	9	XXX							\$	-	\$	-
J0207		Amifostine	X	9	XXX							\$	-	\$	-
J0210		Methyldopate hcl injection	X	9	XXX							\$	-	\$	-
J0215		Alefacept	X	9	XXX							\$	-	\$	-
J0220		Alglucosidase alfa injection	X	9	XXX							\$	-	\$	-
J0221		Lumizyme injection	X	9	XXX							\$	-	\$	-
J0256		Alpha 1 proteinase inhibitor	X	9	XXX							\$	-	\$	-
J0257		Glassia injection	X	9	XXX							\$	-	\$	-
J0270		Alprostadiil for injection	X	9	XXX							\$	-	\$	-
J0275		Alprostadiil urethral suppos	X	9	XXX							\$	-	\$	-
J0278		Amikacin sulfate injection	X	9	XXX							\$	-	\$	-
J0280		Aminophyllin 250 MG inj	X	9	XXX							\$	-	\$	-
J0282		Amiodarone HCl	X	9	XXX							\$	-	\$	-
J0285		Amphotericin B	X	9	XXX							\$	-	\$	-
J0287		Amphotericin b lipid complex	X	9	XXX							\$	-	\$	-
J0288		Ampho b cholesteryl sulfate	X	9	XXX							\$	-	\$	-
J0289		Amphotericin b liposome inj	X	9	XXX							\$	-	\$	-
J0290		Ampicillin 500 MG inj	X	9	XXX							\$	-	\$	-
J0295		Ampicillin sodium per 1.5 gm	X	9	XXX							\$	-	\$	-
J0300		Amobarbital 125 MG inj	X	9	XXX							\$	-	\$	-
J0330		Succinylcholine chloride inj	X	9	XXX							\$	-	\$	-
J0348		Anidulafungin injection	X	9	XXX							\$	-	\$	-
J0350		Injection anistreplase 30 u	X	9	XXX							\$	-	\$	-
J0360		Hydralazine hcl injection	X	9	XXX							\$	-	\$	-
J0364		Apomorphine hydrochloride	X	9	XXX							\$	-	\$	-
J0365		Aprotonin, 10,000 kiu	X	9	XXX							\$	-	\$	-
J0380		Inj metaraminol bitartrate	X	9	XXX							\$	-	\$	-

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment			
J0390		Chloroquine injection	X	9	XXX							\$	-	\$	-	
J0395		Arbutamine hcl injection	X	9	XXX							\$	-	\$	-	
J0400		Aripiprazole injection	X	9	XXX							\$	-	\$	-	
J0456		Azithromycin	X	9	XXX							\$	-	\$	-	
J0461		Atropine sulfate injection	X	9	XXX							\$	-	\$	-	
J0470		Dimecaprol injection	X	9	XXX							\$	-	\$	-	
J0475		Baclofen 10 MG injection	X	9	XXX							\$	-	\$	-	
J0476		Baclofen intrathecal trial	X	9	XXX							\$	-	\$	-	
J0480		Basiliximab	X	9	XXX							\$	-	\$	-	
J0490		Belimumab injection	X	9	XXX							\$	-	\$	-	
J0500		Dicyclomine injection	X	9	XXX							\$	-	\$	-	
J0515		Inj benzotropine mesylate	X	9	XXX							\$	-	\$	-	
J0520		Bethanechol chloride inject	X	9	XXX							\$	-	\$	-	
J0558		PenG benzathine/procaine inj	X	9	XXX							\$	-	\$	-	
J0561		Penicillin g benzathine inj	X	9	XXX							\$	-	\$	-	
J0583		Bivalirudin	X	9	XXX							\$	-	\$	-	
J0585		Injection,onabotulinumtoxinA	X	9	XXX							\$	-	\$	-	
J0586		AbobotulinumtoxinA	X	9	XXX							\$	-	\$	-	
J0587		Inj, rimabotulinumtoxinB	X	9	XXX							\$	-	\$	-	
J0588		Incobotulinumtoxin a	X	9	XXX							\$	-	\$	-	
J0592		Buprenorphine hydrochloride	X	9	XXX							\$	-	\$	-	
J0594		Busulfan injection	X	9	XXX							\$	-	\$	-	
J0595		Butorphanol tartrate 1 mg	X	9	XXX							\$	-	\$	-	
J0597		C-1 esterase, berinert	X	9	XXX							\$	-	\$	-	
J0598		C-1 esterase, cinryze	X	9	XXX							\$	-	\$	-	
J0600		Edetate calcium disodium inj	X	9	XXX							\$	-	\$	-	
J0610		Calcium gluconate injection	X	9	XXX							\$	-	\$	-	
J0620		Calcium glycer & lact/10 ML	X	9	XXX							\$	-	\$	-	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
J0630		Calcitonin salmon injection	X	9	XXX							\$ -	\$ -	
J0636		Inj calcitriol per 0.1 mcg	X	9	XXX							\$ -	\$ -	
J0637		Caspofungin acetate	X	9	XXX							\$ -	\$ -	
J0638		Canakinumab injection	X	9	XXX							\$ -	\$ -	
J0640		Leucovorin calcium injection	X	9	XXX							\$ -	\$ -	
J0641		Levoleucovorin injection	X	9	XXX							\$ -	\$ -	
J0670		Inj mepivacaine HCL/10 ml	X	9	XXX							\$ -	\$ -	
J0690		Cefazolin sodium injection	X	9	XXX							\$ -	\$ -	
J0692		Cefepime HCl for injection	X	9	XXX							\$ -	\$ -	
J0694		Cefoxitin sodium injection	X	9	XXX							\$ -	\$ -	
J0696		Ceftriaxone sodium injection	X	9	XXX							\$ -	\$ -	
J0697		Sterile cefuroxime injection	X	9	XXX							\$ -	\$ -	
J0698		Cefotaxime sodium injection	X	9	XXX							\$ -	\$ -	
J0702		Betamethasone acet&sod phosp	X	9	XXX							\$ -	\$ -	
J0706		Caffeine citrate injection	X	9	XXX							\$ -	\$ -	
J0710		Cephapirin sodium injection	X	9	XXX							\$ -	\$ -	
J0712		Ceftaroline fosamil inj	X	9	XXX							\$ -	\$ -	
J0713		Inj ceftazidime per 500 mg	X	9	XXX							\$ -	\$ -	
J0715		Ceftizoxime sodium / 500 MG	X	9	XXX							\$ -	\$ -	
J0718		Certolizumab pegol inj	X	9	XXX							\$ -	\$ -	
J0720		Chloramphenicol sodium injec	X	9	XXX							\$ -	\$ -	
J0725		Chorionic gonadotropin/1000u	X	9	XXX							\$ -	\$ -	
J0735		Clonidine hydrochloride	X	9	XXX							\$ -	\$ -	
J0740		Cidofovir injection	X	9	XXX							\$ -	\$ -	
J0743		Cilastatin sodium injection	X	9	XXX							\$ -	\$ -	
J0744		Ciprofloxacin iv	X	9	XXX							\$ -	\$ -	
J0745		Inj codeine phosphate /30 MG	X	9	XXX							\$ -	\$ -	
J0760		Colchicine injection	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
J0770		Colistimethate sodium inj	X	9	XXX							\$ -	\$ -	
J0775		Collagenase, clost hist inj	X	9	XXX							\$ -	\$ -	
J0780		Prochlorperazine injection	X	9	XXX							\$ -	\$ -	
J0795		Corticoreslin ovine triflural	X	9	XXX							\$ -	\$ -	
J0800		Corticotropin injection	X	9	XXX							\$ -	\$ -	
J0833		Cosyntropin injection NOS	X	9	XXX							\$ -	\$ -	
J0834		Cosyntropin cortrosyn inj	X	9	XXX							\$ -	\$ -	
J0840		Crotalidae poly immune fab	X	9	XXX							\$ -	\$ -	
J0850		Cytomegalovirus imm IV /vial	X	9	XXX							\$ -	\$ -	
J0878		Daptomycin injection	X	9	XXX							\$ -	\$ -	
J0881		Darbepoetin alfa, non-esrd	X	9	XXX							\$ -	\$ -	
J0882		Darbepoetin alfa, esrd use	X	9	XXX							\$ -	\$ -	
J0885		Epoetin alfa, non-esrd	X	9	XXX							\$ -	\$ -	
J0886		Epoetin alfa 1000 units ESRD	X	9	XXX							\$ -	\$ -	
J0894		Decitabine injection	X	9	XXX							\$ -	\$ -	
J0895		Deferoxamine mesylate inj	X	9	XXX							\$ -	\$ -	
J0897		Denosumab injection	X	9	XXX							\$ -	\$ -	
J0900		Testosterone enanthate inj	X	9	XXX							\$ -	\$ -	
J0945		Brompheniramine maleate inj	X	9	XXX							\$ -	\$ -	
J1000		Depo-estradiol cypionate inj	X	9	XXX							\$ -	\$ -	
J1020		Methylprednisolone 20 MG inj	X	9	XXX							\$ -	\$ -	
J1030		Methylprednisolone 40 MG inj	X	9	XXX							\$ -	\$ -	
J1040		Methylprednisolone 80 MG inj	X	9	XXX							\$ -	\$ -	
J1051		Medroxyprogesterone inj	X	9	XXX							\$ -	\$ -	
J1055		Medroxyprogester acetate inj	X	9	XXX							\$ -	\$ -	
J1056		MA/EC contraceptive injection	X	9	XXX							\$ -	\$ -	
J1060		Testosterone cypionate 1 ML	X	9	XXX							\$ -	\$ -	
J1070		Testosterone cypionate 100 MG	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
J1080		Testosterone cypionat 200 MG	X	9	XXX							\$ -	\$ -	
J1094		Inj dexamethasone acetate	X	9	XXX							\$ -	\$ -	
J1100		Dexamethasone sodium phos	X	9	XXX							\$ -	\$ -	
J1110		Inj dihydroergotamine mesylt	X	9	XXX							\$ -	\$ -	
J1120		Acetazolamid sodium injectio	X	9	XXX							\$ -	\$ -	
J1160		Digoxin injection	X	9	XXX							\$ -	\$ -	
J1162		Digoxin immune fab (ovine)	X	9	XXX							\$ -	\$ -	
J1165		Phenytoin sodium injection	X	9	XXX							\$ -	\$ -	
J1170		Hydromorphone injection	X	9	XXX							\$ -	\$ -	
J1180		Dyphylline injection	X	9	XXX							\$ -	\$ -	
J1190		Dexrazoxane HCl injection	X	9	XXX							\$ -	\$ -	
J1200		Diphenhydramine hcl injectio	X	9	XXX							\$ -	\$ -	
J1205		Chlorothiazide sodium inj	X	9	XXX							\$ -	\$ -	
J1212		Dimethyl sulfoxide 50% 50 ML	X	9	XXX							\$ -	\$ -	
J1230		Methadone injection	X	9	XXX							\$ -	\$ -	
J1240		Dimenhydrinate injection	X	9	XXX							\$ -	\$ -	
J1245		Dipyridamole injection	X	9	XXX							\$ -	\$ -	
J1250		Inj dobutamine HCL/250 mg	X	9	XXX							\$ -	\$ -	
J1260		Dolasetron mesylate	X	9	XXX							\$ -	\$ -	
J1265		Dopamine injection	X	9	XXX							\$ -	\$ -	
J1267		Doripenem injection	X	9	XXX							\$ -	\$ -	
J1270		Injection, doxercalciferol	X	9	XXX							\$ -	\$ -	
J1290		Ecallantide injection	X	9	XXX							\$ -	\$ -	
J1300		Eculizumab injection	X	9	XXX							\$ -	\$ -	
J1320		Amitriptyline injection	X	9	XXX							\$ -	\$ -	
J1324		Enfuvirtide injection	X	9	XXX							\$ -	\$ -	
J1325		Epoprostenol injection	X	9	XXX							\$ -	\$ -	
J1327		Eptifibatide injection	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
J1330		Ergonovine maleate injection	X	9	XXX							\$ -	\$ -	
J1335		Ertapenem injection	X	9	XXX							\$ -	\$ -	
J1364		Erythro lactobionate /500 MG	X	9	XXX							\$ -	\$ -	
J1380		Estradiol valerate 10 MG inj	X	9	XXX							\$ -	\$ -	
J1410		Inj estrogen conjugate 25 MG	X	9	XXX							\$ -	\$ -	
J1430		Ethanolamine oleate 100 mg	X	9	XXX							\$ -	\$ -	
J1435		Injection estrone per 1 MG	X	9	XXX							\$ -	\$ -	
J1436		Etidronate disodium inj	X	9	XXX							\$ -	\$ -	
J1438		Etanercept injection	X	9	XXX							\$ -	\$ -	
J1440		Filgrastim 300 mcg injection	X	9	XXX							\$ -	\$ -	
J1441		Filgrastim 480 mcg injection	X	9	XXX							\$ -	\$ -	
J1450		Fluconazole	X	9	XXX							\$ -	\$ -	
J1451		Fomepizole, 15 mg	X	9	XXX							\$ -	\$ -	
J1452		Intraocular Fomivirsen na	X	9	XXX							\$ -	\$ -	
J1453		Fosaprepitant injection	X	9	XXX							\$ -	\$ -	
J1455		Foscarnet sodium injection	X	9	XXX							\$ -	\$ -	
J1457		Gallium nitrate injection	X	9	XXX							\$ -	\$ -	
J1458		Galsulfase injection	X	9	XXX							\$ -	\$ -	
J1459		Inj IVIG privigen 500 mg	X	9	XXX							\$ -	\$ -	
J1460		Gamma globulin 1 CC inj	X	9	XXX							\$ -	\$ -	
J1557		Gammaplex injection	X	9	XXX							\$ -	\$ -	
J1559		Hizentra injection	X	9	XXX							\$ -	\$ -	
J1560		Gamma globulin > 10 CC inj	X	9	XXX							\$ -	\$ -	
J1561		Gamunex/gamunex c	X	9	XXX							\$ -	\$ -	
J1562		Vivaglobin, inj	X	9	XXX							\$ -	\$ -	
J1566		Immune globulin, powder	X	9	XXX							\$ -	\$ -	
J1568		Octagam injection	X	9	XXX							\$ -	\$ -	
J1569		Gammagard liquid injection	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
J1570		Ganciclovir sodium injection	X	9	XXX							\$ -	\$ -	
J1571		Hepagam b im injection	X	9	XXX							\$ -	\$ -	
J1572		Flebogamma injection	X	9	XXX							\$ -	\$ -	
J1573		Hepagam b intravenous, inj	X	9	XXX							\$ -	\$ -	
J1580		Garamycin gentamicin inj	X	9	XXX							\$ -	\$ -	
J1590		Gatifloxacin injection	X	9	XXX							\$ -	\$ -	
J1595		Injection glatiramer acetate	X	9	XXX							\$ -	\$ -	
J1599		Ivig non-lyophilized, NOS	X	9	XXX							\$ -	\$ -	
J1600		Gold sodium thiomaleate inj	X	9	XXX							\$ -	\$ -	
J1610		Glucagon hydrochloride/1 MG	X	9	XXX							\$ -	\$ -	
J1620		Gonadorelin hydroch/ 100 mcg	X	9	XXX							\$ -	\$ -	
J1626		Granisetron hcl injection	X	9	XXX							\$ -	\$ -	
J1630		Haloperidol injection	X	9	XXX							\$ -	\$ -	
J1631		Haloperidol decanoate inj	X	9	XXX							\$ -	\$ -	
J1640		Hemin, 1 mg	X	9	XXX							\$ -	\$ -	
J1642		Inj heparin sodium per 10 u	X	9	XXX							\$ -	\$ -	
J1644		Inj heparin sodium per 1000u	X	9	XXX							\$ -	\$ -	
J1645		Dalteparin sodium	X	9	XXX							\$ -	\$ -	
J1650		Inj enoxaparin sodium	X	9	XXX							\$ -	\$ -	
J1652		Fondaparinux sodium	X	9	XXX							\$ -	\$ -	
J1655		Tinzaparin sodium injection	X	9	XXX							\$ -	\$ -	
J1670		Tetanus immune globulin inj	X	9	XXX							\$ -	\$ -	
J1675		Histrelin acetate	X	9	XXX							\$ -	\$ -	
J1680		Human fibrinogen conc inj	X	9	XXX							\$ -	\$ -	
J1700		Hydrocortisone acetate inj	X	9	XXX							\$ -	\$ -	
J1710		Hydrocortisone sodium ph inj	X	9	XXX							\$ -	\$ -	
J1720		Hydrocortisone sodium succ i	X	9	XXX							\$ -	\$ -	
J1725		Hydroxyprogesterone caproate	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
J1730		Diazoxide injection	X	9	XXX							\$ -	\$ -	
J1740		Ibandronate sodium injection	X	9	XXX							\$ -	\$ -	
J1742		Ibutilide fumarate injection	X	9	XXX							\$ -	\$ -	
J1743		Idursulfase injection	X	9	XXX							\$ -	\$ -	
J1745		Infliximab injection	X	9	XXX							\$ -	\$ -	
J1750		Inj iron dextran	X	9	XXX							\$ -	\$ -	
J1756		Iron sucrose injection	X	9	XXX							\$ -	\$ -	
J1786		Imuglucerase injection	X	9	XXX							\$ -	\$ -	
J1790		Droperidol injection	X	9	XXX							\$ -	\$ -	
J1800		Propranolol injection	X	9	XXX							\$ -	\$ -	
J1810		Droperidol/fentanyl inj	X	9	XXX							\$ -	\$ -	
J1815		Insulin injection	X	9	XXX							\$ -	\$ -	
J1817		Insulin for insulin pump use	X	9	XXX							\$ -	\$ -	
J1826		Interferon Beta-1A inj	X	9	XXX							\$ -	\$ -	
J1830		Interferon beta-1b / .25 MG	X	9	XXX							\$ -	\$ -	
J1835		Itraconazole injection	X	9	XXX							\$ -	\$ -	
J1840		Kanamycin sulfate 500 MG inj	X	9	XXX							\$ -	\$ -	
J1850		Kanamycin sulfate 75 MG inj	X	9	XXX							\$ -	\$ -	
J1885		Ketorolac tromethamine inj	X	9	XXX							\$ -	\$ -	
J1890		Cephalothin sodium injection	X	9	XXX							\$ -	\$ -	
J1930		Lanreotide injection	X	9	XXX							\$ -	\$ -	
J1931		Laronidase injection	X	9	XXX							\$ -	\$ -	
J1940		Furosemide injection	X	9	XXX							\$ -	\$ -	
J1945		Lepirudin	X	9	XXX							\$ -	\$ -	
J1950		Leuprolide acetate /3.75 MG	X	9	XXX							\$ -	\$ -	
J1953		Levetiracetam injection	X	9	XXX							\$ -	\$ -	
J1955		Inj levocarnitine per 1 gm	X	9	XXX							\$ -	\$ -	
J1956		Levofloxacin injection	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
J1960		Levorphanol tartrate inj	X	9	XXX							\$ -	\$ -	
J1980		Hyoscyamine sulfate inj	X	9	XXX							\$ -	\$ -	
J1990		Chlordiazepoxide injection	X	9	XXX							\$ -	\$ -	
J2001		Lidocaine injection	X	9	XXX							\$ -	\$ -	
J2010		Lincomycin injection	X	9	XXX							\$ -	\$ -	
J2020		Linezolid injection	X	9	XXX							\$ -	\$ -	
J2060		Lorazepam injection	X	9	XXX							\$ -	\$ -	
J2150		Mannitol injection	X	9	XXX							\$ -	\$ -	
J2170		Mecasermin injection	X	9	XXX							\$ -	\$ -	
J2175		Meperidine hydrochl /100 MG	X	9	XXX							\$ -	\$ -	
J2180		Meperidine/promethazine inj	X	9	XXX							\$ -	\$ -	
J2185		Meropenem	X	9	XXX							\$ -	\$ -	
J2210		Methylergonovin maleate inj	X	9	XXX							\$ -	\$ -	
J2248		Micafungin sodium injection	X	9	XXX							\$ -	\$ -	
J2250		Inj midazolam hydrochloride	X	9	XXX							\$ -	\$ -	
J2260		Inj milrinone lactate / 5 MG	X	9	XXX							\$ -	\$ -	
J2265		Minocycline hydrochloride	X	9	XXX							\$ -	\$ -	
J2270		Morphine sulfate injection	X	9	XXX							\$ -	\$ -	
J2271		Morphine so4 injection 100mg	X	9	XXX							\$ -	\$ -	
J2275		Morphine sulfate injection	X	9	XXX							\$ -	\$ -	
J2278		Ziconotide injection	X	9	XXX							\$ -	\$ -	
J2280		Inj, moxifloxacin 100 mg	X	9	XXX							\$ -	\$ -	
J2300		Inj nalbuphine hydrochloride	X	9	XXX							\$ -	\$ -	
J2310		Inj naloxone hydrochloride	X	9	XXX							\$ -	\$ -	
J2315		Naltrexone, depot form	X	9	XXX							\$ -	\$ -	
J2320		Nandrolone decanoate 50 MG	X	9	XXX							\$ -	\$ -	
J2323		Natalizumab injection	X	9	XXX							\$ -	\$ -	
J2325		Nesiritide injection	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
J2353		Octreotide injection, depot	X	9	XXX							\$ -	\$ -	
J2354		Octreotide inj, non-depot	X	9	XXX							\$ -	\$ -	
J2355		Oprelvekin injection	X	9	XXX							\$ -	\$ -	
J2357		Omalizumab injection	X	9	XXX							\$ -	\$ -	
J2358		Olanzapine long-acting inj	X	9	XXX							\$ -	\$ -	
J2360		Orphenadrine injection	X	9	XXX							\$ -	\$ -	
J2370		Phenylephrine hcl injection	X	9	XXX							\$ -	\$ -	
J2400		Chloroprocaine hcl injection	X	9	XXX							\$ -	\$ -	
J2405		Ondansetron hcl injection	X	9	XXX							\$ -	\$ -	
J2410		Oxymorphone hcl injection	X	9	XXX							\$ -	\$ -	
J2425		Palifermin injection	X	9	XXX							\$ -	\$ -	
J2426		Paliperidone palmitate inj	X	9	XXX							\$ -	\$ -	
J2430		Pamidronate disodium /30 MG	X	9	XXX							\$ -	\$ -	
J2440		Papaverin hcl injection	X	9	XXX							\$ -	\$ -	
J2460		Oxytetracycline injection	X	9	XXX							\$ -	\$ -	
J2469		Palonosetron hcl	X	9	XXX							\$ -	\$ -	
J2501		Paricalcitol	X	9	XXX							\$ -	\$ -	
J2503		Pegaptanib sodium injection	X	9	XXX							\$ -	\$ -	
J2504		Pegademase bovine, 25 iu	X	9	XXX							\$ -	\$ -	
J2505		Injection, pegfilgrastim 6mg	X	9	XXX							\$ -	\$ -	
J2507		Pegloticase injection	X	9	XXX							\$ -	\$ -	
J2510		Penicillin g procaine inj	X	9	XXX							\$ -	\$ -	
J2513		Pentastarch 10% solution	X	9	XXX							\$ -	\$ -	
J2515		Pentobarbital sodium inj	X	9	XXX							\$ -	\$ -	
J2540		Penicillin g potassium inj	X	9	XXX							\$ -	\$ -	
J2543		Piperacillin/tazobactam	X	9	XXX							\$ -	\$ -	
J2545		Pentamidine non-comp unit	X	9	XXX							\$ -	\$ -	
J2550		Promethazine hcl injection	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
J2560		Phenobarbital sodium inj	X	9	XXX							\$ -	\$ -	
J2562		Plerixafor injection	X	9	XXX							\$ -	\$ -	
J2590		Oxytocin injection	X	9	XXX							\$ -	\$ -	
J2597		Inj desmopressin acetate	X	9	XXX							\$ -	\$ -	
J2650		Prednisolone acetate inj	X	9	XXX							\$ -	\$ -	
J2670		Totazoline hcl injection	X	9	XXX							\$ -	\$ -	
J2675		Inj progesterone per 50 MG	X	9	XXX							\$ -	\$ -	
J2680		Fluphenazine decanoate 25 MG	X	9	XXX							\$ -	\$ -	
J2690		Procainamide hcl injection	X	9	XXX							\$ -	\$ -	
J2700		Oxacillin sodium injeciton	X	9	XXX							\$ -	\$ -	
J2710		Neostigmine methylsifte inj	X	9	XXX							\$ -	\$ -	
J2720		Inj protamine sulfate/10 MG	X	9	XXX							\$ -	\$ -	
J2724		Protein c concentrate	X	9	XXX							\$ -	\$ -	
J2725		Inj protirelin per 250 mcg	X	9	XXX							\$ -	\$ -	
J2730		Pralidoxime chloride inj	X	9	XXX							\$ -	\$ -	
J2760		Phentolaine mesylate inj	X	9	XXX							\$ -	\$ -	
J2765		Metoclopramide hcl injection	X	9	XXX							\$ -	\$ -	
J2770		Quinupristin/dalfopristin	X	9	XXX							\$ -	\$ -	
J2778		Ranibizumab injection	X	9	XXX							\$ -	\$ -	
J2780		Ranitidine hydrochloride inj	X	9	XXX							\$ -	\$ -	
J2783		Rasburicase	X	9	XXX							\$ -	\$ -	
J2785		Regadenoson injection	X	9	XXX							\$ -	\$ -	
J2788		Rho d immune globulin 50 mcg	X	9	XXX							\$ -	\$ -	
J2790		Rho d immune globulin inj	X	9	XXX							\$ -	\$ -	
J2791		Rhophylac injection	X	9	XXX							\$ -	\$ -	
J2792		Rho(D) immune globulin h, sd	X	9	XXX							\$ -	\$ -	
J2793		Riloncept injection	X	9	XXX							\$ -	\$ -	
J2794		Risperidone, long acting	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment		
J2795		Ropivacaine HCl injection	X	9	XXX							\$	-	\$	-
J2796		Romiplostim injection	X	9	XXX							\$	-	\$	-
J2800		Methocarbamol injection	X	9	XXX							\$	-	\$	-
J2805		Sincalide injection	X	9	XXX							\$	-	\$	-
J2810		Inj theophylline per 40 MG	X	9	XXX							\$	-	\$	-
J2820		Sargramostim injection	X	9	XXX							\$	-	\$	-
J2850		Inj secretin synthetic human	X	9	XXX							\$	-	\$	-
J2910		Aurothioglucose injeciton	X	9	XXX							\$	-	\$	-
J2916		Na ferric gluconate complex	X	9	XXX							\$	-	\$	-
J2920		Methylprednisolone injection	X	9	XXX							\$	-	\$	-
J2930		Methylprednisolone injection	X	9	XXX							\$	-	\$	-
J2940		Somatrem injection	X	9	XXX							\$	-	\$	-
J2941		Somatropin injection	X	9	XXX							\$	-	\$	-
J2950		Promazine hcl injection	X	9	XXX							\$	-	\$	-
J2993		Retepase injection	X	9	XXX							\$	-	\$	-
J2995		Inj streptokinase /250000 IU	X	9	XXX							\$	-	\$	-
J2997		Alteplase recombinant	X	9	XXX							\$	-	\$	-
J3000		Streptomycin injection	X	9	XXX							\$	-	\$	-
J3010		Fentanyl citrate injeciton	X	9	XXX							\$	-	\$	-
J3030		Sumatriptan succinate / 6 MG	X	9	XXX							\$	-	\$	-
J3070		Pentazocine injection	X	9	XXX							\$	-	\$	-
J3095		Telavancin injection	X	9	XXX							\$	-	\$	-
J3101		Tenecteplase injection	X	9	XXX							\$	-	\$	-
J3105		Terbutaline sulfate inj	X	9	XXX							\$	-	\$	-
J3110		Teriparatide injection	X	9	XXX							\$	-	\$	-
J3120		Testosterone enanthate inj	X	9	XXX							\$	-	\$	-
J3130		Testosterone enanthate inj	X	9	XXX							\$	-	\$	-
J3140		Testosterone suspension inj	X	9	XXX							\$	-	\$	-

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
J3150		Testosteron propionate inj	X	9	XXX							\$ -	\$ -	
J3230		Chlorpromazine hcl injection	X	9	XXX							\$ -	\$ -	
J3240		Thyrotropin injection	X	9	XXX							\$ -	\$ -	
J3243		Tigecycline injection	X	9	XXX							\$ -	\$ -	
J3246		Tirofiban HCl	X	9	XXX							\$ -	\$ -	
J3250		Trimethobenzamide hcl inj	X	9	XXX							\$ -	\$ -	
J3260		Tobramycin sulfate injection	X	9	XXX							\$ -	\$ -	
J3262		Tocilizumab injection	X	9	XXX							\$ -	\$ -	
J3265		Injection torsemide 10 mg/ml	X	9	XXX							\$ -	\$ -	
J3280		Thiethylperazine maleate inj	X	9	XXX							\$ -	\$ -	
J3285		Treprostinil injection	X	9	XXX							\$ -	\$ -	
J3300		Triamcinolone A inj PRS-free	X	9	XXX							\$ -	\$ -	
J3301		Triamcinolone acet inj NOS	X	9	XXX							\$ -	\$ -	
J3302		Triamcinolone diacetate inj	X	9	XXX							\$ -	\$ -	
J3303		Triamcinolone hexacetonl inj	X	9	XXX							\$ -	\$ -	
J3305		Inj trimetrexate glucuronate	X	9	XXX							\$ -	\$ -	
J3310		Perphenazine injeciton	X	9	XXX							\$ -	\$ -	
J3315		Triptorelin pamoate	X	9	XXX							\$ -	\$ -	
J3320		Spectinomycn di-hcl inj	X	9	XXX							\$ -	\$ -	
J3350		Urea injection	X	9	XXX							\$ -	\$ -	
J3355		Urofollitropin, 75 iu	X	9	XXX							\$ -	\$ -	
J3357		Ustekinumab injection	X	9	XXX							\$ -	\$ -	
J3360		Diazepam injection	X	9	XXX							\$ -	\$ -	
J3364		Urokinase 5000 IU injection	X	9	XXX							\$ -	\$ -	
J3365		Urokinase 250,000 IU inj	X	9	XXX							\$ -	\$ -	
J3370		Vancomycin hcl injection	X	9	XXX							\$ -	\$ -	
J3385		Velaglycerase alfa	X	9	XXX							\$ -	\$ -	
J3396		Verteporfin injection	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment			
J3400		Triflupromazine hcl inj	X	9	XXX							\$	-	\$	-	
J3410		Hydroxyzine hcl injection	X	9	XXX							\$	-	\$	-	
J3411		Thiamine hcl 100 mg	X	9	XXX							\$	-	\$	-	
J3415		Pyridoxine hcl 100 mg	X	9	XXX							\$	-	\$	-	
J3420		Vitamin b12 injection	X	9	XXX							\$	-	\$	-	
J3430		Vitamin k phytonadione inj	X	9	XXX							\$	-	\$	-	
J3465		Injection, voriconazole	X	9	XXX							\$	-	\$	-	
J3470		Hyaluronidase injection	X	9	XXX							\$	-	\$	-	
J3471		Ovine, up to 999 USP units	X	9	XXX							\$	-	\$	-	
J3472		Ovine, 1000 USP units	X	9	XXX							\$	-	\$	-	
J3473		Hyaluronidase recombinant	X	9	XXX							\$	-	\$	-	
J3475		Inj magnesium sulfate	X	9	XXX							\$	-	\$	-	
J3480		Inj potassium chloride	X	9	XXX							\$	-	\$	-	
J3485		Zidovudine	X	9	XXX							\$	-	\$	-	
J3486		Ziprasidone mesylate	X	9	XXX							\$	-	\$	-	
J3487		Zoledronic acid	X	9	XXX							\$	-	\$	-	
J3488		Reclast injection	X	9	XXX							\$	-	\$	-	
J3490		Drugs unclassified injection	X	9	XXX							\$	-	\$	-	
J3520		Edetate disodium per 150 mg	N	9	XXX							\$	-	\$	-	
J3530		Nasal vaccine inhalation	X	9	XXX							\$	-	\$	-	
J3535		Metered dose inhaler drug	N	9	XXX							\$	-	\$	-	
J3570		Laetrile amygdalin vit B17	N	9	XXX							\$	-	\$	-	
J3590		Unclassified biologics	X	9	XXX							\$	-	\$	-	
J7030		Normal saline solution infus	X	9	XXX							\$	-	\$	-	
J7040		Normal saline solution infus	X	9	XXX							\$	-	\$	-	
J7042		5% dextrose/normal saline	X	9	XXX							\$	-	\$	-	
J7050		Normal saline solution infus	X	9	XXX							\$	-	\$	-	
J7060		5% dextrose/water	X	9	XXX							\$	-	\$	-	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
J7070		D5w infusion	X	9	XXX							\$ -	\$ -	
J7100		Dextran 40 infusion	X	9	XXX							\$ -	\$ -	
J7110		Dextran 75 infusion	X	9	XXX							\$ -	\$ -	
J7120		Ringers lactate infusion	X	9	XXX							\$ -	\$ -	
J7131		Hypertonic saline sol	X	9	XXX							\$ -	\$ -	
J7180		Factor XIII anti-hem factor	X	9	XXX							\$ -	\$ -	
J7183		Wilate injection	X	9	XXX							\$ -	\$ -	
J7185		Xyntha inj	X	9	XXX							\$ -	\$ -	
J7186		Antihemophilic viii/vwf comp	X	9	XXX							\$ -	\$ -	
J7187		Humate-P, inj	X	9	XXX							\$ -	\$ -	
J7189		Factor viia	X	9	XXX							\$ -	\$ -	
J7190		Factor viii	X	9	XXX							\$ -	\$ -	
J7191		Factor VIII (porcine)	X	9	XXX							\$ -	\$ -	
J7192		Factor viii recombinant NOS	X	9	XXX							\$ -	\$ -	
J7193		Factor IX non-recombinant	X	9	XXX							\$ -	\$ -	
J7194		Factor ix complex	X	9	XXX							\$ -	\$ -	
J7195		Factor IX recombinant	X	9	XXX							\$ -	\$ -	
J7196		Antithrombin recombinant	X	9	XXX							\$ -	\$ -	
J7197		Antithrombin iii injection	X	9	XXX							\$ -	\$ -	
J7198		Anti-inhibitor	X	9	XXX							\$ -	\$ -	
J7199		Hemophilia clot factor noc	X	9	XXX							\$ -	\$ -	
J7300		Intraut copper contraceptive	C	9	XXX							\$ -	\$ -	
J7302		Levonorgestrel iu contracept	C	9	XXX							\$ -	\$ -	
J7303		Contraceptive vaginal ring	C	9	XXX							\$ -	\$ -	
J7304		Contraceptive hormone patch	C	9	XXX							\$ -	\$ -	
J7306		Levonorgestrel implant sys	C	9	XXX							\$ -	\$ -	
J7307		Etonogestrel implant system	C	9	XXX							\$ -	\$ -	
J7308		Aminolevulinic acid hcl top	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance		
J7309		Methyl aminolevulinic acid, top	X	9	XXX							\$	-	\$	-	
J7310		Ganciclovir long act implant	X	9	XXX							\$	-	\$	-	
J7311		Fluocinolone acetonide implt	X	9	XXX							\$	-	\$	-	
J7312		Dexamethasone intra implant	X	9	XXX							\$	-	\$	-	
J7321		Hyalgan/supartz inj per dose	X	9	XXX							\$	-	\$	-	
J7323		Euflexxa inj per dose	X	9	XXX							\$	-	\$	-	
J7324		Orthovisc inj per dose	X	9	XXX							\$	-	\$	-	
J7325		Synvisc or Synvisc-One	X	9	XXX							\$	-	\$	-	
J7326		Gel-one	X	9	XXX							\$	-	\$	-	
J7330		Cultured chondrocytes implnt	X	9	XXX							\$	-	\$	-	
J7335		Capsaicin 8% patch	X	9	XXX							\$	-	\$	-	
J7500		Azathioprine oral 50mg	X	9	XXX							\$	-	\$	-	
J7501		Azathioprine parenteral	X	9	XXX							\$	-	\$	-	
J7502		Cyclosporine oral 100 mg	X	9	XXX							\$	-	\$	-	
J7504		Lymphocyte immune globulin	X	9	XXX							\$	-	\$	-	
J7505		Monoclonal antibodies	X	9	XXX							\$	-	\$	-	
J7506		Prednisone oral	X	9	XXX							\$	-	\$	-	
J7507		Tacrolimus oral per 1 MG	X	9	XXX							\$	-	\$	-	
J7509		Methylprednisolone oral	X	9	XXX							\$	-	\$	-	
J7510		Prednisolone oral per 5 mg	X	9	XXX							\$	-	\$	-	
J7511		Antithymocyte globulin rabbit	X	9	XXX							\$	-	\$	-	
J7513		Daclizumab, parenteral	X	9	XXX							\$	-	\$	-	
J7515		Cyclosporine oral 25 mg	X	9	XXX							\$	-	\$	-	
J7516		Cyclosporin parenteral 250mg	X	9	XXX							\$	-	\$	-	
J7517		Mycophenolate mofetil oral	X	9	XXX							\$	-	\$	-	
J7518		Mycophenolic acid	X	9	XXX							\$	-	\$	-	
J7520		Sirolimus, oral	X	9	XXX							\$	-	\$	-	
J7525		Tacrolimus injection	X	9	XXX							\$	-	\$	-	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
J7599		Immunosuppressive drug noc	X	9	XXX							\$ -	\$ -	
J7604		Acetylcysteine comp unit	X	9	XXX							\$ -	\$ -	
J7605		Arformoterol non-comp unit	X	9	XXX							\$ -	\$ -	
J7606		Formoterol fumarate, inh	X	9	XXX							\$ -	\$ -	
J7607		Levalbuterol comp con	X	9	XXX							\$ -	\$ -	
J7608		Acetylcysteine non-comp unit	X	9	XXX							\$ -	\$ -	
J7609		Albuterol comp unit	X	9	XXX							\$ -	\$ -	
J7610		Albuterol comp con	X	9	XXX							\$ -	\$ -	
J7611		Albuterol non-comp con	X	9	XXX							\$ -	\$ -	
J7612		Levalbuterol non-comp con	X	9	XXX							\$ -	\$ -	
J7613		Albuterol non-comp unit	X	9	XXX							\$ -	\$ -	
J7614		Levalbuterol non-comp unit	X	9	XXX							\$ -	\$ -	
J7615		Levalbuterol comp unit	X	9	XXX							\$ -	\$ -	
J7620		Albuterol ipratrop non-comp	X	9	XXX							\$ -	\$ -	
J7622		Beclomethasone comp unit	X	9	XXX							\$ -	\$ -	
J7624		Betamethasone comp unit	X	9	XXX							\$ -	\$ -	
J7626		Budesonide non-comp unit	X	9	XXX							\$ -	\$ -	
J7627		Budesonide comp unit	X	9	XXX							\$ -	\$ -	
J7628		Bitolterol mesylate comp con	X	9	XXX							\$ -	\$ -	
J7629		Bitolterol mesylate comp unt	X	9	XXX							\$ -	\$ -	
J7631		Cromolyn sodium noncomp unit	X	9	XXX							\$ -	\$ -	
J7632		Cromolyn sodium comp unit	X	9	XXX							\$ -	\$ -	
J7633		Budesonide non-comp con	X	9	XXX							\$ -	\$ -	
J7634		Budesonide comp con	X	9	XXX							\$ -	\$ -	
J7635		Atropine comp con	X	9	XXX							\$ -	\$ -	
J7636		Atropine comp unit	X	9	XXX							\$ -	\$ -	
J7637		Dexamethasone comp con	X	9	XXX							\$ -	\$ -	
J7638		Dexamethasone comp unit	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
J7639		Dornase alfa non-comp unit	X	9	XXX							\$ -	\$ -	
J7640		Formoterol comp unit	X	9	XXX							\$ -	\$ -	
J7641		Flunisolide comp unit	X	9	XXX							\$ -	\$ -	
J7642		Glycopyrrolate comp con	X	9	XXX							\$ -	\$ -	
J7643		Glycopyrrolate comp unit	X	9	XXX							\$ -	\$ -	
J7644		Ipratropium bromide non-comp	X	9	XXX							\$ -	\$ -	
J7645		Ipratropium bromide comp	X	9	XXX							\$ -	\$ -	
J7647		Isoetharine comp con	X	9	XXX							\$ -	\$ -	
J7648		Isoetharine non-comp con	X	9	XXX							\$ -	\$ -	
J7649		Isoetharine non-comp unit	X	9	XXX							\$ -	\$ -	
J7650		Isoetharine comp unit	X	9	XXX							\$ -	\$ -	
J7657		Isoproterenol comp con	X	9	XXX							\$ -	\$ -	
J7658		Isoproterenol non-comp con	X	9	XXX							\$ -	\$ -	
J7659		Isoproterenol non-comp unit	X	9	XXX							\$ -	\$ -	
J7660		Isoproterenol comp unit	X	9	XXX							\$ -	\$ -	
J7665		Mannitol for inhaler	X	9	XXX							\$ -	\$ -	
J7667		Metaproterenol comp con	X	9	XXX							\$ -	\$ -	
J7668		Metaproterenol non-comp con	X	9	XXX							\$ -	\$ -	
J7669		Metaproterenol non-comp unit	X	9	XXX							\$ -	\$ -	
J7670		Metaproterenol comp unit	X	9	XXX							\$ -	\$ -	
J7674		Methacholine chloride, neb	X	9	XXX							\$ -	\$ -	
J7676		Pentamidine comp unit dose	X	9	XXX							\$ -	\$ -	
J7680		Terbutaline sulf comp con	X	9	XXX							\$ -	\$ -	
J7681		Terbutaline sulf comp unit	X	9	XXX							\$ -	\$ -	
J7682		Tobramycin non-comp unit	X	9	XXX							\$ -	\$ -	
J7683		Triamcinolone comp con	X	9	XXX							\$ -	\$ -	
J7684		Triamcinolone comp unit	X	9	XXX							\$ -	\$ -	
J7685		Tobramycin comp unit	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment		
J7686		Treprostinil, non-comp unit	X	9	XXX							\$	-	\$	-
J7699		Inhalation solution for DME	X	9	XXX							\$	-	\$	-
J7799		Non-inhalation drug for DME	X	9	XXX							\$	-	\$	-
J8498		Antiemetic rectal/supp NOS	X	9	XXX							\$	-	\$	-
J8499		Oral prescrip drug non chemo	X	9	XXX							\$	-	\$	-
J8501		Oral aprepitant	X	9	XXX							\$	-	\$	-
J8510		Oral busulfan	X	9	XXX							\$	-	\$	-
J8515		Cabergoline, oral 0.25mg	X	9	XXX							\$	-	\$	-
J8520		Capecitabine, oral, 150 mg	X	9	XXX							\$	-	\$	-
J8521		Capecitabine, oral, 500 mg	X	9	XXX							\$	-	\$	-
J8530		Cyclophosphamide oral 25 MG	X	9	XXX							\$	-	\$	-
J8540		Oral dexamethasone	X	9	XXX							\$	-	\$	-
J8560		Etoposide oral 50 MG	X	9	XXX							\$	-	\$	-
J8561		Oral everolimus	X	9	XXX							\$	-	\$	-
J8562		Oral fludarabine phosphate	X	9	XXX							\$	-	\$	-
J8565		Gefitinib oral	X	9	XXX							\$	-	\$	-
J8597		Antiemetic drug oral NOS	X	9	XXX							\$	-	\$	-
J8600		Melphalan oral 2 MG	X	9	XXX							\$	-	\$	-
J8610		Methotrexate oral 2.5 MG	X	9	XXX							\$	-	\$	-
J8650		Nabilone oral	X	9	XXX							\$	-	\$	-
J8700		Temozolomide	X	9	XXX							\$	-	\$	-
J8705		Topotecan oral	X	9	XXX							\$	-	\$	-
J8999		Oral prescription drug chemo	X	9	XXX							\$	-	\$	-
J9000		Doxorubicin hcl injection	X	9	XXX							\$	-	\$	-
J9001		Doxorubicin hcl liposome inj	X	9	XXX							\$	-	\$	-
J9010		Alemtuzumab injection	X	9	XXX							\$	-	\$	-
J9015		Aldesleukin injection	X	9	XXX							\$	-	\$	-
J9017		Arsenic trioxide injection	X	9	XXX							\$	-	\$	-

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
J9020		Asparaginase injection	X	9	XXX							\$ -	\$ -	
J9025		Azacitidine injection	X	9	XXX							\$ -	\$ -	
J9027		Clofarabine injection	X	9	XXX							\$ -	\$ -	
J9031		Bcg live intravesical vac	X	9	XXX							\$ -	\$ -	
J9033		Bendamustine injection	X	9	XXX							\$ -	\$ -	
J9035		Bevacizumab injection	X	9	XXX							\$ -	\$ -	
J9040		Bleomycin sulfate injection	X	9	XXX							\$ -	\$ -	
J9041		Bortezomib injection	X	9	XXX							\$ -	\$ -	
J9043		Cabazitaxel injection	X	9	XXX							\$ -	\$ -	
J9045		Carboplatin injection	X	9	XXX							\$ -	\$ -	
J9050		Carmustine injection	X	9	XXX							\$ -	\$ -	
J9055		Cetuximab injection	X	9	XXX							\$ -	\$ -	
J9060		Cisplatin 10 MG injection	X	9	XXX							\$ -	\$ -	
J9065		Inj cladribine per 1 MG	X	9	XXX							\$ -	\$ -	
J9070		Cyclophosphamide 100 MG inj	X	9	XXX							\$ -	\$ -	
J9098		Cytarabine liposome inj	X	9	XXX							\$ -	\$ -	
J9100		Cytarabine hcl 100 MG inj	X	9	XXX							\$ -	\$ -	
J9120		Dactinomycin injection	X	9	XXX							\$ -	\$ -	
J9130		Dacarbazine 100 mg inj	X	9	XXX							\$ -	\$ -	
J9150		Daunorubicin injection	X	9	XXX							\$ -	\$ -	
J9151		Daunorubicin citrate inj	X	9	XXX							\$ -	\$ -	
J9155		Degarelix injection	X	9	XXX							\$ -	\$ -	
J9160		Denileukin diftitox inj	X	9	XXX							\$ -	\$ -	
J9165		Diethylstilbestrol injection	X	9	XXX							\$ -	\$ -	
J9171		Docetaxel injection	X	9	XXX							\$ -	\$ -	
J9175		Elliotts b solution per ml	X	9	XXX							\$ -	\$ -	
J9178		Inj, epirubicin hcl, 2 mg	X	9	XXX							\$ -	\$ -	
J9179		Eribulin mesylate injection	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment		
J9181		Etoposide injection	X	9	XXX							\$	-	\$	-
J9185		Fludarabine phosphate inj	X	9	XXX							\$	-	\$	-
J9190		Fluorouracil injection	X	9	XXX							\$	-	\$	-
J9200		Floxuridine injection	X	9	XXX							\$	-	\$	-
J9201		Gemcitabine hcl injection	X	9	XXX							\$	-	\$	-
J9202		Goserelin acetate implant	X	9	XXX							\$	-	\$	-
J9206		Irinotecan injection	X	9	XXX							\$	-	\$	-
J9207		Ixabepilone injection	X	9	XXX							\$	-	\$	-
J9208		Ifosfamide injection	X	9	XXX							\$	-	\$	-
J9209		Mesna injection	X	9	XXX							\$	-	\$	-
J9211		Idarubicin hcl injection	X	9	XXX							\$	-	\$	-
J9212		Interferon alfacon-1 inj	X	9	XXX							\$	-	\$	-
J9213		Interferon alfa-2a inj	X	9	XXX							\$	-	\$	-
J9214		Interferon alfa-2b inj	X	9	XXX							\$	-	\$	-
J9215		Interferon alfa-n3 inj	X	9	XXX							\$	-	\$	-
J9216		Interferon gamma 1-b inj	X	9	XXX							\$	-	\$	-
J9217		Leuprolide acetate suspnsion	X	9	XXX							\$	-	\$	-
J9218		Leuprolide acetate injeciton	X	9	XXX							\$	-	\$	-
J9219		Leuprolide acetate implant	X	9	XXX							\$	-	\$	-
J9225		Vantas implant	X	9	XXX							\$	-	\$	-
J9226		Supprelin LA implant	X	9	XXX							\$	-	\$	-
J9228		Ipilimumab injection	X	9	XXX							\$	-	\$	-
J9230		Mechlorethamine hcl inj	X	9	XXX							\$	-	\$	-
J9245		Inj melphalan hydrochl 50 MG	X	9	XXX							\$	-	\$	-
J9250		Methotrexate sodium inj	X	9	XXX							\$	-	\$	-
J9260		Methotrexate sodium inj	X	9	XXX							\$	-	\$	-
J9261		Nelarabine injection	X	9	XXX							\$	-	\$	-
J9263		Oxaliplatin	X	9	XXX							\$	-	\$	-

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
J9264		Paclitaxel protein bound	X	9	XXX							\$ -	\$ -	
J9265		Paclitaxel injection	X	9	XXX							\$ -	\$ -	
J9266		Pegaspargase injection	X	9	XXX							\$ -	\$ -	
J9268		Pentostatin injection	X	9	XXX							\$ -	\$ -	
J9270		Plicamycin (mithramycin) inj	X	9	XXX							\$ -	\$ -	
J9280		Mitomycin 5 MG inj	X	9	XXX							\$ -	\$ -	
J9293		Mitoxantrone hydrochl / 5 MG	X	9	XXX							\$ -	\$ -	
J9300		Gemtuzumab ozogamicin inj	X	9	XXX							\$ -	\$ -	
J9302		Ofatumumab injection	X	9	XXX							\$ -	\$ -	
J9303		Panitumumab injection	X	9	XXX							\$ -	\$ -	
J9305		Pemetrexed injection	X	9	XXX							\$ -	\$ -	
J9307		Pralatrexate injection	X	9	XXX							\$ -	\$ -	
J9310		Rituximab injection	X	9	XXX							\$ -	\$ -	
J9315		Romidepsin injection	X	9	XXX							\$ -	\$ -	
J9320		Streptozocin injection	X	9	XXX							\$ -	\$ -	
J9328		Temozolomide injection	X	9	XXX							\$ -	\$ -	
J9330		Temsirolimus injection	X	9	XXX							\$ -	\$ -	
J9340		Thiotepa injection	X	9	XXX							\$ -	\$ -	
J9351		Topotecan injection	X	9	XXX							\$ -	\$ -	
J9355		Trastuzumab injection	X	9	XXX							\$ -	\$ -	
J9357		Valrubicin injection	X	9	XXX							\$ -	\$ -	
J9360		Vinblastine sulfate inj	X	9	XXX							\$ -	\$ -	
J9370		Vincristine sulfate 1 MG inj	X	9	XXX							\$ -	\$ -	
J9390		Vinorelbine tartrate inj	X	9	XXX							\$ -	\$ -	
J9395		Injection, Fulvestrant	X	9	XXX							\$ -	\$ -	
J9600		Porfimer sodium injection	X	9	XXX							\$ -	\$ -	
J9999		Chemotherapy drug	X	9	XXX							\$ -	\$ -	
M0064		Visit for drug monitoring	A	0	XXX							\$ 15.66	\$ 44.54	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
M0075		Cellular therapy	N	9	XXX							\$ -	\$ -	
M0076		Prolotherapy	N	9	XXX							\$ -	\$ -	
M0100		Intragastric hypothermia	N	9	XXX							\$ -	\$ -	
M0300		IV chelationtherapy	N	9	XXX							\$ -	\$ -	
M0301		Fabric wrapping of aneurysm	N	9	XXX							\$ -	\$ -	
P2028		Cephalin flocculation test	X	9	XXX							\$ -	\$ -	
P2029		Congo red blood test	X	9	XXX							\$ -	\$ -	
P2031		Hair analysis	N	9	XXX							\$ -	\$ -	
P2033		Blood thymol turbidity	X	9	XXX							\$ -	\$ -	
P2038		Blood mucoprotein	X	9	XXX							\$ -	\$ -	
P3000		Screen pap by tech w md supv	X	9	XXX							\$ -	\$ -	
P3001		Screening pap smear by phys	A	0	XXX							\$ 29.23	\$ 29.23	
Q0091		Obtaining screen pap smear	A	0	XXX							\$ 20.53	\$ 42.11	
Q0092		Set up port xray equipment	A	3	XXX							\$ 19.84	\$ 19.84	
Q0111		Wet mounts/ w preparations	X	9	XXX							\$ -	\$ -	
Q0112		Potassium hydroxide preps	X	9	XXX							\$ -	\$ -	
Q0113		Pinworm examinations	X	9	XXX							\$ -	\$ -	
Q0114		Fern test	X	9	XXX							\$ -	\$ -	
Q0115		Post-coital mucous exam	X	9	XXX							\$ -	\$ -	
Q0138		Ferumoxytol, non-esrd	X	9	XXX							\$ -	\$ -	
Q0139		Ferumoxytol, esrd use	X	9	XXX							\$ -	\$ -	
Q0144		Azithromycin dihydrate, oral	N	9	XXX							\$ -	\$ -	
Q0162		Ondansetron oral	X	9	XXX							\$ -	\$ -	
Q0163		Diphenhydramine HCl 50mg	X	9	XXX							\$ -	\$ -	
Q0164		Prochlorperazine maleate 5mg	X	9	XXX							\$ -	\$ -	
Q0165		Prochlorperazine maleate10mg	X	9	XXX							\$ -	\$ -	
Q0166		Granisetron hcl 1 mg oral	X	9	XXX							\$ -	\$ -	
Q0167		Dronabinol 2.5mg oral	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
Q0168		Dronabinol 5mg oral	X	9	XXX							\$ -	\$ -	
Q0169		Promethazine HCl 12.5mg oral	X	9	XXX							\$ -	\$ -	
Q0170		Promethazine HCl 25 mg oral	X	9	XXX							\$ -	\$ -	
Q0171		Chlorpromazine HCl 10mg oral	X	9	XXX							\$ -	\$ -	
Q0172		Chlorpromazine HCl 25mg oral	X	9	XXX							\$ -	\$ -	
Q0173		Trimethobenzamide HCl 250mg	X	9	XXX							\$ -	\$ -	
Q0174		Thiethylperazine maleate10mg	X	9	XXX							\$ -	\$ -	
Q0175		Perphenazine 4mg oral	X	9	XXX							\$ -	\$ -	
Q0176		Perphenazine 8mg oral	X	9	XXX							\$ -	\$ -	
Q0177		Hydroxyzine pamoate 25mg	X	9	XXX							\$ -	\$ -	
Q0178		Hydroxyzine pamoate 50mg	X	9	XXX							\$ -	\$ -	
Q0180		Dolasetron mesylate oral	X	9	XXX							\$ -	\$ -	
Q0181		Unspecified oral anti-emetic	X	9	XXX							\$ -	\$ -	
Q0478		Power adapter, combo vad	X	9	XXX							\$ -	\$ -	
Q0479		Power module combo vad, rep	X	9	XXX							\$ -	\$ -	
Q0480		Driver pneumatic vad, rep	X	9	XXX							\$ -	\$ -	
Q0481		Microprcsr cu elec vad, rep	X	9	XXX							\$ -	\$ -	
Q0482		Microprcsr cu combo vad, rep	X	9	XXX							\$ -	\$ -	
Q0483		Monitor elec vad, rep	X	9	XXX							\$ -	\$ -	
Q0484		Monitor elec or comb vad rep	X	9	XXX							\$ -	\$ -	
Q0485		Monitor cable elec vad, rep	X	9	XXX							\$ -	\$ -	
Q0486		Mon cable elec/pneum vad rep	X	9	XXX							\$ -	\$ -	
Q0487		Leads any type vad, rep only	X	9	XXX							\$ -	\$ -	
Q0488		Pwr pack base elec vad, rep	X	9	XXX							\$ -	\$ -	
Q0489		Pwr pck base combo vad, rep	X	9	XXX							\$ -	\$ -	
Q0490		Emr pwr source elec vad, rep	X	9	XXX							\$ -	\$ -	
Q0491		Emr pwr source combo vad rep	X	9	XXX							\$ -	\$ -	
Q0492		Emr pwr cbl elec vad, rep	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
Q0493		Emr pwr cbl combo vad, rep	X	9	XXX							\$ -	\$ -	
Q0494		Emr hd pmp elec/combo, rep	X	9	XXX							\$ -	\$ -	
Q0495		Charger elec/combo vad, rep	X	9	XXX							\$ -	\$ -	
Q0496		Battery elec/combo vad, rep	X	9	XXX							\$ -	\$ -	
Q0497		Bat clps elec/comb vad, rep	X	9	XXX							\$ -	\$ -	
Q0498		Holster elec/combo vad, rep	X	9	XXX							\$ -	\$ -	
Q0499		Belt/vest elec/combo vad rep	X	9	XXX							\$ -	\$ -	
Q0500		Filters elec/combo vad, rep	X	9	XXX							\$ -	\$ -	
Q0501		Shwr cov elec/combo vad, rep	X	9	XXX							\$ -	\$ -	
Q0502		Mobility cart pneum vad, rep	X	9	XXX							\$ -	\$ -	
Q0503		Battery pneum vad replacemnt	X	9	XXX							\$ -	\$ -	
Q0504		Pwr adpt pneum vad, rep veh	X	9	XXX							\$ -	\$ -	
Q0505		Miscl supply/accessory vad	X	9	XXX							\$ -	\$ -	
Q0506		Lith-ion batt elec/pneum VAD	X	9	XXX							\$ -	\$ -	
Q0510		Dispens fee immunosupressive	X	9	XXX							\$ -	\$ -	
Q0511		Sup fee antiem,antica,immuno	X	9	XXX							\$ -	\$ -	
Q0512		Px sup fee anti-can sub pres	X	9	XXX							\$ -	\$ -	
Q0513		Disp fee inhal drugs/30 days	X	9	XXX							\$ -	\$ -	
Q0514		Disp fee inhal drugs/90 days	X	9	XXX							\$ -	\$ -	
Q0515		Sermorelin acetate injection	X	9	XXX							\$ -	\$ -	
Q1004		Ntiol category 4	X	9	XXX							\$ -	\$ -	
Q1005		Ntiol category 5	X	9	XXX							\$ -	\$ -	
Q2004		Bladder calculi irrig sol	X	9	XXX							\$ -	\$ -	
Q2009		Fosphenytoin inj PE	X	9	XXX							\$ -	\$ -	
Q2017		Teniposide, 50 mg	X	9	XXX							\$ -	\$ -	
Q2026		Radiesse injection	X	9	XXX							\$ -	\$ -	
Q2027		Sculptra injection	X	9	XXX							\$ -	\$ -	
Q2035		Afluria vacc, 3 yrs & >, im	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
Q2036		Flulaval vacc, 3 yrs & >, im	X	9	XXX							\$ -	\$ -	
Q2037		Fluvirin vacc, 3 yrs & >, im	X	9	XXX							\$ -	\$ -	
Q2038		Fluzone vacc, 3 yrs & >, im	X	9	XXX							\$ -	\$ -	
Q2039		NOS flu vacc, 3 yrs & >, im	X	9	XXX							\$ -	\$ -	
Q2043		Sipuleucel-T auto CD54+	X	9	XXX							\$ -	\$ -	
Q3001		Brachytherapy Radioelements	C	0	XXX							\$ -	\$ -	
Q3014		Telehealth facility fee	X	9	XXX							\$ -	\$ -	
Q3025		IM inj interferon beta 1-a	X	9	XXX							\$ -	\$ -	
Q3026		Subc inj interferon beta-1a	X	9	XXX							\$ -	\$ -	
Q3031		Collagen skin test	B	9	XXX							\$ -	\$ -	
Q4001		Cast sup body cast plaster	X	9	XXX							\$ -	\$ -	
Q4002		Cast sup body cast fiberglas	X	9	XXX							\$ -	\$ -	
Q4003		Cast sup shoulder cast plstr	X	9	XXX							\$ -	\$ -	
Q4004		Cast sup shoulder cast fbrgl	X	9	XXX							\$ -	\$ -	
Q4005		Cast sup long arm adult plst	X	9	XXX							\$ -	\$ -	
Q4006		Cast sup long arm adult fbrg	X	9	XXX							\$ -	\$ -	
Q4007		Cast sup long arm ped plster	X	9	XXX							\$ -	\$ -	
Q4008		Cast sup long arm ped fbrgls	X	9	XXX							\$ -	\$ -	
Q4009		Cast sup sht arm adult plstr	X	9	XXX							\$ -	\$ -	
Q4010		Cast sup sht arm adult fbrgl	X	9	XXX							\$ -	\$ -	
Q4011		Cast sup sht arm ped plaster	X	9	XXX							\$ -	\$ -	
Q4012		Cast sup sht arm ped fbrglas	X	9	XXX							\$ -	\$ -	
Q4013		Cast sup gauntlet plaster	X	9	XXX							\$ -	\$ -	
Q4014		Cast sup gauntlet fiberglass	X	9	XXX							\$ -	\$ -	
Q4015		Cast sup gauntlet ped plster	X	9	XXX							\$ -	\$ -	
Q4016		Cast sup gauntlet ped fbrgls	X	9	XXX							\$ -	\$ -	
Q4017		Cast sup lng arm splint plst	X	9	XXX							\$ -	\$ -	
Q4018		Cast sup lng arm splint fbrg	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
Q4019		Cast sup lng arm splnt ped p	X	9	XXX							\$ -	\$ -	
Q4020		Cast sup lng arm splnt ped f	X	9	XXX							\$ -	\$ -	
Q4021		Cast sup sht arm splnt plst	X	9	XXX							\$ -	\$ -	
Q4022		Cast sup sht arm splnt fbrg	X	9	XXX							\$ -	\$ -	
Q4023		Cast sup sht arm splnt ped p	X	9	XXX							\$ -	\$ -	
Q4024		Cast sup sht arm splnt ped f	X	9	XXX							\$ -	\$ -	
Q4025		Cast sup hip spica plaster	X	9	XXX							\$ -	\$ -	
Q4026		Cast sup hip spica fiberglas	X	9	XXX							\$ -	\$ -	
Q4027		Cast sup hip spica ped plstr	X	9	XXX							\$ -	\$ -	
Q4028		Cast sup hip spica ped fbrgl	X	9	XXX							\$ -	\$ -	
Q4029		Cast sup long leg plaster	X	9	XXX							\$ -	\$ -	
Q4030		Cast sup long leg fiberglass	X	9	XXX							\$ -	\$ -	
Q4031		Cast sup lng leg ped plaster	X	9	XXX							\$ -	\$ -	
Q4032		Cast sup lng leg ped fbrgls	X	9	XXX							\$ -	\$ -	
Q4033		Cast sup lng leg cylinder pl	X	9	XXX							\$ -	\$ -	
Q4034		Cast sup lng leg cylinder fb	X	9	XXX							\$ -	\$ -	
Q4035		Cast sup lng leg cylndr ped p	X	9	XXX							\$ -	\$ -	
Q4036		Cast sup lng leg cylndr ped f	X	9	XXX							\$ -	\$ -	
Q4037		Cast sup shrt leg plaster	X	9	XXX							\$ -	\$ -	
Q4038		Cast sup shrt leg fiberglass	X	9	XXX							\$ -	\$ -	
Q4039		Cast sup shrt leg ped plster	X	9	XXX							\$ -	\$ -	
Q4040		Cast sup shrt leg ped fbrgls	X	9	XXX							\$ -	\$ -	
Q4041		Cast sup lng leg splnt plstr	X	9	XXX							\$ -	\$ -	
Q4042		Cast sup lng leg splnt fbrgl	X	9	XXX							\$ -	\$ -	
Q4043		Cast sup lng leg splnt ped p	X	9	XXX							\$ -	\$ -	
Q4044		Cast sup lng leg splnt ped f	X	9	XXX							\$ -	\$ -	
Q4045		Cast sup sht leg splnt plstr	X	9	XXX							\$ -	\$ -	
Q4046		Cast sup sht leg splnt fbrgl	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
Q4047		Cast sup sht leg splnt ped p	X	9	XXX							\$ -	\$ -	
Q4048		Cast sup sht leg splnt ped f	X	9	XXX							\$ -	\$ -	
Q4049		Finger splint, static	X	9	XXX							\$ -	\$ -	
Q4050		Cast supplies unlisted	X	9	XXX							\$ -	\$ -	
Q4051		Splint supplies misc	X	9	XXX							\$ -	\$ -	
Q4074		Iloprost non-comp unit dose	X	9	XXX							\$ -	\$ -	
Q4081		Epoetin alfa, 100 units ESRD	X	9	XXX							\$ -	\$ -	
Q4082		Drug/bio NOC part B drug CAP	X	9	XXX							\$ -	\$ -	
Q4100		Skin substitute, NOS	X	9	XXX							\$ -	\$ -	
Q4101		Apligraf	X	9	XXX							\$ -	\$ -	
Q4102		Oasis wound matrix	X	9	XXX							\$ -	\$ -	
Q4103		Oasis burn matrix	X	9	XXX							\$ -	\$ -	
Q4104		Integra BMWD	X	9	XXX							\$ -	\$ -	
Q4105		Integra DRT	X	9	XXX							\$ -	\$ -	
Q4106		Dermagraft	X	9	XXX							\$ -	\$ -	
Q4107		Graftjacket	X	9	XXX							\$ -	\$ -	
Q4108		Integra matrix	X	9	XXX							\$ -	\$ -	
Q4110		Primatrix	X	9	XXX							\$ -	\$ -	
Q4111		Gammagraft	X	9	XXX							\$ -	\$ -	
Q4112		Cymetra injectable	X	9	XXX							\$ -	\$ -	
Q4113		Graftjacket xpress	X	9	XXX							\$ -	\$ -	
Q4114		Integra flowable wound matri	X	9	XXX							\$ -	\$ -	
Q4115		Alloskin	X	9	XXX							\$ -	\$ -	
Q4116		Alloderm	X	9	XXX							\$ -	\$ -	
Q4117		Hyalomatrix	X	9	XXX							\$ -	\$ -	
Q4118		Matristem micromatrix	X	9	XXX							\$ -	\$ -	
Q4119		Matristem wound matrix	X	9	XXX							\$ -	\$ -	
Q4120		Matristem burn matrix	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
Q4121		Theraskin	X	9	XXX							\$ -	\$ -	
Q4122		Dermacell	X	9	XXX							\$ -	\$ -	
Q4123		Alloskin	X	9	XXX							\$ -	\$ -	
Q4124		Oasis tri-layer wound matrix	X	9	XXX							\$ -	\$ -	
Q4125		Arthroflex	X	9	XXX							\$ -	\$ -	
Q4126		Memoderm	X	9	XXX							\$ -	\$ -	
Q4127		Talymed	X	9	XXX							\$ -	\$ -	
Q4128		Flexhd or allopatch hd	X	9	XXX							\$ -	\$ -	
Q4129		Unite biomatrix	X	9	XXX							\$ -	\$ -	
Q4130		Strattice TM	X	9	XXX							\$ -	\$ -	
Q5001		Hospice in patient home	X	9	XXX							\$ -	\$ -	
Q5002		Hospice in assisted living	X	9	XXX							\$ -	\$ -	
Q5003		Hospice in LT/non-skilled NF	X	9	XXX							\$ -	\$ -	
Q5004		Hospice in SNF	X	9	XXX							\$ -	\$ -	
Q5005		Hospice, inpatient hospital	X	9	XXX							\$ -	\$ -	
Q5006		Hospice in hospice facility	X	9	XXX							\$ -	\$ -	
Q5007		Hospice in LTCH	X	9	XXX							\$ -	\$ -	
Q5008		Hospice in inpatient psych	X	9	XXX							\$ -	\$ -	
Q5009		Hospice care, NOS	X	9	XXX							\$ -	\$ -	
Q5010		Hospice home care in hospice	X	9	XXX							\$ -	\$ -	
Q9951		LOCM >= 400 mg/ml iodine,1ml	X	9	XXX							\$ -	\$ -	
Q9953		Inj Fe-based MR contrast,1ml	X	9	XXX							\$ -	\$ -	
Q9954		Oral MR contrast, 100 ml	X	9	XXX							\$ -	\$ -	
Q9955		Inj perflexane lip micros,ml	X	9	XXX							\$ -	\$ -	
Q9956		Inj octafluoropropane mic,ml	X	9	XXX							\$ -	\$ -	
Q9957		Inj perflutren lip micros,ml	X	9	XXX							\$ -	\$ -	
Q9958		HOCM <=149 mg/ml iodine, 1ml	X	9	XXX							\$ -	\$ -	
Q9959		HOCM 150-199mg/ml iodine,1ml	X	9	XXX							\$ -	\$ -	

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Q9960		HOCM 200-249mg/ml iodine,1ml	X	9	XXX							\$ -	\$ -	
Q9961		HOCM 250-299mg/ml iodine,1ml	X	9	XXX							\$ -	\$ -	
Q9962		HOCM 300-349mg/ml iodine,1ml	X	9	XXX							\$ -	\$ -	
Q9963		HOCM 350-399mg/ml iodine,1ml	X	9	XXX							\$ -	\$ -	
Q9964		HOCM>= 400mg/ml iodine, 1ml	X	9	XXX							\$ -	\$ -	
Q9965		LOCM 100-199mg/ml iodine,1ml	X	9	XXX							\$ -	\$ -	
Q9966		LOCM 200-299mg/ml iodine,1ml	X	9	XXX							\$ -	\$ -	
Q9967		LOCM 300-399mg/ml iodine,1ml	X	9	XXX							\$ -	\$ -	
Q9968		Visualization adjunct	X	9	XXX							\$ -	\$ -	
R0070		Transport portable x-ray	C	3	XXX							\$ -	\$ -	
R0075		Transport port x-ray multipl	C	3	XXX							\$ -	\$ -	
R0076		Transport portable EKG	B	9	XXX							\$ -	\$ -	
S0012		Butorphanol tartrate, nasal	X	9	XXX							\$ -	\$ -	
S0014		Tacrine hydrochloride, 10 mg	X	9	XXX							\$ -	\$ -	
S0017		Injection, aminocaproic acid	X	9	XXX							\$ -	\$ -	
S0020		Injection, bupivacaine hydro	X	9	XXX							\$ -	\$ -	
S0021		Injection, cefoperazone sod	X	9	XXX							\$ -	\$ -	
S0023		Injection, cimetidine hydroc	X	9	XXX							\$ -	\$ -	
S0028		Injection, famotidine, 20 mg	X	9	XXX							\$ -	\$ -	
S0030		Injection, metronidazole	X	9	XXX							\$ -	\$ -	
S0032		Injection, nafcillin sodium	X	9	XXX							\$ -	\$ -	
S0034		Injection, ofloxacin, 400 mg	X	9	XXX							\$ -	\$ -	
S0039		Injection, sulfamethoxazole	X	9	XXX							\$ -	\$ -	
S0040		Injection, ticarcillin disod	X	9	XXX							\$ -	\$ -	
S0073		Injection, aztreonam, 500 mg	X	9	XXX							\$ -	\$ -	
S0074		Injection, cefotetan disodiu	X	9	XXX							\$ -	\$ -	
S0077		Injection, clindamycin phosp	X	9	XXX							\$ -	\$ -	
S0078		Injection, fosphenytoin sodi	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
S0080		Injection, pentamidine iseth	X	9	XXX							\$ -	\$ -	
S0081		Injection, piperacillin sodi	X	9	XXX							\$ -	\$ -	
S0088		Imatinib 100 mg	X	9	XXX							\$ -	\$ -	
S0090		Sildenafil citrate, 25 mg	X	9	XXX							\$ -	\$ -	
S0091		Granisetron 1mg	X	9	XXX							\$ -	\$ -	
S0092		Hydromorphone 250 mg	X	9	XXX							\$ -	\$ -	
S0093		Morphine 500 mg	X	9	XXX							\$ -	\$ -	
S0104		Zidovudine, oral, 100 mg	X	9	XXX							\$ -	\$ -	
S0106		Bupropion HCL SR 60 tablets	X	9	XXX							\$ -	\$ -	
S0108		Mercaptopurine 50 mg	X	9	XXX							\$ -	\$ -	
S0109		Methadone oral 5mg	X	9	XXX							\$ -	\$ -	
S0117		Tretinoin topical 5 g	X	9	XXX							\$ -	\$ -	
S0119		Ondansetron 4 mg	X	9	XXX							\$ -	\$ -	
S0122		Inj menotropins 75 iu	X	9	XXX							\$ -	\$ -	
S0126		Inj follitropin alfa 75 iu	X	9	XXX							\$ -	\$ -	
S0128		Inj follitropin beta 75 iu	X	9	XXX							\$ -	\$ -	
S0132		Inj ganirelix acetat 250 mcg	X	9	XXX							\$ -	\$ -	
S0136		Clozapine, 25 mg	X	9	XXX							\$ -	\$ -	
S0137		Didanosine, 25 mg	X	9	XXX							\$ -	\$ -	
S0138		Finasteride, 5 mg	X	9	XXX							\$ -	\$ -	
S0139		Minoxidil, 10 mg	X	9	XXX							\$ -	\$ -	
S0140		Saquinavir, 200 mg	X	9	XXX							\$ -	\$ -	
S0142		Colistimethate inh sol mg	X	9	XXX							\$ -	\$ -	
S0145		Peg interferon alfa-2A/180	X	9	XXX							\$ -	\$ -	
S0148		Peg interferon alfa-2b/10	X	9	XXX							\$ -	\$ -	
S0155		Epoprostenol dilutant	X	9	XXX							\$ -	\$ -	
S0156		Exemestane, 25 mg	X	9	XXX							\$ -	\$ -	
S0157		Becaplermin gel 1%, 0.5 gm	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
S0160		Dextroamphetamine	X	9	XXX							\$ -	\$ -	
S0164		Injection pantoprazole	X	9	XXX							\$ -	\$ -	
S0166		Inj olanzapine 2.5mg	X	9	XXX							\$ -	\$ -	
S0169		Calcitrol	X	9	XXX							\$ -	\$ -	
S0170		Anastrozole 1 mg	X	9	XXX							\$ -	\$ -	
S0171		Bumetanide 0.5 mg	X	9	XXX							\$ -	\$ -	
S0172		Chlorambucil 2 mg	X	9	XXX							\$ -	\$ -	
S0174		Dolasetron 50 mg	X	9	XXX							\$ -	\$ -	
S0175		Flutamide 125 mg	X	9	XXX							\$ -	\$ -	
S0176		Hydroxyurea 500 mg	X	9	XXX							\$ -	\$ -	
S0177		Levamisole 50 mg	X	9	XXX							\$ -	\$ -	
S0178		Lomustine 10 mg	X	9	XXX							\$ -	\$ -	
S0179		Megestrol 20 mg	X	9	XXX							\$ -	\$ -	
S0182		Procarbazine 5 mg	X	9	XXX							\$ -	\$ -	
S0183		Prochlorperazine 5 mg	X	9	XXX							\$ -	\$ -	
S0187		Tamoxifen 10 mg	X	9	XXX							\$ -	\$ -	
S0189		Testosterone pellet 75 mg	X	9	XXX							\$ -	\$ -	
S0190		Mifepristone, oral, 200 mg	X	9	XXX							\$ -	\$ -	
S0191		Misoprostol, oral, 200 mcg	X	9	XXX							\$ -	\$ -	
S0194		Vitamin suppl 100 caps	X	9	XXX							\$ -	\$ -	
S0195		Pneumo vaccine 5-9 yrs	X	9	XXX							\$ -	\$ -	
S0197		Prenatal vitamins 30 day	X	9	XXX							\$ -	\$ -	
S0199		Med abortion inc all ex drug	X	9	XXX							\$ -	\$ -	
S0201		Partial hospitalization serv	X	9	XXX							\$ -	\$ -	
S0207		Paramedicintercep nonhospals	X	9	XXX							\$ -	\$ -	
S0208		Paramed intrcept nonvol	X	9	XXX							\$ -	\$ -	
S0209		WC van mileage per mi	X	9	XXX							\$ -	\$ -	
S0215		Nonemerg transp mileage	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
S0220		Medical conference by physic	X	9	XXX							\$ -	\$ -	
S0221		Medical conference, 60 min	X	9	XXX							\$ -	\$ -	
S0250		Comp geriatr assmt team	X	9	XXX							\$ -	\$ -	
S0255		Hospice refer visit nonmd	X	9	XXX							\$ -	\$ -	
S0257		End of life counseling	X	9	XXX							\$ -	\$ -	
S0260		H&P for surgery	X	9	XXX							\$ -	\$ -	
S0265		Genetic counsel 15 mins	X	9	XXX							\$ -	\$ -	
S0270		Home std case rate 30 days	X	9	XXX							\$ -	\$ -	
S0271		Home hospice case 30 days	X	9	XXX							\$ -	\$ -	
S0272		Home episodic case 30 days	X	9	XXX							\$ -	\$ -	
S0273		MD home visit outside cap	X	9	XXX							\$ -	\$ -	
S0274		Nurse practr visit outs cap	X	9	XXX							\$ -	\$ -	
S0280		Medical home, initial plan	X	9	XXX							\$ -	\$ -	
S0281		Medical home, maintenance	X	9	XXX							\$ -	\$ -	
S0302		Completed EPSDT	X	9	XXX							\$ -	\$ -	
S0310		Hospitalist visit	X	9	XXX							\$ -	\$ -	
S0315		Disease management program	X	9	XXX							\$ -	\$ -	
S0316		Follow-up/reassessment	X	9	XXX							\$ -	\$ -	
S0317		Disease mgmt per diem	X	9	XXX							\$ -	\$ -	
S0320		RN telephone calls to DMP	X	9	XXX							\$ -	\$ -	
S0340		Lifestyle mod 1st stage	X	9	XXX							\$ -	\$ -	
S0341		Lifestyle mod 2 or 3 stage	X	9	XXX							\$ -	\$ -	
S0342		Lifestyle mod 4th stage	X	9	XXX							\$ -	\$ -	
S0390		Rout foot care per visit	X	9	XXX							\$ -	\$ -	
S0395		Impression casting ft	X	9	XXX							\$ -	\$ -	
S0400		Global eswl kidney	X	9	XXX							\$ -	\$ -	
S0500		Dispos cont lens	X	9	XXX							\$ -	\$ -	
S0504		Singl prscrip lens	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
S0506		Bifoc prscp lens	X	9	XXX							\$ -	\$ -	
S0508		Trifoc prscp lens	X	9	XXX							\$ -	\$ -	
S0510		Non-prscrp lens	X	9	XXX							\$ -	\$ -	
S0512		Daily cont lens	X	9	XXX							\$ -	\$ -	
S0514		Color cont lens	X	9	XXX							\$ -	\$ -	
S0515		Scleral lens liquid bandage	X	9	XXX							\$ -	\$ -	
S0516		Safety frames	X	9	XXX							\$ -	\$ -	
S0518		Sunglass frames	X	9	XXX							\$ -	\$ -	
S0580		Polycarb lens	X	9	XXX							\$ -	\$ -	
S0581		Nonstnd lens	X	9	XXX							\$ -	\$ -	
S0590		Misc integral lens serv	X	9	XXX							\$ -	\$ -	
S0592		Comp cont lens eval	X	9	XXX							\$ -	\$ -	
S0595		New lenses in pts old frame	X	9	XXX							\$ -	\$ -	
S0601		Screening proctoscopy	X	9	XXX							\$ -	\$ -	
S0610		Annual gynecological examina	X	9	XXX							\$ -	\$ -	
S0612		Annual gynecological examina	X	9	XXX							\$ -	\$ -	
S0613		Ann breast exam	X	9	XXX							\$ -	\$ -	
S0618		Audiometry for hearing aid	X	9	XXX							\$ -	\$ -	
S0620		Routine ophthalmological exa	X	9	XXX							\$ -	\$ -	
S0621		Routine ophthalmological exa	X	9	XXX							\$ -	\$ -	
S0622		Phys exam for college	X	9	XXX							\$ -	\$ -	
S0630		Removal of sutures	X	9	XXX							\$ -	\$ -	
S0800		Laser in situ keratomileusis	X	9	XXX							\$ -	\$ -	
S0810		Photorefractive keratectomy	X	9	XXX							\$ -	\$ -	
S0812		Phototherap keratect	X	9	XXX							\$ -	\$ -	
S1001		Deluxe item	X	9	XXX							\$ -	\$ -	
S1002		Custom item	X	9	XXX							\$ -	\$ -	
S1015		IV tubing extension set	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
S1016		Non-pvc intravenous administ	X	9	XXX							\$ -	\$ -	
S1030		Gluc monitor purchase	X	9	XXX							\$ -	\$ -	
S1031		Gluc monitor rental	X	9	XXX							\$ -	\$ -	
S1040		Cranial remolding orthosis	X	9	XXX							\$ -	\$ -	
S2053		Transplantation of small int	X	9	XXX							\$ -	\$ -	
S2054		Transplantation of multivisc	X	9	XXX							\$ -	\$ -	
S2055		Harvesting of donor multivis	X	9	XXX							\$ -	\$ -	
S2060		Lobar lung transplantation	X	9	XXX							\$ -	\$ -	
S2061		Donor lobectomy (lung)	X	9	XXX							\$ -	\$ -	
S2065		Simult panc kidn trans	X	9	XXX							\$ -	\$ -	
S2066		Breast GAP flap reconst	X	9	XXX							\$ -	\$ -	
S2067		Breast "stacked" DIEP/GAP	X	9	XXX							\$ -	\$ -	
S2068		Breast DIEP or SIEA flap	X	9	XXX							\$ -	\$ -	
S2070		Cysto laser tx ureteral calc	X	9	XXX							\$ -	\$ -	
S2079		Lap esophagomyotomy	X	9	XXX							\$ -	\$ -	
S2080		Laup	X	9	XXX							\$ -	\$ -	
S2083		Adjustment gastric band	X	9	XXX							\$ -	\$ -	
S2095		Transcath emboliz microspher	X	9	XXX							\$ -	\$ -	
S2102		Islet cell tissue transplant	X	9	XXX							\$ -	\$ -	
S2103		Adrenal tissue transplant	X	9	XXX							\$ -	\$ -	
S2107		Adoptive immunotherapy	X	9	XXX							\$ -	\$ -	
S2112		Knee arthroscop harv	X	9	XXX							\$ -	\$ -	
S2115		Periacetabular osteotomy	X	9	XXX							\$ -	\$ -	
S2117		Arthroereisis, subtalar	X	9	XXX							\$ -	\$ -	
S2118		Total hip resurfacing	X	9	XXX							\$ -	\$ -	
S2120		Low density lipoprotein(LDL)	X	9	XXX							\$ -	\$ -	
S2140		Cord blood harvesting	X	9	XXX							\$ -	\$ -	
S2142		Cord blood-derived stem-cell	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
S2150		BMT harv/transpl 28d pkg	X	9	XXX							\$ -	\$ -	
S2152		Solid organ transpl pkg	X	9	XXX							\$ -	\$ -	
S2202		Echosclerotherapy	X	9	XXX							\$ -	\$ -	
S2205		Minimally invasive direct co	X	9	XXX							\$ -	\$ -	
S2206		Minimally invasive direct co	X	9	XXX							\$ -	\$ -	
S2207		Minimally invasive direct co	X	9	XXX							\$ -	\$ -	
S2208		Minimally invasive direct co	X	9	XXX							\$ -	\$ -	
S2209		Minimally invasive direct co	X	9	XXX							\$ -	\$ -	
S2225		Myringotomy laser-assist	X	9	XXX							\$ -	\$ -	
S2230		Implant semi-imp hear	X	9	XXX							\$ -	\$ -	
S2235		Implant auditory brain imp	X	9	XXX							\$ -	\$ -	
S2260		Induced abortion 17-24 weeks	X	9	XXX							\$ -	\$ -	
S2265		Induced abortion 25-28 wks	X	9	XXX							\$ -	\$ -	
S2266		Induced abortion 29-31 wks	X	9	XXX							\$ -	\$ -	
S2267		Induced abortion 32 or more	X	9	XXX							\$ -	\$ -	
S2300		Arthroscopy, shoulder, surgi	X	9	XXX							\$ -	\$ -	
S2325		Hip core decompression	X	9	XXX							\$ -	\$ -	
S2340		Chemodeneration of abductor	X	9	XXX							\$ -	\$ -	
S2341		Chemodenerv adduct vocal	X	9	XXX							\$ -	\$ -	
S2342		Nasal endoscop po debrid	X	9	XXX							\$ -	\$ -	
S2348		Decompress disc RF lumbar	X	9	XXX							\$ -	\$ -	
S2350		Discectomy, anterior, with d	X	9	XXX							\$ -	\$ -	
S2351		Discectomy, anterior, with d	X	9	XXX							\$ -	\$ -	
S2360		Vertebroplast cerv 1st	X	9	XXX							\$ -	\$ -	
S2361		Vertebroplast cerv addl	X	9	XXX							\$ -	\$ -	
S2400		Fetal surg congen hernia	X	9	XXX							\$ -	\$ -	
S2401		Fetal surg urin trac obstr	X	9	XXX							\$ -	\$ -	
S2402		Fetal surg cong cyst malf	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
S2403		Fetal surg pulmon sequest	X	9	XXX							\$ -	\$ -	
S2404		Fetal surg myelomeningo	X	9	XXX							\$ -	\$ -	
S2405		Fetal surg sacrococ teratoma	X	9	XXX							\$ -	\$ -	
S2409		Fetal surg noc	X	9	XXX							\$ -	\$ -	
S2411		Fetoscop laser ther TTTS	X	9	XXX							\$ -	\$ -	
S2900		Robotic surgical system	X	9	XXX							\$ -	\$ -	
S3000		Bilat dil retinal exam	X	9	XXX							\$ -	\$ -	
S3005		Eval self-assess depression	X	9	XXX							\$ -	\$ -	
S3600		Stat lab	X	9	XXX							\$ -	\$ -	
S3601		Stat lab home/nf	X	9	XXX							\$ -	\$ -	
S3620		Newborn metabolic screening	X	9	XXX							\$ -	\$ -	
S3625		Maternal triple screen test	X	9	XXX							\$ -	\$ -	
S3626		Maternal serum quad screen	X	9	XXX							\$ -	\$ -	
S3630		Eosinophil blood count	X	9	XXX							\$ -	\$ -	
S3645		HIV-1 antibody testing of or	X	9	XXX							\$ -	\$ -	
S3650		Saliva test, hormone level;	X	9	XXX							\$ -	\$ -	
S3652		Saliva test, hormone level;	X	9	XXX							\$ -	\$ -	
S3655		Antisperm antibodies test	X	9	XXX							\$ -	\$ -	
S3708		Gastrointestinal fat absorpt	X	9	XXX							\$ -	\$ -	
S3711		Circulating tumor cell test	X	9	XXX							\$ -	\$ -	
S3713		KRAS mutation analysis	X	9	XXX							\$ -	\$ -	
S3722		Dose optimization AUC - 5FU	X	9	XXX							\$ -	\$ -	
S3800		Genetic testing ALS	X	9	XXX							\$ -	\$ -	
S3818		BRCA1 gene anal	X	9	XXX							\$ -	\$ -	
S3819		BRCA2 gene anal	X	9	XXX							\$ -	\$ -	
S3820		Comp BRCA1/BRCA2	X	9	XXX							\$ -	\$ -	
S3822		Sing mutation brst/ovar	X	9	XXX							\$ -	\$ -	
S3823		3 mutation brst/ovar	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
S3828		Comp MLH1 gene	X	9	XXX							\$ -	\$ -	
S3829		Comp MSH2 gene	X	9	XXX							\$ -	\$ -	
S3830		Gene test HNPCC comp	X	9	XXX							\$ -	\$ -	
S3831		Gene test HNPCC single	X	9	XXX							\$ -	\$ -	
S3833		Comp APC sequence	X	9	XXX							\$ -	\$ -	
S3834		Sing mutation APC	X	9	XXX							\$ -	\$ -	
S3835		Gene test cystic fibrosis	X	9	XXX							\$ -	\$ -	
S3837		Gene test hemochromato	X	9	XXX							\$ -	\$ -	
S3840		DNA analysis RET-oncogene	X	9	XXX							\$ -	\$ -	
S3841		Gene test retinoblastoma	X	9	XXX							\$ -	\$ -	
S3842		Gene test Hippel-Lindau	X	9	XXX							\$ -	\$ -	
S3843		DNA analysis factor v	X	9	XXX							\$ -	\$ -	
S3844		DNA analysis deafness	X	9	XXX							\$ -	\$ -	
S3845		Gene test alpha-thalassemia	X	9	XXX							\$ -	\$ -	
S3846		Gene test beta-thalassemia	X	9	XXX							\$ -	\$ -	
S3847		Gene test Tay-Sachs	X	9	XXX							\$ -	\$ -	
S3848		Gene test Gaucher	X	9	XXX							\$ -	\$ -	
S3849		Gene test Niemann-Pick	X	9	XXX							\$ -	\$ -	
S3850		Gene test sickle cell	X	9	XXX							\$ -	\$ -	
S3851		Gene test canavan	X	9	XXX							\$ -	\$ -	
S3852		DNA analysis APOE alzheimer	X	9	XXX							\$ -	\$ -	
S3853		Gene test myo musclr dyst	X	9	XXX							\$ -	\$ -	
S3854		Gene profile panel breast	X	9	XXX							\$ -	\$ -	
S3855		Gene test presenilin-1 gene	X	9	XXX							\$ -	\$ -	
S3860		Genet test cardiac ion-comp	X	9	XXX							\$ -	\$ -	
S3861		Genetic test brugada	X	9	XXX							\$ -	\$ -	
S3862		Genet test cardiac ion-spec	X	9	XXX							\$ -	\$ -	
S3865		Comp genet test hyp cardiomy	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
S3866		Spec gene test hyp cardiomy	X	9	XXX							\$ -	\$ -	
S3870		CGH test developmental delay	X	9	XXX							\$ -	\$ -	
S3890		Fecal DNA analysis	X	9	XXX							\$ -	\$ -	
S3900		Surface EMG	X	9	XXX							\$ -	\$ -	
S3902		Ballistocardiogram	X	9	XXX							\$ -	\$ -	
S3904		Masters two step	X	9	XXX							\$ -	\$ -	
S4005		Interim labor facility globa	X	9	XXX							\$ -	\$ -	
S4011		IVF package	X	9	XXX							\$ -	\$ -	
S4013		Compl GIFT case rate	X	9	XXX							\$ -	\$ -	
S4014		Compl ZIFT case rate	X	9	XXX							\$ -	\$ -	
S4015		Complete IVF nos case rate	X	9	XXX							\$ -	\$ -	
S4016		Frozen IVF case rate	X	9	XXX							\$ -	\$ -	
S4017		IVF canc a stim case rate	X	9	XXX							\$ -	\$ -	
S4018		F EMB trns canc case rate	X	9	XXX							\$ -	\$ -	
S4020		IVF canc a aspir case rate	X	9	XXX							\$ -	\$ -	
S4021		IVF canc p aspir case rate	X	9	XXX							\$ -	\$ -	
S4022		Asst oocyte fert case rate	X	9	XXX							\$ -	\$ -	
S4023		Incompl donor egg case rate	X	9	XXX							\$ -	\$ -	
S4025		Donor serv IVF case rate	X	9	XXX							\$ -	\$ -	
S4026		Procure donor sperm	X	9	XXX							\$ -	\$ -	
S4027		Store prev froz embryos	X	9	XXX							\$ -	\$ -	
S4028		Microsurg epi sperm asp	X	9	XXX							\$ -	\$ -	
S4030		Sperm procure init visit	X	9	XXX							\$ -	\$ -	
S4031		Sperm procure subs visit	X	9	XXX							\$ -	\$ -	
S4035		Stimulated IUI case rate	X	9	XXX							\$ -	\$ -	
S4037		Cryo embryo transf case rate	X	9	XXX							\$ -	\$ -	
S4040		Monit store cryo embryo 30 d	X	9	XXX							\$ -	\$ -	
S4042		Ovulation mgmt per cycle	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
S4981		Insert levonorgestrel ius	X	9	XXX							\$ -	\$ -	
S4989		Contracept IUD	X	9	XXX							\$ -	\$ -	
S4990		Nicotine patch legend	X	9	XXX							\$ -	\$ -	
S4991		Nicotine patch nonlegend	X	9	XXX							\$ -	\$ -	
S4993		Contraceptive pills for bc	X	9	XXX							\$ -	\$ -	
S4995		Smoking cessation gum	X	9	XXX							\$ -	\$ -	
S5000		Prescription drug, generic	X	9	XXX							\$ -	\$ -	
S5001		Prescription drug,brand name	X	9	XXX							\$ -	\$ -	
S5010		5% dextrose and 0.45% saline	X	9	XXX							\$ -	\$ -	
S5011		5% dextrose in lactated ring	X	9	XXX							\$ -	\$ -	
S5012		5% dextrose with potassium	X	9	XXX							\$ -	\$ -	
S5013		5%dextrose/0.45%saline1000ml	X	9	XXX							\$ -	\$ -	
S5014		D5W/0.45NS w KCl and MGS04	X	9	XXX							\$ -	\$ -	
S5035		HIT routine device maint	X	9	XXX							\$ -	\$ -	
S5036		HIT device repair	X	9	XXX							\$ -	\$ -	
S5100		Adult daycare services 15min	X	9	XXX							\$ -	\$ -	
S5101		Adult day care per half day	X	9	XXX							\$ -	\$ -	
S5102		Adult day care per diem	X	9	XXX							\$ -	\$ -	
S5105		Centerbased day care perdiem	X	9	XXX							\$ -	\$ -	
S5108		Homecare train pt 15 min	X	9	XXX							\$ -	\$ -	
S5109		Homecare train pt session	X	9	XXX							\$ -	\$ -	
S5110		Family homecare training 15m	X	9	XXX							\$ -	\$ -	
S5111		Family homecare train/session	X	9	XXX							\$ -	\$ -	
S5115		Nonfamily homecare train/15m	X	9	XXX							\$ -	\$ -	
S5116		Nonfamily HC train/session	X	9	XXX							\$ -	\$ -	
S5120		Chore services per 15 min	X	9	XXX							\$ -	\$ -	
S5121		Chore services per diem	X	9	XXX							\$ -	\$ -	
S5125		Attendant care service /15m	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
S5126		Attendant care service /diem	X	9	XXX							\$ -	\$ -	
S5130		Homaker service nos per 15m	X	9	XXX							\$ -	\$ -	
S5131		Homemaker service nos /diem	X	9	XXX							\$ -	\$ -	
S5135		Adult companioncare per 15m	X	9	XXX							\$ -	\$ -	
S5136		Adult companioncare per diem	X	9	XXX							\$ -	\$ -	
S5140		Adult foster care per diem	X	9	XXX							\$ -	\$ -	
S5141		Adult foster care per month	X	9	XXX							\$ -	\$ -	
S5145		Child fostercare th per diem	X	9	XXX							\$ -	\$ -	
S5146		Ther fostercare child /month	X	9	XXX							\$ -	\$ -	
S5150		Unskilled respite care /15m	X	9	XXX							\$ -	\$ -	
S5151		Unskilled respitecare /diem	X	9	XXX							\$ -	\$ -	
S5160		Emer response sys instal&tst	X	9	XXX							\$ -	\$ -	
S5161		Emer rspns sys serv permonth	X	9	XXX							\$ -	\$ -	
S5162		Emer rspns system purchase	X	9	XXX							\$ -	\$ -	
S5165		Home modifications per serv	X	9	XXX							\$ -	\$ -	
S5170		Homedelivered prepared meal	X	9	XXX							\$ -	\$ -	
S5175		Laundry serv,ext,prof,/order	X	9	XXX							\$ -	\$ -	
S5180		HH respiratory thrpy in eval	X	9	XXX							\$ -	\$ -	
S5181		HH respiratory thrpy nos/day	X	9	XXX							\$ -	\$ -	
S5185		Med reminder serv per month	X	9	XXX							\$ -	\$ -	
S5190		Wellness assessment by nonph	X	9	XXX							\$ -	\$ -	
S5199		Personal care item nos each	X	9	XXX							\$ -	\$ -	
S5497		HIT cath care noc	X	9	XXX							\$ -	\$ -	
S5498		HIT simple cath care	X	9	XXX							\$ -	\$ -	
S5501		HIT complex cath care	X	9	XXX							\$ -	\$ -	
S5502		HIT interim cath care	X	9	XXX							\$ -	\$ -	
S5517		HIT declotting kit	X	9	XXX							\$ -	\$ -	
S5518		HIT cath repair kit	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
S5520		HIT picc insert kit	X	9	XXX							\$ -	\$ -	
S5521		HIT midline cath insert kit	X	9	XXX							\$ -	\$ -	
S5522		HIT picc insert no supp	X	9	XXX							\$ -	\$ -	
S5523		HIP midline cath insert kit	X	9	XXX							\$ -	\$ -	
S5550		Insulin rapid 5 u	X	9	XXX							\$ -	\$ -	
S5551		Insulin most rapid 5 u	X	9	XXX							\$ -	\$ -	
S5552		Insulin intermed 5 u	X	9	XXX							\$ -	\$ -	
S5553		Insulin long acting 5 u	X	9	XXX							\$ -	\$ -	
S5560		Insulin reuse pen 1.5 ml	X	9	XXX							\$ -	\$ -	
S5561		Insulin reuse pen 3 ml	X	9	XXX							\$ -	\$ -	
S5565		Insulin cartridge 150 u	X	9	XXX							\$ -	\$ -	
S5566		Insulin cartridge 300 u	X	9	XXX							\$ -	\$ -	
S5570		Insulin dispos pen 1.5 ml	X	9	XXX							\$ -	\$ -	
S5571		Insulin dispos pen 3 ml	X	9	XXX							\$ -	\$ -	
S8030		Tantalum ring application	X	9	XXX							\$ -	\$ -	
S8035		Magnetic source imaging	X	9	XXX							\$ -	\$ -	
S8037		mrpc	X	9	XXX							\$ -	\$ -	
S8040		Topographic brain mapping	X	9	XXX							\$ -	\$ -	
S8042		MRI low field	X	9	XXX							\$ -	\$ -	
S8049		Intraoperative radiation the	X	9	XXX							\$ -	\$ -	
S8055		Us guidance fetal reduct	X	9	XXX							\$ -	\$ -	
S8080		Scintimammography	X	9	XXX							\$ -	\$ -	
S8085		Fluorine-18 fluorodeoxygluco	X	9	XXX							\$ -	\$ -	
S8092		Electron beam computed tomog	X	9	XXX							\$ -	\$ -	
S8096		Portable peak flow meter	X	9	XXX							\$ -	\$ -	
S8097		Asthma kit	X	9	XXX							\$ -	\$ -	
S8100		Spacer without mask	X	9	XXX							\$ -	\$ -	
S8101		Spacer with mask	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
S8110		Peak expiratory flow rate (p	X	9	XXX							\$ -	\$ -	
S8120		O2 contents gas cubic ft	X	9	XXX							\$ -	\$ -	
S8121		O2 contents liquid lb	X	9	XXX							\$ -	\$ -	
S8130		Interferential stim 2 chan	X	9	XXX							\$ -	\$ -	
S8131		Interferential stim 4 chan	X	9	XXX							\$ -	\$ -	
S8185		Flutter device	X	9	XXX							\$ -	\$ -	
S8186		Swivel adaptor	X	9	XXX							\$ -	\$ -	
S8189		Trach supply noc	X	9	XXX							\$ -	\$ -	
S8210		Mucus trap	X	9	XXX							\$ -	\$ -	
S8262		Mandib ortho repos device	X	9	XXX							\$ -	\$ -	
S8265		Haberman feeder	X	9	XXX							\$ -	\$ -	
S8270		Enuresis alarm	X	9	XXX							\$ -	\$ -	
S8301		Infect control supplies NOS	X	9	XXX							\$ -	\$ -	
S8415		Supplies for home delivery	X	9	XXX							\$ -	\$ -	
S8420		Custom gradient sleeve/glov	X	9	XXX							\$ -	\$ -	
S8421		Ready gradient sleeve/glov	X	9	XXX							\$ -	\$ -	
S8422		Custom grad sleeve med	X	9	XXX							\$ -	\$ -	
S8423		Custom grad sleeve heavy	X	9	XXX							\$ -	\$ -	
S8424		Ready gradient sleeve	X	9	XXX							\$ -	\$ -	
S8425		Custom grad glove med	X	9	XXX							\$ -	\$ -	
S8426		Custom grad glove heavy	X	9	XXX							\$ -	\$ -	
S8427		Ready gradient glove	X	9	XXX							\$ -	\$ -	
S8428		Ready gradient gauntlet	X	9	XXX							\$ -	\$ -	
S8429		Gradient pressure wrap	X	9	XXX							\$ -	\$ -	
S8430		Padding for comprssn bdg	X	9	XXX							\$ -	\$ -	
S8431		Compression bandage	X	9	XXX							\$ -	\$ -	
S8450		Splint digit	X	9	XXX							\$ -	\$ -	
S8451		Splint wrist or ankle	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
S8452		Splint elbow	X	9	XXX							\$ -	\$ -	
S8460		Camisole post-mast	X	9	XXX							\$ -	\$ -	
S8490		100 insulin syringes	X	9	XXX							\$ -	\$ -	
S8940		Hippotherapy per session	X	9	XXX							\$ -	\$ -	
S8948		Low-level laser trmt 15 min	X	9	XXX							\$ -	\$ -	
S8950		Complex lymphedema therapy,	X	9	XXX							\$ -	\$ -	
S8990		Pt or manip for maint	X	9	XXX							\$ -	\$ -	
S8999		Resuscitation bag	X	9	XXX							\$ -	\$ -	
S9001		Home uterine monitor with or	X	9	XXX							\$ -	\$ -	
S9007		Ultrafiltration monitor	X	9	XXX							\$ -	\$ -	
S9015		Automated EEG monitoring	X	9	XXX							\$ -	\$ -	
S9024		Paranasal sinus ultrasound	X	9	XXX							\$ -	\$ -	
S9025		Omnicrodiogram/cardiointegra	X	9	XXX							\$ -	\$ -	
S9034		ESWL for gallstones	X	9	XXX							\$ -	\$ -	
S9055		Procuren or other growth fac	X	9	XXX							\$ -	\$ -	
S9056		Coma stimulation per diem	X	9	XXX							\$ -	\$ -	
S9061		Medical supplies and equipme	X	9	XXX							\$ -	\$ -	
S9083		Urgent care center global	X	9	XXX							\$ -	\$ -	
S9088		Services provided in urgent	X	9	XXX							\$ -	\$ -	
S9090		Vertebral axial decompressio	X	9	XXX							\$ -	\$ -	
S9097		Home visit wound care	X	9	XXX							\$ -	\$ -	
S9098		Home phototherapy visit	X	9	XXX							\$ -	\$ -	
S9109		CHF telemonitoring month	X	9	XXX							\$ -	\$ -	
S9117		Back school visit	X	9	XXX							\$ -	\$ -	
S9122		Home health aide or certifie	X	9	XXX							\$ -	\$ -	
S9123		Nursing care in home RN	X	9	XXX							\$ -	\$ -	
S9124		Nursing care, in the home; b	X	9	XXX							\$ -	\$ -	
S9125		Respite care, in the home, p	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance		
S9126		Hospice care, in the home, p	X	9	XXX							\$	-	\$	-	
S9127		Social work visit, in the ho	X	9	XXX							\$	-	\$	-	
S9128		Speech therapy, in the home,	X	9	XXX							\$	-	\$	-	
S9129		Occupational therapy, in the	X	9	XXX							\$	-	\$	-	
S9131		PT in the home per diem	X	9	XXX							\$	-	\$	-	
S9140		Diabetic Management Program,	X	9	XXX							\$	-	\$	-	
S9141		Diabetic Management Program,	X	9	XXX							\$	-	\$	-	
S9145		Insulin pump initiation	X	9	XXX							\$	-	\$	-	
S9150		Evaluation by ophthalmologist	X	9	XXX							\$	-	\$	-	
S9152		Speech therapy, re-eval	X	9	XXX							\$	-	\$	-	
S9208		Home mgmt preterm labor	X	9	XXX							\$	-	\$	-	
S9209		Home mgmt PPRM	X	9	XXX							\$	-	\$	-	
S9211		Home mgmt gest hypertension	X	9	XXX							\$	-	\$	-	
S9212		Hm postpartum hyper per diem	X	9	XXX							\$	-	\$	-	
S9213		Hm preeclampsia per diem	X	9	XXX							\$	-	\$	-	
S9214		Hm gest dm per diem	X	9	XXX							\$	-	\$	-	
S9325		HIT pain mgmt per diem	X	9	XXX							\$	-	\$	-	
S9326		HIT cont pain per diem	X	9	XXX							\$	-	\$	-	
S9327		HIT int pain per diem	X	9	XXX							\$	-	\$	-	
S9328		HIT pain imp pump diem	X	9	XXX							\$	-	\$	-	
S9329		HIT chemo per diem	X	9	XXX							\$	-	\$	-	
S9330		HIT cont chem diem	X	9	XXX							\$	-	\$	-	
S9331		HIT intermit chemo diem	X	9	XXX							\$	-	\$	-	
S9335		HT hemodialysis diem	X	9	XXX							\$	-	\$	-	
S9336		HIT cont anticoag diem	X	9	XXX							\$	-	\$	-	
S9338		HIT immunotherapy diem	X	9	XXX							\$	-	\$	-	
S9339		HIT periton dialysis diem	X	9	XXX							\$	-	\$	-	
S9340		HIT enteral per diem	X	9	XXX							\$	-	\$	-	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
S9341		HIT enteral grav diem	X	9	XXX							\$ -	\$ -	
S9342		HIT enteral pump diem	X	9	XXX							\$ -	\$ -	
S9343		HIT enteral bolus nurs	X	9	XXX							\$ -	\$ -	
S9345		HIT anti-hemophil diem	X	9	XXX							\$ -	\$ -	
S9346		HIT alpha-1-protein diem	X	9	XXX							\$ -	\$ -	
S9347		HIT longterm infus diem	X	9	XXX							\$ -	\$ -	
S9348		HIT sympathomim diem	X	9	XXX							\$ -	\$ -	
S9349		HIT tocolysis diem	X	9	XXX							\$ -	\$ -	
S9351		HIT cont antiemetic diem	X	9	XXX							\$ -	\$ -	
S9353		HIT cont insulin diem	X	9	XXX							\$ -	\$ -	
S9355		HIT chelation diem	X	9	XXX							\$ -	\$ -	
S9357		HIT enzyme replace diem	X	9	XXX							\$ -	\$ -	
S9359		HIT anti-tnf per diem	X	9	XXX							\$ -	\$ -	
S9361		HIT diuretic infus diem	X	9	XXX							\$ -	\$ -	
S9363		HIT anti-spasmodic diem	X	9	XXX							\$ -	\$ -	
S9364		HIT tpn total diem	X	9	XXX							\$ -	\$ -	
S9365		HIT tpn 1 liter diem	X	9	XXX							\$ -	\$ -	
S9366		HIT tpn 2 liter diem	X	9	XXX							\$ -	\$ -	
S9367		HIT tpn 3 liter diem	X	9	XXX							\$ -	\$ -	
S9368		HIT tpn over 3l diem	X	9	XXX							\$ -	\$ -	
S9370		HT inj antiemetic diem	X	9	XXX							\$ -	\$ -	
S9372		HT inj anticoag diem	X	9	XXX							\$ -	\$ -	
S9373		HIT hydra total diem	X	9	XXX							\$ -	\$ -	
S9374		HIT hydra 1 liter diem	X	9	XXX							\$ -	\$ -	
S9375		HIT hydra 2 liter diem	X	9	XXX							\$ -	\$ -	
S9376		HIT hydra 3 liter diem	X	9	XXX							\$ -	\$ -	
S9377		HIT hydra over 3l diem	X	9	XXX							\$ -	\$ -	
S9379		HIT noc per diem	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
S9381		HIT high risk/escort	X	9	XXX							\$ -	\$ -	
S9401		Anticoag clinic per session	X	9	XXX							\$ -	\$ -	
S9430		Pharmacy comp/disp serv	X	9	XXX							\$ -	\$ -	
S9433		Medical food oral 100% nutr	X	9	XXX							\$ -	\$ -	
S9434		Mod solid food suppl	X	9	XXX							\$ -	\$ -	
S9435		Medical foods for inborn err	X	9	XXX							\$ -	\$ -	
S9436		Lamaze class	X	9	XXX							\$ -	\$ -	
S9437		Childbirth refresher class	X	9	XXX							\$ -	\$ -	
S9438		Cesarean birth class	X	9	XXX							\$ -	\$ -	
S9439		VBAC class	X	9	XXX							\$ -	\$ -	
S9441		Asthma education	X	9	XXX							\$ -	\$ -	
S9442		Birthing class	X	9	XXX							\$ -	\$ -	
S9443		Lactation class	X	9	XXX							\$ -	\$ -	
S9444		Parenting class	X	9	XXX							\$ -	\$ -	
S9445		PT education noc individ	X	9	XXX							\$ -	\$ -	
S9446		PT education noc group	X	9	XXX							\$ -	\$ -	
S9447		Infant safety class	X	9	XXX							\$ -	\$ -	
S9449		Weight mgmt class	X	9	XXX							\$ -	\$ -	
S9451		Exercise class	X	9	XXX							\$ -	\$ -	
S9452		Nutrition class	X	9	XXX							\$ -	\$ -	
S9453		Smoking cessation class	X	9	XXX							\$ -	\$ -	
S9454		Stress mgmt class	X	9	XXX							\$ -	\$ -	
S9455		Diabetic Management Program,	X	9	XXX							\$ -	\$ -	
S9460		Diabetic Management Program,	X	9	XXX							\$ -	\$ -	
S9465		Diabetic Management Program,	X	9	XXX							\$ -	\$ -	
S9470		Nutritional counseling, diet	X	9	XXX							\$ -	\$ -	
S9472		Cardiac rehabilitation progr	X	9	XXX							\$ -	\$ -	
S9473		Pulmonary rehabilitation pro	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
S9474		Enterostomal therapy by a re	X	9	XXX							\$ -	\$ -	
S9475		Ambulatory setting substance	X	9	XXX							\$ -	\$ -	
S9476		Vestibular rehab per diem	X	9	XXX							\$ -	\$ -	
S9480		Intensive outpatient psychia	X	9	XXX							\$ -	\$ -	
S9482		Family stabilization 15 min	X	9	XXX							\$ -	\$ -	
S9484		Crisis intervention per hour	X	9	XXX							\$ -	\$ -	
S9485		Crisis intervention mental h	X	9	XXX							\$ -	\$ -	
S9490		HIT corticosteroid/diem	X	9	XXX							\$ -	\$ -	
S9494		HIT antibiotic total diem	X	9	XXX							\$ -	\$ -	
S9497		HIT antibiotic q3h diem	X	9	XXX							\$ -	\$ -	
S9500		HIT antibiotic q24h diem	X	9	XXX							\$ -	\$ -	
S9501		HIT antibiotic q12h diem	X	9	XXX							\$ -	\$ -	
S9502		HIT antibiotic q8h diem	X	9	XXX							\$ -	\$ -	
S9503		HIT antibiotic q6h diem	X	9	XXX							\$ -	\$ -	
S9504		HIT antibiotic q4h diem	X	9	XXX							\$ -	\$ -	
S9529		Venipuncture home/snf	X	9	XXX							\$ -	\$ -	
S9537		HT hem horm inj diem	X	9	XXX							\$ -	\$ -	
S9538		HIT blood products diem	X	9	XXX							\$ -	\$ -	
S9542		HT inj noc per diem	X	9	XXX							\$ -	\$ -	
S9558		HT inj growth horm diem	X	9	XXX							\$ -	\$ -	
S9559		HIT inj interferon diem	X	9	XXX							\$ -	\$ -	
S9560		HT inj hormone diem	X	9	XXX							\$ -	\$ -	
S9562		HT inj palivizumab diem	X	9	XXX							\$ -	\$ -	
S9590		HT irrigation diem	X	9	XXX							\$ -	\$ -	
S9810		HT pharm per hour	X	9	XXX							\$ -	\$ -	
S9900		Christian Sci Pract visit	X	9	XXX							\$ -	\$ -	
S9970		Health club membership yr	X	9	XXX							\$ -	\$ -	
S9975		Transplant related per diem	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
S9976		Lodging per diem	X	9	XXX							\$ -	\$ -	
S9977		Meals per diem	X	9	XXX							\$ -	\$ -	
S9981		Med record copy admin	X	9	XXX							\$ -	\$ -	
S9982		Med record copy per page	X	9	XXX							\$ -	\$ -	
S9986		Not medically necessary svc	X	9	XXX							\$ -	\$ -	
S9988		Serv part of phase I trial	X	9	XXX							\$ -	\$ -	
S9989		Services outside US	X	9	XXX							\$ -	\$ -	
S9990		Services provided as part of	X	9	XXX							\$ -	\$ -	
S9991		Services provided as part of	X	9	XXX							\$ -	\$ -	
S9992		Transportation costs to and	X	9	XXX							\$ -	\$ -	
S9994		Lodging costs (e.g. hotel ch	X	9	XXX							\$ -	\$ -	
S9996		Meals for clinical trial par	X	9	XXX							\$ -	\$ -	
S9999		Sales tax	X	9	XXX							\$ -	\$ -	
T1000		Private duty/independent nsg	X	9	XXX							\$ -	\$ -	
T1001		Nursing assessment/evaluatn	X	9	XXX							\$ -	\$ -	
T1002		RN services up to 15 minutes	X	9	XXX							\$ -	\$ -	
T1003		LPN/LVN services up to 15min	X	9	XXX							\$ -	\$ -	
T1004		Nsg aide service up to 15min	X	9	XXX							\$ -	\$ -	
T1005		Respite care service 15 min	X	9	XXX							\$ -	\$ -	
T1006		Family/Couple Counseling	X	9	XXX							\$ -	\$ -	
T1007		Treatment Plan Development	X	9	XXX							\$ -	\$ -	
T1009		Child Sitting Services	X	9	XXX							\$ -	\$ -	
T1010		Meals when Receive Services	X	9	XXX							\$ -	\$ -	
T1012		Alcohol/Substance Abuse Skil	X	9	XXX							\$ -	\$ -	
T1013		Sign Lang/Oral Interpreter	X	9	XXX							\$ -	\$ -	
T1014		Telehealth transmit, per min	X	9	XXX							\$ -	\$ -	
T1015		Clinic service	X	9	XXX							\$ -	\$ -	
T1016		Case management	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
T1017		Targeted case management	X	9	XXX							\$ -	\$ -	
T1018		School-based IEP ser bundled	X	9	XXX							\$ -	\$ -	
T1019		Personal care ser per 15 min	X	9	XXX							\$ -	\$ -	
T1020		Personal care ser per diem	X	9	XXX							\$ -	\$ -	
T1021		HH Aide or cn aide per visit	X	9	XXX							\$ -	\$ -	
T1022		Contracted services per day	X	9	XXX							\$ -	\$ -	
T1023		Program intake assessment	X	9	XXX							\$ -	\$ -	
T1024		Team evaluation & management	X	9	XXX							\$ -	\$ -	
T1025		Ped compr care pkg, per diem	X	9	XXX							\$ -	\$ -	
T1026		Ped compr care pkg, per hour	X	9	XXX							\$ -	\$ -	
T1027		Family training & counseling	X	9	XXX							\$ -	\$ -	
T1028		Home environment assessment	X	9	XXX							\$ -	\$ -	
T1029		Dwelling lead investigation	X	9	XXX							\$ -	\$ -	
T1030		RN home care per diem	X	9	XXX							\$ -	\$ -	
T1031		LPN home care per diem	X	9	XXX							\$ -	\$ -	
T1502		Medication admin visit	X	9	XXX							\$ -	\$ -	
T1503		Med admin, not oral/inject	X	9	XXX							\$ -	\$ -	
T1505		Elec med comp dev, noc	X	9	XXX							\$ -	\$ -	
T1999		NOC retail items andsupplies	X	9	XXX							\$ -	\$ -	
T2001		N-et; patient attend/escort	X	9	XXX							\$ -	\$ -	
T2002		N-et; per diem	X	9	XXX							\$ -	\$ -	
T2003		N-et; encounter/trip	X	9	XXX							\$ -	\$ -	
T2004		N-et; commerc carrier pass	X	9	XXX							\$ -	\$ -	
T2005		N-et; stretcher van	X	9	XXX							\$ -	\$ -	
T2007		Non-emer transport wait time	X	9	XXX							\$ -	\$ -	
T2010		PASRR Level I	X	9	XXX							\$ -	\$ -	
T2011		PASRR Level II	X	9	XXX							\$ -	\$ -	
T2012		Habil ed waiver, per diem	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
T2013		Habil ed waiver per hour	X	9	XXX							\$ -	\$ -	
T2014		Habil prevoc waiver, per d	X	9	XXX							\$ -	\$ -	
T2015		Habil prevoc waiver per hr	X	9	XXX							\$ -	\$ -	
T2016		Habil res waiver per diem	X	9	XXX							\$ -	\$ -	
T2017		Habil res waiver 15 min	X	9	XXX							\$ -	\$ -	
T2018		Habil sup empl waiver/diem	X	9	XXX							\$ -	\$ -	
T2019		Habil sup empl waiver 15min	X	9	XXX							\$ -	\$ -	
T2020		Day habil waiver per diem	X	9	XXX							\$ -	\$ -	
T2021		Day habil waiver per 15 min	X	9	XXX							\$ -	\$ -	
T2022		Case management, per month	X	9	XXX							\$ -	\$ -	
T2023		Targeted case mgmt per month	X	9	XXX							\$ -	\$ -	
T2024		Serv asmnt/care plan waiver	X	9	XXX							\$ -	\$ -	
T2025		Waiver service, nos	X	9	XXX							\$ -	\$ -	
T2026		Special childcare waiver/d	X	9	XXX							\$ -	\$ -	
T2027		Spec childcare waiver 15 min	X	9	XXX							\$ -	\$ -	
T2028		Special supply, nos waiver	X	9	XXX							\$ -	\$ -	
T2029		Special med equip, noswaiver	X	9	XXX							\$ -	\$ -	
T2030		Assist living waiver/month	X	9	XXX							\$ -	\$ -	
T2031		Assist living waiver/diem	X	9	XXX							\$ -	\$ -	
T2032		Res care, nos waiver/month	X	9	XXX							\$ -	\$ -	
T2033		Res, nos waiver per diem	X	9	XXX							\$ -	\$ -	
T2034		Crisis interven waiver/diem	X	9	XXX							\$ -	\$ -	
T2035		Utility services waiver	X	9	XXX							\$ -	\$ -	
T2036		Camp overnite waiver/session	X	9	XXX							\$ -	\$ -	
T2037		Camp day waiver/session	X	9	XXX							\$ -	\$ -	
T2038		Comm trans waiver/service	X	9	XXX							\$ -	\$ -	
T2039		Vehicle mod waiver/service	X	9	XXX							\$ -	\$ -	
T2040		Financial mgt waiver/15min	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
T2041		Support broker waiver/15 min	X	9	XXX							\$ -	\$ -	
T2042		Hospice routine home care	X	9	XXX							\$ -	\$ -	
T2043		Hospice continuous home care	X	9	XXX							\$ -	\$ -	
T2044		Hospice respite care	X	9	XXX							\$ -	\$ -	
T2045		Hospice general care	X	9	XXX							\$ -	\$ -	
T2046		Hospice long term care, r&b	X	9	XXX							\$ -	\$ -	
T2048		Bh ltc res r&b, per diem	X	9	XXX							\$ -	\$ -	
T2049		N-ET; stretcher van, mileage	X	9	XXX							\$ -	\$ -	
T2101		Breast milk proc/store/dist	X	9	XXX							\$ -	\$ -	
T4521		Adult size brief/diaper sm	N	9	XXX							\$ -	\$ -	
T4522		Adult size brief/diaper med	N	9	XXX							\$ -	\$ -	
T4523		Adult size brief/diaper lg	N	9	XXX							\$ -	\$ -	
T4524		Adult size brief/diaper xl	N	9	XXX							\$ -	\$ -	
T4525		Adult size pull-on sm	N	9	XXX							\$ -	\$ -	
T4526		Adult size pull-on med	N	9	XXX							\$ -	\$ -	
T4527		Adult size pull-on lg	N	9	XXX							\$ -	\$ -	
T4528		Adult size pull-on xl	N	9	XXX							\$ -	\$ -	
T4529		Ped size brief/diaper sm/med	N	9	XXX							\$ -	\$ -	
T4530		Ped size brief/diaper lg	N	9	XXX							\$ -	\$ -	
T4531		Ped size pull-on sm/med	N	9	XXX							\$ -	\$ -	
T4532		Ped size pull-on lg	N	9	XXX							\$ -	\$ -	
T4533		Youth size brief/diaper	N	9	XXX							\$ -	\$ -	
T4534		Youth size pull-on	N	9	XXX							\$ -	\$ -	
T4535		Disposable liner/shield/pad	N	9	XXX							\$ -	\$ -	
T4536		Reusable pull-on any size	N	9	XXX							\$ -	\$ -	
T4537		Reusable underpad bed size	N	9	XXX							\$ -	\$ -	
T4538		Diaper serv reusable diaper	N	9	XXX							\$ -	\$ -	
T4539		Reuse diaper/brief any size	N	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
T4540		Reusable underpad chair size	N	9	XXX							\$ -	\$ -	
T4541		Large disposable underpad	N	9	XXX							\$ -	\$ -	
T4542		Small disposable underpad	N	9	XXX							\$ -	\$ -	
T4543		Disp bariatric brief/diaper	N	9	XXX							\$ -	\$ -	
T5001		Position seat spec orth need	N	9	XXX							\$ -	\$ -	
T5999		Supply, nos	N	9	XXX							\$ -	\$ -	
V2020		Vision svcs frames purchases	X	9	XXX							\$ -	\$ -	
V2025		Eyeglasses delux frames	N	9	XXX							\$ -	\$ -	
V2100		Lens spher single plano 4.00	X	9	XXX							\$ -	\$ -	
V2101		Single visn sphere 4.12-7.00	X	9	XXX							\$ -	\$ -	
V2102		Singl visn sphere 7.12-20.00	X	9	XXX							\$ -	\$ -	
V2103		Sphero cylindr 4.00d/12-2.00d	X	9	XXX							\$ -	\$ -	
V2104		Sphero cylindr 4.00d/2.12-4d	X	9	XXX							\$ -	\$ -	
V2105		Sphero cylindr 4.00d/4.25-6d	X	9	XXX							\$ -	\$ -	
V2106		Sphero cylindr 4.00d/>6.00d	X	9	XXX							\$ -	\$ -	
V2107		Sphero cylindr 4.25d/12-2d	X	9	XXX							\$ -	\$ -	
V2108		Sphero cylindr 4.25d/2.12-4d	X	9	XXX							\$ -	\$ -	
V2109		Sphero cylindr 4.25d/4.25-6d	X	9	XXX							\$ -	\$ -	
V2110		Sphero cylindr 4.25d/over 6d	X	9	XXX							\$ -	\$ -	
V2111		Sphero cylindr 7.25d/.25-2.25	X	9	XXX							\$ -	\$ -	
V2112		Sphero cylindr 7.25d/2.25-4d	X	9	XXX							\$ -	\$ -	
V2113		Sphero cylindr 7.25d/4.25-6d	X	9	XXX							\$ -	\$ -	
V2114		Sphero cylindr over 12.00d	X	9	XXX							\$ -	\$ -	
V2115		Lens lenticular bifocal	X	9	XXX							\$ -	\$ -	
V2118		Lens aniseikonic single	X	9	XXX							\$ -	\$ -	
V2121		Lenticular lens, single	X	9	XXX							\$ -	\$ -	
V2199		Lens single vision not oth c	X	9	XXX							\$ -	\$ -	
V2200		Lens spher bifoc plano 4.00d	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
V2201		Lens sphere bifocal 4.12-7.0	X	9	XXX							\$ -	\$ -	
V2202		Lens sphere bifocal 7.12-20.	X	9	XXX							\$ -	\$ -	
V2203		Lens sphcyl bifocal 4.00d/.1	X	9	XXX							\$ -	\$ -	
V2204		Lens sphcy bifocal 4.00d/2.1	X	9	XXX							\$ -	\$ -	
V2205		Lens sphcy bifocal 4.00d/4.2	X	9	XXX							\$ -	\$ -	
V2206		Lens sphcy bifocal 4.00d/ove	X	9	XXX							\$ -	\$ -	
V2207		Lens sphcy bifocal 4.25-7d/.	X	9	XXX							\$ -	\$ -	
V2208		Lens sphcy bifocal 4.25-7/2.	X	9	XXX							\$ -	\$ -	
V2209		Lens sphcy bifocal 4.25-7/4.	X	9	XXX							\$ -	\$ -	
V2210		Lens sphcy bifocal 4.25-7/ov	X	9	XXX							\$ -	\$ -	
V2211		Lens sphcy bifo 7.25-12/.25-	X	9	XXX							\$ -	\$ -	
V2212		Lens sphcyl bifo 7.25-12/2.2	X	9	XXX							\$ -	\$ -	
V2213		Lens sphcyl bifo 7.25-12/4.2	X	9	XXX							\$ -	\$ -	
V2214		Lens sphcyl bifocal over 12.	X	9	XXX							\$ -	\$ -	
V2215		Lens lenticular bifocal	X	9	XXX							\$ -	\$ -	
V2218		Lens aniseikonic bifocal	X	9	XXX							\$ -	\$ -	
V2219		Lens bifocal seg width over	X	9	XXX							\$ -	\$ -	
V2220		Lens bifocal add over 3.25d	X	9	XXX							\$ -	\$ -	
V2221		Lenticular lens, bifocal	X	9	XXX							\$ -	\$ -	
V2299		Lens bifocal speciality	X	9	XXX							\$ -	\$ -	
V2300		Lens sphere trifocal 4.00d	X	9	XXX							\$ -	\$ -	
V2301		Lens sphere trifocal 4.12-7.	X	9	XXX							\$ -	\$ -	
V2302		Lens sphere trifocal 7.12-20	X	9	XXX							\$ -	\$ -	
V2303		Lens sphcy trifocal 4.0/.12-	X	9	XXX							\$ -	\$ -	
V2304		Lens sphcy trifocal 4.0/2.25	X	9	XXX							\$ -	\$ -	
V2305		Lens sphcy trifocal 4.0/4.25	X	9	XXX							\$ -	\$ -	
V2306		Lens sphcyl trifocal 4.00/>6	X	9	XXX							\$ -	\$ -	
V2307		Lens sphcy trifocal 4.25-7/.	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
V2308		Lens sphc trifocal 4.25-7/2.	X	9	XXX							\$ -	\$ -	
V2309		Lens sphc trifocal 4.25-7/4.	X	9	XXX							\$ -	\$ -	
V2310		Lens sphc trifocal 4.25-7/>6	X	9	XXX							\$ -	\$ -	
V2311		Lens sphc trifo 7.25-12/ .25-	X	9	XXX							\$ -	\$ -	
V2312		Lens sphc trifo 7.25-12/2.25	X	9	XXX							\$ -	\$ -	
V2313		Lens sphc trifo 7.25-12/4.25	X	9	XXX							\$ -	\$ -	
V2314		Lens sphcyl trifocal over 12	X	9	XXX							\$ -	\$ -	
V2315		Lens lenticular trifocal	X	9	XXX							\$ -	\$ -	
V2318		Lens aniseikonic trifocal	X	9	XXX							\$ -	\$ -	
V2319		Lens trifocal seg width > 28	X	9	XXX							\$ -	\$ -	
V2320		Lens trifocal add over 3.25d	X	9	XXX							\$ -	\$ -	
V2321		Lenticular lens, trifocal	X	9	XXX							\$ -	\$ -	
V2399		Lens trifocal speciality	X	9	XXX							\$ -	\$ -	
V2410		Lens variab asphericity sing	X	9	XXX							\$ -	\$ -	
V2430		Lens variable asphericity bi	X	9	XXX							\$ -	\$ -	
V2499		Variable asphericity lens	X	9	XXX							\$ -	\$ -	
V2500		Contact lens pmma spherical	X	9	XXX							\$ -	\$ -	
V2501		Cntct lens pmma-toric/prism	X	9	XXX							\$ -	\$ -	
V2502		Contact lens pmma bifocal	X	9	XXX							\$ -	\$ -	
V2503		Cntct lens pmma color vision	X	9	XXX							\$ -	\$ -	
V2510		Cntct gas permeable sphericl	X	9	XXX							\$ -	\$ -	
V2511		Cntct toric prism ballast	X	9	XXX							\$ -	\$ -	
V2512		Cntct lens gas permbl bifocl	X	9	XXX							\$ -	\$ -	
V2513		Contact lens extended wear	X	9	XXX							\$ -	\$ -	
V2520		Contact lens hydrophilic	X	9	XXX							\$ -	\$ -	
V2521		Cntct lens hydrophilic toric	X	9	XXX							\$ -	\$ -	
V2522		Cntct lens hydrophil bifocl	X	9	XXX							\$ -	\$ -	
V2523		Cntct lens hydrophil extend	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
V2530		Contact lens gas impermeable	X	9	XXX							\$ -	\$ -	
V2531		Contact lens gas permeable	X	9	XXX							\$ -	\$ -	
V2599		Contact lens/es other type	X	9	XXX							\$ -	\$ -	
V2600		Hand held low vision aids	X	9	XXX							\$ -	\$ -	
V2610		Single lens spectacle mount	X	9	XXX							\$ -	\$ -	
V2615		Telescop/othr compound lens	X	9	XXX							\$ -	\$ -	
V2623		Plastic eye prosth custom	X	9	XXX							\$ -	\$ -	
V2624		Polishing artificial eye	X	9	XXX							\$ -	\$ -	
V2625		Enlargemnt of eye prosthesis	X	9	XXX							\$ -	\$ -	
V2626		Reduction of eye prosthesis	X	9	XXX							\$ -	\$ -	
V2627		Scleral cover shell	X	9	XXX							\$ -	\$ -	
V2628		Fabrication & fitting	X	9	XXX							\$ -	\$ -	
V2629		Prosthetic eye other type	X	9	XXX							\$ -	\$ -	
V2630		Anter chamber intraocul lens	X	9	XXX							\$ -	\$ -	
V2631		Iris support intraoclr lens	X	9	XXX							\$ -	\$ -	
V2632		Post chmbr intraocular lens	X	9	XXX							\$ -	\$ -	
V2700		Balance lens	X	9	XXX							\$ -	\$ -	
V2702		Deluxe lens feature	N	9	XXX							\$ -	\$ -	
V2710		Glass/plastic slab off prism	X	9	XXX							\$ -	\$ -	
V2715		Prism lens/es	X	9	XXX							\$ -	\$ -	
V2718		Fresnell prism press-on lens	X	9	XXX							\$ -	\$ -	
V2730		Special base curve	X	9	XXX							\$ -	\$ -	
V2744		Tint photochromatic lens/es	X	9	XXX							\$ -	\$ -	
V2745		Tint, any color/solid/grad	X	9	XXX							\$ -	\$ -	
V2750		Anti-reflective coating	X	9	XXX							\$ -	\$ -	
V2755		UV lens/es	X	9	XXX							\$ -	\$ -	
V2756		Eye glass case	X	9	XXX							\$ -	\$ -	
V2760		Scratch resistant coating	X	9	XXX							\$ -	\$ -	

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												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
V2761		Mirror coating	X	9	XXX							\$ -	\$ -	
V2762		Polarization, any lens	X	9	XXX							\$ -	\$ -	
V2770		Occluder lens/es	X	9	XXX							\$ -	\$ -	
V2780		Oversize lens/es	X	9	XXX							\$ -	\$ -	
V2781		Progressive lens per lens	X	9	XXX							\$ -	\$ -	
V2782		Lens, 1.54-1.65 p/1.60-1.79g	X	9	XXX							\$ -	\$ -	
V2783		Lens, >= 1.66 p/>=1.80 g	X	9	XXX							\$ -	\$ -	
V2784		Lens polycarb or equal	X	9	XXX							\$ -	\$ -	
V2785		Corneal tissue processing	X	9	XXX							\$ -	\$ -	
V2786		Occupational multifocal lens	X	9	XXX							\$ -	\$ -	
V2787		Astigmatism-correct function	N	9	XXX							\$ -	\$ -	
V2788		Presbyopia-correct function	N	9	XXX							\$ -	\$ -	
V2790		Amniotic membrane	X	9	XXX							\$ -	\$ -	
V2797		Vis item/svc in other code	X	9	XXX							\$ -	\$ -	
V2799		Miscellaneous vision service	X	9	XXX							\$ -	\$ -	
V5008		Hearing screening	N	9	XXX							\$ -	\$ -	
V5010		Assessment for hearing aid	N	9	XXX							\$ -	\$ -	
V5011		Hearing aid fitting/checking	N	9	XXX							\$ -	\$ -	
V5014		Hearing aid repair/modifying	N	9	XXX							\$ -	\$ -	
V5020		Conformity evaluation	N	9	XXX							\$ -	\$ -	
V5030		Body-worn hearing aid air	N	9	XXX							\$ -	\$ -	
V5040		Body-worn hearing aid bone	N	9	XXX							\$ -	\$ -	
V5050		Hearing aid monaural in ear	N	9	XXX							\$ -	\$ -	
V5060		Behind ear hearing aid	N	9	XXX							\$ -	\$ -	
V5070		Glasses air conduction	N	9	XXX							\$ -	\$ -	
V5080		Glasses bone conduction	N	9	XXX							\$ -	\$ -	
V5090		Hearing aid dispensing fee	N	9	XXX							\$ -	\$ -	
V5095		Implant mid ear hearing pros	N	9	XXX							\$ -	\$ -	

2012 Physician Fee Schedule RVU File Effective March 1, 2012

CPT codes & descriptions only are copyright 2011AMA. Applicable FARS/DFARS Apply.

All Other Conversion Factor \$ 34.80
\$ 35.15

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The absence or presence of a CPT code in this table does not indicate PEIA coverage. Also, the presence of a fee allowance does not indicate coverage.

RELEASED 11/1/2011

HCPCS	MOD	DESCRIPTION	STATUS CODE	PCTC IND	GLOB DAYS	MULT PROC	BILAT SURG	ASST SURG	CO- SURG	TEAM SURG	ENDO BASE	CY 2012	CY 2012	CY2012
												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
V5100		Body-worn bilat hearing aid	N	9	XXX							\$ -	\$ -	
V5110		Hearing aid dispensing fee	N	9	XXX							\$ -	\$ -	
V5120		Body-worn binaur hearing aid	N	9	XXX							\$ -	\$ -	
V5130		In ear binaural hearing aid	N	9	XXX							\$ -	\$ -	
V5140		Behind ear binaur hearing ai	N	9	XXX							\$ -	\$ -	
V5150		Glasses binaural hearing aid	N	9	XXX							\$ -	\$ -	
V5160		Dispensing fee binaural	N	9	XXX							\$ -	\$ -	
V5170		Within ear cros hearing aid	N	9	XXX							\$ -	\$ -	
V5180		Behind ear cros hearing aid	N	9	XXX							\$ -	\$ -	
V5190		Glasses cros hearing aid	N	9	XXX							\$ -	\$ -	
V5200		Cros hearing aid dispens fee	N	9	XXX							\$ -	\$ -	
V5210		In ear bicros hearing aid	N	9	XXX							\$ -	\$ -	
V5220		Behind ear bicros hearing ai	N	9	XXX							\$ -	\$ -	
V5230		Glasses bicros hearing aid	N	9	XXX							\$ -	\$ -	
V5240		Dispensing fee bicros	N	9	XXX							\$ -	\$ -	
V5241		Dispensing fee, monaural	N	9	XXX							\$ -	\$ -	
V5242		Hearing aid, monaural, cic	N	9	XXX							\$ -	\$ -	
V5243		Hearing aid, monaural, itc	N	9	XXX							\$ -	\$ -	
V5244		Hearing aid, prog, mon, cic	N	9	XXX							\$ -	\$ -	
V5245		Hearing aid, prog, mon, itc	N	9	XXX							\$ -	\$ -	
V5246		Hearing aid, prog, mon, ite	N	9	XXX							\$ -	\$ -	
V5247		Hearing aid, prog, mon, bte	N	9	XXX							\$ -	\$ -	
V5248		Hearing aid, binaural, cic	N	9	XXX							\$ -	\$ -	
V5249		Hearing aid, binaural, itc	N	9	XXX							\$ -	\$ -	
V5250		Hearing aid, prog, bin, cic	N	9	XXX							\$ -	\$ -	
V5251		Hearing aid, prog, bin, itc	N	9	XXX							\$ -	\$ -	
V5252		Hearing aid, prog, bin, ite	N	9	XXX							\$ -	\$ -	
V5253		Hearing aid, prog, bin, bte	N	9	XXX							\$ -	\$ -	

2012 Physician Fee Schedule RVU File Effective March 1, 2012

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\$ 35.15

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RELEASED 11/1/2011

HCPCS	MOD	DESCRIPTION	STATUS CODE	PCTC IND	GLOB DAYS	MULT PROC	BILAT SURG	ASST SURG	CO- SURG	TEAM SURG	ENDO BASE	CY 2012	CY 2012	CY2012
												Facility Outpatient RVU Payment	Non-Facility Outpatient RVU Payment	PEIA Fee Allowance
V5254		Hearing id, digit, mon, cic	N	9	XXX							\$ -	\$ -	
V5255		Hearing aid, digit, mon, itc	N	9	XXX							\$ -	\$ -	
V5256		Hearing aid, digit, mon, ite	N	9	XXX							\$ -	\$ -	
V5257		Hearing aid, digit, mon, bte	N	9	XXX							\$ -	\$ -	
V5258		Hearing aid, digit, bin, cic	N	9	XXX							\$ -	\$ -	
V5259		Hearing aid, digit, bin, itc	N	9	XXX							\$ -	\$ -	
V5260		Hearing aid, digit, bin, ite	N	9	XXX							\$ -	\$ -	
V5261		Hearing aid, digit, bin, bte	N	9	XXX							\$ -	\$ -	
V5262		Hearing aid, disp, monaural	N	9	XXX							\$ -	\$ -	
V5263		Hearing aid, disp, binaural	N	9	XXX							\$ -	\$ -	
V5264		Ear mold/insert	N	9	XXX							\$ -	\$ -	
V5265		Ear mold/insert, disp	N	9	XXX							\$ -	\$ -	
V5266		Battery for hearing device	N	9	XXX							\$ -	\$ -	
V5267		Hearing aid supply/accessory	N	9	XXX							\$ -	\$ -	
V5268		ALD Telephone Amplifier	N	9	XXX							\$ -	\$ -	
V5269		Alerting device, any type	N	9	XXX							\$ -	\$ -	
V5270		ALD, TV amplifier, any type	N	9	XXX							\$ -	\$ -	
V5271		ALD, TV caption decoder	N	9	XXX							\$ -	\$ -	
V5272		Tdd	N	9	XXX							\$ -	\$ -	
V5273		ALD for cochlear implant	N	9	XXX							\$ -	\$ -	
V5274		ALD unspecified	N	9	XXX							\$ -	\$ -	
V5275		Ear impression	N	9	XXX							\$ -	\$ -	
V5298		Hearing aid noc	N	9	XXX							\$ -	\$ -	
V5299		Hearing service	X	0	XXX							\$ -	\$ -	
V5336		Repair communication device	N	9	XXX							\$ -	\$ -	
V5362		Speech screening	N	9	XXX							\$ -	\$ -	
V5363		Language screening	N	9	XXX							\$ -	\$ -	
V5364		Dysphagia screening	N	9	XXX							\$ -	\$ -	