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*\*Appendices E and F can be filled out in Acrobat Reader.*



**State of West Virginia  
Public Employees Insurance Agency**

*Managed Care  
Request for Proposals*

*September 13, 2004*

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PEIA fee schedules and claims payment methodology can also be found at:

<http://www.westvirginia.com/peia/>



## **CHAPTER 1: INTRODUCTION**

### **1.1 Program Background**

The Public Employees Insurance Agency (PEIA) is responsible for administering health care benefits on behalf of approximately 204,270 West Virginians, including 71,900 active State and local public employees, 31,000 retirees, and 101,370 dependents and COBRA participants. The PEIA manages a traditional indemnity program for its covered eligibles and also contracts with licensed health maintenance organizations (HMO's or "health plans") to furnish health benefits through managed care.

PEIA has worked actively in recent years to increase enrollment of their policyholders into fully capitated managed care. The PEIA first offered a managed care option to its policyholders in 1995; since that time, approximately ten (10%) percent of the eligible population has elected to join an HMO. The agency contracts with at least one HMO in every county of the State.

### **1.2 Clarification of Procurement Offering**

The procurement has been designed to increase the availability of managed care options for PEIA policyholders. While this RFP is designed primarily with an HMO model in mind and sections may have provisions which are HMO plan model specific, PEIA will accept proposals based upon a PPO or POS model. Vendors proposing such alternative models should still respond to each section of this RFP and if portions are not literally applicable to the plan model being offered, the vendor should either;

1. explain why the section is inapplicable; or
2. provide information which complies, as closely as possible, to the requirements of the section (example, instead of an "Evidence of Coverage" a PPO may provide a policy form).

Also, while not specifically addressed in this RFP, it is the intention of the PEIA that vendors should only offer benefit models that will include a prescription drug benefit. Plan models not including a prescription drug benefit will not be considered.

### **1.3 Participation Standards**

#### **1.3.1 Capitation**

The PEIA is retaining its existing capitation methodologies. Chapter Three contains detailed information on capitation rates.



### **1.3.2 Contracts Issued**

The PEIA will execute contracts independent of the WV Purchasing Division with successful respondents.

### **1.3.3 Contract Term**

PEIA will enter into contracts for a one-year period, with annual renewal options of one year each thereafter. It is the intent of the PEIA to execute renewals rather than conduct a new procurement for the subsequent plan years. Assuming the renewals are issued, the PEIA will offer updated capitation rates to participating plans, at which time plans will have the option to renew or terminate effective July 1.

## **1.4 General Information for Applicants**

### **1.4.1 Procurement Officer**

The procurement officer for PEIA will be:

J. A. Haught  
Chief Financial Officer  
West Virginia Public Employees Insurance Agency  
State Capitol Complex  
Building 5, Room 1001  
1900 Kanawha Boulevard, East  
Charleston, West Virginia 25305-0710  
Telephone: 304/558-6244, ext. 242  
Fax: 304/558-4969

Applicants may address questions and comments to the procurement officer. Chapter Four contains additional instructions regarding allowable and prohibited contact with the PEIA and its employees during the procurement.



## 1.4.2 Licensure

Applicants must be licensed by the West Virginia Insurance Commissioner in all counties in which services will be offered. For HMO options, the PEIA will accept proposals from applicants who are not yet licensed in the proposed service areas, so long as the applicant demonstrates it is actively seeking the required licenses.

## 1.5 Procurement Schedule

The schedule below presents key milestone dates for the joint procurement. Additional information regarding procurement activities can be found in Chapter Four.

### PEIA Procurement Key Milestone Dates

<u>Milestone</u>	<u>Date/Time</u>
RFP Release	September 13, 2004
Deadline for Submission of Written Questions for Bidder's Conference	September 22, 2004 4:00 PM EST
Mandatory Bidder's Conference (PEIA Offices)	September 28, 2004 10:00 AM EST
Proposal Submission Deadline	October 27, 2004 4:00 PM EST
Letters of Intent to Contract Sent to Successful Applicants	November 19, 2004
Contract Effective Date	December 15, 2004
Open Enrollment	April 4 to May 6, 2005
Insurance Coverage Effective Date	July 1, 2005



## **CHAPTER 2: MANAGED CARE PARTICIPATION STANDARDS**

### **2.1 General**

This chapter describes the operational and financial standards with which health plans must comply in full. These standards reflect extensive efforts undertaken by the PEIA to align the requirements for health plans that serve the needs of the members of the PEIA.

### **2.2 Licensure (Certification)**

Participation in this Procurement is limited to organizations that are properly licensed by the West Virginia Insurance Commissioner to provide comprehensive services on an at-risk, prepaid basis.

HMOs that are located in a state contiguous to West Virginia and wish to serve PEIA policyholders residing in that state must be licensed in and be in compliance with that state's regulations. West Virginia health plans that enroll PEIA members who reside in another state must comply with that state's laws and regulations regarding out-of-state plans.

Licensed health plans with point-of-service (POS) products are permitted to respond to this RFP. The Insurance Commissioner requires plans offering POS options to have the out-of-network portion of their benefit schedule underwritten by a licensed indemnity insurer. Health Maintenance Organization (HMO) plans cannot assume full financial risk for these services.

### **2.3 Accreditation Requirements**

Applicants must be either accredited or be showing rapid progress towards obtaining accreditation with the National Committee on Quality Assurance (NCQA) or the Joint Commission for the Accreditation of Healthcare Organizations (JCAHO). If accreditation has not been in place for at least three (3) years, the vendor must respond to all of the proposal's submission requirements. Those applicants that have not yet obtained accreditation must provide supporting documentation of progress towards accreditation and expected timelines for obtaining accreditation.





## 2.4 Health Plan Administration

Health plans must maintain sufficient administrative staff and organizational components to comply with all program standards described in this RFP. At a minimum, plans must employ or contract with adequate numbers of qualified staff in the following areas in sufficient numbers to carry out all of the administrative responsibilities described throughout Chapter Two:

- Executive management with clear oversight authority for all other functions;
- Medical Director's office;
- Accounting and Budgeting function;
- Member Services function;
- Provider Services function;
- Medical Management function for physical and behavioral health care services, including quality assurance, utilization review, and case management services;
- Internal complaint/grievance resolution function;
- Claims processing function; and
- Management information system.

Health plans generally may combine functions (e.g., Member Services and complaint resolution) as long as they are able to demonstrate that all necessary tasks are being performed. Plans also may subcontract for management services, subject to PEIA's review and written approval of the subcontract.



## **2.5 Eligibility**

The categories of PEIA policyholders eligible for enrollment in the managed care program are described below. The PEIA is solely responsible for determining an individual's eligibility for participation in its health care program, including eligibility for enrollment into a health plan.

### **2.5.1 Active Employees and Dependents**

All regular, full-time active employees of the State of West Virginia, State colleges and universities, county boards of education, counties, cities or towns, and other individuals and entities specified in Chapter 5, Article 16 of the West Virginia Code may choose to enroll in managed care. Eligible dependents will be enrolled in the health plan selected by the employee.

Eligible dependents generally include legally married spouses; dependent children, adopted children, and stepchildren (under the age of 19); unmarried children under the age of 25 who are full-time students; and mentally/physically dependent children over the age of 19 who were dependents at the onset of the disability and are incapable of self-support.

### **2.5.2. Non-Medicare Retired Employees and Dependents**

Retired employees eligible for PEIA coverage without Medicare, and who will not become eligible for Medicare during the plan year, as the primary insurer and their dependents may enroll in managed care.

### **2.5.3 Surviving Dependents**

Dependents that are covered under a PEIA beneficiary's coverage at the time of the beneficiary's death are eligible to enroll in managed care as surviving dependents. A surviving dependent that is pregnant at the time of death of the employee or retired employee is permitted to enroll the newborn child(ren). Surviving dependents shall have the month of and the month following the death of the beneficiary to enroll for coverage.



#### **2.5.4 COBRA**

Active employees and dependents enrolled in managed care prior to transition to COBRA status may continue their coverage after becoming COBRA participants. The following events may qualify a member for COBRA coverage:

- Termination of employment or reduction in hours of employment;
- Death of a covered employee;
- Divorce or legal separation;
- A dependent child's loss of dependent status; or
- Other qualifying events required or allowed under federal law.

COBRA coverage is administered by PEIA's third party administrator (TPA).

#### **2.5.5 Full-Time Unmarried Students**

Full-time unmarried students, under the age of 25, who are dependent upon the PEIA employee or retired employee for support and maintenance and live outside the service area of the health plan selected by the employee or retired employee are eligible to enroll in the health plan. Students are subject to a student status verification process.

#### **2.5.6 Medicare Eligible Retired Employees**

Successful vendors will be given the opportunity to provide a Medicare product with an effective date of January 1, 2006.

#### **2.5.7 Covered Lives**

PEIA census data is provided in Appendix C on the attached CD.



## **2.6 Enrollment and Disenrollment**

The PEIA will be responsible for the processing of all enrollments, transfers, and terminations of enrollment.

Enrollment will occur during an open enrollment period, usually occurring during the first week of April to the first week of May each year. Enrollees will be permitted to change plans during the open enrollment period. If they do not change plans, they will remain enrolled in the plan in which they were previously enrolled, unless that plan is no longer participating in the managed care program, or the managed care plan offering has, in the opinion of PEIA, substantially changed in its benefit structure. In this case, the enrollee will be notified and given 30 days in which to select a new health plan, or, for PEIA enrollees only, to return to the indemnity program.

Managed Care Organizations (MCO) must have continuous open enrollment for new eligibles. The coverage effective date for current policyholders who enroll during the open enrollment period will be July 1 of each year. For new eligibles enrolled after the open enrollment period, the coverage effective date will be the first day of the month following the month in which the PEIA is notified of the new enrollee.

MCOs must assume responsibility for all covered medical conditions of each enrollee inclusive of pre-existing conditions as of the effective date of coverage in the plan.

### **2.6.1 Enrollment of Dependents**

Generally, all eligible PEIA members of the same family must be enrolled in the same health plan. If there are two PEIA policyholders in one family, the policyholders may enroll in separate plans; however, all dependent children must be enrolled in the same plan as one of the parents.

### **2.6.2 Enrollment Period**

PEIA enrollees will remain in their selected health plan for the full plan year, except in the instances outlined in Section 2.6.7, Member Disenrollment.

### **2.6.3 Conversion**

Health plans must offer an individual conversion policy as required by West Virginia law. The policy shall be made available to any enrollee who becomes ineligible for any reason other than nonpayment of premium or moving outside of the health plan's service area. Said person may, within 61 days notice of termination of coverage, convert his/her membership effective as of the date of



such termination to conversion (direct-pay) membership without furnishing evidence of insurability.

## **2.6.4 Health Plan Non-Discrimination**

Health plans may not refuse an assignment or seek to disenroll a member or otherwise discriminate against a member on the basis of age, sex, race, physical or mental handicap/developmental disability, national origin, or type of illness or condition. Health plans shall accept individuals who are eligible for coverage in the order in which they apply and without restriction up to established coverage limits, if any.

## **2.6.5 Primary Care Provider Selection and Changes for HMO Offerings**

### **2.6.5.1 Initial Selection**

HMO plans must allow every member the opportunity to select a physician to serve as his or her primary care provider and must assign a PCP if one is not chosen within 30 days of enrollment. The types of providers eligible to serve as PCPs are described in Section 2.8.2.2, Eligible Specialties. Health plans should take into consideration such factors as provider capacity and geographic proximity when offering PCP choices to their members. Assignments must further be appropriate to the enrollee's age and sex.

### **2.6.5.2 Changes**

#### **2.6.5.2.1 At Member's Initiative**

PEIA HMOs must allow members the freedom to change PCPs, without cause or restriction, at least three times per year. Such changes should be processed and take effect by the first day of the month following the month in which the request is made (e.g., if a request is made on January 15, it should take effect on February 1). Under no circumstances may a plan take longer than 45 calendar days to process a request.

#### **2.6.5.2.2 At HMO's Initiative**

HMOs may initiate a PCP change for PEIA members under the following circumstances:

- The member requires specialized care for an acute or chronic condition and the member and health plan agree that reassignment to a different PCP is in the member's interest;



- The member’s place of residence has changed such that he or she has moved beyond the PCP travel time/distance standard and the member agrees with such change;
- The member’s PCP ceases to participate in the health plan’s network;
- The member’s behavior toward the PCP is disruptive and the PCP has made all reasonable efforts to accommodate the member; and
- The member has taken legal action against the PCP.

Whenever initiating a change, HMOs must offer affected members the opportunity to select a new PCP. Members have the right to file a grievance with the plan if they do not agree with the PCP change.

## **2.6.7 Member Disenrollment**

### **2.6.7.1 At the Member’s Request**

MCO members may elect to transfer to another health plan or disenroll from managed care to the indemnity program in the following instances:

- The policyholder moves out of the enrollment area of their current plan so that accessing care is unreasonable.
- The beneficiary makes a written petition outlining specific reasons for a transfer. Such transfers shall be granted at the sole discretion of the Director of the PEIA.

### **2.6.7.2 Request of Health Plan**

Health plans may seek to disenroll PEIA members under three circumstances:

- The member is “habitually non-compliant,” defined to mean he/she regularly fails to arrive for scheduled appointments (without canceling), despite aggressive and documented outreach efforts by the plan; he/she regularly seeks care at hospital emergency rooms for non-emergent conditions, despite aggressive and documented outreach efforts by the plan; or he/she refuses to accept medically necessary treatment, despite aggressive and documented outreach efforts by the plan;
- The member is physically abusive to plan employees/providers or is verbally abusive and such verbally abusive behavior is not due to an underlying medical condition (e.g., Tourette’s Syndrome); or



- Failure to comply with the “member’s responsibilities” outlined in the member handbook for this program.

In any instance, the health plan must first notify the enrollee in writing of the inappropriate action(s) and make reasonable efforts to resolve the problem. Notification and resolution efforts must be documented. If, after attempted resolution, the plan still believes disenrollment is warranted, it must notify the enrollee of its intent to request an involuntary disenrollment. The notice must inform the enrollee that he/she may file a grievance and how to do so. The plan must then submit to PEIA a written petition outlining the specific reason for disenrollment, and all documentation supporting the petition, including the enrollee’s grievance (if any).

Involuntary disenrollments will be granted only in exceptional cases, and will be granted at the sole discretion of the PEIA. Once a member has been disenrolled at the plan’s request, he/she will not be enrolled with that same plan again in the future, unless the plan first agrees to such enrollment.

Health plans may not encourage or seek to disenroll a member on the basis of a medical diagnosis, health status, or the member’s attempt to exercise his or her rights under the grievance system.

## **2.7 Member Marketing and Enrollment Materials**

Health plans are responsible for printing all marketing and promotional materials described in this section. Plans are further responsible for providing marketing materials to the PEIA for approval and distributing marketing materials directly to PEIA eligibles.

Plans must comply with all applicable State, federal and agency-specific policies and requirements regarding marketing. Materials must provide full and fair disclosure of information, must be written in clear and concise language, and must not contain false or misleading information. Plans must make available materials in alternate formats (e.g. written translations or audio cassette) when necessary.

Marketing and promotional materials, with the exception of correspondence specific to an individual enrollee, must be reviewed and approved by the PEIA and the West Virginia Insurance Commissioner prior to distribution. Agency review will be consistent with any applicable policies and procedures issued by the West Virginia Insurance Commissioner regarding such materials.

Materials must be pre-approved in writing. Plans must allow PEIA at least 30 days and the Insurance Commissioner 60 days for review and comment after draft materials are submitted. If the health plan does not receive written approval or disapproval within the specified timeframes, materials are deemed approved. Any



problems or errors identified at any time in materials must be corrected by the health plan as soon as the problems are identified.

### **2.7.1 Marketing, General Requirements**

MCOs are prohibited from conducting door-to-door marketing or telephonic/cold call marketing. MCOs may not seek to influence an individual's enrollment with the MCO in conjunction with the sale of any other insurance. Plans may not contact or send materials directly to agency benefit coordinators. Plans may respond to requests for presentations, but must notify PEIA in advance.

During open enrollment period, plans are required to distribute marketing and informational materials to their entire service area. The PEIA shall furnish a mailing list prior to the start of this period.

Health plans may distribute gift items as part of its marketing efforts, as long as such items are limited to a \$5.00 value (Manufacturer's Suggested Retail Price).

### **2.7.2 Benefit Booklets**

Health plans must issue a handbook to new members who enroll during the open enrollment period prior to their coverage effective date, and as soon as possible, but in no case later than seven days after the effective date of coverage for members enrolled outside the open enrollment period. Handbooks must contain at least all information required by the West Virginia Insurance Commissioner.

If the plan is considering or intends to make any changes within the contract year that would have a negative effect on a member with regard to access to providers, such change must be clearly disclosed in enrollment materials and must be submitted in advance to the Director of PEIA for consideration.

### **2.7.3 Evidence of Coverage**

Evidence of Coverage statements must contain clear and concise descriptions of covered services and benefits; any exclusions or limitations on these services; information on how all services may be obtained; and cost sharing. The PEIA will consider for approval a plan's request to combine a Member Handbook and Evidence of Coverage in a single document.

### **2.7.4 Identification Cards**

Health plans must issue identification cards to all enrolled members as early as possible, and in no case later than ten (10) days from receipt of the PEIA eligibility data files, or, for enrollees joining during the open enrollment period, prior to July 1 of that Plan Year as well as replacement ID cards. Identification cards must include:





- Enrollee name and ID number;
- Plan name;
- For HMO options, a 24-hour telephone number for urgent/emergency situations;
- PCP name and telephone number, if applicable; and
- Member Service’s toll free telephone number.

For new eligibles who receive their ID cards after the effective date of coverage, plans must have another method for identification (e.g., using a “welcome letter” from the plan). PCP information on identification cards must be updated as appropriate.

### **2.7.5 Provider Directory**

The Provider Directory must identify all fully-credentialed physicians, hospitals, and other providers in the health plan’s network (see Section 2.13.2, Credentialed/ Recredentialed). Information on each physician and health care provider must include specialty(ies) if applicable, office location and hours, telephone number, wheel-chair accessibility, and, if a PCP, whether s/he is accepting new patients. For each hospital, the city where the facility is located must be listed.

Health plans must update the provider directory at least every 90 days (plans are not required to distribute such directory updates to current enrollees, unless requested by the enrollee).

### **2.7.6 Additional Information**

Health plans must make the following information available to enrollees and potential enrollees on request:

- The identity, locations, qualifications, and availability of participating providers;
- The rights and responsibilities of enrollees;
- The procedures available to enrollees and providers to challenge or appeal the failure of the health plan to cover a service; and
- All items and services that are available to enrollees that are covered either directly or through a method of referral and/or prior authorization.



### **2.7.7 New Member Orientation**

Health plans must have written policies and procedures for contacting new members within 90 days of their coverage effective date for purposes of conducting an orientation to the plan. Orientation should cover all of the following:

- Covered benefits;
- The role of the primary care provider and selecting a PCP;
- How to make appointments and utilize services;
- What to do in an emergency or urgent medical situation and how to utilize services in other circumstances;
- How to register a complaint or file a grievance; and
- Members' rights and responsibilities.

## **2.8 Covered Services**

Health plans must promptly provide or arrange to provide all medically necessary services included in the covered benefit package and assume financial responsibility for the provision of the services. Medical necessity is defined as a determination that items or services furnished or to be furnished to a patient are reasonable and necessary for the diagnosis or treatment of illness or injury, to improve the functioning of a malformed body member or for the prevention of illness.

### **2.8.1 Member Liability**

MCOs cannot hold an enrollee liable for the following:

- The debts of the health plan if it should become insolvent;
- Payment for services (except for allowable cost sharing amounts) provided by the health plan if the health plan has not received payment from the PEIA, or if the provider, under contract or other arrangement with the health plan, fails to receive payment from or the health plan; or
- Payments to providers that furnish covered services under a contract or other arrangement with the health plan that are in excess of the amount that normally would be paid by the enrollee if the service had been received directly from the health plan.



Plans are permitted to charge copayments and other cost sharing in amounts approved by the PEIA. Plans must present their benefit cost sharing schedules as part of their proposals (See Chapters Three and Four for more information). Plans and their providers are not permitted to charge amounts in excess of the approved cost sharing schedules.

### **2.8.2 Preventive Services**

Health plans are required to provide clinical preventive services as appropriate for age, sex and other risk factors and as recommended by the American Academy of Family Physicians and/or the American Academy of Pediatrics in the current Guide to Clinical Preventive Services. Preventive services include, but are not limited to: general physical examinations, hypertension screening, cholesterol screening, screening for high blood sugar, immunizations, colorectal cancer screening, prostate screening, mammography, Pap tests, sigmoidoscopy and other procedures known to either prevent disease or to detect disease in its early stage. Health plans must periodically remind and encourage enrollees to use those clinical preventive services which are available. Emphasis should be placed on the age-appropriateness of screenings and the recommended intervals for different clinical preventive services.

In addition to the required services, health plans are encouraged to provide supplemental preventive health and wellness services to their members. The PEIA has identified the following preventive services as priorities:

- General health/fitness education classes with targeted outreach for members at risk of cancer and heart disease;
- Pneumonia and influenza immunizations for “at risk” populations;
- Diabetes;
- Smoking cessation classes, with targeted outreach for adolescents and pregnant women;
- Parenting classes covering topics such as bathing, feeding, injury prevention, sleeping, illness prevention, steps to follow in an emergency, growth and development, discipline, signs of illness, etc.;
- Nutrition counseling, with targeted outreach for members at risk of heart disease, pregnant women and diabetics; and
- Extended care coordination, as needed, for pregnant women.



## **2.9 Provider Network**

Health plans must establish and maintain provider networks with a sufficient numbers of providers and in geographically accessible locations for the populations they serve to meet the licensing requirements of the West Virginia Insurance Commission and the standards of NCQA and/or the JCAHO. Health plan networks must contain all of the provider types necessary to furnish the prepaid benefit package, including: hospitals, physicians (primary care and specialist), behavioral health providers, allied health professionals, pharmacies, DME providers, etc. PEIA encourages health plans to use in-state providers.

Health plans must assure that persons and entities providing care and services on their behalf in the capacity of physician, dentist, physician assistant, registered nurse, other medical professional or paraprofessional, or other such persons or entities, satisfy all applicable licensing, certification, or qualification requirements under West Virginia law and that the functions and responsibilities of such persons and entities in providing benefit package services do not exceed those permissible under West Virginia law.

Health plans shall encourage and foster cultural competency among their providers. Culturally appropriate care is care given by a provider who can relate to the enrollee and provide care with sensitivity, understanding and respect for enrollee's culture and background.

### **2.9.1 Physicians**

All network physicians must meet one of the following standards:

- Be Board-Certified or -Eligible in their area of specialty;
- Have completed an accredited residency program; or
- Have admitting privileges at a network hospital.

In addition, a minimum of 60 percent of all network physicians must be board-certified in their area of specialty.

### **2.9.2 Primary Care Providers**

#### **2.9.2.1 Responsibilities**

Primary care providers will serve as each member's initial and most important point of interaction with the provider network. To qualify as a PCP, a provider must practice at least two days per week (16 hours) at each of his/her "primary care" sites. For example, if a provider has three office locations and practices 16 hours per week at location #1, 16 hours per week at location #2, and 8 hours per



week at location #3, he/she could be offered as a PCP at the first two sites, but not the third. Exceptions to the 16-hour requirement may be allowed in certain rural areas, subject to PEIA's prior approval.

In addition to meeting office hour standards, PCPs also must:

- Deliver medically necessary primary care services, including periodic health and developmental exams and immunizations for children and adolescents and a behavioral health screening for all members as appropriate;
- Make referrals for specialty care and other medically necessary services;
- Coordinate each patient's overall course of care with network and out-of-network providers to the extent possible; and
- Maintain a current medical record for the member.

### **2.9.2.2 Eligible Specialties**

Health plans generally should limit their PCPs to the following primary care specialties:

- Family Practice
- General Practice
- General Pediatrics
- General Internal Medicine

Health plans, at their option, may permit OB/Gyn providers who provide the full complement of primary care services to serve as PCPs. In addition, plans may permit certified nurse-midwives to serve as PCPs during a member's pregnancy and for the period extending through the end of the month in which the 60-day period following termination of pregnancy ends.

Plans may also designate physicians outside of these specialties as PCPs for individuals with chronic or complex conditions whose underlying health conditions are best managed by specialists.

### **2.9.2.3 Advanced Practice Nurses, Nurse Practitioners, Nurse Midwives**

Advanced practice nurses and nurse practitioners may provide health care services in accordance with the scope of their license to practice in West Virginia.



#### **2.9.2.4 Member-to-Provider Ratios**

Member-to-Provider ratios must comply with the licensing criteria for the West Virginia Insurance Commissioner for counties that the applicant is intending to serve.

#### **2.9.3 Specialist Providers**

Health plans must contract with a full complement of specialists in adequate numbers to ensure that all members have reasonable access to covered services. Plans must also have a system to refer enrollees to out-of-network providers if appropriate participating providers are not available.

#### **2.9.4 Laboratory**

Health plans must restrict their laboratory provider network to entities having either a CLIA certificate of registration or a CLIA certificate of waiver, or other certification acceptable to PEIA.



## **2.9.5 Behavioral Health Providers**

Health plans must include a full array of behavioral health (mental health and substance abuse) provider types in their networks, in sufficient numbers to assure accessibility to covered services on the part of both children and adults.

## **2.9.6 Distance/Travel Time Standards**

Health plans must comply with the travel time standards for all geographic service areas proposed as set forth in the licensing criteria of the West Virginia Insurance Commissioner.

## **2.9.7 Regarding Network Changes**

### **2.9.7.1 General**

Health plans must notify the PEIA in a timely manner of any material changes in network composition that negatively affect member access to services. A material change is defined as the loss of ten physicians (regardless of FTE status), or any change in the hospital network.

Health plans must notify members of any of the following PCP changes within three business days of the effective date of change. Plans may delegate the notification requirement to their PCPs; however, the plan is ultimately accountable for ensuring notice is made:

- Office address/telephone number change
- Office hours change
- Separation from plan (termination from network). In addition to the member notification requirement, all providers contracted with an HMO are required to submit to the Insurance Commissioner, the PEIA and the HMO, a 60-day prior notice of termination from the plan, or 30-day prior notice if terminating for cause. Health plans are responsible for informing providers of this requirement.

Members must be given the opportunity to select a new PCP. If no selection occurs within 15 days, the plan must make an assignment and notify the member. Members must be permitted to subsequently change PCPs if they are not satisfied with the assigned provider.

### **2.9.7.2 Special Provision for First Half of Plan Year**

In the event that a health plan participating in PEIA's program loses the services of a PCP or OB/Gyn during the first six months of the contract term, and the loss



of the PCP or OB/Gyn affects either: 1) more than two percent (2%) of the PEIA insureds enrolled with the plan; or 2) 50 PEIA insureds (whichever is greater), the plan shall notify the affected insureds and allow them the opportunity to change plans. If a PEIA insured elects to change plans, s/he must do so within the first seven months of the contract term and may only change plans at the beginning of the next calendar month after the loss of service of the PCP or OB/Gyn.

If a PEIA insured changes to the indemnity plan, the HMO shall pay PEIA one hundred dollars (\$100.00) for each contract holder, or if a PEIA insured changes to another HMO plan, the HMO shall pay PEIA twenty dollars (\$20.00) for each contract holder, provided that the maximum amount the HMO will be required to pay the PEIA during the term of the contract for such change of plans will be twenty-five thousand dollars (\$25,000.00).

Nothing in this section shall apply to any PCP or OB/Gyn if the PCP or OB/Gyn either:

- Relocates from the area served by the HMO;
- Retires from the practice of medicine;
- Dies;
- Loses his/her license to, or is otherwise prohibited from practicing medicine;
- Fails to renew his/her contract with the HMO or withdraws from the HMO based on unreasonable requests for reimbursement by the PCP or OB/Gyn (as determined by the Director of the PEIA); or
- Is otherwise removed from the panel of the HMO for cause.

In addition to the above situations, the Director of the PEIA, at the request of an HMO, shall have the discretion to determine that this section does not apply to other situations in which a PCP or OB/Gyn leaves the plan.





## **2.10 Service Accessibility**

### **2.10.1 Twenty-Four (24) Hour Coverage**

Health plans must require their PCPs to provide coverage to members on a 24 hours a day, seven days a week basis. Health plans are responsible for monitoring and ensuring PCP compliance with this requirement. Health plans also must instruct their members on what to do to obtain services after business hours and on weekends. Health plans may not charge PEIA members the emergency room copay if an enrollee is referred to the emergency room by the plan or one of its providers.

### **210.2 Telephone Access**

Health plans must have a 24 hour toll free medical information telephone number for members to call which is answered by a live voice (answering machines are not acceptable). This number need not be staffed by the Member Services department and need not be equipped to respond to non-medical inquiries. Health plans may require their PCPs to assume responsibility for this function, provided that the PCP complies with the “live voice” requirement and does not refer calls to an emergency room.



## **2.10.3 Emergency and Urgently Needed Services**

### **2.10.3.1 Definitions**

Emergency services are defined as covered inpatient and outpatient services furnished by a qualified provider that are necessary to evaluate or stabilize an emergency medical condition.

“Emergency medical condition” means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, with an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in serious jeopardy to the health of the individual, or, in the case of a pregnant woman, the health of the woman or her unborn child; serious impairment to bodily functions; or serious dysfunction of any bodily organ or part.

“Urgently needed services” means covered services provided when an enrollee is temporarily absent from the health plan’s service area or, under unusual and extraordinary circumstances, provided when the enrollee is in the service area but the health plan’s provider network is temporarily unavailable or inaccessible, when such services are medically necessary and immediately required:

- As a result of an unforeseen illness, injury, or condition; and
- It was not reasonable given the circumstances to obtain the services through the health plan.

### **2.10.3.2 Prohibitions**

Health plans may not retroactively deny a claim for an emergency screening examination because the condition, which appeared to be an emergency medical condition under the prudent layperson standard, turned out to be non-emergent in nature.

Plans may not require prior authorization for emergency medical conditions. Plans must inform their members that access to emergency services is not restricted and that if the member experiences a medical or behavioral health emergency, he or she may obtain services from a non-plan physician or other qualified provider, without penalty. However, health plans may require members to notify the plan or their PCPs within 48 hours after receiving emergency care and may require members to obtain prior authorization for any follow-up care delivered pursuant to the emergency. Nurse triage is allowed.



#### **2.10.4 Days to Appointment**

Health plans must abide by the following appointment standards:

- Emergency care immediately;
- Urgent medical or behavioral problems within 48 hours or as medically indicated;
- Non-urgent “sick visits” within 72 hours, as clinically indicated;
- Routine, non-urgent or preventive care visits within 30 days;
- Initial prenatal visits within 14 days of pregnancy confirmation; and

Health plans must also ensure that waiting times at sites of care are kept to a minimum, and in no case should exceed one hour for scheduled appointments. The waiting time standard for PEIA policyholders must be the same as for other commercial enrollees. Providers cannot discriminate against PEIA enrollees in the order that patients are seen or in the order that appointments are given.

#### **2.10.5 Service Continuation and Prescription Refills for New Members**

Health plans will be required to continue to furnish services (in- or out-of-network) to new members, and to fill prescription medications which are part of an ongoing plan of treatment, until such time as the plan is able to arrange a first visit with a physician. In meeting this obligation, health plans may require providers to obtain prior authorization and to submit clinical encounter data as a condition of payment. Plans may also require members to refill their prescriptions at network pharmacies.

#### **2.10.6 Second Opinions for Major Surgical Procedures**

Health plans must allow members to obtain second opinions within the plan's network of providers for major surgical procedures. Major surgical procedures are defined as all surgical procedures performed on an inpatient basis and any surgical procedure performed on an outpatient basis that requires the services of an anesthesiologist.



## **2.11 Member Services Function**

Health plans must operate a Member Services function with toll-free telephone access 8:00 am to 5:00 pm Monday through Friday. Member Services staff must be responsible for the following:

- Explaining health plan rules for obtaining services and assisting members to make appointments;
- Assisting members to select or change PCPs; and
- Fielding and responding to member questions and complaints, and advising members of their right to file formal grievances, and the process for doing so.

Plans must provide interpretive and language translation services on an as-needed basis. This requirement extends to in-person and telephonic communications to ensure that enrollees are able to communicate with the health plan and its providers. Plans must also provide materials in alternative formats (i.e. large print, Braille, audio cassette) upon request for enrollees or potential enrollees who are unable to read the standard written materials.

Health plans must have appropriate methods for communicating with visually- and hearing-impaired members, including telecommunication devices for the deaf (TDD) services. Plans and their providers must comply fully with the Americans with Disabilities Act (ADA) requirements.

## **2.12 Complaint and Grievance Resolution**

Health plans must develop internal complaint and grievance procedures that comply fully with the West Virginia HMO Act. Health plan procedures must further comply with the standards issued below.

Health plans should differentiate between complaints and grievances.

“Complaints” are defined broadly to mean any oral or written communication, made by or on behalf of an enrollee expressing dissatisfaction with any aspect of a health plan’s or provider’s operations, activities, or behavior, regardless of whether remedial action is sought. However, inquiries, such as questions from enrollees regarding health plan policies and procedures, are not included in the definition of complaint.

“Grievances” are defined as written communications explicitly addressing dissatisfaction with any of the following: the availability, delivery, or quality of services; payment, treatment, or reimbursement of claims for services; or issues unresolved through the complaint process.



The complaint and grievance procedures should have separate tracks for administrative and medical issues and should be designed to resolve issues as rapidly as possible, while protecting the rights and interests of both parties. Health plans must respond to urgent/emergent complaints or grievances (where the member's health is in jeopardy) as quickly as possible, and in all cases in accordance with State statutory requirements. Other complaints or grievances must be responded to in writing within 15 calendar days.

All complaints and grievances must be resolved within 30 calendar days unless the enrollee requests an extension, or the plan justifies an extension for the enrollee's benefit. The extension is not to exceed 14 additional days (44 days total). Any issues not resolved within the timeframe must be forwarded to PEIA, along with detailed information on actions taken to date and an explanation of why the issue is not resolved.

Enrollees also have the right to appeal directly to the PEIA. However, PEIA enrollees must first utilize the internal plan grievance process. Enrollees may also appeal final plan grievance decisions to the West Virginia Insurance Commissioner. Plans must notify enrollees of their rights with respect to complaints, grievances and appeals both in the member handbook, and in complaint/grievance resolution notices.

As part of the complaint and grievance procedures, health plans must maintain a log of all complaints and grievances received, the date of their filing, and current status. The logs must be made available to the PEIA for review, upon request. PEIA logs should be separately maintained.



## **2.13 Provider Services**

### **2.13.1 Provider Services Department**

Health plans must operate a Provider Services function with telephone availability from 8:00 am to 5:00 pm Monday through Friday. At a minimum, Provider Services staff must be responsible for the following:

- Assisting providers with prior authorization and referral protocols;
- Assisting providers with claims payment procedures;
- Fielding and responding to provider questions and complaints;
- Assisting providers with questions concerning enrollee eligibility status; and
- Providing and encouraging training to providers to promote sensitivity to the special needs of the covered population.

### **2.13.2 Provider Manual**

Health plans must develop, distribute and maintain a provider manual. Health plans shall document the approval of the provider manual by the health plan Administrator and the Medical Director and shall maintain documentation that verifies that the provider manual is reviewed at least annually. Health plans shall ensure that each provider (individual or group which submits claim and encounter data) is issued a copy of the provider manual.



## **2.14 Quality Improvement and Medical Management**

As provided in the West Virginia HMO Act, each health plan that has been in existence for at least three years shall apply for and submit to an accreditation examination to be performed by a national review organization

PEIA will have the right to conduct other on-site reviews to assess plan performance. PEIA also may, at its discretion, accept the findings of a national review organization (and may not conduct a separate review) in any areas where a national review organization has found the plan to be in full compliance with its accreditation standards.

### **2.14.1 Standards of Care**

Health plans must develop or adopt evidence-based practice guidelines consistent with current standards of care, as recommended by professional specialty groups such as the American Academy of Pediatrics, the American Academy of Family Physicians, and the US Task Force on Preventive Care.

Health plans must have a system for informing their providers and members about the guidelines and for updating guidelines periodically.

### **2.14.2 Medical Records Standards**

Health plans must have adopted and enforce standards for the maintenance of medical records that are in compliance with the provisions of medical record keeping as required under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

When an enrollee changes PCPs, his or her medical records or copies of medical records must be forwarded to the new PCP within ten business days from receipt of the request. As necessary, PEIA is not required to obtain written approval from an enrollee before requesting the enrollee's record from the PCP or any other provider, within the guidelines of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

### **2.14.3 Utilization Review Procedures**

Health plans must develop and have in place utilization review policies and procedures that include protocols for prior approval and denial of services, hospital discharge planning, physician profiling, and retrospective review of both inpatient and ambulatory claims meeting pre-defined criteria. Plans also must develop procedures for identifying and correcting patterns of over- and under-utilization on the part of their enrollees.



## **2.14.4 Case Management and Care Coordination**

### **2.14.6.1 General Requirements**

Health plans must have systems in place to ensure care coordination, including at a minimum:

- Management and integration of health care through primary care provider or other means;
- Systems to assure referrals for medically necessary specialty, secondary and tertiary care;
- A system by which enrollees may obtain a covered service or services that the health plan does not provide or for which the plan does not arrange because it would violate a religious or moral teaching of the religious institution or organization by which the health plan is owned, controlled, sponsored or affiliated; and

Health plans must provide coordination services to assist enrollees in arranging, coordinating and monitoring all medical and support services. Each PCP is to act as the care manager for his/her patients' overall care. The health plan must also designate an individual or entity to monitor and supervise enrollees with ongoing medical conditions, including coordination of hospital admission/discharge planning, post-discharge care and continued services.

### **2.14.6.2 Special Provisions for Members with Complex or Chronic Conditions**

PEIA policyholders with complex and chronic conditions are permitted to enroll in managed care if they choose. Therefore, plans must have all the following in place to serve members with complex or chronic conditions:

- Satisfactory methods/guidelines for identifying persons at risk of, or having, chronic diseases and disabilities and determining their specific needs in terms of specialist referrals, durable medical equipment, medical supplies, etc.;
- Policies permitting members with complex/chronic conditions to select a specialist or sub-specialist physician as their PCP (where medically appropriate), or for arranging standing referrals to specialists/sub-specialists during any extended course of care, in accordance with an established treatment plan. If there are no specialists within the Plan's network with training and experience necessary to treat the member's condition, the plan must refer the member to an appropriate specialist out-of-network and must pay for any medically necessary care;





- Medical protocols for diagnosis and treatment of conditions common to the members with complex/chronic conditions, including but not limited to diabetes, coronary conditions, pulmonary conditions, renal conditions or immunological conditions;
- Satisfactory methods for ensuring their providers are in compliance with the Americans with Disabilities Act; and
- Satisfactory case management systems to ensure all required services are furnished on a timely basis.

In addition to all of the above, health plans must have the following in place for children with complex or chronic conditions:

- Satisfactory methods for interacting with school districts, early intervention officers, and developmental disabilities service organizations for the purpose of coordinating and assuring appropriate service delivery;
- An adequate network of pediatric providers, including sub-specialists, and contractual relationships with pediatric tertiary institutions, to meet the medical needs of children with complex or chronic conditions;
- Medical protocols for diagnosis and treatment of conditions common to the disabled child population, including but not limited to: cystic fibrosis, neuromuscular diseases, immunological diseases and renal diseases; and
- A satisfactory approach for assuring access to allied health professionals (Physical Therapists, Occupational Therapists, Speech Therapists, Audiologists, Home Health Providers, and DME providers).

## **2.14.7 Quality Indicator Measures and Clinical Studies**

### **2.14.7.1 Quality Indicator Measures**

In order to properly monitor a plans' performance PEIA will establish performance standards for selected quality indicators to be used in future procurements.

In addition to the PEIA performance measures, and as part of their internal QA/QI programs, health plans must establish and use quality indicators that are measurable, objective, and based on current knowledge and clinical experience.

### **2.14.7.2 Clinical Studies**

Health plans will be required to conduct at least one internal focused clinical study each year in a priority topic area of their choosing. A copy of the



report/results generated from the study must be submitted to PEIA within 30 days of completion of the study. The PEIA reserves the right to issue a list of topics from which health plans select their study area.

### **2.14.7.3 Medical Director**

Health plans must designate a Medical Director with responsibility for the development, implementation, and review of the internal quality assurance plan. The Medical Director's position need not be full time but must include sufficient hours to ensure that all Medical Director responsibilities are carried out in an appropriate manner. Health plans also may use assistant or associate Medical Directors to help perform the functions of this office.

The Medical Director must be licensed to practice medicine in the State of West Virginia and must be board-certified in his or her area of specialty. The specific responsibilities of the Medical Director must include, but need not be limited to the following:

- Overseeing the health plan's Quality Assurance Committee;
- Overseeing the development and revision of clinical standards and protocols;
- Overseeing the plan's prior authorization/referral process for non-primary care services;
- Overseeing the plan's recruiting, credentialing, and recredentialing activities;
- Reviewing potential quality of care problems and overseeing development and implementation of corrective action plans;
- Serving as a liaison between the plan and its providers; and
- Being available to the health plan's medical staff on a daily basis for consultation on referrals, denials, and complaints.

### **2.14.8 Confidentiality**

#### **2.14.8.1 General**

Health plans must establish and enforce written policies and procedures on confidentiality of data, including medical records, enrollee information and appointment records. All enrollee information, medical records, data and data elements collected, maintained or used in the administration of this contract shall be protected by the health plan from unauthorized disclosure. Health plans must provide safeguards that restrict the use or disclosure of information concerning enrollees to purposes directly connected with the administration of this contract.



As applicable, successful vendors will be required to enter into a Business Associate agreement with the PEIA in conformity with provisions and guidelines related to Protected Health Information (PHI) as defined in 45 C.F.R. 164.501.

### **2.14.9 Records Retention**

Health plans must maintain books and records relating to their West Virginia PEIA managed care program services and expenditures, including reports to PEIA and source information used in preparation of these reports. These reports include but are not limited to financial statements, records relating to quality of care and medical records. In addition, health plans must agree to permit inspection of their records.

All financial and programmatic records, supporting documents, statistical records and other records of enrollees, which are required to be maintained by the terms of this contract shall be retained for the entire period required by State and Federal law. If any litigation, claim, negotiation, audit or other action involving the records has been started before the expiration of the required retention period, the records shall be retained until completion of the action and resolution of all issues which arise from it or until the end of the regular five years period, whichever is later. The health plan must agree to retain the source records for its data reports for a minimum of five years and must have written policies and procedures for storing this information.

### **2.14.10 External Monitoring and Evaluation**

The PEIA and authorized representatives of the State, including, but not limited to, the State Auditor and other State and/or any applicable federal agencies providing funds, shall have the right, during the health plan's normal operating hours, and at any other time a health plan function or activity is being conducted, and within the provisions set forth under the requirements of HIPAA, to monitor and evaluate, through inspection or other means, the health plan's performance and that of its network providers. During the contract period, access will be provided at all reasonable times. During the five-year post-contract period, delivery of and access to records will be at no cost to the PEIA.

This includes, but is not limited to, assessments of the quality, appropriateness, and timeliness of services provided to PEIA enrollees, as well as focused clinical studies of acute and chronic health conditions determined to be of high priority to the PEIA, and audits of financial records. This also includes the performance of periodic medical audits and collection of management data to be conducted at least once per year.



## **2.15 Operational and Financial Data Reporting**

Health plans must provide the PEIA with uniform utilization, quality assurance, claims, grievance and other data on a regular basis as required by the PEIA. The PEIA has developed a number of common report templates, which are available upon request from the PEIA. The report requirements themselves are described in detail below.

### **2.15.1 Complaint and Grievance Reporting**

Health plans must provide PEIA with quarterly reports documenting the number and types of formal grievances registered by enrollees and providers, and the status or disposition of grievances. Reports must be submitted no later than 45 days after close of the quarter to which they apply. At a minimum they must include:

- Total grievances by medical nature of complaint; and
- Total grievances by non-medical nature of complaint.

### **2.15.2 Member Satisfaction Reporting**

Health plans must conduct an annual member survey to determine satisfaction with the quality of care and services including: physician accessibility, ancillary services and appointment wait time. To ensure comparability of results, all enrollees will receive the same survey.

### **2.15.3 Encounter Reporting**

Health plans are responsible for submitting encounter data for all services rendered that fall within the defined benefit package. Encounter data must be submitted quarterly and no later than 75 calendar days after the end of the period in which the encounters occurred. All encounters must be submitted in electronic or magnetic format. Final specifications will be released prior to program implementation. The encounter data set will include at least those data elements as specified by the PEIA.

### **2.15.3 HEDIS © Data**

Health plans that produce HEDIS data must submit such data to the PEIA. HEDIS data may be reported on the plan's entire West Virginia enrollment; data does not have to be reported specifically for PEIA enrollees. Additionally, the PEIA will generate "HEDIS-like" quality and access measures, using encounter data (see 2.14.3) submitted by the health plans.



### **2.15.5 Participating Provider Network Reports**

Health plans must provide PEIA with an updated and notarized list of all participating PCP changes on a quarterly basis for any quarter in which a change of ten percent or more in a health plan's provider network within a specific region occurs, using the PCP network spreadsheet format included in this RFP. This is in addition to the notification requirements set forth in Section 2.9.7.1.

### **2.15.6 Appointment Availability Studies**

Health plans must conduct a review of appointment availability and report the results on an annual basis. The report shall evaluate appointment availability in each of the following categories: initial prenatal visits, baseline physical, routine, specialty, and urgent care appointments, separately for adults and children. PEIA must approve the methodology for these reviews in advance, and reserves the right to specify a particular format and methodology for the reports.

### **2.15.7 Twenty-Four (24) Hour Access Review**

Health plans must also conduct a review of twenty-four (24) hour access availability and submit a report of the results on an annual basis. PEIA must approve the methodology for these reviews in advance. Separate reports must be produced for each of the regions in which the plan operates.

### **2.15.8 New Member Contact Rates**

Health plans must annually track and report their contacts with new members. Contact, for purposes of this report, means that the member was reached by telephone, responded to a mailing, attended a new member orientation session, or presented to a network provider for care.

### **2.15.9 Financial Reporting**

Regular reporting is necessary to assure the ongoing operation and financial integrity of participating health plans. Plans must submit financial reports as listed below. The PEIA reserves the right to require more frequent reporting.

- Annual Financial Statements: Audited statements must be submitted annually, on or before June 1; and,
- Insurance Commissioner Reports: Plans must submit copies of its quarterly and annual Insurance Commissioner reports, as well as any revisions thereto. Plans must include reports on the solvency of its intermediaries. These reports must be submitted in accordance with the Insurance Commissioner due dates.



### **2.15.10 Other Reports**

The PEIA may from time to time request that other operational data reports be prepared and submitted by health plans. Such requests will be limited to situations in which the desired data is considered essential and cannot be obtained through existing health plan reports. The PEIA generally will give health plans 90 days notice and the opportunity to discuss and comment on the proposed requirements before work is begun. However, the PEIA reserves the right to give 30 days notice in circumstances where time is of the essence.

### **2.15.11 Ownership of Data**

To the extent that it is not in conflict with the provisions of HIPAA, any data, information, or reports collected or prepared by health plans in the course of performing their duties and obligations under this program will be deemed to be owned by PEIA. This provision is made in consideration of health plans' use of public funds in collecting and preparing such data, information, and reports. In addition, all proposals submitted in response to this RFP become the property of the PEIA and will not be returned.

### **2.16 Disclosure of Ownership**

Health plans must report ownership and related information to PEIA and the Insurance Commissioner in accordance with the Health Maintenance Organization Act.



## **2.17 Solvency Requirements**

### **2.17.1 General Requirements**

Health plans must maintain a fiscally sound operation as demonstrated by the following:

- Maintaining adequate liquidity to meet all obligations as they become due for services performed under the provider agreement;
- Maintaining a positive net worth in every annual reporting period as evidenced by total assets being greater than total liabilities based on the health plan's audited financial statement. If the health plan fails to maintain a positive net worth, the plan must submit a financial corrective action plan outlining how a positive net worth will be achieved by the next annual reporting period; and
- Maintaining a net operating surplus in every annual reporting period based on the annual audited financial statement. If the health plan fails to earn a net operating surplus, it must submit a financial corrective action plan outlining how it will achieve a net operating surplus within available financial resources by the end of the next annual reporting period.

If insolvency insurance protection is carried as a rider to an existing reinsurance policy, the conditions of the coverage must not exclude the health plan's PEIA line of business.

Health plans must notify PEIA within sixty days if any changes are made to their insolvency protection arrangement.

### **2.17.2 Reinsurance**

Health plans must obtain adequate reinsurance, or establish a restricted fund balance for the purpose of self-insurance for financial risks accepted as part of this contract. Reinsurance arrangements are subject to approval by PEIA.



## **2.18 MCO Association with PEIA**

Successful vendors, once associated with PEIA, will have the opportunity to use PEIA's existing fee schedules. Possible use of PEIA's discounted rates may be considered when determining the capitation rate for submission of this proposal. Most of PEIA's reimbursement rates may be found on its website at:

<http://www.westvirginia.com/peia>.

In-patient hospital rates are not available on the website, but can be provided upon request from the Procurement Officer.

### **2.18.1 Capitation Payments**

Health plans will be capitated, and therefore are at risk, for all services listed in the prepaid benefit package. PEIA will maintain records of all its respective enrollees and issue payment to the health plan for enrollees on a monthly basis. Payment will be issued based upon verified PEIA eligibility data. In the event of subsequent corrections to the number of enrollees, adjustments will be made in the month such errors are discovered, without interest. In no case will retroactive adjustments be made exceeding sixty (60) days. Capitation payments made 61 or more days beyond the beginning of any month shall have appropriate interest penalties applied.

### **2.18.2 Member Contribution to Premiums**

#### **2.18.2.1 Employees**

If employees share in the premium cost of the program, regular deductions from salaries or wages will be made. The PEIA will issue payment to the health plan.

#### **2.18.2.2 Retired Employees**

If retired employees share in the premium cost of the program, regular deductions from pension will be made. The PEIA will issue payment to the health plan.

#### **2.18.2.3 Prohibition Against Billing Members**

Health plans and their sub-contractors shall not charge a PEIA enrollee for any covered service (subject to the appropriate authorization requirements) except for any cost identified as the enrollee's responsibility in the cost sharing schedule.

### **2.18.4 Third Party Liability**

Pursuit of third party payment for services covered in the capitated benefit package is the responsibility of the health plan, and health plan capitation rates





have been established accordingly. Health plans should utilize and require their subcontractors to utilize or pursue, whenever available, covered medical and hospital services or payments for PEIA enrollees available from other public or private sources, including Medicare. This responsibility includes accident and trauma cases that occur when a PEIA member is enrolled in the health plan. Health plans will retain all funds collected as part of this activity.

Third party liability information must be submitted to the PEIA on an annual basis. PEIA will provide the data specifications and formats for these reports.

### **2.18.5 Prohibition of Balance Billing**

The Omnibus Health Care Act enacted by the West Virginia Legislature in April 1989 applies to the PEIA and its members. This Law require that any West Virginia health care provide who treats a PEIA insured must accept assignment of benefits and cannot balance bill the insured for any portion of charges over and above the PEIA fee allowance or for any discount amount applied to a provider's charge or payment, This is known as the "prohibition of balance billing."

### **2.19 Performance Standards**

The performance standard for health plans is defined as absolute and total compliance with the participation requirements specified in Chapter Two of this RFP. Health plans will be expected to meet these performance standards in full or be subject to suspension of coverage and/or damages in the manner described in the PEIA contracts.



## CHAPTER 3: CAPITATION

### 3.1 PEIA Capitation Rates

#### 3.1.1 General

Applicants must submit rate proposals, as described in Chapter Four, against which the PEIA contribution will be applied. Applicants also must submit copayment/coinsurance proposals to accompany their rates, as described further below. This process applies to both HMO and POS products.

The PEIA has a total of five (5) coverage types, or premium groups:

##### Active

1. Employee
2. Employee with Child(ren)
3. Family

##### Retired

4. Retiree (non-Medicare)
5. Retiree Family (non-Medicare)

#### 3.1.2 Determination of Employee Contribution

PEIA members who elect to enroll in a health plan generally are required to pay part of the monthly premium. The employee contribution shall be equal to the difference between the established health plan capitation rate and the PEIA's maximum payment amount.

PEIA member premiums are presently adjusted to the salary of the policyholder, the organization offering the benefit (State/Non-State), employment status (Active/Retired) and region. The PEIA 2005 Shopper's Guide provided on the enclosed CD contains the existing premium rate tables.



### **3.1.3 Retiree Subsidy Charge**

All PEIA premiums include a retiree subsidy charge. Although the actual percentage of the subsidy charge varies by salary level, this charge generally equates to approximately 20% of the total premium. The retiree subsidy is necessary because the retiree fund does not earn revenues sufficient to cover its costs. PEIA funds this revenue shortfall through all active employer, employee premiums, regardless of plan affiliation.

### **3.1.4 Paid Claims Data**

The PEIA is making available paid claims data for the last two years of the program to any applicant who requests it. The data can be obtained by contacting J. A. Haught at the telephone number/address listed in Chapter One.



## **CHAPTER 4: PROPOSAL SUBMISSION REQUIREMENTS**

### **4.1 Procurement Process Overview**

#### **4.1.1 Delivery**

Proposals are due no later than 4:00 EST on October 27, 2004. Proposals may be delivered in person or by certified mail to:

J. A. Haught  
Chief Financial Officer  
West Virginia Public Employees Insurance Agency  
State Capitol Complex  
Building 5, Room 1001  
1900 Kanawha Boulevard, East  
Charleston, West Virginia 25305-0710

Applicants are responsible for ensuring the timely delivery of their proposals to PEIA office. Proposals delivered only to a mail room or to a ground floor security desk, and not delivered to PEIA offices by 4:00 PM will be subject to disqualification.

#### **4.1.2 RFP Amendments**

The PEIA reserves the right to amend this RFP at any time prior to the proposal due date by issuing written amendments.

#### **4.1.3 Bidder's Conference**

The PEIA will conduct a bidder's conference on September 28, 2004, at 10:00 AM EST. The bidder's conference will be held at the PEIA at the address shown in Section 4.1.1 above. The purpose will be to allow the PEIA to respond to questions concerning the RFP, both technical and capitation.

Attendance at the bidder's conference is mandatory. Proposals will not be accepted from applicants who fail to attend. Due to space considerations, applicants are asked to have no more than two (2) representatives at the conference.

Applicants are encouraged to submit written questions for the conference prior to 4:00 PM EST on September 22, 2004. Questions may be mailed, faxed, or hand delivered to the address shown above in Section 4.1.1 and must be submitted in both hard copy and computer diskette (IBM compatible, Microsoft Word 2002 or earlier or WordPerfect Version 11.0 or earlier). All questions should be cross-referenced to the Section number of the RFP to which they relate.



The PEIA will distribute written answers to pre-submitted questions at the bidder's conference. The PEIA will also take questions at the conference itself, although the answers provided will not be binding until distributed in writing at a later date.

#### **4.1.4 Contact with PEIA Representatives**

Applicants are prohibited from communicating with any PEIA representatives regarding this procurement, except for the contacts listed in Chapter One. This provision is not intended to restrict existing contractors from communicating with PEIA staff regarding ongoing operational matters.

#### **4.1.5 Cost of Preparing Proposals**

Applicants are solely responsible for the costs incurred in preparing and submitting their proposals.

#### **4.1.6 Acceptance of Proposals**

Each applicant may submit only one proposal. Applicants may withdraw and resubmit their proposals up to the submission deadline.

The PEIA will accept for evaluation all proposals that are complete and timely submitted. PEIA reserves the right to:

- Reject any proposals found to be incomplete or substantially non-responsive to the requirements described herein;
- Waive minor irregularities in proposals, provided such action is in the best interest of the PEIA. Where such waivers are granted, they will in no way modify the requirements of the RFP or the obligations of health plans awarded contracts through it;
- Award a contract, without negotiations, based on the terms, conditions, and premises of this RFP and the proposals of selected applicants;
- Request clarification or correction of proposals; and/or
- Reject any or all proposals received, or cancel part or all of this procurement, according to the best interest of the PEIA and its members.



#### **4.1.7 Disposition of Proposals**

Successful proposals will be incorporated into resulting contracts and will be a matter of public record. All materials submitted by bidders become the property of the PEIA, which may dispose of them as it sees fit. The PEIA shall have the right to use all concepts described in proposals, whether or not such proposals are accepted.

#### **4.1.8 Proposal Composition and Copies**

Health plan proposals will consist of two (2) parts:

- General Technical
- Managed Care Plan and Capitation

Applicants must submit one original, eight (8) bound copies (three-ring binders are acceptable), one (1) unbound copy of their proposals and (1) electronic copy in a disk format. The original proposal should be identified as such on the cover. *All signatures in the original must be made in blue ink.*

Proposals must be segmented into General Technical and Managed Care Plan and Capitation sections. Each section should be separately tabbed and clearly labeled. Every page of applicant proposals, except for section dividers, must be numbered, starting at “1” and continuing sequentially through each section. This requirement applies to exhibits and tables, as well as narrative. Applicants may number their proposals by hand.

#### **4.1.9 Existing Contractors**

Health plans that are existing contractors with the PEIA as of July 1, 2004, are waived from certain proposal submission requirements. Specifically, these applicants need not respond to items identified as applying to new applicants only.

#### **4.1.10 Organizations with NCQA or JCAHO Accreditation**

Applicants that hold a three year accreditation from either the National Committee on Quality Assurance (NCQA) or the Joint Commission for the Accreditation of Healthcare Organizations (JCAHO) for their West Virginia plan are waived from certain proposal submission requirements. Specifically, these applicants may include evidence of their accreditation, as noted below, and need not respond to items identified as applying to non-accredited applicants only. This “waiver” applies both to existing contractors and new applicants.



## 4.2 General Technical Proposal

### 4.2.1 Format

Applicants must organize the General Technical section of their proposals as follows:

- Transmittal Form (Form F-1)
- Compliance with Participation Standards
- Other Technical Submission Forms (Forms F-2 to F-5)
- Managed Care Plan and Capitation Proposal (Appendix E)

### 4.2.3 Transmittal Form

The Transmittal Form should be placed at the very beginning of the General Technical section. It must be signed by an individual duly authorized to make commitments on the applicant's behalf. A copy of the form can be found in Appendix F (form "F-1") on the CD accompanying the RFP. **Reminder:** *All original signatures must be signed in blue ink.*



#### 4.2.4 Compliance with Participation Standards

In this section, applicants must document their compliance with program participation standards by responding to the questions listed below. Existing contractors are waived from questions identified as applying to new applicants only. However, existing contractors should respond to any question for which their method of operation has changed since the most recent PEIA operational compliance audit, or for which change is anticipated prior to July, 2005. For example, if there have been changes in senior management since the most recent audit, information on the new senior manager(s) should be provided in response to question number 16.

New and existing contractors holding a current, three year accreditation from NCQA or JCAHO for their West Virginia plan are waived from questions identified as applying to non- or conditionally-accredited organizations only. In lieu of responding to the questions, the accredited organization must submit evidence of accreditation.

Responses to all questions must be preceded by a repetition of the question and must be in the same sequence as used in this RFP. Any attachment(s) submitted in response to a question should be marked clearly with the question number to which they relate. Applicants are cautioned to submit only those materials that directly relate to the questions posed.

In general, it is anticipated that an applicant's answer to a question with respect to its operation will apply to all areas of intended service and products (POS, HMO or PPO). Where this is not the case, the applicant should clearly state how its status or operations will vary between areas of service and products offered.





No.	Question	Applies to:
<i>Licensure/Certification</i>		
1	Is the applicant licensed by the West Virginia Insurance Commissioner as a Managed Care provider? Attach a copy of your license.	All
2	Is the applicant similarly licensed in any of the contiguous states? If yes, attach a copy of the applicant's license for each of these states.	All
3	Does the applicant hold a Certificate of Authority from the West Virginia Insurance Commissioner to operate in all counties it is proposing to serve? Attach a copy of the COA. If no, identify the counties for which a COA is not held and describe by what date(s) you expect to receive them. Attach a list of the counties within WV and any contiguous counties	All
<i>Capacity and Products</i>		
4	State the maximum capacity, in terms of membership (not subscribers), that the applicant is able and willing to enroll in each region.	All
5	Indicate whether the applicant intends to offer a Point-of-Service product to PEIA enrollees. If yes, describe the referral policies/restrictions to be imposed as part of the POS option.	All
6	Indicate whether the applicant intends to offer a Medicare risk or Medigap product to PEIA enrollees that can become effective on January 1, 2006.	All
<i>Experience</i>		
7	Complete and include in the Submission Form section, Form F-2, identifying the top ten clients or groups the applicant serves (in terms of enrollment), other than PEIA, the number of enrollees within each group, initial offering date, and contact person.	All



No.	Question	Applies to:
8	Complete and include in the Submission Form section, Form F-3, identifying all groups with 25 or more covered lives that have terminated with the applicant since December 31, 2003. Include a contact person for each group.	All
9	Describe all current and pending litigation to which the applicant or any of its affiliated entities is a party, either as plaintiff or defendant. All outstanding Internal Revenue Service tax liens imposed on the applicant or any of its subsidiaries must be enumerated and addressed as part of this answer.	All
10	Provide information regarding any instance in which a federal or state agency has ever made a finding of non-compliance against the applicant regarding any civil rights requirements.	All
11	Provide information regarding any providers in the applicant's network against which disciplinary actions have been taken by any state agency or licensing board.	All
<i>Organization and Operating Staff</i>		
12	Provide an organizational chart that identifies the major operational components of the applicant's organization, including all of the functions listed in RFP Section 2.3. Also show relationships to parent organization(s), if applicable.	New applicants only
13	Identify the members of the applicant's Board of Directors and attach <b>up-to-date</b> resumes or biographical descriptions for each.	New applicants only
14	Complete and include in the Submission Form section, Form F-4, identifying the current staff for each of the specified positions. Attach <b>up-to-date</b> resumes or biographical descriptions behind the Form. (Note: resumes that are not current will be rejected). If any staff are sub-contractors, please specify. If any positions are vacant, attach a job description denoting educational/experience requirements.	New applicants only



No.	Question	Applies to:
15	Complete and include in the Submission Form section, Form F-5, identifying the number of non-clerical/non-secretarial FTEs employed or contracted in each of the specified areas. Also, indicate on the form whether and by how much and in what time frame the applicant's staffing will be increased if a contract is awarded for all regions bid.	New applicants only
16	Provide an implementation plan, in Gantt chart format (with supporting narrative, as necessary) outlining the major steps being taken to prepare for participation in PEIA. Address at least the activities planned for each of the functional areas identified in Section 2.3 of the RFP. Include completion dates for each activity.	New applicants only
<i>Enrollment and Disenrollment</i>		
17	Describe the applicant's process for entering enrollment and disenrollment data into its information system, including the name of the member's PCP. How quickly is enrollment data entered, from time of receipt? By what method does the system capture enrollment of newborns? For disenrollments, can the system distinguish by disenrollment type (e.g., voluntary versus involuntary)?	New applicants only
18	Describe the applicant's new member contact and orientation program. By what methods and in what timeframes will new members be contacted? What information will they be given? What will the applicant do if initial contact attempts fail?	New applicants only
19	Describe the process and timeframe whereby new enrollees will be allowed to choose a PCP.	New applicants only
20	Describe the process and timeframe whereby new enrollees will be assigned to a PCP if they do not select one. Identify the factors the applicant will consider when making such an assignment.	New applicants only
21	Describe the applicant's process for notifying PCPs about new patients. What actions, if any, are PCPs required to take upon learning of a new patient?	New applicants only
22	Describe the steps the applicant will take to contact new enrollees within 90 days, for the purpose of orienting them to the plan and assessing their health care needs.	All



No.	Question	Applies to:
23	Describe the applicant’s policy and process for allowing members to change PCPs. Describe specifically how enrollees will be made aware they are allowed to change PCPs. How quickly will change requests be processed and made effective? How many “without cause” change requests will be permitted in a twelve month period?	New applicants only
24	Describe the applicant’s process and timeframe for notifying members who’s PCPs have been terminated from the network.	All
25	Describe the applicant’s process and timeframe for distributing identification cards to new members. Provide a sample of the card the applicant intends to distribute to plan members (A photocopy sample is acceptable—be certain to copy both front and back of card.)	New applicants only
<i>Covered Services (Prepaid)</i>		
26	Describe the specific steps the applicant will follow to encourage health screens and immunizations among children.	New applicants only
27	Describe how the applicant will identify pregnant women and ensure that prenatal care begins at the earliest possible date. Describe any special outreach or education programs the applicant will initiate to ensure compliance with prenatal visit schedules.	New applicants only
28	Describe how the applicant will identify high-risk pregnancies and the manner in which care will be coordinated for these women.	New applicants only
29	Describe how the applicant will identify the needs of, and case manage delivery of services to, members with complex or chronic medical conditions. Discuss adults and children separately	All
30	Include the applicant’s protocols for case management and treatment of each of the following conditions/patient types: Asthma, Diabetes, Heart Disease, Pulmonary Disease, and AIDS.	New applicants only



No.	Question	Applies to:
31	Describe how the applicant will identify individuals with behavioral health service needs and encourage these persons to begin treatment. Include copies of training materials and/or assessment tools the applicant provides to its PCPs to assist in identifying patients requiring behavioral health referrals. Also, describe who the applicant will use as case managers.	All
32	Describe <b>in detail</b> how the applicant will make available the required and recommended preventive services described in Section 2.7.3 of the RFP. Address each service separately.	All
<i>Primary Care Providers</i>		
33	Identify the types of physicians (specialties) the applicant will allow to serve as PCPs. If the applicant will allow specialists to serve as PCPs in certain circumstances, describe when/how this will occur.	All
34	Describe the manner and extent to which the applicant will use nurse practitioners and physician assistants to deliver primary care services.	New applicants only
35	What is the minimum number of office hours per week (by site) that the applicant will permit its PCPs to practice? How will compliance in this area be monitored?	All
36	What is the maximum number of PEIA enrollees that the applicant will allow its PCPs to serve (on an FTE basis)? How will physician placements be tracked to ensure the maximum is not exceeded?	New applicants only
37	How will the applicant monitor PCP capacity overall and what short- and long-term actions will be taken if capacity problems are identified?	New applicants only
38	Describe the types of reimbursement arrangements the applicant has made with its PCPs (e.g., fee schedules, subcapitation, risk pools etc Attach a copy of model PCP and specialist physician contracts.	New applicants only



No.	Question	Applies to:
<i>Subcontractors</i>		
39	Describe any major, risk-based subcontracts the applicant will employ to deliver entire categories of service (e.g., behavioral health, dental, vision etc.). Include a copy of each subcontract. Describe how the applicant will monitor the performance of subcontractors.	All
40	Describe how the applicant will monitor its behavioral health subcontractor (if applicable) specifically to ensure that members receive all medically necessary services. Indicate whether the applicant has a target medical loss ratio for its behavioral health subcontractor (if applicable), and if so, what it is.	All
<i>Service Accessibility</i>		
41	What will the applicant instruct its members to do if they have a medical problem after business hours or on weekends?	All
42	How will the applicant ensure compliance with the after-hours telephone requirement? If responsibility is delegated to PCPs, how will the applicant monitor their performance?	All
43	Will the applicant allow PCPs to “sign-out” to non-participating providers for after-hours coverage? If so, how will the applicant verify that such providers are in compliance with its credentialing standards?	All
44	Will the applicant pay triage fees to hospital emergency rooms? If so, describe triage fee policies and payment levels.	All
45	What is the applicant’s standard for days wait to appointment for each of the appointment types delineated in Section 2.9.4 of the RFP? How will the applicant monitor provider compliance with these standards?	All
46	What is the applicant’s standard for waiting times in provider offices? How will the applicant monitor provider compliance with this standard?	All



No.	Question	Applies to:
47	What is the applicant's standard for travel time to a PCP? To a network pharmacy? To a network hospital? How will the applicant monitor its ability to offer providers to all enrollees in conformance with these standards?	All
48	Are there any portions of the applicant's network within which it currently does not meet appointment or travel time standards? If yes, specify where and the actions being taken to address.	All
<i>Member and Provider Services</i>		
49	Describe the duties of the applicant's Member Services function. What hours will it operate?	New applicants only
50	What accommodations will the applicant have for communicating with hearing- and visually-impaired members?	All
51	Will the plan have separate Member Service arrangements for behavioral health? If yes, describe, including accommodations for the visually- and hearing-impaired.	All
52	Describe the duties of the applicant's Provider Services function. What hours will it operate?	New applicants only
53	Will the plan have separate Provider Service arrangements for behavioral health? If yes, describe.	New applicants only
54	Describe the applicant's internal complaint and grievance process, including who is responsible for this function, the timeframes for resolving complaints/grievances, and how complaint levels are monitored.	All
<i>Quality Improvement and Medical Management</i>		
55	Describe the applicant's status with respect to obtaining a full three-year accreditation from NCQA or JCAHO. If accredited, attach a copy of the accreditation.	All
56	Provide equivalent information for the applicant's behavioral health subcontractor (if applicable).	All
57	Include a copy of the applicant's quality assurance/improvement plan (QAP/QIP). Include a description of the applicant's QAP/QIP objectives and its approach to achieving those objectives.	Non-accredited (full three year)
58	How will the applicant monitor the quality of care rendered by its providers? What corrective actions will the applicant undertake if it learns that substandard care is being rendered?	Non-accredited (full three year)



No.	Question	Applies to:
59	Who will be accountable within the applicant's organization for the QAP/QIP?	Non-accredited (full three year)
60	Describe the applicant's quality assurance committee, including its composition, responsibilities, and meeting frequency.	Non-accredited (full three year)
61	Describe how the applicant involves providers in its QAP/QIP. How will the applicant keep providers informed about their performance relative to the applicant's quality assurance/improvement standards (e.g. profiling reports/report cards)?	Non-accredited (full three year)
62	Describe the applicant's credentialing and re-credentialing standards and protocols, including the frequency with which re-credentialing occurs. Attach copies of credentialing and re-credentialing forms.	Non-accredited (full three year)
63	Provide equivalent information for the applicant's behavioral health subcontractor (if applicable).	Non-accredited (full three year)
64	Describe how the applicant coordinates QAP/QIP findings with other managed care plan activities. Address specifically: member outreach, complaints/grievances, clinical studies, and provider re-credentialing.	Non-accredited (full three year)
65	Describe the duties of the applicant's Medical Director's office. Indicate whether the Medical Director is an FTE, and, if not, the number of hours he/she works in this capacity per week. If Assistant or Associate Medical Directors are used (including Medical Directors at any major subcontractors), describe their duties as well.	Non-accredited (full three year)
66	Describe the applicant's prior authorization policies in detail, including the services requiring authorization, the speed with which it is granted or denied, who has authority for approving/denying, how denials are communicated, and how they may be appealed.	Non-accredited (full three year)





No.	Question	Applies to:
67	Describe the applicant’s concurrent review/discharge planning policies, including the cases on which it is performed, who conducts it, the frequency with which it occurs, any outside protocols used to establish target discharge dates (e.g., Milliman and Robertson). Provide information separately for behavioral health subcontractor (if applicable).	Non-accredited (full three year)
68	Describe the applicant’s policies with respect to retrospective medical review, including the cases on which it is performed and follow-up activities that occur based on findings. Provide information separately for behavioral health subcontractor (if applicable).	Non-accredited (full three year)
69	Describe the applicant’s policy with respect to retention of medical records and compliance with HIPAA standards.	Non-accredited (full three year)
70	Describe the applicant’s policies for protecting the confidentiality of member information and compliance with HIPAA standards.	Non-accredited (full three year)
<i>Data Reporting</i>		
71	Include a detailed plan for collecting and reporting all data specified in Section 2.14 of the RFP (for applicable programs). Within the plan, discuss how the accuracy and completeness of provider-furnished data will be verified (including from subcontractors).	New applicants only
<i>Payments to Providers</i>		
76	Will the applicant process provider claims in-house or through a subcontractor? If processed in-house, attach a flow chart AND supporting narrative depicting the claims processing system. If subcontracted, attach a copy of the subcontract.	New applicants only
77	How does the applicant define “clean claims” and what is the applicant’s standard for adjudicating and paying these claims? Is the applicant currently meeting the standard? If not, what steps are being taken to address?	All
78	What is the applicant’s standard for adjudicating all claims (clean and unclean)? Is the applicant currently meeting this standard? If not, what steps are being taken to address?	All



No.	Question	Applies to:
79	What is the applicant’s methodology for estimating IBNRs? How frequently is the methodology reviewed?	New applicants only
80	Describe how the applicant will pursue Coordination of Benefits (COB) and subrogation opportunities.	New applicants only
81	Describe the applicant’s reinsurance coverage, in terms of dollar thresholds, covered services (e.g., hospital inpatient only, all services etc.), and co-insurance provisions, if any.	New applicants only



### **4.3 Capitation Proposal**

In this section, applicants must provide information regarding their financial status, as well as capitation rates for PEIA. Capitation rates must be reported in the format provided in Plan and Capitation Proposal Form in Appendix E.

#### **4.3.1 Health Plan Financial Information**

Applicants must provide the information listed below for the organization holding a license to operate as a health plan in West Virginia. If the licensed plan is owned by a parent corporation, all financial information must be provided for the parent as well. Also, the applicant must include a letter from the parent corporation indicating its willingness to furnish whatever financial support is necessary to assure the solvency of the plan's operations in West Virginia.

The applicant should provide as much detail and supporting documentation as it feels is warranted for the items listed below to support that it is a fiscally viable entity for purposes of this procurement:

1. Audited financial statements for the two most recent corporate fiscal years, and interim statements for the two most recent quarters for which statements are available. The statements must include a balance sheet, income statement, and a statement of cash flows. Audited statements must be complete with opinions, notes, and management letters. If no audited statements are available, explain why and submit unaudited financial statements and other supporting financial data.
2. Projected PEIA enrollment for each of the plans proposed. (Note that this differs from the capacity documentation to be furnished in the technical proposal; projected enrollment here refers to anticipated market share for financial projection purposes.)
3. Projected balance sheets, income statements, and monthly cash budget for the three-year period beginning July 1, 2002.

#### **4.3.2 Capitation Rate Proposal and Benefit Package**

##### **4.3.2.1 Rate Submission**

Applicants must submit capitation rates for each of the five (5) PEIA coverage types. Rates must be submitted using the Managed Care Plan and Capitation Proposal form found in Appendix E.



The five (5) coverage types, or premium groups, are:

Active

1. Employee
2. Employee with Child(ren)
3. Family

Retired

4. Retiree (non-Medicare)
5. Retiree Family (non-Medicare)

Applicants must obtain Insurance Commissioner approval of all proposed rate methodologies under which proposals are submitted. Rates must have DOI approval prior to their submission in response to this RFP.

**4.3.2.2 Benefit Package**

The PEIA is permitting applicants to substitute one of their existing commercial benefit packages for the existing PEIA standard benefit package. If the applicant chooses to use one of its existing commercial benefit packages, as opposed to the PEIA standard benefit package, it must include all of the following in its capitation proposal:

- A brief description of all of the benefit packages offered to commercial groups in West Virginia, including share-of-cost requirements.
- The percentage of commercial groups offering each benefit package and the percentage of total covered lives associated with each benefit package.
- The detailed evidence of coverage for each benefit package
- A completed Managed Care Plan and Capitation Proposal, Appendix E, for use in defining the proposed benefit package in conformance with PEIA formats and documenting differences versus the existing standard benefit package, if applicable.

**4.4.2.3 POS/HMO/PPO**

Applicants should clearly delineate on capitation forms whether the proposal being submitted is for an HMO, POS or PPO product. If an applicant is proposing to offer more than one type product, the benefit package information and forms should be submitted in their entirety for each product offered.



## **4.4 Proposal Evaluation**

### **4.4.1 General**

The PEIA will establish an evaluation committee to review proposals received in response to this RFP. Technical proposals will be evaluated on the following criteria:

- Demonstrated understanding of programmatic requirements
- Ability to comply fully with same
- Comprehensiveness of provider networks
- Enrollment capacity
- Reasonableness of the capitation requested in relation to the offered benefit

### **4.4.2 Best Interest of the PEIA**

Notwithstanding the evaluation process outlined herein, PEIA reserves the right to make award decisions based upon the best interest of the PEIA and its members.



## **APPENDICES**

The following RFP appendices are contained on the accompanying CD:

- Appendix A - PEIA 2005 Shopper's Guide
- Appendix B - PEIA 2005 Summary Plan Description (SPD)
- Appendix C - PEIA Health Insurance Census Data (August 2004)
- Appendix D - PEIA Fee Schedules
- Appendix E - Managed Care Plan and Capitation Proposal
- Appendix F - Submission Forms (F-1 through F-5)



WEST VIRGINIA PEIA



2005 SHOPPER'S GUIDE



**BENEFITS FOR  
PLAN YEAR 2005**

July 1, 2004  
to  
June 30, 2005

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## The Fine Print

This Shopper's Guide is not intended to be a formal statement of benefits. It is designed to provide general information about the available plans. It is intended to be a first step in helping you choose the most appropriate health benefit plan for you and your family.

Questions about particular benefits, limitations, costs, providers, or restrictions, should be directed to the individual plans for answers. If you enroll in a managed care plan, the plan you select will send you an "evidence of coverage" booklet with more complete details of your benefits.

PEIA cannot guarantee the quality of services offered by the various plans, so please gather information and make your decision carefully. Before enrolling, assure yourself that the plan you choose offers a level of care and convenience with which you and your family will feel comfortable.

Also be aware that the continuing participation of managed care network providers is not guaranteed throughout the Plan Year. If a provider chooses to withdraw from a managed care network, the member may be required to receive services from another participating provider.

We have tried to ensure that the information in this booklet is accurate. If, however, a conflict arises between this Guide and any formal plan documents, laws or rules governing the plans, the latter will necessarily control.



# How To Use This Guide

If you're new to Open Enrollment, or if you've just never used the Shopper's Guide much, here are a few tips to make the process easier.

1. Read through the What's Important for 2005 information on pages 6-7 to get a quick overview of the changes for the coming Plan Year.
2. Turn to pages 12-19 to review the side-by-side comparison of the plans. You'll see plan names across the top of the chart, and many health care services listed down the side. Just find a service you or your family members use, and read across the chart to see how much you'll have to pay for that service. You'll also find information about deductibles and out-of-pocket maximums for each plan on page 12.

The Benefits At-A-Glance charts have changed this year. Instead of listing each plan's limitations, we have let you know which benefits may have limits, and directed you to the plans for details.

3. If you're thinking about an HMO, read the "Managed Care Rules" on page 9. Also, take note of the Other Benefit Considerations on page 36. Be sure you know what the rules are.
4. Check the map on page 20 and chart on page 21 to be sure you're eligible to enroll in the plan you want. The PEIA PPB Plan is available in all areas. Remember, you must live in a county marked on the charts on page 21 to enroll in an HMO or the Health Plan PPO plan.
5. Read the Rules for Transferring and Enrolling on pages 10-11 to be sure you can join a plan you want.
6. Check the premium table for your employer type (State agency, county board of education, non-State agency, retiree, etc.) and for the type of coverage you have (employee only, family, etc.) to find the premium for the plan you want.
7. Remember that PEIA PPB Plan A and B premiums and optional life insurance premiums will be based on your tobacco-use status as reported during **this** open enrollment. **Tobacco-free members must sign the affidavit on the Transfer Form and return it to their benefit coordinator during the open enrollment to receive the reduced premium rate.** For family coverage, all enrolled family members must have been tobacco-free by February 1, 2004, to qualify for the discounted (Preferred) premium. The Preferred premium does not apply to the HMOs or The Health Plan's PPO. PEIA may review medical records to check tobacco use.

# Terms You Need To Know

**Coinsurance** — This is the percentage of the allowed amount that you pay when you use certain benefits. Coinsurance can be charged in an HMO or a PPO.

**COBRA** — The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) gives employees rights to continue health insurance coverage after employment terminates. See your Summary Plan Description for full details. Acordia administers COBRA for PEIA and the managed care plans.

**Coordination of Benefits (COB)** — Insurance companies and other health care plans use COB to determine which plan will pay benefits first, and to make sure that together they do not pay more than 100% of your bill. Be sure you ask the managed care plans what restrictions they put on COB before you make your choice.

**Copayment** — This is a set dollar amount that you pay when you use services — like the amount you pay for an office visit in an HMO or a PPO.

**Deductible** — This is the dollar amount you must pay before a plan begins paying benefits. Not all services are subject to the deductible. Deductibles may be charged in an HMO or a PPO, so check the Benefits At-A-Glance charts.

**Explanation of Benefits (EOB)** — EOBs are forms issued by health care plans when medical claims are paid. Most HMOs do not issue EOBs for in-network care. If you have other insurance and need an EOB to collect your benefits, talk to the HMO to see how you can get the paperwork you need.

**Health Maintenance Organization (HMO)** — HMOs manage health care for their members by coordinating the use of health care services through PCPs. If you join an HMO, you'll pick your PCP from their list, and then you'll receive all of your non-emergency care from network providers. Ask the HMOs about their rules.

**Managed Care Plans** — This is the term for the HMOs and PPO that PEIA contracts with to provide care to members who choose to enroll in them. The managed care plans we currently have contracts with are Carelink and The Health Plan.

**PEIA Preferred Provider Benefit Plans (PPB)** — The PEIA PPB Plans are PPO plans that cover care based on where you live, and where you receive your care. If you live in West Virginia or in a bordering county of a surrounding state, care provided by participating network physicians is generally covered at 80%. Care provided by non-participating physicians is covered at 60%, unless prior authorized by Acordia. If you live in another state (beyond the counties that border West Virginia), you may receive care from any network provider, and that care will be covered at 80%. Care provided by non-participating providers is covered at 60%, unless prior authorized by Acordia. To determine which out-of-state providers are PPO providers, call Acordia at 1-888-440-7342 or pick up a listing at the Benefit Fairs.

**Preferred Provider Organization (PPO)** — A PPO is a health care plan that uses a network of providers to provide care. To get the highest level of benefit, you must use these network providers. PPOs also offer members a reduced out-of-network benefit which enables members to use the provider of their choosing, although the member will pay more of the cost if using a non-network provider without plan approval. Each PPO has its own network of health care providers. PPOs do not require members to choose a primary care physician to coordinate their care.

**Primary Care Physician (PCP)** — This doctor is a provider in an HMO network who coordinates all members' health care. PCPs are usually family doctors, general practice physicians, internists, or pediatricians. Some plans allow OB/GYNs to be PCPs for women in the plan. PCPs must provide coverage for their practices 24 hours-a-day, 7 days-a-week so you can reach them if you need care.

**Public Employees Insurance Agency (PEIA)** — The State agency that arranges for health and life insurance benefits for West Virginia's public employees. PEIA administers the PEIA PPB Plans, and contracts with all of the managed care plans that are offered to public employees.

**Specialty Care Physician (SCP)** — This doctor is a member of the HMO network. SCPs are specialists whose care may require a referral from your PCP.

# Things To Do

- Attend PEIA Benefit Fairs scheduled April 6-22, 2004
- Get Provider Directories from:
  - Carelink
  - The Health Plan (northern panhandle and north central WV)
  - PEIA PPB Plan (for out-of-state providers only)
- Check the Provider Directories to see if the physicians you and your family members use participate in the plan you want.
- Get a copy of the new drug formulary (or preferred drug list) for 2005 from:
  - Carelink
  - The Health Plan (northern panhandle and north central WV)
  - PEIA PPB Plan
- Check to see if the drugs you and your family members use are on the formulary (or preferred drug list) of the plan you're considering. This could have a big impact on your finances.
- Read through Benefits At-A-Glance (pages 12-19). Look for services (like office visits, testing, emergency rooms and hospital stays) you and your family use. If a benefit is marked as having a limitation, be sure to contact the plan so you understand the details.
- Talk to plan representatives at the Benefit Fairs or call the plan's customer service number (located on the back cover) if you have specific questions about how a plan works or what is covered.
- Check premiums on pages 24-35. Remember that for employees of State agencies, colleges, universities, and county boards of education, premiums are based on salary. For non-State agencies, the employer determines what portion of the premium you pay. Retiree premiums are based on years of service and Medicare status.

# What's Important For 2005

Highlighted here are some of the benefits that make each of the plans available for Plan Year 2005 unique.

## PEIA PPB Plan

**Same Premiums and Same Benefits.** The PEIA PPB Plan's benefits remain unchanged for Plan Year 2005. The PEIA PPB Plan's premiums for active employees of State agencies, colleges, universities, county boards of education and all retirees remain the same for the coming year. Premiums for non-state agencies have increased by 8 percent. COBRA premiums were adjusted, as well.

**Tobacco-free Premium Discounts for Health and Optional Life Insurance.** This year, for the second year, PEIA is offering premium discounts for both health and life insurance for our tobacco-free members. You must complete and submit your tobacco affidavit to your benefit coordinator no later than May 7, 2004, to qualify for the discounts. We mailed the Tobacco Affidavit and Open Enrollment Transfer Form to your home address in late March.

**Disease Management.** For Plan Year 2005, PEIA is working on a number of disease management programs and pilot projects. These programs will help members with specific health conditions manage those conditions better. We are beginning the Face to Face Diabetes Management program in Kanawha, Putnam, Mingo, Boone, Roane and Raleigh counties in April. Other programs are in the planning stages.

**Maintenance Medication Discount.** PEIA offers discounts on maintenance medications when you fill a 90-day prescription through mail order or at a Retail Maintenance Network pharmacy. You'll only pay for two 30-day supplies - you get one 30-day supply for no copay! It's like buy 2 get 1 free! If you're taking maintenance medication, but buying it 30 days at a time, this program could save you lots of money.

**Outpatient Therapy Benefit:** The PEIA PPB Plan's Outpatient Therapy benefit will change effective July 1, 2004. Currently the benefit is \$1,000 for any combination of therapies; beginning July 1, 2004, the plan will allow 20 visits for any combination of therapies. The cost to the plan will remain essentially the same, but the 20-visit limit should make it easier for you to keep track of how much of the benefit you have used.

**Also Note:** Kings Daughters Medical Center and Our Lady of Bellefont Hospitals in Ashland, Ky, and the hospitals in the UPMC Health System in Pennsylvania are not participating facilities in the PEIA PPB Plan.

## Carelink

**Statewide Availability.** Once again this year, Carelink is available in every county in West Virginia.

**New Plans.** Carelink is offering two new plans, specifically designed for Plan Year 2005. If you want to remain a Carelink member, you'll have to choose from one of the two new plans they're offering: Carelink HMO Plan 1 or Carelink HMO Plan 2.

**Prescription Benefits.** Both Carelink Plan 1 and Carelink Plan 2 offer high-quality prescription drug benefits, with a \$10 generic, \$20 formulary brand and \$50 non-formulary copayment.

**Extensive Network.** For Plan Year 2005, Carelink's extensive network of providers includes access to many providers in Virginia border counties. Carelink still provides a comprehensive network in Pennsylvania (including the Pittsburgh area) and Ohio, as well. Carelink members are able to use in-network benefits when receiving care from these out-of-state providers. A complete listing of these providers will be available at the Benefit Fairs or you may contact Carelink.

**Vision Benefit.** Once again, Carelink is the only plan offering a vision benefit. Visit them at the Benefit Fairs or call their toll-free customer service line for details.

# What's Important For 2005

## The Health Plan

**Same Premiums and Same Benefits.** The Health Plan HMO Plan A & Plan B benefits and premium contributions will remain unchanged for Plan Year 2005.

**Expanded Enrollment Area.** The Health Plan now serves Tucker County WV.

**Not-for-Profit.** The Health Plan is the only not-for-profit HMO in West Virginia.

**NCQA Accreditation.** In November 2003, The Health Plan once again received an Excellent Accreditation from the National Committee for Quality Assurance (NCQA).

**Web Enhancement.** The Health Plan will be adding a valuable web-based enhancement for Plan Year 2005. Visit us at [www.healthplan.org](http://www.healthplan.org) in the coming months to check it out.

**New PPO Option.** The Health Plan is adding a new PPO option for Plan Year 2005. Be sure to check the Benefits At-A-Glance charts for details of the benefits. To learn more about the plan, read on.



## Introducing...The Health Plan's PPO

For Plan Year 2005, The Health Plan is offering a third option that's different from what you've seen before. This new option, a Preferred Provider Organization (PPO) allows both in- and out-of-network services. To get the highest level of benefit, you must use the PPO's network providers. The PPO offers members a reduced out-of-network benefit which enables you to use the provider of your choosing, although you will pay more of the cost if using a non-network provider without plan approval.

If you are a current Health Plan member, you'll see that the PPO network is the same as the HMO network, but you DON'T have to choose a PCP to coordinate your care.

In some cases, certain specialized services may not be available from network providers. In these cases, the plan may authorize the service to be provided by an out-of-network provider at the same level of benefits as if it were provided by a network provider. These events will be handled on a case-by-case basis, and you will need to work closely with The Health Plan to coordinate this care.

When using the out-of-network benefits, you may be required to file some claim forms, and you will be responsible for obtaining any precertifications that are required for the services you're having. Remember, when using out-of-network providers, you don't have the benefit of The Health Plan's contracts with providers to protect you against balance billing, so there may be amounts not paid by the plan that may be your responsibility.

Prescription benefits under the PPO are the same as those offered under The Health Plan HMO Plan A.

The lifetime maximum benefit under the PPO is \$2 million for in-network services, and \$1 million for out-of-network services.

This plan is underwritten by The Health Plan's subsidiary insurance company, THP, Inc.

# How To Get Premium Discounts

Tobacco affidavits for Plan Year 2005 are due by May 7, 2004. The federal government requires that we collect them each year that we use tobacco status to determine premiums. This year, for the second time, the tobacco-free discounts apply on BOTH the PPB Plan premiums and the optional life insurance premiums.

We collect tobacco affidavits from everyone because we're determining both health and life insurance premiums with these affidavits. The tobacco-free discounts can mean big savings on your premiums. Being tobacco-free means that you and any enrolled family members do not smoke cigarettes, cigars or pipes, or use any other form of tobacco, including smokeless tobacco, such as snuff and chewing tobacco.

Tobacco-free PEIA PPB Plan members must submit an affidavit to qualify for the "Preferred" (tobacco-free) PPB Plan premium rates and tobacco-free optional life insurance premiums. All ENROLLED family members must have been tobacco-free by February 1, 2004, to qualify.

Managed care plan members and those with life insurance from PEIA must submit an affidavit to get the tobacco-free premiums on optional life insurance. The policyholder must have been tobacco-free by February 1, 2004, to qualify. There is no discount on basic or dependent life insurance. Optional life insurance premiums are at the back of this booklet.

Here's an example: if the policyholder is tobacco-free, but his or her PPB-Plan-covered spouse uses tobacco, then the policyholder will get the tobacco-free discount on the optional life insurance, but will pay the Standard (tobacco-user) premium on the PEIA PPB Plan health insurance.

If you don't submit a Tobacco Affidavit before May 7, 2004, you will not qualify for any discounts for Plan Year 2005.

Watch for your Tobacco Affidavit and Open Enrollment Transfer Form in the mail, and make sure you return it by May 7, 2004. To complete your form, just follow the simple, step-by-step instructions included with the form.

West Virginia Public Employees Insurance Agency  
Plan Year 2005 Health and Life Insurance  
**Tobacco Affidavit and Open Enrollment Transfer Form**

To report your tobacco status for life and health insurance premium purposes, complete and sign the Affidavit section and return this form to your benefit coordinator – even if you are not changing plans. If you wish to change your health care plan, please complete all sections of this form except the Agency section and return the completed form to your benefit coordinator. If any of the pre-printed information about you or your dependents is incorrect, please correct it by marking the changes clearly on this form, and return the form to your benefit coordinator. Retirees are not eligible for HMOs if Medicare will be primary coverage for you or your dependents during Plan Year 2005.

County of Residence
Home Phone (    )    -
Work Phone (    )    -

Affidavit

**Tobacco Affidavit**

Every plan member must complete this affidavit. Please mark which members of the family use tobacco and sign the affidavit. If none of the people enrolled on your PEIA coverage uses tobacco, you will receive the discount on your health and life insurance premiums; to receive the discount, please mark the No Tobacco Users box and sign the affidavit.

Who uses tobacco:     Policyholder     Dependent (spouse and/or children)     No Tobacco Users as of February 1, 2004.

I certify that this information is correct, and agree that if this information changes before July 1, 2004, I will notify the plan of such change in writing. I acknowledge by signing this form that WVPEIA or its agents have access to my medical records to check my tobacco use status. I certify that the above information is true and correct and understand that providing false information on this form is illegal and that those who provide false information may be prosecuted. I hereby authorize, for myself and my covered dependents, release to PEIA and to the plan I have selected all medical and prescription drug information needed to process claims, determine coverage, review utilization, investigate complaints, assess quality of care, evaluate plan performance or any other process involved in my treatment, payment of claims or health care operations.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

**Open Enrollment Transfer Information**

Type of Coverage: \_\_\_\_\_

Name (Last, First, MI) <small>Use a separate sheet of paper for additional dependents</small>	Relationship & Category	Sex (M/F)	Birth Date	Social Security Number	Other Insurance Information
Policyholder					Medicare <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Medical Other Insurance <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Prescription Effective date:    /    /
Address _____ PCP Selection for HMO only (indicate physician name and location)					
Dependent					Medicare <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Medical Other Insurance <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Prescription Effective date:    /    /
Address _____ PCP Selection for HMO only (indicate physician name and location)					
Dependent					Medicare <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Medical Other Insurance <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Prescription Effective date:    /    /
Address _____ PCP Selection for HMO only (indicate physician name and location)					
Dependent					Medicare <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Medical Other Insurance <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Prescription Effective date:    /    /
Address _____ PCP Selection for HMO only (indicate physician name and location)					

Plan Selection

You are CURRENTLY enrolled in:

If you wish to select a different plan for Plan Year 2005 (for benefits beginning July 1, 2004), please indicate your selection clearly by checking the box beside the plan name:

<input type="checkbox"/> 1 Carelink HMO Plan 1	<input type="checkbox"/> 3 The Health Plan HMO Plan A	<input type="checkbox"/> 6 PEIA PPB Plan A
<input type="checkbox"/> 2 Carelink HMO Plan 2	<input type="checkbox"/> 4 The Health Plan HMO Plan B	<input type="checkbox"/> 7 PEIA PPB Plan B
<input type="checkbox"/> 5 The Health Plan PPO		

I hereby transfer my health coverage to the health care plan indicated above effective through June 30, 2005, and authorize payroll deduction for my contribution. I understand that PEIA may change the number of plans offered or the types, levels or costs of benefits. I hereby authorize, for myself and my covered dependents, release to PEIA and to the plan I have selected all medical and prescription drug information needed to process claims, determine coverage, review utilization, investigate complaints, assess quality of care, evaluate plan performance or any other process involved in my treatment, payment of claims or health care operations. I understand that this change is binding through June 30, 2005, unless there is a qualifying event.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Agency

To be completed by the benefit coordinator:

Agency Name	Account Number	Coverage Code
Authorized Signature	Date	

WHITE - PEIA                      PINK - Payroll Location                      GOLDENROD - Employee

# Managed Care Rules

1. The only time you can change plans during the plan year is if you move out of the enrollment area of your plan so that accessing care is unreasonable. Since the PEIA PPB Plan has an unlimited enrollment area, you will not be permitted to transfer out of it during the plan year, even if you move.
2. The benefits offered this year are different from benefits offered in the past. Be sure to read all of the information about each plan you're considering before making your choice. If you choose a plan, enroll in it, and realize that you didn't understand its benefits, you WILL NOT be permitted to change plans until the next Open Enrollment, in the Spring of 2005. See Rule #1.
3. If your physician withdraws from a managed care plan you must choose another physician. Your physician's departure does not qualify you to change plans. Although most plans' networks are stable, a physician can choose to withdraw from any managed care plan at any time with 60 days' notice, so you need to be aware of that possibility when you make your selection. See Rule #1.
4. You may enroll your eligible dependents in a managed care plan, but consider where these dependents live and work before you do. You and your enrolled dependents must all live in the enrollment area of the plan to be eligible to enroll for that plan's benefits. The only exception to this rule is made for full-time students living out of the area. See Rule #8 below.
5. You and your dependents must all belong to the same plan (if you and your spouse are both benefit-eligible public employees, see

page 10 "Two public employees who are married to each other"). You may not enroll some family members in one managed care plan and some in another. Also, you can't enroll some family members in a managed care plan and others in the PEIA PPB Plan.

6. If you are in a managed care plan and transfer from one participating State agency to another in the middle of a plan year without a lapse in coverage, you must remain in that managed care plan for the balance of the plan year. You can only change plans if the transfer moves you out of the enrollment area of that plan so that accessing care is unreasonable. Since the PEIA PPB Plan has an unlimited enrollment area, you will not be permitted to transfer out of it during the plan year, even if you move. Transfer from a State agency to a non-State agency may permit a change in coverage.
7. If you are in a managed care plan and a death or divorce occurs in the middle of a plan year, to continue coverage, you must remain in the plan you were in at the time of the death or divorce for the balance of the plan year. You can only change plans during the plan year if the affected dependents move out of the enrollment area of the plan so that accessing care is unreasonable.
8. Families with unmarried full-time students under age 25 may choose a managed care plan even if the student temporarily lives outside the plan's enrollment area while attending school. Managed care plan coverage in these circumstances may be limited, depending on the plan's enrollment area. HMO plans generally do not cover services provided by non-network providers, except in an emergency.



# Rules For Transferring and Enrolling

This section offers general information about eligibility as it relates to managed care and the PEIA PPB Plan. For complete details, please refer to your PEIA Summary Plan Description.

## Who is eligible to transfer or enroll?

**Current Members.** Current enrollees in any PEIA-sponsored managed care plan or the PEIA PPB Plan or PEIA-sponsored life insurance only (no health insurance), may join any plan. See below if you have Medicare.

**Eligible Non-members.** Any employee or retiree who is eligible for PEIA benefits may enroll in either a managed care plan (if you live in the enrollment area) or the PEIA PPB Plan during the Open Enrollment Period. See below if you have Medicare.

**Medicare.** If you or any enrolled dependents have Medicare as your primary health coverage (or will at any time during the plan year) you may not join a managed care plan. Your only option for PEIA-sponsored Medicare supplement coverage is the PEIA PPB Plan. If either you or your enrolled dependents become Medicare-primary while enrolled in a managed care plan, you must notify PEIA and transfer to the PEIA PPB Plan. Generally, Medicare is primary when the policyholder is retired. If you have more questions about when Medicare is primary, call the Open Enrollment Helpline.

**Eligible Dependents.** You may enroll the following dependents:

- Your legal spouse.
- Your biological or adopted children under age 19.
- Stepchildren who live with you, are under age 19, and have no other health insurance available.
- Children under age 19 who live with you and are fully dependent upon you for support and maintenance.

- Children or stepchildren who are incapacitated and cannot support themselves due to a mental or physical disability which began before age 19 (or age 25 if a full-time student).
- Coverage for dependent children may be extended to age 25 if they are unmarried, full-time students.
- Married children are not eligible for coverage.

**New Dependents.** Coverage for new dependents is effective on the first day of the month following the date of enrollment.

- If you acquire new dependents while enrolled in a managed care plan (for example, you marry), you may add your new dependents during the calendar month of or the two calendar months following the date they become eligible (for example, date of marriage). *If you don't add them at that time, you can't add them to a managed care plan until the next open enrollment.*
- If you have or adopt a child during the plan year, coverage will only be effective from the date of birth or the date of placement in the home (for adoption) if you add the child to your plan during the calendar month of or the two calendar months following the date of birth or adoption.
- If you are a member of the PEIA PPB Plan, you may add dependents at any time, but there will be no retroactive enrollments. See your Summary Plan Description for full details of when you may add and remove dependents from your coverage.

**Two public employees who are married to each other**, and who are both eligible for benefits under PEIA may elect to enroll as follows: 1) as "Family with Employee Spouse" in any plan; 2) as



# Rules For Transferring and Enrolling

“Employee Only” and “Employee and Child(ren)” in any plan (remember, you’ll have two out-of-pocket maximums in any plan, and two deductibles in the PEIA PPB Plan if you enroll this way); or 3) as “Employee Only” in the same or different managed care plans or in the PPB Plan (again, you’ll have two out-of-pocket maximums in any plan, and two deductibles in the PEIA PPB Plan if you enroll this way). You may both be policyholders in the same managed care plan, but only one of you may enroll the children. All children must be enrolled under the same policyholder.

**New Employees.** Newly-hired employees must enroll during the month of or the two calendar months following the date of employment if you wish to join a managed care plan. Otherwise, you cannot elect managed care coverage until the next open enrollment (in the Spring of 2005). You may enroll in the PEIA PPB Plan outside this initial enrollment period; however, pre-existing condition limitations may apply.

**Retiring Employees.** If you are considering retiring during the plan year, your choice this open enrollment will be an important one. At the time of retirement you may drop dependents from your coverage (if you so choose), or you may drop health coverage completely, but you may not change plans during the plan year unless you move outside a managed care plan’s enrollment area or unless you’ll be eligible for Medicare — age 65 or disabled — in which case you will be transferred to the PEIA PPB Plan.

**Transferring Employees.** If you transfer between State agencies during the plan year, remember that you can only change plans if you transfer out of the enrollment area of the plan you’re currently in. The PEIA PPB Plan doesn’t have a limited enrollment area, so if you’re in it, you’ll stay in it for the entire year, regardless of where you are transferred. Transfer from a State agency to a non-State agency may permit a change in coverage.

**Terminated Coverage.** If your coverage terminates due to loss of employment or cancellation of coverage, you **MUST** cease using your medical ID card. Any claims incurred after the coverage termination date will be the responsibility of the person incurring the claims, and may be considered fraud. Neither PEIA nor the managed care plans will be responsible for these claims.

**Direct pays.** For retirees and surviving dependents who pay their monthly premiums directly to PEIA by check or by direct draft, please send your completed Tobacco Affidavit and Open Enrollment Transfer Form to PEIA at the address on the back cover of this Shopper’s Guide.

**Retired or Retiring Deputy Sheriffs under age 55.** You are eligible to enroll in the PEIA PPB Plan A or B, or any of the managed care plans for which you qualify. Premium rates for all coverages are substantially higher than those listed in this guide. Contact PEIA or your benefit coordinator for details of the premium rates.



# Benefits At-A-Glance

These charts provide an overview of the benefits for each plan. There are many limitations and precertification requirements that are not listed here. Contact the plan for a full description of their benefits.

Benefit Description	Carelink HMO Plan 1	Carelink HMO Plan 2	Health Plan HMO Plan A	Health Plan HMO Plan B	Health Plan PPO		PEIA PPB Plans A & B (Medical benefits same for both plans)	
					In-Network	Out-of-Network	In-Network	Out-of-Network
Annual deductible	None	\$500	None	None	\$250 Single; \$500 Family (applies only to in-network)	\$500 Single; \$1,000 Family (applies only to out-of-network)	Varies by salary and employer type. See charts on pages 24-29, 31 & 33.	Twice the in-network deductible
Annual out-of-pocket maximum	\$2,000 Single; \$4,000 two-person \$6,000 family	\$3,000 Single; \$6,000 two-person \$9,000 family	\$2,000 Single; \$4,000 two-person \$6,000 family	\$2,000 Single; \$4,000 two-person \$6,000 family	\$1,500 Single; \$3,000 Family (applies only to in-network)	\$3,000 Single; \$6,000 Family (applies only to out-of-network)	Varies by salary and employer type. See charts on pages 24-29, 31 & 33.	Twice the in-network out-of-pocket maximum
<b>PHYSICIAN SERVICES</b>								
Adult routine physical examinations (including prostate and gynecological, with pap smear)	\$10 copay	\$10 copay	\$10 copay-PCP; \$15 copay-OB/GYN	\$10 copay-PCP; \$20 copay-OB/GYN	\$15 copay	40% coinsurance	\$10 copay for office visit only (no copay for Pap smear, prostate cancer screening or colon cancer screening – must meet plan guidelines)	40% coinsurance
★ Diagnostic x-ray, lab and testing	10% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	40% coinsurance	20% coinsurance	40% coinsurance
Mammograms (screening once annually)	Covered in full	Covered in full	Covered in full unless w/ an office visit	Covered in full unless w/ an office visit	Covered in full	40% coinsurance	Covered in full	40% coinsurance
Physician inpatient visits	Covered in full	Covered in full	Covered in full	Covered in full	20% coinsurance	40% coinsurance	20% coinsurance	40% coinsurance
Physician office visits-primary care	\$10 copay	\$10 copay	\$10 copay	\$10 copay	\$15 copay No PCP requirement	40% coinsurance	\$15 copay	40% coinsurance
Physician office visits-specialty care	\$25 copay	\$30 copay	\$15 copay	\$20 copay	\$15 copay	40% coinsurance	\$15 copay	40% coinsurance
Prenatal care	\$25 copay for initial visit only	\$30 copay for initial visit only	\$15 copay for initial visit only	\$20 copay for initial visit only	\$15 copay for initial visit only	40% coinsurance	Covered in full	40% coinsurance
★ Second surgical	\$25 copay	\$30 copay	\$15 copay	\$20 copay	\$15 copay	40% coinsurance	\$15 copay	40% coinsurance
Voluntary sterilization	\$150 copay	\$150 copay	\$15 copay	\$20 copay	20% coinsurance	40% coinsurance	20% coinsurance	40% coinsurance
Well child exams	\$10 copay	\$10 copay	\$10 copay	\$10 copay	\$15 copay	40% coinsurance	Covered in full	Covered in full

★ At least one of the plans has a limit on this benefit. Check with the plan you're considering for details.

# Benefits At-A-Glance

These charts provide an overview of the benefits for each plan. There are many limitations and precertification requirements that are not listed here. Contact the plan for a full description of their benefits.

Benefit Description	Carelink HMO Plan 1	Carelink HMO Plan 2	Health Plan HMO Plan A	Health Plan HMO Plan B	Health Plan PPO		PEIA PPB Plans A & B (Medical benefits same for both plans)	
					In-Network	Out-of-Network	In-Network	Out-of-Network
Well child immunizations (birth through 16)	Covered in full unless with an office visit	Covered in full unless with an office visit	Covered in full unless with an office visit	Covered in full unless with an office visit	Covered in full	Covered in full	Covered in full	Covered in full
<b>INPATIENT SERVICES</b>								
★ Semiprivate room; ancillaries; therapy services, x-ray, lab, surgical services, and general nursing care	\$250 copay and 10% coinsurance	\$500 copay and 20% coinsurance	Covered in full	10% coinsurance	20% coinsurance	40% coinsurance	20% coinsurance	\$500 copay + deductible + 40% coinsurance
★ Inpatient occupational, physical, or speech therapy	\$250 copay and 10% coinsurance	\$500 copay and 20% coinsurance	Covered in full	10% coinsurance	20% coinsurance	40% coinsurance	20% coinsurance (see Outpatient Therapies on pg. 14)	\$500 copay + deductible + 40% coinsurance
★ Maternity care (delivery)	\$250 copay and 10% coinsurance	\$500 copay and 20% coinsurance	Covered in full	10% coinsurance	20% coinsurance	40% coinsurance	20% coinsurance	\$500 copay + deductible + 40% coinsurance
★ Rehabilitation	\$250 copay and 10% coinsurance	\$500 copay and 20% coinsurance	Covered in full (days 1-30); 20% coinsurance (days 31+)	Covered in full (days 1-30); 20% coinsurance (days 31+)	20% coinsurance	40% coinsurance	20% coinsurance	\$500 copay + deductible + 40% coinsurance
★ Skilled nursing	50% coinsurance	50% coinsurance	\$35 copay/day	\$35 copay/day	20% coinsurance	40% coinsurance	20% coinsurance	\$500 copay + deductible + 40% coinsurance
<b>HOSPITAL OUTPATIENT SERVICES</b>								
★ Ambulatory/outpatient surgery	\$250 copay and 10% coinsurance	\$500 copay and 20% coinsurance	Covered in full	Covered in full	20% coinsurance	40% coinsurance	\$50 copay + 20% coinsurance	\$100 copay + 40% coinsurance
Preadmission testing	10% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	40% coinsurance	20% coinsurance	40% coinsurance
<b>MENTAL HEALTH &amp; CHEMICAL DEPENDENCY BENEFITS</b>								
★ Outpatient chemical dependency	\$25 copay	\$30 copay	\$20 copay	\$20 copay	20% coinsurance	40% coinsurance	20% coinsurance	40% coinsurance

★ At least one of the plans has a limit on this benefit. Check with the plan you're considering for details.

# Benefits At-A-Glance

These charts provide an overview of the benefits for each plan. There are many limitations and precertification requirements that are not listed here. Contact the plan for a full description of their benefits.

Benefit Description	Carelink HMO Plan 1	Carelink HMO Plan 2	Health Plan HMO Plan A	Health Plan HMO Plan B	Health Plan PPO		PEIA PPB Plans A & B (Medical benefits same for both plans)	
					In-Network	Out-of-Network	In-Network	Out-of-Network
★ Outpatient mental health	\$25 copay	\$30 copay	\$20 copay	\$20 copay	20% coinsurance	40% coinsurance	20% coinsurance	40% coinsurance
★ Inpatient mental health and chemical dependency (including partial hospitalization)	\$250 copay and 10% coinsurance	\$500 copay and 20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	40% coinsurance	20% coinsurance	\$500 copay + deductible + 40% coinsurance
★ Inpatient detoxification	\$250 copay and 10% coinsurance	\$500 copay and 20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	40% coinsurance	20% coinsurance	\$500 copay + deductible + 40% coinsurance
<b>OUTPATIENT THERAPIES</b>								
★ Acupuncture	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	20% coinsurance	40% coinsurance
★ Chiropractic	\$25 copay	\$30 copay	\$20 copay	\$20 copay	\$15 copay	40% coinsurance	20% coinsurance	40% coinsurance
★ Occupational therapy	\$25 copay	\$30 copay	\$20 copay	\$20 copay	20% coinsurance	40% coinsurance	20% coinsurance	40% coinsurance

★ At least one of the plans has a limit on this benefit. Check with the plan you're considering for details.

# Benefits At-A-Glance

These charts provide an overview of the benefits for each plan. There are many limitations and precertification requirements that are not listed here. Contact the plan for a full description of their benefits.

Benefit Description	Carelink HMO Plan 1	Carelink HMO Plan 2	Health Plan HMO Plan A	Health Plan HMO Plan B	Health Plan PPO		PEIA PPB Plans A & B (Medical benefits same for both plans)	
					In-Network	Out-of-Network	In-Network	Out-of-Network
★ Physical therapy	\$25 copay	\$30 copay	\$20 copay	\$20 copay	20% coinsurance	40% coinsurance	20% coinsurance	40% coinsurance
★ Speech therapy	\$25 copay	\$30 copay	\$20 copay	\$20 copay	20% coinsurance	40% coinsurance	20% coinsurance	40% coinsurance
<b>OTHER MEDICAL SERVICES</b>								
★ Allergy testing and treatment	\$25 copay	\$30 copay	\$15 copay	\$20 copay	\$15 copay	40% coinsurance	20% coinsurance	40% coinsurance
★ Cardiac rehabilitation	\$25 copay	\$30 copay	\$10 copay	\$10 copay	20% coinsurance	40% coinsurance	20% coinsurance	40% coinsurance
★ Dental services – accident related	\$25 copay	\$30 copay	Covered in full	Covered in full	\$15 copay	40% coinsurance	20% coinsurance	40% coinsurance
★ Dental services	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Coverage for impacted teeth only 20% coinsurance	Coverage for impacted teeth only 40% coinsurance
★ Diabetic supplies	Covered in full through contracted vendor	Covered in full through contracted vendor	Certain supplies covered in full	Certain supplies covered in full	20% coinsurance	40% coinsurance	Covered under prescription drug plan	Covered under prescription drug plan

★ At least one of the plans has a limit on this benefit. Check with the plan you're considering for details.

# Benefits At-A-Glance

These charts provide an overview of the benefits for each plan. There are many limitations and precertification requirements that are not listed here. Contact the plan for a full description of their benefits.

Benefit Description	Carelink HMO Plan 1	Carelink HMO Plan 2	Health Plan HMO Plan A	Health Plan HMO Plan B	Health Plan PPO		PEIA PPB Plans A & B (Medical benefits same for both plans)	
					In-Network	Out-of-Network	In-Network	Out-of-Network
★ Durable Medical Equipment (DME)	50% coinsurance; \$1,000 annual max	50% coinsurance; \$1,000 annual max	30% coinsurance (including orthotics)	30% coinsurance (including orthotics)	20% coinsurance	40% coinsurance	20% coinsurance	40% coinsurance
Emergency Ambulance (Medically Necessary)	20% coinsurance	20% coinsurance	\$50 copay/transport	\$50 copay/transport	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
Emergency Room Treatment (Non-emergency)	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	\$50 copay + deductible + 20% coinsurance	\$50 copay + deductible + 40% coinsurance
Emergency Services (including supplies)	\$75 plus 10% coinsurance; copay waived if admitted	\$75 plus 20% coinsurance; copay waived if admitted	\$75 copay/visit (waived if admitted)	\$75 copay/visit (waived if admitted)	\$75 copay/visit (waived if admitted)	\$75 copay/visit (waived if admitted)	\$25 copay + deductible and 20% coinsurance when certified as emergency	\$25 copay + deductible and 20% coinsurance when certified as emergency
★ Growth Hormone	Covered in full through contracted vendor	Covered in full through contracted vendor	30% coinsurance	30% coinsurance	20% coinsurance	40% coinsurance	Covered under prescription drug plan	Covered under prescription drug plan
Hearing exam	Covered under well child benefit only	Covered under well child benefit only	Covered in full unless with an office visit	Covered in full unless with an office visit	Covered under well child benefit only	Covered under well child benefit only	Covered under well child benefit only	Covered under well child benefit only
★ Home health services	10% coinsurance	20% coinsurance	Covered in full	Covered in full	20% coinsurance	40% coinsurance	20% coinsurance	40% coinsurance
★ Home health supplies	10% coinsurance	20% coinsurance	Covered in full	Covered in full	20% coinsurance	40% coinsurance	20% coinsurance	40% coinsurance
★ Hospice	10% coinsurance	20% coinsurance	Covered in full	Covered in full	20% coinsurance	40% coinsurance	20% coinsurance	40% coinsurance

★ At least one of the plans has a limit on this benefit. Check with the plan you're considering for details.

# Benefits At-A-Glance

These charts provide an overview of the benefits for each plan. There are many limitations and precertification requirements that are not listed here. Contact the plan for a full description of their benefits.

Benefit Description	Carelink HMO Plan 1	Carelink HMO Plan 2	Health Plan HMO Plan A	Health Plan HMO Plan B	Health Plan PPO		PEIA PPB Plans A & B (Medical benefits same for both plans)	
					In-Network	Out-of-Network	In-Network	Out-of-Network
★ Infertility services (medical only) Artificial methods of treatment not covered under any plan.	40% coinsurance; \$1,000 annual max; no prescription coverage	40% coinsurance; \$1,000 annual max; no prescription coverage	30% coinsurance; no prescription coverage	30% coinsurance; no prescription coverage	20% coinsurance; no prescription coverage	40% coinsurance; \$2,000 annual max; no prescription coverage	20% coinsurance; no prescription coverage	40% coinsurance; no prescription coverage
★ Medical supplies	10% coinsurance	20% coinsurance	30% coinsurance	30% coinsurance	20% coinsurance	40% coinsurance	20% coinsurance	40% coinsurance
★ Prosthetics	30% coinsurance	30% coinsurance	30% coinsurance	30% coinsurance	20% coinsurance	40% coinsurance	20% coinsurance	40% coinsurance
★ Pulmonary rehabilitation	\$25 copay	\$30 copay	\$10 copay	\$10 copay	20% coinsurance	40% coinsurance	20% coinsurance	40% coinsurance
Radiation and chemotherapy	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	40% coinsurance	20% coinsurance	40% coinsurance
★ TMJ	5% coinsurance	5% coinsurance	30% coinsurance	30% coinsurance	20% coinsurance	40% coinsurance	Not covered	Not covered

★ At least one of the plans has a limit on this benefit. Check with the plan you're considering for details.

# Benefits At-A-Glance

These charts provide an overview of the benefits for each plan. There are many limitations and precertification requirements that are not listed here. Contact the plan for a full description of their benefits.

Benefit Description	Carelink HMO Plan 1	Carelink HMO Plan 2	Health Plan HMO Plan A	Health Plan HMO Plan B	Health Plan PPO		PEIA PPB Plans A & B (Medical benefits same for both plans)	
					In-Network	Out-of-Network	In-Network	Out-of-Network
★ Transplants	\$250 copay + 10% coinsurance	\$500 copay + 20% coinsurance	Covered in full	10% coinsurance	20% coinsurance	40% coinsurance	20% coinsurance + \$5,000 benefit for family transportation and lodging	40% coinsurance + \$10,000 deductible; no benefit for family transportation and lodging
Urgent care	\$30 copay/visit	\$30 copay/visit	\$50 copay/visit	\$50 copay/visit	\$35 copay/visit	40% coinsurance	20% coinsurance	40% coinsurance

★ At least one of the plans has a limit on this benefit. Check with the plan you're considering for details.



# Benefits At-A-Glance

## Prescription Drug Benefits

These charts provide an overview of the benefits for each plan. There are many limitations and precertification requirements that are not listed here. Contact the plan for a full description of their benefits.

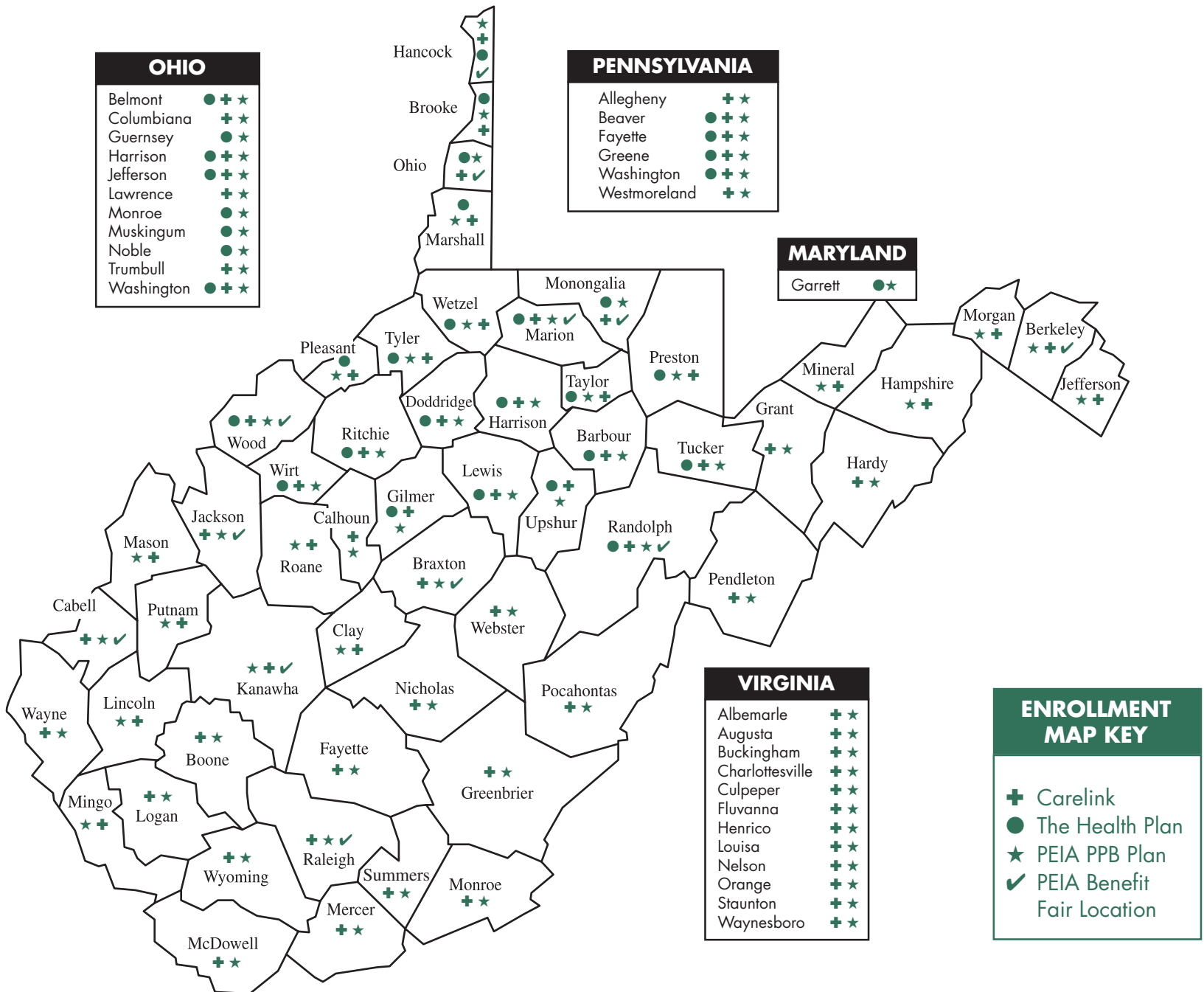
Benefit Description	Carelink HMO Plan 1	Carelink HMO Plan 2	Health Plan HMO Plan A	Health Plan HMO Plan B	Health Plan PPO		PEIA PPB Plan A		PEIA PPB Plan B	
					In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	None	None	None	None	None	Not Covered	\$75 individual/ \$125 family	\$75 individual/ \$125 family	\$150 individual/ \$300 family	\$150 individual/ \$300 family
Generic	\$10	\$10	\$10	\$5	\$10 copay	Not Covered	\$5	\$5 + \$3.00 out-of-network copay	\$5	\$5 + \$3.00 out-of-network copay
Formulary brand necessary	\$20	\$20	40% coinsurance if generic is NOT available	Not covered	40% coinsurance if generic is NOT available	Not Covered	\$15	\$15 + \$3.00 out-of-network copay	\$20	\$20 + \$3.00 out-of-network copay
Brand requested by patient	\$20 + full cost difference between generic and brand	\$20 + full cost difference between generic and brand	40% coinsurance if generic is NOT available	Not covered	40% coinsurance if generic is NOT available	Not covered	\$5 + full cost difference between generic and brand	\$5 + \$3.00 out-of-network copay + full cost difference between generic and brand	\$5 + full cost difference between generic and brand	\$5 + \$3.00 out-of-network copay + full cost difference between generic and brand
Non-Formulary	\$50	\$50	Not covered	Not covered	Not covered	Not covered	\$30	\$30 + \$3.00 out-of-network copay	\$50	\$50 + \$3.00 out-of-network copay
Maintenance medication discount	90-day supply for one month's copay through mail order program; limited to medications on Mail-Order List	90-day supply for two months' copay through mail order program; limited to medications on Mail-Order List	Mail order program available; see plan for details	Mail order program available; see plan for details	Mail order program available; see plan for details	Not covered	90-day supply for two months' copay in mail order program or Retail Maintenance Network; some restrictions apply	No discount available	90-day supply for two months' copay in mail order program or Retail Maintenance Network; some restrictions apply	No discount available
Annual benefit maximum (per member/year)	None	None	\$5,000	\$5,000	\$5,000 Combined in/out-of-network limit	Not covered	None	None	None	None
Out-of-pocket maximum	None	None	None	None	None	None	\$1,750 individual /\$3,500 family	\$1,750 individual /\$3,500 family	\$1,750 individual /\$3,500 family	\$1,750 individual /\$3,500 family
Other details	Closed Formulary \$50 Non-Formulary	Closed Formulary \$50 Non-Formulary	Brand name drugs NOT covered if generic is available	Brand name drugs NOT covered if generic is available	Brand name drugs NOT covered if generic is available	Not covered	Preferred drug list with mandatory generics	Preferred drug list with mandatory generics	Preferred drug list with mandatory generics	Preferred drug list with mandatory generics

# Enrollment Area Map For Plan Year 2005

This map shows the enrollment areas for the Carelink HMOs and the Health Plan HMOs and PPO. You must live within the enrollment area of a plan to be eligible to enroll in that plan.

**The PEIA PPB Plan is available in all areas nationwide;** it does not have a limited enrollment area, so although it has a symbol on this map it is available in all other counties and states, too.

You'll also see the locations of the benefit fairs marked on the map so you can find the one nearest you.



# Managed Care Plans' Enrollment Areas

These charts list the counties in which the managed care plans may enroll members, and also provide you the Region information for each county, which you will need to determine the managed care plan premiums. You must LIVE in one of these counties to be eligible to join a managed care plan.

If your county is not listed in these charts, then managed care is not an option for you in Plan Year 2005. Counties not listed here are considered to be in Region 2 for premium purposes.

Counties (WV unless noted)	Carelink HMO	The Health Plan HMO & PPO	Region	Counties (WV unless noted)	Carelink HMO	The Health Plan HMO & PPO	Region	Counties (WV unless noted)	Carelink HMO	The Health Plan HMO & PPO	Region	Counties (WV unless noted)	Carelink HMO	The Health Plan HMO & PPO	Region
Barbour	X	X	1	Marion	X	X	1	Tucker	X	X	1	Allegheny-PA	X		1
Berkeley	X		2	Marshall	X	X	1	Tyler	X	X	1	Beaver-PA	X	X	1
Boone	X		2	Mason	X		2	Upshur	X	X	1	Fayette-PA	X	X	1
Braxton	X		2	McDowell	X		2	Wayne	X		2	Greene-PA	X	X	1
Brooke	X	X	1	Mercer	X		2	Webster	X		2	Washington-PA	X	X	1
Cabell	X		2	Mineral	X		2	Wetzel	X	X	1	Westmoreland-PA	X		1
Calhoun	X		2	Mingo	X		2	Wirt	X	X	1				
Clay	X		2	Monongalia	X	X	1	Wood	X	X	1	Albemarle Co.-VA	X		2
Doddridge	X	X	1	Monroe	X		2	Wyoming	X		2	Augusta Co.-VA	X		2
Fayette	X		2	Morgan	X		2					Buckingham Co.-VA	X		2
Gilmer	X	X	1	Nicholas	X		2	Garrett-MD		X	1	Charlottesville City-VA	X		2
Grant	X		2	Ohio	X	X	1					Culpeper Co.-VA	X		2
Greenbrier	X		2	Pendleton	X		2	Belmont-OH	X	X	1	Fluvanna Co.-VA	X		2
Hampshire	X		2	Pleasants	X	X	1	Columbiana-OH	X		1	Henrico Co.-VA	X		2
Hancock	X	X	1	Pocahontas	X		2	Guernsey-OH		X	1	Louisa Co.-VA	X		2
Hardy	X		2	Preston	X	X	1	Harrison-OH	X	X	1	Nelson Co.-VA	X		2
Harrison	X	X	1	Putnam	X		2	Jefferson-OH	X	X	1	Orange Co.-VA	X		2
Jackson	X		2	Raleigh	X		2	Lawrence-OH	X		2	Staunton City-VA	X		2
Jefferson	X		2	Randolph	X	X	1	Monroe-OH		X	1	Waynesboro City-VA	X		2
Kanawha	X		2	Ritchie	X	X	1	Muskingum-OH		X	1				
Lewis	X	X	1	Roane	X		2	Noble-OH		X	1				
Lincoln	X		2	Summers	X		2	Trumbull-OH	X		1				
Logan	X		2	Taylor	X	X	1	Washington-OH	X	X	1				

**NOTE: If your county is not listed in the charts above, then managed care is not available to you for Plan Year 2005.**

# Benefit Fairs

## Tuesday, April 6, 2004

### **Weirton :: 3:00 – 7:00pm**

Holiday Inn  
350 Three Springs Drive

## Wednesday, April 7, 2004

### **Wheeling :: 9:00 – 1:30**

Ramada Plaza  
City Center  
1200 Market Street

## Thursday, April 8, 2004

### **Flatwoods :: 3:00 – 7:00pm**

Days Inn  
200 Sutton Lane

## Monday, April 12, 2004

### **Charleston :: 9:00 - 3:00**

State Capitol Complex Bldg. 7  
Conference Center Corridor  
1900 Kanawha Blvd E

### **Charleston :: 3:00 - 7:00pm**

Charleston Civic Center Parlor B  
200 Civic Center Drive

## Tuesday, April 13, 2004

### **Morgantown :: 9:00 – 1:30**

WVU Mountainlair  
Rhododendron Room  
1550 University Ave.

### **Morgantown :: 3:00 – 7:00pm**

Ramada Inn  
I-79 & Exit 148 & I-68 Exit 1  
US 119 North

## Wednesday, April 14, 2004

### **Martinsburg :: 3:00 – 7:00pm**

Comfort Inn  
1872 Edwin Miller Blvd

## Thursday, April 15, 2004

### **Elkins :: 3:00 – 7:00pm**

Days Inn  
1200 Harrison Avenue

## Monday, April 19, 2004

### **Huntington :: 9:00 - 1:30**

Marshall University  
Memorial Student Center  
Room 2W16  
Fifth Avenue & Elm Street

## Monday, April 19, 2004

(continued)

### **Huntington :: 3:00-7:00pm**

Big Sandy Superstore Arena  
One Civic Center Plaza

## Tuesday, April 20, 2004

### **Fairmont :: 9:00 – 1:30**

Fairmont State College  
1201 Locust Avenue

### **Parkersburg :: 3:00 – 7:00pm**

Holiday Inn  
U.S. Rt 50 and I-77

## Wednesday, April 21, 2004

### **Ripley :: 3:00 - 7:00pm**

Best Western – McCoys Inn &  
Conference Center  
701 West Main Street

## Thursday, April 22, 2004

### **Beckley :: 3:00 - 7:00pm**

Tamarack Conference Center  
Ballroom A  
One Tamarack Park  
I-77, Exit 45

# Questions To Ask the Plans

Here are some questions you might want to ask the plan representatives at the Benefit Fairs (or call their toll free lines).

## GENERAL QUESTIONS

- ? What hospitals are in your plan? Doctors? Pharmacies? May I have a copy of your provider directory?
- ? What types of doctors do you consider to be Primary Care Physicians (PCPs)? Family practitioners? General practitioners? Internists? Pediatricians? OB-GYNs? Cardiologists?
- ? How often can I change PCPs?
- ? What's the process for changing PCPs?
- ? What if my PCP or specialist stops participating with your plan during the plan year? What arrangements will you make?
- ? How do you define a medical emergency? How do I report it?
- ? If my PCP does not want to refer me to a specialist and I believe I need one, what are my options?
- ? May I have a copy of your drug formulary? Are there special drug restrictions I should know about?
- ? If I'm on a drug that is not on your formulary, is there an appeal process I can go through to get it covered?

## IF YOU HAVE OR ARE PLANNING TO HAVE CHILDREN

- ? Which pediatricians are in your plan?
- ? How does your plan handle problems like a high fever late at night? Do I go to the emergency room or do I call my PCP? What if I can't reach my PCP?
- ? How many inpatient days does your plan allow for a normal delivery?

## SPECIFIC QUESTIONS YOU WANT TO ASK

- ? \_\_\_\_\_
- ? \_\_\_\_\_
- ? \_\_\_\_\_
- ? \_\_\_\_\_

# Monthly Premiums For Region 1

PEIA has regional premiums for managed care plans. See the charts on page 21 for your region. Counties not listed in the chart are considered to be in Region 2.

Premiums for employees of State agencies, colleges and universities and county boards of education are based on the employee's annual salary. The premiums listed here are charged monthly.

For the PEIA PPB Plans, the out-of-network deductible and out-of-pocket maximum amounts are double the in-network amounts listed in the tables below.

<b>EMPLOYEE ONLY</b>							<b>PEIA PPB Plan A</b>				<b>PEIA PPB Plan B</b>			
<b>Salary Range</b>		<b>Carelink</b>		<b>Health Plan</b>			<b>Standard</b>	<b>Preferred</b>	<b>Annual Deductible</b>	<b>Out-of-Pocket Maximum</b>	<b>Standard</b>	<b>Preferred</b>	<b>Annual Deductible</b>	<b>Out-of-Pocket Maximum</b>
		<b>Plan 1</b>	<b>Plan 2</b>	<b>Plan A</b>	<b>Plan B</b> <small>generics only</small>	<b>PPO</b>								
\$ 0	\$ 20,000	\$ 32	\$ 0	\$ 40	\$ 0	\$ 19	\$ 33	\$ 18	\$100	\$ 800	\$ 25	\$ 10	\$ 500	\$2,000
20,001	30,000	\$ 45	\$ 6	\$ 53	\$ 3	\$ 32	\$ 46	\$ 31	\$150	\$1,100	\$ 32	\$ 17	\$ 500	\$2,000
30,001	36,000	\$ 50	\$ 11	\$ 58	\$ 7	\$ 37	\$ 51	\$ 36	\$200	\$1,250	\$ 35	\$ 20	\$ 500	\$2,000
36,001	42,000	\$ 54	\$ 15	\$ 62	\$ 10	\$ 41	\$ 55	\$ 40	\$225	\$1,500	\$ 37	\$ 22	\$ 500	\$2,000
42,001	50,000	\$ 67	\$ 28	\$ 75	\$ 23	\$ 54	\$ 68	\$ 53	\$250	\$1,750	\$ 44	\$ 29	\$1,000	\$2,000
50,001	62,500	\$ 86	\$ 47	\$ 94	\$ 42	\$ 73	\$ 87	\$ 72	\$375	\$1,800	\$ 55	\$ 40	\$1,000	\$2,000
62,501	75,000	\$ 98	\$ 59	\$106	\$ 49	\$ 85	\$ 99	\$ 84	\$400	\$1,850	\$ 61	\$ 46	\$1,000	\$2,000
75,001	100,000	\$121	\$ 82	\$129	\$ 72	\$108	\$122	\$107	\$425	\$1,900	\$ 74	\$ 59	\$1,000	\$2,000
100,001	125,000	\$156	\$117	\$164	\$107	\$143	\$157	\$142	\$500	\$2,000	\$114	\$ 99	\$1,000	\$2,000
125,001	+	\$181	\$142	\$189	\$132	\$168	\$182	\$167	\$600	\$2,250	\$139	\$124	\$1,000	\$2,000

<b>EMPLOYEE AND CHILDREN</b>							<b>PEIA PPB Plan A</b>				<b>PEIA PPB Plan B</b>			
<b>Salary Range</b>		<b>Carelink</b>		<b>Health Plan</b>			<b>Standard</b>	<b>Preferred</b>	<b>Annual Deductible</b>	<b>Out-of-Pocket Maximum</b>	<b>Standard</b>	<b>Preferred</b>	<b>Annual Deductible</b>	<b>Out-of-Pocket Maximum</b>
		<b>Plan 1</b>	<b>Plan 2</b>	<b>Plan A</b>	<b>Plan B</b> <small>generics only</small>	<b>PPO</b>								
\$ 0	\$ 20,000	\$112	\$ 65	\$ 85	\$ 19	\$ 65	\$ 71	\$ 41	\$ 200	\$ 800	\$ 48	\$ 18	\$1,000	\$4,000
20,001	30,000	\$132	\$ 85	\$105	\$ 38	\$ 85	\$ 91	\$ 61	\$ 300	\$1,100	\$ 57	\$ 27	\$1,000	\$4,000
30,001	36,000	\$138	\$ 91	\$111	\$ 42	\$ 91	\$ 97	\$ 67	\$ 400	\$1,250	\$ 60	\$ 30	\$1,000	\$4,000
36,001	42,000	\$148	\$101	\$121	\$ 52	\$101	\$107	\$ 77	\$ 450	\$1,500	\$ 65	\$ 35	\$1,000	\$4,000
42,001	50,000	\$176	\$129	\$149	\$ 81	\$129	\$135	\$105	\$ 500	\$1,750	\$ 88	\$ 58	\$1,500	\$4,000
50,001	62,500	\$215	\$168	\$188	\$115	\$168	\$174	\$144	\$ 750	\$1,800	\$124	\$ 94	\$1,500	\$4,000
62,501	75,000	\$238	\$191	\$211	\$133	\$191	\$197	\$167	\$ 800	\$1,850	\$147	\$117	\$1,500	\$4,000
75,001	100,000	\$290	\$243	\$263	\$185	\$243	\$249	\$219	\$ 850	\$1,900	\$194	\$164	\$1,500	\$4,000
100,001	125,000	\$342	\$295	\$315	\$237	\$295	\$301	\$271	\$1,000	\$2,000	\$252	\$222	\$1,500	\$4,000
125,001	+	\$388	\$341	\$361	\$283	\$341	\$347	\$317	\$1,200	\$2,250	\$296	\$266	\$1,500	\$4,000

**\*Complete and submit the Tobacco Affidavit and Open Enrollment Transfer Form we mailed to your home to qualify for discounted premiums. Affidavits are due by May 7, 2004.**

# Monthly Premiums For Region 1

FAMILY							PEIA PPB Plan A				PEIA PPB Plan B			
Salary Range		Carelink		Health Plan			Standard	Preferred	Annual Deductible	Out-of-Pocket Maximum	Standard	Preferred	Annual Deductible	Out-of-Pocket Maximum
		Plan 1	Plan 2	Plan A	Plan B generics only	PPO								
\$ 0	\$ 20,000	\$171	\$ 92	\$115	\$ 42	\$ 81	\$106	\$ 76	\$ 200	\$ 800	\$ 87	\$ 57	\$1,000	\$4,000
20,001	30,000	\$211	\$132	\$155	\$ 78	\$121	\$146	\$116	\$ 300	\$1,100	\$117	\$ 87	\$1,000	\$4,000
30,001	36,000	\$225	\$146	\$169	\$ 89	\$135	\$160	\$130	\$ 400	\$1,250	\$128	\$ 98	\$1,000	\$4,000
36,001	42,000	\$245	\$166	\$189	\$109	\$155	\$180	\$150	\$ 450	\$1,500	\$143	\$113	\$1,000	\$4,000
42,001	50,000	\$288	\$209	\$232	\$150	\$198	\$223	\$193	\$ 500	\$1,750	\$175	\$145	\$1,500	\$4,000
50,001	62,500	\$340	\$261	\$284	\$205	\$250	\$275	\$245	\$ 750	\$1,800	\$221	\$191	\$1,500	\$4,000
62,501	75,000	\$365	\$286	\$309	\$226	\$275	\$300	\$270	\$ 800	\$1,850	\$246	\$216	\$1,500	\$4,000
75,001	100,000	\$431	\$352	\$375	\$299	\$341	\$366	\$336	\$ 850	\$1,900	\$316	\$286	\$1,500	\$4,000
100,001	125,000	\$523	\$444	\$467	\$394	\$433	\$458	\$428	\$1,000	\$2,000	\$407	\$377	\$1,500	\$4,000
125,001	+	\$563	\$514	\$537	\$465	\$503	\$528	\$498	\$1,200	\$2,250	\$478	\$448	\$1,500	\$4,000

Family with Employee Spouse premiums are for two married public employees who are both benefit-eligible under PEIA. These premiums are based on the average of the two employees' salaries. To calculate the average, add the annual salaries together and divide by two to get the basis for the premium.

FAMILY WITH EMPLOYEE SPOUSE							PEIA PPB Plan A				PEIA PPB Plan B			
Salary Range		Carelink		Health Plan			Standard	Preferred	Annual Deductible	Out-of-Pocket Maximum	Standard	Preferred	Annual Deductible	Out-of-Pocket Maximum
		Plan 1	Plan 2	Plan A	Plan B generics only	PPO								
\$ 0	\$ 20,000	\$142	\$ 63	\$ 86	\$ 20	\$ 52	\$ 77	\$ 47	\$ 200	\$ 800	\$ 58	\$ 28	\$1,000	\$4,000
20,001	30,000	\$169	\$ 90	\$113	\$ 48	\$ 79	\$104	\$ 74	\$ 300	\$1,100	\$ 75	\$ 45	\$1,000	\$4,000
30,001	36,000	\$187	\$108	\$131	\$ 54	\$ 97	\$122	\$ 92	\$ 400	\$1,250	\$ 90	\$ 60	\$1,000	\$4,000
36,001	42,000	\$201	\$122	\$145	\$ 65	\$111	\$136	\$106	\$ 450	\$1,500	\$ 99	\$ 69	\$1,000	\$4,000
42,001	50,000	\$234	\$155	\$178	\$ 98	\$144	\$169	\$139	\$ 500	\$1,750	\$121	\$ 91	\$1,500	\$4,000
50,001	62,500	\$276	\$197	\$220	\$158	\$186	\$211	\$181	\$ 750	\$1,800	\$157	\$127	\$1,500	\$4,000
62,501	75,000	\$308	\$229	\$252	\$168	\$218	\$243	\$213	\$ 800	\$1,850	\$189	\$159	\$1,500	\$4,000
75,001	100,000	\$381	\$302	\$325	\$248	\$291	\$316	\$286	\$ 850	\$1,900	\$266	\$236	\$1,500	\$4,000
100,001	125,000	\$473	\$394	\$417	\$343	\$383	\$408	\$378	\$1,000	\$2,000	\$357	\$327	\$1,500	\$4,000
125,001	+	\$543	\$464	\$487	\$413	\$453	\$478	\$448	\$1,200	\$2,250	\$428	\$398	\$1,500	\$4,000

**\*Complete and submit the Tobacco Affidavit and Open Enrollment Transfer Form we mailed to your home to qualify for discounted premiums. These forms are due by May 7, 2004.**

# Monthly Premiums For Region 2

PEIA has regional premiums for managed care plans. See the charts on page 21 for your region. Counties not listed in the chart are considered to be in Region 2. PEIA PPB Plan rates are the same in both regions.

Premiums for employees of State agencies, colleges and universities and county boards of education are based on the employee's annual salary. The premiums listed here are charged monthly.

The PEIA PPB Plans' out-of-network deductibles and out-of-pocket maximum amounts are double the in-network amounts listed in the tables below.

EMPLOYEE ONLY Salary Range		PEIA PPB Plan A						PEIA PPB Plan B			
		Carelink HMO Plan 1   Plan 2		Standard	Preferred	Annual Deductible	Out-of-Pocket Maximum	Standard	Preferred	Annual Deductible	Out-of-Pocket Maximum
\$ 0	\$ 20,000	\$ 36	\$ 2	\$ 33	\$ 18	\$100	\$ 800	\$ 25	\$ 10	\$ 500	\$2,000
20,001	30,000	\$ 49	\$ 15	\$ 46	\$ 31	\$150	\$1,100	\$ 32	\$ 17	\$ 500	\$2,000
30,001	36,000	\$ 54	\$ 20	\$ 51	\$ 36	\$200	\$1,250	\$ 35	\$ 20	\$ 500	\$2,000
36,001	42,000	\$ 58	\$ 24	\$ 55	\$ 40	\$225	\$1,500	\$ 37	\$ 22	\$ 500	\$2,000
42,001	50,000	\$ 71	\$ 37	\$ 68	\$ 53	\$250	\$1,750	\$ 44	\$ 29	\$1,000	\$2,000
50,001	62,500	\$ 90	\$ 56	\$ 87	\$ 72	\$375	\$1,800	\$ 55	\$ 40	\$1,000	\$2,000
62,501	75,000	\$102	\$ 68	\$ 99	\$ 84	\$400	\$1,850	\$ 61	\$ 46	\$1,000	\$2,000
75,001	100,000	\$125	\$ 91	\$122	\$107	\$425	\$1,900	\$ 74	\$ 59	\$1,000	\$2,000
100,001	125,000	\$160	\$126	\$157	\$142	\$500	\$2,000	\$114	\$ 99	\$1,000	\$2,000
125,001	+	\$185	\$151	\$182	\$167	\$600	\$2,250	\$139	\$124	\$1,000	\$2,000

EMPLOYEE AND CHILDREN Salary Range		PEIA PPB Plan A						PEIA PPB Plan B			
		Carelink HMO Plan 1   Plan 2		Standard	Preferred	Annual Deductible	Out-of-Pocket Maximum	Standard	Preferred	Annual Deductible	Out-of-Pocket Maximum
\$ 0	\$ 20,000	\$120	\$ 74	\$ 71	\$ 41	\$ 200	\$ 800	\$ 48	\$ 18	\$1,000	\$4,000
20,001	30,000	\$140	\$ 94	\$ 91	\$ 61	\$ 300	\$1,100	\$ 57	\$ 27	\$1,000	\$4,000
30,001	36,000	\$146	\$100	\$ 97	\$ 67	\$ 400	\$1,250	\$ 60	\$ 30	\$1,000	\$4,000
36,001	42,000	\$156	\$110	\$107	\$ 77	\$ 450	\$1,500	\$ 65	\$ 35	\$1,000	\$4,000
42,001	50,000	\$184	\$138	\$135	\$105	\$ 500	\$1,750	\$ 88	\$ 58	\$1,500	\$4,000
50,001	62,500	\$223	\$177	\$174	\$144	\$ 750	\$1,800	\$124	\$ 94	\$1,500	\$4,000
62,501	75,000	\$246	\$200	\$197	\$167	\$ 800	\$1,850	\$147	\$117	\$1,500	\$4,000
75,001	100,000	\$298	\$252	\$249	\$219	\$ 850	\$1,900	\$194	\$164	\$1,500	\$4,000
100,001	125,000	\$350	\$304	\$301	\$271	\$1,000	\$2,000	\$252	\$222	\$1,500	\$4,000
125,001	+	\$396	\$350	\$347	\$317	\$1,200	\$2,250	\$296	\$266	\$1,500	\$4,000

**\*Complete and submit the Tobacco Affidavit and Open Enrollment Transfer Form we mailed to your home to qualify for discounted premiums. Affidavits are due by May 7, 2004.**



# Monthly Premiums For Region 2

FAMILY Salary Range		PEIA PPB Plan A				PEIA PPB Plan B					
		Carelink HMO		Standard	Preferred	Annual Deductible	Out-of-Pocket Maximum	Standard	Preferred	Annual Deductible	Out-of-Pocket Maximum
Plan 1	Plan 2	Standard	Preferred								
\$ 0	\$ 20,000	\$178	\$ 99	\$106	\$ 76	\$ 200	\$ 800	\$ 87	\$ 57	\$1,000	\$4,000
20,001	30,000	\$218	\$139	\$146	\$116	\$ 300	\$1,100	\$117	\$ 87	\$1,000	\$4,000
30,001	36,000	\$232	\$153	\$160	\$130	\$ 400	\$1,250	\$128	\$ 98	\$1,000	\$4,000
36,001	42,000	\$252	\$173	\$180	\$150	\$ 450	\$1,500	\$143	\$113	\$1,000	\$4,000
42,001	50,000	\$295	\$216	\$223	\$193	\$ 500	\$1,750	\$175	\$145	\$1,500	\$4,000
50,001	62,500	\$347	\$268	\$275	\$245	\$ 750	\$1,800	\$221	\$191	\$1,500	\$4,000
62,501	75,000	\$372	\$293	\$300	\$270	\$ 800	\$1,850	\$246	\$216	\$1,500	\$4,000
75,001	100,000	\$438	\$359	\$366	\$336	\$ 850	\$1,900	\$316	\$286	\$1,500	\$4,000
100,001	125,000	\$530	\$451	\$458	\$428	\$1,000	\$2,000	\$407	\$377	\$1,500	\$4,000
125,001	+	\$570	\$521	\$528	\$498	\$1,200	\$2,250	\$478	\$448	\$1,500	\$4,000

Family with Employee Spouse premiums are for two married public employees who are both benefit-eligible under PEIA. These premiums are based on the average of the two employees' salaries. To calculate the average, add the annual salaries together and divide by 2 to get the basis for the premium.

FAMILY WITH EMPLOYEE SPOUSE Salary Range		PEIA PPB Plan A				PEIA PPB Plan B					
		Carelink HMO		Standard	Preferred	Annual Deductible	Out-of-Pocket Maximum	Standard	Preferred	Annual Deductible	Out-of-Pocket Maximum
Plan 1	Plan 2	Standard	Preferred								
\$ 0	\$ 20,000	\$149	\$ 70	\$ 77	\$ 47	\$ 200	\$ 800	\$ 58	\$ 28	\$1,000	\$4,000
20,001	30,000	\$176	\$ 97	\$104	\$ 74	\$ 300	\$1,100	\$ 75	\$ 45	\$1,000	\$4,000
30,001	36,000	\$194	\$115	\$122	\$ 92	\$ 400	\$1,250	\$ 90	\$ 60	\$1,000	\$4,000
36,001	42,000	\$208	\$129	\$136	\$106	\$ 450	\$1,500	\$ 99	\$ 69	\$1,000	\$4,000
42,001	50,000	\$241	\$162	\$169	\$139	\$ 500	\$1,750	\$121	\$ 91	\$1,500	\$4,000
50,001	62,500	\$283	\$204	\$211	\$181	\$ 750	\$1,800	\$157	\$127	\$1,500	\$4,000
62,501	75,000	\$315	\$236	\$243	\$213	\$ 800	\$1,850	\$189	\$159	\$1,500	\$4,000
75,001	100,000	\$388	\$309	\$316	\$286	\$ 850	\$1,900	\$266	\$236	\$1,500	\$4,000
100,001	125,000	\$480	\$401	\$408	\$378	\$1,000	\$2,000	\$357	\$327	\$1,500	\$4,000
125,001	+	\$550	\$471	\$478	\$448	\$1,200	\$2,250	\$428	\$398	\$1,500	\$4,000

**\*Complete and submit the Tobacco Affidavit and Open Enrollment Transfer Form we mailed to your home to qualify for discounted premiums. These forms are due by May 7, 2004.**

# Non-State Agency Benefits: PEIA PPB Plans

Non-State agencies are counties, cities, towns, and other government bodies and agencies who qualify for coverage under PEIA pursuant to the West Virginia Code. By law, these agencies determine how much of the total monthly PEIA premium will be paid by their active employees. Employees should check with their employer to determine what their monthly employee contribution will be for the various plans and coverage types.

PEIA has made it the employee's option to choose PEIA PPB Plan A or Plan B or any of the managed care plans available in your area, although your employer may choose to limit the amount paid toward the premium. Check with your benefit coordinator to see how much (if any) your employer will be paying toward the premium for the plan you've chosen.

The charts below detail the premiums, deductibles and out-of-pocket maximums for the two PPB plan options. Remember that the out-of-network deductible and out-of-pocket maximums are double the in-network amounts listed in the charts. Remember to complete the Tobacco Affidavit on the Transfer Form to qualify for premium discounts on health and optional life insurance.

## Premiums, Deductibles and Out-of-Pocket Maximums

<b>PLAN A</b>						
	<b>PEIA PPB-Plan A Premium</b>		<b>Annual Deductible In-network</b>	<b>Annual Deductible Out-of-Network</b>	<b>Annual Out-of-Pocket Maximum In-network</b>	<b>Annual Out-of-Pocket Maximum Out-of-Network</b>
	<b>Standard (tobacco user)</b>	<b>Preferred (tobacco free)</b>				
Employee Only	\$379	\$364	\$225	\$450	\$1,500	\$3,000
Employee and Child(ren)	\$770	\$740	\$450	\$900	\$1,500	\$3,000
Family	\$770	\$740	\$450	\$900	\$1,500	\$3,000

<b>PLAN B</b>						
	<b>PEIA PPB-Plan B Premium</b>		<b>Annual Deductible In-network</b>	<b>Annual Deductible Out-of-Network</b>	<b>Annual Out-of-Pocket Maximum In-network</b>	<b>Annual Out-of-Pocket Maximum Out-of-Network</b>
	<b>Standard (tobacco user)</b>	<b>Preferred (tobacco free)</b>				
Employee Only	\$346	\$331	\$ 500	\$1,000	\$2,000	\$4,000
Employee and Child(ren)	\$684	\$654	\$1,000	\$2,000	\$4,000	\$8,000
Family	\$684	\$654	\$1,000	\$2,000	\$4,000	\$8,000

**\*Complete and submit the Tobacco Affidavit and Open Enrollment Transfer Form we mailed to your home to qualify for discounted premiums. Affidavits are due by May 7, 2004.**

# Non-State Agency Benefits: Managed Care Plans

PEIA has made it the employee's option to choose among all of the plans available in your area: the PEIA PPB Plan A or Plan B or any of the managed care plans. Your employer may choose to limit the amount paid toward the premium for these plans. Check with your benefit coordinator to see how much (if any) your employer will be paying toward the premium for the plan you've chosen.

To enroll in one of the managed care plans listed below, you must live in the plan's enrollment area. Check the charts on page 21 to see if you qualify for the plan you're considering. The PEIA PPB Plans' enrollment area is unlimited, so you will not find it on the chart. Counties not listed in the charts on page 21 are considered to be in Region 2 for premium purposes.

The managed care plans do not offer discounted premiums to tobacco-free members, but you can still get a discount on your optional life insurance premium if you're tobacco free. Just complete the Tobacco Affidavit on the Transfer Form and return it to your benefit coordinator by May 7, 2004.

## Regions 1 & 2 Managed Care Plan Premiums

<b>REGION 1</b>					
<b>Managed Care Plan Premiums for Non-State/Local Government Agencies</b>					
	<b>Carelink HMO Plan 1</b>	<b>Carelink HMO Plan 2</b>	<b>The Health Plan HMO Plan A</b>	<b>The Health Plan HMO Plan B (generics only)</b>	<b>The Health Plan PPO</b>
Employee Only	\$359	\$320	\$400	\$307	\$378
Employee and Child(ren)	\$592	\$536	\$580	\$478	\$525
Family	\$991	\$887	\$933	\$783	\$882

<b>REGION 2</b>		
<b>Managed Care Plan Premiums for Non-State/Local Government Agencies</b>		
	<b>Carelink HMO Plan 1</b>	<b>Carelink HMO Plan 2</b>
Employee Only	\$359	\$321
Employee and Child(ren)	\$603	\$548
Family	\$987	\$893

**\*Complete and submit the Tobacco Affidavit and Open Enrollment Transfer Form we mailed to your home to qualify for discounted premiums. Affidavits are due by May 7, 2004.**

# Using Accrued Leave Upon Retirement

You have two options for using your accrued sick and/or annual leave upon retirement. You may use that leave to increase your retirement benefit and put more cash in your pocket, or you may use it to pay your health care premiums. Employees hired on and after July 1, 2001, are not eligible for this benefit. For information about using your accrued leave to increase your retirement benefit, contact the Consolidated Public Retirement Board (CPRB) at (304) 558-3570 or 1-800-654-4406.

## For Health Care Premiums

If you are planning to use accrued leave to pay your premiums when you retire, the premiums shown on pages 31-33, or a portion of those premiums, will be paid for you until your accrued leave is used up. You can use accrued leave to pay premiums for any plan you're eligible for — the PEIA PPB Plan or any managed care plan.

The portion of the premium that is paid by your accrued leave depends on your effective date of coverage in the PEIA eligibility system.

### Before July 1, 1988

If you have been covered by PEIA (or one of the managed care plans offered through PEIA) continuously since before July 1, 1988, 100% of the premium shown on the chart will be paid for you. Your days convert as follows:

**2 days of accrued leave = 100% of the premium for one month of single coverage**

**3 days of accrued leave = 100% of the premium for one month of family coverage**

### After July 1, 1988

If you came into the PEIA PPB Plan (or one of the managed care plans offered through PEIA) after July 1, 1988, or if you have had a lapse of coverage since then, only 50% of the premium shown on the chart for each month's coverage will be paid, and you will be responsible for paying the balance each month from your annuity. Your days convert as follows:

**2 days of accrued leave = 50% of the premium for one month of single coverage**

**3 days of accrued leave = 50% of the premium for one month of family coverage**

### Extending Coverage for Higher Education Faculty

Full-time faculty members employed on an annual contract basis for a period other than 12 months may extend employer-paid insurance coverage based on years of teaching service as follows:

**3 1/3 years of teaching service = 1 year of single coverage**  
**5 years of teaching service = 1 year of family coverage**

If the policyholder dies, the accrued sick leave benefit terminates. The surviving dependent may continue coverage, but will have to pay the premium. If you and your spouse are both public employees eligible for extended employer-paid insurance coverage, you may combine your accrued leave to extend your family coverage; however, certain restrictions apply. See your benefit coordinator or the PEIA Summary Plan Description for details.

**To determine which benefit (increased retirement benefits or health premiums) would give you the most value, contact CPRB at (304) 558-3570 or 1-800-654-4406.**

# Retiree Premiums: Medicare

The chart below shows the monthly premiums that are charged to retired policyholders who have Medicare as their primary insurance. When Medicare is primary, PEIA generally pays what Medicare does not pay for covered medical services and prescription drugs after you meet your PEIA deductibles. Please note that PEIA PPB Plan B is not available to retired employees.

If you are using accrued leave as described on page 30, 100% or 50% of these premiums are being paid by your former employer.

<b>PEIA PPB Plan Retired Employees and Surviving Dependent Premiums: Medicare Premiums</b>						
Years Of Service	Medicare Retired Policyholder Only		Medicare Retired Policyholder with non-Medicare Dependents		Medicare Retired Policyholder with Medicare Dependents	
	Standard (tobacco user)	Preferred* (tobacco-free)	Standard (tobacco user)	Preferred* (tobacco-free)	Standard (tobacco user)	Preferred* (tobacco-free)
Under 5 years	\$ 398	\$ 383	\$ 1,288	\$ 1,258	\$ 830	\$ 800
5 to 9 years	\$ 317	\$ 302	\$ 1,033	\$ 1,003	\$ 655	\$ 625
10 to 14 years	\$ 236	\$ 221	\$ 778	\$ 748	\$ 480	\$ 450
15 to 19 years	\$ 155	\$ 140	\$ 523	\$ 493	\$ 305	\$ 275
20 to 24 years	\$ 107	\$ 92	\$ 369	\$ 339	\$ 198	\$ 168
25 or more years <sup>^</sup>	\$ 74	\$ 59	\$ 267	\$ 237	\$ 129	\$ 99

<sup>^</sup>These rates are also provided to all retirees who retired prior to 7/1/97, to all Medicare-eligible surviving dependents and to all Medicare-eligible disability retirees.

\*Complete and submit the Medicare Retiree Tobacco Affidavit we mailed to your home to qualify for discounted premiums. Affidavits are due by May 7, 2004.

## Cost-Sharing

In addition to monthly premiums, all plan members pay a portion of the cost of care. This includes medical and prescription deductibles, copayments for office visits, and coinsurance. As you pay coinsurance, PEIA tracks what you pay. Those coinsurance amounts add up to your annual out-of-pocket maximum; that's the most you'll pay in coinsurance in one plan year.

<b>PEIA PPB Plan: Retired Employee Cost-Sharing</b>				
	Annual Deductible In-network	Annual Deductible Out-of-Network	Annual Out-of-Pocket Maximum: In-network	Annual Out-of-Pocket Maximum: Out-of-Network
Medicare Retired Policyholder Only <sup>~</sup>	\$150	\$150	\$1,000	\$1,000
Medicare Retired Policyholder/Family <sup>~</sup>	\$300	\$300	\$1,000	\$1,000

<sup>~</sup>Disabled retirees also qualify for this level of deductible and out-of-pocket maximum.

# Retiree Premiums: Non-Medicare Managed Care

The chart below shows the monthly premiums for the managed care plans that are offered to retired policyholders who are not yet eligible for Medicare.

To enroll in one of the managed care plans listed below, you must live in the plan's enrollment area. Check the charts on page 21 to see if you qualify for the plan you're considering. The PEIA PPB Plans' enrollment area is unlimited, so you will not find it on the chart. Counties not listed in the charts on page 21 are considered to be in Region 2 for premium purposes.

The managed care plans do not offer discounted premiums to tobacco-free members, but you can still get a discount on your optional life insurance premium if you're tobacco free. *Just complete the Tobacco Affidavit on the Transfer Form and return it to your benefit coordinator by May 7, 2004.*

If you are using accrued leave as described on page 30, 100% or 50% of these premiums are being paid by your former employer.

<b>Retired Employee and Surviving Dependent Premiums: Non-Medicare Premiums</b>														
<b>Years Of Service</b>	<b>REGION 1</b>										<b>REGION 2</b>			
	<b>Carelink HMO Plan 1</b>		<b>Carelink HMO Plan 2</b>		<b>Health Plan HMO Plan A</b>		<b>Health Plan HMO Plan B (generics only)</b>		<b>Health Plan PPO</b>		<b>Carelink HMO Plan 1</b>		<b>Carelink HMO Plan 2</b>	
	<b>Policyholder Only</b>	<b>Policyholder &amp; Family</b>	<b>Policyholder Only</b>	<b>Policyholder &amp; Family</b>	<b>Policyholder Only</b>	<b>Policyholder &amp; Family</b>	<b>Policyholder Only</b>	<b>Policyholder &amp; Family</b>	<b>Policyholder Only</b>	<b>Policyholder &amp; Family</b>	<b>Policyholder Only</b>	<b>Policyholder &amp; Family</b>	<b>Policyholder Only</b>	<b>Policyholder &amp; Family</b>
Under 5 years	\$389	\$652	\$353	\$589	\$381	\$690	\$332	\$569	\$363	\$654	\$366	\$645	\$349	\$583
5 to 9 years	\$359	\$602	\$323	\$539	\$351	\$640	\$302	\$519	\$333	\$604	\$336	\$595	\$319	\$533
10 to 14 years	\$334	\$562	\$298	\$499	\$326	\$600	\$277	\$479	\$308	\$564	\$311	\$555	\$294	\$493
15 to 19 years	\$314	\$532	\$278	\$469	\$306	\$570	\$257	\$449	\$288	\$534	\$291	\$525	\$274	\$463
20 to 24 years	\$299	\$512	\$263	\$449	\$291	\$550	\$242	\$429	\$273	\$514	\$276	\$505	\$259	\$443
25 or more years <sup>^</sup>	\$289	\$502	\$253	\$439	\$281	\$540	\$232	\$419	\$263	\$504	\$266	\$495	\$249	\$433

These rates are also provided to all non-Medicare retirees who retired prior to July 1, 1997, to all non-Medicare surviving dependents and to all non-Medicare disability retirees.

# Retiree Premiums: Non-Medicare PEIA PPB Plan

PEIA PPB Plan A premiums, deductibles and out-of-pocket maximums are shown in the charts below. Please note that PEIA PPB Plan B is not available to retired employees.

<b>PEIA PPB Plan A: Retired Employee and Surviving Dependent Premiums Non-Medicare Premiums</b>						
<b>Years Of Service</b>	<b>Policyholder Only</b>		<b>Policyholder with non-Medicare Dependents</b>		<b>Policyholder with Medicare Dependents</b>	
	<b>Standard (tobacco user)</b>	<b>Preferred* (tobacco-free)</b>	<b>Standard (tobacco user)</b>	<b>Preferred* (tobacco-free)</b>	<b>Standard (tobacco user)</b>	<b>Preferred* (tobacco-free)</b>
Under 5 years	\$804	\$789	\$1,937	\$1,907	\$1,382	\$1,352
5 to 9 years	\$652	\$637	\$1,551	\$1,521	\$1,101	\$1,071
10 to 14 years	\$500	\$485	\$1,165	\$1,135	\$ 820	\$ 790
15 to 19 years	\$347	\$332	\$ 780	\$ 750	\$ 541	\$ 511
20 to 24 years	\$257	\$242	\$ 548	\$ 518	\$ 373	\$ 343
25 or more years	\$197	\$182	\$ 393	\$ 363	\$ 260	\$ 230

\*Complete and submit the Tobacco Affidavit and Open Enrollment Transfer Form we mailed to your home to qualify for discounted premiums. Affidavits are due by May 7, 2004.

## Cost-Sharing

In addition to monthly premiums, all plan members pay a portion of the cost of care. This includes medical and prescription deductibles, copayments for office visits, and coinsurance. As you pay coinsurance, PEIA tracks what you pay. Those coinsurance amounts add up to your annual out-of-pocket maximum; that's the most you will pay in coinsurance in one plan year.

<b>PEIA PPB Plan: Retired Employee Cost-Sharing</b>				
	<b>Annual Deductible In-network</b>	<b>Annual Deductible Out-of-Network</b>	<b>Annual Out-of-Pocket Maximum: In-network</b>	<b>Annual Out-of-Pocket Maximum: Out-of-Network</b>
Non-Medicare Retired Policyholder Only	\$375	\$ 750	\$1,500	\$3,000
Non-Medicare Retired Policyholder/Family	\$750	\$1,500	\$1,500	\$3,000

# COBRA Rates For State Agencies, Colleges, Universities and County Boards of Education

COBRA entitles employees, retired employees, and covered dependent(s) to continue medical coverage, for 18 or 36 months, in certain cases when coverage would otherwise terminate, provided the employee, retired employee, and/or dependent(s) pays the full premium. The premiums for COBRA coverage are set by Federal law. Acordia handles COBRA enrollment for all plans and will contact you if you become eligible.

The charts below show the monthly premiums for COBRA enrollees. During Open Enrollment you have the right to choose any plan for which you are eligible for the next plan year. To enroll in one of the managed care plans listed below, you must live in the plan's enrollment area. Check the charts on page 21 to see if you qualify for the plan you're considering. The PEIA PPB Plans' enrollment area is unlimited, so you will not find it on the chart. Counties not listed in the charts on page 21 are considered to be in Region 2 for premium purposes.

The managed care plans do not offer discounted premiums to tobacco-free members. If you want to change plans, please complete the Tobacco Affidavit on the Transfer Form and return it to Acordia National in the envelope they provided you by May 7, 2004.

## REGION 1 COBRA Rates for State Agencies, Colleges, Universities and County Boards of Education

	Carelink HMO Plan 1	Carelink HMO Plan 2	The Health Plan HMO Plan A	The HealthPlan HMO Plan B (generics only)	Health Plan PPO	PEIA PPB Plan A Standard (tobacco user)	PEIA PPB Plan A Preferred* (tobacco free)	PEIA PPB Plan B Standard (tobacco user)	PEIA PPB Plan B Preferred* (tobacco free)
Employee Only	\$ 375	\$ 336	\$ 384	\$ 330	\$ 362	\$ 376	\$ 361	\$ 358	\$ 343
Employee and Child(ren)	\$ 551	\$ 503	\$ 523	\$ 453	\$ 503	\$ 509	\$ 478	\$ 466	\$ 436
Family	\$ 895	\$ 814	\$ 837	\$ 756	\$ 803	\$ 828	\$ 798	\$ 791	\$ 760

## COBRA Disability Rates

Employee Only	\$ 552	\$ 494	\$ 564	\$ 486	\$ 533	\$ 554	\$ 531	\$ 527	\$ 504
Employee and Child(ren)	\$ 810	\$ 740	\$ 770	\$ 666	\$ 740	\$ 749	\$ 704	\$ 686	\$ 641
Family	\$1,316	\$1,197	\$1,232	\$1,112	\$1,181	\$1,218	\$1,173	\$1,163	\$1,118

## REGION 2 COBRA Rates for State Agencies, Colleges, Universities and County Boards of Education

	Carelink HMO Plan 1	Carelink HMO Plan 2	PEIA PPB Plan A Standard (tobacco user)	PEIA PPB Plan A Preferred* (tobacco free)	PEIA PPB Plan B Standard (tobacco user)	PEIA PPB Plan B Preferred* (tobacco free)
Employee Only	\$ 379	\$ 345	\$ 376	\$ 361	\$ 358	\$ 343
Employee and Child(ren)	\$ 559	\$ 512	\$ 509	\$ 479	\$ 466	\$ 436
Family	\$ 902	\$ 821	\$ 828	\$ 798	\$ 790	\$ 760

## COBRA Disability Rates

Employee Only	\$ 558	\$ 507	\$ 554	\$ 531	\$ 527	\$ 504
Employee and Child(ren)	\$ 822	\$ 753	\$ 749	\$ 704	\$ 686	\$ 641
Family	\$1,326	\$1,208	\$1,218	\$1,173	\$1,163	\$1,118

\*Complete and submit the Tobacco Affidavit and Open Enrollment Transfer Form we mailed to your home to qualify for discounted premiums. Affidavits are due by May 7, 2004.



## COBRA Rates For Non-State Agencies

COBRA entitles employees, retired employees, and covered dependent(s) to continue medical coverage, for 18 or 36 months, in certain cases when coverage would otherwise terminate, provided the employee, retired employee, and/or dependent(s) pays the full premium. The premiums for COBRA coverage are set by Federal law. Acordia handles COBRA enrollment for all plans and will contact you if you become eligible.

The charts below show the monthly premiums for COBRA enrollees. During Open Enrollment you have the right to choose any plan for which you are eligible for the next plan year. To enroll in one of the managed care plans listed below, you must live in the plan's enrollment area. Check the charts on page 21 to see if you qualify for the plan you're considering. The PEIA PPB Plans' enrollment area is unlimited, so you will not find it on the chart. Counties not listed in the charts on page 21 are considered to be in Region 2 for premium purposes.

The managed care plans do not offer discounted premiums to tobacco-free members. If you want to change plans, please complete the Tobacco Affidavit on the Transfer Form and return it to Acordia National in the envelope they provided you by May 7, 2004.

<b>REGION 1</b>		<b>COBRA Rates for Local Government Agencies</b>							
	Carelink HMO Plan 1	Carelink HMO Plan 2	The Health Plan HMO Plan A	The Health Plan HMO Plan B (generics only)	Health Plan PPO	PEIA PPB Plan A Standard (tobacco user)	PEIA PPB Plan A Preferred* (tobacco free)	PEIA PPB Plan B Standard (tobacco user)	PEIA PPB Plan B Preferred* (tobacco free)
Employee Only	\$ 366	\$ 326	\$ 408	\$ 313	\$ 386	\$ 387	\$ 371	\$ 353	\$ 338
Employee and Child(ren)	\$ 604	\$ 547	\$ 592	\$ 488	\$ 536	\$ 785	\$ 755	\$ 698	\$ 667
Family	\$1,011	\$ 905	\$ 952	\$ 799	\$ 900	\$ 785	\$ 755	\$ 698	\$ 667

<b>COBRA Disability Rates</b>									
Employee Only	\$ 539	\$ 480	\$ 600	\$ 461	\$ 567	\$ 569	\$ 546	\$ 519	\$ 497
Employee and Child(ren)	\$ 888	\$ 804	\$ 870	\$ 717	\$ 788	\$1,155	\$1,110	\$1,026	\$ 981
Family	\$1,487	\$1,331	\$1,400	\$1,175	\$1,323	\$1,155	\$1,110	\$1,026	\$ 981

<b>REGION 2</b>		<b>COBRA Rates for Local Government Agencies</b>					
	Carelink HMO Plan 1	Carelink HMO Plan 2	PEIA PPB Plan A Standard (tobacco user)	PEIA PPB Plan A Preferred* (tobacco free)	PEIA PPB Plan B Standard (tobacco user)	PEIA PPB Plan B Preferred* (tobacco free)	
Employee Only	\$ 366	\$ 327	\$ 387	\$ 371	\$ 353	\$ 338	
Employee and Child(ren)	\$ 615	\$ 559	\$ 785	\$ 755	\$ 698	\$ 667	
Family	\$1,007	\$ 911	\$ 785	\$ 755	\$ 698	\$ 667	

<b>COBRA Disability Rates</b>						
Employee Only	\$ 539	\$ 482	\$ 569	\$ 546	\$ 519	\$ 497
Employee and Child(ren)	\$ 905	\$ 822	\$1,155	\$1,110	\$1,026	\$ 981
Family	\$1,481	\$1,340	\$1,155	\$1,110	\$1,026	\$ 981

\*Complete and submit the Tobacco Affidavit and Open Enrollment Transfer Form we mailed to your home to qualify for discounted premiums. Affidavits are due by May 7, 2004.

# Other Benefit Considerations

In addition to the benefit cost comparisons, there are other factors you may wish to consider in choosing a plan.

**LIFETIME MAXIMUM** — The PEIA PPB Plan and some managed care plans have a lifetime benefit maximum of \$1,000,000 per person.

**ANNUAL OUT-OF-POCKET MAXIMUM** — The PEIA PPB Plan has an annual medical out-of-pocket coinsurance maximum of between \$800 and \$8,000, depending upon the employee's salary, and whether care is provided in- or out-of-network. The out-of-pocket maximum is the most an employee must spend in coinsurance for medical services during a plan year, although your costs may be higher if you use out-of-network care. When the out-of-pocket maximum is met, the PEIA PPB plan pays 100% of allowed expenses, except for services for which you pay a copayment. You will continue to pay copayments even if you meet your PPB Plan out-of-pocket maximum. The managed care plans also have annual out-of-pocket maximums which are shown on the chart on page 12. The prescription out-of-pocket maximum is separate from this medical out-of-pocket maximum.

**PRE-EXISTING CONDITIONS** — If you make a change during open enrollment, you and your covered dependents will face no limitations on pre-existing medical conditions, regardless of what plan you join. New employees who enroll in a managed care plan after the open enrollment period will have no pre-existing condition limitations if they enroll during the calendar month of or the two calendar months following employment. New employees who enroll in the PEIA PPB Plan during the calendar month of or the two calendar months following the date of employment will have no pre-existing condition limitations, as long as they had other comparable health coverage in the 62 days prior to the time they enroll for PEIA PPB Plan coverage.

**COORDINATION OF BENEFITS** — All managed care plans use the "traditional" method of coordinating benefits when a member has coverage under two policies. If you have coverage under two different managed care plans, you may not be able to reap the benefits of both plans. Check with your plan to see.

The PEIA PPB Plan uses the less-generous "carve out" or "maintenance of benefits" method of coordinating benefits, and generally pays little or nothing as the secondary plan. In general, both the managed care plans and the PEIA PPB Plan will follow the same rules in determining which plan is primary and which is secondary in any given situation. Check with the plan for details of its COB provision.

**CHRISTIAN SCIENCE TREATMENT** — Christian Science Treatment is a covered service under the PEIA PPB Plan, but not under the managed care plans.

**COVERED SERVICES & EXCLUSIONS** — The managed care plans offer benefits that may be substantially different from what they covered in the past. Be sure to read the covered services and exclusions carefully before choosing a plan. Each plan can provide you with a complete description of its benefits. A summary of benefits is presented in the Benefits At-A-Glance tables in this book, but you'll need to study the full benefit descriptions to know exactly what you are buying. If you have any questions about whether or not a particular service is covered by a managed care plan, please contact that plan directly.

**COBRA & CONVERSION RIGHTS** — If you lose your eligibility for coverage (because, say, you leave your current job), both the PEIA PPB Plan and the managed care plans allow you to extend your health benefits for a limited time at your own expense under the Federal COBRA law if you meet COBRA guidelines. In addition, all plans offer the option of converting coverage to an individual policy. Acordia handles COBRA enrollment for all plans, and will contact you if you become eligible.

Complete.  
Submit.

Relax.

Tobacco Affidavit  
Due May 7, 2004

See page 8 for sample form and details.



# Active Employee's Optional Life Insurance: TOBACCO-FREE

These life insurance rates are provided for information only. The rates did not change for Plan Year 2005. The Tobacco-Free rates are charged to those who submit an affidavit stating that the policyholder does not use tobacco. The Tobacco User rates are charged to those who indicate that the policyholder uses tobacco, and to those who do not submit an affidavit.

Employee's Age	Plan I		Plan II		Plan III		Plan IV		Plan V	
	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium
Under 30	\$5,000	\$0.36	\$10,000	\$ 0.72	\$20,000	\$ 1.44	\$30,000	\$ 2.16	\$40,000	\$ 2.88
30-34	\$5,000	\$0.40	\$10,000	\$ 0.80	\$20,000	\$ 1.60	\$30,000	\$ 2.40	\$40,000	\$ 3.20
35-39	\$5,000	\$0.48	\$10,000	\$ 0.96	\$20,000	\$ 1.90	\$30,000	\$ 2.86	\$40,000	\$ 3.80
40-44	\$5,000	\$0.72	\$10,000	\$ 1.44	\$20,000	\$ 2.88	\$30,000	\$ 4.32	\$40,000	\$ 5.76
45-49	\$5,000	\$0.94	\$10,000	\$ 1.86	\$20,000	\$ 3.70	\$30,000	\$ 5.56	\$40,000	\$ 7.40
50-54	\$5,000	\$1.34	\$10,000	\$ 2.68	\$20,000	\$ 5.36	\$30,000	\$ 8.04	\$40,000	\$10.72
55-59	\$5,000	\$2.30	\$10,000	\$ 4.58	\$20,000	\$ 9.16	\$30,000	\$13.74	\$40,000	\$18.32
60-64	\$5,000	\$3.30	\$10,000	\$ 6.60	\$20,000	\$13.20	\$30,000	\$19.80	\$40,000	\$26.40
65-69	\$3,250	\$3.42	\$ 6,500	\$ 6.82	\$13,000	\$13.64	\$19,500	\$20.46	\$26,000	\$27.28
70 & Above	\$2,250	\$7.04	\$ 4,500	\$14.10	\$ 9,000	\$28.18	\$13,500	\$42.26	\$18,000	\$56.34

Employee's Age	Plan VI		Plan VII		Plan VIII		Plan IX		Plan X	
	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium
Under 30	\$50,000	\$ 3.60	\$60,000	\$ 4.32	\$75,000	\$ 5.40	\$80,000	\$ 5.76	\$100,000	\$ 7.20
30-34	\$50,000	\$ 4.00	\$60,000	\$ 4.80	\$75,000	\$ 6.00	\$80,000	\$ 6.40	\$100,000	\$ 8.00
35-39	\$50,000	\$ 4.76	\$60,000	\$ 5.70	\$75,000	\$ 7.14	\$80,000	\$ 7.60	\$100,000	\$ 9.50
40-44	\$50,000	\$ 7.20	\$60,000	\$ 8.64	\$75,000	\$ 10.80	\$80,000	\$ 11.52	\$100,000	\$ 14.40
45-49	\$50,000	\$ 9.26	\$60,000	\$11.10	\$75,000	\$ 13.88	\$80,000	\$ 14.80	\$100,000	\$ 18.50
50-54	\$50,000	\$13.40	\$60,000	\$16.08	\$75,000	\$ 20.10	\$80,000	\$ 21.44	\$100,000	\$ 26.80
55-59	\$50,000	\$22.90	\$60,000	\$27.48	\$75,000	\$ 34.36	\$80,000	\$ 36.64	\$100,000	\$ 45.80
60-64	\$50,000	\$33.00	\$60,000	\$39.60	\$75,000	\$ 49.50	\$80,000	\$ 52.80	\$100,000	\$ 66.00
65-69	\$32,500	\$34.10	\$39,000	\$40.92	\$48,750	\$ 51.14	\$52,000	\$ 54.56	\$ 65,000	\$ 68.20
70 & Above	\$22,500	\$70.44	\$27,000	\$84.52	\$33,750	\$105.64	\$36,000	\$112.68	\$ 45,000	\$140.86

**\*To qualify for these rates, the policyholder must have been tobacco-free as of February 1, 2004. Complete and submit the Tobacco Affidavit and Open Enrollment Transfer Form we mailed to your home to get the discounted premiums. Affidavits are due by May 7, 2004.**



# Active Employee's Optional Life Insurance: TOBACCO-FREE

These life insurance rates are provided for information only. The rates did not change for Plan Year 2005. The Tobacco-Free rates are charged to those who submit an affidavit stating that the policyholder does not use tobacco. The Tobacco User rates are charged to those who indicate that the policyholder uses tobacco, and to those who do not submit an affidavit.

Employee's Age	Plan XI		Plan XII		Plan XIII		Plan XIV	
	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium
Under 30	\$150,000	\$ 10.80	\$200,000	\$ 14.40	\$250,000	\$ 18.00	\$300,000	\$ 21.60
30-34	\$150,000	\$ 12.00	\$200,000	\$ 16.00	\$250,000	\$ 20.00	\$300,000	\$ 24.00
35-39	\$150,000	\$ 14.26	\$200,000	\$ 19.00	\$250,000	\$ 23.76	\$300,000	\$ 28.50
40-44	\$150,000	\$ 21.60	\$200,000	\$ 28.80	\$250,000	\$ 36.00	\$300,000	\$ 43.20
45-49	\$150,000	\$ 27.76	\$200,000	\$ 37.00	\$250,000	\$ 46.26	\$300,000	\$ 55.50
50-54	\$150,000	\$ 40.20	\$200,000	\$ 53.60	\$250,000	\$ 67.00	\$300,000	\$ 80.40
55-59	\$150,000	\$ 68.70	\$200,000	\$ 91.60	\$250,000	\$114.50	\$300,000	\$137.40
60-64	\$150,000	\$ 99.00	\$200,000	\$132.00	\$250,000	\$165.00	\$300,000	\$198.00
65-69	\$ 97,500	\$102.28	\$130,000	\$136.38	\$162,500	\$170.46	\$195,000	\$204.56
70 & Above	\$ 67,500	\$211.28	\$ 90,000	\$281.70	\$112,500	\$352.14	\$135,000	\$422.56

Employee's Age	Plan XV		Plan XVI		Plan XVII		Plan XVIII	
	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium
Under 30	\$350,000	\$ 25.20	\$400,000	\$ 28.80	\$450,000	\$ 32.40	\$500,000	\$ 36.00
30-34	\$350,000	\$ 28.00	\$400,000	\$ 32.00	\$450,000	\$ 36.00	\$500,000	\$ 40.00
35-39	\$350,000	\$ 33.26	\$400,000	\$ 38.00	\$450,000	\$ 42.76	\$500,000	\$ 47.50
40-44	\$350,000	\$ 50.40	\$400,000	\$ 57.60	\$450,000	\$ 64.80	\$500,000	\$ 72.00
45-49	\$350,000	\$ 64.76	\$400,000	\$ 74.00	\$450,000	\$ 83.26	\$500,000	\$ 92.50
50-54	\$350,000	\$ 93.80	\$400,000	\$107.20	\$450,000	\$120.60	\$500,000	\$134.00
55-59	\$350,000	\$160.30	\$400,000	\$183.20	\$450,000	\$206.10	\$500,000	\$229.00
60-64	\$350,000	\$231.00	\$400,000	\$264.00	\$450,000	\$297.00	\$500,000	\$330.00
65-69	\$227,500	\$238.66	\$260,000	\$272.74	\$292,500	\$306.84	\$325,000	\$340.94
70 & Above	\$157,500	\$492.98	\$180,000	\$563.40	\$202,500	\$633.84	\$225,000	\$704.26

**\*To qualify for these rates, the policyholder must have been tobacco-free as of February 1, 2004. Complete and submit the Tobacco Affidavit and Open Enrollment Transfer Form we mailed to your home to get the discounted premiums. Affidavits are due by May 7, 2004.**

# Active Employee's Optional Life Insurance: TOBACCO USER

These life insurance rates are provided for information only. The rates did not change for Plan Year 2005. The Tobacco-Free rates are charged to those who submit an affidavit stating that the policyholder does not use tobacco. The Tobacco User rates are charged to those who indicate that the policyholder uses tobacco, and to those who do not submit an affidavit.

Employee's Age	Plan I		Plan II		Plan III		Plan IV		Plan V	
	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium
Under 30	\$5,000	\$ 0.48	\$10,000	\$ 0.96	\$20,000	\$ 1.90	\$30,000	\$ 2.86	\$40,000	\$ 3.80
30-34	\$5,000	\$ 0.54	\$10,000	\$ 1.08	\$20,000	\$ 2.14	\$30,000	\$ 3.22	\$40,000	\$ 4.28
35-39	\$5,000	\$ 0.70	\$10,000	\$ 1.38	\$20,000	\$ 2.74	\$30,000	\$ 4.12	\$40,000	\$ 5.48
40-44	\$5,000	\$ 1.18	\$10,000	\$ 2.36	\$20,000	\$ 4.70	\$30,000	\$ 7.06	\$40,000	\$ 9.40
45-49	\$5,000	\$ 1.52	\$10,000	\$ 3.04	\$20,000	\$ 6.08	\$30,000	\$ 9.12	\$40,000	\$12.16
50-54	\$5,000	\$ 2.46	\$10,000	\$ 4.94	\$20,000	\$ 9.86	\$30,000	\$14.80	\$40,000	\$19.72
55-59	\$5,000	\$ 3.72	\$10,000	\$ 7.44	\$20,000	\$14.88	\$30,000	\$22.32	\$40,000	\$29.76
60-64	\$5,000	\$ 5.08	\$10,000	\$10.14	\$20,000	\$20.28	\$30,000	\$30.42	\$40,000	\$40.56
65-69	\$3,250	\$ 5.02	\$ 6,500	\$10.04	\$13,000	\$20.06	\$19,500	\$30.10	\$26,000	\$40.12
70 & Above	\$2,250	\$10.16	\$ 4,500	\$20.30	\$ 9,000	\$40.60	\$13,500	\$60.90	\$18,000	\$81.18

Employee's Age	Plan VI		Plan VII		Plan VIII		Plan IX		Plan X	
	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium
Under 30	\$50,000	\$ 4.76	\$60,000	\$ 5.70	\$75,000	\$ 7.14	\$80,000	\$ 7.60	\$100,000	\$ 9.50
30-34	\$50,000	\$ 5.36	\$60,000	\$ 6.42	\$75,000	\$ 8.04	\$80,000	\$ 8.56	\$100,000	\$ 10.70
35-39	\$50,000	\$ 6.86	\$60,000	\$ 8.22	\$75,000	\$ 10.28	\$80,000	\$ 10.96	\$100,000	\$ 13.70
40-44	\$50,000	\$ 11.76	\$60,000	\$ 14.10	\$75,000	\$ 17.64	\$80,000	\$ 18.80	\$100,000	\$ 23.50
45-49	\$50,000	\$ 15.20	\$60,000	\$ 18.24	\$75,000	\$ 22.80	\$80,000	\$ 24.32	\$100,000	\$ 30.40
50-54	\$50,000	\$ 24.66	\$60,000	\$ 29.58	\$75,000	\$ 36.98	\$80,000	\$ 39.44	\$100,000	\$ 49.30
55-59	\$50,000	\$ 37.20	\$60,000	\$ 44.64	\$75,000	\$ 55.80	\$80,000	\$ 59.52	\$100,000	\$ 74.40
60-64	\$50,000	\$ 50.70	\$60,000	\$ 60.84	\$75,000	\$ 76.06	\$80,000	\$ 81.12	\$100,000	\$101.40
65-69	\$32,500	\$ 50.16	\$39,000	\$ 60.18	\$48,750	\$ 75.22	\$52,000	\$ 80.24	\$ 65,000	\$100.30
70 & Above	\$22,500	\$101.48	\$27,000	\$121.78	\$33,750	\$152.22	\$36,000	\$162.36	\$ 45,000	\$202.96

# Active Employee's Optional Life Insurance: TOBACCO USER

These life insurance rates are provided for information only. The rates did not change for Plan Year 2005. The Tobacco-Free rates are charged to those who submit an affidavit stating that the policyholder does not use tobacco. The Tobacco User rates are charged to those who indicate that the policyholder uses tobacco, and to those who do not submit an affidavit.

Employee's Age	Plan XI		Plan XII		Plan XIII		Plan XIV	
	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium
Under 30	\$150,000	\$ 14.26	\$200,000	\$ 19.00	\$250,000	\$ 23.76	\$300,000	\$ 28.50
30-34	\$150,000	\$ 16.06	\$200,000	\$ 21.40	\$250,000	\$ 26.76	\$300,000	\$ 32.10
35-39	\$150,000	\$ 20.56	\$200,000	\$ 27.40	\$250,000	\$ 34.26	\$300,000	\$ 41.10
40-44	\$150,000	\$ 35.26	\$200,000	\$ 47.00	\$250,000	\$ 58.76	\$300,000	\$ 70.50
45-49	\$150,000	\$ 45.60	\$200,000	\$ 60.80	\$250,000	\$ 76.00	\$300,000	\$ 91.20
50-54	\$150,000	\$ 73.96	\$200,000	\$ 98.60	\$250,000	\$123.26	\$300,000	\$147.90
55-59	\$150,000	\$111.60	\$200,000	\$148.80	\$250,000	\$186.00	\$300,000	\$223.20
60-64	\$150,000	\$152.10	\$200,000	\$202.80	\$250,000	\$253.50	\$300,000	\$304.20
65-69	\$ 97,500	\$150.44	\$130,000	\$200.60	\$162,500	\$250.74	\$195,000	\$300.90
70 & Above	\$ 67,500	\$304.44	\$90,000	\$405.90	\$112,500	\$507.38	\$135,000	\$608.86

Employee's Age	Plan XV		Plan XVI		Plan XVII		Plan XVIII	
	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium
Under 30	\$350,000	\$ 33.26	\$400,000	\$ 38.00	\$450,000	\$ 42.76	\$500,000	\$ 47.50
30-34	\$350,000	\$ 37.46	\$400,000	\$ 42.80	\$450,000	\$ 48.16	\$500,000	\$ 53.50
35-39	\$350,000	\$ 47.96	\$400,000	\$ 54.80	\$450,000	\$ 61.66	\$500,000	\$ 68.50
40-44	\$350,000	\$ 82.26	\$400,000	\$ 94.00	\$450,000	\$105.76	\$500,000	\$ 117.50
45-49	\$350,000	\$106.40	\$400,000	\$121.60	\$450,000	\$136.80	\$500,000	\$ 152.00
50-54	\$350,000	\$172.56	\$400,000	\$197.20	\$450,000	\$221.86	\$500,000	\$ 246.50
55-59	\$350,000	\$260.40	\$400,000	\$297.60	\$450,000	\$334.80	\$500,000	\$ 372.00
60-64	\$350,000	\$354.90	\$400,000	\$405.60	\$450,000	\$456.30	\$500,000	\$ 507.00
65-69	\$227,500	\$351.04	\$260,000	\$401.18	\$292,500	\$451.34	\$325,000	\$ 501.48
70 & Above	\$157,500	\$710.34	\$180,000	\$811.80	\$202,500	\$913.28	\$225,000	\$1,014.76

# Retired Employee's Optional Life Insurance: TOBACCO-FREE

These life insurance rates are provided for information only. The rates did not change for Plan Year 2005. The Tobacco-Free rates are charged to those who submit an affidavit stating that the policyholder does not use tobacco. The Tobacco User rates are charged to those who indicate that the policyholder uses tobacco, and to those who do not submit an affidavit.

Employee's Age	Plan I		Plan II		Plan III		Plan IV		Plan V	
	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium
Under 30	\$5,000	\$0.30	\$10,000	\$ 0.59	\$15,000	\$ 0.89	\$20,000	\$ 1.18	\$30,000	\$ 1.77
30 - 34	\$5,000	\$0.35	\$10,000	\$ 0.69	\$15,000	\$ 1.04	\$20,000	\$ 1.38	\$30,000	\$ 2.07
35 - 39	\$5,000	\$0.43	\$10,000	\$ 0.86	\$15,000	\$ 1.29	\$20,000	\$ 1.72	\$30,000	\$ 2.58
40 - 44	\$5,000	\$0.72	\$10,000	\$ 1.44	\$15,000	\$ 2.16	\$20,000	\$ 2.88	\$30,000	\$ 4.32
45 - 49	\$5,000	\$1.01	\$10,000	\$ 2.01	\$15,000	\$ 3.02	\$20,000	\$ 4.02	\$30,000	\$ 6.03
50 - 54	\$5,000	\$1.53	\$10,000	\$ 3.05	\$15,000	\$ 4.58	\$20,000	\$ 6.10	\$30,000	\$ 9.15
55 - 59	\$5,000	\$2.71	\$10,000	\$ 5.42	\$15,000	\$ 8.13	\$20,000	\$10.84	\$30,000	\$16.26
60 - 64	\$5,000	\$3.99	\$10,000	\$ 7.97	\$15,000	\$11.96	\$20,000	\$15.94	\$30,000	\$23.91
65 - 69	\$3,250	\$4.19	\$ 6,500	\$ 8.38	\$ 9,750	\$12.57	\$13,000	\$16.76	\$19,500	\$25.14
70 & above	\$2,500	\$9.72	\$ 5,000	\$19.44	\$ 7,500	\$29.16	\$10,000	\$38.88	\$15,000	\$58.32

Employee's Age	Plan VI		Plan VII		Plan VIII		Plan IX		Plan X	
	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium
Under 30	\$40,000	\$ 2.36	\$50,000	\$ 2.95	\$75,000	\$ 4.43	\$100,000	\$ 5.90	\$150,000	\$ 8.85
30 - 34	\$40,000	\$ 2.76	\$50,000	\$ 3.45	\$75,000	\$ 5.18	\$100,000	\$ 6.90	\$150,000	\$ 10.35
35 - 39	\$40,000	\$ 3.44	\$50,000	\$ 4.30	\$75,000	\$ 6.45	\$100,000	\$ 8.60	\$150,000	\$ 12.90
40 - 44	\$40,000	\$ 5.76	\$50,000	\$ 7.20	\$75,000	\$ 10.80	\$100,000	\$ 14.40	\$150,000	\$ 21.60
45 - 49	\$40,000	\$ 8.04	\$50,000	\$10.05	\$75,000	\$ 15.08	\$100,000	\$ 20.10	\$150,000	\$ 30.15
50 - 54	\$40,000	\$12.20	\$50,000	\$15.25	\$75,000	\$ 22.88	\$100,000	\$ 30.50	\$150,000	\$ 45.75
55 - 59	\$40,000	\$21.68	\$50,000	\$27.10	\$75,000	\$ 40.65	\$100,000	\$ 54.20	\$150,000	\$ 81.30
60 - 64	\$40,000	\$31.88	\$50,000	\$39.85	\$75,000	\$ 59.78	\$100,000	\$ 79.70	\$150,000	\$119.55
65 - 69	\$26,000	\$33.51	\$32,500	\$41.89	\$48,750	\$ 62.84	\$ 65,000	\$ 83.79	\$ 97,500	\$125.68
70 & above	\$20,000	\$77.76	\$25,000	\$97.20	\$37,500	\$145.80	\$ 50,000	\$194.40	\$ 75,000	\$291.60

**\*To qualify for these rates, the policyholder must have been tobacco-free as of February 1, 2004. Complete and submit the Tobacco Affidavit and Open Enrollment Transfer Form we mailed to your home to get the discounted premiums. Affidavits are due by May 7, 2004.**



# Retired Employee's Optional Life Insurance: TOBACCO USER

These life insurance rates are provided for information only. The rates did not change for Plan Year 2005. The Tobacco-Free rates are charged to those who submit an affidavit stating that the policyholder does not use tobacco. The Tobacco User rates are charged to those who indicate that the policyholder uses tobacco, and to those who do not submit an affidavit.

Employee's Age	Plan I		Plan II		Plan III		Plan IV		Plan V	
	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium
Under 30	\$5,000	\$ 0.44	\$10,000	\$ 0.88	\$15,000	\$ 1.32	\$20,000	\$ 1.76	\$30,000	\$ 2.64
30 - 34	\$5,000	\$ 0.52	\$10,000	\$ 1.03	\$15,000	\$ 1.55	\$20,000	\$ 2.06	\$30,000	\$ 3.09
35 - 39	\$5,000	\$ 0.70	\$10,000	\$ 1.39	\$15,000	\$ 2.09	\$20,000	\$ 2.78	\$30,000	\$ 4.17
40 - 44	\$5,000	\$ 1.28	\$10,000	\$ 2.55	\$15,000	\$ 3.83	\$20,000	\$ 5.10	\$30,000	\$ 7.65
45 - 49	\$5,000	\$ 1.76	\$10,000	\$ 3.51	\$15,000	\$ 5.27	\$20,000	\$ 7.02	\$30,000	\$10.53
50 - 54	\$5,000	\$ 2.94	\$10,000	\$ 5.87	\$15,000	\$ 8.81	\$20,000	\$11.74	\$30,000	\$17.61
55 - 59	\$5,000	\$ 4.51	\$10,000	\$ 9.01	\$15,000	\$13.52	\$20,000	\$18.02	\$30,000	\$27.03
60 - 64	\$5,000	\$ 6.21	\$10,000	\$12.41	\$15,000	\$18.62	\$20,000	\$24.82	\$30,000	\$37.23
65 - 69	\$3,250	\$ 6.21	\$ 6,500	\$12.42	\$ 9,750	\$18.63	\$13,000	\$24.84	\$19,500	\$37.26
70 & above	\$2,500	\$14.04	\$ 5,000	\$28.08	\$ 7,500	\$42.12	\$10,000	\$56.16	\$15,000	\$84.24

Employee's Age	Plan VI		Plan VII		Plan VIII		Plan IX		Plan X	
	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium
Under 30	\$40,000	\$ 3.52	\$50,000	\$ 4.40	\$75,000	\$ 6.60	\$100,000	\$ 8.80	\$150,000	\$ 13.20
30 - 34	\$40,000	\$ 4.12	\$50,000	\$ 5.15	\$75,000	\$ 7.73	\$100,000	\$ 10.30	\$150,000	\$ 15.45
35 - 39	\$40,000	\$ 5.56	\$50,000	\$ 6.95	\$75,000	\$ 10.43	\$100,000	\$ 13.90	\$150,000	\$ 20.85
40 - 44	\$40,000	\$ 10.20	\$50,000	\$ 12.75	\$75,000	\$ 19.13	\$100,000	\$ 25.50	\$150,000	\$ 38.25
45 - 49	\$40,000	\$ 14.04	\$50,000	\$ 17.55	\$75,000	\$ 26.33	\$100,000	\$ 35.10	\$150,000	\$ 52.65
50 - 54	\$40,000	\$ 23.48	\$50,000	\$ 29.35	\$75,000	\$ 44.03	\$100,000	\$ 58.70	\$150,000	\$ 88.05
55 - 59	\$40,000	\$ 36.04	\$50,000	\$ 45.05	\$75,000	\$ 67.58	\$100,000	\$ 90.10	\$150,000	\$135.15
60 - 64	\$40,000	\$ 49.64	\$50,000	\$ 62.05	\$75,000	\$ 93.08	\$100,000	\$124.10	\$150,000	\$186.15
65 - 69	\$26,000	\$ 49.69	\$32,500	\$ 62.11	\$48,750	\$ 93.16	\$ 65,000	\$124.22	\$ 97,500	\$186.32
70 & above	\$20,000	\$112.32	\$25,000	\$140.40	\$37,500	\$210.60	\$ 50,000	\$280.80	\$ 75,000	\$421.20



# PUBLIC EMPLOYEES INSURANCE AGENCY

STATE CAPITOL COMPLEX, BLDG 5, Rm 1001  
1900 KANAWHA BOULEVARD, EAST  
CHARLESTON, WEST VIRGINIA 25305-0710

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PERMIT NO. 55

## To Learn More About a Plan

If you need a copy of a provider directory, or if you have specific questions about medical or prescription drug coverage under any of the plans offered, call the toll-free numbers below for your answers.

Plan Name, Web Address & Mailing Address	Type of Plan	Phone Number
Carelink • <a href="http://www.chccarelink.com">www.chccarelink.com</a> Post Office Box 1711 Charleston, WV 25326-1711	HMO	1-800-348-2922
The Health Plan • <a href="http://www.healthplan.org">www.healthplan.org</a> 52160 National Road East St. Clairsville, OH 43950-9365	HMO & PPO	1-800-624-6961 1-740-695-3585
PEIA • <a href="http://www.wvpeia.com">www.wvpeia.com</a> 1900 Kanawha Blvd E, Bldg 5, Rm 1001 Charleston, WV 25305-0710	PPB Plan	1-877-676-5573

W E S T V I R G I N I A P E I A

2005  
SUMMARY  
PLAN  
DESCRIPTION



**Benefits For  
Plan Year 2005**

July 1, 2004  
to  
June 30, 2005



## **Notice to PEIA Enrollees Concerning Election for Plan Exemption From Certain Federal Requirements**

Under a 1996 Federal law, group health plans must generally comply with the requirements listed below. However, the law also permits State and local governmental employers that sponsor health plans to elect to exempt a plan from these requirements for any part of the plan that is self-funded by the employer, rather than provided through a health insurance policy. The Public Employees Insurance Agency (PEIA) has elected to exempt the PEIA PPB Plan from item number three (3) of the following requirements:

1. Limitations on pre-existing condition exclusion periods.
2. Special enrollment periods.
3. Prohibitions against discriminating against individual participants and beneficiaries based on health status.
4. Standards relating to benefits for mothers and newborns.
5. Parity in the application of certain limits to mental health benefits.
6. Required coverage for reconstructive surgery following mastectomies.

The PEIA PPB Plan complies with all of the other listed Federal requirements. The exemption from the Federal requirement will be in effect for the plan year beginning July 1, 2004 and ending June 30, 2005. The election may be renewed for subsequent plan years.

The only practical effect to PEIA members of this election is that the PEIA PPB Plan will make a thirty dollar reduction for family coverage and a fifteen dollar reduction for single coverage in premiums per month for members who certify that they and their covered dependents do not use tobacco.

The Federal law also requires the Plan to provide covered employees and dependents with a certificate of creditable coverage when they cease to be covered under the Plan. There is no exemption from this requirement. The certificate provides evidence that you were covered under this Plan, because if you can establish your prior coverage, you may be entitled to certain rights if you join another employer's health plan, or if you wish to purchase an individual health insurance policy.

If you have questions about this election, please call Customer Service at (304) 558-7850 or, toll-free, at 1-800-654-4406.



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2005

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Welcome to your

## **PEIA Summary**

### **Plan Description.**

This booklet describes the benefits provided for PEIA insureds for Plan Year 2005 (July 1, 2004 through June 30, 2005).

It includes important information for all public employees who have ANY coverage through PEIA.

## **MANAGED CARE MEMBERS**

For those who are enrolled in managed care plans, this booklet provides all of the eligibility and enrollment information regarding your benefits. If you need or want to change your benefits, please refer to the information in the beginning of this booklet for details of your rights, responsibilities, and the time frames for making eligibility changes. Information in this booklet regarding managed care plan guidelines is limited. Therefore, you should refer to your managed care Evidence of Coverage for benefit details if you are covered by one of the managed care plans offered by PEIA.

You will find information about your appeal rights in the “Appeals” section, beginning on page 58.

## **PPB PLAN PARTICIPANTS**

For those enrolled in the PEIA PPB Plan A or B, this booklet includes many details of the Preferred Provider Benefit (PPB) Plan. It is important to review this information closely so that you may familiarize yourself with all aspects of PEIA’s PPB Plans. Please keep this booklet close at hand and refer to it often if you have questions about your PEIA PPB Plan benefits.

This *Summary Plan Description* (SPD) provides PEIA PPB Plan participants with an easy-to-read description of benefits available through the PEIA Plan, and instructions on how to use these benefits. The SPD is a summarized version of a portion of PEIA’s Plan Document. The Plan Document describes, in detail, all aspects of the operations of the Agency, and is on file with the Secretary of State.

The PEIA PPB Plan contracts with third party administrators (TPAs) to process health, drug and fringe benefit claims. If you have a question about a specific claim or benefit, the fastest way to obtain information is to contact the TPA directly at one of the numbers listed on page 4.

PEIA now offers the PEIA PPB Plan B to all active employees. Plan B is similar to the standard PPB Plan A, but offers lower premiums with higher deductibles, higher out-of-pocket maximums, and higher copayments for prescription drugs. The medical coverage is the same as in PPB Plan A. The differences in deductibles, out-of-pocket maximums and drug copayments are noted in the benefit tables in the Medical Benefits section and the Prescription Drug Benefits section of this book.

## **LIFE INSURANCE ONLY**

For employees who carry only life insurance with the PEIA, your eligibility and enrollment details are in this booklet. Details of the life insurance coverage are in the *Life Insurance Booklet*.

## **SUBJECT TO CHANGE**

The benefit information in this *Summary Plan Description* is subject to change during the plan year, if circumstances arise which require adjustment. Plan changes will be communicated to participants through the PEIA News. The changes will be included in PEIA’s Plan Document, which is on file with the Secretary of State, and will be incorporated into the next edition of the *Summary Plan Description*.



# Who to Call with Questions

## **Health Claims, Benefits, Preauthorizations and Prior Approvals for Out-of-State Care**

Acordia National ..... 1-304-353-7820  
or 1-888-440-7342 (toll-free)  
or on the web at [www.acordianational.com](http://www.acordianational.com)

## **Precertification and Utilization Management**

Acordia National ..... 1-304-353-7820  
or 1-888-440-7342 (toll-free)  
or on the web at [www.acordianational.com](http://www.acordianational.com)

## **Prescription Drug Benefits and Claims**

Express Scripts ..... 1-877-256-4680 (toll-free)  
or on the web at [www.express-scripts.com](http://www.express-scripts.com)

## **Subrogation and Recovery**

Beacon Recovery Group ..... 1-800-874-0500 (toll-free)

## **PEIA**

*Answers to questions about eligibility, life insurance and third-level claim appeals*

WV Public Employees Insurance Agency ..... 1-304-558-7850  
or 1-800-654-4406 (toll-free)  
or on the web at [www.wvpeia.com](http://www.wvpeia.com)

## **Mountaineer Flexible Benefits**

*Dental, vision, and disability insurance and flexible spending accounts*

Fringe Benefits Management Company ..... 1-800-342-8017 (toll-free)  
or on the web at [www.fbmc-benefits.com](http://www.fbmc-benefits.com)

## **Managed Care Plans**

Carelink ..... 1-800-348-2922 (toll-free)  
or on the web at [www.cvtv.com](http://www.cvtv.com)

The Health Plan ..... 1-800-624-6961 (toll-free) • 1-740-695-3585  
or on the web at [www.healthplan.org](http://www.healthplan.org)

# Terms & Definitions

**Acordia National:** The third party administrator that handles medical claim processing, customer service, precertification, case management, preauthorization and prior approval for out-of-network services for the PEIA PPB Plan.

**Allowed Amounts:** For each PEIA-covered service, the allowed amount is the lesser of the actual charge amount or the maximum fee for that service as set by the PEIA.

**Alternate Facility:** A facility other than an acute care hospital.

**Annual Deductible:** The amount you must pay each plan year before the plan pays its portion of the cost. Under the PPB Plan, office visits are not subject to the deductible. Only the Allowed Amounts for covered expenses will be applied to your deductible. The family deductible is divided up among the family members. No one member of the family will pay more than the individual deductible.

**Beacon Recovery Group:** The subrogation and recovery vendor for PEIA. Beacon pursues recovery of money paid for claims that were not the responsibility of the PEIA PPB Plan. For more information, read the “Recovery of Incorrect Payments” section beginning on page 65.

**Beneficiary:** The person who receives the proceeds of your PEIA life insurance policy.

**Claims Administrator:** Acordia National.

**Coordination of Benefits:** A practice insurance companies use to avoid double or duplicate payments or coverage of services when a person is covered by more than one policy.

**Coinsurance:** The percentage of eligible expenses that you are required to pay after the deductible has been met. This is the amount applied to your out-of-pocket maximum. You are responsible for paying the coinsurance and deductible amounts directly to the provider of services.

**Copayment:** This is the set dollar amount that you pay when you use the services—like the flat dollar amount you pay for an office visit in the PEIA PPB Plan. Copayments do not count toward your annual out-of-pocket maximum or your annual deductible.

**Deductible:** The amount of eligible expenses you are required to pay before the plan begins to pay benefits. The deductible does not apply to charges for office visits. See Annual Deductible above.

**Dependent:** An eligible person, as determined by PEIA guidelines, who the policyholder has properly enrolled for coverage under the Plan.

**Durable Medical Equipment:** Medical equipment that is prescribed by a physician which can withstand repeated use, is not disposable, is used for a medical purpose, and is generally not useful to a person who is not sick or injured.

**Eligible Expense:** A necessary, reasonable and customary item of expense for health care when the item of expense is covered at least in part by one or more plans covering the person for whom the claim is made. Allowable expenses under this plan are calculated according to PEIA fee schedules, rates and payment policies in effect at the time of service.

**Emergency:** An acute medical condition resulting from injury, sickness, pregnancy, or mental illness which arises suddenly and which a reasonably prudent layperson would believe requires immediate care and treatment to prevent the death, severe disability, or impairment of bodily function of an insured.

**Employers:** PEIA offers its benefits through these West Virginia employers:

- State government and its agencies;
- State-related colleges and universities;
- County boards of education;
- County and municipal governments; and
- Other employers as specified in W. Va. Code §5-16-2.

Under West Virginia law, different types of employers may offer their employees different benefits. Therefore, the benefits for which you are eligible may vary. If you have any questions about the benefits available to you, contact the benefit coordinator at your payroll location or call the PEIA.

**Exclusions:** Services, treatments, supplies, conditions, or circumstances that are not covered under the PEIA PPB Plan.

**Experimental, Investigational, or Unproven Procedures:** Medical, surgical, diagnostic, psychiatric, substance abuse or other health care technologies, supplies, treatments, procedures, drug therapies or devices that are determined by the plan (at the time it makes a determination regarding coverage in a particular case) to be: (1) not approved by the U.S. Food and Drug Administration (FDA) to be lawfully marketed for the proposed use and not identified in the American Medical Association Drug Evaluations as appropriate for the proposed use; or (2) subject to review and approval by any Institutional Review Board for the proposed use; or (3) the subject of an ongoing clinical trial that meets the definition of Phase 1, 2, 3 Clinical Trial set forth in the FDA regulations, regardless of whether the trial is actually subject to FDA oversight; or (4) not demonstrated through prevailing peer-reviewed medical literature to be safe and effective for treating or diagnosing the condition or illness for which its use is proposed.

**Explanation of Benefits (EOB):** A form sent to the person filing the claim after a claim for payment has been evaluated or processed by the Claims Administrator which explains the action taken on the claim. This explanation might include the amount paid, benefits available, reasons for denying payment, etc.

**Handicap:** A medical or physical impairment which substantially limits one or more of a person's major life activities. The term "major life activities" includes functions such as care for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning or working. "Substantially limits" means interferes with or affects over a substantial period of time. Minor, temporary ailments or injuries shall not be considered physical or mental impairments which substantially limit a person's major life activities. "Physical or mental impairment" includes such diseases and conditions as orthopedic, visual, speech and hearing impairments; cerebral palsy; epilepsy; muscular dystrophy; autism; multiple sclerosis and diabetes. The term "handicap" does not include excessive use or abuse of alcohol, tobacco or drugs.

**HMO (Health Maintenance Organization):** A managed care organization that provides a wide range of comprehensive health care services for a fixed periodic payment. PEIA contracts with HMOs to provide health coverage for policyholders and their dependents who choose this coverage. HMO participants receive general information about the plans in PEIA's Shopper's Guide, and specific information in the Evidence of Coverage (EOC) provided by their HMO.

**Inpatient:** Someone admitted to the hospital as a bed patient for medical services.

**Insured:** Someone who is eligible for and enrolled in the PEIA PPB Plan, a managed care plan or life insurance only. Insured refers to anyone who has coverage under any plan offered by PEIA.

**Medical Case Management:** A process by which Acordia National assures appropriate available resources for the care of serious long-term illness or injury. Acordia National's case management program can assist in providing alternative care plans.

**Medicare Beneficiary:** An individual eligible for Medicare as established by Title XVII of the Social Security Act of 1965, as amended.

**Member:** A policyholder or dependent enrolled in a managed care plan offered by PEIA.

**Notification:** The required process of reporting an inpatient stay to PEIA's utilization management vendor, Acordia National. This process is performed to screen for care planning, discharge planning, follow-up care and ancillary service requirements.

**Outpatient:** Someone who receives services in a hospital, alternative care facility, free-standing facility, or physician's office but who is not admitted as a bed patient.

**Participant:** A policyholder or dependent enrolled in the PEIA PPB Plan A or B.

**PEIA PPB Plan A:** The standard PEIA PPB Plan offered to all eligible employees.

**PEIA PPB Plan B:** The lower-cost PEIA PPB Plan offered to all eligible employees. Plan B offers lower premiums with higher deductibles, higher out-of-pocket maximums, and higher copayments for prescription drugs. The medical coverage is the same as in Plan A. The differences in deductibles, out-of-pocket maximums and drug copayments are noted in the benefit tables in the “Medical Benefits” section and the “Prescription Drug Benefit” section of this book.

**PEIA PPO:** The PEIA PPO is the network of providers from whom PEIA PPB Plan participants can receive care to get the highest level of benefit. This network consists of all WV providers who provide health care services or supplies to any PEIA participant. For services provided outside of the State, several networks are available. Contact Acordia National with questions about out-of-state providers.

**Plan:** The plan of benefits offered by the Public Employees Insurance Agency, including the PEIA PPB Plans, managed care plans and life insurance coverages.

**Plan Year:** A 12-month period beginning July 1 and ending June 30.

**Policyholder:** The employee, retired employee, surviving dependent or COBRA participant in whose name the PEIA provides any health or life insurance coverage.

**Preauthorization:** A voluntary program that allows you to obtain prior approval for a service to assure that it will be covered by the Plan. Preauthorization is handled by Acordia National.

**Precertification:** The required process of reporting any inpatient stay and certain outpatient procedures in advance to obtain approval for the admission or service. Acordia National handles precertification.

**Pre-existing Condition:** A physical or mental condition that had been diagnosed or treated, or for which the patient incurred expenses in the three months prior to becoming covered by the Plan.

**Preferred Provider Organization (PPO):** A plan that uses a network of providers to provide benefits at the highest benefit level. PPO plans also offer out-of-network benefits with higher member cost-sharing.

**Premium:** The payment required to keep coverage in force.

**Prior Approval:** The required process of obtaining approval from Acordia National for out-of-state or out-of-network care under the PEIA PPB Plan.

**Provider Discount:** A previously determined percentage that is deducted from a provider’s charge or payment amount and is not billable to the insured when PEIA is the primary payer and the service is provided in West Virginia or by a PPO network provider.

**Reasonable and Customary:** The prevailing range of charges and fees charged by providers of similar training and experience, located in the same area, taking into consideration any unusual circumstances of the patient’s condition that might require additional time, skill or experience to treat successfully.

**Secondary Payer:** The plan or coverage whose benefits are determined after the primary plan has paid. Order of payment is determined by rules described under “Which Plan Pays First” on page 62.

**Third Party Administrator (TPA):** A company with which PEIA has contracted to provide services such as customer service, utilization management and claims processing to PEIA PPB Plan participants.

**Utilization Management:** A process by which PEIA controls health care costs. Components of utilization management include pre-admission and concurrent review of all inpatient stays, known as precertification; prior review of certain outpatient surgeries and services; and medical case management. Utilization management is handled by Acordia National.

**Waiver of Premium:** If you become disabled before age 60, and while insured, your basic life insurance coverage will continue as long as you are disabled without further payment of premium. To be considered disabled, you must be unable to do any work for pay or profit. Application for a waiver of premium must be provided to PEIA’s life insurance carrier within 12 months of your last day worked. Contact your benefit coordinator or PEIA to obtain an application.

# What PEIA Offers

## HEALTH COVERAGE

PEIA offers the Preferred Provider Benefit (PPB) Plans A and B, managed care plans, a life insurance plan and a fringe benefits plan. The PPB Plans include benefits for hospital, surgical, prescription drug, and other medical expenses. Managed care plans offer comprehensive benefits, but with different cost-sharing than the PEIA PPB Plans.

PEIA offers the PEIA PPB Plans A and B to all active employees. Plan A is the standard plan. Plan B is similar to Plan A, but offers lower premiums with higher deductibles, higher out-of-pocket maximums, and higher copayments for prescription drugs. The medical coverage is identical in PPB Plans A and B. The differences in deductibles, out-of-pocket maximums and drug copayments are noted in the benefit tables in the *Medical Benefits* section and the *Prescription Drug Benefits* section of this book.

If you live in an area where PEIA offers a managed care plan, you may be eligible to enroll in a managed care plan or in the PEIA PPB Plan. You must live in the managed care plan's enrollment area to be eligible to enroll in a plan. Please consult your Shopper's Guide or contact your benefit coordinator to determine what managed care plans are offered in your area.

The PEIA PPB Plans use a coordination of benefits provision that determines how they will pay if you have other health insurance available to you. See page 61 for a complete description of this provision. The PEIA PPB Plans may be of little or no value to you as secondary insurance.

## LIFE INSURANCE

As an active employee under age 65, you are eligible for a basic \$10,000 decreasing term life insurance policy with accidental death and dismemberment (AD&D) benefits. If you choose not to enroll for health benefits, you may still choose to enroll for basic life insurance. You must enroll for basic life insurance before you elect any of the optional life insurance coverages. Eligibility and enrollment details for the life insurance plans are included in this booklet. For a complete description of the life insurance benefits, please see the *Life Insurance Booklet*.

## MOUNTAINEER FLEXIBLE BENEFITS

Mountaineer Flexible Benefits is a “cafeteria plan” which offers additional optional benefits. This plan is available to active employees of all State agencies, colleges, universities, and those county boards of education which elect to participate. This plan is not available to retired employees or non-State agency employees. If you’re not sure whether you’re eligible, contact your benefit coordinator.

The Mountaineer Flexible Benefits Plan enables employees to choose from among several options for dental, vision and short- and long-term disability insurance, as well as medical care and dependent care flexible spending accounts, and to pay for these benefits on a pre-tax basis. A Legal Plan is also available as a post-tax benefit option.

Open Enrollment for Mountaineer Flexible Benefits is held each Spring, usually during April and May. The current information about these benefits is included in the enrollment materials mailed prior to the annual Open Enrollment.

If you have questions about Mountaineer Flexible Benefits, contact Fringe Benefits Management Company at 1-800-342-8017.

For Plan Year 2005, PEIA has expanded the Mountaineer Flexible Benefits Plan to offer dental and vision coverage for retired employees on a post-tax basis. Enrollment materials were mailed to all eligible retired employees during the enrollment period. If you have questions about these benefits, contact Fringe Benefits Management Company at 1-800-342-8017.

Mountaineer Flexible Benefits At-A-Glance	
Benefit	Options
Dental Benefits †	Coverage for routine dental care. Deductibles, copayments and benefits vary.
Vision Benefits †	Coverage for vision exams and corrective lenses.
Disability Insurance	Replacement of a portion of your pay if you are disabled.
Medical Flexible Spending Account	Deposit up to \$3,000 for tax-free reimbursement of eligible medical expenses.
Dependent Care Flexible Spending Account	Deposit up to \$5,000 for tax-free reimbursement of eligible expenses.
Legal Plan *	Coverage for legal matters.

† These benefits are available to retired employees on a post-tax basis.

\* These are post-tax benefits.

# Eligibility and Enrollment for Active Employees

## WHO IS ELIGIBLE

As a public employee, you are eligible to be covered under the plans offered by your employer if you are:

- a full-time employee (working regularly at least 20 hours per week);
- an elected official who works full-time in the elected position;
- a member of the West Virginia Legislature (must pay 100% of the premium);
- an elected member of a county board of education; or
- a school service employee eligible under W. Va. Code, Chapter 18A.

Temporary and part-time employees are not eligible.

## DEPENDENTS

If you elect PEIA coverage, you may also enroll the following dependents:

- your legal spouse;
- your biological or adopted children under age 19;
- stepchildren who live with you and are under age 19;
- other children under age 19 who are members of your household and fully dependent upon you for support and maintenance (a notarized statement from the member affirming the member's 100% financial responsibility for the dependent may be required); and
- children or stepchildren over age 19 who live with you and are incapacitated and cannot support themselves due to a physical or mental disability which began before age 19 (or age 25 if a full-time student).

Coverage for dependent children may be extended to the end of the month in which they reach age 25 if they are full-time students. See page 22, "Full-time Students Age 19 and Over—Student Verification," for details.

Married children are not eligible for coverage.

## HOW TO ENROLL

You may enroll for PEIA health and life benefits by completing enrollment forms at your place of employment. On these forms you will select the types of coverage you want and enroll the eligible dependents you wish to cover.

Participation in PEIA benefit plans is not automatic; you must complete the proper enrollment forms. Enrollment will authorize your employer to deduct the premiums for the coverages you select from your salary.

There are restrictions on how and when you may enroll and make changes in your coverage. Please read all parts of the "Eligibility" section of this booklet carefully before you enroll so that you will fully understand your options and responsibilities.



## **NEW EMPLOYEES**

You may enroll for health coverage, basic life insurance, dependent life insurance, and up to \$500,000 of optional life insurance coverage during the calendar month you are hired and the following two calendar months, your “initial enrollment period.”

No medical information form is required for up to \$100,000 of optional life insurance elected during this initial enrollment period. A medical information form is always required for optional life insurance in excess of \$100,000.

Health and life insurance coverage will become effective the first day of the calendar month following the date of enrollment. If you enroll and begin work on the first day of a month, your coverage will not be effective until the first day of the following calendar month. If you enroll before you actually start work, coverage will begin the first day of the month following your first day of active employment.

If you choose not to enroll for life insurance during this initial enrollment period, but want life coverage later (basic, optional or dependent optional) for you or your dependents, you will have to submit a medical information form and be approved by PEIA's life insurance carrier. Coverage will become effective the first day of the calendar month following approval.

If you choose not to enroll for health coverage as a new employee, you may do so later in accordance with guidelines in effect at the time you choose to enroll.

### **Health Coverage**

For health coverage to be effective, you must be actively at work. To be considered “actively at work,” you must:

1. perform the normal tasks for your job on a full-time basis on the day your coverage is to begin; and
2. perform such tasks at one of your normal places of business or at a location to which you must travel to do your job; and
3. not be absent from work because of leave of absence or temporary layoff.

If you do not meet these requirements, coverage for you and your dependents will begin on the next day on which you do meet these requirements.

### **Pre-existing Medical Conditions**

A pre-existing medical condition is one that has been diagnosed or treated, or for which you or your dependents have incurred expenses within the three months immediately before the effective date of the PEIA PPB Plan coverage.

Any employee and/or dependent enrolling in the PEIA PPB Plan will be subject to pre-existing condition limitations.

Expenses for a pre-existing condition will not be covered by the PEIA PPB Plan for the first twelve months your coverage is in effect. This limitation is waived if you had creditable coverage for at least 90 days under another similar health plan that terminated no more than 62 days prior to the effective date of the PEIA PPB Plan coverage, and if you submit your certificate of creditable coverage from your former insurer with your Health Insurance Enrollment Form. Pregnancy and any condition meeting the definition of handicap are not considered pre-existing medical conditions.

Pre-existing condition limitations do not apply to the managed care plans.



## **Life Insurance Coverage**

For life insurance coverage (or an increase in the amount of optional life insurance) to go into effect, you must meet the following requirements on the effective date of coverage:

- a) have completed a full day of active work on that date; and
- b) have completed a full day of active work on your last regularly scheduled work day and be able to work on the date you become eligible.

If you do not meet the requirements of **a)** and **b)** above, the coverage will become effective on the date you return to active work.

Active work and actively at work mean performing regular duties for a full work day for the policyholder.

## **EXISTING EMPLOYEES**

Existing employees may make changes in their coverage as follows:

### **Health Coverage**

Existing employees who choose not to take PEIA health coverage at the time of employment may add health coverage through the PEIA PPB Plan at any time by completing a Health Insurance Enrollment Form. Coverage will be effective on the first day of the month following enrollment. Pre-existing condition limitations may apply. Please see the information about pre-existing condition limitations on the preceding page.

Existing employees who choose not to take PEIA health coverage at the time of employment are not eligible to enroll in a managed care plan unless they experience one of the following qualifying events:

- commencement or termination of employment of the employee's spouse;
- a significant change in the health coverage of the employee's spouse attributable to the spouse's employment; or
- employment change due to strike or lock-out.

If you are in a managed care plan and transfer from one participating State agency to another in the middle of a plan year without a lapse in coverage, you must remain in that managed care plan for the balance of the plan year. You can only change plans if the transfer moves you out of the enrollment area of that plan so that accessing care is unreasonable. Since the PEIA PPB Plan has an unlimited enrollment area, you will not be permitted to transfer out of it during the plan year, even if you move. Transfer from a State agency to a non-State agency may permit a change in coverage.

### **Life Insurance**

Existing employees may add or increase the amount of life insurance at any time by completing an Optional Life Insurance Enrollment Form, submitting a medical information form, and being approved by PEIA's life insurance carrier. Coverage will become effective on the first day of the month following approval by the life insurance carrier.

## **NEWLY ELIGIBLE ACTIVE EMPLOYEES**

Employees who become eligible to enroll for health coverage due to loss of other coverage may enroll for coverage during the calendar month that the previous coverage was lost or the two following calendar months. Newly eligible employees may enroll in the PEIA PPB Plan or a managed care plan. They may make another plan selection during the next open enrollment period.

## **DEPENDENTS**

If you enroll your dependents when you enroll, their coverage begins the same day as yours. If you enroll them at a later date, their coverage will become effective the first day of the month following enrollment. If you are adding a dependent to your existing dependent life insurance policy at a date later than the calendar month following an enrollment event, coverage will not become effective until a medical information form has been submitted to, and approved by, PEIA's life insurance carrier.

If any dependent (except your biological newborn) is in a hospital, nursing home or other health care facility on the date coverage would otherwise begin, the effective date of coverage is delayed until the date of discharge.

### **Additional Dependents**

If you wish to add new dependents, such as a new spouse, your biological newborn or adopted child, you must complete enrollment forms to add them to your coverage. Coverage is not automatic.

### **PEIA PPB Plan**

For the PPB Plan, you should enroll new dependents during the calendar month of or the two calendar months following the date they become eligible (i.e., date of marriage, date of birth or adoption) even if you already have family coverage. If you do not complete the proper enrollment forms to have your new dependent(s) added to your coverage within this time frame, the new dependent(s) will be subject to pre-existing condition limitations.

### **Managed Care Plans**

If you are a member of one of the managed care plans offered by PEIA, you must enroll new dependents during the calendar month of or the two calendar months following the date they become eligible (i.e., date of marriage, date of birth or adoption) even if you already have family coverage. If you fail to complete the proper enrollment forms within this timeframe, new dependents cannot be added to your coverage until the next open enrollment period. When new dependents are enrolled either the calendar month of or the two calendar months following an eligibility event or within the open enrollment period, they will not be subject to pre-existing condition limitations. Additional dependents cannot be enrolled in your managed care plan at any other time.

### **Life Insurance**

Add new dependents to your existing dependent life insurance policy during the month of or the two calendar months following the date they become eligible (i.e., date of marriage, date of birth or adoption). Otherwise, you will have to submit a medical information form and be approved to obtain dependent optional life insurance coverage.

# Newborn or Adopted Children

## PEIA PPB PLAN

### Newborn Child

For the PPB Plan, if you enroll your biological newborn child during the calendar month of birth or the two following calendar months, coverage will be made effective retroactive to the date of birth. Otherwise, coverage will be effective on the first day of the month following the date of enrollment and the child may be subject to pre-existing condition limitations. You do not need a Social Security Number to enroll your newborn, but when you get the baby a Social Security Number, please provide it to your benefit coordinator.

### Adopted Child

If you enroll an adopted child during the calendar month the child is placed in your home or the two following calendar months, coverage under the PPB Plan can be made effective retroactive to the date of placement. Otherwise, coverage will be effective on the first day of the month following the date of enrollment and the child may be subject to pre-existing condition limitations. However, coverage for an adopted infant will become effective the day the adoptive parents are legally and financially responsible for the medical expenses if bona fide legal documentation is presented to PEIA.

## MANAGED CARE PLANS

### Newborn Child

If you participate in one of PEIA's managed care offerings, you must enroll your biological newborn child within the calendar month of or the two calendar months following the birth and the coverage will be made effective retroactive to the date of birth. If you do not complete the proper enrollment forms to add your newborn to your coverage within this time frame, you cannot add the newborn child until the next open enrollment period.

### Adopted Child

If you enroll an adopted child into your managed care plan during the calendar month the child is placed in your home or the two following calendar months, coverage can be made effective retroactive to the date of placement. If you fail to complete the proper enrollment forms within this timeframe, the adopted child cannot be added to your coverage until the next open enrollment period.

Newborns or adopted children must be enrolled into a managed care plan in either the calendar month of or the two calendar months following an eligibility event or within the open enrollment period. They are not subject to pre-existing condition limitations. Newborns and adopted children cannot be enrolled in your managed care plan at any other time.

## LIFE INSURANCE

### Newborn Child

You should add a biological newborn child to your existing dependent life insurance policy during the calendar month of or the two calendar months following the date of birth. Otherwise, you will have to submit a medical information form and be approved to obtain dependent optional life insurance coverage for your child.

### Adopted Child

You should add an adopted child to your existing dependent life insurance policy during the calendar month of or the two calendar months following the date of placement in your home. Otherwise, you will have to submit a medical information form and be approved to obtain dependent optional life insurance coverage for your adopted child.

# Eligibility and Enrollment for Retired Employees

## WHO IS ELIGIBLE

If you are a retired public employee, you are eligible for PEIA health and life benefits, provided you meet the minimum eligibility requirements of the applicable State retirement system and if your last employer immediately prior to retirement is a participating employer under the State retirement system. Members of the Teacher's Defined Contribution Retirement plan must be age 55 and have 12 or more years of credited service, or be age 60 with 5 years of service to qualify to continue PEIA insurance benefits upon retirement. Members who participate in a non-State retirement system must, in the case of education employees (such as TIAA-CREF or similar plans), meet the minimum eligibility requirements of the State Teachers Retirement System, and in other cases, meet the minimum eligibility requirements of the Public Employees Retirement System.

If you have PEIA coverage as an active employee, you may continue coverage into retirement without interruption. To do so, you must complete Retired Employee Enrollment Forms during the calendar month of retirement or the two following calendar months.

Continuous coverage and employment are necessary if you wish to use your accrued sick and/or annual leave for extended employer-paid PEIA coverage. You cannot defer your sick and/or annual leave.

If you were not covered as an active employee or if you allow your coverage to lapse, you may choose to enroll for health coverage at the time of your retirement if your last employer immediately prior to retirement is a participating employer under the State retirement system and as long as you meet the minimum qualifications. Coverage will be effective on the first day of the month following enrollment. If you deferred your retirement from a participating employer under the State retirement plan, you may not re-enroll in PEIA if you had other (private sector) employment just prior to retirement. To be eligible to enroll in PEIA, your last employer prior to retirement must have been a public entity that participates in the State retirement system.

Employees with 20 or more years of service may defer enrollment in PEIA health benefits for up to two (2) years following separation. If and when these employees choose to enroll for health coverage, they will be required to pay 105% of the total premium for the coverage they choose. Enrollees in this category will not be eligible for PEIA's premium assistance program or retiree premium subsidy.

## Medicare

As a retired employee, when you become an eligible beneficiary of Medicare, you must enroll in Medicare Part A and Medicare Part B. Part A is an entitlement program and is available without payment of a premium to most individuals. Part B is the supplementary medical insurance program that covers physician services, outpatient laboratory and x-ray tests, durable medical equipment and outpatient hospital care. Part B is a voluntary program that requires payment of a monthly premium.

If you do not enroll in Medicare Part B, PEIA will process your claims as if you did have the Part B coverage. In other words, PEIA will pay only the amount we would have paid if Medicare had processed your claim and made a payment. If you are Medicare eligible but still an active employee, PEIA will pay as the primary plan, and Medicare will be secondary.

## DEPENDENTS

If you elect PEIA coverage, you may also enroll the following dependents:

- your legal spouse;
- your biological or adopted children under age 19;
- stepchildren who live with you and are under age 19;
- children under age 19 who are members of your household and fully dependent upon you for support and maintenance (a notarized statement from the member affirming the member's 100% financial responsibility for the dependent is required); and
- children or stepchildren over age 19 who live with you and are incapacitated and cannot support themselves due to a physical or mental disability which began before age 19 (or age 25 if a full-time student).

Coverage for dependent children may be extended to the end of the month in which they reach age 25 if they are full-time students. See page 22, "Full-time Students Age 19 and Over—Student Verification," for details.

Married children are not eligible for coverage.

## HOW TO ENROLL

You may enroll for PEIA health and life benefits by completing enrollment forms through your retirement system. On these forms, you will select the types of coverage you want and enroll the eligible dependents you wish to cover.

Participation in PEIA benefit plans is not automatic; you must complete the proper enrollment forms. Enrollment will authorize your retirement system to deduct the premiums for the coverages you select from your annuity.

There are restrictions on how and when you may enroll and make changes in your coverage. Please read all parts of the "Eligibility" section of this booklet carefully before you enroll, so that you will fully understand your options and responsibilities.

### PEIA PPB Plan

You may enroll in the PEIA PPB Plan regardless of age or Medicare status. The PEIA PPB Plan coordinates benefits with Medicare, so when you are retired and eligible for Medicare, the PEIA PPB Plan will generally cover what Medicare does not. For more details, see the "Coordination of Benefits" section of this book.

### Managed Care Plans

As a retired employee, you may enroll in a managed care plan if you are not yet eligible for Medicare. If you or any enrolled dependents have Medicare as your primary health coverage (or will at any time during the plan year) you may not join an HMO. Your only option for PEIA-sponsored Medicare supplement coverage is the PEIA PPB Plan. If either you or your enrolled dependents become Medicare-primary while enrolled in a managed care plan, you must notify PEIA and transfer to the PEIA PPB Plan. Generally, Medicare is primary when the policyholder is retired. If you have more questions about when Medicare is primary, call PEIA's Customer Service Unit at 1-800-654-4406.

### Life Insurance

If you wish to elect new or increased optional life insurance as a retired employee, you must enroll and submit a medical information form during the calendar month of retirement or the two following calendar months. Coverage will be effective pending the approval of PEIA's life insurance carrier. You may not elect or increase optional life insurance after this period.

You may continue dependent optional life insurance after retirement by completing the Retired Employee Optional Life Insurance Enrollment Form during the calendar month of retirement or the two following calendar months.

## **DEPENDENTS**

If you enroll your dependents when you enroll, their coverage begins the same day as yours. If you enroll them at a later date, their coverage will become effective the first day of the month following enrollment. If you are adding a dependent to your existing dependent life insurance policy at a date later than the calendar month following an enrollment event, coverage will not become effective until a medical information form has been submitted to, and approved by, PEIA's life insurance carrier.

If any dependent (except your biological newborn) is in a hospital, nursing home or other health care facility on the date coverage would otherwise begin, the effective date of coverage is delayed until the date of discharge.

## **ADDITIONAL DEPENDENTS**

If you wish to add new dependents, such as a new spouse, your biological newborn or adopted child, you must complete enrollment forms to add them to your coverage. Coverage is not automatic.

### **PEIA PPB Plan**

For the PPB Plan, you should enroll new dependents during the calendar month of or the two calendar months following the date they become eligible (i.e., date of marriage, date of birth or adoption) even if you already have family coverage. If you do not complete the proper enrollment forms to have your new dependent(s) added to your coverage within this timeframe, the new dependent(s) will be subject to pre-existing condition limitations.

### **Managed Care Plan**

If you are a member of one of the managed care plans offered by PEIA, you must enroll new dependents during the calendar month of or the two calendar months following the date they become eligible (i.e., date of marriage, date of birth or adoption) even if you already have family coverage. If you fail to complete the proper enrollment forms within this timeframe, new dependents cannot be added to your coverage until the next open enrollment period. Additional dependents cannot be enrolled in your managed care plan at any other time.

### **Life Insurance**

Add new dependents to your existing dependent life insurance policy during the calendar month of or the two calendar months following the date they become eligible (i.e., date of marriage, date of birth or adoption). Otherwise, you will have to submit a medical information form and be approved to obtain dependent optional life insurance coverage.

# Newborn or Adopted Children

## **PEIA PPB PLAN**

### **Newborn Child**

For the PPB Plan, if you enroll your biological newborn child during the calendar month of birth or the two following calendar months, coverage will be made effective retroactive to the date of birth. Otherwise, coverage will be effective on the first day of the month following the date of enrollment and the child may be subject to pre-existing condition limitations. You do not need a Social Security Number to enroll your newborn, but when you get the baby a Social Security Number, please provide it to your benefit coordinator.

## **Adopted Child**

If you enroll an adopted child during the calendar month the child is placed in your home or the two following calendar months, coverage under the PPB Plan can be made effective retroactive to the date of placement. Otherwise, coverage will be effective on the first day of the month following the date of enrollment and the child may be subject to pre-existing condition limitations. However, coverage for an adopted infant will become effective the day the adoptive parents are legally and financially responsible for the medical expenses if bonafide legal documentation is presented to PEIA.

## **MANAGED CARE PLANS**

### **Newborn Child**

If you participate in one of PEIA's managed care offerings, you must enroll your biological newborn child within the calendar month of or the two calendar months following the birth and the coverage will be made effective retroactive to the date of birth. If you do not complete the proper enrollment forms to add your newborn to your coverage within this timeframe, you cannot add the newborn child until the next open enrollment period. You do not need a Social Security Number to enroll your newborn, but when you get the baby a Social Security Number, please provide it to your benefit coordinator.

### **Adopted Child**

If you enroll an adopted child into your managed care plan during the calendar month the child is placed in your home or the two following calendar months, coverage can be made effective retroactive to the date of placement. If you fail to complete the proper enrollment forms within this timeframe, the adopted child cannot be added to your coverage until the next open enrollment period.

Newborns or adopted children must be enrolled into a managed care plan in either the calendar month of or the two calendar months following an eligibility event or within the open enrollment period. They are not subject to pre-existing condition limitations. Newborns and adopted children cannot be enrolled in your managed care plan at any other time.

## **LIFE INSURANCE**

### **Newborn Child**

You should add a biological newborn child to your existing dependent life insurance policy during the calendar month of or the two calendar months following the date of birth. Otherwise, you will have to submit a medical information form and be approved to obtain dependent optional life insurance coverage for your child. You do not need a Social Security Number to enroll your newborn, but when you get the baby a Social Security Number, please provide it to your benefit coordinator.

### **Adopted Child**

You should add an adopted child to your existing dependent life insurance policy during the calendar month of or the two calendar months following the date of placement in your home. Otherwise, you will have to submit a medical information form and be approved to obtain dependent optional life insurance coverage for your adopted child.



# Eligibility and Enrollment for Surviving Dependents

## WHO IS ELIGIBLE

If you are a surviving dependent of an active or retired public employee, and you were insured by PEIA (either in the PEIA PPB Plan or in a managed care plan) at the time of the employee's death, you may elect to continue coverage under your health plan. Surviving dependents are not eligible for life insurance coverage. Eligibility of a surviving spouse for PEIA coverage terminates upon remarriage. If a divorce occurs after the remarriage, re-enrollment as a surviving dependent is not allowed.

## DEPENDENTS

If you elect PEIA coverage, you may also enroll the following dependents who were covered at the time of the policyholder's death:

- your biological or adopted children under age 19;
- stepchildren who live with you and are under age 19;
- other children under age 19 who are members of your household and fully dependent upon you for support and maintenance (a notarized statement from the member affirming the member's 100% financial responsibility for the dependent may be required); and
- children or stepchildren over age 19 who live with you and are incapacitated and cannot support themselves due to a physical or mental disability which began before age 19 (or age 25 if a full-time student).

Coverage for dependent children may be extended to the end of the month in which they reach age 25 if they are full-time students. See page 22, "Full-time Students Age 19 and Over—Student Verification," for details.

Married children are not eligible for coverage.

## HOW TO ENROLL

To continue coverage without interruption, surviving dependents must complete enrollment forms in the calendar month death occurs or the two following calendar months. Surviving dependents must enroll in the same plan in which they were covered at the time of the policyholder's death. During open enrollment, you may select any plan for which you are eligible.

Surviving dependents are not eligible for life insurance.



# Annual Open Enrollment

Each Spring PEIA holds an open enrollment period for health coverage during which PEIA insureds may choose from among managed care plans and the PEIA PPB Plan. During Open Enrollment, participants may move between plans without penalty and no pre-existing condition limitations will be applied. Choices made during the open enrollment period are effective on July 1 of that year.

During Open Enrollment, eligible policyholders who have not taken advantage of any health coverage from PEIA also have the opportunity to enroll in the PEIA PPB Plan or any managed care plan, subject to the deadlines and rules in force for that enrollment period. Pre-existing condition limitations will not apply when eligible active or retired individuals enroll in a managed care plan during open enrollment. Pre-existing condition limitations do apply to new enrollees in the PPB Plan. See *How to Enroll* on page 10 for details about life insurance in this case.

Selections made during Open Enrollment are effective on July 1 of that year, and remain in effect for a full plan year unless the member moves outside the service area of his or her managed care plan. A physician's withdrawal from a managed care plan does not qualify a member to change plans in the middle of a plan year.

Prior to the Open Enrollment, PEIA mails a *Shopper's Guide* to all eligible policyholders. The *Shopper's Guide* provides a side-by-side comparison of the general attributes of all plans offered. It is intended as a general guide to the available plans. Members requiring further information about a specific plan should contact that plan directly.

## MEDICAL IDENTIFICATION CARDS

You will receive a medical identification card within 30 days after you enroll in the PEIA PPB Plan or one of the managed care plans.

Your PEIA PPB Plan ID card verifies that you have medical and prescription drug coverage through PEIA. On the back we've listed important phone numbers you may need. One card will be issued for individual coverage, and two cards will be issued for family coverage. The policyholder's name and Social Security Number will be printed on all cards. If you want additional cards for children not residing with you, or if you need to replace a lost card, please contact Express Scripts at 1-877-256-4680.

If you enroll in a managed care plan, you will receive an identification card from that plan, not from PEIA. For additional or replacement cards, call your plan.

## WHEN COVERAGE ENDS

Certain events will cause PEIA benefits for you and/or your covered dependents to terminate. Generally, coverage will end if you or a dependent becomes ineligible.

In most cases you have the option to extend health coverage under the federal COBRA law, or convert your health and/or life benefits into private insurance policies. All of these options are at your expense and require you to act within a specified time. Please see the section on "Options After Termination of Coverage" beginning on page 25.

### Voluntary Termination

PEIA coverage for an active policyholder and any covered dependents terminates at the end of the month in which the employee voluntarily ceases employment, or goes off the payroll.

### Involuntary Termination

A policyholder who is terminated from employment involuntarily or through a reduction of work force may continue coverage for three additional months after the end of the month in which employment ends. The policyholder will be responsible for paying the employee's share of the premium during these three months.

If you are discharged for misconduct and you choose to contest the charge, you may extend your coverage for up to 3 months while you pursue available administrative remedies. If the charge is upheld, you must reimburse the employer's share of the premium cost of your extended coverage to your former employer.

## **Retired Employees**

Coverage for an employee who has already retired will terminate at the end of the calendar month in which the retiree elects no longer to participate.

For retiring employees, coverage will terminate at the end of the month in which the employee goes off the payroll, unless forms have been completed to continue coverage through their retirement system. If you are not yet eligible for Medicare, then your retirement does not qualify you to change health care plans. If you are enrolled in a managed care plan as an active employee, then you must remain in that managed care plan upon retirement until the next open enrollment, when you may choose any plan for which you are eligible. If Medicare becomes the primary coverage for you or your dependents while enrolled in a managed care plan, you must transfer to the PEIA PPB plan.

## **Dependents/Surviving Dependents**

Coverage for dependents terminates at the end of the calendar month in which one of the following occurs:

- policyholder (active or retired) terminates or loses coverage;
- divorce from employee;
- child reaches 19th birthday;
- child marries;
- child who has extended coverage beyond age 19 as a full-time student reaches his/her 25th birthday or ceases full-time student status;
- surviving spouse remarries;
- disabled dependent no longer meets disability guidelines; or
- policyholder voluntarily removes dependent from coverage.

## **Failure To Pay Premium**

Your coverage as an active or retired policyholder, and coverage of your dependents, will be terminated if you fail to pay your premium contributions when due. Premiums are due by the fifth day of the month following the month for which the premium was invoiced. Example: May premium is due June 5. If payment is not received by PEIA within 15 days following the due date, all medical claims will be pended. Additionally, the PEIA drug card will be suspended. If payment is not received within 30 days following the due date, coverage will be cancelled, and all claims incurred will be your personal responsibility.

## **Employer Withdrawal From The Plan**

By its agreement to participate in the PEIA plan, a non-State entity is required by PEIA to stay in the plan for a minimum of three years. If a participating county or municipal government or other employer withdraws or is terminated from the PEIA plan, coverage for all affected insureds ends on the effective date of that employer's withdrawal/termination.

Retirees eligible to participate in the Consolidated Public Retirement System (CPRS) may continue participation in PEIA. The withdrawn agency is billed a subsidy premium for these retirees. Retirees not eligible to participate in CPRS must look to their former employer for retiree coverage.

## **Your Responsibility To Make Changes**

It is your responsibility to keep your PEIA enrollment records up to date. You must notify your benefit coordinator immediately of any changes in your family situation, and complete the appropriate change forms to keep your PEIA coverage up to date. Examples of such changes include a change of address, a change in your marital status, or a dependent child no longer qualifying for coverage.

You should do this whether you belong to the PEIA PPB Plan, a managed care plan or if you've elected only life insurance coverage. If you fail to notify your benefit coordinator promptly of changes in your family status, your employing agency may look to you for reimbursement of premiums your employer paid in error.

## Special Eligibility Situations

### **IF YOU AND YOUR SPOUSE ARE BOTH STATE EMPLOYEES**

Two public employees who are married to each other, but who are both eligible for benefits under PEIA may elect to enroll as follows: **1)** as Family with Employee Spouse in any plan; **2)** as “Employee Only” and “Employee and Child(ren)” in two different plans; **3)** as “Employee Only” and “Employee and Child(ren)” in the PPB Plan (remember you'll have two deductibles and two out-of-pocket maximums this way); or **4)** as “Employee Only” and “Employee and Child(ren)” in the same managed care plan. All children must be enrolled under the same policyholder. If no children are to be covered, you may enroll as “Family with Employee Spouse” or as separate “Employee Only” plans.

Both employees are eligible to enroll for the basic life policy, as well as optional and dependent life insurance.

### **FULL-TIME STUDENTS AGE 19 AND OVER—STUDENT VERIFICATION**

Coverage for a dependent child ceases at the end of the month in which the child reaches age 19; however, coverage may be extended (on a year-to-year basis) to age 25 if the child is unmarried, enrolled as a full-time student, and dependent on you for support and maintenance.

“Enrolled as a full-time student” means the child attends courses full-time (as determined by the institution) in a graduate or undergraduate college or university (other than a U.S. Military academy when the academy considers the student to be on active duty) or attends a trade or professional school as the child's full-time occupation.

Student verification is a two-step process:

1. Verification of full-time student status will be requested by PEIA when your child turns age 19.
2. Once a year thereafter, you must verify your child's full-time student status by providing a letter from the school's registrar.

Health coverage for a dependent who is a full-time student during the Spring semester will continue through August 31 of that same year, provided the dependent is unmarried and not over age 25. If COBRA dependent coverage is elected for a student not returning to full-time status in the Fall, it will be effective September 1 of that same year.

If it becomes medically necessary for your child to cut back to part-time status or withdraw temporarily from school, he or she may continue to be covered under the PEIA plan for one year under an approved medical leave. You will be asked to provide documentation from your child's physician verifying that the illness or injury prevents the student from attending college classes full-time, and the date your child may be expected to return to full-time status. If the medical leave extends beyond one year, you may apply to cover that child as a disabled child. Approval will be granted at the discretion of PEIA's medical director.

If your child loses eligibility because he or she is no longer a full-time student, you should notify your benefit coordinator promptly. If you fail to notify your benefit coordinator promptly, your employing agency may look to you for reimbursement of premiums your employer paid in error. Continued coverage under COBRA will be available, see page 25.

If your child (age 19 or over) voluntarily withdraws from school, has a lapse in coverage, and later re-enrolls as a full-time student, he or she may be reinstated for PEIA coverage. You must complete a Change-in-Status form and add this child to your list of dependents again to reinstate this coverage. This child may be subject to pre-existing condition limitations.

## **DISABLED CHILD**

Your dependent child may be covered after reaching age 19 if he or she is incapable of self-support because of mental or physical disability.

To be eligible:

- the disabling condition must have begun before age 19, or before age 25 if a full-time student; and
- the child must be incapable of self-sustaining employment and chiefly dependent on you for support and maintenance.

To continue this coverage, contact PEIA for an application. You will be asked to provide documentation when the child reaches age 19 and periodically thereafter.

## **COURT-ORDERED DEPENDENT (COD)**

If a PEIA-insured employee and his or her spouse divorce, and the employee is not the custodial parent for the dependent child(ren), the employee may continue to provide medical benefits for the child(ren) through the PEIA plan. If the non-custodial parent is ordered by the court to provide medical benefits for the child(ren), the custodial parent may submit medical claims for the court-ordered dependent(s), and benefits may be paid directly to the custodial parent. Special claim forms are required. The custodial parent will also receive Explanations of Benefits (EOBs) for the CODs as claims are processed. Contact PEIA to discuss this benefit.

## **MEDICARE AND ACTIVE EMPLOYEES**

If an active employee becomes eligible for Medicare, the PEIA PPB Plan remains the primary insurer for that employee, except if the employee attains Medicare eligibility due to End Stage Renal Disease (ESRD).

If the spouse or dependent of an active employee becomes eligible for Medicare, the PEIA PPB Plan remains the primary insurer for that spouse or dependent as long as the policyholder remains an active employee. When the policyholder retires, PEIA becomes the secondary insurer for any spouse or dependent(s) on Medicare.

# Leaves of Absence

It is the employer's responsibility to make the determination regarding an employee's eligibility for a leave of absence. It is important to note that a leave of absence is intended for an employee who is expected to return to work and for whom the employer maintains an open position. It is not intended to extend medical benefits for individuals who are not eligible to retire and not able to return to work, or for whom a position is not being held open. Such a person is not an employee and it is improper to continue his or her health coverage as if he or she were still an employee. Employers are reminded that under State law it is a felony to misrepresent any material fact to obtain PEIA benefits to which a person is not entitled (W. Va. Code §5-16-12).

Return from a leave of absence does not constitute a qualifying event which would allow the member to change plans during the plan year.

## **Medical Leave (Non-Workers' Compensation)**

Any employee who is on a medical leave of absence due to an injury or illness that is not covered by Workers' Compensation is eligible to continue coverage subject to the following:

- the medical leave must be approved by the employer;
- the employee and employer must continue to pay their respective proportionate shares of the premium cost. If the employee fails to pay his or her premium, the employer may terminate coverage;
- the employer is obligated to pay its share only for a period of one year, after which the employee may be required to pay the full cost of coverage. If the employee fails to pay his or her premium, the employer may terminate coverage; and
- each month the employee must submit to the employer a physician's statement certifying that the employee is unable to return to work. The employer must retain these statements in the employee's personnel file.

## **Medical Leave (Workers' Compensation)**

Any employee who is on a leave of absence and is receiving temporary total disability benefits from Workers' Compensation is entitled to continue PEIA coverage until he or she returns to work. The employer and employee must continue to pay their respective proportionate shares of the premium cost for as long as the employee receives temporary total disability benefits. If the employee fails to pay his or her premium, the employer may terminate coverage.

## **PERSONAL LEAVE**

An employee may continue insurance coverage while on a personal leave of absence approved by the employer. The monthly premium will be paid according to the policy or agreement established by your employer. If the employee fails to pay his or her premium, the employer may terminate coverage.

## **Family Leave**

An employee may continue insurance coverage during an approved family leave. If the employee fails to pay his or her premium, the employer may terminate coverage. Contact your benefit coordinator for further details regarding the federal Family and Medical Leave Act (FMLA).

## **Military Leave**

For an employee on military leave with pay, health and life insurance benefits will generally continue without interruption, as long as the employee is on the payroll.

An employee who is on an approved military leave of absence without pay, due to an active call of duty from the President, is entitled to continue health and life benefit coverage for as long as premium payments are made. The employee is responsible for paying their employee share of the premium costs for each month during the military leave of absence, and Governor Wise's Executive Order No. 19-01 requires the employer to pay its share. Upon

return from a military leave, if there has been a lapse in coverage, the employee may generally reinstate the same health and/or life insurance benefits without penalty.

### **Leaves of Absence for Teachers and Service Personnel**

Any teacher or school service employee who is returning from an approved leave of absence of one year or less shall be restored to the same benefits which he or she had at the time of the approved leave of absence.

## Options After Termination of Coverage

If your PEIA coverage terminates, you may have a right to continue health and life coverage. Your options are explained below.

### **CONTINUING HEALTH COVERAGE UNDER COBRA**

You and your enrolled dependents may have the right to continue your current health coverage for a limited time under the federal Consolidated Omnibus Budget Reconciliation Act (COBRA). PEIA's COBRA program is administered by Acordia National, and all COBRA eligibility is maintained by Acordia National. New enrollees in any PEIA-sponsored health plan will receive a detailed notice of their COBRA rights from Acordia National.

You and/or your dependents may elect to continue coverage for up to 18 months due to termination of your employment (other than by reason of gross misconduct) or reduction in work hours.

Your dependents are eligible to continue coverage in their own right for a maximum of 36 months under COBRA in the case of:

- divorce or legal separation;
- loss of eligibility of dependent children; or
- death of employee.

An election to continue coverage under COBRA must be made within 60 days of the end of the coverage. If you elect to continue coverage under COBRA, you will be responsible for paying the full premium plus a 2% administrative fee. Please note that COBRA premiums are billed directly to you.

To enroll for COBRA benefits, contact Acordia National at 1-888-440-7342.

If 18 months of COBRA coverage is provided due to termination or reduction in hours of employment, and if any COBRA beneficiary is determined to be disabled under the Social Security Act at any time during the first 60 days of this COBRA coverage, then the 18-month continuation period may be extended to 29 months for all individuals who are qualified beneficiaries. The disabled person can be a covered employee or a dependent. The disability determination must be reported to PEIA within 60 days of the determination and before the end of the original 18-month coverage period.

Under COBRA, PEIA will charge 150% of the applicable premium for coverage during the 11-month disability extension. If a second qualifying event occurs during the 11-month extension, entitling a qualified beneficiary to 36 months of coverage (an additional 7 months of coverage), then PEIA will charge 150% of the applicable premium until the end of the 36-month continuation coverage period.

Coverage under COBRA will cease under these circumstances ("you" refers to the person who elected COBRA):

- you become covered under another group plan (unless it contains a pre-existing condition exclusion that reduces your benefits);
- you become entitled to Medicare;
- you fail to pay the premium;
- the policyholder's former employer withdraws or is terminated from the PEIA plan; or
- the PEIA PPB Plan ends.



If you are covered by another health plan or Medicare before the COBRA election is made, you may make a COBRA election. In other words, your employer may end the right to COBRA continuation coverage based upon other group health plan coverage or entitlement to Medicare benefits only if the qualified beneficiary first becomes covered under the other group health plan coverage or entitled to (covered for) the Medicare benefits after the date of the COBRA election.

When coverage under COBRA ends, you have the option to convert your coverage to an individual policy.

## **CONVERTING HEALTH COVERAGE TO AN INDIVIDUAL POLICY**

If you have been covered continuously by PEIA (either under the PEIA PPB Plan or through one of the managed care plans) for at least three months and your coverage ends, you may apply for individual health coverage. Your covered dependents also have this right.

You are not eligible for an individual policy if:

- you are age 65 or older; or
- your coverage ended because you failed to pay the premium.

If you were covered under one of the managed care plans, contact the managed care plan for instructions on this conversion.

If you were covered under the PEIA PPB Plan, you must submit an application and remit the first premium within 31 days after the termination of PEIA coverage. Coverage under the individual policy will become effective the day after PEIA coverage ends. To obtain a Health Conversion Application Form, please call PEIA at 1-304-558-7850 or toll-free at 1-800-654-4406. The individual health policy is issued by Celtic Life, not PEIA. Once you have completed the application form, mail it to the address printed on the application form. Benefits under an individual policy are determined by Celtic Life, and may differ substantially from the PEIA plan. Premiums for individual policies are generally higher than rates for a group plan like the PEIA PPB Plan.

If your PEIA PPB Plan coverage has been continued under COBRA, then you may apply for an individual policy if you submit a written application within 31 days after your COBRA coverage ends.

## **CONVERTING LIFE INSURANCE TO AN INDIVIDUAL POLICY**

When employment ends, you may convert all or part of the life insurance coverage into an individual policy. Dependents who lose eligibility for life insurance coverage may convert optional dependent life insurance to an individual policy. This provision does not apply to retired employees or their dependents.

You must submit an application and remit the first premium within 31 days after the termination of the life insurance coverage. Coverage under the individual policy will become effective the day after the group life insurance coverage ends.

To obtain a Life Insurance Conversion Application Form, call PEIA at 1-304-558-7850 or toll-free at 1-800-654-4406. The individual life insurance policy is issued by PEIA's life insurance carrier, not PEIA. Once you have completed the application form, mail it to the address printed on the application form. Premiums for individual policies are generally higher than rates for a group plan.

# Paying For Benefits

Each year the PEIA Finance Board sets premium rates for the PEIA PPB Plan. PPB Plan premiums are set at a level that ensures that the premiums collected from employers and employees will pay the anticipated claims for that year. Managed care plan premiums are also set annually prior to Open Enrollment.

Your coverage as an active or retired policyholder, and coverage of your dependents, will be terminated if you fail to pay your premium contributions when due.

## **TOBACCO-FREE DISCOUNT**

PEIA's PPB Plan premiums and optional life insurance premiums are based on the tobacco-use status of insureds. Tobacco-free insureds will receive the preferred monthly premium rate. Plan insureds must have been tobacco-free for 6 months prior to the beginning of the Plan Year to qualify for the discount. Newly hired PPB Plan insureds must have been tobacco-free for 6 months prior to their effective date of coverage to qualify for the discount.

Tobacco-free insureds must sign an affidavit each year and return it during Open Enrollment to receive the reduced premium rate for the following full plan year. For family coverage, all enrolled family members must be tobacco-free to qualify the family for the reduced rate. PEIA reserves the right to review medical records to check for tobacco use. PEIA offers a tobacco cessation benefit. See page 53 for details.

If the tobacco affidavit is not submitted by the insured during Open Enrollment, the insured will not receive the tobacco-free discount until a completed tobacco affidavit is submitted. PEIA has sixty days from receipt of the tobacco affidavit to process the request and implement the discount. The tobacco-free discount will apply only for the remainder of the plan year, and WILL NOT be applied retroactively. No refunds will be granted to members who submit tobacco affidavits after open enrollment.

## **ACTIVE EMPLOYEES**

If you are an active employee of a State agency, college, university or county board of education, most of your health insurance premium is paid by your employer. The amount of your contribution is determined by your salary, the type of coverage you choose, and your tobacco-use status.

If you are an active employee of a local government agency, your employer will set your health insurance premium contribution level. You may pay anywhere from 0% to 100% of the premium that PEIA charges to your employer.

## **RETIRED EMPLOYEES**

Premiums for most retired employees are deducted from their annuity on a monthly basis. Some retired employees pay premiums directly to the PEIA each month, and for them, premiums are due by the fifth of the month following the month for which the premium was invoiced. Example: May premium is due June 5. If premium payment is not received by PEIA within 15 days following the due date, all medical claims will be pended. Additionally, the PEIA drug card will be suspended. If payment is not received within 30 days following the due date, coverage will be cancelled, and all claims incurred will be the policyholder's personal responsibility. PEIA offers a direct draft option for premium payment. Call PEIA for details.

### **Retired Employees Who Retired Before July 1, 1997**

Retired employees who retired prior to July 1, 1997, pay premiums based on the plan they choose, their tobacco-use status and eligibility for Medicare. Generally, retired employees' contributions pay for about 30% of the cost of their claims. The remaining 70% of the cost is paid by employers. Eligible retired employees may use sick and/or annual leave to extend employer-paid health coverage.



## **Employees Who Retire On or After July 1, 1997**

Employees who retire on or after July 1, 1997 pay premiums for their health coverage based on the plan they choose, their eligibility for Medicare, their tobacco-use status, and their credited years of service as reported by the Consolidated Public Retirement Board (CPRB), or for those in the Teachers Defined Contribution Plan or a non-State retirement plan, the years of service reported by the employing agency or the non-State plan. These premiums may be adjusted annually for medical inflation. Employees with 25 or more years of service will be charged the same premium as those who retired before July 1, 1997. Those with fewer than 25 years of service will pay higher premiums. If you are using accrued sick and/or annual leave or years of service to extend your employer-paid insurance, all, or a portion of this increased premium will be covered by your accrued leave. Disability retiree premiums are assessed on twenty-five (25) years of service.

## **DEPUTY SHERIFFS**

Deputy sheriffs who retire prior to attaining age 55 have two benefit plan options available to them. Those considering early retirement should call PEIA for details of their plans and premium requirements.

## **SURVIVING DEPENDENTS**

Surviving dependents of public employees pay premiums for their health coverage based on the plan they choose, their eligibility for Medicare and their tobacco-use status. These premiums may be adjusted annually for medical inflation. Surviving dependents are considered to have 25 or more years of service, and will be charged the same premium as those who retired before July 1, 1997.

Premiums for some surviving dependents are deducted from their annuity on a monthly basis. Some surviving dependents pay premiums directly to the PEIA each month, and their premiums are due by the fifth of the month following the month for which the premium was invoiced. Example: May premium is due June 5. If payment is not received by PEIA within 15 days following the due date, all medical claims will be pended. Additionally, the PEIA drug card will be suspended. If payment is not received within 30 days following the due date, coverage will be cancelled, and all claims incurred will be the policyholder's personal responsibility. PEIA offers a direct draft option for premium payment.

## **EXTENDING EMPLOYER-PAID INSURANCE UPON RETIREMENT**

You may be eligible to extend your employer-paid insurance upon retirement, but how you do that is determined by your employer. To take advantage of this benefit, you must move directly from active public employment into your respective retirement system. If you choose to defer your retirement, you cannot defer your sick and annual leave for use later. Elected public officials are not eligible for this benefit. This benefit terminates when the policyholder dies; it cannot be used by surviving dependents, who may continue coverage by paying the monthly premium.

You may also have the option to use your accrued leave to increase your retirement benefits from your retirement system. You must choose between additional retirement benefits and extended employer-paid insurance coverage. You may not use some of your accrued leave to increase your retirement benefit and the rest to extend your employer-paid insurance coverage. Once this election is made, you may not revoke the selection.

## **Using Accrued Sick and Annual Leave to Extend Coverage**

If you are an employee of a State agency or a county board of education (or an eligible employee of a local agency) with coverage through a PEIA plan and have accrued sick and/or annual leave when you retire, you may use that accrued leave to extend your employer-paid insurance coverage. You must be enrolled in a PEIA plan or a PEIA-sponsored managed care plan or a group life insurance plan offered by PEIA prior to your retirement to qualify. This extended coverage must be for full months. Employees hired on or after July 1, 2001, are not eligible for this benefit.

If the policyholder dies, the accrued leave benefit terminates, even if the surviving dependent continues coverage.

If you and your spouse are both public employees eligible for extended employer-paid insurance coverage, you may combine your accrued leave to extend your family coverage provided each of your respective employers agrees. Certain restrictions apply. See your benefit coordinator for details.

The amount of this benefit depends on when you came into the PEIA plan as follows:

### **Before July 1, 1988:**

If you are an employee who has been continuously covered by PEIA since before July 1, 1988, then your additional coverage is calculated as follows:

- 2 days of accrued leave — 100% of the premium for one month of single coverage
- 3 days of accrued leave — 100% of the premium for one month of family coverage

### **Between July 1, 1988 and June 30, 2001:**

If you were hired after July 1, 1988 and before July 1, 2001, or if you had a lapse in coverage during this period then your additional coverage is calculated as follows:

- 2 days of accrued leave — 50% of the premium for one month of single coverage
- 3 days of accrued leave — 50% of the premium for one month of family coverage

### **On or after July 1, 2001:**

If you were hired on or after July 1, 2001, or if you had a lapse in coverage during this period, you are not eligible for extended employer-paid insurance upon retirement.

## **Extending Coverage for Higher Education Faculty**

If you are a full-time faculty member employed on an annual contract basis for a period other than 12 months, you may extend your employer-paid insurance coverage based on your years of teaching service. Your benefit is calculated as follows:

- 3 1/3 years of teaching service — 1 year of single coverage
- 5 years of teaching service — 1 year of family coverage

## **PREMIUM ASSISTANCE PROGRAM**

Retired employees whose total annual income is less than 250% of the current federal poverty level may receive assistance in paying a portion of their PEIA monthly health premium based on years of active service, through a grant provided by the PEIA. Applicants must be enrolled in the PEIA PPB Plan. Managed care plan members are not eligible for this program. Retired employees using accrued sick and/or annual leave to pay their premiums are not eligible for this program until their accrued leave is exhausted. Applications are mailed to all eligible retired employees each spring. Those who qualify for Premium Assistance also qualify for Prescription Drug Copay Assistance. See the “Prescription Drug Benefit” section starting on page 67 for details.

### **Years of Service**

The amount of assistance for which you are eligible is based on years of active service. For surviving dependents, it will be based on years of service earned by the deceased policyholder. Disabled retirees are considered to have twenty (20) years of service.

Retirees with twenty (20) or more years of service are eligible for 100% of the base assistance amount. Retirees with 10-14 years are eligible for only 60% of the base assistance amount. These figures will be verified by the appropriate State retirement system. Following is a chart with the percentages of assistance available based on years of active service. Remember that even at the 100% level, this assistance pays only a portion of the total health insurance premium.

<b>Years of active service</b>	<b>Percentage of assistance available</b>
20 or more	100
15-19	80
10-14	60
5-9	30
Fewer than 5	0

## **LIFE INSURANCE PREMIUMS**

Life insurance premiums for all participants are set by PEIA's life insurance carrier. For active employees of State agencies, colleges, universities and county boards of education, basic life insurance premiums are paid by your employer. For active employees of a local government agency, your employer will determine what, if any, portion of the life insurance premium will be paid for you. Retired employees must pay the basic life insurance premium to keep coverage in force. Optional life insurance premiums are paid by the employee and are based on age and amount of coverage. See your *Life Insurance Booklet* for further details of the options available to you.

### **Life Insurance Waiver of Premium**

If you are an active employee with basic life insurance, and you become totally disabled before you reach age 60, your basic life insurance may be continued at no cost to you while you remain totally disabled. To qualify for this waiver of premium, you must furnish proof of total disability within one year after the date of disability. The date of disability is considered the last day you were actively at work. You must furnish proof of total disability after you have been disabled for nine (9) months, but not later than twelve (12) months after your last day of active work. To qualify for the waiver of premium, you must have been covered under basic life insurance when your disability began.

"Total Disability" exists when you are completely unable, due to sickness or injury or both, to engage in any gainful occupation for which you are reasonably fitted by education, training or experience. You will not be considered totally disabled while working at any gainful occupation.

To apply for a disability waiver of premium, contact your benefit coordinator. Proof of continuing disability will be required three months before each anniversary of the initial date of disability. You may be asked by PEIA's life insurance carrier to submit periodic medical exams. AD&D coverage does not continue under the waiver of premium.

If your waiver of premium is approved, your basic life insurance will remain at \$10,000 at no premium cost to you. At age 65, your basic life coverage decreases to \$5,000, and further reduces to \$2,500 at age 67. This coverage will end at the earliest of these events:

- the end of disability;
- the failure to provide proof of continued disability; or
- the failure to submit to a physical examination when required by PEIA's life insurance carrier.

See your *Life Insurance Booklet* for more details.

## **MANAGED CARE PLAN PREMIUMS**

If you enroll in a managed care plan offered by the PEIA for your health coverage, your premium contribution is set by the managed care plan. Premiums are published in the Shopper's Guide each year prior to Open Enrollment. The published premiums are set for one year. In most cases, your employer will contribute up to the same amount toward your coverage as if you were enrolled in the PEIA PPB Plan. If the managed care plan's premium is higher than this

amount, you will be responsible for the difference. Local government agencies will determine their contribution for managed care plans. To find the amount of your premium contribution, check the Shopper's Guide for the current plan year or contact your benefit coordinator.

The managed care plans being offered by your employer are part of the PEIA benefits package and you may enroll for any plan in which you meet the eligibility guidelines. Your plan choice is binding for one year unless you move outside the service area of the plan you have chosen. Your physician's withdrawal from a plan does not qualify you to change plans.

## PREMIUM CONVERSION

### Paying Premiums With Pre-Tax Dollars

The PEIA premium conversion plan is an IRS Section 125 plan which allows active, participating employees to save tax dollars when paying health and life insurance premiums. Your participation in the premium conversion plan is automatic if you are an active employee of one of the following:

- State government and its agencies;
- State-related colleges and universities; or
- a participating county board of education.

Federal law does not allow retired employees to participate in premium conversion.

With premium conversion, your premiums are deducted from your salary before federal, State and Social Security taxes are calculated. This reduces the amount of your income subject to tax. You must agree to pay the premiums through this plan for a full plan year, unless you have a change in family status that allows you to change your benefits. The example below demonstrates how premium conversion can reduce your taxes and increase your take-home pay. This example does not include State income tax, and assumes a 15% federal income tax bracket.

Without Premium Conversion Plan		With Premium Conversion Plan	
Amount	Description	Amount	Description
\$ 1,500	Monthly Income (Taxable Income)	\$ 1,500	Monthly Income
- \$ 340	Taxes	- \$ 121	Insurance Premium
\$ 1,160	After-tax Salary	\$ 1,379	Taxable Income
- \$ 121	Insurance Premium	- \$ 313	Taxes
\$ 1,039	Take-home Pay	\$ 1,066	Take-home Pay
		\$ 27	Additional Take-home Income

### How to Participate

If your employer offers the premium conversion plan, your premiums automatically will be deducted on a pre-tax basis. If you do not wish to participate in the premium conversion plan, you must indicate this in writing to your benefit coordinator.

Decisions regarding premium conversion must be made when you initially enroll for PEIA coverage or during the annual open enrollment period each spring.

## Limits on Benefit Changes

The premium conversion plan does not change your PEIA coverage, but it does limit your ability to make changes in your plan. Under the IRS rules, you must pay the same amount of premium each month during the year, unless you have a qualifying change in family status.

Qualifying changes in family status are:

- marriage or divorce of the employee;
- death of the employee's spouse or dependent;
- birth or adoption of the employee's child;
- commencement or termination of employment of the employee's spouse or dependent;
- a change from full-time to part-time employment status, or vice versa, by the employee or his or her spouse;
- an unpaid leave of absence taken by the employee or spouse;
- a significant change in the health coverage of the employee or spouse attributable to the spouse's employment;
- annulment;
- change in the residence or work site of the employer, spouse, or dependent;
- a dependent loses eligibility due to age or student status; or
- employment change due to strike or lock-out.

You may make a change in your plan when your spouse or dependent changes coverage during Open Enrollment under his or her plan if:

- the other employer's plan permits mid-year changes under this event, and
- the other employer's plan year is different from PEIA

You may make a change in your coverage (add a dependent, for example) that increases your insurance premium, or that has no effect on your premium, without having one of these events, but you'll pay any resulting increased premium on an after-tax basis until the next open enrollment period.

You may not make a change in your coverage that reduces the premium you pay until the next Open Enrollment period unless you have a qualifying change in family status.

For life insurance, the IRS allows you to pay pre-tax premiums on up to \$50,000 of life insurance. This includes the \$10,000 basic plan and up to \$40,000 of optional life insurance. Since you're paying pre-tax premiums on only \$40,000 of optional life insurance, you may terminate any life insurance you have in excess of \$40,000 at any time during the plan year, but you can terminate your basic or the first \$40,000 of optional life insurance only during the premium conversion plan open enrollment each spring.

To make a change in your coverage, get a Change-in-Status form from your benefit coordinator. Two types of changes require additional documentation; they are detailed in the following chart.

Status Change	Documentation Required
Divorce	Provide a copy of the divorce decree showing that the divorce is final. Coverage for the ex-spouse will be terminated at the end of the month in which the divorce became final.
Significant Change in Health Coverage Attributable to Spouse's Employment	Documentation from the spouse's employer describing the change in health coverage.

# Health Care Benefits

You may get health care benefits through PEIA from a managed care plan or from the PEIA PPB Plan A or B.

If you choose to receive your benefits from a managed care plan, you must enroll with PEIA and choose a plan. You must refer to the information provided by the managed care plan for details of your benefits. This next section, entitled the PEIA PPB Plan, will not apply to you.

If you choose the PEIA PPB Plan A or B, your benefits are described on the following pages. This section describes only the benefits offered under the PEIA PPB Plan.

## THE PEIA PPB PLAN (A OR B)

The PEIA PPB Plan pays for a wide range of health care services for employees and their dependents. These benefits include hospital services, medical services, surgery, durable medical equipment and supplies, and prescription drugs. The medical benefits in the PEIA PPB Plan A and B are identical. The only difference is in the deductibles and out-of-pocket maximums, which are detailed on the charts in this section.

Under the plan, certain costs are your responsibility. In addition, to receive maximum benefits for some services, precertification is required or your benefits will be reduced. Please read the health care benefits section carefully so that you will have a clear understanding of your coverage under the plan.

If you have any questions about coverage or payment for health care services, please call:

Who to Call with Questions		
Medical claims, benefits, precertification, case management, preauthorizations and prior approvals for out-of-state care	Acordia	1-888-440-7342
Prescription drug claims and benefits	Express Scripts	1-877-256-4680

## PEIA'S NETWORKS

The PEIA PPB Plan provides care through several networks of providers. In West Virginia, any health care provider who provides health care services or supplies to a PEIA participant is automatically considered a member of our network. Outside West Virginia, there are several networks available. Access to those networks depends on where you live. Generally, the available networks are:

- Medical Mutual of Ohio's SuperMed Plus Network (in Ohio only). To locate providers in the state of Ohio who participate in Medical Mutual of Ohio's (MMO) SuperMed Plus network, call 1-888-440-7342 or 1-304-353-7820, or check the internet at [www.supermednetwork.com](http://www.supermednetwork.com).
- The Alliance Network (in Maryland, Washington, DC, and North Carolina only). (For physicians associated with Duke University, PEIA uses the Beech Street Network). To locate providers in Maryland, North Carolina and the District of Columbia (DC) who participate in the Alliance Network, call 1-888-440-7342 or 1-304-353-7820, or check the internet at [www.mamsi.com/directory](http://www.mamsi.com/directory).



- The Beech Street Network in all other states. To locate providers who participate in the Beech Street network, call 1-888-440-7342 or 1-304-353-7820, or check the internet at [www.beechstreet.com](http://www.beechstreet.com). For Plan Year 2005, Kings Daughters Medical Center and Our Lady of Bellefont Hospital in Ashland, Kentucky, and hospitals in the UPMC Health System are not participating hospitals in the PEIA PPB Plan.

In addition, Acordia National contracts with some out-of-state providers to serve PEIA participants only. To locate a network provider in any of the available networks, call Acordia National at 1-888-440-7342 or 304-353-7820. Care provided by non-network providers requires prior approval, or it will be paid at the lower out-of-network benefit level (typically 60% of PEIA's maximum allowance with the additional out-of-network deductible).

Not all hospitals in these networks may participate with PEIA. PEIA reserves the right to remove providers from the networks, so not all providers in all networks may be available to you.

Providers who are under sanction by Medicare, Medicaid or both will be expelled from PEIA's network for the duration of their sanction. In cases of expulsion, both the provider and the patient will be notified by mail of the action before claims are denied.

If you have questions about a specific network provider, please contact Acordia National at 1-888-440-7342.

### **Resident PPB Plan Participants**

PEIA PPB Plan participants who live in West Virginia or a bordering county of a surrounding state may access care from any of the following providers without receiving prior approval:

1. any West Virginia health care provider who provides health care services or supplies to a PEIA participant, or
2. any network provider located in those bordering counties.

All services, except emergency care, provided outside of West Virginia beyond the bordering counties requires prior approval.

### **Non-Resident PPB Plan Participants**

For PEIA PPB Plan participants who reside outside the State of West Virginia (beyond the bordering counties of surrounding states), PEIA has made special arrangements. Participants who live more than one county outside the State may seek care from any network provider. Care from network providers does not require prior approval, and that care will be covered at the in-network benefit level (typically 80%). Precertification of inpatient stays and certain outpatient procedures is still required. See page 41 for details.

## **WHAT YOU PAY WITH THE PEIA PPB PLAN**

### **Medical Deductible**

During any plan year, if you or your eligible dependents incur expenses for covered medical services (other than office visits), you must meet a deductible before the plan begins to pay.

Medical deductibles are determined based on your salary, tier of coverage (i.e., individual or family), and whether you get your services within the PEIA network or outside of the network.

The family deductible is twice the individual deductible. The family deductible is divided up among the family members. No one member of the family will pay more than the individual deductible. Once that person has met the individual deductible, the plan will begin paying on that person. When another participant of the family meets the individual deductible, then the plan will begin paying on the entire family. Alternatively, all participants of the family may contribute to the family deductible with no one person meeting the individual deductible; once the family deductible is met, the plan pays on all members of the family. The deductibles are listed on the following chart according to income level and coverage tier.

PEIA PPB Plan In-Network Deductibles					
	Annual Salary	Employee Only	Employee & Child(ren)	Family	Family with Employee Spouse*
<b>PEIA PPB Plan A</b> State agencies, colleges, universities and county boards of education	\$ 0-20,000	\$ 100	\$ 200	\$ 200	\$ 200
	\$ 20,001-30,000	\$ 150	\$ 300	\$ 300	\$ 300
	\$ 30,001-36,000	\$ 200	\$ 400	\$ 400	\$ 400
	\$ 36,001-42,000	\$ 225	\$ 450	\$ 450	\$ 450
	\$ 42,001-50,000	\$ 250	\$ 500	\$ 500	\$ 500
	\$ 50,001-62,500	\$ 375	\$ 750	\$ 750	\$ 750
	\$ 62,501-75,000	\$ 400	\$ 800	\$ 800	\$ 800
	\$ 75,001-100,000	\$ 425	\$ 850	\$ 850	\$ 850
	\$ 100,001-125,000	\$ 500	\$ 1,000	\$ 1,000	\$ 1,000
	\$ 125,001+	\$ 600	\$ 1,200	\$ 1,200	\$ 1,200
<b>PEIA PPB Plan B</b> State agencies, colleges, universities and county boards of education	\$ 0-42,000	\$ 500	\$ 1,000	\$ 1,000	\$ 1,000
	\$ 42,001+	\$ 1,000	\$ 1,500	\$ 1,500	\$ 1,500
<b>Non-State Plan A</b>	Not applicable	\$ 225	N/A	\$ 450	N/A
<b>Non-State Plan B</b>	Not applicable	\$ 500	N/A	\$ 1,000	N/A
<b>Non-Medicare Retirees</b>	Not applicable	\$ 375	N/A	\$ 750	N/A
<b>Medicare Retirees</b>	Not applicable	\$ 150	N/A	\$ 300	N/A

\* Deductibles for Family with Employee Spouse coverage are based on the average of the two employees' salaries. This provision does not apply to local government agency or retired employees.

For inpatient admissions that span two plan years, the facility charges are paid based on the first plan year, but physician charges are paid based on the date of service, which could be in the first plan year, new plan year or both plan years. For example, if you go into the hospital on June 28 and are released on July 6, the hospital bill is paid based on the date of admission, so it would fall under the old plan year's deductible. Physician charges are paid based on the date of service, so if you have surgery on July 2, the surgeon's bill will be processed based on the new plan year, and the deductible for the new plan year will apply to the surgeon's bill.

The out-of-network deductible satisfies the in-network deductible, but the in-network deductible does not meet the out-of-network deductible. Please note that the amounts listed in the chart are for in-network deductibles. Out-of-network deductibles are twice the amount of the in-network deductibles listed above.



Prescription drug benefits are subject to a separate deductible. Please see the “Prescription Drug Benefit” section starting on page 67 for information.

## COINSURANCE FOR IN-NETWORK AND OUT-OF-NETWORK BENEFITS

	<b>If you live in WV, you will pay:</b>	<b>If you live in a bordering county of a surrounding state, you will pay:</b>	<b>If you live out-of-state (beyond bordering counties), you will pay:</b>
Access care in WV or in a bordering county of a surrounding state <b>using PPO providers</b>	20% coinsurance	20% coinsurance	20% coinsurance
Access care out WV (beyond bordering counties) <b>using PPO providers with prior approval</b>	20% coinsurance	20% coinsurance	20% coinsurance
Access care outside WV (beyond bordering counties) <b>using non-PPO providers with prior approval</b>	20% coinsurance	20% coinsurance	20% coinsurance
Access care outside WV (beyond bordering counties) <b>using PPO providers without prior approval</b>	40% coinsurance	40% coinsurance	20% coinsurance
Access care outside WV (beyond bordering counties) <b>using non-PPO providers without prior approval</b>	40% coinsurance	40% coinsurance	40% coinsurance

The PEIA PPB Plan is designed to provide as much care as possible within the State of West Virginia. The PEIA Preferred Provider Organization (PPO) is made up of West Virginia health care providers who provide health care services or supplies to PEIA participants. For services provided outside of the State, several networks are available. Please see “PEIA’s Networks” on page 33 for details.

### Resident PPB Plan Participants

PEIA PPB Plan participants who live in West Virginia or a bordering county of a surrounding state may access care from any West Virginia health care provider who provides health care services or supplies to a PEIA participant, or any network provider located in those bordering counties without prior approval. All services provided outside of West Virginia beyond the bordering counties require prior approval to be paid at the highest benefit level. For services of network providers, the plan will pay 80% of the contracted payment rate, and you will be responsible for any copayments, deductible and 20% coinsurance.

For services of non-network providers without prior approval, the plan will pay 60% of PEIA’s maximum allowance; you will be responsible for any deductible, 40% coinsurance and any amount which exceeds PEIA’s maximum allowance. For non-network providers, PEIA will pay what it would have paid if the services had been provided in-State. You will be responsible for any balance billing, and those amounts are considered non-covered services. They do not count toward the deductible or out-of-pocket maximum.

PPB Plan participants traveling out-of-state have coverage for urgent and emergency care. In an emergency, seek treatment at the nearest facility that is able to provide the needed care, and that care will be paid at the in-network benefit level as an emergency. For non-emergency, urgent care, call Acordia National for a referral to a network provider, or for approval to see an out-of-network provider where you are.

## Non-resident PPB Plan Participants

PEIA PPB Plan participants who reside outside West Virginia and beyond the bordering counties may access care using any network provider without prior approval, and the claims will be paid at 80% of the contracted payment rate. You will be responsible for any copayment, deductible and 20% coinsurance.

Care provided by non-network providers must have prior approval. Services of non-network providers will be paid at 60% of PEIA's maximum allowance, unless approved by Acordia National in advance. Precertification requirements apply for inpatient stays and certain outpatient procedures.

Please consult the chart on the previous page to determine your level of coinsurance based on where you reside, where you receive your services, and whether or not you obtain prior approval.

## BENEFIT DESIGN

The following section provides you with a description of services and your cost-share.

### Covered in Full

The following services are covered in full in-network:

Type of Service	Your In-network Cost
Routine prenatal care (physician services) <sup>1</sup>	\$0; Covered in full
Well child exams and immunizations as recommended by the American Academy of Pediatrics	\$0; Covered in full
High risk birth score program	\$0; Covered in full
Annual screening mammogram	\$0; Covered in full
Annual Pap smear <sup>2</sup>	\$0; Covered in full
Colorectal cancer screening <sup>2</sup>	\$0; Covered in full
Prostate cancer screening <sup>2</sup>	\$0; Covered in full

<sup>1</sup> Deductible applies only if not met with charges for hospital or other services.

<sup>2</sup> Testing covered in full; \$10 preventive care office visit copay applies.

## Copayment Only

A copayment is a flat dollar amount you pay when you receive service(s) from an in-network provider or an approved non-network provider. When a service is subject to a copayment only, you do not have to meet the deductible before the PEIA PPB Plan begins to pay for that service. The copayment does not count toward your deductible or your out-of-pocket maximum.

Type of Service	Your In-network Cost
Physician Office Visits - preventive care	\$10 copayment per visit with no deductible
Physician Office Visits - treat illness or injury	\$15 copayment per visit with no deductible
Adult Routine Physical Exams	\$10 copayment per visit with no deductible
Second Surgical Opinions *	\$15 copayment per visit with no deductible

\* No copayment if required by Acordia National.

All of the services subject to a copayment only are listed in the chart above. See pages 45-54 for a detailed description of individual services.

## Copayment, Coinsurance and Deductible

The services listed in the chart are subject to a copayment, annual deductible, and coinsurance.

Type of Service	Your In-network Cost
Emergency Services (including supplies) at emergency room	\$25 copayment + deductible and 20% coinsurance when certified as an emergency
Non-emergency services at emergency room	\$50 copayment + deductible and 20% coinsurance
Ambulatory surgery / Outpatient surgery (facility-based)	\$50 copayment + deductible and 20% coinsurance

## Coinsurance and Deductible

Services not listed in the three preceding charts are covered at 80% after the deductible is met for in-network care and at 60% after the out-of-network deductible is met for non-network care which is not preauthorized. You pay your deductible, coinsurance, and any charges for services not covered by the plan directly to your health care provider.

## Medical Out-of-Pocket Maximum

The medical out-of-pocket maximum is the most you pay in coinsurance in a plan year. Amounts you pay toward your annual deductibles, for copayments, for precertification penalties, for prescription drugs, for amounts billed in excess of what PEIA pays to non-network providers, and for services that are not covered under the plan do not apply toward your annual medical out-of-pocket maximum. It includes only your medical charges; prescriptions are handled separately. See the "Prescription Drug Benefit" section starting on page 67 for details.

The following chart shows the out-of-pocket maximum amount, which is the same whether you have a single plan or a family plan. It is a per-contract amount, which doesn't change regardless of whether there is just the policyholder on the contract, or the policyholder and several dependents.

Once you have met your out-of-pocket maximum, the plan will pay 100% of your covered charges (less applicable copayments) for the remainder of the plan year. Your out-of-pocket maximum amount depends on your employment status, your salary, where you receive your services, whether your provider is in the PEIA PPO network, and whether out-of-network care is preauthorized.

Amounts paid toward the out-of-network out-of-pocket maximum will also count toward the in-network out-of-pocket maximum, but in-network amounts do not count toward the out-of-network out-of-pocket maximum.

<b>Out-of-Pocket Maximum Amounts</b>			
<b>Employee Status</b>	<b>Employee's Annual Salary</b>	<b>Annual In-Network Out-of-Pocket Maximum</b>	<b>Annual Out-of-Network Out-of-Pocket Maximum</b>
<b>PEIA PPB Plan A</b> State agencies, colleges, universities and county boards of education	\$ 0-20,000	\$ 800	\$ 1,600
	\$ 20,001-30,000	\$ 1,100	\$ 2,200
	\$ 30,001-36,000	\$ 1,250	\$ 2,500
	\$ 36,001-42,000	\$ 1,500	\$ 3,000
	\$ 42,001-50,000	\$ 1,750	\$ 3,500
	\$ 50,001-62,500	\$ 1,800	\$ 3,600
	\$ 62,501-75,000	\$ 1,850	\$ 3,700
	\$ 75,001-100,000	\$ 1,900	\$ 3,800
	\$ 100,001-125,000	\$ 2,000	\$ 4,000
	\$ 125,001+	\$ 2,250	\$ 4,500
<b>PEIA PPB Plan B</b> State agencies, colleges, universities and county boards of education	Not applicable	\$2,000 / single \$4,000 / family	\$4,000 / single \$8,000 / family
<b>Non-State Plan A</b>	Not applicable	\$ 1,500	\$ 3,000
<b>Non-State Plan B</b>	Not applicable	\$2,000 / single \$4,000 / family	\$4,000 / single \$8,000 / family
<b>Non-Medicare Retirees</b>	Not applicable	\$ 1,500	\$ 3,000
<b>Medicare Retirees</b>	Not applicable	\$ 1,000	\$ 1,000

Out-of-network out-of-pocket maximums are twice the amount of the in-network out-of-pocket maximums.

## Benefit Maximums

For certain types of services, the plan will pay up to a set amount per plan year as shown below. Patients experiencing a severe medical episode and patients with very complicated medical conditions are assigned a nurse case manager. For these catastrophic cases, the case manager may, based on medical documentation, recommend additional treatment for services marked with an asterisk (\*). For details of these benefits, see “What Is Covered” beginning on page 45.

Annual Benefit Maximums	
Type of Service	Benefit Maximum (per member per plan year)
Outpatient Mental Health/Chemical Dependency *	20 visits
Christian Science Treatment	\$1,000
Outpatient Therapy Services: This benefit includes outpatient physical, occupational, massage, speech, and vision therapies, acupuncture and chiropractic care. *	20 visits (maximum allowed for all therapies combined)
Inpatient Rehabilitation	150 days
Skilled Nursing Facility	100 days

\* May be extended if approved by Acordia National.

## Lifetime Maximum

The PEIA will pay a maximum of \$1,000,000 in benefits per person during the person’s lifetime. This maximum includes benefits paid for services rendered under the PEIA Indemnity Plan and the PEIA PPB Plan. Benefits paid under the Prescription Drug Plan are not included.

## Pre-existing Medical Conditions

A pre-existing medical condition is one which has been diagnosed or treated, or for which you or your dependents have incurred expenses within the three months immediately before the effective date of the PEIA PPB Plan coverage.

Expenses for a pre-existing condition will not be covered by the PEIA PPB Plan for the first twelve months your coverage is in effect. This limitation is waived if you had creditable coverage under another health plan which terminated no more than 62 days prior to the effective date of the PEIA PPB Plan coverage. Pregnancy and any condition meeting the definition of handicap are not considered pre-existing medical conditions.

## **PEIA PPB PLAN FEE SCHEDULES AND RATES**

The PEIA PPB Plan pays health care providers according to a maximum fee schedule and rates established by PEIA. If a provider's charge is higher than the PEIA maximum fee for a particular service, then the plan will allow only the maximum fee. The "allowed amount" for a particular service will be the lower of the provider's charge or the PEIA maximum fee.

Physicians and other health care professionals are paid according to a Resource Based Relative Value Scale (RBRVS) fee schedule. This type of payment system sets fees for professional medical services based on the relative amount of work, practice expense and malpractice insurance expense involved. These rates are adjusted annually. West Virginia physicians who treat PEIA patients must accept PEIA's allowed amount as payment in full; they may not bill additional amounts to PEIA patients.

Most inpatient hospital services are paid on a "prospective" basis. PEIA's reimbursement to hospitals is based on Diagnosis-Related Groups (DRGs), which is the system used by Medicare. It is a Prospective Payment System (PPS) that classifies medical cases and surgical procedures on the basis of diagnoses. Under this system, West Virginia hospitals know in advance what PEIA will pay per day or per admission. West Virginia hospitals have been provided specific information about their reimbursement rates from PEIA. These rates are also adjusted annually.

## **PRECERTIFICATION/NOTIFICATION REQUIREMENTS**

### **Precertification of Inpatient Admissions (Mandatory)**

The PEIA PPB Plan requires that certain services and/or types of services be reviewed to determine whether they are medically necessary and to evaluate the necessity for case management. Some services require "precertification," and other services require "notification." Precertification is performed to determine if the admission/service is medically necessary and appropriate based on the patient's medical documentation. Notification to Acordia National is required to evaluate the admission/service in order to determine if the patient's medical condition will require case management, such as discharge planning for home health care services.

Precertification is required for the following:

### **Inpatient Admissions**

1. hysterectomy,
2. laminectomy,
3. insertion of implantable devices (vascular access, pacemakers, implantable pumps, spinal cord stimulators, neuromuscular stimulators, bone growth stimulators),
4. uvulopalatopharyngoplasty,
5. Leforte osteotomy,
6. elective and cosmetic surgeries (breast reduction, blepharoplasty, abdominoplasty, breast reconstruction, surgery for varicose veins),
7. bariatric surgery (gastric bypass, etc.),
8. transplants,
9. mental health, and
10. all admissions to out-of-state hospitals/facilities.

## Outpatient Services

1. allergy testing for more than 70 skin pricks and/or intradermal sticks,
2. home health care services for more than 3 days/visits,
3. partial/day mental health programs,
4. MRA (magnetic resonance angiography),
5. MRI (magnetic resonance imaging),
6. multidisciplinary pain management programs,
7. DEXA Scan,
8. durable medical equipment purchases and/or rentals of \$1,000 or more, and
9. surgeries:
  - hysterectomy,
  - laminectomy,
  - implantable devices (vascular access, pacemakers, implantable pumps, spinal cord stimulators, neuromuscular stimulators, bone growth stimulators),
  - uvulopalatopharyngoplasty,
  - Leforte osteotomy,
  - elective and cosmetic surgeries (breast reduction, blepharoplasty, abdominoplasty, breast reconstruction, treatment for varicose veins),
  - bariatric surgery (gastric bypass, etc.), and
  - transplants.

Notification to Acordia National is required for the following inpatient admissions to WV facilities:

1. medical (non-surgical),
2. surgical admissions (except those specifically listed as requiring precertification),
3. emergency (including chest pain and congestive heart failure, and other cardiac events), and
4. maternity and newborn.

Failure to precertify or notify Acordia National of an admission within the timeframes specified in the chart on the following page will result in a reduction of benefits under the PPB Plan of 30%. This 30% penalty will be the responsibility of network providers. For all non-network providers, this 30% penalty will be the responsibility of the insured in addition to any applicable copayment, coinsurance, deductible, and amounts that exceed PEIA's maximum allowance.

If the insured or provider feels that Acordia National inappropriately denied an admission or the extension of an admission, or that extenuating circumstances existed that prevented notification to Acordia National within the timeframes set forth, the insured or provider may file an appeal.

Timely Precertification / Notification Requirements	
Type of Admission	Advance Notice Required
<b>Scheduled:</b>	
Planned admission	5 business days in advance
Inpatient elective surgery or procedure	5 business days in advance
<b>Maternity (notify Acordia National during your first trimester)</b>	
Term pregnancy	Within 48 hours of admission
Caesarean section (planned)	5 business days in advance
Caesarean section (emergency)	Within 48 hours of admission
Urgent/Emergency	Within 48 hours of admission
Extended stay	Additional days may be recommended based on medical necessity

**Exception:** It is the patient's responsibility to precertify inpatient stays and outpatient procedures when these services are received out-of-network. If you do not precertify these out-of-network services, you must pay the 30% precertification penalty in addition to the out-of-network copayment, coinsurance, deductible and amounts that exceed PEIA's maximum allowance. Prior approval to use out-of-network providers does not precertify services.

### Preauthorization (Voluntary)

Preauthorization is a program which allows you to contact Acordia National in advance of a procedure to verify that the service is covered and will be paid so that you can make an informed decision about the procedure. Obtaining preauthorization from Acordia National assures that your claim will be paid when it's submitted. To obtain preauthorization, ask your provider to send your request to:

**Acordia National**  
**P. O. Box 2451**  
**Charleston, WV 25329-2451**

Your provider should include your name, address, telephone number, your Social Security Number, and all information about the procedure that's recommended. Acordia National may contact your physician for more information. Remember, if your request for preauthorization is denied, you will be responsible for paying for the procedure if you choose to have it. Due to specific benefit criteria, preauthorization is recommended for the following procedures:

- Chelation Therapy
- Massage Therapy
- Vision Therapy
- Accident-related Dental Services
- Orthotics



## Prior Approval for Out-of-Network Services (Mandatory)

If you live in West Virginia or a bordering county of a surrounding state, all services outside of the State beyond the bordering counties must have prior approval. For services at preferred providers with prior approval, the plan will pay 80% of the contracted payment rate; you will be responsible for any deductible, copayments and 20% coinsurance.

For services provided by non-network providers without prior approval, the plan will pay 60% of PEIA's maximum allowance. You will be responsible for any deductible, copayments, and 40% coinsurance. Any amount which exceeds PEIA's maximum allowance will be your responsibility. Those amounts are considered non-covered services. They do not count toward the deductible or out-of-pocket maximum.

Special arrangements have been made for participants who live more than one county beyond the borders of West Virginia. See page 37 for more details.

## Medical Case Management

If you are experiencing a serious or long-term illness or injury, Acordia National's medical case management program can help you learn about available resources, provide early support for your family, and find ways to contain medical costs, including your out-of-pocket expenses. Through case management Acordia National can:

- arrange home care to prevent hospitalization;
- arrange services in the home to facilitate early hospital discharge;
- obtain discounts for special medical equipment;
- locate appropriate services to meet the patient's health care needs; and
- for catastrophic cases, when medically proven as a part of a comprehensive plan of care, allow additional visits for outpatient mental health or PT, OT or Speech Therapy.

Acordia National must be notified for medical case management for the following services:

- home health care of more than three (3) visits, including but not limited to:
  - a. skilled nursing visits;
  - b. I.V. therapy in the home;
  - c. physical therapy, occupational therapy or speech therapy done in the home;
  - d. hospice care; and
  - e. medication provided or administered by a home health agency.
- skilled nursing facility services; and
- rehabilitation services.

## Transition of Care Program (New Participants Only)

If you are new to the PEIA PPB Plan, and have been receiving medical treatment from a non-network provider, you may be concerned that your care will be interrupted in your move to the PEIA PPB Plan. To assist participants receiving treatment for serious medical conditions from non-network providers, PEIA has a Transition of Care (TOC) program. If you qualify for TOC, you can continue to receive medical treatment from a non-network provider during a transition period specified by Acordia National and be covered at the in-network benefit level.

Following this transition period or after your treatment is complete, your medical care must be provided by a network provider to be eligible for the higher in-network level of benefits. Not all conditions will qualify for the TOC program.

Medical conditions likely to qualify for TOC benefits include:

- pregnancy,
- recent acute heart attack,
- newly diagnosed cancer requiring surgery, chemotherapy or radiation therapy,
- total joint replacement requiring physical therapy,
- acute trauma such as a bone fracture,

- certain psychiatric treatment or substance abuse programs, and
- recent surgical procedures with complications.

Medical conditions which are not likely to qualify for TOC benefits include:

- arthritis,
- hypertension,
- diabetes,
- asthma, and/or
- allergies.

In most cases, a network provider can successfully treat these chronic conditions. If there is not a network provider available to treat your specific illness or condition, PEIA will work with you to provide that care. Conditions limited or excluded from coverage are not eligible for TOC benefits.

To apply for the TOC program, request a copy of the TOC form by calling 1-888-440-7342 or 1-304-353-7820 and submit the completed form to Acordia National as indicated on the form. A separate form must be completed for each out-of-network provider. You will receive a written determination on your request for TOC benefits from the medical management department at Acordia National. You must apply for TOC within three months of your effective date of coverage in the PEIA PPB Plan.

## **WHAT IS COVERED**

### **Medically Necessary Services**

Covered services must be medically necessary or be one of the specifically listed preventive care benefits.

Medically necessary health care services and supplies are those provided by a hospital, physician or other licensed health care provider to treat an injury, illness or medical condition. A service is considered medically necessary if it is:

- consistent with the diagnosis and treatment of the illness or injury;
- in keeping with generally accepted medical practice standards;
- not solely for the convenience of the patient, family or health care provider;
- not for custodial, comfort or maintenance purposes;
- rendered in the most cost-efficient setting and level appropriate for the condition; and
- not otherwise excluded from coverage under the PEIA PPB Plan.

The fact that a physician has recommended a service as medically necessary does not make the charge a covered expense. PEIA reserves the right to make the final determination of medical necessity based on diagnosis and supporting medical data.

### **Who May Provide Services**

The PEIA PPB Plan will pay for covered services rendered by a health care professional or facility if the provider is:

- licensed or certified under the law of the jurisdiction in which the care is rendered; and
- providing treatment within the scope or limitation of the license or certification; and
- not under sanction by Medicare, Medicaid or both. Services of providers under sanction will be denied for the duration of the sanction.

### **Types of Services Covered**

Your PEIA PPB Plan covers a wide range of health care services. Some major categories are listed below. The description of each service includes the level of coinsurance and any applicable copayments you must pay when the service is received from a provider who participates in the PEIA PPO within the State of West Virginia or in bordering counties of the surrounding states.

Please keep in mind that for most participants, services you receive from non-network providers are subject to higher levels of coinsurance if not prior approved by Acordia National to ensure the lowest out-of-pocket expense.

See page 36 for details. If you have questions about coverage of services, call Acordia National at 1-888-440-7342 or 1-304-353-7820. The special arrangements that have been made for participants who live more than one county beyond the borders of West Virginia are explained on page 37.

- **Acupuncture.** Services of a licensed acupuncturist for treatment of medical conditions are included in the Outpatient Therapy Benefit (see below) and are covered at 20% coinsurance after the in-network deductible. Contact Acordia National for specific benefit limitations. Combined coverage for these therapies is limited to a maximum of 20 visits per person per plan year. Office visits are covered with a \$15 copayment and treatments are covered at 80% after the in-network deductible is met.
  - ◆ **Allergy Services.** Including testing and related treatment; in-network care covered at 20% coinsurance after in-network deductible is met. Allergy testing (for more than 70 tests) requires precertification.
  - **Ambulance Services.** Emergency ground or air ambulance transportation, when medically necessary, to the nearest facility able to provide needed treatment; in-network care covered at 20% coinsurance after in-network deductible. Non-emergency transportation is not covered.
  - **Ambulatory Surgery.** This benefit is subject to a \$50 copayment and 20% coinsurance. The copayment and coinsurance amounts apply after the in-network deductible has been met. See “Outpatient Surgery” on page 49.
  - **Cardiac or Pulmonary Rehabilitation.** Benefits are limited to 3 sessions per week for 12 weeks or 36 sessions per year for the following conditions: heart attack in the 12 months preceding treatment, heart failure, coronary bypass surgery or stabilized angina pectoris. Covered at 20% coinsurance after in-network deductible is met.
  - **Chelation Therapy.** Benefits for these services are limited. Contact Acordia National for preauthorization. If covered, in-network therapy is paid at 80% after the in-network deductible has been met.
  - **Childhood Immunizations.** Immunizations for children through age 16 are covered at 100% of allowed charges, including the office visit. This benefit is not subject to deductible, coinsurance, or copayment.
  - **Chiropractic Services.** Services of a chiropractor for treatment of neuromuscular-skeletal conditions are included in the Outpatient Therapy Benefit (see below) and are covered at 20% coinsurance after the in-network deductible. Combined coverage for these therapies is limited to a maximum of 20 visits per person per plan year. Office visits are covered with a \$15 copayment and x-rays are covered at 80% after the in-network deductible is met.
  - **Christian Science Treatment.** Treatment for a demonstrable illness or injury if provided in a facility accredited by the Commission for Accreditation of Christian Science Nursing Facilities/Organizations, Inc. or by a practitioner accredited by the Mother Church is covered at 20% coinsurance after the in-network deductible. No benefits will be paid for the purpose of rest or study, for communication costs, or if the person requiring attention is receiving parallel medical care. Coverage is limited to a maximum cost to the plan of \$1,000 per plan year. If required, this benefit may be extended for inpatient care for up to 60 days per plan year. Inpatient care must be precertified.
  - **Colorectal Cancer Screenings.** Routine screening to detect colorectal cancer is covered at 100% in-network with no deductible or coinsurance required. The related office visit expenses are subject to the applicable preventive care office visit copayment. This benefit is covered as follows:
    - Fecal-occult blood test—1 in 12 months/age 50 and over
    - Flexible sigmoidoscopy—1 in 48 months/age 50 and over
    - Colonoscopy for high risk—1 in 24 months/high risk patients\*; 1 in 10 years/age 50 and over
    - X-ray, barium enema—1 in 48 months/age 50 and over
    - X-ray, barium enema—1 in 24 months/high risk patients\*
- \* High risk is defined as a patient who faces high risk for colorectal cancer because of family history; prior experience of cancer or precursor neo-plastic polyps; history of chronic digestive disease condition (inflammatory bowel disease, Crohn’s disease, ulcerative colitis); and presence of any appropriate recognized gene markers for colorectal cancer or other predisposing factors.*

**Services marked with a ◆ require precertification from Acordia National**

- **Cosmetic/Reconstructive Surgery.** Services provided after trauma, illness or disease to correct conditions resulting from the trauma, illness or disease are covered at 20% coinsurance in-network after deductible is met.
- **Dental Services (accident-related only).** Services provided within six (6) months of an accident and required to restore tooth structures damaged due to that accident are covered at 20% coinsurance after the in-network deductible is met. The initial treatment must be provided within 72 hours of the accident. Biting and chewing accidents are not covered. Services provided more than six (6) months after the accident are not covered. Contact Acordia National for more information. For children under the age of 16, the six-month limitation may be extended if an approved treatment plan is provided to Acordia National within the initial six months.
- **Dental Services (impacted teeth).** Medically necessary extraction of impacted teeth is covered at 20% coinsurance in-network after deductible is met. Extractions for the purpose of orthodontia are not covered.
- **Diabetes Education.** Services of a diabetes education program that meets the standards of the American Diabetes Association are covered at 20% coinsurance after in-network deductible is met. Coverage is limited to six (6) visits per patient: three visits with the dietician and three visits with a registered nurse. Contact Acordia National for specific benefit limitations.
- ◆ **Durable Medical Equipment (DME) and Prosthetics.** Coverage for the initial purchase and reasonable replacement of standard implant and prosthetic devices, and for the rental or purchase (at the plan's discretion) of standard DME, when prescribed by a physician. Prosthetics and DME purchases of \$1,000 or more, or rental for more than 3 months must be precertified by Acordia National. DME and prosthetics are covered at 20% coinsurance after the in-network deductible is met.
- **Emergency Services (including supplies).** Services received in an emergency room when the condition has been certified as an emergency are subject to a \$25 copayment and 20% coinsurance in-network. The copayment and coinsurance amounts apply after the annual deductible has been met.
- **Emergency Room Treatment.** Services received in an emergency room when the condition is determined to be a non-emergency are subject to a \$50 copayment and 20% coinsurance in-network. The copayment and coinsurance amounts apply after the annual deductible has been met.
- ◆ **Home Health Services.** Intermittent health services of a home health agency when prescribed by a physician are covered at 20% coinsurance after the in-network deductible is met. Services must be provided in the home, by or under the supervision of a registered nurse. The home health services are covered only if they would otherwise have required confinement in a hospital or skilled nursing facility. If more than 3 visits are necessary, precertification is required.
- ◆ **Hospice Care.** When ordered by a physician; covered at 20% coinsurance after the in-network deductible is met.
- **Hypertension Screening.** The PEIA PPB Plan pays for diagnostic screening to determine if you are at risk for high blood pressure, heart disease or stroke. Benefits include coverage for an office visit, blood pressure check, and a blood chemistry profile. The office visit is subject to a \$10 copayment and the blood chemistry is covered at 80% after the in-network deductible is met. The blood pressure check is included as part of the office visit. The plan will pay for this screening:
  - One time between the ages of 20 and 30;
  - Once every three years between ages 31 and 39; and
  - Once every two years after age 40.

**Services marked with a ◆ require precertification from Acordia National**

- **Immunizations.**

For children through age 16. The plan covers immunizations and the associated office visit with no deductible, coinsurance, or copayment required. Following is a list of immunizations and the ages at which PEIA covers them.

- Polio (IPV): At 2 months, 4 months, 6-18 months, and 4-6 years.
  - Diphtheria-Tetanus-Pertussis (DTaP): At 2 months, 4 months, 6 months, 15-18 months, and 4-6 years.
  - Tetanus-Diphtheria (Td): At 11-16 years.
  - Measles-Mumps-Rubella (MMR): At 12-15 months and EITHER 4-6 years OR 11-12 years.
  - Haemophilus Influenzae type b (Hib): At 2 months, 4 months, 6 months, and 12-15 months; OR 2 months, 4 months, and 12-15 months, depending on the vaccine type,
  - Hepatitis B: At birth-2 months, 1-4 months, and 6-18 months. If missed, get 3 doses starting at age 11 years.
  - Chicken Pox (VZV): At 12-18 months. If missed, get between ages 11 and 12 years.
  - Hepatitis A: At 24 months-12 years in selected areas.
  - Pneumococcal disease (Prevnar™): At 2 months, 4 months, 6 months, and 12-15 months. If missed, talk to your health care provider. Also see “Well Child Care” on page 50.
  - For adults and children over age 16. The plan covers immunizations as recommended by the American Academy of Family Physicians at 100% in-network. The associated office visit is subject to the applicable copayment. Other immunizations covered with 20% coinsurance after the in-network deductible is met.
- ◆ **Inpatient Hospital and Related Services.** Confinement in a hospital including semi-private room, special care units, confinement for detoxification, and related services and supplies during the confinement are covered at 20% coinsurance after the in-network deductible is met. In addition to the penalties discussed on page 42, all unapproved out-of-network inpatient admissions are subject to a \$500 deductible per admission.
  - ◆ **Inpatient Medical Rehabilitation Services.** When ordered by a physician, coverage is subject to 20% coinsurance after the in-network deductible is met and is limited to 150 days per plan year. In addition to the penalties discussed on page 42, all unapproved out-of-network inpatient admissions are subject to a \$500 deductible per admission.
  - **Mammogram.** An annual routine mammogram to detect breast abnormalities is covered at 100% in-network with no coinsurance or deductible required. The related office visit expenses are subject to the applicable copayment. When billed with a medical diagnosis (instead of as a screening test), it is considered a diagnostic test, and the deductible and 20% coinsurance will apply.
  - **Massage Therapy.** Services of a licensed massage therapist for treatment of neuromuscular-skeletal conditions are covered under the Outpatient Therapy Benefit when ordered by a physician. Covered at 20% coinsurance after the in-network deductible is met. Combined coverage for these therapies is limited to a maximum of 20 visits per person per plan year.
  - **Mastectomy.** If you are receiving benefits in connection with a mastectomy due to cancer and elect breast reconstruction in connection with such benefits, you are entitled to the following procedures:
    - Reconstruction of the breast on which the mastectomy was performed;
    - Reconstructive surgery of the other breast to present a symmetrical appearance; and
    - Prosthesis and coverage for physical complications at all stages of the mastectomy procedure including lymphedema.
  - **Maternity Services.** See “Maternity Benefits” on page 51 for details.

**Services marked with a ◆ require precertification from Acordia National**



- **Mental Health Services.**

- Inpatient and partial hospitalization day programs for mental health, chemical dependency and substance abuse services are limited to a maximum of 30 days per patient, per plan year. For outpatient partial/day programs, two (2) outpatient days will be counted as one (1) inpatient day when applying the 30-day maximum. Catastrophic cases will be assigned to a nurse case manager. For these extreme medical conditions, the case manager may, based on medical documentation, recommend additional treatment. Precertification is required.

These services are covered at 20% coinsurance after the in-network deductible is met. Unapproved out-of-network inpatient admissions are subject to a \$500 deductible per admission.

- Outpatient mental health, chemical dependency and substance abuse services are limited to a maximum of 20 visits per patient per plan year for short-term individual and/or group outpatient mental health and chemical dependency services. This benefit includes evaluation and referral, diagnostic, therapeutic, and crisis intervention services performed on an outpatient basis (includes a physician's office). Catastrophic cases will be assigned to a nurse case manager. For these extreme medical conditions, the case manager may, based on medical documentation, recommend additional treatment beyond the 20 visits.

This benefit is covered at 20% coinsurance after the in-network deductible is met.

- ◆ **MRI and MRA.** Magnetic Resonance Imaging and Magnetic Resonance Angiography services when performed on an outpatient basis must be precertified by Acordia National and are covered at 20% coinsurance after the in-network deductible is met.
- ◆ **Neuromuscular stimulators and bone growth stimulators** when criteria are met are covered at 20% coinsurance after the in-network deductible is met.
- **Oral Surgery.** Only covered for extraction of impacted teeth, orthognathism and medically necessary ridge reconstruction at 20% coinsurance after the in-network deductible is met. Preauthorization is recommended for orthognathic procedures and ridge reconstruction procedures. Dental implants are not covered.
- **Organ Transplants.** See "Organ Transplant Benefits" on page 52 for more details.
- **Outpatient Diagnostic and Therapeutic Services.** Laboratory, diagnostic tests, and therapeutic treatments, when ordered by a physician, are covered at 20% coinsurance after the in-network deductible is met.
- **Outpatient Surgery.** This benefit is subject to a \$50 copayment and 20% coinsurance in-network when performed in a hospital or alternative facility. When performed in a physician's office, the \$50 copayment does not apply.
- **Outpatient Therapies.** Coverage for the following outpatient therapies are combined into one benefit and are available at 20% coinsurance after the in-network deductible is met: physical, massage, occupational, speech, and vision therapies, acupuncture and chiropractic treatment. The benefit is limited to a maximum of 20 visits per person per plan year for all of the therapies combined. Case management is required for more than 20 visits.
  - **Acupuncture.** Services of a licensed acupuncturist for treatment of medical conditions are covered at 20% coinsurance after the in-network deductible. Contact Acordia National for specific benefit limitations. Office visits are covered with a \$15 copayment and treatments are covered at 80% after the in-network deductible is met.
  - **Chiropractic Treatment.** Services of a chiropractor for treatment of neuromuscular-skeletal conditions are included in the Outpatient Therapies benefit (see above) and are covered at 20% coinsurance after the in-network deductible is met. Office visits are subject to the \$15 copayment and x-rays are covered at 80% after deductible is met.
  - **Massage Therapy.** When ordered by a physician, services of a licensed massage therapist are covered at 20% coinsurance after the in-network deductible is met.

**Services marked with a ◆ require precertification from Acordia National**

- **Occupational Therapy.** When ordered by a physician, this benefit is included in the Outpatient Therapies benefit and is covered at 20% coinsurance after the in-network deductible is met.
- **Outpatient Physical Therapy.** When ordered by a physician, this benefit is included in the Outpatient Therapies benefit and is covered at 20% coinsurance after the in-network deductible is met.
- **Outpatient Speech Therapy.** When ordered by a physician, this benefit is included in the Outpatient Therapies benefit and is covered at 20% coinsurance after the in-network deductible is met.
- **Vision Therapy.** Contact Acordia National for preauthorization of these services. This benefit is included in the Outpatient Therapies benefit and is covered at 20% coinsurance after the in-network deductible is met.
- ◆ **Pain Management Services.** Covered at 20% coinsurance after the in-network deductible is met. Only Multidisciplinary Pain Management services require precertification.
- **Pap Smear.** An annual Pap smear and the associated office visit to screen for cervical abnormalities are covered. The Pap smear is covered at 100% in-network with no deductible or coinsurance, and the office visit is subject to a \$10 preventive care office visit copayment. When billed with a medical diagnosis (instead of as a screening test), it is considered a diagnostic test, and the deductible and 20% coinsurance will apply.
- **Periodic Physicals (for Adults).** The PEIA PPB Plan covers a routine physical exam once every two years for adults age 18 and over. Routine physicals are subject to a \$10 copayment per visit. Exams may be provided more often if the patient's medical history indicates a need. The \$10 copayment also applies to routine preventive care for adolescents age 16 through 17. See "Well Child Care" on below.
- **Physician's Office Visits (treatment for illness, injury, or medical condition).** These visits are subject to a \$15 copayment for in-network services.
- **Professional Services** of a physician or other licensed provider for treatment of an illness, injury or medical condition. Includes outpatient and inpatient services (such as surgery, anesthesia, radiology, and office visits). Office visits for preventive or specialty care are subject to the applicable copayment (*see above*) while other physician services are covered at 20% coinsurance after the in-network deductible is met.
- **Prostate Cancer Screening.** Coverage is provided for an annual office visit and exam to detect prostate cancer in men age 50 and over with a \$10 preventive care office visit copayment. The PSA blood test associated with this screening is covered at 100% with no deductible or coinsurance in-network.
- **Second Surgical Opinions.** Office visits for second surgical opinions are subject to a \$15 copayment per visit. Second surgical opinions are paid at 100% if required by Acordia National.
- ◆ **Skilled Nursing Facility Services.** Confinement in a skilled nursing facility including semi-private room, related services and supplies is covered at 20% coinsurance after the in-network deductible is met. Confinement must be prescribed by a physician in lieu of hospitalization. Coverage is limited to 100 days per plan year. In addition to the penalties discussed on page 42, all unapproved out-of-network inpatient admissions are subject to a \$500 deductible per admission.
- **Smoking Cessation.** See "Tobacco Cessation" on page 53 for details.
- **Well Child Care.** For children through age 16, the plan covers routine office visits for preventive care as recommended by the American Academy of Pediatrics. These visits are covered at 100% of allowed charges and are not subject to copayment or coinsurance or deductible. Covered preventive care includes, but is not limited to:
  - height and weight measurement;
  - blood pressure check;
  - vision and hearing screening;
  - developmental/behavioral assessment; and
  - physical examination.

**Services marked with a ◆ require precertification from Acordia National**

There is a \$10 copayment for routine preventive care office visits for adolescents over the age of 16.

Well Child Care office visits are recommended by the American Academy of Pediatrics (see chart on page 81) at the following ages:

- Infancy: 1 month, 2 months, 4 months, 6 months, 9 months and 12 months.
- Early childhood: 15 months, 18 months, 24 months, 3 years and 4 years.
- Late childhood: 5 years, 6 years, 8 years, 10 years and 12 years.

## **MATERNITY BENEFITS**

The PEIA PPB Plan provides coverage for maternity-related professional and facility services, including prenatal care, midwife services and birthing centers. Maternity related services are covered only for the employee or the employee's enrolled spouse.

Contact Acordia National during the first trimester of your pregnancy or as soon as your pregnancy is confirmed. Acordia National can assist you in identifying possible factors that may put you at risk for premature labor and delivery. If risk factors are identified, Acordia National nurses will work with you and your doctor to help safeguard the health of mother and baby.

You will need to contact Acordia National anytime you are admitted to the hospital during your pregnancy and within 48 hours of your admission for delivery, even if you are discharged in less than 48 hours.

### **Payment Level**

Maternity services for routine prenatal care, delivery and follow-up are paid at 100% of allowed charges under a global fee after the deductible has been met. An obstetrical profile and one ultrasound are also paid at 100% of allowed charges after the deductible is met. Other maternity services, including hospital charges and anesthesia services, are paid at the regular PEIA PPB Plan level of 80% of allowed charges after the deductible is met, for in-network care.

### **Maternity Pre-payment Benefit**

If your attending provider requests a deposit for maternity care before delivery, the PEIA PPB Plan will make an advance payment of up to \$500. This will be deducted from the global fee paid after delivery. To receive this benefit, please contact Acordia National and request a Maternity Pre-payment form.

### **High Risk Birth Score Program**

For infants identified at birth as being at risk for health problems, the PEIA PPB Plan will pay for six office visits between the age of two weeks and 24 months in addition to PEIA's regular Well Child Care benefits. These additional visits are paid at 100% of allowed charges and are not subject to the deductible. Acordia National will notify those families who qualify for this benefit.

### **Enrolling Your Newborn**

Please be sure you remember to add your newborn to your PEIA PPB Plan coverage by completing a Change-in-Status form. See the Eligibility Section at the front of this booklet for more information.

### **Nursery Charges**

If the baby is enrolled for coverage under the PEIA PPB Plan, charges for the newborn nursery care will be paid in the baby's name. If the baby is not enrolled for coverage under the PEIA PPB Plan, charges for a normal, healthy newborn's nursery care will be covered as part of the mother's maternity benefit. If the newborn is covered under another plan, coordination of benefits rules will apply.

### **Statement of Rights Under the Newborns' and Mothers' Health Protection Act**

PEIA is required by law to provide you with the following statement of rights. PEIA's maternity benefit meets or exceeds all of the requirements of the Newborns' and Mothers' Health Protection Act.



Under federal law, group health plans and health insurance issuers offering group health insurance coverage generally may not restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a delivery by Cesarean section. However, the plan or issuer may pay for a shorter stay if the attending provider (e.g., your physician, nurse midwife, or physician assistant), after consultation with the mother, discharges the mother or newborn earlier.

Also, under federal law, plans and issuers may not set the level of benefits or out-of-pocket costs so that any later portion of the 48-hour (or 96-hour) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay.

In addition, a plan or issuer may not, under federal law, require that a physician or other health care provider obtain authorization for prescribing a length of stay of up to 48 hours (or 96 hours). However, to use certain providers or facilities, or to reduce your out-of-pocket costs, you may be required to obtain precertification. For information on precertification, contact your plan administrator.

## **ORGAN TRANSPLANT BENEFITS**

Organ transplants are covered when deemed medically necessary and non-experimental. They are subject to precertification and case management by Acordia National. You should contact Acordia National as soon as you learn that you or a member of your family covered by the PEIA PPB Plan may need a transplant.

All transplants require precertification for determination of medical necessity. When it is determined by your physician that you are a potential candidate for any type of transplant, Acordia National should be contacted immediately. They will identify Centers of Excellence available to you through the PEIA Transplant Network with experience in the specific type of transplant you require. You should advise your physician that Acordia National needs to coordinate the care from the initial phase when considering a transplant procedure, initial workup for transplant through the performance of the procedure and the care following the actual transplant.

Any services and supplies that are required for donor/procurement as a result of a surgical transplant procedure for a participant will be covered. Benefits for such charges, services and supplies are not provided under the PPB Plan if benefits are provided under another group plan or any other group or individual contract or any arrangement of coverage for individuals in a group (whether an insured or uninsured basis), including any prepayment coverage.

Testing for persons other than the chosen donor is not covered.

### **Organ Transplant Network (OTN)**

The PEIA PPB Plan uses network providers for organ transplant services. This helps to control health care costs for both you and the plan.

PEIA uses a specialized transplant network called LifeTrac, as well as special contracts with West Virginia University hospitals for bone marrow transplants, and with Charleston Area Medical Center for kidney transplants. Acordia National will work with patients and physicians to determine which network facility best serves the patient's medical needs.

### **OTN Benefits**

**Reduced Costs:** Once the annual deductible and out-of-pocket maximum have been met, you will pay no more coinsurance on the negotiated fees for pre-transplant, transplant, and follow-up services. Copayments for office visits and other services described on page 38 will still apply.

**Travel Allowance:** Because network facilities may be located some distance from the patient's home, benefits include up to \$5,000 for patient travel, lodging and meals. A portion of this benefit is available to cover the travel, lodging and meals for a member of the patient's family or a friend providing support. Receipts are required for payment; mileage and cost estimates are not acceptable.

**Medical Case Management:** Acordia National offers support and assistance in evaluating treatment options and referrals to the prescription drug administrator. Management begins early when the potential need for a transplant is identified, and continues through the surgery and follow-up. When the need for a transplant presents itself, call Acordia National at 1-888-440-7342 or 1-304-353-7820.

You should contact Acordia National as soon as you learn that you or a member of your family covered by the PEIA PPB Plan may need a transplant. All transplants must be precertified through Acordia National.

### **Out-of-Network Organ Transplant Benefits**

For patients who choose to use a non-network facility for transplant services, there will be a \$10,000 deductible applied to the cost of the hospital admission; this is in addition to your annual deductible and out-of-pocket maximum. This deductible will be waived only if treatment at a non-network facility is approved as medically necessary in advance by Acordia National. No travel benefits will be provided for out-of-network transplants (except medically necessary ambulance transport).

### **Transplant-Related Prescription Drugs**

The PEIA PPB Plan covers transplant-related immunosuppressant prescription drugs at 100%, after you have met your prescription drug deductible (if they are filled at a network pharmacy). These are covered through the Prescription Drug Plan and processed by the prescription drug administrator. Details of the PEIA Prescription Drug Plan are found in the “Prescription Drug Benefits” section starting on page 67.

Medical case management of transplant patients includes referral to the prescription drug administrator for waiver of copayment on transplant-related immunosuppressant drugs. Acordia National will make arrangements with the prescription drug administrator to waive copayments on drugs used to sustain the transplant.

## **TOBACCO CESSATION**

The PEIA PPB Plan provides benefits for participants who wish to quit smoking or using smokeless tobacco products. To enroll in the tobacco cessation program, call the Quit Line at 1-877-966-8784. The Quit Line will provide counseling and support, including written materials to each program enrollee. PEIA covers both prescription and non-prescription tobacco cessation products for those who have enrolled in the tobacco cessation program. Non-prescription drugs will be covered only if prescribed by a physician.

From time to time, PEIA may offer special limited-time benefits under this program. Contact the Quit Line for details.

For pregnant participants (employees and spouses only), PEIA will provide 100% coverage for the tobacco cessation benefit during any pregnancy in the participant’s lifetime.

### **Payment Level**

PEIA will pay for an office visit, if it is required to obtain a prescription for tobacco cessation drugs. The patient will pay the \$10 preventive care office visit copayment. The drugs will be covered for 12 weeks. Copayments are as follows:

- Nicotine withdrawal therapy is covered with a \$5 generic copayment for a month’s supply.
- Zyban is covered with a \$15 preferred brand copayment for a month’s supply.

For details, see the “Prescription Drug Benefits” section starting on page 67.

## **DR. DEAN ORNISH PROGRAM FOR REVERSING HEART DISEASE**

PEIA is offering a pilot project of the Dr. Dean Ornish Program for Reversing Heart Disease. A limited number of slots has been allocated for participants who have the PEIA PPB Plan as their primary insurance. The Ornish approach does not use drugs or surgery, but relies upon diet, physical activity, group support and counseling as part of an intensive life style change program. Applicants are screened by their local participating Ornish hospital to

determine if they meet the medical criteria for participation: coronary artery disease, Type II diabetes, or at high risk of heart disease.

The program is covered at 100% after a participant copayment of \$50 per month. Participants with annual household income below \$20,000 per year may qualify for a copayment waiver.

For more information about this program, contact PEIA's customer service unit at 1-800-654-4406.

## **WEIGHT MANAGEMENT PILOT PROGRAM**

Early in Plan Year 2005, PEIA will begin offering a pilot weight management program. Participants will be screened by the Pathways to Wellness program. Pathways will determine which members are admitted to the program based on criteria chosen by PEIA. The program will include dietary, fitness and counseling services. Services to be covered under this benefit will be delivered by a credentialed network of providers. Further details will be provided as they become available through the *PEIA News*.

## **WHAT IS NOT COVERED**

Some services are not covered by the PEIA PPB Plan regardless of medical necessity. Specific exclusions are listed below. If you have questions, please contact Acordia National at 1-888-440-7342 or 1-304-353-7820. The following services are not covered:

- 1) Aqua therapy.
- 2) Birth control drugs, devices, and services for dependent children.
- 3) Breast pumps.
- 4) Chemical dependency treatments when a patient leaves the hospital or facility against medical advice.
- 5) Coma stimulation.
- 6) Cosmetic or reconstructive surgery when not medically required as the result of accidental injury or disease, or unless the surgery is performed to correct birth defects. Services resulting from or related to these excluded services also are not covered.
- 7) Custodial care, intermediate care (such as residential treatment centers), domiciliary care, respite care, rest cures, or other services primarily to assist in the activities of daily living, or for behavioral modification.
- 8) Dental services including dental implants, routine dental care, x-rays, treatment of cysts or abscesses associated with the teeth, or any other dentistry and dental procedures.
- 9) Daily living skills training.
- 10) Duplicate testing, interpretation or handling fees.
- 11) Education, training and/or cognitive services, unless specifically listed as covered services.
- 12) Elective abortions.
- 13) Expenses for which the patient is not responsible, such as patient discounts and contractual discounts.
- 14) Experimental, investigational or unproven services, unless pre-approved by Acordia National.
- 15) Fertility drugs and services.

- 16) Foot care. Routine foot care including:
  - Removal in whole or in part of: corns, calluses (thickening of the skin due to friction, pressure, or other irritation), hyperplasia (overgrowth of the skin), or hypertrophy (growth of tissue under the skin);
  - Cutting, trimming, or partial removal of toenails;
  - Treatment of flat feet, fallen arches, or weak feet; and
  - Strapping or taping of the feet.
- 17) Genetic testing.
- 18) Glucose monitoring devices, except Bayer Ascensia models covered under the prescription drug benefit.
- 19) Homeopathic medicine.
- 20) Hospital days associated with non-emergency weekend admissions or other unauthorized hospital days prior to scheduled surgery.
- 21) Hypnosis.
- 22) Incidental surgery performed during medically necessary surgery.
- 23) Infertility and sterility services of in vitro fertilization and gamete intrafallopian transfer (GIFT), embryo transport, surrogate parenting, and donor semen, any other method of artificial insemination, and any other related services.
- 24) Marriage counseling.
- 25) Medical equipment, appliances or supplies of the following types:
  - augmentative communication devices.
  - bathroom scales.
  - educational equipment.
  - environmental control equipment such as air conditioners, humidifiers or dehumidifiers, air cleaners or filters, portable heaters, or dust extractors.
  - equipment or supplies which are primarily for patient comfort or convenience, such as bathtub lifts or seats; massage devices; elevators; stair lifts; escalators; hydraulic van or car lifts; orthopedic mattresses; walking canes with seats; trapeze bars; child strollers; lift chairs; recliners; contour chairs; adjustable beds; or tilt stands.
  - equipment which is widely available over the counter such as wrist stabilizers and knee supports.
  - exercise equipment such as exercycles; parallel bars; walking, climbing or skiing machines.
  - hearing aids.
  - hygienic equipment such as bed baths, commodes, and toilet seats.
  - motorized scooters.
  - nutritional supplements, food liquidizers or food processors.
  - orthopedic shoes, unless attached to a brace.
  - over-the-door and/or gravity traction.
  - professional medical equipment such as blood pressure kits or stethoscopes.
  - supplies such as tape, alcohol, Q-tips/swabs, gauze, bandages, thermometers, aspirin, diapers (adult or infant), heating pads or ice bags.
  - vibrators.
  - whirlpool pumps or equipment.
  - wigs or wig styling.
- 26) Medical rehabilitation and any other services that are primarily educational or cognitive in nature.
- 27) Mental health or chemical dependency services to treat mental illnesses which will not substantially improve beyond the patient's current level of functioning.

- 28) Optical services. Routine eye examinations, refractions, eye glasses, contact lenses and fittings. Glasses and/or contact lenses following cataract surgery are not covered.
- 29) Orientation therapy.
- 30) Orthodontia services.
- 31) Orthotripsy.
- 32) Physical examinations and routine office visits except those covered under the Periodic Physicals benefit.
- 33) Personal comfort and convenience items or services (whether on an inpatient or outpatient basis) such as television, telephone, barber or beauty service, guest services, and similar incidental services and supplies, even when prescribed by a physician.
- 34) Physical conditioning and work hardening. Expenses related to physical conditioning programs and work hardening such as athletic training, body building, exercise, fitness, flexibility, diversion, or general motivation.
- 35) Physical, psychiatric, or psychological examinations, testing, or treatments not otherwise covered under the plan, when such services are:
  - conducted for purposes of medical research;
  - for participation in athletics;
  - needed for marriage or adoption proceedings;
  - related to employment;
  - related to judicial or administrative proceedings or orders;
  - to obtain or maintain a license or official document of any type; or
  - to obtain or maintain insurance.
- 36) Pregnancy-related conditions for dependent children.
- 37) Provider charges for phone calls, prescription refills, or physician-to-patient phone consultations.
- 38) Radial keratotomy and other surgery to correct vision.
- 39) Reversal of sterilization and associated services and expenses.
- 40) Safety devices. Devices used specifically for safety or to affect performance primarily in sports-related activities.
- 41) Screenings, except those specifically listed as covered benefits.
- 42) Services rendered by a provider with the same legal residence as a participant, or who is a member of the policyholder's family. This includes spouse, brother, sister, parent, or child.
- 43) Services rendered outside the scope of a provider's license.
- 44) Sex transformation operations and associated services and expenses.
- 45) Skilled nursing services provided in the home, except intermittent visits covered under the Home Health Care benefit.
- 46) Stimulation therapy.
- 47) Take-home drugs provided at discharge from a hospital.
- 48) TMJ. Treatment of temporomandibular joint (TMJ) disorders. Including intraoral prosthetic devices or any other method of treatment to alter vertical dimension or for temporomandibular joint dysfunction not caused by documented organic disease or acute physical trauma.
- 49) The difference between private and semi-private room charges.
- 50) Therapy and related services for a patient showing no progress.
- 51) Therapies rendered outside the United States that are not medically recognized within the United States.

- 52) Transportation other than medically necessary emergency ambulance services, or as approved under the Organ Transplant Network benefit.
- 53) War-related injuries or illnesses. Treatment in a State or federal hospital for military or service-related injuries or disabilities.
- 54) Weight loss. Health services and associated expenses intended primarily for the treatment of obesity and morbid obesity, including wiring of the jaw, weight control programs, weight control drugs, screening for weight control programs, and services of a similar nature, except those services provided through a pilot program offered by PEIA.
- 55) Work-related injury or illness.

## How to File a Claim

### FILING A MEDICAL CLAIM

Medical claims are processed by Acordia National and should be submitted to:

**Acordia National**  
**P.O. Box 2451**  
**Charleston, WV 25329-2451**

This post office box should be used only for PEIA claims. Please do not submit PEIA claims to other Acordia National post office boxes. This will only delay their processing.

To process a medical claim, Acordia National requires a complete itemization of charges including:

1. the patient's name;
2. the nature of the illness or injury;
3. date(s) of service;
4. type of service(s);
5. charge for each service;
6. diagnosis and procedure codes;
7. identification number of the provider; and
8. Social Security Number of the policyholder.

If the necessary information is printed on your itemized bill, you do not need to use a PEIA claim form to submit your charges. Cash register receipts and canceled checks are not acceptable proof of your claim.

If you have other insurance (including Medicare) which is primary, you need to submit an Explanation of Benefits (EOB) from the other insurance with each claim, or ask your provider to do so if the claim is being submitted for you.

You have six (6) months from the date of service to file a medical claim. If PEIA is your secondary insurer (even if you have Medicare), you have six (6) months from the date of your primary insurer's Explanation of Benefits processing date to file your claim with PEIA. If you do not submit claims within this period, they will not be paid, and you will be responsible for payment to the provider.

If your claim is for an illness or injury wrongfully or negligently caused by someone else, and you expect to be reimbursed by another party or insurance plan, you must file a claim with PEIA within six (6) months of the date of service to ensure that the covered services will be paid. Later, if you receive payment for the expenses, you will have to repay the amount you received from PEIA. See "Subrogation" on page 65 for details.

### Medicare Crossover Claims

If you are a PEIA PPB Plan participant who has Medicare as the primary insurer, Acordia National has a program that allows providers to bill PEIA electronically as your secondary insurance after Medicare has adjudicated the claim. This program, called Medicare Crossover, saves you the time and trouble of filing the claim yourself.



## Filing Claims for Court-ordered Dependents (COD)

If you are the custodial parent of a child who is covered under the other parent's PEIA plan as a result of a court order, you may submit claims directly to Acordia National using the special claim forms provided by PEIA. You can also receive all benefit information published by PEIA, and reimbursements for medical claims can be sent directly to you. For prescription drugs, you must use your I.D. card at a participating pharmacy. To make arrangements for this, please contact PEIA at 1-304-558-7850 or toll-free at 1-800-654-4406.

## Claims Incurred Outside of the U.S.A.

If you or a covered dependent incur medical expenses while outside the United States, you may be required to pay the provider yourself. Request an itemized bill containing all the information listed on page 57 from your provider and submit the bill along with a claim form to Acordia National or the prescription drug administrator.

Acordia National or the prescription drug administrator will determine, through a local banking institution, the currency exchange rate and you will be reimbursed according to the terms of the PEIA PPB Plan.

# Appealing A Claim

## PEIA PPB PLAN

If you are a PEIA PPB Plan participant or provider and think that an error has been made in processing your claim or reviewing a service, the first step is to call the Third Party Administrator to verify that a mistake has been made. (For information about prescription drug appeals, see page 79.) All appeals must be initiated within 60 days of claim payment or denial.

Type of Error	Who to Call	Phone Number
Medical claim denial, out-of-state care denial, pre-certification or case management	Acordia National	1-888-440-7342
Prescription drug claim	Express Scripts	1-877-256-4680

If your medical claim or service has been denied, or if you disagree with the determination made by Acordia National, the second step is to appeal in writing within 60 days of the denial to Acordia National. Explain what you think the problem is, and why you disagree with the decision. Acordia National will respond to you by reprocessing the claim or sending you a letter.

If this does not resolve the issue, the third step is to appeal in writing to the director of the PEIA. The participant, provider or covered dependent must request a review in writing within sixty (60) days of getting the decision from Acordia National. Facts, issues, comments, letters, Explanations of Benefits (EOBs), and all pertinent information about the case should be included. Third step appeals should be mailed to:

**Director**  
**Public Employees Insurance Agency**  
**State Capitol Complex**  
**Building 5, Room 1001**  
**1900 Kanawha Boulevard, East**  
**Charleston, WV 25305-0710**

When your request for review arrives, the PEIA will reconsider the entire case, taking into account any additional materials which have been provided.

A decision, in writing, explaining the reason for modifying or upholding the original disposition of the claim will be sent to the insured or his or her authorized representative.

If additional information is required to render a decision, this information will be requested in writing. The additional information must be received within 60 days of the date of the letter. If the additional information is not received, the case will be closed.

### **Managed Care Plan Members**

If you are a managed care plan member, and you think that an error has been made in processing your claim, the first step is to call your managed care plan to discuss the matter.

If your claim has been denied, or if you disagree with the determination made by your managed care plan, the second step is to appeal in writing within 60 days of the denial to your managed care plan. Instructions for filing that appeal are in your “Evidence of Coverage” provided by your managed care plan.

If you are not satisfied with the response from your managed care plan, you may appeal in writing to the director of the PEIA. You or your covered dependents must request a review in writing within sixty (60) days of getting the decision from your managed care plan. Facts, issues, comments, letters, Explanations of Benefits (EOBs), and all pertinent information about the claim and review should be included. The appeal should be mailed to:

**Director  
Public Employees Insurance Agency  
State Capitol Complex  
Building 5, Room 1001  
1900 Kanawha Boulevard, East  
Charleston, WV 25305-0710**

When your request for review arrives, the PEIA will reconsider the entire case, taking into account any additional materials that have been provided. A decision, in writing, explaining the reason for modifying or upholding the original disposition of the claim will be sent to the insured or his or her authorized representative.

If additional information is required to render a decision, this information will be requested in writing. The additional information must be received within 60 days of the date of the letter. If the additional information is not received, the case will be closed.

If you disagree with the decision of the PEIA director, you have one final level of appeal to the West Virginia Insurance Commissioner. Instructions for this appeal are also provided in your “Evidence of Coverage” from your managed care plan.



# Controlling Costs

## Prohibition of Balance Billing

The PEIA PPB Plan is governed in part by the Omnibus Health Care Act which was enacted by the West Virginia Legislature in April 1989. This Law requires that any West Virginia health care provider who treats a PEIA insured must accept assignment of benefits and cannot balance bill the insured for any portion of charges over and above the PEIA fee allowance or for any discount amount applied to a provider's charge or payment. This is known as the "prohibition of balance billing."

The prohibition of balance billing applies when services are provided in West Virginia and when the PEIA PPB plan is the primary payor. When the PEIA PPB plan is the secondary payor, the provider may bill you for disallowed amounts and for the provider discounts. Remember, you are always responsible for deductibles, copayments, coinsurance amounts and non-covered services.

A PEIA insured who has Medicare as the primary payor has protection against balance billing when the provider accepts Medicare assignment. If the provider accepts Medicare assignment, you are not responsible for amounts which exceed the Medicare allowances.

## New Technologies

Upon FDA approval of new technology, PEIA determines whether or not to cover the item, service or procedure. These new technologies may or may not be covered. PEIA often waits until the new technology proves effective before approving coverage. If you have concerns about coverage of a new technology, contact Acordia National for details.

## Preferred Provider Organizations

For services provided outside the State of West Virginia, Acordia National utilizes several network relationships. These networks review their providers for quality standards like licensing, background and treatment patterns. As part of their agreement with the network, the amount paid for services is a discounted amount.

For details of which networks Acordia National uses, see "PEIA's Networks" on page 33.

After you receive medical attention, your claim will be routed to Acordia National. All PPO providers are paid directly, relieving you of any hassle and worry. You will need to pay for out-of-pocket expenses (deductibles, copayments, coinsurance amounts and non-covered services). Acordia National will send you an Explanation of Benefits (EOB).

## Out-of-State Provider Waiver

To assist participants who receive medical treatment outside of West Virginia from providers who do not participate in any Preferred Provider Organization, guidelines have been established to review and approve waiver requests when you are billed for the balance not paid by PEIA and not applied to your out-of-network deductible and out-of-pocket maximum. The first \$500 of expenses which exceed the allowed amount will be your responsibility. Amounts in excess of \$500 may be eligible for an out-of-state provider waiver when:

1. the PEIA PPB Plan is the primary payor for the services provided; and
2. you are billed for amounts which exceed the fee allowance; and
3. you must receive out-of-state services because:
  - an emergency arises; or
  - the insured lives or is traveling out-of-state; or
  - the medically necessary service is not available in West Virginia (or within a reasonable travel time); or
  - due to geographic location, PEIA has determined that services are only available out-of-state; and
4. you do not have other insurance which will pay toward the balance.

Expenses eligible for waivers are those which exceed the maximum fee allowances. Amounts applied toward your out-of-network deductible, your out-of-network coinsurance amount, penalties, and non-covered services will not be considered for a waiver.

To request a waiver, send your balance bill from the provider, a copy of your Explanation of Benefits (EOB) indicating the amount already paid by PEIA, and a written request including the reason you chose an out-of-state provider to:

**Director**  
**Public Employees Insurance Agency**  
**State Capitol Complex**  
**Building 5, Room 1001**  
**1900 Kanawha Boulevard, East**  
**Charleston, West Virginia 25305-0710**

You may obtain a PEIA Out-of-State Waiver Form by calling PEIA at 1-304-558-7850 or toll-free at 1-800-654-4406. A waiver form is not required if you send the above-requested information. The request for an Out-of-State Waiver must be submitted within six months of the processing date on the Explanation of Benefits (EOB) to be eligible for additional payments.

### **Patient Audit Program**

The Patient Audit Program offers rewards when you help detect and correct mistakes on your health care bills. Examine your medical bills for these two types of mistakes:

- Charges for services not received; and
- Overcharges or overpayments resulting from clerical error or miscalculation.

Reported errors must be at least \$50.00 to qualify for the Patient Audit Program and must be submitted within 60 days of the processing date on the Explanation of Benefits (EOB). Complete the Patient Audit Report Form from PEIA and submit it, along with an itemized bill from the provider, the corrected bill (or explanation of disagreement), and a copy of the EOB, to PEIA.

PEIA and Acordia National or Express Scripts will investigate and recover the overpayment, if justified, from the provider of services. When the overpayment is processed you will be paid 50% of the recovered amount, up to \$1,000 per plan year.

HMO members are not eligible to participate in the Patient Audit Program.

### **Coordination Of Benefits**

In its effort to control health care costs, the PEIA PPB Plan has a coordination of benefits (COB) provision. Under this provision, when a person covered by PEIA also has coverage under another policy (or policies), there are certain rules determining which policy is required to pay benefits first. The policy paying first is called the primary plan, and any other applicable policy is called the secondary plan.

Acordia National, on PEIA's behalf, will request information about other coverage using a questionnaire mailed to the policyholder periodically. If the policyholder fails to respond to the questionnaire, claims will be denied until the information is received.

If you have health insurance coverage in addition to the PEIA PPB Plan, it is important to understand how the coordination of benefits provision works. In many instances, if the PEIA PPB Plan is secondary and your primary plan is other than Medicare, PEIA will pay little or nothing of the balance of your medical bill. An example of this situation is provided on page 63. In some cases it may be financially advisable to elect only one insurance coverage. If, after reviewing this section, you have questions concerning how PEIA's coordination of benefits provision may affect you, contact a PEIA claims representative at 1-304-558-7850 or toll-free at 1-800-654-4406.

## Coordinating PEIA Benefits with Other Plans

COB will occur when an employee, retired employee or dependent has health coverage under the PEIA PPB Plan and also under:

- any government program or other coverage required or provided by law;
- any plan covering individuals as a group, including insured, uninsured and pre-payment arrangements;
- automobile insurance medical pay provisions whether individual or group. PEIA will pay as primary plan and subrogate against the medical payment coverage;
- group-type hospital indemnity benefits exceeding \$100 per day;
- for spouses and dependents only, individual hospital and surgical or major medical insurance in which that spouse or dependent is the policyholder. Individual and surgical or major medical insurance does not include any individual supplemental accident and sickness policy which meets the definition of a “limited benefits policy or certificate” under W. Va. Code §3-16E-2(a). These individual policies must meet all of the following conditions:
  1. the policy covers a specified disease, accident only, disability, or other limited benefits;
  2. the policy is specifically designed, represented and sold as a supplement to other basic sickness and accident coverage; and
  3. the entire premium for the policy is paid by the insured or insured’s family.

## Which Plan Pays First

For active employees, the PEIA PPB Plan is your primary plan in almost every circumstance. If your spouse is covered through his or her employer, that plan is usually the primary plan for your spouse. The primary plan is determined by the first of the following rules which applies:

- a. any plan with no coordination of benefits provision is always primary;
- b. the plan which covers the person as an active or retired employee, member or subscriber (other than as a dependent) is always primary to a plan which covers the person as a dependent. When two public employees, both eligible to enroll for PEIA coverage in their own names, are married and covered under one PEIA family plan, then the spouse, covered as a dependent, will be treated as an employee under these rules;
- c. for a dependent child of parents not separated or divorced, if two or more plans cover the child as a dependent:
  1. the plan of the parent whose birthday falls earlier in the year will be primary; or
  2. if both parents have the same birthday, the plan which has covered one parent longer will be primary; or
  3. if the other plan uses the parent’s gender to determine benefits, and the plans do not agree on the order of benefits, then the rule of the other plan will determine the order of benefits.
- d. for a dependent child of parents who are separated or divorced, if two or more plans cover the child as a dependent, benefits are determined in this order:
  1. the plan of the parent who has custody will pay first;
  2. the plan of the spouse of the parent who has custody will pay next;
  3. the plan of the parent who does not have custody will pay last.

**Exception:** *If a court decree states that one of the parents is responsible for the health care expenses of the child, and the plan of that parent has knowledge of those terms, then that plan is primary. The plan of the other parent will then be secondary, and the plan of the spouse of the parent with custody of the child will pay third. For PEIA to pay according to this paragraph, you need to provide a copy of the court decree.*

- e. for a dependent child of divorced parents with joint custody, if the court decree does not specify which parent is responsible for health care coverage, then Rule “c.” above will apply;
- f. for a dependent child of separated parents with joint custody, if the court decree does not specify which parent is responsible for health care coverage, then Rule “c.” above will apply;
- g. a plan which covers an employee (and, consequently, his or her dependents) as an active employee, rather than as a laid-off employee or retired employee, will pay before a plan which covers a laid-off or retired employee. If the other plan does not have this rule, and the plans disagree about the order of benefits, this paragraph is disregarded;
- h. if a person is covered under a right of continuation policy as required by the Consolidated Omnibus Reconciliation Act (COBRA) of 1987, as amended, and is also covered under another plan, the following rules will apply:
  1. the benefits of a plan covering the person as an employee, member or subscriber (or as that person’s dependent) will be primary;
  2. the benefits under the continuation coverage will be secondary.
- i. if none of the above rules applies, the plan which has covered the employee, member or subscriber the longest will be primary.

### How Coordination of Benefits Works

When a claim is made, the primary plan pays its benefits without regard to any other plans. Then the secondary plan pays its benefits, adjusting for the benefit paid by the primary plan. The amount that the PEIA PPB Plan will pay as a secondary plan depends on what the primary plan pays.

To calculate the amount PEIA will pay as a secondary plan, you subtract the amount your primary plan pays from the amount PEIA would have paid if there were no other insurance. If the other plan paid as much or more than PEIA would have paid as the primary plan, then PEIA will pay nothing as the secondary plan. If the other plan paid less than PEIA, then PEIA will pay the difference up to what it would have paid if there had been no other insurance.

As you can see in the following chart, the PEIA PPB Plan will pay very little or nothing as a secondary plan. For this reason, you should consider whether it makes sense to keep both plans.

<b>"Carveout" Coordination of Benefits Example</b>			
<b>If PEIA is primary:</b>		<b>If PEIA is secondary:</b>	
<b>Total Charge</b>	<b>\$ 120</b>	<b>Total Charge</b>	<b>\$ 120</b>
<b>PEIA Allowed Amount</b>	<b>\$ 100</b>	<b>Other Plan's Paid Amount</b>	<b>\$ 96</b>
<b>PEIA Pays</b>	<b>\$ 80</b>	<b>PEIA Pays</b>	<b>\$ 0</b>
<b>You Owe *</b>	<b>\$ 20</b>	<b>You Owe *</b>	<b>\$ 24</b>

\* Assumes any deductible has been met.

There are several issues to consider if you are thinking about dropping one of your plans:

- **Prescription Drug Coverage:** PEIA's coverage is generous. Compare the benefits of both plans, including deductibles.
- **Mental Health Benefits:** Many plans pay only 50% or limit the number of admissions per lifetime. The PEIA PPB Plan pays 80% in-network with no limit when services are precertified.
- **Maternity Services:** PEIA pays 100% of the physician's allowed charges, after the deductible is met.
- **Balance Billing Prohibition:** PEIA protects you from network providers billing you for amounts which exceed PEIA's allowed amounts, but only if the PEIA PPB plan is the primary payor. In the above example, with the PEIA plan as your primary plan, you would not be responsible for the difference between the total charge and the amount allowed by PEIA. The balance billing provision does not apply when the PEIAPPB plan is the secondary plan or when the provider is not in the PEIA PPB plan network.

If you have questions about your coverage, or need help comparing plans, you may call the PEIA Customer Service Unit at 1-304-558-7850 or toll-free 1-800-654-4406.

## Medicare Coordination

The PEIA PPB Plan will reimburse the difference between the amount allowed by Medicare and the amount paid by Medicare if the balance is not more than the PEIA PPB Plan would have paid as the primary plan.

When Medicare is your primary insurer, all services are considered in-network and are processed at the higher benefit level.

If you have met your PEIA PPB Plan annual medical deductible, PEIA will usually pay the balance and you will pay nothing. This is referred to as "traditional" coordination of benefits.

## Medicare Order of Determination

For retirees covered by PEIA and Medicare, regardless of age (see exception below), Medicare is the primary insurer and PEIA is the secondary insurer. All claims must be submitted to Medicare and then to PEIA along with an Explanation of Medicare Benefits (EOMB). Generally claims are submitted to Medicare and then to PEIA by your provider or by Medicare through the Medicare Crossover program.

When you become an eligible beneficiary of Medicare, you must enroll in Medicare Part A and Medicare Part B. Part A is an entitlement program and is available without payment of a premium to most individuals. Part B is the supplementary medical insurance program that covers physician services, outpatient laboratory and x-ray tests, durable medical equipment and outpatient hospital care. Part B is a voluntary program that requires payment of a monthly premium.

If you do not enroll in Medicare Part B, PEIA will process your claims as if you did have the Part B coverage. In other words, PEIA will pay only the amount we would have paid if Medicare had processed your claim and made a payment.

If you or your dependents have other coverage in addition to PEIA and Medicare, contact Acordia National or PEIA to determine what coverage will be primary, secondary or tertiary (third) and whether you need to enroll in Medicare Part B.

**Exception:** *If you are entitled to Medicare as an End Stage Renal Disease (ESRD) beneficiary, call Acordia National or PEIA to determine who the primary insurer will be.*

## Medicare for Active Employees

For PEIA PPB Plan active employees who are age 65 or older and eligible for Medicare, as long as you are an active employee, PEIA will be your primary insurer, except in a few rare cases. As long as you are an active employee, you do not need to sign up for Medicare Part B and pay the premium, since Medicare Part B will not pay as a secondary insurer after PEIA. When you prepare to retire, you must enroll for Medicare Part B. If you do not enroll in Medicare Part B, PEIA will process your claims as if you did have the Part B coverage. In other words, PEIA will pay only the amount we would have paid if Medicare had processed your claim and made a payment.

For PEIA PPB Plan active employees who are also eligible for Medicare, and Medicare is the primary payor, PEIA will use the traditional method of coordinating benefits.

## Recovery Of Incorrect Payments

If PEIA discovers that a claim has been paid incorrectly, or that the charges were excessive or for non-covered services, PEIA has the right to recover its payments from any person or any entity.

You must cooperate fully with the PEIA to help it recover any such payment. The PEIA may request refunds or deduct overpayments from a provider's check in order to recover incorrect payments. This provision shall not limit any other remedy provided by law.

## SUBROGATION AND REIMBURSEMENT

PEIA may pay medical expenses on an insured's behalf in those situations where an injury, sickness, disease or disability, is caused in whole or in part by, or results from, the acts or omissions of a third party, or from the acts or omissions of a PEIA insured where other insurance (such as auto or homeowners) is available. As a condition of receiving such expenses, the PEIA and its agents have the right to recover the cost of such medical expenses from the responsible party directly (whether an unrelated third party or another covered insured) or from their insured, if they have already been reimbursed by another. This right is known as subrogation.

The PEIA is legally subrogated to its insured as against the legally responsible party, but only to the extent of the medical expenses paid on the insured's behalf by the PEIA attributable to such sickness, injury, disease, or disability. PEIA has the right to seek repayment of expenses from, among others, the party that caused the illness or injury, his or her liability carrier or the PEIA insured's own auto insurance carrier in cases of uninsured, underinsured motorist coverage, or medical pay provisions. Subrogation applies, but it is not limited to, the following circumstances:

- a. payments made directly by the person who is liable for a PEIA insured's sickness, injury, disease or disability, or any insurance company which pays on behalf of that person, or any other payments on his or her behalf;
- b. any payments, settlements, judgments, or arbitration awards paid by any insurance company under an uninsured, underinsured motorist policy or medical pay provisions on the insured's behalf; and
- c. any payments from any source designed or intended to compensate a PEIA insured for sickness, injury, disease, or disability sustained as the result of the negligence or wrongful action or alleged negligence or wrongful action of another person.

It is the obligation of the PEIA insured to:

- d. notify the PEIA in writing of any injury, sickness, disease or disability for which the PEIA has paid medical expenses on behalf of a PEIA insured that may be attributable to the wrongful or negligent acts of another person;



- e. notify the PEIA in writing if the insured retains services of an attorney, and of any demand made or lawsuit filed on behalf of a PEIA insured, and of any offer, proposed settlement, accepted settlement, judgment, or arbitration award;
- f. provide the PEIA or its agents with information it requests concerning circumstances that may involve subrogation, provide any reasonable assistance requested in assimilating such information and cooperate with the PEIA or its agents in defining, verifying or protecting its rights of subrogation and reimbursement; and
- g. promptly reimburse the PEIA for benefits paid on behalf of a PEIA insured attributable to the sickness, injury, disease, or disability, once they have obtained money through settlement, judgment, award, or other payment.

Failure to comply with any of these requirements may result in:

- h. the PEIA's withholding payment of further benefits; and
- i. an obligation by the PEIA insured to pay costs, attorneys' fees and other expenses incurred by the PEIA in obtaining the required information or reimbursement.

By acceptance of benefits paid under the plan, the PEIA insured agrees that PEIA's rights of subrogation and reimbursement shall have a priority lien and the right of first recovery against any settlement or judgment obtained by or on behalf of an insured. This right shall exist without regard to allocation or designation of the recovery.

These provisions shall not limit any other remedy provided by law. This right of subrogation shall apply without regard to the location of the event that led to or caused the applicable sickness, injury, disease or disability.

**Please note:** *As with any claim, the claims resulting from an accident or other incident which may involve subrogation should be submitted within the PEIA's timely filing requirement of six (6) months. It is not necessary that any settlement, judgment, award, or other payment from a third party have been reached or received before filing a claim with the PEIA or with one of the managed care plans associated with the PEIA.*

# Prescription Drug Benefits

Along with your PEIA PPB Plan medical coverage, you also have prescription drug coverage. The prescription drug program is administered by Express Scripts. There are two parts to the program:

- the Retail Pharmacy Program gives you access to local participating pharmacies to get your prescriptions filled.
- the Express Scripts Mail Service Pharmacy Program lets you order your prescriptions through the mail, saving you time and money by having your maintenance medications delivered to your door.

Your prescription drug benefits pay for a wide range of medications, with differing copayments depending on where you purchase those drugs, and how large a supply you buy.

## Deductible

During any plan year, if you or your eligible dependents incur expenses for covered prescription drugs, you must meet a deductible before the plan begins to pay. The deductibles are:

Prescription Drug Deductibles		
	PPB Plan A	PPB Plan B
<b>Policyholder Only</b>	\$ 75	\$150
<b>Policyholder &amp; Child(ren)</b>	\$125	\$300
<b>Family</b>	\$125	\$300
<b>Family with Employee Spouse</b>	\$125	\$300

This means you will pay the amount listed in the chart above before the plan begins to pay.

The family deductible is greater than the individual deductible. The family deductible is divided up among the family members. No one member of the family will pay more than the individual deductible. Once that person has met the individual deductible, the plan will begin paying on that person. When another member of the family meets the individual deductible, then the plan will begin paying on the entire family. Alternatively, all members of the family may contribute to the family deductible with no one person meeting the individual deductible; once the family deductible is met, the plan pays on all members of the family.

After you meet your deductible, you will pay copayments based on the amount and type of drug you're taking. The chart on the next page shows the copayments.



<b>Prescription Drug Copayments</b>			
<b>PEIA PPB Plan A</b>			
	<b>Up to 34-day supply</b>	<b>35- to 68-day supply *</b>	<b>69- to 90-day supply *</b>
Generic Drug	\$ 5	\$ 10	\$ 15
Brand-name drug listed on the WV Preferred Drug List	\$ 15	\$ 30	\$ 45
Brand-name drug <b>not</b> listed on the WV Preferred Drug List	\$ 30	\$ 60	\$ 90
<b>PEIA PPB Plan B</b>			
Generic Drug	\$ 5	\$ 10	\$ 15
Brand-name drug listed on the WV Preferred Drug List	\$ 20	\$ 40	\$ 60
Brand-name drug <b>not</b> listed on the WV Preferred Drug List	\$ 50	\$ 100	\$ 150
* For maintenance medications only. See pages 77-78 for the maintenance drug list. You may be able to get a discount on your maintenance medications through a Retail Maintenance Network pharmacy or through Mail Service. Read on for details.			
Should your doctor prescribe or you request the brand-name drug when a generic drug is available, you must pay the difference in price, plus the applicable generic copayment.			

## What You Pay

Under your prescription drug plan, once you meet your deductible, you pay a copayment to obtain drugs. Copayments are the portion of the cost that, under your plan, you are required to pay per new or refill prescription. The rest of the cost is paid by PEIA. Several factors determine your copayment.

## Generic Drugs

The brand name of a drug is the product name under which the drug is advertised and sold. Generic medications have the same active ingredients and are subject to the same rigid U.S. Food and Drug Administration (FDA) standards for quality, strength and purity as their brand-name counterparts. Generic drugs usually cost less than brand-name drugs. Please ask your doctor to prescribe generic drugs whenever possible.

## West Virginia Preferred Drug List (WVPDL)

The West Virginia Preferred Drug List (WVPDL) is a list of carefully selected medications that can assist in maintaining quality care while providing opportunities for cost savings to the PEIA PPB Plan. Under this program, your plan requires you to pay a lower copayment for medications on the WVPDL and a higher copayment for medications not on the WVPDL. By asking your doctor to prescribe WVPDL medications, you can maintain high quality care while you help to control rising health-care costs.

Here's how the copayment structure works:

- **Highest Copayment:** You will pay the highest copayment for brand-name drugs that are not listed on the WVPDL.
- **Middle Copayment:** You will pay a mid-level copayment for brand-name drugs that are listed on the WVPDL.
- **Lowest Copayment:** You will pay the lowest copayment for all generic drugs. Generic drugs are subject to the same rigid U.S. Food and Drug Administration standards for quality, strength and purity as their brand-name counterparts. Generic drugs usually cost less than brand-name drugs. Please ask your doctor to prescribe generic medications for you whenever possible.

Sometimes your doctor may prescribe a medication to be “dispensed as written” when a WVPDL brand name or generic alternative drug is available. As part of your plan, an Express Scripts pharmacist or your retail pharmacist may discuss with your doctor whether an alternative formulary or generic drug might be appropriate for you. Your doctor always makes the final decision on your medication, and you can always choose to keep the original prescription at the higher copayment.

Drugs on the WVPDL are determined by the Express Scripts Pharmacy and Therapeutics Committee. The committee, made up of physicians, meets quarterly to review the medications currently on the Formulary, and to evaluate new drugs for addition to the Formulary. The Formulary may change periodically, based on the recommendations adopted by the committee.

If you have any questions about the copayment structure or about your WVPDL, please call Express Scripts Member Services at 1-877-256-4680.

### **Prescription Out-of-Pocket Maximum**

PEIA has an out-of-pocket maximum on drugs. The maximum is \$1,750 for an individual and \$3,500 for a family. Once you have met the out-of-pocket maximum, PEIA will cover the entire cost of your prescriptions for the balance of the plan year. The out-of-pocket maximum only includes actual copays, not deductibles or other charges, and is separate from your medical plan out-of-pocket maximum.

### **Prescription Drug Copayment Assistance Program**

PEIA offers a program to assist retired employees who struggle to deal with increasing prescription drug costs in the PEIA PPB Plan. This assistance reduces prescription drug copayments for those who qualify.

#### **Who Qualifies?**

Retired employees whose annual household income falls below 250% of the federal poverty level, and who are members of the PEIA PPB Plan can qualify for assistance. Retired employees who receive Premium Assistance from PEIA are automatically enrolled in this program. Retired employees who are using sick or annual leave or years of service to extend their employer-paid insurance qualify for this program if their annual income meets the guidelines.

#### **What is Available?**

If you qualify for assistance, PEIA will provide you with the reduced prescription copayments based on your years of service as shown in the chart on the next page, as well as generic drugs for \$3 for each 30-day supply regardless of your years of service. These reduced copayments are available to you at your local pharmacy or through the Express Scripts Mail Service Pharmacy Program. To take full advantage of the Prescription Drug Copayment Assistance Program, it is best to get your maintenance medications in 90-day supplies. When you fill a 90-day prescription through mail order or at a Retail Maintenance Network pharmacy, you'll pay for only two thirty-day supplies—you get one thirty-day supply for no copayment. See page 71 for details of the “Retail Maintenance Network” benefits and the Express Scripts Mail Service Pharmacy Program.

Years of Active Service	Brand-Preferred Copayment		Brand Non-Preferred Copayment	
	34-day supply at a Retail Pharmacy	Up to 90-day supply by mail or at a Retail Maintenance Network Pharmacy	34-day supply at a Retail Pharmacy	Up to 90-day supply by mail or at a Retail Maintenance Network Pharmacy
20 or more	\$ 6	\$ 12	\$ 21	\$ 42
10 through 19	\$ 9	\$ 18	\$ 29	\$ 58
5 through 9	\$ 12	\$ 24	\$ 30	\$ 60
less than 5	\$ 15	\$ 30	\$ 30	\$ 60

### How Do You Apply?

If you believe you qualify, contact PEIA for an application, or you can print a copy at [www.wvpeia.com](http://www.wvpeia.com).

### The Retail Network Pharmacy Program

Express Scripts has a nationwide network of pharmacies. To get a prescription filled, simply present your medical/prescription drug ID card at a participating Express Scripts pharmacy. You can purchase both acute and maintenance medications at an Express Scripts network pharmacy.

Your ID card contains personalized information that identifies you as a PEIA PPB Plan member, and ensures that you receive the correct coverage for your prescription drugs.

If you use an Express Scripts pharmacy, you do not have to file a claim form. The pharmacist will file the claim for you online, and will let you know your portion of the cost.

If you use a network pharmacy and choose not to have the pharmacist file the claim for you online, you will pay 100% of the prescription price at the time of purchase. You may submit the receipt with a completed claim form to Express Scripts for reimbursement. The prescription receipt must be attached to the form. You will usually be reimbursed within 21 days from receipt of your claim form. You will be reimbursed the amount PEIA would have paid, less your required copayment, your deductible (if applicable), and a \$3 fee. This reimbursement may be less than you paid for the prescription.

If you need claims forms, call Express Scripts Member Services at 1-877-256-4680 or visit their website at [www.express-scripts.com](http://www.express-scripts.com).

To find the participating pharmacies nearest you, call Express Scripts Member Services at 1-877-256-4680 and use the voice-activated Pharmacy Locator System. If you have Internet access, you can find a pharmacy online at [www.express-scripts.com](http://www.express-scripts.com).

## Retail Maintenance Network

If you take a drug on a long-term basis, you may be able to purchase a 90-day supply of that drug if it is on the maintenance list (see page 77 and 78 for the maintenance drug list). PEIA offers a Retail Maintenance Network of pharmacies that will fill your 90-day prescription for just two copayments. You can buy two months and get one month free. Check with your local pharmacist to verify participation.

## Non-Network Pharmacies

If you use a non-participating pharmacy, you will pay 100% of the prescription price at the time of purchase, and submit a completed claim form to Express Scripts. The prescription receipt must be attached to the form. You will usually be reimbursed within 21 days from receipt of your claim form. You will be reimbursed the amount PEIA would have paid at a participating pharmacy, less your required copayment, your deductible (if applicable), and a \$3 fee. This reimbursement may be less than you paid for the prescription.

If you need claims forms, call Express Scripts Member Services at 1-877-256-4680 or visit their website at [www.express-scripts.com](http://www.express-scripts.com).

## The Express Scripts Mail Service Pharmacy Program

Express Scripts provides a convenient mail service pharmacy program for PEIA PPB Plan insureds. You may use the mail service pharmacy if you're taking medication to treat an ongoing health condition, such as high blood pressure, asthma, or diabetes.

When you use the mail service pharmacy, you can order up to a 90-day supply of a medication on the maintenance list, as prescribed by your doctor, and pay only two copayments. Express Scripts' licensed professionals fill every prescription following strict quality and safety controls. If you have questions about your prescription, registered pharmacists are available around the clock to consult with you.

Maintenance Drug Copayments				
	PEIA PPB Plan A		PEIA PPB Plan B	
	Up to 34-day supply	35- to 90-day supply *	Up to 34-day supply	35- to 90-day supply *
Generic Drug	\$ 5	\$ 10	\$ 5	\$ 10
Brand-name drug listed on the WV Preferred Drug List	\$ 15	\$ 30	\$ 20	\$ 40
Brand-name drug <b>not</b> listed on the WV Preferred Drug List	\$ 30	\$ 60	\$ 50	\$100
* For maintenance medications only. See pages 77-78 for the maintenance drug list.				
Should your doctor prescribe or you request the brand-name drug when a generic drug is available, you must pay the difference in price, plus the applicable generic copayment.				

## New Prescriptions

If you want to use the mail service pharmacy, the first time you are prescribed a medication that you will need on an ongoing basis, ask your doctor for two prescriptions: the first for a 14-day supply to be filled at a participating retail pharmacy; the second, for up to a 90-day supply, to be filled through the mail service pharmacy. There are several ways to submit your mail service prescriptions. Just follow the steps below. Some restrictions apply.

- 1. Ordering new prescriptions.** Ask your doctor to prescribe your medication for up to a 90-day supply for maintenance medications, plus refills if appropriate. Mail your prescription and required copayment along with an order form in the envelope provided. Or ask your doctor to fax your order to 1-800-636-9494. You will need to give your doctor your member ID number located on your ID card.
- 2. Refilling your medication.** A few simple precautions will help ensure you don't run out of your prescription. Remember to reorder on or after the refill date indicated on the refill slip. Or reorder when you have less than 14 days of medication left.
  - **Refills online:** Log on to Express Scripts' website at [www.express-scripts.com](http://www.express-scripts.com). Have your member ID number, the prescription number (it's the 9-digit number on your refill slip), and your credit card ready when you log on.
  - **Refills by phone:** Call 1-877-256-4680 and use the automated refill system. Have your member ID number, refill slip with the prescription number, and your credit card ready.
  - **Refills by mail:** Use the refill and order forms provided with your medication. Mail them with your copayment.
- 3. Delivery of your medication.** Prescription orders receive prompt attention and, after processing, are usually sent to you by U.S. mail or UPS within two weeks. Your enclosed medication will include instructions for refills, if applicable. Your package may also include information about the purpose of the medication, correct dosages, and other important details.
- 4. Paying for your medication.** You may pay by check, money order, VISA, MasterCard, Discover or American Express. Debit cards are not accepted for payment.

**Please note:** *The pharmacist's judgment and dispensing restrictions, such as quantities allowable, govern certain controlled substances and other prescribed drugs. Federal law prohibits the return of any dispensed prescription medicines.*

## Other Important Features of Your Prescription Drug Program

Your prescription drug program is designed to provide the care and service you expect, whether it's keeping a record of your medication history, providing toll-free access to a registered pharmacist, or keeping you in touch with any changes to your program.

Express Scripts uses the health and prescription information about you and your dependents to administer your benefits. They also use information and prescription data from claims submitted nationwide for reporting and analysis without identifying individual patients.

When your prescriptions are filled at one of Express Scripts' mail service pharmacies or at a participating retail pharmacy, pharmacists use the health and prescription information on file for you to consider many important clinical factors including drug selection, dosing, interactions, duration of therapy and allergies. Express Scripts' pharmacists may also use information received from your network retail pharmacy.

## Drug Utilization Review

Under the drug utilization review program, prescriptions filled through the mail service pharmacy and participating retail pharmacies are examined by Express Scripts for potential drug interactions based on your personal medication profile. The drug utilization review is especially important if you or your covered dependents take many different medications or see more than one doctor. If there is a question about your prescription, your pharmacist may notify your doctor before dispensing the medication.

## Education and Safety

You will receive information about critical topics like drug interactions and possible side effects with every new prescription Express Scripts mails. Your retail pharmacy may also provide you with drug information.

By visiting [www.express-scripts.com](http://www.express-scripts.com), you also can access other health-related information. Click on Drug Information or Health Information to browse information relative to specific health interests, get safety tips and answers to the most commonly asked medication questions, or just keep up with timely health issues. To view health information personalized to fit your interests, register with [www.express-scripts.com](http://www.express-scripts.com). Any written health information cannot replace the expertise and advice of health care practitioners who have direct contact with a patient. All Express Scripts health information is designed to help you communicate more effectively with your doctor and, as a result, understand more completely your situation and choices.

## Health Management

Based on your prescription and health information, Express Scripts may provide information to you on one or more of Express Scripts' Care Management programs, provided as a service to you by PEIA. Program participants generally receive educational mailings and may receive a follow-up call from an Express Scripts pharmacist or nurse. Express Scripts develops these programs to support your doctor's care, and they may contact your doctor regarding your participation in these programs.

## Coordination of Benefits

If another insurance carrier is the primary insurer for a policyholder or a dependent, or if you are Medicare-eligible, PEIA will pursue coordination of benefits.

1. **Commercial Insurance:** As a secondary payor, PEIA will pay only if the other insurance plan's benefit is less than what PEIA would have provided as the primary insurer. If PEIA is the secondary insurer, you must submit the following documentation to Express Scripts to have the secondary claim processed:
  - a. a completed Express Scripts claim form;
  - b. the receipt from the pharmacy; and
  - c. an Explanation of Benefits from the primary plan or a pharmacy printout that shows the amount paid by the primary plan.

You will usually be reimbursed within 21 days from receipt of your claim form.

If you need claims forms, call Express Scripts' Member Services at 1-877-256-4680 or visit their website at [www.express-scripts.com](http://www.express-scripts.com).

2. **Medicare:** If Medicare is the primary insurer, Medicare must be billed first for any drugs covered by Medicare. Your pharmacist should bill Medicare as the primary insurer. Acordia will receive the crossover claims from Medicare and pay the pharmacy directly. This will save you money since PEIA will pay the member responsibility for prescription drugs covered by Medicare. You should not pay any deductible or co-insurance for Medicare-covered drugs. You can find a listing of pharmacies willing to bill Medicare and accept assignment on our web page at [www.wvpeia.com](http://www.wvpeia.com) or by calling our customer service unit at 1-800-654-4406.

These classes of drugs are usually covered by Medicare:

- Immunosuppressants
- Oral chemotherapeutic medications
- Drugs for nausea associated with chemo meds
- Diabetic testing supplies
- Limited inhalation therapies

## PRIOR AUTHORIZATION

Your prescription drug program provides coverage for some drugs only if they are prescribed for certain uses and amounts, so those drugs require prior authorization for coverage. If your medication must be authorized, your pharmacist or physician can initiate the review process for you. The prior authorization process is typically resolved over the phone; if done by letter it can take up to two business days. If your medication is not approved for plan coverage, you will have to pay the full cost of the drug.

PEIA will cover, and your pharmacist can dispense, up to a five-day supply of a medication requiring prior authorization for the applicable copayment. This policy applies when your doctor is either unavailable or temporarily unable to complete the prior authorization process promptly. If the prior authorization is ultimately approved, your pharmacist will be able to dispense the remainder of the approved amount with no further copayment for that month's supply if you have already paid the full copayment.

The medications listed below require prior authorization:

- becaplermin (Regranex<sup>®</sup>)
- Botox<sup>®</sup>
- ciclopirox (Penlac<sup>®</sup>)
- erythroid stimulants (Epogen<sup>®</sup>, Procrit<sup>®</sup>, Aranesp<sup>®</sup>)
- fentanyl (Actiq<sup>®</sup> and Duragesic<sup>®</sup>)
- fluconazole (Diflucan<sup>®</sup>)
- growth hormones
- imatinib (Gleevec<sup>®</sup>)
- itraconazole (Sporanox<sup>®</sup>)
- legend oral contraceptives for dependents (covered for treatment of medical conditions only)
- leuprolide (Lupron<sup>®</sup>, Lupron Depot<sup>®</sup>)
- modafinil (Provigil<sup>®</sup>) for adults\*
- Myobloc<sup>®</sup>
- oxycodone hydrochloride (Oxycontin<sup>®</sup>)
- tazarotene (Tazorac<sup>®</sup>)
- terbinafine (Lamisil<sup>®</sup>)
- teriparatide (Forteo<sup>®</sup>)
- tretinoin cream (e.g. Retin-A<sup>®</sup>) for individuals 27 years of age or older
- topiramate (Topamax<sup>®</sup>)
- vacation supplies of medication for foreign travel (allow 7 days for processing)
- voriconazole (VFEND<sup>®</sup>)
- zonisamide (Zonegran<sup>®</sup>)

\* for pharmacy benefits, PEIA defines "adults" as 19 years of age or older.

This list is subject to change during the plan year if circumstances arise which require adjustment. Changes will be communicated to members through the *PEIA News*. The changes will be included in PEIA's Plan Document, which is filed with the Secretary of State's office, and will be incorporated into the next edition of the *Summary Plan Description*.



## Drugs with Special Limitations

### Step Therapy

Step Therapy promotes appropriate utilization of first-line drugs and/or therapeutic categories. Step Therapy requires that participants receive one or more first-line drug(s), as defined by program criteria before prescriptions are covered for second-line drugs in defined cases where a step approach to drug therapy is clinically justified.

To promote use of cost-effective first-line therapy, PEIA uses step therapy in the following therapeutic classes:

- Angiotensin-Converting Enzyme (ACE) Inhibitors (Accuretic<sup>®</sup>, Accupril<sup>®</sup>, Aceon<sup>®</sup>, Altace<sup>®</sup>, Capoten<sup>®</sup>, Capozide<sup>®</sup>, Lexxel<sup>®</sup>, Lotesin/HCT<sup>®</sup>, Lotrel<sup>®</sup>, Mavik<sup>®</sup>, Monopril/HCT<sup>®</sup>, Prinivil<sup>®</sup>, Prinizide<sup>®</sup>, Tarka<sup>®</sup>, Uniretic<sup>®</sup>, Univasc<sup>®</sup>, Vasotec<sup>®</sup>, Vaseretic<sup>®</sup>)
- Angiotensin II Receptor Antagonists (Atacand/HCT<sup>®</sup>, Teveten/HCT<sup>®</sup>, Avapro<sup>®</sup>, Cozaar<sup>®</sup>, Benicar/HCT<sup>®</sup>, Micardis/HCT<sup>®</sup>, Diovan/HCT<sup>®</sup>, Avalide<sup>®</sup>, Hyzaar<sup>®</sup>)
- Disease-modifying Antirheumatic Drugs (e.g., Enbrel<sup>®</sup>, Kineret<sup>®</sup>, Humira<sup>®</sup>)
- Inspira<sup>®</sup>
- Leukotriene Inhibitors (e.g., Accolate<sup>®</sup>, Singulair<sup>®</sup>, Zylflo<sup>®</sup>)
- Non-Steroidal Anti-inflammatory Drugs (brand-name NSAID e.g., Celebrex<sup>®</sup>, Vioxx<sup>®</sup>, Arthrotec<sup>®</sup>, Bextra<sup>®</sup>, Mobic<sup>®</sup>),
- Proton Pump Inhibitors (e.g., Prilosec<sup>®</sup>, Prevacid<sup>®</sup>, Nexium<sup>®</sup>, Aciphex<sup>®</sup>, Protonix<sup>®</sup>),
- Selective Serotonin Reuptake Inhibitors (e.g., Celexa<sup>®</sup>, Lexapro<sup>®</sup>, Luvox<sup>®</sup>, Paxil<sup>®</sup>, Paxil CR<sup>®</sup>, Prozac<sup>®</sup>, Prozac Weekly<sup>®</sup>, Zoloft<sup>®</sup>),
- Straterra<sup>®</sup>
- Xopenex<sup>®</sup>

This list is subject to change during the plan year, if circumstances arise which require adjustment. Changes will be communicated to members through the *PEIA News*. The changes will be included in PEIA's Plan Document, which is filed with the Secretary of State's office, and will be incorporated into the next edition of the *Summary Plan Description*.

### Quantity Limits

Under the PEIA PPB Plan Prescription Drug Program, certain drugs have preset coverage limitations (quantity limits). Quantity limits ensure that the quantity of units supplied in each prescription remains consistent with clinical dosing guidelines and PEIA's benefit design. Quantity limits encourage safe, effective and economic use of drugs and ensure that members receive quality care. Select medications from the quantity limit list are provided on the list starting below. If you are taking one of the medications listed below and you need to get more of the medication than the plan allows, ask your pharmacist or doctor to call Express Scripts to discuss your refill options.

#### • Anzemet<sup>®</sup>, Emend<sup>®</sup>, Kytril<sup>®</sup>, Zofran<sup>®</sup> coverage limitations:

- Anzemet<sup>®</sup> is limited to 1 tablet per prescription
- Emend<sup>®</sup> 80mg is limited to 2 capsules per prescription.
- Emend<sup>®</sup> 125mg is limited to 1 capsule per prescription.
- Emend<sup>®</sup> Tri-fold Pack is limited to 1 package per prescription.
- Kytril<sup>®</sup> is limited to 2 tablets per prescription
- Zofran<sup>®</sup> 24 mg is limited to 1 tablet per prescription
- Zofran<sup>®</sup> 4 mg and 8 mg are limited to 12 tablets per prescription
- Zofran<sup>®</sup> Solution is limited to 3 bottles per prescription



- **Brand name medically necessary prescriptions.** If the medication your doctor prescribes is a multi-source drug (that is, more than one manufacturer markets the drug), and there is an FDA-approved—or “A-B rated”—generic on the market, then PEIA will pay only for the generic version. Medical justification is required for prior authorization. If prior authorization is granted, these drugs will be covered as non-preferred brand-name drugs.
- **Diflucan 150 mg.** Coverage is limited to two tablets per prescription.
- **Migraine medications.** Coverage is limited to quantities listed on the chart below:

Generic Name	Brand Name	Qty Limit per Dispensing	Total Qty Level Limit within 28-Day Period
Almotriptan tablets 6.25 mg, 12.5 mg	Axert® - Pharmacia	6 tablets	18 tablets
Dihydroergotamine nasal spray	Migranal® - Novartis	4 spray devices	2 kits = 8 unit does sprays
Eletriptan tablets 20 mg, 40 mg	Relpax® - Pfizer	6 tablets	18 tablets
Frovatriptan tablets 2.5 mg	Frova - ELAN	9 tablets	27 tablets
Naratriptan tablets 1 mg, 2.5 mg	Amerge® - GSK	9 tablets	18 tablets
Rizatriptan tablets 5 mg, 10 mg orally disintegrating tablets	Maxalt-MLT - Merck	6 tablets	24 tablets
Rizatriptan tablets 5 mg, 10 mg	Maxalt® - Merck	6 tablets	24 tablets
Sumatriptan injection syringes	Imitrex® - GSK	1 Kit (2 syringes)	8 kits = 16 injections
Sumatriptan injection vials	Imitrex® - GSK	2 vials	16 vials
Sumatriptan nasal spray 20 mg	Imitrex® - GSK	6 spray devices	3 boxes = 18 unit dose spray devices
Sumatriptan nasal spray 5 mg	Imitrex® - GSK	6 spray devices	6 boxes = 36 unit dose spray devices
Sumatriptan tablets 25 mg, 50 mg, 100 mg	Imitrex® - GSK	9 tablets	18 tablets
Zolmitriptan tablets 2.5 mg, 5 mg orally disintegrating tablets	Zomig-ZMT® - AstraZeneca	6 tablets for 2.5 mg 3 tablets for 5 mg	18 tablets
Zolmitriptan tablets 2.5 mg, 5 mg	Zomig® - AstraZeneca	6 tablets for 2.5 mg 3 tablets for 5 mg	18 tablets

- **New drugs** approved by the FDA that have not yet been reviewed by Express Scripts’ Pharmacy and Therapeutics Committee will have a non-preferred status. PEIA reserves the right to exclude a drug or technology from coverage until it has been proven effective.
- **Non-sedating antihistamines (Allegra, Clarinex, Zyrtec).** PEIA will cover 34 days of therapy in a 180-day period. Therapy beyond 34 days requires prior authorization from Express Scripts.
- **Toradol.** Coverage is limited to one course of treatment (5 days) per 90-day period.
- **Tamiflu and Relenza.** Coverage is limited to one course of treatment within 180 days. Additional quantities require prior authorization from Express Scripts.

## Diabetes Management

**Blood Glucose Monitors:** Covered diabetic insureds can receive a free Bayer Ascensia Elite®, Ascensia Elite® XL, Ascensia DEX2®, Ascensia Breeze® or Ascensia Contour® blood glucose monitor with a current prescription. Simply ask your pharmacist, and he or she will contact Bayer by fax or mail to request the monitor.

**Glucose Test Strips:** The plan covers only Bayer Ascensia Elite®, Ascensia® Autodisc, or Ascensia® Microfill test strips at the preferred copayment of \$15. Other brands require a 100% copayment.

**Needles/Syringes and Lancets:** You can obtain a supply of disposable needles/syringes and lancets for the copayments listed below:

Coverage	Needles / Syringes	Lancets
<b>At the retail pharmacy:</b>		
Up to a 34-day supply	\$10	\$ 5
35- to 68-day supply	\$20	\$10
69- to 90-day supply	\$30	\$15
<b>Through the mail service and Retail Maintenance Network pharmacies:</b>		
Up to a 34-day supply	\$10	\$ 5
35- to 90-day supply	\$20	\$10

## Tobacco Cessation Program

PEIA has a tobacco cessation program that includes coverage for Zyban® and nicotine withdrawal drugs. The drugs are covered under your prescription drug program after you call the PEIA Quit Line: 1-877-966-8784. The program also includes phone coaching services and printed information.

### Coverage

After the Quit Line is contacted, PEIA will cover prescription and over-the-counter (OTC) tobacco cessation products only if they are dispensed with a prescription. Coverage is limited to one twelve-week cycle per plan year, two cycles per lifetime. Zyban® is available for the Brand-preferred copayment. Nicotine withdrawal therapy is available for the generic copayment of \$5 for up to a 34-day supply.

From time to time PEIA may offer special discounts on nicotine withdrawal therapy. Call the Quit Line at 1-877-966-8784 for details.

### Who is Eligible?

PEIA PPB Plan insureds will be screened for eligibility and readiness. Pregnant women will be offered 100% coverage during any pregnancy.

## MAINTENANCE MEDICATIONS

You may receive up to a 90-day supply of the following medications and classes listed below:

- alendronate sodium (Fosamax®)
- antiarthritics
- anticoagulants
- anticonvulsants
- antineoplastics
- antiparkinsonism agents

- antispasmodics: urinary tract
- benign prostatic hypertrophy/micturation
- bronchodilators
- calcitonin (Miacalcin<sup>®</sup>)
- cardiovascular agents
- corticosteroids, bronchial
- cromolyn sodium (Intal<sup>®</sup>)
- diabetic therapies
- digestants
- disposable needles and syringes
- diuretics
- enzymes, systemic
- estrogens and progestins
- gastrointestinal, colitis
- glatiramer acetate (Copaxone<sup>®</sup>)
- glaucoma agents
- gout medications
- hormones, misc.
- immunosuppressive agents
- interferon beta (i.e., Avonex<sup>®</sup>, Betaseron<sup>®</sup>)
- legend vitamins (including legend hematinics, vitamin K)
- leukotriene receptor antagonists (asthma agents)
- lipotropics (cholesterol lowering agents)
- mucolytics (pulmonary agents)
- oral contraceptives
- legend potassium
- raloxifene (Evista<sup>®</sup>)
- risedronate (Actonel<sup>®</sup>)
- thyroid medications
- tuberculosis medications
- xanthines (asthma agents)

## **DRUGS OR SERVICES THAT ARE NOT COVERED**

Your plan does not cover the following medications or services:

- Amounts paid by Medicare for drugs covered by Medicare
- Anorexients (any drug used for the purpose of weight loss)
- Anti-wrinkle agents (e.g., Renova<sup>®</sup>)
- Birth control drugs for dependent children
- Bleaching agents (e.g., Eldopaque<sup>®</sup>, Eldoquin Forte<sup>®</sup>, Melanex<sup>®</sup>, Nuquin<sup>®</sup>, Solaquin<sup>®</sup>)
- Charges for the administration or injection of any drug
- Contraceptive devices and implants
- Drugs dispensed by a hospital, clinic or physician's office

- Drugs labeled “Caution-limited by federal law to investigational use,” or experimental drugs not approved by the FDA, even though a charge is made to the individual
- Drugs prescribed for uses not approved by the FDA
- Drugs requiring a prescription by State law, but not by federal law (State controlled) are not covered
- Erectile dysfunction medications
- Fertility drugs
- Hair growth stimulants
- Homeopathic medications
- Immunizations, biological sera, blood or blood products, Hyalgan<sup>®</sup>, Synvisc<sup>®</sup>, Remicade<sup>®</sup>, Synagis<sup>®</sup>, Xolair<sup>®</sup>, Amevive<sup>®</sup>, Raptiva<sup>®</sup> (these are covered under the medical plan)
- Medication which is to be taken by or administered to an individual, in whole or in part, while he or she is a patient in a hospital, sanitarium, or extended care facility
- Medication for which the cost is recoverable under any Workers’ Compensation or occupational disease law, or any State or governmental agency, or medication furnished by any other Drug or Medical Service for which no charge is made to the member
- Non-legend drugs (except when included in a compound with a legend drug)
- Pentazocine/Acetaminophen (Talacen<sup>®</sup>)
- Prescription drug charges not filed within 6 months of the purchase date, if PEIA is the primary insurer, or within 6 months of the processing date on the Explanation of Benefits (EOB) from the other plan, if PEIA is secondary
- Replacement medications for lost or stolen drugs
- Requests for more than a 90-day supply of maintenance medications, or requests for more than a 34-day supply of short-term medications
- The following narcotic analgesics:
  - Fioricet<sup>®</sup> with Codeine
  - Fiorinal<sup>®</sup> with Codeine
  - Stadol<sup>®</sup> Nasal Spray
- Therapeutic devices or appliances, including support garments and other non-medicinal substances, regardless of intended use, except those listed above
- Vacation supplies, unless leaving the country.

## Appealing a Claim

If you think that an error has been made in processing your prescription drug claim or in a prescription benefit determination or denial, first call Express Scripts at 1-877-256-4680 to ask for details. If you are not satisfied with the outcome of your telephone inquiry, the second step is to appeal to Express Scripts in writing. Please have your physician provide any additional relevant clinical information to support your request. Mail your request with the above information to:

**Express Scripts, Inc.**  
**Clinical Appeals - (Client-WVA)**  
 BL0390  
 6625 W. 78th Street  
 Bloomington, MN 55439

Express Scripts will respond in writing to you and your physician with a letter explaining the outcome of the appeal. If this does not resolve the issue, the third step is to appeal in writing to the director of PEIA. Your physician must request a review in writing within sixty (60) days of receiving the decision from Express Scripts. Mail third step appeals to:

**Director**  
**Public Employees Insurance Agency**  
**State Capitol Complex**  
**Building 5, Room 1001**  
**1900 Kanawha Boulevard, East**  
**Charleston, WV 25305-0710**

Facts, issues, comments, letters, Explanations of Benefits (EOBs), and all pertinent information about the claim and review should be included. When your request for review arrives, PEIA will reconsider the entire case, taking into account any additional materials that have been provided. A decision, in writing, explaining the reason for modifying or upholding the original disposition of the claim will be sent to the covered person or his or her authorized representative. For more information about your drug coverage, please contact Express Scripts at 1-877-256-4680.

## **How to Reach Express Scripts**

### **On the Internet**

Reach Express Scripts at [www.express-scripts.com](http://www.express-scripts.com). Visit Express Scripts' website anytime to learn about patient care, refill your mail service prescriptions, check the status of your mail service pharmacy order, request claim forms and mail service order forms or find a participating retail pharmacy near you.

### **By Telephone**

For those insureds who do not have access to Express Scripts via the Internet, you can learn more about your program by calling Express Scripts Member Services at 1-877-256-4680, 24 hours a day, 7 days a week.

### **Special Services**

Express Scripts continually strives to meet the special needs of PEIA's insureds:

You may call a registered pharmacist at any time for consultations at 1-877-256-4680.

PEIA's hearing-impaired insureds may use Express Scripts' TDD number at 1-800-972-4348.

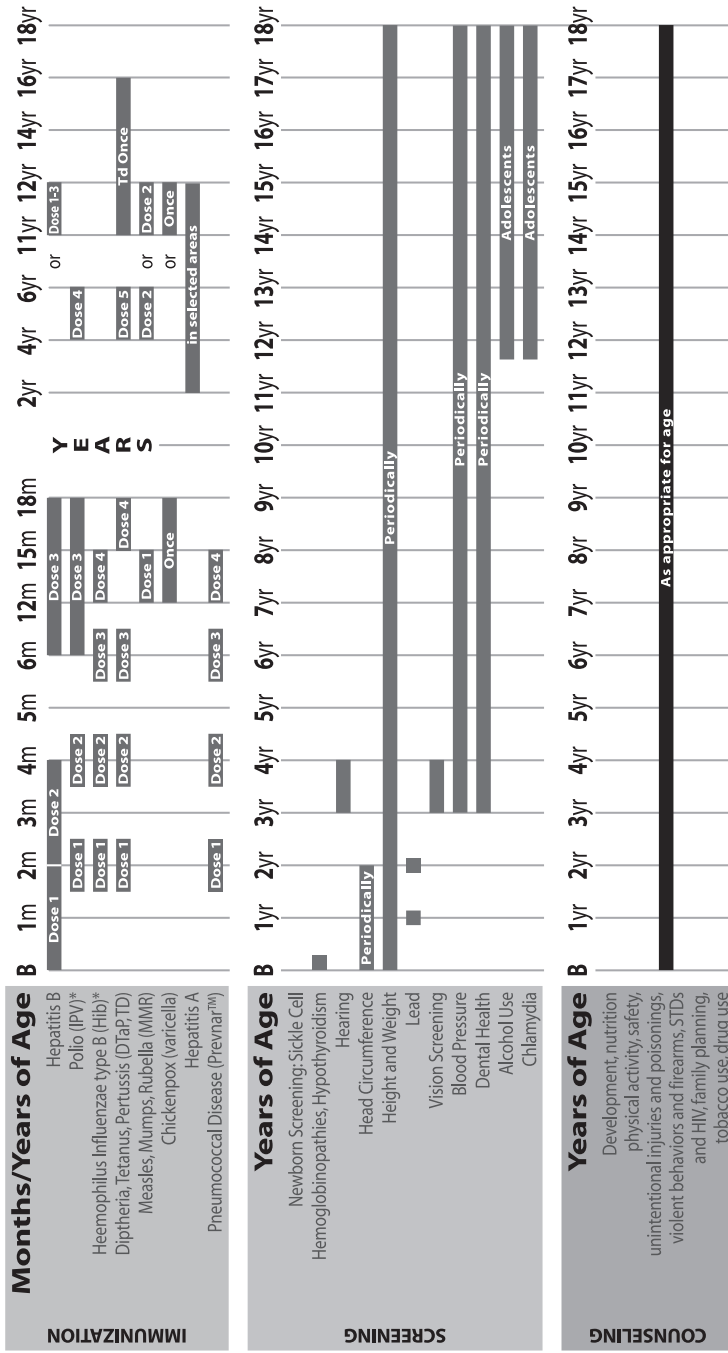
Visually impaired insureds may request that their mail service prescriptions include labels in Braille by calling 1-877-256-4680.

## **AMENDING THE BENEFIT PLAN**

The West Virginia Public Employees Insurance Agency reserves the right to amend all or any portion of this Summary Plan Description in order to reflect changes required by court decisions, legislation, actions by the Finance Board, actions by the Director or for any other matters as are appropriate. The Summary Plan Description will be amended within a reasonable time of any such actions. All amendments to the Summary Plan Description must be in writing, dated and approved by the Director. The Director shall have sole authority to approve amendments. The Summary Plan Description and all approved amendments will be filed with the office of the West Virginia Secretary of State.

# CHILD PREVENTIVE CARE TIMELINE

## Clinical Preventive Services for Normal-Risk Children



Revised January 2003

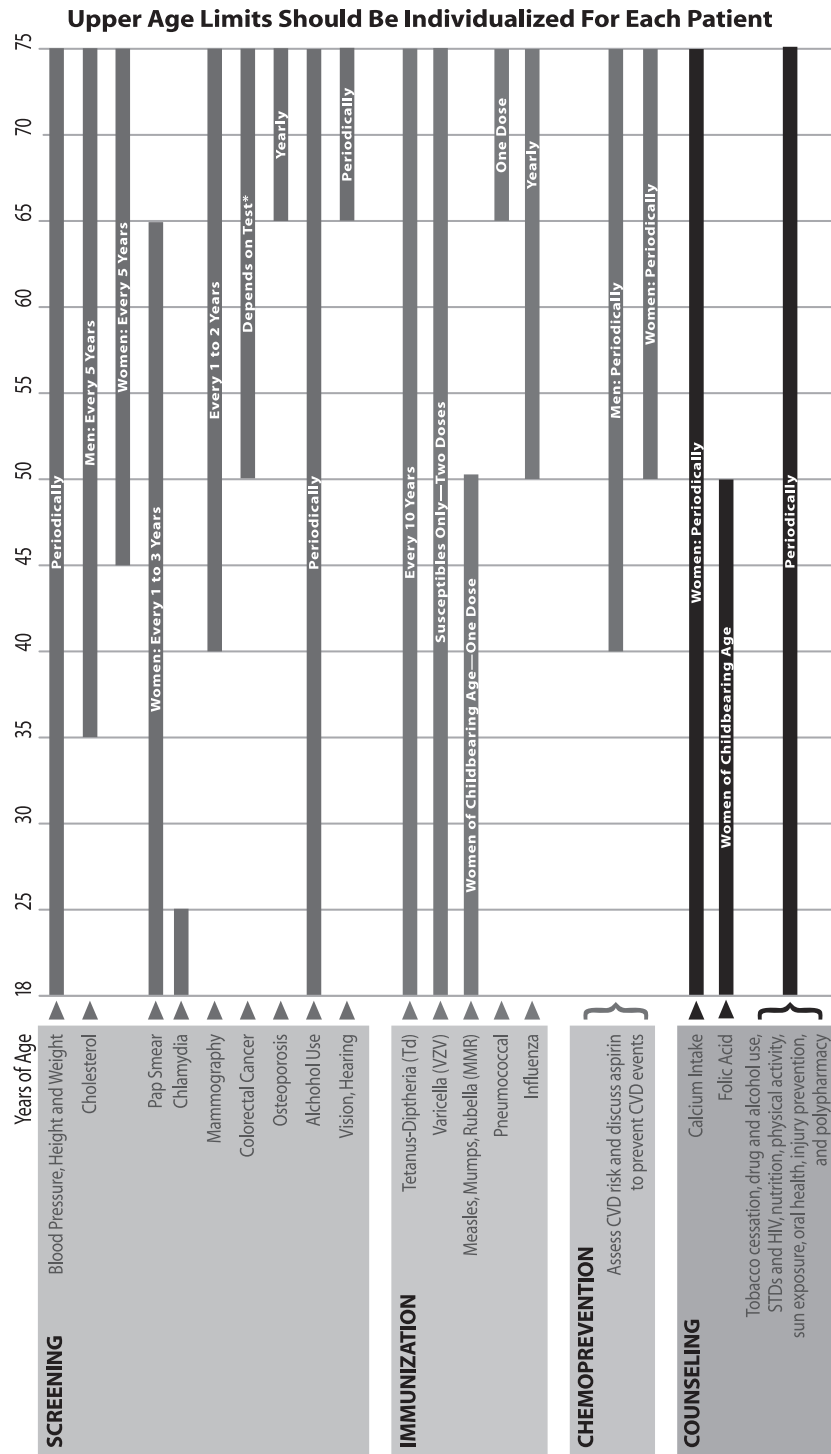
CHILD HEALTH GUIDE

PUT PREVENTION INTO PRACTICE

**Recommended by most U.S. Authorities**  
 \*Schedules may vary according to vaccine type.

The information on immunizations is based on recommendations issued by the Advisory Committee on Immunization Practices, the Academy of Pediatrics, and the American Academy of Family Physicians.

## Clinical Preventive Services for Normal-Risk Adults Recommended by the U.S. Preventive Services Task Force



\* See [www.preventiveservices.hhs.gov](http://www.preventiveservices.hhs.gov) for U.S. Preventive Services Task Force recommendations on colorectal cancer screening and other clinical preventive services.

**PUT PREVENTION INTO PRACTICE**  
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE

Revised January 2003  
APPIP02-0022

## Effective date of this notice: April 14, 2003

If you have questions about this notice, please contact the person listed under "Whom to Contact" at the end of this notice.

### THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

#### Summary

In order to provide you with benefits, PEIA will receive personal information about your health, from you, your physicians, hospitals, and others who provide you with health care services. We are required to keep this information confidential. This notice of our privacy practices is intended to inform you of the ways we may use your information and the occasions on which we may disclose this information to others.

Occasionally, we may use members' information when providing treatment. We use members' health information to provide benefits, including making claims payments and providing customer service. We disclose members' information to health care providers to assist them to provide you with treatment or to help them receive payment, we may disclose information to other insurance companies as necessary to receive payment, we may use the information within our organization to evaluate quality and improve health care operations, and we may make other uses and disclosures of members' information as required by law or as permitted by PEIA policies.

#### Kinds Of Information That This Notice Applies To

This notice applies to any information in our possession that would allow someone to identify you and learn something about your health. It does not apply to information that contains nothing that could reasonably be used to identify you.

#### Who Must Abide by This Notice

- PEIA.
- All employees, staff, students, volunteers and other personnel whose work is under the direct control of PEIA.

The people and organizations to which this notice applies (referred to as "we," "our," and "us") have agreed to abide by its terms. We may share your information with each other for purposes of treatment, and as necessary for payment and operations activities as described below.

#### Our Legal Duties

- We are required by law to maintain the privacy of your health information.
  - We are required to provide this notice of our privacy practices and legal duties regarding health information to anyone who asks for it.
- We are required to abide by the terms of this notice until we officially adopt a new notice.

#### How We May Use or Disclose Your Health Information

We may use your health information, or disclose it to others, for a number of different reasons. This notice describes these reasons. For each reason, we have written a brief explanation. We also provide some examples. These examples do not include all of the specific ways we may use or disclose your information. But any time we use your information, or disclose it to someone else, it will fit one of the reasons listed here.

- 1. Treatment.** We may use your health information to provide you with medical care and services. This means that our employees, staff, students, volunteers and others whose work is under our direct control, may read your health information to learn about your medical condition and use it to help you make decisions about your care. For instance, a health plan nurse may take your blood pressure at a health fair. We will also disclose your information to others to provide you with options for medical treatment or services. For instance, we may use health information to identify members with certain chronic illnesses, and send information to them or to their doctors regarding treatment alternatives.
- 2. Payment.** We will use your health information, and disclose it to others, as necessary to make payment for the health care services you receive. For instance, an employee in our customer service department or at our claims processing administrator may use your health information to help pay your claims. And we may send information about you and your claim payments to the doctor or hospital that provided you with the health care services. We will also send you information about claims we pay and claims we do not pay (called an "explanation of benefits"). The explanation of benefits will include information about claims we receive for the subscriber and each dependent who are enrolled together under a single contract or identification number. Under certain circumstances, you may receive this information confidentially: see the "Confidential Communication" section in this notice. We may also disclose some of your health information to companies with whom we contract for payment-related services. For instance, if you owe us money, we may give information about you to a collection company that we contract with to collect bills for us. We will not use or disclose more information for payment purposes than is necessary.
- 3. Health Care Operations.** We may use your health information for activities that are necessary to operate this organization. This includes reading your health information to review the performance of our staff. We may also use your information and the information of other members to plan what services we need to provide, expand, or reduce. We may also provide health information to students who are authorized to receive training here. We may disclose your health information as necessary to others who we contract with to provide administrative services or health care coverage. This includes our third-party administrators, available managed care plans, lawyers, auditors, accreditation services, and consultants, for instance.
- 4. Legal Requirement to Disclose Information.** We will disclose your information when we are required by law to do so. This includes reporting information to government agencies that have the legal responsibility to monitor the State health care system. For instance, we may be required to disclose your health information, and the information of others, if we are audited by State auditors. We will also disclose your health information when we are required to do so by a court order or other judicial or administrative process.
- 5. Public Health Activities.** We will disclose your health information when required to do so for public health purposes. This includes reporting certain diseases, births, deaths, and reactions to certain medications. It may also include notifying people who have been exposed to a disease.
- 6. To Report Abuse.** We may disclose your health information when the information relates to a victim of abuse, neglect or domestic violence. We will make this report only in accordance with laws that require or allow such reporting, or with your permission.
- 7. Law Enforcement.** We may disclose your health information for law enforcement purposes. This includes providing information to help locate a suspect, fugitive, material witness or missing person, or in connection with suspected criminal activity. We must also disclose your health information to a federal agency investigating our compliance with federal privacy regulations.
- 8. Specialized Purposes.** We may disclose the health information of members of the armed forces as authorized by military command authorities. We may disclose your health information for a number of other specialized purposes. We will only disclose as much information as is necessary for the purpose. For instance, we may disclose your information to coroners, medical examiners and funeral directors; to organ procurement organizations (for organ, eye, or tissue donation); or for national security, intelligence, and protection of the president. We also may disclose health information about an inmate to a correctional institution or to law enforcement officials, to provide the inmate with health care, to protect the health and safety of the inmate and others, and for the safety, administration, and maintenance of the correctional institution.
- 9. To Avert a Serious Threat.** We may disclose your health information if we decide that the disclosure is necessary to prevent serious harm to the public or to an individual. The disclosure will only be made to someone who is able to prevent or reduce the threat.



**10. Family and Friends.** We may disclose your health information to a member of your family or to someone else who is involved in your medical care or payment for care. This may include telling a family member about the status of a claim, or what benefits you are eligible to receive. In the event of a disaster, we may provide information about you to a disaster relief organization so they can notify your family of your condition and location. We will not disclose your information to family or friends if you object.

**11. Research.** We may disclose your health information in connection with medical research projects. Federal rules govern any disclosure of your health information for research purposes without your authorization.

**12. Information to Members.** We may use your health information to provide you with additional information. This may include sending newsletters or other information to your address. This may also include giving you information about treatment options, alternative settings for care, or other health-related options that we cover.

**13. Health Benefits Information.** If your enrollment in PEIA's health plan is sponsored by your employer, your health information may be disclosed to your employer, as necessary for the administration of your employer's health benefit program for employees. Employers may receive this information only for purposes of administering their employee group health plans, and must have special rules to prevent the misuse of your information for other purposes.

## Your Rights

**1. Authorization.** We may use or disclose your health information for any purpose that is listed in this notice without your written authorization. We will not use or disclose your health information for any other reason without your authorization. If you authorize us to use or disclose your health information, in additional circumstances you have the right to revoke the authorization at any time. For information about how to authorize us to use or disclose your health information, or about how to revoke an authorization, contact the person listed under "Whom to Contact" at the end of this notice. You may not revoke an authorization for us to use and disclose your information to the extent that we have taken action in reliance on the authorization. If the authorization is to permit disclosure of your information to an insurance company, as a condition of obtaining coverage, other law may allow the insurer to continue to use your information to contest claims or your coverage, even after you have revoked the authorization.

**2. Request Restrictions.** You have the right to ask us to restrict how we use or disclose your health information. We will consider your request. But we are not required to agree. If we do agree, we will comply with the request unless the information is needed to provide you with emergency treatment. We cannot agree to restrict disclosures that are required by law.

**3. Confidential Communication.** If you believe that the disclosure of certain information could endanger you, you have the right to ask us to communicate with you at a special address or by a special means. For example, you may ask us to send explanations of benefits that contain your health information to a different address rather than to your home. Or you may ask us to speak to you personally on the telephone rather than sending your health information by mail. We will agree to any reasonable request.

**4. Receive a Copy of Health Information.** You have a right to inspect the health information about you that we have in our records, and to receive a copy of it. This right is limited to information about you that is kept in records that are used to make decisions about you. For instance, this includes claim and enrollment records. If you want to review or receive a copy of these records, you must make the request in writing. We may charge a fee for the cost of copying and mailing the records. To ask to inspect your records, or to receive a copy, contact the person listed under "Whom to Contact" at the end of this notice. We will respond to your request within 30 days. We may deny you access to certain information. If we do, we will give you the reason, in writing. We will also explain how you may appeal the decision.

**5. Amend Health Information.** You have the right to ask us to amend health information about you which you believe is not correct, or not complete. You must make this request in writing, and give us the reason you believe the information is not correct or complete. We will respond to your request in writing within 30 days. We may deny your request if we did not create the information, if it is not part of the records we use to make decisions about you, if the information is something you would not be permitted to inspect or copy, or if it is complete and accurate.

**6. Accounting of Disclosures.** You have a right to receive an accounting of certain disclosures of your information to others. This accounting will list the times we have given your health information to others. The list will include dates of the disclosures, the names of the people or organizations to whom the information was disclosed, a description of the information, and the reason. We will provide the first list of disclosures you request at no charge. We may charge you for any additional lists you request during the following 12 months. You must tell us the time period you want the list to cover. You may not request a time period longer than six years. We cannot include disclosures made before April 14, 2003. Disclosures for the following reasons will not be included on the list: disclosures for treatment, payment, or health care operations; disclosures for national security purposes; disclosures to correctional or law enforcement personnel; disclosures that you have authorized; and disclosures made directly to you.

**7. Paper Copy of this Privacy Notice.** You have a right to receive a paper copy of this notice. If you have received this notice electronically, you may receive a paper copy by contacting the person listed under "Whom to Contact" at the end of this notice.

**8. Complaints.** You have a right to complain about our privacy practices, if you think your privacy has been violated. You may file your complaint with the person listed under "Whom to Contact" at the end of this notice. You may also file a complaint directly with the: Region III, Office for Civil Rights, U.S. Department of Health and Human Services, 150 South Independence Mall West, Suite 372, Public Ledger Building, Philadelphia, PA 19106-9111. All complaints must be in writing. We will not take any retaliation against you if you file a complaint.

## Our Right to Change This Notice

We reserve the right to change our privacy practices, as described in this notice, at any time. We reserve the right to apply these changes to any health information which we already have, as well as to health information we receive in the future. Before we make any change in the privacy practices described in this notice, we will write a new notice that includes the change. The new notice will include an effective date. We will mail the new notice to all subscribers within 60 days of the effective date.

## Who to Contact

Contact the person listed below:

**1)** For more information about this notice, or **2)** For more information about our privacy policies, or **3)** If you want to exercise any of your rights, as listed on this notice, or **4)** If you want to request a copy of our current notice of privacy practices.

**Privacy Officer**  
**West Virginia Public Employees Insurance Agency**  
**Building 5, Room 1001**  
**1900 Kanawha Blvd., E.**  
**Charleston, WV 25305-0710**  
**304-558-7850 or 1-800-654-4406**

Copies of this notice are also available at the reception desk of the PEIA office at the address above. This notice is also available by e-mail.

Send an e-mail to: [peia@peia.state.wv.us](mailto:peia@peia.state.wv.us) This notice is also available on our Web site: [www.wvpeia.com](http://www.wvpeia.com)



# Public Employees Insurance Agency

State Capitol Complex, Bldg 5, Rm 1001  
1900 Kanawha Boulevard, East  
Charleston, West Virginia 25305-0710

PRSR STD  
U.S. POSTAGE  
PAID  
CHARLESTON, WV  
PERMIT NO. 55

## Who to Call with Questions

### **Health Claims, Benefits, Preauthorizations and Prior Approvals for Out-of-State Care**

Acordia National 1-304-353-7820  
or 1-888-440-7342 (toll-free)  
or on the web at [www.acordianational.com](http://www.acordianational.com)

### **Precertification and Utilization Management**

Acordia National 1-304-353-7820  
or 1-888-440-7342 (toll-free)  
or on the web at [www.acordianational.com](http://www.acordianational.com)

### **Prescription Drug Benefits and Claims**

Express Scripts  
1-877-256-4680 (toll-free)  
or on the web at [www.express-scripts.com](http://www.express-scripts.com)

### **Subrogation and Recovery**

Beacon Recovery Group  
1-800-874-0500 (toll-free)

### **PEIA**

*Answers to questions about eligibility, life insurance and third level claim appeals*  
WV Public Employees Insurance Agency  
1-304-558-7850  
or 1-800-654-4406 (toll-free)  
or on the web at [www.wvpeia.com](http://www.wvpeia.com)

### **Mountaineer Flexible Benefits**

*Dental, vision, and disability insurance and flexible spending accounts*  
Fringe Benefits Management Company  
1-800-342-8017 (toll-free)  
or on the web at [www.fbmc-benefits.com](http://www.fbmc-benefits.com)

### **Managed Care Plans**

Carelink 1-800-348-2922 (toll-free)  
or on the web at [www.cvtv.com](http://www.cvtv.com)

The Health Plan  
1-800-624-6961 (toll-free)  
or 1-740-695-3585  
or on the web at [www.healthplan.org](http://www.healthplan.org)

**Public Employees Insurance Agency  
Health Insurance Only Policy Count  
Month of August 2004**

Y/Counts 2005/Aug 04 Health Count

Plan	Index	Tier	CountOfSS#	Average Mo	Branch#	Ph Type
HI01	001	C	118	20040801	01	ACTIVE
HI01	001	C	135	20040801	02	ACTIVE
HI01	001	C	26	20040801	03	ACTIVE
HI01	001	C	45	20040801	04	ACTIVE
HI01	001	C	388	20040801	05	ACTIVE
HI01	001	C	3	20040801	06	ACTIVE
HI01	001	F	191	20040801	01	ACTIVE
HI01	001	F	1	20040801	02	
HI01	001	F	348	20040801	02	ACTIVE
HI01	001	F	58	20040801	03	ACTIVE
HI01	001	F	109	20040801	04	ACTIVE
HI01	001	F	1	20040801	04	RETIREE
HI01	001	F	1,383	20040801	05	ACTIVE
HI01	001	F	3	20040801	06	ACTIVE
HI01	001	F	2	20040801	07	RETIREE
HI01	001	P	1	20040801	**	ACTIVE
HI01	001	P	430	20040801	01	ACTIVE
HI01	001	P	421	20040801	02	ACTIVE
HI01	001	P	159	20040801	03	ACTIVE
HI01	001	P	214	20040801	04	ACTIVE
HI01	001	P	2	20040801	05	
HI01	001	P	1,144	20040801	05	ACTIVE
HI01	001	P	3	20040801	06	ACTIVE
HI01	001	S	189	20040801	01	ACTIVE
HI01	001	S	241	20040801	02	ACTIVE
HI01	001	S	68	20040801	03	ACTIVE
HI01	001	S	104	20040801	04	ACTIVE
HI01	001	S	1	20040801	05	
HI01	001	S	1,016	20040801	05	ACTIVE
HI01	001	S	2	20040801	06	ACTIVE
HI01	001	S	1	20040801	07	RETIREE
HI01	002	C	426	20040801	01	ACTIVE
HI01	002	C	532	20040801	02	ACTIVE
HI01	002	C	73	20040801	03	ACTIVE
HI01	002	C	88	20040801	04	ACTIVE
HI01	002	C	1	20040801	05	
HI01	002	C	439	20040801	05	ACTIVE
HI01	002	C	1	20040801	06	ACTIVE
HI01	002	F	919	20040801	01	ACTIVE
HI01	002	F	1	20040801	02	
HI01	002	F	1,355	20040801	02	ACTIVE
HI01	002	F	202	20040801	03	ACTIVE
HI01	002	F	246	20040801	04	ACTIVE

Plan	Index	Tier	CountOfSS#	Average Mo	Branch#	Ph Type
HI01	002	F	1,574	20040801	05	ACTIVE
HI01	002	F	5	20040801	06	ACTIVE
HI01	002	F	1	20040801	07	ACTIVE
HI01	002	P	1	20040801	**	ACTIVE
HI01	002	P	1,401	20040801	01	ACTIVE
HI01	002	P	1	20040801	02	
HI01	002	P	1,708	20040801	02	ACTIVE
HI01	002	P	1	20040801	03	
HI01	002	P	309	20040801	03	ACTIVE
HI01	002	P	455	20040801	04	ACTIVE
HI01	002	P	2,218	20040801	05	ACTIVE
HI01	002	P	4	20040801	06	ACTIVE
HI01	002	P	1	20040801	07	ACTIVE
HI01	002	P	1	20040801	07	RETIREE
HI01	002	S	802	20040801	01	ACTIVE
HI01	002	S	1	20040801	02	
HI01	002	S	1,376	20040801	02	ACTIVE
HI01	002	S	197	20040801	03	ACTIVE
HI01	002	S	237	20040801	04	ACTIVE
HI01	002	S	2,404	20040801	05	ACTIVE
HI01	002	S	3	20040801	06	ACTIVE
HI01	002	S	7	20040801	07	ACTIVE
HI01	003	C	125	20040801	01	ACTIVE
HI01	003	C	129	20040801	02	ACTIVE
HI01	003	C	32	20040801	03	ACTIVE
HI01	003	C	47	20040801	04	ACTIVE
HI01	003	C	535	20040801	05	ACTIVE
HI01	003	F	451	20040801	01	ACTIVE
HI01	003	F	488	20040801	02	ACTIVE
HI01	003	F	95	20040801	03	ACTIVE
HI01	003	F	174	20040801	04	ACTIVE
HI01	003	F	2,029	20040801	05	ACTIVE
HI01	003	P	1	20040801	01	
HI01	003	P	564	20040801	01	ACTIVE
HI01	003	P	588	20040801	02	ACTIVE
HI01	003	P	171	20040801	03	ACTIVE
HI01	003	P	280	20040801	04	ACTIVE
HI01	003	P	1	20040801	05	
HI01	003	P	1,543	20040801	05	ACTIVE
HI01	003	P	2	20040801	06	ACTIVE
HI01	003	S	345	20040801	01	ACTIVE
HI01	003	S	550	20040801	02	ACTIVE
HI01	003	S	85	20040801	03	ACTIVE
HI01	003	S	140	20040801	04	ACTIVE
HI01	003	S	1,178	20040801	05	ACTIVE
HI01	003	S	2	20040801	06	ACTIVE
HI01	003	S	1	20040801	07	ACTIVE
HI01	003	S	1	20040801	07	RETIREE
HI01	004	C	80	20040801	01	ACTIVE
HI01	004	C	69	20040801	02	ACTIVE

Plan	Index	Tier	CountOfSS#	Average Mo	Branch#	Ph Type
HI01	004	C	33	20040801	03	ACTIVE
HI01	004	C	38	20040801	04	ACTIVE
HI01	004	C	470	20040801	05	ACTIVE
HI01	004	C	95	20040801	09	ACTIVE
HI01	004	C	1	20040801	10	
HI01	004	C	148	20040801	10	ACTIVE
HI01	004	C	270	20040801	11	ACTIVE
HI01	004	C	3	20040801	16	ACTIVE
HI01	004	F	308	20040801	01	ACTIVE
HI01	004	F	250	20040801	02	ACTIVE
HI01	004	F	128	20040801	03	ACTIVE
HI01	004	F	172	20040801	04	ACTIVE
HI01	004	F	1,896	20040801	05	ACTIVE
HI01	004	F	3	20040801	06	ACTIVE
HI01	004	F	621	20040801	09	ACTIVE
HI01	004	F	650	20040801	10	ACTIVE
HI01	004	F	1,056	20040801	11	ACTIVE
HI01	004	F	34	20040801	16	ACTIVE
HI01	004	P	316	20040801	01	ACTIVE
HI01	004	P	277	20040801	02	ACTIVE
HI01	004	P	150	20040801	03	ACTIVE
HI01	004	P	203	20040801	04	ACTIVE
HI01	004	P	1,445	20040801	05	ACTIVE
HI01	004	P	1	20040801	06	ACTIVE
HI01	004	P	1	20040801	07	ACTIVE
HI01	004	P	1	20040801	08	ACTIVE
HI01	004	P	1	20040801	09	
HI01	004	P	768	20040801	09	ACTIVE
HI01	004	P	493	20040801	10	ACTIVE
HI01	004	P	1,862	20040801	11	ACTIVE
HI01	004	P	16	20040801	16	ACTIVE
HI01	004	S	214	20040801	01	ACTIVE
HI01	004	S	262	20040801	02	ACTIVE
HI01	004	S	65	20040801	03	ACTIVE
HI01	004	S	120	20040801	04	ACTIVE
HI01	004	S	1,159	20040801	05	ACTIVE
HI01	004	S	4	20040801	06	ACTIVE
HI01	004	S	4	20040801	07	ACTIVE
HI01	004	S	478	20040801	09	ACTIVE
HI01	004	S	360	20040801	10	ACTIVE
HI01	004	S	818	20040801	11	ACTIVE
HI01	004	S	23	20040801	16	ACTIVE
HI01	005	C	68	20040801	01	ACTIVE
HI01	005	C	28	20040801	02	ACTIVE
HI01	005	C	28	20040801	03	ACTIVE
HI01	005	C	29	20040801	04	ACTIVE
HI01	005	C	482	20040801	05	ACTIVE
HI01	005	C	1	20040801	06	ACTIVE
HI01	005	C	1	20040801	07	ACTIVE
HI01	005	F	317	20040801	01	ACTIVE

Plan	Index	Tier	CountOfSS#	Average Mo	Branch#	Ph Type
HI01	005	F	145	20040801	02	ACTIVE
HI01	005	F	121	20040801	03	ACTIVE
HI01	005	F	168	20040801	04	ACTIVE
HI01	005	F	1,688	20040801	05	ACTIVE
HI01	005	F	1	20040801	06	ACTIVE
HI01	005	P	1	20040801	**	ACTIVE
HI01	005	P	234	20040801	01	ACTIVE
HI01	005	P	189	20040801	02	ACTIVE
HI01	005	P	160	20040801	03	ACTIVE
HI01	005	P	156	20040801	04	ACTIVE
HI01	005	P	1	20040801	05	
HI01	005	P	1,873	20040801	05	ACTIVE
HI01	005	P	1	20040801	06	ACTIVE
HI01	005	S	1	20040801	**	ACTIVE
HI01	005	S	203	20040801	01	ACTIVE
HI01	005	S	179	20040801	02	ACTIVE
HI01	005	S	99	20040801	03	ACTIVE
HI01	005	S	116	20040801	04	ACTIVE
HI01	005	S	1,474	20040801	05	ACTIVE
HI01	005	S	2	20040801	06	ACTIVE
HI01	005	S	1	20040801	07	ACTIVE
HI01	005	S	2	20040801	07	RETIREE
HI01	006	C	28	20040801	01	ACTIVE
HI01	006	C	33	20040801	02	ACTIVE
HI01	006	C	24	20040801	03	ACTIVE
HI01	006	C	24	20040801	04	ACTIVE
HI01	006	C	68	20040801	05	ACTIVE
HI01	006	F	1	20040801	**	ACTIVE
HI01	006	F	155	20040801	01	ACTIVE
HI01	006	F	138	20040801	02	ACTIVE
HI01	006	F	121	20040801	03	ACTIVE
HI01	006	F	155	20040801	04	ACTIVE
HI01	006	F	386	20040801	05	ACTIVE
HI01	006	P	1	20040801	**	ACTIVE
HI01	006	P	142	20040801	01	ACTIVE
HI01	006	P	115	20040801	02	ACTIVE
HI01	006	P	155	20040801	03	ACTIVE
HI01	006	P	129	20040801	04	ACTIVE
HI01	006	P	248	20040801	05	ACTIVE
HI01	006	P	2	20040801	06	ACTIVE
HI01	006	P	1	20040801	07	ACTIVE
HI01	006	S	2	20040801	**	ACTIVE
HI01	006	S	1	20040801	**	RETIREE
HI01	006	S	126	20040801	01	ACTIVE
HI01	006	S	103	20040801	02	ACTIVE
HI01	006	S	116	20040801	03	ACTIVE
HI01	006	S	110	20040801	04	ACTIVE
HI01	006	S	327	20040801	05	ACTIVE
HI01	006	S	3	20040801	07	ACTIVE
HI01	007	C	5	20040801	01	ACTIVE

Plan	Index	Tier	CountOfSS#	Average Mo	Branch#	Ph Type
HI01	007	C	5	20040801	02	ACTIVE
HI01	007	C	11	20040801	03	ACTIVE
HI01	007	C	9	20040801	04	ACTIVE
HI01	007	C	1	20040801	05	ACTIVE
HI01	007	F	1	20040801	**	ACTIVE
HI01	007	F	38	20040801	01	ACTIVE
HI01	007	F	18	20040801	02	ACTIVE
HI01	007	F	37	20040801	03	ACTIVE
HI01	007	F	67	20040801	04	ACTIVE
HI01	007	F	10	20040801	05	ACTIVE
HI01	007	P	27	20040801	01	ACTIVE
HI01	007	P	11	20040801	02	ACTIVE
HI01	007	P	23	20040801	03	ACTIVE
HI01	007	P	45	20040801	04	ACTIVE
HI01	007	P	13	20040801	05	ACTIVE
HI01	007	P	1	20040801	11	ACTIVE
HI01	007	S	1	20040801	**	ACTIVE
HI01	007	S	29	20040801	01	ACTIVE
HI01	007	S	22	20040801	02	ACTIVE
HI01	007	S	33	20040801	03	ACTIVE
HI01	007	S	72	20040801	04	ACTIVE
HI01	007	S	17	20040801	05	ACTIVE
HI01	007	S	1	20040801	06	ACTIVE
HI01	007	S	1	20040801	07	ACTIVE
HI01	008	C	2	20040801	01	ACTIVE
HI01	008	C	1	20040801	02	ACTIVE
HI01	008	C	1	20040801	03	ACTIVE
HI01	008	C	5	20040801	04	ACTIVE
HI01	008	F	4	20040801	01	ACTIVE
HI01	008	F	1	20040801	02	ACTIVE
HI01	008	F	15	20040801	03	ACTIVE
HI01	008	F	23	20040801	04	ACTIVE
HI01	008	F	1	20040801	05	ACTIVE
HI01	008	P	1	20040801	01	ACTIVE
HI01	008	P	8	20040801	03	ACTIVE
HI01	008	P	17	20040801	04	ACTIVE
HI01	008	S	1	20040801	**	ACTIVE
HI01	008	S	3	20040801	01	ACTIVE
HI01	008	S	4	20040801	02	ACTIVE
HI01	008	S	11	20040801	03	ACTIVE
HI01	008	S	18	20040801	04	ACTIVE
HI01	009	C	1	20040801	04	ACTIVE
HI01	009	F	3	20040801	01	ACTIVE
HI01	009	F	2	20040801	02	ACTIVE
HI01	009	F	5	20040801	03	ACTIVE
HI01	009	F	13	20040801	04	ACTIVE
HI01	009	P	1	20040801	01	ACTIVE
HI01	009	P	2	20040801	03	ACTIVE
HI01	009	P	3	20040801	04	ACTIVE
HI01	009	S	1	20040801	01	ACTIVE

Plan	Index	Tier	CountOfSS#	Average Mo	Branch#	Ph Type
HI01	009	S	10	20040801	03	ACTIVE
HI01	009	S	9	20040801	04	ACTIVE
HI01	011	C	31	20040801	**	SURV
HI01	011	C	46	20040801	07	RETIREE
HI01	011	C	21	20040801	07	SURV
HI01	011	C	2	20040801	08	RETIREE
HI01	011	C	5	20040801	08	SURV
HI01	011	C	3	20040801	10	RETIREE
HI01	011	C	1	20040801	10	SURV
HI01	011	C	1	20040801	11	SURV
HI01	011	C	1	20040801	16	RETIREE
HI01	011	F	17	20040801	**	RETIREE
HI01	011	F	1	20040801	**	SURV
HI01	011	F	1	20040801	05	RETIREE
HI01	011	F	230	20040801	07	RETIREE
HI01	011	F	14	20040801	08	RETIREE
HI01	011	F	10	20040801	10	RETIREE
HI01	011	F	2	20040801	16	RETIREE
HI01	011	P	122	20040801	**	RETIREE
HI01	011	P	138	20040801	**	SURV
HI01	011	P	1	20040801	04	ACTIVE
HI01	011	P	1	20040801	05	ACTIVE
HI01	011	P	1,782	20040801	07	RETIREE
HI01	011	P	197	20040801	07	SURV
HI01	011	P	149	20040801	08	RETIREE
HI01	011	P	20	20040801	08	SURV
HI01	011	P	2	20040801	09	SURV
HI01	011	P	43	20040801	10	RETIREE
HI01	011	P	2	20040801	10	SURV
HI01	011	P	7	20040801	11	RETIREE
HI01	011	P	7	20040801	11	SURV
HI01	011	P	5	20040801	16	RETIREE
HI01	011	S	177	20040801	**	RETIREE
HI01	011	S	2,434	20040801	07	RETIREE
HI01	011	S	148	20040801	08	RETIREE
HI01	011	S	43	20040801	10	RETIREE
HI01	011	S	4	20040801	11	RETIREE
HI01	011	S	11	20040801	16	RETIREE
HI01	012	C	7	20040801	**	RETIREE
HI01	012	C	4	20040801	**	SURV
HI01	012	C	75	20040801	07	RETIREE
HI01	012	C	18	20040801	07	SURV
HI01	012	C	12	20040801	08	RETIREE
HI01	012	C	1	20040801	10	SURV
HI01	012	F	41	20040801	**	RETIREE
HI01	012	F	330	20040801	07	RETIREE
HI01	012	F	38	20040801	08	RETIREE
HI01	012	F	1	20040801	10	RETIREE
HI01	012	P	651	20040801	**	RETIREE
HI01	012	P	1,125	20040801	**	SURV



Plan	Index	Tier	CountOfSS#	Average Mo	Branch#	Ph Type
HI01	012	P	10,940	20040801	07	RETIREE
HI01	012	P	1,707	20040801	07	SURV
HI01	012	P	970	20040801	08	RETIREE
HI01	012	P	222	20040801	08	SURV
HI01	012	P	4	20040801	09	SURV
HI01	012	P	28	20040801	10	RETIREE
HI01	012	P	15	20040801	10	SURV
HI01	012	P	45	20040801	11	RETIREE
HI01	012	P	15	20040801	11	SURV
HI01	012	P	2	20040801	16	SURV
HI01	012	S	850	20040801	**	RETIREE
HI01	012	S	1	20040801	04	ACTIVE
HI01	012	S	7,635	20040801	07	RETIREE
HI01	012	S	678	20040801	08	RETIREE
HI01	012	S	59	20040801	10	RETIREE
HI01	012	S	38	20040801	11	RETIREE
HI01	012	S	2	20040801	16	RETIREE
HI01	016	C	15	20040801	01	ACTIVE
HI01	016	C	9	20040801	02	ACTIVE
HI01	016	C	5	20040801	03	ACTIVE
HI01	016	C	16	20040801	04	ACTIVE
HI01	016	C	18	20040801	05	ACTIVE
HI01	016	F	45	20040801	01	ACTIVE
HI01	016	F	70	20040801	02	ACTIVE
HI01	016	F	45	20040801	03	ACTIVE
HI01	016	F	99	20040801	04	ACTIVE
HI01	016	F	72	20040801	05	ACTIVE
HI01	016	P	83	20040801	01	ACTIVE
HI01	016	P	50	20040801	02	ACTIVE
HI01	016	P	62	20040801	03	ACTIVE
HI01	016	P	61	20040801	04	ACTIVE
HI01	016	P	77	20040801	05	ACTIVE
HI01	016	P	1	20040801	07	ACTIVE
HI01	016	S	1	20040801	**	ACTIVE
HI01	016	S	41	20040801	01	ACTIVE
HI01	016	S	42	20040801	02	ACTIVE
HI01	016	S	49	20040801	03	ACTIVE
HI01	016	S	68	20040801	04	ACTIVE
HI01	016	S	88	20040801	05	ACTIVE
HI01	016	S	1	20040801	06	ACTIVE
HI01	100	P	1	20040801	05	ACTIVE
HI01	300	C	1	20040801	07	RETIREE
HI01	300	S	1	20040801	07	RETIREE
HI01	400	F	1	20040801	05	ACTIVE
HI02	010	C	5	20040801	09	ACTIVE
HI02	010	C	19	20040801	10	ACTIVE
HI02	010	C	47	20040801	11	ACTIVE
HI02	010	C	3	20040801	16	ACTIVE
HI02	010	F	28	20040801	09	ACTIVE
HI02	010	F	57	20040801	10	ACTIVE

Plan	Index	Tier	CountOfSS#	Average Mo	Branch#	Ph Type
HI02	010	F	144	20040801	11	ACTIVE
HI02	010	F	29	20040801	16	ACTIVE
HI02	010	P	102	20040801	09	ACTIVE
HI02	010	P	28	20040801	10	ACTIVE
HI02	010	P	205	20040801	11	ACTIVE
HI02	010	P	15	20040801	16	ACTIVE
HI02	010	S	25	20040801	09	ACTIVE
HI02	010	S	40	20040801	10	ACTIVE
HI02	010	S	90	20040801	11	ACTIVE
HI02	010	S	8	20040801	16	ACTIVE
HI02	014	S	1	20040801	08	RETIREE
HI02	017	C	20	20040801	01	ACTIVE
HI02	017	C	12	20040801	02	ACTIVE
HI02	017	C	5	20040801	03	ACTIVE
HI02	017	C	2	20040801	04	ACTIVE
HI02	017	C	21	20040801	05	ACTIVE
HI02	017	C	1	20040801	06	ACTIVE
HI02	017	F	34	20040801	01	ACTIVE
HI02	017	F	27	20040801	02	ACTIVE
HI02	017	F	2	20040801	03	ACTIVE
HI02	017	F	16	20040801	04	ACTIVE
HI02	017	F	28	20040801	05	ACTIVE
HI02	017	P	69	20040801	01	ACTIVE
HI02	017	P	61	20040801	02	ACTIVE
HI02	017	P	27	20040801	03	ACTIVE
HI02	017	P	37	20040801	04	ACTIVE
HI02	017	P	43	20040801	05	ACTIVE
HI02	017	S	16	20040801	01	ACTIVE
HI02	017	S	14	20040801	02	ACTIVE
HI02	017	S	6	20040801	04	ACTIVE
HI02	017	S	15	20040801	05	ACTIVE
HI02	018	C	12	20040801	01	ACTIVE
HI02	018	C	6	20040801	02	ACTIVE
HI02	018	C	4	20040801	03	ACTIVE
HI02	018	C	4	20040801	04	ACTIVE
HI02	018	C	3	20040801	05	ACTIVE
HI02	018	F	19	20040801	01	ACTIVE
HI02	018	F	18	20040801	02	ACTIVE
HI02	018	F	6	20040801	03	ACTIVE
HI02	018	F	13	20040801	04	ACTIVE
HI02	018	F	10	20040801	05	ACTIVE
HI02	018	P	14	20040801	01	ACTIVE
HI02	018	P	24	20040801	02	ACTIVE
HI02	018	P	13	20040801	03	ACTIVE
HI02	018	P	21	20040801	04	ACTIVE
HI02	018	P	14	20040801	05	ACTIVE
HI02	018	P	1	20040801	06	ACTIVE
HI02	018	S	12	20040801	01	ACTIVE
HI02	018	S	6	20040801	02	ACTIVE
HI02	018	S	3	20040801	03	ACTIVE

Plan	Index	Tier	CountOfSS#	Average Mo	Branch#	Ph Type
HI02	018	S	5	20040801	04	ACTIVE
HI02	018	S	11	20040801	05	ACTIVE
HMCL	HM1	C	1	20040801	**	ACTIVE
HMCL	HM1	C	1	20040801	**	SURV
HMCL	HM1	C	70	20040801	01	ACTIVE
HMCL	HM1	C	87	20040801	02	ACTIVE
HMCL	HM1	C	6	20040801	03	ACTIVE
HMCL	HM1	C	7	20040801	04	ACTIVE
HMCL	HM1	C	58	20040801	05	ACTIVE
HMCL	HM1	C	2	20040801	06	ACTIVE
HMCL	HM1	C	1	20040801	07	RETIREE
HMCL	HM1	C	12	20040801	09	ACTIVE
HMCL	HM1	C	36	20040801	10	ACTIVE
HMCL	HM1	C	60	20040801	11	ACTIVE
HMCL	HM1	C	6	20040801	16	ACTIVE
HMCL	HM1	F	155	20040801	01	ACTIVE
HMCL	HM1	F	219	20040801	02	ACTIVE
HMCL	HM1	F	28	20040801	03	ACTIVE
HMCL	HM1	F	27	20040801	04	ACTIVE
HMCL	HM1	F	259	20040801	05	ACTIVE
HMCL	HM1	F	5	20040801	06	ACTIVE
HMCL	HM1	F	8	20040801	07	RETIREE
HMCL	HM1	F	1	20040801	08	RETIREE
HMCL	HM1	F	2	20040801	09	ACTIVE
HMCL	HM1	F	6	20040801	10	ACTIVE
HMCL	HM1	F	27	20040801	11	ACTIVE
HMCL	HM1	P	4	20040801	**	RETIREE
HMCL	HM1	P	449	20040801	01	ACTIVE
HMCL	HM1	P	575	20040801	02	ACTIVE
HMCL	HM1	P	83	20040801	03	ACTIVE
HMCL	HM1	P	57	20040801	04	ACTIVE
HMCL	HM1	P	422	20040801	05	ACTIVE
HMCL	HM1	P	17	20040801	06	ACTIVE
HMCL	HM1	P	53	20040801	07	RETIREE
HMCL	HM1	P	3	20040801	07	SURV
HMCL	HM1	P	1	20040801	08	SURV
HMCL	HM1	P	51	20040801	09	ACTIVE
HMCL	HM1	P	30	20040801	10	ACTIVE
HMCL	HM1	P	1	20040801	10	RETIREE
HMCL	HM1	P	140	20040801	11	ACTIVE
HMCL	HM1	P	2	20040801	16	ACTIVE
HMCL	HM1	S	4	20040801	**	RETIREE
HMCL	HM1	S	106	20040801	01	ACTIVE
HMCL	HM1	S	152	20040801	02	ACTIVE
HMCL	HM1	S	21	20040801	03	ACTIVE
HMCL	HM1	S	12	20040801	04	ACTIVE
HMCL	HM1	S	192	20040801	05	ACTIVE
HMCL	HM1	S	5	20040801	06	ACTIVE
HMCL	HM1	S	45	20040801	07	RETIREE
HMCL	HM1	S	2	20040801	08	RETIREE

Plan	Index	Tier	CountOfSS#	Average Mo	Branch#	Ph Type
HMCL	HM1	S	2	20040801	09	ACTIVE
HMCL	HM1	S	4	20040801	10	ACTIVE
HMCL	HM1	S	1	20040801	10	RETIREE
HMCL	HM1	S	18	20040801	11	ACTIVE
HMCL	HM2	C	8	20040801	01	ACTIVE
HMCL	HM2	C	9	20040801	02	ACTIVE
HMCL	HM2	C	1	20040801	03	ACTIVE
HMCL	HM2	C	1	20040801	04	ACTIVE
HMCL	HM2	C	2	20040801	05	ACTIVE
HMCL	HM2	C	1	20040801	06	ACTIVE
HMCL	HM2	C	1	20040801	11	ACTIVE
HMCL	HM2	F	29	20040801	01	ACTIVE
HMCL	HM2	F	16	20040801	02	ACTIVE
HMCL	HM2	F	4	20040801	03	ACTIVE
HMCL	HM2	F	7	20040801	04	ACTIVE
HMCL	HM2	F	20	20040801	05	ACTIVE
HMCL	HM2	P	51	20040801	01	ACTIVE
HMCL	HM2	P	62	20040801	02	ACTIVE
HMCL	HM2	P	15	20040801	03	ACTIVE
HMCL	HM2	P	14	20040801	04	ACTIVE
HMCL	HM2	P	29	20040801	05	ACTIVE
HMCL	HM2	P	3	20040801	07	RETIREE
HMCL	HM2	P	10	20040801	11	ACTIVE
HMCL	HM2	P	1	20040801	16	ACTIVE
HMCL	HM2	S	8	20040801	01	ACTIVE
HMCL	HM2	S	17	20040801	02	ACTIVE
HMCL	HM2	S	2	20040801	03	ACTIVE
HMCL	HM2	S	3	20040801	04	ACTIVE
HMCL	HM2	S	13	20040801	05	ACTIVE
HMCL	HM2	S	1	20040801	06	ACTIVE
HMCL	HM2	S	1	20040801	11	ACTIVE
HMHP	HMA	C	39	20040801	01	ACTIVE
HMHP	HMA	C	49	20040801	02	ACTIVE
HMHP	HMA	C	25	20040801	03	ACTIVE
HMHP	HMA	C	63	20040801	04	ACTIVE
HMHP	HMA	C	149	20040801	05	ACTIVE
HMHP	HMA	C	24	20040801	09	ACTIVE
HMHP	HMA	C	3	20040801	10	ACTIVE
HMHP	HMA	C	14	20040801	11	ACTIVE
HMHP	HMA	C	3	20040801	16	ACTIVE
HMHP	HMA	F	4	20040801	**	RETIREE
HMHP	HMA	F	182	20040801	01	ACTIVE
HMHP	HMA	F	202	20040801	02	ACTIVE
HMHP	HMA	F	87	20040801	03	ACTIVE
HMHP	HMA	F	360	20040801	04	ACTIVE
HMHP	HMA	F	1	20040801	05	
HMHP	HMA	F	728	20040801	05	ACTIVE
HMHP	HMA	F	1	20040801	07	ACTIVE
HMHP	HMA	F	9	20040801	07	RETIREE
HMHP	HMA	F	1	20040801	08	RETIREE

Plan	Index	Tier	CountOfSS#	Average Mo	Branch#	Ph Type
HMHP	HMA	F	8	20040801	10	ACTIVE
HMHP	HMA	F	11	20040801	11	ACTIVE
HMHP	HMA	P	1	20040801	**	ACTIVE
HMHP	HMA	P	9	20040801	**	RETIREE
HMHP	HMA	P	1	20040801	**	SURV
HMHP	HMA	P	117	20040801	01	ACTIVE
HMHP	HMA	P	175	20040801	02	ACTIVE
HMHP	HMA	P	85	20040801	03	ACTIVE
HMHP	HMA	P	267	20040801	04	ACTIVE
HMHP	HMA	P	543	20040801	05	ACTIVE
HMHP	HMA	P	66	20040801	07	RETIREE
HMHP	HMA	P	5	20040801	07	SURV
HMHP	HMA	P	4	20040801	08	RETIREE
HMHP	HMA	P	50	20040801	09	ACTIVE
HMHP	HMA	P	10	20040801	10	ACTIVE
HMHP	HMA	P	48	20040801	11	ACTIVE
HMHP	HMA	P	1	20040801	16	RETIREE
HMHP	HMA	S	4	20040801	**	RETIREE
HMHP	HMA	S	97	20040801	01	ACTIVE
HMHP	HMA	S	148	20040801	02	ACTIVE
HMHP	HMA	S	59	20040801	03	ACTIVE
HMHP	HMA	S	133	20040801	04	ACTIVE
HMHP	HMA	S	448	20040801	05	ACTIVE
HMHP	HMA	S	1	20040801	07	ACTIVE
HMHP	HMA	S	75	20040801	07	RETIREE
HMHP	HMA	S	1	20040801	08	RETIREE
HMHP	HMA	S	2	20040801	09	ACTIVE
HMHP	HMA	S	7	20040801	10	ACTIVE
HMHP	HMA	S	1	20040801	11	
HMHP	HMA	S	7	20040801	11	ACTIVE
HMHP	HMB	C	25	20040801	01	ACTIVE
HMHP	HMB	C	30	20040801	02	ACTIVE
HMHP	HMB	C	3	20040801	03	ACTIVE
HMHP	HMB	C	30	20040801	04	ACTIVE
HMHP	HMB	C	30	20040801	05	ACTIVE
HMHP	HMB	C	4	20040801	09	ACTIVE
HMHP	HMB	C	1	20040801	11	ACTIVE
HMHP	HMB	F	79	20040801	01	ACTIVE
HMHP	HMB	F	77	20040801	02	ACTIVE
HMHP	HMB	F	24	20040801	03	ACTIVE
HMHP	HMB	F	110	20040801	04	ACTIVE
HMHP	HMB	F	130	20040801	05	ACTIVE
HMHP	HMB	F	1	20040801	07	RETIREE
HMHP	HMB	F	2	20040801	09	ACTIVE
HMHP	HMB	F	2	20040801	11	ACTIVE
HMHP	HMB	P	2	20040801	**	RETIREE
HMHP	HMB	P	70	20040801	01	ACTIVE
HMHP	HMB	P	72	20040801	02	ACTIVE
HMHP	HMB	P	19	20040801	03	ACTIVE
HMHP	HMB	P	158	20040801	04	ACTIVE

Plan	Index	Tier	CountOfSS#	Average Mo	Branch#	Ph Type
HMHP	HMB	P	79	20040801	05	ACTIVE
HMHP	HMB	P	4	20040801	07	RETIREE
HMHP	HMB	P	2	20040801	07	SURV
HMHP	HMB	P	1	20040801	08	RETIREE
HMHP	HMB	P	20	20040801	09	ACTIVE
HMHP	HMB	P	3	20040801	11	ACTIVE
HMHP	HMB	P	1	20040801	16	ACTIVE
HMHP	HMB	S	1	20040801	**	RETIREE
HMHP	HMB	S	27	20040801	01	ACTIVE
HMHP	HMB	S	39	20040801	02	ACTIVE
HMHP	HMB	S	10	20040801	03	ACTIVE
HMHP	HMB	S	35	20040801	04	ACTIVE
HMHP	HMB	S	45	20040801	05	ACTIVE
HMHP	HMB	S	1	20040801	07	RETIREE
HMHP	HMC	C	2	20040801	05	ACTIVE
HMHP	HMC	F	2	20040801	01	ACTIVE
HMHP	HMC	F	1	20040801	02	ACTIVE
HMHP	HMC	F	4	20040801	05	ACTIVE
HMHP	HMC	P	1	20040801	02	ACTIVE
HMHP	HMC	P	2	20040801	04	ACTIVE
HMHP	HMC	P	2	20040801	05	ACTIVE
HMHP	HMC	P	2	20040801	11	ACTIVE

**Total Aug  
2004  
Policy  
Count**

**102,949**

## PY 2005 CAH Rates

Below are the per diem rates for West Virginia Critical Care Access Hospitals (CAH) effective July 1, 2004, through June 30, 2005.

Hospital	Per Diem Amount
Boone Memorial	\$756.00
Braxton County Memorial	\$1,106.00
Broadus	\$834.00
Grafton City	\$881.00
Guyan Valley	\$566.00
Hampshire Memorial	\$1,552.00
Minnie Hamilton	\$886.00
Morgan County War Memorial	\$1,328.00
Preston Memorial	\$1,166.00
Richwood Area Community	\$894.00
Roane General	\$1,640.00
Sistersville General	\$1,067.00
Summers County ARH	\$933.49
Webster County	\$1,539.00

## PY 2005 Enteral and Parenteral Fee Schedule

HCPCS CODES	July 2004 PEIA Allowances	Description
B4034	\$5.78	Enteral feeding supply kit; syringe, per day
B4035	\$11.02	Enteral feeding supply kit; pump fed, per day
B4036	\$7.55	Enteral feeding supply kit; gravity fed, per day
B4081	\$20.42	Nasogastric tubing; with stylet
B4082	\$15.20	Nasogastric tubing; without stylet
B4083	\$2.32	Stomach tube - levine type
B4084	deleted	Gastrostomy/jejunostomy tubing
B4085	deleted	Gastrostomy tube, silicone with sliding ring, each
B4086	\$33.71	Gastrostomy/jejunostomy tube, any material, any type, (standard or low profile), each
B4150	\$0.63	Enteral formulae; category I; semi-synthetic intact protein/protein isolates, administered through an enteral feeding tube, 100 calories = 1 unit
B4151	\$1.48	Enteral formulae; category I; natural intact protein/protein isolates, administered through an enteral feeding tube, 100 calories = 1 unit
B4152	\$0.53	Enteral formulae; category II; intact protein/protein isolates (calorically dense), administered through an enteral feeding tube, 100 calories = 1 unit
B4153	\$1.80	Enteral formulae; category III; hydrolyzed protein/amino acids, administered through an enteral feeding tube, 100 calories = 1 unit
B4154	\$1.15	Enteral formulae; category IV; defined formula for special metabolic need, administered through an enteral feeding tube, 100 calories = 1 unit
B4155	\$0.90	Enteral formulae; category V; modular components, administered through an enteral feeding tube, 100 calories = 1 unit
B4156	\$1.28	Enteral formulae; category VI; standardized nutrients, administered through an enteral feeding tube, 100 calories = 1 unit
B4164	\$15.57	Parenteral nutrition solution; carbohydrates (dextrose), 50% or less (500 ml = 1 unit)--homemix
B4168	\$22.67	Parenteral nutrition solution; amino acid, 3.5% (500 ml = 1 unit)--homemix
B4176	\$43.88	Parenteral nutrition solution; amino acid, 7 thru 8.5% (500 ml = 1 unit)--homemix
B4178	\$52.68	Parenteral nutrition solution; amino acid, greater than 8.5% (500 ml = 1 unit)--homemix



<b>HCPCS CODES</b>	<b>July 2004 PEIA Allowances</b>	<b>Description</b>
B4180	\$22.31	Parenteral nutrition solution; carbohydrates (dextrose), greater than 50% (500 ml = 1 unit)--homemix
B4184	\$73.14	Parenteral nutrition solution; lipids, 10% with administration set (500 ml = 1 unit)--homemix
B4186	\$97.53	Parenteral nutrition solution; lipids, 20% with administration set (500 ml = 1 unit)--homemix
B4189	\$162.74	Parenteral nutrition solution; compounded amino acids and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 10 to 51 grams of protein-premix
B4193	\$210.30	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 52 to 73 grams of protein-premix
B4197	\$256.02	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 74 to 100 grams of protein-premix
B4199	\$292.56	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, over 100 grams of protein-premix
B4216	\$7.08	Parenteral nutrition; additives (vitamins, trace elements, heparin, electrolytes) homemix per day
B4220	\$7.33	Parenteral nutrition supply kit; premix, per day
B4222	\$9.04	Parenteral nutrition supply kit; home mix, per day
B4224	\$22.90	Parenteral nutrition administration kit, per day
B5000	\$10.88	Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength; renal - amirosyn RF, nephramine, renamine - nremix
B5100	\$4.26	Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength; hepatic - freamine HBC, heptamine - nremix
B9000NU	\$1,158.13	Enteral nutrition infusion pump; without alarm
B9000RR	\$106.42	Enteral nutrition infusion pump; without alarm
B9000UE	\$868.60	Enteral nutrition infusion pump; without alarm

<b>HCPCS CODES</b>	<b>July 2004 PEIA Allowances</b>	<b>Description</b>
B9002NU	\$1,158.13	Enteral nutrition infusion pump; with alarm
B9002RR	\$112.17	Enteral nutrition infusion pump; with alarm
B9002UE	\$868.60	Enteral nutrition infusion pump; with alarm
B9004NU	\$2,310.15	Parenteral nutrition infusion pump; portable
B9004RR	\$365.72	Parenteral nutrition infusion pump; portable
B9004UE	\$1,732.61	Parenteral nutrition infusion pump; portable
B9006NU	\$2,310.15	Parenteral nutrition infusion pump; stationary
B9006RR	\$365.72	Parenteral nutrition infusion pump; stationary
B9006UE	\$1,732.61	Parenteral nutrition infusion pump; stationary

## **PY 2005 Hospice Rates**

Effective for services provided on or after July 1, 2004, PEIA will reimburse hospice services billed under Revenue Codes 651, 652, 655, and 656, according to the allowances listed below.

<b>Revenue Code</b>	<b>Description</b>	<b>PEIA Allowance</b>
651	Routine Home Care (per day) All Inclusive - Meds & IV included	\$120.00
652	Continuous Home Care (per hour)	\$ 30.00
655	Inpatient Respite Care	\$124.00
656	General Inpatient Care (non-respite)	\$533.00

In accordance with Medicare guidelines, PEIA considers these four hospice codes to be all-inclusive of medically necessary drugs, supplies and equipment related to the palliation or management of the patient's terminal illness

**Plan Year 2005 Durable Medical Equipment  
Prosthetics, Orthotics, and Supplies  
(DMEPOS)  
Effective July 1, 2004**

**Medical and Surgical**

HCPCS	Description	Mod	Mod2	MC Apr 2004	
					less 16%
A4214	30 CC sterile water/saline			\$	1.25
A4216				\$	-
A4217		AU		\$	-
A4217				\$	-
A4221	Maint drug infus cath per wk			\$	19.02
A4222	Drug infusion pump supplies			\$	37.75
A4232	Syringe w/needle insulin 3cc			\$	-
A4253	Blood glucose/reagent strips	NU		\$	32.36
A4254	Battery for glucose monitor	NU		\$	5.53
A4254	Battery for glucose monitor	RR		\$	0.56
A4254	Battery for glucose monitor	UE		\$	4.15
A4255	Glucose monitor platforms			\$	3.28
A4256	Calibrator solution/chips			\$	9.61
A4257				\$	10.71
A4258	Lancet device each			\$	15.16
A4259	Lancets per box			\$	9.64
A4265	Paraffin			\$	2.85
A4280	Brst prsths adhsv attchmnt			\$	4.07
A4290				\$	88.08
A4310	Insert tray w/o bag/cath			\$	6.48
A4311	Catheter w/o bag 2-way latex			\$	12.47
A4312	Cath w/o bag 2-way silicone			\$	15.15
A4313	Catheter w/bag 3-way			\$	15.56
A4314	Cath w/drainage 2-way latex			\$	21.24
A4315	Cath w/drainage 2-way silcne			\$	22.17
A4316	Cath w/drainage 3-way			\$	23.86
A4319	Sterile H2O irrigation solut			\$	5.32
A4320	Irrigation tray			\$	3.99
A4321	Cath therapeutic irrig agent			\$	-
A4322	Irrigation syringe			\$	2.44
A4323	Saline irrigation solution			\$	7.38
A4324	Male ext cath w/adh coating			\$	1.82
A4325	Male ext cath w/adh strip			\$	1.51
A4326	Male external catheter			\$	8.71
A4327	Fem urinary collect dev cup			\$	35.51
A4328	Fem urinary collect pouch			\$	8.50
A4329	External catheter start set			\$	-
A4330	Stool collection pouch			\$	5.11
A4331	Extension drainage tubing			\$	2.67
A4332	Lubricant for cath insertion			\$	0.10

		MC Apr 2004	
HCPCS	Description	Mod	Mod2 less 16%
A4333	Urinary cath anchor device	\$	1.85
A4334	Urinary cath leg strap	\$	4.14
A4338	Indwelling catheter latex	\$	10.30
A4340	Indwelling catheter special	\$	22.67
A4344	Cath indw foley 2 way silicn	\$	13.46
A4346	Cath indw foley 3 way	\$	16.46
A4347	Male external catheter	\$	17.09
A4348	Male ext cath extended wear	\$	23.38
A4351	Straight tip urine catheter	\$	1.44
A4352	Coude tip urinary catheter	\$	4.59
A4353	Intermittent urinary cath	\$	5.87
A4354	Cath insertion tray w/bag	\$	9.91
A4355	Bladder irrigation tubing	\$	7.38
A4356	Ext ureth clmp or compr dvc	\$	38.33
A4357	Bedside drainage bag	\$	8.15
A4358	Urinary leg bag	\$	5.57
A4359	Urinary suspensory w/o leg b	\$	24.34
A4361	Ostomy face plate	\$	15.43
A4362	Solid skin barrier	\$	2.84
A4363	Liquid skin barrier	\$	3.30
A4364	Liq adhes for facial prosth	\$	2.09
A4365	Adhesive remover wipes	\$	9.51
A4366		\$	1.09
A4367	Ostomy belt	\$	6.17
A4368	Ostomy filter	\$	0.22
A4369	Skin barrier liquid per oz	\$	2.03
A4370	Skin barrier paste per oz	\$	-
A4371	Skin barrier powder per oz	\$	3.07
A4372	Skin barrier solid 4x4 equiv	\$	3.51
A4373	Skin barrier with flange	\$	5.28
A4374	Skin barrier extended wear	\$	-
A4375	Drainable plastic pch w fcpl	\$	14.43
A4376	Drainable rubber pch w fcplt	\$	39.97
A4377	Drainable plstic pch w/o fp	\$	3.60
A4378	Drainable rubber pch w/o fp	\$	25.83
A4379	Urinary plastic pouch w fcpl	\$	12.62
A4380	Urinary rubber pouch w fcplt	\$	31.36
A4381	Urinary plastic pouch w/o fp	\$	3.87
A4382	Urinary hvy plstc pch w/o fp	\$	20.68
A4383	Urinary rubber pouch w/o fp	\$	23.68
A4384	Ostomy faceplt/silicone ring	\$	8.08
A4385	Ost skn barrier sld ext wear	\$	4.28
A4386	Ost skn barrier w flng ex wr	\$	-
A4387	Ost clsd pouch w att st barr	\$	-
A4388	Drainable pch w ex wear barr	\$	3.66
A4389	Drainable pch w st wear barr	\$	5.22
A4390	Drainable pch ex wear convex	\$	8.07
A4391	Urinary pouch w ex wear barr	\$	5.94
A4392	Urinary pouch w st wear barr	\$	6.87

		<b>MC Apr 2004</b>	
<b>HCPCS</b>	<b>Description</b>	<b>Mod Mod2</b>	<b>less 16%</b>
A4393	Urine pch w ex wear bar conv		\$ 7.59
A4394	Ostomy pouch liq deodorant		\$ 2.17
A4395	Ostomy pouch solid deodorant		\$ 0.04
A4396	Peristomal hernia supprt blt		\$ 34.00
A4397	Irrigation supply sleeve		\$ 4.02
A4398	Ostomy irrigation bag		\$ 11.60
A4399	Ostomy irrig cone/cath w brs		\$ 8.75
A4400	Ostomy irrigation set		\$ 41.05
A4402	Lubricant per ounce		\$ 1.34
A4404	Ostomy ring each		\$ 1.29
A4405			\$ 2.86
A4406			\$ 4.82
A4407			\$ 7.36
A4408			\$ 8.29
A4409			\$ 5.22
A4410			\$ 7.59
A4413			\$ 4.62
A4414			\$ 4.14
A4415			\$ 5.04
A4416			\$ 2.31
A4417			\$ 3.12
A4418			\$ 1.52
A4419			\$ 1.46
A4420			\$ -
A4422			\$ 0.10
A4423			\$ 1.56
A4424			\$ 3.99
A4425			\$ 3.01
A4426			\$ 2.29
A4427			\$ 2.34
A4428			\$ 5.47
A4429			\$ 6.93
A4430			\$ 7.16
A4431			\$ 5.22
A4432			\$ 3.02
A4433			\$ 2.81
A4434			\$ 3.16
A4450		AU	\$ 0.08
A4450		AV	\$ 0.08
A4450		AW	\$ 0.09
A4450			\$ -
A4452		AU	\$ 0.30
A4452		AV	\$ 0.30
A4452		AW	\$ 0.34
A4452			\$ -
A4454	Tape all types all sizes		\$ -
A4455	Adhesive remover per ounce		\$ 1.20
A4460	Elastic compression bandage		\$ -
A4462	Abdmnl drssng holder/binder		\$ 2.76

		<b>MC Apr 2004</b>	
<b>HCPCS</b>	<b>Description</b>	<b>Mod</b>	<b>Mod2 less 16%</b>
A4481	Tracheostoma filter		\$ 0.31
A4483	Moisture exchanger		\$ -
A4556	Electrodes		\$ 8.67
A4557	Lead wires		\$ 15.07
A4558	Conductive paste or gel		\$ 4.58
A4560	Pessary		\$ -
A4561	Pessary rubber		\$ 15.65
A4562	Pessary		\$ 38.96
A4595	TENS suppl 2 lead per month		\$ 24.20
A4608	Transtracheal oxygen cath		\$ 48.85
A4609		NU	\$ 12.01
A4610		NU	\$ 18.77
A4611	Heavy duty battery	NU	\$ 165.02
A4611	Heavy duty battery	RR	\$ 16.49
A4611	Heavy duty battery	UE	\$ 123.77
A4612	Battery cables	NU	\$ 57.07
A4612	Battery cables	RR	\$ 5.81
A4612	Battery cables	UE	\$ 43.52
A4613	Battery charger	NU	\$ 121.14
A4613	Battery charger	RR	\$ 12.12
A4613	Battery charger	UE	\$ 74.47
A4614	Hand-held PEFR meter		\$ 19.98
A4618	Breathing circuits	NU	\$ 6.35
A4618	Breathing circuits	RR	\$ 0.73
A4618	Breathing circuits	UE	\$ 4.76
A4619	Face tent		\$ 1.02
A4621	Tracheotomy mask or collar		\$ 1.17
A4622	Tracheostomy or larngectomy		\$ 40.89
A4623	Tracheostomy inner cannula		\$ 4.68
A4624	Tracheal suction tube	NU	\$ 2.21
A4625	Trach care kit for new trach		\$ 5.82
A4626	Tracheostomy cleaning brush		\$ 2.68
A4628	Oropharyngeal suction cath	NU	\$ 3.14
A4629	Tracheostomy care kit		\$ 3.89
A4630	Repl bat t.e.n.s. own by pt	NU	\$ 4.46
A4631	Wheelchair battery	NU	\$ 75.36
A4631	Wheelchair battery	RR	\$ 7.36
A4631	Wheelchair battery	UE	\$ 56.54
A4633		NU	\$ 34.47
A4635	Underarm crutch pad	NU	\$ 4.30
A4635	Underarm crutch pad	RR	\$ 0.51
A4635	Underarm crutch pad	UE	\$ 2.85
A4636	Handgrip for cane etc	NU	\$ 3.01
A4636	Handgrip for cane etc	RR	\$ 0.31
A4636	Handgrip for cane etc	UE	\$ 2.19
A4637	Repl tip cane/crutch/walker	NU	\$ 1.79
A4637	Repl tip cane/crutch/walker	RR	\$ 0.25
A4637	Repl tip cane/crutch/walker	UE	\$ 1.35
A4638		NU	\$ -

		MC Apr 2004		
HCP	Description	Mod	Mod2	less 16%
A4638		RR		\$ -
A4638		UE		\$ -
A4639		NU		\$ 241.26
A4640	Alternating pressure pad	NU		\$ 45.56
A4640	Alternating pressure pad	RR		\$ 4.60
A4640	Alternating pressure pad	UE		\$ 34.17
A5051	Pouch clsd w barr attached			\$ 1.74
A5052	Clsd ostomy pouch w/o barr			\$ 1.25
A5053	Clsd ostomy pouch faceplate			\$ 1.46
A5054	Clsd ostomy pouch w/flange			\$ 1.50
A5055	Stoma cap			\$ 1.12
A5061	Pouch drainable w barrier at			\$ 2.96
A5062	Drnble ostomy pouch w/o barr			\$ 1.76
A5063	Drain ostomy pouch w/flange			\$ 2.27
A5071	Urinary pouch w/barrier			\$ 5.05
A5072	Urinary pouch w/o barrier			\$ 2.96
A5073	Urinary pouch on barr w/flng			\$ 2.62
A5081	Continent stoma plug			\$ 2.77
A5082	Continent stoma catheter			\$ 9.99
A5093	Ostomy accessory convex inse			\$ 1.39
A5102	Bedside drain btl w/wo tube			\$ 18.83
A5105	Urinary suspensory			\$ 34.24
A5112	Urinary leg bag			\$ 26.46
A5113	Latex leg strap			\$ 3.36
A5114	Foam/fabric leg strap			\$ 6.38
A5119	Skin barrier wipes box pr 50			\$ 7.99
A5121	Solid skin barrier 6x6			\$ 5.99
A5122	Solid skin barrier 8x8			\$ 10.79
A5123	Skin barrier with flange			\$ -
A5126	Disk/foam pad +- adhesive			\$ 0.94
A5131	Appliance cleaner			\$ 11.32
A5200	Percutaneous catheter anchor			\$ 9.48
A6010				\$ 26.01
A6011				\$ 1.92
A6021	Collagen dressing <=16 sq in			\$ 17.66
A6022	Collagen drsg>6<=48 sq in			\$ 17.66
A6023	Collagen dressing >48 sq in			\$ 159.85
A6024	Collagen dsgr wound filler			\$ 5.20
A6154	Wound pouch each			\$ 11.70
A6196	Alginate dressing <=16 sq in			\$ 6.17
A6197	Alginate drsg >16 <=48 sq in			\$ 13.81
A6199	Alginate drsg wound filler			\$ 4.44
A6200	Compos drsg <=16 no border			\$ 7.98
A6201	Compos drsg >16<=48 no bdr			\$ 17.47
A6202	Compos drsg >48 no border			\$ 29.30
A6203	Composite drsg <= 16 sq in			\$ 2.81
A6204	Composite drsg >16<=48 sq in			\$ 5.23
A6207	Contact layer >16<= 48 sq in			\$ 6.17
A6209	Foam drsg <=16 sq in w/o bdr			\$ 6.28



		MC Apr 2004	
HCPCS	Description	Mod	Mod2 less 16%
A6210	Foam drg >16<=48 sq in w/o b	\$	16.73
A6211	Foam drg > 48 sq in w/o brdr	\$	24.67
A6212	Foam drg <=16 sq in w/border	\$	8.15
A6214	Foam drg > 48 sq in w/border	\$	8.64
A6216	Non-sterile gauze<=16 sq in	\$	0.04
A6217	Non-sterile gauze>16<=48 sq	\$	-
A6219	Gauze <= 16 sq in w/border	\$	0.80
A6220	Gauze >16 <=48 sq in w/bordr	\$	2.17
A6222	Gauze <=16 in no w/sal w/o b	\$	1.79
A6223	Gauze >16<=48 no w/sal w/o b	\$	2.03
A6224	Gauze > 48 in no w/sal w/o b	\$	3.03
A6229	Gauze >16<=48 sq in watr/sal	\$	3.03
A6231	Hydrogel dsq<=16 sq in	\$	3.91
A6232	Hydrogel dsq>16<=48 sq in	\$	5.78
A6233	Hydrogel dressing >48 sq in	\$	16.12
A6234	Hydrocolld drg <=16 w/o bdr	\$	5.49
A6235	Hydrocolld drg >16<=48 w/o b	\$	14.13
A6236	Hydrocolld drg > 48 in w/o b	\$	22.89
A6237	Hydrocolld drg <=16 in w/bdr	\$	6.64
A6238	Hydrocolld drg >16<=48 w/bdr	\$	19.14
A6240	Hydrocolld drg filler paste	\$	10.28
A6241	Hydrocolloid drg filler dry	\$	2.16
A6242	Hydrogel drg <=16 in w/o bdr	\$	5.10
A6243	Hydrogel drg >16<=48 w/o bdr	\$	10.34
A6244	Hydrogel drg >48 in w/o bdr	\$	33.00
A6245	Hydrogel drg <= 16 in w/bdr	\$	6.11
A6246	Hydrogel drg >16<=48 in w/b	\$	8.33
A6247	Hydrogel drg > 48 sq in w/b	\$	19.98
A6248	Hydrogel drsg gel filler	\$	13.64
A6251	Absorpt drg <=16 sq in w/o b	\$	1.67
A6252	Absorpt drg >16 <=48 w/o bdr	\$	2.73
A6253	Absorpt drg > 48 sq in w/o b	\$	5.33
A6254	Absorpt drg <=16 sq in w/bdr	\$	1.02
A6255	Absorpt drg >16<=48 in w/bdr	\$	2.55
A6257	Transparent film <= 16 sq in	\$	1.29
A6258	Transparent film >16<=48 in	\$	3.61
A6259	Transparent film > 48 sq in	\$	9.19
A6263	Non-sterile elastic gauze/yd	\$	-
A6264	Non-sterile no elastic gauze	\$	-
A6265	Tape per 18 sq inches	\$	-
A6266	Impreg gauze no h20/sal/yard	\$	1.61
A6402	Sterile gauze <= 16 sq in	\$	0.10
A6403	Sterile gauze>16 <= 48 sq in	\$	0.36
A6405	Sterile elastic gauze /yd	\$	-
A6406	Sterile non-elastic gauze/yd	\$	-
A6407		\$	1.58
A6410		\$	0.33
A6411		\$	-
A6421		\$	1.76

		MC Apr 2004	
HCPCS	Description	Mod	Mod2 less 16%
A6422			\$ 0.98
A6424			\$ 1.72
A6426			\$ 1.58
A6428			\$ 2.55
A6430			\$ 7.36
A6432			\$ -
A6434			\$ -
A6436			\$ 16.03
A6438			\$ -
A6440			\$ 10.66
A6441			\$ 0.56
A6442			\$ 0.14
A6443			\$ 0.24
A6444			\$ 0.47
A6445			\$ 0.27
A6446			\$ 0.34
A6447			\$ 0.56
A6448			\$ 0.97
A6449			\$ 1.47
A6450			\$ -
A6451			\$ -
A6452			\$ 4.96
A6453			\$ 0.51
A6454			\$ 0.65
A6455			\$ 1.17
A6456			\$ 1.08
A6501			\$ -
A6502			\$ -
A6503			\$ -
A6504			\$ -
A6505			\$ -
A6506			\$ -
A6507			\$ -
A6508			\$ -
A6509			\$ -
A6510			\$ -
A6511			\$ -
A6550			\$ 23.03
A6551			\$ 20.61
A7000	Disposable canister for pump	NU	\$ 7.15
A7001	Nondisposable pump canister	NU	\$ 27.79
A7002	Tubing used w suction pump	NU	\$ 3.22
A7003	Nebulizer administration set	NU	\$ 1.96
A7004	Disposable nebulizer sml vol	NU	\$ 1.51
A7005	Nondisposable nebulizer set	NU	\$ 25.90
A7006	Filtered nebulizer admin set	NU	\$ 8.01
A7007	Lg vol nebulizer disposable	NU	\$ 3.87
A7008	Disposable nebulizer prefill	NU	\$ 9.24
A7009	Nebulizer reservoir bottle	NU	\$ 35.31

		<b>MC Apr 2004</b>	
<b>HCPCS</b>	<b>Description</b>	<b>Mod</b>	<b>Mod2 less 16%</b>
A7010	Disposable corrugated tubing	NU	\$ 19.82
A7012	Nebulizer water collec devic	NU	\$ 2.70
A7013	Disposable compressor filter	NU	\$ 0.70
A7014	Compressor nondispos filter	NU	\$ 3.77
A7015	Aerosol mask used w nebulize	NU	\$ 1.38
A7016	Nebulizer dome & mouthpiece	NU	\$ 6.09
A7017	Nebulizer not used w oxygen	NU	\$ 112.59
A7017	Nebulizer not used w oxygen	RR	\$ 11.26
A7017	Nebulizer not used w oxygen	UE	\$ 84.44
A7018	Water distilled w/nebulizer		\$ 0.32
A7019	Saline solution dispenser		\$ 0.29
A7020	Sterile H2O or NSS w lgv neb		\$ 2.31
A7025		NU	\$ 365.35
A7026		NU	\$ 24.15
A7030		NU	\$ 158.46
A7031		NU	\$ 58.61
A7032		NU	\$ 34.05
A7033		NU	\$ 23.86
A7034		NU	\$ 98.82
A7035		NU	\$ 33.39
A7036		NU	\$ 12.99
A7037		NU	\$ 34.33
A7038		NU	\$ 3.85
A7039		NU	\$ 11.75
A7042			\$ 159.22
A7043			\$ 24.54
A7044		NU	\$ 101.56
A7046		NU	\$ 16.39
A7501	Tracheostoma valve w diaphra		\$ 88.23
A7502	Replacement diaphragm/fplate		\$ 41.92
A7503	HMES filter holder or cap		\$ 9.52
A7504	Tracheostoma HMES filter		\$ 0.56
A7505	HMES or trach valve housing		\$ 3.93
A7506	HMES/trachvalve adhesivedisk		\$ 0.28
A7507	Integrated filter & holder		\$ 2.09
A7508	Housing & Integrated Adhesiv		\$ 2.41
A7509	Heat & moisture exchange sys		\$ 1.18
A7520			\$ 39.88
A7521			\$ 39.52
A7522			\$ 37.93
A7524			\$ 65.02
A7525			\$ 1.74
A7526			\$ 2.83

### **Durable Medical Equipment**

E0100	Cane adjust/fixd with tip	NU	\$ 16.41
E0100	Cane adjust/fixd with tip	RR	\$ 4.99
E0100	Cane adjust/fixd with tip	UE	\$ 13.24

		<b>MC Apr 2004</b>		
<b>HCPCS</b>	<b>Description</b>	<b>Mod</b>	<b>Mod2</b>	<b>less 16%</b>
E0105	Cane adjust/fixed quad/3 pro	NU	\$	38.15
E0105	Cane adjust/fixed quad/3 pro	RR	\$	7.44
E0105	Cane adjust/fixed quad/3 pro	UE	\$	29.85
E0110	Crutch forearm pair	NU	\$	55.40
E0110	Crutch forearm pair	RR	\$	13.43
E0110	Crutch forearm pair	UE	\$	41.54
E0111	Crutch forearm each	NU	\$	40.67
E0111	Crutch forearm each	RR	\$	7.08
E0111	Crutch forearm each	UE	\$	34.52
E0112	Crutch underarm pair wood	NU	\$	28.19
E0112	Crutch underarm pair wood	RR	\$	8.34
E0112	Crutch underarm pair wood	UE	\$	21.13
E0113	Crutch underarm each wood	NU	\$	15.09
E0113	Crutch underarm each wood	RR	\$	4.33
E0113	Crutch underarm each wood	UE	\$	11.32
E0114	Crutch underarm pair no wood	NU	\$	33.69
E0114	Crutch underarm pair no wood	RR	\$	7.20
E0114	Crutch underarm pair no wood	UE	\$	29.96
E0116	Crutch underarm each no wood	NU	\$	19.81
E0116	Crutch underarm each no wood	RR	\$	4.54
E0116	Crutch underarm each no wood	UE	\$	14.91
E0117		NU	\$	161.88
E0117		RR	\$	16.18
E0117		UE	\$	121.42
E0130	Walker rigid adjust/fixed ht	NU	\$	58.99
E0130	Walker rigid adjust/fixed ht	RR	\$	14.13
E0130	Walker rigid adjust/fixed ht	UE	\$	45.97
E0135	Walker folding adjust/fixed	NU	\$	64.24
E0135	Walker folding adjust/fixed	RR	\$	14.50
E0135	Walker folding adjust/fixed	UE	\$	49.58
E0140		NU	\$	303.00
E0140		RR	\$	30.31
E0140		UE	\$	227.25
E0141	Rigid walker wheeled wo seat	NU	\$	82.32
E0141	Rigid walker wheeled wo seat	RR	\$	18.78
E0141	Rigid walker wheeled wo seat	UE	\$	61.74
E0142	Walker rigid wheeled with se	NU	\$	122.79
E0142	Walker rigid wheeled with se	RR	\$	22.20
E0142	Walker rigid wheeled with se	UE	\$	93.52
E0143	Walker folding wheeled w/o s	NU	\$	85.85
E0143	Walker folding wheeled w/o s	RR	\$	18.14
E0143	Walker folding wheeled w/o s	UE	\$	64.24
E0144	Enclosed walker w rear seat	NU	\$	267.50
E0144	Enclosed walker w rear seat	RR	\$	26.76
E0144	Enclosed walker w rear seat	UE	\$	200.62
E0145	Walker whled seat/crutch att	RR	\$	14.82
E0146	Folding walker wheels w seat	RR	\$	15.99
E0147	Walker variable wheel resist	NU	\$	482.84
E0147	Walker variable wheel resist	RR	\$	48.28

		<b>MC Apr 2004</b>		
<b>HPCPS</b>	<b>Description</b>	<b>Mod</b>	<b>Mod2</b>	<b>less 16%</b>
E0147	Walker variable wheel resist	UE	\$	362.15
E0148	Heavyduty walker no wheels	NU	\$	106.72
E0148	Heavyduty walker no wheels	RR	\$	10.68
E0148	Heavyduty walker no wheels	UE	\$	80.04
E0149	Heavy duty wheeled walker	NU	\$	187.49
E0149	Heavy duty wheeled walker	RR	\$	18.75
E0149	Heavy duty wheeled walker	UE	\$	140.61
E0153	Forearm crutch platform atta	NU	\$	49.53
E0153	Forearm crutch platform atta	RR	\$	5.59
E0153	Forearm crutch platform atta	UE	\$	37.15
E0154	Walker platform attachment	NU	\$	50.34
E0154	Walker platform attachment	RR	\$	6.12
E0154	Walker platform attachment	UE	\$	38.25
E0155	Walker wheel attachment	NU	\$	26.51
E0155	Walker wheel attachment	RR	\$	3.23
E0155	Walker wheel attachment	UE	\$	20.20
E0156	Walker seat attachment	NU	\$	18.87
E0156	Walker seat attachment	RR	\$	2.41
E0156	Walker seat attachment	UE	\$	14.17
E0157	Walker crutch attachment	NU	\$	58.49
E0157	Walker crutch attachment	RR	\$	6.42
E0157	Walker crutch attachment	UE	\$	43.87
E0158	Walker leg extenders set of4	NU	\$	27.03
E0158	Walker leg extenders set of4	RR	\$	2.98
E0158	Walker leg extenders set of4	UE	\$	20.40
E0159	Brake for wheeled walker	NU	\$	15.01
E0159	Brake for wheeled walker	RR	\$	1.55
E0159	Brake for wheeled walker	UE	\$	11.26
E0160	Sitz type bath or equipment	NU	\$	23.60
E0160	Sitz type bath or equipment	RR	\$	3.64
E0160	Sitz type bath or equipment	UE	\$	17.68
E0161	Sitz bath/equipment w/faucet	NU	\$	22.03
E0161	Sitz bath/equipment w/faucet	RR	\$	3.00
E0161	Sitz bath/equipment w/faucet	UE	\$	16.50
E0162	Sitz bath chair	NU	\$	117.52
E0162	Sitz bath chair	RR	\$	12.84
E0162	Sitz bath chair	UE	\$	85.84
E0163	Commode chair stationry fxd	NU	\$	89.35
E0163	Commode chair stationry fxd	RR	\$	20.52
E0163	Commode chair stationry fxd	UE	\$	71.44
E0164	Commode chair mobile fixed a	NU	\$	129.52
E0164	Commode chair mobile fixed a	RR	\$	18.87
E0164	Commode chair mobile fixed a	UE	\$	97.14
E0165	Commode chair stationry det	RR	\$	13.26
E0166	Commode chair mobile detach	RR	\$	22.23
E0167	Commode chair pail or pan	NU	\$	10.08
E0167	Commode chair pail or pan	RR	\$	1.06
E0167	Commode chair pail or pan	UE	\$	7.59
E0168	Heavyduty/wide commode chair	NU	\$	126.77

		<b>MC Apr 2004</b>	
<b>HCPCS</b>	<b>Description</b>	<b>Mod</b>	<b>Mod2 less 16%</b>
E0168	Heavyduty/wide commode chair	RR	\$ 12.68
E0168	Heavyduty/wide commode chair	UE	\$ 95.07
E0169		RR	\$ 41.13
E0175	Commode chair foot rest	NU	\$ 51.06
E0175	Commode chair foot rest	RR	\$ 5.11
E0175	Commode chair foot rest	UE	\$ 38.30
E0176	Air pressre pad/cushion nonp	NU	\$ 76.47
E0176	Air pressre pad/cushion nonp	RR	\$ 10.11
E0176	Air pressre pad/cushion nonp	UE	\$ 56.85
E0177	Water press pad/cushion nonp	NU	\$ 75.78
E0177	Water press pad/cushion nonp	RR	\$ 8.68
E0177	Water press pad/cushion nonp	UE	\$ 56.85
E0178	Gel pressre pad/cushion nonp	NU	\$ 86.64
E0178	Gel pressre pad/cushion nonp	RR	\$ 10.72
E0178	Gel pressre pad/cushion nonp	UE	\$ 64.97
E0179	Dry pressre pad/cushion nonp	NU	\$ 8.54
E0179	Dry pressre pad/cushion nonp	RR	\$ 0.88
E0179	Dry pressre pad/cushion nonp	UE	\$ 6.72
E0180	Press pad alternating w pump	RR	\$ 17.63
E0181	Press pad alternating w/ pum	RR	\$ 19.53
E0182	Pressure pad alternating pum	RR	\$ 18.69
E0184	Dry pressure mattress	NU	\$ 139.02
E0184	Dry pressure mattress	RR	\$ 20.64
E0184	Dry pressure mattress	UE	\$ 125.43
E0185	Gel pressure mattress pad	NU	\$ 228.38
E0185	Gel pressure mattress pad	RR	\$ 37.75
E0185	Gel pressure mattress pad	UE	\$ 175.27
E0186	Air pressure mattress	RR	\$ 17.05
E0187	Water pressure mattress	RR	\$ 19.50
E0188	Synthetic sheepskin pad	NU	\$ 22.20
E0188	Synthetic sheepskin pad	RR	\$ 2.60
E0188	Synthetic sheepskin pad	UE	\$ 16.67
E0189	Lambswool sheepskin pad	NU	\$ 43.65
E0189	Lambswool sheepskin pad	RR	\$ 4.73
E0189	Lambswool sheepskin pad	UE	\$ 32.74
E0191	Protector heel or elbow	NU	\$ 8.34
E0191	Protector heel or elbow	RR	\$ 0.86
E0191	Protector heel or elbow	UE	\$ 6.25
E0192	Pad wheelchr low press/posit	NU	\$ 325.09
E0192	Pad wheelchr low press/posit	RR	\$ 32.74
E0192	Pad wheelchr low press/posit	UE	\$ 243.82
E0193	Powered air flotation bed	RR	\$ 732.74
E0194	Air fluidized bed	RR	\$ 2,386.48
E0196	Gel pressure mattress	RR	\$ 26.52
E0197	Air pressure pad for mattres	NU	\$ 186.13
E0197	Air pressure pad for mattres	RR	\$ 25.68
E0197	Air pressure pad for mattres	UE	\$ 163.50
E0198	Water pressure pad for mattre	NU	\$ 186.13
E0198	Water pressure pad for mattre	RR	\$ 19.28

		<b>MC Apr 2004</b>	
<b>HCPCS</b>	<b>Description</b>	<b>Mod</b>	<b>Mod2 less 16%</b>
E0198	Water pressure pad for mattr	UE	\$ 141.24
E0199	Dry pressure pad for mattres	NU	\$ 22.88
E0199	Dry pressure pad for mattres	RR	\$ 2.28
E0199	Dry pressure pad for mattres	UE	\$ 17.16
E0200	Heat lamp without stand	NU	\$ 66.60
E0200	Heat lamp without stand	RR	\$ 9.04
E0200	Heat lamp without stand	UE	\$ 49.97
E0202	Phototherapy light w/ photom	RR	\$ 52.59
E0205	Heat lamp with stand	NU	\$ 163.01
E0205	Heat lamp with stand	RR	\$ 17.93
E0205	Heat lamp with stand	UE	\$ 122.25
E0210	Electric heat pad standard	NU	\$ 27.42
E0210	Electric heat pad standard	RR	\$ 2.58
E0210	Electric heat pad standard	UE	\$ 20.56
E0215	Electric heat pad moist	NU	\$ 59.51
E0215	Electric heat pad moist	RR	\$ 6.22
E0215	Electric heat pad moist	UE	\$ 44.64
E0217	Water circ heat pad w pump	NU	\$ 354.48
E0217	Water circ heat pad w pump	RR	\$ 39.47
E0217	Water circ heat pad w pump	UE	\$ 265.83
E0220	Hot water bottle	NU	\$ 6.05
E0220	Hot water bottle	RR	\$ 0.64
E0220	Hot water bottle	UE	\$ 4.52
E0221		NU	\$ 1,775.31
E0221		RR	\$ 177.53
E0221		UE	\$ 1,331.48
E0225	Hydrocollator unit	NU	\$ 277.49
E0225	Hydrocollator unit	RR	\$ 27.35
E0225	Hydrocollator unit	UE	\$ 208.12
E0230	Ice cap or collar	NU	\$ 7.12
E0230	Ice cap or collar	RR	\$ 0.71
E0230	Ice cap or collar	UE	\$ 5.33
E0235	Paraffin bath unit portable	RR	\$ 12.32
E0236	Pump for water circulating p	RR	\$ 31.59
E0238	Heat pad non-electric moist	NU	\$ 19.30
E0238	Heat pad non-electric moist	RR	\$ 1.94
E0238	Heat pad non-electric moist	UE	\$ 14.20
E0239	Hydrocollator unit portable	NU	\$ 321.18
E0239	Hydrocollator unit portable	RR	\$ 32.12
E0239	Hydrocollator unit portable	UE	\$ 240.90
E0249	Pad water circulating heat u	NU	\$ 71.11
E0249	Pad water circulating heat u	RR	\$ 7.82
E0249	Pad water circulating heat u	UE	\$ 53.34
E0250	Hosp bed fixed ht w/ mattres	RR	\$ 82.12
E0251	Hosp bed fixd ht w/o mattres	RR	\$ 57.62
E0255	Hospital bed var ht w/ mattr	RR	\$ 98.68
E0256	Hospital bed var ht w/o matt	RR	\$ 59.51
E0260	Hosp bed semi-electr w/ matt	RR	\$ 136.72
E0261	Hosp bed semi-electr w/o mat	RR	\$ 102.65

		<b>MC Apr 2004</b>	
<b>HCPCS</b>	<b>Description</b>	<b>Mod</b>	<b>Mod2 less 16%</b>
E0265	Hosp bed total electr w/ mat	RR	\$ 149.72
E0266	Hosp bed total elec w/o matt	RR	\$ 140.79
E0271	Mattress innerspring	NU	\$ 158.53
E0271	Mattress innerspring	RR	\$ 16.46
E0271	Mattress innerspring	UE	\$ 123.85
E0272	Mattress foam rubber	NU	\$ 160.11
E0272	Mattress foam rubber	RR	\$ 17.75
E0272	Mattress foam rubber	UE	\$ 120.08
E0275	Bed pan standard	NU	\$ 12.86
E0275	Bed pan standard	RR	\$ 1.34
E0275	Bed pan standard	UE	\$ 9.64
E0276	Bed pan fracture	NU	\$ 11.17
E0276	Bed pan fracture	RR	\$ 1.32
E0276	Bed pan fracture	UE	\$ 8.84
E0277	Powered pres-redu air mattrs	RR	\$ 616.29
E0280	Bed cradle	NU	\$ 27.27
E0280	Bed cradle	RR	\$ 2.93
E0280	Bed cradle	UE	\$ 20.45
E0290	Hosp bed fx ht w/o rails w/m	RR	\$ 53.37
E0291	Hosp bed fx ht w/o rail w/o	RR	\$ 38.77
E0292	Hosp bed var ht w/o rail w/o	RR	\$ 60.00
E0293	Hosp bed var ht w/o rail w/	RR	\$ 51.06
E0294	Hosp bed semi-elect w/ matt	RR	\$ 98.77
E0295	Hosp bed semi-elect w/o matt	RR	\$ 92.01
E0296	Hosp bed total elect w/ matt	RR	\$ 117.24
E0297	Hosp bed total elect w/o mat	RR	\$ 100.44
E0298	Heavyduty/xtra wide hosp bed	RR	\$ -
E0300		NU	\$ 2,384.44
E0300		RR	\$ 238.44
E0300		UE	\$ 1,788.33
E0301		RR	\$ 219.27
E0302		RR	\$ 600.97
E0303		RR	\$ 247.21
E0304		RR	\$ 647.36
E0305	Rails bed side half length	RR	\$ 12.70
E0310	Rails bed side full length	NU	\$ 155.33
E0310	Rails bed side full length	RR	\$ 19.12
E0310	Rails bed side full length	UE	\$ 116.50
E0316		RR	\$ 177.48
E0325	Urinal male jug-type	NU	\$ 7.22
E0325	Urinal male jug-type	RR	\$ 1.08
E0325	Urinal male jug-type	UE	\$ 4.78
E0326	Urinal female jug-type	NU	\$ 8.82
E0326	Urinal female jug-type	RR	\$ 0.89
E0326	Urinal female jug-type	UE	\$ 6.61
E0371	Nonpower mattress overlay	RR	\$ 360.75
E0372	Powered air mattress overlay	RR	\$ 437.72
E0373	Nonpowered pressure mattress	RR	\$ 501.42
E0424	Stationary compressed gas O2	RR	\$ 192.19



		<b>MC Apr 2004</b>		
<b>HCPCS</b>	<b>Description</b>	<b>Mod</b>	<b>Mod2</b>	<b>less 16%</b>
E0431	Portable gaseous O2	RR		\$ 26.15
E0434	Portable liquid O2	RR		\$ 26.15
E0439	Stationary liquid O2	RR		\$ 192.19
E0441	Oxygen contents			\$ 136.90
E0442	Oxygen contents			\$ 136.90
E0443	Portable O2 contents			\$ 17.98
E0444	Portable O2 contents			\$ 17.98
E0450	Volume vent stationary/porta	RR		\$ 801.80
E0454		RR		\$ 1,176.12
E0457	Chest shell	NU		\$ 516.19
E0457	Chest shell	RR		\$ 51.62
E0457	Chest shell	UE		\$ 387.11
E0459	Chest wrap	RR		\$ 42.36
E0460	Neg press vent portabl/statn	RR		\$ 616.20
E0461		RR		\$ 841.72
E0462	Rocking bed w/ or w/o side r	RR		\$ 230.95
E0470		RR		\$ 215.54
E0471		RR		\$ 539.42
E0472		RR		\$ 539.42
E0480	Percussor elect/pneum home m	RR		\$ 33.85
E0482		RR		\$ 349.00
E0483		RR		\$ 893.03
E0484		NU		\$ 31.01
E0484		RR		\$ 3.10
E0484		UE		\$ 23.27
E0500	lppb all types	RR		\$ 92.21
E0550	Humidif extens supple w ippb	RR		\$ 35.79
E0560	Humidifier supplemental w/ i	NU		\$ 144.08
E0560	Humidifier supplemental w/ i	RR		\$ 16.88
E0560	Humidifier supplemental w/ i	UE		\$ 108.06
E0561		NU		\$ 89.88
E0561		RR		\$ 8.98
E0561		UE		\$ 67.40
E0562		NU		\$ 253.02
E0562		RR		\$ 25.29
E0562		UE		\$ 189.76
E0565	Compressor air power source	RR		\$ 43.56
E0570	Nebulizer with compression	RR		\$ 16.57
E0571	Aerosol compressor for svneb	RR		\$ 24.47
E0572	Aerosol compressor adjust pr	RR		\$ 31.08
E0574	Ultrasonic generator w svneb	RR		\$ 32.85
E0575	Nebulizer ultrasonic	RR		\$ 86.34
E0580	Nebulizer for use w/ regulat	NU		\$ 112.59
E0580	Nebulizer for use w/ regulat	RR		\$ 11.26
E0580	Nebulizer for use w/ regulat	UE		\$ 84.44
E0585	Nebulizer w/ compressor & he	RR		\$ 29.46
E0600	Suction pump portab hom modl	RR		\$ 38.46
E0601	Cont airway pressure device	RR		\$ 91.13
E0602		NU		\$ 24.80

		MC Apr 2004		
HCP	Description	Mod	Mod2	less 16%
E0602		RR		\$ 2.49
E0602		UE		\$ 18.60
E0605	Vaporizer room type	NU		\$ 21.03
E0605	Vaporizer room type	RR		\$ 2.58
E0605	Vaporizer room type	UE		\$ 15.76
E0606	Drainage board postural	RR		\$ 19.27
E0607	Blood glucose monitor home	NU		\$ 56.13
E0607	Blood glucose monitor home	RR		\$ 5.61
E0607	Blood glucose monitor home	UE		\$ 42.08
E0608	Apnea monitor	RR		\$ -
E0609	Blood gluc mon w/special fea	NU		\$ -
E0609	Blood gluc mon w/special fea	RR		\$ -
E0609	Blood gluc mon w/special fea	UE		\$ -
E0610	Pacemaker monitr audible/vis	NU		\$ 199.80
E0610	Pacemaker monitr audible/vis	RR		\$ 21.08
E0610	Pacemaker monitr audible/vis	UE		\$ 149.87
E0615	Pacemaker monitr digital/vis	NU		\$ 372.98
E0615	Pacemaker monitr digital/vis	RR		\$ 49.14
E0615	Pacemaker monitr digital/vis	UE		\$ 279.71
E0617	Automatic ext defibrillator	RR	KF	\$ 260.77
E0618		RR		\$ 229.34
E0619		RR		\$ -
E0620		NU		\$ 734.49
E0620		RR		\$ 73.44
E0620		UE		\$ 550.86
E0621	Patient lift sling or seat	NU		\$ 68.54
E0621	Patient lift sling or seat	RR		\$ 6.60
E0621	Patient lift sling or seat	UE		\$ 51.67
E0627	Seat lift incorp lift-chair	NU		\$ 277.80
E0627	Seat lift incorp lift-chair	RR		\$ 27.79
E0627	Seat lift incorp lift-chair	UE		\$ 208.33
E0628	Seat lift for pt furn-electr	NU		\$ 277.80
E0628	Seat lift for pt furn-electr	RR		\$ 27.79
E0628	Seat lift for pt furn-electr	UE		\$ 208.33
E0629	Seat lift for pt furn-non-el	NU		\$ 277.80
E0629	Seat lift for pt furn-non-el	RR		\$ 27.79
E0629	Seat lift for pt furn-non-el	UE		\$ 208.33
E0630	Patient lift hydraulic	RR		\$ 82.57
E0635	Patient lift electric	RR		\$ 87.37
E0636		RR		\$ 885.83
E0637		NU		\$ 1,768.17
E0637		RR		\$ 176.83
E0637		UE		\$ 1,326.12
E0638		NU		\$ 717.00
E0638		RR		\$ 71.70
E0638		UE		\$ 537.75
E0650	Pneuma compresor non-segment	NU		\$ 554.14
E0650	Pneuma compresor non-segment	RR		\$ 74.65
E0650	Pneuma compresor non-segment	UE		\$ 415.58

		<b>MC Apr 2004</b>		
<b>HCPCS</b>	<b>Description</b>	<b>Mod</b>	<b>Mod2</b>	<b>less 16%</b>
E0651	Pneum compressor segmental	NU		\$ 655.75
E0651	Pneum compressor segmental	RR		\$ 66.99
E0651	Pneum compressor segmental	UE		\$ 491.82
E0652	Pneum compres w/cal pressure	NU		\$ 4,401.28
E0652	Pneum compres w/cal pressure	RR		\$ 440.11
E0652	Pneum compres w/cal pressure	UE		\$ 3,300.96
E0655	Pneumatic appliance half arm	NU		\$ 90.65
E0655	Pneumatic appliance half arm	RR		\$ 10.65
E0655	Pneumatic appliance half arm	UE		\$ 68.08
E0660	Pneumatic appliance full leg	NU		\$ 134.19
E0660	Pneumatic appliance full leg	RR		\$ 13.97
E0660	Pneumatic appliance full leg	UE		\$ 100.63
E0665	Pneumatic appliance full arm	NU		\$ 97.81
E0665	Pneumatic appliance full arm	RR		\$ 10.05
E0665	Pneumatic appliance full arm	UE		\$ 73.46
E0666	Pneumatic appliance half leg	NU		\$ 115.99
E0666	Pneumatic appliance half leg	RR		\$ 11.95
E0666	Pneumatic appliance half leg	UE		\$ 87.02
E0667	Seg pneumatic appl full leg	NU		\$ 271.96
E0667	Seg pneumatic appl full leg	RR		\$ 27.20
E0667	Seg pneumatic appl full leg	UE		\$ 203.97
E0668	Seg pneumatic appl full arm	NU		\$ 315.50
E0668	Seg pneumatic appl full arm	RR		\$ 31.14
E0668	Seg pneumatic appl full arm	UE		\$ 236.64
E0669	Seg pneumatic appli half leg	NU		\$ 146.20
E0669	Seg pneumatic appli half leg	RR		\$ 14.62
E0669	Seg pneumatic appli half leg	UE		\$ 109.65
E0671	Pressure pneum appl full leg	NU		\$ 348.89
E0671	Pressure pneum appl full leg	RR		\$ 34.89
E0671	Pressure pneum appl full leg	UE		\$ 261.66
E0672	Pressure pneum appl full arm	NU		\$ 271.09
E0672	Pressure pneum appl full arm	RR		\$ 27.12
E0672	Pressure pneum appl full arm	UE		\$ 203.33
E0673	Pressure pneum appl half leg	NU		\$ 225.26
E0673	Pressure pneum appl half leg	RR		\$ 22.53
E0673	Pressure pneum appl half leg	UE		\$ 168.97
E0675		RR		\$ 270.47
E0690	Ultraviolet cabinet	NU		\$ -
E0690	Ultraviolet cabinet	RR		\$ -
E0690	Ultraviolet cabinet	UE		\$ -
E0691		NU	KF	\$ 770.67
E0691		RR	KF	\$ 77.07
E0691		UE	KF	\$ 578.00
E0692		NU	KF	\$ 967.74
E0692		RR	KF	\$ 93.42
E0692		UE	KF	\$ 725.81
E0693		NU	KF	\$ 1,192.96
E0693		RR	KF	\$ 119.30
E0693		UE	KF	\$ 894.73

		<b>MC Apr 2004</b>		
<b>HCPCS</b>	<b>Description</b>	<b>Mod</b>	<b>Mod2</b>	<b>less 16%</b>
E0694		NU	KF	\$ 3,797.06
E0694		RR	KF	\$ 379.71
E0694		UE	KF	\$ 2,847.82
E0701		NU		\$ 128.81
E0701		RR		\$ 12.88
E0701		UE		\$ 96.63
E0720	Tens two lead	NU		\$ 308.77
E0730	Tens four lead	NU		\$ 308.65
E0731	Conductive garment for tens/	NU		\$ 254.68
E0740	Incontinence treatment systm	NU		\$ 439.21
E0740	Incontinence treatment systm	RR		\$ 43.92
E0740	Incontinence treatment systm	UE		\$ 329.43
E0744	Neuromuscular stim for scoli	RR		\$ 65.38
E0745	Neuromuscular stim for shock	RR		\$ 75.19
E0747	Elec osteogen stim not spine	NU	KF	\$ 3,025.08
E0747	Elec osteogen stim not spine	RR	KF	\$ 300.61
E0747	Elec osteogen stim not spine	UE	KF	\$ 2,247.57
E0748	Elec osteogen stim spinal	NU	KF	\$ 3,005.47
E0748	Elec osteogen stim spinal	RR	KF	\$ 300.54
E0748	Elec osteogen stim spinal	UE	KF	\$ 2,254.11
E0749	Elec osteogen stim implanted	RR	KF	\$ 186.72
E0751	Pulse generator or receiver			\$ -
E0752				\$ 305.05
E0753	Neurostimulator electrodes			\$ -
E0754				\$ 726.73
E0756	Implantable pulse generator			\$ 5,541.07
E0757	Implantable RF receiver			\$ 3,959.00
E0758	External RF transmitter			\$ 3,484.82
E0759				\$ 534.95
E0760	Osteogen ultrasound stimltor	NU	KF	\$ 2,497.49
E0760	Osteogen ultrasound stimltor	RR	KF	\$ 249.76
E0760	Osteogen ultrasound stimltor	UE	KF	\$ 1,873.12
E0765	Nerve stimulator for tx n&v	NU		\$ 70.67
E0765	Nerve stimulator for tx n&v	RR		\$ 7.08
E0765	Nerve stimulator for tx n&v	UE		\$ 53.02
E0776	Iv pole	NU		\$ 120.25
E0776	Iv pole	RR		\$ 15.67
E0776	Iv pole	UE		\$ 88.48
E0779	Amb infusion pump mechanical	RR		\$ 13.66
E0780	Mech amb infusion pump <8hrs	NU		\$ 8.71
E0781	External ambulatory infus pu	RR		\$ 209.21
E0782	Non-programble infusion pump	NU	KF	\$ 3,129.40
E0782	Non-programble infusion pump	RR	KF	\$ 312.93
E0782	Non-programble infusion pump	UE	KF	\$ 2,347.06
E0783	Programmable infusion pump	NU	KF	\$ 6,324.18
E0783	Programmable infusion pump	RR	KF	\$ 632.43
E0783	Programmable infusion pump	UE	KF	\$ 4,743.14
E0784	Ext amb infusn pump insulin	RR		\$ 350.69
E0785		KF		\$ 365.00

		<b>MC Apr 2004</b>		
<b>HCPCS</b>	<b>Description</b>	<b>Mod</b>	<b>Mod2</b>	<b>less 16%</b>
E0785	Replacement impl pump cathet			\$ -
E0786	Implantable pump replacement	NU	KF	\$ 6,168.86
E0786	Implantable pump replacement	RR	KF	\$ 616.88
E0786	Implantable pump replacement	UE	KF	\$ 4,626.64
E0791	Parenteral infusion pump sta	RR		\$ 225.77
E0840	Tract frame attach headboard	NU		\$ 61.56
E0840	Tract frame attach headboard	RR		\$ 13.71
E0840	Tract frame attach headboard	UE		\$ 46.14
E0850	Traction stand free standing	NU		\$ 88.25
E0850	Traction stand free standing	RR		\$ 12.12
E0850	Traction stand free standing	UE		\$ 66.19
E0855	Cervical traction equipment	NU		\$ 415.14
E0855	Cervical traction equipment	RR		\$ 41.53
E0855	Cervical traction equipment	UE		\$ 311.35
E0860	Tract equip cervical tract	NU		\$ 31.25
E0860	Tract equip cervical tract	RR		\$ 5.47
E0860	Tract equip cervical tract	UE		\$ 23.42
E0870	Tract frame attach footboard	NU		\$ 97.70
E0870	Tract frame attach footboard	RR		\$ 10.86
E0870	Tract frame attach footboard	UE		\$ 73.60
E0880	Trac stand free stand extrem	NU		\$ 105.45
E0880	Trac stand free stand extrem	RR		\$ 16.56
E0880	Trac stand free stand extrem	UE		\$ 79.82
E0890	Traction frame attach pelvic	NU		\$ 94.63
E0890	Traction frame attach pelvic	RR		\$ 27.58
E0890	Traction frame attach pelvic	UE		\$ 81.47
E0900	Trac stand free stand pelvic	NU		\$ 91.48
E0900	Trac stand free stand pelvic	RR		\$ 23.20
E0900	Trac stand free stand pelvic	UE		\$ 68.63
E0910	Trapeze bar attached to bed	RR		\$ 15.52
E0920	Fracture frame attached to b	RR		\$ 32.94
E0930	Fracture frame free standing	RR		\$ 36.78
E0935	Exercise device passive moti	RR		\$ 19.09
E0940	Trapeze bar free standing	RR		\$ 24.82
E0941	Gravity assisted traction de	RR		\$ 31.00
E0942	Cervical head harness/halter	NU		\$ 14.84
E0942	Cervical head harness/halter	RR		\$ 1.67
E0942	Cervical head harness/halter	UE		\$ 11.14
E0943	Cervical pillow	NU		\$ 19.76
E0943	Cervical pillow	RR		\$ 2.31
E0943	Cervical pillow	UE		\$ 14.81
E0944	Pelvic belt/harness/boot	NU		\$ 38.54
E0944	Pelvic belt/harness/boot	RR		\$ 3.86
E0944	Pelvic belt/harness/boot	UE		\$ 28.90
E0945	Belt/harness extremity	NU		\$ 37.23
E0945	Belt/harness extremity	RR		\$ 3.73
E0945	Belt/harness extremity	UE		\$ 28.82
E0946	Fracture frame dual w cross	RR		\$ 42.24
E0947	Fracture frame attachmnts pe	NU		\$ 433.01

		<b>MC Apr 2004</b>		
<b>HCP</b>	<b>CS Description</b>	<b>Mod</b>	<b>Mod2</b>	<b>less 16%</b>
E0947	Fracture frame attachmnts pe	RR		\$ 44.91
E0947	Fracture frame attachmnts pe	UE		\$ 324.75
E0948	Fracture frame attachmnts ce	NU		\$ 418.82
E0948	Fracture frame attachmnts ce	RR		\$ 41.87
E0948	Fracture frame attachmnts ce	UE		\$ 295.39
E0950	Tray	NU		\$ 74.22
E0950	Tray	RR		\$ 7.43
E0950	Tray	UE		\$ 55.67
E0951	Loop heel	NU		\$ 13.55
E0951	Loop heel	RR		\$ 1.40
E0951	Loop heel	UE		\$ 10.16
E0952	Loop tie	NU		\$ 13.45
E0952	Loop tie	RR		\$ 1.40
E0952	Loop tie	UE		\$ 10.09
E0953	Pneumatic tire	NU		\$ -
E0953	Pneumatic tire	RR		\$ -
E0953	Pneumatic tire	UE		\$ -
E0954	Wheelchair semi-pneumatic ca	NU		\$ -
E0954	Wheelchair semi-pneumatic ca	RR		\$ -
E0954	Wheelchair semi-pneumatic ca	UE		\$ -
E0955		NU		\$ 169.83
E0955		RR		\$ 16.99
E0955		UE		\$ 127.37
E0956		NU		\$ 82.81
E0956		RR		\$ 8.29
E0956		UE		\$ 62.10
E0957		NU		\$ 115.86
E0957		RR		\$ 11.58
E0957		UE		\$ 86.90
E0958	Whlchr att- conv 1 arm drive	RR		\$ 36.65
E0959	Amputee adapter	NU		\$ 31.57
E0959	Amputee adapter	RR		\$ 3.18
E0959	Amputee adapter	UE		\$ 23.89
E0960		NU		\$ 76.42
E0960		RR		\$ 7.64
E0960		UE		\$ 57.32
E0961	Wheelchair brake extension	NU		\$ 24.98
E0961	Wheelchair brake extension	RR		\$ 2.60
E0961	Wheelchair brake extension	UE		\$ 10.61
E0962	Wheelchair 1 inch cushion	NU		\$ 49.97
E0962	Wheelchair 1 inch cushion	RR		\$ 4.99
E0962	Wheelchair 1 inch cushion	UE		\$ 37.47
E0963	Wheelchair 2 inch cushion	NU		\$ 59.69
E0963	Wheelchair 2 inch cushion	RR		\$ 6.06
E0963	Wheelchair 2 inch cushion	UE		\$ 44.87
E0964	Wheelchair 3 inch cushion	NU		\$ 66.60
E0964	Wheelchair 3 inch cushion	RR		\$ 6.71
E0964	Wheelchair 3 inch cushion	UE		\$ 49.97
E0965	Wheelchair 4 inch cushion	NU		\$ 71.19

		<b>MC Apr 2004</b>		
<b>HCPCS</b>	<b>Description</b>	<b>Mod</b>	<b>Mod2</b>	<b>less 16%</b>
E0965	Wheelchair 4 inch cushion	RR	\$	7.12
E0965	Wheelchair 4 inch cushion	UE	\$	53.41
E0966	Wheelchair head rest extensi	NU	\$	52.03
E0966	Wheelchair head rest extensi	RR	\$	5.22
E0966	Wheelchair head rest extensi	UE	\$	39.03
E0967	Wheelchair hand rims	NU	\$	55.18
E0967	Wheelchair hand rims	RR	\$	5.52
E0967	Wheelchair hand rims	UE	\$	41.37
E0968	Wheelchair commode seat	RR	\$	15.06
E0969	Wheelchair narrowing device	NU	\$	124.88
E0969	Wheelchair narrowing device	RR	\$	12.48
E0969	Wheelchair narrowing device	UE	\$	93.64
E0970	Wheelchair no. 2 footplates	NU	\$	-
E0970	Wheelchair no. 2 footplates	RR	\$	-
E0970	Wheelchair no. 2 footplates	UE	\$	-
E0971	Wheelchair anti-tipping devi	NU	\$	55.23
E0971	Wheelchair anti-tipping devi	RR	\$	6.27
E0971	Wheelchair anti-tipping devi	UE	\$	41.42
E0972	Transfer board or device	NU	\$	39.35
E0972	Transfer board or device	RR	\$	4.01
E0972	Transfer board or device	UE	\$	28.82
E0973	Wheelchair adjustabl height	NU	\$	82.08
E0973	Wheelchair adjustabl height	RR	\$	7.82
E0973	Wheelchair adjustabl height	UE	\$	61.57
E0974	Wheelchair grade-aid	NU	\$	65.86
E0974	Wheelchair grade-aid	RR	\$	6.98
E0974	Wheelchair grade-aid	UE	\$	49.77
E0975	Wheelchair reinforced seat u	NU	\$	-
E0975	Wheelchair reinforced seat u	RR	\$	-
E0975	Wheelchair reinforced seat u	UE	\$	-
E0976	Wheelchair reinforced back u	NU	\$	-
E0976	Wheelchair reinforced back u	RR	\$	-
E0976	Wheelchair reinforced back u	UE	\$	-
E0977	Wheelchair wedge cushion	NU	\$	52.99
E0977	Wheelchair wedge cushion	RR	\$	5.29
E0977	Wheelchair wedge cushion	UE	\$	39.74
E0978	Wheelchair belt w/airplane b	NU	\$	35.26
E0978	Wheelchair belt w/airplane b	RR	\$	3.52
E0978	Wheelchair belt w/airplane b	UE	\$	26.45
E0979	Wheelchair belt with velcro	NU	\$	-
E0979	Wheelchair belt with velcro	RR	\$	-
E0979	Wheelchair belt with velcro	UE	\$	-
E0980	Wheelchair safety vest	NU	\$	26.85
E0980	Wheelchair safety vest	RR	\$	2.67
E0980	Wheelchair safety vest	UE	\$	20.14
E0981		NU	\$	33.67
E0981		RR	\$	3.43
E0981		UE	\$	25.49
E0982		NU	\$	36.79

		MC Apr 2004	
HCPCS	Description	Mod	Mod2 less 16%
E0982		RR	\$ 3.68
E0982		UE	\$ 27.59
E0983		RR	\$ 203.27
E0984		NU	\$ 1,420.78
E0984		RR	\$ 149.18
E0984		UE	\$ 1,065.59
E0985		NU	\$ 170.39
E0985		RR	\$ 17.05
E0985		UE	\$ 127.78
E0986		NU	\$ 4,085.96
E0986		RR	\$ 408.60
E0986		UE	\$ 3,064.49
E0990	Wheelchair elevating leg res	NU	\$ 83.85
E0990	Wheelchair elevating leg res	RR	\$ 9.44
E0990	Wheelchair elevating leg res	UE	\$ 65.51
E0991	Wheelchair upholstery seat	NU	\$ -
E0991	Wheelchair upholstery seat	RR	\$ -
E0991	Wheelchair upholstery seat	UE	\$ -
E0992	Wheelchair solid seat insert	NU	\$ 67.94
E0992	Wheelchair solid seat insert	RR	\$ 6.60
E0992	Wheelchair solid seat insert	UE	\$ 50.95
E0993	Wheelchair back upholstery	NU	\$ -
E0993	Wheelchair back upholstery	RR	\$ -
E0993	Wheelchair back upholstery	UE	\$ -
E0994	Wheelchair arm rest	NU	\$ 14.74
E0994	Wheelchair arm rest	RR	\$ 1.47
E0994	Wheelchair arm rest	UE	\$ 11.05
E0995	Wheelchair calf rest	NU	\$ 21.71
E0995	Wheelchair calf rest	RR	\$ 2.18
E0995	Wheelchair calf rest	UE	\$ 16.26
E0996	Wheelchair tire solid	NU	\$ -
E0996	Wheelchair tire solid	RR	\$ -
E0996	Wheelchair tire solid	UE	\$ -
E0997	Wheelchair caster w/ a fork	NU	\$ 51.87
E0997	Wheelchair caster w/ a fork	RR	\$ 5.20
E0997	Wheelchair caster w/ a fork	UE	\$ 38.92
E0998	Wheelchair caster w/o a fork	NU	\$ 27.33
E0998	Wheelchair caster w/o a fork	RR	\$ 2.83
E0998	Wheelchair caster w/o a fork	UE	\$ 20.51
E0999	Wheelchr pneumatic tire w/wh	NU	\$ 96.57
E0999	Wheelchr pneumatic tire w/wh	RR	\$ 9.67
E0999	Wheelchr pneumatic tire w/wh	UE	\$ 72.43
E1000	Wheelchair tire pneumatic ca	NU	\$ -
E1000	Wheelchair tire pneumatic ca	RR	\$ -
E1000	Wheelchair tire pneumatic ca	UE	\$ -
E1001	Wheelchair wheel	NU	\$ 70.01
E1001	Wheelchair wheel	RR	\$ 7.35
E1001	Wheelchair wheel	UE	\$ 52.52
E1002		NU	\$ 3,454.94



		MC Apr 2004	
HCPCS	Description	Mod	Mod2 less 16%
E1002		RR	\$ 345.52
E1002		UE	\$ 2,591.20
E1003		NU	\$ 3,688.69
E1003		RR	\$ 368.88
E1003		UE	\$ 2,766.52
E1004		NU	\$ 4,090.00
E1004		RR	\$ 409.00
E1004		UE	\$ 3,067.49
E1005		NU	\$ 4,427.10
E1005		RR	\$ 442.71
E1005		UE	\$ 3,320.34
E1006		NU	\$ 5,422.79
E1006		RR	\$ 542.26
E1006		UE	\$ 4,067.10
E1007		NU	\$ 7,342.67
E1007		RR	\$ 734.27
E1007		UE	\$ 5,506.99
E1008		NU	\$ 7,343.32
E1008		RR	\$ 734.33
E1008		UE	\$ 5,507.50
E1009		NU	\$ -
E1009		RR	\$ -
E1009		UE	\$ -
E1010		NU	\$ 967.14
E1010		RR	\$ 96.71
E1010		UE	\$ 725.35
E1011		NU	\$ -
E1011		RR	\$ -
E1011		UE	\$ -
E1012		NU	\$ 425.92
E1012		RR	\$ 42.59
E1012		UE	\$ 319.45
E1013		NU	\$ 703.86
E1013		RR	\$ 70.39
E1013		UE	\$ 527.91
E1014		NU	\$ 306.72
E1014		RR	\$ 30.68
E1014		UE	\$ 230.03
E1015		NU	\$ 96.35
E1015		RR	\$ 9.63
E1015		UE	\$ 72.26
E1016		NU	\$ 110.30
E1016		RR	\$ 11.04
E1016		UE	\$ 82.72
E1017		NU	\$ -
E1017		RR	\$ -
E1017		UE	\$ -
E1018		NU	\$ -
E1018		RR	\$ -

		MC Apr 2004		
HCPCS	Description	Mod	Mod2	less 16%
E1018		UE		\$ -
E1019		NU		\$ 375.70
E1019		RR		\$ 37.56
E1019		UE		\$ 281.77
E1020		NU		\$ 204.46
E1020		RR		\$ 20.43
E1020		UE		\$ 153.34
E1021		NU		\$ 272.29
E1021		RR		\$ 27.22
E1021		UE		\$ 204.22
E1025		NU		\$ 105.29
E1025		RR		\$ 10.54
E1025		UE		\$ 78.98
E1026		NU		\$ 162.04
E1026		RR		\$ 16.20
E1026		UE		\$ 121.52
E1027		NU		\$ 231.05
E1027		RR		\$ 23.09
E1027		UE		\$ 173.28
E1028		NU		\$ 173.49
E1028		RR		\$ 17.35
E1028		UE		\$ 130.11
E1029		NU		\$ 310.41
E1029		RR		\$ 31.04
E1029		UE		\$ 232.81
E1030		NU		\$ 978.83
E1030		RR		\$ 97.89
E1030		UE		\$ 734.13
E1031	Rollabout chair with casters	RR		\$ 42.43
E1035		RR		\$ 515.09
E1037		RR		\$ 91.13
E1038		RR		\$ 33.61
E1050	Wheelchr fxd full length arms	RR		\$ 72.71
E1060	Wheelchair detachable arms	RR		\$ 97.01
E1065	Wheelchair power attachment	NU		\$ 2,208.97
E1065	Wheelchair power attachment	RR		\$ 220.90
E1065	Wheelchair power attachment	UE		\$ 1,656.73
E1066	Wheelchair battery charger	NU		\$ -
E1066	Wheelchair battery charger	RR		\$ -
E1066	Wheelchair battery charger	UE		\$ -
E1069	Wheelchair deep cycle batter	NU		\$ -
E1069	Wheelchair deep cycle batter	RR		\$ -
E1069	Wheelchair deep cycle batter	UE		\$ -
E1070	Wheelchair detachable foot r	RR		\$ 92.01
E1083	Hemi-wheelchair fixed arms	RR		\$ 57.12
E1084	Hemi-wheelchair detachable a	RR		\$ 82.40
E1085	Hemi-wheelchair fixed arms	RR		\$ -
E1086	Hemi-wheelchair detachable a	RR		\$ -
E1087	Wheelchair lightwt fixed arm	RR		\$ 98.64

		<b>MC Apr 2004</b>		
<b>HPCPS</b>	<b>Description</b>	<b>Mod</b>	<b>Mod2</b>	<b>less 16%</b>
E1088	Wheelchair lightweight det a	RR	\$	119.31
E1089	Wheelchair lightwt fixed arm	RR	\$	-
E1090	Wheelchair lightweight det a	RR	\$	-
E1091	Wheelchair youth	RR	\$	-
E1092	Wheelchair wide w/ leg rests	RR	\$	91.75
E1093	Wheelchair wide w/ foot rest	RR	\$	92.84
E1100	Whchr s-recl fxd arm leg res	RR	\$	74.12
E1110	Wheelchair semi-recl detach	RR	\$	81.93
E1130	Whlchr stand fxd arm ft rest	RR	\$	-
E1140	Wheelchair standard detach a	RR	\$	-
E1150	Wheelchair standard w/ leg r	RR	\$	68.53
E1160	Wheelchair fixed arms	RR	\$	52.50
E1161		NU	\$	1,987.52
E1161		RR	\$	198.75
E1161		UE	\$	1,490.64
E1170	Whlchr ampu fxd arm leg rest	RR	\$	63.76
E1171	Wheelchair amputee w/o leg r	RR	\$	57.23
E1172	Wheelchair amputee detach ar	RR	\$	69.94
E1180	Wheelchair amputee w/ foot r	RR	\$	72.36
E1190	Wheelchair amputee w/ leg re	RR	\$	83.59
E1195	Wheelchair amputee heavy dut	RR	\$	89.70
E1200	Wheelchair amputee fixed arm	RR	\$	62.13
E1210	Whlchr moto ful arm leg rest	RR	\$	293.35
E1211	Wheelchair motorized w/ det	RR	\$	340.71
E1212	Wheelchair motorized w full	RR	\$	-
E1213	Wheelchair motorized w/ det	RR	\$	-
E1221	Wheelchair spec size w foot	RR	\$	39.71
E1222	Wheelchair spec size w/ leg	RR	\$	54.34
E1223	Wheelchair spec size w foot	RR	\$	62.18
E1224	Wheelchair spec size w/ leg	RR	\$	59.27
E1225	Wheelchair spec sz semi-recl	RR	\$	37.97
E1226	Wheelchair spec sz full-recl	NU	\$	444.00
E1226	Wheelchair spec sz full-recl	RR	\$	44.41
E1226	Wheelchair spec sz full-recl	UE	\$	333.01
E1227	Wheelchair spec sz spec ht a	NU	\$	233.10
E1227	Wheelchair spec sz spec ht a	RR	\$	23.31
E1227	Wheelchair spec sz spec ht a	UE	\$	174.85
E1228	Wheelchair spec sz spec ht b	RR	\$	23.54
E1230	Power operated vehicle	NU	\$	1,883.25
E1230	Power operated vehicle	RR	\$	186.86
E1230	Power operated vehicle	UE	\$	1,412.43
E1231		NU	\$	-
E1231		RR	\$	-
E1231		UE	\$	-
E1232		NU	\$	1,796.26
E1232		RR	\$	179.63
E1232		UE	\$	1,347.21
E1233		NU	\$	1,861.21
E1233		RR	\$	186.12

		<b>MC Apr 2004</b>	
<b>HCPCS</b>	<b>Description</b>	<b>Mod Mod2</b>	<b>less 16%</b>
E1233		UE	\$ 1,395.90
E1234		NU	\$ 1,620.32
E1234		RR	\$ 162.04
E1234		UE	\$ 1,215.23
E1235		NU	\$ 1,560.24
E1235		RR	\$ 156.03
E1235		UE	\$ 1,170.18
E1236		NU	\$ 1,376.53
E1236		RR	\$ 137.65
E1236		UE	\$ 1,032.40
E1237		NU	\$ 1,388.56
E1237		RR	\$ 138.85
E1237		UE	\$ 1,041.43
E1238		NU	\$ 1,447.78
E1238		RR	\$ 144.79
E1238		UE	\$ 1,085.82
E1240	Whchr litwt det arm leg rest	RR	\$ 86.54
E1250	Wheelchair lightwt fixed arm	RR	\$ -
E1260	Wheelchair lightwt foot rest	RR	\$ -
E1270	Wheelchair lightweight leg r	RR	\$ 56.36
E1280	Whchr h-duty det arm leg res	RR	\$ 93.72
E1285	Wheelchair heavy duty fixed	RR	\$ -
E1290	Wheelchair hvy duty detach a	RR	\$ -
E1295	Wheelchair heavy duty fixed	RR	\$ 86.73
E1296	Wheelchair special seat heig	NU	\$ 351.05
E1296	Wheelchair special seat heig	RR	\$ 35.66
E1296	Wheelchair special seat heig	UE	\$ 263.29
E1297	Wheelchair special seat dept	NU	\$ 74.69
E1297	Wheelchair special seat dept	RR	\$ 8.30
E1297	Wheelchair special seat dept	UE	\$ 56.01
E1298	Wheelchair spec seat depth/w	NU	\$ 355.87
E1298	Wheelchair spec seat depth/w	RR	\$ 36.41
E1298	Wheelchair spec seat depth/w	UE	\$ 266.89
E1310	Whirlpool non-portable	NU	\$ 1,533.24
E1310	Whirlpool non-portable	RR	\$ 138.75
E1310	Whirlpool non-portable	UE	\$ 1,149.93
E1340	Repair for DME		\$ -
E1372	Oxy suppl heater for nebuliz	NU	\$ 116.41
E1372	Oxy suppl heater for nebuliz	RR	\$ 16.92
E1372	Oxy suppl heater for nebuliz	UE	\$ 86.17
E1375	Oxygen suppl nebulizer porta	NU	\$ -
E1375	Oxygen suppl nebulizer porta	RR	\$ -
E1375	Oxygen suppl nebulizer porta	UE	\$ -
E1390	Oxygen concentrator	RR	\$ 192.19
E1391		RR	\$ 192.19
E1400	Oxygen concentrator < 2 lite	RR	\$ 192.19
E1401	Oxygen concentrator 2-3 lite	RR	\$ 192.19
E1402	Oxygen concentrator 3-4 lite	RR	\$ 192.19
E1403	Oxygen concentrator 4-5 lite	RR	\$ 192.19

		<b>MC Apr 2004</b>	
<b>HCP</b>	<b>CS Description</b>	<b>Mod</b>	<b>Mod2 less 16%</b>
E1404	Oxygen concentrator > 5 lite	RR	\$ 192.19
E1405	O2/water vapor enrich w/heat	RR	\$ 221.65
E1406	O2/water vapor enrich w/o he	RR	\$ 208.77
E1700	Jaw motion rehab system	NU	\$ 246.21
E1700	Jaw motion rehab system	RR	\$ 24.23
E1700	Jaw motion rehab system	UE	\$ 184.67
E1701	Repl cushions for jaw motion		\$ 8.91
E1702	Repl measr scales jaw motion		\$ 18.96
E1800	Adjust elbow ext/flex device	RR	\$ 102.90
E1801		RR	\$ 104.72
E1802		RR	\$ 274.51
E1805	Adjust wrist ext/flex device	RR	\$ 106.13
E1806		RR	\$ 85.96
E1810	Adjust knee ext/flex device	RR	\$ 104.65
E1811		RR	\$ 108.87
E1815	Adjust ankle ext/flex device	RR	\$ 106.13
E1816		RR	\$ 110.58
E1818		RR	\$ 112.88
E1820	Soft interface material	NU	\$ 64.77
E1820	Soft interface material	RR	\$ 6.48
E1820	Soft interface material	UE	\$ 48.58
E1821		NU	\$ 88.41
E1821		RR	\$ 8.83
E1821		UE	\$ 66.32
E1825	Adjust finger ext/flex devc	RR	\$ 106.13
E1830	Adjust toe ext/flex device	RR	\$ 106.13
E1840		RR	\$ 320.34
E2000		RR	\$ 42.05
E2100		NU	\$ 540.28
E2100		RR	\$ 54.03
E2100		UE	\$ 405.22
E2101		NU	\$ 158.39
E2101		RR	\$ 15.84
E2101		UE	\$ 118.79
E2120		RR	\$ 238.16
E2201		NU	\$ 313.40
E2201		RR	\$ 31.34
E2201		UE	\$ 235.06
E2202		NU	\$ 398.14
E2202		RR	\$ 39.82
E2202		UE	\$ 298.62
E2203		NU	\$ 402.40
E2203		RR	\$ 40.23
E2203		UE	\$ 301.80
E2204		NU	\$ 683.26
E2204		RR	\$ 68.33
E2204		UE	\$ 512.44
E2310		NU	\$ 983.00
E2310		RR	\$ 98.30

		<b>MC Apr 2004</b>	
<b>HCPCS</b>	<b>Description</b>	<b>Mod</b>	<b>Mod2 less 16%</b>
E2310		UE	\$ 737.25
E2311		NU	\$ 1,990.13
E2311		RR	\$ 199.02
E2311		UE	\$ 1,492.60
E2320		NU	\$ 838.64
E2320		RR	\$ 83.87
E2320		UE	\$ 628.98
E2321		NU	\$ 1,287.64
E2321		RR	\$ 128.76
E2321		UE	\$ 965.73
E2322		NU	\$ 1,184.70
E2322		RR	\$ 118.47
E2322		UE	\$ 888.54
E2323		NU	\$ 54.30
E2323		RR	\$ 5.43
E2323		UE	\$ 40.72
E2324		NU	\$ 37.37
E2324		RR	\$ 3.74
E2324		UE	\$ 28.03
E2325		NU	\$ 1,131.34
E2325		RR	\$ 113.15
E2325		UE	\$ 848.51
E2326		NU	\$ 268.46
E2326		RR	\$ 26.85
E2326		UE	\$ 201.36
E2327		NU	\$ 1,937.16
E2327		RR	\$ 193.72
E2327		UE	\$ 1,452.85
E2328		NU	\$ 3,256.95
E2328		RR	\$ 325.70
E2328		UE	\$ 2,442.73
E2329		NU	\$ 1,453.46
E2329		RR	\$ 145.35
E2329		UE	\$ 1,090.08
E2330		NU	\$ 2,799.95
E2330		RR	\$ 279.99
E2330		UE	\$ 2,099.97
E2340		NU	\$ 263.94
E2340		RR	\$ 26.39
E2340		UE	\$ 197.96
E2341		NU	\$ 388.89
E2341		RR	\$ 38.89
E2341		UE	\$ 291.67
E2342		NU	\$ 376.35
E2342		RR	\$ 37.63
E2342		UE	\$ 282.27
E2343		NU	\$ 217.79
E2343		RR	\$ 21.78
E2343		UE	\$ 163.33

		<b>MC Apr 2004</b>	
<b>HCPCS</b>	<b>Description</b>	<b>Mod</b>	<b>Mod2 less 16%</b>
E2351		NU	\$ 586.85
E2351		RR	\$ 58.70
E2351		UE	\$ 440.13
E2360		NU	\$ 94.37
E2360		RR	\$ 9.48
E2360		UE	\$ 70.78
E2361		NU	\$ 117.15
E2361		RR	\$ 11.72
E2361		UE	\$ 87.88
E2362		NU	\$ 77.26
E2362		RR	\$ 7.73
E2362		UE	\$ 57.94
E2363		NU	\$ 156.24
E2363		RR	\$ 15.63
E2363		UE	\$ 117.18
E2364		NU	\$ 94.37
E2364		RR	\$ 9.48
E2364		UE	\$ 70.78
E2365		NU	\$ 94.22
E2365		RR	\$ 9.42
E2365		UE	\$ 70.69
E2366		NU	\$ 221.44
E2366		RR	\$ 22.20
E2366		UE	\$ 166.08
E2367		NU	\$ 352.03
E2367		RR	\$ 35.20
E2367		UE	\$ 264.02
E2402		RR	\$ 1,441.83
E2500		NU	\$ 328.49
E2500		RR	\$ 32.85
E2500		UE	\$ 246.36
E2502		NU	\$ 1,004.47
E2502		RR	\$ 100.46
E2502		UE	\$ 753.36
E2504		NU	\$ 1,325.03
E2504		RR	\$ 132.52
E2504		UE	\$ 993.76
E2506		NU	\$ 1,942.89
E2506		RR	\$ 194.28
E2506		UE	\$ 1,457.14
E2508		NU	\$ 3,004.35
E2508		RR	\$ 300.44
E2508		UE	\$ 2,253.27
E2510		NU	\$ 5,685.33
E2510		RR	\$ 568.53
E2510		UE	\$ 4,263.99
E2511		NU	\$ -
E2511		RR	\$ -
E2511		UE	\$ -

		MC Apr 2004		
HCPCS	Description	Mod	Mod2	less 16%
E2512		NU		\$ -
E2512		RR		\$ -
E2512		UE		\$ -

## Temporary Codes for DMERCS

K0001	Standard wheelchair	RR		\$ 45.88
K0002	Stnd hemi (low seat) whlchr	RR		\$ 58.65
K0003	Lightweight wheelchair	RR		\$ 75.26
K0004	High strength ltwt whlchr	RR		\$ 103.40
K0005	Ultralightweight wheelchair	NU		\$ 1,552.96
K0005	Ultralightweight wheelchair	RR		\$ 155.28
K0005	Ultralightweight wheelchair	UE		\$ 1,164.70
K0006	Heavy duty wheelchair	RR		\$ 89.54
K0007	Extra heavy duty wheelchair	RR		\$ 146.87
K0010	Stnd wt frame power whlchr	RR		\$ 320.57
K0011	Stnd wt pwr whlchr w control	RR	KF	\$ 438.89
K0012	Ltwt portbl power whlchr	RR		\$ 263.71
K0015	Detach non-adjus hght armrst	NU		\$ 152.63
K0015	Detach non-adjus hght armrst	RR		\$ 15.20
K0015	Detach non-adjus hght armrst	UE		\$ 114.47
K0016	Detach adjust armrst complete	NU		\$ 82.08
K0016	Detach adjust armrst complete	RR		\$ 7.82
K0016	Detach adjust armrst complete	UE		\$ 61.57
K0017	Detach adjust armrest base	NU		\$ 42.93
K0017	Detach adjust armrest base	RR		\$ 4.29
K0017	Detach adjust armrest base	UE		\$ 32.20
K0018	Detach adjust armrst upper	NU		\$ 23.97
K0018	Detach adjust armrst upper	RR		\$ 2.39
K0018	Detach adjust armrst upper	UE		\$ 17.99
K0019	Arm pad each	NU		\$ 13.73
K0019	Arm pad each	RR		\$ 1.38
K0019	Arm pad each	UE		\$ 10.29
K0020	Fixed adjust armrest pair	NU		\$ 39.03
K0020	Fixed adjust armrest pair	RR		\$ 3.91
K0020	Fixed adjust armrest pair	UE		\$ 29.26
K0021	Anti-tipping device each	NU		\$ -
K0021	Anti-tipping device each	RR		\$ -
K0021	Anti-tipping device each	UE		\$ -
K0022	Reinforced back upholstery	NU		\$ 35.86
K0022	Reinforced back upholstery	RR		\$ 3.57
K0022	Reinforced back upholstery	UE		\$ 26.89
K0023	Planr back insrt foam w/strp	NU		\$ 75.28
K0023	Planr back insrt foam w/strp	RR		\$ 7.53
K0023	Planr back insrt foam w/strp	UE		\$ 56.46
K0024	Plnr back insrt foam w/hrdwr	NU		\$ 89.11
K0024	Plnr back insrt foam w/hrdwr	RR		\$ 8.90
K0024	Plnr back insrt foam w/hrdwr	UE		\$ 66.85
K0025	Hook-on headrest extension	NU		\$ 52.03



		<b>MC Apr 2004</b>		
<b>HCPCS</b>	<b>Description</b>	<b>Mod</b>	<b>Mod2</b>	<b>less 16%</b>
K0025	Hook-on headrest extension	RR	\$	5.22
K0025	Hook-on headrest extension	UE	\$	39.03
K0026	Back upholst lgtwt whlchr	NU	\$	33.21
K0026	Back upholst lgtwt whlchr	RR	\$	3.31
K0026	Back upholst lgtwt whlchr	UE	\$	25.02
K0027	Back upholst other whlchr	NU	\$	33.21
K0027	Back upholst other whlchr	RR	\$	3.31
K0027	Back upholst other whlchr	UE	\$	25.02
K0028	Manual fully reclining back	NU	\$	444.00
K0028	Manual fully reclining back	RR	\$	44.41
K0028	Manual fully reclining back	UE	\$	333.01
K0029	Reinforced seat upholstery	NU	\$	35.52
K0029	Reinforced seat upholstery	RR	\$	3.53
K0029	Reinforced seat upholstery	UE	\$	26.65
K0030	Solid plnr seat sngl dnsfoam	NU	\$	67.94
K0030	Solid plnr seat sngl dnsfoam	RR	\$	6.60
K0030	Solid plnr seat sngl dnsfoam	UE	\$	50.95
K0031	Safety belt/pelvic strap	NU	\$	35.26
K0031	Safety belt/pelvic strap	RR	\$	3.52
K0031	Safety belt/pelvic strap	UE	\$	26.45
K0032	Seat uphols lgtwt whlchr	NU	\$	32.76
K0032	Seat uphols lgtwt whlchr	RR	\$	3.14
K0032	Seat uphols lgtwt whlchr	UE	\$	24.70
K0033	Seat upholstery other whlchr	NU	\$	32.76
K0033	Seat upholstery other whlchr	RR	\$	3.14
K0033	Seat upholstery other whlchr	UE	\$	24.70
K0034	Heel loop each	NU	\$	-
K0034	Heel loop each	RR	\$	-
K0034	Heel loop each	UE	\$	-
K0035	Heel loop with ankle strap	NU	\$	20.94
K0035	Heel loop with ankle strap	RR	\$	2.08
K0035	Heel loop with ankle strap	UE	\$	15.71
K0036	Toe loop each	NU	\$	13.45
K0036	Toe loop each	RR	\$	1.40
K0036	Toe loop each	UE	\$	10.09
K0037	High mount flip-up footrest	NU	\$	34.39
K0037	High mount flip-up footrest	RR	\$	3.15
K0037	High mount flip-up footrest	UE	\$	25.80
K0038	Leg strap each	NU	\$	20.38
K0038	Leg strap each	RR	\$	2.04
K0038	Leg strap each	UE	\$	15.29
K0039	Leg strap h style each	NU	\$	45.26
K0039	Leg strap h style each	RR	\$	4.54
K0039	Leg strap h style each	UE	\$	33.94
K0040	Adjustable angle footplate	NU	\$	62.72
K0040	Adjustable angle footplate	RR	\$	6.26
K0040	Adjustable angle footplate	UE	\$	47.03
K0041	Large size footplate each	NU	\$	44.45
K0041	Large size footplate each	RR	\$	4.46

		<b>MC Apr 2004</b>		
<b>HPCPS</b>	<b>Description</b>	<b>Mod</b>	<b>Mod2</b>	<b>less 16%</b>
K0041	Large size footplate each	UE	\$	33.34
K0042	Standard size footplate each	NU	\$	30.60
K0042	Standard size footplate each	RR	\$	3.05
K0042	Standard size footplate each	UE	\$	22.95
K0043	Ftrst lower extension tube	NU	\$	16.41
K0043	Ftrst lower extension tube	RR	\$	1.64
K0043	Ftrst lower extension tube	UE	\$	12.30
K0044	Ftrst upper hanger bracket	NU	\$	13.98
K0044	Ftrst upper hanger bracket	RR	\$	1.40
K0044	Ftrst upper hanger bracket	UE	\$	10.48
K0045	Footrest complete assembly	NU	\$	47.56
K0045	Footrest complete assembly	RR	\$	4.76
K0045	Footrest complete assembly	UE	\$	35.67
K0046	Elevat legrst low extension	NU	\$	16.41
K0046	Elevat legrst low extension	RR	\$	1.64
K0046	Elevat legrst low extension	UE	\$	12.31
K0047	Elevat legrst up hangr brack	NU	\$	64.24
K0047	Elevat legrst up hangr brack	RR	\$	6.44
K0047	Elevat legrst up hangr brack	UE	\$	48.17
K0048	Elevate legrest complete	NU	\$	83.85
K0048	Elevate legrest complete	RR	\$	9.44
K0048	Elevate legrest complete	UE	\$	65.51
K0049	Calf pad each	NU	\$	21.71
K0049	Calf pad each	RR	\$	2.18
K0049	Calf pad each	UE	\$	16.26
K0050	Ratchet assembly	NU	\$	27.30
K0050	Ratchet assembly	RR	\$	2.72
K0050	Ratchet assembly	UE	\$	20.49
K0051	Cam relese assem frst/lgrst	NU	\$	44.19
K0051	Cam relese assem frst/lgrst	RR	\$	4.44
K0051	Cam relese assem frst/lgrst	UE	\$	33.13
K0052	Swingaway detach footrest	NU	\$	77.65
K0052	Swingaway detach footrest	RR	\$	7.76
K0052	Swingaway detach footrest	UE	\$	58.23
K0053	Elevate footrest articulate	NU	\$	85.69
K0053	Elevate footrest articulate	RR	\$	8.56
K0053	Elevate footrest articulate	UE	\$	64.27
K0054	Seat wdth 10-12/15/17/20 wc	NU	\$	87.90
K0054	Seat wdth 10-12/15/17/20 wc	RR	\$	8.79
K0054	Seat wdth 10-12/15/17/20 wc	UE	\$	65.91
K0055	Seat dpth 15/17/18 ltwc wc	NU	\$	79.88
K0055	Seat dpth 15/17/18 ltwc wc	RR	\$	7.99
K0055	Seat dpth 15/17/18 ltwc wc	UE	\$	59.93
K0056	Seat ht <17 or >=21 ltwc wc	NU	\$	79.88
K0056	Seat ht <17 or >=21 ltwc wc	RR	\$	7.99
K0056	Seat ht <17 or >=21 ltwc wc	UE	\$	59.93
K0057	Seat wdth 19/20 hvy dty wc	NU	\$	104.33
K0057	Seat wdth 19/20 hvy dty wc	RR	\$	10.44
K0057	Seat wdth 19/20 hvy dty wc	UE	\$	78.24

		<b>MC Apr 2004</b>		
<b>HCPCS</b>	<b>Description</b>	<b>Mod</b>	<b>Mod2</b>	<b>less 16%</b>
K0058	Seat dpth 17/18 power wc	NU	\$	50.71
K0058	Seat dpth 17/18 power wc	RR	\$	5.07
K0058	Seat dpth 17/18 power wc	UE	\$	38.03
K0059	Plastic coated handrim each	NU	\$	26.64
K0059	Plastic coated handrim each	RR	\$	2.65
K0059	Plastic coated handrim each	UE	\$	19.98
K0060	Steel handrim each	NU	\$	23.31
K0060	Steel handrim each	RR	\$	2.34
K0060	Steel handrim each	UE	\$	17.47
K0061	Aluminum handrim each	NU	\$	33.07
K0061	Aluminum handrim each	RR	\$	3.31
K0061	Aluminum handrim each	UE	\$	24.81
K0062	Handrim 8-10 vert/obliq proj	NU	\$	51.25
K0062	Handrim 8-10 vert/obliq proj	RR	\$	5.14
K0062	Handrim 8-10 vert/obliq proj	UE	\$	38.43
K0063	Hndrm 12-16 vert/obliq proj	NU	\$	68.43
K0063	Hndrm 12-16 vert/obliq proj	RR	\$	6.85
K0063	Hndrm 12-16 vert/obliq proj	UE	\$	51.31
K0064	Zero pressure tube flat free	NU	\$	25.54
K0064	Zero pressure tube flat free	RR	\$	2.56
K0064	Zero pressure tube flat free	UE	\$	19.14
K0065	Spoke protectors	NU	\$	37.35
K0065	Spoke protectors	RR	\$	3.74
K0065	Spoke protectors	UE	\$	28.01
K0066	Solid tire any size each	NU	\$	21.64
K0066	Solid tire any size each	RR	\$	2.18
K0066	Solid tire any size each	UE	\$	16.22
K0067	Pneumatic tire any size each	NU	\$	29.21
K0067	Pneumatic tire any size each	RR	\$	2.86
K0067	Pneumatic tire any size each	UE	\$	20.92
K0068	Pneumatic tire tube each	NU	\$	4.94
K0068	Pneumatic tire tube each	RR	\$	0.51
K0068	Pneumatic tire tube each	UE	\$	3.71
K0069	Rear whl complete solid tire	NU	\$	83.93
K0069	Rear whl complete solid tire	RR	\$	8.74
K0069	Rear whl complete solid tire	UE	\$	62.95
K0070	Rear whl compl pneum tire	NU	\$	153.85
K0070	Rear whl compl pneum tire	RR	\$	15.40
K0070	Rear whl compl pneum tire	UE	\$	115.39
K0071	Front castr compl pneum tire	NU	\$	91.77
K0071	Front castr compl pneum tire	RR	\$	9.18
K0071	Front castr compl pneum tire	UE	\$	68.81
K0072	Frnt cstr cmpl sem-pneum tir	NU	\$	55.24
K0072	Frnt cstr cmpl sem-pneum tir	RR	\$	5.52
K0072	Frnt cstr cmpl sem-pneum tir	UE	\$	41.43
K0073	Caster pin lock each	NU	\$	28.11
K0073	Caster pin lock each	RR	\$	2.83
K0073	Caster pin lock each	UE	\$	21.08
K0074	Pneumatic caster tire each	NU	\$	25.70

		<b>MC Apr 2004</b>		
<b>HCPCS</b>	<b>Description</b>	<b>Mod</b>	<b>Mod2</b>	<b>less 16%</b>
K0074	Pneumatic caster tire each	RR		\$ 2.83
K0074	Pneumatic caster tire each	UE		\$ 19.27
K0075	Semi-pneumatic caster tire	NU		\$ 35.15
K0075	Semi-pneumatic caster tire	RR		\$ 3.96
K0075	Semi-pneumatic caster tire	UE		\$ 26.37
K0076	Solid caster tire each	NU		\$ 21.46
K0076	Solid caster tire each	RR		\$ 2.17
K0076	Solid caster tire each	UE		\$ 16.11
K0077	Front caster assem complete	NU		\$ 49.43
K0077	Front caster assem complete	RR		\$ 4.94
K0077	Front caster assem complete	UE		\$ 37.07
K0078	Pneumatic caster tire tube	NU		\$ 8.06
K0078	Pneumatic caster tire tube	RR		\$ 0.80
K0078	Pneumatic caster tire tube	UE		\$ 6.03
K0079	Wheel lock extension pair	NU		\$ 50.00
K0079	Wheel lock extension pair	RR		\$ 5.22
K0079	Wheel lock extension pair	UE		\$ 21.22
K0080	Anti-rollback device pair	NU		\$ 131.72
K0080	Anti-rollback device pair	RR		\$ 13.98
K0080	Anti-rollback device pair	UE		\$ 99.53
K0081	Wheel lock assembly complete	NU		\$ 34.17
K0081	Wheel lock assembly complete	RR		\$ 3.41
K0081	Wheel lock assembly complete	UE		\$ 25.62
K0082	22 nf deep cycl acid battery	NU		\$ 94.37
K0082	22 nf deep cycl acid battery	RR		\$ 9.48
K0082	22 nf deep cycl acid battery	UE		\$ 70.78
K0083	22 nf gel cell battery each	NU		\$ 117.15
K0083	22 nf gel cell battery each	RR		\$ 11.72
K0083	22 nf gel cell battery each	UE		\$ 87.88
K0084	Grp 24 deep cycl acid battry	NU		\$ 77.26
K0084	Grp 24 deep cycl acid battry	RR		\$ 7.73
K0084	Grp 24 deep cycl acid battry	UE		\$ 57.94
K0085	Group 24 gel cell battery	NU		\$ 156.24
K0085	Group 24 gel cell battery	RR		\$ 15.63
K0085	Group 24 gel cell battery	UE		\$ 117.18
K0086	U-1 lead acid battery each	NU		\$ 94.37
K0086	U-1 lead acid battery each	RR		\$ 9.48
K0086	U-1 lead acid battery each	UE		\$ 70.78
K0087	U-1 gel cell battery each	NU		\$ 94.22
K0087	U-1 gel cell battery each	RR		\$ 9.42
K0087	U-1 gel cell battery each	UE		\$ 70.69
K0088	Battry chrgr acid/gel cell	NU		\$ 221.44
K0088	Battry chrgr acid/gel cell	RR		\$ 22.20
K0088	Battry chrgr acid/gel cell	UE		\$ 166.08
K0089	Battery charger dual mode	NU		\$ 352.03
K0089	Battery charger dual mode	RR		\$ 35.20
K0089	Battery charger dual mode	UE		\$ 264.02
K0090	Rear tire power wheelchair	NU		\$ 63.99
K0090	Rear tire power wheelchair	RR		\$ 6.41

		MC Apr 2004		
HCPCS	Description	Mod	Mod2	less 16%
K0090	Rear tire power wheelchair	UE		\$ 48.00
K0091	Rear tire tube power whlchr	NU		\$ 17.45
K0091	Rear tire tube power whlchr	RR		\$ 1.74
K0091	Rear tire tube power whlchr	UE		\$ 13.08
K0092	Rear assem cmplt powr whlchr	NU		\$ 204.23
K0092	Rear assem cmplt powr whlchr	RR		\$ 20.41
K0092	Rear assem cmplt powr whlchr	UE		\$ 153.17
K0093	Rear zero pressure tire tube	NU		\$ 127.58
K0093	Rear zero pressure tire tube	RR		\$ 12.76
K0093	Rear zero pressure tire tube	UE		\$ 95.68
K0094	Wheel tire for power base	NU		\$ 41.58
K0094	Wheel tire for power base	RR		\$ 4.17
K0094	Wheel tire for power base	UE		\$ 31.17
K0095	Wheel tire tube each base	NU		\$ 41.58
K0095	Wheel tire tube each base	RR		\$ 4.17
K0095	Wheel tire tube each base	UE		\$ 31.17
K0096	Wheel assem powr base complt	NU		\$ 230.40
K0096	Wheel assem powr base complt	RR		\$ 23.03
K0096	Wheel assem powr base complt	UE		\$ 172.80
K0097	Wheel zero presure tire tube	NU		\$ 50.95
K0097	Wheel zero presure tire tube	RR		\$ 5.10
K0097	Wheel zero presure tire tube	UE		\$ 38.22
K0098	Drive belt power wheelchair	NU		\$ 22.18
K0098	Drive belt power wheelchair	RR		\$ 2.23
K0098	Drive belt power wheelchair	UE		\$ 16.64
K0099	Pwr wheelchair front caster	NU		\$ 67.96
K0099	Pwr wheelchair front caster	RR		\$ 6.81
K0099	Pwr wheelchair front caster	UE		\$ 50.97
K0100	Amputee adapter pair	NU		\$ 63.13
K0100	Amputee adapter pair	RR		\$ 6.34
K0100	Amputee adapter pair	UE		\$ 47.78
K0101	One-arm drive attachment	RR		\$ -
K0102	Crutch and cane holder	NU		\$ 36.41
K0102	Crutch and cane holder	RR		\$ 3.65
K0102	Crutch and cane holder	UE		\$ 27.31
K0103	Transfer board < 25"	NU		\$ 39.35
K0103	Transfer board < 25"	RR		\$ 4.01
K0103	Transfer board < 25"	UE		\$ 28.82
K0104	Cylinder tank carrier	NU		\$ 99.78
K0104	Cylinder tank carrier	RR		\$ 9.97
K0104	Cylinder tank carrier	UE		\$ 74.84
K0105	Iv hanger	NU		\$ 83.52
K0105	Iv hanger	RR		\$ 8.34
K0105	Iv hanger	UE		\$ 62.64
K0106	Arm trough each	NU		\$ 90.01
K0106	Arm trough each	RR		\$ 9.02
K0106	Arm trough each	UE		\$ 67.52
K0107	Wheelchair tray	NU		\$ 74.22
K0107	Wheelchair tray	RR		\$ 7.43

		<b>MC Apr 2004</b>		
<b>HCPCS</b>	<b>Description</b>	<b>Mod</b>	<b>Mod2</b>	<b>less 16%</b>
K0107	Wheelchair tray	UE		\$ 55.67
K0112	Trunk vest supprt innr frame			\$ 196.39
K0113	Trunk vest suprt w/o inr frm			\$ 119.79
K0114	Whlchr back suprt inr frame	NU		\$ 636.89
K0114	Whlchr back suprt inr frame	RR		\$ 63.71
K0114	Whlchr back suprt inr frame	UE		\$ 477.67
K0115	Back module orthotic system	NU		\$ 730.28
K0115	Back module orthotic system	RR		\$ 73.05
K0115	Back module orthotic system	UE		\$ 547.71
K0116	Back & seat modul orthot sys	NU		\$ 1,524.26
K0116	Back & seat modul orthot sys	RR		\$ 152.43
K0116	Back & seat modul orthot sys	UE		\$ 1,143.21
K0137	Skin barrier liquid per oz			\$ 2.03
K0138	Skin barrier paste per oz			\$ 2.88
K0139	Skin barrier powder per oz			\$ 3.07
K0168	Disposable nebulizer set	NU		\$ 1.96
K0169	Disposable nebulizer small	NU		\$ 1.51
K0170	Non disposable nebulizer set	NU		\$ 25.90
K0171	Filtered nebulizer set	NU		\$ 8.01
K0172	Disposable nebulizer unfill	NU		\$ 3.87
K0173	Disposable nebulizer prefill	NU		\$ 9.24
K0174	Reservoir bottle w nebulizer	NU		\$ 35.31
K0175	Disposable corrugated tubing	NU		\$ 19.82
K0177	Water collec dev w nebulizer	NU		\$ 2.70
K0178	Disposbl filter w compressor	NU		\$ 0.70
K0179	Non-dispos filter w/compress	NU		\$ 3.77
K0180	Aerosol mask with nebulizer	NU		\$ 1.38
K0181	Dome & mouthpiece w/ nebuliz	NU		\$ 6.09
K0182	Water distilled w/ nebulizer			\$ -
K0183	Nasal application device	NU		\$ -
K0184	Nasal pillows/seals pair	NU		\$ -
K0185	Pos airway pressure headgear	NU		\$ -
K0186	Pos airway prssure chinstrap	NU		\$ -
K0187	Pos airway pressure tubing	NU		\$ -
K0188	Pos airway pressure filter	NU		\$ -
K0189	Filter nondisposable w PAP	NU		\$ -
K0190	Disposable canister w/pump	NU		\$ 7.15
K0191	Non-disposbl canister w/pump	NU		\$ 27.79
K0192	Tubing used w/ suction pump	NU		\$ 3.22
K0195	Elevating whlchair leg rests	RR		\$ 17.48
K0268	Humidifier nonheated w PAP	NU		\$ 89.88
K0268	Humidifier nonheated w PAP	RR		\$ 8.98
K0268	Humidifier nonheated w PAP	UE		\$ 67.40
K0269	Aerosol compressor cpap dev	RR		\$ -
K0270	Ultrasonic generator w nebul	RR		\$ -
K0277	Skin barrier solid 4x4 equiv			\$ 3.51
K0278	Skin barrier with flange			\$ 5.28
K0279	Skin barrier extended wear			\$ 7.09
K0280	Extension drainage tubing			\$ -

		MC Apr 2004	
HCPCS	Description	Mod Mod2	less 16%
K0281	Lubricant catheter insertion		\$ -
K0283	Saline solution dispenser		\$ -
K0284	External infusion pump reuse	RR	\$ 13.66
K0400	Skin support attachment each		\$ 4.07
K0407	Urinary cath skin attachment		\$ -
K0408	Urinary cath leg strap		\$ -
K0409	Sterile H2O irrigation solut		\$ -
K0410	Male ext cath w/adh coating		\$ -
K0411	Male ext cath w/adh strip		\$ -
K0417	Mech infus pump sht trm drug	NU	\$ 8.71
K0419	Drainable plstic pch w fcplt		\$ 14.43
K0420	Drainable rubber pch w fcplt		\$ 39.97
K0421	drainable plstic pch w/o fp		\$ 3.60
K0422	Drainable rubber pch w/o fp		\$ 25.83
K0423	Urinary plstic pouch w fcplt		\$ 12.62
K0424	Urinary rubber pouch w fcplt		\$ 31.36
K0425	Urinary plstic pouch w/o fp		\$ 3.87
K0426	Urinary hvy plstc pch w/o fp		\$ 20.68
K0427	Urinary rubber pouch w/o fp		\$ 23.68
K0428	Ostomy faceplt/silicone ring		\$ 8.08
K0429	Skin barrier solid ext wear		\$ 4.28
K0430	Skin barrier w flang ex wear		\$ 5.64
K0431	Closed pouch w st wear bar		\$ 3.37
K0432	Drainable pch w ex wear bar		\$ 3.66
K0433	Drainable pch w st wear bar		\$ 5.22
K0434	Drainable pch ex wear convex		\$ 8.07
K0435	Urinary pouch w ex wear bar		\$ 5.94
K0436	Urinary pouch w st wear bar		\$ 5.58
K0437	Urine pch w ex wear bar conv		\$ 7.70
K0438	Ostomy pouch liq deodorant		\$ 2.17
K0439	Ostomy pouch solid deodorant		\$ 0.04
K0440	Nasal prosthesis	KM	\$ -
K0440	Nasal prosthesis	KN	\$ -
K0440	Nasal prosthesis		\$ -
K0441	Midfacial prosthesis	KM	\$ -
K0441	Midfacial prosthesis	KN	\$ -
K0441	Midfacial prosthesis		\$ -
K0442	Orbital prosthesis	KM	\$ -
K0442	Orbital prosthesis	KN	\$ -
K0442	Orbital prosthesis		\$ -
K0443	Upper facial prosthesis	KM	\$ -
K0443	Upper facial prosthesis	KN	\$ -
K0443	Upper facial prosthesis		\$ -
K0444	Hemi-facial prosthesis	KM	\$ -
K0444	Hemi-facial prosthesis	KN	\$ -
K0444	Hemi-facial prosthesis		\$ -
K0445	Auricular prosthesis	KM	\$ -
K0445	Auricular prosthesis	KN	\$ -
K0445	Auricular prosthesis		\$ -

		MC Apr 2004		
HCPCS	Description	Mod	Mod2	less 16%
K0446	Partial facial prosthesis	KM		\$ -
K0446	Partial facial prosthesis	KN		\$ -
K0446	Partial facial prosthesis			\$ -
K0447	Nasal septal prosthesis	KM		\$ -
K0447	Nasal septal prosthesis	KN		\$ -
K0447	Nasal septal prosthesis			\$ -
K0449	Repair maxillofacial prosth			\$ -
K0452	Wheelchair bearings	NU		\$ 5.50
K0452	Wheelchair bearings	RR		\$ 0.55
K0452	Wheelchair bearings	UE		\$ 4.13
K0455	Pump uninterrupted infusion	RR		\$ 209.21
K0456	Heavyduty/xtra wide hosp bed	RR		\$ -
K0457	Heavyduty/wide commode chair	NU		\$ -
K0457	Heavyduty/wide commode chair	RR		\$ -
K0457	Heavyduty/wide commode chair	UE		\$ -
K0458	Heavyduty walker no wheels	NU		\$ -
K0458	Heavyduty walker no wheels	RR		\$ -
K0458	Heavyduty walker no wheels	UE		\$ -
K0459	Heavy duty wheeled walker	NU		\$ -
K0459	Heavy duty wheeled walker	RR		\$ -
K0459	Heavy duty wheeled walker	UE		\$ -
K0460	WC power add-on joystick	RR		\$ 203.27
K0461	WC power add-on tiller cntrl	NU		\$ 1,420.78
K0461	WC power add-on tiller cntrl	RR		\$ 149.18
K0461	WC power add-on tiller cntrl	UE		\$ 1,065.59
K0501	Aerosol compressor for svneb	RR		\$ -
K0529	Sterile H2O or nss w lv neb			\$ -
K0530	Nebulizer not used w oxygen	NU		\$ 112.59
K0530	Nebulizer not used w oxygen	RR		\$ 11.26
K0530	Nebulizer not used w oxygen	UE		\$ 84.44
K0531	Heated humidifier used w pap	NU		\$ 253.02
K0531	Heated humidifier used w pap	RR		\$ 25.29
K0531	Heated humidifier used w pap	UE		\$ 189.76
K0532	Noninvasive assist wo backup	RR		\$ 215.54
K0533	Noninvasive assist w backup	RR		\$ 539.42
K0534	Invasive assist w backup	RR		\$ 539.42
K0535	Hydrogel Primary Dressing sm			\$ -
K0536	Hydrogel primarydressing med			\$ -
K0537	Hydrogel primary dressing lg			\$ -
K0538	Neg pressure wnd thrpy pump	RR		\$ 1,441.83
K0539	Neg pres wnd thrpy dsg set			\$ 23.03
K0540	Neg pres wnd thrp canister			\$ 20.61
K0541	Speech generating device	NU		\$ 328.49
K0541	Speech generating device	RR		\$ 32.85
K0541	Speech generating device	UE		\$ 246.36
K0542	Speech generating device	NU		\$ 1,269.67
K0542	Speech generating device	RR		\$ 126.96
K0542	Speech generating device	UE		\$ 952.25
K0543	Speech generating device	NU		\$ 3,004.35



				MC Apr 2004
HPCPS	Description	Mod	Mod2	less 16%
K0543	Speech generating device	RR		\$ 300.44
K0543	Speech generating device	UE		\$ 2,253.27
K0544	Speech generating device	NU		\$ 5,685.33
K0544	Speech generating device	RR		\$ 568.53
K0544	Speech generating device	UE		\$ 4,263.99
K0545	Speech generating software	NU		\$ -
K0545	Speech generating software	RR		\$ -
K0545	Speech generating software	UE		\$ -
K0546	Accessory for sgd	NU		\$ -
K0546	Accessory for sgd	RR		\$ -
K0546	Accessory for sgd	UE		\$ -
K0549		RR		\$ 247.21
K0550		RR		\$ 647.36
K0551		NU		\$ -
K0551		RR		\$ -
K0551		UE		\$ -
K0552				\$ 2.19
K0556				\$ 473.28
K0557				\$ 394.39
K0558				\$ 869.90
K0559				\$ 869.90
K0560				\$ 1,435.68
K0581				\$ 2.31
K0582				\$ 3.12
K0583				\$ 1.52
K0584				\$ 1.46
K0585				\$ -
K0586				\$ 1.56
K0587				\$ 3.99
K0588				\$ 3.01
K0589				\$ 2.29
K0590				\$ 2.34
K0591				\$ 5.47
K0592				\$ 6.93
K0593				\$ 7.16
K0594				\$ 5.22
K0595				\$ 3.02
K0596				\$ 2.81
K0597				\$ 3.16
K0600		NU	KF	\$ 8,548.84
K0600		RR	KF	\$ 854.88
K0600		UE	KF	\$ 6,411.64
K0601		NU		\$ 0.92
K0602		NU		\$ 5.34
K0603		NU		\$ 0.48
K0604		NU		\$ 5.12
K0605		NU		\$ 12.26
K0606		RR	KF	\$ -
K0607		NU	KF	\$ 166.58

		<b>MC Apr 2004</b>		
<b>HCPCS</b>	<b>Description</b>	<b>Mod</b>	<b>Mod2</b>	<b>less 16%</b>
K0607		RR	KF	\$ 16.67
K0607		UE	KF	\$ 124.93
K0608		NU	KF	\$ 103.96
K0608		RR	KF	\$ 10.41
K0608		UE	KF	\$ 77.97
K0609		KF		\$ 691.34
K0609				\$ -
K0615		NU		\$ 1,004.47
K0615		RR		\$ 100.46
K0615		UE		\$ 753.36
K0616		NU		\$ 1,325.03
K0616		RR		\$ 132.52
K0616		UE		\$ 993.76
K0617		NU		\$ 1,942.89
K0617		RR		\$ 194.28
K0617		UE		\$ 1,457.14
K0618				\$ 506.92
K0619				\$ 333.38
K0620				\$ 0.96
K0621				\$ 1.58
K0622				\$ 0.56
K0623				\$ 1.18
K0624				\$ 4.89
K0625				\$ 2.46
K0626				\$ 5.99
K0627		NU		\$ 432.86
K0627		RR		\$ 43.29
K0627		UE		\$ 324.63

## **Orthotic Procedures**

L0100	Cerv craniosten helmet mold			\$ 398.45
L0110	Cerv craniostenosis hel non-			\$ 90.84
L0112				\$ 923.81
L0120	Cerv flexible non-adjustable			\$ 17.68
L0130	Flex thermoplastic collar mo			\$ 124.98
L0140	Cervical semi-rigid adjustab			\$ 41.32
L0150	Cerv semi-rig adj molded chn			\$ 75.83
L0160	Cerv semi-rig wire occ/mand			\$ 99.04
L0170	Cervical collar molded to pt			\$ 407.79
L0172	Cerv col thermplas foam 2 pi			\$ 88.42
L0174	Cerv col foam 2 piece w thor			\$ 173.70
L0180	Cer post col occ/man sup adj			\$ 240.86
L0190	Cerv collar supp adj cerv ba			\$ 313.23
L0200	Cerv col supp adj bar & thor			\$ 326.53
L0210	Thoracic rib belt			\$ 29.99
L0220	Thor rib belt custom fabrica			\$ 89.17
L0300	TLSO flex surgical support			\$ -
L0310	Tlso flexible custom fabrica			\$ -

HCPCS	Description	MC Apr 2004	
		Mod	Mod2 less 16%
L0315	Tlso flex elas rigid post pa	\$	-
L0317	Tlso flex hypext elas post p	\$	-
L0320	Tlso a-p contrl w apron frnt	\$	-
L0330	Tlso ant-pos-lateral control	\$	-
L0340	Tlso a-p-l-rotary with apron	\$	-
L0350	Tlso flex compress jacket cu	\$	-
L0360	Tlso flex compress jacket mo	\$	-
L0370	Tlso a-p-l-rotary hyperexten	\$	-
L0380	Tlso a-p-l-rot w/ pos extens	\$	-
L0390	Tlso a-p-l control molded	\$	-
L0400	Tlso a-p-l w interface mater	\$	-
L0410	Tlso a-p-l two piece constr	\$	-
L0420	Tlso a-p-l 2 piece w interfa	\$	-
L0430	Tlso a-p-l w interface custm	\$	-
L0440	Tlso a-p-l overlap frnt cust	\$	-
L0450		\$	111.96
L0452		\$	-
L0454		\$	228.92
L0456		\$	656.47
L0458		\$	588.65
L0460		\$	662.55
L0462		\$	824.11
L0464		\$	981.09
L0466		\$	238.47
L0468		\$	315.92
L0470		\$	403.13
L0472		\$	255.67
L0474		\$	393.48
L0476		\$	605.25
L0478		\$	895.99
L0480		\$	900.38
L0482		\$	1,045.83
L0484		\$	1,123.71
L0486		\$	1,192.20
L0488		\$	662.55
L0490		\$	186.72
L0500	Lso flex surgical support	\$	85.75
L0510	Lso flexible custom fabricat	\$	174.28
L0515	Lso flex elas w/ rig post pa	\$	201.10
L0520	Lso a-p-l control with apron	\$	269.68
L0530	Lso ant-pos control w apron	\$	275.40
L0540	Lso lumbar flexion a-p-l	\$	310.92
L0550	Lso a-p-l control molded	\$	836.35
L0560	Lso a-p-l w interface	\$	913.73
L0561		\$	227.84
L0565	Lso a-p-l control custom	\$	709.07
L0600	Sacroiliac flex surg support	\$	58.30
L0610	Sacroiliac flexible custm fa	\$	190.98
L0620	Sacroiliac semi-rig w apron	\$	356.95

		<b>MC Apr 2004</b>	
<b>HCP</b>	<b>CS</b>	<b>Description</b>	<b>Mod Mod2 less 16%</b>
L0700		Ctlso a-p-l control molded	\$ 1,292.63
L0710		Ctlso a-p-l control w/ inter	\$ 1,320.59
L0810		Halo cervical into jckt vest	\$ 1,651.57
L0820		Halo cervical into body jack	\$ 1,482.38
L0830		Halo cerv into milwaukee typ	\$ 2,089.12
L0860		Magnetic resonanc image comp	\$ 870.63
L0861			\$ 142.26
L0900		Torso/ptosis support	\$ -
L0910		Torso & ptosis supp custm fa	\$ -
L0920		Torso/pendulous abd support	\$ -
L0930		Pendulous abdomen supp custm	\$ -
L0940		Torso/postsurgical support	\$ -
L0950		Post surg support custom fab	\$ -
L0960		Post surgical support pads	\$ 53.41
L0970		Tlso corset front	\$ 85.02
L0972		Lso corset front	\$ 76.36
L0974		Tlso full corset	\$ 113.40
L0976		Lso full corset	\$ 101.10
L0978		Axillary crutch extension	\$ 133.48
L0980		Peroneal straps pair	\$ 14.57
L0982		Stocking supp grips set of f	\$ 10.29
L0984		Protective body sock each	\$ 42.75
L1000		Ctlso milwauke initial model	\$ 1,296.90
L1005			\$ 2,112.54
L1010		Ctlso axilla sling	\$ 42.44
L1020		Kyphosis pad	\$ 54.65
L1025		Kyphosis pad floating	\$ 104.33
L1030		Lumbar bolster pad	\$ 40.23
L1040		Lumbar or lumbar rib pad	\$ 52.63
L1050		Sternal pad	\$ 63.44
L1060		Thoracic pad	\$ 76.11
L1070		Trapezius sling	\$ 74.32
L1080		Outrigger	\$ 41.82
L1085		Outrigger bil w/ vert extens	\$ 113.09
L1090		Lumbar sling	\$ 74.82
L1100		Ring flange plastic/leather	\$ 119.46
L1110		Ring flange plas/leather mol	\$ 161.49
L1120		Covers for upright each	\$ 27.30
L1200		Furnsh initial orthosis only	\$ 990.73
L1210		Lateral thoracic extension	\$ 165.45
L1220		Anterior thoracic extension	\$ 158.05
L1230		Milwaukee type superstructur	\$ 405.14
L1240		Lumbar derotation pad	\$ 54.76
L1250		Anterior asis pad	\$ 54.76
L1260		Anterior thoracic derotation	\$ 55.92
L1270		Abdominal pad	\$ 56.82
L1280		Rib gusset (elastic) each	\$ 65.34
L1290		Lateral trochanteric pad	\$ 51.73
L1300		Body jacket mold to patient	\$ 1,164.69

		<b>MC Apr 2004</b>	
<b>HPCPS</b>	<b>Description</b>	<b>Mod Mod2</b>	<b>less 16%</b>
L1310	Post-operative body jacket	\$	1,196.73
L1500	Thkao mobility frame	\$	1,201.07
L1510	Thkao standing frame	\$	759.85
L1520	Thkao swivel walker	\$	1,442.54
L1600	Abduct hip flex frejka w cvr	\$	81.48
L1610	Abduct hip flex frejka covr	\$	35.96
L1620	Abduct hip flex pavlik harne	\$	101.85
L1630	Abduct control hip semi-flex	\$	107.15
L1640	Pelv band/spread bar thigh c	\$	326.16
L1650	HO abduction hip adjustable	\$	165.04
L1652		\$	235.28
L1660	HO abduction static plastic	\$	108.21
L1680	Pelvic & hip control thigh c	\$	770.43
L1685	Post-op hip abduct custom fa	\$	786.25
L1686	HO post-op hip abduction	\$	726.00
L1690	Combination bilateral HO	\$	1,276.34
L1700	Leg perthes orth toronto typ	\$	965.61
L1710	Legg perthes orth newington	\$	1,130.35
L1720	Legg perthes orthosis trilat	\$	833.21
L1730	Legg perthes orth scottish r	\$	715.65
L1750	Legg perthes sling	\$	165.87
L1755	Legg perthes patten bottom t	\$	1,135.69
L1800	Knee orthoses elas w stays	\$	45.96
L1810	Ko elastic with joints	\$	62.27
L1815	Elastic with condylar pads	\$	65.95
L1820	Ko elas w/ condyle pads & jo	\$	96.48
L1825	Ko elastic knee cap	\$	42.61
L1830	Ko immobilizer canvas longit	\$	58.67
L1831		\$	194.26
L1832	KO adj jnt pos rigid support	\$	447.21
L1834	Ko w/0 joint rigid molded to	\$	490.84
L1836		\$	88.07
L1840	Ko derot ant cruciate custom	\$	653.81
L1843	KO single upright custom fit	\$	592.23
L1844	Ko w/adj jt rot cntrl molded	\$	1,026.51
L1845	Ko w/ adj flex/ext rotat cus	\$	614.57
L1846	Ko w adj flex/ext rotat mold	\$	697.33
L1847	KO adjustable w air chambers	\$	379.63
L1850	Ko swedish type	\$	192.21
L1855	Ko plas doub upright jnt mol	\$	812.61
L1858	Ko polycentric pneumatic pad	\$	792.66
L1860	Ko supracondylar socket mold	\$	678.51
L1870	Ko doub upright lacers molde	\$	661.73
L1880	Ko doub upright cuffs/lacers	\$	498.29
L1885	Knee upright w/resistance	\$	683.00
L1900	Afo sprng wir drsflx calf bd	\$	170.58
L1901		\$	11.68
L1902	Afo ankle gauntlet	\$	58.94
L1904	Afo molded ankle gauntlet	\$	354.48

		MC Apr 2004	
HCPCS	Description	Mod	Mod2 less 16%
L1906	Afo multiligamentus ankle su	\$	76.05
L1907		\$	371.40
L1910	Afo sing bar clasp attach sh	\$	172.71
L1920	Afo sing upright w/ adjust s	\$	221.05
L1930	Afo plastic	\$	149.59
L1940	Afo molded to patient plasti	\$	312.71
L1945	Afo molded plas rig ant tib	\$	747.63
L1950	Afo spiral molded to pt plas	\$	495.72
L1951		\$	554.32
L1960	Afo pos solid ank plastic mo	\$	373.88
L1970	Afo plastic molded w/ankle j	\$	449.94
L1971		\$	309.37
L1980	Afo sing solid stirrup calf	\$	232.07
L1990	Afo doub solid stirrup calf	\$	281.85
L2000	Kafo sing fre stirr thi/calf	\$	667.75
L2010	Kafo sng solid stirrup w/o j	\$	622.91
L2020	Kafo dbl solid stirrup band/	\$	784.34
L2030	Kafo dbl solid stirrup w/o j	\$	712.00
L2035	KAFO plastic pediatric size	\$	115.49
L2036	Kafo plas doub free knee mol	\$	1,215.72
L2037	Kafo plas sing free knee mol	\$	1,134.21
L2038	Kafo w/o joint multi-axis an	\$	1,152.17
L2039	KAFO	\$	1,466.85
L2040	Hkafo torsion bil rot straps	\$	139.74
L2050	Hkafo torsion cable hip pelv	\$	301.22
L2060	Hkafo torsion ball bearing j	\$	367.11
L2070	Hkafo torsion unilat rot str	\$	94.26
L2080	Hkafo unilat torsion cable	\$	227.43
L2090	Hkafo unilat torsion ball br	\$	277.27
L2102	Afo tibial fx cast plstr mol	\$	-
L2104	Afo tib fx cast synthetic mo	\$	-
L2106	Afo tib fx cast plaster mold	\$	429.92
L2108	Afo tib fx cast molded to pt	\$	748.57
L2112	Afo tibial fracture soft	\$	344.31
L2114	Afo tib fx semi-rigid	\$	431.85
L2116	Afo tibial fracture rigid	\$	496.89
L2122	Kafo fem fx cast plaster mol	\$	-
L2124	Kafo fem fx cast synthet mol	\$	-
L2126	Kafo fem fx cast thermoplas	\$	831.20
L2128	Kafo fem fx cast molded to p	\$	1,177.03
L2132	Kafo femoral fx cast soft	\$	638.13
L2134	Kafo fem fx cast semi-rigid	\$	680.95
L2136	Kafo femoral fx cast rigid	\$	812.76
L2180	Plas shoe insert w ank joint	\$	75.85
L2182	Drop lock knee	\$	62.84
L2184	Limited motion knee joint	\$	85.91
L2186	Adj motion knee jnt lerman t	\$	119.16
L2188	Quadrilateral brim	\$	228.21
L2190	Waist belt	\$	58.97

		<b>MC Apr 2004</b>	
<b>HCPCS</b>	<b>Description</b>	<b>Mod</b>	<b>Mod2 less 16%</b>
L2192	Pelvic band & belt thigh fla		\$ 258.93
L2200	Limited ankle motion ea jnt		\$ 30.06
L2210	Dorsiflexion assist each joi		\$ 43.51
L2220	Dorsi & plantar flex ass/res		\$ 51.79
L2230	Split flat caliper stirr & p		\$ 48.52
L2240	Round caliper and plate atta		\$ 60.05
L2250	Foot plate molded stirrup at		\$ 243.47
L2260	Reinforced solid stirrup		\$ 126.76
L2265	Long tongue stirrup		\$ 74.47
L2270	Varus/valgus strap padded/li		\$ 34.92
L2275	Plastic mod low ext pad/line		\$ 82.32
L2280	Molded inner boot		\$ 287.86
L2300	Abduction bar jointed adjust		\$ 180.48
L2310	Abduction bar-straight		\$ 90.38
L2320	Non-molded lacer		\$ 130.10
L2330	Lacer molded to patient mode		\$ 272.34
L2335	Anterior swing band		\$ 168.13
L2340	Pre-tibial shell molded to p		\$ 364.00
L2350	Prosthetic type socket molde		\$ 628.66
L2360	Extended steel shank		\$ 32.72
L2370	Patten bottom		\$ 211.99
L2375	Torsion ank & half solid sti		\$ 89.55
L2380	Torsion straight knee joint		\$ 77.84
L2385	Straight knee joint heavy du		\$ 84.70
L2390	Offset knee joint each		\$ 70.90
L2395	Offset knee joint heavy duty		\$ 98.94
L2397	Suspension sleeve lower ext		\$ 77.09
L2405	Knee joint drop lock ea jnt		\$ 57.54
L2415	Knee joint cam lock each joi		\$ 80.16
L2425	Knee disc/dial lock/adj flex		\$ 94.62
L2430	Knee jnt ratchet lock ea jnt		\$ 94.62
L2435	Knee joint polycentric joint		\$ 122.02
L2492	Knee lift loop drop lock rin		\$ 85.89
L2500	Thi/glut/ischia wgt bearing		\$ 205.50
L2510	Th/wght bear quad-lat brim m		\$ 461.08
L2520	Th/wght bear quad-lat brim c		\$ 304.16
L2525	Th/wght bear nar m-l brim mo		\$ 820.60
L2526	Th/wght bear nar m-l brim cu		\$ 468.27
L2530	Thigh/wght bear lacer non-mo		\$ 148.57
L2540	Thigh/wght bear lacer molded		\$ 267.33
L2550	Thigh/wght bear high roll cu		\$ 181.60
L2570	Hip clevis type 2 posit jnt		\$ 301.18
L2580	Pelvic control pelvic sling		\$ 293.46
L2600	Hip clevis/thrust bearing fr		\$ 160.69
L2610	Hip clevis/thrust bearing lo		\$ 170.21
L2620	Pelvic control hip heavy dut		\$ 191.39
L2622	Hip joint adjustable flexion		\$ 216.97
L2624	Hip adj flex ext abduct cont		\$ 209.39
L2627	Plastic mold recipro hip & c		\$ 1,142.56

		<b>MC Apr 2004</b>	
<b>HCPCS</b>	<b>Description</b>	<b>Mod</b>	<b>Mod2 less 16%</b>
L2628	Metal frame recipro hip & ca	\$	1,123.87
L2630	Pelvic control band & belt u	\$	156.58
L2640	Pelvic control band & belt b	\$	212.49
L2650	Pelv & thor control gluteal	\$	90.48
L2660	Thoracic control thoracic ba	\$	117.85
L2670	Thorac cont paraspinal uprig	\$	114.29
L2680	Thorac cont lat support upri	\$	105.87
L2750	Plating chrome/nickel pr bar	\$	52.85
L2755	Carbon graphite lamination	\$	86.23
L2760	Extension per extension per	\$	38.41
L2768		\$	86.00
L2770	Low ext orthosis per bar/jnt	\$	39.04
L2780	Non-corrosive finish	\$	42.79
L2785	Drop lock retainer each	\$	20.13
L2795	Knee control full kneecap	\$	54.58
L2800	Knee cap medial or lateral p	\$	83.88
L2810	Knee control condylar pad	\$	65.85
L2820	Soft interface below knee se	\$	54.91
L2830	Soft interface above knee se	\$	59.40
L2840	Tibial length sock fx or equ	\$	35.12
L2850	Femoral lgth sock fx or equa	\$	39.15
L3224	Woman's shoe oxford brace	\$	42.07
L3225	Man's shoe oxford brace	\$	43.19
L3650	Shlder fig 8 abduct restrain	\$	42.05
L3651		\$	39.56
L3652		\$	119.20
L3660	Abduct restrainer canvas&web	\$	63.60
L3670	Acromio/clavicular canvas&we	\$	84.04
L3675	Canvas vest SO	\$	105.41
L3700	Elbow orthoses elas w stays	\$	43.19
L3701		\$	12.23
L3710	Elbow elastic with metal joi	\$	96.69
L3720	Forearm/arm cuffs free motio	\$	431.43
L3730	Forearm/arm cuffs ext/flex a	\$	557.78
L3740	Cuffs adj lock w/ active con	\$	661.29
L3760	EO withjoint	\$	300.40
L3762		\$	64.59
L3800	Whfo short opponen no attach	\$	123.72
L3805	Whfo long opponens no attach	\$	212.89
L3807	WHFO	\$	150.20
L3810	Whfo thumb abduction bar	\$	40.10
L3815	Whfo second m.p. abduction a	\$	37.89
L3820	Whfo ip ext asst w/ mp ext s	\$	65.28
L3825	Whfo m.p. extension stop	\$	40.13
L3830	Whfo m.p. extension assist	\$	62.94
L3835	Whfo m.p. spring extension a	\$	64.31
L3840	Whfo spring swivel thumb	\$	44.20
L3845	Whfo thumb ip ext ass w/ mp	\$	50.23
L3850	Action wrist w/ dorsiflex as	\$	78.08



		MC Apr 2004	
HCPCS	Description	Mod	Mod2 less 16%
L3855	Whfo adj m.p. flexion contro		\$ 72.32
L3860	Whfo adj m.p. flex ctrl & i.		\$ 102.42
L3900	Hinge extension/flex wrist/f		\$ 875.87
L3901	Hinge ext/flex wrist finger		\$ 994.65
L3902	Whfo ext power compress gas		\$ -
L3904	Whfo electric custom fitted		\$ 1,811.98
L3906	Wrist gauntlet molded to pt		\$ 264.50
L3907	Whfo wrst gauntlt thmb spica		\$ 367.45
L3908	Wrist cock-up non-molded		\$ 41.63
L3909			\$ 8.48
L3910	Whfo swanson design		\$ 232.09
L3911			\$ 14.88
L3912	Flex glove w/elastic finger		\$ 72.11
L3914	WHO wrist extension cock-up		\$ 62.53
L3916	Whfo wrist extens w/ outrigg		\$ 80.23
L3917			\$ 63.45
L3918	HFO knuckle bender		\$ 48.49
L3920	Knuckle bender with outrigge		\$ 60.60
L3922	Knuckle bend 2 seg to flex j		\$ 60.51
L3923	HFO		\$ 23.37
L3924	Oppenheimer		\$ 76.79
L3926	Thomas suspension		\$ 72.00
L3928	Finger extension w/ clock sp		\$ 43.14
L3930	Finger extension with wrist		\$ 45.44
L3932	Safety pin spring wire		\$ 29.08
L3934	Safety pin modified		\$ 30.73
L3936	Palmer		\$ 55.11
L3938	Dorsal wrist		\$ 72.17
L3940	Dorsal wrist w/ outrigger at		\$ 82.20
L3942	Reverse knuckle bender		\$ 48.49
L3944	Reverse knuckle bend w/ outr		\$ 60.97
L3946	HFO composite elastic		\$ 66.60
L3948	Finger knuckle bender		\$ 34.64
L3950	Oppenheimer w/ knuckle bend		\$ 105.12
L3952	Oppenheimer w/ rev knuckle 2		\$ 121.87
L3954	Spreading hand		\$ 73.46
L3956	Add joint upper ext orthosis		\$ -
L3960	Sewho airplan desig abdu pos		\$ 455.15
L3962	Sewho erbs palsey design abd		\$ 443.95
L3963	Molded w/ articulating elbow		\$ 1,032.28
L3964	Seo mobile arm sup att to wc	NU	\$ 514.50
L3964	Seo mobile arm sup att to wc	RR	\$ 51.46
L3964	Seo mobile arm sup att to wc	UE	\$ 385.86
L3965	Arm supp att to wc rancho ty	NU	\$ 707.65
L3965	Arm supp att to wc rancho ty	RR	\$ 70.78
L3965	Arm supp att to wc rancho ty	UE	\$ 530.74
L3966	Mobile arm supports reclinin	NU	\$ 533.10
L3966	Mobile arm supports reclinin	RR	\$ 53.31
L3966	Mobile arm supports reclinin	UE	\$ 399.82

		<b>MC Apr 2004</b>			
<b>HCP</b>	<b>CS</b>	<b>Description</b>	<b>Mod</b>	<b>Mod2</b>	<b>less 16%</b>
L3968		Friction dampening arm supp	NU		\$ 793.68
L3968		Friction dampening arm supp	RR		\$ 79.36
L3968		Friction dampening arm supp	UE		\$ 595.27
L3969		Monosuspension arm/hand supp	NU		\$ 471.77
L3969		Monosuspension arm/hand supp	RR		\$ 47.18
L3969		Monosuspension arm/hand supp	UE		\$ 353.82
L3970		Elevat proximal arm support	NU		\$ 188.71
L3970		Elevat proximal arm support	RR		\$ 18.87
L3970		Elevat proximal arm support	UE		\$ 141.54
L3972		Offset/lat rocker arm w/ ela	NU		\$ 120.00
L3972		Offset/lat rocker arm w/ ela	RR		\$ 12.00
L3972		Offset/lat rocker arm w/ ela	UE		\$ 90.00
L3974		Mobile arm support supinator	NU		\$ 101.78
L3974		Mobile arm support supinator	RR		\$ 10.19
L3974		Mobile arm support supinator	UE		\$ 76.33
L3980		Upp ext fx orthosis humeral			\$ 198.14
L3982		Upper ext fx orthosis rad/ul			\$ 230.99
L3984		Upper ext fx orthosis wrist			\$ 212.97
L3985		Forearm hand fx orth w/ wr h			\$ 462.82
L3986		Humeral rad/ulna wrist fx or			\$ 354.37
L3995		Sock fracture or equal each			\$ 22.07
L4000		Repl girdle milwaukee orth			\$ 870.45
L4010		Replace trilateral socket br			\$ 424.36
L4020		Replace quadlat socket brim			\$ 593.48
L4030		Replace socket brim cust fit			\$ 319.24
L4040		Replace molded thigh lacer			\$ 260.51
L4045		Replace non-molded thigh lac			\$ 207.42
L4050		Replace molded calf lacer			\$ 261.05
L4055		Replace non-molded calf lace			\$ 169.03
L4060		Replace high roll cuff			\$ 200.95
L4070		Replace prox & dist upright			\$ 177.95
L4080		Repl met band kafo-afo prox			\$ 72.99
L4090		Repl met band kafo-afo calf/			\$ 57.60
L4100		Repl leath cuff kafo prox th			\$ 75.63
L4110		Repl leath cuff kafo-afo cal			\$ 56.98
L4130		Replace pretibial shell			\$ 319.49
L4205		Ortho dvc repair per 15 min			\$ -
L4350		Pneumatic ankle cntrl splint			\$ 63.29
L4360		Pneumatic walking splint			\$ 194.56
L4370		Pneumatic full leg splint			\$ 128.67
L4380		Pneumatic knee splint			\$ 72.61
L4386					\$ 104.65
L4392		Replace AFO soft interface			\$ 15.53
L4394		Replace foot drop spint			\$ 11.33
L4396		Static AFO			\$ 110.75
L4398		Foot drop splint recumbent			\$ 51.00

## Prosthetic Procedures

		<b>MC Apr 2004</b>	
<b>HCPCS</b>	<b>Description</b>	<b>Mod</b>	<b>Mod2 less 16%</b>
L5010	Mold socket ank hgt w/ toe f		\$ 820.13
L5020	Tibial tubercle hgt w/ toe f		\$ 1,335.01
L5050	Ank symes mold sckt sach ft		\$ 1,546.01
L5060	Symes met fr leath socket ar		\$ 1,860.63
L5100	Molded socket shin sach foot		\$ 1,610.53
L5105	Plast socket jts/thgh lacer		\$ 2,556.24
L5150	Mold sckt ext knee shin sach		\$ 2,365.66
L5160	Mold socket bent knee shin s		\$ 2,573.08
L5200	Kne sing axis fric shin sach		\$ 2,241.37
L5210	No knee/ankle joints w/ ft b		\$ 1,634.67
L5220	No knee joint with artic ali		\$ 1,858.11
L5230	Fem focal defic constant fri		\$ 2,562.70
L5250	Hip canad sing axi cons fric		\$ 3,495.28
L5270	Tilt table locking hip sing		\$ 3,464.66
L5280	Hemipelvect canad sing axis		\$ 3,430.02
L5300	Bk sach soft cover & finish		\$ -
L5301			\$ 1,546.73
L5310	Knee disart sach soft cv/fin		\$ -
L5311			\$ 2,222.04
L5320	Ak open end sach soft cv/fin		\$ -
L5321			\$ 2,214.10
L5330	Hip canadian sach sft cv/fin		\$ -
L5331			\$ 3,133.03
L5340	Hemipelvectomy canad cv/fin		\$ -
L5341			\$ 3,404.61
L5400	Postop dress & 1 cast chg bk		\$ 810.77
L5410	Postop dsg bk ea add cast ch		\$ 355.23
L5420	Postop dsg & 1 cast chg ak/d		\$ 1,023.97
L5430	Postop dsg ak ea add cast ch		\$ 451.99
L5450	Postop app non-wgt bear dsg		\$ 289.15
L5460	Postop app non-wgt bear dsg		\$ 426.17
L5500	Init bk ptb plaster direct		\$ 865.19
L5505	Init ak ischal plstr direct		\$ 1,171.70
L5510	Prep BK ptb plaster molded		\$ 980.75
L5520	Perp BK ptb thermopls direct		\$ 968.75
L5530	Prep BK ptb thermopls molded		\$ 1,226.23
L5535	Prep BK ptb open end socket		\$ 1,208.46
L5540	Prep BK ptb laminated socket		\$ 1,276.07
L5560	Prep AK ischial plast molded		\$ 1,309.30
L5570	Prep AK ischial direct form		\$ 1,361.21
L5580	Prep AK ischial thermo mold		\$ 1,589.11
L5585	Prep AK ischial open end		\$ 1,723.59
L5590	Prep AK ischial laminated		\$ 1,619.42
L5595	Hip disartic sach thermopls		\$ 2,846.52
L5600	Hip disart sach laminat mold		\$ 3,104.75
L5610	Above knee hydracadence		\$ 1,394.73
L5611	Ak 4 bar link w/fric swing		\$ 1,085.37

		<b>MC Apr 2004</b>	
<b>HCPCS</b>	<b>Description</b>	<b>Mod</b>	<b>Mod2 less 16%</b>
L5613	Ak 4 bar ling w/hydraul swig	\$	1,650.92
L5614	4-bar link above knee w/swng	\$	1,115.95
L5616	Ak univ multiplex sys frict	\$	914.93
L5617	AK/BK self-aligning unit ea	\$	370.02
L5618	Test socket symes	\$	213.16
L5620	Test socket below knee	\$	187.29
L5622	Test socket knee disarticula	\$	286.03
L5624	Test socket above knee	\$	272.89
L5626	Test socket hip disarticulat	\$	383.59
L5628	Test socket hemipelvectomy	\$	363.32
L5629	Below knee acrylic socket	\$	277.44
L5630	Syme typ expandabl wall sckt	\$	302.33
L5631	Ak/knee disartic acrylic soc	\$	361.54
L5632	Symes type ptb brim design s	\$	149.58
L5634	Symes type poster opening so	\$	204.92
L5636	Symes type medial opening so	\$	171.65
L5637	Below knee total contact	\$	229.28
L5638	Below knee leather socket	\$	327.84
L5639	Below knee wood socket	\$	769.09
L5640	Knee disarticulat leather so	\$	468.25
L5642	Above knee leather socket	\$	419.20
L5643	Hip flex inner socket ext fr	\$	1,048.50
L5644	Above knee wood socket	\$	397.89
L5645	Ak flexibl inner socket ext	\$	537.50
L5646	Below knee air cushion socke	\$	369.10
L5647	Below knee suction socket	\$	535.86
L5648	Above knee air cushion socke	\$	443.52
L5649	Isch containmt/narrow m-l so	\$	1,346.45
L5650	Tot contact ak/knee disart s	\$	328.87
L5651	Ak flex inner socket ext fra	\$	809.00
L5652	Suction susp ak/knee disart	\$	293.70
L5653	Knee disart expand wall sock	\$	392.06
L5654	Socket insert symes	\$	223.41
L5655	Socket insert below knee	\$	189.17
L5656	Socket insert knee articulat	\$	266.47
L5658	Socket insert above knee	\$	259.50
L5660	Sock insrt syme silicone gel	\$	-
L5661	Multi-durometer symes	\$	450.95
L5662	Socket insert bk silicone ge	\$	-
L5663	Sock knee disartic silicone	\$	-
L5664	Socket insert ak silicone ge	\$	-
L5665	Multi-durometer below knee	\$	344.93
L5666	Below knee cuff suspension	\$	51.25
L5667	Socket insert w lock lower	\$	-
L5668	Socket insert w/o lock lower	\$	68.44
L5669	Below knee socket w/o lock	\$	-
L5670	Bk molded supracondylar susp	\$	208.34
L5671		\$	335.08
L5672	Bk removable medial brim sus	\$	254.57

		<b>MC Apr 2004</b>	
<b>HCPCS</b>	<b>Description</b>	<b>Mod</b>	<b>Mod2 less 16%</b>
L5673		\$	473.28
L5674	Bk suspension sleeve	\$	43.06
L5675	Bk heavy duty susp sleeve	\$	58.36
L5676	Bk knee joints single axis p	\$	244.11
L5677	Bk knee joints polycentric p	\$	332.15
L5678	Bk joint covers pair	\$	26.75
L5679		\$	394.39
L5680	Bk thigh lacer non-molded	\$	233.32
L5681		\$	869.90
L5682	Bk thigh lacer glut/ischia m	\$	421.30
L5683		\$	869.90
L5684	Bk fork strap	\$	32.42
L5686	Bk back check	\$	43.74
L5688	Bk waist belt webbing	\$	41.15
L5690	Bk waist belt padded and lin	\$	79.68
L5692	Ak pelvic control belt light	\$	92.49
L5694	Ak pelvic control belt pad/l	\$	122.21
L5695	Ak sleeve susp neoprene/equa	\$	128.21
L5696	Ak/knee disartic pelvic join	\$	140.10
L5697	Ak/knee disartic pelvic band	\$	56.91
L5698	Ak/knee disartic silesian ba	\$	70.77
L5699	Shoulder harness	\$	125.61
L5700	Replace socket below knee	\$	1,940.74
L5701	Replace socket above knee	\$	2,407.67
L5702	Replace socket hip	\$	3,034.50
L5704	Custom shape covr below knee	\$	395.71
L5705	Custm shape cover above knee	\$	725.48
L5706	Custm shape cvr knee disart	\$	707.63
L5707	Custm shape cover hip disart	\$	950.67
L5710	Knee-shin exo sng axi mnl loc	\$	242.29
L5711	Knee-shin exo mnl lock ultra	\$	367.54
L5712	Knee-shin exo frict swg & st	\$	290.28
L5714	Knee-shin exo variable frict	\$	299.34
L5716	Knee-shin exo mech stance ph	\$	490.99
L5718	Knee-shin exo frct swg & sta	\$	613.68
L5722	Knee-shin pneum swg frct exo	\$	640.40
L5724	Knee-shin exo fluid swing ph	\$	1,016.82
L5726	Knee-shin ext jnts fld swg e	\$	1,335.21
L5728	Knee-shin fluid swg & stance	\$	1,663.48
L5780	Knee-shin pneum/hydra pneum	\$	802.04
L5781		\$	2,646.07
L5782		\$	-
L5785	Exoskeletal bk ultralt mater	\$	349.99
L5790	Exoskeletal ak ultra-light m	\$	484.37
L5795	Exoskel hip ultra-light mate	\$	723.30
L5810	Endoskel knee-shin mnl lock	\$	336.49
L5811	Endo knee-shin mnl lck ultra	\$	491.31
L5812	Endo knee-shin frct swg & st	\$	380.81
L5814	Endo knee-shin hydral swg ph	\$	2,456.06

		<b>MC Apr 2004</b>	
<b>HCPCS</b>	<b>Description</b>	<b>Mod</b>	<b>Mod2 less 16%</b>
L5816	Endo knee-shin polyc mch sta		\$ 572.91
L5818	Endo knee-shin frct swg & st		\$ 646.93
L5822	Endo knee-shin pneum swg frc		\$ 1,255.09
L5824	Endo knee-shin fluid swing p		\$ 1,033.09
L5826	Miniature knee joint		\$ 2,085.90
L5828	Endo knee-shin fluid swg/sta		\$ 1,969.30
L5830	Endo knee-shin pneum/swg pha		\$ 1,399.26
L5840	Multi-axial knee/shin system		\$ 2,467.43
L5845	Knee-shin sys stance flexion		\$ 1,185.33
L5846	Knee-shin sys microprocessor		\$ 3,584.80
L5847			\$ 10,242.38
L5848			\$ 711.14
L5850	Endo ak/hip knee extens assi		\$ 89.48
L5855	Mech hip extension assist		\$ 208.04
L5910	Endo below knee alignable sy		\$ 245.71
L5920	Endo ak/hip alignable system		\$ 357.43
L5925	Above knee manual lock		\$ 226.35
L5930	High activity knee frame		\$ 2,225.96
L5940	Endo bk ultra-light material		\$ 337.91
L5950	Endo ak ultra-light material		\$ 570.85
L5960	Endo hip ultra-light materia		\$ 683.79
L5962	Below knee flex cover system		\$ 395.97
L5964	Above knee flex cover system		\$ 709.27
L5966	Hip flexible cover system		\$ 913.64
L5968	Multiaxial ankle w dorsiflex		\$ 2,403.20
L5970	Foot external keel sach foot		\$ 147.89
L5972	Flexible keel foot		\$ 237.42
L5974	Foot single axis ankle/foot		\$ 200.31
L5975	Combo ankle/foot prosthesis		\$ 306.58
L5976	Energy storing foot		\$ 377.26
L5978	Ft prosth multiaxial ankl/ft		\$ 196.59
L5979	Multi-axial ankle/ft prosth		\$ 1,577.51
L5980	Flex foot system		\$ 2,497.71
L5981	Flex-walk sys low ext prosth		\$ 2,158.93
L5982	Exoskeletal axial rotation u		\$ 389.45
L5984	Endoskeletal axial rotation		\$ 386.00
L5985	Lwr ext dynamic prosth pylon		\$ 186.75
L5986	Multi-axial rotation unit		\$ 429.14
L5987	Shank ft w vert load pylon		\$ 4,757.39
L5988	Vertical shock reducing pylo		\$ 1,321.14
L5989			\$ 2,048.47
L5990			\$ 1,199.78
L5995			\$ -
L6000	Par hand robin-aids thum rem		\$ 895.08
L6010	Hand robin-aids little/ring		\$ 996.07
L6020	Part hand robin-aids no fing		\$ 928.68
L6025			\$ 5,292.18
L6050	Wrst MLd sock flx hng tri pad		\$ 1,279.69
L6055	Wrst mold sock w/exp interfa		\$ 2,034.12

		<b>MC Apr 2004</b>	
<b>HCPCS</b>	<b>Description</b>	<b>Mod</b>	<b>Mod2 less 16%</b>
L6100	Elb mold sock flex hinge pad		\$ 1,296.51
L6110	Elbow mold sock suspension t		\$ 1,375.18
L6120	Elbow mold doub splt soc ste		\$ 1,602.57
L6130	Elbow stump activated lock h		\$ 1,743.90
L6200	Elbow mold outsid lock hinge		\$ 1,837.79
L6205	Elbow molded w/ expand inter		\$ 3,062.47
L6250	Elbow inter loc elbow forarm		\$ 1,808.99
L6300	Shlder disart int lock elbow		\$ 2,509.78
L6310	Shoulder passive restor comp		\$ 2,063.96
L6320	Shoulder passive restor cap		\$ 1,151.23
L6350	Thoracic intern lock elbow		\$ 2,638.65
L6360	Thoracic passive restor comp		\$ 2,166.18
L6370	Thoracic passive restor cap		\$ 1,630.79
L6380	Postop dsg cast chg wrst/elb		\$ 880.77
L6382	Postop dsg cast chg elb dis/		\$ 1,053.97
L6384	Postop dsg cast chg shlder/t		\$ 1,286.13
L6386	Postop ea cast chg & realign		\$ 308.42
L6388	Postop applicat rigid dsg on		\$ 296.15
L6400	Below elbow prosth tiss shap		\$ 1,566.43
L6450	Elb disart prosth tiss shap		\$ 2,076.93
L6500	Above elbow prosth tiss shap		\$ 2,078.63
L6550	Shldr disar prosth tiss shap		\$ 2,568.81
L6570	Scap thorac prosth tiss shap		\$ 3,116.85
L6580	Wrist/elbow bowden cable mol		\$ 1,087.98
L6582	Wrist/elbow bowden cbl dir f		\$ 927.15
L6584	Elbow fair lead cable molded		\$ 1,501.82
L6586	Elbow fair lead cable dir fo		\$ 1,313.79
L6588	Shdr fair lead cable molded		\$ 2,168.76
L6590	Shdr fair lead cable direct		\$ 1,983.79
L6600	Polycentric hinge pair		\$ 133.85
L6605	Single pivot hinge pair		\$ 124.95
L6610	Flexible metal hinge pair		\$ 112.16
L6615	Disconnect locking wrist uni		\$ 138.29
L6616	Disconnect insert locking wr		\$ 58.25
L6620	Flexion-friction wrist unit		\$ 217.05
L6623	Spring-ass rot wrst w/ latch		\$ 496.83
L6625	Rotation wrst w/ cable lock		\$ 361.52
L6628	Quick disconn hook adapter o		\$ 369.43
L6629	Lamination collar w/ couplin		\$ 98.56
L6630	Stainless steel any wrist		\$ 145.19
L6632	Latex suspension sleeve each		\$ 48.42
L6635	Lift assist for elbow		\$ 134.48
L6637	Nudge control elbow lock		\$ 279.14
L6638			\$ 1,653.80
L6640	Shoulder abduction joint pai		\$ 190.50
L6641	Excursion amplifier pulley t		\$ 126.61
L6642	Excursion amplifier lever ty		\$ 180.26
L6645	Shoulder flexion-abduction j		\$ 218.90
L6646			\$ 2,085.81

		MC Apr 2004	
HCPCS	Description	Mod	Mod2 less 16%
L6647			\$ 343.38
L6648			\$ 2,151.22
L6650	Shoulder universal joint		\$ 228.03
L6655	Standard control cable extra		\$ 50.60
L6660	Heavy duty control cable		\$ 61.83
L6665	Teflon or equal cable lining		\$ 35.35
L6670	Hook to hand cable adapter		\$ 33.51
L6672	Harness chest/shlder saddle		\$ 113.58
L6675	Harness figure of 8 sing con		\$ 80.90
L6676	Harness figure of 8 dual con		\$ 81.70
L6680	Test sock wrist disart/bel e		\$ 156.30
L6682	Test sock elbw disart/above		\$ 175.17
L6684	Test socket shldr disart/tho		\$ 234.81
L6686	Suction socket		\$ 436.67
L6687	Frame typ socket bel elbow/w		\$ 388.57
L6688	Frame typ sock above elb/dis		\$ 375.87
L6689	Frame typ socket shoulder di		\$ 453.91
L6690	Frame typ sock interscap-tho		\$ 491.55
L6691	Removable insert each		\$ 293.97
L6692	Silicone gel insert or equal		\$ 376.73
L6693	Lockingelbow forearm cntrbal		\$ 1,877.51
L6700	Terminal device model #3		\$ 349.45
L6705	Terminal device model #5		\$ 205.15
L6710	Terminal device model #5x		\$ 232.50
L6715	Terminal device model #5xa		\$ 230.94
L6720	Terminal device model #6		\$ 574.70
L6725	Terminal device model #7		\$ 278.23
L6730	Terminal device model #7lo		\$ 431.67
L6735	Terminal device model #8		\$ 200.73
L6740	Terminal device model #8x		\$ 261.70
L6745	Terminal device model #88x		\$ 239.45
L6750	Terminal device model #10p		\$ 236.69
L6755	Terminal device model #10x		\$ 236.01
L6765	Terminal device model #12p		\$ 246.57
L6770	Terminal device model #99x		\$ 237.70
L6775	Terminal device model#555		\$ 281.64
L6780	Terminal device model #ss555		\$ 315.72
L6790	Hooks-accu hook or equal		\$ 375.58
L6795	Hooks-2 load or equal		\$ 898.98
L6800	Hooks-aprl vc or equal		\$ 721.95
L6805	Modifier wrist flexion unit		\$ 242.49
L6806	Trs grip vc or equal		\$ 1,069.57
L6807	Term device grip1/2 or equal		\$ 1,183.60
L6808	Term device infant or child		\$ 923.89
L6809	Trs super sport passive		\$ 260.48
L6810	Pincher tool otto bock or eq		\$ 132.18
L6825	Hands dorrance vo		\$ 695.02
L6830	Hand aprl vc		\$ 1,014.90
L6835	Hand sierra vo		\$ 794.67



		<b>MC Apr 2004</b>	
<b>HCPCS</b>	<b>Description</b>	<b>Mod</b>	<b>Mod2 less 16%</b>
L6840	Hand becker imperial		\$ 557.58
L6845	Hand becker lock grip		\$ 528.33
L6850	Term dvc-hand becker plylite		\$ 552.05
L6855	Hand robin-aids vo		\$ 590.34
L6860	Hand robin-aids vo soft		\$ 497.95
L6865	Hand passive hand		\$ 238.42
L6867	Hand detroit infant hand		\$ 785.47
L6868	Passive inf hand steeper/hos		\$ 163.89
L6870	Hand child mitt		\$ 209.13
L6872	Hand nyu child hand		\$ 730.72
L6873	Hand mech inf steeper or equ		\$ 315.13
L6875	Hand bock vc		\$ 598.63
L6880	Hand bock vo		\$ 339.69
L6881			\$ 2,703.67
L6882			\$ 2,050.85
L6890	Production glove		\$ 114.58
L6895	Custom glove		\$ 417.03
L6900	Hand restorat thumb/1 finger		\$ 1,082.32
L6905	Hand restoration multiple fi		\$ 1,062.53
L6910	Hand restoration no fingers		\$ 1,090.76
L6915	Hand restoration replacmnt g		\$ 421.72
L6920	Wrist disarticul switch ctrl		\$ 5,192.68
L6925	Wrist disart myoelectronic c		\$ 5,692.68
L6930	Below elbow switch control		\$ 4,912.40
L6935	Below elbow myoelectronic ct		\$ 5,812.98
L6940	Elbow disarticulation switch		\$ 6,404.20
L6945	Elbow disart myoelectronic c		\$ 7,162.97
L6950	Above elbow switch control		\$ 6,787.10
L6955	Above elbow myoelectronic ct		\$ 8,254.40
L6960	Shldr disartic switch contro		\$ 8,763.32
L6965	Shldr disartic myoelectronic		\$ 10,038.34
L6970	Interscapular-thor switch ct		\$ 10,789.22
L6975	Interscap-thor myoelectronic		\$ 11,911.46
L7010	Hand otto back steeper/eq sw		\$ 2,460.42
L7015	Hand sys teknik village swit		\$ 4,076.61
L7020	Electronic greifer switch ct		\$ 2,526.96
L7025	Electron hand myoelectronic		\$ 2,458.88
L7030	Hand sys teknik vill myoelec		\$ 4,149.46
L7035	Electron greifer myoelectro		\$ 2,497.08
L7040	Prehensile actuator hosmer s		\$ 1,959.68
L7045	Electron hook child michigan		\$ 1,088.85
L7170	Electronic elbow hosmer swit		\$ 3,949.97
L7180	Electronic elbow utah myoele		\$ 23,521.04
L7185	Electron elbow adolescent sw		\$ 4,044.11
L7186	Electron elbow child switch		\$ 6,175.69
L7190	Elbow adolescent myoelectron		\$ 5,265.28
L7191	Elbow child myoelectronic ct		\$ 6,651.73
L7260	Electron wrist rotator otto		\$ 1,712.90
L7261	Electron wrist rotator utah		\$ 3,154.05

		MC Apr 2004	
HCPCS	Description	Mod	Mod2 less 16%
L7266	Servo control steeper or equ		\$ 666.97
L7272	Analogue control unb or equa		\$ 1,486.65
L7274	Proportional ctl 12 volt uta		\$ 4,761.35
L7360	Six volt bat otto bock/eq ea		\$ 201.29
L7362	Battery chrgr six volt otto		\$ 181.34
L7364	Twelve volt battery utah/equ		\$ 335.19
L7366	Battery chrgr 12 volt utah/e		\$ 451.57
L7367			\$ 257.47
L7368			\$ 333.77
L7520	Repair prosthesis per 15 min		\$ -
L7900	Vacuum erection system		\$ 347.47
L8000	Mastectomy bra		\$ 24.60
L8001			\$ 82.94
L8002			\$ 109.10
L8010	Mastectomy sleeve		\$ -
L8015	Ext breastprosthesis garment		\$ 39.64
L8020	Mastectomy form		\$ 168.53
L8030	Breast prosthesis silicone/e		\$ 218.13
L8035	Custom breast prosthesis		\$ 2,422.85
L8040	Nasal prosthesis	KM	\$ 1,601.32
L8040	Nasal prosthesis	KN	\$ 674.23
L8040	Nasal prosthesis		\$ 1,685.59
L8041	Midfacial prosthesis	KM	\$ 1,930.11
L8041	Midfacial prosthesis	KN	\$ 812.68
L8041	Midfacial prosthesis		\$ 2,031.70
L8042	Orbital prosthesis	KM	\$ 2,168.66
L8042	Orbital prosthesis	KN	\$ 913.12
L8042	Orbital prosthesis		\$ 2,282.80
L8043	Upper facial prosthesis	KM	\$ 2,428.91
L8043	Upper facial prosthesis	KN	\$ 1,022.70
L8043	Upper facial prosthesis		\$ 2,556.76
L8044	Hemi-facial prosthesis	KM	\$ 2,689.14
L8044	Hemi-facial prosthesis	KN	\$ 1,132.27
L8044	Hemi-facial prosthesis		\$ 2,830.68
L8045	Auricular prosthesis	KM	\$ 1,877.25
L8045	Auricular prosthesis	KN	\$ 790.42
L8045	Auricular prosthesis		\$ 1,976.05
L8046	Partial facial prosthesis	KM	\$ 1,734.94
L8046	Partial facial prosthesis	KN	\$ 730.50
L8046	Partial facial prosthesis		\$ 1,826.24
L8047	Nasal septal prosthesis	KM	\$ 889.17
L8047	Nasal septal prosthesis	KN	\$ 374.38
L8047	Nasal septal prosthesis		\$ 935.94
L8049	Repair maxillofacial prosth		\$ -
L8110		AW	\$ 36.35
L8120		AW	\$ 51.21
L8300	Truss single w/ standard pad		\$ 56.83
L8310	Truss double w/ standard pad		\$ 89.71
L8320	Truss addition to std pad wa		\$ 40.22

		<b>MC Apr 2004</b>	
<b>HCPCS</b>	<b>Description</b>	<b>Mod</b>	<b>Mod2 less 16%</b>
L8330	Truss add to std pad scrotal	\$	33.26
L8400	Sheath below knee	\$	11.70
L8410	Sheath above knee	\$	15.62
L8415	Sheath upper limb	\$	15.36
L8417	Pros sheath/sock w gel cushn	\$	49.69
L8420	Prosthetic sock multi ply BK	\$	13.80
L8430	Prosthetic sock multi ply AK	\$	14.91
L8435	Pros sock multi ply upper lm	\$	14.16
L8440	Shrinker below knee	\$	28.17
L8460	Shrinker above knee	\$	44.90
L8465	Shrinker upper limb	\$	39.75
L8470	Pros sock single ply BK	\$	4.49
L8480	Pros sock single ply AK	\$	6.20
L8485	Pros sock single ply upper l	\$	7.78
L8490	Air seal suction reten systm	\$	111.09
L8500	Artificial larynx	\$	592.78
L8501	Tracheostomy speaking valve	\$	81.38
L8507		\$	27.70
L8509		\$	72.22
L8510		\$	167.11
L8511		\$	-
L8512		\$	-
L8513		\$	-
L8514		\$	-
L8600	Implant breast silicone/eq	\$	421.65
L8603	Collagen imp urinary 2.5 ml	\$	294.98
L8606	Synthetic implnt urinary 1ml	\$	146.85
L8610	Ocular implant	\$	396.34
L8612	Aqueous shunt prosthesis	\$	416.23
L8613	Ossicular implant	\$	206.24
L8614	Cochlear device/system	\$	13,136.19
L8619	Replace cochlear processor	\$	5,639.26
L8630	Metacarpophalangeal implant	\$	226.96
L8631		\$	1,435.68
L8641	Metatarsal joint implant	\$	235.80
L8642	Hallux implant	\$	220.18
L8658	Interphalangeal joint implnt	\$	221.84
L8659		\$	1,276.15
L8670	Vascular graft	\$	374.98

## **Vision Services**

V2020	Vision svcs frames purchases	\$	42.24
V2100	Lens spher single plano 4.00	\$	32.40
V2101	Single visn sphere 4.12-7.00	\$	33.97
V2102	Singl visn sphere 7.12-20.00	\$	50.05
V2103	Spherocylindr 4.00d/12-2.00d	\$	30.55
V2104	Spherocylindr 4.00d/2.12-4d	\$	33.10
V2105	Spherocylinder 4.00d/4.25-6d	\$	36.83

		MC Apr 2004	
HCPCS	Description	Mod	Mod2 less 16%
V2106	Spherocylinder 4.00d/>6.00d	\$	40.87
V2107	Spherocylinder 4.25d/12-2d	\$	37.89
V2108	Spherocylinder 4.25d/2.12-4d	\$	40.25
V2109	Spherocylinder 4.25d/4.25-6d	\$	44.53
V2110	Spherocylinder 4.25d/over 6d	\$	43.95
V2111	Spherocylindr 7.25d/.25-2.25	\$	45.06
V2112	Spherocylindr 7.25d/2.25-4d	\$	49.99
V2113	Spherocylindr 7.25d/4.25-6d	\$	52.09
V2114	Spherocylinder over 12.00d	\$	61.05
V2115	Lens lenticular bifocal	\$	54.04
V2116	Nonaspheric lens bifocal	\$	46.44
V2117	Aspheric lens bifocal	\$	53.82
V2118	Lens aniseikonic single	\$	65.86
V2121		\$	53.30
V2200	Lens spher bifoc plano 4.00d	\$	44.65
V2201	Lens sphere bifocal 4.12-7.0	\$	48.89
V2202	Lens sphere bifocal 7.12-20.	\$	59.06
V2203	Lens sphcyl bifocal 4.00d/.1	\$	46.07
V2204	Lens sphcy bifocal 4.00d/2.1	\$	48.57
V2205	Lens sphcy bifocal 4.00d/4.2	\$	52.52
V2206	Lens sphcy bifocal 4.00d/ove	\$	56.41
V2207	Lens sphcy bifocal 4.25-7d/.	\$	49.86
V2208	Lens sphcy bifocal 4.25-7/2.	\$	53.47
V2209	Lens sphcy bifocal 4.25-7/4.	\$	57.20
V2210	Lens sphcy bifocal 4.25-7/ov	\$	63.97
V2211	Lens sphcy bifo 7.25-12/.25-	\$	59.19
V2212	Lens sphcyl bifo 7.25-12/2.2	\$	61.66
V2213	Lens sphcyl bifo 7.25-12/4.2	\$	58.30
V2214	Lens sphcyl bifocal over 12.	\$	75.21
V2215	Lens lenticular bifocal	\$	64.02
V2216	Lens lenticular nonaspheric	\$	62.01
V2217	Lens lenticular aspheric bif	\$	64.69
V2218	Lens aniseikonic bifocal	\$	90.85
V2219	Lens bifocal seg width over	\$	39.99
V2220	Lens bifocal add over 3.25d	\$	32.43
V2221		\$	63.83
V2300	Lens sphere trifocal 4.00d	\$	53.37
V2301	Lens sphere trifocal 4.12-7.	\$	62.54
V2302	Lens sphere trifocal 7.12-20	\$	73.66
V2303	Lens sphcy trifocal 4.0/.12-	\$	48.89
V2304	Lens sphcy trifocal 4.0/2.25	\$	57.15
V2305	Lens sphcy trifocal 4.0/4.25	\$	66.19
V2306	Lens sphcyl trifocal 4.00/>6	\$	70.26
V2307	Lens sphcy trifocal 4.25-7/.	\$	64.85
V2308	Lens sphc trifocal 4.25-7/2.	\$	67.39
V2309	Lens sphc trifocal 4.25-7/4.	\$	70.45
V2310	Lens sphc trifocal 4.25-7/>6	\$	74.73
V2311	Lens sphc trifo 7.25-12/.25-	\$	67.50
V2312	Lens sphc trifo 7.25-12/2.25	\$	67.90

HCPCS	Description	MC Apr 2004	
		Mod	Mod2 less 16%
V2313	Lens sphc trifo 7.25-12/4.25	\$	70.43
V2314	Lens sphcyl trifocal over 12	\$	90.49
V2315	Lens lenticular trifocal	\$	80.38
V2316	Lens lenticular nonaspheric	\$	75.36
V2317	Lens lenticular aspheric tri	\$	81.11
V2318	Lens aniseikonic trifocal	\$	125.75
V2319	Lens trifocal seg width > 28	\$	44.60
V2320	Lens trifocal add over 3.25d	\$	47.06
V2321		\$	79.23
V2410	Lens variab asphericity sing	\$	70.13
V2430	Lens variable asphericity bi	\$	78.35
V2500	Contact lens pmma spherical	\$	73.00
V2501	Cntct lens pmma-toric/prism	\$	99.23
V2502	Contact lens pmma bifocal	\$	130.59
V2503	Cntct lens pmma color vision	\$	125.92
V2510	Cntct gas permeable sphericl	\$	98.71
V2511	Cntct toric prism ballast	\$	127.97
V2512	Cntct lens gas permbl bifocl	\$	157.47
V2513	Contact lens extended wear	\$	128.33
V2520	Contact lens hydrophilic	\$	91.44
V2521	Cntct lens hydrophilic toric	\$	144.29
V2522	Cntct lens hydrophil bifocl	\$	128.75
V2523	Cntct lens hydrophil extend	\$	127.24
V2530	Contact lens gas impermeable	\$	171.89
V2531	Contact lens gas permeable	\$	358.09
V2623	Plastic eye prosth custom	\$	604.70
V2624	Polishing artificial eye	\$	54.68
V2625	Enlargemnt of eye prosthesis	\$	249.33
V2626	Reduction of eye prosthesis	\$	134.40
V2627	Scleral cover shell	\$	868.02
V2628	Fabrication & fitting	\$	204.96
V2700	Balance lens	\$	36.26
V2710	Glass/plastic slab off prism	\$	50.66
V2715	Prism lens/es	\$	8.29
V2718	Fresnell prism press-on lens	\$	19.94
V2730	Special base curve	\$	14.20
V2740	Rose tint plastic	\$	7.82
V2741	Non-rose tint plastic	\$	7.87
V2742	Rose tint glass	\$	7.74
V2743	Non-rose tint glass	\$	8.63
V2744	Tint photochromatic lens/es	\$	11.05
V2745		\$	7.85
V2750	Anti-reflective coating	\$	14.65
V2755	UV lens/es	\$	11.19
V2760	Scratch resistant coating	\$	13.85
V2762		\$	39.41
V2770	Occluder lens/es	\$	13.15
V2780	Oversize lens/es	\$	8.44
V2782			

<b>HCPCS</b>	<b>Description</b>	<b>Mod</b>	<b>Mod2</b>	<b>MC Apr 2004</b>
V2783				less 16%
V2784				
V2786				

Drug & Biological Fee Schedule

<b>CODE</b>	<b>DESCRIPTION/DOSAGE</b>	<b>PEIA Fees Effective 07/01/2004</b>
90371	Hepatitis B, Immune Globulin, 5 ml	\$649.80
90375	Rabies ig, im/sc	\$72.85
90376	Rabies ig, heat treated	\$78.11
90385	Rh ig, minidose, im	\$34.77
90476	Adenovirus vaccine, type 4	NA
90477	Adenovirus vaccine, type 7	NA
90581	Anthrax vaccine, sc	\$133.12
90585	Bcg vaccine, percut	\$160.13
90586	Bcg vaccine, intravesical	\$169.10
90632	Hep a vaccine, adult im	\$74.54
90633	Hep a vacc, ped/adol, 2 dose	\$29.80
90634	Hep a vacc, ped/adol, 3 dose	\$29.80
90636	Hep a/hep b vacc, adult im	\$92.89
90645	Hib vaccine, hboc, im	\$24.32
90646	Hib vaccine, prp-d, im	NA
90647	Hib vaccine, prp-omp, im	\$26.72
90648	Hib vaccine, prp-t, im	\$27.04
90655	Flu vaccine, 6-35 mo, im	\$15.00
90657	Flu vaccine, 6-35 mo, im	\$4.22
90658	Flu vaccine, 3 yrs, im	\$9.95
90659	Flu vaccine, whole, im	\$9.95
90660	Flu vaccine, nasal	\$55.20
90665	Lyme disease vaccine, im	NA
90669	Pneumococcal vacc, ped <5	\$73.83
90675	Rabies vaccine, im	\$136.16
90676	Rabies vaccine, id	NA
90680	Rotavirus vaccine, oral	NA
90690	Typhoid vaccine, oral	\$28.72
90691	Typhoid vaccine, im	\$42.00
90692	Typhoid vaccine, h-p, sc/id	NA
90693	Typhoid vaccine, akd, sc	NA
90698	Dtap-hib-ip vaccine, im	NA
90700	Dtap vaccine, im	\$22.41
90701	Dtp vaccine, im	NA
90702	Dt vaccine < 7, im	\$12.61
90703	Tetanus vaccine, im	\$14.37
90704	Mumps vaccine, sc	\$19.43
90705	Measles vaccine, sc	\$15.03
90706	Rubella vaccine, sc	\$16.74
90707	Mmr vaccine, sc	\$39.04
90708	Measles-rubella vaccine, sc	NA
90710	Mmrv vaccine, sc	NA
90712	Oral poliovirus vaccine	NA
90713	Poliovirus, ipv, sc	\$25.71
90715	Tdap vaccine >7 im	NA
90716	Chicken pox vaccine, sc	\$68.83
90717	Yellow fever vaccine, sc	\$59.17
90718	Td vaccine > 7, im	\$11.52
90719	Diphtheria vaccine, im	NA
90720	Dtp/hib vaccine, im	\$37.59
90721	Dtap/hib vaccine, im	\$48.84
90723	Dtap-hep b-ipv vaccine, im	\$84.12

Drug & Biological Fee Schedule

<b>CODE</b>	<b>DESCRIPTION/DOSAGE</b>	<b>PEIA Fees Effective 07/01/2004</b>
90725	Cholera vaccine, injectable	NA
90727	Plague vaccine, im	NA
90732	Pneumococcal vaccine	\$18.62
90733	Meningococcal vaccine, sc	\$69.45
90734	Meningococcal vaccine, im	NA
90735	Encephalitis vaccine, sc	\$79.76
90740	Hepb vacc, ill pat 3 dose im	\$110.92
90743	Hep b vacc, adol, 2 dose, im	\$27.05
90744	Hepb vacc ped/adol 3 dose im	\$27.05
90746	Hep b vaccine, adult, im	\$55.46
90747	Hepb vacc, ill pat 4 dose im	\$110.92
90748	Hep b/hib vaccine, im	\$53.32
A4641	Supply of radiopharmaceutical diagnostic imaging agent, not otherwise classified, requires description	I.C.
A4642	Supply of satumomab pendetide, radiopharmaceutical diagnostic imaging agent, per dose	\$1,575.00
A4643	Supply of additional high dose contrast material during magnetic resonance imaging, E.G., gadoteridol injection, include amount	I.C.
A4644	Low Osmolar Contrast Material (less 8%), 100-199 mgs/ml	deleted
A4645	Low Osmolar Contrast Material (less 8%), 200-299 mgs/ml	deleted
A4646	Low Osmolar Contrast Material (less 8%), 300-399 mgs/ml	deleted
A4647	Supply of paramagnetic contrast material, e.g., gadolinium	I.C.
A9500	Supply of radiopharmaceutical diagnostic imaging agent, technetium Tc 99m sestamibi, per dose	\$87.86
A9502	Supply of radiopharmaceutical diagnostic imaging agent, technetium Tc 99m tetrofosium, per unit dose	\$106.04
A9503	Supply of radiopharmaceutical diagnostic imaging agent, technetium Tc 99m, medronate, up to 30 mCi	\$12.00
A9504	Supply of radiopharmaceutical diagnostic imaging agent, technetium Tc 99m apcitide per vial, Acutect	\$500.00
A9505	Supply of radiopharmaceutical diagnostic imaging agent, thallos chloride Tl 201, per mCi	\$20.00
A9507	Supply of radiopharmaceutical diagnostic imaging agent, indium In 111 capromab pendetide, per dose	\$898.75
A9508	Supply of radiopharmaceutical diagnostic imaging agent, iobenguane sulfate I-131, per 0.5 mCi	\$521.74
A9510	Supply of radiopharmaceutical diagnostic imaging agent, technetium TC 99M disofenin, per vial	\$45.00
A9511	Supply of radiopharmaceutical diagnostic imaging agent, technetium tc 99m, depreotide, per mCi	\$800.00
A9600	Supply of therapeutic radiopharmaceutical, strontium-89 chloride, per mCi	\$3,000.00
A9605	Supply of therapeutic radiopharmaceutical, samarium Sm 153 Lexidronamm, 50 mCi	\$8.00
A9700	Supply of injectable contrast material for use in echocardiography, per study	\$118.75



Drug & Biological Fee Schedule

<b>CODE</b>	<b>DESCRIPTION/DOSAGE</b>	<b>PEIA Fees Effective 07/01/2004</b>
C1010	Blood, leukoreduced, cmv-negative, each unit	deleted
C1011	Platelet HLA-matched leukoreduced, apheresis/pheresis	deleted
C1012	Platelet concentrate, leukoreduced, irradiated, each unit	deleted
C1013	Platelet concentrate, leukoreduced, each unit	deleted
C1014	Platelet, Leukoreduced, apheresis/pheresis, each unit	deleted
C1015	Platelet, pher, L/R, CMV, irrad	\$495.22
C1016	Blood, leukoreduced, frozeden/deglycerol/washed, each unit	deleted
C1017	Platelet, leukoreduced,CMV-negative, apheresis/pheresis, each unit	deleted
C1018	Blood, leukoreduced, irradiated, each unit	deleted
C1020	RBC, frz/deg/wsh, L/R, irrad	\$336.04
C1021	RBC, L/R, CMV neg, irrad	\$201.12
C1022	Plasma, frz within 24 hour	\$95.00
C1058	Supply of radiopharmaceutical diagnostic imaging agent, technetium Tc 99m oxidronate, per vial	deleted use Q3009
C1064	Supply of radiopharmaceutical diagnostic imaging agent, sodium iodide I-131, capsule, each additional mCi	deleted
C1065	Supply of radiopharmaceutical diagnostic imaging agent, sodium iodide I-131, solution, each additional mCi	deleted
C1066	Supply of radiopharmaceutical diagnostic imaging agent, indium 111 satumomab pentetide, per vial	deleted use A4642
C1080	I-131 tositumomab, dx	\$2,260.00
C1081	I-131 tositumomab, tx	\$19,565.00
C1082	in-111 ibritumomab tiuxetan	\$2,260.00
C1083	Yttrium 90 ibritumomab tiuxetan	\$19,565.00
C1091	Supply of radiopharmaceutical diagnostic imaging agent, indium 111 oxyquinoline, per 0.5 millicurie	\$450.00
C1092	Supply of radiopharmaceutical diagnostic imaging agent, indium 111 pentetate, per 0.5 millicurie	\$256.50
C1094	Supply of radiopharmaceutical diagnostic imaging agent, technetium Tc 99m albumin aggregated, per 1.0 millicurie	deleted
C1096	Supply of radiopharmaceutical diagnostic imaging agent, technetium Tc 99m exametazime, per dose	deleted
C1097	Supply of radiopharmaceutical diagnostic imaging agent, technetium Tc 99m mebrofenin, per vial	deleted
C1098	Supply of radiopharmaceutical diagnostic imaging agent, technetium Tc 99m pentetate per vial	deleted
C1099	Supply of radiopharmaceutical diagnostic imaging agent, technetium Tc 99m pyrophosphate, per vial	deleted
C1122	Supply of radiopharmaceutical diagnostic imaging agent, technetium Tc 99m arcitumomab, per vial	APC weighted
C1167	Injection Epirubicin HCL 2mg	deleted
C1188	Supply of radiopharmaceutical therapeutic imaging agent, sodium iodide I-131, capsule, per initial 1-5 mCi	deleted

Drug & Biological Fee Schedule

<b>CODE</b>	<b>DESCRIPTION/DOSAGE</b>	<b>PEIA Fees Effective 07/01/2004</b>
C1200	Supply of radiopharmaceutical diagnostic imaging agent, technetium Tc 99m sodium glucoheptonate, per vial	\$22.61
C1201	Supply of radiopharmaceutical diagnostic imaging agent, technetium Tc 99m succimer, per vial	\$135.66
C1202	Supply of radiopharmaceutical diagnostic imaging agent, technetium Tc 99m sulfur colloid, per dose	deleted
C1348	Supply of radiopharmaceutical therapeutic imaging agent, sodium iodide I-131	deleted
C1774	Darbopoetin Alfa 1 mcg, Aranesp	deleted
C1775	FDG per dose 4-40mCi/ml	I.C.
C9000	Injection, sodium chromate cr51, per 0.25 mCi	\$0.52
C9100	Supply of radiopharmaceutical diagnostic imaging agent, iodinated I-131 Albumin, per mCi	\$10.34
C9102	Supply of radiopharmaceutical diagnostic imaging agent, 51 sodium Chromate per mCi	\$64.85
C9103	Supply of radiopharmaceutical diagnostic imaging agent, sodium iothalamate I-125, injection per 10 uci	\$17.18
C9112	Perflutren lipid micro, 2 ml	\$148.20
C9113	Inj pantoprazole sodium, via	\$25.08
C9121	Injection, argatroban	\$16.35
C9123	Transcyte, per 247 sq cm	\$770.93
C9200	Orcel, per 36 per sq cm	\$1,135.25
C9201	Dermagraft, per 37.5 sq cm	\$577.60
C9203	Perflexane lipid micro	\$142.50
C9205	Oxaliplatin	\$94.46
C9207	Injection, bortezomib	\$1,039.68
C9208	Injection, agalsidase beta	\$123.78
C9209	Injection, laronidase	\$644.10
C9210	Injection, palonosetron HCL	\$307.80
C9211	Inj, alefacept, IV	\$665.00
C9212	Inj, alefacept, IM	\$472.63
C9503	Fresh frozen plasma, ea unit	\$69.74
J0120	Tetracycline, 250 mg	
J0130	Abciximab, IOmg	\$513.02
J0150	Adenosine, 6 mg	\$37.71
J0151	Adenosine, 90 mg	\$229.26
J0152	Adenosine injection	\$76.42
J0170	Adrenalin, Epinephrine, 1 ml amp	\$2.34
J0200	Alatrofloxacin Mesylate, IOOmg	\$19.04
J0205	Alglucerase, 10 units	\$37.53
J0207	Amifostine, 500 mg	\$452.97
J0210	Methyldopate Hcl, 250 mg	\$11.88
J0215	Alefacept	\$31.51
J0256	Alpha 1 Proteinase Inhibitor Human, IOmg	\$2.66
J0270	Alprostadil, 1.25 mcg	\$0.34
J0275	Alprostadil Suppository, 1.25 mcg	\$18.76
J0280	Aminophyllin, 250 mg	\$1.05
J0282	Amiodarone He], 30 mg	\$16.05
J0285	Amphotericin B, 50 mg	\$10.39
J0286	Amphotericin B, any lipid formulation, 50 mg	deleted
J0287	Amphotericin b lipid complex	\$21.85

Drug & Biological Fee Schedule

<b>CODE</b>	<b>DESCRIPTION/DOSAGE</b>	<b>PEIA Fees Effective 07/01/2004</b>
J0288	Ampho b cholesteryl sulfate	\$15.20
J0289	Amphotericin b liposome inj	\$35.80
J0290	Ampicillin, 500 mg	\$1.65
J0295	Ampicillin Sodium/Sulbactam Sodium, 1,5 gm	\$7.42
J0300	Amobarbital, 125 mg	\$2.66
J0330	Succinylcholine Chloride, 20 mg	\$0.20
J0350	Anistreplase, 30 units	I.C .
J0360	Hydralazine Hcl, 20 mg	\$16.04
J0380	Metaraminol Bitartrate. 10 mg	\$1.27
J0390	Chloroquine Hcl, 250 mg	\$19.68
J0395	Arbutamine Hcl, 1 mg	\$182.40
J0456	Azithromycin, 500 mg	\$25.38
J0460	Atropine Sulfate, 0.3 mg	\$1.19
J0470	Dimercaprol, 100mg	\$23.67
J0475	Baclofen, 10mg	\$215.18
J0476	Baclofen, 50 mcg	\$79.80
J0500	Dicyclomine, 20 mg	\$17.06
J0515	Benzotropine, 1 mg/ml	\$3.90
J0520	Bethanechol Chloride. Myotonachol or Urecholine, 5 mg	\$5.34
J0530	Penicillin G Benzathine & Penicillin G Procaine, 600,000 units	\$11.92
J0540	Penicillin G Benzathine & Penicillin G Procaine, 1,200,000 units	\$23.40
J0550	Penicillin G Benzathine & Penicillin G Procaine, 2,400,000 units	\$50.12
J0560	Penicillin G Benzathine, 600,000 units	\$9.89
J0570	Penicillin G Benzathine, 1,200,000 units	\$19.78
J0580	Penicillin G Benzathine, 2,400,000 units	\$39.56
J0583	Bivalirudin	\$1.74
J0585	Botulinum Toxin Type A. per unit	\$4.95
J0587	Botulinum Toxin Type B, 100 units	\$8.79
J0592	Buprenorphine hydrochloride	\$1.03
J0595	Butorphanol tartrate 1 mg	\$4.40
J0600	Edetate Calcium Disodium. 1000mg	\$44.10
J0610	Calcium Gluconate, 10 ml	\$1.44
J0620	Calcium Glycerophosphate & Calcium Lactate, 10 ml	\$6.42
J0630	Calcitonin Salmon, 400 units	\$38.41
J0635	Calcitriol, 1 mcg amp	
J0636	Inj calcitriol per 0.1 mcg	\$1.38
J0637	Caspofungin acetate	\$32.95
J0640	Leucovorin Calcium, 50 mg	\$3.56
J0670	Inj mepivacaine HCL/10 ml	\$2.07
J0690	Cefazolin Sodium, 500 mg	\$2.25
J0692	Cefepime HCl, 500 mg	\$8.13
J0694	Cetaxitin Sodium, 1 gm	\$10.69
J0696	Ceftriaxone Sodium, 250 mg	\$14.92
J0697	Sterile Cefuroxime Sodium, 750 mg	\$6.42
J0698	Cefotaxime Sodium, 1 gm	\$9.51
J0702	Betamethasone Acetate/Sodium Phosphate, 3 mg	\$4.98
J0704	Betamethasone Sodium Phosphate, 4 mg	\$1.07

Drug & Biological Fee Schedule

<b>CODE</b>	<b>DESCRIPTION/DOSAGE</b>	<b>PEIA Fees Effective 07/01/2004</b>
J0706	Caffeine Citrate, 5 mg	\$3.44
J0710	Cephapirin Sodium, 1 gm	
J0713	Ceftazidime, 500 mg	\$6.75
J0715	Ceftizoxime Sodium, 500 mg	\$4.96
J0720	Chloramphenicol Sodium Succinate, 1 gm	\$7.22
J0725	Chorionic Gonadotropin, 1,000 usp units	\$3.09
J0730	Chlorpheniramine Maleate, 200 mg	
J0735	Clonidine Hcl. 1 mg	\$55.16
J0740	Cidofovir, 375 mg	\$843.60
J0743	Cilastatin Sodium; Imipenem, 250 mg	\$15.87
J0744	Ciprofloxacin I.V, 200 mg	\$13.69
J0745	Codeine Phosphate, per 30 mg	\$0.87
J0760	Colchicine, 2 mg	\$7.07
J0770	Colistimethate Sodium, 150 mg	\$54.15
J0780	Prochlorperazine, 10 mg	\$8.84
J0800	Corticotropin injection	\$92.94
J0835	Cosyntropin. .25 mg	\$81.00
J0850	Cytomegalovirus Immune Globulin, intravenous, human, per vial	\$712.07
J0880	Darbepoetin alfa injection	\$23.69
J0895	Deferoxamine Mesylate, 500 mg	\$15.63
J0900	Testosterone Enanthate & Estradiol Valerate, 1 cc	\$1.63
J0945	Brompheniramine Maleate, 10 mg	\$0.95
J0970	Estradiol Valerate, 40 mg	\$1.62
J1000	Depo-Estradiol Cypionate, 5 mg	\$1.90
J1020	Methylprednisolone Acetate, 20 mg	\$2.68
J1030	Methylprednisolone Acetate, 40 mg	\$4.13
J1040	Methylprednisolone Acetate, 80 mg	\$8.27
J1050	Medroxyprogesterone Acetate. 100 mg	deleted
J1051	Medroxyprogesterone inj	\$5.04
J1056	Medroxyprogesterone Acetate/Estradiol Cypionate, 5 mg/25 mg	\$24.61
J1060	Testosterone Cypionate & Estradiol Cypionate. 1 ml	\$4.46
J1070	Testosterone Cypionate, 100 mg	\$4.95
J1080	Testosterone Cypionate, 1 cc, 200 mg	\$9.43
J1090	Testosterone Cypionate, 1 cc, 50 mg	
J1094	Inj dexamethasone acetate	\$0.71
J1095	Dexamethasone Acetate, 8 mg	deleted
J1100	Dexamethasone Sodium Phosphate, 1 mg	\$0.10
J1110	Dihydroergotamine, 1 mg	\$36.10
J1120	Acetazolamide Sodium, 500 mg	\$20.52
J1160	Digoxin, 0.5 mg	\$1.79
J1165	Phenytoin Sodium, 50 mg	\$0.86
J1170	Hydromorphone, 4 mg	\$1.55
J1180	Dyphylline, 500 mg	\$9.02
J1190	Dexrazoxane Hcl, 250 mg	\$233.97
J1200	Diphenhydramine Hcl. 50 mg	\$1.61
J1205	Chlorothiazide Sodium, per 500 mg	\$10.49
J1212	DMSO. Dimethyl Sulfoxide, 50%, 50 ml	\$44.60
J1230	Methadone Hcl, 10mg	\$0.75
J1240	Dimenhydrinate, 50 mg	\$0.38

Drug & Biological Fee Schedule

<b>CODE</b>	<b>DESCRIPTION/DOSAGE</b>	<b>PEIA Fees Effective 07/01/2004</b>
J1245	Dipyridamole, IOmg	\$5.70
J1250	Dobutamine Hcl, 250 mg	\$4.74
J1260	Dolasetron Mesylate, 10 mg	\$16.45
J1270	Doxercalicerol, IOmg	\$5.50
J1320	Amitriptyline, Hcl 20 mg	\$2.40
J1325	Epoprostenol, 0.5 mg	\$18.06
J1327	Eptifibatide, 5 mg	\$12.83
J1330	Ergonovine Maleate, 0.2 mg	\$4.50
J1335	Ertapenem injection	\$23.74
J1362	Erythromycin Gluceptate, 250 mg	\$5.96
J1364	Erythromycin Lactobionate, 500 mg	\$3.59
J1380	Estradiol Valerate, 10 mg	\$0.53
J1390	Estradiol Valerate, 20 mg	\$1.07
J1410	Estrogen Conjugated, per 25 mg	\$61.51
J1435	Estrone per, 1 mg	\$0.57
J1436	Etidronate Disodium, 300 mg	\$76.95
J1438	Etanercept, 25 mg	\$156.25
J1440	Filgrastim (G-CSF), 300 mcg	\$185.90
J1441	Filgrastim (G-CSF), 480 mcg	\$314.07
J1450	Fluconazole, 200 mg	\$97.61
J1452	Fomivirsen Sodium, Intraocular, 1.65 mg	\$950.00
J1455	Foscarnet Sodium, 1000 mg	\$13.07
J1460	Gamma Globulin, IM, 1 cc	\$12.17
J1470	Gamma Globulin, IM, 2 cc	\$24.35
J1480	Gamma Globulin, IM, 3 cc	\$36.56
J1490	Gamma Globulin, IM, 4 cc	\$48.69
J1500	Gamma Globulin, IM, 5 cc	\$60.87
J1510	Gamma Globulin, IM, 6 cc	\$72.88
J1520	Gamma Globulin, IM, 7 cc	\$85.12
J1530	Gamma Globulin, IM, 8 cc	\$97.38
J1540	Gamma Globulin, IM, 9 cc	\$109.66
J1550	Gamma Globulin, IM, 10 cc	\$121.72
J1561	Immune Globulin, Intravenous, per 500 mg	deleted
J1563	Immune Globulin, Intravenous, 1 gm	\$78.38
J1564	Immune globulin 10 mg	\$0.86
J1565	Immune Globulin, intravenous, Respiratory Syncyrial Virus, 50 mg	\$18.12
J1570	Ganciclovir Sodium, 500 mg	\$35.25
J1580	Garamycin Gentamicin, 80 mg	\$2.07
J1590	Gatifloxacin, 10 mg	\$0.90
J1595	Injection glatiramer acetate	\$33.67
J1600	Gold Sodium Thiomaleate, 50 mg	\$13.52
J1610	Glucagon Hydrochloride, 1 mg	\$45.60
J1620	Gonadorelin Hydrochloride, 100 mcg	\$201.98
J1626	Granisteron Hcl, 100 mcg	\$18.54
J1630	Haloperidol. 5 mg	\$6.83
J1631	Haloperidol Decanoate, 50 mg	\$9.12
J1642	Heparin Sodium (heparin lock flush), 10 units	\$0.06
J1644	Heparin Sodium, 1000 units	\$0.40
J1645	Dalteparin Sodium, 2500 iu	\$15.69
J1650	Enoxaparin Sodium, IOmg	\$6.47
J1652	Fondaparinux sodium	\$8.27

Drug & Biological Fee Schedule

<b>CODE</b>	<b>DESCRIPTION/DOSAGE</b>	<b>PEIA Fees Effective 07/01/2004</b>
J1655	Tinzaparin Sodium, 10001.U.	\$3.83
J1670	Tetanus Immune Globulin, Human, 250 units	\$119.70
J1700	Hydrocortisone Acetate, 25 mg	\$0.34
J1710	Hydrocortisone Sodium Phosphate, 50 mg	\$5.57
J1720	Hydrocortisone Sodium Succinate, 100 mg	\$2.07
J1730	Diazoxide, 300 mg	\$122.95
J1739	Hydroxyprogesterone Caproate, 125 mg/ml	deleted
J1741	Hydroxyprogesterone Caproate, 250 mg/ml	deleted
J1742	Ibutilide Fumarate, 1 mg	\$251.35
J1745	Infliximab, 10mg	\$65.70
J1750	Iron Dextran, 50 mg	\$17.91
J1755	Iron Sucrose, 20 mg	deleted
J1756	Iron sucrose injection	\$0.66
J1785	Imiglucerase, per unit	\$3.75
J1790	Droperidol, 5 mg	\$2.80
J1800	Propranolol Hcl, 1 mg	\$11.63
J1810	Droperidol & Fentanyl Citrate, 2 ml/amp	\$9.44
J1815	Insulin injection	\$0.10
J1817	Insulin for insulin pump use	Bill to Express Scripts
J1820	Injection, insulin, up to 100 B299units	deleted use J1815
J1825	Interferon Beta-1a, 33 mg	
J1830	Interferon beta-1b / .25 MG	\$66.40
J1835	Itraconazole, 50 mg	\$38.65
J1840	Kanamycin Sulfate, 500 mg	\$3.30
J1850	Kanamycin Sulfate, 75 mg	\$0.49
J1885	Ketorolac Tromethamine, 15 mg	\$3.56
J1890	Cephalothin Sodium, 1 gm	\$10.26
J1910	Kutapressin, 2 ml	\$16.14
J1940	Furosemide, 20 mg	\$0.93
J1950	Leuprolide Acetate for Depot Suspension, 3.75 mg	\$517.32
J1955	Levocamitine, 1 gm	\$34.20
J1956	Levofloxacin, 250 mg	\$20.81
J1960	Levorphanol Tartrate, 2 mg	\$3.76
J1980	Hyoscyamine Sulfate, 0.25 mg	\$8.90
J1990	Chlordiazepoxide Hcl, 100 mg	\$24.99
J2000	Lidocaine Hcl, 50 cc	\$3.99
J2001	Lidocaine injection	\$0.98
J2010	Lincomycin Hcl, 300 mg	\$3.31
J2020	Linezolid, 200 mg	\$38.98
J2060	Lorazepam. 2 mg	\$3.14
J2150	Mannitol, 25%, in 50 ml	\$3.27
J2175	Meperidine Hydrochloride, per 100 mg	\$0.53
J2180	Meperidine & Promethazine. Hcl 50 mg	\$4.50
J2185	Meropenem	\$4.92
J2210	Methylergonovine Maleate, 0.2 mg	\$4.10
J2250	Midazolam Hcl, 1 mg	\$1.28
J2260	Milrinone Lactate. 5 mg	\$51.58
J2270	Morphine Sulfate, 10 mg	\$0.77
J2271	Morphine Sulfate, 100 mg	\$11.07
J2275	Morphine Sulfate (preservative-free sterile solution), 10	\$2.38

Drug & Biological Fee Schedule

<b>CODE</b>	<b>DESCRIPTION/DOSAGE</b>	<b>PEIA Fees Effective 07/01/2004</b>
J2280	Inj, moxifloxacin 100 mg	\$10.39
J2300	Nalbuphine Hcl, 10 mg	\$1.59
J2310	Naloxone Hcl, 1 mg	\$2.49
J2320	Nandrolone Decanoate, 50 mg	\$3.84
J2321	Nandrolone Decanoate, 100mg	\$7.67
J2322	Nandrolone Decanoate. 200 mg	\$15.74
J2324	Nesiritide	\$151.62
J2352	Octreotide Acetate, 1 mg	\$181.88
J2353	Octreotide injection, depot	\$92.68
J2354	Octreotide inj, non-depot	\$4.25
J2355	Oprelvekin, 5 mg	\$267.86
J2360	Orphenadrine, 60 mg	\$5.42
J2370	Phenylephrine Hcl, 1 ml	\$1.28
J2400	Chloroprocaine Hcl, 1%, 30 ml	\$6.39
J2405	Ondansetron Hcl, 1 mg	\$6.09
J2410	Oxymorphone Hcl, 1 mg	\$3.09
J2430	Painidronate Disodium, 30 mg	\$265.87
J2440	Papaverine Hcl, 60 mg	\$3.33
J2460	Oxytetracycline Hcl, 50 mg	\$1.01
J2500	Paricalcitol, 5 mcg	
J2501	Paricalcitol	\$5.33
J2505	Injection, pegfilgrastim 6mg	\$2,802.50
J2510	Penicillin G Procaine, Aqueous, 600,000 units	\$9.60
J2515	Pentobarbital Sodium, 50 mg	\$1.46
J2540	Penicillin G Potassium, 600,000 units	\$0.29
J2543	Piperacillin Sodium, 1.25 grams, 1.25 grams (l. 125 grams)	\$4.90
J2545	Pentamidine Isethionate, inhalation solution, per 300 mg, administered through a DME	\$44.84
J2550	Promethazine Hcl, 50 mg	\$2.85
J2560	Phenobarbital Sodium. 120 mg	\$1.62
J2590	Oxytocin, 10 units	\$1.28
J2597	Desmopressin Acetate, 1 mcg	\$3.45
J2650	Prednisolone Acetate, 1 ml	\$0.31
J2670	Tolazoline Hcl, 25 mg	\$3.92
J2675	Progesterone, 50 mg	\$3.62
J2680	Fluphenazine Decanoate, 25 mg	\$8.96
J2690	Procainamide Hcl, 1 gm	\$1.43
J2700	Oxacillin Sodium, 250 mg	\$0.80
J2710	Neostigmine Methylsulfate, 0.5 mg	\$0.67
J2720	Protamine Sulfate, per 10 mg	\$0.76
J2725	Protirelin, 250 mcg	\$24.40
J2730	Pralidoxime Chloride, 1 gm	\$102.96
J2760	Phentolamine Mesylate, 5 mg	\$31.92
J2765	Metoclopramide Hcl, 10 mg	\$1.90
J2770	Quinupristin/Dalfopristin, 500 mg (150/350)	\$114.58
J2780	Ranitidine Hydrochloride, 25 mg	\$1.43
J2783	Rasburicase	\$117.96
J2788	Rho d immune globulin 50 mcg	\$34.77
J2790	Rho D Immune Globulin, Human, 1 dose pkg	\$100.32
J2792	Rho D Immune Globulin, Intravenous, Human, Solvent Detergent, 100 iu	\$20.55

Drug & Biological Fee Schedule

<b>CODE</b>	<b>DESCRIPTION/DOSAGE</b>	<b>PEIA Fees Effective 07/01/2004</b>
J2795	Ropivacaine Hydrochloride, 1 mg	\$0.07
J2800	Methocarbamol, 10ml	\$3.80
J2810	Theophylline, per 40 mg	
J2820	Sargramostim (GM-CSF), 50 mcg	\$29.06
J2910	Aurothioglucose, 50 mg	\$17.31
J2912	Sodium Chloride 0.9%, 2 ml	\$0.49
J2915	Sodium Ferric Oluconate Complex in Sucrose, 62.5 mg	deleted
J2916	Na ferric gluconate complex	\$8.17
J2920	Methylprednisolone Sodium Succinate, 40 mg	\$2.11
J2930	Methylprednisolone Sodium Succinate, 125 mg	\$3.24
J2940	Somatrem, 1 mg	\$45.56
J2941	Somatropin, 1 mg	\$45.92
J2950	Promazine Hcl, 25 mg	\$0.46
J2993	Retepase, 18.8mg	\$1,364.44
J2995	Streptokinase, 250,000U.	\$89.06
J2997	Alteplase Recombinant, 1 ing	\$36.70
J3000	Streptomycin, 1 gm	\$6.35
J3010	Fentanyl Citrate, 0.1 mg	\$0.93
J3030	Sumatriptan Succinate, 6 mg	\$26.56
J3070	Pentazocine Hcl, 30 mg	\$5.23
J3100	Tenecteplase, 50 mg	\$2,690.88
J3105	TerbutalineSulfate, 1 mg	\$29.39
J3120	Testosterone Enanthate, 100 mg	\$8.98
J3130	Testosterone Enanthate, 200 mg	\$17.96
J3140	Testosterone Suspension, 50 mg	\$0.40
J3150	Testosterone Propionate, 100 mg	\$0.94
J3230	Chlorpromazine Hcl. 50 mg	\$4.40
J3240	Thyrotropin Alfa, 0.9 mg	\$617.50
J3245	Tirofiban Hcl 12.5 mg	\$471.39
J3250	Trimethobenzamide Hcl, 200 mg	\$1.55
J3260	Tobramycin Sulfate, 80 mg	\$4.46
J3265	Toesmide, 10 mg	\$1.56
J3280	Thiethylperazine Maleate, 10 mg	\$5.65
J3301	Triamcinolone Acetonide, 10mg	\$1.60
J3302	Triamcinolone Diacetate, 5 mg	\$0.33
J3303	Triamcinolone Hexacetonide, 5 mg	\$1.01
J3305	Trimetrexate Glucuronate, 25 mg	\$142.50
J3310	Perphenazine, 5 mg	
J3315	Triptorelin pamoate	\$398.62
J3320	Spectinomycin Dihydrochloride, 2 gm	\$28.27
J3350	Urea, 40 gm	\$1.27
J3360	Diazepam, 5 mg	\$0.86
J3364	Urokinase. 5,000 iu vial	\$10.23
J3365	Urokinase, IV, 250,000 iu vial	\$511.50
J3370	Vancomycin Hcl, 500 mg	\$7.03
J3390	Methoxamine, 20 mg	NA
J3395	Verteporfin 15 mg	\$1,603.13
J3400	Triflupromazine Hcl, 20 mg	
J3410	Hydroxyzine Hcl, 25 ing	\$1.21
J3411	Thiamine hcl 100 mg	\$0.90
J3415	Pyridoxine hcl 100 mg	\$0.52



Drug & Biological Fee Schedule

<b>CODE</b>	<b>DESCRIPTION/DOSAGE</b>	<b>PEIA Fees Effective 07/01/2004</b>
J3420	Vitamin B-12, Cyanocobalamin, 1,000 mcg	\$0.17
J3430	Vit K, Phytonadione, 1 mg	\$2.21
J3450	Mephentermine Sulfate, 30 mg	deleted
J3465	Injection, voriconazole	\$4.99
J3470	Hyaluronidase. 150 units	
J3475	Magnesium Sulfate, 500 mg	\$0.23
J3480	Potassium Chloride, 2 meq	\$0.08
J3485	Zidovudine, 10 mg	\$1.02
J3486	Ziprasidone mesylate	\$20.79
J3487	Zoledronic acid	\$227.86
J7030	Saline Solution, infusion, 1000 cc	\$11.31
J7040	Saline Solution, sterile, 500 ml = 1 unit	\$4.68
J7042	Saline Solution. 5% Dextrose. 500 ml	\$9.44
J7050	Saline Solution, infusion, 250 cc	\$2.83
J7051	Saline Solution, sterile, 5 cc	\$0.76
J7060	Dextrose/Water (5%), 500 ml = 1 unit	\$7.51
J7070	D5W infusion, 1000cc	\$10.97
J7100	Dextran 40 infusion	\$25.11
J7110	Dextran 75 infusion	\$14.21
J7120	Ringers Lactate infusion, 1000 cc	\$12.45
J7130	Saline/Hypertonic Solution, 50/100 meq	\$0.52
J7190	Factor VIII (antihemophilic factor, human), per IU	\$0.87
J7191	Factor VIII (antihemophilic factor, porcine), per IU	\$2.04
J7192	Factor VIII (antihemophilic factor, recombinant), per IU	\$1.29
J7193	I.U.	\$1.12
J7194	Factor IX, complex, per IU	\$0.40
J7195	Factor IX (Anti-Hemo Factor, Recombinant), per I.U.	\$0.95
J7197	Antithrombin III (human), per IU	\$1.50
J7198	Anti-inhibitor, per i.u.	\$1.43
J7199	Hemophilia clotting factor, not otherwise classified, requires description	I.C
J7308	Aminolevulinic acid hcl top	\$100.94
J7310	Ganciclovir, 4.5 mg	\$4,750.00
J7315	Sodium Hyaluronate for intra articular inj, 20 mg	deleted
J7316	Sodium Hyaluronate for intra articular inj, 5 mg	deleted; use J7317
J7317	Sodium hyaluronate injection	\$138.71
J7320	Hylan G-F 20, intra-articular inj, 16 mg	\$233.14
J7330	Cultured chondrocytes implnt	\$15,920.10
J7340	Metabolic active D/E tissue	\$29.30
J7342	Metabolically active tissue	\$16.16
J7500	Azathioprine, oral, 50 mg	
J7501	Azathioprine, parenteral, 100 mg	\$59.84
J7502	Cyclosporine, oral, 100mg	\$4.68
J7504	Lymphocyte immune globulin, antithymocyte globulin, equine, parenteral, 250 mg	\$289.85
J7505	Muromonab-CD3, parenteral, 5 mg	\$130.00
J7506	muromonab-CD3, parenteral, 5 mg	\$0.03
J7507	Tacrolimus, oral; per 1 mg	\$3.13

Drug & Biological Fee Schedule

<b>CODE</b>	<b>DESCRIPTION/DOSAGE</b>	<b>PEIA Fees Effective 07/01/2004</b>
J7508	Tacrolimus, oral; per 5 mg	\$15.64
J7509	Methylprednisolone, oral, per 4 mg	\$0.44
J7510	Prednisolone, oral, per 5 mg	\$0.03
J7511	Lymphocyte Immune Globulin, Antilymocyte, Rabbit, Parenteral, 25	\$357.58
J7513	Daclizumab, parenteral, 25 mg	\$425.11
J7515	Cyclosporine, oral, 25 mg	\$1.17
J7516	Cyclosporin, parenteral, 250 mg	
J7517	Mycophenolate mofetil, oral, 250 mg	\$2.55
J7520	Sirolimus, oral, 1 mg	\$6.38
J7525	Tacrolimus, parenteral, 5 mg	\$118.80
J7599	Immunosuppressive drug, not otherwise classified, requires description	I.C.
J7608	Acetylcysteine inh sol u d	\$5.33
J7608KO	Acetylcysteine, inhalation sodium administered through DME, unit dose form, per gram	\$5.33
J7608KP	Acetylcysteine, inhalation sodium administered through DME, unit dose form, per gram	\$5.33
J7608KQ	Acetylcysteine, inhalation sodium administered through DME, unit dose form, per gram	\$5.02
J7618	Albuterol, all formulations including separated isomers, inhalation solution administered through DME, concentrated form, per 1 mg (albuterol) or per 0.5 mg (levalbuterol)	\$0.12
J7619	Albuterol inh sol u d	\$0.41
J7619KO	Albuterol, all formulations including separated isomers, inhalation solution administered through DME, unit dose, per 1 mg (albuterol) or per 0.5 mg (levalbuterol)	\$0.39
J7619KP	Albuterol, all formulations including separated isomers, inhalation solution administered through DME, unit dose, per 1 mg (albuterol) or per 0.5 mg (levalbuterol)	\$0.39
J7619KQ	Albuterol, all formulations including separated isomers, inhalation solution administered through DME, unit dose, per 1 mg (albuterol) or per 0.5 mg (levalbuterol)	\$0.12
J7621	(Levo)albuterol/lpra-bromide	\$1.90
J7622	Beclomethasone inhalatn sol	\$0.58
J7622KO	Beclomethasone inhalatn sol	\$0.58
J7622KP	Beclomethasone inhalatn sol	\$0.58
J7622KQ	Beclomethasone inhalatn sol	\$0.07
J7624KO	Betamethasone inhalatn sol	\$0.54
J7624KP	Betamethasone inhalatn sol	\$0.54
J7624KQ	Betamethasone inhalatn sol	\$0.04
J7626	Budesonide inhalation sol	\$4.04
J7626KO	Budesonide inhalation sol	\$4.04
J7626KP	Budesonide inhalation sol	\$4.04
J7626KQ	Budesonide inhalation sol	\$0.05

Drug & Biological Fee Schedule

<b>CODE</b>	<b>DESCRIPTION/DOSAGE</b>	<b>PEIA Fees Effective 07/01/2004</b>
J7628	Bitolterol mesylate, inhalation solution administered through DME, concentrated form, per mg	\$0.25
J7629KO	Bitolterol mesylate, inhalation solution administered through DME, unit dose form, per mg	\$0.33
J7629KP	Bitolterol mesylate, inhalation solution administered through DME, unit dose form, per mg	\$0.33
J7629KQ	Bitolterol mesylate, inhalation solution administered through DME, unit dose form, per mg	\$0.25
J7631	Cromolyn sodium inh sol u d	\$0.31
J7631KO	Cromolyn sodium, inhalation solution administered through DME, unit dose form, per 10 mg	\$0.30
J7631KP	Cromolyn sodium, inhalation solution administered through DME, unit dose form, per 10 mg	\$0.30
J7631KQ	Cromolyn sodium, inhalation solution administered through DME, unit dose form, per 10 mg	\$0.25
J7633	Budesonide concentrated sol	\$0.05
J7635	Atropine, inhalation solution administered through DME, concentrated form, per mg	\$0.20
J7636	Atropine inhal sol unit dose	\$0.32
J7636KO	Atropine, inhalation solution administered through DME, unit dose form, per mg	\$0.46
J7636KP	Atropine, inhalation solution administered through DME, unit dose form, per mg	\$0.46
J7636KQ	Atropine, inhalation solution administered through DME, unit dose form, per mg	\$0.33
J7637	Dexamethasone, innaration solution administered through DME, concentrated form, per mg	\$0.09
J7638	Dexamethasone inhal sol u d	\$0.16
J7638KO	Dexamethasone, inhalation solution administered through DME, unit dose form, per mg	\$0.16
J7638KP	Dexamethasone, inhalation solution administered through DME, unit dose form, per mg	\$0.16
J7638KQ	Dexamethasone, inhalation solution administered through DME, unit dose form, per mg	\$0.09
J7639	Dornase alpha inhal sol u d	\$14.92
J7639KO	Dornase alpha, inhalation solution administered through DME, unit dose form, per mg	\$14.92
J7639KP	Dornase alpha, inhalation solution administered through DME, unit dose form, per mg	\$14.92
J7639KQ	Dornase alpha, inhalation solution administered through DME, unit dose form, per mg	\$14.87
J7641	Flunisolide, inhalation sol	\$0.63
J7641KO	Flunisolide, inhalation sol	\$0.71
J7641KP	Flunisolide, inhalation sol	\$0.71
J7641KQ	Flunisolide, inhalation sol	\$0.46
J7642	Glycopyrrolate, inhalation solution administered through DME, concentrated form, per mg	\$0.50
J7643	Glycopyrrolate inhal sol u d	\$0.83

Drug & Biological Fee Schedule

<b>CODE</b>	<b>DESCRIPTION/DOSAGE</b>	<b>PEIA Fees Effective 07/01/2004</b>
J7643KO	Glycopyrrolate, inhalation solution administered through DME, unit dose form, per mg	\$0.83
J7643KP	Glycopyrrolate, inhalation solution administered through DME, unit dose form, per mg	\$0.83
J7643KQ	Glycopyrrolate, inhalation solution administered through DME, unit dose form, per mg	\$0.50
J7644	Ipratropium brom inh sol u d	\$2.82
J7644KO	Ipratropium bromide, inhalation solution administered through DME, unit dose form, per mg	\$2.82
J7644KP	Ipratropium bromide, inhalation solution administered through DME, unit dose form, per mg	\$2.82
J7644KQ	Ipratropium bromide, inhalation solution administered through DME, unit dose form, per mg	\$2.58
J7648	Isoetharine HCl, inhalation solution, administered through DME, concentrated form, per mg	\$0.61
J7649KO	Isoetharine HCl, inhalation solution, administered through DME, unit dose form, per mg	\$0.64
J7649KP	Isoetharine HCl, inhalation solution, administered through DME, unit dose form, per mg	\$0.64
J7649KQ	Isoetharine HCl, inhalation solution, administered through DME, unit dose form, per mg	\$0.61
J7658	Isoproterenolhcl inh sol con	\$6.51
J7659	Isoproterenol hcl inh sol ud	
J7659KO	Isoproterenol hcl inh sol ud	\$6.56
J7659KP	Isoproterenol hcl inh sol ud	\$6.56
J7659KQ	Isoproterenol hcl inh sol ud	\$6.56
J7668	Metaproterenol sulfate, inhalation solution administered through DME, concentrated form, per 10 mg	\$0.22
J7669KO	Metaproterenol sulfate, inhalation solution administered through DME, unit dose form, per 10 mg	\$0.98
J7669KP	Metaproterenol sulfate, inhalation solution administered through DME, unit dose form, per 10 mg	\$0.98
J7669KQ	Metaproterenol sulfate, inhalation solution administered through DME, unit dose form, per 10 mg	\$0.22
J7680	Terbutaline sulfate, inhalation solution administered through DME, concentrated form, per mg	\$26.30
J7681	Terbutaline so4 inh sol u d	\$25.71
J7681KO	Terbutaline sulfate, inhalation solution administered through DME, unit dose form, per mg	\$26.43
J7681KP	Terbutaline sulfate, inhalation solution administered through DME, unit dose form, per mg	\$26.43
J7681KQ	Terbutaline sulfate, inhalation solution administered through DME, unit dose form, per mg	\$26.30
J7682	Tobramycin inhalation sol	\$44.08
J7682KO	Tobramycin, unit dose form, 300 mg, inhalation solution, administered through DME	\$44.08
J7682KP	Tobramycin, unit dose form, 300 mg, inhalation solution, administered through DME	\$44.08

Drug & Biological Fee Schedule

<b>CODE</b>	<b>DESCRIPTION/DOSAGE</b>	<b>PEIA Fees Effective 07/01/2004</b>
J7682KQ	Tobramycin, unit dose form, 300 mg, inhalation solution, administered through DME	\$44.69
J7683	Triamcinolone, inhalation solution administered through DME, concentrated form, per mg	\$0.10
J7684	Triamcinolone inh sol u d	\$0.17
J7684KO	Triamcinolone, inhalation solution administered through DME, unit dose form, per mg	\$0.17
J7684KP	Triamcinolone, inhalation solution administered through DME, unit dose form, per mg	\$0.17
J7684KQ	Triamcinolone, inhalation solution administered through DME, unit dose form, per mg	\$0.10
J8510	Buslfan, oral, 2 mg	\$1.86
J8520	Capecitabine, oral, 150 mg	\$3.21
J8521	Capecitabine, oral, 500 mg	\$10.69
J8530	Cyclophosphamide, oral, 25 mg	\$1.75
J8560	Etoposide, oral. 50 mg	\$40.49
J8600	Melphalan, oral, 2 mg	\$2.24
J8610	Methotrexate, oral, 2.5 mg	\$2.61
J8700	Temozolmide, oral, 5 mg	\$6.58
J8999	Prescription drug, oral, chemotherapeutic, not otherwise classified, requires description	I.C.
J9000	Doxorubicin HCl (Adriamycin) 10 MG	\$12.54
J9001	Doxorubicin HCl, all lipid formulations, 10 mg	\$416.69
J9010	Alemtuzumab injection	\$584.54
J9015	Aldesleukin/single use vial	\$734.46
J9017	Arsenic trioxide, 1 mg	\$36.81
J9020	Asparaginase 10,000 units	\$62.61
J9031	Bcg live intravesical vac per instillation	\$160.13
J9040	Bleomycin sulfate (Blenoxane) 15 units	\$182.40
J9045	Carboplatin (Paraplatin) 50 mg	\$155.65
J9050	Carmustine (BiCNU) 100 mg	\$142.49
J9060	Cisplatin (Platinol), powder or soln, per 10 mg	\$15.15
J9062	Cisplatin 50 MG	\$75.76
J9065	Injection Cladribine (Leustatin) per 1 MG	\$51.30
J9070	Cyclophosphamide (Cytosan) 100 MG	\$5.73
J9080	Cyclophosphamide 200 MG inj	\$10.89
J9090	Cyclophosphamide 500 MG inj	\$22.86
J9091	Cyclophosphamide 1.0 gram inj	\$45.73
J9092	Cyclophosphamide 2.0 gram inj	\$91.45
J9093	Cyclophosphamide lyophilized 100 mg	\$4.88
J9094	Cyclophosphamide lyophilized; 200 mg	\$9.77
J9095	Cyclophosphamide lyophilized; 500 mg	\$24.42
J9096	Cyclophosphamide lyophilized; 1G	\$48.86
J9097	Cyclophosphamide lyophilized; 2 G	\$97.75
J9098	Cytarabine liposome	\$371.45
J9100	Cytarabine hcl 100 MG inj	\$8.19
J9110	Cytarabine hcl 500 MG inj	\$8.55
J9120	Dactinomycin, 0.5 mg (Cosmegen)	\$13.87
J9130	Dacarbazine 100 mg inj	\$11.22

Drug & Biological Fee Schedule

<b>CODE</b>	<b>DESCRIPTION/DOSAGE</b>	<b>PEIA Fees Effective 07/01/2004</b>
J9140	Dacarbazine 200 MG inj	\$22.06
J9150	Daunorubicin, 10 mg	\$74.23
J9151	Daunorubicin citrate liposome (Daunoxome) 10 mg	\$64.60
J9160	Denileukin diftitox, 300 mcg (Ontak)	\$1,330.95
J9165	Diethylstilbestrol diphosphate (Stilphostrol) 250 mg injection	\$14.41
J9170	Docetaxel (Taxotere) 20 mg	\$357.90
J9178	Inj, epirubicin hcl, 2 mg	\$27.64
J9180	Epirubicin HCl injection 50 mg (Ellence)	\$711.71
J9181	Etoposide 10 MG inj (VePesid)	\$1.71
J9182	Etoposide 100 MG inj	\$17.10
J9185	Fludarabine phosphate inj 50 mg (Fludara)	\$348.67
J9190	Fluorouracil injection 500 mg	\$2.07
J9200	Floxuridine injection 500 mg	\$136.80
J9201	Gemcitabine HCl 200 mg	\$129.49
J9202	Goserelin acetate implant (Zoladex) per 3.6 mg	\$446.49
J9206	Irinotecan injection 20 mg	\$152.88
J9208	Ifosfomide injection 1 Gm	\$150.38
J9209	Mesna injection (Mesnex) 200 mg	\$35.15
J9211	Idarubicin hcl 5 mg	\$419.94
J9212	Interferon alfacon-1, recombinant, 1 mcg	\$4.09
J9213	Interferon alfa-2a inj, 3 million units	\$34.88
J9214	Interferon alfa-2b inj 1 million units	\$14.88
J9215	Interferon alfa-n3 inj (human leukocyte derived) 250,000 IU	\$7.86
J9216	Interferon gamma 1-b inj, 3 million units	\$209.22
J9217	Leuprolide acetate suspension (Lupron Depot) for depot suspension, 7.5 mg	\$622.33
J9218	Leuprolide acetate injection (Lupron) per 1 mg	\$25.10
J9219	Leuprolide acetate implant, 65 mg	\$5,399.80
J9230	Mechlorethamine hcl inj (nitrogen mustard), Mustargen 10 mg	\$12.01
J9245	Inj melphalan hcl 50 MG	\$420.10
J9250	Methotrexate sodium inj 5 mg	\$0.39
J9260	Methotrexate sodium inj 50 mg	\$4.75
J9263	Oxaliplatin	\$9.45
J9265	Paclitaxel injection 30 mg	\$162.17
J9266	Pegaspargase/single dose vial	\$1,543.75
J9268	Pentostatin injection 10 mg	\$1,837.72
J9270	Plicamycin (Mithracin) inj 2.5 mg	\$93.80
J9280	Mitomycin 5 MG inj	\$63.84
J9290	Mitomycin 20 MG inj	\$207.48
J9291	Mitomycin 40 MG inj	\$285.00
J9293	Mitoxantrone hcl / 5 MG	\$359.35
J9300	Genetuzumab ozogamicin, 5 mg.	\$2,183.81
J9310	Rituximab 100 mg	\$501.13
J9320	Streptozocin 1 GM	\$141.47
J9340	Thiotepa 15 mg	\$93.58

Drug & Biological Fee Schedule

<b>CODE</b>	<b>DESCRIPTION/DOSAGE</b>	<b>PEIA Fees Effective 07/01/2004</b>
J9350	Topotecan 4mg	\$798.65
J9355	Trastuzumab 10 mg	\$58.13
J9357	Valrubicin, intravesical, 200 mg	\$526.68
J9360	Vinblastine sulfate (Velban) 1 mg	\$3.15
J9370	Vincristine sulfate (Oncovin) 1 MG inj	\$33.98
J9375	Vincristine sulfate 2 MG inj	\$67.96
J9380	Vincristine sulfate 5 MG inj	\$160.36
J9390	Vinorelbine tartrate (Navelbine), per 10 mg	\$89.36
J9395	Injection, Fulvestrant	\$87.58
J9600	Porfimer sodium, (Photofrin), 75 mg	\$2,603.67
K0548	Injection, insulin lispro, up to 50 units	deleted; use J1817
P9010	Blood (whole), for transfusion, per unit	\$87.93
P9011	Blood (split unit), specify amount	\$41.44
P9012	Cryoprecipitate, each unit	\$29.31
P9016	Red blood cells, leukocytes reduced, each unit	\$119.26
P9017	Fresh frozen plasma (single donor), each unit	\$95.00
P9019	Platelets, each unit	\$41.44
P9020	Platelet rich plasma, each unit	\$53.56
P9021	Red blood cells, each unit	\$86.41
P9022	Red blood cells, washed, each unit	\$160.69
P9023	frozen, each unit	\$124.31
P9031	Platelets, leukocytes, reduced, each unit	\$49.52
P9032	Platelets, irradiated, each unit	\$74.79
P9033	Platelets, leukocytes reduced, irradiated each unit	
P9034	Platelets, pheresis, each unit	\$408.81
P9035	Platelets, pheresis, leukocytes reduced, each unit	\$408.81
P9036	Platelets, pheresis, irradiated, each unit	\$443.68
P9037	Platelets, pheresis, leukocytes reduced, irradiated, each unit	\$406.28
P9038	Red blood cells, irradiated, each unit	\$108.65
P9039	Red blood cells, deglycerolized, each unit	\$183.44
P9040	Red blood cells, leukocytes reduced, irradiated, each unit	\$183.44
P9041	Infusion, albumin (human), 5%, 50 ml	\$13.01
P9043	Infusion, plasma protein fraction (human), 5%, 50 ml	\$14.54
P9044	Plasma, cryoprecipitate reduced, each unit	\$37.39
P9045	Infusion, albumin (human), 5%, 250 ml	\$55.10
P9046	Infusion, albumin (human) 25%, 20 ml	\$14.54
P9047	Infusion, albumin (human) 25%, 50 ml	\$55.10
P9048	Infusion, plasma protein fraction (human), 5% 250 ml	\$29.10
P9050	Granulocytes, pheresis, each unit	\$1,248.66
P9060	Fr frz plasma donor retested	\$69.74
Q0136	Epoetin Alpha (for non ERSD use), per 1000 units	\$12.69
Q0137	Darbepoetin alfa, non-esrd	\$4.74
Q0157		\$49.30

Drug & Biological Fee Schedule

<b>CODE</b>	<b>DESCRIPTION/DOSAGE</b>	<b>PEIA Fees Effective 07/01/2004</b>
Q0163	Diphenhydramine HCl, 50 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at time of chemotherapy treatment not to exceed a 48 hour dosage regimen	\$0.08
Q0164	Prochlorperazine maleate, 5 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at time of chemotherapy treatment not to exceed a 48 hour dosage regimen	\$0.51
Q0165	Prochlorperazine maleate, 10 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at time of chemotherapy treatment not to exceed a 48 hour dosage regimen	\$0.77
Q0166	Granisetron HCl, 1 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at time of chemotherapy treatment not to exceed a 24 hour dosage regimen	\$39.98
Q0167	Dronabinol, 2.5 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at time of chemotherapy treatment not to exceed a 48 hour dosage regimen	\$2.93
Q0168	Dronabinol, 5 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at time of chemotherapy treatment not to exceed a 48 hour dosage regimen	\$7.96
Q0169	prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at time of chemotherapy treatment not to exceed a 48 hour dosage regimen	\$0.28
Q0170	Promethazine HCl, 25 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at time of chemotherapy treatment not to exceed a 48 hour dosage regimen	\$0.02
Q0171	Chlorpromazine HCl, 10 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at time of chemotherapy treatment not to exceed a 48 hour dosage regimen	\$0.06
Q0172	Chlorpromazine HCl, 25 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at time of chemotherapy treatment not to exceed a 48 hour dosage regimen	\$0.08
Q0173	Trimethobenzamide HCl, 250 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at time of chemotherapy treatment not to exceed a 48 hour dosage regimen	\$0.40



Drug & Biological Fee Schedule

<b>CODE</b>	<b>DESCRIPTION/DOSAGE</b>	<b>PEIA Fees Effective 07/01/2004</b>
Q0174	Thiethylperazine maleate, 10 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at time of chemotherapy treatment not to exceed a 48 hour dosage regimen	\$0.67
Q0175	Perphenazine, 4 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at time of chemotherapy treatment not to exceed a 48 hour dosage regimen	\$0.51
Q0176	Perphenazine, 8 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at time of chemotherapy treatment not to exceed a 48 hour dosage regimen	\$0.83
Q0177	prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at time of chemotherapy treatment not to exceed a 48 hour dosage regimen	\$0.38
Q0178	Hydroxyzine pamoate, 50 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at time of chemotherapy treatment not to exceed a 48 hour dosage regimen	\$0.27
Q0179	Ondansetron HCl, 8 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at time of chemotherapy treatment not to exceed a 48 hour dosage regimen	\$27.22
Q0180	Dolasetron mesylate, 100 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at time of chemotherapy treatment not to exceed a 24 hour dosage regimen	\$64.80
Q0183	Nonmetabolic active tissue	\$16.16
Q0187	Factor VIIA Coagulation Factor Recombinant, per 1.2 mg	\$1,681.50
Q2009	Fosphenytoin, 50 mg	\$5.44
Q2011	Hemin, per 1 mg	\$6.62
Q2019	Basiliximab, 20 mg	\$1,425.06
Q2022	Von Willebrand factor complex, human, per IU	\$0.95
Q3001	Radioelements for brachytherapy, any type, each, add description	packaged into APC rates in 2004
Q3002	Supply of radiopharmaceutical diagnostic imaging agent; gallium Ga 67, per mCi	\$15.00
Q3003	Supply of radiopharmaceutical diagnostic imaging agent; technetium Tc99M bismate, per unit dose	\$275.00
Q3004	Supply of radiopharmaceutical diagnostic imaging agent; xenon Xe 133, per 10 mCi	\$12.00
Q3005	Supply of radiopharmaceutical diagnostic imaging agent; technetium TC99M mertiatide, per mCi	\$125.00
Q3006	Supply of radiopharmaceutical diagnostic imaging agent; technetium Tc99M gluceptate, per 5 mCi	\$22.61

Drug & Biological Fee Schedule

<b>CODE</b>	<b>DESCRIPTION/DOSAGE</b>	<b>PEIA Fees Effective 07/01/2004</b>
Q3007	Supply of radiopharmaceutical diagnostic imaging agent; sodium phosphate P32, per mCi	\$81.10
Q3008	Supply of radiopharmaceutical diagnostic imaging agent; indium 111-In pentetretotide, per 3 mCi	\$1,118.75
Q3009	Supply of radiopharmaceutical diagnostic imaging agent; technetium Tc99M oxidronate, per mCi	\$15.00
Q3010	Supply of radiopharmaceutical diagnostic imaging agent; technetium Tc99M-labeled red blood cell, per mCi	\$40.90
Q3011	Supply of radiopharmaceutical diagnostic imaging agent; chromic phosphate P32 suspension, per mCi	\$150.86
Q3012	Supply of oral radiopharmaceutical diagnostic imaging agent, cyanocobalamin cobalt Co57, per 0.5 mCi	\$81.10
Q3013	Verteporfin 15 mg	deleted; use J3395
Q3025	IM inj interferon beta 1-a	\$85.21
Q4052	Octreotide injection, depot	\$83.03
Q4053	Pegfilgrastim, 1 mg	\$467.09
Q4054	Darbepoetin alfa, esrd use	\$4.74
Q4055	Epoetin alfa, esrd use	\$11.62
Q4075	Acyclovir, 5 mg	\$0.47
Q4076	Dopamine hcl, 40 mg	\$0.62
Q4077	Treprostinil, 1 mg	packaged into APC rates in 2004
Q9920	Epoetin with hct <= 20	\$11.62
Q9940	Epoetin for injection - all codes 1000 units	\$11.62
Q9921	Epoetin with hct = 21	\$11.62
Q9922	Epoetin with hct = 22	\$11.62
Q9923	Epoetin with hct = 23	\$11.62
Q9924	Epoetin with hct = 24	\$11.62
Q9925	Epoetin with hct = 25	\$11.62
Q9926	Epoetin with hct = 26	\$11.62
Q9927	Epoetin with hct = 27	\$11.62
Q9928	Epoetin with hct = 28	\$11.62
Q9929	Epoetin with hct = 29	\$11.62
Q9930	Epoetin with hct = 30	\$11.62
Q9931	Epoetin with hct = 31	\$11.62
Q9932	Epoetin with hct = 32	\$11.62
Q9933	Epoetin with hct = 33	\$11.62
Q9934	Epoetin with hct = 34	\$11.62
Q9935	Epoetin with hct = 35	\$11.62
Q9936	Epoetin with hct = 36	\$11.62
Q9937	Epoetin with hct = 37	\$11.62
Q9938	Epoetin with hct = 38	\$11.62
Q9939	Epoetin with hct = 39	\$11.62
Q9940	Epoetin with hct >= 40	\$11.62

<b>PEIA Fee Schedule</b>		
<b>2004 Clinical Diagnostic Laboratory</b>		
<b>HCPC</b>	<b>PEIA</b>	<b>Short Description</b>
78267	\$11.53	Breath tst attain/anal c-14
78268	\$98.82	Breath test analysis, c-14
80048	\$12.42	Basic metabolic panel
80051	\$8.65	Electrolyte panel
80053	\$15.51	Comprehen metabolic panel
80061	\$19.66	Lipid panel
80061	\$19.66	Lipid panel
80069	\$12.74	Renal function panel
80074	\$66.76	Acute hepatitis panel
80076	\$11.99	Hepatic function panel
80100	\$12.88	Drug screen, qualitate/multi
80101	\$20.20	Drug screen, single
80101	\$20.20	Drug screen, single
80102	\$19.44	Drug confirmation
80150	\$22.11	Assay of amikacin
80152	\$26.26	Assay of amitriptyline
80154	\$27.13	Assay of benzodiazepines
80156	\$21.36	Assay, carbamazepine, total
80157	\$19.45	Assay, carbamazepine, free
80158	\$26.49	Assay of cyclosporine
80160	\$25.25	Assay of desipramine
80162	\$19.48	Assay of digoxin
80164	\$12.83	Assay, dipropylacetic acid
80166	\$22.74	Assay of doxepin
80168	\$23.97	Assay of ethosuximide
80170	\$24.04	Assay of gentamicin
80172	\$23.90	Assay of gold
80173	\$21.36	Assay of haloperidol
80174	\$25.25	Assay of imipramine
80176	\$21.55	Assay of lidocaine
80178	\$9.70	Assay of lithium
80182	\$12.83	Assay of nortriptyline
80184	\$12.82	Assay of phenobarbital
80185	\$19.45	Assay of phenytoin, total
80186	\$20.19	Assay of phenytoin, free
80188	\$24.34	Assay of primidone
80190	\$24.58	Assay of procainamide
80192	\$24.58	Assay of procainamide
80194	\$21.41	Assay of quinidine
80196	\$10.42	Assay of salicylate
80197	\$20.13	Assay of tacrolimus
80198	\$20.76	Assay of theophylline
80200	\$23.65	Assay of tobramycin
80201	\$17.49	Assay of topiramate
80202	\$12.83	Assay of vancomycin
80299	\$14.45	Quantitative assay, drug
80400	\$47.84	Acth stimulation panel
80402	\$127.53	Acth stimulation panel

<b>HCPC</b>	<b>PEIA</b>	<b>Short Description</b>
80406	\$114.81	Acth stimulation panel
80408	\$176.36	Aldosterone suppression eval
80410	\$117.84	Calcitonin stimul panel
80412	\$483.53	CRH stimulation panel
80414	\$59.77	Testosterone response
80415	\$81.98	Estradiol response panel
80416	\$170.35	Renin stimulation panel
80417	\$56.78	Renin stimulation panel
80418	\$850.25	Pituitary evaluation panel
80420	\$105.67	Dexamethasone panel
80422	\$67.60	Glucagon tolerance panel
80424	\$74.09	Glucagon tolerance panel
80426	\$217.77	Gonadotropin hormone panel
80428	\$97.82	Growth hormone panel
80430	\$115.08	Growth hormone panel
80432	\$198.17	Insulin suppression panel
80434	\$148.37	Insulin tolerance panel
80435	\$151.04	Insulin tolerance panel
80436	\$133.73	Metyrapone panel
80438	\$73.93	TRH stimulation panel
80439	\$98.57	TRH stimulation panel
80440	\$85.30	TRH stimulation panel
81000	\$4.65	Urinalysis, nonauto w/scope
81001	\$4.65	Urinalysis, auto w/scope
81002	\$3.45	Urinalysis nonauto w/o scope
81003	\$3.30	Urinalysis, auto, w/o scope
81003	\$3.30	Urinalysis, auto, w/o scope
81005	\$3.18	Urinalysis
81007	\$3.77	Urine screen for bacteria
81007	\$3.77	Urine screen for bacteria
81015	\$4.45	Microscopic exam of urine
81020	\$5.41	Urinalysis, glass test
81025	\$9.28	Urine pregnancy test
81050	\$4.40	Urinalysis, volume measure
82000	\$18.18	Assay of blood acetaldehyde
82003	\$29.69	Assay of acetaminophen
82009	\$5.12	Test for acetone/ketones
82010	\$11.99	Acetone assay
82010	\$11.99	Acetone assay
82013	\$16.39	Acetylcholinesterase assay
82016	\$20.34	Acylcarnitines, qual
82017	\$24.75	Acylcarnitines, quant
82024	\$56.67	Assay of acth
82030	\$37.85	Assay of adp & amp
82040	\$7.27	Assay of serum albumin
82042	\$7.59	Assay of urine albumin
82043	\$8.49	Microalbumin, quantitative
82044	\$6.71	Microalbumin, semiquant
82044	\$6.71	Microalbumin, semiquant
82055	\$14.51	Assay of ethanol
82055	\$14.51	Assay of ethanol

<b>HCPC</b>	<b>PEIA</b>	<b>Short Description</b>
82075	\$17.68	Assay of breath ethanol
82085	\$14.24	Assay of aldolase
82088	\$59.79	Assay of aldosterone
82101	\$11.88	Assay of urine alkaloids
82103	\$19.71	Alpha-1-antitrypsin, total
82104	\$21.21	Alpha-1-antitrypsin, pheno
82105	\$24.61	Alpha-fetoprotein, serum
82106	\$24.61	Alpha-fetoprotein, amniotic
82108	\$37.38	Assay of aluminum
82120	\$5.51	Amines, vaginal fluid qual
82120	\$5.51	Amines, vaginal fluid qual
82127	\$20.34	Amino acid, single qual
82128	\$20.34	Amino acids, mult qual
82131	\$24.75	Amino acids, single quant
82135	\$24.15	Assay, aminolevulinic acid
82136	\$24.75	Amino acids, quant, 2-5
82139	\$24.75	Amino acids, quan, 6 or more
82140	\$21.38	Assay of ammonia
82143	\$10.09	Amniotic fluid scan
82145	\$22.81	Assay of amphetamines
82150	\$9.51	Assay of amylase
82154	\$42.30	Androstenediol glucuronide
82157	\$42.95	Assay of androstenedione
82160	\$36.69	Assay of androsterone
82163	\$30.11	Assay of angiotensin II
82164	\$21.41	Angiotensin I enzyme test
82172	\$22.73	Assay of apolipoprotein
82175	\$24.71	Assay of arsenic
82180	\$14.50	Assay of ascorbic acid
82190	\$21.87	Atomic absorption
82205	\$12.82	Assay of barbiturates
82232	\$21.29	Assay of beta-2 protein
82239	\$25.14	Bile acids, total
82240	\$38.99	Bile acids, cholyglycine
82247	\$5.91	Bilirubin, total
82248	\$5.91	Bilirubin, direct
82252	\$6.67	Fecal bilirubin test
82261	\$24.75	Assay of biotinidase
82270	\$4.77	Test for blood, feces
82273	\$4.77	Test for blood, other source
82273	\$4.77	Test for blood, other source
82274	\$18.99	Assay test for blood, fecal
82274	\$18.99	Assay test for blood, fecal
82286	\$10.10	Assay of bradykinin
82300	\$33.95	Assay of cadmium
82306	\$43.43	Assay of vitamin D
82307	\$47.27	Assay of vitamin D
82308	\$39.28	Assay of calcitonin
82310	\$7.56	Assay of calcium
82330	\$20.04	Assay of calcium
82331	\$7.59	Calcium infusion test

<b>HCPC</b>	<b>PEIA</b>	<b>Short Description</b>
82340	\$8.85	Assay of calcium in urine
82355	\$12.83	Calculus analysis, qual
82360	\$17.07	Calculus assay, quant
82365	\$18.91	Calculus spectroscopy
82370	\$17.07	X-ray assay, calculus
82373	\$26.49	Assay, c-d transfer measure
82374	\$7.17	Assay, blood carbon dioxide
82375	\$12.42	Assay, blood carbon monoxide
82376	\$8.79	Test for carbon monoxide
82378	\$27.84	Carcinoembryonic antigen
82379	\$24.75	Assay of carnitine
82380	\$13.53	Assay of carotene
82382	\$25.22	Assay, urine catecholamines
82383	\$36.76	Assay, blood catecholamines
82384	\$37.04	Assay, three catecholamines
82387	\$30.52	Assay of cathepsin-d
82390	\$15.76	Assay of ceruloplasmin
82397	\$20.73	Chemiluminescent assay
82415	\$18.59	Assay of chloramphenicol
82435	\$6.74	Assay of blood chloride
82436	\$7.37	Assay of urine chloride
82438	\$7.17	Assay, other fluid chlorides
82441	\$8.80	Test for chlorohydrocarbons
82465	\$6.38	Assay, bld/serum cholesterol
82465	\$6.38	Assay, bld/serum cholesterol
82480	\$11.56	Assay, serum cholinesterase
82482	\$11.28	Assay, rbc cholinesterase
82485	\$30.29	Assay, chondroitin sulfate
82486	\$26.49	Gas/liquid chromatography
82487	\$23.41	Paper chromatography
82488	\$31.34	Paper chromatography
82489	\$27.13	Thin layer chromatography
82491	\$26.49	Chromotography, quant, sing
82492	\$26.49	Chromotography, quant, mult
82495	\$29.76	Assay of chromium
82507	\$40.79	Assay of citrate
82520	\$22.23	Assay of cocaine
82523	\$27.42	Collagen crosslinks
82523	\$27.42	Collagen crosslinks
82525	\$18.21	Assay of copper
82528	\$33.02	Assay of corticosterone
82530	\$24.52	Cortisol, free
82533	\$23.92	Total cortisol
82540	\$6.80	Assay of creatine
82541	\$26.49	Column chromatography, qual
82542	\$26.49	Column chromatography, quant
82543	\$26.49	Column chromatograph/isotope
82544	\$26.49	Column chromatograph/isotope
82550	\$9.56	Assay of ck (cpk)
82552	\$19.65	Assay of cpk in blood
82553	\$13.35	Creatine, MB fraction

<b>HCPC</b>	<b>PEIA</b>	<b>Short Description</b>
82554	\$17.41	Creatine, isoforms
82565	\$7.52	Assay of creatinine
82570	\$7.59	Assay of urine creatinine
82570	\$7.59	Assay of urine creatinine
82575	\$13.86	Creatinine clearance test
82585	\$5.87	Assay of cryofibrinogen
82595	\$6.30	Assay of cryoglobulin
82600	\$28.47	Assay of cyanide
82607	\$22.11	Vitamin B-12
82608	\$21.01	B-12 binding capacity
82615	\$10.91	Test for urine cystines
82626	\$37.08	Dehydroepiandrosterone
82627	\$32.62	Dehydroepiandrosterone
82633	\$45.44	Desoxycorticosterone
82634	\$42.95	Deoxycortisol
82638	\$17.97	Assay of dibucaine number
82646	\$30.29	Assay of dihydrocodeinone
82649	\$37.71	Assay of dihydromorphinone
82651	\$37.87	Assay of dihydrotestosterone
82652	\$56.47	Assay of dihydroxyvitamin d
82654	\$20.31	Assay of dimethadione
82657	\$26.49	Enzyme cell activity
82658	\$26.49	Enzyme cell activity, ra
82664	\$50.40	Electrophoretic test
82666	\$30.84	Assay of epiandrosterone
82668	\$27.57	Assay of erythropoietin
82670	\$40.99	Assay of estradiol
82671	\$47.39	Assay of estrogens
82672	\$31.81	Assay of estrogen
82677	\$35.48	Assay of estriol
82679	\$29.88	Assay of estrone
82679	\$29.88	Assay of estrone
82690	\$23.82	Assay of ethchlorvynol
82693	\$21.86	Assay of ethylene glycol
82696	\$34.60	Assay of etiocholanolone
82705	\$2.46	Fats/lipids, feces, qual
82710	\$24.64	Fats/lipids, feces, quant
82715	\$25.25	Assay of fecal fat
82725	\$19.53	Assay of blood fatty acids
82726	\$26.49	Long chain fatty acids
82728	\$19.98	Assay of ferritin
82731	\$94.49	Assay of fetal fibronectin
82735	\$27.21	Assay of fluoride
82742	\$29.04	Assay of flurazepam
82746	\$21.57	Blood folic acid serum
82747	\$25.41	Assay of folic acid, rbc
82757	\$3.44	Assay of semen fructose
82759	\$18.54	Assay of rbc galactokinase
82760	\$16.42	Assay of galactose
82775	\$30.90	Assay galactose transferase
82776	\$12.30	Galactose transferase test

<b>HCPC</b>	<b>PEIA</b>	<b>Short Description</b>
82784	\$13.64	Assay of gammaglobulin igm
82785	\$24.16	Assay of gammaglobulin ige
82787	\$11.76	Igg 1, 2, 3 or 4, each
82800	\$12.42	Blood pH
82803	\$28.39	Blood gases: pH, pO2 & pCO2
82805	\$41.63	Blood gases W/02 saturation
82810	\$12.81	Blood gases, O2 sat only
82820	\$13.45	Hemoglobin-oxygen affinity
82926	\$7.99	Assay of gastric acid
82928	\$9.61	Assay of gastric acid
82938	\$25.96	Gastrin test
82941	\$25.87	Assay of gastrin
82943	\$20.97	Assay of glucagon
82945	\$5.75	Glucose other fluid
82946	\$18.54	Glucagon tolerance test
82947	\$5.75	Assay, glucose, blood quant
82947	\$5.75	Assay, glucose, blood quant
82948	\$4.65	Reagent strip/blood glucose
82950	\$6.97	Glucose test
82950	\$6.97	Glucose test
82951	\$18.89	Glucose tolerance test (GTT)
82951	\$18.89	Glucose tolerance test (GTT)
82952	\$5.75	GTT-added samples
82952	\$5.75	GTT-added samples
82953	\$22.22	Glucose-tolbutamide test
82955	\$7.22	Assay of g6pd enzyme
82960	\$8.89	Test for G6PD enzyme
82962	\$3.43	Glucose blood test
82963	\$7.22	Assay of glucosidase
82965	\$7.22	Assay of gdh enzyme
82975	\$23.24	Assay of glutamine
82977	\$10.56	Assay of GGT
82978	\$18.16	Assay of glutathione
82979	\$10.10	Assay, rbc glutathione
82980	\$26.88	Assay of glutethimide
82985	\$14.75	Glycated protein
82985	\$14.75	Glycated protein
83001	\$27.27	Gonadotropin (FSH)
83001	\$27.27	Gonadotropin (FSH)
83002	\$27.17	Gonadotropin (LH)
83002	\$27.17	Gonadotropin (LH)
83003	\$24.45	Assay, growth hormone (hgh)
83008	\$24.62	Assay of guanosine
83010	\$18.46	Assay of haptoglobin, quant
83012	\$22.10	Assay of haptoglobins
83013	\$98.82	H pylori analysis
83014	\$11.53	H pylori drug admin/collect
83015	\$18.70	Heavy metal screen
83018	\$32.21	Quantitative screen, metals
83020	\$18.89	Hemoglobin electrophoresis
83021	\$26.49	Hemoglobin chromatography



<b>HCPC</b>	<b>PEIA</b>	<b>Short Description</b>
83026	\$3.46	Hemoglobin, copper sulfate
83030	\$12.14	Fetal hemoglobin, chemical
83033	\$8.75	Fetal hemoglobin assay, qual
83036	\$14.24	Glycated hemoglobin test
83036	\$14.24	Glycated hemoglobin test
83045	\$7.28	Blood methemoglobin test
83050	\$10.74	Blood methemoglobin assay
83051	\$10.72	Assay of plasma hemoglobin
83055	\$7.21	Blood sulfhemoglobin test
83060	\$12.14	Blood sulfhemoglobin assay
83065	\$10.10	Assay of hemoglobin heat
83068	\$12.42	Hemoglobin stability screen
83069	\$5.79	Assay of urine hemoglobin
83070	\$4.90	Assay of hemosiderin, qual
83071	\$10.09	Assay of hemosiderin, quant
83080	\$24.75	Assay of b hexosaminidase
83088	\$43.32	Assay of histamine
83090	\$24.75	Assay of homocystine
83150	\$28.39	Assay of for hva
83491	\$25.69	Assay of corticosteroids
83497	\$18.91	Assay of 5-hiaa
83498	\$39.85	Assay of progesterone
83499	\$36.98	Assay of progesterone
83500	\$28.06	Assay, free hydroxyproline
83505	\$27.07	Assay, total hydroxyproline
83516	\$16.93	Immunoassay, nonantibody
83518	\$12.44	Immunoassay, dipstick
83518	\$12.44	Immunoassay, dipstick
83519	\$19.82	Immunoassay, nonantibody
83520	\$18.99	Immunoassay, RIA
83525	\$16.78	Assay of insulin
83527	\$18.99	Assay of insulin
83528	\$23.33	Assay of intrinsic factor
83540	\$9.50	Assay of iron
83550	\$12.82	Iron binding test
83570	\$12.98	Assay of idh enzyme
83582	\$20.79	Assay of ketogenic steroids
83586	\$18.78	Assay 17- ketosteroids
83593	\$35.74	Fractionation, ketosteroids
83605	\$15.67	Assay of lactic acid
83605	\$15.67	Assay of lactic acid
83615	\$8.86	Lactate (LD) (LDH) enzyme
83625	\$18.77	Assay of ldh enzymes
83632	\$29.65	Placental lactogen
83633	\$8.07	Test urine for lactose
83634	\$10.91	Assay of urine for lactose
83655	\$17.76	Assay of lead
83661	\$32.25	L/s ratio, fetal lung
83662	\$22.25	Foam stability, fetal lung
83663	\$22.25	Fluoro polarize, fetal lung
83664	\$22.25	Lamellar bdy, fetal lung

<b>HCPC</b>	<b>PEIA</b>	<b>Short Description</b>
83670	\$13.44	Assay of lap enzyme
83690	\$10.10	Assay of lipase
83715	\$15.29	Assay of blood lipoproteins
83716	\$36.41	Assay of blood lipoproteins
83718	\$12.01	Assay of lipoprotein
83718	\$12.01	Assay of lipoprotein
83719	\$17.07	Assay of blood lipoprotein
83721	\$14.00	Assay of blood lipoprotein
83727	\$25.22	Assay of lrh hormone
83735	\$9.83	Assay of magnesium
83775	\$10.82	Assay of md enzyme
83785	\$36.08	Assay of manganese
83788	\$26.49	Mass spectrometry qual
83789	\$26.49	Mass spectrometry quant
83805	\$25.86	Assay of meprobamate
83825	\$23.86	Assay of mercury
83835	\$24.85	Assay of metanephrines
83840	\$9.01	Assay of methadone
83857	\$15.76	Assay of methemalbumin
83858	\$21.75	Assay of methsuximide
83864	\$14.75	Mucopolysaccharides
83866	\$14.45	Mucopolysaccharides screen
83872	\$8.60	Assay synovial fluid mucin
83873	\$25.24	Assay of csf protein
83874	\$18.94	Assay of myoglobin
83880	\$49.80	Natriuretic peptide
83883	\$19.95	Assay, nephelometry not spec
83885	\$35.94	Assay of nickel
83887	\$25.24	Assay of nicotine
83890	\$5.88	Molecule isolate
83891	\$5.88	Molecule isolate nucleic
83892	\$5.88	Molecular diagnostics
83893	\$5.88	Molecule dot/slot/blot
83894	\$5.88	Molecule gel electrophor
83896	\$5.88	Molecular diagnostics
83897	\$5.88	Molecule nucleic transfer
83898	\$24.59	Molecule nucleic ampli
83901	\$24.59	Molecule nucleic ampli
83902	\$20.82	Molecular diagnostics
83903	\$24.59	Molecule mutation scan
83904	\$24.59	Molecule mutation identify
83905	\$24.59	Molecule mutation identify
83906	\$24.59	Molecule mutation identify
83912	\$5.88	Genetic examination
83915	\$16.36	Assay of nucleotidase
83916	\$29.49	Oligoclonal bands
83918	\$24.15	Organic acids, total, quant
83919	\$24.15	Organic acids, qual, each
83921	\$24.15	Organic acid, single, quant
83925	\$23.72	Assay of opiates
83930	\$9.70	Assay of blood osmolality

<b>HCPC</b>	<b>PEIA</b>	<b>Short Description</b>
83935	\$10.00	Assay of urine osmolality
83937	\$43.80	Assay of osteocalcin
83945	\$18.89	Assay of oxalate
83950	\$94.49	Oncoprotein, her-2/neu
83970	\$60.55	Assay of parathormone
83986	\$5.25	Assay of body fluid acidity
83986	\$5.25	Assay of body fluid acidity
83992	\$21.57	Assay for phencyclidine
84022	\$22.85	Assay of phenothiazine
84030	\$8.07	Assay of blood pku
84035	\$3.68	Assay of phenylketones
84060	\$10.84	Assay acid phosphatase
84061	\$11.61	Phosphatase, forensic exam
84066	\$14.18	Assay prostate phosphatase
84075	\$7.59	Assay alkaline phosphatase
84078	\$10.71	Assay alkaline phosphatase
84080	\$21.69	Assay alkaline phosphatases
84081	\$24.24	Amniotic fluid enzyme test
84085	\$9.89	Assay of rbc pg6d enzyme
84087	\$15.14	Assay phosphohexose enzymes
84100	\$6.96	Assay of phosphorus
84105	\$7.59	Assay of urine phosphorus
84106	\$6.29	Test for porphobilinogen
84110	\$12.39	Assay of porphobilinogen
84119	\$12.42	Test urine for porphyrins
84120	\$21.58	Assay of urine porphyrins
84126	\$37.37	Assay of feces porphyrins
84127	\$17.09	Assay of feces porphyrins
84132	\$6.74	Assay of serum potassium
84133	\$6.31	Assay of urine potassium
84134	\$21.40	Assay of prealbumin
84135	\$24.71	Assay of pregnanediol
84138	\$27.78	Assay of pregnanetriol
84140	\$30.33	Assay of pregnenolone
84143	\$33.48	Assay of 17-hydroxypregнено
84144	\$30.61	Assay of progesterone
84146	\$28.43	Assay of prolactin
84150	\$36.62	Assay of prostaglandin
84152	\$26.99	Assay of psa, complexed
84153	\$26.99	Assay of psa, total
84154	\$26.99	Assay of psa, free
84155	\$5.38	Assay of protein, serum
84156	\$5.38	Assay of protein, urine
84157	\$5.38	Assay of protein, other
84160	\$7.59	Assay of protein, any source
84165	\$15.76	Electrophoresis of proteins
84181	\$22.42	Western blot test
84182	\$26.41	Protein, western blot test
84202	\$21.05	Assay RBC protoporphyrin
84203	\$12.63	Test RBC protoporphyrin
84206	\$26.13	Assay of proinsulin

<b>HCPC</b>	<b>PEIA</b>	<b>Short Description</b>
84207	\$41.21	Assay of vitamin b-6
84210	\$15.93	Assay of pyruvate
84220	\$13.84	Assay of pyruvate kinase
84228	\$9.01	Assay of quinine
84233	\$94.49	Assay of estrogen
84234	\$95.17	Assay of progesterone
84235	\$76.78	Assay of endocrine hormone
84238	\$53.64	Assay, nonendocrine receptor
84244	\$28.39	Assay of renin
84252	\$29.69	Assay of vitamin b-2
84255	\$37.45	Assay of selenium
84260	\$45.44	Assay of serotonin
84270	\$30.99	Assay of sex hormone globul
84275	\$19.71	Assay of sialic acid
84285	\$34.55	Assay of silica
84295	\$7.06	Assay of serum sodium
84300	\$7.13	Assay of urine sodium
84302	\$7.13	Assay of sweat sodium
84305	\$31.19	Assay of somatomedin
84307	\$26.82	Assay of somatostatin
84311	\$10.26	Spectrophotometry
84315	\$3.68	Body fluid specific gravity
84375	\$28.76	Chromatogram assay, sugars
84376	\$8.07	Sugars, single, qual
84377	\$8.07	Sugars, multiple, qual
84378	\$10.91	Sugars, single, quant
84379	\$10.91	Sugars multiple quant
84392	\$6.97	Assay of urine sulfate
84402	\$37.35	Assay of testosterone
84403	\$29.88	Assay of total testosterone
84425	\$31.15	Assay of vitamin b-1
84430	\$12.42	Assay of thiocyanate
84432	\$23.56	Assay of thyroglobulin
84436	\$10.09	Assay of total thyroxine
84437	\$9.49	Assay of neonatal thyroxine
84439	\$13.23	Assay of free thyroxine
84442	\$21.69	Assay of thyroid activity
84443	\$24.64	Assay thyroid stim hormone
84445	\$74.60	Assay of tsi
84446	\$20.80	Assay of vitamin e
84449	\$26.41	Assay of transcortin
84450	\$7.58	Transferase (AST) (SGOT)
84460	\$7.77	Alanine amino (ALT) (SGPT)
84460	\$7.77	Alanine amino (ALT) (SGPT)
84466	\$17.79	Assay of transferrin
84478	\$8.44	Assay of triglycerides
84478	\$8.44	Assay of triglycerides
84479	\$9.49	Assay of thyroid (t3 or t4)
84480	\$20.80	Assay, triiodothyronine (t3)
84481	\$24.85	Free assay (FT-3)
84482	\$23.12	T3 reverse

<b>HCPC</b>	<b>PEIA</b>	<b>Short Description</b>
84484	\$14.44	Assay of troponin, quant
84485	\$11.01	Assay duodenal fluid trypsin
84488	\$10.71	Test feces for trypsin
84490	\$11.16	Assay of feces for trypsin
84510	\$15.26	Assay of tyrosine
84512	\$10.62	Assay of troponin, qual
84520	\$5.79	Assay of urea nitrogen
84525	\$5.51	Urea nitrogen semi-quant
84540	\$6.97	Assay of urine/urea-n
84545	\$9.69	Urea-N clearance test
84550	\$6.63	Assay of blood/uric acid
84560	\$6.97	Assay of urine/uric acid
84577	\$18.30	Assay of feces/urobilinogen
84578	\$4.77	Test urine urobilinogen
84580	\$10.42	Assay of urine urobilinogen
84583	\$4.22	Assay of urine urobilinogen
84585	\$22.74	Assay of urine vma
84586	\$51.84	Assay of vip
84588	\$49.80	Assay of vasopressin
84590	\$17.01	Assay of vitamin a
84591	\$17.01	Assay of nos vitamin
84597	\$20.11	Assay of vitamin k
84600	\$23.57	Assay of volatiles
84620	\$17.38	Xylose tolerance test
84630	\$16.71	Assay of zinc
84681	\$30.52	Assay of c-peptide
84702	\$22.08	Chorionic gonadotropin test
84703	\$11.01	Chorionic gonadotropin assay
84703	\$11.01	Chorionic gonadotropin assay
84830	\$14.72	Ovulation tests
85002	\$4.90	Bleeding time test
85004	\$9.49	Automated diff wbc count
85007	\$5.05	Bl smear w/diff wbc count
85008	\$2.46	Bl smear w/o diff wbc count
85009	\$5.07	Manual diff wbc count b-coat
85013	\$3.48	Spun microhematocrit
85014	\$3.48	Hematocrit
85014	\$3.48	Hematocrit
85018	\$3.48	Hemoglobin
85018	\$3.48	Hemoglobin
85025	\$11.40	Complete cbc w/auto diff wbc
85027	\$9.49	Complete cbc, automated
85032	\$6.31	Manual cell count, each
85041	\$4.41	Automated rbc count
85044	\$6.31	Manual reticulocyte count
85045	\$5.87	Automated reticulocyte count
85046	\$8.19	Reticyte/hgb concentrate
85048	\$3.73	Automated leukocyte count
85049	\$6.56	Automated platelet count
85055	\$39.28	Reticulated platelet assay
85130	\$17.45	Chromogenic substrate assay

<b>HCPC</b>	<b>PEIA</b>	<b>Short Description</b>
85170	\$2.46	Blood clot retraction
85175	\$6.67	Blood clot lysis time
85210	\$7.37	Blood clot factor II test
85220	\$7.37	Blood clot factor V test
85230	\$7.37	Blood clot factor VII test
85240	\$7.37	Blood clot factor VIII test
85244	\$7.37	Blood clot factor VIII test
85245	\$33.66	Blood clot factor VIII test
85246	\$33.66	Blood clot factor VIII test
85247	\$33.66	Blood clot factor VIII test
85250	\$7.37	Blood clot factor IX test
85260	\$7.37	Blood clot factor X test
85270	\$7.37	Blood clot factor XI test
85280	\$7.37	Blood clot factor XII test
85290	\$14.75	Blood clot factor XIII test
85291	\$13.04	Blood clot factor XIII test
85292	\$27.78	Blood clot factor assay
85293	\$27.78	Blood clot factor assay
85300	\$17.38	Antithrombin III test
85301	\$15.87	Antithrombin III test
85302	\$17.64	Blood clot inhibitor antigen
85303	\$20.29	Blood clot inhibitor test
85305	\$17.01	Blood clot inhibitor assay
85306	\$22.48	Blood clot inhibitor test
85307	\$22.48	Assay activated protein c
85335	\$18.89	Factor inhibitor test
85337	\$15.29	Thrombomodulin
85345	\$6.31	Coagulation time
85347	\$6.25	Coagulation time
85348	\$4.90	Coagulation time
85360	\$12.33	Euglobulin lysis
85362	\$10.10	Fibrin degradation products
85366	\$12.63	Fibrinogen test
85370	\$16.66	Fibrinogen test
85378	\$10.47	Fibrin degrade, semiquant
85379	\$14.93	Fibrin degradation, quant
85380	\$14.93	Fibrin degradation, vte
85384	\$12.46	Fibrinogen
85385	\$12.46	Fibrinogen
85390	\$7.58	Fibrinolysins screen
85400	\$12.42	Fibrinolytic plasmin
85410	\$11.31	Fibrinolytic antiplasmin
85415	\$14.75	Fibrinolytic plasminogen
85420	\$9.59	Fibrinolytic plasminogen
85421	\$12.42	Fibrinolytic plasminogen
85441	\$4.90	Heinz bodies, direct
85445	\$10.00	Heinz bodies, induced
85460	\$11.35	Hemoglobin, fetal
85461	\$8.86	Hemoglobin, fetal
85475	\$13.02	Hemolysin
85520	\$19.20	Heparin assay

<b>HCPC</b>	<b>PEIA</b>	<b>Short Description</b>
85525	\$13.45	Heparin neutralization
85530	\$20.80	Heparin-protamine tolerance
85536	\$9.49	Iron stain peripheral blood
85540	\$12.62	Wbc alkaline phosphatase
85547	\$12.62	RBC mechanical fragility
85549	\$27.52	Muramidase
85555	\$9.81	RBC osmotic fragility
85557	\$18.54	RBC osmotic fragility
85576	\$16.12	Blood platelet aggregation
85597	\$26.38	Platelet neutralization
85610	\$5.76	Prothrombin time
85610	\$5.76	Prothrombin time
85611	\$5.79	Prothrombin test
85612	\$9.42	Viper venom prothrombin time
85613	\$9.42	Russell viper venom, diluted
85635	\$9.42	Reptilase test
85651	\$5.21	Rbc sed rate, nonautomated
85652	\$3.96	Rbc sed rate, automated
85660	\$8.10	RBC sickle cell test
85670	\$4.90	Thrombin time, plasma
85675	\$10.06	Thrombin time, titer
85705	\$14.12	Thromboplastin inhibition
85730	\$8.80	Thromboplastin time, partial
85732	\$9.49	Thromboplastin time, partial
85810	\$17.14	Blood viscosity examination
86000	\$7.37	Agglutinins, febrile
86001	\$7.67	Allergen specific igg
86003	\$7.67	Allergen specific IgE
86005	\$11.09	Allergen specific IgE
86021	\$22.08	WBC antibody identification
86022	\$26.94	Platelet antibodies
86023	\$18.27	Immunoglobulin assay
86038	\$17.73	Antinuclear antibodies
86039	\$16.38	Antinuclear antibodies (ANA)
86060	\$10.71	Antistreptolysin o, titer
86063	\$8.47	Antistreptolysin o, screen
86140	\$7.59	C-reactive protein
86141	\$18.99	C-reactive protein, hs
86146	\$34.96	Glycoprotein antibody
86147	\$34.96	Cardiolipin antibody
86148	\$23.56	Phospholipid antibody
86155	\$23.45	Chemotaxis assay
86156	\$8.41	Cold agglutinin, screen
86157	\$11.83	Cold agglutinin, titer
86160	\$17.62	Complement, antigen
86161	\$17.62	Complement/function activity
86162	\$29.81	Complement, total (CH50)
86171	\$14.70	Complement fixation, each
86185	\$13.13	Counterimmunoelectrophoresis
86215	\$19.44	Deoxyribonuclease, antibody
86225	\$20.16	DNA antibody

<b>HCPC</b>	<b>PEIA</b>	<b>Short Description</b>
86226	\$17.77	DNA antibody, single strand
86235	\$26.31	Nuclear antigen antibody
86243	\$28.39	Fc receptor
86255	\$17.68	Fluorescent antibody, screen
86256	\$17.68	Fluorescent antibody, titer
86277	\$23.09	Growth hormone antibody
86280	\$12.01	Hemagglutination inhibition
86294	\$28.78	Immunoassay, tumor, qual
86294	\$28.78	Immunoassay, tumor, qual
86300	\$30.52	Immunoassay, tumor, ca 15-3
86301	\$30.52	Immunoassay, tumor, ca 19-9
86304	\$30.52	Immunoassay, tumor, ca 125
86308	\$7.59	Heterophile antibodies
86308	\$7.59	Heterophile antibodies
86309	\$9.49	Heterophile antibodies
86310	\$10.82	Heterophile antibodies
86316	\$30.52	Immunoassay, tumor other
86317	\$22.00	Immunoassay, infectious agent
86318	\$18.99	Immunoassay, infectious agent
86318	\$18.99	Immunoassay, infectious agent
86320	\$29.99	Serum immunoelectrophoresis
86325	\$29.88	Other immunoelectrophoresis
86327	\$29.88	Immunoelectrophoresis assay
86329	\$20.60	Immunodiffusion
86331	\$17.59	Immunodiffusion ouchterlony
86332	\$35.75	Immune complex assay
86334	\$32.77	Immunofixation procedure
86336	\$22.86	Inhibin A
86337	\$31.42	Insulin antibodies
86340	\$22.11	Intrinsic factor antibody
86341	\$26.23	Islet cell antibody
86343	\$18.28	Leukocyte histamine release
86344	\$11.72	Leukocyte phagocytosis
86353	\$71.91	Lymphocyte transformation
86359	\$55.34	T cells, total count
86360	\$68.93	T cell, absolute count/ratio
86361	\$39.28	T cell, absolute count
86376	\$21.35	Microsomal antibody
86378	\$19.51	Migration inhibitory factor
86382	\$24.80	Neutralization test, viral
86384	\$16.71	Nitroblue tetrazolium dye
86403	\$14.95	Particle agglutination test
86406	\$8.86	Particle agglutination test
86430	\$8.33	Rheumatoid factor test
86431	\$8.33	Rheumatoid factor, quant
86590	\$16.18	Streptokinase, antibody
86592	\$6.26	Blood serology, qualitative
86593	\$6.47	Blood serology, quantitative
86602	\$14.93	Antinomyces antibody
86603	\$18.88	Adenovirus antibody
86606	\$20.17	Aspergillus antibody



<b>HCPC</b>	<b>PEIA</b>	<b>Short Description</b>
86609	\$18.90	Bacterium antibody
86611	\$14.93	Bartonella antibody
86612	\$18.93	Blastomyces antibody
86615	\$19.35	Bordetella antibody
86617	\$22.72	Lyme disease antibody
86618	\$24.99	Lyme disease antibody
86618	\$24.99	Lyme disease antibody
86619	\$19.62	Borrelia antibody
86622	\$13.10	Brucella antibody
86625	\$19.25	Campylobacter antibody
86628	\$17.62	Candida antibody
86631	\$17.35	Chlamydia antibody
86632	\$18.63	Chlamydia igm antibody
86635	\$16.83	Coccidioides antibody
86638	\$17.79	Q fever antibody
86641	\$20.17	Cryptococcus antibody
86644	\$21.12	CMV antibody
86645	\$24.72	CMV antibody, IgM
86648	\$20.17	Diphtheria antibody
86651	\$19.35	Encephalitis antibody
86652	\$19.35	Encephalitis antibody
86653	\$19.35	Encephalitis antibody
86654	\$19.35	Encephalitis antibody
86658	\$19.11	Enterovirus antibody
86663	\$19.25	Epstein-barr antibody
86664	\$20.17	Epstein-barr antibody
86665	\$20.17	Epstein-barr antibody
86666	\$14.93	Ehrlichia antibody
86668	\$15.26	Francisella tularensis
86671	\$17.99	Fungus antibody
86674	\$21.59	Giardia lamblia antibody
86677	\$21.29	Helicobacter pylori
86682	\$19.08	Helminth antibody
86684	\$23.25	Hemophilus influenza
86687	\$12.31	Htlv-i antibody
86688	\$20.55	Htlv-ii antibody
86689	\$28.40	HTLV/HIV confirmatory test
86692	\$25.18	Hepatitis, delta agent
86694	\$21.12	Herpes simplex test
86695	\$19.35	Herpes simplex test
86696	\$28.40	Herpes simplex type 2
86698	\$18.33	Histoplasma
86701	\$13.03	HIV-1
86701	\$13.03	HIV-1
86702	\$19.82	HIV-2
86703	\$20.13	HIV-1/HIV-2, single assay
86704	\$17.68	Hep b core antibody, total
86705	\$17.26	Hep b core antibody, igm
86706	\$15.76	Hep b surface antibody
86707	\$16.97	Hep be antibody
86708	\$18.18	Hep a antibody, total

<b>HCPC</b>	<b>PEIA</b>	<b>Short Description</b>
86709	\$16.52	Hep a antibody, igm
86710	\$19.89	Influenza virus antibody
86713	\$22.46	Legionella antibody
86717	\$17.98	Leishmania antibody
86720	\$19.35	Leptospira antibody
86723	\$19.35	Listeria monocytogenes ab
86727	\$18.88	Lymph choriomeningitis ab
86729	\$17.52	Lympho venereum antibody
86732	\$19.35	Mucormycosis antibody
86735	\$19.14	Mumps antibody
86738	\$19.44	Mycoplasma antibody
86741	\$19.35	Neisseria meningitidis
86744	\$19.35	Nocardia antibody
86747	\$22.05	Parvovirus antibody
86750	\$19.35	Malaria antibody
86753	\$18.19	Protozoa antibody nos
86756	\$18.91	Respiratory virus antibody
86757	\$28.40	Rickettsia antibody
86759	\$19.35	Rotavirus antibody
86762	\$21.12	Rubella antibody
86765	\$18.90	Rubeola antibody
86768	\$19.35	Salmonella antibody
86771	\$19.35	Shigella antibody
86774	\$21.71	Tetanus antibody
86777	\$21.12	Toxoplasma antibody
86778	\$21.13	Toxoplasma antibody, igm
86781	\$19.43	Treponema pallidum, confirm
86784	\$18.43	Trichinella antibody
86787	\$18.90	Varicella-zoster antibody
86790	\$18.90	Virus antibody nos
86793	\$19.35	Yersinia antibody
86800	\$23.33	Thyroglobulin antibody
86803	\$19.33	Hepatitis c ab test
86804	\$22.72	Hep c ab test, confirm
86805	\$76.70	Lymphocytotoxicity assay
86806	\$69.81	Lymphocytotoxicity assay
86807	\$58.05	Cytotoxic antibody screening
86808	\$43.54	Cytotoxic antibody screening
86812	\$37.86	HLA typing, A, B, or C
86813	\$85.07	HLA typing, A, B, or C
86816	\$40.87	HLA typing, DR/DQ
86817	\$94.45	HLA typing, DR/DQ
86821	\$51.87	Lymphocyte culture, mixed
86822	\$51.87	Lymphocyte culture, primed
86880	\$7.88	Coombs test, direct
86885	\$8.39	Coombs test, indirect, qual
86886	\$6.83	Coombs test, indirect, titer
86900	\$4.38	Blood typing, ABO
86903	\$13.85	Blood typing, antigen screen
86904	\$13.94	Blood typing, patient serum
86905	\$5.61	Blood typing, RBC antigens

<b>HCPC</b>	<b>PEIA</b>	<b>Short Description</b>
86906	\$11.37	Blood typing, Rh phenotype
86940	\$12.03	Hemolysins/agglutinins, auto
86941	\$17.77	Hemolysins/agglutinins
87001	\$19.39	Small animal inoculation
87003	\$24.70	Small animal inoculation
87015	\$9.80	Specimen concentration
87040	\$15.14	Blood culture for bacteria
87045	\$13.84	Feces culture, bacteria
87046	\$13.84	Stool cultr, bacteria, each
87070	\$12.63	Culture, bacteria, other
87071	\$13.84	Culture bacteri aerobic othr
87073	\$13.84	Culture bacteria anaerobic
87075	\$13.88	Cultr bacteria, except blood
87076	\$11.85	Culture anaerobe ident, each
87077	\$11.85	Culture aerobic identify
87077	\$11.85	Culture aerobic identify
87081	\$9.72	Culture screen only
87084	\$12.63	Culture of specimen by kit
87086	\$11.84	Urine culture/colony count
87088	\$11.88	Urine bacteria culture
87101	\$11.31	Skin fungi culture
87102	\$12.33	Fungus isolation culture
87103	\$13.23	Blood fungus culture
87106	\$9.42	Fungi identification, yeast
87107	\$9.42	Fungi identification, mold
87109	\$21.29	Mycoplasma
87110	\$28.74	Chlamydia culture
87116	\$15.86	Mycobacteria culture
87118	\$16.05	Mycobacteric identification
87140	\$8.18	Culture type immunofluoresc
87143	\$18.39	Culture typing, glc/hplc
87147	\$7.37	Culture type, immunologic
87149	\$29.42	Culture type, nucleic acid
87152	\$7.68	Culture type pulse field gel
87158	\$7.68	Culture typing, added method
87164	\$15.76	Dark field examination
87166	\$16.57	Dark field examination
87168	\$6.02	Macroscopic exam arthropod
87169	\$6.02	Macroscopic exam parasite
87172	\$6.02	Pinworm exam
87176	\$8.63	Tissue homogenization, cultr
87177	\$13.05	Ova and parasites smears
87181	\$1.23	Microbe susceptible, diffuse
87184	\$10.11	Microbe susceptible, disk
87185	\$1.23	Microbe susceptible, enzyme
87186	\$12.68	Microbe susceptible, mic
87187	\$15.20	Microbe susceptible, mlc
87188	\$9.73	Microbe suscept, macrobroth
87190	\$8.30	Microbe suscept, mycobacteri
87197	\$22.04	Bactericidal level, serum
87205	\$5.07	Smear, gram stain

<b>HCPC</b>	<b>PEIA</b>	<b>Short Description</b>
87206	\$7.88	Smear, fluorescent/acid stai
87207	\$5.07	Smear, special stain
87210	\$6.02	Smear, wet mount, saline/ink
87210	\$6.02	Smear, wet mount, saline/ink
87220	\$4.22	Tissue exam for fungi
87230	\$28.97	Assay, toxin or antitoxin
87250	\$28.69	Virus inoculate, eggs/animal
87252	\$38.24	Virus inoculation, tissue
87253	\$29.63	Virus inoculate tissue, addl
87254	\$28.69	Virus inoculation, shell via
87255	\$49.68	Genet virus isolate, hsv
87260	\$17.60	Adenovirus ag, if
87265	\$17.60	Pertussis ag, if
87267	\$17.60	Enterovirus antibody, dfa
87269	\$17.60	Giardia ag, if
87270	\$17.60	Chlamydia trachomatis ag, if
87271	\$17.60	Cryptosporidium/gardia ag, if
87272	\$17.60	Cryptosporidium ag, if
87273	\$17.60	Herpes simplex 2, ag, if
87274	\$17.60	Herpes simplex 1, ag, if
87275	\$17.60	Influenza b, ag, if
87276	\$17.60	Influenza a, ag, if
87277	\$17.60	Legionella micdadei, ag, if
87278	\$17.60	Legion pneumophilia ag, if
87279	\$17.60	Parainfluenza, ag, if
87280	\$17.60	Respiratory syncytial ag, if
87281	\$17.60	Pneumocystis carinii, ag, if
87283	\$17.60	Rubeola, ag, if
87285	\$17.60	Treponema pallidum, ag, if
87290	\$17.60	Varicella zoster, ag, if
87299	\$17.60	Antibody detection, nos, if
87300	\$17.60	Ag detection, polyval, if
87301	\$17.60	Adenovirus ag, eia
87320	\$17.60	Chylmd trach ag, eia
87324	\$17.60	Clostridium ag, eia
87327	\$17.60	Cryptococcus neoform ag, eia
87328	\$17.60	Cryptosporidium ag, eia
87329	\$17.60	Giardia ag, eia
87332	\$17.60	Cytomegalovirus ag, eia
87335	\$17.60	E coli 0157 ag, eia
87336	\$17.60	Entamoeb hist dispr, ag, eia
87337	\$17.60	Entamoeb hist group, ag, eia
87338	\$21.11	Hpylori, stool, eia
87339	\$17.60	H pylori ag, eia
87340	\$13.65	Hepatitis b surface ag, eia
87341	\$13.65	Hepatitis b surface, ag, eia
87350	\$16.91	Hepatitis be ag, eia
87380	\$24.09	Hepatitis delta ag, eia
87385	\$17.60	Histoplasma capsul ag, eia
87390	\$16.39	Hiv-1 ag, eia
87391	\$16.39	Hiv-2 ag, eia

<b>HCPC</b>	<b>PEIA</b>	<b>Short Description</b>
87400	\$17.60	Influenza a/b, ag, eia
87420	\$17.60	Resp syncytial ag, eia
87425	\$17.60	Rotavirus ag, eia
87427	\$17.60	Shiga-like toxin ag, eia
87430	\$17.60	Strep a ag, eia
87449	\$17.60	Ag detect nos, eia, mult
87449	\$17.60	Ag detect nos, eia, mult
87450	\$14.06	Ag detect nos, eia, single
87451	\$14.06	Ag detect polyval, eia, mult
87470	\$29.42	Bartonella, dna, dir probe
87471	\$51.49	Bartonella, dna, amp probe
87472	\$62.84	Bartonella, dna, quant
87475	\$29.42	Lyme dis, dna, dir probe
87476	\$51.49	Lyme dis, dna, amp probe
87477	\$62.84	Lyme dis, dna, quant
87480	\$29.42	Candida, dna, dir probe
87481	\$51.49	Candida, dna, amp probe
87482	\$61.25	Candida, dna, quant
87485	\$29.42	Chylmd pneum, dna, dir probe
87486	\$51.49	Chylmd pneum, dna, amp probe
87487	\$62.84	Chylmd pneum, dna, quant
87490	\$29.42	Chylmd trach, dna, dir probe
87491	\$51.49	Chylmd trach, dna, amp probe
87492	\$21.23	Chylmd trach, dna, quant
87495	\$29.42	Cytomeg, dna, dir probe
87496	\$51.49	Cytomeg, dna, amp probe
87497	\$62.84	Cytomeg, dna, quant
87510	\$29.42	Gardner vag, dna, dir probe
87511	\$51.49	Gardner vag, dna, amp probe
87512	\$61.25	Gardner vag, dna, quant
87515	\$29.42	Hepatitis b, dna, dir probe
87516	\$51.49	Hepatitis b, dna, amp probe
87517	\$62.84	Hepatitis b, dna, quant
87520	\$29.42	Hepatitis c, rna, dir probe
87521	\$51.49	Hepatitis c, rna, amp probe
87522	\$62.84	Hepatitis c, rna, quant
87525	\$29.42	Hepatitis g, dna, dir probe
87526	\$51.49	Hepatitis g, dna, amp probe
87527	\$61.25	Hepatitis g, dna, quant
87528	\$29.42	Hsv, dna, dir probe
87529	\$51.49	Hsv, dna, amp probe
87530	\$62.84	Hsv, dna, quant
87531	\$29.42	Hhv-6, dna, dir probe
87532	\$51.49	Hhv-6, dna, amp probe
87533	\$61.25	Hhv-6, dna, quant
87534	\$29.42	Hiv-1, dna, dir probe
87535	\$51.49	Hiv-1, dna, amp probe
87536	\$124.83	Hiv-1, dna, quant
87537	\$29.42	Hiv-2, dna, dir probe
87538	\$51.49	Hiv-2, dna, amp probe
87539	\$62.84	Hiv-2, dna, quant

<b>HCPC</b>	<b>PEIA</b>	<b>Short Description</b>
87540	\$29.42	Legion pneumo, dna, dir prob
87541	\$51.49	Legion pneumo, dna, amp prob
87542	\$61.25	Legion pneumo, dna, quant
87550	\$29.42	Mycobacteria, dna, dir probe
87551	\$51.49	Mycobacteria, dna, amp probe
87552	\$62.84	Mycobacteria, dna, quant
87555	\$29.42	M.tuberculo, dna, dir probe
87556	\$51.49	M.tuberculo, dna, amp probe
87557	\$62.84	M.tuberculo, dna, quant
87560	\$29.42	M.avium-intra, dna, dir prob
87561	\$51.49	M.avium-intra, dna, amp prob
87562	\$62.84	M.avium-intra, dna, quant
87580	\$29.42	M.pneumon, dna, dir probe
87581	\$51.49	M.pneumon, dna, amp probe
87582	\$61.25	M.pneumon, dna, quant
87590	\$29.42	N.gonorrhoeae, dna, dir prob
87591	\$51.49	N.gonorrhoeae, dna, amp prob
87592	\$21.23	N.gonorrhoeae, dna, quant
87620	\$29.42	Hpv, dna, dir probe
87621	\$51.49	Hpv, dna, amp probe
87622	\$61.25	Hpv, dna, quant
87650	\$29.42	Strep a, dna, dir probe
87651	\$51.49	Strep a, dna, amp probe
87652	\$61.25	Strep a, dna, quant
87660	\$29.42	Trichomonas vagin, dir probe
87797	\$29.42	Detect agent nos, dna, dir
87798	\$51.49	Detect agent nos, dna, amp
87799	\$62.84	Detect agent nos, dna, quant
87800	\$58.83	Detect agnt mult, dna, direc
87801	\$102.97	Detect agnt mult, dna, ampli
87802	\$17.60	Strep b assay w/optic
87803	\$17.60	Clostridium toxin a w/optic
87804	\$17.60	Influenza assay w/optic
87804	\$17.60	Influenza assay w/optic
87810	\$17.60	Chylmd trach assay w/optic
87850	\$17.60	N. gonorrhoeae assay w/optic
87880	\$17.60	Strep a assay w/optic
87880	\$17.60	Strep a assay w/optic
87899	\$17.60	Agent nos assay w/optic
87899	\$17.60	Agent nos assay w/optic
87901	\$377.67	Genotype, dna, hiv reverse t
87902	\$377.67	Genotype, dna, hepatitis C
87903	\$716.86	Phenotype, dna hiv w/culture
87904	\$38.24	Phenotype, dna hiv w/clt add
88130	\$22.07	Sex chromatin identification
88140	\$11.73	Sex chromatin identification
88142	\$29.03	Cytopath, c/v, thin layer
88143	\$29.03	Cytopath c/v thin layer redo
88147	\$15.50	Cytopath, c/v, automated
88148	\$15.50	Cytopath, c/v, auto rescreen
88150	\$15.50	Cytopath, c/v, manual

<b>HCPC</b>	<b>PEIA</b>	<b>Short Description</b>
88152	\$15.50	Cytopath, c/v, auto redo
88153	\$15.50	Cytopath, c/v, redo
88154	\$15.50	Cytopath, c/v, select
88155	\$8.79	Cytopath, c/v, index add-on
88164	\$15.50	Cytopath tbs, c/v, manual
88165	\$15.50	Cytopath tbs, c/v, redo
88166	\$15.50	Cytopath tbs, c/v, auto redo
88167	\$15.50	Cytopath tbs, c/v, select
88174	\$29.81	Cytopath, c/v auto, in fluid
88175	\$33.30	Cytopath c/v auto fluid redo
88230	\$170.91	Tissue culture, lymphocyte
88233	\$206.46	Tissue culture, skin/biopsy
88235	\$216.03	Tissue culture, placenta
88237	\$185.29	Tissue culture, bone marrow
88239	\$216.43	Tissue culture, tumor
88240	\$14.82	Cell cryopreserve/storage
88241	\$14.82	Frozen cell preparation
88245	\$218.38	Chromosome analysis, 20-25
88248	\$254.06	Chromosome analysis, 50-100
88249	\$254.06	Chromosome analysis, 100
88261	\$259.28	Chromosome analysis, 5
88262	\$182.85	Chromosome analysis, 15-20
88263	\$220.47	Chromosome analysis, 45
88264	\$182.85	Chromosome analysis, 20-25
88267	\$263.73	Chromosome analys, placenta
88269	\$244.00	Chromosome analys, amniotic
88271	\$31.43	Cytogenetics, dna probe
88272	\$39.28	Cytogenetics, 3-5
88273	\$47.13	Cytogenetics, 10-30
88274	\$51.06	Cytogenetics, 25-99
88275	\$58.92	Cytogenetics, 100-300
88280	\$36.82	Chromosome karyotype study
88283	\$100.63	Chromosome banding study
88285	\$27.87	Chromosome count, additional
88289	\$50.52	Chromosome study, additional
88371	\$31.94	Protein, western blot tissue
88372	\$33.38	Protein analysis w/probe
88400	\$5.91	Bilirubin total transcut
89050	\$4.90	Body fluid cell count
89051	\$8.08	Body fluid cell count
89055	\$5.07	Leukocyte assessment, fecal
89060	\$10.49	Exam, synovial fluid crystals
89125	\$6.33	Specimen fat stain
89160	\$2.46	Exam feces for meat fibers
89190	\$5.07	Nasal smear for eosinophils
89225	\$2.46	Starch granules, feces
89235	\$8.07	Water load test
89300	\$13.07	Semen analysis w/huhner
89300	\$13.07	Semen analysis w/huhner
89310	\$11.46	Semen analysis w/count
89320	\$17.68	Semen analysis, complete

<b>HCPC</b>	<b>PEIA</b>	<b>Short Description</b>
89321	\$17.68	Semen analysis & motility
89325	\$7.37	Sperm antibody test
89329	\$30.76	Sperm evaluation test
89330	\$14.52	Evaluation, cervical mucus
89355	\$2.46	Exam feces for starch
89365	\$8.07	Water load test
ATP02	\$7.64	Auto.Test Pane Pricing Code, 1-2 Tests
ATP03	\$8.65	Auto.Test Pane Pricing Code, 3 Tests
ATP04	\$8.65	Auto.Test Pane Pricing Code, 4 Tests
ATP05	\$8.65	Auto.Test Pane Pricing Code, 5 Tests
ATP06	\$10.27	Auto.Test Pane Pricing Code, 6 Tests
ATP07	\$11.99	Auto.Test Pane Pricing Code, 7 Tests
ATP08	\$12.42	Auto.Test Pane Pricing Code, 8 Tests
ATP09	\$12.74	Auto.Test Pane Pricing Code, 9 Tests
ATP10	\$12.74	Auto.Test Pane Pricing Code, 10 Tests
ATP11	\$12.96	Auto.Test Pane Pricing Code, 11 Tests
ATP12	\$13.25	Auto.Test Pane Pricing Code, 12 Tests
ATP16	\$15.51	Auto Test Panel Pricing Code 13-16 Test
ATP18	\$15.61	Auto Test Panel Pricing Code, 17-18 Test
ATP19	\$16.22	Auto Test Panel Pricing Code, 19 Tests
ATP20	\$16.75	Auto Test Panel Pricing Code, 20 Tests
ATP21	\$17.27	Auto Test Panel Pricing Code, 21 Tests
ATP22	\$17.80	Auto.Test Panel Pricing Code, 22+ Tests
G0001	\$3.15	Drawing blood for specimen
G0027	\$9.54	Semen analysis
G0103	\$26.99	Psa, total screening
G0107	\$4.77	CA screen; fecal blood test
G0123	\$29.03	Screen cerv/vag thin layer
G0143	\$29.03	Scr c/v cyto,thinlayer,rescr
G0144	\$29.81	Scr c/v cyto,thinlayer,rescr
G0145	\$33.30	Scr c/v cyto,thinlayer,rescr
G0147	\$15.50	Scr c/v cyto, automated sys
G0148	\$15.50	Scr c/v cyto, autosys, rescr
G0265	\$14.82	Cryopresevation Freeze+stora
G0266	\$14.82	Thawing + expansion froz cel
G0306	\$11.40	CBC/diffwbc w/o platelet
G0307	\$9.49	CBC without platelet
G0328	\$18.99	Fecal blood scrn immunoassay
G0328	\$18.99	Fecal blood scrn immunoassay
P2038	\$7.37	Blood mucoprotein
P3000	\$15.50	Screen pap by tech w md supv
P9612	\$3.15	Catheterize for urine spec
P9615	\$3.15	Urine specimen collect mult
Q0111	\$6.02	Wet mounts/ w preparations
Q0112	\$4.22	Potassium hydroxide preps
Q0113	\$7.94	Pinworm examinations
Q0114	\$10.49	Fern test
Q0115	\$14.52	Post-coital mucous exam



## 2004 National Physician Fee Schedule Relative Value File

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REVISED June 24, 2004 -- File for Web Page

HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
A4262		Temporary tear duct plug	B	0.000	0.000	\$ -	\$ -	
A4263		Permanent tear duct plug	B	0.000	0.000	\$ -	\$ -	
A4270		Disposable endoscope sheath	B	0.000	0.000	\$ -	\$ -	
A4300		Cath impl vasc access portal	B	0.000	0.000	\$ -	\$ -	
A4647		Supp- paramagnetic contr mat	B	0.000	0.000	\$ -	\$ -	
A4649		Surgical supplies	B	0.000	0.000	\$ -	\$ -	
G0001		Drawing blood for specimen	A	0.000	0.000	\$ -	\$ -	\$ 3.00
G0008		Admin influenza virus vac	A	0.000	0.000	\$ -	\$ -	\$ 6.76
G0009		Admin pneumococcal vaccine	A	0.000	0.000	\$ -	\$ -	\$ 6.76
G0010		Admin hepatitis b vaccine	A	0.000	0.000	\$ -	\$ -	\$ 6.35
G0027		Semen analysis	X	0.000	0.000	\$ -	\$ -	
G0030		PET imaging prev PET single	C	0.000	0.000	\$ -	\$ -	
G0030 TC		PET imaging prev PET single	C	0.000	0.000	\$ -	\$ -	
G0030 26		PET imaging prev PET single	A	2.190	2.190	\$ 90.66	\$ 90.66	
G0031		PET imaging prev PET multiple	C	0.000	0.000	\$ -	\$ -	
G0031 TC		PET imaging prev PET multiple	C	0.000	0.000	\$ -	\$ -	
G0031 26		PET imaging prev PET multiple	A	2.758	2.758	\$ 114.17	\$ 114.17	
G0032		PET follow SPECT 78464 singl	C	0.000	0.000	\$ -	\$ -	
G0032 TC		PET follow SPECT 78464 singl	C	0.000	0.000	\$ -	\$ -	
G0032 26		PET follow SPECT 78464 singl	A	2.196	2.196	\$ 90.89	\$ 90.89	
G0033		PET follow SPECT 78464 mult	C	0.000	0.000	\$ -	\$ -	
G0033 TC		PET follow SPECT 78464 mult	C	0.000	0.000	\$ -	\$ -	
G0033 26		PET follow SPECT 78464 mult	A	2.775	2.775	\$ 114.87	\$ 114.87	
G0034		PET follow SPECT 76865 singl	C	0.000	0.000	\$ -	\$ -	
G0034 TC		PET follow SPECT 76865 singl	C	0.000	0.000	\$ -	\$ -	
G0034 26		PET follow SPECT 76865 singl	A	2.221	2.221	\$ 91.94	\$ 91.94	
G0035		PET follow SPECT 78465 mult	C	0.000	0.000	\$ -	\$ -	
G0035 TC		PET follow SPECT 78465 mult	C	0.000	0.000	\$ -	\$ -	
G0035 26		PET follow SPECT 78465 mult	A	2.767	2.767	\$ 114.52	\$ 114.52	
G0036		PET follow cornry angio sing	C	0.000	0.000	\$ -	\$ -	
G0036 TC		PET follow cornry angio sing	C	0.000	0.000	\$ -	\$ -	
G0036 26		PET follow cornry angio sing	A	2.173	2.173	\$ 89.96	\$ 89.96	
G0037		PET follow cornry angio mult	C	0.000	0.000	\$ -	\$ -	
G0037 TC		PET follow cornry angio mult	C	0.000	0.000	\$ -	\$ -	
G0037 26		PET follow cornry angio mult	A	2.750	2.750	\$ 113.81	\$ 113.81	
G0038		PET follow myocard perf sing	C	0.000	0.000	\$ -	\$ -	
G0038 TC		PET follow myocard perf sing	C	0.000	0.000	\$ -	\$ -	
G0038 26		PET follow myocard perf sing	A	2.139	2.139	\$ 88.55	\$ 88.55	
G0039		PET follow myocard perf mult	C	0.000	0.000	\$ -	\$ -	
G0039 TC		PET follow myocard perf mult	C	0.000	0.000	\$ -	\$ -	
G0039 26		PET follow myocard perf mult	A	2.789	2.789	\$ 115.45	\$ 115.45	
G0040		PET follow stress echo singl	C	0.000	0.000	\$ -	\$ -	
G0040 TC		PET follow stress echo singl	C	0.000	0.000	\$ -	\$ -	
G0040 26		PET follow stress echo singl	A	2.199	2.199	\$ 91.01	\$ 91.01	
G0041		PET follow stress echo mult	C	0.000	0.000	\$ -	\$ -	
G0041 TC		PET follow stress echo mult	C	0.000	0.000	\$ -	\$ -	
G0041 26		PET follow stress echo mult	A	2.727	2.727	\$ 112.88	\$ 112.88	
G0042		PET follow ventriculogm sing	C	0.000	0.000	\$ -	\$ -	
G0042 TC		PET follow ventriculogm sing	C	0.000	0.000	\$ -	\$ -	
G0042 26		PET follow ventriculogm sing	A	2.216	2.216	\$ 91.71	\$ 91.71	
G0043		PET follow ventriculogm mult	C	0.000	0.000	\$ -	\$ -	
G0043 TC		PET follow ventriculogm mult	C	0.000	0.000	\$ -	\$ -	
G0043 26		PET follow ventriculogm mult	A	2.784	2.784	\$ 115.22	\$ 115.22	
G0044		PET following rest ECG singl	C	0.000	0.000	\$ -	\$ -	
G0044 TC		PET following rest ECG singl	C	0.000	0.000	\$ -	\$ -	
G0044 26		PET following rest ECG singl	A	2.199	2.199	\$ 91.01	\$ 91.01	

HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
G0045		PET following rest ECG mult	C	0.000	0.000	\$ -	\$ -	
G0045 TC		PET following rest ECG mult	C	0.000	0.000	\$ -	\$ -	
G0045 26		PET following rest ECG mult	A	2.758	2.758	\$ 114.17	\$ 114.17	
G0046		PET follow stress ECG singl	C	0.000	0.000	\$ -	\$ -	
G0046 TC		PET follow stress ECG singl	C	0.000	0.000	\$ -	\$ -	
G0046 26		PET follow stress ECG singl	A	2.199	2.199	\$ 91.01	\$ 91.01	
G0047		PET follow stress ECG mult	C	0.000	0.000	\$ -	\$ -	
G0047 TC		PET follow stress ECG mult	C	0.000	0.000	\$ -	\$ -	
G0047 26		PET follow stress ECG mult	A	2.767	2.767	\$ 114.52	\$ 114.52	
G0101		CA screen;pelvic/breast exam	A	0.634	0.931	\$ 26.24	\$ 38.55	
G0102		Prostate ca screening; dre	A	0.260	0.541	\$ 10.78	\$ 22.39	
G0103		Psa, total screening	X	0.000	0.000	\$ -	\$ -	
G0104		CA screen;flexi sigmoidscope	A	1.639	3.067	\$ 67.83	\$ 126.94	
G0105		Colorectal scrn; hi risk ind	A	5.980	9.771	\$ 247.53	\$ 404.44	
G0105 53		Colorectal scrn; hi risk ind	A	1.639	3.067	\$ 67.83	\$ 126.94	
G0106		Colon CA screen;barium enema	A	3.885	3.885	\$ 160.80	\$ 160.80	
G0106 TC		Colon CA screen;barium enema	A	2.417	2.417	\$ 100.05	\$ 100.05	
G0106 26		Colon CA screen;barium enema	A	1.468	1.468	\$ 60.76	\$ 60.76	
G0107		CA screen; fecal blood test	X	0.000	0.000	\$ -	\$ -	
G0108		Diab manage trn per indiv	A	0.753	0.753	\$ 31.19	\$ 31.19	
G0109		Diab manage trn ind/group	A	0.447	0.447	\$ 18.52	\$ 18.52	
G0110		Nett pulm-rehab educ; ind	D	1.313	1.653	\$ 54.34	\$ 68.41	
G0111		Nett pulm-rehab educ; group	D	0.428	0.556	\$ 17.73	\$ 23.01	
G0112		Nett;nutrition guid, initial	D	2.518	2.977	\$ 104.21	\$ 123.21	
G0113		Nett;nutrition guid,subseqnt	D	1.836	2.193	\$ 75.99	\$ 90.76	
G0114		Nett; psychosocial consult	D	1.672	1.774	\$ 69.22	\$ 73.44	
G0115		Nett; psychological testing	D	1.712	1.941	\$ 70.85	\$ 80.35	
G0116		Nett; psychosocial counsel	D	1.596	2.166	\$ 66.07	\$ 89.65	
G0117		Glaucoma scrn hgh risk direc	A	0.690	1.132	\$ 28.58	\$ 46.87	
G0118		Glaucoma scrn hgh risk direc	A	0.269	0.651	\$ 11.13	\$ 26.96	
G0120		Colon ca scrn; barium enema	A	3.885	3.885	\$ 160.80	\$ 160.80	
G0120 TC		Colon ca scrn; barium enema	A	2.417	2.417	\$ 100.05	\$ 100.05	
G0120 26		Colon ca scrn; barium enema	A	1.468	1.468	\$ 60.76	\$ 60.76	
G0121		Colon ca scrn not hi rsk ind	A	5.980	9.771	\$ 247.53	\$ 404.44	
G0121 53		Colon ca scrn not hi rsk ind	A	1.639	3.067	\$ 67.83	\$ 126.94	
G0122		Colon ca scrn; barium enema	A	3.885	3.885	\$ 160.80	\$ 160.80	
G0122 TC		Colon ca scrn; barium enema	A	2.375	2.375	\$ 98.29	\$ 98.29	
G0122 26		Colon ca scrn; barium enema	A	1.510	1.510	\$ 62.51	\$ 62.51	
G0123		Screen cerv/vag thin layer	X	0.000	0.000	\$ -	\$ -	
G0124		Screen c/v thin layer by MD	A	0.612	0.612	\$ 25.35	\$ 25.35	
G0125		PET image pulmonary nodule	C	0.000	0.000	\$ -	\$ -	
G0125 TC		PET image pulmonary nodule	C	0.000	0.000	\$ -	\$ -	
G0125 26		PET image pulmonary nodule	A	2.179	2.179	\$ 90.18	\$ 90.18	
G0127		Trim nail(s)	A	0.269	0.422	\$ 11.13	\$ 17.47	
G0128		CORF skilled nursing service	N	0.145	0.145	\$ 6.00	\$ 6.00	
G0130		Single energy x-ray study	A	1.205	1.205	\$ 49.87	\$ 49.87	
G0130 TC		Single energy x-ray study	A	0.886	0.886	\$ 36.67	\$ 36.67	
G0130 26		Single energy x-ray study	A	0.319	0.319	\$ 13.20	\$ 13.20	
G0141		Scr c/v cyto,autosys and md	A	0.612	0.612	\$ 25.35	\$ 25.35	
G0143		Scr c/v cyto,thinlayer,rescr	X	0.000	0.000	\$ -	\$ -	
G0144		Scr c/v cyto,thinlayer,rescr	X	0.000	0.000	\$ -	\$ -	
G0145		Scr c/v cyto,thinlayer,rescr	X	0.000	0.000	\$ -	\$ -	
G0147		Scr c/v cyto, automated sys	X	0.000	0.000	\$ -	\$ -	
G0148		Scr c/v cyto, autosys, rescr	X	0.000	0.000	\$ -	\$ -	
G0166		Extrnl counterpulse, per tx	A	0.135	3.152	\$ 5.59	\$ 130.48	
G0167		Hyperbaric oz tx;no md reqrd	D	0.000	0.000	\$ -	\$ -	
G0168		Wound closure by adhesive	A	0.625	2.121	\$ 25.89	\$ 87.81	
G0173		Stereo radoisurgery,complete	X	0.000	0.000	\$ -	\$ -	
G0175		OPPS Service,sched team conf	X	0.000	0.000	\$ -	\$ -	
G0176		OPPS/PHP;activity therapy	X	0.000	0.000	\$ -	\$ -	
G0177		OPPS/PHP; train & educ serv	X	0.000	0.000	\$ -	\$ -	

HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
G0179		MD recertification HHA PT	X	1.399	1.399	\$ 57.90	\$ 57.90	
G0180		MD certification HHA patient	X	1.845	1.845	\$ 76.38	\$ 76.38	
G0181		Home health care supervision	A	3.298	3.298	\$ 136.52	\$ 136.52	
G0182		Hospice care supervision	A	3.460	3.460	\$ 143.20	\$ 143.20	
G0186		Dstry eye lesn,fdr vssl tech	X	0.000	0.000	\$ -	\$ -	
G0202		Screeningmammographydigital	A	3.506	3.506	\$ 145.10	\$ 145.10	
G0202 TC		Screeningmammographydigital	A	2.452	2.452	\$ 101.50	\$ 101.50	
G0202 26		Screeningmammographydigital	A	1.053	1.053	\$ 43.60	\$ 43.60	
G0204		Diagnosticmammographydigital	A	3.732	3.732	\$ 154.48	\$ 154.48	
G0204 TC		Diagnosticmammographydigital	A	2.418	2.418	\$ 100.09	\$ 100.09	
G0204 26		Diagnosticmammographydigital	A	1.314	1.314	\$ 54.38	\$ 54.38	
G0206		Diagnosticmammographydigital	A	3.047	3.047	\$ 126.10	\$ 126.10	
G0206 TC		Diagnosticmammographydigital	A	1.954	1.954	\$ 80.87	\$ 80.87	
G0206 26		Diagnosticmammographydigital	A	1.093	1.093	\$ 45.23	\$ 45.23	
G0210		PET img wholebody dxlung	C	0.000	0.000	\$ -	\$ -	
G0210 TC		PET img wholebody dxlung	X	0.000	0.000	\$ -	\$ -	\$ 1,450.00
G0210 26		PET img wholebody dxlung	A	2.131	2.131	\$ 88.20	\$ 88.20	
G0211		PET img wholbody init lung	C	0.000	0.000	\$ -	\$ -	
G0211 TC		PET img wholbody init lung	X	0.000	0.000	\$ -	\$ -	\$ 1,450.00
G0211 26		PET img wholbody init lung	A	2.131	2.131	\$ 88.20	\$ 88.20	
G0212		PET img wholebod restag lung	C	0.000	0.000	\$ -	\$ -	
G0212 TC		PET img wholebod restag lung	C	0.000	0.000	\$ -	\$ -	\$ 1,450.00
G0212 26		PET img wholebod restag lung	A	2.131	2.131	\$ 88.20	\$ 88.20	
G0213		PET img wholbody dx	C	0.000	0.000	\$ -	\$ -	
G0213 TC		PET img wholbody dx	X	0.000	0.000	\$ -	\$ -	\$ 1,450.00
G0213 26		PET img wholbody dx	A	2.131	2.131	\$ 88.20	\$ 88.20	
G0214		PET img wholebod init	C	0.000	0.000	\$ -	\$ -	
G0214 TC		PET img wholebod init	X	0.000	0.000	\$ -	\$ -	\$ 1,450.00
G0214 26		PET img wholebod init	A	2.131	2.131	\$ 88.20	\$ 88.20	
G0215		PETimg wholebod restag	C	0.000	0.000	\$ -	\$ -	
G0215 TC		PETimg wholebod restag	X	0.000	0.000	\$ -	\$ -	\$ 1,450.00
G0215 26		PETimg wholebod restag	A	2.131	2.131	\$ 88.20	\$ 88.20	
G0216		PET img wholebod dx melanoma	C	0.000	0.000	\$ -	\$ -	
G0216 TC		PET img wholebod dx melanoma	X	0.000	0.000	\$ -	\$ -	\$ 1,450.00
G0216 26		PET img wholebod dx melanoma	A	2.131	2.131	\$ 88.20	\$ 88.20	
G0217		PET img wholebod init melan	C	0.000	0.000	\$ -	\$ -	
G0217 TC		PET img wholebod init melan	X	0.000	0.000	\$ -	\$ -	\$ 1,450.00
G0217 26		PET img wholebod init melan	A	2.131	2.131	\$ 88.20	\$ 88.20	
G0218		PET img wholebod restag mela	C	0.000	0.000	\$ -	\$ -	
G0218 TC		PET img wholebod restag mela	C	0.000	0.000	\$ -	\$ -	\$ 1,450.00
G0218 26		PET img wholebod restag mela	A	2.139	2.139	\$ 88.55	\$ 88.55	
G0219		PET img wholbod melano nonco	N	0.000	0.000	\$ -	\$ -	
G0219 TC		PET img wholbod melano nonco	N	0.000	0.000	\$ -	\$ -	\$ 1,450.00
G0219 26		PET img wholbod melano nonco	N	0.000	0.000	\$ -	\$ -	
G0220		PET img wholebod dx lymphoma	C	0.000	0.000	\$ -	\$ -	
G0220 TC		PET img wholebod dx lymphoma	X	0.000	0.000	\$ -	\$ -	\$ 1,450.00
G0220 26		PET img wholebod dx lymphoma	A	2.131	2.131	\$ 88.20	\$ 88.20	
G0221		PET imag wholbod init lympho	C	0.000	0.000	\$ -	\$ -	
G0221 TC		PET imag wholbod init lympho	X	0.000	0.000	\$ -	\$ -	\$ 1,450.00
G0221 26		PET imag wholbod init lympho	A	2.131	2.131	\$ 88.20	\$ 88.20	
G0222		PET imag wholbod resta lymph	C	0.000	0.000	\$ -	\$ -	
G0222 TC		PET imag wholbod resta lymph	X	0.000	0.000	\$ -	\$ -	\$ 1,450.00
G0222 26		PET imag wholbod resta lymph	A	2.139	2.139	\$ 88.55	\$ 88.55	
G0223		PET imag wholbod reg dx head	C	0.000	0.000	\$ -	\$ -	
G0223 TC		PET imag wholbod reg dx head	X	0.000	0.000	\$ -	\$ -	\$ 1,450.00
G0223 26		PET imag wholbod reg dx head	A	2.131	2.131	\$ 88.20	\$ 88.20	
G0224		PET imag wholbod reg ini hea	C	0.000	0.000	\$ -	\$ -	
G0224 TC		PET imag wholbod reg ini hea	C	0.000	0.000	\$ -	\$ -	\$ 1,450.00
G0224 26		PET imag wholbod reg ini hea	A	2.131	2.131	\$ 88.20	\$ 88.20	
G0225		PET whol restag headneckonly	C	0.000	0.000	\$ -	\$ -	
G0225 TC		PET whol restag headneckonly	X	0.000	0.000	\$ -	\$ -	\$ 1,450.00

HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
G0225	26	PET whol restag headneckonly	A	2.139	2.139	\$ 88.55	\$ 88.55	
G0226		PET img wholbody dx esophagl	C	0.000	0.000	\$ -	\$ -	
G0226	TC	PET img wholbody dx esophagl	X	0.000	0.000	\$ -	\$ -	\$ 1,450.00
G0226	26	PET img wholbody dx esophagl	A	2.148	2.148	\$ 88.90	\$ 88.90	
G0227		PET img wholbod ini esophage	C	0.000	0.000	\$ -	\$ -	
G0227	TC	PET img wholbod ini esophage	X	0.000	0.000	\$ -	\$ -	\$ 1,450.00
G0227	26	PET img wholbod ini esophage	A	2.139	2.139	\$ 88.55	\$ 88.55	
G0228		PET img wholbod restg esopha	C	0.000	0.000	\$ -	\$ -	
G0228	TC	PET img wholbod restg esopha	X	0.000	0.000	\$ -	\$ -	\$ 1,450.00
G0228	26	PET img wholbod restg esopha	A	2.131	2.131	\$ 88.20	\$ 88.20	
G0229		PET img metaboloc brain pres	C	0.000	0.000	\$ -	\$ -	
G0229	TC	PET img metaboloc brain pres	X	0.000	0.000	\$ -	\$ -	\$ 1,450.00
G0229	26	PET img metaboloc brain pres	A	2.131	2.131	\$ 88.20	\$ 88.20	
G0230		PET myocard viability post	C	0.000	0.000	\$ -	\$ -	
G0230	TC	PET myocard viability post	X	0.000	0.000	\$ -	\$ -	\$ 1,450.00
G0230	26	PET myocard viability post	A	2.148	2.148	\$ 88.90	\$ 88.90	
G0231		PET WhBD colorec; gamma cam	C	0.000	0.000	\$ -	\$ -	
G0231	TC	PET WhBD colorec; gamma cam	X	0.000	0.000	\$ -	\$ -	\$ 1,450.00
G0231	26	PET WhBD colorec; gamma cam	A	2.131	2.131	\$ 88.20	\$ 88.20	
G0232		PET whbd lymphoma; gamma cam	C	0.000	0.000	\$ -	\$ -	
G0232	TC	PET whbd lymphoma; gamma cam	X	0.000	0.000	\$ -	\$ -	\$ 1,450.00
G0232	26	PET whbd lymphoma; gamma cam	A	2.139	2.139	\$ 88.55	\$ 88.55	
G0233		PET whbd melanoma; gamma cam	C	0.000	0.000	\$ -	\$ -	
G0233	TC	PET whbd melanoma; gamma cam	X	0.000	0.000	\$ -	\$ -	\$ 1,450.00
G0233	26	PET whbd melanoma; gamma cam	A	2.139	2.139	\$ 88.55	\$ 88.55	
G0234		PET WhBD pulm nod; gamma cam	C	0.000	0.000	\$ -	\$ -	
G0234	TC	PET WhBD pulm nod; gamma cam	X	0.000	0.000	\$ -	\$ -	\$ 1,450.00
G0234	26	PET WhBD pulm nod; gamma cam	A	2.139	2.139	\$ 88.55	\$ 88.55	
G0236		Digital film convert diag ma	D	0.504	0.504	\$ 20.88	\$ 20.88	
G0236	TC	Digital film convert diag ma	D	0.388	0.388	\$ 16.06	\$ 16.06	
G0236	26	Digital film convert diag ma	D	0.116	0.116	\$ 4.82	\$ 4.82	
G0237		Therapeutic procd strg endure	A	0.478	0.478	\$ 19.80	\$ 19.80	
G0238		Oth resp proc, indiv	C	0.000	0.000	\$ -	\$ -	
G0239		Oth resp proc, group	C	0.000	0.000	\$ -	\$ -	
G0242		Multisource photon ster plan	X	0.000	0.000	\$ -	\$ -	
G0243		Multisour photon stero treat	X	0.000	0.000	\$ -	\$ -	
G0244		Observ care by facility to pt	N	0.000	0.000	\$ -	\$ -	
G0245		Initial foot exam pt lops	A	1.389	1.788	\$ 57.48	\$ 74.02	
G0246		Followup eval of foot pt lop	A	0.665	0.988	\$ 27.52	\$ 40.89	
G0247		Routine footcare pt w lops	A	0.915	1.170	\$ 37.89	\$ 48.44	
G0248		Demonstrate use home inr mon	A	5.777	5.777	\$ 239.11	\$ 239.11	
G0249		Provide test material, equipm	A	3.363	3.363	\$ 139.19	\$ 139.19	
G0250		MD review interpret of test	A	0.270	0.270	\$ 11.19	\$ 11.19	
G0251		Linear acc based stero radio	X	0.000	0.000	\$ -	\$ -	
G0252		PET imaging initial dx	N	0.000	0.000	\$ -	\$ -	
G0252	TC	PET imaging initial dx	N	0.000	0.000	\$ -	\$ -	
G0252	26	PET imaging initial dx	N	2.168	2.168	\$ 89.73	\$ 89.73	
G0253		PET image brst dection recur	C	0.000	0.000	\$ -	\$ -	
G0253	TC	PET image brst dection recur	X	0.000	0.000	\$ -	\$ -	\$ 1,450.00
G0253	26	PET image brst dection recur	A	2.789	2.789	\$ 115.45	\$ 115.45	
G0254		PET image brst eval to tx	C	0.000	0.000	\$ -	\$ -	
G0254	TC	PET image brst eval to tx	X	0.000	0.000	\$ -	\$ -	\$ 1,450.00
G0254	26	PET image brst eval to tx	A	2.789	2.789	\$ 115.45	\$ 115.45	
G0255		Current percep threshold tst	N	0.000	0.000	\$ -	\$ -	
G0255	TC	Current percep threshold tst	N	0.000	0.000	\$ -	\$ -	
G0255	26	Current percep threshold tst	N	0.000	0.000	\$ -	\$ -	
G0256		Prostate brachy w palladium	D	0.000	0.000	\$ -	\$ -	
G0257		Unsched dialysis ESRD pt hos	X	0.000	0.000	\$ -	\$ -	
G0258		IV infusion during obs stay	X	0.000	0.000	\$ -	\$ -	
G0259		Inject for sacroiliac joint	X	0.000	0.000	\$ -	\$ -	
G0260		Inj for sacroiliac jt anesth	X	0.000	0.000	\$ -	\$ -	

HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
G0261		Prostate brachy w iodine see	D	0.000	0.000	\$ -	\$ -	
G0262		Sm intestinal image capsule	D	18.132	18.132	\$ 750.49	\$ 750.49	
G0262 TC		Sm intestinal image capsule	D	15.236	15.236	\$ 630.63	\$ 630.63	
G0262 26		Sm intestinal image capsule	D	2.896	2.896	\$ 119.86	\$ 119.86	
G0263		Adm with CHF, CP, asthma	X	0.000	0.000	\$ -	\$ -	
G0264		Assmt otr CHF, CP, asthma	X	0.000	0.000	\$ -	\$ -	
G0265		Cryopresevation Freeze+stora	X	0.000	0.000	\$ -	\$ -	
G0266		Thawing + expansion froz cel	X	0.000	0.000	\$ -	\$ -	
G0267		Bone marrow or psc harvest	X	0.000	0.000	\$ -	\$ -	
G0268		Removal of impacted wax md	A	1.020	1.343	\$ 42.21	\$ 55.58	
G0269		Occlusive device in vein art	B	0.000	0.000	\$ -	\$ -	
G0270		MNT subs tx for change dx	A	0.439	0.439	\$ 18.17	\$ 18.17	
G0271		Group MNT 2 or more 30 mins	A	0.201	0.201	\$ 8.32	\$ 8.32	
G0272		Naso/oro gastric tube pl MD	D	0.509	0.509	\$ 21.09	\$ 21.09	
G0273		Pretx planning, non-Hodgkins	D	11.731	11.731	\$ 485.53	\$ 485.53	
G0273 TC		Pretx planning, non-Hodgkins	D	10.424	10.424	\$ 431.44	\$ 431.44	
G0273 26		Pretx planning, non-Hodgkins	D	1.307	1.307	\$ 54.09	\$ 54.09	
G0274		Radiopharm tx, non-Hodgkins	D	5.890	5.890	\$ 243.80	\$ 243.80	
G0274 TC		Radiopharm tx, non-Hodgkins	D	2.746	2.746	\$ 113.64	\$ 113.64	
G0274 26		Radiopharm tx, non-Hodgkins	D	3.145	3.145	\$ 130.16	\$ 130.16	
G0275		Renal angio, cardiac cath	A	0.374	0.374	\$ 15.50	\$ 15.50	
G0278		Iliac art angio,cardiac cath	A	0.374	0.374	\$ 15.50	\$ 15.50	
G0279		Excorp shock tx, elbow epi	C	0.000	0.000	\$ -	\$ -	
G0280		Excorp shock tx other than	C	0.000	0.000	\$ -	\$ -	
G0281		Elec stim unattend for press	A	0.313	0.313	\$ 12.95	\$ 12.95	
G0282		Elect stim wound care not pd	N	0.000	0.000	\$ -	\$ -	
G0283		Elec stim other than wound	A	0.313	0.313	\$ 12.95	\$ 12.95	
G0288		Recon, CTA for surg plan	A	9.772	9.772	\$ 404.44	\$ 404.44	
G0289		Arthro, loose body + chondro	A	3.259	3.259	\$ 134.88	\$ 134.88	
G0290		Drug-eluting stents, single	X	0.000	0.000	\$ -	\$ -	
G0291		Drug-eluting stents,each add	X	0.000	0.000	\$ -	\$ -	
G0292		Adm exp drugs,clinical trial	X	0.000	0.000	\$ -	\$ -	
G0293		Non-cov surg proc,clin trial	X	0.000	0.000	\$ -	\$ -	
G0294		Non-cov proc, clinical trial	X	0.000	0.000	\$ -	\$ -	
G0295		Electromagnetic therapy onc	N	0.000	0.000	\$ -	\$ -	
G0296		PET imge restag thyrod cance	C	0.000	0.000	\$ -	\$ -	
G0296 TC		PET imge restag thyrod cance	X	0.000	0.000	\$ -	\$ -	\$ 1,450.00
G0296 26		PET imge restag thyrod cance	A	2.789	2.789	\$ 115.45	\$ 115.45	
G0297		Insert single chamber/cd	X	0.000	0.000	\$ -	\$ -	
G0298		Insert dual chamber/cd	X	0.000	0.000	\$ -	\$ -	
G0299		Inser/repos single icd+leads	X	0.000	0.000	\$ -	\$ -	
G0300		Insert reposit lead dual-gen	X	0.000	0.000	\$ -	\$ -	
G0302		Pre-op service LVRS complete	X	0.000	0.000	\$ -	\$ -	
G0303		Pre-op service LVRS 10-15dos	X	0.000	0.000	\$ -	\$ -	
G0304		Pre-op service LVRS 1-9 dos	X	0.000	0.000	\$ -	\$ -	
G0305		Post op service LVRS min 6	X	0.000	0.000	\$ -	\$ -	
G0306		CBC/diffwbc w/o platelet	X	0.000	0.000	\$ -	\$ -	
G0307		CBC without platelet	X	0.000	0.000	\$ -	\$ -	
G0308		ESRD related svc 4+mo<2yrs	A	21.657	21.657	\$ 896.38	\$ 896.38	
G0309		ESRD related svc 2-3mo<2yrs	A	18.066	18.066	\$ 747.75	\$ 747.75	
G0310		ESRD related svc 1 visit<2yr	A	14.423	14.423	\$ 596.98	\$ 596.98	
G0311		ESRD related svcs 4+mo 2-11yr	A	15.084	15.084	\$ 624.33	\$ 624.33	
G0312		ESRD relate svcs 2-3 mo 2-11y	A	12.587	12.587	\$ 520.97	\$ 520.97	
G0313		ESRD related svcs 1 mon 2-11y	A	10.027	10.027	\$ 415.04	\$ 415.04	
G0314		ESRD related svcs 4+ mo 12-19	A	13.103	13.103	\$ 542.32	\$ 542.32	
G0315		ESRD related svcs 2-3mo 12-19	A	10.927	10.927	\$ 452.29	\$ 452.29	
G0316		ESRD relate svcs 1 vist 12-19	A	8.690	8.690	\$ 359.68	\$ 359.68	
G0317		ESRD related svcs 4+mo 20+yrs	A	8.192	8.192	\$ 339.07	\$ 339.07	
G0318		ESRD related svcs 2-3 mo 20+y	A	6.816	6.816	\$ 282.10	\$ 282.10	
G0319		ESRD related svcs 1 visit 20+	A	5.439	5.439	\$ 225.13	\$ 225.13	
G0320		ESRD related svcs home under2	A	18.066	18.066	\$ 747.75	\$ 747.75	



HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
G0321		ESRD related svcs home mo<2yrs	A	10.927	10.927	\$ 452.29	\$ 452.29	
G0322		ESRD relate svcs home mo12-19	A	12.587	12.587	\$ 520.97	\$ 520.97	
G0323		ESRD related svcs home mo 20+	A	6.816	6.816	\$ 282.10	\$ 282.10	
G0324		ESRD related svcs home/dy<2y	A	0.593	0.593	\$ 24.56	\$ 24.56	
G0325		ESRD relate home/dy 2-11 yr	A	0.371	0.371	\$ 15.38	\$ 15.38	
G0326		ESRD relate home/dy 12-19y	A	0.420	0.420	\$ 17.38	\$ 17.38	
G0327		ESRD relate home/dy 20+yrs	A	0.247	0.247	\$ 10.24	\$ 10.24	
G0328		Fecal blood scrn immunoassay	X	0.000	0.000	\$ -	\$ -	
G0338		Linear accelerator stero pln	X	0.000	0.000	\$ -	\$ -	
G0339		Robot lin-radsurg com, first	X	0.000	0.000	\$ -	\$ -	
G0340		Robot linear steroradio max5	X	0.000	0.000	\$ -	\$ -	
G3001		Admin + supply, tositumomab	X	0.000	0.000	\$ -	\$ -	
G9001		MCCD, initial rate	X	0.000	0.000	\$ -	\$ -	
G9002		MCCD,maintenance rate	X	0.000	0.000	\$ -	\$ -	
G9003		MCCD, risk adj hi, initial	X	0.000	0.000	\$ -	\$ -	
G9004		MCCD, risk adj lo, initial	X	0.000	0.000	\$ -	\$ -	
G9005		MCCD, risk adj, maintenance	X	0.000	0.000	\$ -	\$ -	
G9006		MCCD, Home monitoring	X	0.000	0.000	\$ -	\$ -	
G9007		MCCD, sch team conf	X	0.000	0.000	\$ -	\$ -	
G9008		Mccd,phys coor-care ovrsght	X	0.000	0.000	\$ -	\$ -	
G9009		MCCD, risk adj, level 3	X	0.000	0.000	\$ -	\$ -	
G9010		MCCD, risk adj, level 4	X	0.000	0.000	\$ -	\$ -	
G9011		MCCD, risk adj, level 5	X	0.000	0.000	\$ -	\$ -	
G9012		Other Specified Case Mgmt	X	0.000	0.000	\$ -	\$ -	
G9016		Demo-smoking cessation coun	N	0.000	0.000	\$ -	\$ -	
M0064		Visit for drug monitoring	A	0.511	0.698	\$ 21.17	\$ 28.91	
M0300		IV chelationtherapy	C	0.000	0.000	\$ -	\$ -	
M0301		Fabric wrapping of aneurysm	N	0.000	0.000	\$ -	\$ -	
P2028		Cephalin flocculation test	X	0.000	0.000	\$ -	\$ -	
P3001		Screening pap smear by phys	A	0.612	0.612	\$ 25.35	\$ 25.35	
Q0035		Cardiokymography	A	0.671	0.671	\$ 27.77	\$ 27.77	
Q0035 TC		Cardiokymography	A	0.402	0.402	\$ 16.64	\$ 16.64	
Q0035 26		Cardiokymography	A	0.269	0.269	\$ 11.13	\$ 11.13	
Q0091		Obtaining screen pap smear	A	0.528	0.970	\$ 21.87	\$ 40.17	
Q0092		Set up port xray equipment	A	0.311	0.311	\$ 12.89	\$ 12.89	
R0070		Transport portable x-ray	C	0.000	0.000	\$ -	\$ -	
R0075		Transport port x-ray multipl	C	0.000	0.000	\$ -	\$ -	
R0076		Transport portable EKG	B	0.000	0.000	\$ -	\$ -	
0001F		Blood pressure, measured	X	0.000	0.000	\$ -	\$ -	
0001T		Endovas repr abdo ao aneurys	X	0.000	0.000	\$ -	\$ -	
0002F		Tobacco use, smoking, assess	X	0.000	0.000	\$ -	\$ -	
0002T		endo repair abd aa aorto uni	D	0.000	0.000	\$ -	\$ -	
0003F		Tobacco use, non-smoking	X	0.000	0.000	\$ -	\$ -	
0003T		Cervicography	X	0.000	0.000	\$ -	\$ -	
0004F		Tobacco use txmnt counseling	X	0.000	0.000	\$ -	\$ -	
0005F		Tobacco use txmnt, pharmacol	X	0.000	0.000	\$ -	\$ -	
0005T		Perc cath stent/brain cv art	X	0.000	0.000	\$ -	\$ -	
0006F		Statin therapy, prescribed	X	0.000	0.000	\$ -	\$ -	
0006T		Perc cath stent/brain cv art	X	0.000	0.000	\$ -	\$ -	
0007F		Beta-blocker thx prescribed	X	0.000	0.000	\$ -	\$ -	
0007T		Perc cath stent/brain cv art	X	0.000	0.000	\$ -	\$ -	
0008F		Ace inhibitor thx prescribed	X	0.000	0.000	\$ -	\$ -	
0008T		Upper gi endoscopy w/suture	X	0.000	0.000	\$ -	\$ -	
0009F		Assess anginal symptom/level	X	0.000	0.000	\$ -	\$ -	
0009T		Endometrial cryoablation	X	0.000	0.000	\$ -	\$ -	
0010F		Assess anginal symptom/level	X	0.000	0.000	\$ -	\$ -	
0010T		Tb test, gamma interferon	X	0.000	0.000	\$ -	\$ -	
0011F		Oral antiplat thx prescribed	X	0.000	0.000	\$ -	\$ -	
0012T		Osteochondral knee autograft	X	0.000	0.000	\$ -	\$ -	
0013T		Osteochondral knee allograft	X	0.000	0.000	\$ -	\$ -	
0014T		Meniscal transplant, knee	X	0.000	0.000	\$ -	\$ -	

HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
0016T		Thermotx choroid vas lesion	X	0.000	0.000	\$ -	\$ -	
0017T		Photocoagulat macular drusen	X	0.000	0.000	\$ -	\$ -	
0018T		Transcranial magnetic stimul	X	0.000	0.000	\$ -	\$ -	
0019T		Extracorp shock wave tx, ms	X	0.000	0.000	\$ -	\$ -	
0020T		Extracorp shock wave tx, ft	X	0.000	0.000	\$ -	\$ -	
0021T		Fetal oximetry, trnsvag/cerv	X	0.000	0.000	\$ -	\$ -	
0023T		Phenotype drug test, hiv 1	X	0.000	0.000	\$ -	\$ -	
0024T		Transcath cardiac reduction	X	0.000	0.000	\$ -	\$ -	
0025T		Ultrasonic pachymetry	D	0.000	0.000	\$ -	\$ -	
0026T		Measure remnant lipoproteins	X	0.000	0.000	\$ -	\$ -	
0027T		Endoscopic epidural lysis	X	0.000	0.000	\$ -	\$ -	
0028T		Dexa body composition study	X	0.000	0.000	\$ -	\$ -	
0029T		Magnetic tx for incontinence	X	0.000	0.000	\$ -	\$ -	
0030T		Antiprothrombin antibody	X	0.000	0.000	\$ -	\$ -	
0031T		Speculoscopy	X	0.000	0.000	\$ -	\$ -	
0032T		Speculoscopy w/direct sample	X	0.000	0.000	\$ -	\$ -	
0033T		Endovasc taa repr incl subcl	X	0.000	0.000	\$ -	\$ -	
0034T		Endovasc taa repr w/o subcl	X	0.000	0.000	\$ -	\$ -	
0035T		Insert endovasc prosth, taa	X	0.000	0.000	\$ -	\$ -	
0036T		Endovasc prosth, taa, add-on	X	0.000	0.000	\$ -	\$ -	
0037T		Artery transpose/endovas taa	X	0.000	0.000	\$ -	\$ -	
0038T		Rad endovasc taa rpr w/cover	X	0.000	0.000	\$ -	\$ -	
0039T		Rad s/i, endovasc taa repair	X	0.000	0.000	\$ -	\$ -	
0040T		Rad s/i, endovasc taa prosth	X	0.000	0.000	\$ -	\$ -	
0041T		Detect ur infect agnt w/cpas	X	0.000	0.000	\$ -	\$ -	
0042T		Ct perfusion w/contrast, cbf	X	0.000	0.000	\$ -	\$ -	
0043T		Co expired gas analysis	X	0.000	0.000	\$ -	\$ -	
0044T		Whole body photography	X	0.000	0.000	\$ -	\$ -	
0045T		Whole body photography	X	0.000	0.000	\$ -	\$ -	
0046T		Cath lavage, mammary duct(s)	X	0.000	0.000	\$ -	\$ -	
0047T		Cath lavage, mammary duct(s)	X	0.000	0.000	\$ -	\$ -	
0048T		Implant ventricular device	X	0.000	0.000	\$ -	\$ -	
0049T		External circulation assist	X	0.000	0.000	\$ -	\$ -	
0050T		Removal circulation assist	X	0.000	0.000	\$ -	\$ -	
0051T		Implant total heart system	X	0.000	0.000	\$ -	\$ -	
0052T		Replace component heart syst	X	0.000	0.000	\$ -	\$ -	
0053T		Replace component heart syst	X	0.000	0.000	\$ -	\$ -	
0054T		Bone surgery using computer	X	0.000	0.000	\$ -	\$ -	
0055T		Bone surgery using computer	X	0.000	0.000	\$ -	\$ -	
0056T		Bone surgery using computer	X	0.000	0.000	\$ -	\$ -	
0057T		Uppr gi scope w/ thrml txmnt	X	0.000	0.000	\$ -	\$ -	
0058T		Cryopreservation, ovary tiss	X	0.000	0.000	\$ -	\$ -	
0059T		Cryopreservation, oocyte	X	0.000	0.000	\$ -	\$ -	
0060T		Electrical impedance scan	X	0.000	0.000	\$ -	\$ -	
0061T		Destruction of tumor, breast	X	0.000	0.000	\$ -	\$ -	
10021		Fna w/o image	A	2.045	3.456	\$ 84.63	\$ 143.04	
10022		Fna w/image	A	1.864	3.725	\$ 77.14	\$ 154.19	
10040		Acne surgery	A	1.995	2.284	\$ 82.57	\$ 94.53	
10060		Drainage of skin abscess	A	2.364	2.585	\$ 97.84	\$ 106.98	
10061		Drainage of skin abscess	A	4.512	4.767	\$ 186.77	\$ 197.32	
10080		Drainage of pilonidal cyst	A	2.573	4.265	\$ 106.51	\$ 176.52	
10081		Drainage of pilonidal cyst	A	4.641	6.851	\$ 192.11	\$ 283.58	
10120		Remove foreign body	A	2.042	2.935	\$ 84.53	\$ 121.47	
10121		Remove foreign body	A	5.472	6.705	\$ 226.50	\$ 277.51	
10140		Drainage of hematoma/fluid	A	3.014	3.524	\$ 124.75	\$ 145.86	
10160		Puncture drainage of lesion	A	2.104	2.334	\$ 87.09	\$ 96.59	
10180		Complex drainage, wound	A	5.202	6.197	\$ 215.32	\$ 256.48	
11000		Debride infected skin	A	1.024	1.321	\$ 42.38	\$ 54.69	
11001		Debride infected skin add-on	A	0.472	0.574	\$ 19.55	\$ 23.78	
11010		Debride skin, fx	A	8.302	12.051	\$ 343.62	\$ 498.77	
11011		Debride skin/muscle, fx	A	9.481	14.292	\$ 392.41	\$ 591.54	

HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
11012		Debride skin/muscle/bone, fx	A	14.375	21.302	\$ 594.97	\$ 881.70	
11040		Debride skin, partial	A	0.915	1.170	\$ 37.89	\$ 48.44	
11041		Debride skin, full	A	1.377	1.649	\$ 56.99	\$ 68.24	
11042		Debride skin/tissue	A	1.937	2.379	\$ 80.16	\$ 98.45	
11043		Debride tissue/muscle	A	5.743	6.423	\$ 237.71	\$ 265.86	
11044		Debride tissue/muscle/bone	A	7.883	8.503	\$ 326.27	\$ 351.96	
11055		Trim skin lesion	N	0.653	0.976	\$ 27.05	\$ 40.42	
11056		Trim skin lesions, 2 to 4	N	0.972	1.303	\$ 40.23	\$ 53.95	
11057		Trim skin lesions, over 4	N	1.251	1.608	\$ 51.77	\$ 66.55	
11100		Biopsy, skin lesion	A	1.322	2.078	\$ 54.71	\$ 86.02	
11101		Biopsy, skin add-on	A	0.650	0.778	\$ 26.92	\$ 32.20	
11200		Removal of skin tags	A	1.622	1.868	\$ 67.13	\$ 77.33	
11201		Remove skin tags add-on	A	0.471	0.505	\$ 19.49	\$ 20.90	
11300		Shave skin lesion	A	0.855	1.518	\$ 35.38	\$ 62.83	
11301		Shave skin lesion	A	1.362	1.999	\$ 56.37	\$ 82.75	
11302		Shave skin lesion	A	1.678	2.400	\$ 69.45	\$ 99.35	
11303		Shave skin lesion	A	1.958	2.868	\$ 81.05	\$ 118.70	
11305		Shave skin lesion	A	1.097	1.581	\$ 45.40	\$ 65.45	
11306		Shave skin lesion	A	1.575	2.170	\$ 65.20	\$ 89.83	
11307		Shave skin lesion	A	1.793	2.473	\$ 74.23	\$ 102.37	
11308		Shave skin lesion	A	2.227	2.958	\$ 92.19	\$ 122.44	
11310		Shave skin lesion	A	1.208	1.879	\$ 49.99	\$ 77.79	
11311		Shave skin lesion	A	1.695	2.341	\$ 70.15	\$ 96.89	
11312		Shave skin lesion	A	1.944	2.700	\$ 80.45	\$ 111.77	
11313		Shave skin lesion	A	2.666	3.601	\$ 110.35	\$ 149.05	
11400		Exc tr-ext b9+marg 0.5 < cm	A	1.883	2.826	\$ 77.93	\$ 116.98	
11401		Exc tr-ext b9+marg 0.6-1 cm	A	2.540	3.424	\$ 105.12	\$ 141.71	
11402		Exc tr-ext b9+marg 1.1-2 cm	A	2.998	3.975	\$ 124.07	\$ 164.53	
11403		Exc tr-ext b9+marg 2.1-3 cm	A	3.671	4.597	\$ 151.92	\$ 190.27	
11404		Exc tr-ext b9+marg 3.1-4 cm	A	4.127	5.249	\$ 170.81	\$ 217.25	
11406		Exc tr-ext b9+marg > 4.0 cm	A	5.364	6.579	\$ 222.00	\$ 272.31	
11420		Exc h-f-nk-sp b9+marg 0.5 <	A	2.174	2.879	\$ 89.97	\$ 119.17	
11421		Exc h-f-nk-sp b9+marg 0.6-1	A	2.885	3.701	\$ 119.42	\$ 153.19	
11422		Exc h-f-nk-sp b9+marg 1.1-2	A	3.440	4.231	\$ 142.38	\$ 175.10	
11423		Exc h-f-nk-sp b9+marg 2.1-3	A	4.080	5.057	\$ 168.87	\$ 209.33	
11424		Exc h-f-nk-sp b9+marg 3.1-4	A	4.785	5.814	\$ 198.07	\$ 240.64	
11426		Exc h-f-nk-sp b9+marg > 4 cm	A	7.182	8.380	\$ 297.26	\$ 346.87	
11440		Exc face-mm b9+marg 0.5 < cm	A	2.585	3.393	\$ 107.00	\$ 140.43	
11441		Exc face-mm b9+marg 0.6-1 cm	A	3.277	4.033	\$ 135.62	\$ 166.93	
11442		Exc face-mm b9+marg 1.1-2 cm	A	3.734	4.593	\$ 154.55	\$ 190.09	
11443		Exc face-mm b9+marg 2.1-3 cm	A	4.714	5.683	\$ 195.11	\$ 235.22	
11444		Exc face-mm b9+marg 3.1-4 cm	A	6.186	7.333	\$ 256.03	\$ 303.52	
11446		Exc face-mm b9+marg > 4 cm	A	8.264	9.395	\$ 342.05	\$ 388.84	
11450		Removal, sweat gland lesion	A	5.679	8.297	\$ 235.06	\$ 343.42	
11451		Removal, sweat gland lesion	A	7.971	11.524	\$ 329.93	\$ 476.99	
11462		Removal, sweat gland lesion	A	5.332	8.035	\$ 220.70	\$ 332.58	
11463		Removal, sweat gland lesion	A	8.121	11.751	\$ 336.14	\$ 486.36	
11470		Removal, sweat gland lesion	A	6.601	9.040	\$ 273.20	\$ 374.17	
11471		Removal, sweat gland lesion	A	8.658	12.117	\$ 358.34	\$ 501.53	
11600		Exc tr-ext mlg+marg 0.5 < cm	A	2.577	3.997	\$ 106.67	\$ 165.42	
11601		Exc tr-ext mlg+marg 0.6-1 cm	A	3.398	4.665	\$ 140.65	\$ 193.07	
11602		Exc tr-ext mlg+marg 1.1-2 cm	A	3.661	5.013	\$ 151.53	\$ 207.47	
11603		Exc tr-ext mlg+marg 2.1-3 cm	A	4.071	5.584	\$ 168.48	\$ 231.10	
11604		Exc tr-ext mlg+marg 3.1-4 cm	A	4.458	6.167	\$ 184.53	\$ 255.25	
11606		Exc tr-ext mlg+marg > 4 cm	A	6.250	8.256	\$ 258.67	\$ 341.70	
11620		Exc h-f-nk-sp mlg+marg 0.5 <	A	2.440	3.851	\$ 101.00	\$ 159.40	
11621		Exc h-f-nk-sp mlg+marg 0.6-1	A	3.375	4.633	\$ 139.70	\$ 191.77	
11622		Exc h-f-nk-sp mlg+marg 1.1-2	A	3.982	5.351	\$ 164.82	\$ 221.46	
11623		Exc h-f-nk-sp mlg+marg 2.1-3	A	4.909	6.413	\$ 203.18	\$ 265.45	
11624		Exc h-f-nk-sp mlg+marg 3.1-4	A	5.757	7.466	\$ 238.29	\$ 309.01	
11626		Exc h-f-nk-sp mlg+mar > 4 cm	A	7.988	9.943	\$ 330.62	\$ 411.54	



HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
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11640		Exc face-mm malig+marg 0.5 <	A	2.776	4.110	\$ 114.89	\$ 170.12	
11641		Exc face-mm malig+marg 0.6-1	A	4.180	5.472	\$ 172.99	\$ 226.47	
11642		Exc face-mm malig+marg 1.1-2	A	4.929	6.382	\$ 204.01	\$ 264.17	
11643		Exc face-mm malig+marg 2.1-3	A	5.911	7.517	\$ 244.65	\$ 311.14	
11644		Exc face-mm malig+marg 3.1-4	A	7.698	9.628	\$ 318.64	\$ 398.50	
11646		Exc face-mm mlg+marg > 4 cm	A	11.078	13.050	\$ 458.50	\$ 540.12	
11719		Trim nail(s)	A	0.269	0.422	\$ 11.13	\$ 17.47	
11720		Debride nail, 1-5	A	0.509	0.688	\$ 21.09	\$ 28.47	
11721		Debride nail, 6 or more	A	0.916	1.103	\$ 37.91	\$ 45.65	
11730		Removal of nail plate	A	1.930	2.431	\$ 79.87	\$ 100.63	
11732		Remove nail plate, add-on	A	0.994	1.172	\$ 41.14	\$ 48.52	
11740		Drain blood from under nail	A	0.647	1.250	\$ 26.78	\$ 51.75	
11750		Removal of nail bed	A	4.072	4.421	\$ 168.54	\$ 182.96	
11752		Remove nail bed/finger tip	A	6.756	6.756	\$ 279.65	\$ 279.65	
11755		Biopsy, nail unit	A	2.045	2.521	\$ 84.66	\$ 104.36	
11760		Repair of nail bed	A	3.437	3.973	\$ 142.28	\$ 164.44	
11762		Reconstruction of nail bed	A	5.985	6.359	\$ 247.72	\$ 263.20	
11765		Excision of nail fold, toe	A	1.369	1.896	\$ 56.66	\$ 78.47	
11770		Removal of pilonidal lesion	A	5.038	6.747	\$ 208.53	\$ 279.25	
11771		Removal of pilonidal lesion	A	11.245	13.259	\$ 465.42	\$ 548.80	
11772		Removal of pilonidal lesion	A	13.496	16.301	\$ 558.61	\$ 674.71	
11900		Injection into skin lesions	A	0.786	1.151	\$ 32.53	\$ 47.66	
11901		Added skin lesions injection	A	1.264	1.519	\$ 52.31	\$ 62.87	
11920		Correct skin color defects	A	3.102	4.130	\$ 128.39	\$ 170.96	
11921		Correct skin color defects	A	3.750	4.923	\$ 155.21	\$ 203.76	
11922		Correct skin color defects	A	0.939	1.041	\$ 38.88	\$ 43.10	
11950		Therapy for contour defects	A	1.456	2.094	\$ 60.28	\$ 86.66	
11951		Therapy for contour defects	A	2.097	2.939	\$ 86.80	\$ 121.63	
11952		Therapy for contour defects	A	3.097	4.108	\$ 128.18	\$ 170.05	
11954		Therapy for contour defects	A	3.531	4.832	\$ 146.16	\$ 199.99	
11960		Insert tissue expander(s)	A	22.196	22.196	\$ 918.70	\$ 918.70	
11970		Replace tissue expander	A	15.906	15.906	\$ 658.35	\$ 658.35	
11971		Remove tissue expander(s)	A	7.163	9.152	\$ 296.47	\$ 378.80	
11975		Insert contraceptive cap	A	2.636	3.358	\$ 109.09	\$ 138.99	
11976		Removal of contraceptive cap	A	3.187	4.054	\$ 131.91	\$ 167.79	
11977		Removal/reinsert contra cap	N	5.832	6.690	\$ 241.37	\$ 276.90	
11980		Implant hormone pellet(s)	A	2.413	2.889	\$ 99.86	\$ 119.56	
11981		Insert drug implant device	A	2.729	3.630	\$ 112.96	\$ 150.25	
11982		Remove drug implant device	A	3.323	4.283	\$ 137.54	\$ 177.29	
11983		Remove/insert drug implant	A	6.010	6.733	\$ 248.76	\$ 278.66	
12001		Repair superficial wound(s)	A	2.748	4.032	\$ 113.74	\$ 166.87	
12002		Repair superficial wound(s)	A	3.361	4.322	\$ 139.11	\$ 178.87	
12004		Repair superficial wound(s)	A	3.961	5.075	\$ 163.96	\$ 210.05	
12005		Repair superficial wound(s)	A	5.011	6.388	\$ 207.40	\$ 264.39	
12006		Repair superficial wound(s)	A	6.430	8.036	\$ 266.12	\$ 332.61	
12007		Repair superficial wound(s)	A	7.450	9.167	\$ 308.37	\$ 379.44	
12011		Repair superficial wound(s)	A	2.856	4.267	\$ 118.21	\$ 176.61	
12013		Repair superficial wound(s)	A	3.565	4.704	\$ 147.53	\$ 194.68	
12014		Repair superficial wound(s)	A	4.255	5.547	\$ 176.11	\$ 229.59	
12015		Repair superficial wound(s)	A	5.423	7.046	\$ 224.45	\$ 291.64	
12016		Repair superficial wound(s)	A	6.785	8.519	\$ 280.85	\$ 352.62	
12017		Repair superficial wound(s)	A	8.179	8.179	\$ 338.52	\$ 338.52	
12018		Repair superficial wound(s)	A	9.621	9.621	\$ 398.20	\$ 398.20	
12020		Closure of split wound	A	5.252	6.017	\$ 217.39	\$ 249.05	
12021		Closure of split wound	A	3.946	4.227	\$ 163.34	\$ 174.95	
12031		Layer closure of wound(s)	A	3.549	4.824	\$ 146.89	\$ 199.67	
12032		Layer closure of wound(s)	A	4.745	6.479	\$ 196.38	\$ 268.15	
12034		Layer closure of wound(s)	A	5.105	6.601	\$ 211.31	\$ 273.23	
12035		Layer closure of wound(s)	A	6.694	9.312	\$ 277.07	\$ 385.43	
12036		Layer closure of wound(s)	A	7.997	10.530	\$ 331.01	\$ 435.85	
12037		Layer closure of wound(s)	A	9.352	12.437	\$ 387.08	\$ 514.79	

HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
12041		Layer closure of wound(s)	A	3.938	5.298	\$ 163.01	\$ 219.30	
12042		Layer closure of wound(s)	A	4.733	6.297	\$ 195.92	\$ 260.65	
12044		Layer closure of wound(s)	A	5.611	7.005	\$ 232.23	\$ 289.93	
12045		Layer closure of wound(s)	A	7.093	8.368	\$ 293.58	\$ 346.35	
12046		Layer closure of wound(s)	A	8.481	11.719	\$ 351.02	\$ 485.06	
12047		Layer closure of wound(s)	A	9.209	12.031	\$ 381.17	\$ 497.97	
12051		Layer closure of wound(s)	A	4.376	5.966	\$ 181.12	\$ 246.91	
12052		Layer closure of wound(s)	A	4.738	6.293	\$ 196.10	\$ 260.49	
12053		Layer closure of wound(s)	A	5.342	6.804	\$ 221.12	\$ 281.63	
12054		Layer closure of wound(s)	A	5.994	7.643	\$ 248.10	\$ 316.35	
12055		Layer closure of wound(s)	A	7.897	9.937	\$ 326.85	\$ 411.29	
12056		Layer closure of wound(s)	A	9.892	13.029	\$ 409.44	\$ 539.26	
12057		Layer closure of wound(s)	A	11.514	13.503	\$ 476.58	\$ 558.91	
13100		Repair of wound or lesion	A	5.620	7.090	\$ 232.61	\$ 293.47	
13101		Repair of wound or lesion	A	6.863	8.163	\$ 284.05	\$ 337.88	
13102		Repair wound/lesion add-on	A	2.198	2.343	\$ 90.98	\$ 96.96	
13120		Repair of wound or lesion	A	5.952	7.474	\$ 246.36	\$ 309.34	
13121		Repair of wound or lesion	A	7.476	8.879	\$ 309.44	\$ 367.49	
13122		Repair wound/lesion add-on	A	2.528	2.732	\$ 104.64	\$ 113.08	
13131		Repair of wound or lesion	A	6.783	8.262	\$ 280.76	\$ 341.97	
13132		Repair of wound or lesion	A	10.174	11.457	\$ 421.10	\$ 474.23	
13133		Repair wound/lesion add-on	A	3.894	4.030	\$ 161.19	\$ 166.82	
13150		Repair of wound or lesion	A	7.400	9.857	\$ 306.29	\$ 407.96	
13151		Repair of wound or lesion	A	8.358	10.372	\$ 345.92	\$ 429.30	
13152		Repair of wound or lesion	A	11.476	13.304	\$ 475.00	\$ 550.64	
13153		Repair wound/lesion add-on	A	4.217	4.387	\$ 174.56	\$ 181.60	
13160		Late closure of wound	A	22.213	22.213	\$ 919.41	\$ 919.41	
14000		Skin tissue rearrangement	A	12.403	15.293	\$ 513.36	\$ 632.98	
14001		Skin tissue rearrangement	A	17.140	19.988	\$ 709.44	\$ 827.30	
14020		Skin tissue rearrangement	A	14.040	16.743	\$ 581.11	\$ 692.99	
14021		Skin tissue rearrangement	A	19.895	22.199	\$ 823.47	\$ 918.81	
14040		Skin tissue rearrangement	A	16.296	17.478	\$ 674.50	\$ 723.41	
14041		Skin tissue rearrangement	A	22.243	23.909	\$ 920.63	\$ 989.58	
14060		Skin tissue rearrangement	A	17.829	19.011	\$ 737.95	\$ 786.85	
14061		Skin tissue rearrangement	A	23.906	25.734	\$ 989.48	\$ 1,065.12	
14300		Skin tissue rearrangement	A	23.719	25.436	\$ 981.72	\$ 1,052.79	
14350		Skin tissue rearrangement	A	20.823	20.823	\$ 861.87	\$ 861.87	
15000		Skin graft	A	7.636	9.005	\$ 316.07	\$ 372.71	
15001		Skin graft add-on	A	1.862	2.669	\$ 77.05	\$ 110.48	
15050		Skin pinch graft	A	10.490	11.536	\$ 434.18	\$ 477.46	
15100		Skin split graft	A	20.131	24.236	\$ 833.20	\$ 1,003.13	
15101		Skin split graft add-on	A	3.999	5.844	\$ 165.54	\$ 241.88	
15120		Skin split graft	A	20.727	23.286	\$ 857.90	\$ 963.79	
15121		Skin split graft add-on	A	5.562	7.866	\$ 230.22	\$ 325.56	
15200		Skin full graft	A	16.594	20.597	\$ 686.81	\$ 852.52	
15201		Skin full graft add-on	A	2.518	2.875	\$ 104.22	\$ 119.00	
15220		Skin full graft	A	16.562	20.098	\$ 685.52	\$ 831.87	
15221		Skin full graft add-on	A	2.219	2.516	\$ 91.83	\$ 104.14	
15240		Skin full graft	A	19.322	21.447	\$ 799.74	\$ 887.69	
15241		Skin full graft add-on	A	3.471	3.921	\$ 143.66	\$ 162.31	
15260		Skin full graft	A	20.350	21.438	\$ 842.29	\$ 887.32	
15261		Skin full graft add-on	A	4.266	5.371	\$ 176.57	\$ 222.30	
15342		Cultured skin graft, 25 cm	A	1.902	2.990	\$ 78.71	\$ 123.74	
15343		Culture skn graft addl 25 cm	A	0.414	0.558	\$ 17.13	\$ 23.11	
15350		Skin homograft	A	10.109	12.990	\$ 418.40	\$ 537.66	
15351		Skin homograft add-on	A	1.845	2.312	\$ 76.35	\$ 95.70	
15400		Skin heterograft	A	9.370	9.438	\$ 387.81	\$ 390.63	
15401		Skin heterograft add-on	A	1.887	2.550	\$ 78.11	\$ 105.55	
15570		Form skin pedicle flap	A	19.457	21.573	\$ 805.32	\$ 892.93	
15572		Form skin pedicle flap	A	18.994	20.804	\$ 786.14	\$ 861.08	
15574		Form skin pedicle flap	A	20.159	21.723	\$ 834.39	\$ 899.12	

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				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
15576		Form skin pedicle flap	A	17.571	20.096	\$ 727.27	\$ 831.76	
15600		Skin graft	A	5.113	8.802	\$ 211.62	\$ 364.31	
15610		Skin graft	A	6.180	6.775	\$ 255.78	\$ 280.41	
15620		Skin graft	A	7.402	10.623	\$ 306.35	\$ 439.69	
15630		Skin graft	A	7.953	10.426	\$ 329.16	\$ 431.54	
15650		Transfer skin pedicle flap	A	9.074	11.352	\$ 375.59	\$ 469.88	
15732		Muscle-skin graft, head/neck	A	35.342	40.297	\$ 1,462.80	\$ 1,667.90	
15734		Muscle-skin graft, trunk	A	37.328	42.003	\$ 1,545.01	\$ 1,738.50	
15736		Muscle-skin graft, arm	A	34.274	40.173	\$ 1,418.60	\$ 1,662.76	
15738		Muscle-skin graft, leg	A	37.145	42.407	\$ 1,537.45	\$ 1,755.22	
15740		Island pedicle flap graft	A	19.889	21.529	\$ 823.19	\$ 891.09	
15750		Neurovascular pedicle graft	A	24.600	24.600	\$ 1,018.21	\$ 1,018.21	
15756		Free myo/skin flap microvasc	A	67.569	67.569	\$ 2,796.69	\$ 2,796.69	
15757		Free skin flap, microvasc	A	69.677	69.677	\$ 2,883.93	\$ 2,883.93	
15758		Free fascial flap, microvasc	A	70.288	70.288	\$ 2,909.24	\$ 2,909.24	
15760		Composite skin graft	A	18.131	20.418	\$ 750.45	\$ 845.09	
15770		Derma-fat-fascia graft	A	16.907	16.907	\$ 699.78	\$ 699.78	
15775		Hair transplant punch grafts	N	7.125	8.366	\$ 294.89	\$ 346.25	
15776		Hair transplant punch grafts	N	10.761	12.954	\$ 445.38	\$ 536.15	
15780		Abrasion treatment of skin	A	15.224	15.224	\$ 630.11	\$ 630.11	
15781		Abrasion treatment of skin	A	10.690	10.690	\$ 442.46	\$ 442.46	
15782		Abrasion treatment of skin	A	8.952	8.952	\$ 370.52	\$ 370.52	
15783		Abrasion treatment of skin	A	9.048	9.686	\$ 374.50	\$ 400.89	
15786		Abrasion, lesion, single	A	3.623	3.929	\$ 149.94	\$ 162.61	
15787		Abrasion, lesions, add-on	A	0.545	0.681	\$ 22.56	\$ 28.18	
15788		Chemical peel, face, epiderm	A	4.533	5.442	\$ 187.61	\$ 225.25	
15789		Chemical peel, face, dermal	A	10.386	11.644	\$ 429.88	\$ 481.95	
15792		Chemical peel, nonfacial	A	4.680	5.020	\$ 193.69	\$ 207.76	
15793		Chemical peel, nonfacial	A	8.078	8.078	\$ 334.35	\$ 334.35	
15810		Salabrasion	A	10.033	10.033	\$ 415.25	\$ 415.25	
15811		Salabrasion	A	12.559	13.230	\$ 519.81	\$ 547.60	
15819		Plastic surgery, neck	A	19.161	19.161	\$ 793.08	\$ 793.08	
15820		Revision of lower eyelid	A	11.100	12.384	\$ 459.43	\$ 512.56	
15821		Revision of lower eyelid	A	11.863	13.316	\$ 490.99	\$ 551.15	
15822		Revision of upper eyelid	A	9.212	10.436	\$ 381.28	\$ 431.94	
15823		Revision of upper eyelid	A	13.883	15.201	\$ 574.64	\$ 629.17	
15824		Removal of forehead wrinkles	N	0.000	0.000	\$ -	\$ -	
15825		Removal of neck wrinkles	N	0.000	0.000	\$ -	\$ -	
15826		Removal of brow wrinkles	N	0.000	0.000	\$ -	\$ -	
15828		Removal of face wrinkles	N	0.000	0.000	\$ -	\$ -	
15829		Removal of skin wrinkles	N	0.000	0.000	\$ -	\$ -	
15831		Excise excessive skin tissue	A	25.564	25.564	\$ 1,058.11	\$ 1,058.11	
15832		Excise excessive skin tissue	A	24.456	24.456	\$ 1,012.24	\$ 1,012.24	
15833		Excise excessive skin tissue	A	23.190	23.190	\$ 959.83	\$ 959.83	
15834		Excise excessive skin tissue	A	22.989	22.989	\$ 951.51	\$ 951.51	
15835		Excise excessive skin tissue	A	23.504	26.708	\$ 972.83	\$ 1,105.46	
15836		Excise excessive skin tissue	A	19.658	19.658	\$ 813.65	\$ 813.65	
15837		Excise excessive skin tissue	A	18.081	18.846	\$ 748.35	\$ 780.02	
15838		Excise excessive skin tissue	A	15.060	15.060	\$ 623.32	\$ 623.32	
15839		Excise excessive skin tissue	A	18.833	20.218	\$ 779.49	\$ 836.83	
15840		Graft for face nerve palsy	A	27.269	27.269	\$ 1,128.68	\$ 1,128.68	
15841		Graft for face nerve palsy	A	48.680	48.680	\$ 2,014.85	\$ 2,014.85	
15842		Flap for face nerve palsy	A	76.445	76.445	\$ 3,164.08	\$ 3,164.08	
15845		Skin and muscle repair, face	A	24.296	24.296	\$ 1,005.59	\$ 1,005.59	
15850		Removal of sutures	B	1.232	2.320	\$ 51.01	\$ 96.04	
15851		Removal of sutures	A	1.386	2.559	\$ 57.36	\$ 105.91	
15852		Dressing change not for burn	A	1.482	2.765	\$ 61.33	\$ 114.46	
15860		Test for blood flow in graft	A	3.253	3.670	\$ 134.65	\$ 151.88	
15876		Suction assisted lipectomy	N	0.000	0.000	\$ -	\$ -	
15877		Suction assisted lipectomy	N	0.000	0.000	\$ -	\$ -	
15878		Suction assisted lipectomy	N	0.000	0.000	\$ -	\$ -	

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15879		Suction assisted lipectomy	N	0.000	0.000	\$ -	\$ -	
15920		Removal of tail bone ulcer	A	16.656	16.656	\$ 689.39	\$ 689.39	
15922		Removal of tail bone ulcer	A	21.156	21.156	\$ 875.65	\$ 875.65	
15931		Remove sacrum pressure sore	A	18.657	18.657	\$ 772.21	\$ 772.21	
15933		Remove sacrum pressure sore	A	22.987	22.987	\$ 951.43	\$ 951.43	
15934		Remove sacrum pressure sore	A	26.032	26.032	\$ 1,077.45	\$ 1,077.45	
15935		Remove sacrum pressure sore	A	30.811	30.811	\$ 1,275.27	\$ 1,275.27	
15936		Remove sacrum pressure sore	A	25.742	25.742	\$ 1,065.48	\$ 1,065.48	
15937		Remove sacrum pressure sore	A	29.840	29.840	\$ 1,235.09	\$ 1,235.09	
15940		Remove hip pressure sore	A	19.283	19.283	\$ 798.14	\$ 798.14	
15941		Remove hip pressure sore	A	25.395	25.395	\$ 1,051.11	\$ 1,051.11	
15944		Remove hip pressure sore	A	24.598	24.598	\$ 1,018.12	\$ 1,018.12	
15945		Remove hip pressure sore	A	27.502	27.502	\$ 1,138.29	\$ 1,138.29	
15946		Remove hip pressure sore	A	44.841	44.841	\$ 1,855.98	\$ 1,855.98	
15950		Remove thigh pressure sore	A	15.969	15.969	\$ 660.96	\$ 660.96	
15951		Remove thigh pressure sore	A	22.865	22.865	\$ 946.40	\$ 946.40	
15952		Remove thigh pressure sore	A	23.710	23.710	\$ 981.35	\$ 981.35	
15953		Remove thigh pressure sore	A	26.872	26.872	\$ 1,112.24	\$ 1,112.24	
15956		Remove thigh pressure sore	A	32.538	32.538	\$ 1,346.76	\$ 1,346.76	
15958		Remove thigh pressure sore	A	32.815	32.815	\$ 1,358.23	\$ 1,358.23	
15999		Removal of pressure sore	C	0.000	0.000	\$ -	\$ -	
16000		Initial treatment of burn(s)	A	1.396	1.897	\$ 57.77	\$ 78.53	
16010		Treatment of burn(s)	A	1.721	1.747	\$ 71.24	\$ 72.30	
16015		Treatment of burn(s)	A	4.393	4.393	\$ 181.84	\$ 181.84	
16020		Treatment of burn(s)	A	1.595	2.190	\$ 66.01	\$ 90.64	
16025		Treatment of burn(s)	A	3.425	4.122	\$ 141.74	\$ 170.59	
16030		Treatment of burn(s)	A	3.900	4.818	\$ 161.44	\$ 199.43	
16035		Incision of burn scab, initi	A	6.687	6.687	\$ 276.77	\$ 276.77	
16036		Escharotomy; add'l incision	A	2.523	2.523	\$ 104.43	\$ 104.43	
17000		Destroy benign/premlyg lesion	A	1.030	1.591	\$ 42.63	\$ 65.85	
17003		Destroy lesions, 2-14	A	0.249	0.283	\$ 10.31	\$ 11.71	
17004		Destroy lesions, 15 or more	A	4.439	5.315	\$ 183.74	\$ 219.97	
17106		Destruction of skin lesions	A	8.761	10.062	\$ 362.62	\$ 416.45	
17107		Destruction of skin lesions	A	16.309	18.068	\$ 675.02	\$ 747.85	
17108		Destruction of skin lesions	A	23.932	25.632	\$ 990.53	\$ 1,060.90	
17110		Destruct lesion, 1-14	A	1.264	2.233	\$ 52.31	\$ 92.42	
17111		Destruct lesion, 15 or more	A	1.619	2.545	\$ 67.01	\$ 105.35	
17250		Chemical cautery, tissue	A	0.995	1.743	\$ 41.18	\$ 72.14	
17260		Destruction of skin lesions	A	1.481	2.195	\$ 61.31	\$ 90.87	
17261		Destruction of skin lesions	A	1.908	2.784	\$ 78.99	\$ 115.22	
17262		Destruction of skin lesions	A	2.559	3.502	\$ 105.91	\$ 144.96	
17263		Destruction of skin lesions	A	2.916	3.944	\$ 120.68	\$ 163.25	
17264		Destruction of skin lesions	A	3.091	4.230	\$ 127.95	\$ 175.09	
17266		Destruction of skin lesions	A	3.695	5.004	\$ 152.92	\$ 207.10	
17270		Destruction of skin lesions	A	2.140	3.050	\$ 88.59	\$ 126.23	
17271		Destruction of skin lesions	A	2.395	3.288	\$ 99.14	\$ 136.08	
17272		Destruction of skin lesions	A	2.834	3.786	\$ 117.29	\$ 156.69	
17273		Destruction of skin lesions	A	3.326	4.363	\$ 137.65	\$ 180.57	
17274		Destruction of skin lesions	A	4.123	5.296	\$ 170.66	\$ 219.21	
17276		Destruction of skin lesions	A	5.135	6.435	\$ 212.52	\$ 266.35	
17280		Destruction of skin lesions	A	1.891	2.784	\$ 78.28	\$ 115.22	
17281		Destruction of skin lesions	A	2.767	3.659	\$ 114.52	\$ 151.46	
17282		Destruction of skin lesions	A	3.333	4.319	\$ 137.94	\$ 178.75	
17283		Destruction of skin lesions	A	4.216	5.329	\$ 174.49	\$ 220.57	
17284		Destruction of skin lesions	A	5.173	6.380	\$ 214.11	\$ 264.07	
17286		Destruction of skin lesions	A	7.357	8.649	\$ 304.52	\$ 357.99	
17304		1 stage mohs, up to 5 spec	A	12.085	15.927	\$ 500.20	\$ 659.22	
17305		2 stage mohs, up to 5 spec	A	4.542	6.641	\$ 187.98	\$ 274.88	
17306		3 stage mohs, up to 5 spec	A	4.550	6.658	\$ 188.33	\$ 275.58	
17307		Mohs addl stage up to 5 spec	A	4.567	6.616	\$ 189.03	\$ 273.82	
17310		Mohs any stage > 5 spec each	A	1.578	2.589	\$ 65.31	\$ 107.17	



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17340		Cryotherapy of skin	A	1.221	1.272	\$ 50.53	\$ 52.64	
17360		Skin peel therapy	A	2.344	2.947	\$ 97.01	\$ 121.99	
17380		Hair removal by electrolysis	N	0.000	0.000	\$ -	\$ -	
17999		Skin tissue procedure	C	0.000	0.000	\$ -	\$ -	
19000		Drainage of breast lesion	A	1.462	2.881	\$ 60.50	\$ 119.26	
19001		Drain breast lesion add-on	A	0.697	1.249	\$ 28.84	\$ 51.71	
19020		Incision of breast lesion	A	7.572	10.318	\$ 313.42	\$ 427.06	
19030		Injection for breast x-ray	A	2.271	4.710	\$ 93.99	\$ 194.96	
19100		Bx breast percut w/o image	A	2.101	3.571	\$ 86.95	\$ 147.81	
19101		Biopsy of breast, open	A	5.555	8.114	\$ 229.94	\$ 335.83	
19102		Bx breast percut w/image	A	3.193	6.015	\$ 132.14	\$ 248.94	
19103		Bx breast percut w/device	A	5.486	14.700	\$ 227.05	\$ 608.41	
19110		Nipple exploration	A	8.983	11.329	\$ 371.81	\$ 468.91	
19112		Excise breast duct fistula	A	7.754	10.406	\$ 320.93	\$ 430.70	
19120		Removal of breast lesion	A	10.852	12.127	\$ 449.17	\$ 501.95	
19125		Excision, breast lesion	A	11.776	13.077	\$ 487.41	\$ 541.24	
19126		Excision, addl breast lesion	A	5.210	5.210	\$ 215.62	\$ 215.62	
19140		Removal of breast tissue	A	10.524	13.813	\$ 435.58	\$ 571.74	
19160		Removal of breast tissue	A	11.834	11.834	\$ 489.79	\$ 489.79	
19162		Remove breast tissue, nodes	A	25.486	25.486	\$ 1,054.85	\$ 1,054.85	
19180		Removal of breast	A	17.275	17.275	\$ 715.02	\$ 715.02	
19182		Removal of breast	A	15.559	15.559	\$ 643.97	\$ 643.97	
19200		Removal of breast	A	29.488	29.488	\$ 1,220.52	\$ 1,220.52	
19220		Removal of breast	A	30.176	30.176	\$ 1,248.99	\$ 1,248.99	
19240		Removal of breast	A	30.715	30.715	\$ 1,271.31	\$ 1,271.31	
19260		Removal of chest wall lesion	A	32.841	32.841	\$ 1,359.28	\$ 1,359.28	
19271		Revision of chest wall	A	45.181	45.181	\$ 1,870.06	\$ 1,870.06	
19272		Extensive chest wall surgery	A	49.902	49.902	\$ 2,065.45	\$ 2,065.45	
19290		Place needle wire, breast	A	1.895	4.105	\$ 78.43	\$ 169.90	
19291		Place needle wire, breast	A	0.966	2.275	\$ 40.00	\$ 94.18	
19295		Place breast clip, percut	A	2.394	2.394	\$ 99.09	\$ 99.09	
19316		Suspension of breast	A	22.608	22.608	\$ 935.76	\$ 935.76	
19318		Reduction of large breast	A	33.173	33.173	\$ 1,373.02	\$ 1,373.02	
19324		Enlarge breast	A	13.022	13.022	\$ 538.98	\$ 538.98	
19325		Enlarge breast with implant	A	18.344	18.344	\$ 759.27	\$ 759.27	
19328		Removal of breast implant	A	12.901	12.901	\$ 533.95	\$ 533.95	
19330		Removal of implant material	A	16.608	16.608	\$ 687.40	\$ 687.40	
19340		Immediate breast prosthesis	A	12.209	12.209	\$ 505.33	\$ 505.33	
19342		Delayed breast prosthesis	A	24.568	24.568	\$ 1,016.86	\$ 1,016.86	
19350		Breast reconstruction	A	19.493	25.520	\$ 806.82	\$ 1,056.25	
19355		Correct inverted nipple(s)	A	15.600	22.230	\$ 645.66	\$ 920.08	
19357		Breast reconstruction	A	39.218	39.218	\$ 1,623.25	\$ 1,623.25	
19361		Breast reconstruction	A	39.151	39.151	\$ 1,620.46	\$ 1,620.46	
19364		Breast reconstruction	A	79.666	79.666	\$ 3,297.36	\$ 3,297.36	
19366		Breast reconstruction	A	41.611	41.611	\$ 1,722.29	\$ 1,722.29	
19367		Breast reconstruction	A	52.998	52.998	\$ 2,193.60	\$ 2,193.60	
19368		Breast reconstruction	A	66.289	66.289	\$ 2,743.68	\$ 2,743.68	
19369		Breast reconstruction	A	62.036	62.036	\$ 2,567.66	\$ 2,567.66	
19370		Surgery of breast capsule	A	18.053	18.053	\$ 747.21	\$ 747.21	
19371		Removal of breast capsule	A	20.845	20.845	\$ 862.79	\$ 862.79	
19380		Revise breast reconstruction	A	20.384	20.384	\$ 843.69	\$ 843.69	
19396		Design custom breast implant	A	4.117	8.188	\$ 170.39	\$ 338.91	
19499		Breast surgery procedure	C	0.000	0.000	\$ -	\$ -	
20000		Incision of abscess	A	4.317	4.955	\$ 178.70	\$ 205.09	
20005		Incision of deep abscess	A	6.830	7.867	\$ 282.71	\$ 325.63	
20100		Explore wound, neck	A	18.480	19.679	\$ 764.90	\$ 814.51	
20101		Explore wound, chest	A	5.733	6.881	\$ 237.30	\$ 284.79	
20102		Explore wound, abdomen	A	7.118	8.571	\$ 294.61	\$ 354.77	
20103		Explore wound, extremity	A	10.759	11.533	\$ 445.32	\$ 477.34	
20150		Excise epiphyseal bar	A	24.377	24.377	\$ 1,008.98	\$ 1,008.98	
20200		Muscle biopsy	A	2.952	5.000	\$ 122.18	\$ 206.97	

HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
20205		Deep muscle biopsy	A	4.484	6.974	\$ 185.58	\$ 288.67	
20206		Needle biopsy, muscle	A	1.564	3.961	\$ 64.73	\$ 163.94	
20220		Bone biopsy, trocar/needle	A	3.833	5.567	\$ 158.64	\$ 230.41	
20225		Bone biopsy, trocar/needle	A	4.899	6.565	\$ 202.78	\$ 271.73	
20240		Bone biopsy, excisional	A	7.019	7.019	\$ 290.51	\$ 290.51	
20245		Bone biopsy, excisional	A	15.268	15.268	\$ 631.95	\$ 631.95	
20250		Open bone biopsy	A	11.247	11.247	\$ 465.53	\$ 465.53	
20251		Open bone biopsy	A	13.695	13.695	\$ 566.82	\$ 566.82	
20500		Injection of sinus tract	A	5.010	6.702	\$ 207.37	\$ 277.38	
20501		Inject sinus tract for x-ray	A	1.130	3.493	\$ 46.79	\$ 144.59	
20520		Removal of foreign body	A	4.217	4.591	\$ 174.56	\$ 190.04	
20525		Removal of foreign body	A	7.646	8.300	\$ 316.46	\$ 343.55	
20526		Ther injection, carp tunnel	A	1.650	2.041	\$ 68.29	\$ 84.47	
20550		Inj tendon sheath/ligament	A	1.230	1.630	\$ 50.92	\$ 67.46	
20551		Inj tendon origin/insertion	A	1.315	1.604	\$ 54.44	\$ 66.40	
20552		Inj trigger point, 1/2 muscl	A	1.115	1.557	\$ 46.14	\$ 64.44	
20553		Inject trigger points, => 3	A	1.222	1.740	\$ 50.57	\$ 72.03	
20600		Drain/inject, joint/bursa	A	1.242	1.480	\$ 51.42	\$ 61.27	
20605		Drain/inject, joint/bursa	A	1.271	1.594	\$ 52.60	\$ 65.97	
20610		Drain/inject, joint/bursa	A	1.533	1.984	\$ 63.46	\$ 82.11	
20612		Aspirate/inj ganglion cyst	A	1.265	1.580	\$ 52.37	\$ 65.39	
20615		Treatment of bone cyst	A	4.743	5.347	\$ 196.33	\$ 221.31	
20650		Insert and remove bone pin	A	5.221	5.629	\$ 216.10	\$ 232.99	
20660		Apply, rem fixation device	A	6.244	7.409	\$ 258.46	\$ 306.66	
20661		Application of head brace	A	13.469	13.469	\$ 557.49	\$ 557.49	
20662		Application of pelvis brace	A	14.544	14.544	\$ 601.97	\$ 601.97	
20663		Application of thigh brace	A	13.137	13.137	\$ 543.74	\$ 543.74	
20664		Halo brace application	A	21.131	21.131	\$ 874.60	\$ 874.60	
20665		Removal of fixation device	A	3.244	3.881	\$ 134.27	\$ 160.65	
20670		Removal of support implant	A	6.186	8.532	\$ 256.03	\$ 353.13	
20680		Removal of support implant	A	8.248	8.248	\$ 341.39	\$ 341.39	
20690		Apply bone fixation device	A	7.860	7.860	\$ 325.31	\$ 325.31	
20692		Apply bone fixation device	A	12.413	12.413	\$ 513.76	\$ 513.76	
20693		Adjust bone fixation device	A	14.625	14.625	\$ 605.32	\$ 605.32	
20694		Remove bone fixation device	A	10.690	12.705	\$ 442.47	\$ 525.85	
20802		Replantation, arm, complete	A	86.951	86.951	\$ 3,598.91	\$ 3,598.91	
20805		Replant forearm, complete	A	98.521	98.521	\$ 4,077.77	\$ 4,077.77	
20808		Replantation hand, complete	A	129.384	129.384	\$ 5,355.19	\$ 5,355.19	
20816		Replantation digit, complete	A	78.514	78.514	\$ 3,249.68	\$ 3,249.68	
20822		Replantation digit, complete	A	70.670	70.670	\$ 2,925.05	\$ 2,925.05	
20824		Replantation thumb, complete	A	79.871	79.871	\$ 3,305.86	\$ 3,305.86	
20827		Replantation thumb, complete	A	73.904	73.904	\$ 3,058.88	\$ 3,058.88	
20838		Replantation foot, complete	A	88.514	88.514	\$ 3,663.58	\$ 3,663.58	
20900		Removal of bone for graft	A	14.163	15.455	\$ 586.19	\$ 639.67	
20902		Removal of bone for graft	A	18.424	18.424	\$ 762.56	\$ 762.56	
20910		Remove cartilage for graft	A	12.322	13.742	\$ 510.03	\$ 568.78	
20912		Remove cartilage for graft	A	14.122	14.122	\$ 584.50	\$ 584.50	
20920		Removal of fascia for graft	A	11.580	11.580	\$ 479.31	\$ 479.31	
20922		Removal of fascia for graft	A	15.085	16.505	\$ 624.38	\$ 683.13	
20924		Removal of tendon for graft	A	15.410	15.410	\$ 637.82	\$ 637.82	
20926		Removal of tissue for graft	A	13.184	13.184	\$ 545.69	\$ 545.69	
20930		Spinal bone allograft	B	0.000	0.000	\$ -	\$ -	
20931		Spinal bone allograft	A	4.219	4.219	\$ 174.62	\$ 174.62	
20936		Spinal bone autograft	B	0.000	0.000	\$ -	\$ -	
20937		Spinal bone autograft	A	6.084	6.084	\$ 251.80	\$ 251.80	
20938		Spinal bone autograft	A	6.833	6.833	\$ 282.81	\$ 282.81	
20950		Fluid pressure, muscle	A	2.869	3.166	\$ 118.73	\$ 131.04	
20955		Fibula bone graft, microvasc	A	81.132	81.132	\$ 3,358.07	\$ 3,358.07	
20956		Iliac bone graft, microvasc	A	87.815	87.815	\$ 3,634.66	\$ 3,634.66	
20957		Mt bone graft, microvasc	A	84.124	84.124	\$ 3,481.89	\$ 3,481.89	
20962		Other bone graft, microvasc	A	86.369	86.369	\$ 3,574.82	\$ 3,574.82	

HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
20969		Bone/skin graft, microvasc	A	87.853	87.853	\$ 3,636.23	\$ 3,636.23	
20970		Bone/skin graft, iliac crest	A	87.069	87.069	\$ 3,603.80	\$ 3,603.80	
20972		Bone/skin graft, metatarsal	A	88.944	90.346	\$ 3,681.39	\$ 3,739.44	
20973		Bone/skin graft, great toe	A	89.331	89.331	\$ 3,697.43	\$ 3,697.43	
20974		Electrical bone stimulation	A	1.522	1.581	\$ 62.98	\$ 65.45	
20975		Electrical bone stimulation	A	6.084	6.084	\$ 251.80	\$ 251.80	
20979		Us bone stimulation	A	1.106	1.472	\$ 45.79	\$ 60.92	
20982		Ablate, bone tumor(s) perq	A	12.535	99.584	\$ 518.83	\$ 4,121.77	
20999		Musculoskeletal surgery	C	0.000	0.000	\$ -	\$ -	
21010		Incision of jaw joint	A	18.848	18.848	\$ 780.13	\$ 780.13	
21015		Resection of facial tumor	A	12.467	12.467	\$ 516.02	\$ 516.02	
21025		Excision of bone, lower jaw	A	20.769	22.460	\$ 859.61	\$ 929.62	
21026		Excision of facial bone(s)	A	11.435	12.634	\$ 473.31	\$ 522.91	
21029		Contour of face bone lesion	A	16.543	18.523	\$ 684.70	\$ 766.67	
21030		Excise max/zygoma b9 tumor	A	10.996	13.146	\$ 455.11	\$ 544.12	
21031		Remove exostosis, mandible	A	7.251	8.475	\$ 300.12	\$ 350.79	
21032		Remove exostosis, maxilla	A	7.305	8.478	\$ 302.36	\$ 350.91	
21034		Excise max/zygoma mlg tumor	A	32.285	34.189	\$ 1,336.28	\$ 1,415.09	
21040		Excise mandible lesion	A	8.917	11.237	\$ 369.07	\$ 465.12	
21044		Removal of jaw bone lesion	A	23.363	23.363	\$ 966.99	\$ 966.99	
21045		Extensive jaw surgery	A	31.589	31.589	\$ 1,307.48	\$ 1,307.48	
21046		Remove mandible cyst complex	A	28.582	28.582	\$ 1,183.02	\$ 1,183.02	
21047		Excise lwr jaw cyst w/repair	A	37.447	37.447	\$ 1,549.92	\$ 1,549.92	
21048		Remove maxilla cyst complex	A	29.320	29.320	\$ 1,213.57	\$ 1,213.57	
21049		Excis uppr jaw cyst w/repair	A	33.861	33.861	\$ 1,401.52	\$ 1,401.52	
21050		Removal of jaw joint	A	23.458	23.458	\$ 970.92	\$ 970.92	
21060		Remove jaw joint cartilage	A	24.066	24.066	\$ 996.11	\$ 996.11	
21070		Remove coronoid process	A	17.363	17.363	\$ 718.65	\$ 718.65	
21076		Prepare face/oral prosthesis	A	28.518	30.677	\$ 1,180.37	\$ 1,269.73	
21077		Prepare face/oral prosthesis	A	72.312	77.412	\$ 2,993.00	\$ 3,204.09	
21079		Prepare face/oral prosthesis	A	44.756	48.768	\$ 1,852.43	\$ 2,018.49	
21080		Prepare face/oral prosthesis	A	54.022	58.655	\$ 2,235.99	\$ 2,427.73	
21081		Prepare face/oral prosthesis	A	46.893	51.279	\$ 1,940.89	\$ 2,122.42	
21082		Prepare face/oral prosthesis	A	41.379	44.685	\$ 1,712.67	\$ 1,849.53	
21083		Prepare face/oral prosthesis	A	41.106	45.033	\$ 1,701.39	\$ 1,863.93	
21084		Prepare face/oral prosthesis	A	44.969	49.244	\$ 1,861.25	\$ 2,038.21	
21085		Prepare face/oral prosthesis	A	17.917	19.311	\$ 741.58	\$ 799.28	
21086		Prepare face/oral prosthesis	A	50.382	54.377	\$ 2,085.32	\$ 2,250.67	
21087		Prepare face/oral prosthesis	A	51.958	55.766	\$ 2,150.52	\$ 2,308.14	
21088		Prepare face/oral prosthesis	C	0.000	0.000	\$ -	\$ -	
21089		Prepare face/oral prosthesis	C	0.000	0.000	\$ -	\$ -	
21100		Maxillofacial fixation	A	9.005	9.855	\$ 372.73	\$ 407.92	
21110		Interdental fixation	A	11.353	12.509	\$ 469.91	\$ 517.75	
21116		Injection, jaw joint x-ray	A	1.336	7.269	\$ 55.29	\$ 300.86	
21120		Reconstruction of chin	A	10.807	13.807	\$ 447.28	\$ 571.48	
21121		Reconstruction of chin	A	15.967	19.180	\$ 660.86	\$ 793.85	
21122		Reconstruction of chin	A	17.331	17.331	\$ 717.32	\$ 717.32	
21123		Reconstruction of chin	A	23.687	23.687	\$ 980.42	\$ 980.42	
21125		Augmentation, lower jaw bone	A	21.072	24.081	\$ 872.18	\$ 996.72	
21127		Augmentation, lower jaw bone	A	22.475	27.074	\$ 930.24	\$ 1,120.58	
21137		Reduction of forehead	A	18.660	18.660	\$ 772.35	\$ 772.35	
21138		Reduction of forehead	A	27.070	27.070	\$ 1,120.44	\$ 1,120.44	
21139		Reduction of forehead	A	27.758	27.758	\$ 1,148.92	\$ 1,148.92	
21141		Reconstruct midface, lefort	A	37.644	37.644	\$ 1,558.10	\$ 1,558.10	
21142		Reconstruct midface, lefort	A	35.424	35.424	\$ 1,466.21	\$ 1,466.21	
21143		Reconstruct midface, lefort	A	35.829	35.829	\$ 1,482.97	\$ 1,482.97	
21145		Reconstruct midface, lefort	A	41.885	41.885	\$ 1,733.62	\$ 1,733.62	
21146		Reconstruct midface, lefort	A	44.076	44.076	\$ 1,824.32	\$ 1,824.32	
21147		Reconstruct midface, lefort	A	41.960	41.960	\$ 1,736.73	\$ 1,736.73	
21150		Reconstruct midface, lefort	A	42.373	42.373	\$ 1,753.82	\$ 1,753.82	
21151		Reconstruct midface, lefort	A	52.926	52.926	\$ 2,190.62	\$ 2,190.62	

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				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
21154		Reconstruct midface, lefort	A	70.755	70.755	\$ 2,928.54	\$ 2,928.54	
21155		Reconstruct midface, lefort	A	79.447	79.447	\$ 3,288.32	\$ 3,288.32	
21159		Reconstruct midface, lefort	A	95.212	95.212	\$ 3,940.82	\$ 3,940.82	
21160		Reconstruct midface, lefort	A	88.000	88.000	\$ 3,642.33	\$ 3,642.33	
21172		Reconstruct orbit/forehead	A	48.799	48.799	\$ 2,019.77	\$ 2,019.77	
21175		Reconstruct orbit/forehead	A	73.236	73.236	\$ 3,031.25	\$ 3,031.25	
21179		Reconstruct entire forehead	A	46.654	46.654	\$ 1,931.00	\$ 1,931.00	
21180		Reconstruct entire forehead	A	49.033	49.033	\$ 2,029.49	\$ 2,029.49	
21181		Contour cranial bone lesion	A	21.147	21.147	\$ 875.27	\$ 875.27	
21182		Reconstruct cranial bone	A	60.891	60.891	\$ 2,520.26	\$ 2,520.26	
21183		Reconstruct cranial bone	A	66.521	66.521	\$ 2,753.32	\$ 2,753.32	
21184		Reconstruct cranial bone	A	76.966	76.966	\$ 3,185.63	\$ 3,185.63	
21188		Reconstruction of midface	A	44.136	44.136	\$ 1,826.78	\$ 1,826.78	
21193		Reconst lwr jaw w/o graft	A	35.447	35.447	\$ 1,467.16	\$ 1,467.16	
21194		Reconst lwr jaw w/graft	A	38.393	38.393	\$ 1,589.07	\$ 1,589.07	
21195		Reconst lwr jaw w/o fixation	A	34.205	34.205	\$ 1,415.73	\$ 1,415.73	
21196		Reconst lwr jaw w/fixation	A	38.375	38.375	\$ 1,588.36	\$ 1,588.36	
21198		Reconstr lwr jaw segment	A	28.418	28.418	\$ 1,176.23	\$ 1,176.23	
21199		Reconstr lwr jaw w/advance	A	29.792	29.792	\$ 1,233.07	\$ 1,233.07	
21206		Reconstruct upper jaw bone	A	28.084	28.084	\$ 1,162.41	\$ 1,162.41	
21208		Augmentation of facial bones	A	22.480	26.908	\$ 930.43	\$ 1,113.73	
21209		Reduction of facial bones	A	15.698	19.659	\$ 649.72	\$ 813.67	
21210		Face bone graft	A	22.393	26.031	\$ 926.84	\$ 1,077.41	
21215		Lower jaw bone graft	A	23.853	27.142	\$ 987.27	\$ 1,123.42	
21230		Rib cartilage graft	A	22.613	22.613	\$ 935.97	\$ 935.97	
21235		Ear cartilage graft	A	15.232	18.861	\$ 630.45	\$ 780.67	
21240		Reconstruction of jaw joint	A	30.312	30.312	\$ 1,254.61	\$ 1,254.61	
21242		Reconstruction of jaw joint	A	29.980	29.980	\$ 1,240.86	\$ 1,240.86	
21243		Reconstruction of jaw joint	A	44.752	44.752	\$ 1,852.29	\$ 1,852.29	
21244		Reconstruction of lower jaw	A	24.931	24.931	\$ 1,031.87	\$ 1,031.87	
21245		Reconstruction of jaw	A	24.295	29.709	\$ 1,005.56	\$ 1,229.67	
21246		Reconstruction of jaw	A	26.586	30.581	\$ 1,100.38	\$ 1,265.74	
21247		Reconstruct lower jaw bone	A	48.380	48.380	\$ 2,002.45	\$ 2,002.45	
21248		Reconstruction of jaw	A	24.189	27.343	\$ 1,001.20	\$ 1,131.72	
21249		Reconstruction of jaw	A	34.883	38.215	\$ 1,443.79	\$ 1,581.70	
21255		Reconstruct lower jaw bone	A	32.921	32.921	\$ 1,362.62	\$ 1,362.62	
21256		Reconstruction of orbit	A	31.449	31.449	\$ 1,301.66	\$ 1,301.66	
21260		Revise eye sockets	A	30.077	30.077	\$ 1,244.87	\$ 1,244.87	
21261		Revise eye sockets	A	58.229	58.229	\$ 2,410.10	\$ 2,410.10	
21263		Revise eye sockets	A	49.614	49.614	\$ 2,053.51	\$ 2,053.51	
21267		Revise eye sockets	A	36.541	36.541	\$ 1,512.44	\$ 1,512.44	
21268		Revise eye sockets	A	41.212	41.212	\$ 1,705.77	\$ 1,705.77	
21270		Augmentation, cheek bone	A	20.569	23.799	\$ 851.34	\$ 985.03	
21275		Revision, orbitofacial bones	A	23.544	23.544	\$ 974.48	\$ 974.48	
21280		Revision of eyelid	A	12.482	12.482	\$ 516.64	\$ 516.64	
21282		Revision of eyelid	A	8.445	8.445	\$ 349.53	\$ 349.53	
21295		Revision of jaw muscle/bone	A	4.559	4.559	\$ 188.68	\$ 188.68	
21296		Revision of jaw muscle/bone	A	9.427	9.427	\$ 390.17	\$ 390.17	
21299		Cranio/maxillofacial surgery	C	0.000	0.000	\$ -	\$ -	
21300		Treatment of skull fracture	A	1.375	3.177	\$ 56.92	\$ 131.50	
21310		Treatment of nose fracture	A	0.944	2.806	\$ 39.09	\$ 116.13	
21315		Treatment of nose fracture	A	3.142	4.638	\$ 130.05	\$ 191.97	
21320		Treatment of nose fracture	A	4.125	6.173	\$ 170.71	\$ 255.50	
21325		Treatment of nose fracture	A	8.408	8.408	\$ 348.01	\$ 348.01	
21330		Treatment of nose fracture	A	12.147	12.147	\$ 502.78	\$ 502.78	
21335		Treatment of nose fracture	A	17.428	17.428	\$ 721.34	\$ 721.34	
21336		Treat nasal septal fracture	A	13.001	13.001	\$ 538.12	\$ 538.12	
21337		Treat nasal septal fracture	A	6.902	8.109	\$ 285.69	\$ 335.64	
21338		Treat nasoethmoid fracture	A	14.068	14.068	\$ 582.27	\$ 582.27	
21339		Treat nasoethmoid fracture	A	17.449	17.449	\$ 722.22	\$ 722.22	
21340		Treatment of nose fracture	A	22.211	22.211	\$ 919.31	\$ 919.31	



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				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
21343		Treatment of sinus fracture	A	26.602	26.602	\$ 1,101.04	\$ 1,101.04	
21344		Treatment of sinus fracture	A	39.515	39.515	\$ 1,635.51	\$ 1,635.51	
21345		Treat nose/jaw fracture	A	17.707	20.801	\$ 732.90	\$ 860.96	
21346		Treat nose/jaw fracture	A	22.331	25.859	\$ 924.29	\$ 1,070.30	
21347		Treat nose/jaw fracture	A	26.382	26.382	\$ 1,091.97	\$ 1,091.97	
21348		Treat nose/jaw fracture	A	33.418	33.418	\$ 1,383.18	\$ 1,383.18	
21355		Treat cheek bone fracture	A	7.156	9.137	\$ 296.19	\$ 378.16	
21356		Treat cheek bone fracture	A	8.574	15.757	\$ 354.89	\$ 652.18	
21360		Treat cheek bone fracture	A	14.198	20.743	\$ 587.67	\$ 858.57	
21365		Treat cheek bone fracture	A	31.132	31.132	\$ 1,288.55	\$ 1,288.55	
21366		Treat cheek bone fracture	A	34.345	34.345	\$ 1,421.52	\$ 1,421.52	
21385		Treat eye socket fracture	A	18.199	18.199	\$ 753.26	\$ 753.26	
21386		Treat eye socket fracture	A	19.140	19.140	\$ 792.19	\$ 792.19	
21387		Treat eye socket fracture	A	19.810	19.810	\$ 819.92	\$ 819.92	
21390		Treat eye socket fracture	A	20.234	20.234	\$ 837.50	\$ 837.50	
21395		Treat eye socket fracture	A	25.753	25.753	\$ 1,065.92	\$ 1,065.92	
21400		Treat eye socket fracture	A	3.738	5.115	\$ 154.70	\$ 211.69	
21401		Treat eye socket fracture	A	8.168	9.171	\$ 338.07	\$ 379.58	
21406		Treat eye socket fracture	A	15.200	15.200	\$ 629.13	\$ 629.13	
21407		Treat eye socket fracture	A	17.866	17.866	\$ 739.49	\$ 739.49	
21408		Treat eye socket fracture	A	26.110	26.110	\$ 1,080.68	\$ 1,080.68	
21421		Treat mouth roof fracture	A	12.379	15.575	\$ 512.37	\$ 644.66	
21422		Treat mouth roof fracture	A	17.621	21.174	\$ 729.35	\$ 876.41	
21423		Treat mouth roof fracture	A	22.136	22.136	\$ 916.21	\$ 916.21	
21431		Treat craniofacial fracture	A	15.617	18.864	\$ 646.40	\$ 780.79	
21432		Treat craniofacial fracture	A	16.467	16.467	\$ 681.56	\$ 681.56	
21433		Treat craniofacial fracture	A	51.339	51.339	\$ 2,124.93	\$ 2,124.93	
21435		Treat craniofacial fracture	A	36.131	36.131	\$ 1,495.45	\$ 1,495.45	
21436		Treat craniofacial fracture	A	54.710	54.710	\$ 2,264.44	\$ 2,264.44	
21440		Treat dental ridge fracture	A	7.259	10.608	\$ 300.46	\$ 439.08	
21445		Treat dental ridge fracture	A	13.313	16.858	\$ 551.04	\$ 697.74	
21450		Treat lower jaw fracture	A	7.271	13.128	\$ 300.96	\$ 543.36	
21451		Treat lower jaw fracture	A	11.611	14.170	\$ 480.59	\$ 586.49	
21452		Treat lower jaw fracture	A	5.677	9.324	\$ 234.97	\$ 385.90	
21453		Treat lower jaw fracture	A	13.664	16.784	\$ 565.57	\$ 694.69	
21454		Treat lower jaw fracture	A	14.614	14.614	\$ 604.89	\$ 604.89	
21461		Treat lower jaw fracture	A	18.609	22.196	\$ 770.21	\$ 918.68	
21462		Treat lower jaw fracture	A	21.237	25.521	\$ 878.98	\$ 1,056.29	
21465		Treat lower jaw fracture	A	24.419	24.419	\$ 1,010.72	\$ 1,010.72	
21470		Treat lower jaw fracture	A	32.198	32.198	\$ 1,332.66	\$ 1,332.66	
21480		Reset dislocated jaw	A	1.008	2.504	\$ 41.74	\$ 103.65	
21485		Reset dislocated jaw	A	9.521	10.490	\$ 394.06	\$ 434.16	
21490		Repair dislocated jaw	A	26.492	26.492	\$ 1,096.50	\$ 1,096.50	
21493		Treat hyoid bone fracture	A	4.158	4.158	\$ 172.09	\$ 172.09	
21494		Treat hyoid bone fracture	A	13.207	13.207	\$ 546.64	\$ 546.64	
21495		Treat hyoid bone fracture	A	12.706	12.706	\$ 525.89	\$ 525.89	
21497		Interdental wiring	A	9.569	10.870	\$ 396.06	\$ 449.89	
21499		Head surgery procedure	C	0.000	0.000	\$ -	\$ -	
21501		Drain neck/chest lesion	A	8.855	9.492	\$ 366.50	\$ 392.89	
21502		Drain chest lesion	A	15.705	15.705	\$ 650.03	\$ 650.03	
21510		Drainage of bone lesion	A	13.789	13.789	\$ 570.74	\$ 570.74	
21550		Biopsy of neck/chest	A	4.171	5.786	\$ 172.62	\$ 239.47	
21555		Remove lesion, neck/chest	A	8.969	10.575	\$ 371.22	\$ 437.71	
21556		Remove lesion, neck/chest	A	11.501	11.501	\$ 476.02	\$ 476.02	
21557		Remove tumor, neck/chest	A	17.560	17.560	\$ 726.80	\$ 726.80	
21600		Partial removal of rib	A	15.678	15.678	\$ 648.93	\$ 648.93	
21610		Partial removal of rib	A	31.077	31.077	\$ 1,286.26	\$ 1,286.26	
21615		Removal of rib	A	21.304	21.304	\$ 881.78	\$ 881.78	
21616		Removal of rib and nerves	A	25.099	25.099	\$ 1,038.86	\$ 1,038.86	
21620		Partial removal of sternum	A	15.611	15.611	\$ 646.12	\$ 646.12	
21627		Sternal debridement	A	16.199	16.199	\$ 670.47	\$ 670.47	

HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
21630		Extensive sternum surgery	A	36.818	36.818	\$ 1,523.89	\$ 1,523.89	
21632		Extensive sternum surgery	A	37.916	37.916	\$ 1,569.33	\$ 1,569.33	
21685		Hyoid myotomy & suspension	A	27.557	27.557	\$ 1,140.57	\$ 1,140.57	
21700		Revision of neck muscle	A	11.772	12.809	\$ 487.22	\$ 530.15	
21705		Revision of neck muscle/rib	A	18.757	18.757	\$ 776.36	\$ 776.36	
21720		Revision of neck muscle	A	13.404	14.109	\$ 554.77	\$ 583.97	
21725		Revision of neck muscle	A	15.975	15.975	\$ 661.19	\$ 661.19	
21740		Reconstruction of sternum	A	33.461	33.461	\$ 1,384.96	\$ 1,384.96	
21742		Repair stern/nuss w/o scope	C	0.000	0.000	\$ -	\$ -	
21743		Repair sternum/nuss w/scope	C	0.000	0.000	\$ -	\$ -	
21750		Repair of sternum separation	A	22.403	22.403	\$ 927.27	\$ 927.27	
21800		Treatment of rib fracture	A	2.584	3.179	\$ 106.96	\$ 131.59	
21805		Treatment of rib fracture	A	6.979	6.979	\$ 288.86	\$ 288.86	
21810		Treatment of rib fracture(s)	A	13.968	13.968	\$ 578.12	\$ 578.12	
21820		Treat sternum fracture	A	3.546	4.226	\$ 146.77	\$ 174.92	
21825		Treat sternum fracture	A	17.073	17.073	\$ 706.67	\$ 706.67	
21899		Neck/chest surgery procedure	C	0.000	0.000	\$ -	\$ -	
21920		Biopsy soft tissue of back	A	3.879	5.401	\$ 160.56	\$ 223.53	
21925		Biopsy soft tissue of back	A	9.420	12.208	\$ 389.88	\$ 505.27	
21930		Remove lesion, back or flank	A	10.260	11.977	\$ 424.66	\$ 495.73	
21935		Remove tumor, back	A	35.521	35.521	\$ 1,470.22	\$ 1,470.22	
22100		Remove part of neck vertebra	A	23.587	23.587	\$ 976.27	\$ 976.27	
22101		Remove part, thorax vertebra	A	23.674	23.674	\$ 979.86	\$ 979.86	
22102		Remove part, lumbar vertebra	A	23.615	23.615	\$ 977.44	\$ 977.44	
22103		Remove extra spine segment	A	5.145	5.145	\$ 212.94	\$ 212.94	
22110		Remove part of neck vertebra	A	31.060	31.060	\$ 1,285.58	\$ 1,285.58	
22112		Remove part, thorax vertebra	A	30.036	30.036	\$ 1,243.21	\$ 1,243.21	
22114		Remove part, lumbar vertebra	A	30.138	30.138	\$ 1,247.40	\$ 1,247.40	
22116		Remove extra spine segment	A	5.209	5.209	\$ 215.61	\$ 215.61	
22210		Revision of neck spine	A	57.095	57.095	\$ 2,363.17	\$ 2,363.17	
22212		Revision of thorax spine	A	43.893	43.893	\$ 1,816.74	\$ 1,816.74	
22214		Revision of lumbar spine	A	44.357	44.357	\$ 1,835.93	\$ 1,835.93	
22216		Revise, extra spine segment	A	13.357	13.357	\$ 552.84	\$ 552.84	
22220		Revision of neck spine	A	50.430	50.430	\$ 2,087.30	\$ 2,087.30	
22222		Revision of thorax spine	A	46.003	46.003	\$ 1,904.08	\$ 1,904.08	
22224		Revision of lumbar spine	A	48.831	48.831	\$ 2,021.11	\$ 2,021.11	
22226		Revise, extra spine segment	A	13.489	13.489	\$ 558.32	\$ 558.32	
22305		Treat spine process fracture	A	5.463	6.143	\$ 226.12	\$ 254.26	
22310		Treat spine fracture	A	7.880	8.534	\$ 326.15	\$ 353.24	
22315		Treat spine fracture	A	21.744	26.750	\$ 899.97	\$ 1,107.19	
22318		Treat odontoid fx w/o graft	A	53.252	53.252	\$ 2,204.09	\$ 2,204.09	
22319		Treat odontoid fx w/graft	A	59.283	59.283	\$ 2,453.73	\$ 2,453.73	
22325		Treat spine fracture	A	41.032	41.032	\$ 1,698.31	\$ 1,698.31	
22326		Treat neck spine fracture	A	47.321	47.321	\$ 1,958.61	\$ 1,958.61	
22327		Treat thorax spine fracture	A	42.849	42.849	\$ 1,773.54	\$ 1,773.54	
22328		Treat each add spine fx	A	9.696	9.696	\$ 401.31	\$ 401.31	
22505		Manipulation of spine	A	3.972	3.972	\$ 164.39	\$ 164.39	
22520		Percut vertebroplasty thor	A	17.286	99.957	\$ 715.48	\$ 4,137.24	
22521		Percut vertebroplasty lumb	A	16.304	88.801	\$ 674.83	\$ 3,675.46	
22522		Percut vertebroplasty add'l	A	7.315	7.315	\$ 302.79	\$ 302.79	
22532		Lat thorax spine fusion	A	54.557	54.557	\$ 2,258.12	\$ 2,258.12	
22533		Lat lumbar spine fusion	A	49.706	49.706	\$ 2,057.33	\$ 2,057.33	
22534		Lat thor/lumb, add'l seg	A	13.232	13.232	\$ 547.67	\$ 547.67	
22548		Neck spine fusion	A	62.959	62.959	\$ 2,605.89	\$ 2,605.89	
22554		Neck spine fusion	A	45.760	45.760	\$ 1,893.99	\$ 1,893.99	
22556		Thorax spine fusion	A	53.898	53.898	\$ 2,230.84	\$ 2,230.84	
22558		Lumbar spine fusion	A	48.662	48.662	\$ 2,014.12	\$ 2,014.12	
22585		Additional spinal fusion	A	12.558	12.558	\$ 519.77	\$ 519.77	
22590		Spine & skull spinal fusion	A	49.935	49.935	\$ 2,066.79	\$ 2,066.79	
22595		Neck spinal fusion	A	47.490	47.490	\$ 1,965.62	\$ 1,965.62	
22600		Neck spine fusion	A	39.365	39.365	\$ 1,629.33	\$ 1,629.33	

HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
22610		Thorax spine fusion	A	38.293	38.293	\$ 1,584.95	\$ 1,584.95	
22612		Lumbar spine fusion	A	48.578	48.578	\$ 2,010.65	\$ 2,010.65	
22614		Spine fusion, extra segment	A	14.220	14.220	\$ 588.58	\$ 588.58	
22630		Lumbar spine fusion	A	50.367	50.367	\$ 2,084.70	\$ 2,084.70	
22632		Spine fusion, extra segment	A	11.792	11.792	\$ 488.08	\$ 488.08	
22800		Fusion of spine	A	41.872	41.872	\$ 1,733.08	\$ 1,733.08	
22802		Fusion of spine	A	68.428	68.428	\$ 2,832.22	\$ 2,832.22	
22804		Fusion of spine	A	80.321	80.321	\$ 3,324.49	\$ 3,324.49	
22808		Fusion of spine	A	60.806	60.806	\$ 2,516.75	\$ 2,516.75	
22810		Fusion of spine	A	67.161	67.161	\$ 2,779.81	\$ 2,779.81	
22812		Fusion of spine	A	71.831	71.831	\$ 2,973.10	\$ 2,973.10	
22818		Kyphectomy, 1-2 segments	A	71.653	71.653	\$ 2,965.73	\$ 2,965.73	
22819		Kyphectomy, 3 or more	A	78.166	78.166	\$ 3,235.28	\$ 3,235.28	
22830		Exploration of spinal fusion	A	25.787	25.787	\$ 1,067.31	\$ 1,067.31	
22840		Insert spine fixation device	A	27.725	27.725	\$ 1,147.52	\$ 1,147.52	
22841		Insert spine fixation device	B	0.000	0.000	\$ -	\$ -	
22842		Insert spine fixation device	A	27.821	27.821	\$ 1,151.52	\$ 1,151.52	
22843		Insert spine fixation device	A	29.062	29.062	\$ 1,202.89	\$ 1,202.89	
22844		Insert spine fixation device	A	35.409	35.409	\$ 1,465.60	\$ 1,465.60	
22845		Insert spine fixation device	A	27.713	27.713	\$ 1,147.02	\$ 1,147.02	
22846		Insert spine fixation device	A	28.582	28.582	\$ 1,183.03	\$ 1,183.03	
22847		Insert spine fixation device	A	31.031	31.031	\$ 1,284.38	\$ 1,284.38	
22848		Insert pelv fixation device	A	12.894	12.894	\$ 533.69	\$ 533.69	
22849		Reinsert spinal fixation	A	42.134	42.134	\$ 1,743.93	\$ 1,743.93	
22850		Remove spine fixation device	A	22.644	22.644	\$ 937.25	\$ 937.25	
22851		Apply spine prosth device	A	14.854	14.854	\$ 614.81	\$ 614.81	
22852		Remove spine fixation device	A	21.443	21.443	\$ 887.51	\$ 887.51	
22855		Remove spine fixation device	A	36.398	36.398	\$ 1,506.53	\$ 1,506.53	
22899		Spine surgery procedure	C	0.000	0.000	\$ -	\$ -	
22900		Remove abdominal wall lesion	A	11.341	11.341	\$ 469.41	\$ 469.41	
22999		Abdomen surgery procedure	C	0.000	0.000	\$ -	\$ -	
23000		Removal of calcium deposits	A	10.254	11.121	\$ 424.43	\$ 460.32	
23020		Release shoulder joint	A	21.205	21.205	\$ 877.68	\$ 877.68	
23030		Drain shoulder lesion	A	7.924	7.992	\$ 327.96	\$ 330.78	
23031		Drain shoulder bursa	A	6.605	6.605	\$ 273.40	\$ 273.40	
23035		Drain shoulder bone lesion	A	21.518	21.518	\$ 890.62	\$ 890.62	
23040		Exploratory shoulder surgery	A	21.941	21.941	\$ 908.16	\$ 908.16	
23044		Exploratory shoulder surgery	A	17.253	17.253	\$ 714.12	\$ 714.12	
23065		Biopsy shoulder tissues	A	4.250	5.330	\$ 175.91	\$ 220.59	
23066		Biopsy shoulder tissues	A	9.978	10.853	\$ 412.99	\$ 449.22	
23075		Removal of shoulder lesion	A	5.121	5.478	\$ 211.97	\$ 226.74	
23076		Removal of shoulder lesion	A	16.678	16.678	\$ 690.29	\$ 690.29	
23077		Remove tumor of shoulder	A	33.821	33.821	\$ 1,399.86	\$ 1,399.86	
23100		Biopsy of shoulder joint	A	14.725	14.725	\$ 609.47	\$ 609.47	
23101		Shoulder joint surgery	A	13.823	13.823	\$ 572.12	\$ 572.12	
23105		Remove shoulder joint lining	A	19.683	19.683	\$ 814.68	\$ 814.68	
23106		Incision of collarbone joint	A	14.762	14.762	\$ 611.02	\$ 611.02	
23107		Explore treat shoulder joint	A	20.576	20.576	\$ 851.63	\$ 851.63	
23120		Partial removal, collar bone	A	17.305	17.305	\$ 716.27	\$ 716.27	
23125		Removal of collar bone	A	21.905	21.905	\$ 906.65	\$ 906.65	
23130		Remove shoulder bone, part	A	18.628	18.628	\$ 771.00	\$ 771.00	
23140		Removal of bone lesion	A	15.386	15.386	\$ 636.84	\$ 636.84	
23145		Removal of bone lesion	A	21.444	21.444	\$ 887.57	\$ 887.57	
23146		Removal of bone lesion	A	19.170	19.170	\$ 793.45	\$ 793.45	
23150		Removal of humerus lesion	A	19.802	19.802	\$ 819.62	\$ 819.62	
23155		Removal of humerus lesion	A	23.245	23.245	\$ 962.10	\$ 962.10	
23156		Removal of humerus lesion	A	20.548	20.548	\$ 850.49	\$ 850.49	
23170		Remove collar bone lesion	A	16.243	16.243	\$ 672.29	\$ 672.29	
23172		Remove shoulder blade lesion	A	16.878	16.878	\$ 698.58	\$ 698.58	
23174		Remove humerus lesion	A	22.812	22.812	\$ 944.19	\$ 944.19	
23180		Remove collar bone lesion	A	21.954	21.954	\$ 908.67	\$ 908.67	

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				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
23182		Remove shoulder blade lesion	A	20.828	20.828	\$ 862.08	\$ 862.08	
23184		Remove humerus lesion	A	23.400	23.400	\$ 968.53	\$ 968.53	
23190		Partial removal of scapula	A	17.144	17.144	\$ 709.59	\$ 709.59	
23195		Removal of head of humerus	A	22.949	22.949	\$ 949.85	\$ 949.85	
23200		Removal of collar bone	A	26.750	26.750	\$ 1,107.20	\$ 1,107.20	
23210		Removal of shoulder blade	A	28.033	28.033	\$ 1,160.28	\$ 1,160.28	
23220		Partial removal of humerus	A	33.451	33.451	\$ 1,384.52	\$ 1,384.52	
23221		Partial removal of humerus	A	39.735	39.735	\$ 1,644.62	\$ 1,644.62	
23222		Partial removal of humerus	A	53.379	53.379	\$ 2,209.35	\$ 2,209.35	
23330		Remove shoulder foreign body	A	4.342	4.401	\$ 179.71	\$ 182.18	
23331		Remove shoulder foreign body	A	17.997	17.997	\$ 744.89	\$ 744.89	
23332		Remove shoulder foreign body	A	27.211	27.211	\$ 1,126.26	\$ 1,126.26	
23350		Injection for shoulder x-ray	A	1.517	4.509	\$ 62.80	\$ 186.64	
23395		Muscle transfer,shoulder/arm	A	38.544	38.544	\$ 1,595.33	\$ 1,595.33	
23397		Muscle transfers	A	36.458	36.458	\$ 1,509.00	\$ 1,509.00	
23400		Fixation of shoulder blade	A	31.235	31.235	\$ 1,292.82	\$ 1,292.82	
23405		Incision of tendon & muscle	A	19.647	19.647	\$ 813.21	\$ 813.21	
23406		Incise tendon(s) & muscle(s)	A	24.984	24.984	\$ 1,034.10	\$ 1,034.10	
23410		Repair rotator cuff, acute	A	28.591	28.591	\$ 1,183.39	\$ 1,183.39	
23412		Repair rotator cuff, chronic	A	30.547	30.547	\$ 1,264.35	\$ 1,264.35	
23415		Release of shoulder ligament	A	23.366	23.366	\$ 967.12	\$ 967.12	
23420		Repair of shoulder	A	31.285	31.285	\$ 1,294.89	\$ 1,294.89	
23430		Repair biceps tendon	A	23.535	23.535	\$ 974.10	\$ 974.10	
23440		Remove/transplant tendon	A	24.493	24.493	\$ 1,013.78	\$ 1,013.78	
23450		Repair shoulder capsule	A	30.612	30.612	\$ 1,267.02	\$ 1,267.02	
23455		Repair shoulder capsule	A	32.785	32.785	\$ 1,356.98	\$ 1,356.98	
23460		Repair shoulder capsule	A	35.357	35.357	\$ 1,463.41	\$ 1,463.41	
23462		Repair shoulder capsule	A	34.746	34.746	\$ 1,438.13	\$ 1,438.13	
23465		Repair shoulder capsule	A	33.093	33.093	\$ 1,369.72	\$ 1,369.72	
23466		Repair shoulder capsule	A	33.293	33.293	\$ 1,377.99	\$ 1,377.99	
23470		Reconstruct shoulder joint	A	38.838	38.838	\$ 1,607.52	\$ 1,607.52	
23472		Reconstruct shoulder joint	A	44.489	44.489	\$ 1,841.40	\$ 1,841.40	
23480		Revision of collar bone	A	26.036	26.036	\$ 1,077.61	\$ 1,077.61	
23485		Revision of collar bone	A	30.597	30.597	\$ 1,266.40	\$ 1,266.40	
23490		Reinforce clavicle	A	24.618	24.618	\$ 1,018.94	\$ 1,018.94	
23491		Reinforce shoulder bones	A	32.798	32.798	\$ 1,357.52	\$ 1,357.52	
23500		Treat clavicle fracture	A	5.488	6.415	\$ 227.16	\$ 265.50	
23505		Treat clavicle fracture	A	9.244	10.579	\$ 382.63	\$ 437.86	
23515		Treat clavicle fracture	A	17.837	17.837	\$ 738.26	\$ 738.26	
23520		Treat clavicle dislocation	A	5.687	6.486	\$ 235.39	\$ 268.46	
23525		Treat clavicle dislocation	A	8.980	10.162	\$ 371.69	\$ 420.59	
23530		Treat clavicle dislocation	A	16.491	16.491	\$ 682.58	\$ 682.58	
23532		Treat clavicle dislocation	A	19.250	19.250	\$ 796.78	\$ 796.78	
23540		Treat clavicle dislocation	A	5.466	6.996	\$ 226.23	\$ 289.55	
23545		Treat clavicle dislocation	A	7.978	8.930	\$ 330.22	\$ 369.62	
23550		Treat clavicle dislocation	A	17.114	17.114	\$ 708.33	\$ 708.33	
23552		Treat clavicle dislocation	A	20.216	20.216	\$ 836.75	\$ 836.75	
23570		Treat shoulder blade fx	A	6.051	6.731	\$ 250.45	\$ 278.60	
23575		Treat shoulder blade fx	A	10.180	11.472	\$ 421.36	\$ 474.84	
23585		Treat scapula fracture	A	21.371	21.371	\$ 884.53	\$ 884.53	
23600		Treat humerus fracture	A	8.032	9.656	\$ 332.46	\$ 399.65	
23605		Treat humerus fracture	A	12.273	13.659	\$ 508.00	\$ 565.34	
23615		Treat humerus fracture	A	22.963	22.963	\$ 950.45	\$ 950.45	
23616		Treat humerus fracture	A	47.422	47.422	\$ 1,962.78	\$ 1,962.78	
23620		Treat humerus fracture	A	6.685	8.359	\$ 276.69	\$ 346.00	
23625		Treat humerus fracture	A	10.322	11.827	\$ 427.24	\$ 489.51	
23630		Treat humerus fracture	A	17.836	17.836	\$ 738.24	\$ 738.24	
23650		Treat shoulder dislocation	A	7.289	8.827	\$ 301.67	\$ 365.35	
23655		Treat shoulder dislocation	A	10.583	10.583	\$ 438.02	\$ 438.02	
23660		Treat shoulder dislocation	A	17.702	17.702	\$ 732.68	\$ 732.68	
23665		Treat dislocation/fracture	A	11.493	12.895	\$ 475.68	\$ 533.73	



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				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
23670		Treat dislocation/fracture	A	18.937	18.937	\$ 783.80	\$ 783.80	
23675		Treat dislocation/fracture	A	15.138	16.413	\$ 626.58	\$ 679.35	
23680		Treat dislocation/fracture	A	23.548	23.548	\$ 974.66	\$ 974.66	
23700		Fixation of shoulder	A	6.133	6.133	\$ 253.84	\$ 253.84	
23800		Fusion of shoulder joint	A	32.426	32.426	\$ 1,342.10	\$ 1,342.10	
23802		Fusion of shoulder joint	A	36.407	36.407	\$ 1,506.89	\$ 1,506.89	
23900		Amputation of arm & girdle	A	41.577	41.577	\$ 1,720.86	\$ 1,720.86	
23920		Amputation at shoulder joint	A	32.324	32.324	\$ 1,337.91	\$ 1,337.91	
23921		Amputation follow-up surgery	A	13.577	13.577	\$ 561.93	\$ 561.93	
23929		Shoulder surgery procedure	C	0.000	0.000	\$ -	\$ -	
23930		Drainage of arm lesion	A	6.477	6.783	\$ 268.08	\$ 280.75	
23931		Drainage of arm bursa	A	4.638	4.842	\$ 191.98	\$ 200.42	
23935		Drain arm/elbow bone lesion	A	15.277	15.277	\$ 632.33	\$ 632.33	
24000		Exploratory elbow surgery	A	14.037	14.037	\$ 580.99	\$ 580.99	
24006		Release elbow joint	A	21.876	21.876	\$ 905.45	\$ 905.45	
24065		Biopsy arm/elbow soft tissue	A	4.264	4.536	\$ 176.49	\$ 187.75	
24066		Biopsy arm/elbow soft tissue	A	11.751	13.017	\$ 486.36	\$ 538.78	
24075		Remove arm/elbow lesion	A	9.082	10.255	\$ 375.91	\$ 424.46	
24076		Remove arm/elbow lesion	A	13.932	13.932	\$ 576.66	\$ 576.66	
24077		Remove tumor of arm/elbow	A	25.369	25.369	\$ 1,050.02	\$ 1,050.02	
24100		Biopsy elbow joint lining	A	11.697	11.697	\$ 484.14	\$ 484.14	
24101		Explore/treat elbow joint	A	15.088	15.088	\$ 624.49	\$ 624.49	
24102		Remove elbow joint lining	A	18.997	18.997	\$ 786.27	\$ 786.27	
24105		Removal of elbow bursa	A	9.626	9.626	\$ 398.44	\$ 398.44	
24110		Remove humerus lesion	A	17.781	17.781	\$ 735.95	\$ 735.95	
24115		Remove/graft bone lesion	A	21.354	21.354	\$ 883.86	\$ 883.86	
24116		Remove/graft bone lesion	A	27.428	27.428	\$ 1,135.26	\$ 1,135.26	
24120		Remove elbow lesion	A	15.783	15.783	\$ 653.25	\$ 653.25	
24125		Remove/graft bone lesion	A	17.317	17.317	\$ 716.76	\$ 716.76	
24126		Remove/graft bone lesion	A	18.527	18.527	\$ 766.84	\$ 766.84	
24130		Removal of head of radius	A	15.442	15.442	\$ 639.16	\$ 639.16	
24134		Removal of arm bone lesion	A	23.760	23.760	\$ 983.42	\$ 983.42	
24136		Remove radius bone lesion	A	18.344	18.344	\$ 759.27	\$ 759.27	
24138		Remove elbow bone lesion	A	19.888	19.888	\$ 823.18	\$ 823.18	
24140		Partial removal of arm bone	A	23.079	23.079	\$ 955.23	\$ 955.23	
24145		Partial removal of radius	A	19.313	19.313	\$ 799.38	\$ 799.38	
24147		Partial removal of elbow	A	19.808	19.808	\$ 819.86	\$ 819.86	
24149		Radical resection of elbow	A	32.918	32.918	\$ 1,362.48	\$ 1,362.48	
24150		Extensive humerus surgery	A	30.440	30.440	\$ 1,259.93	\$ 1,259.93	
24151		Extensive humerus surgery	A	35.901	35.901	\$ 1,485.93	\$ 1,485.93	
24152		Extensive radius surgery	A	22.397	22.397	\$ 927.00	\$ 927.00	
24153		Extensive radius surgery	A	19.515	19.515	\$ 807.73	\$ 807.73	
24155		Removal of elbow joint	A	25.609	25.609	\$ 1,059.94	\$ 1,059.94	
24160		Remove elbow joint implant	A	18.667	18.667	\$ 772.61	\$ 772.61	
24164		Remove radius head implant	A	15.018	15.018	\$ 621.59	\$ 621.59	
24200		Removal of arm foreign body	A	3.890	4.145	\$ 161.01	\$ 171.56	
24201		Removal of arm foreign body	A	10.923	12.062	\$ 452.11	\$ 499.26	
24220		Injection for elbow x-ray	A	2.000	10.398	\$ 82.77	\$ 430.36	
24300		Manipulate elbow w/anesth	A	10.727	10.727	\$ 443.99	\$ 443.99	
24301		Muscle/tendon transfer	A	23.330	23.330	\$ 965.65	\$ 965.65	
24305		Arm tendon lengthening	A	17.776	17.776	\$ 735.75	\$ 735.75	
24310		Revision of arm tendon	A	14.345	14.345	\$ 593.75	\$ 593.75	
24320		Repair of arm tendon	A	21.895	21.895	\$ 906.25	\$ 906.25	
24330		Revision of arm muscles	A	22.034	22.034	\$ 912.00	\$ 912.00	
24331		Revision of arm muscles	A	24.651	24.651	\$ 1,020.29	\$ 1,020.29	
24332		Tenolysis, biceps	A	16.704	16.704	\$ 691.38	\$ 691.38	
24340		Repair of biceps tendon	A	18.885	18.885	\$ 781.66	\$ 781.66	
24341		Repair arm tendon/muscle	A	19.609	19.609	\$ 811.62	\$ 811.62	
24342		Repair of ruptured tendon	A	24.857	24.857	\$ 1,028.82	\$ 1,028.82	
24343		Repr elbow lat ligmnt w/tiss	A	20.749	20.749	\$ 858.80	\$ 858.80	
24344		Reconstruct elbow lat ligmnt	A	32.317	32.317	\$ 1,337.61	\$ 1,337.61	

HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
24345		Repr elbw med ligmnt w/tissu	A	20.664	20.664	\$ 855.28	\$ 855.28	
24346		Reconstruct elbow med ligmnt	A	32.198	32.198	\$ 1,332.69	\$ 1,332.69	
24350		Repair of tennis elbow	A	13.366	13.366	\$ 553.23	\$ 553.23	
24351		Repair of tennis elbow	A	14.789	14.789	\$ 612.11	\$ 612.11	
24352		Repair of tennis elbow	A	15.925	15.925	\$ 659.12	\$ 659.12	
24354		Repair of tennis elbow	A	15.822	15.822	\$ 654.88	\$ 654.88	
24356		Revision of tennis elbow	A	16.294	16.294	\$ 674.39	\$ 674.39	
24360		Reconstruct elbow joint	A	28.320	28.320	\$ 1,172.17	\$ 1,172.17	
24361		Reconstruct elbow joint	A	32.210	32.210	\$ 1,333.19	\$ 1,333.19	
24362		Reconstruct elbow joint	A	32.602	32.602	\$ 1,349.42	\$ 1,349.42	
24363		Replace elbow joint	A	41.961	41.961	\$ 1,736.75	\$ 1,736.75	
24365		Reconstruct head of radius	A	19.696	19.696	\$ 815.22	\$ 815.22	
24366		Reconstruct head of radius	A	21.514	21.514	\$ 890.48	\$ 890.48	
24400		Revision of humerus	A	25.916	25.916	\$ 1,072.67	\$ 1,072.67	
24410		Revision of humerus	A	32.666	32.666	\$ 1,352.03	\$ 1,352.03	
24420		Revision of humerus	A	31.165	31.165	\$ 1,289.93	\$ 1,289.93	
24430		Repair of humerus	A	29.643	29.643	\$ 1,226.94	\$ 1,226.94	
24435		Repair humerus with graft	A	31.119	31.119	\$ 1,288.00	\$ 1,288.00	
24470		Revision of elbow joint	A	21.049	21.049	\$ 871.22	\$ 871.22	
24495		Decompression of forearm	A	20.184	20.184	\$ 835.42	\$ 835.42	
24498		Reinforce humerus	A	27.722	27.722	\$ 1,147.42	\$ 1,147.42	
24500		Treat humerus fracture	A	8.213	9.734	\$ 339.92	\$ 402.90	
24505		Treat humerus fracture	A	13.082	14.791	\$ 541.47	\$ 612.19	
24515		Treat humerus fracture	A	27.345	27.345	\$ 1,131.83	\$ 1,131.83	
24516		Treat humerus fracture	A	27.150	27.150	\$ 1,123.73	\$ 1,123.73	
24530		Treat humerus fracture	A	9.089	10.322	\$ 376.19	\$ 427.21	
24535		Treat humerus fracture	A	16.879	18.570	\$ 698.62	\$ 768.63	
24538		Treat humerus fracture	A	22.767	22.767	\$ 942.33	\$ 942.33	
24545		Treat humerus fracture	A	24.584	24.584	\$ 1,017.53	\$ 1,017.53	
24546		Treat humerus fracture	A	35.665	35.665	\$ 1,476.18	\$ 1,476.18	
24560		Treat humerus fracture	A	7.186	8.767	\$ 297.45	\$ 362.88	
24565		Treat humerus fracture	A	13.653	15.251	\$ 565.11	\$ 631.25	
24566		Treat humerus fracture	A	19.924	19.924	\$ 824.64	\$ 824.64	
24575		Treat humerus fracture	A	24.563	24.563	\$ 1,016.68	\$ 1,016.68	
24576		Treat humerus fracture	A	7.727	8.875	\$ 319.83	\$ 367.33	
24577		Treat humerus fracture	A	14.485	16.074	\$ 599.53	\$ 665.32	
24579		Treat humerus fracture	A	26.783	26.783	\$ 1,108.55	\$ 1,108.55	
24582		Treat humerus fracture	A	21.922	21.922	\$ 907.36	\$ 907.36	
24586		Treat elbow fracture	A	34.739	34.739	\$ 1,437.84	\$ 1,437.84	
24587		Treat elbow fracture	A	34.598	34.598	\$ 1,432.00	\$ 1,432.00	
24600		Treat elbow dislocation	A	9.541	11.283	\$ 394.90	\$ 467.02	
24605		Treat elbow dislocation	A	13.307	13.307	\$ 550.77	\$ 550.77	
24615		Treat elbow dislocation	A	22.217	22.217	\$ 919.58	\$ 919.58	
24620		Treat elbow fracture	A	16.466	16.466	\$ 681.53	\$ 681.53	
24635		Treat elbow fracture	A	34.012	34.012	\$ 1,407.75	\$ 1,407.75	
24640		Treat elbow dislocation	A	2.453	3.354	\$ 101.52	\$ 138.81	
24650		Treat radius fracture	A	5.823	7.370	\$ 241.00	\$ 305.03	
24655		Treat radius fracture	A	11.140	12.899	\$ 461.07	\$ 533.90	
24665		Treat radius fracture	A	19.856	19.856	\$ 821.86	\$ 821.86	
24666		Treat radius fracture	A	22.599	22.599	\$ 935.37	\$ 935.37	
24670		Treat ulnar fracture	A	6.677	7.893	\$ 276.38	\$ 326.69	
24675		Treat ulnar fracture	A	11.886	13.501	\$ 491.96	\$ 558.81	
24685		Treat ulnar fracture	A	21.024	21.024	\$ 870.19	\$ 870.19	
24800		Fusion of elbow joint	A	25.294	25.294	\$ 1,046.92	\$ 1,046.92	
24802		Fusion/graft of elbow joint	A	31.442	31.442	\$ 1,301.39	\$ 1,301.39	
24900		Amputation of upper arm	A	21.443	21.443	\$ 887.52	\$ 887.52	
24920		Amputation of upper arm	A	21.725	21.725	\$ 899.18	\$ 899.18	
24925		Amputation follow-up surgery	A	16.929	16.929	\$ 700.69	\$ 700.69	
24930		Amputation follow-up surgery	A	22.464	22.464	\$ 929.79	\$ 929.79	
24931		Amputate upper arm & implant	A	25.315	25.315	\$ 1,047.77	\$ 1,047.77	
24935		Revision of amputation	A	30.237	30.237	\$ 1,251.49	\$ 1,251.49	

HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
24940		Revision of upper arm	C	0.000	0.000	\$ -	\$ -	
24999		Upper arm/elbow surgery	C	0.000	0.000	\$ -	\$ -	
25000		Incision of tendon sheath	A	11.409	11.409	\$ 472.22	\$ 472.22	
25001		Incise flexor carpi radialis	A	8.978	8.978	\$ 371.60	\$ 371.60	
25020		Decompress forearm 1 space	A	17.991	17.991	\$ 744.63	\$ 744.63	
25023		Decompress forearm 1 space	A	33.296	33.296	\$ 1,378.13	\$ 1,378.13	
25024		Decompress forearm 2 spaces	A	21.803	21.803	\$ 902.43	\$ 902.43	
25025		Decompress forearm 2 spaces	A	35.402	35.402	\$ 1,465.27	\$ 1,465.27	
25028		Drainage of forearm lesion	A	15.369	15.369	\$ 636.13	\$ 636.13	
25031		Drainage of forearm bursa	A	13.511	13.511	\$ 559.22	\$ 559.22	
25035		Treat forearm bone lesion	A	23.933	23.933	\$ 990.60	\$ 990.60	
25040		Explore/treat wrist joint	A	17.988	17.988	\$ 744.52	\$ 744.52	
25065		Biopsy forearm soft tissues	A	4.914	4.914	\$ 203.40	\$ 203.40	
25066		Biopsy forearm soft tissues	A	12.603	12.603	\$ 521.64	\$ 521.64	
25075		Remove forearm lesion subcu	A	10.835	10.835	\$ 448.47	\$ 448.47	
25076		Remove forearm lesion deep	A	16.196	16.196	\$ 670.34	\$ 670.34	
25077		Remove tumor, forearm/wrist	A	25.778	25.778	\$ 1,066.95	\$ 1,066.95	
25085		Incision of wrist capsule	A	15.090	15.090	\$ 624.57	\$ 624.57	
25100		Biopsy of wrist joint	A	10.857	10.857	\$ 449.37	\$ 449.37	
25101		Explore/treat wrist joint	A	12.588	12.588	\$ 521.02	\$ 521.02	
25105		Remove wrist joint lining	A	15.869	15.869	\$ 656.82	\$ 656.82	
25107		Remove wrist joint cartilage	A	17.476	17.476	\$ 723.35	\$ 723.35	
25110		Remove wrist tendon lesion	A	12.370	12.370	\$ 512.01	\$ 512.01	
25111		Remove wrist tendon lesion	A	9.499	9.499	\$ 393.15	\$ 393.15	
25112		Reremove wrist tendon lesion	A	11.701	11.701	\$ 484.32	\$ 484.32	
25115		Remove wrist/forearm lesion	A	26.374	26.374	\$ 1,091.60	\$ 1,091.60	
25116		Remove wrist/forearm lesion	A	22.903	22.903	\$ 947.96	\$ 947.96	
25118		Excise wrist tendon sheath	A	11.963	11.963	\$ 495.16	\$ 495.16	
25119		Partial removal of ulna	A	16.424	16.424	\$ 679.79	\$ 679.79	
25120		Removal of forearm lesion	A	20.532	20.532	\$ 849.84	\$ 849.84	
25125		Remove/graft forearm lesion	A	23.554	23.554	\$ 974.89	\$ 974.89	
25126		Remove/graft forearm lesion	A	23.630	23.630	\$ 978.04	\$ 978.04	
25130		Removal of wrist lesion	A	13.941	13.941	\$ 577.04	\$ 577.04	
25135		Remove & graft wrist lesion	A	17.504	17.504	\$ 724.50	\$ 724.50	
25136		Remove & graft wrist lesion	A	14.401	14.401	\$ 596.06	\$ 596.06	
25145		Remove forearm bone lesion	A	20.867	20.867	\$ 863.70	\$ 863.70	
25150		Partial removal of ulna	A	18.807	18.807	\$ 778.44	\$ 778.44	
25151		Partial removal of radius	A	22.919	22.919	\$ 948.62	\$ 948.62	
25170		Extensive forearm surgery	A	31.435	31.435	\$ 1,301.08	\$ 1,301.08	
25210		Removal of wrist bone	A	15.279	15.279	\$ 632.39	\$ 632.39	
25215		Removal of wrist bones	A	20.292	20.292	\$ 839.88	\$ 839.88	
25230		Partial removal of radius	A	13.665	13.665	\$ 565.59	\$ 565.59	
25240		Partial removal of ulna	A	14.463	14.463	\$ 598.62	\$ 598.62	
25246		Injection for wrist x-ray	A	2.174	10.308	\$ 89.97	\$ 426.66	
25248		Remove forearm foreign body	A	15.133	15.133	\$ 626.37	\$ 626.37	
25250		Removal of wrist prosthesis	A	15.677	15.677	\$ 648.87	\$ 648.87	
25251		Removal of wrist prosthesis	A	21.694	21.694	\$ 897.91	\$ 897.91	
25259		Manipulate wrist w/anesthes	A	10.766	10.766	\$ 445.62	\$ 445.62	
25260		Repair forearm tendon/muscle	A	24.223	24.223	\$ 1,002.61	\$ 1,002.61	
25263		Repair forearm tendon/muscle	A	24.009	24.009	\$ 993.74	\$ 993.74	
25265		Repair forearm tendon/muscle	A	28.049	28.049	\$ 1,160.96	\$ 1,160.96	
25270		Repair forearm tendon/muscle	A	20.332	20.332	\$ 841.53	\$ 841.53	
25272		Repair forearm tendon/muscle	A	22.559	22.559	\$ 933.71	\$ 933.71	
25274		Repair forearm tendon/muscle	A	26.065	26.065	\$ 1,078.83	\$ 1,078.83	
25275		Repair forearm tendon sheath	A	20.208	20.208	\$ 836.41	\$ 836.41	
25280		Revise wrist/forearm tendon	A	22.628	22.628	\$ 936.56	\$ 936.56	
25290		Incise wrist/forearm tendon	A	21.638	21.638	\$ 895.61	\$ 895.61	
25295		Release wrist/forearm tendon	A	21.347	21.347	\$ 883.54	\$ 883.54	
25300		Fusion of tendons at wrist	A	21.124	21.124	\$ 874.33	\$ 874.33	
25301		Fusion of tendons at wrist	A	20.458	20.458	\$ 846.74	\$ 846.74	
25310		Transplant forearm tendon	A	24.370	24.370	\$ 1,008.67	\$ 1,008.67	

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				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
25312		Transplant forearm tendon	A	27.535	27.535	\$ 1,139.66	\$ 1,139.66	
25315		Revise palsy hand tendon(s)	A	28.837	28.837	\$ 1,193.54	\$ 1,193.54	
25316		Revise palsy hand tendon(s)	A	34.761	34.761	\$ 1,438.74	\$ 1,438.74	
25320		Repair/revise wrist joint	A	26.555	26.555	\$ 1,099.11	\$ 1,099.11	
25332		Revise wrist joint	A	26.038	26.038	\$ 1,077.73	\$ 1,077.73	
25335		Realignment of hand	A	30.717	30.717	\$ 1,271.37	\$ 1,271.37	
25337		Reconstruct ulna/radioulnar	A	25.796	25.796	\$ 1,067.71	\$ 1,067.71	
25350		Revision of radius	A	26.474	26.474	\$ 1,095.75	\$ 1,095.75	
25355		Revision of radius	A	29.683	29.683	\$ 1,228.60	\$ 1,228.60	
25360		Revision of ulna	A	26.030	26.030	\$ 1,077.40	\$ 1,077.40	
25365		Revise radius & ulna	A	33.855	33.855	\$ 1,401.25	\$ 1,401.25	
25370		Revise radius or ulna	A	36.156	36.156	\$ 1,496.48	\$ 1,496.48	
25375		Revise radius & ulna	A	35.995	35.995	\$ 1,489.84	\$ 1,489.84	
25390		Shorten radius or ulna	A	29.606	29.606	\$ 1,225.40	\$ 1,225.40	
25391		Lengthen radius or ulna	A	36.220	36.220	\$ 1,499.13	\$ 1,499.13	
25392		Shorten radius & ulna	A	35.984	35.984	\$ 1,489.38	\$ 1,489.38	
25393		Lengthen radius & ulna	A	39.969	39.969	\$ 1,654.32	\$ 1,654.32	
25394		Repair carpal bone, shorten	A	24.047	24.047	\$ 995.29	\$ 995.29	
25400		Repair radius or ulna	A	31.211	31.211	\$ 1,291.84	\$ 1,291.84	
25405		Repair/graft radius or ulna	A	38.579	38.579	\$ 1,596.80	\$ 1,596.80	
25415		Repair radius & ulna	A	36.540	36.540	\$ 1,512.38	\$ 1,512.38	
25420		Repair/graft radius & ulna	A	42.547	42.547	\$ 1,761.00	\$ 1,761.00	
25425		Repair/graft radius or ulna	A	39.616	39.616	\$ 1,639.70	\$ 1,639.70	
25426		Repair/graft radius & ulna	A	41.115	41.115	\$ 1,701.75	\$ 1,701.75	
25430		Vasc graft into carpal bone	A	20.520	20.520	\$ 849.33	\$ 849.33	
25431		Repair nonunion carpal bone	A	20.100	20.100	\$ 831.93	\$ 831.93	
25440		Repair/graft wrist bone	A	25.129	25.129	\$ 1,040.09	\$ 1,040.09	
25441		Reconstruct wrist joint	A	30.002	30.002	\$ 1,241.77	\$ 1,241.77	
25442		Reconstruct wrist joint	A	24.206	24.206	\$ 1,001.87	\$ 1,001.87	
25443		Reconstruct wrist joint	A	23.920	23.920	\$ 990.05	\$ 990.05	
25444		Reconstruct wrist joint	A	25.629	25.629	\$ 1,060.79	\$ 1,060.79	
25445		Reconstruct wrist joint	A	22.370	22.370	\$ 925.88	\$ 925.88	
25446		Wrist replacement	A	37.029	37.029	\$ 1,532.63	\$ 1,532.63	
25447		Repair wrist joint(s)	A	24.004	24.004	\$ 993.52	\$ 993.52	
25449		Remove wrist joint implant	A	31.862	31.862	\$ 1,318.79	\$ 1,318.79	
25450		Revision of wrist joint	A	20.893	20.893	\$ 864.75	\$ 864.75	
25455		Revision of wrist joint	A	24.203	24.203	\$ 1,001.75	\$ 1,001.75	
25490		Reinforce radius	A	27.140	27.140	\$ 1,123.31	\$ 1,123.31	
25491		Reinforce ulna	A	29.232	29.232	\$ 1,209.92	\$ 1,209.92	
25492		Reinforce radius and ulna	A	33.250	33.250	\$ 1,376.24	\$ 1,376.24	
25500		Treat fracture of radius	A	6.096	7.184	\$ 252.30	\$ 297.33	
25505		Treat fracture of radius	A	12.939	14.613	\$ 535.54	\$ 604.85	
25515		Treat fracture of radius	A	21.322	21.322	\$ 882.52	\$ 882.52	
25520		Treat fracture of radius	A	15.305	16.640	\$ 633.49	\$ 688.72	
25525		Treat fracture of radius	A	28.682	28.682	\$ 1,187.16	\$ 1,187.16	
25526		Treat fracture of radius	A	33.077	33.077	\$ 1,369.07	\$ 1,369.07	
25530		Treat fracture of ulna	A	5.773	6.912	\$ 238.93	\$ 286.07	
25535		Treat fracture of ulna	A	12.761	14.189	\$ 528.19	\$ 587.30	
25545		Treat fracture of ulna	A	21.235	21.235	\$ 878.90	\$ 878.90	
25560		Treat fracture radius & ulna	A	5.987	7.177	\$ 247.79	\$ 297.04	
25565		Treat fracture radius & ulna	A	13.774	15.499	\$ 570.09	\$ 641.51	
25574		Treat fracture radius & ulna	A	17.639	17.639	\$ 730.10	\$ 730.10	
25575		Treat fracture radius/ulna	A	25.359	25.359	\$ 1,049.61	\$ 1,049.61	
25600		Treat fracture radius/ulna	A	6.747	8.048	\$ 279.28	\$ 333.10	
25605		Treat fracture radius/ulna	A	14.777	16.494	\$ 611.62	\$ 682.68	
25611		Treat fracture radius/ulna	A	20.406	20.406	\$ 844.59	\$ 844.59	
25620		Treat fracture radius/ulna	A	20.294	20.294	\$ 839.96	\$ 839.96	
25622		Treat wrist bone fracture	A	6.841	8.133	\$ 283.15	\$ 336.62	
25624		Treat wrist bone fracture	A	11.606	13.374	\$ 480.38	\$ 553.55	
25628		Treat wrist bone fracture	A	20.466	20.466	\$ 847.11	\$ 847.11	
25630		Treat wrist bone fracture	A	7.155	8.541	\$ 296.16	\$ 353.50	



HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
25635		Treat wrist bone fracture	A	9.542	11.973	\$ 394.93	\$ 495.55	
25645		Treat wrist bone fracture	A	17.433	17.433	\$ 721.53	\$ 721.53	
25650		Treat wrist bone fracture	A	7.563	8.932	\$ 313.05	\$ 369.69	
25651		Pin ulnar styloid fracture	A	13.366	13.366	\$ 553.21	\$ 553.21	
25652		Treat fracture ulnar styloid	A	18.268	18.268	\$ 756.10	\$ 756.10	
25660		Treat wrist dislocation	A	11.514	11.514	\$ 476.55	\$ 476.55	
25670		Treat wrist dislocation	A	19.020	19.020	\$ 787.24	\$ 787.24	
25671		Pin radioulnar dislocation	A	14.941	14.941	\$ 618.43	\$ 618.43	
25675		Treat wrist dislocation	A	11.302	12.900	\$ 467.80	\$ 533.94	
25676		Treat wrist dislocation	A	19.502	19.502	\$ 807.19	\$ 807.19	
25680		Treat wrist fracture	A	12.939	12.939	\$ 535.53	\$ 535.53	
25685		Treat wrist fracture	A	22.420	22.420	\$ 927.97	\$ 927.97	
25690		Treat wrist dislocation	A	13.782	13.782	\$ 570.44	\$ 570.44	
25695		Treat wrist dislocation	A	19.534	19.534	\$ 808.50	\$ 808.50	
25800		Fusion of wrist joint	A	23.682	23.682	\$ 980.22	\$ 980.22	
25805		Fusion/graft of wrist joint	A	27.148	27.148	\$ 1,123.67	\$ 1,123.67	
25810		Fusion/graft of wrist joint	A	25.461	25.461	\$ 1,053.84	\$ 1,053.84	
25820		Fusion of hand bones	A	18.717	18.717	\$ 774.70	\$ 774.70	
25825		Fuse hand bones with graft	A	22.821	22.821	\$ 944.55	\$ 944.55	
25830		Fusion, radioulnar jnt/ulna	A	28.566	28.566	\$ 1,182.35	\$ 1,182.35	
25900		Amputation of forearm	A	25.088	25.088	\$ 1,038.40	\$ 1,038.40	
25905		Amputation of forearm	A	25.060	25.060	\$ 1,037.22	\$ 1,037.22	
25907		Amputation follow-up surgery	A	22.984	22.984	\$ 951.32	\$ 951.32	
25909		Amputation follow-up surgery	A	24.888	24.888	\$ 1,030.12	\$ 1,030.12	
25915		Amputation of forearm	A	45.120	45.120	\$ 1,867.53	\$ 1,867.53	
25920		Amputate hand at wrist	A	20.523	20.523	\$ 849.43	\$ 849.43	
25922		Amputate hand at wrist	A	17.994	17.994	\$ 744.75	\$ 744.75	
25924		Amputation follow-up surgery	A	20.529	20.529	\$ 849.70	\$ 849.70	
25927		Amputation of hand	A	23.973	23.973	\$ 992.23	\$ 992.23	
25929		Amputation follow-up surgery	A	16.955	16.955	\$ 701.76	\$ 701.76	
25931		Amputation follow-up surgery	A	22.235	22.235	\$ 920.32	\$ 920.32	
25999		Forearm or wrist surgery	C	0.000	0.000	\$ -	\$ -	
26010		Drainage of finger abscess	A	3.622	7.031	\$ 149.92	\$ 290.99	
26011		Drainage of finger abscess	A	5.338	11.092	\$ 220.93	\$ 459.11	
26020		Drain hand tendon sheath	A	12.197	12.197	\$ 504.84	\$ 504.84	
26025		Drainage of palm bursa	A	12.208	12.208	\$ 505.29	\$ 505.29	
26030		Drainage of palm bursa(s)	A	14.454	14.454	\$ 598.26	\$ 598.26	
26034		Treat hand bone lesion	A	15.300	15.300	\$ 633.25	\$ 633.25	
26035		Decompress fingers/hand	A	21.714	21.714	\$ 898.74	\$ 898.74	
26037		Decompress fingers/hand	A	16.995	16.995	\$ 703.41	\$ 703.41	
26040		Release palm contracture	A	8.853	8.853	\$ 366.43	\$ 366.43	
26045		Release palm contracture	A	13.789	13.789	\$ 570.73	\$ 570.73	
26055		Incise finger tendon sheath	A	7.660	16.746	\$ 317.04	\$ 693.13	
26060		Incision of finger tendon	A	7.400	7.400	\$ 306.30	\$ 306.30	
26070		Explore/treat hand joint	A	8.194	8.194	\$ 339.15	\$ 339.15	
26075		Explore/treat finger joint	A	8.871	8.871	\$ 367.16	\$ 367.16	
26080		Explore/treat finger joint	A	10.780	10.780	\$ 446.18	\$ 446.18	
26100		Biopsy hand joint lining	A	9.277	9.277	\$ 383.96	\$ 383.96	
26105		Biopsy finger joint lining	A	9.376	9.376	\$ 388.08	\$ 388.08	
26110		Biopsy finger joint lining	A	8.995	8.995	\$ 372.31	\$ 372.31	
26115		Removel hand lesion subcut	A	10.109	17.470	\$ 418.41	\$ 723.08	
26116		Removel hand lesion, deep	A	13.828	13.828	\$ 572.36	\$ 572.36	
26117		Remove tumor, hand/finger	A	19.331	19.331	\$ 800.12	\$ 800.12	
26121		Release palm contracture	A	17.856	17.856	\$ 739.04	\$ 739.04	
26123		Release palm contracture	A	22.275	22.275	\$ 921.96	\$ 921.96	
26125		Release palm contracture	A	9.415	9.415	\$ 389.67	\$ 389.67	
26130		Remove wrist joint lining	A	12.994	12.994	\$ 537.82	\$ 537.82	
26135		Revise finger joint, each	A	16.526	16.526	\$ 684.02	\$ 684.02	
26140		Revise finger joint, each	A	14.866	14.866	\$ 615.31	\$ 615.31	
26145		Tendon excision, palm/finger	A	15.064	15.064	\$ 623.50	\$ 623.50	
26160		Remove tendon sheath lesion	A	8.439	15.792	\$ 349.30	\$ 653.62	

HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
26170		Removal of palm tendon, each	A	11.750	11.750	\$ 486.34	\$ 486.34	
26180		Removal of finger tendon	A	12.757	12.757	\$ 528.01	\$ 528.01	
26185		Remove finger bone	A	13.461	13.461	\$ 557.15	\$ 557.15	
26200		Remove hand bone lesion	A	13.391	13.391	\$ 554.26	\$ 554.26	
26205		Remove/graft bone lesion	A	18.044	18.044	\$ 746.82	\$ 746.82	
26210		Removal of finger lesion	A	12.735	12.735	\$ 527.12	\$ 527.12	
26215		Remove/graft finger lesion	A	16.082	16.082	\$ 665.64	\$ 665.64	
26230		Partial removal of hand bone	A	15.279	15.279	\$ 632.41	\$ 632.41	
26235		Partial removal, finger bone	A	14.778	14.778	\$ 611.66	\$ 611.66	
26236		Partial removal, finger bone	A	12.956	12.956	\$ 536.25	\$ 536.25	
26250		Extensive hand surgery	A	17.345	17.345	\$ 717.89	\$ 717.89	
26255		Extensive hand surgery	A	25.371	25.371	\$ 1,050.09	\$ 1,050.09	
26260		Extensive finger surgery	A	16.186	16.186	\$ 669.96	\$ 669.96	
26261		Extensive finger surgery	A	18.362	18.362	\$ 760.02	\$ 760.02	
26262		Partial removal of finger	A	13.472	13.472	\$ 557.62	\$ 557.62	
26320		Removal of implant from hand	A	9.911	9.911	\$ 410.24	\$ 410.24	
26340		Manipulate finger w/anesth	A	7.950	7.950	\$ 329.05	\$ 329.05	
26350		Repair finger/hand tendon	A	22.620	22.620	\$ 936.25	\$ 936.25	
26352		Repair/graft hand tendon	A	25.759	25.759	\$ 1,066.17	\$ 1,066.17	
26356		Repair finger/hand tendon	A	28.831	28.831	\$ 1,193.31	\$ 1,193.31	
26357		Repair finger/hand tendon	A	27.476	27.476	\$ 1,137.22	\$ 1,137.22	
26358		Repair/graft hand tendon	A	29.038	29.038	\$ 1,201.87	\$ 1,201.87	
26370		Repair finger/hand tendon	A	24.960	24.960	\$ 1,033.10	\$ 1,033.10	
26372		Repair/graft hand tendon	A	28.525	28.525	\$ 1,180.64	\$ 1,180.64	
26373		Repair finger/hand tendon	A	27.147	27.147	\$ 1,123.63	\$ 1,123.63	
26390		Revise hand/finger tendon	A	26.183	26.183	\$ 1,083.72	\$ 1,083.72	
26392		Repair/graft hand tendon	A	31.251	31.251	\$ 1,293.48	\$ 1,293.48	
26410		Repair hand tendon	A	18.045	18.045	\$ 746.89	\$ 746.89	
26412		Repair/graft hand tendon	A	21.922	21.922	\$ 907.33	\$ 907.33	
26415		Excision, hand/finger tendon	A	22.439	22.439	\$ 928.75	\$ 928.75	
26416		Graft hand or finger tendon	A	28.012	28.012	\$ 1,159.43	\$ 1,159.43	
26418		Repair finger tendon	A	17.616	17.616	\$ 729.12	\$ 729.12	
26420		Repair/graft finger tendon	A	22.828	22.828	\$ 944.87	\$ 944.87	
26426		Repair finger/hand tendon	A	21.524	21.524	\$ 890.88	\$ 890.88	
26428		Repair/graft finger tendon	A	23.580	23.580	\$ 975.97	\$ 975.97	
26432		Repair finger tendon	A	15.386	15.386	\$ 636.83	\$ 636.83	
26433		Repair finger tendon	A	16.899	16.899	\$ 699.44	\$ 699.44	
26434		Repair/graft finger tendon	A	19.726	19.726	\$ 816.45	\$ 816.45	
26437		Realignment of tendons	A	19.506	19.506	\$ 807.36	\$ 807.36	
26440		Release palm/finger tendon	A	20.024	20.024	\$ 828.77	\$ 828.77	
26442		Release palm & finger tendon	A	26.729	26.729	\$ 1,106.32	\$ 1,106.32	
26445		Release hand/finger tendon	A	18.706	18.706	\$ 774.25	\$ 774.25	
26449		Release forearm/hand tendon	A	24.908	24.908	\$ 1,030.96	\$ 1,030.96	
26450		Incision of palm tendon	A	12.274	12.274	\$ 508.02	\$ 508.02	
26455		Incision of finger tendon	A	12.255	12.255	\$ 507.24	\$ 507.24	
26460		Incise hand/finger tendon	A	11.764	11.764	\$ 486.92	\$ 486.92	
26471		Fusion of finger tendons	A	19.096	19.096	\$ 790.39	\$ 790.39	
26474		Fusion of finger tendons	A	18.650	18.650	\$ 771.94	\$ 771.94	
26476		Tendon lengthening	A	17.795	17.795	\$ 736.54	\$ 736.54	
26477		Tendon shortening	A	17.791	17.791	\$ 736.37	\$ 736.37	
26478		Lengthening of hand tendon	A	19.865	19.865	\$ 822.22	\$ 822.22	
26479		Shortening of hand tendon	A	19.630	19.630	\$ 812.47	\$ 812.47	
26480		Transplant hand tendon	A	23.995	23.995	\$ 993.15	\$ 993.15	
26483		Transplant/graft hand tendon	A	26.877	26.877	\$ 1,112.43	\$ 1,112.43	
26485		Transplant palm tendon	A	25.759	25.759	\$ 1,066.17	\$ 1,066.17	
26489		Transplant/graft palm tendon	A	24.857	24.857	\$ 1,028.83	\$ 1,028.83	
26490		Revise thumb tendon	A	24.599	24.599	\$ 1,018.16	\$ 1,018.16	
26492		Tendon transfer with graft	A	27.169	27.169	\$ 1,124.51	\$ 1,124.51	
26494		Hand tendon/muscle transfer	A	25.397	25.397	\$ 1,051.18	\$ 1,051.18	
26496		Revise thumb tendon	A	26.714	26.714	\$ 1,105.71	\$ 1,105.71	
26497		Finger tendon transfer	A	26.992	26.992	\$ 1,117.19	\$ 1,117.19	

HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
26498		Finger tendon transfer	A	36.337	36.337	\$ 1,503.99	\$ 1,503.99	
26499		Revision of finger	A	24.906	24.906	\$ 1,030.84	\$ 1,030.84	
26500		Hand tendon reconstruction	A	19.410	19.410	\$ 803.38	\$ 803.38	
26502		Hand tendon reconstruction	A	21.968	21.968	\$ 909.25	\$ 909.25	
26504		Hand tendon reconstruction	A	22.505	22.505	\$ 931.50	\$ 931.50	
26508		Release thumb contracture	A	19.925	19.925	\$ 824.70	\$ 824.70	
26510		Thumb tendon transfer	A	18.836	18.836	\$ 779.63	\$ 779.63	
26516		Fusion of knuckle joint	A	22.195	22.195	\$ 918.66	\$ 918.66	
26517		Fusion of knuckle joints	A	25.265	25.265	\$ 1,045.72	\$ 1,045.72	
26518		Fusion of knuckle joints	A	26.083	26.083	\$ 1,079.57	\$ 1,079.57	
26520		Release knuckle contracture	A	20.804	20.804	\$ 861.10	\$ 861.10	
26525		Release finger contracture	A	21.007	21.007	\$ 869.48	\$ 869.48	
26530		Revise knuckle joint	A	15.902	15.902	\$ 658.20	\$ 658.20	
26531		Revise knuckle with implant	A	18.657	18.657	\$ 772.23	\$ 772.23	
26535		Revise finger joint	A	11.524	11.524	\$ 477.00	\$ 477.00	
26536		Revise/implant finger joint	A	18.429	18.429	\$ 762.76	\$ 762.76	
26540		Repair hand joint	A	20.786	20.786	\$ 860.33	\$ 860.33	
26541		Repair hand joint with graft	A	25.694	25.694	\$ 1,063.49	\$ 1,063.49	
26542		Repair hand joint with graft	A	21.446	21.446	\$ 887.66	\$ 887.66	
26545		Reconstruct finger joint	A	21.532	21.532	\$ 891.19	\$ 891.19	
26546		Repair nonunion hand	A	27.238	27.238	\$ 1,127.38	\$ 1,127.38	
26548		Reconstruct finger joint	A	24.059	24.059	\$ 995.82	\$ 995.82	
26550		Construct thumb replacement	A	45.212	45.212	\$ 1,871.32	\$ 1,871.32	
26551		Great toe-hand transfer	A	106.427	106.427	\$ 4,405.01	\$ 4,405.01	
26553		Single transfer, toe-hand	A	75.411	75.411	\$ 3,121.25	\$ 3,121.25	
26554		Double transfer, toe-hand	A	124.135	124.135	\$ 5,137.93	\$ 5,137.93	
26555		Positional change of finger	A	42.624	42.624	\$ 1,764.22	\$ 1,764.22	
26556		Toe joint transfer	A	108.252	108.252	\$ 4,480.55	\$ 4,480.55	
26560		Repair of web finger	A	16.950	16.950	\$ 701.57	\$ 701.57	
26561		Repair of web finger	A	25.167	25.167	\$ 1,041.66	\$ 1,041.66	
26562		Repair of web finger	A	34.589	34.589	\$ 1,431.66	\$ 1,431.66	
26565		Correct metacarpal flaw	A	21.308	21.308	\$ 881.93	\$ 881.93	
26567		Correct finger deformity	A	21.328	21.328	\$ 882.78	\$ 882.78	
26568		Lengthen metacarpal/finger	A	27.997	27.997	\$ 1,158.78	\$ 1,158.78	
26580		Repair hand deformity	A	36.980	36.980	\$ 1,530.62	\$ 1,530.62	
26587		Reconstruct extra finger	A	27.051	27.051	\$ 1,119.66	\$ 1,119.66	
26590		Repair finger deformity	A	36.446	36.446	\$ 1,508.52	\$ 1,508.52	
26591		Repair muscles of hand	A	13.900	13.900	\$ 575.33	\$ 575.33	
26593		Release muscles of hand	A	18.123	18.123	\$ 750.11	\$ 750.11	
26596		Excision constricting tissue	A	20.743	20.743	\$ 858.56	\$ 858.56	
26600		Treat metacarpal fracture	A	5.388	6.612	\$ 223.02	\$ 273.68	
26605		Treat metacarpal fracture	A	7.709	9.128	\$ 319.07	\$ 377.82	
26607		Treat metacarpal fracture	A	14.063	14.063	\$ 582.08	\$ 582.08	
26608		Treat metacarpal fracture	A	14.221	14.221	\$ 588.62	\$ 588.62	
26615		Treat metacarpal fracture	A	13.336	13.336	\$ 551.99	\$ 551.99	
26641		Treat thumb dislocation	A	8.986	10.533	\$ 371.94	\$ 435.97	
26645		Treat thumb fracture	A	10.510	12.151	\$ 435.02	\$ 502.92	
26650		Treat thumb fracture	A	15.127	15.127	\$ 626.11	\$ 626.11	
26665		Treat thumb fracture	A	17.988	17.988	\$ 744.54	\$ 744.54	
26670		Treat hand dislocation	A	7.953	9.534	\$ 329.17	\$ 394.61	
26675		Treat hand dislocation	A	11.063	12.610	\$ 457.89	\$ 521.92	
26676		Pin hand dislocation	A	14.913	14.913	\$ 617.25	\$ 617.25	
26685		Treat hand dislocation	A	16.831	16.831	\$ 696.61	\$ 696.61	
26686		Treat hand dislocation	A	18.919	18.919	\$ 783.04	\$ 783.04	
26700		Treat knuckle dislocation	A	7.854	9.290	\$ 325.07	\$ 384.53	
26705		Treat knuckle dislocation	A	10.152	11.674	\$ 420.21	\$ 483.18	
26706		Pin knuckle dislocation	A	12.476	12.476	\$ 516.38	\$ 516.38	
26715		Treat knuckle dislocation	A	14.136	14.136	\$ 585.10	\$ 585.10	
26720		Treat finger fracture, each	A	4.817	5.914	\$ 199.39	\$ 244.78	
26725		Treat finger fracture, each	A	8.817	10.559	\$ 364.92	\$ 437.04	
26727		Treat finger fracture, each	A	13.936	13.936	\$ 576.83	\$ 576.83	

HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
26735		Treat finger fracture, each	A	14.622	14.622	\$ 605.21	\$ 605.21	
26740		Treat finger fracture, each	A	5.371	6.111	\$ 222.32	\$ 252.92	
26742		Treat finger fracture, each	A	9.441	11.107	\$ 390.78	\$ 459.74	
26746		Treat finger fracture, each	A	14.337	14.337	\$ 593.40	\$ 593.40	
26750		Treat finger fracture, each	A	4.376	5.277	\$ 181.12	\$ 218.41	
26755		Treat finger fracture, each	A	7.469	8.965	\$ 309.13	\$ 371.05	
26756		Pin finger fracture, each	A	12.198	12.198	\$ 504.88	\$ 504.88	
26765		Treat finger fracture, each	A	10.670	10.670	\$ 441.65	\$ 441.65	
26770		Treat finger dislocation	A	6.490	8.063	\$ 268.63	\$ 333.71	
26775		Treat finger dislocation	A	9.000	10.725	\$ 372.50	\$ 443.91	
26776		Pin finger dislocation	A	13.069	13.069	\$ 540.91	\$ 540.91	
26785		Treat finger dislocation	A	10.854	10.854	\$ 449.26	\$ 449.26	
26820		Thumb fusion with graft	A	25.125	25.125	\$ 1,039.92	\$ 1,039.92	
26841		Fusion of thumb	A	23.239	23.239	\$ 961.86	\$ 961.86	
26842		Thumb fusion with graft	A	25.134	25.134	\$ 1,040.28	\$ 1,040.28	
26843		Fusion of hand joint	A	23.075	23.075	\$ 955.09	\$ 955.09	
26844		Fusion/graft of hand joint	A	25.677	25.677	\$ 1,062.77	\$ 1,062.77	
26850		Fusion of knuckle	A	21.860	21.860	\$ 904.77	\$ 904.77	
26852		Fusion of knuckle with graft	A	24.726	24.726	\$ 1,023.40	\$ 1,023.40	
26860		Fusion of finger joint	A	17.340	17.340	\$ 717.69	\$ 717.69	
26861		Fusion of finger jnt, add-on	A	3.596	3.596	\$ 148.85	\$ 148.85	
26862		Fusion/graft of finger joint	A	22.579	22.579	\$ 934.55	\$ 934.55	
26863		Fuse/graft added joint	A	8.139	8.139	\$ 336.89	\$ 336.89	
26910		Amputate metacarpal bone	A	21.838	21.838	\$ 903.86	\$ 903.86	
26951		Amputation of finger/thumb	A	16.291	16.291	\$ 674.29	\$ 674.29	
26952		Amputation of finger/thumb	A	20.209	20.209	\$ 836.44	\$ 836.44	
26989		Hand/finger surgery	C	0.000	0.000	\$ -	\$ -	
26990		Drainage of pelvis lesion	A	18.337	18.337	\$ 758.97	\$ 758.97	
26991		Drainage of pelvis bursa	A	15.785	17.085	\$ 653.33	\$ 707.16	
26992		Drainage of bone lesion	A	30.560	30.560	\$ 1,264.88	\$ 1,264.88	
27000		Incision of hip tendon	A	13.738	13.738	\$ 568.62	\$ 568.62	
27001		Incision of hip tendon	A	16.697	16.697	\$ 691.09	\$ 691.09	
27003		Incision of hip tendon	A	17.319	17.319	\$ 716.82	\$ 716.82	
27005		Incision of hip tendon	A	22.796	22.796	\$ 943.54	\$ 943.54	
27006		Incision of hip tendons	A	22.777	22.777	\$ 942.75	\$ 942.75	
27025		Incision of hip/thigh fascia	A	25.003	25.003	\$ 1,034.86	\$ 1,034.86	
27030		Drainage of hip joint	A	29.806	29.806	\$ 1,233.68	\$ 1,233.68	
27033		Exploration of hip joint	A	30.732	30.732	\$ 1,271.98	\$ 1,271.98	
27035		Denervation of hip joint	A	35.233	35.233	\$ 1,458.28	\$ 1,458.28	
27036		Excision of hip joint/muscle	A	29.951	29.951	\$ 1,239.69	\$ 1,239.69	
27040		Biopsy of soft tissues	A	5.599	6.084	\$ 231.76	\$ 251.81	
27041		Biopsy of soft tissues	A	20.416	20.416	\$ 845.03	\$ 845.03	
27047		Remove hip/pelvis lesion	A	15.432	16.758	\$ 638.71	\$ 693.59	
27048		Remove hip/pelvis lesion	A	13.998	13.998	\$ 579.37	\$ 579.37	
27049		Remove tumor, hip/pelvis	A	28.747	28.747	\$ 1,189.84	\$ 1,189.84	
27050		Biopsy of sacroiliac joint	A	10.684	10.684	\$ 442.22	\$ 442.22	
27052		Biopsy of hip joint	A	15.292	15.292	\$ 632.95	\$ 632.95	
27054		Removal of hip joint lining	A	20.352	20.352	\$ 842.36	\$ 842.36	
27060		Removal of ischial bursa	A	12.376	12.376	\$ 512.25	\$ 512.25	
27062		Remove femur lesion/bursa	A	13.310	13.310	\$ 550.91	\$ 550.91	
27065		Removal of hip bone lesion	A	14.231	14.231	\$ 589.00	\$ 589.00	
27066		Removal of hip bone lesion	A	24.294	24.294	\$ 1,005.51	\$ 1,005.51	
27067		Remove/graft hip bone lesion	A	32.156	32.156	\$ 1,330.93	\$ 1,330.93	
27070		Partial removal of hip bone	A	25.487	25.487	\$ 1,054.90	\$ 1,054.90	
27071		Partial removal of hip bone	A	27.762	27.762	\$ 1,149.06	\$ 1,149.06	
27075		Extensive hip surgery	A	62.257	62.257	\$ 2,576.82	\$ 2,576.82	
27076		Extensive hip surgery	A	48.280	48.280	\$ 1,998.31	\$ 1,998.31	
27077		Extensive hip surgery	A	74.733	74.733	\$ 3,093.20	\$ 3,093.20	
27078		Extensive hip surgery	A	30.220	30.220	\$ 1,250.80	\$ 1,250.80	
27079		Extensive hip surgery	A	31.149	31.149	\$ 1,289.24	\$ 1,289.24	
27080		Removal of tail bone	A	14.488	14.488	\$ 599.64	\$ 599.64	



HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
27086		Remove hip foreign body	A	4.288	4.407	\$ 177.50	\$ 182.42	
27087		Remove hip foreign body	A	19.405	19.405	\$ 803.16	\$ 803.16	
27090		Removal of hip prosthesis	A	25.864	25.864	\$ 1,070.52	\$ 1,070.52	
27091		Removal of hip prosthesis	A	48.694	48.694	\$ 2,015.43	\$ 2,015.43	
27093		Injection for hip x-ray	A	2.142	12.113	\$ 88.67	\$ 501.35	
27095		Injection for hip x-ray	A	2.416	11.120	\$ 99.99	\$ 460.24	
27096		Inject sacroiliac joint	A	2.075	9.742	\$ 85.89	\$ 403.23	
27097		Revision of hip tendon	A	20.092	20.092	\$ 831.62	\$ 831.62	
27098		Transfer tendon to pelvis	A	20.776	20.776	\$ 859.92	\$ 859.92	
27100		Transfer of abdominal muscle	A	25.941	25.941	\$ 1,073.70	\$ 1,073.70	
27105		Transfer of spinal muscle	A	27.465	27.465	\$ 1,136.77	\$ 1,136.77	
27110		Transfer of iliopsoas muscle	A	27.723	27.723	\$ 1,147.46	\$ 1,147.46	
27111		Transfer of iliopsoas muscle	A	26.999	26.999	\$ 1,117.48	\$ 1,117.48	
27120		Reconstruction of hip socket	A	39.604	39.604	\$ 1,639.20	\$ 1,639.20	
27122		Reconstruction of hip socket	A	34.141	34.141	\$ 1,413.12	\$ 1,413.12	
27125		Partial hip replacement	A	33.337	33.337	\$ 1,379.80	\$ 1,379.80	
27130		Total hip arthroplasty	A	44.740	44.740	\$ 1,851.77	\$ 1,851.77	
27132		Total hip arthroplasty	A	51.941	51.941	\$ 2,149.85	\$ 2,149.85	
27134		Revise hip joint replacement	A	62.425	62.425	\$ 2,583.75	\$ 2,583.75	
27137		Revise hip joint replacement	A	47.019	47.019	\$ 1,946.10	\$ 1,946.10	
27138		Revise hip joint replacement	A	49.081	49.081	\$ 2,031.45	\$ 2,031.45	
27140		Transplant femur ridge	A	28.153	28.153	\$ 1,165.24	\$ 1,165.24	
27146		Incision of hip bone	A	38.645	38.645	\$ 1,599.53	\$ 1,599.53	
27147		Revision of hip bone	A	44.323	44.323	\$ 1,834.54	\$ 1,834.54	
27151		Incision of hip bones	A	44.301	44.301	\$ 1,833.61	\$ 1,833.61	
27156		Revision of hip bones	A	54.854	54.854	\$ 2,270.41	\$ 2,270.41	
27158		Revision of pelvis	A	41.659	41.659	\$ 1,724.26	\$ 1,724.26	
27161		Incision of neck of femur	A	38.009	38.009	\$ 1,573.20	\$ 1,573.20	
27165		Incision/fixation of femur	A	40.763	40.763	\$ 1,687.19	\$ 1,687.19	
27170		Repair/graft femur head/neck	A	36.116	36.116	\$ 1,494.83	\$ 1,494.83	
27175		Treat slipped epiphysis	A	19.727	19.727	\$ 816.51	\$ 816.51	
27176		Treat slipped epiphysis	A	27.676	27.676	\$ 1,145.52	\$ 1,145.52	
27177		Treat slipped epiphysis	A	34.292	34.292	\$ 1,419.34	\$ 1,419.34	
27178		Treat slipped epiphysis	A	27.123	27.123	\$ 1,122.63	\$ 1,122.63	
27179		Revise head/neck of femur	A	30.155	30.155	\$ 1,248.12	\$ 1,248.12	
27181		Treat slipped epiphysis	A	31.577	31.577	\$ 1,306.97	\$ 1,306.97	
27185		Revision of femur epiphysis	A	21.771	21.771	\$ 901.10	\$ 901.10	
27187		Reinforce hip bones	A	31.301	31.301	\$ 1,295.53	\$ 1,295.53	
27193		Treat pelvic ring fracture	A	14.100	15.256	\$ 583.60	\$ 631.45	
27194		Treat pelvic ring fracture	A	22.291	23.354	\$ 922.64	\$ 966.62	
27200		Treat tail bone fracture	A	4.750	5.490	\$ 196.61	\$ 227.22	
27202		Treat tail bone fracture	A	25.309	25.309	\$ 1,047.53	\$ 1,047.53	
27215		Treat pelvic fracture(s)	A	22.638	22.638	\$ 936.97	\$ 936.97	
27216		Treat pelvic ring fracture	A	33.656	33.656	\$ 1,393.01	\$ 1,393.01	
27217		Treat pelvic ring fracture	A	31.994	31.994	\$ 1,324.23	\$ 1,324.23	
27218		Treat pelvic ring fracture	A	43.474	43.474	\$ 1,799.39	\$ 1,799.39	
27220		Treat hip socket fracture	A	14.919	16.237	\$ 617.51	\$ 672.04	
27222		Treat hip socket fracture	A	29.486	29.486	\$ 1,220.42	\$ 1,220.42	
27226		Treat hip wall fracture	A	31.491	31.491	\$ 1,303.39	\$ 1,303.39	
27227		Treat hip fracture(s)	A	51.892	51.892	\$ 2,147.80	\$ 2,147.80	
27228		Treat hip fracture(s)	A	60.015	60.015	\$ 2,484.03	\$ 2,484.03	
27230		Treat thigh fracture	A	13.248	14.497	\$ 548.32	\$ 600.04	
27232		Treat thigh fracture	A	23.671	23.671	\$ 979.74	\$ 979.74	
27235		Treat thigh fracture	A	28.253	28.253	\$ 1,169.40	\$ 1,169.40	
27236		Treat thigh fracture	A	35.252	35.252	\$ 1,459.09	\$ 1,459.09	
27238		Treat thigh fracture	A	13.468	13.468	\$ 557.44	\$ 557.44	
27240		Treat thigh fracture	A	28.497	28.497	\$ 1,179.50	\$ 1,179.50	
27244		Treat thigh fracture	A	36.110	36.110	\$ 1,494.57	\$ 1,494.57	
27245		Treat thigh fracture	A	45.504	45.504	\$ 1,883.41	\$ 1,883.41	
27246		Treat thigh fracture	A	11.606	12.669	\$ 480.39	\$ 524.37	
27248		Treat thigh fracture	A	24.299	24.299	\$ 1,005.75	\$ 1,005.75	

HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
27250		Treat hip dislocation	A	14.231	14.231	\$ 589.04	\$ 589.04	
27252		Treat hip dislocation	A	23.165	23.165	\$ 958.79	\$ 958.79	
27253		Treat hip dislocation	A	29.767	29.767	\$ 1,232.07	\$ 1,232.07	
27254		Treat hip dislocation	A	40.456	40.456	\$ 1,674.46	\$ 1,674.46	
27256		Treat hip dislocation	A	8.215	9.354	\$ 340.04	\$ 387.18	
27257		Treat hip dislocation	A	10.342	10.342	\$ 428.06	\$ 428.06	
27258		Treat hip dislocation	A	34.473	34.473	\$ 1,426.84	\$ 1,426.84	
27259		Treat hip dislocation	A	47.806	47.806	\$ 1,978.70	\$ 1,978.70	
27265		Treat hip dislocation	A	12.165	12.165	\$ 503.51	\$ 503.51	
27266		Treat hip dislocation	A	17.744	17.744	\$ 734.41	\$ 734.41	
27275		Manipulation of hip joint	A	5.541	5.541	\$ 229.34	\$ 229.34	
27280		Fusion of sacroiliac joint	A	31.559	31.559	\$ 1,306.24	\$ 1,306.24	
27282		Fusion of pubic bones	A	23.723	23.723	\$ 981.91	\$ 981.91	
27284		Fusion of hip joint	A	47.266	47.266	\$ 1,956.32	\$ 1,956.32	
27286		Fusion of hip joint	A	48.138	48.138	\$ 1,992.43	\$ 1,992.43	
27290		Amputation of leg at hip	A	49.299	49.299	\$ 2,040.50	\$ 2,040.50	
27295		Amputation of leg at hip	A	39.600	39.600	\$ 1,639.05	\$ 1,639.05	
27299		Pelvis/hip joint surgery	C	0.000	0.000	\$ -	\$ -	
27301		Drain thigh/knee lesion	A	15.268	16.509	\$ 631.92	\$ 683.29	
27303		Drainage of bone lesion	A	19.832	19.832	\$ 820.84	\$ 820.84	
27305		Incise thigh tendon & fascia	A	14.137	14.137	\$ 585.13	\$ 585.13	
27306		Incision of thigh tendon	A	11.651	11.651	\$ 482.22	\$ 482.22	
27307		Incision of thigh tendons	A	14.193	14.193	\$ 587.43	\$ 587.43	
27310		Exploration of knee joint	A	21.827	21.827	\$ 903.42	\$ 903.42	
27315		Partial removal, thigh nerve	A	14.816	14.816	\$ 613.21	\$ 613.21	
27320		Partial removal, thigh nerve	A	14.353	14.353	\$ 594.05	\$ 594.05	
27323		Biopsy, thigh soft tissues	A	4.741	4.970	\$ 196.23	\$ 205.73	
27324		Biopsy, thigh soft tissues	A	11.390	11.390	\$ 471.44	\$ 471.44	
27327		Removal of thigh lesion	A	10.152	11.367	\$ 420.19	\$ 470.50	
27328		Removal of thigh lesion	A	12.602	12.602	\$ 521.61	\$ 521.61	
27329		Remove tumor, thigh/knee	A	30.217	30.217	\$ 1,250.67	\$ 1,250.67	
27330		Biopsy, knee joint lining	A	12.036	12.036	\$ 498.19	\$ 498.19	
27331		Explore/treat knee joint	A	14.422	14.422	\$ 596.92	\$ 596.92	
27332		Removal of knee cartilage	A	19.765	19.765	\$ 818.07	\$ 818.07	
27333		Removal of knee cartilage	A	17.795	17.795	\$ 736.53	\$ 736.53	
27334		Remove knee joint lining	A	20.726	20.726	\$ 857.86	\$ 857.86	
27335		Remove knee joint lining	A	23.654	23.654	\$ 979.02	\$ 979.02	
27340		Removal of kneecap bursa	A	10.784	10.784	\$ 446.34	\$ 446.34	
27345		Removal of knee cyst	A	14.547	14.547	\$ 602.10	\$ 602.10	
27347		Remove knee cyst	A	14.009	14.009	\$ 579.82	\$ 579.82	
27350		Removal of kneecap	A	19.758	19.758	\$ 817.80	\$ 817.80	
27355		Remove femur lesion	A	18.521	18.521	\$ 766.57	\$ 766.57	
27356		Remove femur lesion/graft	A	22.326	22.326	\$ 924.07	\$ 924.07	
27357		Remove femur lesion/graft	A	24.971	24.971	\$ 1,033.54	\$ 1,033.54	
27358		Remove femur lesion/fixation	A	10.086	10.086	\$ 417.48	\$ 417.48	
27360		Partial removal, leg bone(s)	A	25.688	25.688	\$ 1,063.21	\$ 1,063.21	
27365		Extensive leg surgery	A	36.946	36.946	\$ 1,529.19	\$ 1,529.19	
27370		Injection for knee x-ray	A	1.508	11.445	\$ 62.43	\$ 473.70	
27372		Removal of foreign body	A	12.007	13.121	\$ 496.97	\$ 543.06	
27380		Repair of kneecap tendon	A	18.089	18.089	\$ 748.70	\$ 748.70	
27381		Repair/graft kneecap tendon	A	24.881	24.881	\$ 1,029.82	\$ 1,029.82	
27385		Repair of thigh muscle	A	19.373	19.373	\$ 801.83	\$ 801.83	
27386		Repair/graft of thigh muscle	A	25.686	25.686	\$ 1,063.16	\$ 1,063.16	
27390		Incision of thigh tendon	A	13.067	13.067	\$ 540.86	\$ 540.86	
27391		Incision of thigh tendons	A	17.523	17.523	\$ 725.27	\$ 725.27	
27392		Incision of thigh tendons	A	21.594	21.594	\$ 893.78	\$ 893.78	
27393		Lengthening of thigh tendon	A	15.655	15.655	\$ 647.97	\$ 647.97	
27394		Lengthening of thigh tendons	A	20.244	20.244	\$ 837.89	\$ 837.89	
27395		Lengthening of thigh tendons	A	27.459	27.459	\$ 1,136.54	\$ 1,136.54	
27396		Transplant of thigh tendon	A	19.149	19.149	\$ 792.58	\$ 792.58	
27397		Transplants of thigh tendons	A	26.475	26.475	\$ 1,095.80	\$ 1,095.80	

HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
27400		Revise thigh muscles/tendons	A	20.854	20.854	\$ 863.16	\$ 863.16	
27403		Repair of knee cartilage	A	19.915	19.915	\$ 824.30	\$ 824.30	
27405		Repair of knee ligament	A	20.744	20.744	\$ 858.60	\$ 858.60	
27407		Repair of knee ligament	A	23.868	23.868	\$ 987.88	\$ 987.88	
27409		Repair of knee ligaments	A	29.633	29.633	\$ 1,226.49	\$ 1,226.49	
27418		Repair degenerated kneecap	A	25.537	25.537	\$ 1,056.97	\$ 1,056.97	
27420		Revision of unstable kneecap	A	23.215	23.215	\$ 960.88	\$ 960.88	
27422		Revision of unstable kneecap	A	23.143	23.143	\$ 957.88	\$ 957.88	
27424		Revision/removal of kneecap	A	23.187	23.187	\$ 959.70	\$ 959.70	
27425		Lat retinacular release open	A	13.350	13.350	\$ 552.57	\$ 552.57	
27427		Reconstruction, knee	A	22.087	22.087	\$ 914.18	\$ 914.18	
27428		Reconstruction, knee	A	32.691	32.691	\$ 1,353.10	\$ 1,353.10	
27429		Reconstruction, knee	A	36.371	36.371	\$ 1,505.38	\$ 1,505.38	
27430		Revision of thigh muscles	A	22.860	22.860	\$ 946.19	\$ 946.19	
27435		Incision of knee joint	A	22.902	22.902	\$ 947.91	\$ 947.91	
27437		Revise kneecap	A	20.099	20.099	\$ 831.89	\$ 831.89	
27438		Revise kneecap with implant	A	25.797	25.797	\$ 1,067.72	\$ 1,067.72	
27440		Revision of knee joint	A	22.235	22.235	\$ 920.29	\$ 920.29	
27441		Revision of knee joint	A	23.558	23.558	\$ 975.06	\$ 975.06	
27442		Revision of knee joint	A	27.363	27.363	\$ 1,132.56	\$ 1,132.56	
27443		Revision of knee joint	A	25.435	25.435	\$ 1,052.76	\$ 1,052.76	
27445		Revision of knee joint	A	39.888	39.888	\$ 1,650.95	\$ 1,650.95	
27446		Revision of knee joint	A	35.877	35.877	\$ 1,484.93	\$ 1,484.93	
27447		Total knee arthroplasty	A	48.031	48.031	\$ 1,987.99	\$ 1,987.99	
27448		Incision of thigh	A	25.577	25.577	\$ 1,058.62	\$ 1,058.62	
27450		Incision of thigh	A	32.277	32.277	\$ 1,335.96	\$ 1,335.96	
27454		Realignment of thigh bone	A	39.879	39.879	\$ 1,650.58	\$ 1,650.58	
27455		Realignment of knee	A	29.676	29.676	\$ 1,228.31	\$ 1,228.31	
27457		Realignment of knee	A	30.814	30.814	\$ 1,275.40	\$ 1,275.40	
27465		Shortening of thigh bone	A	31.481	31.481	\$ 1,303.01	\$ 1,303.01	
27466		Lengthening of thigh bone	A	35.557	35.557	\$ 1,471.72	\$ 1,471.72	
27468		Shorten/lengthen thighs	A	42.273	42.273	\$ 1,749.66	\$ 1,749.66	
27470		Repair of thigh	A	36.763	36.763	\$ 1,521.64	\$ 1,521.64	
27472		Repair/graft of thigh	A	40.344	40.344	\$ 1,669.85	\$ 1,669.85	
27475		Surgery to stop leg growth	A	20.135	20.135	\$ 833.41	\$ 833.41	
27477		Surgery to stop leg growth	A	22.647	22.647	\$ 937.38	\$ 937.38	
27479		Surgery to stop leg growth	A	29.766	29.766	\$ 1,232.03	\$ 1,232.03	
27485		Surgery to stop leg growth	A	21.024	21.024	\$ 870.19	\$ 870.19	
27486		Revise/replace knee joint	A	43.448	43.448	\$ 1,798.29	\$ 1,798.29	
27487		Revise/replace knee joint	A	56.034	56.034	\$ 2,319.24	\$ 2,319.24	
27488		Removal of knee prosthesis	A	36.069	36.069	\$ 1,492.88	\$ 1,492.88	
27495		Reinforce thigh	A	35.661	35.661	\$ 1,476.02	\$ 1,476.02	
27496		Decompression of thigh/knee	A	14.633	14.633	\$ 605.66	\$ 605.66	
27497		Decompression of thigh/knee	A	15.958	15.958	\$ 660.50	\$ 660.50	
27498		Decompression of thigh/knee	A	17.792	17.792	\$ 736.41	\$ 736.41	
27499		Decompression of thigh/knee	A	20.537	20.537	\$ 850.02	\$ 850.02	
27500		Treatment of thigh fracture	A	13.941	15.658	\$ 577.02	\$ 648.08	
27501		Treatment of thigh fracture	A	14.668	16.292	\$ 607.13	\$ 674.32	
27502		Treatment of thigh fracture	A	24.550	24.550	\$ 1,016.14	\$ 1,016.14	
27503		Treatment of thigh fracture	A	24.686	24.686	\$ 1,021.77	\$ 1,021.77	
27506		Treatment of thigh fracture	A	39.307	39.307	\$ 1,626.92	\$ 1,626.92	
27507		Treatment of thigh fracture	A	31.644	31.644	\$ 1,309.76	\$ 1,309.76	
27508		Treatment of thigh fracture	A	14.132	15.534	\$ 584.90	\$ 642.95	
27509		Treatment of thigh fracture	A	19.547	19.547	\$ 809.03	\$ 809.03	
27510		Treatment of thigh fracture	A	21.215	21.215	\$ 878.07	\$ 878.07	
27511		Treatment of thigh fracture	A	32.211	32.211	\$ 1,333.19	\$ 1,333.19	
27513		Treatment of thigh fracture	A	41.606	41.606	\$ 1,722.08	\$ 1,722.08	
27514		Treatment of thigh fracture	A	40.053	40.053	\$ 1,657.81	\$ 1,657.81	
27516		Treat thigh fx growth plate	A	13.446	15.053	\$ 556.54	\$ 623.03	
27517		Treat thigh fx growth plate	A	20.820	22.129	\$ 861.75	\$ 915.93	
27519		Treat thigh fx growth plate	A	34.816	34.816	\$ 1,441.03	\$ 1,441.03	

HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
27520		Treat kneecap fracture	A	7.574	9.113	\$ 313.50	\$ 377.18	
27524		Treat kneecap fracture	A	23.580	23.580	\$ 975.98	\$ 975.98	
27530		Treat knee fracture	A	9.838	11.215	\$ 407.21	\$ 464.20	
27532		Treat knee fracture	A	17.466	18.792	\$ 722.93	\$ 777.81	
27535		Treat knee fracture	A	27.714	27.714	\$ 1,147.10	\$ 1,147.10	
27536		Treat knee fracture	A	35.809	35.809	\$ 1,482.14	\$ 1,482.14	
27538		Treat knee fracture(s)	A	12.375	14.067	\$ 512.22	\$ 582.23	
27540		Treat knee fracture	A	29.687	29.687	\$ 1,228.74	\$ 1,228.74	
27550		Treat knee dislocation	A	13.169	14.571	\$ 545.06	\$ 603.11	
27552		Treat knee dislocation	A	18.971	18.971	\$ 785.21	\$ 785.21	
27556		Treat knee dislocation	A	33.854	33.854	\$ 1,401.20	\$ 1,401.20	
27557		Treat knee dislocation	A	39.182	39.182	\$ 1,621.72	\$ 1,621.72	
27558		Treat knee dislocation	A	40.769	40.769	\$ 1,687.41	\$ 1,687.41	
27560		Treat kneecap dislocation	A	8.501	10.448	\$ 351.87	\$ 432.43	
27562		Treat kneecap dislocation	A	13.128	13.128	\$ 543.36	\$ 543.36	
27566		Treat kneecap dislocation	A	28.331	28.331	\$ 1,172.62	\$ 1,172.62	
27570		Fixation of knee joint	A	4.423	4.423	\$ 183.08	\$ 183.08	
27580		Fusion of knee	A	44.746	44.746	\$ 1,852.04	\$ 1,852.04	
27590		Amputate leg at thigh	A	24.479	24.479	\$ 1,013.20	\$ 1,013.20	
27591		Amputate leg at thigh	A	27.976	27.976	\$ 1,157.92	\$ 1,157.92	
27592		Amputate leg at thigh	A	21.167	21.167	\$ 876.12	\$ 876.12	
27594		Amputation follow-up surgery	A	15.450	15.450	\$ 639.49	\$ 639.49	
27596		Amputation follow-up surgery	A	22.638	22.638	\$ 936.99	\$ 936.99	
27598		Amputate lower leg at knee	A	22.653	22.653	\$ 937.61	\$ 937.61	
27599		Leg surgery procedure	C	0.000	0.000	\$ -	\$ -	
27600		Decompression of lower leg	A	12.914	12.914	\$ 534.53	\$ 534.53	
27601		Decompression of lower leg	A	13.190	13.190	\$ 545.95	\$ 545.95	
27602		Decompression of lower leg	A	15.936	15.936	\$ 659.60	\$ 659.60	
27603		Drain lower leg lesion	A	11.737	16.658	\$ 485.78	\$ 689.48	
27604		Drain lower leg bursa	A	10.876	14.319	\$ 450.17	\$ 592.66	
27605		Incision of achilles tendon	A	6.675	12.166	\$ 276.27	\$ 503.54	
27606		Incision of achilles tendon	A	9.744	15.379	\$ 403.29	\$ 636.55	
27607		Treat lower leg bone lesion	A	18.685	18.685	\$ 773.36	\$ 773.36	
27610		Explore/treat ankle joint	A	19.818	19.818	\$ 820.26	\$ 820.26	
27612		Exploration of ankle joint	A	17.338	17.338	\$ 717.61	\$ 717.61	
27613		Biopsy lower leg soft tissue	A	4.416	6.125	\$ 182.78	\$ 253.49	
27614		Biopsy lower leg soft tissue	A	12.546	16.074	\$ 519.28	\$ 665.28	
27615		Remove tumor, lower leg	A	28.148	28.148	\$ 1,165.03	\$ 1,165.03	
27618		Remove lower leg lesion	A	11.224	15.381	\$ 464.57	\$ 636.61	
27619		Remove lower leg lesion	A	18.450	22.233	\$ 763.66	\$ 920.22	
27620		Explore/treat ankle joint	A	14.592	14.592	\$ 603.98	\$ 603.98	
27625		Remove ankle joint lining	A	19.375	19.375	\$ 801.95	\$ 801.95	
27626		Remove ankle joint lining	A	20.692	20.692	\$ 856.45	\$ 856.45	
27630		Removal of tendon lesion	A	11.423	15.274	\$ 472.80	\$ 632.18	
27635		Remove lower leg bone lesion	A	18.637	18.637	\$ 771.37	\$ 771.37	
27637		Remove/graft leg bone lesion	A	23.490	23.490	\$ 972.26	\$ 972.26	
27638		Remove/graft leg bone lesion	A	24.668	24.668	\$ 1,021.02	\$ 1,021.02	
27640		Partial removal of tibia	A	27.881	27.881	\$ 1,153.98	\$ 1,153.98	
27641		Partial removal of fibula	A	22.538	22.538	\$ 932.86	\$ 932.86	
27645		Extensive lower leg surgery	A	34.073	34.073	\$ 1,410.29	\$ 1,410.29	
27646		Extensive lower leg surgery	A	29.661	29.661	\$ 1,227.65	\$ 1,227.65	
27647		Extensive ankle/heel surgery	A	26.708	26.708	\$ 1,105.46	\$ 1,105.46	
27648		Injection for ankle x-ray	A	1.477	9.229	\$ 61.15	\$ 382.00	
27650		Repair achilles tendon	A	22.498	22.498	\$ 931.18	\$ 931.18	
27652		Repair/graft achilles tendon	A	24.026	24.026	\$ 994.45	\$ 994.45	
27654		Repair of achilles tendon	A	22.856	22.856	\$ 946.01	\$ 946.01	
27656		Repair leg fascia defect	A	10.258	15.290	\$ 424.58	\$ 632.85	
27658		Repair of leg tendon, each	A	12.261	16.010	\$ 507.50	\$ 662.65	
27659		Repair of leg tendon, each	A	16.309	20.984	\$ 675.03	\$ 868.53	
27664		Repair of leg tendon, each	A	11.609	17.151	\$ 480.50	\$ 709.88	
27665		Repair of leg tendon, each	A	13.346	18.335	\$ 552.38	\$ 758.89	



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				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
27675		Repair lower leg tendons	A	16.907	16.907	\$ 699.79	\$ 699.79	
27676		Repair lower leg tendons	A	19.651	19.651	\$ 813.37	\$ 813.37	
27680		Release of lower leg tendon	A	13.931	13.931	\$ 576.60	\$ 576.60	
27681		Release of lower leg tendons	A	16.258	16.258	\$ 672.90	\$ 672.90	
27685		Revision of lower leg tendon	A	15.516	17.726	\$ 642.19	\$ 733.66	
27686		Revise lower leg tendons	A	18.065	23.148	\$ 747.70	\$ 958.08	
27687		Revision of calf tendon	A	15.021	15.021	\$ 621.73	\$ 621.73	
27690		Revise lower leg tendon	A	19.985	19.985	\$ 827.19	\$ 827.19	
27691		Revise lower leg tendon	A	23.260	23.260	\$ 962.72	\$ 962.72	
27692		Revise additional leg tendon	A	3.884	3.884	\$ 160.77	\$ 160.77	
27695		Repair of ankle ligament	A	15.835	15.835	\$ 655.40	\$ 655.40	
27696		Repair of ankle ligaments	A	19.311	19.311	\$ 799.30	\$ 799.30	
27698		Repair of ankle ligament	A	21.520	21.520	\$ 890.71	\$ 890.71	
27700		Revision of ankle joint	A	19.978	19.978	\$ 826.89	\$ 826.89	
27702		Reconstruct ankle joint	A	31.580	31.580	\$ 1,307.09	\$ 1,307.09	
27703		Reconstruction, ankle joint	A	35.934	35.934	\$ 1,487.33	\$ 1,487.33	
27704		Removal of ankle implant	A	15.223	15.223	\$ 630.08	\$ 630.08	
27705		Incision of tibia	A	24.224	24.224	\$ 1,002.63	\$ 1,002.63	
27707		Incision of fibula	A	11.461	11.461	\$ 474.36	\$ 474.36	
27709		Incision of tibia & fibula	A	23.508	23.508	\$ 972.98	\$ 972.98	
27712		Realignment of lower leg	A	32.855	32.855	\$ 1,359.88	\$ 1,359.88	
27715		Revision of lower leg	A	33.097	33.097	\$ 1,369.89	\$ 1,369.89	
27720		Repair of tibia	A	27.697	27.697	\$ 1,146.39	\$ 1,146.39	
27722		Repair/graft of tibia	A	27.484	27.484	\$ 1,137.56	\$ 1,137.56	
27724		Repair/graft of tibia	A	38.739	38.739	\$ 1,603.42	\$ 1,603.42	
27725		Repair of lower leg	A	36.129	36.129	\$ 1,495.36	\$ 1,495.36	
27727		Repair of lower leg	A	31.602	31.602	\$ 1,308.00	\$ 1,308.00	
27730		Repair of tibia epiphysis	A	16.435	26.032	\$ 680.25	\$ 1,077.45	
27732		Repair of fibula epiphysis	A	12.560	18.170	\$ 519.86	\$ 752.06	
27734		Repair lower leg epiphyses	A	17.993	17.993	\$ 744.72	\$ 744.72	
27740		Repair of leg epiphyses	A	22.267	33.045	\$ 921.65	\$ 1,367.75	
27742		Repair of leg epiphyses	A	23.833	28.287	\$ 986.43	\$ 1,170.78	
27745		Reinforce tibia	A	23.581	23.581	\$ 976.03	\$ 976.03	
27750		Treatment of tibia fracture	A	8.447	9.807	\$ 349.63	\$ 405.92	
27752		Treatment of tibia fracture	A	14.404	16.011	\$ 596.20	\$ 662.69	
27756		Treatment of tibia fracture	A	16.773	16.773	\$ 694.22	\$ 694.22	
27758		Treatment of tibia fracture	A	26.685	26.685	\$ 1,104.50	\$ 1,104.50	
27759		Treatment of tibia fracture	A	31.709	31.709	\$ 1,312.45	\$ 1,312.45	
27760		Treatment of ankle fracture	A	7.866	9.328	\$ 325.56	\$ 386.08	
27762		Treatment of ankle fracture	A	13.021	14.687	\$ 538.93	\$ 607.89	
27766		Treatment of ankle fracture	A	20.002	20.002	\$ 827.88	\$ 827.88	
27780		Treatment of fibula fracture	A	6.957	8.411	\$ 287.97	\$ 348.13	
27781		Treatment of fibula fracture	A	10.930	12.511	\$ 452.40	\$ 517.84	
27784		Treatment of fibula fracture	A	17.240	17.240	\$ 713.58	\$ 713.58	
27786		Treatment of ankle fracture	A	7.447	8.943	\$ 308.22	\$ 370.14	
27788		Treatment of ankle fracture	A	11.186	12.852	\$ 462.99	\$ 531.95	
27792		Treatment of ankle fracture	A	18.607	18.607	\$ 770.15	\$ 770.15	
27808		Treatment of ankle fracture	A	7.706	9.474	\$ 318.94	\$ 392.12	
27810		Treatment of ankle fracture	A	12.756	14.422	\$ 527.98	\$ 596.94	
27814		Treatment of ankle fracture	A	25.072	25.072	\$ 1,037.74	\$ 1,037.74	
27816		Treatment of ankle fracture	A	7.556	8.908	\$ 312.76	\$ 368.70	
27818		Treatment of ankle fracture	A	13.287	15.004	\$ 549.96	\$ 621.02	
27822		Treatment of ankle fracture	A	26.173	26.173	\$ 1,083.32	\$ 1,083.32	
27823		Treatment of ankle fracture	A	30.602	30.602	\$ 1,266.61	\$ 1,266.61	
27824		Treat lower leg fracture	A	7.924	9.471	\$ 327.99	\$ 392.02	
27825		Treat lower leg fracture	A	15.227	17.207	\$ 630.24	\$ 712.21	
27826		Treat lower leg fracture	A	21.754	21.754	\$ 900.39	\$ 900.39	
27827		Treat lower leg fracture	A	34.159	34.159	\$ 1,413.86	\$ 1,413.86	
27828		Treat lower leg fracture	A	38.798	38.798	\$ 1,605.86	\$ 1,605.86	
27829		Treat lower leg joint	A	14.906	14.906	\$ 616.94	\$ 616.94	
27830		Treat lower leg dislocation	A	9.128	10.224	\$ 377.79	\$ 423.18	

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				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
27831		Treat lower leg dislocation	A	11.237	11.237	\$ 465.08	\$ 465.08	
27832		Treat lower leg dislocation	A	16.058	16.058	\$ 664.65	\$ 664.65	
27840		Treat ankle dislocation	A	10.127	10.127	\$ 419.14	\$ 419.14	
27842		Treat ankle dislocation	A	14.150	14.150	\$ 585.65	\$ 585.65	
27846		Treat ankle dislocation	A	22.977	22.977	\$ 951.03	\$ 951.03	
27848		Treat ankle dislocation	A	26.815	26.815	\$ 1,109.88	\$ 1,109.88	
27860		Fixation of ankle joint	A	5.509	5.509	\$ 228.02	\$ 228.02	
27870		Fusion of ankle joint, open	A	32.091	32.091	\$ 1,328.26	\$ 1,328.26	
27871		Fusion of tibiofibular joint	A	21.795	21.795	\$ 902.09	\$ 902.09	
27880		Amputation of lower leg	A	24.724	24.724	\$ 1,023.31	\$ 1,023.31	
27881		Amputation of lower leg	A	27.558	27.558	\$ 1,140.61	\$ 1,140.61	
27882		Amputation of lower leg	A	19.715	19.715	\$ 816.02	\$ 816.02	
27884		Amputation follow-up surgery	A	17.925	17.925	\$ 741.90	\$ 741.90	
27886		Amputation follow-up surgery	A	20.475	20.475	\$ 847.48	\$ 847.48	
27888		Amputation of foot at ankle	A	22.120	22.120	\$ 915.55	\$ 915.55	
27889		Amputation of foot at ankle	A	21.383	21.383	\$ 885.05	\$ 885.05	
27892		Decompression of leg	A	16.458	16.458	\$ 681.19	\$ 681.19	
27893		Decompression of leg	A	16.522	16.522	\$ 683.83	\$ 683.83	
27894		Decompression of leg	A	23.171	23.171	\$ 959.05	\$ 959.05	
27899		Leg/ankle surgery procedure	C	0.000	0.000	\$ -	\$ -	
28001		Drainage of bursa of foot	A	7.174	9.138	\$ 296.93	\$ 378.20	
28002		Treatment of foot infection	A	11.238	13.431	\$ 465.15	\$ 555.92	
28003		Treatment of foot infection	A	18.429	19.823	\$ 762.77	\$ 820.46	
28005		Treat foot bone lesion	A	19.484	19.484	\$ 806.44	\$ 806.44	
28008		Incision of foot fascia	A	10.142	11.952	\$ 419.77	\$ 494.70	
28010		Incision of toe tendon	A	7.169	9.396	\$ 296.72	\$ 388.89	
28011		Incision of toe tendons	A	10.497	13.200	\$ 434.48	\$ 546.36	
28020		Exploration of foot joint	A	11.609	14.049	\$ 480.52	\$ 581.49	
28022		Exploration of foot joint	A	10.961	12.797	\$ 453.68	\$ 529.67	
28024		Exploration of toe joint	A	10.130	12.008	\$ 419.28	\$ 497.03	
28030		Removal of foot nerve	A	13.249	13.249	\$ 548.37	\$ 548.37	
28035		Decompression of tibia nerve	A	11.900	13.184	\$ 492.55	\$ 545.68	
28043		Excision of foot lesion	A	8.450	10.583	\$ 349.73	\$ 438.03	
28045		Excision of foot lesion	A	10.824	12.873	\$ 448.01	\$ 532.79	
28046		Resection of tumor, foot	A	21.767	23.535	\$ 900.96	\$ 974.13	
28050		Biopsy of foot joint lining	A	9.956	11.758	\$ 412.09	\$ 486.68	
28052		Biopsy of foot joint lining	A	9.403	11.452	\$ 389.21	\$ 473.99	
28054		Biopsy of toe joint lining	A	8.428	10.519	\$ 348.82	\$ 435.36	
28060		Partial removal, foot fascia	A	11.922	13.928	\$ 493.45	\$ 576.47	
28062		Removal of foot fascia	A	14.137	16.636	\$ 585.14	\$ 688.58	
28070		Removal of foot joint lining	A	11.633	13.393	\$ 481.51	\$ 554.33	
28072		Removal of foot joint lining	A	11.281	13.075	\$ 466.94	\$ 541.17	
28080		Removal of foot lesion	A	9.083	10.979	\$ 375.96	\$ 454.42	
28086		Excise foot tendon sheath	A	11.914	16.003	\$ 493.14	\$ 662.36	
28088		Excise foot tendon sheath	A	9.737	12.321	\$ 403.01	\$ 509.96	
28090		Removal of foot lesion	A	10.141	12.241	\$ 419.74	\$ 506.64	
28092		Removal of toe lesions	A	8.870	11.182	\$ 367.11	\$ 462.81	
28100		Removal of ankle/heel lesion	A	13.370	17.110	\$ 553.39	\$ 708.19	
28102		Remove/graft foot lesion	A	17.481	17.481	\$ 723.54	\$ 723.54	
28103		Remove/graft foot lesion	A	14.760	17.862	\$ 610.90	\$ 739.32	
28104		Removal of foot lesion	A	11.829	13.784	\$ 489.60	\$ 570.51	
28106		Remove/graft foot lesion	A	15.867	15.867	\$ 656.75	\$ 656.75	
28107		Remove/graft foot lesion	A	12.735	15.217	\$ 527.11	\$ 629.84	
28108		Removal of toe lesions	A	9.493	11.261	\$ 392.91	\$ 466.09	
28110		Part removal of metatarsal	A	9.527	11.524	\$ 394.32	\$ 477.00	
28111		Part removal of metatarsal	A	11.553	14.103	\$ 478.18	\$ 583.72	
28112		Part removal of metatarsal	A	10.773	13.009	\$ 445.90	\$ 538.43	
28113		Part removal of metatarsal	A	11.741	13.569	\$ 485.96	\$ 561.60	
28114		Removal of metatarsal heads	A	23.496	26.394	\$ 972.49	\$ 1,092.46	
28116		Revision of foot	A	17.072	18.755	\$ 706.60	\$ 776.26	
28118		Removal of heel bone	A	13.551	15.761	\$ 560.86	\$ 652.33	

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				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
28119		Removal of heel spur	A	12.183	14.172	\$ 504.24	\$ 586.57	
28120		Part removal of ankle/heel	A	12.976	16.036	\$ 537.07	\$ 663.72	
28122		Partial removal of foot bone	A	16.695	18.565	\$ 691.03	\$ 768.43	
28124		Partial removal of toe	A	11.330	13.047	\$ 468.95	\$ 540.01	
28126		Partial removal of toe	A	8.822	10.378	\$ 365.16	\$ 429.54	
28130		Removal of ankle bone	A	19.085	19.085	\$ 789.91	\$ 789.91	
28140		Removal of metatarsal	A	15.137	17.908	\$ 626.52	\$ 741.21	
28150		Removal of toe	A	9.780	11.650	\$ 404.79	\$ 482.19	
28153		Partial removal of toe	A	8.597	10.569	\$ 355.83	\$ 437.45	
28160		Partial removal of toe	A	9.433	11.005	\$ 390.43	\$ 455.51	
28171		Extensive foot surgery	A	19.795	19.795	\$ 819.31	\$ 819.31	
28173		Extensive foot surgery	A	18.518	20.745	\$ 766.47	\$ 858.65	
28175		Extensive foot surgery	A	13.078	15.271	\$ 541.28	\$ 632.05	
28190		Removal of foot foreign body	A	5.660	8.244	\$ 234.25	\$ 341.20	
28192		Removal of foot foreign body	A	10.279	12.582	\$ 425.44	\$ 520.78	
28193		Removal of foot foreign body	A	12.214	14.118	\$ 505.52	\$ 584.32	
28200		Repair of foot tendon	A	10.546	12.442	\$ 436.51	\$ 514.96	
28202		Repair/graft of foot tendon	A	14.871	17.871	\$ 615.50	\$ 739.69	
28208		Repair of foot tendon	A	10.104	12.025	\$ 418.19	\$ 497.70	
28210		Repair/graft of foot tendon	A	13.573	16.063	\$ 561.77	\$ 664.85	
28220		Release of foot tendon	A	10.546	12.246	\$ 436.50	\$ 506.86	
28222		Release of foot tendons	A	12.877	14.339	\$ 532.96	\$ 593.47	
28225		Release of foot tendon	A	8.628	10.489	\$ 357.11	\$ 434.16	
28226		Release of foot tendons	A	10.753	12.249	\$ 445.07	\$ 506.99	
28230		Incision of foot tendon(s)	A	10.271	11.810	\$ 425.12	\$ 488.80	
28232		Incision of toe tendon	A	8.593	10.480	\$ 355.68	\$ 433.79	
28234		Incision of foot tendon	A	8.481	10.470	\$ 351.01	\$ 433.34	
28238		Revision of foot tendon	A	17.161	19.626	\$ 710.30	\$ 812.33	
28240		Release of big toe	A	10.357	12.023	\$ 428.66	\$ 497.61	
28250		Revision of foot fascia	A	13.391	15.329	\$ 554.25	\$ 634.47	
28260		Release of midfoot joint	A	17.451	19.108	\$ 722.28	\$ 790.89	
28261		Revision of foot tendon	A	25.844	27.178	\$ 1,069.67	\$ 1,124.91	
28262		Revision of foot and ankle	A	36.113	38.561	\$ 1,494.72	\$ 1,596.04	
28264		Release of midfoot joint	A	23.924	24.511	\$ 990.23	\$ 1,014.51	
28270		Release of foot contracture	A	11.509	12.962	\$ 476.35	\$ 536.51	
28272		Release of toe joint, each	A	8.861	10.646	\$ 366.75	\$ 440.63	
28280		Fusion of toes	A	12.456	14.777	\$ 515.56	\$ 611.61	
28285		Repair of hammertoe	A	10.892	12.685	\$ 450.82	\$ 525.05	
28286		Repair of hammertoe	A	10.709	12.468	\$ 443.25	\$ 516.07	
28288		Partial removal of foot bone	A	12.314	13.495	\$ 509.68	\$ 558.58	
28289		Repair hallux rigidus	A	16.887	19.233	\$ 698.97	\$ 796.07	
28290		Correction of bunion	A	13.888	15.367	\$ 574.83	\$ 636.04	
28292		Correction of bunion	A	16.575	18.318	\$ 686.06	\$ 758.18	
28293		Correction of bunion	A	20.327	24.433	\$ 841.36	\$ 1,011.28	
28294		Correction of bunion	A	18.394	20.570	\$ 761.34	\$ 851.41	
28296		Correction of bunion	A	20.179	22.168	\$ 835.21	\$ 917.53	
28297		Correction of bunion	A	21.136	23.150	\$ 874.81	\$ 958.19	
28298		Correction of bunion	A	17.849	19.472	\$ 738.77	\$ 805.97	
28299		Correction of bunion	A	21.930	23.885	\$ 907.67	\$ 988.58	
28300		Incision of heel bone	A	21.776	26.902	\$ 901.32	\$ 1,113.47	
28302		Incision of ankle bone	A	20.934	26.170	\$ 866.47	\$ 1,083.19	
28304		Incision of midfoot bones	A	18.856	20.862	\$ 780.46	\$ 863.49	
28305		Incise/graft midfoot bones	A	18.865	22.350	\$ 780.83	\$ 925.08	
28306		Incision of metatarsal	A	13.331	15.830	\$ 551.77	\$ 655.20	
28307		Incision of metatarsal	A	14.245	19.566	\$ 589.61	\$ 809.85	
28308		Incision of metatarsal	A	11.989	13.953	\$ 496.23	\$ 577.50	
28309		Incision of metatarsals	A	27.418	27.418	\$ 1,134.85	\$ 1,134.85	
28310		Revision of big toe	A	12.418	14.356	\$ 513.96	\$ 594.18	
28312		Revision of toe	A	10.994	12.584	\$ 455.04	\$ 520.83	
28313		Repair deformity of toe	A	12.869	13.702	\$ 532.66	\$ 567.14	
28315		Removal of sesamoid bone	A	11.127	12.955	\$ 460.56	\$ 536.20	

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				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
28320		Repair of foot bones	A	20.956	20.956	\$ 867.35	\$ 867.35	
28322		Repair of metatarsals	A	19.276	22.506	\$ 797.85	\$ 931.54	
28340		Resect enlarged toe tissue	A	15.376	17.629	\$ 636.43	\$ 729.66	
28341		Resect enlarged toe	A	18.213	20.151	\$ 753.83	\$ 834.04	
28344		Repair extra toe(s)	A	10.229	12.855	\$ 423.36	\$ 532.07	
28345		Repair webbed toe(s)	A	13.968	15.838	\$ 578.15	\$ 655.55	
28360		Reconstruct cleft foot	A	31.206	31.206	\$ 1,291.60	\$ 1,291.60	
28400		Treatment of heel fracture	A	6.075	7.180	\$ 251.43	\$ 297.16	
28405		Treatment of heel fracture	A	11.411	12.244	\$ 472.28	\$ 506.76	
28406		Treatment of heel fracture	A	16.225	16.225	\$ 671.54	\$ 671.54	
28415		Treat heel fracture	A	37.862	37.862	\$ 1,567.11	\$ 1,567.11	
28420		Treat/graft heel fracture	A	38.539	38.539	\$ 1,595.14	\$ 1,595.14	
28430		Treatment of ankle fracture	A	5.611	6.852	\$ 232.25	\$ 283.61	
28435		Treatment of ankle fracture	A	8.726	9.457	\$ 361.15	\$ 391.41	
28436		Treatment of ankle fracture	A	12.873	12.873	\$ 532.81	\$ 532.81	
28445		Treat ankle fracture	A	31.125	31.125	\$ 1,288.26	\$ 1,288.26	
28450		Treat midfoot fracture, each	A	5.226	6.544	\$ 216.31	\$ 270.84	
28455		Treat midfoot fracture, each	A	8.041	8.517	\$ 332.82	\$ 352.52	
28456		Treat midfoot fracture	A	7.956	7.956	\$ 329.29	\$ 329.29	
28465		Treat midfoot fracture, each	A	16.559	16.559	\$ 685.39	\$ 685.39	
28470		Treat metatarsal fracture	A	5.322	6.503	\$ 220.26	\$ 269.17	
28475		Treat metatarsal fracture	A	7.616	8.347	\$ 315.21	\$ 345.47	
28476		Treat metatarsal fracture	A	9.783	9.783	\$ 404.90	\$ 404.90	
28485		Treat metatarsal fracture	A	14.207	14.207	\$ 588.03	\$ 588.03	
28490		Treat big toe fracture	A	3.192	3.600	\$ 132.12	\$ 149.01	
28495		Treat big toe fracture	A	4.239	4.613	\$ 175.45	\$ 190.93	
28496		Treat big toe fracture	A	6.955	12.131	\$ 287.87	\$ 502.12	
28505		Treat big toe fracture	A	10.163	14.422	\$ 420.66	\$ 596.92	
28510		Treatment of toe fracture	A	3.158	3.405	\$ 130.71	\$ 140.92	
28515		Treatment of toe fracture	A	3.980	4.269	\$ 164.75	\$ 176.71	
28525		Treat toe fracture	A	9.025	13.317	\$ 373.53	\$ 551.20	
28530		Treat sesamoid bone fracture	A	2.933	3.460	\$ 121.38	\$ 143.19	
28531		Treat sesamoid bone fracture	A	6.062	11.562	\$ 250.93	\$ 478.55	
28540		Treat foot dislocation	A	5.454	5.624	\$ 225.75	\$ 232.79	
28545		Treat foot dislocation	A	6.460	6.460	\$ 267.38	\$ 267.38	
28546		Treat foot dislocation	A	9.485	12.078	\$ 392.59	\$ 499.89	
28555		Repair foot dislocation	A	16.033	20.241	\$ 663.62	\$ 837.76	
28570		Treat foot dislocation	A	4.672	5.182	\$ 193.39	\$ 214.50	
28575		Treat foot dislocation	A	8.867	9.156	\$ 367.01	\$ 378.97	
28576		Treat foot dislocation	A	11.528	15.472	\$ 477.13	\$ 640.37	
28585		Repair foot dislocation	A	18.899	20.267	\$ 782.23	\$ 838.87	
28600		Treat foot dislocation	A	5.296	5.831	\$ 219.19	\$ 241.36	
28605		Treat foot dislocation	A	7.436	7.547	\$ 307.79	\$ 312.37	
28606		Treat foot dislocation	A	13.235	21.744	\$ 547.81	\$ 899.98	
28615		Repair foot dislocation	A	19.714	19.714	\$ 815.97	\$ 815.97	
28630		Treat toe dislocation	A	3.481	3.566	\$ 144.08	\$ 147.59	
28635		Treat toe dislocation	A	4.321	4.466	\$ 178.86	\$ 184.84	
28636		Treat toe dislocation	A	7.235	9.844	\$ 299.45	\$ 407.45	
28645		Repair toe dislocation	A	9.948	11.784	\$ 411.76	\$ 487.75	
28660		Treat toe dislocation	A	2.729	3.112	\$ 112.96	\$ 128.79	
28665		Treat toe dislocation	A	4.450	4.467	\$ 184.20	\$ 184.90	
28666		Treat toe dislocation	A	6.380	9.516	\$ 264.06	\$ 393.88	
28675		Repair of toe dislocation	A	8.059	12.343	\$ 333.55	\$ 510.87	
28705		Fusion of foot bones	A	39.480	39.480	\$ 1,634.09	\$ 1,634.09	
28715		Fusion of foot bones	A	30.122	30.122	\$ 1,246.76	\$ 1,246.76	
28725		Fusion of foot bones	A	26.421	26.421	\$ 1,093.58	\$ 1,093.58	
28730		Fusion of foot bones	A	25.124	25.124	\$ 1,039.87	\$ 1,039.87	
28735		Fusion of foot bones	A	24.695	24.695	\$ 1,022.14	\$ 1,022.14	
28737		Revision of foot bones	A	21.943	21.943	\$ 908.23	\$ 908.23	
28740		Fusion of foot bones	A	18.844	23.230	\$ 779.95	\$ 961.49	
28750		Fusion of big toe joint	A	17.786	23.209	\$ 736.17	\$ 960.63	



HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
28755		Fusion of big toe joint	A	11.169	13.693	\$ 462.28	\$ 566.77	
28760		Fusion of big toe joint	A	17.609	19.666	\$ 728.84	\$ 813.98	
28800		Amputation of midfoot	A	17.992	17.992	\$ 744.69	\$ 744.69	
28805		Amputation thru metatarsal	A	18.013	18.013	\$ 745.58	\$ 745.58	
28810		Amputation toe & metatarsal	A	13.562	13.562	\$ 561.32	\$ 561.32	
28820		Amputation of toe	A	10.332	14.072	\$ 427.66	\$ 582.46	
28825		Partial amputation of toe	A	8.854	12.356	\$ 366.47	\$ 511.42	
28899		Foot/toes surgery procedure	C	0.000	0.000	\$ -	\$ -	
29000		Application of body cast	A	5.133	6.298	\$ 212.46	\$ 260.66	
29010		Application of body cast	A	4.833	6.168	\$ 200.04	\$ 255.28	
29015		Application of body cast	A	4.740	5.955	\$ 196.18	\$ 246.49	
29020		Application of body cast	A	4.059	5.665	\$ 167.98	\$ 234.47	
29025		Application of body cast	A	5.179	6.361	\$ 214.37	\$ 263.27	
29035		Application of body cast	A	4.224	5.847	\$ 174.82	\$ 242.02	
29040		Application of body cast	A	5.161	6.062	\$ 213.63	\$ 250.92	
29044		Application of body cast	A	5.074	6.732	\$ 210.02	\$ 278.62	
29046		Application of body cast	A	5.745	6.808	\$ 237.80	\$ 281.78	
29049		Application of figure eight	A	1.902	2.497	\$ 78.71	\$ 103.34	
29055		Application of shoulder cast	A	4.140	5.313	\$ 171.36	\$ 219.92	
29058		Application of shoulder cast	A	2.602	3.256	\$ 107.68	\$ 134.77	
29065		Application of long arm cast	A	2.052	2.494	\$ 84.92	\$ 103.21	
29075		Application of forearm cast	A	1.853	2.303	\$ 76.68	\$ 95.33	
29085		Apply hand/wrist cast	A	1.919	2.429	\$ 79.41	\$ 100.52	
29086		Apply finger cast	A	1.330	1.687	\$ 55.04	\$ 69.82	
29105		Apply long arm splint	A	1.825	2.386	\$ 75.54	\$ 98.76	
29125		Apply forearm splint	A	1.206	1.708	\$ 49.93	\$ 70.69	
29126		Apply forearm splint	A	1.437	2.058	\$ 59.49	\$ 85.17	
29130		Application of finger splint	A	0.881	1.119	\$ 36.48	\$ 46.33	
29131		Application of finger splint	A	0.912	1.328	\$ 37.74	\$ 54.98	
29200		Strapping of chest	A	1.153	1.485	\$ 47.74	\$ 61.46	
29220		Strapping of low back	A	1.287	1.568	\$ 53.28	\$ 64.89	
29240		Strapping of shoulder	A	1.261	1.678	\$ 52.21	\$ 69.45	
29260		Strapping of elbow or wrist	A	1.036	1.385	\$ 42.90	\$ 57.32	
29280		Strapping of hand or finger	A	0.996	1.396	\$ 41.24	\$ 57.78	
29305		Application of hip cast	A	4.865	6.123	\$ 201.37	\$ 253.43	
29325		Application of hip casts	A	5.387	6.645	\$ 222.97	\$ 275.04	
29345		Application of long leg cast	A	3.192	3.744	\$ 132.11	\$ 154.98	
29355		Application of long leg cast	A	3.412	3.880	\$ 141.24	\$ 160.59	
29358		Apply long leg cast brace	A	3.247	4.004	\$ 134.41	\$ 165.72	
29365		Application of long leg cast	A	2.799	3.352	\$ 115.87	\$ 138.74	
29405		Apply short leg cast	A	2.008	2.407	\$ 83.10	\$ 99.63	
29425		Apply short leg cast	A	2.293	2.684	\$ 94.91	\$ 111.09	
29435		Apply short leg cast	A	2.782	3.275	\$ 115.17	\$ 135.57	
29440		Addition of walker to cast	A	1.124	1.455	\$ 46.51	\$ 60.23	
29445		Apply rigid leg cast	A	3.741	4.412	\$ 154.83	\$ 182.62	
29450		Application of leg cast	A	3.647	3.944	\$ 150.93	\$ 163.25	
29505		Application, long leg splint	A	1.357	1.944	\$ 56.18	\$ 80.45	
29515		Application lower leg splint	A	1.445	1.768	\$ 59.82	\$ 73.19	
29520		Strapping of hip	A	1.001	1.358	\$ 41.45	\$ 56.23	
29530		Strapping of knee	A	1.065	1.447	\$ 44.07	\$ 59.91	
29540		Strapping of ankle and/or ft	A	0.979	1.056	\$ 40.54	\$ 43.70	
29550		Strapping of toes	A	0.945	1.055	\$ 39.11	\$ 43.68	
29580		Application of paste boot	A	1.113	1.359	\$ 46.06	\$ 56.26	
29590		Application of foot splint	A	1.291	1.461	\$ 53.45	\$ 60.48	
29700		Removal/revision of cast	A	1.124	1.634	\$ 46.51	\$ 67.62	
29705		Removal/revision of cast	A	1.557	1.905	\$ 64.43	\$ 78.86	
29710		Removal/revision of cast	A	2.764	3.435	\$ 114.40	\$ 142.19	
29715		Removal/revision of cast	A	1.675	2.304	\$ 69.32	\$ 95.35	
29720		Repair of body cast	A	1.477	2.089	\$ 61.12	\$ 86.45	
29730		Windowing of cast	A	1.530	1.887	\$ 63.31	\$ 78.09	
29740		Wedging of cast	A	2.247	2.783	\$ 93.00	\$ 115.17	

HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
29750		Wedging of clubfoot cast	A	2.503	2.894	\$ 103.60	\$ 119.78	
29799		Casting/strapping procedure	C	0.000	0.000	\$ -	\$ -	
29800		Jaw arthroscopy/surgery	A	16.459	16.459	\$ 681.23	\$ 681.23	
29804		Jaw arthroscopy/surgery	A	18.436	18.436	\$ 763.08	\$ 763.08	
29805		Shoulder arthroscopy, dx	A	14.669	14.669	\$ 607.17	\$ 607.17	
29806		Shoulder arthroscopy/surgery	A	33.162	33.162	\$ 1,372.58	\$ 1,372.58	
29807		Shoulder arthroscopy/surgery	A	32.280	32.280	\$ 1,336.07	\$ 1,336.07	
29819		Shoulder arthroscopy/surgery	A	18.363	18.363	\$ 760.05	\$ 760.05	
29820		Shoulder arthroscopy/surgery	A	16.959	16.959	\$ 701.95	\$ 701.95	
29821		Shoulder arthroscopy/surgery	A	18.520	18.520	\$ 766.53	\$ 766.53	
29822		Shoulder arthroscopy/surgery	A	17.930	17.930	\$ 742.13	\$ 742.13	
29823		Shoulder arthroscopy/surgery	A	19.673	19.673	\$ 814.28	\$ 814.28	
29824		Shoulder arthroscopy/surgery	A	19.957	19.957	\$ 826.04	\$ 826.04	
29825		Shoulder arthroscopy/surgery	A	18.307	18.307	\$ 757.71	\$ 757.71	
29826		Shoulder arthroscopy/surgery	A	21.279	21.279	\$ 880.72	\$ 880.72	
29827		Arthroscop rotator cuff repr	A	33.804	33.804	\$ 1,399.15	\$ 1,399.15	
29830		Elbow arthroscopy	A	13.963	13.963	\$ 577.91	\$ 577.91	
29834		Elbow arthroscopy/surgery	A	15.237	15.237	\$ 630.67	\$ 630.67	
29835		Elbow arthroscopy/surgery	A	15.559	15.559	\$ 643.98	\$ 643.98	
29836		Elbow arthroscopy/surgery	A	18.254	18.254	\$ 755.52	\$ 755.52	
29837		Elbow arthroscopy/surgery	A	16.556	16.556	\$ 685.25	\$ 685.25	
29838		Elbow arthroscopy/surgery	A	18.538	18.538	\$ 767.29	\$ 767.29	
29840		Wrist arthroscopy	A	13.260	13.260	\$ 548.85	\$ 548.85	
29843		Wrist arthroscopy/surgery	A	14.617	14.617	\$ 604.99	\$ 604.99	
29844		Wrist arthroscopy/surgery	A	15.319	15.319	\$ 634.04	\$ 634.04	
29845		Wrist arthroscopy/surgery	A	16.920	16.920	\$ 700.31	\$ 700.31	
29846		Wrist arthroscopy/surgery	A	16.021	16.021	\$ 663.12	\$ 663.12	
29847		Wrist arthroscopy/surgery	A	16.597	16.597	\$ 686.96	\$ 686.96	
29848		Wrist endoscopy/surgery	A	13.531	13.531	\$ 560.04	\$ 560.04	
29850		Knee arthroscopy/surgery	A	15.977	15.977	\$ 661.30	\$ 661.30	
29851		Knee arthroscopy/surgery	A	29.896	29.896	\$ 1,237.41	\$ 1,237.41	
29855		Tibial arthroscopy/surgery	A	25.055	25.055	\$ 1,037.02	\$ 1,037.02	
29856		Tibial arthroscopy/surgery	A	32.567	32.567	\$ 1,347.94	\$ 1,347.94	
29860		Hip arthroscopy, dx	A	19.245	19.245	\$ 796.55	\$ 796.55	
29861		Hip arthroscopy/surgery	A	21.435	21.435	\$ 887.19	\$ 887.19	
29862		Hip arthroscopy/surgery	A	23.653	23.653	\$ 979.00	\$ 979.00	
29863		Hip arthroscopy/surgery	A	23.650	23.650	\$ 978.88	\$ 978.88	
29870		Knee arthroscopy, dx	A	12.337	12.337	\$ 510.64	\$ 510.64	
29871		Knee arthroscopy/drainage	A	15.620	15.620	\$ 646.52	\$ 646.52	
29873		Knee arthroscopy/surgery	A	14.878	14.878	\$ 615.81	\$ 615.81	
29874		Knee arthroscopy/surgery	A	16.259	16.259	\$ 672.97	\$ 672.97	
29875		Knee arthroscopy/surgery	A	15.363	15.363	\$ 635.88	\$ 635.88	
29876		Knee arthroscopy/surgery	A	19.048	19.048	\$ 788.38	\$ 788.38	
29877		Knee arthroscopy/surgery	A	17.836	17.836	\$ 738.24	\$ 738.24	
29879		Knee arthroscopy/surgery	A	19.323	19.323	\$ 799.78	\$ 799.78	
29880		Knee arthroscopy/surgery	A	20.303	20.303	\$ 840.33	\$ 840.33	
29881		Knee arthroscopy/surgery	A	18.718	18.718	\$ 774.74	\$ 774.74	
29882		Knee arthroscopy/surgery	A	19.846	19.846	\$ 821.43	\$ 821.43	
29883		Knee arthroscopy/surgery	A	24.911	24.911	\$ 1,031.06	\$ 1,031.06	
29884		Knee arthroscopy/surgery	A	17.782	17.782	\$ 736.01	\$ 736.01	
29885		Knee arthroscopy/surgery	A	21.758	21.758	\$ 900.56	\$ 900.56	
29886		Knee arthroscopy/surgery	A	18.278	18.278	\$ 756.51	\$ 756.51	
29887		Knee arthroscopy/surgery	A	21.683	21.683	\$ 897.44	\$ 897.44	
29888		Knee arthroscopy/surgery	A	31.733	31.733	\$ 1,313.42	\$ 1,313.42	
29889		Knee arthroscopy/surgery	A	36.402	36.402	\$ 1,506.67	\$ 1,506.67	
29891		Ankle arthroscopy/surgery	A	20.203	20.203	\$ 836.22	\$ 836.22	
29892		Ankle arthroscopy/surgery	A	21.442	21.442	\$ 887.47	\$ 887.47	
29893		Scope, plantar fasciotomy	A	12.055	13.942	\$ 498.96	\$ 577.07	
29894		Ankle arthroscopy/surgery	A	16.597	16.597	\$ 686.96	\$ 686.96	
29895		Ankle arthroscopy/surgery	A	16.180	16.180	\$ 669.69	\$ 669.69	
29897		Ankle arthroscopy/surgery	A	16.899	16.899	\$ 699.44	\$ 699.44	

HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
29898		Ankle arthroscopy/surgery	A	18.911	18.911	\$ 782.74	\$ 782.74	
29899		Ankle arthroscopy/surgery	A	31.530	31.530	\$ 1,305.04	\$ 1,305.04	
29900		Mcp joint arthroscopy, dx	A	13.799	13.799	\$ 571.15	\$ 571.15	
29901		Mcp joint arthroscopy, surg	A	15.362	15.362	\$ 635.85	\$ 635.85	
29902		Mcp joint arthroscopy, surg	A	16.526	16.526	\$ 683.99	\$ 683.99	
29999		Arthroscopy of joint	C	0.000	0.000	\$ -	\$ -	
30000		Drainage of nose lesion	A	3.102	5.465	\$ 128.40	\$ 226.20	
30020		Drainage of nose lesion	A	3.083	4.672	\$ 127.59	\$ 193.38	
30100		Intranasal biopsy	A	1.913	2.959	\$ 79.19	\$ 122.47	
30110		Removal of nose polyp(s)	A	3.526	5.039	\$ 145.93	\$ 208.55	
30115		Removal of nose polyp(s)	A	9.218	9.218	\$ 381.51	\$ 381.51	
30117		Removal of intranasal lesion	A	7.014	7.949	\$ 290.30	\$ 329.00	
30118		Removal of intranasal lesion	A	19.017	19.017	\$ 787.13	\$ 787.13	
30120		Revision of nose	A	11.852	11.895	\$ 490.56	\$ 492.32	
30124		Removal of nose lesion	A	6.623	6.623	\$ 274.12	\$ 274.12	
30125		Removal of nose lesion	A	14.748	14.748	\$ 610.41	\$ 610.41	
30130		Removal of turbinate bones	A	7.419	7.419	\$ 307.08	\$ 307.08	
30140		Removal of turbinate bones	A	7.939	7.939	\$ 328.61	\$ 328.61	
30150		Partial removal of nose	A	19.273	19.273	\$ 797.69	\$ 797.69	
30160		Removal of nose	A	19.783	19.783	\$ 818.82	\$ 818.82	
30200		Injection treatment of nose	A	1.711	2.501	\$ 70.81	\$ 103.53	
30210		Nasal sinus therapy	A	2.597	3.319	\$ 107.48	\$ 137.38	
30220		Insert nasal septal button	A	3.362	5.878	\$ 139.16	\$ 243.30	
30300		Remove nasal foreign body	A	3.022	5.470	\$ 125.07	\$ 226.39	
30310		Remove nasal foreign body	A	5.351	5.351	\$ 221.48	\$ 221.48	
30320		Remove nasal foreign body	A	10.024	10.024	\$ 414.89	\$ 414.89	
30400		Reconstruction of nose	A	21.396	21.396	\$ 885.56	\$ 885.56	
30410		Reconstruction of nose	A	27.391	27.391	\$ 1,133.70	\$ 1,133.70	
30420		Reconstruction of nose	A	32.338	32.338	\$ 1,338.47	\$ 1,338.47	
30430		Revision of nose	A	17.046	17.046	\$ 705.52	\$ 705.52	
30435		Revision of nose	A	25.967	25.967	\$ 1,074.78	\$ 1,074.78	
30450		Revision of nose	A	37.908	37.908	\$ 1,569.00	\$ 1,569.00	
30460		Revision of nose	A	20.603	20.603	\$ 852.77	\$ 852.77	
30462		Revision of nose	A	40.317	40.317	\$ 1,668.74	\$ 1,668.74	
30465		Repair nasal stenosis	A	22.758	22.758	\$ 941.95	\$ 941.95	
30520		Repair of nasal septum	A	12.002	12.002	\$ 496.75	\$ 496.75	
30540		Repair nasal defect	A	15.043	15.043	\$ 622.64	\$ 622.64	
30545		Repair nasal defect	A	22.494	22.494	\$ 931.01	\$ 931.01	
30560		Release of nasal adhesions	A	3.530	5.876	\$ 146.12	\$ 243.22	
30580		Repair upper jaw fistula	A	14.250	15.143	\$ 589.83	\$ 626.77	
30600		Repair mouth/nose fistula	A	14.018	14.698	\$ 580.20	\$ 608.34	
30620		Intranasal reconstruction	A	13.005	13.005	\$ 538.26	\$ 538.26	
30630		Repair nasal septum defect	A	14.810	14.810	\$ 613.00	\$ 613.00	
30801		Cauterization, inner nose	A	3.244	3.329	\$ 134.28	\$ 137.80	
30802		Cauterization, inner nose	A	4.934	5.044	\$ 204.20	\$ 208.77	
30901		Control of nosebleed	A	1.925	2.800	\$ 79.66	\$ 115.90	
30903		Control of nosebleed	A	2.518	4.473	\$ 104.20	\$ 185.12	
30905		Control of nosebleed	A	3.327	5.715	\$ 137.69	\$ 236.55	
30906		Repeat control of nosebleed	A	4.299	6.645	\$ 177.93	\$ 275.03	
30915		Ligation, nasal sinus artery	A	14.505	14.505	\$ 600.38	\$ 600.38	
30920		Ligation, upper jaw artery	A	19.463	19.463	\$ 805.57	\$ 805.57	
30930		Therapy, fracture of nose	A	3.097	3.097	\$ 128.17	\$ 128.17	
30999		Nasal surgery procedure	C	0.000	0.000	\$ -	\$ -	
31000		Irrigation, maxillary sinus	A	2.743	4.018	\$ 113.54	\$ 166.31	
31002		Irrigation, sphenoid sinus	A	5.378	5.378	\$ 222.58	\$ 222.58	
31020		Exploration, maxillary sinus	A	6.871	7.389	\$ 284.39	\$ 305.85	
31030		Exploration, maxillary sinus	A	12.012	12.717	\$ 497.16	\$ 526.36	
31032		Explore sinus, remove polyps	A	13.570	13.570	\$ 561.66	\$ 561.66	
31040		Exploration behind upper jaw	A	18.134	18.134	\$ 750.58	\$ 750.58	
31050		Exploration, sphenoid sinus	A	10.950	10.950	\$ 453.23	\$ 453.23	
31051		Sphenoid sinus surgery	A	14.686	14.686	\$ 607.87	\$ 607.87	

HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
31070		Exploration of frontal sinus	A	9.261	9.261	\$ 383.32	\$ 383.32	
31075		Exploration of frontal sinus	A	18.318	18.318	\$ 758.18	\$ 758.18	
31080		Removal of frontal sinus	A	22.285	22.285	\$ 922.36	\$ 922.36	
31081		Removal of frontal sinus	A	29.534	29.534	\$ 1,222.42	\$ 1,222.42	
31084		Removal of frontal sinus	A	26.603	26.603	\$ 1,101.10	\$ 1,101.10	
31085		Removal of frontal sinus	A	28.634	28.634	\$ 1,185.15	\$ 1,185.15	
31086		Removal of frontal sinus	A	25.524	25.524	\$ 1,056.42	\$ 1,056.42	
31087		Removal of frontal sinus	A	26.888	26.888	\$ 1,112.91	\$ 1,112.91	
31090		Exploration of sinuses	A	19.979	19.979	\$ 826.95	\$ 826.95	
31200		Removal of ethmoid sinus	A	10.411	10.411	\$ 430.92	\$ 430.92	
31201		Removal of ethmoid sinus	A	16.920	16.920	\$ 700.33	\$ 700.33	
31205		Removal of ethmoid sinus	A	19.469	19.469	\$ 805.81	\$ 805.81	
31225		Removal of upper jaw	A	37.432	37.432	\$ 1,549.30	\$ 1,549.30	
31230		Removal of upper jaw	A	42.223	42.223	\$ 1,747.59	\$ 1,747.59	
31231		Nasal endoscopy, dx	A	2.277	4.512	\$ 94.23	\$ 186.76	
31233		Nasal/sinus endoscopy, dx	A	4.214	6.747	\$ 174.40	\$ 279.24	
31235		Nasal/sinus endoscopy, dx	A	5.004	7.843	\$ 207.13	\$ 324.64	
31237		Nasal/sinus endoscopy, surg	A	5.590	8.557	\$ 231.38	\$ 354.17	
31238		Nasal/sinus endoscopy, surg	A	6.167	8.998	\$ 255.26	\$ 372.42	
31239		Nasal/sinus endoscopy, surg	A	17.899	17.899	\$ 740.84	\$ 740.84	
31240		Nasal/sinus endoscopy, surg	A	4.974	4.974	\$ 205.89	\$ 205.89	
31254		Revision of ethmoid sinus	A	8.636	8.636	\$ 357.44	\$ 357.44	
31255		Removal of ethmoid sinus	A	12.806	12.806	\$ 530.06	\$ 530.06	
31256		Exploration maxillary sinus	A	6.214	6.214	\$ 257.21	\$ 257.21	
31267		Endoscopy, maxillary sinus	A	10.105	10.105	\$ 418.24	\$ 418.24	
31276		Sinus endoscopy, surgical	A	16.195	16.195	\$ 670.31	\$ 670.31	
31287		Nasal/sinus endoscopy, surg	A	7.329	7.329	\$ 303.35	\$ 303.35	
31288		Nasal/sinus endoscopy, surg	A	8.532	8.532	\$ 353.14	\$ 353.14	
31290		Nasal/sinus endoscopy, surg	A	33.261	33.261	\$ 1,376.68	\$ 1,376.68	
31291		Nasal/sinus endoscopy, surg	A	37.078	37.078	\$ 1,534.64	\$ 1,534.64	
31292		Nasal/sinus endoscopy, surg	A	28.541	28.541	\$ 1,181.31	\$ 1,181.31	
31293		Nasal/sinus endoscopy, surg	A	30.600	30.600	\$ 1,266.55	\$ 1,266.55	
31294		Nasal/sinus endoscopy, surg	A	35.014	35.014	\$ 1,449.24	\$ 1,449.24	
31299		Sinus surgery procedure	C	0.000	0.000	\$ -	\$ -	
31300		Removal of larynx lesion	A	29.193	29.193	\$ 1,208.29	\$ 1,208.29	
31320		Diagnostic incision, larynx	A	13.299	13.299	\$ 550.44	\$ 550.44	
31360		Removal of larynx	A	34.631	34.631	\$ 1,433.39	\$ 1,433.39	
31365		Removal of larynx	A	47.277	47.277	\$ 1,956.78	\$ 1,956.78	
31367		Partial removal of larynx	A	44.089	44.089	\$ 1,824.85	\$ 1,824.85	
31368		Partial removal of larynx	A	53.940	53.940	\$ 2,232.56	\$ 2,232.56	
31370		Partial removal of larynx	A	43.027	43.027	\$ 1,780.88	\$ 1,780.88	
31375		Partial removal of larynx	A	40.017	40.017	\$ 1,656.30	\$ 1,656.30	
31380		Partial removal of larynx	A	39.865	39.865	\$ 1,650.00	\$ 1,650.00	
31382		Partial removal of larynx	A	41.434	41.434	\$ 1,714.97	\$ 1,714.97	
31390		Removal of larynx & pharynx	A	54.820	54.820	\$ 2,269.02	\$ 2,269.02	
31395		Reconstruct larynx & pharynx	A	63.216	63.216	\$ 2,616.53	\$ 2,616.53	
31400		Revision of larynx	A	22.224	22.224	\$ 919.86	\$ 919.86	
31420		Removal of epiglottis	A	21.925	21.925	\$ 907.47	\$ 907.47	
31500		Insert emergency airway	A	3.508	3.508	\$ 145.20	\$ 145.20	
31502		Change of windpipe airway	A	1.068	2.114	\$ 44.22	\$ 87.49	
31505		Diagnostic laryngoscopy	A	1.351	2.142	\$ 55.93	\$ 88.65	
31510		Laryngoscopy with biopsy	A	3.719	5.538	\$ 153.91	\$ 229.20	
31511		Remove foreign body, larynx	A	3.854	5.673	\$ 159.50	\$ 234.79	
31512		Removal of larynx lesion	A	4.002	5.659	\$ 165.62	\$ 234.23	
31513		Injection into vocal cord	A	4.077	4.077	\$ 168.75	\$ 168.75	
31515		Laryngoscopy for aspiration	A	3.288	5.506	\$ 136.08	\$ 227.90	
31520		Diagnostic laryngoscopy	A	4.749	4.749	\$ 196.56	\$ 196.56	
31525		Diagnostic laryngoscopy	A	4.943	6.779	\$ 204.61	\$ 280.60	
31526		Diagnostic laryngoscopy	A	4.926	4.926	\$ 203.88	\$ 203.88	
31527		Laryngoscopy for treatment	A	5.872	5.872	\$ 243.04	\$ 243.04	
31528		Laryngoscopy and dilation	A	4.353	4.353	\$ 180.15	\$ 180.15	



HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
31529		Laryngoscopy and dilation	A	5.010	5.010	\$ 207.38	\$ 207.38	
31530		Operative laryngoscopy	A	6.208	6.208	\$ 256.94	\$ 256.94	
31531		Operative laryngoscopy	A	6.728	6.728	\$ 278.46	\$ 278.46	
31535		Operative laryngoscopy	A	5.943	5.943	\$ 245.97	\$ 245.97	
31536		Operative laryngoscopy	A	6.681	6.681	\$ 276.52	\$ 276.52	
31540		Operative laryngoscopy	A	7.703	7.703	\$ 318.83	\$ 318.83	
31541		Operative laryngoscopy	A	8.448	8.448	\$ 349.66	\$ 349.66	
31560		Operative laryngoscopy	A	9.960	9.960	\$ 412.26	\$ 412.26	
31561		Operative laryngoscopy	A	10.876	10.876	\$ 450.16	\$ 450.16	
31570		Laryngoscopy with injection	A	7.062	9.884	\$ 292.29	\$ 409.09	
31571		Laryngoscopy with injection	A	7.917	7.917	\$ 327.67	\$ 327.67	
31575		Diagnostic laryngoscopy	A	2.268	3.093	\$ 93.88	\$ 128.01	
31576		Laryngoscopy with biopsy	A	3.715	5.679	\$ 153.77	\$ 235.04	
31577		Remove foreign body, larynx	A	4.633	6.478	\$ 191.78	\$ 268.12	
31578		Removal of larynx lesion	A	5.113	7.400	\$ 211.64	\$ 306.28	
31579		Diagnostic laryngoscopy	A	4.302	6.240	\$ 178.06	\$ 258.27	
31580		Revision of larynx	A	25.957	25.957	\$ 1,074.35	\$ 1,074.35	
31582		Revision of larynx	A	43.621	43.621	\$ 1,805.46	\$ 1,805.46	
31584		Treat larynx fracture	A	38.753	38.753	\$ 1,603.99	\$ 1,603.99	
31585		Treat larynx fracture	A	10.803	10.803	\$ 447.12	\$ 447.12	
31586		Treat larynx fracture	A	17.810	17.810	\$ 737.17	\$ 737.17	
31587		Revision of larynx	A	24.697	24.697	\$ 1,022.20	\$ 1,022.20	
31588		Revision of larynx	A	28.607	28.607	\$ 1,184.03	\$ 1,184.03	
31590		Reinnervate larynx	A	16.817	16.817	\$ 696.05	\$ 696.05	
31595		Larynx nerve surgery	A	17.793	17.793	\$ 736.45	\$ 736.45	
31599		Larynx surgery procedure	C	0.000	0.000	\$ -	\$ -	
31600		Incision of windpipe	A	11.508	11.508	\$ 476.33	\$ 476.33	
31601		Incision of windpipe	A	8.344	8.344	\$ 345.35	\$ 345.35	
31603		Incision of windpipe	A	7.260	7.260	\$ 300.49	\$ 300.49	
31605		Incision of windpipe	A	6.160	6.160	\$ 254.98	\$ 254.98	
31610		Incision of windpipe	A	18.359	18.359	\$ 759.87	\$ 759.87	
31611		Surgery/speech prosthesis	A	12.582	12.582	\$ 520.78	\$ 520.78	
31612		Puncture/clear windpipe	A	1.492	2.138	\$ 61.77	\$ 88.50	
31613		Repair windpipe opening	A	10.963	10.963	\$ 453.77	\$ 453.77	
31614		Repair windpipe opening	A	16.196	16.196	\$ 670.35	\$ 670.35	
31615		Visualization of windpipe	A	3.781	4.997	\$ 156.50	\$ 206.81	
31622		Dx bronchoscope/wash	A	4.208	6.996	\$ 174.15	\$ 289.55	
31623		Dx bronchoscope/brush	A	4.308	7.844	\$ 178.29	\$ 324.64	
31624		Dx bronchoscope/lavage	A	4.277	7.150	\$ 177.01	\$ 295.92	
31625		Bronchoscopy w/biopsy(s)	A	5.181	8.675	\$ 214.44	\$ 359.04	
31628		Bronchoscopy/lung bx, each	A	5.610	9.172	\$ 232.20	\$ 379.61	
31629		Bronchoscopy/needle bx, each	A	5.029	5.029	\$ 208.13	\$ 208.13	
31630		Bronchoscopy dilate/fx repr	A	6.931	6.931	\$ 286.88	\$ 286.88	
31631		Bronchoscopy, dilate w/stent	A	7.538	7.538	\$ 311.98	\$ 311.98	
31632		Bronchoscopy/lung bx, add'l	A	1.973	2.347	\$ 81.66	\$ 97.14	
31633		Bronchoscopy/needle bx add'l	A	2.331	2.765	\$ 96.48	\$ 114.43	
31635		Bronchoscopy w/fb removal	A	6.076	6.076	\$ 251.50	\$ 251.50	
31640		Bronchoscopy w/tumor excise	A	8.704	8.704	\$ 360.25	\$ 360.25	
31641		Bronchoscopy, treat blockage	A	8.243	8.243	\$ 341.18	\$ 341.18	
31643		Diag bronchoscope/catheter	A	5.314	5.314	\$ 219.95	\$ 219.95	
31645		Bronchoscopy, clear airways	A	4.812	4.812	\$ 199.15	\$ 199.15	
31646		Bronchoscopy, reclear airway	A	4.191	4.191	\$ 173.45	\$ 173.45	
31656		Bronchoscopy, inj for x-ray	A	3.434	3.434	\$ 142.14	\$ 142.14	
31700		Insertion of airway catheter	A	2.242	3.398	\$ 92.81	\$ 140.66	
31708		Instill airway contrast dye	A	2.179	2.179	\$ 90.20	\$ 90.20	
31710		Insertion of airway catheter	A	2.180	2.180	\$ 90.22	\$ 90.22	
31715		Injection for bronchus x-ray	A	1.888	1.888	\$ 78.14	\$ 78.14	
31717		Bronchial brush biopsy	A	3.294	5.070	\$ 136.33	\$ 209.86	
31720		Clearance of airways	A	1.617	2.569	\$ 66.92	\$ 106.32	
31725		Clearance of airways	A	2.927	4.023	\$ 121.14	\$ 166.52	
31730		Intro, windpipe wire/tube	A	4.487	5.448	\$ 185.72	\$ 225.47	

HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
31750		Repair of windpipe	A	27.690	27.690	\$ 1,146.08	\$ 1,146.08	
31755		Repair of windpipe	A	33.467	33.467	\$ 1,385.19	\$ 1,385.19	
31760		Repair of windpipe	A	38.583	38.583	\$ 1,596.94	\$ 1,596.94	
31766		Reconstruction of windpipe	A	57.116	57.116	\$ 2,364.01	\$ 2,364.01	
31770		Repair/graft of bronchus	A	42.085	42.085	\$ 1,741.89	\$ 1,741.89	
31775		Reconstruct bronchus	A	47.462	47.462	\$ 1,964.45	\$ 1,964.45	
31780		Reconstruct windpipe	A	34.541	34.541	\$ 1,429.64	\$ 1,429.64	
31781		Reconstruct windpipe	A	43.588	43.588	\$ 1,804.09	\$ 1,804.09	
31785		Remove windpipe lesion	A	32.395	32.395	\$ 1,340.82	\$ 1,340.82	
31786		Remove windpipe lesion	A	45.621	45.621	\$ 1,888.24	\$ 1,888.24	
31800		Repair of windpipe injury	A	14.765	14.765	\$ 611.14	\$ 611.14	
31805		Repair of windpipe injury	A	26.214	26.214	\$ 1,085.02	\$ 1,085.02	
31820		Closure of windpipe lesion	A	10.328	10.830	\$ 427.49	\$ 448.25	
31825		Repair of windpipe defect	A	15.169	15.637	\$ 627.86	\$ 647.21	
31830		Revise windpipe scar	A	10.692	11.015	\$ 442.56	\$ 455.93	
31899		Airways surgical procedure	C	0.000	0.000	\$ -	\$ -	
32000		Drainage of chest	A	2.264	4.516	\$ 93.70	\$ 186.93	
32002		Treatment of collapsed lung	A	3.417	5.525	\$ 141.44	\$ 228.69	
32005		Treat lung lining chemically	A	3.614	8.612	\$ 149.58	\$ 356.45	
32020		Insertion of chest tube	A	6.900	6.900	\$ 285.59	\$ 285.59	
32035		Exploration of chest	A	18.539	18.539	\$ 767.32	\$ 767.32	
32036		Exploration of chest	A	20.910	20.910	\$ 865.47	\$ 865.47	
32095		Biopsy through chest wall	A	17.654	17.654	\$ 730.72	\$ 730.72	
32100		Exploration/biopsy of chest	A	28.826	28.826	\$ 1,193.11	\$ 1,193.11	
32110		Explore/repair chest	A	39.935	39.935	\$ 1,652.90	\$ 1,652.90	
32120		Re-exploration of chest	A	24.331	24.331	\$ 1,007.04	\$ 1,007.04	
32124		Explore chest free adhesions	A	26.064	26.064	\$ 1,078.78	\$ 1,078.78	
32140		Removal of lung lesion(s)	A	28.511	28.511	\$ 1,180.06	\$ 1,180.06	
32141		Remove/treat lung lesions	A	28.628	28.628	\$ 1,184.92	\$ 1,184.92	
32150		Removal of lung lesion(s)	A	28.276	28.276	\$ 1,170.36	\$ 1,170.36	
32151		Remove lung foreign body	A	28.155	28.155	\$ 1,165.33	\$ 1,165.33	
32160		Open chest heart massage	A	18.628	18.628	\$ 771.01	\$ 771.01	
32200		Drain, open, lung lesion	A	29.578	29.578	\$ 1,224.25	\$ 1,224.25	
32201		Drain, percut, lung lesion	A	5.963	5.963	\$ 246.83	\$ 246.83	
32215		Treat chest lining	A	23.621	23.621	\$ 977.66	\$ 977.66	
32220		Release of lung	A	46.396	46.396	\$ 1,920.31	\$ 1,920.31	
32225		Partial release of lung	A	28.594	28.594	\$ 1,183.51	\$ 1,183.51	
32310		Removal of chest lining	A	27.616	27.616	\$ 1,143.04	\$ 1,143.04	
32320		Free/remove chest lining	A	46.268	46.268	\$ 1,915.04	\$ 1,915.04	
32400		Needle biopsy chest lining	A	2.543	3.521	\$ 105.27	\$ 145.73	
32402		Open biopsy chest lining	A	16.287	16.287	\$ 674.10	\$ 674.10	
32405		Biopsy, lung or mediastinum	A	2.900	4.183	\$ 120.02	\$ 173.14	
32420		Puncture/clear lung	A	3.399	3.399	\$ 140.67	\$ 140.67	
32440		Removal of lung	A	48.173	48.173	\$ 1,993.90	\$ 1,993.90	
32442		Sleeve pneumonectomy	A	53.639	53.639	\$ 2,220.13	\$ 2,220.13	
32445		Removal of lung	A	51.863	51.863	\$ 2,146.62	\$ 2,146.62	
32480		Partial removal of lung	A	44.670	44.670	\$ 1,848.89	\$ 1,848.89	
32482		Bilobectomy	A	47.156	47.156	\$ 1,951.77	\$ 1,951.77	
32484		Segmentectomy	A	42.463	42.463	\$ 1,757.55	\$ 1,757.55	
32486		Sleeve lobectomy	A	49.475	49.475	\$ 2,047.75	\$ 2,047.75	
32488		Completion pneumonectomy	A	52.592	52.592	\$ 2,176.78	\$ 2,176.78	
32491		Lung volume reduction	A	44.669	44.669	\$ 1,848.86	\$ 1,848.86	
32500		Partial removal of lung	A	40.918	40.918	\$ 1,693.59	\$ 1,693.59	
32501		Repair bronchus add-on	A	8.673	8.673	\$ 358.99	\$ 358.99	
32520		Remove lung & revise chest	A	44.214	44.214	\$ 1,830.02	\$ 1,830.02	
32522		Remove lung & revise chest	A	48.044	48.044	\$ 1,988.54	\$ 1,988.54	
32525		Remove lung & revise chest	A	52.865	52.865	\$ 2,188.07	\$ 2,188.07	
32540		Removal of lung lesion	A	31.611	31.611	\$ 1,308.39	\$ 1,308.39	
32601		Thoracoscopy, diagnostic	A	10.507	10.507	\$ 434.89	\$ 434.89	
32602		Thoracoscopy, diagnostic	A	11.459	11.459	\$ 474.28	\$ 474.28	
32603		Thoracoscopy, diagnostic	A	14.058	14.058	\$ 581.87	\$ 581.87	

HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
32604		Thoracoscopy, diagnostic	A	16.389	16.389	\$ 678.34	\$ 678.34	
32605		Thoracoscopy, diagnostic	A	13.550	13.550	\$ 560.83	\$ 560.83	
32606		Thoracoscopy, diagnostic	A	15.969	15.969	\$ 660.95	\$ 660.95	
32650		Thoracoscopy, surgical	A	22.471	22.471	\$ 930.06	\$ 930.06	
32651		Thoracoscopy, surgical	A	26.206	26.206	\$ 1,084.66	\$ 1,084.66	
32652		Thoracoscopy, surgical	A	38.226	38.226	\$ 1,582.17	\$ 1,582.17	
32653		Thoracoscopy, surgical	A	26.190	26.190	\$ 1,084.01	\$ 1,084.01	
32654		Thoracoscopy, surgical	A	26.039	26.039	\$ 1,077.74	\$ 1,077.74	
32655		Thoracoscopy, surgical	A	26.562	26.562	\$ 1,099.41	\$ 1,099.41	
32656		Thoracoscopy, surgical	A	27.322	27.322	\$ 1,130.88	\$ 1,130.88	
32657		Thoracoscopy, surgical	A	28.008	28.008	\$ 1,159.24	\$ 1,159.24	
32658		Thoracoscopy, surgical	A	24.870	24.870	\$ 1,029.37	\$ 1,029.37	
32659		Thoracoscopy, surgical	A	24.568	24.568	\$ 1,016.87	\$ 1,016.87	
32660		Thoracoscopy, surgical	A	35.439	35.439	\$ 1,466.84	\$ 1,466.84	
32661		Thoracoscopy, surgical	A	27.780	27.780	\$ 1,149.83	\$ 1,149.83	
32662		Thoracoscopy, surgical	A	33.495	33.495	\$ 1,386.37	\$ 1,386.37	
32663		Thoracoscopy, surgical	A	38.484	38.484	\$ 1,592.85	\$ 1,592.85	
32664		Thoracoscopy, surgical	A	28.792	28.792	\$ 1,191.69	\$ 1,191.69	
32665		Thoracoscopy, surgical	A	30.991	30.991	\$ 1,282.71	\$ 1,282.71	
32800		Repair lung hernia	A	27.221	27.221	\$ 1,126.67	\$ 1,126.67	
32810		Close chest after drainage	A	26.863	26.863	\$ 1,111.87	\$ 1,111.87	
32815		Close bronchial fistula	A	46.044	46.044	\$ 1,905.74	\$ 1,905.74	
32820		Reconstruct injured chest	A	42.910	42.910	\$ 1,776.03	\$ 1,776.03	
32850		Donor pneumonectomy	A	0.000	0.000	\$ -	\$ -	
32851		Lung transplant, single	A	85.674	85.674	\$ 3,546.03	\$ 3,546.03	
32852		Lung transplant with bypass	A	94.719	94.719	\$ 3,920.43	\$ 3,920.43	
32853		Lung transplant, double	A	104.077	104.077	\$ 4,307.76	\$ 4,307.76	
32854		Lung transplant with bypass	A	111.138	111.138	\$ 4,600.00	\$ 4,600.00	
32900		Removal of rib(s)	A	40.224	40.224	\$ 1,664.87	\$ 1,664.87	
32905		Revise & repair chest wall	A	41.461	41.461	\$ 1,716.05	\$ 1,716.05	
32906		Revise & repair chest wall	A	52.760	52.760	\$ 2,183.72	\$ 2,183.72	
32940		Revision of lung	A	39.264	39.264	\$ 1,625.13	\$ 1,625.13	
32960		Therapeutic pneumothorax	A	2.877	3.889	\$ 119.08	\$ 160.95	
32997		Total lung lavage	A	10.219	10.219	\$ 422.96	\$ 422.96	
32999		Chest surgery procedure	C	0.000	0.000	\$ -	\$ -	
33010		Drainage of heart sac	A	3.688	3.688	\$ 152.63	\$ 152.63	
33011		Repeat drainage of heart sac	A	3.722	3.722	\$ 154.04	\$ 154.04	
33015		Incision of heart sac	A	14.062	14.062	\$ 582.05	\$ 582.05	
33020		Incision of heart sac	A	25.549	25.549	\$ 1,057.46	\$ 1,057.46	
33025		Incision of heart sac	A	24.646	24.646	\$ 1,020.11	\$ 1,020.11	
33030		Partial removal of heart sac	A	38.239	38.239	\$ 1,582.73	\$ 1,582.73	
33031		Partial removal of heart sac	A	43.569	43.569	\$ 1,803.31	\$ 1,803.31	
33050		Removal of heart sac lesion	A	29.305	29.305	\$ 1,212.94	\$ 1,212.94	
33120		Removal of heart lesion	A	49.014	49.014	\$ 2,028.69	\$ 2,028.69	
33130		Removal of heart lesion	A	41.974	41.974	\$ 1,737.29	\$ 1,737.29	
33140		Heart revascularize (tmr)	A	40.085	40.085	\$ 1,659.11	\$ 1,659.11	
33141		Heart tmr w/other procedure	A	8.787	8.787	\$ 363.68	\$ 363.68	
33200		Insertion of heart pacemaker	A	23.959	23.959	\$ 991.66	\$ 991.66	
33201		Insertion of heart pacemaker	A	21.644	21.644	\$ 895.83	\$ 895.83	
33206		Insertion of heart pacemaker	A	12.913	12.913	\$ 534.47	\$ 534.47	
33207		Insertion of heart pacemaker	A	14.800	14.800	\$ 612.56	\$ 612.56	
33208		Insertion of heart pacemaker	A	14.817	14.817	\$ 613.27	\$ 613.27	
33210		Insertion of heart electrode	A	5.191	5.191	\$ 214.87	\$ 214.87	
33211		Insertion of heart electrode	A	5.341	5.341	\$ 221.06	\$ 221.06	
33212		Insertion of pulse generator	A	10.509	10.509	\$ 434.97	\$ 434.97	
33213		Insertion of pulse generator	A	11.744	11.744	\$ 486.09	\$ 486.09	
33214		Upgrade of pacemaker system	A	14.468	14.468	\$ 598.85	\$ 598.85	
33215		Reposition pacing-defib lead	A	9.150	9.150	\$ 378.73	\$ 378.73	
33216		Insert lead pace-defib, one	A	11.122	11.122	\$ 460.36	\$ 460.36	
33217		Insert lead pace-defib, dual	A	11.118	11.118	\$ 460.17	\$ 460.17	
33218		Repair lead pace-defib, one	A	11.039	11.039	\$ 456.91	\$ 456.91	

HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
33220		Repair lead pace-defib, dual	A	11.054	11.054	\$ 457.54	\$ 457.54	
33222		Revise pocket, pacemaker	A	10.511	10.511	\$ 435.06	\$ 435.06	
33223		Revise pocket, pacing-defib	A	12.486	12.486	\$ 516.80	\$ 516.80	
33224		Insert pacing lead & connect	A	14.154	14.154	\$ 585.85	\$ 585.85	
33225		L ventric pacing lead add-on	A	12.773	12.773	\$ 528.67	\$ 528.67	
33226		Reposition I ventric lead	A	13.675	13.675	\$ 566.02	\$ 566.02	
33233		Removal of pacemaker system	A	7.169	7.169	\$ 296.74	\$ 296.74	
33234		Removal of pacemaker system	A	14.702	14.702	\$ 608.50	\$ 608.50	
33235		Removal pacemaker electrode	A	18.458	18.458	\$ 763.97	\$ 763.97	
33236		Remove electrode/thoracotomy	A	26.043	26.043	\$ 1,077.93	\$ 1,077.93	
33237		Remove electrode/thoracotomy	A	27.815	27.815	\$ 1,151.25	\$ 1,151.25	
33238		Remove electrode/thoracotomy	A	29.642	29.642	\$ 1,226.89	\$ 1,226.89	
33240		Insert pulse generator	A	14.077	14.077	\$ 582.66	\$ 582.66	
33241		Remove pulse generator	A	6.768	6.768	\$ 280.14	\$ 280.14	
33243		Remove eltrd/thoracotomy	A	44.425	44.425	\$ 1,838.73	\$ 1,838.73	
33244		Remove eltrd, transven	A	26.369	26.369	\$ 1,091.42	\$ 1,091.42	
33245		Insert epic eltrd pace-defib	A	27.184	27.184	\$ 1,125.17	\$ 1,125.17	
33246		Insert epic eltrd/generator	A	40.108	40.108	\$ 1,660.05	\$ 1,660.05	
33249		Eltrd/insert pace-defib	A	25.216	25.216	\$ 1,043.69	\$ 1,043.69	
33250		Ablate heart dysrhythm focus	A	36.096	36.096	\$ 1,494.03	\$ 1,494.03	
33251		Ablate heart dysrhythm focus	A	46.306	46.306	\$ 1,916.60	\$ 1,916.60	
33253		Reconstruct atria	A	60.360	60.360	\$ 2,498.30	\$ 2,498.30	
33261		Ablate heart dysrhythm focus	A	48.334	48.334	\$ 2,000.53	\$ 2,000.53	
33282		Implant pat-active ht record	A	9.509	9.509	\$ 393.57	\$ 393.57	
33284		Remove pat-active ht record	A	6.648	6.648	\$ 275.17	\$ 275.17	
33300		Repair of heart wound	A	34.883	34.883	\$ 1,443.79	\$ 1,443.79	
33305		Repair of heart wound	A	43.255	43.255	\$ 1,790.33	\$ 1,790.33	
33310		Exploratory heart surgery	A	37.459	37.459	\$ 1,550.42	\$ 1,550.42	
33315		Exploratory heart surgery	A	45.463	45.463	\$ 1,881.73	\$ 1,881.73	
33320		Repair major blood vessel(s)	A	31.710	31.710	\$ 1,312.47	\$ 1,312.47	
33321		Repair major vessel	A	41.420	41.420	\$ 1,714.35	\$ 1,714.35	
33322		Repair major blood vessel(s)	A	41.425	41.425	\$ 1,714.57	\$ 1,714.57	
33330		Insert major vessel graft	A	42.040	42.040	\$ 1,740.02	\$ 1,740.02	
33332		Insert major vessel graft	A	44.566	44.566	\$ 1,844.60	\$ 1,844.60	
33335		Insert major vessel graft	A	59.407	59.407	\$ 2,458.84	\$ 2,458.84	
33400		Repair of aortic valve	A	56.554	56.554	\$ 2,340.78	\$ 2,340.78	
33401		Valvuloplasty, open	A	48.312	48.312	\$ 1,999.65	\$ 1,999.65	
33403		Valvuloplasty, w/cp bypass	A	48.867	48.867	\$ 2,022.61	\$ 2,022.61	
33404		Prepare heart-aorta conduit	A	56.643	56.643	\$ 2,344.46	\$ 2,344.46	
33405		Replacement of aortic valve	A	68.951	68.951	\$ 2,853.88	\$ 2,853.88	
33406		Replacement of aortic valve	A	73.142	73.142	\$ 3,027.34	\$ 3,027.34	
33410		Replacement of aortic valve	A	66.150	66.150	\$ 2,737.95	\$ 2,737.95	
33411		Replacement of aortic valve	A	72.021	72.021	\$ 2,980.97	\$ 2,980.97	
33412		Replacement of aortic valve	A	81.549	81.549	\$ 3,375.33	\$ 3,375.33	
33413		Replacement of aortic valve	A	81.493	81.493	\$ 3,373.00	\$ 3,373.00	
33414		Repair of aortic valve	A	60.435	60.435	\$ 2,501.41	\$ 2,501.41	
33415		Revision, subvalvular tissue	A	52.877	52.877	\$ 2,188.59	\$ 2,188.59	
33416		Revise ventricle muscle	A	60.167	60.167	\$ 2,490.33	\$ 2,490.33	
33417		Repair of aortic valve	A	57.196	57.196	\$ 2,367.35	\$ 2,367.35	
33420		Revision of mitral valve	A	37.947	37.947	\$ 1,570.62	\$ 1,570.62	
33422		Revision of mitral valve	A	53.264	53.264	\$ 2,204.60	\$ 2,204.60	
33425		Repair of mitral valve	A	52.385	52.385	\$ 2,168.20	\$ 2,168.20	
33426		Repair of mitral valve	A	66.013	66.013	\$ 2,732.27	\$ 2,732.27	
33427		Repair of mitral valve	A	76.951	76.951	\$ 3,185.00	\$ 3,185.00	
33430		Replacement of mitral valve	A	67.004	67.004	\$ 2,773.30	\$ 2,773.30	
33460		Revision of tricuspid valve	A	47.602	47.602	\$ 1,970.23	\$ 1,970.23	
33463		Valvuloplasty, tricuspid	A	51.701	51.701	\$ 2,139.89	\$ 2,139.89	
33464		Valvuloplasty, tricuspid	A	55.390	55.390	\$ 2,292.58	\$ 2,292.58	
33465		Replace tricuspid valve	A	57.014	57.014	\$ 2,359.80	\$ 2,359.80	
33468		Revision of tricuspid valve	A	60.792	60.792	\$ 2,516.20	\$ 2,516.20	
33470		Revision of pulmonary valve	A	43.325	43.325	\$ 1,793.21	\$ 1,793.21	



HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
33471		Valvotomy, pulmonary valve	A	44.857	44.857	\$ 1,856.61	\$ 1,856.61	
33472		Revision of pulmonary valve	A	46.289	46.289	\$ 1,915.92	\$ 1,915.92	
33474		Revision of pulmonary valve	A	45.857	45.857	\$ 1,898.02	\$ 1,898.02	
33475		Replacement, pulmonary valve	A	58.661	58.661	\$ 2,427.97	\$ 2,427.97	
33476		Revision of heart chamber	A	47.363	47.363	\$ 1,960.37	\$ 1,960.37	
33478		Revision of heart chamber	A	54.795	54.795	\$ 2,267.96	\$ 2,267.96	
33496		Repair, prosth valve clot	A	54.497	54.497	\$ 2,255.64	\$ 2,255.64	
33500		Repair heart vessel fistula	A	48.661	48.661	\$ 2,014.09	\$ 2,014.09	
33501		Repair heart vessel fistula	A	34.589	34.589	\$ 1,431.64	\$ 1,431.64	
33502		Coronary artery correction	A	42.448	42.448	\$ 1,756.93	\$ 1,756.93	
33503		Coronary artery graft	A	36.856	36.856	\$ 1,525.45	\$ 1,525.45	
33504		Coronary artery graft	A	49.230	49.230	\$ 2,037.65	\$ 2,037.65	
33505		Repair artery w/tunnel	A	45.091	45.091	\$ 1,866.31	\$ 1,866.31	
33506		Repair artery, translocation	A	63.108	63.108	\$ 2,612.06	\$ 2,612.06	
33508		Endoscopic vein harvest	A	0.553	0.553	\$ 22.88	\$ 22.88	
33510		CABG, vein, single	A	57.830	57.830	\$ 2,393.57	\$ 2,393.57	
33511		CABG, vein, two	A	60.446	60.446	\$ 2,501.84	\$ 2,501.84	
33512		CABG, vein, three	A	64.383	64.383	\$ 2,664.83	\$ 2,664.83	
33513		CABG, vein, four	A	66.118	66.118	\$ 2,736.62	\$ 2,736.62	
33514		CABG, vein, five	A	68.922	68.922	\$ 2,852.67	\$ 2,852.67	
33516		Cabg, vein, six or more	A	72.985	72.985	\$ 3,020.85	\$ 3,020.85	
33517		CABG, artery-vein, single	A	4.823	4.823	\$ 199.64	\$ 199.64	
33518		CABG, artery-vein, two	A	9.113	9.113	\$ 377.17	\$ 377.17	
33519		CABG, artery-vein, three	A	13.314	13.314	\$ 551.08	\$ 551.08	
33521		CABG, artery-vein, four	A	17.613	17.613	\$ 729.01	\$ 729.01	
33522		CABG, artery-vein, five	A	21.963	21.963	\$ 909.04	\$ 909.04	
33523		Cabg, art-vein, six or more	A	26.284	26.284	\$ 1,087.91	\$ 1,087.91	
33530		Coronary artery, bypass/reop	A	10.947	10.947	\$ 453.11	\$ 453.11	
33533		CABG, arterial, single	A	59.453	59.453	\$ 2,460.77	\$ 2,460.77	
33534		CABG, arterial, two	A	64.561	64.561	\$ 2,672.18	\$ 2,672.18	
33535		CABG, arterial, three	A	68.845	68.845	\$ 2,849.50	\$ 2,849.50	
33536		Cabg, arterial, four or more	A	68.734	68.734	\$ 2,844.91	\$ 2,844.91	
33542		Removal of heart lesion	A	57.099	57.099	\$ 2,363.34	\$ 2,363.34	
33545		Repair of heart damage	A	71.051	71.051	\$ 2,940.81	\$ 2,940.81	
33572		Open coronary endarterectomy	A	8.286	8.286	\$ 342.97	\$ 342.97	
33600		Closure of valve	A	51.131	51.131	\$ 2,116.32	\$ 2,116.32	
33602		Closure of valve	A	52.975	52.975	\$ 2,192.63	\$ 2,192.63	
33606		Anastomosis/artery-aorta	A	59.470	59.470	\$ 2,461.45	\$ 2,461.45	
33608		Repair anomaly w/conduit	A	62.957	62.957	\$ 2,605.79	\$ 2,605.79	
33610		Repair by enlargement	A	61.775	61.775	\$ 2,556.86	\$ 2,556.86	
33611		Repair double ventricle	A	61.677	61.677	\$ 2,552.82	\$ 2,552.82	
33612		Repair double ventricle	A	69.071	69.071	\$ 2,858.83	\$ 2,858.83	
33615		Repair, modified fontan	A	61.819	61.819	\$ 2,558.69	\$ 2,558.69	
33617		Repair single ventricle	A	70.094	70.094	\$ 2,901.20	\$ 2,901.20	
33619		Repair single ventricle	A	85.150	85.150	\$ 3,524.37	\$ 3,524.37	
33641		Repair heart septum defect	A	42.265	42.265	\$ 1,749.33	\$ 1,749.33	
33645		Revision of heart veins	A	50.397	50.397	\$ 2,085.92	\$ 2,085.92	
33647		Repair heart septum defects	A	56.497	56.497	\$ 2,338.43	\$ 2,338.43	
33660		Repair of heart defects	A	54.924	54.924	\$ 2,273.31	\$ 2,273.31	
33665		Repair of heart defects	A	58.542	58.542	\$ 2,423.03	\$ 2,423.03	
33670		Repair of heart chambers	A	56.713	56.713	\$ 2,347.36	\$ 2,347.36	
33681		Repair heart septum defect	A	59.930	59.930	\$ 2,480.52	\$ 2,480.52	
33684		Repair heart septum defect	A	59.224	59.224	\$ 2,451.29	\$ 2,451.29	
33688		Repair heart septum defect	A	58.076	58.076	\$ 2,403.78	\$ 2,403.78	
33690		Reinforce pulmonary artery	A	40.489	40.489	\$ 1,675.86	\$ 1,675.86	
33692		Repair of heart defects	A	60.578	60.578	\$ 2,507.31	\$ 2,507.31	
33694		Repair of heart defects	A	66.451	66.451	\$ 2,750.41	\$ 2,750.41	
33697		Repair of heart defects	A	70.289	70.289	\$ 2,909.27	\$ 2,909.27	
33702		Repair of heart defects	A	53.674	53.674	\$ 2,221.55	\$ 2,221.55	
33710		Repair of heart defects	A	59.954	59.954	\$ 2,481.49	\$ 2,481.49	
33720		Repair of heart defect	A	52.302	52.302	\$ 2,164.80	\$ 2,164.80	

HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
33722		Repair of heart defect	A	58.298	58.298	\$ 2,412.96	\$ 2,412.96	
33730		Repair heart-vein defect(s)	A	59.875	59.875	\$ 2,478.21	\$ 2,478.21	
33732		Repair heart-vein defect	A	52.819	52.819	\$ 2,186.17	\$ 2,186.17	
33735		Revision of heart chamber	A	35.257	35.257	\$ 1,459.29	\$ 1,459.29	
33736		Revision of heart chamber	A	46.506	46.506	\$ 1,924.88	\$ 1,924.88	
33737		Revision of heart chamber	A	45.031	45.031	\$ 1,863.85	\$ 1,863.85	
33750		Major vessel shunt	A	38.433	38.433	\$ 1,590.74	\$ 1,590.74	
33755		Major vessel shunt	A	43.225	43.225	\$ 1,789.10	\$ 1,789.10	
33762		Major vessel shunt	A	38.043	38.043	\$ 1,574.60	\$ 1,574.60	
33764		Major vessel shunt & graft	A	39.721	39.721	\$ 1,644.05	\$ 1,644.05	
33766		Major vessel shunt	A	47.187	47.187	\$ 1,953.09	\$ 1,953.09	
33767		Major vessel shunt	A	49.459	49.459	\$ 2,047.11	\$ 2,047.11	
33770		Repair great vessels defect	A	70.889	70.889	\$ 2,934.11	\$ 2,934.11	
33771		Repair great vessels defect	A	67.432	67.432	\$ 2,791.00	\$ 2,791.00	
33774		Repair great vessels defect	A	62.920	62.920	\$ 2,604.28	\$ 2,604.28	
33775		Repair great vessels defect	A	64.933	64.933	\$ 2,687.57	\$ 2,687.57	
33776		Repair great vessels defect	A	69.278	69.278	\$ 2,867.40	\$ 2,867.40	
33777		Repair great vessels defect	A	67.591	67.591	\$ 2,797.61	\$ 2,797.61	
33778		Repair great vessels defect	A	77.386	77.386	\$ 3,203.02	\$ 3,203.02	
33779		Repair great vessels defect	A	60.734	60.734	\$ 2,513.80	\$ 2,513.80	
33780		Repair great vessels defect	A	82.740	82.740	\$ 3,424.62	\$ 3,424.62	
33781		Repair great vessels defect	A	71.295	71.295	\$ 2,950.88	\$ 2,950.88	
33786		Repair arterial trunk	A	75.554	75.554	\$ 3,127.17	\$ 3,127.17	
33788		Revision of pulmonary artery	A	52.595	52.595	\$ 2,176.91	\$ 2,176.91	
33800		Aortic suspension	A	28.488	28.488	\$ 1,179.12	\$ 1,179.12	
33802		Repair vessel defect	A	32.956	32.956	\$ 1,364.05	\$ 1,364.05	
33803		Repair vessel defect	A	40.447	40.447	\$ 1,674.11	\$ 1,674.11	
33813		Repair septal defect	A	43.185	43.185	\$ 1,787.44	\$ 1,787.44	
33814		Repair septal defect	A	48.551	48.551	\$ 2,009.51	\$ 2,009.51	
33820		Revise major vessel	A	33.388	33.388	\$ 1,381.95	\$ 1,381.95	
33822		Revise major vessel	A	36.058	36.058	\$ 1,492.43	\$ 1,492.43	
33824		Revise major vessel	A	40.475	40.475	\$ 1,675.27	\$ 1,675.27	
33840		Remove aorta constriction	A	40.656	40.656	\$ 1,682.76	\$ 1,682.76	
33845		Remove aorta constriction	A	45.613	45.613	\$ 1,887.92	\$ 1,887.92	
33851		Remove aorta constriction	A	44.022	44.022	\$ 1,822.05	\$ 1,822.05	
33852		Repair septal defect	A	48.600	48.600	\$ 2,011.55	\$ 2,011.55	
33853		Repair septal defect	A	64.484	64.484	\$ 2,668.98	\$ 2,668.98	
33860		Ascending aortic graft	A	72.495	72.495	\$ 3,000.55	\$ 3,000.55	
33861		Ascending aortic graft	A	77.250	77.250	\$ 3,197.37	\$ 3,197.37	
33863		Ascending aortic graft	A	82.818	82.818	\$ 3,427.84	\$ 3,427.84	
33870		Transverse aortic arch graft	A	83.884	83.884	\$ 3,471.94	\$ 3,471.94	
33875		Thoracic aortic graft	A	64.484	64.484	\$ 2,669.00	\$ 2,669.00	
33877		Thoracoabdominal graft	A	80.624	80.624	\$ 3,337.03	\$ 3,337.03	
33910		Remove lung artery emboli	A	48.908	48.908	\$ 2,024.30	\$ 2,024.30	
33915		Remove lung artery emboli	A	34.942	34.942	\$ 1,446.24	\$ 1,446.24	
33916		Surgery of great vessel	A	49.992	49.992	\$ 2,069.19	\$ 2,069.19	
33917		Repair pulmonary artery	A	49.969	49.969	\$ 2,068.20	\$ 2,068.20	
33918		Repair pulmonary atresia	A	53.035	53.035	\$ 2,195.11	\$ 2,195.11	
33919		Repair pulmonary atresia	A	71.496	71.496	\$ 2,959.22	\$ 2,959.22	
33920		Repair pulmonary atresia	A	60.903	60.903	\$ 2,520.78	\$ 2,520.78	
33922		Transect pulmonary artery	A	43.747	43.747	\$ 1,810.70	\$ 1,810.70	
33924		Remove pulmonary shunt	A	10.576	10.576	\$ 437.73	\$ 437.73	
33930		Removal of donor heart/lung	A	0.000	0.000	\$ -	\$ -	
33935		Transplantation, heart/lung	A	124.382	124.382	\$ 5,148.19	\$ 5,148.19	
33940		Removal of donor heart	A	0.000	0.000	\$ -	\$ -	
33945		Transplantation of heart	A	86.267	86.267	\$ 3,570.59	\$ 3,570.59	
33960		External circulation assist	A	33.705	33.705	\$ 1,395.04	\$ 1,395.04	
33961		External circulation assist	A	20.982	20.982	\$ 868.46	\$ 868.46	
33967		Insert ia percut device	A	7.755	7.755	\$ 320.96	\$ 320.96	
33968		Remove aortic assist device	A	1.151	1.151	\$ 47.65	\$ 47.65	
33970		Aortic circulation assist	A	12.002	12.002	\$ 496.78	\$ 496.78	

HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
33971		Aortic circulation assist	A	19.458	19.458	\$ 805.36	\$ 805.36	
33973		Insert balloon device	A	17.388	17.388	\$ 719.68	\$ 719.68	
33974		Remove intra-aortic balloon	A	28.213	28.213	\$ 1,167.75	\$ 1,167.75	
33975		Implant ventricular device	A	34.505	34.505	\$ 1,428.15	\$ 1,428.15	
33976		Implant ventricular device	A	42.834	42.834	\$ 1,772.91	\$ 1,772.91	
33977		Remove ventricular device	A	40.326	40.326	\$ 1,669.09	\$ 1,669.09	
33978		Remove ventricular device	A	44.401	44.401	\$ 1,837.76	\$ 1,837.76	
33979		Insert intracorporeal device	A	77.602	77.602	\$ 3,211.95	\$ 3,211.95	
33980		Remove intracorporeal device	A	99.770	99.770	\$ 4,129.48	\$ 4,129.48	
33999		Cardiac surgery procedure	C	0.000	0.000	\$ -	\$ -	
34001		Removal of artery clot	A	25.575	25.575	\$ 1,058.55	\$ 1,058.55	
34051		Removal of artery clot	A	30.877	30.877	\$ 1,277.98	\$ 1,277.98	
34101		Removal of artery clot	A	19.853	19.853	\$ 821.70	\$ 821.70	
34111		Removal of arm artery clot	A	18.629	18.629	\$ 771.05	\$ 771.05	
34151		Removal of artery clot	A	42.606	42.606	\$ 1,763.45	\$ 1,763.45	
34201		Removal of artery clot	A	19.498	19.498	\$ 807.01	\$ 807.01	
34203		Removal of leg artery clot	A	29.870	29.870	\$ 1,236.31	\$ 1,236.31	
34401		Removal of vein clot	A	39.796	39.796	\$ 1,647.15	\$ 1,647.15	
34421		Removal of vein clot	A	21.900	21.900	\$ 906.44	\$ 906.44	
34451		Removal of vein clot	A	44.306	44.306	\$ 1,833.80	\$ 1,833.80	
34471		Removal of vein clot	A	19.010	19.010	\$ 786.83	\$ 786.83	
34490		Removal of vein clot	A	17.965	17.965	\$ 743.56	\$ 743.56	
34501		Repair valve, femoral vein	A	29.761	29.761	\$ 1,231.80	\$ 1,231.80	
34502		Reconstruct vena cava	A	51.649	51.649	\$ 2,137.76	\$ 2,137.76	
34510		Transposition of vein valve	A	34.596	34.596	\$ 1,431.95	\$ 1,431.95	
34520		Cross-over vein graft	A	32.043	32.043	\$ 1,326.24	\$ 1,326.24	
34530		Leg vein fusion	A	33.762	33.762	\$ 1,397.41	\$ 1,397.41	
34800		Endovasc abdo repair w/tube	A	35.654	35.654	\$ 1,475.71	\$ 1,475.71	
34802		Endovasc abdo repr w/device	A	39.181	39.181	\$ 1,621.69	\$ 1,621.69	
34804		Endovasc abdo repr w/device	A	39.189	39.189	\$ 1,622.05	\$ 1,622.05	
34805		Endovasc abdo repair w/pros	A	37.746	37.746	\$ 1,562.32	\$ 1,562.32	
34808		Endovasc abdo occlud device	A	6.675	6.675	\$ 276.26	\$ 276.26	
34812		Xpose for endoprosth, femorl	A	10.973	10.973	\$ 454.17	\$ 454.17	
34813		Femoral endovas graft add-on	A	7.751	7.751	\$ 320.83	\$ 320.83	
34820		Xpose for endoprosth, iliac	A	15.818	15.818	\$ 654.72	\$ 654.72	
34825		Endovasc extend prosth, init	A	21.330	21.330	\$ 882.84	\$ 882.84	
34826		Endovasc exten prosth, add'l	A	6.675	6.675	\$ 276.26	\$ 276.26	
34830		Open aortic tube prosth repr	A	55.368	55.368	\$ 2,291.67	\$ 2,291.67	
34831		Open aortoiliac prosth repr	A	57.360	57.360	\$ 2,374.11	\$ 2,374.11	
34832		Open aortofemor prosth repr	A	59.808	59.808	\$ 2,475.44	\$ 2,475.44	
34833		Xpose for endoprosth, iliac	A	19.129	19.129	\$ 791.76	\$ 791.76	
34834		Xpose, endoprosth, brachial	A	9.564	9.564	\$ 395.87	\$ 395.87	
34900		Endovasc iliac repr w/graft	A	30.112	30.112	\$ 1,246.35	\$ 1,246.35	
35001		Repair defect of artery	A	39.367	39.367	\$ 1,629.39	\$ 1,629.39	
35002		Repair artery rupture, neck	A	37.933	37.933	\$ 1,570.06	\$ 1,570.06	
35005		Repair defect of artery	A	32.081	32.081	\$ 1,327.82	\$ 1,327.82	
35011		Repair defect of artery	A	30.984	30.984	\$ 1,282.45	\$ 1,282.45	
35013		Repair artery rupture, arm	A	39.320	39.320	\$ 1,627.43	\$ 1,627.43	
35021		Repair defect of artery	A	36.892	36.892	\$ 1,526.98	\$ 1,526.98	
35022		Repair artery rupture, chest	A	41.209	41.209	\$ 1,705.63	\$ 1,705.63	
35045		Repair defect of arm artery	A	29.944	29.944	\$ 1,239.36	\$ 1,239.36	
35081		Repair defect of artery	A	52.990	52.990	\$ 2,193.28	\$ 2,193.28	
35082		Repair artery rupture, aorta	A	70.869	70.869	\$ 2,933.28	\$ 2,933.28	
35091		Repair defect of artery	A	66.396	66.396	\$ 2,748.14	\$ 2,748.14	
35092		Repair artery rupture, aorta	A	80.501	80.501	\$ 3,331.96	\$ 3,331.96	
35102		Repair defect of artery	A	57.640	57.640	\$ 2,385.73	\$ 2,385.73	
35103		Repair artery rupture, groin	A	72.012	72.012	\$ 2,980.56	\$ 2,980.56	
35111		Repair defect of artery	A	42.499	42.499	\$ 1,759.03	\$ 1,759.03	
35112		Repair artery rupture, spleen	A	49.445	49.445	\$ 2,046.52	\$ 2,046.52	
35121		Repair defect of artery	A	54.451	54.451	\$ 2,253.74	\$ 2,253.74	
35122		Repair artery rupture, belly	A	63.586	63.586	\$ 2,631.84	\$ 2,631.84	

HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
35131		Repair defect of artery	A	44.166	44.166	\$ 1,828.05	\$ 1,828.05	
35132		Repair artery rupture, groin	A	52.320	52.320	\$ 2,165.51	\$ 2,165.51	
35141		Repair defect of artery	A	35.433	35.433	\$ 1,466.56	\$ 1,466.56	
35142		Repair artery rupture, thigh	A	40.439	40.439	\$ 1,673.77	\$ 1,673.77	
35151		Repair defect of artery	A	40.341	40.341	\$ 1,669.73	\$ 1,669.73	
35152		Repair artery rupture, knee	A	44.493	44.493	\$ 1,841.56	\$ 1,841.56	
35161		Repair defect of artery	A	37.081	37.081	\$ 1,534.78	\$ 1,534.78	
35162		Repair artery rupture	A	38.458	38.458	\$ 1,591.78	\$ 1,591.78	
35180		Repair blood vessel lesion	A	26.401	26.401	\$ 1,092.76	\$ 1,092.76	
35182		Repair blood vessel lesion	A	49.843	49.843	\$ 2,063.01	\$ 2,063.01	
35184		Repair blood vessel lesion	A	31.454	31.454	\$ 1,301.87	\$ 1,301.87	
35188		Repair blood vessel lesion	A	28.082	28.082	\$ 1,162.32	\$ 1,162.32	
35189		Repair blood vessel lesion	A	48.265	48.265	\$ 1,997.70	\$ 1,997.70	
35190		Repair blood vessel lesion	A	24.571	24.571	\$ 1,016.99	\$ 1,016.99	
35201		Repair blood vessel lesion	A	28.503	28.503	\$ 1,179.73	\$ 1,179.73	
35206		Repair blood vessel lesion	A	23.783	23.783	\$ 984.37	\$ 984.37	
35207		Repair blood vessel lesion	A	22.000	22.000	\$ 910.60	\$ 910.60	
35211		Repair blood vessel lesion	A	44.646	44.646	\$ 1,847.88	\$ 1,847.88	
35216		Repair blood vessel lesion	A	36.746	36.746	\$ 1,520.92	\$ 1,520.92	
35221		Repair blood vessel lesion	A	41.359	41.359	\$ 1,711.86	\$ 1,711.86	
35226		Repair blood vessel lesion	A	24.859	24.859	\$ 1,028.91	\$ 1,028.91	
35231		Repair blood vessel lesion	A	34.585	34.585	\$ 1,431.47	\$ 1,431.47	
35236		Repair blood vessel lesion	A	29.522	29.522	\$ 1,221.91	\$ 1,221.91	
35241		Repair blood vessel lesion	A	46.426	46.426	\$ 1,921.57	\$ 1,921.57	
35246		Repair blood vessel lesion	A	46.773	46.773	\$ 1,935.92	\$ 1,935.92	
35251		Repair blood vessel lesion	A	49.135	49.135	\$ 2,033.70	\$ 2,033.70	
35256		Repair blood vessel lesion	A	31.772	31.772	\$ 1,315.04	\$ 1,315.04	
35261		Repair blood vessel lesion	A	31.007	31.007	\$ 1,283.39	\$ 1,283.39	
35266		Repair blood vessel lesion	A	26.417	26.417	\$ 1,093.41	\$ 1,093.41	
35271		Repair blood vessel lesion	A	44.276	44.276	\$ 1,832.58	\$ 1,832.58	
35276		Repair blood vessel lesion	A	45.088	45.088	\$ 1,866.17	\$ 1,866.17	
35281		Repair blood vessel lesion	A	46.632	46.632	\$ 1,930.09	\$ 1,930.09	
35286		Repair blood vessel lesion	A	29.516	29.516	\$ 1,221.66	\$ 1,221.66	
35301		Rechanneling of artery	A	36.514	36.514	\$ 1,511.29	\$ 1,511.29	
35311		Rechanneling of artery	A	50.087	50.087	\$ 2,073.10	\$ 2,073.10	
35321		Rechanneling of artery	A	28.752	28.752	\$ 1,190.06	\$ 1,190.06	
35331		Rechanneling of artery	A	48.656	48.656	\$ 2,013.87	\$ 2,013.87	
35341		Rechanneling of artery	A	48.002	48.002	\$ 1,986.78	\$ 1,986.78	
35351		Rechanneling of artery	A	42.059	42.059	\$ 1,740.81	\$ 1,740.81	
35355		Rechanneling of artery	A	33.938	33.938	\$ 1,404.69	\$ 1,404.69	
35361		Rechanneling of artery	A	50.819	50.819	\$ 2,103.38	\$ 2,103.38	
35363		Rechanneling of artery	A	54.070	54.070	\$ 2,237.95	\$ 2,237.95	
35371		Rechanneling of artery	A	26.918	26.918	\$ 1,114.13	\$ 1,114.13	
35372		Rechanneling of artery	A	32.141	32.141	\$ 1,330.30	\$ 1,330.30	
35381		Rechanneling of artery	A	31.028	31.028	\$ 1,284.26	\$ 1,284.26	
35390		Reoperation, carotid add-on	A	5.915	5.915	\$ 244.83	\$ 244.83	
35400		Angioscopy	A	5.570	5.570	\$ 230.56	\$ 230.56	
35450		Repair arterial blockage	A	17.471	17.471	\$ 723.12	\$ 723.12	
35452		Repair arterial blockage	A	13.226	13.226	\$ 547.43	\$ 547.43	
35454		Repair arterial blockage	A	11.641	11.641	\$ 481.84	\$ 481.84	
35456		Repair arterial blockage	A	14.044	14.044	\$ 581.30	\$ 581.30	
35458		Repair arterial blockage	A	18.060	18.060	\$ 747.49	\$ 747.49	
35459		Repair arterial blockage	A	16.293	16.293	\$ 674.37	\$ 674.37	
35460		Repair venous blockage	A	11.466	11.466	\$ 474.57	\$ 474.57	
35470		Repair arterial blockage	A	14.261	14.261	\$ 590.26	\$ 590.26	
35471		Repair arterial blockage	A	16.201	16.201	\$ 670.56	\$ 670.56	
35472		Repair arterial blockage	A	11.509	11.509	\$ 476.37	\$ 476.37	
35473		Repair arterial blockage	A	10.130	10.130	\$ 419.30	\$ 419.30	
35474		Repair arterial blockage	A	11.693	11.693	\$ 483.96	\$ 483.96	
35475		Repair arterial blockage	A	15.181	15.181	\$ 628.34	\$ 628.34	
35476		Repair venous blockage	A	9.755	9.755	\$ 403.77	\$ 403.77	



HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
35480		Atherectomy, open	A	20.262	20.262	\$ 838.64	\$ 838.64	
35481		Atherectomy, open	A	14.545	14.545	\$ 602.01	\$ 602.01	
35482		Atherectomy, open	A	12.819	12.819	\$ 530.59	\$ 530.59	
35483		Atherectomy, open	A	14.967	14.967	\$ 619.50	\$ 619.50	
35484		Atherectomy, open	A	19.384	19.384	\$ 802.30	\$ 802.30	
35485		Atherectomy, open	A	17.984	17.984	\$ 744.34	\$ 744.34	
35490		Atherectomy, percutaneous	A	17.669	17.669	\$ 731.31	\$ 731.31	
35491		Atherectomy, percutaneous	A	12.734	12.734	\$ 527.06	\$ 527.06	
35492		Atherectomy, percutaneous	A	11.404	11.404	\$ 472.02	\$ 472.02	
35493		Atherectomy, percutaneous	A	13.579	13.579	\$ 562.01	\$ 562.01	
35494		Atherectomy, percutaneous	A	16.449	16.449	\$ 680.84	\$ 680.84	
35495		Atherectomy, percutaneous	A	15.659	15.659	\$ 648.12	\$ 648.12	
35500		Harvest vein for bypass	A	11.166	11.166	\$ 462.14	\$ 462.14	
35501		Artery bypass graft	A	37.486	37.486	\$ 1,551.53	\$ 1,551.53	
35506		Artery bypass graft	A	38.816	38.816	\$ 1,606.58	\$ 1,606.58	
35507		Artery bypass graft	A	38.497	38.497	\$ 1,593.39	\$ 1,593.39	
35508		Artery bypass graft	A	37.810	37.810	\$ 1,564.94	\$ 1,564.94	
35509		Artery bypass graft	A	35.625	35.625	\$ 1,474.53	\$ 1,474.53	
35510		Artery bypass graft	A	39.904	39.904	\$ 1,651.63	\$ 1,651.63	
35511		Artery bypass graft	A	37.441	37.441	\$ 1,549.68	\$ 1,549.68	
35512		Artery bypass graft	A	39.260	39.260	\$ 1,624.95	\$ 1,624.95	
35515		Artery bypass graft	A	37.327	37.327	\$ 1,544.96	\$ 1,544.96	
35516		Artery bypass graft	A	31.075	31.075	\$ 1,286.18	\$ 1,286.18	
35518		Artery bypass graft	A	37.324	37.324	\$ 1,544.84	\$ 1,544.84	
35521		Artery bypass graft	A	39.244	39.244	\$ 1,624.30	\$ 1,624.30	
35522		Artery bypass graft	A	38.299	38.299	\$ 1,585.18	\$ 1,585.18	
35525		Artery bypass graft	A	36.837	36.837	\$ 1,524.69	\$ 1,524.69	
35526		Artery bypass graft	A	50.968	50.968	\$ 2,109.55	\$ 2,109.55	
35531		Artery bypass graft	A	62.364	62.364	\$ 2,581.26	\$ 2,581.26	
35533		Artery bypass graft	A	49.136	49.136	\$ 2,033.72	\$ 2,033.72	
35536		Artery bypass graft	A	55.174	55.174	\$ 2,283.64	\$ 2,283.64	
35541		Artery bypass graft	A	48.349	48.349	\$ 2,001.16	\$ 2,001.16	
35546		Artery bypass graft	A	48.313	48.313	\$ 1,999.68	\$ 1,999.68	
35548		Artery bypass graft	A	41.226	41.226	\$ 1,706.34	\$ 1,706.34	
35549		Artery bypass graft	A	45.351	45.351	\$ 1,877.09	\$ 1,877.09	
35551		Artery bypass graft	A	51.653	51.653	\$ 2,137.94	\$ 2,137.94	
35556		Artery bypass graft	A	41.837	41.837	\$ 1,731.64	\$ 1,731.64	
35558		Artery bypass graft	A	36.861	36.861	\$ 1,525.68	\$ 1,525.68	
35560		Artery bypass graft	A	56.301	56.301	\$ 2,330.32	\$ 2,330.32	
35563		Artery bypass graft	A	41.158	41.158	\$ 1,703.52	\$ 1,703.52	
35565		Artery bypass graft	A	39.946	39.946	\$ 1,653.37	\$ 1,653.37	
35566		Artery bypass graft	A	50.981	50.981	\$ 2,110.11	\$ 2,110.11	
35571		Artery bypass graft	A	43.478	43.478	\$ 1,799.55	\$ 1,799.55	
35572		Harvest femoropopliteal vein	A	11.799	11.799	\$ 488.36	\$ 488.36	
35582		Vein bypass graft	A	51.770	51.770	\$ 2,142.75	\$ 2,142.75	
35583		Vein bypass graft	A	43.058	43.058	\$ 1,782.17	\$ 1,782.17	
35585		Vein bypass graft	A	54.098	54.098	\$ 2,239.13	\$ 2,239.13	
35587		Vein bypass graft	A	44.861	44.861	\$ 1,856.80	\$ 1,856.80	
35600		Harvest artery for cabg	A	9.168	9.168	\$ 379.45	\$ 379.45	
35601		Artery bypass graft	A	34.739	34.739	\$ 1,437.85	\$ 1,437.85	
35606		Artery bypass graft	A	36.723	36.723	\$ 1,519.97	\$ 1,519.97	
35612		Artery bypass graft	A	30.643	30.643	\$ 1,268.32	\$ 1,268.32	
35616		Artery bypass graft	A	31.362	31.362	\$ 1,298.08	\$ 1,298.08	
35621		Artery bypass graft	A	35.387	35.387	\$ 1,464.66	\$ 1,464.66	
35623		Bypass graft, not vein	A	41.998	41.998	\$ 1,738.30	\$ 1,738.30	
35626		Artery bypass graft	A	51.712	51.712	\$ 2,140.36	\$ 2,140.36	
35631		Artery bypass graft	A	59.209	59.209	\$ 2,450.65	\$ 2,450.65	
35636		Artery bypass graft	A	51.247	51.247	\$ 2,121.12	\$ 2,121.12	
35641		Artery bypass graft	A	47.434	47.434	\$ 1,963.30	\$ 1,963.30	
35642		Artery bypass graft	A	34.125	34.125	\$ 1,412.44	\$ 1,412.44	
35645		Artery bypass graft	A	33.583	33.583	\$ 1,389.98	\$ 1,389.98	

HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
35646		Artery bypass graft	A	59.417	59.417	\$ 2,459.27	\$ 2,459.27	
35647		Artery bypass graft	A	53.639	53.639	\$ 2,220.11	\$ 2,220.11	
35650		Artery bypass graft	A	33.926	33.926	\$ 1,404.19	\$ 1,404.19	
35651		Artery bypass graft	A	46.296	46.296	\$ 1,916.19	\$ 1,916.19	
35654		Artery bypass graft	A	44.042	44.042	\$ 1,822.90	\$ 1,822.90	
35656		Artery bypass graft	A	37.384	37.384	\$ 1,547.31	\$ 1,547.31	
35661		Artery bypass graft	A	33.731	33.731	\$ 1,396.12	\$ 1,396.12	
35663		Artery bypass graft	A	37.869	37.869	\$ 1,567.38	\$ 1,567.38	
35665		Artery bypass graft	A	37.396	37.396	\$ 1,547.84	\$ 1,547.84	
35666		Artery bypass graft	A	41.693	41.693	\$ 1,725.68	\$ 1,725.68	
35671		Artery bypass graft	A	35.329	35.329	\$ 1,462.26	\$ 1,462.26	
35681		Composite bypass graft	A	2.919	2.919	\$ 120.81	\$ 120.81	
35682		Composite bypass graft	A	13.177	13.177	\$ 545.41	\$ 545.41	
35683		Composite bypass graft	A	15.553	15.553	\$ 643.76	\$ 643.76	
35685		Bypass graft patency/patch	A	6.372	6.372	\$ 263.73	\$ 263.73	
35686		Bypass graft/av fist patency	A	5.287	5.287	\$ 218.84	\$ 218.84	
35691		Arterial transposition	A	34.992	34.992	\$ 1,448.32	\$ 1,448.32	
35693		Arterial transposition	A	30.502	30.502	\$ 1,262.47	\$ 1,262.47	
35694		Arterial transposition	A	36.619	36.619	\$ 1,515.65	\$ 1,515.65	
35695		Arterial transposition	A	36.861	36.861	\$ 1,525.68	\$ 1,525.68	
35697		Reimplant artery each	A	5.494	5.494	\$ 227.39	\$ 227.39	
35700		Reoperation, bypass graft	A	5.653	5.653	\$ 233.97	\$ 233.97	
35701		Exploration, carotid artery	A	15.932	15.932	\$ 659.45	\$ 659.45	
35721		Exploration, femoral artery	A	13.781	13.781	\$ 570.38	\$ 570.38	
35741		Exploration popliteal artery	A	14.836	14.836	\$ 614.05	\$ 614.05	
35761		Exploration of artery/vein	A	11.662	11.662	\$ 482.67	\$ 482.67	
35800		Explore neck vessels	A	14.738	14.738	\$ 610.01	\$ 610.01	
35820		Explore chest vessels	A	26.638	26.638	\$ 1,102.54	\$ 1,102.54	
35840		Explore abdominal vessels	A	19.326	19.326	\$ 799.91	\$ 799.91	
35860		Explore limb vessels	A	11.991	11.991	\$ 496.31	\$ 496.31	
35870		Repair vessel graft defect	A	42.242	42.242	\$ 1,748.39	\$ 1,748.39	
35875		Removal of clot in graft	A	19.182	19.182	\$ 793.96	\$ 793.96	
35876		Removal of clot in graft	A	32.382	32.382	\$ 1,340.30	\$ 1,340.30	
35879		Revise graft w/vein	A	29.002	29.002	\$ 1,200.38	\$ 1,200.38	
35881		Revise graft w/vein	A	32.276	32.276	\$ 1,335.90	\$ 1,335.90	
35901		Excision, graft, neck	A	17.039	17.039	\$ 705.23	\$ 705.23	
35903		Excision, graft, extremity	A	19.383	19.383	\$ 802.27	\$ 802.27	
35905		Excision, graft, thorax	A	52.695	52.695	\$ 2,181.04	\$ 2,181.04	
35907		Excision, graft, abdomen	A	57.286	57.286	\$ 2,371.05	\$ 2,371.05	
36000		Place needle in vein	A	0.262	0.729	\$ 10.84	\$ 30.19	
36002		Pseudoaneurysm injection trt	A	3.275	4.907	\$ 135.56	\$ 203.11	
36005		Injection ext venography	A	1.419	8.347	\$ 58.75	\$ 345.48	
36010		Place catheter in vein	A	3.852	3.852	\$ 159.41	\$ 159.41	
36011		Place catheter in vein	A	4.844	4.844	\$ 200.51	\$ 200.51	
36012		Place catheter in vein	A	5.316	5.316	\$ 220.05	\$ 220.05	
36013		Place catheter in artery	A	3.910	3.910	\$ 161.83	\$ 161.83	
36014		Place catheter in artery	A	4.533	4.533	\$ 187.60	\$ 187.60	
36015		Place catheter in artery	A	5.238	5.238	\$ 216.78	\$ 216.78	
36100		Establish access to artery	A	4.823	4.823	\$ 199.64	\$ 199.64	
36120		Establish access to artery	A	3.076	3.076	\$ 127.30	\$ 127.30	
36140		Establish access to artery	A	3.107	3.107	\$ 128.58	\$ 128.58	
36145		Artery to vein shunt	A	3.045	3.045	\$ 126.02	\$ 126.02	
36160		Establish access to aorta	A	4.190	4.190	\$ 173.42	\$ 173.42	
36200		Place catheter in aorta	A	4.598	4.598	\$ 190.29	\$ 190.29	
36215		Place catheter in artery	A	7.079	7.079	\$ 292.99	\$ 292.99	
36216		Place catheter in artery	A	7.911	7.911	\$ 327.43	\$ 327.43	
36217		Place catheter in artery	A	9.648	9.648	\$ 399.35	\$ 399.35	
36218		Place catheter in artery	A	1.544	1.544	\$ 63.92	\$ 63.92	
36245		Place catheter in artery	A	7.178	7.178	\$ 297.09	\$ 297.09	
36246		Place catheter in artery	A	8.015	8.015	\$ 331.75	\$ 331.75	
36247		Place catheter in artery	A	9.614	9.614	\$ 397.94	\$ 397.94	

HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
36248		Place catheter in artery	A	1.584	1.584	\$ 65.55	\$ 65.55	
36260		Insertion of infusion pump	A	18.641	18.641	\$ 771.57	\$ 771.57	
36261		Revision of infusion pump	A	10.919	10.919	\$ 451.96	\$ 451.96	
36262		Removal of infusion pump	A	8.417	8.417	\$ 348.39	\$ 348.39	
36299		Vessel injection procedure	C	0.000	0.000	\$ -	\$ -	
36400		Bl draw < 3 yrs fem/jugular	A	0.496	0.666	\$ 20.53	\$ 27.56	
36405		Bl draw < 3 yrs scalp vein	A	0.417	0.579	\$ 17.28	\$ 23.96	
36406		Bl draw < 3 yrs other vein	A	0.262	0.474	\$ 10.84	\$ 19.64	
36410		Non-routine bl draw > 3 yrs	A	0.262	0.474	\$ 10.84	\$ 19.64	
36415		Routine venipuncture	X	0.000	0.000	\$ -	\$ -	\$ 3.00
36416		Capillary blood draw	X	0.000	0.000	\$ -	\$ -	\$ 3.00
36420		Vein access cutdown < 1 yr	A	1.682	4.045	\$ 69.63	\$ 167.43	
36425		Vein access cutdown > 1 yr	A	1.184	1.184	\$ 49.00	\$ 49.00	
36430		Blood transfusion service	A	1.095	1.095	\$ 45.34	\$ 45.34	
36440		Bl push transfuse, 2 yr or <	A	1.680	1.680	\$ 69.52	\$ 69.52	
36450		Bl exchange/transfuse, nb	A	3.584	3.584	\$ 148.32	\$ 148.32	
36455		Bl exchange/transfuse non-nb	A	3.771	3.771	\$ 156.07	\$ 156.07	
36460		Transfusion service, fetal	A	11.177	11.177	\$ 462.60	\$ 462.60	
36468		Injection(s), spider veins	C	0.000	0.000	\$ -	\$ -	
36469		Injection(s), spider veins	C	0.000	0.000	\$ -	\$ -	
36470		Injection therapy of vein	A	1.938	3.876	\$ 80.20	\$ 160.41	
36471		Injection therapy of veins	A	2.791	4.890	\$ 115.50	\$ 202.40	
36481		Insertion of catheter, vein	A	11.195	15.258	\$ 463.37	\$ 631.54	
36488		Insertion of catheter, vein	D	2.405	2.405	\$ 99.53	\$ 99.53	
36489		Insertion of catheter, vein	D	3.770	6.346	\$ 156.05	\$ 262.65	
36490		Insertion of catheter, vein	D	3.196	3.196	\$ 132.28	\$ 132.28	
36491		Insertion of catheter, vein	D	2.699	2.699	\$ 111.72	\$ 111.72	
36493		Repositioning of cvc	D	2.209	2.209	\$ 91.42	\$ 91.42	
36500		Insertion of catheter, vein	A	5.346	5.346	\$ 221.25	\$ 221.25	
36510		Insertion of catheter, vein	A	1.885	4.545	\$ 78.01	\$ 188.13	
36511		Apheresis wbc	A	2.620	2.620	\$ 108.43	\$ 108.43	
36512		Apheresis rbc	A	2.620	2.620	\$ 108.43	\$ 108.43	
36513		Apheresis platelets	A	2.620	2.620	\$ 108.43	\$ 108.43	
36514		Apheresis plasma	A	2.620	2.620	\$ 108.43	\$ 108.43	
36515		Apheresis, adsorp/reinfuse	A	2.637	2.637	\$ 109.14	\$ 109.14	
36516		Apheresis, selective	A	1.930	1.930	\$ 79.88	\$ 79.88	
36522		Photopheresis	A	2.946	27.766	\$ 121.95	\$ 1,149.25	
36530		Insertion of infusion pump	D	11.977	11.977	\$ 495.72	\$ 495.72	
36531		Revision of infusion pump	D	9.681	9.681	\$ 400.68	\$ 400.68	
36532		Removal of infusion pump	D	6.193	6.193	\$ 256.35	\$ 256.35	
36533		Insertion of access device	D	10.478	19.003	\$ 433.68	\$ 786.55	
36534		Revision of access device	D	4.932	4.932	\$ 204.13	\$ 204.13	
36535		Removal of access device	D	4.787	5.611	\$ 198.13	\$ 232.25	
36536		Remove cva device obstruct	D	5.928	32.830	\$ 245.35	\$ 1,358.84	
36537		Remove cva lumen obstruct	D	1.355	7.399	\$ 56.10	\$ 306.24	
36540		Collect blood venous device	B	0.000	0.000	\$ -	\$ -	
36550		Declot vascular device	A	1.792	1.792	\$ 74.17	\$ 74.17	
36555		Insert non-tunnel cv cath	A	4.206	8.609	\$ 174.08	\$ 356.32	
36556		Insert non-tunnel cv cath	A	3.524	7.867	\$ 145.85	\$ 325.63	
36557		Insert tunneled cv cath	A	9.612	18.945	\$ 397.84	\$ 784.13	
36558		Insert tunneled cv cath	A	9.218	18.551	\$ 381.55	\$ 767.85	
36560		Insert tunneled cv cath	A	11.085	33.380	\$ 458.81	\$ 1,381.62	
36561		Insert tunneled cv cath	A	10.758	33.062	\$ 445.29	\$ 1,368.46	
36563		Insert tunneled cv cath	A	11.407	41.251	\$ 472.15	\$ 1,707.37	
36565		Insert tunneled cv cath	A	10.758	27.146	\$ 445.29	\$ 1,123.59	
36566		Insert tunneled cv cath	A	11.403	28.326	\$ 471.97	\$ 1,172.43	
36568		Insert tunneled cv cath	A	3.250	9.710	\$ 134.54	\$ 401.92	
36569		Insert tunneled cv cath	A	2.936	8.733	\$ 121.52	\$ 361.46	
36570		Insert tunneled cv cath	A	9.883	41.868	\$ 409.06	\$ 1,732.94	
36571		Insert tunneled cv cath	A	9.854	37.913	\$ 407.88	\$ 1,569.22	
36575		Repair tunneled cv cath	A	3.220	5.846	\$ 133.27	\$ 241.99	

HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
36576		Repair tunneled cv cath	A	7.015	12.072	\$ 290.35	\$ 499.68	
36578		Replace tunneled cv cath	A	7.689	14.778	\$ 318.25	\$ 611.66	
36580		Replace tunneled cv cath	A	2.290	7.688	\$ 94.79	\$ 318.19	
36581		Replace tunneled cv cath	A	7.323	17.038	\$ 303.10	\$ 705.22	
36582		Replace tunneled cv cath	A	9.865	30.154	\$ 408.31	\$ 1,248.09	
36583		Replace tunneled cv cath	A	9.923	18.729	\$ 410.73	\$ 775.21	
36584		Replace tunneled cv cath	A	2.291	7.977	\$ 94.81	\$ 330.17	
36585		Replace tunneled cv cath	A	9.346	37.260	\$ 386.83	\$ 1,542.19	
36589		Removal tunneled cv cath	A	4.455	5.127	\$ 184.41	\$ 212.20	
36590		Removal tunneled cv cath	A	6.312	10.367	\$ 261.27	\$ 429.09	
36595		Mech remov tunneled cv cath	A	5.936	21.449	\$ 245.70	\$ 887.76	
36596		Mech remov tunneled cv cath	A	1.364	4.679	\$ 56.45	\$ 193.66	
36597		Reposition venous catheter	A	1.852	4.189	\$ 76.65	\$ 173.40	
36600		Withdrawal of arterial blood	A	0.475	0.807	\$ 19.68	\$ 33.40	
36620		Insertion catheter, artery	A	1.630	1.630	\$ 67.48	\$ 67.48	
36625		Insertion catheter, artery	A	3.302	3.302	\$ 136.67	\$ 136.67	
36640		Insertion catheter, artery	A	3.861	3.861	\$ 159.80	\$ 159.80	
36660		Insertion catheter, artery	A	2.169	2.169	\$ 89.76	\$ 89.76	
36680		Insert needle, bone cavity	A	2.011	2.011	\$ 83.25	\$ 83.25	
36800		Insertion of cannula	A	4.797	4.797	\$ 198.57	\$ 198.57	
36810		Insertion of cannula	A	7.291	7.291	\$ 301.78	\$ 301.78	
36815		Insertion of cannula	A	4.838	4.838	\$ 200.25	\$ 200.25	
36819		Av fusion/uppr arm vein	A	26.841	26.841	\$ 1,110.95	\$ 1,110.95	
36820		Av fusion/forearm vein	A	26.841	26.841	\$ 1,110.95	\$ 1,110.95	
36821		Av fusion direct any site	A	17.542	17.542	\$ 726.06	\$ 726.06	
36822		Insertion of cannula(s)	A	12.227	12.227	\$ 506.06	\$ 506.06	
36823		Insertion of cannula(s)	A	39.410	39.410	\$ 1,631.17	\$ 1,631.17	
36825		Artery-vein autograft	A	19.370	19.370	\$ 801.73	\$ 801.73	
36830		Artery-vein nonautograft	A	22.761	22.761	\$ 942.09	\$ 942.09	
36831		Open thrombect av fistula	A	15.115	15.115	\$ 625.59	\$ 625.59	
36832		Av fistula revision, open	A	19.920	19.920	\$ 824.49	\$ 824.49	
36833		Av fistula revision	A	22.550	22.550	\$ 933.36	\$ 933.36	
36834		Repair A-V aneurysm	A	19.061	19.061	\$ 788.94	\$ 788.94	
36835		Artery to vein shunt	A	14.661	14.661	\$ 606.82	\$ 606.82	
36838		Dist revas ligation, hemo	A	40.359	40.359	\$ 1,670.45	\$ 1,670.45	
36860		External cannula declotting	A	3.631	4.600	\$ 150.29	\$ 190.40	
36861		Cannula declotting	A	4.449	4.449	\$ 184.15	\$ 184.15	
36870		Percut thrombect av fistula	A	8.924	46.188	\$ 369.38	\$ 1,911.73	
37140		Revision of circulation	A	38.248	38.248	\$ 1,583.09	\$ 1,583.09	
37145		Revision of circulation	A	45.663	45.663	\$ 1,890.00	\$ 1,890.00	
37160		Revision of circulation	A	39.778	39.778	\$ 1,646.40	\$ 1,646.40	
37180		Revision of circulation	A	45.881	45.881	\$ 1,899.00	\$ 1,899.00	
37181		Splice spleen/kidney veins	A	48.752	48.752	\$ 2,017.83	\$ 2,017.83	
37182		Insert hepatic shunt (tips)	A	29.405	29.405	\$ 1,217.07	\$ 1,217.07	
37183		Remove hepatic shunt (tips)	A	12.661	12.661	\$ 524.02	\$ 524.02	
37195		Thrombolytic therapy, stroke	A	8.684	8.684	\$ 359.42	\$ 359.42	
37200		Transcatheter biopsy	A	6.733	6.733	\$ 278.67	\$ 278.67	
37201		Transcatheter therapy infuse	A	8.277	8.277	\$ 342.57	\$ 342.57	
37202		Transcatheter therapy infuse	A	10.061	10.061	\$ 416.44	\$ 416.44	
37203		Transcatheter retrieval	A	8.276	8.276	\$ 342.53	\$ 342.53	
37204		Transcatheter occlusion	A	27.493	27.493	\$ 1,137.92	\$ 1,137.92	
37205		Transcatheter stent	A	13.502	13.502	\$ 558.83	\$ 558.83	
37206		Transcatheter stent add-on	A	6.410	6.410	\$ 265.30	\$ 265.30	
37207		Transcatheter stent	A	15.188	15.188	\$ 628.64	\$ 628.64	
37208		Transcatheter stent add-on	A	7.394	7.394	\$ 306.02	\$ 306.02	
37209		Exchange arterial catheter	A	3.421	3.421	\$ 141.58	\$ 141.58	
37250		Iv us first vessel add-on	A	3.566	3.566	\$ 147.62	\$ 147.62	
37251		Iv us each add vessel add-on	A	2.739	2.739	\$ 113.35	\$ 113.35	
37500		Endoscopy ligate perf veins	A	18.927	18.927	\$ 783.38	\$ 783.38	
37501		Vascular endoscopy procedure	C	0.000	0.000	\$ -	\$ -	
37565		Ligation of neck vein	A	17.794	17.794	\$ 736.50	\$ 736.50	



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				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
37600		Ligation of neck artery	A	18.794	18.794	\$ 777.89	\$ 777.89	
37605		Ligation of neck artery	A	22.660	22.660	\$ 937.90	\$ 937.90	
37606		Ligation of neck artery	A	13.922	13.922	\$ 576.21	\$ 576.21	
37607		Ligation of a-v fistula	A	12.399	12.399	\$ 513.19	\$ 513.19	
37609		Temporal artery procedure	A	5.670	7.982	\$ 234.68	\$ 330.37	
37615		Ligation of neck artery	A	11.946	11.946	\$ 494.43	\$ 494.43	
37616		Ligation of chest artery	A	32.595	32.595	\$ 1,349.10	\$ 1,349.10	
37617		Ligation of abdomen artery	A	37.920	37.920	\$ 1,569.50	\$ 1,569.50	
37618		Ligation of extremity artery	A	10.447	10.447	\$ 432.41	\$ 432.41	
37620		Revision of major vein	A	18.955	18.955	\$ 784.53	\$ 784.53	
37650		Revision of major vein	A	14.486	14.486	\$ 599.59	\$ 599.59	
37660		Revision of major vein	A	34.271	34.271	\$ 1,418.47	\$ 1,418.47	
37700		Revise leg vein	A	8.003	8.003	\$ 331.25	\$ 331.25	
37720		Removal of leg vein	A	11.742	11.742	\$ 485.98	\$ 485.98	
37730		Removal of leg veins	A	14.629	14.629	\$ 605.50	\$ 605.50	
37735		Removal of leg veins/lesion	A	20.785	20.785	\$ 860.28	\$ 860.28	
37760		Ligation, leg veins, open	A	20.313	20.313	\$ 840.74	\$ 840.74	
37765		Phleb veins - extrem - to 20	A	13.102	13.102	\$ 542.30	\$ 542.30	
37766		Phleb veins - extrem 20+	A	15.656	15.656	\$ 647.99	\$ 647.99	
37780		Revision of leg vein	A	8.212	8.212	\$ 339.90	\$ 339.90	
37785		Ligate/divide/excise vein	A	8.008	10.133	\$ 331.46	\$ 419.41	
37788		Revascularization, penis	A	36.311	36.311	\$ 1,502.90	\$ 1,502.90	
37790		Penile venous occlusion	A	15.181	15.181	\$ 628.32	\$ 628.32	
37799		Vascular surgery procedure	C	0.000	0.000	\$ -	\$ -	
38100		Removal of spleen, total	A	25.973	25.973	\$ 1,075.02	\$ 1,075.02	
38101		Removal of spleen, partial	A	27.436	27.436	\$ 1,135.56	\$ 1,135.56	
38102		Removal of spleen, total	A	8.521	8.521	\$ 352.70	\$ 352.70	
38115		Repair of ruptured spleen	A	28.166	28.166	\$ 1,165.80	\$ 1,165.80	
38120		Laparoscopy, splenectomy	A	31.536	31.536	\$ 1,305.26	\$ 1,305.26	
38129		Laparoscope proc, spleen	C	0.000	0.000	\$ -	\$ -	
38200		Injection for spleen x-ray	A	3.949	3.949	\$ 163.45	\$ 163.45	
38204		Bl donor search management	B	0.000	0.000	\$ -	\$ -	
38205		Harvest allogenic stem cells	A	2.306	2.306	\$ 95.46	\$ 95.46	
38206		Harvest auto stem cells	A	2.306	2.306	\$ 95.46	\$ 95.46	
38207		Cryopreserve stem cells	C	0.000	0.000	\$ -	\$ -	
38208		Thaw preserved stem cells	C	0.000	0.000	\$ -	\$ -	
38209		Wash harvest stem cells	C	0.000	0.000	\$ -	\$ -	
38210		T-cell depletion of harvest	C	0.000	0.000	\$ -	\$ -	
38211		Tumor cell deplete of harvest	C	0.000	0.000	\$ -	\$ -	
38212		Rbc depletion of harvest	C	0.000	0.000	\$ -	\$ -	
38213		Platelet deplete of harvest	C	0.000	0.000	\$ -	\$ -	
38214		Volume deplete of harvest	C	0.000	0.000	\$ -	\$ -	
38215		Harvest stem cell concentrtr	C	0.000	0.000	\$ -	\$ -	
38220		Bone marrow aspiration	A	1.680	4.621	\$ 69.53	\$ 191.26	
38221		Bone marrow biopsy	A	2.120	5.129	\$ 87.74	\$ 212.28	
38230		Bone marrow collection	A	8.332	8.332	\$ 344.87	\$ 344.87	
38240		Bone marrow/stem transplant	A	3.510	3.510	\$ 145.29	\$ 145.29	
38241		Bone marrow/stem transplant	A	3.519	3.519	\$ 145.64	\$ 145.64	
38242		Lymphocyte infuse transplant	A	2.601	2.601	\$ 107.67	\$ 107.67	
38300		Drainage, lymph node lesion	A	4.460	6.458	\$ 184.60	\$ 267.28	
38305		Drainage, lymph node lesion	A	11.410	12.770	\$ 472.28	\$ 528.57	
38308		Incision of lymph channels	A	12.075	13.741	\$ 499.78	\$ 568.74	
38380		Thoracic duct procedure	A	15.540	15.540	\$ 643.22	\$ 643.22	
38381		Thoracic duct procedure	A	26.299	26.299	\$ 1,088.50	\$ 1,088.50	
38382		Thoracic duct procedure	A	20.147	20.147	\$ 833.89	\$ 833.89	
38500		Biopsy/removal, lymph nodes	A	6.867	8.295	\$ 284.23	\$ 343.33	
38505		Needle biopsy, lymph nodes	A	2.237	3.385	\$ 92.60	\$ 140.09	
38510		Biopsy/removal, lymph nodes	A	11.219	13.038	\$ 464.37	\$ 539.66	
38520		Biopsy/removal, lymph nodes	A	12.640	12.640	\$ 523.18	\$ 523.18	
38525		Biopsy/removal, lymph nodes	A	11.205	11.205	\$ 463.80	\$ 463.80	
38530		Biopsy/removal, lymph nodes	A	14.761	14.761	\$ 610.96	\$ 610.96	

HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
38542		Explore deep node(s), neck	A	12.102	12.102	\$ 500.90	\$ 500.90	
38550		Removal, neck/armpit lesion	A	13.578	13.578	\$ 561.99	\$ 561.99	
38555		Removal, neck/armpit lesion	A	28.394	28.394	\$ 1,175.25	\$ 1,175.25	
38562		Removal, pelvic lymph nodes	A	20.044	20.044	\$ 829.62	\$ 829.62	
38564		Removal, abdomen lymph nodes	A	20.368	20.368	\$ 843.02	\$ 843.02	
38570		Laparoscopy, lymph node biop	A	16.813	16.813	\$ 695.88	\$ 695.88	
38571		Laparoscopy, lymphadenectomy	A	23.210	23.210	\$ 960.64	\$ 960.64	
38572		Laparoscopy, lymphadenectomy	A	28.830	28.830	\$ 1,193.29	\$ 1,193.29	
38589		Laparoscope proc, lymphatic	C	0.000	0.000	\$ -	\$ -	
38700		Removal of lymph nodes, neck	A	17.949	17.949	\$ 742.89	\$ 742.89	
38720		Removal of lymph nodes, neck	A	27.894	27.894	\$ 1,154.54	\$ 1,154.54	
38724		Removal of lymph nodes, neck	A	29.605	29.605	\$ 1,225.33	\$ 1,225.33	
38740		Remove armpit lymph nodes	A	17.545	17.545	\$ 726.18	\$ 726.18	
38745		Remove armpit lymph nodes	A	22.644	22.644	\$ 937.24	\$ 937.24	
38746		Remove thoracic lymph nodes	A	8.862	8.862	\$ 366.81	\$ 366.81	
38747		Remove abdominal lymph nodes	A	8.676	8.676	\$ 359.12	\$ 359.12	
38760		Remove groin lymph nodes	A	22.384	22.384	\$ 926.48	\$ 926.48	
38765		Remove groin lymph nodes	A	34.677	34.677	\$ 1,435.27	\$ 1,435.27	
38770		Remove pelvis lymph nodes	A	22.846	22.846	\$ 945.59	\$ 945.59	
38780		Remove abdomen lymph nodes	A	31.218	31.218	\$ 1,292.11	\$ 1,292.11	
38790		Inject for lymphatic x-ray	A	2.396	11.278	\$ 99.16	\$ 466.81	
38792		Identify sentinel node	A	1.091	1.091	\$ 45.17	\$ 45.17	
38794		Access thoracic lymph duct	A	8.159	8.159	\$ 337.70	\$ 337.70	
38999		Blood/lymph system procedure	C	0.000	0.000	\$ -	\$ -	
39000		Exploration of chest	A	13.559	13.559	\$ 561.20	\$ 561.20	
39010		Exploration of chest	A	24.387	24.387	\$ 1,009.37	\$ 1,009.37	
39200		Removal chest lesion	A	27.252	27.252	\$ 1,127.97	\$ 1,127.97	
39220		Removal chest lesion	A	34.644	34.644	\$ 1,433.93	\$ 1,433.93	
39400		Visualization of chest	A	13.016	13.016	\$ 538.73	\$ 538.73	
39499		Chest procedure	C	0.000	0.000	\$ -	\$ -	
39501		Repair diaphragm laceration	A	25.265	25.265	\$ 1,045.71	\$ 1,045.71	
39502		Repair paraesophageal hernia	A	30.443	30.443	\$ 1,260.04	\$ 1,260.04	
39503		Repair of diaphragm hernia	A	140.162	140.162	\$ 5,801.32	\$ 5,801.32	
39520		Repair of diaphragm hernia	A	31.697	31.697	\$ 1,311.95	\$ 1,311.95	
39530		Repair of diaphragm hernia	A	29.405	29.405	\$ 1,217.06	\$ 1,217.06	
39531		Repair of diaphragm hernia	A	31.456	31.456	\$ 1,301.97	\$ 1,301.97	
39540		Repair of diaphragm hernia	A	25.199	25.199	\$ 1,042.99	\$ 1,042.99	
39541		Repair of diaphragm hernia	A	27.266	27.266	\$ 1,128.55	\$ 1,128.55	
39545		Revision of diaphragm	A	27.209	27.209	\$ 1,126.17	\$ 1,126.17	
39560		Resect diaphragm, simple	A	23.812	23.812	\$ 985.57	\$ 985.57	
39561		Resect diaphragm, complex	A	34.855	34.855	\$ 1,442.64	\$ 1,442.64	
39599		Diaphragm surgery procedure	C	0.000	0.000	\$ -	\$ -	
40490		Biopsy of lip	A	2.015	3.069	\$ 83.39	\$ 127.02	
40500		Partial excision of lip	A	9.896	10.899	\$ 409.58	\$ 451.09	
40510		Partial excision of lip	A	10.577	12.303	\$ 437.79	\$ 509.21	
40520		Partial excision of lip	A	10.949	12.904	\$ 453.17	\$ 534.08	
40525		Reconstruct lip with flap	A	16.642	16.642	\$ 688.81	\$ 688.81	
40527		Reconstruct lip with flap	A	19.700	19.700	\$ 815.40	\$ 815.40	
40530		Partial removal of lip	A	12.052	13.225	\$ 498.81	\$ 547.36	
40650		Repair lip	A	8.321	9.808	\$ 344.39	\$ 405.95	
40652		Repair lip	A	10.551	11.630	\$ 436.70	\$ 481.38	
40654		Repair lip	A	12.655	13.675	\$ 523.81	\$ 566.03	
40700		Repair cleft lip/nasal	A	25.275	25.275	\$ 1,046.12	\$ 1,046.12	
40701		Repair cleft lip/nasal	A	32.325	32.325	\$ 1,337.94	\$ 1,337.94	
40702		Repair cleft lip/nasal	A	25.035	25.035	\$ 1,036.21	\$ 1,036.21	
40720		Repair cleft lip/nasal	A	28.692	28.692	\$ 1,187.56	\$ 1,187.56	
40761		Repair cleft lip/nasal	A	30.608	30.608	\$ 1,266.85	\$ 1,266.85	
40799		Lip surgery procedure	C	0.000	0.000	\$ -	\$ -	
40800		Drainage of mouth lesion	A	2.573	3.483	\$ 106.51	\$ 144.15	
40801		Drainage of mouth lesion	A	5.124	6.093	\$ 212.08	\$ 252.19	
40804		Removal, foreign body, mouth	A	2.626	3.842	\$ 108.70	\$ 159.01	

HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
40805		Removal, foreign body, mouth	A	5.202	6.400	\$ 215.31	\$ 264.91	
40806		Incision of lip fold	A	1.196	1.553	\$ 49.52	\$ 64.30	
40808		Biopsy of mouth lesion	A	2.194	3.222	\$ 90.80	\$ 133.37	
40810		Excision of mouth lesion	A	2.773	3.767	\$ 114.76	\$ 155.92	
40812		Excise/repair mouth lesion	A	4.652	5.893	\$ 192.54	\$ 243.91	
40814		Excise/repair mouth lesion	A	7.430	8.663	\$ 307.54	\$ 358.55	
40816		Excision of mouth lesion	A	7.844	9.136	\$ 324.67	\$ 378.14	
40818		Excise oral mucosa for graft	A	6.082	7.467	\$ 251.72	\$ 309.06	
40819		Excise lip or cheek fold	A	5.721	6.962	\$ 236.79	\$ 288.16	
40820		Treatment of mouth lesion	A	3.672	3.961	\$ 151.99	\$ 163.96	
40830		Repair mouth laceration	A	4.565	5.041	\$ 188.93	\$ 208.63	
40831		Repair mouth laceration	A	6.065	6.515	\$ 251.02	\$ 269.67	
40840		Reconstruction of mouth	A	18.726	19.763	\$ 775.07	\$ 817.99	
40842		Reconstruction of mouth	A	17.834	19.177	\$ 738.15	\$ 793.73	
40843		Reconstruction of mouth	A	23.385	25.306	\$ 967.92	\$ 1,047.43	
40844		Reconstruction of mouth	A	33.754	35.513	\$ 1,397.07	\$ 1,469.90	
40845		Reconstruction of mouth	A	37.054	38.984	\$ 1,533.68	\$ 1,613.54	
40899		Mouth surgery procedure	C	0.000	0.000	\$ -	\$ -	
41000		Drainage of mouth lesion	A	2.924	3.834	\$ 121.03	\$ 158.68	
41005		Drainage of mouth lesion	A	3.071	3.964	\$ 127.12	\$ 164.06	
41006		Drainage of mouth lesion	A	7.348	8.147	\$ 304.14	\$ 337.21	
41007		Drainage of mouth lesion	A	6.979	7.702	\$ 288.87	\$ 318.78	
41008		Drainage of mouth lesion	A	7.471	8.355	\$ 309.23	\$ 345.82	
41009		Drainage of mouth lesion	A	8.037	8.895	\$ 332.64	\$ 368.17	
41010		Incision of tongue fold	A	4.277	4.277	\$ 177.04	\$ 177.04	
41015		Drainage of mouth lesion	A	8.783	9.888	\$ 363.51	\$ 409.25	
41016		Drainage of mouth lesion	A	8.862	10.035	\$ 366.78	\$ 415.33	
41017		Drainage of mouth lesion	A	9.118	10.155	\$ 377.41	\$ 420.34	
41018		Drainage of mouth lesion	A	10.360	11.678	\$ 428.82	\$ 483.35	
41100		Biopsy of tongue	A	3.390	4.359	\$ 140.30	\$ 180.40	
41105		Biopsy of tongue	A	3.007	3.985	\$ 124.47	\$ 164.93	
41108		Biopsy of floor of mouth	A	2.397	3.315	\$ 99.20	\$ 137.20	
41110		Excision of tongue lesion	A	3.154	4.165	\$ 130.53	\$ 172.40	
41112		Excision of tongue lesion	A	5.981	7.290	\$ 247.55	\$ 301.73	
41113		Excision of tongue lesion	A	6.828	8.205	\$ 282.62	\$ 339.62	
41114		Excision of tongue lesion	A	16.863	18.937	\$ 697.96	\$ 783.80	
41115		Excision of tongue fold	A	4.556	5.287	\$ 188.58	\$ 218.83	
41116		Excision of mouth lesion	A	5.623	6.856	\$ 232.75	\$ 283.77	
41120		Partial removal of tongue	A	19.519	19.519	\$ 807.88	\$ 807.88	
41130		Partial removal of tongue	A	22.104	22.104	\$ 914.90	\$ 914.90	
41135		Tongue and neck surgery	A	43.560	43.560	\$ 1,802.96	\$ 1,802.96	
41140		Removal of tongue	A	47.914	47.914	\$ 1,983.15	\$ 1,983.15	
41145		Tongue removal, neck surgery	A	56.339	56.339	\$ 2,331.89	\$ 2,331.89	
41150		Tongue, mouth, jaw surgery	A	44.111	44.111	\$ 1,825.74	\$ 1,825.74	
41153		Tongue, mouth, neck surgery	A	45.428	45.428	\$ 1,880.25	\$ 1,880.25	
41155		Tongue, jaw, & neck surgery	A	52.603	52.603	\$ 2,177.24	\$ 2,177.24	
41250		Repair tongue laceration	A	3.998	5.230	\$ 165.46	\$ 216.47	
41251		Repair tongue laceration	A	4.779	6.181	\$ 197.80	\$ 255.85	
41252		Repair tongue laceration	A	6.013	7.611	\$ 248.89	\$ 315.03	
41500		Fixation of tongue	A	8.009	8.009	\$ 331.50	\$ 331.50	
41510		Tongue to lip surgery	A	7.190	7.190	\$ 297.58	\$ 297.58	
41520		Reconstruction, tongue fold	A	6.375	7.097	\$ 263.86	\$ 293.76	
41599		Tongue and mouth surgery	C	0.000	0.000	\$ -	\$ -	
41800		Drainage of gum lesion	A	2.828	3.865	\$ 117.06	\$ 159.98	
41805		Removal foreign body, gum	A	3.655	3.995	\$ 151.27	\$ 165.34	
41806		Removal foreign body,jawbone	A	6.425	6.833	\$ 265.92	\$ 282.81	
41820		Excision, gum, each quadrant	N	0.000	0.000	\$ -	\$ -	
41821		Excision of gum flap	N	0.000	0.000	\$ -	\$ -	
41822		Excision of gum lesion	N	4.585	6.931	\$ 189.78	\$ 286.88	
41823		Excision of gum lesion	N	8.167	9.629	\$ 338.02	\$ 398.53	
41825		Excision of gum lesion	A	3.781	4.563	\$ 156.50	\$ 188.87	

HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
41826		Excision of gum lesion	A	5.595	6.411	\$ 231.60	\$ 265.37	
41827		Excision of gum lesion	A	7.858	9.363	\$ 325.25	\$ 387.52	
41828		Excision of gum lesion	A	7.003	7.879	\$ 289.87	\$ 326.10	
41830		Removal of gum tissue	A	7.480	8.619	\$ 309.59	\$ 356.73	
41850		Treatment of gum lesion	A	0.000	0.000	\$ -	\$ -	
41870		Gum graft	N	0.000	0.000	\$ -	\$ -	
41872		Repair gum	N	6.459	7.394	\$ 267.34	\$ 306.03	
41874		Repair tooth socket	N	6.992	8.173	\$ 289.39	\$ 338.29	
41899		Dental surgery procedure	N	0.000	0.000	\$ -	\$ -	
42000		Drainage mouth roof lesion	A	2.766	4.016	\$ 114.49	\$ 166.21	
42100		Biopsy roof of mouth	A	2.940	3.713	\$ 121.67	\$ 153.69	
42104		Excision lesion, mouth roof	A	3.510	4.539	\$ 145.28	\$ 187.85	
42106		Excision lesion, mouth roof	A	5.239	6.012	\$ 216.82	\$ 248.84	
42107		Excision lesion, mouth roof	A	9.522	11.129	\$ 394.14	\$ 460.63	
42120		Remove palate/lesion	A	12.978	12.978	\$ 537.16	\$ 537.16	
42140		Excision of uvula	A	4.187	4.281	\$ 173.31	\$ 177.18	
42145		Repair palate, pharynx/uvula	A	16.343	16.343	\$ 676.43	\$ 676.43	
42160		Treatment mouth roof lesion	A	4.684	5.483	\$ 193.87	\$ 226.94	
42180		Repair palate	A	5.210	6.281	\$ 215.64	\$ 259.97	
42182		Repair palate	A	7.724	8.718	\$ 319.68	\$ 360.84	
42200		Reconstruct cleft palate	A	24.257	24.257	\$ 1,004.00	\$ 1,004.00	
42205		Reconstruct cleft palate	A	25.125	25.125	\$ 1,039.94	\$ 1,039.94	
42210		Reconstruct cleft palate	A	29.343	29.343	\$ 1,214.51	\$ 1,214.51	
42215		Reconstruct cleft palate	A	19.806	19.806	\$ 819.79	\$ 819.79	
42220		Reconstruct cleft palate	A	13.738	13.738	\$ 568.63	\$ 568.63	
42225		Reconstruct cleft palate	A	19.594	19.594	\$ 810.98	\$ 810.98	
42226		Lengthening of palate	A	20.162	20.162	\$ 834.49	\$ 834.49	
42227		Lengthening of palate	A	19.065	19.065	\$ 789.09	\$ 789.09	
42235		Repair palate	A	14.736	14.736	\$ 609.94	\$ 609.94	
42260		Repair nose to lip fistula	A	20.180	21.701	\$ 835.24	\$ 898.22	
42280		Preparation, palate mold	A	2.841	3.793	\$ 117.57	\$ 156.98	
42281		Insertion, palate prosthesis	A	4.199	5.083	\$ 173.80	\$ 210.39	
42299		Palate/uvula surgery	C	0.000	0.000	\$ -	\$ -	
42300		Drainage of salivary gland	A	4.196	5.148	\$ 173.67	\$ 213.08	
42305		Drainage of salivary gland	A	12.439	12.439	\$ 514.83	\$ 514.83	
42310		Drainage of salivary gland	A	3.382	4.062	\$ 139.99	\$ 168.13	
42320		Drainage of salivary gland	A	4.972	6.171	\$ 205.81	\$ 255.42	
42325		Create salivary cyst drain	A	5.474	6.588	\$ 226.59	\$ 272.68	
42326		Create salivary cyst drain	A	8.023	9.247	\$ 332.09	\$ 382.75	
42330		Removal of salivary stone	A	4.541	5.765	\$ 187.95	\$ 238.61	
42335		Removal of salivary stone	A	7.271	7.730	\$ 300.96	\$ 319.96	
42340		Removal of salivary stone	A	9.838	10.577	\$ 407.19	\$ 437.80	
42400		Biopsy of salivary gland	A	1.668	2.544	\$ 69.05	\$ 105.29	
42405		Biopsy of salivary gland	A	6.543	7.979	\$ 270.80	\$ 330.26	
42408		Excision of salivary cyst	A	9.599	10.441	\$ 397.32	\$ 432.15	
42409		Drainage of salivary cyst	A	6.384	6.775	\$ 264.23	\$ 280.41	
42410		Excise parotid gland/lesion	A	18.645	18.645	\$ 771.72	\$ 771.72	
42415		Excise parotid gland/lesion	A	32.431	32.431	\$ 1,342.32	\$ 1,342.32	
42420		Excise parotid gland/lesion	A	37.322	37.322	\$ 1,544.78	\$ 1,544.78	
42425		Excise parotid gland/lesion	A	25.367	25.367	\$ 1,049.96	\$ 1,049.96	
42426		Excise parotid gland/lesion	A	40.106	40.106	\$ 1,659.99	\$ 1,659.99	
42440		Excise submaxillary gland	A	13.708	13.708	\$ 567.39	\$ 567.39	
42450		Excise sublingual gland	A	9.832	11.039	\$ 406.96	\$ 456.92	
42500		Repair salivary duct	A	9.264	10.352	\$ 383.44	\$ 428.47	
42505		Repair salivary duct	A	12.818	14.127	\$ 530.54	\$ 584.72	
42507		Parotid duct diversion	A	13.678	13.678	\$ 566.13	\$ 566.13	
42508		Parotid duct diversion	A	18.096	18.096	\$ 749.01	\$ 749.01	
42509		Parotid duct diversion	A	24.598	24.598	\$ 1,018.12	\$ 1,018.12	
42510		Parotid duct diversion	A	16.057	16.057	\$ 664.61	\$ 664.61	
42550		Injection for salivary x-ray	A	1.875	12.619	\$ 77.60	\$ 522.29	
42600		Closure of salivary fistula	A	10.270	11.384	\$ 425.09	\$ 471.18	



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				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
42650		Dilation of salivary duct	A	1.650	2.041	\$ 68.29	\$ 84.47	
42660		Dilation of salivary duct	A	2.160	2.704	\$ 89.39	\$ 111.91	
42665		Ligation of salivary duct	A	5.875	6.385	\$ 243.16	\$ 264.27	
42699		Salivary surgery procedure	C	0.000	0.000	\$ -	\$ -	
42700		Drainage of tonsil abscess	A	3.643	4.502	\$ 150.79	\$ 186.32	
42720		Drainage of throat abscess	A	10.512	11.549	\$ 435.10	\$ 478.02	
42725		Drainage of throat abscess	A	21.290	21.290	\$ 881.17	\$ 881.17	
42800		Biopsy of throat	A	3.054	3.759	\$ 126.39	\$ 155.59	
42802		Biopsy of throat	A	3.702	5.776	\$ 153.23	\$ 239.08	
42804		Biopsy of upper nose/throat	A	3.196	5.049	\$ 132.27	\$ 208.97	
42806		Biopsy of upper nose/throat	A	3.765	5.626	\$ 155.82	\$ 232.87	
42808		Excise pharynx lesion	A	4.769	5.823	\$ 197.41	\$ 241.03	
42809		Remove pharynx foreign body	A	3.598	4.448	\$ 148.90	\$ 184.09	
42810		Excision of neck cyst	A	7.299	8.548	\$ 302.09	\$ 353.81	
42815		Excision of neck cyst	A	14.193	14.193	\$ 587.46	\$ 587.46	
42820		Remove tonsils and adenoids	A	8.192	8.192	\$ 339.05	\$ 339.05	
42821		Remove tonsils and adenoids	A	8.829	8.829	\$ 365.43	\$ 365.43	
42825		Removal of tonsils	A	7.377	7.377	\$ 305.32	\$ 305.32	
42826		Removal of tonsils	A	7.204	7.204	\$ 298.16	\$ 298.16	
42830		Removal of adenoids	A	5.665	5.665	\$ 234.49	\$ 234.49	
42831		Removal of adenoids	A	6.049	6.049	\$ 250.36	\$ 250.36	
42835		Removal of adenoids	A	5.356	5.356	\$ 221.68	\$ 221.68	
42836		Removal of adenoids	A	6.915	6.915	\$ 286.20	\$ 286.20	
42842		Extensive surgery of throat	A	17.400	17.400	\$ 720.19	\$ 720.19	
42844		Extensive surgery of throat	A	27.750	27.750	\$ 1,148.56	\$ 1,148.56	
42845		Extensive surgery of throat	A	46.312	46.312	\$ 1,916.85	\$ 1,916.85	
42860		Excision of tonsil tags	A	5.163	5.163	\$ 213.70	\$ 213.70	
42870		Excision of lingual tonsil	A	11.277	11.277	\$ 466.77	\$ 466.77	
42890		Partial removal of pharynx	A	25.201	25.201	\$ 1,043.08	\$ 1,043.08	
42892		Revision of pharyngeal walls	A	30.474	30.474	\$ 1,261.34	\$ 1,261.34	
42894		Revision of pharyngeal walls	A	43.475	43.475	\$ 1,799.44	\$ 1,799.44	
42900		Repair throat wound	A	10.240	10.240	\$ 423.85	\$ 423.85	
42950		Reconstruction of throat	A	16.463	16.463	\$ 681.41	\$ 681.41	
42953		Repair throat, esophagus	A	18.824	18.824	\$ 779.13	\$ 779.13	
42955		Surgical opening of throat	A	15.123	15.123	\$ 625.94	\$ 625.94	
42960		Control throat bleeding	A	4.859	4.859	\$ 201.11	\$ 201.11	
42961		Control throat bleeding	A	11.597	11.597	\$ 480.01	\$ 480.01	
42962		Control throat bleeding	A	14.448	14.448	\$ 598.00	\$ 598.00	
42970		Control nose/throat bleeding	A	10.265	10.265	\$ 424.86	\$ 424.86	
42971		Control nose/throat bleeding	A	12.556	12.556	\$ 519.70	\$ 519.70	
42972		Control nose/throat bleeding	A	14.405	14.405	\$ 596.24	\$ 596.24	
42999		Throat surgery procedure	C	0.000	0.000	\$ -	\$ -	
43020		Incision of esophagus	A	16.241	16.241	\$ 672.21	\$ 672.21	
43030		Throat muscle surgery	A	15.469	15.469	\$ 640.27	\$ 640.27	
43045		Incision of esophagus	A	39.460	39.460	\$ 1,633.24	\$ 1,633.24	
43100		Excision of esophagus lesion	A	18.260	18.260	\$ 755.76	\$ 755.76	
43101		Excision of esophagus lesion	A	31.574	31.574	\$ 1,306.86	\$ 1,306.86	
43107		Removal of esophagus	A	70.180	70.180	\$ 2,904.76	\$ 2,904.76	
43108		Removal of esophagus	A	64.295	64.295	\$ 2,661.18	\$ 2,661.18	
43112		Removal of esophagus	A	76.421	76.421	\$ 3,163.06	\$ 3,163.06	
43113		Removal of esophagus	A	68.745	68.745	\$ 2,845.37	\$ 2,845.37	
43116		Partial removal of esophagus	A	57.932	57.932	\$ 2,397.82	\$ 2,397.82	
43117		Partial removal of esophagus	A	70.561	70.561	\$ 2,920.50	\$ 2,920.50	
43118		Partial removal of esophagus	A	61.874	61.874	\$ 2,560.96	\$ 2,560.96	
43121		Partial removal of esophagus	A	56.369	56.369	\$ 2,333.12	\$ 2,333.12	
43122		Partial removal of esophagus	A	69.509	69.509	\$ 2,876.99	\$ 2,876.99	
43123		Partial removal of esophagus	A	64.072	64.072	\$ 2,651.92	\$ 2,651.92	
43124		Removal of esophagus	A	52.519	52.519	\$ 2,173.75	\$ 2,173.75	
43130		Removal of esophagus pouch	A	23.260	23.260	\$ 962.72	\$ 962.72	
43135		Removal of esophagus pouch	A	31.819	31.819	\$ 1,316.98	\$ 1,316.98	
43200		Esophagus endoscopy	A	3.038	5.512	\$ 125.75	\$ 228.13	

HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
43201		Esoph scope w/submucous inj	A	3.722	6.638	\$ 154.06	\$ 274.73	
43202		Esophagus endoscopy, biopsy	A	3.259	7.016	\$ 134.87	\$ 290.38	
43204		Esoph scope w/sclerosis inj	A	5.937	5.937	\$ 245.75	\$ 245.75	
43205		Esophagus endoscopy/ligation	A	5.926	5.926	\$ 245.30	\$ 245.30	
43215		Esophagus endoscopy	A	4.466	4.466	\$ 184.85	\$ 184.85	
43216		Esophagus endoscopy/lesion	A	4.114	4.114	\$ 170.26	\$ 170.26	
43217		Esophagus endoscopy	A	4.757	9.500	\$ 196.91	\$ 393.22	
43219		Esophagus endoscopy	A	4.715	4.715	\$ 195.13	\$ 195.13	
43220		Esoph endoscopy, dilation	A	3.494	3.494	\$ 144.62	\$ 144.62	
43226		Esoph endoscopy, dilation	A	3.794	3.794	\$ 157.02	\$ 157.02	
43227		Esoph endoscopy, repair	A	5.708	5.708	\$ 236.25	\$ 236.25	
43228		Esoph endoscopy, ablation	A	6.287	6.287	\$ 260.23	\$ 260.23	
43231		Esoph endoscopy w/us exam	A	5.268	5.268	\$ 218.04	\$ 218.04	
43232		Esoph endoscopy w/us fn bx	A	7.258	7.258	\$ 300.40	\$ 300.40	
43234		Upper GI endoscopy, exam	A	3.407	7.070	\$ 141.00	\$ 292.63	
43235		Upr gi endoscopy, diagnosis	A	3.931	7.306	\$ 162.71	\$ 302.38	
43236		Upr gi scope w/submuc inj	A	4.662	8.963	\$ 192.96	\$ 370.98	
43237		Endoscopic us exam, esoph	A	6.414	6.414	\$ 265.49	\$ 265.49	
43238		Upr gi endoscopy w/us fn bx	A	7.760	7.760	\$ 321.20	\$ 321.20	
43239		Upper GI endoscopy, biopsy	A	4.587	8.284	\$ 189.84	\$ 342.88	
43240		Esoph endoscope w/drain cyst	A	10.800	10.800	\$ 447.01	\$ 447.01	
43241		Upper GI endoscopy with tube	A	4.230	4.230	\$ 175.08	\$ 175.08	
43242		Upr gi endoscopy w/us fn bx	A	11.045	11.045	\$ 457.14	\$ 457.14	
43243		Upper gi endoscopy & inject	A	7.111	7.111	\$ 294.32	\$ 294.32	
43244		Upper GI endoscopy/ligation	A	7.735	7.735	\$ 320.17	\$ 320.17	
43245		Upr gi scope dilate strictr	A	5.187	5.187	\$ 214.71	\$ 214.71	
43246		Place gastrostomy tube	A	6.944	6.944	\$ 287.40	\$ 287.40	
43247		Operative upper GI endoscopy	A	5.416	5.416	\$ 224.17	\$ 224.17	
43248		Upr gi endoscopy/guide wire	A	5.008	5.008	\$ 207.28	\$ 207.28	
43249		Esoph endoscopy, dilation	A	4.673	4.673	\$ 193.42	\$ 193.42	
43250		Upper GI endoscopy/tumor	A	5.176	5.176	\$ 214.25	\$ 214.25	
43251		Operative upper GI endoscopy	A	5.898	5.898	\$ 244.13	\$ 244.13	
43255		Operative upper GI endoscopy	A	7.389	7.389	\$ 305.85	\$ 305.85	
43256		Upr gi endoscopy w stent	A	6.950	6.950	\$ 287.65	\$ 287.65	
43258		Operative upper GI endoscopy	A	7.170	7.170	\$ 296.76	\$ 296.76	
43259		Endoscopic ultrasound exam	A	7.990	7.990	\$ 330.70	\$ 330.70	
43260		Endo cholangiopancreatograph	A	9.216	9.216	\$ 381.46	\$ 381.46	
43261		Endo cholangiopancreatograph	A	9.699	9.699	\$ 401.42	\$ 401.42	
43262		Endo cholangiopancreatograph	A	11.387	11.387	\$ 471.31	\$ 471.31	
43263		Endo cholangiopancreatograph	A	10.985	10.985	\$ 454.67	\$ 454.67	
43264		Endo cholangiopancreatograph	A	13.672	13.672	\$ 565.87	\$ 565.87	
43265		Endo cholangiopancreatograph	A	15.184	15.184	\$ 628.45	\$ 628.45	
43267		Endo cholangiopancreatograph	A	11.378	11.378	\$ 470.95	\$ 470.95	
43268		Endo cholangiopancreatograph	A	11.463	11.463	\$ 474.47	\$ 474.47	
43269		Endo cholangiopancreatograph	A	12.177	12.177	\$ 504.01	\$ 504.01	
43271		Endo cholangiopancreatograph	A	11.378	11.378	\$ 470.95	\$ 470.95	
43272		Endo cholangiopancreatograph	A	11.387	11.387	\$ 471.31	\$ 471.31	
43280		Laparoscopy, fundoplasty	A	31.819	31.819	\$ 1,316.99	\$ 1,316.99	
43289		Laparoscope proc, esoph	C	0.000	0.000	\$ -	\$ -	
43300		Repair of esophagus	A	18.729	18.729	\$ 775.21	\$ 775.21	
43305		Repair esophagus and fistula	A	32.997	32.997	\$ 1,365.73	\$ 1,365.73	
43310		Repair of esophagus	A	49.986	49.986	\$ 2,068.90	\$ 2,068.90	
43312		Repair esophagus and fistula	A	54.685	54.685	\$ 2,263.43	\$ 2,263.43	
43313		Esophagoplasty congenital	A	88.193	88.193	\$ 3,650.31	\$ 3,650.31	
43314		Tracheo-esophagoplasty cong	A	95.262	95.262	\$ 3,942.88	\$ 3,942.88	
43320		Fuse esophagus & stomach	A	35.359	35.359	\$ 1,463.49	\$ 1,463.49	
43324		Revise esophagus & stomach	A	36.208	36.208	\$ 1,498.65	\$ 1,498.65	
43325		Revise esophagus & stomach	A	35.399	35.399	\$ 1,465.18	\$ 1,465.18	
43326		Revise esophagus & stomach	A	36.412	36.412	\$ 1,507.10	\$ 1,507.10	
43330		Repair of esophagus	A	34.265	34.265	\$ 1,418.24	\$ 1,418.24	
43331		Repair of esophagus	A	37.653	37.653	\$ 1,558.46	\$ 1,558.46	

HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
43340		Fuse esophagus & intestine	A	34.558	34.558	\$ 1,430.36	\$ 1,430.36	
43341		Fuse esophagus & intestine	A	39.555	39.555	\$ 1,637.19	\$ 1,637.19	
43350		Surgical opening, esophagus	A	28.472	28.472	\$ 1,178.45	\$ 1,178.45	
43351		Surgical opening, esophagus	A	33.877	33.877	\$ 1,402.16	\$ 1,402.16	
43352		Surgical opening, esophagus	A	28.501	28.501	\$ 1,179.68	\$ 1,179.68	
43360		Gastrointestinal repair	A	62.817	62.817	\$ 2,600.00	\$ 2,600.00	
43361		Gastrointestinal repair	A	71.649	71.649	\$ 2,965.57	\$ 2,965.57	
43400		Ligate esophagus veins	A	33.883	33.883	\$ 1,402.41	\$ 1,402.41	
43401		Esophagus surgery for veins	A	38.436	38.436	\$ 1,590.87	\$ 1,590.87	
43405		Ligate/staple esophagus	A	35.933	35.933	\$ 1,487.28	\$ 1,487.28	
43410		Repair esophagus wound	A	25.473	25.473	\$ 1,054.34	\$ 1,054.34	
43415		Repair esophagus wound	A	44.148	44.148	\$ 1,827.28	\$ 1,827.28	
43420		Repair esophagus opening	A	24.793	24.793	\$ 1,026.19	\$ 1,026.19	
43425		Repair esophagus opening	A	39.197	39.197	\$ 1,622.35	\$ 1,622.35	
43450		Dilate esophagus	A	2.316	3.838	\$ 95.87	\$ 158.85	
43453		Dilate esophagus	A	2.568	6.962	\$ 106.28	\$ 288.17	
43456		Dilate esophagus	A	4.219	14.929	\$ 174.61	\$ 617.89	
43458		Dilate esophagus	A	5.019	9.456	\$ 207.76	\$ 391.40	
43460		Pressure treatment esophagus	A	6.043	6.043	\$ 250.13	\$ 250.13	
43496		Free jejunum flap, microvasc	C	0.000	0.000	\$ -	\$ -	
43499		Esophagus surgery procedure	C	0.000	0.000	\$ -	\$ -	
43500		Surgical opening of stomach	A	19.267	19.267	\$ 797.46	\$ 797.46	
43501		Surgical repair of stomach	A	34.498	34.498	\$ 1,427.86	\$ 1,427.86	
43502		Surgical repair of stomach	A	39.907	39.907	\$ 1,651.76	\$ 1,651.76	
43510		Surgical opening of stomach	A	22.964	22.964	\$ 950.49	\$ 950.49	
43520		Incision of pyloric muscle	A	18.472	18.472	\$ 764.55	\$ 764.55	
43600		Biopsy of stomach	A	3.299	3.299	\$ 136.53	\$ 136.53	
43605		Biopsy of stomach	A	20.903	20.903	\$ 865.18	\$ 865.18	
43610		Excision of stomach lesion	A	25.258	25.258	\$ 1,045.43	\$ 1,045.43	
43611		Excision of stomach lesion	A	30.831	30.831	\$ 1,276.10	\$ 1,276.10	
43620		Removal of stomach	A	50.974	50.974	\$ 2,109.83	\$ 2,109.83	
43621		Removal of stomach	A	52.181	52.181	\$ 2,159.78	\$ 2,159.78	
43622		Removal of stomach	A	55.044	55.044	\$ 2,278.26	\$ 2,278.26	
43631		Removal of stomach, partial	A	39.862	39.862	\$ 1,649.90	\$ 1,649.90	
43632		Removal of stomach, partial	A	39.902	39.902	\$ 1,651.53	\$ 1,651.53	
43633		Removal of stomach, partial	A	40.785	40.785	\$ 1,688.07	\$ 1,688.07	
43634		Removal of stomach, partial	A	44.081	44.081	\$ 1,824.50	\$ 1,824.50	
43635		Removal of stomach, partial	A	3.642	3.642	\$ 150.74	\$ 150.74	
43638		Removal of stomach, partial	A	49.767	49.767	\$ 2,059.86	\$ 2,059.86	
43639		Removal of stomach, partial	A	50.602	50.602	\$ 2,094.43	\$ 2,094.43	
43640		Vagotomy & pylorus repair	A	30.379	30.379	\$ 1,257.40	\$ 1,257.40	
43641		Vagotomy & pylorus repair	A	30.841	30.841	\$ 1,276.52	\$ 1,276.52	
43651		Laparoscopy, vagus nerve	A	19.105	19.105	\$ 790.75	\$ 790.75	
43652		Laparoscopy, vagus nerve	A	22.681	22.681	\$ 938.75	\$ 938.75	
43653		Laparoscopy, gastrostomy	A	15.018	15.018	\$ 621.58	\$ 621.58	
43659		Laparoscope proc, stom	C	0.000	0.000	\$ -	\$ -	
43750		Place gastrostomy tube	A	8.371	8.371	\$ 346.47	\$ 346.47	
43752		Nasal/orogastric w/stent	A	0.980	0.980	\$ 40.56	\$ 40.56	
43760		Change gastrostomy tube	A	1.798	2.818	\$ 74.43	\$ 116.65	
43761		Reposition gastrostomy tube	A	3.155	3.155	\$ 130.59	\$ 130.59	
43800		Reconstruction of pylorus	A	23.811	23.811	\$ 985.54	\$ 985.54	
43810		Fusion of stomach and bowel	A	25.176	25.176	\$ 1,042.02	\$ 1,042.02	
43820		Fusion of stomach and bowel	A	26.438	26.438	\$ 1,094.26	\$ 1,094.26	
43825		Fusion of stomach and bowel	A	33.186	33.186	\$ 1,373.56	\$ 1,373.56	
43830		Place gastrostomy tube	A	16.944	16.944	\$ 701.33	\$ 701.33	
43831		Place gastrostomy tube	A	15.557	15.557	\$ 643.92	\$ 643.92	
43832		Place gastrostomy tube	A	26.813	26.813	\$ 1,109.81	\$ 1,109.81	
43840		Repair of stomach lesion	A	27.052	27.052	\$ 1,119.69	\$ 1,119.69	
43842		Gastroplasty for obesity	A	32.552	32.552	\$ 1,347.32	\$ 1,347.32	
43843		Gastroplasty for obesity	A	32.825	32.825	\$ 1,358.61	\$ 1,358.61	
43846		Gastric bypass for obesity	A	42.140	42.140	\$ 1,744.19	\$ 1,744.19	

HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
43847		Gastric bypass for obesity	A	46.686	46.686	\$ 1,932.35	\$ 1,932.35	
43848		Revision gastroplasty	A	51.131	51.131	\$ 2,116.31	\$ 2,116.31	
43850		Revise stomach-bowel fusion	A	42.464	42.464	\$ 1,757.60	\$ 1,757.60	
43855		Revise stomach-bowel fusion	A	44.496	44.496	\$ 1,841.68	\$ 1,841.68	
43860		Revise stomach-bowel fusion	A	43.157	43.157	\$ 1,786.25	\$ 1,786.25	
43865		Revise stomach-bowel fusion	A	45.680	45.680	\$ 1,890.69	\$ 1,890.69	
43870		Repair stomach opening	A	16.942	16.942	\$ 701.24	\$ 701.24	
43880		Repair stomach-bowel fistula	A	42.321	42.321	\$ 1,751.68	\$ 1,751.68	
43999		Stomach surgery procedure	C	0.000	0.000	\$ -	\$ -	
44005		Freeing of bowel adhesion	A	28.596	28.596	\$ 1,183.59	\$ 1,183.59	
44010		Incision of small bowel	A	22.188	22.188	\$ 918.37	\$ 918.37	
44015		Insert needle cath bowel	A	4.561	4.561	\$ 188.77	\$ 188.77	
44020		Explore small intestine	A	24.777	24.777	\$ 1,025.51	\$ 1,025.51	
44021		Decompress small bowel	A	24.782	24.782	\$ 1,025.74	\$ 1,025.74	
44025		Incision of large bowel	A	25.183	25.183	\$ 1,042.31	\$ 1,042.31	
44050		Reduce bowel obstruction	A	24.597	24.597	\$ 1,018.07	\$ 1,018.07	
44055		Correct malrotation of bowel	A	35.709	35.709	\$ 1,478.01	\$ 1,478.01	
44100		Biopsy of bowel	A	3.498	3.498	\$ 144.77	\$ 144.77	
44110		Excise intestine lesion(s)	A	21.046	21.046	\$ 871.09	\$ 871.09	
44111		Excision of bowel lesion(s)	A	25.317	25.317	\$ 1,047.88	\$ 1,047.88	
44120		Removal of small intestine	A	29.969	29.969	\$ 1,240.43	\$ 1,240.43	
44121		Removal of small intestine	A	7.912	7.912	\$ 327.46	\$ 327.46	
44125		Removal of small intestine	A	30.829	30.829	\$ 1,276.00	\$ 1,276.00	
44126		Enterectomy w/o taper, cong	A	49.183	49.183	\$ 2,035.70	\$ 2,035.70	
44127		Enterectomy w/taper, cong	A	56.296	56.296	\$ 2,330.08	\$ 2,330.08	
44128		Enterectomy cong, add-on	A	7.881	7.881	\$ 326.18	\$ 326.18	
44130		Bowel to bowel fusion	A	25.633	25.633	\$ 1,060.96	\$ 1,060.96	
44132		Enterectomy, cadaver donor	C	0.000	0.000	\$ -	\$ -	
44133		Enterectomy, live donor	C	0.000	0.000	\$ -	\$ -	
44135		Intestine transplnt, cadaver	C	0.000	0.000	\$ -	\$ -	
44136		Intestine transplant, live	C	0.000	0.000	\$ -	\$ -	
44139		Mobilization of colon	A	3.863	3.863	\$ 159.88	\$ 159.88	
44140		Partial removal of colon	A	38.541	38.541	\$ 1,595.20	\$ 1,595.20	
44141		Partial removal of colon	A	37.384	37.384	\$ 1,547.32	\$ 1,547.32	
44143		Partial removal of colon	A	41.772	41.772	\$ 1,728.93	\$ 1,728.93	
44144		Partial removal of colon	A	38.737	38.737	\$ 1,603.31	\$ 1,603.31	
44145		Partial removal of colon	A	46.199	46.199	\$ 1,912.16	\$ 1,912.16	
44146		Partial removal of colon	A	48.994	48.994	\$ 2,027.85	\$ 2,027.85	
44147		Partial removal of colon	A	36.399	36.399	\$ 1,506.54	\$ 1,506.54	
44150		Removal of colon	A	43.996	43.996	\$ 1,821.00	\$ 1,821.00	
44151		Removal of colon/ileostomy	A	47.744	47.744	\$ 1,976.12	\$ 1,976.12	
44152		Removal of colon/ileostomy	A	48.968	48.968	\$ 2,026.79	\$ 2,026.79	
44153		Removal of colon/ileostomy	A	54.008	54.008	\$ 2,235.40	\$ 2,235.40	
44155		Removal of colon/ileostomy	A	50.020	50.020	\$ 2,070.34	\$ 2,070.34	
44156		Removal of colon/ileostomy	A	54.081	54.081	\$ 2,238.42	\$ 2,238.42	
44160		Removal of colon	A	34.062	34.062	\$ 1,409.83	\$ 1,409.83	
44200		Laparoscopy, enterolysis	A	26.663	26.663	\$ 1,103.58	\$ 1,103.58	
44201		Laparoscopy, jejunostomy	A	18.383	18.383	\$ 760.89	\$ 760.89	
44202		Lap resect s/intestine singl	A	39.946	39.946	\$ 1,653.35	\$ 1,653.35	
44203		Lap resect s/intestine, addl	A	7.886	7.886	\$ 326.40	\$ 326.40	
44204		Laparo partial colectomy	A	45.698	45.698	\$ 1,891.44	\$ 1,891.44	
44205		Lap colectomy part w/ileum	A	40.367	40.367	\$ 1,670.77	\$ 1,670.77	
44206		Lap part colectomy w/stoma	A	46.256	46.256	\$ 1,914.54	\$ 1,914.54	
44207		L colectomy/coloproctostomy	A	50.391	50.391	\$ 2,085.66	\$ 2,085.66	
44208		L colectomy/coloproctostomy	A	53.690	53.690	\$ 2,222.23	\$ 2,222.23	
44210		Laparo total proctocolectomy	A	47.936	47.936	\$ 1,984.05	\$ 1,984.05	
44211		Laparo total proctocolectomy	A	58.571	58.571	\$ 2,424.26	\$ 2,424.26	
44212		Laparo total proctocolectomy	A	55.024	55.024	\$ 2,277.46	\$ 2,277.46	
44238		Laparoscope proc, intestine	C	0.000	0.000	\$ -	\$ -	
44239		Laparoscope proc, rectum	C	0.000	0.000	\$ -	\$ -	
44300		Open bowel to skin	A	20.975	20.975	\$ 868.14	\$ 868.14	



HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
44310		Ileostomy/jejunostomy	A	27.019	27.019	\$ 1,118.31	\$ 1,118.31	
44312		Revision of ileostomy	A	14.001	14.001	\$ 579.51	\$ 579.51	
44314		Revision of ileostomy	A	25.337	25.337	\$ 1,048.72	\$ 1,048.72	
44316		Devise bowel pouch	A	35.081	35.081	\$ 1,451.99	\$ 1,451.99	
44320		Colostomy	A	30.242	30.242	\$ 1,251.74	\$ 1,251.74	
44322		Colostomy with biopsies	A	24.960	24.960	\$ 1,033.11	\$ 1,033.11	
44340		Revision of colostomy	A	14.058	14.058	\$ 581.85	\$ 581.85	
44345		Revision of colostomy	A	26.590	26.590	\$ 1,100.56	\$ 1,100.56	
44346		Revision of colostomy	A	28.999	28.999	\$ 1,200.28	\$ 1,200.28	
44360		Small bowel endoscopy	A	4.213	4.213	\$ 174.38	\$ 174.38	
44361		Small bowel endoscopy/biopsy	A	4.609	4.609	\$ 190.77	\$ 190.77	
44363		Small bowel endoscopy	A	5.588	5.588	\$ 231.28	\$ 231.28	
44364		Small bowel endoscopy	A	6.009	6.009	\$ 248.71	\$ 248.71	
44365		Small bowel endoscopy	A	5.351	5.351	\$ 221.50	\$ 221.50	
44366		Small bowel endoscopy	A	6.962	6.962	\$ 288.15	\$ 288.15	
44369		Small bowel endoscopy	A	7.111	7.111	\$ 294.34	\$ 294.34	
44370		Small bowel endoscopy/stent	A	7.468	7.468	\$ 309.12	\$ 309.12	
44372		Small bowel endoscopy	A	7.190	7.190	\$ 297.60	\$ 297.60	
44373		Small bowel endoscopy	A	5.630	5.630	\$ 233.04	\$ 233.04	
44376		Small bowel endoscopy	A	8.366	8.366	\$ 346.25	\$ 346.25	
44377		Small bowel endoscopy/biopsy	A	8.690	8.690	\$ 359.66	\$ 359.66	
44378		Small bowel endoscopy	A	11.200	11.200	\$ 463.56	\$ 463.56	
44379		S bowel endoscope w/stent	A	11.766	11.766	\$ 487.01	\$ 487.01	
44380		Small bowel endoscopy	A	1.921	1.921	\$ 79.50	\$ 79.50	
44382		Small bowel endoscopy	A	2.257	2.257	\$ 93.41	\$ 93.41	
44383		Ileoscopy w/stent	A	4.660	4.660	\$ 192.86	\$ 192.86	
44385		Endoscopy of bowel pouch	A	3.189	6.606	\$ 131.98	\$ 273.41	
44386		Endoscopy, bowel pouch/biopsy	A	3.783	8.364	\$ 156.56	\$ 346.19	
44388		Colonoscopy	A	4.674	8.057	\$ 193.47	\$ 333.50	
44389		Colonoscopy with biopsy	A	5.086	9.515	\$ 210.53	\$ 393.82	
44390		Colonoscopy for foreign body	A	6.169	10.632	\$ 255.35	\$ 440.05	
44391		Colonoscopy for bleeding	A	6.877	12.734	\$ 284.65	\$ 527.05	
44392		Colonoscopy & polypectomy	A	6.207	10.466	\$ 256.92	\$ 433.18	
44393		Colonoscopy, lesion removal	A	7.731	11.998	\$ 319.97	\$ 496.58	
44394		Colonoscopy w/snare	A	7.131	12.231	\$ 295.16	\$ 506.25	
44397		Colonoscopy w/stent	A	7.793	7.793	\$ 322.56	\$ 322.56	
44500		Intro, gastrointestinal tube	A	0.875	0.875	\$ 36.21	\$ 36.21	
44602		Suture, small intestine	A	26.559	26.559	\$ 1,099.28	\$ 1,099.28	
44603		Suture, small intestine	A	31.475	31.475	\$ 1,302.76	\$ 1,302.76	
44604		Suture, large intestine	A	28.277	28.277	\$ 1,170.37	\$ 1,170.37	
44605		Repair of bowel lesion	A	34.033	34.033	\$ 1,408.63	\$ 1,408.63	
44615		Intestinal stricturoplasty	A	28.254	28.254	\$ 1,169.42	\$ 1,169.42	
44620		Repair bowel opening	A	21.749	21.749	\$ 900.20	\$ 900.20	
44625		Repair bowel opening	A	26.625	26.625	\$ 1,102.01	\$ 1,102.01	
44626		Repair bowel opening	A	45.749	45.749	\$ 1,893.55	\$ 1,893.55	
44640		Repair bowel-skin fistula	A	35.894	35.894	\$ 1,485.67	\$ 1,485.67	
44650		Repair bowel fistula	A	37.236	37.236	\$ 1,541.19	\$ 1,541.19	
44660		Repair bowel-bladder fistula	A	33.878	33.878	\$ 1,402.21	\$ 1,402.21	
44661		Repair bowel-bladder fistula	A	40.233	40.233	\$ 1,665.23	\$ 1,665.23	
44680		Surgical revision, intestine	A	27.401	27.401	\$ 1,134.14	\$ 1,134.14	
44700		Suspend bowel w/prosthesis	A	27.540	27.540	\$ 1,139.87	\$ 1,139.87	
44701		Intraop colon lavage add-on	A	4.988	4.988	\$ 206.45	\$ 206.45	
44799		Unlisted procedure intestine	C	0.000	0.000	\$ -	\$ -	
44800		Excision of bowel pouch	A	21.115	21.115	\$ 873.95	\$ 873.95	
44820		Excision of mesentery lesion	A	21.665	21.665	\$ 896.73	\$ 896.73	
44850		Repair of mesentery	A	19.701	19.701	\$ 815.44	\$ 815.44	
44899		Bowel surgery procedure	C	0.000	0.000	\$ -	\$ -	
44900		Drain abscess, open	A	18.136	18.136	\$ 750.64	\$ 750.64	
44901		Drain abscess, percut	A	5.151	5.151	\$ 213.20	\$ 213.20	
44950		Appendectomy	A	17.872	17.872	\$ 739.71	\$ 739.71	
44955		Appendectomy add-on	A	2.731	2.731	\$ 113.02	\$ 113.02	

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				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
44960		Appendectomy	A	22.064	22.064	\$ 913.23	\$ 913.23	
44970		Laparoscopy, appendectomy	A	16.470	16.470	\$ 681.68	\$ 681.68	
44979		Laparoscope proc, app	C	0.000	0.000	\$ -	\$ -	
45000		Drainage of pelvic abscess	A	8.819	8.819	\$ 365.03	\$ 365.03	
45005		Drainage of rectal abscess	A	4.295	6.972	\$ 177.77	\$ 288.59	
45020		Drainage of rectal abscess	A	9.458	9.458	\$ 391.46	\$ 391.46	
45100		Biopsy of rectum	A	7.280	7.280	\$ 301.34	\$ 301.34	
45108		Removal of anorectal lesion	A	9.395	9.395	\$ 388.84	\$ 388.84	
45110		Removal of rectum	A	49.361	49.361	\$ 2,043.07	\$ 2,043.07	
45111		Partial removal of rectum	A	30.207	30.207	\$ 1,250.27	\$ 1,250.27	
45112		Removal of rectum	A	51.708	51.708	\$ 2,140.20	\$ 2,140.20	
45113		Partial proctectomy	A	51.461	51.461	\$ 2,129.98	\$ 2,129.98	
45114		Partial removal of rectum	A	47.494	47.494	\$ 1,965.77	\$ 1,965.77	
45116		Partial removal of rectum	A	42.621	42.621	\$ 1,764.09	\$ 1,764.09	
45119		Remove rectum w/reservoir	A	51.594	51.594	\$ 2,135.47	\$ 2,135.47	
45120		Removal of rectum	A	44.077	44.077	\$ 1,824.34	\$ 1,824.34	
45121		Removal of rectum and colon	A	49.174	49.174	\$ 2,035.32	\$ 2,035.32	
45123		Partial proctectomy	A	27.479	27.479	\$ 1,137.37	\$ 1,137.37	
45126		Pelvic exenteration	A	76.958	76.958	\$ 3,185.29	\$ 3,185.29	
45130		Excision of rectal prolapse	A	27.529	27.529	\$ 1,139.42	\$ 1,139.42	
45135		Excision of rectal prolapse	A	33.682	33.682	\$ 1,394.09	\$ 1,394.09	
45136		Excise ileoanal reservoir	A	50.849	50.849	\$ 2,104.66	\$ 2,104.66	
45150		Excision of rectal stricture	A	10.364	10.364	\$ 428.97	\$ 428.97	
45160		Excision of rectal lesion	A	26.070	26.070	\$ 1,079.04	\$ 1,079.04	
45170		Excision of rectal lesion	A	20.173	20.173	\$ 834.97	\$ 834.97	
45190		Destruction, rectal tumor	A	17.340	17.340	\$ 717.69	\$ 717.69	
45300		Proctosigmoidoscopy dx	A	0.880	1.866	\$ 36.44	\$ 77.25	
45303		Proctosigmoidoscopy dilate	A	1.014	16.900	\$ 41.96	\$ 699.50	
45305		Proctosigmoidoscopy w/bx	A	1.886	3.637	\$ 78.07	\$ 150.54	
45307		Proctosigmoidoscopy fb	A	2.076	4.201	\$ 85.91	\$ 173.86	
45308		Proctosigmoidoscopy removal	A	1.853	3.111	\$ 76.68	\$ 128.75	
45309		Proctosigmoidoscopy removal	A	3.570	5.193	\$ 147.76	\$ 214.96	
45315		Proctosigmoidoscopy removal	A	2.900	4.727	\$ 120.03	\$ 195.67	
45317		Proctosigmoidoscopy bleed	A	3.025	4.470	\$ 125.22	\$ 185.03	
45320		Proctosigmoidoscopy ablate	A	3.148	4.941	\$ 130.29	\$ 204.52	
45321		Proctosigmoidoscopy volvul	A	2.492	2.492	\$ 103.14	\$ 103.14	
45327		Proctosigmoidoscopy w/stent	A	2.719	2.719	\$ 112.53	\$ 112.53	
45330		Diagnostic sigmoidoscopy	A	1.639	3.067	\$ 67.83	\$ 126.94	
45331		Sigmoidoscopy and biopsy	A	2.001	3.939	\$ 82.83	\$ 163.05	
45332		Sigmoidoscopy w/fb removal	A	3.026	6.434	\$ 125.23	\$ 266.31	
45333		Sigmoidoscopy & polypectomy	A	3.065	6.355	\$ 126.87	\$ 263.02	
45334		Sigmoidoscopy for bleeding	A	4.483	4.483	\$ 185.55	\$ 185.55	
45335		Sigmoidoscopy w/submuc inj	A	2.354	4.700	\$ 97.42	\$ 194.52	
45337		Sigmoidoscopy & decompress	A	3.963	3.963	\$ 164.03	\$ 164.03	
45338		Sigmoidoscopy w/tumr remove	A	3.943	7.326	\$ 163.20	\$ 303.22	
45339		Sigmoidoscopy w/ablate tumr	A	5.091	6.808	\$ 210.71	\$ 281.78	
45340		Sig w/balloon dilation	A	2.911	7.918	\$ 120.50	\$ 327.72	
45341		Sigmoidoscopy w/ultrasound	A	4.499	4.499	\$ 186.23	\$ 186.23	
45342		Sigmoidoscopy w/us guide bx	A	6.515	6.515	\$ 269.67	\$ 269.67	
45345		Sigmoidoscopy w/stent	A	4.651	4.651	\$ 192.49	\$ 192.49	
45355		Surgical colonoscopy	A	5.924	5.924	\$ 245.18	\$ 245.18	
45378		Diagnostic colonoscopy	A	5.980	9.771	\$ 247.53	\$ 404.44	
45378	53	Diagnostic colonoscopy	A	1.639	3.067	\$ 67.83	\$ 126.94	
45379		Colonoscopy w/fb removal	A	7.445	12.290	\$ 308.16	\$ 508.69	
45380		Colonoscopy and biopsy	A	6.930	11.426	\$ 286.83	\$ 472.94	
45381		Colonoscopy, submucous inj	A	6.613	12.096	\$ 273.73	\$ 500.65	
45382		Colonoscopy/control bleeding	A	8.878	15.245	\$ 367.47	\$ 630.98	
45383		Lesion removal colonoscopy	A	9.329	14.072	\$ 386.13	\$ 582.44	
45384		Lesion remove colonoscopy	A	7.424	11.521	\$ 307.29	\$ 476.86	
45385		Lesion removal colonoscopy	A	8.410	13.179	\$ 348.09	\$ 545.46	
45386		Colonoscopy dilate stricture	A	7.112	17.159	\$ 294.38	\$ 710.23	

HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
45387		Colonoscopy w/stent	A	9.476	9.476	\$ 392.23	\$ 392.23	
45500		Repair of rectum	A	13.016	13.016	\$ 538.72	\$ 538.72	
45505		Repair of rectum	A	13.228	13.228	\$ 547.50	\$ 547.50	
45520		Treatment of rectal prolapse	A	0.909	1.470	\$ 37.62	\$ 60.84	
45540		Correct rectal prolapse	A	27.647	27.647	\$ 1,144.30	\$ 1,144.30	
45541		Correct rectal prolapse	A	22.664	22.664	\$ 938.07	\$ 938.07	
45550		Repair rectum/remove sigmoid	A	38.406	38.406	\$ 1,589.63	\$ 1,589.63	
45560		Repair of rectocele	A	18.386	18.386	\$ 760.98	\$ 760.98	
45562		Exploration/repair of rectum	A	26.839	26.839	\$ 1,110.88	\$ 1,110.88	
45563		Exploration/repair of rectum	A	41.212	41.212	\$ 1,705.75	\$ 1,705.75	
45800		Repair rect/bladder fistula	A	29.523	29.523	\$ 1,221.95	\$ 1,221.95	
45805		Repair fistula w/colostomy	A	35.897	35.897	\$ 1,485.77	\$ 1,485.77	
45820		Repair rectourethral fistula	A	30.561	30.561	\$ 1,264.91	\$ 1,264.91	
45825		Repair fistula w/colostomy	A	34.262	34.262	\$ 1,418.10	\$ 1,418.10	
45900		Reduction of rectal prolapse	A	4.731	4.731	\$ 195.81	\$ 195.81	
45905		Dilation of anal sphincter	A	4.187	4.187	\$ 173.28	\$ 173.28	
45910		Dilation of rectal narrowing	A	4.882	4.882	\$ 202.07	\$ 202.07	
45915		Remove rectal obstruction	A	4.963	7.989	\$ 205.44	\$ 330.68	
45999		Rectum surgery procedure	C	0.000	0.000	\$ -	\$ -	
46020		Placement of seton	A	5.547	5.904	\$ 229.58	\$ 244.36	
46030		Removal of rectal marker	A	2.347	2.891	\$ 97.13	\$ 119.64	
46040		Incision of rectal abscess	A	9.934	11.744	\$ 411.17	\$ 486.10	
46045		Incision of rectal abscess	A	8.687	8.687	\$ 359.54	\$ 359.54	
46050		Incision of anal abscess	A	2.434	3.888	\$ 100.75	\$ 160.91	
46060		Incision of rectal abscess	A	10.972	10.972	\$ 454.13	\$ 454.13	
46070		Incision of anal septum	A	5.611	5.611	\$ 232.22	\$ 232.22	
46080		Incision of anal sphincter	A	4.556	5.627	\$ 188.56	\$ 232.89	
46083		Incise external hemorrhoid	A	2.760	4.078	\$ 114.24	\$ 168.77	
46200		Removal of anal fissure	A	6.897	7.925	\$ 285.45	\$ 328.02	
46210		Removal of anal crypt	A	5.713	7.982	\$ 236.45	\$ 330.38	
46211		Removal of anal crypts	A	8.524	10.334	\$ 352.80	\$ 427.74	
46220		Removal of anal tag	A	3.030	4.161	\$ 125.41	\$ 172.21	
46221		Ligation of hemorrhoid(s)	A	3.545	3.970	\$ 146.71	\$ 164.30	
46230		Removal of anal tags	A	4.724	6.220	\$ 195.52	\$ 257.44	
46250		Hemorrhoidectomy	A	8.024	10.064	\$ 332.10	\$ 416.53	
46255		Hemorrhoidectomy	A	9.307	11.627	\$ 385.21	\$ 481.26	
46257		Remove hemorrhoids & fissure	A	10.666	10.666	\$ 441.47	\$ 441.47	
46258		Remove hemorrhoids & fistula	A	11.573	11.573	\$ 479.01	\$ 479.01	
46260		Hemorrhoidectomy	A	12.368	12.368	\$ 511.91	\$ 511.91	
46261		Remove hemorrhoids & fissure	A	13.497	13.497	\$ 558.63	\$ 558.63	
46262		Remove hemorrhoids & fistula	A	14.343	14.343	\$ 593.66	\$ 593.66	
46270		Removal of anal fistula	A	7.430	9.368	\$ 307.54	\$ 387.76	
46275		Removal of anal fistula	A	8.629	10.151	\$ 357.16	\$ 420.14	
46280		Removal of anal fistula	A	11.152	11.152	\$ 461.58	\$ 461.58	
46285		Removal of anal fistula	A	7.696	8.750	\$ 318.53	\$ 362.16	
46288		Repair anal fistula	A	13.124	13.124	\$ 543.21	\$ 543.21	
46320		Removal of hemorrhoid clot	A	3.004	4.083	\$ 124.32	\$ 169.00	
46500		Injection into hemorrhoid(s)	A	2.690	4.534	\$ 111.32	\$ 187.67	
46600		Diagnostic anoscopy	A	1.020	2.040	\$ 42.23	\$ 84.45	
46604		Anoscopy and dilation	A	2.288	9.649	\$ 94.71	\$ 399.38	
46606		Anoscopy and biopsy	A	1.500	4.381	\$ 62.08	\$ 181.34	
46608		Anoscopy, remove for body	A	2.720	5.899	\$ 112.56	\$ 244.14	
46610		Anoscopy, remove lesion	A	2.408	5.341	\$ 99.67	\$ 221.05	
46611		Anoscopy	A	3.201	5.368	\$ 132.47	\$ 222.18	
46612		Anoscopy, remove lesions	A	4.058	7.620	\$ 167.98	\$ 315.39	
46614		Anoscopy, control bleeding	A	3.421	4.619	\$ 141.58	\$ 191.18	
46615		Anoscopy	A	4.720	5.927	\$ 195.37	\$ 245.33	
46700		Repair of anal stricture	A	15.408	15.408	\$ 637.75	\$ 637.75	
46705		Repair of anal stricture	A	13.551	13.551	\$ 560.88	\$ 560.88	
46706		Repr of anal fistula w/glue	A	4.273	4.273	\$ 176.86	\$ 176.86	
46715		Repair of anovaginal fistula	A	13.916	13.916	\$ 575.97	\$ 575.97	

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				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
46716		Repair of anovaginal fistula	A	28.030	28.030	\$ 1,160.18	\$ 1,160.18	
46730		Construction of absent anus	A	46.615	46.615	\$ 1,929.40	\$ 1,929.40	
46735		Construction of absent anus	A	56.216	56.216	\$ 2,326.77	\$ 2,326.77	
46740		Construction of absent anus	A	50.662	50.662	\$ 2,096.91	\$ 2,096.91	
46742		Repair of imperforated anus	A	63.172	63.172	\$ 2,614.70	\$ 2,614.70	
46744		Repair of cloacal anomaly	A	81.360	81.360	\$ 3,367.51	\$ 3,367.51	
46746		Repair of cloacal anomaly	A	91.511	91.511	\$ 3,787.62	\$ 3,787.62	
46748		Repair of cloacal anomaly	A	97.533	97.533	\$ 4,036.88	\$ 4,036.88	
46750		Repair of anal sphincter	A	17.841	17.841	\$ 738.45	\$ 738.45	
46751		Repair of anal sphincter	A	17.154	17.154	\$ 710.01	\$ 710.01	
46753		Reconstruction of anus	A	14.341	14.341	\$ 593.58	\$ 593.58	
46754		Removal of suture from anus	A	4.198	5.804	\$ 173.74	\$ 240.23	
46760		Repair of anal sphincter	A	24.559	24.559	\$ 1,016.49	\$ 1,016.49	
46761		Repair of anal sphincter	A	22.958	22.958	\$ 950.23	\$ 950.23	
46762		Implant artificial sphincter	A	20.811	20.811	\$ 861.36	\$ 861.36	
46900		Destruction, anal lesion(s)	A	3.213	5.551	\$ 132.99	\$ 229.74	
46910		Destruction, anal lesion(s)	A	3.466	4.809	\$ 143.46	\$ 199.05	
46916		Cryosurgery, anal lesion(s)	A	3.484	4.946	\$ 144.21	\$ 204.72	
46917		Laser surgery, anal lesions	A	3.562	10.405	\$ 147.43	\$ 430.64	
46922		Excision of anal lesion(s)	A	3.615	5.511	\$ 149.64	\$ 228.10	
46924		Destruction, anal lesion(s)	A	4.863	11.094	\$ 201.30	\$ 459.18	
46934		Destruction of hemorrhoids	A	7.019	8.982	\$ 290.50	\$ 371.77	
46935		Destruction of hemorrhoids	A	4.287	6.191	\$ 177.46	\$ 256.26	
46936		Destruction of hemorrhoids	A	7.022	8.884	\$ 290.64	\$ 367.69	
46937		Cryotherapy of rectal lesion	A	4.280	5.563	\$ 177.13	\$ 230.26	
46938		Cryotherapy of rectal lesion	A	8.840	10.132	\$ 365.88	\$ 419.35	
46940		Treatment of anal fissure	A	4.075	4.840	\$ 168.68	\$ 200.35	
46942		Treatment of anal fissure	A	3.578	4.275	\$ 148.10	\$ 176.94	
46945		Ligation of hemorrhoids	A	4.267	5.678	\$ 176.61	\$ 235.01	
46946		Ligation of hemorrhoids	A	5.218	7.190	\$ 215.99	\$ 297.61	
46999		Anus surgery procedure	C	0.000	0.000	\$ -	\$ -	
47000		Needle biopsy of liver	A	2.870	5.105	\$ 118.78	\$ 211.30	
47001		Needle biopsy, liver add-on	A	3.321	3.321	\$ 137.45	\$ 137.45	
47010		Open drainage, liver lesion	A	26.336	26.336	\$ 1,090.07	\$ 1,090.07	
47011		Percut drain, liver lesion	A	5.547	5.547	\$ 229.61	\$ 229.61	
47015		Inject/aspirate liver cyst	A	25.621	25.621	\$ 1,060.47	\$ 1,060.47	
47100		Wedge biopsy of liver	A	20.388	20.388	\$ 843.85	\$ 843.85	
47120		Partial removal of liver	A	59.333	59.333	\$ 2,455.79	\$ 2,455.79	
47122		Extensive removal of liver	A	90.559	90.559	\$ 3,748.23	\$ 3,748.23	
47125		Partial removal of liver	A	80.998	80.998	\$ 3,352.49	\$ 3,352.49	
47130		Partial removal of liver	A	87.779	87.779	\$ 3,633.16	\$ 3,633.16	
47133		Removal of donor liver	C	0.000	0.000	\$ -	\$ -	
47134		Partial removal, donor liver	D	69.411	69.411	\$ 2,872.90	\$ 2,872.90	
47135		Transplantation of liver	A	147.383	147.383	\$ 6,100.20	\$ 6,100.20	
47136		Transplantation of liver	A	124.875	124.875	\$ 5,168.59	\$ 5,168.59	
47140		Partial removal, donor liver	A	93.197	93.197	\$ 3,857.40	\$ 3,857.40	
47141		Partial removal, donor liver	A	109.629	109.629	\$ 4,537.55	\$ 4,537.55	
47142		Partial removal, donor liver	A	119.312	119.312	\$ 4,938.32	\$ 4,938.32	
47300		Surgery for liver lesion	A	25.875	25.875	\$ 1,070.96	\$ 1,070.96	
47350		Repair liver wound	A	33.081	33.081	\$ 1,369.23	\$ 1,369.23	
47360		Repair liver wound	A	44.931	44.931	\$ 1,859.70	\$ 1,859.70	
47361		Repair liver wound	A	77.697	77.697	\$ 3,215.87	\$ 3,215.87	
47362		Repair liver wound	A	31.763	31.763	\$ 1,314.66	\$ 1,314.66	
47370		Laparo ablate liver tumor rf	A	30.679	30.679	\$ 1,269.80	\$ 1,269.80	
47371		Laparo ablate liver cryosurg	A	30.687	30.687	\$ 1,270.15	\$ 1,270.15	
47379		Laparoscope procedure, liver	C	0.000	0.000	\$ -	\$ -	
47380		Open ablate liver tumor rf	A	35.017	35.017	\$ 1,449.37	\$ 1,449.37	
47381		Open ablate liver tumor cryo	A	35.508	35.508	\$ 1,469.69	\$ 1,469.69	
47382		Percut ablate liver rf	A	25.763	25.763	\$ 1,066.33	\$ 1,066.33	
47399		Liver surgery procedure	C	0.000	0.000	\$ -	\$ -	
47400		Incision of liver duct	A	52.642	52.642	\$ 2,178.84	\$ 2,178.84	



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				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
47420		Incision of bile duct	A	35.439	35.439	\$ 1,466.83	\$ 1,466.83	
47425		Incision of bile duct	A	34.958	34.958	\$ 1,446.91	\$ 1,446.91	
47460		Incise bile duct sphincter	A	31.088	31.088	\$ 1,286.74	\$ 1,286.74	
47480		Incision of gallbladder	A	19.940	19.940	\$ 825.33	\$ 825.33	
47490		Incision of gallbladder	A	13.754	13.754	\$ 569.30	\$ 569.30	
47500		Injection for liver x-rays	A	2.938	2.938	\$ 121.61	\$ 121.61	
47505		Injection for liver x-rays	A	1.130	3.128	\$ 46.79	\$ 129.46	
47510		Insert catheter, bile duct	A	13.776	13.776	\$ 570.18	\$ 570.18	
47511		Insert bile duct drain	A	17.057	17.057	\$ 705.97	\$ 705.97	
47525		Change bile duct catheter	A	9.456	9.456	\$ 391.37	\$ 391.37	
47530		Revise/reinsert bile tube	A	10.894	10.894	\$ 450.89	\$ 450.89	
47550		Bile duct endoscopy add-on	A	5.317	5.317	\$ 220.05	\$ 220.05	
47552		Biliary endoscopy thru skin	A	10.083	10.083	\$ 417.34	\$ 417.34	
47553		Biliary endoscopy thru skin	A	9.971	9.971	\$ 412.70	\$ 412.70	
47554		Biliary endoscopy thru skin	A	15.436	15.436	\$ 638.90	\$ 638.90	
47555		Biliary endoscopy thru skin	A	11.766	11.766	\$ 487.01	\$ 487.01	
47556		Biliary endoscopy thru skin	A	13.196	13.196	\$ 546.20	\$ 546.20	
47560		Laparoscopy w/cholangio	A	8.764	8.764	\$ 362.76	\$ 362.76	
47561		Laparo w/cholangio/biopsy	A	9.309	9.309	\$ 385.32	\$ 385.32	
47562		Laparoscopic cholecystectomy	A	20.688	20.688	\$ 856.30	\$ 856.30	
47563		Laparo cholecystectomy/graph	A	22.205	22.205	\$ 919.07	\$ 919.07	
47564		Laparo cholecystectomy/explr	A	26.153	26.153	\$ 1,082.47	\$ 1,082.47	
47570		Laparo cholecystoenterostomy	A	23.220	23.220	\$ 961.10	\$ 961.10	
47579		Laparoscope proc, biliary	C	0.000	0.000	\$ -	\$ -	
47600		Removal of gallbladder	A	24.356	24.356	\$ 1,008.11	\$ 1,008.11	
47605		Removal of gallbladder	A	26.198	26.198	\$ 1,084.34	\$ 1,084.34	
47610		Removal of gallbladder	A	33.239	33.239	\$ 1,375.78	\$ 1,375.78	
47612		Removal of gallbladder	A	33.117	33.117	\$ 1,370.73	\$ 1,370.73	
47620		Removal of gallbladder	A	36.319	36.319	\$ 1,503.26	\$ 1,503.26	
47630		Remove bile duct stone	A	15.351	15.351	\$ 635.38	\$ 635.38	
47700		Exploration of bile ducts	A	28.629	28.629	\$ 1,184.96	\$ 1,184.96	
47701		Bile duct revision	A	51.903	51.903	\$ 2,148.25	\$ 2,148.25	
47711		Excision of bile duct tumor	A	40.943	40.943	\$ 1,694.62	\$ 1,694.62	
47712		Excision of bile duct tumor	A	53.526	53.526	\$ 2,215.43	\$ 2,215.43	
47715		Excision of bile duct cyst	A	33.566	33.566	\$ 1,389.28	\$ 1,389.28	
47716		Fusion of bile duct cyst	A	29.829	29.829	\$ 1,234.60	\$ 1,234.60	
47720		Fuse gallbladder & bowel	A	28.812	28.812	\$ 1,192.54	\$ 1,192.54	
47721		Fuse upper gi structures	A	34.202	34.202	\$ 1,415.62	\$ 1,415.62	
47740		Fuse gallbladder & bowel	A	33.212	33.212	\$ 1,374.62	\$ 1,374.62	
47741		Fuse gallbladder & bowel	A	37.942	37.942	\$ 1,570.41	\$ 1,570.41	
47760		Fuse bile ducts and bowel	A	45.632	45.632	\$ 1,888.69	\$ 1,888.69	
47765		Fuse liver ducts & bowel	A	44.478	44.478	\$ 1,840.95	\$ 1,840.95	
47780		Fuse bile ducts and bowel	A	46.864	46.864	\$ 1,939.70	\$ 1,939.70	
47785		Fuse bile ducts and bowel	A	54.978	54.978	\$ 2,275.54	\$ 2,275.54	
47800		Reconstruction of bile ducts	A	41.157	41.157	\$ 1,703.48	\$ 1,703.48	
47801		Placement, bile duct support	A	25.507	25.507	\$ 1,055.73	\$ 1,055.73	
47802		Fuse liver duct & intestine	A	38.579	38.579	\$ 1,596.79	\$ 1,596.79	
47900		Suture bile duct injury	A	35.316	35.316	\$ 1,461.72	\$ 1,461.72	
47999		Bile tract surgery procedure	C	0.000	0.000	\$ -	\$ -	
48000		Drainage of abdomen	A	44.149	44.149	\$ 1,827.34	\$ 1,827.34	
48001		Placement of drain, pancreas	A	56.297	56.297	\$ 2,330.13	\$ 2,330.13	
48005		Resect/debride pancreas	A	67.022	67.022	\$ 2,774.04	\$ 2,774.04	
48020		Removal of pancreatic stone	A	28.401	28.401	\$ 1,175.53	\$ 1,175.53	
48100		Biopsy of pancreas, open	A	22.144	22.144	\$ 916.55	\$ 916.55	
48102		Needle biopsy, pancreas	A	7.700	13.301	\$ 318.70	\$ 550.54	
48120		Removal of pancreas lesion	A	28.129	28.129	\$ 1,164.27	\$ 1,164.27	
48140		Partial removal of pancreas	A	41.175	41.175	\$ 1,704.25	\$ 1,704.25	
48145		Partial removal of pancreas	A	43.101	43.101	\$ 1,783.95	\$ 1,783.95	
48146		Pancreatectomy	A	48.202	48.202	\$ 1,995.10	\$ 1,995.10	
48148		Removal of pancreatic duct	A	31.496	31.496	\$ 1,303.62	\$ 1,303.62	
48150		Partial removal of pancreas	A	85.712	85.712	\$ 3,547.60	\$ 3,547.60	

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				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
48152		Pancreatectomy	A	78.659	78.659	\$ 3,255.71	\$ 3,255.71	
48153		Pancreatectomy	A	85.560	85.560	\$ 3,541.32	\$ 3,541.32	
48154		Pancreatectomy	A	79.193	79.193	\$ 3,277.78	\$ 3,277.78	
48155		Removal of pancreas	A	45.581	45.581	\$ 1,886.61	\$ 1,886.61	
48160		Pancreas removal/transplant	C	0.000	0.000	\$ -	\$ -	
48180		Fuse pancreas and bowel	A	44.025	44.025	\$ 1,822.19	\$ 1,822.19	
48400		Injection, intraop add-on	A	2.968	2.968	\$ 122.83	\$ 122.83	
48500		Surgery of pancreatic cyst	A	27.984	27.984	\$ 1,158.27	\$ 1,158.27	
48510		Drain pancreatic pseudocyst	A	25.791	25.791	\$ 1,067.50	\$ 1,067.50	
48511		Drain pancreatic pseudocyst	A	5.932	5.932	\$ 245.54	\$ 245.54	
48520		Fuse pancreas cyst and bowel	A	28.018	28.018	\$ 1,159.67	\$ 1,159.67	
48540		Fuse pancreas cyst and bowel	A	35.310	35.310	\$ 1,461.49	\$ 1,461.49	
48545		Pancreatorrhaphy	A	32.650	32.650	\$ 1,351.40	\$ 1,351.40	
48547		Duodenal exclusion	A	45.692	45.692	\$ 1,891.18	\$ 1,891.18	
48550		Donor pancreatectomy	X	0.000	0.000	\$ -	\$ -	
48554		Transpl allograft pancreas	A	64.553	64.553	\$ 2,671.83	\$ 2,671.83	
48556		Removal, allograft pancreas	A	29.960	29.960	\$ 1,240.05	\$ 1,240.05	
48999		Pancreas surgery procedure	C	0.000	0.000	\$ -	\$ -	
49000		Exploration of abdomen	A	21.833	21.833	\$ 903.66	\$ 903.66	
49002		Reopening of abdomen	A	19.832	19.832	\$ 820.85	\$ 820.85	
49010		Exploration behind abdomen	A	23.120	23.120	\$ 956.94	\$ 956.94	
49020		Drain abdominal abscess	A	37.751	37.751	\$ 1,562.51	\$ 1,562.51	
49021		Drain abdominal abscess	A	5.072	5.072	\$ 209.93	\$ 209.93	
49040		Drain, open, abdom abscess	A	22.986	22.986	\$ 951.41	\$ 951.41	
49041		Drain, percut, abdom abscess	A	5.972	5.972	\$ 247.18	\$ 247.18	
49060		Drain, open, retroper abscess	A	25.869	25.869	\$ 1,070.72	\$ 1,070.72	
49061		Drain, percut, retroper abscess	A	5.547	5.547	\$ 229.61	\$ 229.61	
49062		Drain to peritoneal cavity	A	21.147	21.147	\$ 875.26	\$ 875.26	
49080		Puncture, peritoneal cavity	A	2.048	5.236	\$ 84.78	\$ 216.71	
49081		Removal of abdominal fluid	A	2.021	3.763	\$ 83.64	\$ 155.76	
49085		Remove abdomen foreign body	A	21.030	21.030	\$ 870.44	\$ 870.44	
49180		Biopsy, abdominal mass	A	2.601	4.947	\$ 107.64	\$ 204.75	
49200		Removal of abdominal lesion	A	18.930	18.930	\$ 783.50	\$ 783.50	
49201		Remove abdom lesion, complex	A	27.842	27.842	\$ 1,152.38	\$ 1,152.38	
49215		Excise sacral spine tumor	A	57.229	57.229	\$ 2,368.72	\$ 2,368.72	
49220		Multiple surgery, abdomen	A	27.731	27.731	\$ 1,147.78	\$ 1,147.78	
49250		Excision of umbilicus	A	16.007	16.007	\$ 662.55	\$ 662.55	
49255		Removal of omentum	A	21.260	21.260	\$ 879.95	\$ 879.95	
49320		Diag laparo separate proc	A	9.702	9.702	\$ 401.58	\$ 401.58	
49321		Laparoscopy, biopsy	A	10.169	10.169	\$ 420.89	\$ 420.89	
49322		Laparoscopy, aspiration	A	10.955	10.955	\$ 453.44	\$ 453.44	
49323		Laparo drain lymphocele	A	17.496	17.496	\$ 724.17	\$ 724.17	
49329		Laparo proc, abdm/per/oment	C	0.000	0.000	\$ -	\$ -	
49400		Air injection into abdomen	A	3.065	3.065	\$ 126.85	\$ 126.85	
49419		Insrt abdom cath for chemotx	A	12.271	12.271	\$ 507.91	\$ 507.91	
49420		Insert abdom drain, temp	A	3.804	3.804	\$ 157.43	\$ 157.43	
49421		Insert abdom drain, perm	A	10.855	10.855	\$ 449.30	\$ 449.30	
49422		Remove perm cannula/catheter	A	11.714	11.714	\$ 484.82	\$ 484.82	
49423		Exchange drainage catheter	A	2.345	2.345	\$ 97.07	\$ 97.07	
49424		Assess cyst, contrast inject	A	1.292	1.292	\$ 53.47	\$ 53.47	
49425		Insert abdomen-venous drain	A	21.916	21.916	\$ 907.09	\$ 907.09	
49426		Revise abdomen-venous shunt	A	18.138	18.138	\$ 750.74	\$ 750.74	
49427		Injection, abdominal shunt	A	1.535	1.535	\$ 63.53	\$ 63.53	
49428		Ligation of shunt	A	10.307	10.307	\$ 426.61	\$ 426.61	
49429		Removal of shunt	A	14.182	14.182	\$ 587.01	\$ 587.01	
49491		Rpr hern preemie reduc	A	20.670	20.670	\$ 855.51	\$ 855.51	
49492		Rpr ing hern preemie, blocked	A	26.216	26.216	\$ 1,085.08	\$ 1,085.08	
49495		Rpr ing hernia baby, reduc	A	11.193	11.193	\$ 463.29	\$ 463.29	
49496		Rpr ing hernia baby, blocked	A	16.876	16.876	\$ 698.50	\$ 698.50	
49500		Rpr ing hernia, init, reduce	A	10.319	10.319	\$ 427.09	\$ 427.09	
49501		Rpr ing hernia, init blocked	A	16.106	16.106	\$ 666.61	\$ 666.61	

HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
49505		Prp i/hern init reduc>5 yr	A	13.958	14.154	\$ 577.74	\$ 585.83	
49507		Prp i/hern init block>5 yr	A	17.366	17.366	\$ 718.80	\$ 718.80	
49520		Rerepair ing hernia, reduce	A	17.423	17.423	\$ 721.15	\$ 721.15	
49521		Rerepair ing hernia, blocked	A	21.372	21.372	\$ 884.60	\$ 884.60	
49525		Repair ing hernia, sliding	A	15.584	15.584	\$ 645.01	\$ 645.01	
49540		Repair lumbar hernia	A	18.761	18.761	\$ 776.52	\$ 776.52	
49550		Rpr rem hernia, init, reduce	A	15.709	15.709	\$ 650.18	\$ 650.18	
49553		Rpr fem hernia, init blocked	A	17.168	17.168	\$ 710.60	\$ 710.60	
49555		Rerepair fem hernia, reduce	A	16.442	16.442	\$ 680.54	\$ 680.54	
49557		Rerepair fem hernia, blocked	A	20.024	20.024	\$ 828.79	\$ 828.79	
49560		Rpr ventral hern init, reduc	A	20.755	20.755	\$ 859.04	\$ 859.04	
49561		Rpr ventral hern init, block	A	25.266	25.266	\$ 1,045.75	\$ 1,045.75	
49565		Rerepair ventrl hern, reduce	A	20.814	20.814	\$ 861.51	\$ 861.51	
49566		Rerepair ventrl hern, block	A	25.554	25.554	\$ 1,057.68	\$ 1,057.68	
49568		Hernia repair w/mesh	A	8.676	8.676	\$ 359.12	\$ 359.12	
49570		Rpr epigastric hern, reduce	A	10.768	10.768	\$ 445.71	\$ 445.71	
49572		Rpr epigastric hern, blocked	A	12.458	12.458	\$ 515.64	\$ 515.64	
49580		Rpr umbil hern, reduc < 5 yr	A	7.962	7.962	\$ 329.57	\$ 329.57	
49582		Rpr umbil hern, block < 5 yr	A	12.364	12.364	\$ 511.75	\$ 511.75	
49585		Rpr umbil hern, reduc > 5 yr	A	11.594	11.594	\$ 479.87	\$ 479.87	
49587		Rpr umbil hern, block > 5 yr	A	13.842	13.842	\$ 572.92	\$ 572.92	
49590		Repair spigilian hernia	A	15.554	15.554	\$ 643.77	\$ 643.77	
49600		Repair umbilical lesion	A	20.890	20.890	\$ 864.64	\$ 864.64	
49605		Repair umbilical lesion	A	112.479	112.479	\$ 4,655.52	\$ 4,655.52	
49606		Repair umbilical lesion	A	35.754	35.754	\$ 1,479.84	\$ 1,479.84	
49610		Repair umbilical lesion	A	18.622	18.622	\$ 770.77	\$ 770.77	
49611		Repair umbilical lesion	A	18.151	18.151	\$ 751.29	\$ 751.29	
49650		Laparo hernia repair initial	A	12.045	12.045	\$ 498.54	\$ 498.54	
49651		Laparo hernia repair recur	A	15.693	15.693	\$ 649.55	\$ 649.55	
49659		Laparo proc, hernia repair	C	0.000	0.000	\$ -	\$ -	
49900		Repair of abdominal wall	A	23.440	23.440	\$ 970.19	\$ 970.19	
49904		Omental flap, extra-abdom	A	42.241	42.241	\$ 1,748.36	\$ 1,748.36	
49905		Omental flap, intra-abdom	A	11.416	11.416	\$ 472.51	\$ 472.51	
49906		Free omental flap, microvasc	C	0.000	0.000	\$ -	\$ -	
49999		Abdomen surgery procedure	C	0.000	0.000	\$ -	\$ -	
50010		Exploration of kidney	A	19.317	19.317	\$ 799.53	\$ 799.53	
50020		Renal abscess, open drain	A	25.918	25.918	\$ 1,072.75	\$ 1,072.75	
50021		Renal abscess, percut drain	A	5.024	5.024	\$ 207.94	\$ 207.94	
50040		Drainage of kidney	A	25.985	25.985	\$ 1,075.52	\$ 1,075.52	
50045		Exploration of kidney	A	26.273	26.273	\$ 1,087.43	\$ 1,087.43	
50060		Removal of kidney stone	A	31.503	31.503	\$ 1,303.93	\$ 1,303.93	
50065		Incision of kidney	A	31.432	31.432	\$ 1,300.99	\$ 1,300.99	
50070		Incision of kidney	A	33.171	33.171	\$ 1,372.94	\$ 1,372.94	
50075		Removal of kidney stone	A	41.146	41.146	\$ 1,703.02	\$ 1,703.02	
50080		Removal of kidney stone	A	25.468	25.468	\$ 1,054.11	\$ 1,054.11	
50081		Removal of kidney stone	A	36.765	36.765	\$ 1,521.70	\$ 1,521.70	
50100		Revise kidney blood vessels	A	30.677	30.677	\$ 1,269.74	\$ 1,269.74	
50120		Exploration of kidney	A	26.749	26.749	\$ 1,107.13	\$ 1,107.13	
50125		Explore and drain kidney	A	27.644	27.644	\$ 1,144.19	\$ 1,144.19	
50130		Removal of kidney stone	A	28.467	28.467	\$ 1,178.26	\$ 1,178.26	
50135		Exploration of kidney	A	31.538	31.538	\$ 1,305.37	\$ 1,305.37	
50200		Biopsy of kidney	A	3.948	3.948	\$ 163.39	\$ 163.39	
50205		Biopsy of kidney	A	20.205	20.205	\$ 836.27	\$ 836.27	
50220		Remove kidney, open	A	28.970	28.970	\$ 1,199.08	\$ 1,199.08	
50225		Removal kidney open, complex	A	33.306	33.306	\$ 1,378.54	\$ 1,378.54	
50230		Removal kidney open, radical	A	35.980	35.980	\$ 1,489.20	\$ 1,489.20	
50234		Removal of kidney & ureter	A	36.567	36.567	\$ 1,513.52	\$ 1,513.52	
50236		Removal of kidney & ureter	A	41.663	41.663	\$ 1,724.44	\$ 1,724.44	
50240		Partial removal of kidney	A	37.369	37.369	\$ 1,546.69	\$ 1,546.69	
50280		Removal of kidney lesion	A	26.204	26.204	\$ 1,084.58	\$ 1,084.58	
50290		Removal of kidney lesion	A	25.652	25.652	\$ 1,061.74	\$ 1,061.74	

HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
50300		Removal of donor kidney	C	0.000	0.000	\$ -	\$ -	
50320		Removal of donor kidney	A	39.133	39.133	\$ 1,619.71	\$ 1,619.71	
50340		Removal of kidney	A	23.507	23.507	\$ 972.97	\$ 972.97	
50360		Transplantation of kidney	A	59.008	59.008	\$ 2,442.33	\$ 2,442.33	
50365		Transplantation of kidney	A	69.215	69.215	\$ 2,864.81	\$ 2,864.81	
50370		Remove transplanted kidney	A	26.092	26.092	\$ 1,079.95	\$ 1,079.95	
50380		Reimplantation of kidney	A	40.567	40.567	\$ 1,679.06	\$ 1,679.06	
50390		Drainage of kidney lesion	A	2.938	2.938	\$ 121.61	\$ 121.61	
50392		Insert kidney drain	A	5.024	5.024	\$ 207.94	\$ 207.94	
50393		Insert ureteral tube	A	6.166	6.166	\$ 255.21	\$ 255.21	
50394		Injection for kidney x-ray	A	1.170	3.116	\$ 48.42	\$ 128.99	
50395		Create passage to kidney	A	5.055	5.055	\$ 209.23	\$ 209.23	
50396		Measure kidney pressure	A	3.295	3.295	\$ 136.37	\$ 136.37	
50398		Change kidney tube	A	2.175	2.787	\$ 90.04	\$ 115.37	
50400		Revision of kidney/ureter	A	31.795	31.795	\$ 1,316.00	\$ 1,316.00	
50405		Revision of kidney/ureter	A	39.646	39.646	\$ 1,640.97	\$ 1,640.97	
50500		Repair of kidney wound	A	33.902	33.902	\$ 1,403.22	\$ 1,403.22	
50520		Close kidney-skin fistula	A	30.638	30.638	\$ 1,268.09	\$ 1,268.09	
50525		Repair renal-abdomen fistula	A	38.060	38.060	\$ 1,575.31	\$ 1,575.31	
50526		Repair renal-abdomen fistula	A	40.925	40.925	\$ 1,693.90	\$ 1,693.90	
50540		Revision of horseshoe kidney	A	33.246	33.246	\$ 1,376.07	\$ 1,376.07	
50541		Laparo ablate renal cyst	A	26.126	26.126	\$ 1,081.35	\$ 1,081.35	
50542		Laparo ablate renal mass	A	33.354	33.354	\$ 1,380.53	\$ 1,380.53	
50543		Laparo partial nephrectomy	A	40.663	40.663	\$ 1,683.05	\$ 1,683.05	
50544		Laparoscopy, pyeloplasty	A	36.280	36.280	\$ 1,501.63	\$ 1,501.63	
50545		Laparo radical nephrectomy	A	39.015	39.015	\$ 1,614.82	\$ 1,614.82	
50546		Laparoscopic nephrectomy	A	34.018	34.018	\$ 1,408.01	\$ 1,408.01	
50547		Laparo removal donor kidney	A	44.045	44.045	\$ 1,823.01	\$ 1,823.01	
50548		Laparo remove w/ ureter	A	39.209	39.209	\$ 1,622.85	\$ 1,622.85	
50549		Laparoscope proc, renal	C	0.000	0.000	\$ -	\$ -	
50551		Kidney endoscopy	A	8.699	11.351	\$ 360.05	\$ 469.82	
50553		Kidney endoscopy	A	9.295	23.439	\$ 384.74	\$ 970.16	
50555		Kidney endoscopy & biopsy	A	10.129	24.630	\$ 419.25	\$ 1,019.45	
50557		Kidney endoscopy & treatment	A	10.267	25.499	\$ 424.96	\$ 1,055.42	
50559		Renal endoscopy/radiotracer	A	9.934	9.934	\$ 411.17	\$ 411.17	
50561		Kidney endoscopy & treatment	A	11.746	24.709	\$ 486.17	\$ 1,022.69	
50562		Renal scope w/tumor resect	A	18.151	18.151	\$ 751.26	\$ 751.26	
50570		Kidney endoscopy	A	14.815	14.815	\$ 613.20	\$ 613.20	
50572		Kidney endoscopy	A	16.200	16.200	\$ 670.52	\$ 670.52	
50574		Kidney endoscopy & biopsy	A	17.113	17.113	\$ 708.33	\$ 708.33	
50575		Kidney endoscopy	A	21.755	21.755	\$ 900.43	\$ 900.43	
50576		Kidney endoscopy & treatment	A	17.111	17.111	\$ 708.24	\$ 708.24	
50578		Renal endoscopy/radiotracer	A	17.621	17.621	\$ 729.35	\$ 729.35	
50580		Kidney endoscopy & treatment	A	18.386	18.386	\$ 760.99	\$ 760.99	
50590		Fragmenting of kidney stone	A	15.921	20.800	\$ 658.98	\$ 860.92	
50600		Exploration of ureter	A	26.459	26.459	\$ 1,095.13	\$ 1,095.13	
50605		Insert ureteral support	A	26.758	26.758	\$ 1,107.53	\$ 1,107.53	
50610		Removal of ureter stone	A	27.186	27.186	\$ 1,125.21	\$ 1,125.21	
50620		Removal of ureter stone	A	25.109	25.109	\$ 1,039.27	\$ 1,039.27	
50630		Removal of ureter stone	A	24.799	24.799	\$ 1,026.42	\$ 1,026.42	
50650		Removal of ureter	A	28.847	28.847	\$ 1,193.98	\$ 1,193.98	
50660		Removal of ureter	A	32.208	32.208	\$ 1,333.10	\$ 1,333.10	
50684		Injection for ureter x-ray	A	1.170	14.030	\$ 48.42	\$ 580.72	
50686		Measure ureter pressure	A	2.497	5.820	\$ 103.34	\$ 240.90	
50688		Change of ureter tube	A	2.934	2.934	\$ 121.43	\$ 121.43	
50690		Injection for ureter x-ray	A	1.751	14.900	\$ 72.47	\$ 616.72	
50700		Revision of ureter	A	25.500	25.500	\$ 1,055.46	\$ 1,055.46	
50715		Release of ureter	A	34.559	34.559	\$ 1,430.39	\$ 1,430.39	
50722		Release of ureter	A	29.866	29.866	\$ 1,236.16	\$ 1,236.16	
50725		Release/revise ureter	A	32.392	32.392	\$ 1,340.70	\$ 1,340.70	
50727		Revise ureter	A	15.037	15.037	\$ 622.40	\$ 622.40	



HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
50728		Revise ureter	A	21.896	21.896	\$ 906.29	\$ 906.29	
50740		Fusion of ureter & kidney	A	32.261	32.261	\$ 1,335.30	\$ 1,335.30	
50750		Fusion of ureter & kidney	A	32.431	32.431	\$ 1,342.30	\$ 1,342.30	
50760		Fusion of ureters	A	31.108	31.108	\$ 1,287.56	\$ 1,287.56	
50770		Splicing of ureters	A	32.453	32.453	\$ 1,343.23	\$ 1,343.23	
50780		Reimplant ureter in bladder	A	30.735	30.735	\$ 1,272.11	\$ 1,272.11	
50782		Reimplant ureter in bladder	A	33.234	33.234	\$ 1,375.55	\$ 1,375.55	
50783		Reimplant ureter in bladder	A	34.902	34.902	\$ 1,444.58	\$ 1,444.58	
50785		Reimplant ureter in bladder	A	33.980	33.980	\$ 1,406.45	\$ 1,406.45	
50800		Implant ureter in bowel	A	24.823	24.823	\$ 1,027.43	\$ 1,027.43	
50810		Fusion of ureter & bowel	A	36.641	36.641	\$ 1,516.59	\$ 1,516.59	
50815		Urine shunt to intestine	A	33.727	33.727	\$ 1,395.98	\$ 1,395.98	
50820		Construct bowel bladder	A	36.182	36.182	\$ 1,497.56	\$ 1,497.56	
50825		Construct bowel bladder	A	46.648	46.648	\$ 1,930.75	\$ 1,930.75	
50830		Revise urine flow	A	52.452	52.452	\$ 2,170.97	\$ 2,170.97	
50840		Replace ureter by bowel	A	33.561	33.561	\$ 1,389.07	\$ 1,389.07	
50845		Appendico-vesicostomy	A	34.400	34.400	\$ 1,423.80	\$ 1,423.80	
50860		Transplant ureter to skin	A	26.012	26.012	\$ 1,076.65	\$ 1,076.65	
50900		Repair of ureter	A	23.664	23.664	\$ 979.45	\$ 979.45	
50920		Closure ureter/skin fistula	A	24.068	24.068	\$ 996.19	\$ 996.19	
50930		Closure ureter/bowel fistula	A	33.112	33.112	\$ 1,370.51	\$ 1,370.51	
50940		Release of ureter	A	25.060	25.060	\$ 1,037.22	\$ 1,037.22	
50945		Laparoscopy ureterolithotomy	A	28.373	28.373	\$ 1,174.35	\$ 1,174.35	
50947		Laparo new ureter/bladder	A	42.145	42.145	\$ 1,744.37	\$ 1,744.37	
50948		Laparo new ureter/bladder	A	38.521	38.521	\$ 1,594.37	\$ 1,594.37	
50949		Laparoscope proc, ureter	C	0.000	0.000	\$ -	\$ -	
50951		Endoscopy of ureter	A	9.077	12.027	\$ 375.71	\$ 497.79	
50953		Endoscopy of ureter	A	9.706	23.825	\$ 401.74	\$ 986.11	
50955		Ureter endoscopy & biopsy	A	10.443	25.989	\$ 432.23	\$ 1,075.70	
50957		Ureter endoscopy & treatment	A	10.528	24.196	\$ 435.74	\$ 1,001.46	
50959		Ureter endoscopy & tracer	A	6.423	6.423	\$ 265.84	\$ 265.84	
50961		Ureter endoscopy & treatment	A	9.347	29.347	\$ 386.87	\$ 1,214.69	
50970		Ureter endoscopy	A	11.138	11.138	\$ 460.99	\$ 460.99	
50972		Ureter endoscopy & catheter	A	10.665	10.665	\$ 441.42	\$ 441.42	
50974		Ureter endoscopy & biopsy	A	14.177	14.177	\$ 586.78	\$ 586.78	
50976		Ureter endoscopy & treatment	A	14.030	14.030	\$ 580.69	\$ 580.69	
50978		Ureter endoscopy & tracer	A	7.931	7.931	\$ 328.25	\$ 328.25	
50980		Ureter endoscopy & treatment	A	10.644	10.644	\$ 440.56	\$ 440.56	
51000		Drainage of bladder	A	1.221	2.700	\$ 50.53	\$ 111.75	
51005		Drainage of bladder	A	1.704	5.495	\$ 70.52	\$ 227.43	
51010		Drainage of bladder	A	6.232	9.504	\$ 257.93	\$ 393.38	
51020		Incise & treat bladder	A	12.096	12.096	\$ 500.66	\$ 500.66	
51030		Incise & treat bladder	A	12.250	12.250	\$ 507.01	\$ 507.01	
51040		Incise & drain bladder	A	8.132	8.132	\$ 336.59	\$ 336.59	
51045		Incise bladder/drain ureter	A	12.461	12.461	\$ 515.76	\$ 515.76	
51050		Removal of bladder stone	A	12.111	12.111	\$ 501.26	\$ 501.26	
51060		Removal of ureter stone	A	15.333	15.333	\$ 634.63	\$ 634.63	
51065		Remove ureter calculus	A	15.166	15.166	\$ 627.71	\$ 627.71	
51080		Drainage of bladder abscess	A	10.719	10.719	\$ 443.66	\$ 443.66	
51500		Removal of bladder cyst	A	18.622	18.622	\$ 770.77	\$ 770.77	
51520		Removal of bladder lesion	A	16.115	16.115	\$ 666.99	\$ 666.99	
51525		Removal of bladder lesion	A	23.328	23.328	\$ 965.56	\$ 965.56	
51530		Removal of bladder lesion	A	21.257	21.257	\$ 879.84	\$ 879.84	
51535		Repair of ureter lesion	A	22.148	22.148	\$ 916.71	\$ 916.71	
51550		Partial removal of bladder	A	26.484	26.484	\$ 1,096.18	\$ 1,096.18	
51555		Partial removal of bladder	A	35.202	35.202	\$ 1,457.00	\$ 1,457.00	
51565		Revise bladder & ureter(s)	A	36.013	36.013	\$ 1,490.58	\$ 1,490.58	
51570		Removal of bladder	A	40.228	40.228	\$ 1,665.04	\$ 1,665.04	
51575		Removal of bladder & nodes	A	49.782	49.782	\$ 2,060.46	\$ 2,060.46	
51580		Remove bladder/revise tract	A	51.087	51.087	\$ 2,114.51	\$ 2,114.51	
51585		Removal of bladder & nodes	A	57.402	57.402	\$ 2,375.88	\$ 2,375.88	

HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
51590		Remove bladder/revise tract	A	53.077	53.077	\$ 2,196.84	\$ 2,196.84	
51595		Remove bladder/revise tract	A	59.905	59.905	\$ 2,479.45	\$ 2,479.45	
51596		Remove bladder/create pouch	A	63.978	63.978	\$ 2,648.05	\$ 2,648.05	
51597		Removal of pelvic structures	A	62.942	62.942	\$ 2,605.16	\$ 2,605.16	
51600		Injection for bladder x-ray	A	1.324	6.050	\$ 54.79	\$ 250.40	
51605		Preparation for bladder xray	A	1.135	10.017	\$ 46.97	\$ 414.62	
51610		Injection for bladder x-ray	A	1.797	2.749	\$ 74.37	\$ 113.77	
51700		Irrigation of bladder	A	1.355	2.519	\$ 56.08	\$ 104.28	
51701		Insert bladder catheter	A	0.819	2.052	\$ 33.91	\$ 84.93	
51702		Insert temp bladder cath	A	0.879	2.647	\$ 36.38	\$ 109.56	
51703		Insert bladder cath, complex	A	2.389	4.497	\$ 98.87	\$ 186.12	
51705		Change of bladder tube	A	1.815	3.285	\$ 75.12	\$ 135.98	
51710		Change of bladder tube	A	2.579	4.840	\$ 106.73	\$ 200.32	
51715		Endoscopic injection/implant	A	6.022	8.283	\$ 249.26	\$ 342.84	
51720		Treatment of bladder lesion	A	3.116	4.034	\$ 128.98	\$ 166.97	
51725		Simple cystometrogram	A	7.046	7.046	\$ 291.64	\$ 291.64	
51725	TC	Simple cystometrogram	A	4.646	4.646	\$ 192.29	\$ 192.29	
51725	26	Simple cystometrogram	A	2.400	2.400	\$ 99.34	\$ 99.34	
51726		Complex cystometrogram	A	9.085	9.085	\$ 376.01	\$ 376.01	
51726	TC	Complex cystometrogram	A	6.385	6.385	\$ 264.29	\$ 264.29	
51726	26	Complex cystometrogram	A	2.699	2.699	\$ 111.72	\$ 111.72	
51736		Urine flow measurement	A	1.340	1.340	\$ 55.46	\$ 55.46	
51736	TC	Urine flow measurement	A	0.362	0.362	\$ 15.00	\$ 15.00	
51736	26	Urine flow measurement	A	0.977	0.977	\$ 40.45	\$ 40.45	
51741		Electro-uroflowmetry, first	A	2.215	2.215	\$ 91.67	\$ 91.67	
51741	TC	Electro-uroflowmetry, first	A	0.444	0.444	\$ 18.40	\$ 18.40	
51741	26	Electro-uroflowmetry, first	A	1.770	1.770	\$ 73.27	\$ 73.27	
51772		Urethra pressure profile	A	7.273	7.273	\$ 301.03	\$ 301.03	
51772	TC	Urethra pressure profile	A	4.643	4.643	\$ 192.17	\$ 192.17	
51772	26	Urethra pressure profile	A	2.630	2.630	\$ 108.86	\$ 108.86	
51784		Anal/urinary muscle study	A	5.655	5.655	\$ 234.06	\$ 234.06	
51784	TC	Anal/urinary muscle study	A	3.226	3.226	\$ 133.54	\$ 133.54	
51784	26	Anal/urinary muscle study	A	2.429	2.429	\$ 100.52	\$ 100.52	
51785		Anal/urinary muscle study	A	6.049	6.049	\$ 250.37	\$ 250.37	
51785	TC	Anal/urinary muscle study	A	3.660	3.660	\$ 151.48	\$ 151.48	
51785	26	Anal/urinary muscle study	A	2.389	2.389	\$ 98.89	\$ 98.89	
51792		Urinary reflex study	A	7.130	7.130	\$ 295.13	\$ 295.13	
51792	TC	Urinary reflex study	A	5.248	5.248	\$ 217.20	\$ 217.20	
51792	26	Urinary reflex study	A	1.883	1.883	\$ 77.93	\$ 77.93	
51795		Urine voiding pressure study	A	8.875	8.875	\$ 367.35	\$ 367.35	
51795	TC	Urine voiding pressure study	A	6.447	6.447	\$ 266.83	\$ 266.83	
51795	26	Urine voiding pressure study	A	2.429	2.429	\$ 100.52	\$ 100.52	
51797		Intraabdominal pressure test	A	7.329	7.329	\$ 303.33	\$ 303.33	
51797	TC	Intraabdominal pressure test	A	4.813	4.813	\$ 199.20	\$ 199.20	
51797	26	Intraabdominal pressure test	A	2.516	2.516	\$ 104.12	\$ 104.12	
51798		Us urine capacity measure	A	0.622	0.622	\$ 25.74	\$ 25.74	
51800		Revision of bladder/urethra	A	29.492	29.492	\$ 1,220.69	\$ 1,220.69	
51820		Revision of urinary tract	A	31.959	31.959	\$ 1,322.78	\$ 1,322.78	
51840		Attach bladder/urethra	A	19.569	19.569	\$ 809.97	\$ 809.97	
51841		Attach bladder/urethra	A	23.359	23.359	\$ 966.82	\$ 966.82	
51845		Repair bladder neck	A	16.820	16.820	\$ 696.18	\$ 696.18	
51860		Repair of bladder wound	A	21.239	21.239	\$ 879.07	\$ 879.07	
51865		Repair of bladder wound	A	25.641	25.641	\$ 1,061.29	\$ 1,061.29	
51880		Repair of bladder opening	A	13.675	13.675	\$ 566.02	\$ 566.02	
51900		Repair bladder/vagina lesion	A	22.382	22.382	\$ 926.38	\$ 926.38	
51920		Close bladder-uterus fistula	A	20.783	20.783	\$ 860.20	\$ 860.20	
51925		Hysterectomy/bladder repair	A	29.953	29.953	\$ 1,239.75	\$ 1,239.75	
51940		Correction of bladder defect	A	48.291	48.291	\$ 1,998.76	\$ 1,998.76	
51960		Revision of bladder & bowel	A	38.080	38.080	\$ 1,576.13	\$ 1,576.13	
51980		Construct bladder opening	A	19.520	19.520	\$ 807.92	\$ 807.92	
51990		Laparo urethral suspension	A	22.588	22.588	\$ 934.93	\$ 934.93	

HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
51992		Laparo sling operation	A	23.715	23.715	\$ 981.57	\$ 981.57	
52000		Cystoscopy	A	3.209	5.436	\$ 132.81	\$ 224.98	
52001		Cystoscopy, removal of clots	A	8.569	11.382	\$ 354.67	\$ 471.12	
52005		Cystoscopy & ureter catheter	A	3.846	8.164	\$ 159.17	\$ 337.89	
52007		Cystoscopy and biopsy	A	4.866	4.866	\$ 201.40	\$ 201.40	
52010		Cystoscopy & duct catheter	A	4.849	4.849	\$ 200.70	\$ 200.70	
52204		Cystoscopy	A	3.854	6.166	\$ 159.52	\$ 255.21	
52214		Cystoscopy and treatment	A	5.896	5.896	\$ 244.05	\$ 244.05	
52224		Cystoscopy and treatment	A	4.986	4.986	\$ 206.37	\$ 206.37	
52234		Cystoscopy and treatment	A	7.308	7.308	\$ 302.48	\$ 302.48	
52235		Cystoscopy and treatment	A	8.594	8.594	\$ 355.73	\$ 355.73	
52240		Cystoscopy and treatment	A	15.278	15.278	\$ 632.36	\$ 632.36	
52250		Cystoscopy and radiotracer	A	7.204	7.204	\$ 298.16	\$ 298.16	
52260		Cystoscopy and treatment	A	6.231	6.231	\$ 257.89	\$ 257.89	
52265		Cystoscopy and treatment	A	4.760	6.996	\$ 197.03	\$ 289.56	
52270		Cystoscopy & revise urethra	A	5.370	5.370	\$ 222.26	\$ 222.26	
52275		Cystoscopy & revise urethra	A	7.452	7.452	\$ 308.42	\$ 308.42	
52276		Cystoscopy and treatment	A	7.933	7.933	\$ 328.33	\$ 328.33	
52277		Cystoscopy and treatment	A	9.897	9.897	\$ 409.63	\$ 409.63	
52281		Cystoscopy and treatment	A	4.547	9.944	\$ 188.20	\$ 411.60	
52282		Cystoscopy, implant stent	A	10.110	10.110	\$ 418.44	\$ 418.44	
52283		Cystoscopy and treatment	A	5.977	8.221	\$ 247.40	\$ 340.28	
52285		Cystoscopy and treatment	A	5.805	8.151	\$ 240.26	\$ 337.36	
52290		Cystoscopy and treatment	A	7.294	7.294	\$ 301.88	\$ 301.88	
52300		Cystoscopy and treatment	A	8.463	8.463	\$ 350.28	\$ 350.28	
52301		Cystoscopy and treatment	A	9.055	9.055	\$ 374.80	\$ 374.80	
52305		Cystoscopy and treatment	A	8.342	8.342	\$ 345.26	\$ 345.26	
52310		Cystoscopy and treatment	A	4.523	6.639	\$ 187.21	\$ 274.81	
52315		Cystoscopy and treatment	A	8.225	8.225	\$ 340.41	\$ 340.41	
52317		Remove bladder stone	A	10.543	10.543	\$ 436.36	\$ 436.36	
52318		Remove bladder stone	A	14.381	14.381	\$ 595.22	\$ 595.22	
52320		Cystoscopy and treatment	A	7.426	7.426	\$ 307.37	\$ 307.37	
52325		Cystoscopy, stone removal	A	9.720	9.720	\$ 402.30	\$ 402.30	
52327		Cystoscopy, inject material	A	8.275	8.275	\$ 342.50	\$ 342.50	
52330		Cystoscopy and treatment	A	7.947	7.947	\$ 328.93	\$ 328.93	
52332		Cystoscopy and treatment	A	4.560	4.560	\$ 188.74	\$ 188.74	
52334		Create passage to kidney	A	7.658	7.658	\$ 316.97	\$ 316.97	
52341		Cysto w/ureter stricture tx	A	9.653	9.653	\$ 399.55	\$ 399.55	
52342		Cysto w/up stricture tx	A	10.382	10.382	\$ 429.72	\$ 429.72	
52343		Cysto w/renal stricture tx	A	11.484	11.484	\$ 475.31	\$ 475.31	
52344		Cysto/uretero, stone remove	A	12.320	12.320	\$ 509.93	\$ 509.93	
52345		Cysto/uretero w/up stricture	A	13.074	13.074	\$ 541.15	\$ 541.15	
52346		Cystouretero w/renal strict	A	14.740	14.740	\$ 610.10	\$ 610.10	
52347		Cystoscopy, resect ducts	A	8.302	8.302	\$ 343.64	\$ 343.64	
52351		Cystouretero & or pyeloscope	A	9.366	9.366	\$ 387.67	\$ 387.67	
52352		Cystouretero w/stone remove	A	11.017	11.017	\$ 455.98	\$ 455.98	
52353		Cystouretero w/lithotripsy	A	12.720	12.720	\$ 526.48	\$ 526.48	
52354		Cystouretero w/biopsy	A	11.731	11.731	\$ 485.55	\$ 485.55	
52355		Cystouretero w/excise tumor	A	14.093	14.093	\$ 583.30	\$ 583.30	
52400		Cystouretero w/congen repr	A	15.725	15.725	\$ 650.86	\$ 650.86	
52450		Incision of prostate	A	12.955	12.955	\$ 536.19	\$ 536.19	
52500		Revision of bladder neck	A	14.194	14.194	\$ 587.51	\$ 587.51	
52510		Dilation prostatic urethra	A	11.274	11.274	\$ 466.62	\$ 466.62	
52601		Prostatectomy (TURP)	A	20.241	20.241	\$ 837.76	\$ 837.76	
52606		Control postop bleeding	A	13.492	13.492	\$ 558.43	\$ 558.43	
52612		Prostatectomy, first stage	A	13.464	13.464	\$ 557.27	\$ 557.27	
52614		Prostatectomy, second stage	A	11.637	11.637	\$ 481.66	\$ 481.66	
52620		Remove residual prostate	A	11.014	11.014	\$ 455.86	\$ 455.86	
52630		Remove prostate regrowth	A	12.040	12.040	\$ 498.32	\$ 498.32	
52640		Relieve bladder contracture	A	10.998	10.998	\$ 455.22	\$ 455.22	
52647		Laser surgery of prostate	A	17.146	78.465	\$ 709.66	\$ 3,247.65	

HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
52648		Laser surgery of prostate	A	18.462	18.462	\$ 764.14	\$ 764.14	
52700		Drainage of prostate abscess	A	11.453	11.453	\$ 474.03	\$ 474.03	
53000		Incision of urethra	A	4.246	4.246	\$ 175.75	\$ 175.75	
53010		Incision of urethra	A	7.144	7.144	\$ 295.71	\$ 295.71	
53020		Incision of urethra	A	2.853	4.918	\$ 118.07	\$ 203.56	
53025		Incision of urethra	A	1.879	4.735	\$ 77.78	\$ 195.99	
53040		Drainage of urethra abscess	A	13.705	17.912	\$ 567.24	\$ 741.39	
53060		Drainage of urethra abscess	A	4.968	4.968	\$ 205.62	\$ 205.62	
53080		Drainage of urinary leakage	A	13.538	13.538	\$ 560.32	\$ 560.32	
53085		Drainage of urinary leakage	A	19.933	19.933	\$ 825.02	\$ 825.02	
53200		Biopsy of urethra	A	4.252	7.065	\$ 175.99	\$ 292.44	
53210		Removal of urethra	A	21.501	21.501	\$ 889.95	\$ 889.95	
53215		Removal of urethra	A	25.736	25.736	\$ 1,065.20	\$ 1,065.20	
53220		Treatment of urethra lesion	A	12.346	12.346	\$ 511.01	\$ 511.01	
53230		Removal of urethra lesion	A	16.526	16.526	\$ 684.02	\$ 684.02	
53235		Removal of urethra lesion	A	17.229	17.229	\$ 713.11	\$ 713.11	
53240		Surgery for urethra pouch	A	11.547	11.547	\$ 477.94	\$ 477.94	
53250		Removal of urethra gland	A	10.411	10.411	\$ 430.91	\$ 430.91	
53260		Treatment of urethra lesion	A	5.615	6.873	\$ 232.42	\$ 284.48	
53265		Treatment of urethra lesion	A	5.631	5.631	\$ 233.08	\$ 233.08	
53270		Removal of urethra gland	A	5.666	5.666	\$ 234.53	\$ 234.53	
53275		Repair of urethra defect	A	7.800	7.800	\$ 322.85	\$ 322.85	
53400		Revise urethra, stage 1	A	22.001	22.001	\$ 910.61	\$ 910.61	
53405		Revise urethra, stage 2	A	24.285	24.285	\$ 1,005.14	\$ 1,005.14	
53410		Reconstruction of urethra	A	27.237	27.237	\$ 1,127.36	\$ 1,127.36	
53415		Reconstruction of urethra	A	31.256	31.256	\$ 1,293.68	\$ 1,293.68	
53420		Reconstruct urethra, stage 1	A	23.845	23.845	\$ 986.95	\$ 986.95	
53425		Reconstruct urethra, stage 2	A	26.571	26.571	\$ 1,099.77	\$ 1,099.77	
53430		Reconstruction of urethra	A	27.196	27.196	\$ 1,125.66	\$ 1,125.66	
53431		Reconstruct urethra/bladder	A	33.002	33.002	\$ 1,365.95	\$ 1,365.95	
53440		Male sling procedure	A	22.208	22.208	\$ 919.18	\$ 919.18	
53442		Remove/revise male sling	A	18.839	18.839	\$ 779.74	\$ 779.74	
53444		Insert tandem cuff	A	22.588	22.588	\$ 934.91	\$ 934.91	
53445		Insert uro/ves nck sphincter	A	24.198	24.198	\$ 1,001.55	\$ 1,001.55	
53446		Remove uro sphincter	A	17.887	17.887	\$ 740.34	\$ 740.34	
53447		Remove/replace ur sphincter	A	22.728	22.728	\$ 940.71	\$ 940.71	
53448		Remov/replc ur sphinctr comp	A	35.512	35.512	\$ 1,469.85	\$ 1,469.85	
53449		Repair uro sphincter	A	16.536	16.536	\$ 684.43	\$ 684.43	
53450		Revision of urethra	A	10.796	10.796	\$ 446.86	\$ 446.86	
53460		Revision of urethra	A	12.410	12.410	\$ 513.64	\$ 513.64	
53500		Urethrllys, transvag w/ scope	A	20.965	20.965	\$ 867.73	\$ 867.73	
53502		Repair of urethra injury	A	13.482	13.482	\$ 558.02	\$ 558.02	
53505		Repair of urethra injury	A	13.183	13.183	\$ 545.63	\$ 545.63	
53510		Repair of urethra injury	A	17.429	17.429	\$ 721.37	\$ 721.37	
53515		Repair of urethra injury	A	22.380	22.380	\$ 926.30	\$ 926.30	
53520		Repair of urethra defect	A	15.106	15.106	\$ 625.25	\$ 625.25	
53600		Dilate urethra stricture	A	1.891	2.520	\$ 78.28	\$ 104.31	
53601		Dilate urethra stricture	A	1.579	2.361	\$ 65.37	\$ 97.73	
53605		Dilate urethra stricture	A	2.023	2.023	\$ 83.74	\$ 83.74	
53620		Dilate urethra stricture	A	2.604	3.828	\$ 107.77	\$ 158.43	
53621		Dilate urethra stricture	A	2.170	3.555	\$ 89.81	\$ 147.15	
53660		Dilation of urethra	A	1.188	2.046	\$ 49.17	\$ 84.70	
53661		Dilation of urethra	A	1.172	2.056	\$ 48.52	\$ 85.11	
53665		Dilation of urethra	A	1.218	1.218	\$ 50.41	\$ 50.41	
53850		Prostatic microwave thermotx	A	15.779	95.288	\$ 653.10	\$ 3,943.98	
53852		Prostatic rf thermotx	A	16.620	91.717	\$ 687.89	\$ 3,796.17	
53853		Prostatic water thermother	A	9.236	55.731	\$ 382.26	\$ 2,306.69	
53899		Urology surgery procedure	C	0.000	0.000	\$ -	\$ -	
54000		Slitting of prepuce	A	3.144	3.144	\$ 130.14	\$ 130.14	
54001		Slitting of prepuce	A	4.145	6.516	\$ 171.54	\$ 269.70	
54015		Drain penis lesion	A	9.090	9.090	\$ 376.25	\$ 376.25	



HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
54050		Destruction, penis lesion(s)	A	2.448	2.992	\$ 101.33	\$ 123.85	
54055		Destruction, penis lesion(s)	A	2.216	2.896	\$ 91.71	\$ 119.86	
54056		Cryosurgery, penis lesion(s)	A	2.664	3.624	\$ 110.26	\$ 150.01	
54057		Laser surg, penis lesion(s)	A	2.374	2.374	\$ 98.27	\$ 98.27	
54060		Excision of penis lesion(s)	A	3.715	5.781	\$ 153.77	\$ 239.26	
54065		Destruction, penis lesion(s)	A	4.514	4.514	\$ 186.82	\$ 186.82	
54100		Biopsy of penis	A	3.071	4.813	\$ 127.10	\$ 199.22	
54105		Biopsy of penis	A	6.143	6.143	\$ 254.25	\$ 254.25	
54110		Treatment of penis lesion	A	17.746	17.746	\$ 734.51	\$ 734.51	
54111		Treat penis lesion, graft	A	22.987	22.987	\$ 951.41	\$ 951.41	
54112		Treat penis lesion, graft	A	26.837	26.837	\$ 1,110.79	\$ 1,110.79	
54115		Treatment of penis lesion	A	11.795	15.246	\$ 488.19	\$ 631.02	
54120		Partial removal of penis	A	17.562	17.562	\$ 726.90	\$ 726.90	
54125		Removal of penis	A	23.116	23.116	\$ 956.77	\$ 956.77	
54130		Remove penis & nodes	A	33.529	33.529	\$ 1,387.78	\$ 1,387.78	
54135		Remove penis & nodes	A	43.295	43.295	\$ 1,791.96	\$ 1,791.96	
54150		Circumcision	A	3.463	3.463	\$ 143.35	\$ 143.35	
54152		Circumcision	A	4.080	4.080	\$ 168.87	\$ 168.87	
54160		Circumcision	A	4.174	4.174	\$ 172.74	\$ 172.74	
54161		Circumcision	A	5.552	5.552	\$ 229.79	\$ 229.79	
54162		Lysis penil circumic lesion	A	5.647	5.647	\$ 233.74	\$ 233.74	
54163		Repair of circumcision	A	5.656	5.656	\$ 234.10	\$ 234.10	
54164		Frenulotomy of penis	A	4.823	4.823	\$ 199.60	\$ 199.60	
54200		Treatment of penis lesion	A	2.178	2.909	\$ 90.14	\$ 120.40	
54205		Treatment of penis lesion	A	14.276	14.276	\$ 590.86	\$ 590.86	
54220		Treatment of penis lesion	A	3.947	6.480	\$ 163.35	\$ 268.19	
54230		Prepare penis study	A	2.262	2.687	\$ 93.61	\$ 111.20	
54231		Dynamic cavernosometry	A	3.451	3.901	\$ 142.82	\$ 161.46	
54235		Penile injection	A	1.999	2.339	\$ 82.73	\$ 96.80	
54240		Penis study	A	2.800	2.800	\$ 115.90	\$ 115.90	
54240	TC	Penis study	A	0.738	0.738	\$ 30.56	\$ 30.56	
54240	26	Penis study	A	2.062	2.062	\$ 85.34	\$ 85.34	
54250		Penis study	A	3.761	3.761	\$ 155.65	\$ 155.65	
54250	TC	Penis study	A	0.266	0.266	\$ 11.01	\$ 11.01	
54250	26	Penis study	A	3.495	3.495	\$ 144.64	\$ 144.64	
54300		Revision of penis	A	18.317	18.317	\$ 758.14	\$ 758.14	
54304		Revision of penis	A	21.542	21.542	\$ 891.63	\$ 891.63	
54308		Reconstruction of urethra	A	20.370	20.370	\$ 843.13	\$ 843.13	
54312		Reconstruction of urethra	A	23.538	23.538	\$ 974.26	\$ 974.26	
54316		Reconstruction of urethra	A	28.494	28.494	\$ 1,179.36	\$ 1,179.36	
54318		Reconstruction of urethra	A	21.817	21.817	\$ 903.00	\$ 903.00	
54322		Reconstruction of urethra	A	22.297	22.297	\$ 922.86	\$ 922.86	
54324		Reconstruction of urethra	A	28.172	28.172	\$ 1,166.03	\$ 1,166.03	
54326		Reconstruction of urethra	A	26.921	26.921	\$ 1,114.26	\$ 1,114.26	
54328		Revise penis/urethra	A	26.344	26.344	\$ 1,090.38	\$ 1,090.38	
54332		Revise penis/urethra	A	28.606	28.606	\$ 1,184.02	\$ 1,184.02	
54336		Revise penis/urethra	A	38.153	38.153	\$ 1,579.15	\$ 1,579.15	
54340		Secondary urethral surgery	A	16.797	16.797	\$ 695.22	\$ 695.22	
54344		Secondary urethral surgery	A	27.945	27.945	\$ 1,156.62	\$ 1,156.62	
54348		Secondary urethral surgery	A	29.285	29.285	\$ 1,212.12	\$ 1,212.12	
54352		Reconstruct urethra/penis	A	42.172	42.172	\$ 1,745.52	\$ 1,745.52	
54360		Penis plastic surgery	A	20.606	20.606	\$ 852.87	\$ 852.87	
54380		Repair penis	A	24.492	24.492	\$ 1,013.72	\$ 1,013.72	
54385		Repair penis	A	25.981	25.981	\$ 1,075.36	\$ 1,075.36	
54390		Repair penis and bladder	A	35.827	35.827	\$ 1,482.90	\$ 1,482.90	
54400		Insert semi-rigid prosthesis	A	15.306	15.306	\$ 633.51	\$ 633.51	
54401		Insert self-contd prosthesis	A	18.137	18.137	\$ 750.67	\$ 750.67	
54405		Insert multi-comp penis pros	A	22.351	22.351	\$ 925.09	\$ 925.09	
54406		Remove multi-comp penis pros	A	20.274	20.274	\$ 839.13	\$ 839.13	
54408		Repair multi-comp penis pros	A	21.385	21.385	\$ 885.11	\$ 885.11	
54410		Remove/replace penis prosth	A	25.720	25.720	\$ 1,064.55	\$ 1,064.55	

HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
54411		Remov/replc penis pros, comp	A	25.796	25.796	\$ 1,067.70	\$ 1,067.70	
54415		Remove self-contd penis pros	A	14.343	14.343	\$ 593.65	\$ 593.65	
54416		Remv/repl penis contain pros	A	18.054	18.054	\$ 747.25	\$ 747.25	
54417		Remv/replc penis pros, compl	A	22.054	22.054	\$ 912.81	\$ 912.81	
54420		Revision of penis	A	19.688	19.688	\$ 814.88	\$ 814.88	
54430		Revision of penis	A	17.435	17.435	\$ 721.62	\$ 721.62	
54435		Revision of penis	A	10.978	10.978	\$ 454.37	\$ 454.37	
54440		Repair of penis	C	0.000	0.000	\$ -	\$ -	
54450		Preputial stretching	A	1.835	2.379	\$ 75.96	\$ 98.48	
54500		Biopsy of testis	A	2.181	2.223	\$ 90.26	\$ 92.02	
54505		Biopsy of testis	A	6.077	6.077	\$ 251.54	\$ 251.54	
54512		Excise lesion testis	A	14.782	14.782	\$ 611.82	\$ 611.82	
54520		Removal of testis	A	9.221	9.221	\$ 381.68	\$ 381.68	
54522		Orchiectomy, partial	A	16.624	16.624	\$ 688.07	\$ 688.07	
54530		Removal of testis	A	14.760	14.760	\$ 610.91	\$ 610.91	
54535		Extensive testis surgery	A	20.898	20.898	\$ 864.98	\$ 864.98	
54550		Exploration for testis	A	13.414	13.414	\$ 555.20	\$ 555.20	
54560		Exploration for testis	A	19.348	19.348	\$ 800.81	\$ 800.81	
54600		Reduce testis torsion	A	12.200	12.200	\$ 504.96	\$ 504.96	
54620		Suspension of testis	A	8.450	8.450	\$ 349.75	\$ 349.75	
54640		Suspension of testis	A	12.449	12.449	\$ 515.26	\$ 515.26	
54650		Orchiopexy (Fowler-Stephens)	A	19.990	19.990	\$ 827.40	\$ 827.40	
54660		Revision of testis	A	9.350	9.350	\$ 387.01	\$ 387.01	
54670		Repair testis injury	A	11.403	11.403	\$ 471.96	\$ 471.96	
54680		Relocation of testis(es)	A	22.437	22.437	\$ 928.67	\$ 928.67	
54690		Laparoscopy, orchiectomy	A	19.938	19.938	\$ 825.25	\$ 825.25	
54692		Laparoscopy, orchiopexy	A	21.637	21.637	\$ 895.57	\$ 895.57	
54699		Laparoscope proc, testis	C	0.000	0.000	\$ -	\$ -	
54700		Drainage of scrotum	A	6.183	6.183	\$ 255.90	\$ 255.90	
54800		Biopsy of epididymis	A	3.766	3.809	\$ 155.88	\$ 157.64	
54820		Exploration of epididymis	A	9.259	9.259	\$ 383.23	\$ 383.23	
54830		Remove epididymis lesion	A	9.606	9.606	\$ 397.61	\$ 397.61	
54840		Remove epididymis lesion	A	9.065	9.065	\$ 375.18	\$ 375.18	
54860		Removal of epididymis	A	10.990	10.990	\$ 454.89	\$ 454.89	
54861		Removal of epididymis	A	15.100	15.100	\$ 624.98	\$ 624.98	
54900		Fusion of spermatic ducts	A	24.556	24.556	\$ 1,016.36	\$ 1,016.36	
54901		Fusion of spermatic ducts	A	33.060	33.060	\$ 1,368.34	\$ 1,368.34	
55000		Drainage of hydrocele	A	2.456	3.697	\$ 101.66	\$ 153.03	
55040		Removal of hydrocele	A	9.524	9.524	\$ 394.19	\$ 394.19	
55041		Removal of hydroceles	A	13.532	13.532	\$ 560.11	\$ 560.11	
55060		Repair of hydrocele	A	9.947	9.947	\$ 411.70	\$ 411.70	
55100		Drainage of scrotum abscess	A	4.192	6.045	\$ 173.51	\$ 250.20	
55110		Explore scrotum	A	10.090	10.090	\$ 417.64	\$ 417.64	
55120		Removal of scrotum lesion	A	9.192	11.555	\$ 380.46	\$ 478.26	
55150		Removal of scrotum	A	12.826	12.826	\$ 530.87	\$ 530.87	
55175		Revision of scrotum	A	9.410	9.410	\$ 389.48	\$ 389.48	
55180		Revision of scrotum	A	18.775	18.775	\$ 777.11	\$ 777.11	
55200		Incision of sperm duct	A	7.463	10.115	\$ 308.88	\$ 418.65	
55250		Removal of sperm duct(s)	A	6.640	11.986	\$ 274.82	\$ 496.12	
55300		Prepare, sperm duct x-ray	A	5.561	5.561	\$ 230.16	\$ 230.16	
55400		Repair of sperm duct	A	14.393	14.393	\$ 595.72	\$ 595.72	
55450		Ligation of sperm duct	A	6.844	11.383	\$ 283.28	\$ 471.15	
55500		Removal of hydrocele	A	10.310	10.310	\$ 426.74	\$ 426.74	
55520		Removal of sperm cord lesion	A	11.518	11.518	\$ 476.72	\$ 476.72	
55530		Revise spermatic cord veins	A	9.957	9.957	\$ 412.12	\$ 412.12	
55535		Revise spermatic cord veins	A	11.496	11.496	\$ 475.81	\$ 475.81	
55540		Revise hernia & sperm veins	A	14.454	14.454	\$ 598.26	\$ 598.26	
55550		Laparo ligate spermatic vein	A	11.632	11.632	\$ 481.45	\$ 481.45	
55559		Laparo proc, spermatic cord	C	0.000	0.000	\$ -	\$ -	
55600		Incise sperm duct pouch	A	11.067	11.067	\$ 458.08	\$ 458.08	
55605		Incise sperm duct pouch	A	14.222	14.222	\$ 588.64	\$ 588.64	

HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
55650		Remove sperm duct pouch	A	19.762	19.762	\$ 817.94	\$ 817.94	
55680		Remove sperm pouch lesion	A	9.216	9.216	\$ 381.45	\$ 381.45	
55700		Biopsy of prostate	A	2.647	5.724	\$ 109.57	\$ 236.92	
55705		Biopsy of prostate	A	7.756	7.756	\$ 321.01	\$ 321.01	
55720		Drainage of prostate abscess	A	13.080	13.080	\$ 541.37	\$ 541.37	
55725		Drainage of prostate abscess	A	15.044	15.044	\$ 622.69	\$ 622.69	
55801		Removal of prostate	A	29.175	29.175	\$ 1,207.54	\$ 1,207.54	
55810		Extensive prostate surgery	A	36.388	36.388	\$ 1,506.09	\$ 1,506.09	
55812		Extensive prostate surgery	A	44.992	44.992	\$ 1,862.21	\$ 1,862.21	
55815		Extensive prostate surgery	A	49.433	49.433	\$ 2,046.02	\$ 2,046.02	
55821		Removal of prostate	A	23.668	23.668	\$ 979.61	\$ 979.61	
55831		Removal of prostate	A	25.815	25.815	\$ 1,068.49	\$ 1,068.49	
55840		Extensive prostate surgery	A	37.197	37.197	\$ 1,539.59	\$ 1,539.59	
55842		Extensive prostate surgery	A	39.914	39.914	\$ 1,652.05	\$ 1,652.05	
55845		Extensive prostate surgery	A	46.085	46.085	\$ 1,907.46	\$ 1,907.46	
55859		Percut/needle insert, pros	A	21.037	21.037	\$ 870.71	\$ 870.71	
55860		Surgical exposure, prostate	A	23.812	23.812	\$ 985.58	\$ 985.58	
55862		Extensive prostate surgery	A	30.534	30.534	\$ 1,263.80	\$ 1,263.80	
55865		Extensive prostate surgery	A	37.326	37.326	\$ 1,544.93	\$ 1,544.93	
55866		Laparo radical prostatectomy	A	47.242	47.242	\$ 1,955.33	\$ 1,955.33	
55870		Electroejaculation	A	4.178	4.560	\$ 172.91	\$ 188.74	
55873		Cryoablate prostate	A	31.962	31.962	\$ 1,322.92	\$ 1,322.92	
55899		Genital surgery procedure	C	0.000	0.000	\$ -	\$ -	
55970		Sex transformation, M to F	N	0.000	0.000	\$ -	\$ -	
55980		Sex transformation, F to M	N	0.000	0.000	\$ -	\$ -	
56405		I & D of vulva/perineum	A	3.089	3.242	\$ 127.84	\$ 134.17	
56420		Drainage of gland abscess	A	2.948	3.968	\$ 122.02	\$ 164.24	
56440		Surgery for vulva lesion	A	5.636	5.636	\$ 233.26	\$ 233.26	
56441		Lysis of labial lesion(s)	A	4.006	4.354	\$ 165.81	\$ 180.23	
56501		Destroy, vulva lesions, sim	A	3.303	3.762	\$ 136.71	\$ 155.71	
56515		Destroy vulva lesion/s compl	A	5.167	5.796	\$ 213.86	\$ 239.89	
56605		Biopsy of vulva/perineum	A	2.004	2.540	\$ 82.95	\$ 105.12	
56606		Biopsy of vulva/perineum	A	1.013	1.243	\$ 41.94	\$ 51.44	
56620		Partial removal of vulva	A	15.206	15.206	\$ 629.36	\$ 629.36	
56625		Complete removal of vulva	A	16.958	16.958	\$ 701.91	\$ 701.91	
56630		Extensive vulva surgery	A	24.098	24.098	\$ 997.42	\$ 997.42	
56631		Extensive vulva surgery	A	31.572	31.572	\$ 1,306.78	\$ 1,306.78	
56632		Extensive vulva surgery	A	38.108	38.108	\$ 1,577.30	\$ 1,577.30	
56633		Extensive vulva surgery	A	31.740	31.740	\$ 1,313.71	\$ 1,313.71	
56634		Extensive vulva surgery	A	34.488	34.488	\$ 1,427.48	\$ 1,427.48	
56637		Extensive vulva surgery	A	41.867	41.867	\$ 1,732.88	\$ 1,732.88	
56640		Extensive vulva surgery	A	42.096	42.096	\$ 1,742.37	\$ 1,742.37	
56700		Partial removal of hymen	A	5.135	5.135	\$ 212.55	\$ 212.55	
56720		Incision of hymen	A	1.327	1.327	\$ 54.94	\$ 54.94	
56740		Remove vagina gland lesion	A	8.436	8.436	\$ 349.16	\$ 349.16	
56800		Repair of vagina	A	7.518	7.518	\$ 311.16	\$ 311.16	
56805		Repair clitoris	A	35.530	35.530	\$ 1,470.58	\$ 1,470.58	
56810		Repair of perineum	A	8.009	8.009	\$ 331.50	\$ 331.50	
56820		Exam of vulva w/scope	A	2.509	3.113	\$ 103.86	\$ 128.83	
56821		Exam/biopsy of vulva w/scope	A	3.447	4.195	\$ 142.65	\$ 173.61	
57000		Exploration of vagina	A	5.783	5.783	\$ 239.34	\$ 239.34	
57010		Drainage of pelvic abscess	A	12.016	12.016	\$ 497.35	\$ 497.35	
57020		Drainage of pelvic fluid	A	2.712	3.018	\$ 112.25	\$ 124.92	
57022		I & d vaginal hematoma, pp	A	4.980	4.980	\$ 206.11	\$ 206.11	
57023		I & d vag hematoma, non-ob	A	8.086	8.086	\$ 334.69	\$ 334.69	
57061		Destroy vag lesions, simple	A	2.834	3.293	\$ 117.28	\$ 136.28	
57065		Destroy vag lesions, complex	A	5.262	5.789	\$ 217.78	\$ 239.59	
57100		Biopsy of vagina	A	2.082	2.609	\$ 86.16	\$ 107.97	
57105		Biopsy of vagina	A	3.641	4.159	\$ 150.70	\$ 172.16	
57106		Remove vagina wall, partial	A	12.683	12.683	\$ 524.96	\$ 524.96	
57107		Remove vagina tissue, part	A	42.237	42.237	\$ 1,748.20	\$ 1,748.20	

HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
57109		Vaginectomy partial w/nodes	A	45.994	45.994	\$ 1,903.68	\$ 1,903.68	
57110		Remove vagina wall, complete	A	27.273	27.273	\$ 1,128.83	\$ 1,128.83	
57111		Remove vagina tissue, compl	A	50.612	50.612	\$ 2,094.83	\$ 2,094.83	
57112		Vaginectomy w/nodes, compl	A	49.743	49.743	\$ 2,058.85	\$ 2,058.85	
57120		Closure of vagina	A	14.897	14.897	\$ 616.57	\$ 616.57	
57130		Remove vagina lesion	A	4.853	5.380	\$ 200.86	\$ 222.67	
57135		Remove vagina lesion	A	5.305	5.823	\$ 219.56	\$ 241.02	
57150		Treat vagina infection	A	1.013	1.770	\$ 41.94	\$ 73.25	
57155		Insert uteri tandems/ovoids	A	12.607	12.607	\$ 521.81	\$ 521.81	
57160		Insert pessary/other device	A	1.647	2.251	\$ 68.18	\$ 93.16	
57170		Fitting of diaphragm/cap	A	1.633	2.611	\$ 67.60	\$ 108.06	
57180		Treat vaginal bleeding	A	3.427	4.183	\$ 141.82	\$ 173.13	
57200		Repair of vagina	A	8.219	8.219	\$ 340.20	\$ 340.20	
57210		Repair vagina/perineum	A	10.452	10.452	\$ 432.63	\$ 432.63	
57220		Revision of urethra	A	8.965	8.965	\$ 371.07	\$ 371.07	
57230		Repair of urethral lesion	A	10.905	10.905	\$ 451.38	\$ 451.38	
57240		Repair bladder & vagina	A	11.850	11.850	\$ 490.49	\$ 490.49	
57250		Repair rectum & vagina	A	11.137	11.137	\$ 460.97	\$ 460.97	
57260		Repair of vagina	A	16.338	16.338	\$ 676.25	\$ 676.25	
57265		Extensive repair of vagina	A	21.879	21.879	\$ 905.57	\$ 905.57	
57268		Repair of bowel bulge	A	13.486	13.486	\$ 558.20	\$ 558.20	
57270		Repair of bowel pouch	A	22.994	22.994	\$ 951.71	\$ 951.71	
57280		Suspension of vagina	A	28.170	28.170	\$ 1,165.96	\$ 1,165.96	
57282		Repair of vaginal prolapse	A	17.477	17.477	\$ 723.39	\$ 723.39	
57284		Repair paravaginal defect	A	24.340	24.340	\$ 1,007.45	\$ 1,007.45	
57287		Revise/remove sling repair	A	18.895	18.895	\$ 782.07	\$ 782.07	
57288		Repair bladder defect	A	22.163	22.163	\$ 917.32	\$ 917.32	
57289		Repair bladder & vagina	A	21.259	21.259	\$ 879.91	\$ 879.91	
57291		Construction of vagina	A	15.867	15.867	\$ 656.72	\$ 656.72	
57292		Construct vagina with graft	A	25.161	25.161	\$ 1,041.41	\$ 1,041.41	
57300		Repair rectum-vagina fistula	A	14.571	14.571	\$ 603.09	\$ 603.09	
57305		Repair rectum-vagina fistula	A	25.421	25.421	\$ 1,052.17	\$ 1,052.17	
57307		Fistula repair & colostomy	A	29.499	29.499	\$ 1,220.94	\$ 1,220.94	
57308		Fistula repair, transperine	A	18.650	18.650	\$ 771.91	\$ 771.91	
57310		Repair urethrovaginal lesion	A	12.217	12.217	\$ 505.64	\$ 505.64	
57311		Repair urethrovaginal lesion	A	13.970	13.970	\$ 578.23	\$ 578.23	
57320		Repair bladder-vagina lesion	A	14.608	14.608	\$ 604.61	\$ 604.61	
57330		Repair bladder-vagina lesion	A	21.348	21.348	\$ 883.61	\$ 883.61	
57335		Repair vagina	A	34.330	34.330	\$ 1,420.91	\$ 1,420.91	
57400		Dilation of vagina	A	4.296	4.296	\$ 177.82	\$ 177.82	
57410		Pelvic examination	A	3.178	4.138	\$ 131.52	\$ 171.27	
57415		Remove vaginal foreign body	A	4.293	4.293	\$ 177.70	\$ 177.70	
57420		Exam of vagina w/scope	A	2.643	3.247	\$ 109.40	\$ 134.38	
57421		Exam/biopsy of vag w/scope	A	3.648	4.421	\$ 150.97	\$ 182.99	
57425		Laparoscopy, surg, colpopexy	A	28.285	28.285	\$ 1,170.72	\$ 1,170.72	
57452		Exam of cervix w/scope	A	2.509	3.164	\$ 103.86	\$ 130.95	
57454		Bx/curett of cervix w/scope	A	3.812	4.458	\$ 157.76	\$ 184.50	
57455		Biopsy of cervix w/scope	A	3.361	4.109	\$ 139.12	\$ 170.07	
57456		Endocerv curettage w/scope	A	3.179	3.910	\$ 131.56	\$ 161.82	
57460		Bx of cervix w/scope, leep	A	5.209	9.298	\$ 215.61	\$ 384.83	
57461		Conz of cervix w/scope, leep	A	5.971	10.127	\$ 247.12	\$ 419.16	
57500		Biopsy of cervix	A	1.843	3.705	\$ 76.29	\$ 153.34	
57505		Endocervical curettage	A	2.628	2.942	\$ 108.76	\$ 121.78	
57510		Cauterization of cervix	A	3.661	4.103	\$ 151.53	\$ 169.82	
57511		Cryocautery of cervix	A	3.941	4.332	\$ 163.14	\$ 179.32	
57513		Laser surgery of cervix	A	4.006	4.397	\$ 165.82	\$ 182.01	
57520		Conization of cervix	A	8.319	10.112	\$ 344.31	\$ 418.55	
57522		Conization of cervix	A	7.238	8.666	\$ 299.58	\$ 358.68	
57530		Removal of cervix	A	9.985	9.985	\$ 413.28	\$ 413.28	
57531		Removal of cervix, radical	A	50.929	50.929	\$ 2,107.96	\$ 2,107.96	
57540		Removal of residual cervix	A	23.293	23.293	\$ 964.09	\$ 964.09	



HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
57545		Remove cervix/repair pelvis	A	24.902	24.902	\$ 1,030.71	\$ 1,030.71	
57550		Removal of residual cervix	A	11.406	11.406	\$ 472.11	\$ 472.11	
57555		Remove cervix/repair vagina	A	17.533	17.533	\$ 725.68	\$ 725.68	
57556		Remove cervix, repair bowel	A	16.298	16.298	\$ 674.55	\$ 674.55	
57700		Revision of cervix	A	7.754	7.754	\$ 320.94	\$ 320.94	
57720		Revision of cervix	A	8.732	8.732	\$ 361.41	\$ 361.41	
57800		Dilation of cervical canal	A	1.564	1.811	\$ 64.74	\$ 74.95	
57820		D & c of residual cervix	A	3.468	3.765	\$ 143.54	\$ 155.85	
58100		Biopsy of uterus lining	A	2.458	2.976	\$ 101.73	\$ 123.19	
58120		Dilation and curettage	A	6.438	6.812	\$ 266.49	\$ 281.97	
58140		Myomectomy abdom method	A	27.588	27.588	\$ 1,141.86	\$ 1,141.86	
58145		Myomectomy vag method	A	15.934	15.934	\$ 659.49	\$ 659.49	
58146		Myomectomy abdom complex	A	33.389	33.389	\$ 1,381.97	\$ 1,381.97	
58150		Total hysterectomy	A	29.073	29.073	\$ 1,203.31	\$ 1,203.31	
58152		Total hysterectomy	A	36.200	36.200	\$ 1,498.33	\$ 1,498.33	
58180		Partial hysterectomy	A	28.979	28.979	\$ 1,199.43	\$ 1,199.43	
58200		Extensive hysterectomy	A	40.326	40.326	\$ 1,669.10	\$ 1,669.10	
58210		Extensive hysterectomy	A	53.945	53.945	\$ 2,232.78	\$ 2,232.78	
58240		Removal of pelvis contents	A	71.274	71.274	\$ 2,950.02	\$ 2,950.02	
58260		Vaginal hysterectomy	A	24.514	24.514	\$ 1,014.64	\$ 1,014.64	
58262		Vag hyst including t/o	A	27.790	27.790	\$ 1,150.23	\$ 1,150.23	
58263		Vag hyst w/t/o & vag repair	A	30.137	30.137	\$ 1,247.36	\$ 1,247.36	
58267		Vag hyst w/urinary repair	A	31.351	31.351	\$ 1,297.63	\$ 1,297.63	
58270		Vag hyst w/enterocele repair	A	26.788	26.788	\$ 1,108.76	\$ 1,108.76	
58275		Hysterectomy/revise vagina	A	29.554	29.554	\$ 1,223.25	\$ 1,223.25	
58280		Hysterectomy/revise vagina	A	31.360	31.360	\$ 1,298.00	\$ 1,298.00	
58285		Extensive hysterectomy	A	39.708	39.708	\$ 1,643.50	\$ 1,643.50	
58290		Vag hyst complex	A	32.394	32.394	\$ 1,340.79	\$ 1,340.79	
58291		Vag hyst incl t/o, complex	A	35.917	35.917	\$ 1,486.59	\$ 1,486.59	
58292		Vag hyst t/o & repair, compl	A	38.272	38.272	\$ 1,584.06	\$ 1,584.06	
58293		Vag hyst w/uro repair, compl	A	39.488	39.488	\$ 1,634.40	\$ 1,634.40	
58294		Vag hyst w/enterocele, compl	A	34.991	34.991	\$ 1,448.29	\$ 1,448.29	
58300		Insert intrauterine device	N	1.807	2.691	\$ 74.78	\$ 111.37	
58301		Remove intrauterine device	A	2.310	3.032	\$ 95.59	\$ 125.50	
58321		Artificial insemination	A	1.708	2.371	\$ 70.70	\$ 98.14	
58322		Artificial insemination	A	1.962	2.642	\$ 81.19	\$ 109.34	
58323		Sperm washing	A	0.385	0.513	\$ 15.95	\$ 21.23	
58340		Catheter for hysteroigraphy	A	1.827	6.443	\$ 75.63	\$ 266.67	
58345		Reopen fallopian tube	A	8.421	8.421	\$ 348.56	\$ 348.56	
58346		Insert heyman uteri capsule	A	13.120	13.120	\$ 543.04	\$ 543.04	
58350		Reopen fallopian tube	A	2.274	2.759	\$ 94.13	\$ 114.18	
58353		Endometr ablate, thermal	A	7.069	36.147	\$ 292.58	\$ 1,496.14	
58400		Suspension of uterus	A	12.685	12.685	\$ 525.03	\$ 525.03	
58410		Suspension of uterus	A	23.389	23.389	\$ 968.07	\$ 968.07	
58520		Repair of ruptured uterus	A	22.625	22.625	\$ 936.46	\$ 936.46	
58540		Revision of uterus	A	26.632	26.632	\$ 1,102.30	\$ 1,102.30	
58545		Laparoscopic myomectomy	A	27.599	27.599	\$ 1,142.34	\$ 1,142.34	
58546		Laparo-myomectomy, complex	A	33.511	33.511	\$ 1,387.02	\$ 1,387.02	
58550		Laparo-asst vag hysterectomy	A	27.252	27.252	\$ 1,127.96	\$ 1,127.96	
58552		Laparo-vag hyst incl t/o	A	29.665	29.665	\$ 1,227.85	\$ 1,227.85	
58553		Laparo-vag hyst, complex	A	32.437	32.437	\$ 1,342.55	\$ 1,342.55	
58554		Laparo-vag hyst w/t/o, compl	A	36.703	36.703	\$ 1,519.14	\$ 1,519.14	
58555		Hysteroscopy, dx, sep proc	A	6.189	6.733	\$ 256.18	\$ 278.70	
58558		Hysteroscopy, biopsy	A	8.820	8.820	\$ 365.06	\$ 365.06	
58559		Hysteroscopy, lysis	A	11.348	11.348	\$ 469.68	\$ 469.68	
58560		Hysteroscopy, resect septum	A	12.909	12.909	\$ 534.31	\$ 534.31	
58561		Hysteroscopy, remove myoma	A	18.398	18.398	\$ 761.51	\$ 761.51	
58562		Hysteroscopy, remove fb	A	9.565	9.565	\$ 395.91	\$ 395.91	
58563		Hysteroscopy, ablation	A	11.356	11.356	\$ 470.03	\$ 470.03	
58578		Laparo proc, uterus	C	0.000	0.000	\$ -	\$ -	
58579		Hysteroscope procedure	C	0.000	0.000	\$ -	\$ -	

HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
58600		Division of fallopian tube	A	10.301	10.301	\$ 426.37	\$ 426.37	
58605		Division of fallopian tube	A	9.246	9.246	\$ 382.71	\$ 382.71	
58611		Ligate oviduct(s) add-on	A	2.250	2.250	\$ 93.14	\$ 93.14	
58615		Occlude fallopian tube(s)	A	8.097	8.097	\$ 335.12	\$ 335.12	
58660		Laparoscopy, lysis	A	21.166	21.166	\$ 876.06	\$ 876.06	
58661		Laparoscopy, remove adnexa	A	20.728	20.728	\$ 857.93	\$ 857.93	
58662		Laparoscopy, excise lesions	A	22.305	22.305	\$ 923.22	\$ 923.22	
58670		Laparoscopy, tubal cautery	A	10.983	10.983	\$ 454.60	\$ 454.60	
58671		Laparoscopy, tubal block	A	11.079	11.079	\$ 458.57	\$ 458.57	
58672		Laparoscopy, fimbrioplasty	A	23.958	23.958	\$ 991.63	\$ 991.63	
58673		Laparoscopy, salpingostomy	A	26.027	26.027	\$ 1,077.24	\$ 1,077.24	
58679		Laparo proc, oviduct-ovary	C	0.000	0.000	\$ -	\$ -	
58700		Removal of fallopian tube	A	20.178	20.178	\$ 835.17	\$ 835.17	
58720		Removal of ovary/tube(s)	A	21.686	21.686	\$ 897.60	\$ 897.60	
58740		Revise fallopian tube(s)	A	22.869	22.869	\$ 946.53	\$ 946.53	
58750		Repair oviduct	A	28.342	28.342	\$ 1,173.09	\$ 1,173.09	
58752		Revise ovarian tube(s)	A	27.946	27.946	\$ 1,156.68	\$ 1,156.68	
58760		Remove tubal obstruction	A	25.242	25.242	\$ 1,044.78	\$ 1,044.78	
58770		Create new tubal opening	A	26.608	26.608	\$ 1,101.29	\$ 1,101.29	
58800		Drainage of ovarian cyst(s)	A	8.369	9.644	\$ 346.39	\$ 399.16	
58805		Drainage of ovarian cyst(s)	A	11.572	11.572	\$ 478.95	\$ 478.95	
58820		Drain ovary abscess, open	A	8.431	8.431	\$ 348.94	\$ 348.94	
58822		Drain ovary abscess, percut	A	18.946	18.946	\$ 784.16	\$ 784.16	
58823		Drain pelvic abscess, percut	A	5.190	5.190	\$ 214.83	\$ 214.83	
58825		Transposition, ovary(s)	A	18.868	18.868	\$ 780.93	\$ 780.93	
58900		Biopsy of ovary(s)	A	11.733	11.733	\$ 485.62	\$ 485.62	
58920		Partial removal of ovary(s)	A	19.354	19.354	\$ 801.06	\$ 801.06	
58925		Removal of ovarian cyst(s)	A	21.601	21.601	\$ 894.08	\$ 894.08	
58940		Removal of ovary(s)	A	14.264	14.264	\$ 590.40	\$ 590.40	
58943		Removal of ovary(s)	A	34.680	34.680	\$ 1,435.39	\$ 1,435.39	
58950		Resect ovarian malignancy	A	31.507	31.507	\$ 1,304.06	\$ 1,304.06	
58951		Resect ovarian malignancy	A	41.778	41.778	\$ 1,729.20	\$ 1,729.20	
58952		Resect ovarian malignancy	A	47.279	47.279	\$ 1,956.90	\$ 1,956.90	
58953		Tah, rad dissect for debulk	A	60.079	60.079	\$ 2,486.68	\$ 2,486.68	
58954		Tah rad debulk/lymph remove	A	65.289	65.289	\$ 2,702.31	\$ 2,702.31	
58960		Exploration of abdomen	A	27.949	27.949	\$ 1,156.83	\$ 1,156.83	
58970		Retrieval of oocyte	A	6.492	7.189	\$ 268.72	\$ 297.57	
58974		Transfer of embryo	N	0.000	0.000	\$ -	\$ -	
58976		Transfer of embryo	N	7.231	7.919	\$ 299.28	\$ 327.78	
58999		Genital surgery procedure	C	0.000	0.000	\$ -	\$ -	
59000		Amniocentesis, diagnostic	A	2.992	4.190	\$ 123.83	\$ 173.44	
59001		Amniocentesis, therapeutic	A	5.304	5.304	\$ 219.52	\$ 219.52	
59012		Fetal cord puncture, prenatal	A	7.727	7.727	\$ 319.80	\$ 319.80	
59015		Chorion biopsy	A	4.996	5.429	\$ 206.77	\$ 224.72	
59020		Fetal contract stress test	A	2.279	2.279	\$ 94.32	\$ 94.32	
59020	TC	Fetal contract stress test	A	0.837	0.837	\$ 34.63	\$ 34.63	
59020	26	Fetal contract stress test	A	1.442	1.442	\$ 59.69	\$ 59.69	
59025		Fetal non-stress test	A	1.465	1.465	\$ 60.64	\$ 60.64	
59025	TC	Fetal non-stress test	A	0.283	0.283	\$ 11.71	\$ 11.71	
59025	26	Fetal non-stress test	A	1.182	1.182	\$ 48.93	\$ 48.93	
59030		Fetal scalp blood sample	A	4.580	4.580	\$ 189.56	\$ 189.56	
59050		Fetal monitor w/report	A	1.946	1.946	\$ 80.55	\$ 80.55	
59051		Fetal monitor/interpret only	A	1.666	1.666	\$ 68.96	\$ 68.96	
59070		Transabdom amnioinfus w/ us	A	8.394	10.697	\$ 347.42	\$ 442.76	
59072		Umbilical cord occlud w/ us	A	14.335	14.335	\$ 593.31	\$ 593.31	
59074		Fetal fluid drainage w/ us	A	8.394	10.264	\$ 347.42	\$ 424.82	
59076		Fetal shunt placement, w/ us	A	14.335	14.335	\$ 593.31	\$ 593.31	
59100		Remove uterus lesion	A	28.378	28.378	\$ 1,174.55	\$ 1,174.55	
59120		Treat ectopic pregnancy	A	26.589	26.589	\$ 1,100.52	\$ 1,100.52	
59121		Treat ectopic pregnancy	A	26.995	26.995	\$ 1,117.32	\$ 1,117.32	
59130		Treat ectopic pregnancy	A	30.521	30.521	\$ 1,263.25	\$ 1,263.25	

HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
59135		Treat ectopic pregnancy	A	31.865	31.865	\$ 1,318.88	\$ 1,318.88	
59136		Treat ectopic pregnancy	A	30.054	30.054	\$ 1,243.94	\$ 1,243.94	
59140		Treat ectopic pregnancy	A	13.159	14.528	\$ 544.67	\$ 601.31	
59150		Treat ectopic pregnancy	A	22.635	22.635	\$ 936.85	\$ 936.85	
59151		Treat ectopic pregnancy	A	23.357	23.357	\$ 966.75	\$ 966.75	
59160		D & c after delivery	A	6.832	7.818	\$ 282.80	\$ 323.61	
59200		Insert cervical dilator	A	1.764	2.521	\$ 73.01	\$ 104.32	
59300		Episiotomy or vaginal repair	A	5.279	6.299	\$ 218.48	\$ 260.70	
59320		Revision of cervix	A	5.683	5.683	\$ 235.20	\$ 235.20	
59325		Revision of cervix	A	9.166	9.166	\$ 379.37	\$ 379.37	
59350		Repair of uterus	A	10.782	10.782	\$ 446.26	\$ 446.26	
59400		Obstetrical care	A	55.886	55.886	\$ 2,313.10	\$ 2,313.10	
59409		Obstetrical care	A	29.528	29.528	\$ 1,222.18	\$ 1,222.18	
59410		Obstetrical care	A	32.772	32.772	\$ 1,356.44	\$ 1,356.44	
59412		Antepartum manipulation	A	3.859	3.859	\$ 159.73	\$ 159.73	
59414		Deliver placenta	A	3.527	3.527	\$ 145.99	\$ 145.99	
59425		Antepartum care only	A	10.495	12.526	\$ 434.38	\$ 518.46	
59426		Antepartum care only	A	18.121	21.878	\$ 750.02	\$ 905.52	
59430		Care after delivery	A	4.745	5.000	\$ 196.39	\$ 206.94	
59510		Cesarean delivery	A	63.377	63.377	\$ 2,623.18	\$ 2,623.18	
59514		Cesarean delivery only	A	34.864	34.864	\$ 1,443.02	\$ 1,443.02	
59515		Cesarean delivery	A	38.872	38.872	\$ 1,608.90	\$ 1,608.90	
59525		Remove uterus after cesarean	A	18.655	18.655	\$ 772.12	\$ 772.12	
59610		Vbac delivery	A	59.206	59.206	\$ 2,450.52	\$ 2,450.52	
59612		Vbac delivery only	A	33.068	33.068	\$ 1,368.69	\$ 1,368.69	
59614		Vbac care after delivery	A	36.170	36.170	\$ 1,497.09	\$ 1,497.09	
59618		Attempted vbac delivery	A	67.129	67.129	\$ 2,778.48	\$ 2,778.48	
59620		Attempted vbac delivery only	A	38.263	38.263	\$ 1,583.71	\$ 1,583.71	
59622		Attempted vbac after care	A	42.414	42.414	\$ 1,755.53	\$ 1,755.53	
59812		Treatment of miscarriage	A	8.939	8.939	\$ 369.99	\$ 369.99	
59820		Care of miscarriage	A	10.426	10.426	\$ 431.54	\$ 431.54	
59821		Treatment of miscarriage	A	11.182	11.182	\$ 462.82	\$ 462.82	
59830		Treat uterus infection	A	14.759	14.759	\$ 610.86	\$ 610.86	
59840		Abortion	A	7.386	7.386	\$ 305.72	\$ 305.72	
59841		Abortion	A	11.884	11.884	\$ 491.86	\$ 491.86	
59850		Abortion	A	13.732	13.732	\$ 568.37	\$ 568.37	
59851		Abortion	A	14.152	14.152	\$ 585.74	\$ 585.74	
59852		Abortion	A	19.597	19.597	\$ 811.11	\$ 811.11	
59855		Abortion	A	14.386	14.386	\$ 595.44	\$ 595.44	
59856		Abortion	A	17.324	17.324	\$ 717.05	\$ 717.05	
59857		Abortion	A	21.076	21.076	\$ 872.35	\$ 872.35	
59866		Abortion (mpr)	A	8.980	8.980	\$ 371.67	\$ 371.67	
59870		Evacuate mole of uterus	A	13.437	13.437	\$ 556.14	\$ 556.14	
59871		Remove cerclage suture	A	4.906	5.442	\$ 203.07	\$ 225.24	
59897		Fetal invas px w/ us	C	0.000	0.000	\$ -	\$ -	
59898		Laparo proc, ob care/deliver	C	0.000	0.000	\$ -	\$ -	
59899		Maternity care procedure	C	0.000	0.000	\$ -	\$ -	
60000		Drain thyroid/tongue cyst	A	4.165	4.267	\$ 172.39	\$ 176.61	
60001		Aspirate/inject thyriond cyst	A	1.535	2.513	\$ 63.55	\$ 104.01	
60100		Biopsy of thyroid	A	2.247	3.004	\$ 93.02	\$ 124.33	
60200		Remove thyroid lesion	A	18.746	18.746	\$ 775.89	\$ 775.89	
60210		Partial thyroid excision	A	20.589	20.589	\$ 852.17	\$ 852.17	
60212		Partial thyroid excision	A	29.841	29.841	\$ 1,235.13	\$ 1,235.13	
60220		Partial removal of thyroid	A	21.853	21.853	\$ 904.51	\$ 904.51	
60225		Partial removal of thyroid	A	26.824	26.824	\$ 1,110.26	\$ 1,110.26	
60240		Removal of thyroid	A	29.772	29.772	\$ 1,232.28	\$ 1,232.28	
60252		Removal of thyroid	A	37.063	37.063	\$ 1,534.03	\$ 1,534.03	
60254		Extensive thyroid surgery	A	48.489	48.489	\$ 2,006.95	\$ 2,006.95	
60260		Repeat thyroid surgery	A	31.594	31.594	\$ 1,307.68	\$ 1,307.68	
60270		Removal of thyroid	A	37.788	37.788	\$ 1,564.04	\$ 1,564.04	
60271		Removal of thyroid	A	30.697	30.697	\$ 1,270.56	\$ 1,270.56	

HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
60280		Remove thyroid duct lesion	A	12.097	12.097	\$ 500.70	\$ 500.70	
60281		Remove thyroid duct lesion	A	16.809	16.809	\$ 695.72	\$ 695.72	
60500		Explore parathyroid glands	A	30.268	30.268	\$ 1,252.81	\$ 1,252.81	
60502		Re-explore parathyroids	A	37.900	37.900	\$ 1,568.67	\$ 1,568.67	
60505		Explore parathyroid glands	A	41.096	41.096	\$ 1,700.98	\$ 1,700.98	
60512		Autotransplant parathyroid	A	7.918	7.918	\$ 327.71	\$ 327.71	
60520		Removal of thymus gland	A	32.666	32.666	\$ 1,352.06	\$ 1,352.06	
60521		Removal of thymus gland	A	38.157	38.157	\$ 1,579.33	\$ 1,579.33	
60522		Removal of thymus gland	A	46.168	46.168	\$ 1,910.90	\$ 1,910.90	
60540		Explore adrenal gland	A	30.253	30.253	\$ 1,252.15	\$ 1,252.15	
60545		Explore adrenal gland	A	35.498	35.498	\$ 1,469.24	\$ 1,469.24	
60600		Remove carotid body lesion	A	36.086	36.086	\$ 1,493.60	\$ 1,493.60	
60605		Remove carotid body lesion	A	41.937	41.937	\$ 1,735.77	\$ 1,735.77	
60650		Laparoscopy adrenalectomy	A	36.196	36.196	\$ 1,498.14	\$ 1,498.14	
60659		Laparo proc, endocrine	C	0.000	0.000	\$ -	\$ -	
60699		Endocrine surgery procedure	C	0.000	0.000	\$ -	\$ -	
61000		Remove cranial cavity fluid	A	3.028	3.028	\$ 125.31	\$ 125.31	
61001		Remove cranial cavity fluid	A	3.102	3.102	\$ 128.37	\$ 128.37	
61020		Remove brain cavity fluid	A	3.881	3.881	\$ 160.64	\$ 160.64	
61026		Injection into brain canal	A	3.875	3.875	\$ 160.40	\$ 160.40	
61050		Remove brain canal fluid	A	3.213	3.213	\$ 132.97	\$ 132.97	
61055		Injection into brain canal	A	3.939	3.939	\$ 163.02	\$ 163.02	
61070		Brain canal shunt procedure	A	2.200	2.200	\$ 91.05	\$ 91.05	
61105		Twist drill hole	A	13.501	13.501	\$ 558.79	\$ 558.79	
61107		Drill skull for implantation	A	12.667	12.667	\$ 524.30	\$ 524.30	
61108		Drill skull for drainage	A	25.950	25.950	\$ 1,074.05	\$ 1,074.05	
61120		Burr hole for puncture	A	22.455	22.455	\$ 929.43	\$ 929.43	
61140		Pierce skull for biopsy	A	39.304	39.304	\$ 1,626.78	\$ 1,626.78	
61150		Pierce skull for drainage	A	43.165	43.165	\$ 1,786.60	\$ 1,786.60	
61151		Pierce skull for drainage	A	30.717	30.717	\$ 1,271.39	\$ 1,271.39	
61154		Pierce skull & remove clot	A	37.571	37.571	\$ 1,555.08	\$ 1,555.08	
61156		Pierce skull for drainage	A	40.944	40.944	\$ 1,694.68	\$ 1,694.68	
61210		Pierce skull, implant device	A	14.510	14.510	\$ 600.56	\$ 600.56	
61215		Insert brain-fluid device	A	12.994	12.994	\$ 537.84	\$ 537.84	
61250		Pierce skull & explore	A	25.871	25.871	\$ 1,070.81	\$ 1,070.81	
61253		Pierce skull & explore	A	29.695	29.695	\$ 1,229.09	\$ 1,229.09	
61304		Open skull for exploration	A	53.483	53.483	\$ 2,213.68	\$ 2,213.68	
61305		Open skull for exploration	A	64.622	64.622	\$ 2,674.69	\$ 2,674.69	
61312		Open skull for drainage	A	61.111	61.111	\$ 2,529.40	\$ 2,529.40	
61313		Open skull for drainage	A	61.631	61.631	\$ 2,550.91	\$ 2,550.91	
61314		Open skull for drainage	A	54.334	54.334	\$ 2,248.90	\$ 2,248.90	
61315		Open skull for drainage	A	68.063	68.063	\$ 2,817.12	\$ 2,817.12	
61316		Implt cran bone flap to abdo	A	3.927	3.927	\$ 162.54	\$ 162.54	
61320		Open skull for drainage	A	62.910	62.910	\$ 2,603.85	\$ 2,603.85	
61321		Open skull for drainage	A	67.674	67.674	\$ 2,801.02	\$ 2,801.02	
61322		Decompressive craniotomy	A	65.506	65.506	\$ 2,711.29	\$ 2,711.29	
61323		Decompressive lobectomy	A	67.157	67.157	\$ 2,779.64	\$ 2,779.64	
61330		Decompress eye socket	A	47.296	47.296	\$ 1,957.60	\$ 1,957.60	
61332		Explore/biopsy eye socket	A	60.327	60.327	\$ 2,496.95	\$ 2,496.95	
61333		Explore orbit/remove lesion	A	51.879	51.879	\$ 2,147.27	\$ 2,147.27	
61334		Explore orbit/remove object	A	41.704	41.704	\$ 1,726.11	\$ 1,726.11	
61340		Subtemporal decompression	A	45.524	45.524	\$ 1,884.24	\$ 1,884.24	
61343		Incise skull (press relief)	A	72.815	72.815	\$ 3,013.82	\$ 3,013.82	
61345		Relieve cranial pressure	A	65.218	65.218	\$ 2,699.36	\$ 2,699.36	
61440		Incise skull for surgery	A	65.255	65.255	\$ 2,700.88	\$ 2,700.88	
61450		Incise skull for surgery	A	62.423	62.423	\$ 2,583.71	\$ 2,583.71	
61458		Incise skull for brain wound	A	65.638	65.638	\$ 2,716.75	\$ 2,716.75	
61460		Incise skull for surgery	A	66.801	66.801	\$ 2,764.89	\$ 2,764.89	
61470		Incise skull for surgery	A	59.988	59.988	\$ 2,482.92	\$ 2,482.92	
61480		Incise skull for surgery	A	65.858	65.858	\$ 2,725.85	\$ 2,725.85	
61490		Incise skull for surgery	A	63.431	63.431	\$ 2,625.39	\$ 2,625.39	



HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
61500		Removal of skull lesion	A	42.626	42.626	\$ 1,764.28	\$ 1,764.28	
61501		Remove infected skull bone	A	35.196	35.196	\$ 1,456.75	\$ 1,456.75	
61510		Removal of brain lesion	A	70.130	70.130	\$ 2,902.68	\$ 2,902.68	
61512		Remove brain lining lesion	A	85.823	85.823	\$ 3,552.22	\$ 3,552.22	
61514		Removal of brain abscess	A	61.940	61.940	\$ 2,563.69	\$ 2,563.69	
61516		Removal of brain lesion	A	60.277	60.277	\$ 2,494.87	\$ 2,494.87	
61517		Implt brain chemotx add-on	A	2.259	2.259	\$ 93.51	\$ 93.51	
61518		Removal of brain lesion	A	91.122	91.122	\$ 3,771.56	\$ 3,771.56	
61519		Remove brain lining lesion	A	99.470	99.470	\$ 4,117.08	\$ 4,117.08	
61520		Removal of brain lesion	A	128.730	128.730	\$ 5,328.15	\$ 5,328.15	
61521		Removal of brain lesion	A	107.209	107.209	\$ 4,437.39	\$ 4,437.39	
61522		Removal of brain abscess	A	68.650	68.650	\$ 2,841.44	\$ 2,841.44	
61524		Removal of brain lesion	A	65.041	65.041	\$ 2,692.06	\$ 2,692.06	
61526		Removal of brain lesion	A	109.241	109.241	\$ 4,521.48	\$ 4,521.48	
61530		Removal of brain lesion	A	94.570	94.570	\$ 3,914.26	\$ 3,914.26	
61531		Implant brain electrodes	A	35.944	35.944	\$ 1,487.73	\$ 1,487.73	
61533		Implant brain electrodes	A	47.611	47.611	\$ 1,970.60	\$ 1,970.60	
61534		Removal of brain lesion	A	51.044	51.044	\$ 2,112.71	\$ 2,112.71	
61535		Remove brain electrodes	A	28.846	28.846	\$ 1,193.93	\$ 1,193.93	
61536		Removal of brain lesion	A	84.176	84.176	\$ 3,484.03	\$ 3,484.03	
61537		Removal of brain tissue	A	62.861	62.861	\$ 2,601.82	\$ 2,601.82	
61538		Removal of brain tissue	A	65.462	65.462	\$ 2,709.46	\$ 2,709.46	
61539		Removal of brain tissue	A	78.703	78.703	\$ 3,257.51	\$ 3,257.51	
61540		Removal of brain tissue	A	76.318	76.318	\$ 3,158.81	\$ 3,158.81	
61541		Incision of brain tissue	A	68.819	68.819	\$ 2,848.43	\$ 2,848.43	
61542		Removal of brain tissue	A	77.102	77.102	\$ 3,191.24	\$ 3,191.24	
61543		Removal of brain tissue	A	72.263	72.263	\$ 2,990.98	\$ 2,990.98	
61544		Remove & treat brain lesion	A	60.644	60.644	\$ 2,510.04	\$ 2,510.04	
61545		Excision of brain tumor	A	106.687	106.687	\$ 4,415.78	\$ 4,415.78	
61546		Removal of pituitary gland	A	75.048	75.048	\$ 3,106.26	\$ 3,106.26	
61548		Removal of pituitary gland	A	49.712	49.712	\$ 2,057.58	\$ 2,057.58	
61550		Release of skull seams	A	25.996	25.996	\$ 1,075.99	\$ 1,075.99	
61552		Release of skull seams	A	31.534	31.534	\$ 1,305.20	\$ 1,305.20	
61556		Incise skull/sutures	A	48.950	48.950	\$ 2,026.05	\$ 2,026.05	
61557		Incise skull/sutures	A	56.241	56.241	\$ 2,327.83	\$ 2,327.83	
61558		Excision of skull/sutures	A	50.087	50.087	\$ 2,073.09	\$ 2,073.09	
61559		Excision of skull/sutures	A	81.866	81.866	\$ 3,388.45	\$ 3,388.45	
61563		Excision of skull tumor	A	61.058	61.058	\$ 2,527.17	\$ 2,527.17	
61564		Excision of skull tumor	A	83.105	83.105	\$ 3,439.73	\$ 3,439.73	
61566		Removal of brain tissue	A	71.376	71.376	\$ 2,954.24	\$ 2,954.24	
61567		Incision of brain tissue	A	78.689	78.689	\$ 3,256.94	\$ 3,256.94	
61570		Remove foreign body, brain	A	58.343	58.343	\$ 2,414.80	\$ 2,414.80	
61571		Incise skull for brain wound	A	64.187	64.187	\$ 2,656.68	\$ 2,656.68	
61575		Skull base/brainstem surgery	A	74.971	74.971	\$ 3,103.04	\$ 3,103.04	
61576		Skull base/brainstem surgery	A	99.841	99.841	\$ 4,132.43	\$ 4,132.43	
61580		Craniofacial approach, skull	A	65.072	65.072	\$ 2,693.32	\$ 2,693.32	
61581		Craniofacial approach, skull	A	70.169	70.169	\$ 2,904.29	\$ 2,904.29	
61582		Craniofacial approach, skull	A	84.552	84.552	\$ 3,499.60	\$ 3,499.60	
61583		Craniofacial approach, skull	A	90.458	90.458	\$ 3,744.07	\$ 3,744.07	
61584		Orbitocranial approach/skull	A	86.454	86.454	\$ 3,578.33	\$ 3,578.33	
61585		Orbitocranial approach/skull	A	90.528	90.528	\$ 3,746.96	\$ 3,746.96	
61586		Resect nasopharynx, skull	A	60.834	60.834	\$ 2,517.92	\$ 2,517.92	
61590		Infratemporal approach/skull	A	86.577	86.577	\$ 3,583.43	\$ 3,583.43	
61591		Infratemporal approach/skull	A	93.890	93.890	\$ 3,886.11	\$ 3,886.11	
61592		Orbitocranial approach/skull	A	98.151	98.151	\$ 4,062.46	\$ 4,062.46	
61595		Transtemporal approach/skull	A	63.190	63.190	\$ 2,615.43	\$ 2,615.43	
61596		Transcochlear approach/skull	A	76.732	76.732	\$ 3,175.92	\$ 3,175.92	
61597		Transcondylar approach/skull	A	89.151	89.151	\$ 3,689.95	\$ 3,689.95	
61598		Transpetrosal approach/skull	A	75.116	75.116	\$ 3,109.03	\$ 3,109.03	
61600		Resect/excise cranial lesion	A	57.550	57.550	\$ 2,382.00	\$ 2,382.00	
61601		Resect/excise cranial lesion	A	70.510	70.510	\$ 2,918.43	\$ 2,918.43	

HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
61605		Resect/excise cranial lesion	A	60.087	60.087	\$ 2,486.99	\$ 2,486.99	
61606		Resect/excise cranial lesion	A	92.624	92.624	\$ 3,833.69	\$ 3,833.69	
61607		Resect/excise cranial lesion	A	83.597	83.597	\$ 3,460.09	\$ 3,460.09	
61608		Resect/excise cranial lesion	A	104.262	104.262	\$ 4,315.42	\$ 4,315.42	
61609		Transect artery, sinus	A	23.888	23.888	\$ 988.72	\$ 988.72	
61610		Transect artery, sinus	A	57.618	57.618	\$ 2,384.81	\$ 2,384.81	
61611		Transect artery, sinus	A	18.056	18.056	\$ 747.32	\$ 747.32	
61612		Transect artery, sinus	A	56.091	56.091	\$ 2,321.60	\$ 2,321.60	
61613		Remove aneurysm, sinus	A	102.781	102.781	\$ 4,254.12	\$ 4,254.12	
61615		Resect/excise lesion, skull	A	73.522	73.522	\$ 3,043.09	\$ 3,043.09	
61616		Resect/excise lesion, skull	A	101.159	101.159	\$ 4,186.97	\$ 4,186.97	
61618		Repair dura	A	39.788	39.788	\$ 1,646.84	\$ 1,646.84	
61619		Repair dura	A	47.407	47.407	\$ 1,962.17	\$ 1,962.17	
61623		Endovasc tempory vessel occl	A	15.914	15.914	\$ 658.68	\$ 658.68	
61624		Transcath occlusion, cns	A	31.497	31.497	\$ 1,303.68	\$ 1,303.68	
61626		Transcath occlusion, non-cns	A	25.296	25.296	\$ 1,047.00	\$ 1,047.00	
61680		Intracranial vessel surgery	A	74.289	74.289	\$ 3,074.82	\$ 3,074.82	
61682		Intracranial vessel surgery	A	149.429	149.429	\$ 6,184.87	\$ 6,184.87	
61684		Intracranial vessel surgery	A	95.996	95.996	\$ 3,973.27	\$ 3,973.27	
61686		Intracranial vessel surgery	A	156.881	156.881	\$ 6,493.29	\$ 6,493.29	
61690		Intracranial vessel surgery	A	69.800	69.800	\$ 2,889.03	\$ 2,889.03	
61692		Intracranial vessel surgery	A	123.693	123.693	\$ 5,119.66	\$ 5,119.66	
61697		Brain aneurysm repr, complx	A	123.417	123.417	\$ 5,108.22	\$ 5,108.22	
61698		Brain aneurysm repr, complx	A	118.686	118.686	\$ 4,912.42	\$ 4,912.42	
61700		Brain aneurysm repr, simple	A	122.655	122.655	\$ 5,076.67	\$ 5,076.67	
61702		Inner skull vessel surgery	A	116.989	116.989	\$ 4,842.17	\$ 4,842.17	
61703		Clamp neck artery	A	43.632	43.632	\$ 1,805.93	\$ 1,805.93	
61705		Revise circulation to head	A	84.326	84.326	\$ 3,490.26	\$ 3,490.26	
61708		Revise circulation to head	A	58.552	58.552	\$ 2,423.45	\$ 2,423.45	
61710		Revise circulation to head	A	52.767	52.767	\$ 2,184.04	\$ 2,184.04	
61711		Fusion of skull arteries	A	88.366	88.366	\$ 3,657.48	\$ 3,657.48	
61720		Incise skull/brain surgery	A	41.963	41.963	\$ 1,736.85	\$ 1,736.85	
61735		Incise skull/brain surgery	A	50.603	50.603	\$ 2,094.46	\$ 2,094.46	
61750		Incise skull/brain biopsy	A	44.884	44.884	\$ 1,857.76	\$ 1,857.76	
61751		Brain biopsy w/ct/mr guide	A	43.834	43.834	\$ 1,814.30	\$ 1,814.30	
61760		Implant brain electrodes	A	51.563	51.563	\$ 2,134.20	\$ 2,134.20	
61770		Incise skull for treatment	A	51.334	51.334	\$ 2,124.72	\$ 2,124.72	
61790		Treat trigeminal nerve	A	24.582	24.582	\$ 1,017.44	\$ 1,017.44	
61791		Treat trigeminal tract	A	36.614	36.614	\$ 1,515.45	\$ 1,515.45	
61793		Focus radiation beam	A	42.544	42.544	\$ 1,760.88	\$ 1,760.88	
61795		Brain surgery using computer	A	9.632	9.632	\$ 398.69	\$ 398.69	
61850		Implant neuroelectrodes	A	29.542	29.542	\$ 1,222.74	\$ 1,222.74	
61860		Implant neuroelectrodes	A	50.374	50.374	\$ 2,084.99	\$ 2,084.99	
61862		Implant neurostimul, subcort	D	48.350	48.350	\$ 2,001.21	\$ 2,001.21	
61863		Implant neuroelectrode	A	45.707	45.707	\$ 1,891.79	\$ 1,891.79	
61864		Implant neuroelectrde, add'l	A	10.897	10.897	\$ 451.03	\$ 451.03	
61867		Implant neuroelectrode	A	61.937	61.937	\$ 2,563.55	\$ 2,563.55	
61868		Implant neuroelectrde, add'l	A	16.112	16.112	\$ 666.87	\$ 666.87	
61870		Implant neuroelectrodes	A	31.359	31.359	\$ 1,297.96	\$ 1,297.96	
61875		Implant neuroelectrodes	A	33.885	33.885	\$ 1,402.50	\$ 1,402.50	
61880		Revise/remove neuroelectrode	A	16.427	16.427	\$ 679.91	\$ 679.91	
61885		Implant neurostim one array	A	16.165	16.165	\$ 669.06	\$ 669.06	
61886		Implant neurostim arrays	A	21.212	21.212	\$ 877.96	\$ 877.96	
61888		Revise/remove neuroreceiver	A	13.292	13.292	\$ 550.17	\$ 550.17	
62000		Treat skull fracture	A	21.372	21.372	\$ 884.60	\$ 884.60	
62005		Treat skull fracture	A	34.748	34.748	\$ 1,438.21	\$ 1,438.21	
62010		Treatment of head injury	A	49.031	49.031	\$ 2,029.39	\$ 2,029.39	
62100		Repair brain fluid leakage	A	52.304	52.304	\$ 2,164.87	\$ 2,164.87	
62115		Reduction of skull defect	A	53.119	53.119	\$ 2,198.61	\$ 2,198.61	
62116		Reduction of skull defect	A	58.049	58.049	\$ 2,402.66	\$ 2,402.66	
62117		Reduction of skull defect	A	66.171	66.171	\$ 2,738.82	\$ 2,738.82	

HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
62120		Repair skull cavity lesion	A	50.096	50.096	\$ 2,073.47	\$ 2,073.47	
62121		Incise skull repair	A	44.151	44.151	\$ 1,827.40	\$ 1,827.40	
62140		Repair of skull defect	A	32.991	32.991	\$ 1,365.49	\$ 1,365.49	
62141		Repair of skull defect	A	36.204	36.204	\$ 1,498.49	\$ 1,498.49	
62142		Remove skull plate/flap	A	26.732	26.732	\$ 1,106.45	\$ 1,106.45	
62143		Replace skull plate/flap	A	32.056	32.056	\$ 1,326.80	\$ 1,326.80	
62145		Repair of skull & brain	A	46.256	46.256	\$ 1,914.52	\$ 1,914.52	
62146		Repair of skull with graft	A	38.341	38.341	\$ 1,586.95	\$ 1,586.95	
62147		Repair of skull with graft	A	46.312	46.312	\$ 1,916.86	\$ 1,916.86	
62148		Retr bone flap to fix skull	A	4.750	4.750	\$ 196.59	\$ 196.59	
62160		Neuroendoscopy add-on	A	6.456	6.456	\$ 267.21	\$ 267.21	
62161		Dissect brain w/scope	A	45.701	45.701	\$ 1,891.58	\$ 1,891.58	
62162		Remove colloid cyst w/scope	A	62.620	62.620	\$ 2,591.86	\$ 2,591.86	
62163		Neuroendoscopy w/fb removal	A	39.758	39.758	\$ 1,645.58	\$ 1,645.58	
62164		Remove brain tumor w/scope	A	65.899	65.899	\$ 2,727.56	\$ 2,727.56	
62165		Remove pituit tumor w/scope	A	48.193	48.193	\$ 1,994.71	\$ 1,994.71	
62180		Establish brain cavity shunt	A	52.085	52.085	\$ 2,155.80	\$ 2,155.80	
62190		Establish brain cavity shunt	A	27.475	27.475	\$ 1,137.20	\$ 1,137.20	
62192		Establish brain cavity shunt	A	30.465	30.465	\$ 1,260.94	\$ 1,260.94	
62194		Replace/irrigate catheter	A	9.760	9.760	\$ 403.96	\$ 403.96	
62200		Establish brain cavity shunt	A	45.152	45.152	\$ 1,868.84	\$ 1,868.84	
62201		Brain cavity shunt w/scope	A	34.907	34.907	\$ 1,444.78	\$ 1,444.78	
62220		Establish brain cavity shunt	A	31.837	31.837	\$ 1,317.72	\$ 1,317.72	
62223		Establish brain cavity shunt	A	32.164	32.164	\$ 1,331.29	\$ 1,331.29	
62225		Replace/irrigate catheter	A	14.065	14.065	\$ 582.13	\$ 582.13	
62230		Replace/revise brain shunt	A	26.040	26.040	\$ 1,077.81	\$ 1,077.81	
62252		Csf shunt reprogram	A	2.827	2.827	\$ 117.01	\$ 117.01	
62252	TC	Csf shunt reprogram	A	1.022	1.022	\$ 42.32	\$ 42.32	
62252	26	Csf shunt reprogram	A	1.805	1.805	\$ 74.69	\$ 74.69	
62256		Remove brain cavity shunt	A	16.997	16.997	\$ 703.50	\$ 703.50	
62258		Replace brain cavity shunt	A	35.804	35.804	\$ 1,481.94	\$ 1,481.94	
62263		Epidural lysis mult sessions	A	10.175	18.233	\$ 421.13	\$ 754.65	
62264		Epidural lysis on single day	A	7.031	12.352	\$ 291.02	\$ 511.25	
62268		Drain spinal cord cyst	A	7.965	15.105	\$ 329.65	\$ 625.18	
62269		Needle biopsy, spinal cord	A	8.100	17.272	\$ 335.26	\$ 714.87	
62270		Spinal fluid tap, diagnostic	A	1.823	4.024	\$ 75.45	\$ 166.57	
62272		Drain cerebro spinal fluid	A	2.526	5.110	\$ 104.53	\$ 211.49	
62273		Treat epidural spine lesion	A	3.306	5.142	\$ 136.82	\$ 212.81	
62280		Treat spinal cord lesion	A	4.207	9.060	\$ 174.13	\$ 375.01	
62281		Treat spinal cord lesion	A	4.065	8.306	\$ 168.23	\$ 343.79	
62282		Treat spinal canal lesion	A	3.673	9.971	\$ 152.01	\$ 412.70	
62284		Injection for myelogram	A	2.524	6.162	\$ 104.46	\$ 255.03	
62287		Percutaneous discectomy	A	15.920	15.920	\$ 658.93	\$ 658.93	
62290		Inject for spine disk x-ray	A	5.035	9.736	\$ 208.41	\$ 402.97	
62291		Inject for spine disk x-ray	A	4.699	8.575	\$ 194.51	\$ 354.94	
62292		Injection into disk lesion	A	14.754	14.754	\$ 610.67	\$ 610.67	
62294		Injection into spinal artery	A	20.653	20.653	\$ 854.82	\$ 854.82	
62310		Inject spine c/t	A	2.848	6.529	\$ 117.89	\$ 270.22	
62311		Inject spine l/s (cd)	A	2.357	6.148	\$ 97.54	\$ 254.45	
62318		Inject spine w/cath, c/t	A	3.026	7.276	\$ 125.25	\$ 301.16	
62319		Inject spine w/cath l/s (cd)	A	2.783	6.480	\$ 115.17	\$ 268.21	
62350		Implant spinal canal cath	A	13.291	13.291	\$ 550.11	\$ 550.11	
62351		Implant spinal canal cath	A	24.551	24.551	\$ 1,016.18	\$ 1,016.18	
62355		Remove spinal canal catheter	A	10.410	10.410	\$ 430.87	\$ 430.87	
62360		Insert spine infusion device	A	5.910	5.910	\$ 244.63	\$ 244.63	
62361		Implant spine infusion pump	A	11.102	11.102	\$ 459.51	\$ 459.51	
62362		Implant spine infusion pump	A	14.858	14.858	\$ 614.98	\$ 614.98	
62365		Remove spine infusion device	A	11.233	11.233	\$ 464.94	\$ 464.94	
62367		Analyze spine infusion pump	C	0.000	0.000	\$ -	\$ -	
62367	TC	Analyze spine infusion pump	C	0.000	0.000	\$ -	\$ -	
62367	26	Analyze spine infusion pump	A	0.748	0.748	\$ 30.98	\$ 30.98	

HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
62368		Analyze spine infusion pump	C	0.000	0.000	\$ -	\$ -	
62368	TC	Analyze spine infusion pump	C	0.000	0.000	\$ -	\$ -	
62368	26	Analyze spine infusion pump	A	1.148	1.148	\$ 47.53	\$ 47.53	
63001		Removal of spinal lamina	A	38.300	38.300	\$ 1,585.24	\$ 1,585.24	
63003		Removal of spinal lamina	A	38.482	38.482	\$ 1,592.78	\$ 1,592.78	
63005		Removal of spinal lamina	A	35.814	35.814	\$ 1,482.35	\$ 1,482.35	
63011		Removal of spinal lamina	A	28.311	28.311	\$ 1,171.77	\$ 1,171.77	
63012		Removal of spinal lamina	A	36.864	36.864	\$ 1,525.82	\$ 1,525.82	
63015		Removal of spinal lamina	A	47.703	47.703	\$ 1,974.43	\$ 1,974.43	
63016		Removal of spinal lamina	A	46.442	46.442	\$ 1,922.22	\$ 1,922.22	
63017		Removal of spinal lamina	A	38.581	38.581	\$ 1,596.88	\$ 1,596.88	
63020		Neck spine disk surgery	A	36.786	36.786	\$ 1,522.57	\$ 1,522.57	
63030		Low back disk surgery	A	29.651	29.651	\$ 1,227.26	\$ 1,227.26	
63035		Spinal disk surgery add-on	A	7.225	7.225	\$ 299.05	\$ 299.05	
63040		Laminotomy, single cervical	A	44.542	44.542	\$ 1,843.59	\$ 1,843.59	
63042		Laminotomy, single lumbar	A	41.848	41.848	\$ 1,732.08	\$ 1,732.08	
63043		Laminotomy, add'l cervical	C	0.000	0.000	\$ -	\$ -	
63044		Laminotomy, add'l lumbar	C	0.000	0.000	\$ -	\$ -	
63045		Removal of spinal lamina	A	40.475	40.475	\$ 1,675.26	\$ 1,675.26	
63046		Removal of spinal lamina	A	38.192	38.192	\$ 1,580.78	\$ 1,580.78	
63047		Removal of spinal lamina	A	35.397	35.397	\$ 1,465.07	\$ 1,465.07	
63048		Remove spinal lamina add-on	A	7.443	7.443	\$ 308.05	\$ 308.05	
63055		Decompress spinal cord	A	52.590	52.590	\$ 2,176.69	\$ 2,176.69	
63056		Decompress spinal cord	A	46.897	46.897	\$ 1,941.07	\$ 1,941.07	
63057		Decompress spine cord add-on	A	11.362	11.362	\$ 470.29	\$ 470.29	
63064		Decompress spinal cord	A	59.313	59.313	\$ 2,454.97	\$ 2,454.97	
63066		Decompress spine cord add-on	A	7.680	7.680	\$ 317.86	\$ 317.86	
63075		Neck spine disk surgery	A	47.411	47.411	\$ 1,962.35	\$ 1,962.35	
63076		Neck spine disk surgery	A	9.502	9.502	\$ 393.27	\$ 393.27	
63077		Spine disk surgery, thorax	A	48.638	48.638	\$ 2,013.11	\$ 2,013.11	
63078		Spine disk surgery, thorax	A	7.042	7.042	\$ 291.49	\$ 291.49	
63081		Removal of vertebral body	A	57.108	57.108	\$ 2,363.68	\$ 2,363.68	
63082		Remove vertebral body add-on	A	10.163	10.163	\$ 420.66	\$ 420.66	
63085		Removal of vertebral body	A	62.411	62.411	\$ 2,583.20	\$ 2,583.20	
63086		Remove vertebral body add-on	A	7.155	7.155	\$ 296.16	\$ 296.16	
63087		Removal of vertebral body	A	80.000	80.000	\$ 3,311.20	\$ 3,311.20	
63088		Remove vertebral body add-on	A	9.844	9.844	\$ 407.45	\$ 407.45	
63090		Removal of vertebral body	A	62.058	62.058	\$ 2,568.56	\$ 2,568.56	
63091		Remove vertebral body add-on	A	6.403	6.403	\$ 265.00	\$ 265.00	
63101		Removal of vertebral body	A	70.850	70.850	\$ 2,932.47	\$ 2,932.47	
63102		Removal of vertebral body	A	70.850	70.850	\$ 2,932.47	\$ 2,932.47	
63103		Remove vertebral body add-on	A	8.599	8.599	\$ 355.89	\$ 355.89	
63170		Incise spinal cord tract(s)	A	48.564	48.564	\$ 2,010.08	\$ 2,010.08	
63172		Drainage of spinal cyst	A	43.313	43.313	\$ 1,792.73	\$ 1,792.73	
63173		Drainage of spinal cyst	A	52.733	52.733	\$ 2,182.62	\$ 2,182.62	
63180		Revise spinal cord ligaments	A	46.005	46.005	\$ 1,904.17	\$ 1,904.17	
63182		Revise spinal cord ligaments	A	46.552	46.552	\$ 1,926.79	\$ 1,926.79	
63185		Incise spinal column/nerves	A	31.940	31.940	\$ 1,322.02	\$ 1,322.02	
63190		Incise spinal column/nerves	A	39.881	39.881	\$ 1,650.67	\$ 1,650.67	
63191		Incise spinal column/nerves	A	43.246	43.246	\$ 1,789.95	\$ 1,789.95	
63194		Incise spinal column & cord	A	48.372	48.372	\$ 2,002.11	\$ 2,002.11	
63195		Incise spinal column & cord	A	44.746	44.746	\$ 1,852.02	\$ 1,852.02	
63196		Incise spinal column & cord	A	55.997	55.997	\$ 2,317.73	\$ 2,317.73	
63197		Incise spinal column & cord	A	52.651	52.651	\$ 2,179.23	\$ 2,179.23	
63198		Incise spinal column & cord	A	57.939	57.939	\$ 2,398.09	\$ 2,398.09	
63199		Incise spinal column & cord	A	66.567	66.567	\$ 2,755.22	\$ 2,755.22	
63200		Release of spinal cord	A	46.079	46.079	\$ 1,907.22	\$ 1,907.22	
63250		Revise spinal cord vessels	A	94.160	94.160	\$ 3,897.28	\$ 3,897.28	
63251		Revise spinal cord vessels	A	98.400	98.400	\$ 4,072.80	\$ 4,072.80	
63252		Revise spinal cord vessels	A	97.019	97.019	\$ 4,015.60	\$ 4,015.60	
63265		Excise intraspinal lesion	A	52.827	52.827	\$ 2,186.49	\$ 2,186.49	



HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
63266		Excise intraspinal lesion	A	54.783	54.783	\$ 2,267.49	\$ 2,267.49	
63267		Excise intraspinal lesion	A	44.005	44.005	\$ 1,821.35	\$ 1,821.35	
63268		Excise intraspinal lesion	A	42.505	42.505	\$ 1,759.28	\$ 1,759.28	
63270		Excise intraspinal lesion	A	65.729	65.729	\$ 2,720.50	\$ 2,720.50	
63271		Excise intraspinal lesion	A	66.653	66.653	\$ 2,758.75	\$ 2,758.75	
63272		Excise intraspinal lesion	A	61.919	61.919	\$ 2,562.83	\$ 2,562.83	
63273		Excise intraspinal lesion	A	60.679	60.679	\$ 2,511.51	\$ 2,511.51	
63275		Biopsy/excise spinal tumor	A	57.659	57.659	\$ 2,386.50	\$ 2,386.50	
63276		Biopsy/excise spinal tumor	A	57.098	57.098	\$ 2,363.31	\$ 2,363.31	
63277		Biopsy/excise spinal tumor	A	50.643	50.643	\$ 2,096.13	\$ 2,096.13	
63278		Biopsy/excise spinal tumor	A	50.206	50.206	\$ 2,078.04	\$ 2,078.04	
63280		Biopsy/excise spinal tumor	A	69.856	69.856	\$ 2,891.35	\$ 2,891.35	
63281		Biopsy/excise spinal tumor	A	68.797	68.797	\$ 2,847.52	\$ 2,847.52	
63282		Biopsy/excise spinal tumor	A	64.805	64.805	\$ 2,682.27	\$ 2,682.27	
63283		Biopsy/excise spinal tumor	A	61.858	61.858	\$ 2,560.32	\$ 2,560.32	
63285		Biopsy/excise spinal tumor	A	87.775	87.775	\$ 3,632.99	\$ 3,632.99	
63286		Biopsy/excise spinal tumor	A	86.226	86.226	\$ 3,568.89	\$ 3,568.89	
63287		Biopsy/excise spinal tumor	A	89.696	89.696	\$ 3,712.52	\$ 3,712.52	
63290		Biopsy/excise spinal tumor	A	91.316	91.316	\$ 3,779.55	\$ 3,779.55	
63300		Removal of vertebral body	A	59.355	59.355	\$ 2,456.72	\$ 2,456.72	
63301		Removal of vertebral body	A	64.764	64.764	\$ 2,680.57	\$ 2,680.57	
63302		Removal of vertebral body	A	66.255	66.255	\$ 2,742.30	\$ 2,742.30	
63303		Removal of vertebral body	A	69.622	69.622	\$ 2,881.64	\$ 2,881.64	
63304		Removal of vertebral body	A	67.480	67.480	\$ 2,792.99	\$ 2,792.99	
63305		Removal of vertebral body	A	72.989	72.989	\$ 3,021.02	\$ 3,021.02	
63306		Removal of vertebral body	A	58.703	58.703	\$ 2,429.70	\$ 2,429.70	
63307		Removal of vertebral body	A	66.009	66.009	\$ 2,732.10	\$ 2,732.10	
63308		Remove vertebral body add-on	A	12.283	12.283	\$ 508.39	\$ 508.39	
63600		Remove spinal cord lesion	A	24.427	24.427	\$ 1,011.02	\$ 1,011.02	
63610		Stimulation of spinal cord	A	12.728	58.084	\$ 526.80	\$ 2,404.08	
63615		Remove lesion of spinal cord	A	37.838	37.838	\$ 1,566.10	\$ 1,566.10	
63650		Implant neuroelectrodes	A	11.756	11.756	\$ 486.60	\$ 486.60	
63655		Implant neuroelectrodes	A	24.938	24.938	\$ 1,032.17	\$ 1,032.17	
63660		Revise/remove neuroelectrode	A	12.314	12.314	\$ 509.70	\$ 509.70	
63685		Implant neuroreceiver	A	15.145	15.145	\$ 626.85	\$ 626.85	
63688		Revise/remove neuroreceiver	A	11.730	11.730	\$ 485.52	\$ 485.52	
63700		Repair of spinal herniation	A	38.029	38.029	\$ 1,574.02	\$ 1,574.02	
63702		Repair of spinal herniation	A	34.138	34.138	\$ 1,412.96	\$ 1,412.96	
63704		Repair of spinal herniation	A	50.383	50.383	\$ 2,085.35	\$ 2,085.35	
63706		Repair of spinal herniation	A	58.139	58.139	\$ 2,406.36	\$ 2,406.36	
63707		Repair spinal fluid leakage	A	27.084	27.084	\$ 1,121.00	\$ 1,121.00	
63709		Repair spinal fluid leakage	A	34.098	34.098	\$ 1,411.32	\$ 1,411.32	
63710		Graft repair of spine defect	A	34.177	34.177	\$ 1,414.58	\$ 1,414.58	
63740		Install spinal shunt	A	27.837	27.837	\$ 1,152.16	\$ 1,152.16	
63741		Install spinal shunt	A	17.316	17.316	\$ 716.72	\$ 716.72	
63744		Revision of spinal shunt	A	19.762	19.762	\$ 817.96	\$ 817.96	
63746		Removal of spinal shunt	A	15.137	15.137	\$ 626.52	\$ 626.52	
64400		N block inj, trigeminal	A	1.701	3.095	\$ 70.40	\$ 128.09	
64402		N block inj, facial	A	2.016	3.045	\$ 83.45	\$ 126.02	
64405		N block inj, occipital	A	2.046	3.007	\$ 84.69	\$ 124.45	
64408		N block inj, vagus	A	2.405	3.187	\$ 99.55	\$ 131.92	
64410		N block inj, phrenic	A	2.156	4.001	\$ 89.25	\$ 165.59	
64412		N block inj, spinal accessor	A	1.889	3.878	\$ 78.20	\$ 160.52	
64413		N block inj, cervical plexus	A	2.200	3.432	\$ 91.05	\$ 142.06	
64415		N block inj, brachial plexus	A	2.206	4.289	\$ 91.32	\$ 177.51	
64416		N block cont infuse, b plex	A	4.497	4.497	\$ 186.12	\$ 186.12	
64417		N block inj, axillary	A	2.231	4.501	\$ 92.35	\$ 186.28	
64418		N block inj, suprascapular	A	1.950	3.888	\$ 80.72	\$ 160.94	
64420		N block inj, intercost, sng	A	1.802	4.496	\$ 74.58	\$ 186.10	
64421		N block inj, intercost, mlt	A	2.536	6.735	\$ 104.97	\$ 278.77	
64425		N block inj ilio-ing/hypogi	A	2.663	3.708	\$ 110.21	\$ 153.48	

HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
64430		N block inj, pudendal	A	2.390	4.175	\$ 98.91	\$ 172.79	
64435		N block inj, paracervical	A	2.696	4.354	\$ 111.59	\$ 180.19	
64445		N block inj, sciatic, sng	A	2.189	4.161	\$ 90.61	\$ 172.23	
64446		N blk inj, sciatic, cont inf	A	4.648	4.648	\$ 192.37	\$ 192.37	
64447		N block inj fem, single	A	2.328	2.328	\$ 96.37	\$ 96.37	
64448		N block inj fem, cont inf	A	4.270	4.270	\$ 176.75	\$ 176.75	
64449		N block inj, lumbar plexus	A	4.219	4.219	\$ 174.63	\$ 174.63	
64450		N block, other peripheral	A	2.013	2.736	\$ 83.33	\$ 113.23	
64470		Inj paravertebral c/t	A	2.879	6.534	\$ 119.15	\$ 270.43	
64472		Inj paravertebral c/t add-on	A	1.988	3.373	\$ 82.27	\$ 139.62	
64475		Inj paravertebral l/s	A	2.244	5.720	\$ 92.87	\$ 236.76	
64476		Inj paravertebral l/s add-on	A	1.469	2.803	\$ 60.79	\$ 116.03	
64479		Inj foramen epidural c/t	A	3.483	8.864	\$ 144.16	\$ 366.86	
64480		Inj foramen epidural add-on	A	2.365	4.023	\$ 97.90	\$ 166.50	
64483		Inj foramen epidural l/s	A	3.014	8.853	\$ 124.73	\$ 366.43	
64484		Inj foramen epidural add-on	A	2.039	4.105	\$ 84.40	\$ 169.90	
64505		N block, sphenopalatine gangl	A	2.154	2.792	\$ 89.16	\$ 115.55	
64508		N block, carotid sinus s/p	A	1.830	3.912	\$ 75.74	\$ 161.93	
64510		N block, stellate ganglion	A	1.850	4.256	\$ 76.58	\$ 176.15	
64517		N block inj, hypogas plxs	A	3.453	5.008	\$ 142.91	\$ 207.29	
64520		N block, lumbar/thoracic	A	2.093	5.621	\$ 86.64	\$ 232.64	
64530		N block inj, celiac pelus	A	2.414	5.363	\$ 99.90	\$ 221.98	
64550		Apply neurostimulator	A	0.262	0.474	\$ 10.84	\$ 19.64	
64553		Implant neuroelectrodes	A	4.720	5.434	\$ 195.36	\$ 224.91	
64555		Implant neuroelectrodes	A	3.803	5.410	\$ 157.41	\$ 223.91	
64560		Implant neuroelectrodes	A	4.294	5.433	\$ 177.73	\$ 224.87	
64561		Implant neuroelectrodes	A	9.929	9.929	\$ 410.97	\$ 410.97	
64565		Implant neuroelectrodes	A	3.226	5.002	\$ 133.51	\$ 207.04	
64573		Implant neuroelectrodes	A	19.001	19.001	\$ 786.47	\$ 786.47	
64575		Implant neuroelectrodes	A	8.411	8.411	\$ 348.14	\$ 348.14	
64577		Implant neuroelectrodes	A	9.800	9.800	\$ 405.64	\$ 405.64	
64580		Implant neuroelectrodes	A	8.114	8.114	\$ 335.85	\$ 335.85	
64581		Implant neuroelectrodes	A	19.855	19.855	\$ 821.79	\$ 821.79	
64585		Revise/remove neuroelectrode	A	4.895	13.276	\$ 202.61	\$ 549.50	
64590		Implant neuroreceiver	A	5.910	10.466	\$ 244.60	\$ 433.18	
64595		Revise/remove neuroreceiver	A	4.062	11.882	\$ 168.14	\$ 491.81	
64600		Injection treatment of nerve	A	6.117	11.965	\$ 253.17	\$ 495.22	
64605		Injection treatment of nerve	A	9.869	15.428	\$ 408.47	\$ 638.56	
64610		Injection treatment of nerve	A	15.522	19.185	\$ 642.46	\$ 794.09	
64612		Destroy nerve, face muscle	A	3.312	4.621	\$ 137.09	\$ 191.27	
64613		Destroy nerve, spine muscle	A	3.275	4.958	\$ 135.56	\$ 205.22	
64614		Destroy nerve, extrem musc	A	3.586	5.388	\$ 148.43	\$ 223.02	
64620		Injection treatment of nerve	A	4.672	7.579	\$ 193.37	\$ 313.69	
64622		Destr paravertebrl nerve l/s	A	4.874	10.306	\$ 201.75	\$ 426.56	
64623		Destr paravertebral n add-on	A	1.462	3.323	\$ 60.50	\$ 137.55	
64626		Destr paravertebrl nerve c/t	A	5.918	10.015	\$ 244.96	\$ 414.53	
64627		Destr paravertebral n add-on	A	1.784	3.773	\$ 73.85	\$ 156.17	
64630		Injection treatment of nerve	A	4.838	6.071	\$ 200.25	\$ 251.26	
64640		Injection treatment of nerve	A	4.693	6.877	\$ 194.23	\$ 284.65	
64680		Injection treatment of nerve	A	4.419	8.405	\$ 182.88	\$ 347.88	
64681		Injection treatment of nerve	A	6.036	11.654	\$ 249.81	\$ 482.36	
64702		Revise finger/toe nerve	A	9.914	9.914	\$ 410.36	\$ 410.36	
64704		Revise hand/foot nerve	A	10.151	10.151	\$ 420.14	\$ 420.14	
64708		Revise arm/leg nerve	A	14.123	14.123	\$ 584.57	\$ 584.57	
64712		Revision of sciatic nerve	A	14.547	14.547	\$ 602.11	\$ 602.11	
64713		Revision of arm nerve(s)	A	20.811	20.811	\$ 861.36	\$ 861.36	
64714		Revise low back nerve(s)	A	16.953	16.953	\$ 701.71	\$ 701.71	
64716		Revision of cranial nerve	A	13.574	13.574	\$ 561.81	\$ 561.81	
64718		Revise ulnar nerve at elbow	A	15.114	15.114	\$ 625.58	\$ 625.58	
64719		Revise ulnar nerve at wrist	A	11.631	11.631	\$ 481.41	\$ 481.41	
64721		Carpal tunnel surgery	A	11.290	11.290	\$ 467.30	\$ 467.30	

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				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
64722		Relieve pressure on nerve(s)	A	8.830	8.830	\$ 365.49	\$ 365.49	
64726		Release foot/toe nerve	A	9.240	9.240	\$ 382.43	\$ 382.43	
64727		Internal nerve revision	A	6.278	6.278	\$ 259.86	\$ 259.86	
64732		Incision of brow nerve	A	11.072	11.072	\$ 458.25	\$ 458.25	
64734		Incision of cheek nerve	A	12.308	12.308	\$ 509.44	\$ 509.44	
64736		Incision of chin nerve	A	11.410	11.410	\$ 472.27	\$ 472.27	
64738		Incision of jaw nerve	A	13.634	13.634	\$ 564.31	\$ 564.31	
64740		Incision of tongue nerve	A	11.364	11.364	\$ 470.36	\$ 470.36	
64742		Incision of facial nerve	A	13.515	13.515	\$ 559.40	\$ 559.40	
64744		Incise nerve, back of head	A	13.109	13.109	\$ 542.60	\$ 542.60	
64746		Incise diaphragm nerve	A	13.323	13.323	\$ 551.45	\$ 551.45	
64752		Incision of vagus nerve	A	14.661	14.661	\$ 606.81	\$ 606.81	
64755		Incision of stomach nerves	A	23.854	23.854	\$ 987.33	\$ 987.33	
64760		Incision of vagus nerve	A	12.389	12.389	\$ 512.80	\$ 512.80	
64761		Incision of pelvis nerve	A	10.650	10.650	\$ 440.79	\$ 440.79	
64763		Incise hip/thigh nerve	A	15.045	15.045	\$ 622.72	\$ 622.72	
64766		Incise hip/thigh nerve	A	17.828	17.828	\$ 737.92	\$ 737.92	
64771		Sever cranial nerve	A	18.359	18.359	\$ 759.89	\$ 759.89	
64772		Incision of spinal nerve	A	17.114	17.114	\$ 708.36	\$ 708.36	
64774		Remove skin nerve lesion	A	11.241	11.241	\$ 465.25	\$ 465.25	
64776		Remove digit nerve lesion	A	11.230	11.230	\$ 464.79	\$ 464.79	
64778		Digit nerve surgery add-on	A	6.201	6.201	\$ 256.65	\$ 256.65	
64782		Remove limb nerve lesion	A	13.158	13.158	\$ 544.59	\$ 544.59	
64783		Limb nerve surgery add-on	A	7.572	7.572	\$ 313.40	\$ 313.40	
64784		Remove nerve lesion	A	20.960	20.960	\$ 867.55	\$ 867.55	
64786		Remove sciatic nerve lesion	A	34.383	34.383	\$ 1,423.11	\$ 1,423.11	
64787		Implant nerve end	A	8.785	8.785	\$ 363.60	\$ 363.60	
64788		Remove skin nerve lesion	A	10.115	10.115	\$ 418.67	\$ 418.67	
64790		Removal of nerve lesion	A	25.415	25.415	\$ 1,051.92	\$ 1,051.92	
64792		Removal of nerve lesion	A	31.375	31.375	\$ 1,298.59	\$ 1,298.59	
64795		Biopsy of nerve	A	6.256	6.256	\$ 258.95	\$ 258.95	
64802		Remove sympathetic nerves	A	17.679	17.679	\$ 731.74	\$ 731.74	
64804		Remove sympathetic nerves	A	29.266	29.266	\$ 1,211.34	\$ 1,211.34	
64809		Remove sympathetic nerves	A	23.159	23.159	\$ 958.55	\$ 958.55	
64818		Remove sympathetic nerves	A	19.942	19.942	\$ 825.40	\$ 825.40	
64820		Remove sympathetic nerves	A	21.959	21.959	\$ 908.90	\$ 908.90	
64821		Remove sympathetic nerves	A	19.685	19.685	\$ 814.76	\$ 814.76	
64822		Remove sympathetic nerves	A	19.617	19.617	\$ 811.94	\$ 811.94	
64823		Remove sympathetic nerves	A	22.869	22.869	\$ 946.54	\$ 946.54	
64831		Repair of digit nerve	A	20.830	20.830	\$ 862.17	\$ 862.17	
64832		Repair nerve add-on	A	11.394	11.394	\$ 471.61	\$ 471.61	
64834		Repair of hand or foot nerve	A	22.030	22.030	\$ 911.83	\$ 911.83	
64835		Repair of hand or foot nerve	A	23.913	23.913	\$ 989.77	\$ 989.77	
64836		Repair of hand or foot nerve	A	23.699	23.699	\$ 980.90	\$ 980.90	
64837		Repair nerve add-on	A	12.802	12.802	\$ 529.87	\$ 529.87	
64840		Repair of leg nerve	A	24.143	24.143	\$ 999.29	\$ 999.29	
64856		Repair/transpose nerve	A	29.706	29.706	\$ 1,229.54	\$ 1,229.54	
64857		Repair arm/leg nerve	A	31.015	31.015	\$ 1,283.73	\$ 1,283.73	
64858		Repair sciatic nerve	A	38.823	38.823	\$ 1,606.88	\$ 1,606.88	
64859		Nerve surgery	A	8.488	8.488	\$ 351.34	\$ 351.34	
64861		Repair of arm nerves	A	40.910	40.910	\$ 1,693.28	\$ 1,693.28	
64862		Repair of low back nerves	A	41.339	41.339	\$ 1,711.03	\$ 1,711.03	
64864		Repair of facial nerve	A	24.783	24.783	\$ 1,025.79	\$ 1,025.79	
64865		Repair of facial nerve	A	30.123	30.123	\$ 1,246.78	\$ 1,246.78	
64866		Fusion of facial/other nerve	A	29.026	29.026	\$ 1,201.39	\$ 1,201.39	
64868		Fusion of facial/other nerve	A	28.231	28.231	\$ 1,168.46	\$ 1,168.46	
64870		Fusion of facial/other nerve	A	28.539	28.539	\$ 1,181.23	\$ 1,181.23	
64872		Subsequent repair of nerve	A	4.061	4.061	\$ 168.09	\$ 168.09	
64874		Repair & revise nerve add-on	A	5.907	5.907	\$ 244.51	\$ 244.51	
64876		Repair nerve/shorten bone	A	6.313	6.313	\$ 261.31	\$ 261.31	
64885		Nerve graft, head or neck	A	33.958	33.958	\$ 1,405.51	\$ 1,405.51	

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				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
64886		Nerve graft, head or neck	A	39.808	39.808	\$ 1,647.64	\$ 1,647.64	
64890		Nerve graft, hand or foot	A	31.911	31.911	\$ 1,320.80	\$ 1,320.80	
64891		Nerve graft, hand or foot	A	29.158	29.158	\$ 1,206.86	\$ 1,206.86	
64892		Nerve graft, arm or leg	A	30.016	30.016	\$ 1,242.38	\$ 1,242.38	
64893		Nerve graft, arm or leg	A	32.394	32.394	\$ 1,340.81	\$ 1,340.81	
64895		Nerve graft, hand or foot	A	37.150	37.150	\$ 1,537.64	\$ 1,537.64	
64896		Nerve graft, hand or foot	A	38.621	38.621	\$ 1,598.53	\$ 1,598.53	
64897		Nerve graft, arm or leg	A	39.875	39.875	\$ 1,650.42	\$ 1,650.42	
64898		Nerve graft, arm or leg	A	42.416	42.416	\$ 1,755.62	\$ 1,755.62	
64901		Nerve graft add-on	A	19.394	19.394	\$ 802.71	\$ 802.71	
64902		Nerve graft add-on	A	22.152	22.152	\$ 916.85	\$ 916.85	
64905		Nerve pedicle transfer	A	28.500	28.500	\$ 1,179.60	\$ 1,179.60	
64907		Nerve pedicle transfer	A	37.951	37.951	\$ 1,570.81	\$ 1,570.81	
64999		Nervous system surgery	C	0.000	0.000	\$ -	\$ -	
65091		Revise eye	A	15.944	15.944	\$ 659.93	\$ 659.93	
65093		Revise eye with implant	A	16.779	16.779	\$ 694.47	\$ 694.47	
65101		Removal of eye	A	17.440	17.440	\$ 721.85	\$ 721.85	
65103		Remove eye/insert implant	A	18.221	18.221	\$ 754.15	\$ 754.15	
65105		Remove eye/attach implant	A	19.890	19.890	\$ 823.27	\$ 823.27	
65110		Removal of eye	A	29.585	29.585	\$ 1,224.54	\$ 1,224.54	
65112		Remove eye/revise socket	A	35.287	35.287	\$ 1,460.53	\$ 1,460.53	
65114		Remove eye/revise socket	A	36.496	36.496	\$ 1,510.55	\$ 1,510.55	
65125		Revise ocular implant	A	6.347	11.676	\$ 262.68	\$ 483.27	
65130		Insert ocular implant	A	17.186	17.186	\$ 711.33	\$ 711.33	
65135		Insert ocular implant	A	17.559	17.559	\$ 726.75	\$ 726.75	
65140		Attach ocular implant	A	18.710	18.710	\$ 774.41	\$ 774.41	
65150		Revise ocular implant	A	15.331	15.331	\$ 634.54	\$ 634.54	
65155		Reinsert ocular implant	A	20.396	20.396	\$ 844.20	\$ 844.20	
65175		Removal of ocular implant	A	15.696	15.696	\$ 649.67	\$ 649.67	
65205		Remove foreign body from eye	A	1.029	1.378	\$ 42.61	\$ 57.03	
65210		Remove foreign body from eye	A	1.253	1.627	\$ 51.86	\$ 67.34	
65220		Remove foreign body from eye	A	1.100	1.457	\$ 45.52	\$ 60.30	
65222		Remove foreign body from eye	A	1.357	1.773	\$ 56.16	\$ 73.40	
65235		Remove foreign body from eye	A	15.152	15.152	\$ 627.14	\$ 627.14	
65260		Remove foreign body from eye	A	22.708	22.708	\$ 939.89	\$ 939.89	
65265		Remove foreign body from eye	A	25.708	25.708	\$ 1,064.05	\$ 1,064.05	
65270		Repair of eye wound	A	4.199	5.550	\$ 173.79	\$ 229.72	
65272		Repair of eye wound	A	8.989	9.473	\$ 372.03	\$ 392.09	
65273		Repair of eye wound	A	9.964	9.964	\$ 412.43	\$ 412.43	
65275		Repair of eye wound	A	11.444	11.444	\$ 473.65	\$ 473.65	
65280		Repair of eye wound	A	16.016	16.016	\$ 662.88	\$ 662.88	
65285		Repair of eye wound	A	25.850	25.850	\$ 1,069.95	\$ 1,069.95	
65286		Repair of eye wound	A	12.879	13.644	\$ 533.06	\$ 564.72	
65290		Repair of eye socket wound	A	12.123	12.123	\$ 501.78	\$ 501.78	
65400		Removal of eye lesion	A	13.544	14.530	\$ 560.60	\$ 601.41	
65410		Biopsy of cornea	A	2.299	3.208	\$ 95.15	\$ 132.79	
65420		Removal of eye lesion	A	10.718	11.389	\$ 443.62	\$ 471.41	
65426		Removal of eye lesion	A	11.746	12.554	\$ 486.18	\$ 519.60	
65430		Corneal smear	A	2.307	5.954	\$ 95.50	\$ 246.43	
65435		Curette/treat cornea	A	1.449	2.239	\$ 59.97	\$ 92.69	
65436		Curette/treat cornea	A	9.446	9.981	\$ 390.97	\$ 413.13	
65450		Treatment of corneal lesion	A	9.282	10.039	\$ 384.19	\$ 415.50	
65600		Revision of cornea	A	6.705	8.847	\$ 277.50	\$ 366.16	
65710		Corneal transplant	A	25.139	25.139	\$ 1,040.52	\$ 1,040.52	
65730		Corneal transplant	A	26.995	26.995	\$ 1,117.33	\$ 1,117.33	
65750		Corneal transplant	A	29.130	29.130	\$ 1,205.70	\$ 1,205.70	
65755		Corneal transplant	A	28.904	28.904	\$ 1,196.34	\$ 1,196.34	
65760		Revision of cornea	N	0.000	0.000	\$ -	\$ -	
65765		Revision of cornea	N	0.000	0.000	\$ -	\$ -	
65767		Corneal tissue transplant	N	0.000	0.000	\$ -	\$ -	
65770		Revise cornea with implant	A	32.970	32.970	\$ 1,364.62	\$ 1,364.62	



HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
65771		Radial keratotomy	N	0.000	0.000	\$ -	\$ -	
65772		Correction of astigmatism	A	10.600	11.186	\$ 438.73	\$ 463.01	
65775		Correction of astigmatism	A	13.093	13.093	\$ 541.93	\$ 541.93	
65780		Ocular reconst, transplant	A	20.061	20.061	\$ 830.31	\$ 830.31	
65781		Ocular reconst, transplant	A	30.335	30.335	\$ 1,255.57	\$ 1,255.57	
65782		Ocular reconst, transplant	A	26.273	26.273	\$ 1,087.42	\$ 1,087.42	
65800		Drainage of eye	A	3.299	4.234	\$ 136.56	\$ 175.26	
65805		Drainage of eye	A	3.308	4.234	\$ 136.91	\$ 175.26	
65810		Drainage of eye	A	12.610	12.610	\$ 521.94	\$ 521.94	
65815		Drainage of eye	A	12.354	13.102	\$ 511.33	\$ 542.29	
65820		Relieve inner eye pressure	A	18.712	18.712	\$ 774.49	\$ 774.49	
65850		Incision of eye	A	20.407	20.407	\$ 844.66	\$ 844.66	
65855		Laser surgery of eye	A	8.111	9.089	\$ 335.73	\$ 376.19	
65860		Incise inner eye adhesions	A	6.982	7.526	\$ 288.99	\$ 311.50	
65865		Incise inner eye adhesions	A	12.164	12.164	\$ 503.46	\$ 503.46	
65870		Incise inner eye adhesions	A	13.474	13.474	\$ 557.68	\$ 557.68	
65875		Incise inner eye adhesions	A	14.038	14.038	\$ 581.04	\$ 581.04	
65880		Incise inner eye adhesions	A	14.959	14.959	\$ 619.14	\$ 619.14	
65900		Remove eye lesion	A	22.865	22.865	\$ 946.36	\$ 946.36	
65920		Remove implant of eye	A	17.364	17.364	\$ 718.69	\$ 718.69	
65930		Remove blood clot from eye	A	15.391	15.391	\$ 637.02	\$ 637.02	
66020		Injection treatment of eye	A	3.249	3.920	\$ 134.47	\$ 162.26	
66030		Injection treatment of eye	A	2.694	3.365	\$ 111.50	\$ 139.29	
66130		Remove eye lesion	A	15.023	15.499	\$ 621.78	\$ 641.48	
66150		Glaucoma surgery	A	18.250	18.250	\$ 755.37	\$ 755.37	
66155		Glaucoma surgery	A	18.149	18.149	\$ 751.21	\$ 751.21	
66160		Glaucoma surgery	A	21.137	21.137	\$ 874.85	\$ 874.85	
66165		Glaucoma surgery	A	17.697	17.697	\$ 732.48	\$ 732.48	
66170		Glaucoma surgery	A	25.012	25.012	\$ 1,035.25	\$ 1,035.25	
66172		Incision of eye	A	30.675	30.675	\$ 1,269.62	\$ 1,269.62	
66180		Implant eye shunt	A	27.080	27.080	\$ 1,120.83	\$ 1,120.83	
66185		Revise eye shunt	A	16.631	16.631	\$ 688.36	\$ 688.36	
66220		Repair eye lesion	A	16.720	16.720	\$ 692.04	\$ 692.04	
66225		Repair/graft eye lesion	A	21.044	21.044	\$ 871.02	\$ 871.02	
66250		Follow-up surgery of eye	A	12.600	13.595	\$ 521.53	\$ 562.69	
66500		Incision of iris	A	8.746	8.746	\$ 361.98	\$ 361.98	
66505		Incision of iris	A	9.472	9.472	\$ 392.04	\$ 392.04	
66600		Remove iris and lesion	A	17.862	17.862	\$ 739.31	\$ 739.31	
66605		Removal of iris	A	25.262	25.262	\$ 1,045.60	\$ 1,045.60	
66625		Removal of iris	A	11.422	12.034	\$ 472.77	\$ 498.10	
66630		Removal of iris	A	13.602	13.602	\$ 562.98	\$ 562.98	
66635		Removal of iris	A	13.029	13.029	\$ 539.26	\$ 539.26	
66680		Repair iris & ciliary body	A	11.551	11.551	\$ 478.09	\$ 478.09	
66682		Repair iris & ciliary body	A	13.660	13.660	\$ 565.40	\$ 565.40	
66700		Destruction, ciliary body	A	9.120	10.217	\$ 377.49	\$ 422.88	
66710		Destruction, ciliary body	A	8.911	10.075	\$ 368.82	\$ 417.02	
66720		Destruction, ciliary body	A	9.588	10.506	\$ 396.84	\$ 434.84	
66740		Destruction, ciliary body	A	9.217	10.211	\$ 381.49	\$ 422.65	
66761		Revision of iris	A	8.406	9.528	\$ 347.90	\$ 394.34	
66762		Revision of iris	A	9.025	10.215	\$ 373.56	\$ 422.82	
66770		Removal of inner eye lesion	A	10.138	11.260	\$ 419.61	\$ 466.05	
66820		Incision, secondary cataract	A	10.665	10.665	\$ 441.42	\$ 441.42	
66821		After cataract laser surgery	A	6.122	6.207	\$ 253.38	\$ 256.89	
66825		Reposition intraocular lens	A	18.327	18.327	\$ 758.57	\$ 758.57	
66830		Removal of lens lesion	A	15.747	15.747	\$ 651.79	\$ 651.79	
66840		Removal of lens material	A	15.302	15.302	\$ 633.35	\$ 633.35	
66850		Removal of lens material	A	17.385	17.385	\$ 719.56	\$ 719.56	
66852		Removal of lens material	A	18.785	18.785	\$ 777.52	\$ 777.52	
66920		Extraction of lens	A	16.823	16.823	\$ 696.32	\$ 696.32	
66930		Extraction of lens	A	19.379	19.379	\$ 802.09	\$ 802.09	
66940		Extraction of lens	A	17.386	17.386	\$ 719.62	\$ 719.62	

HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
66982		Cataract surgery, complex	A	24.596	24.596	\$ 1,018.04	\$ 1,018.04	
66983		Cataract surg w/iol, 1 stage	A	16.026	16.026	\$ 663.33	\$ 663.33	
66984		Cataract surg w/iol, 1 stage	A	18.630	18.630	\$ 771.08	\$ 771.08	
66985		Insert lens prosthesis	A	16.308	16.308	\$ 675.01	\$ 675.01	
66986		Exchange lens prosthesis	A	22.426	22.426	\$ 928.21	\$ 928.21	
66990		Ophthalmic endoscope add-on	A	2.373	2.373	\$ 98.21	\$ 98.21	
66999		Eye surgery procedure	C	0.000	0.000	\$ -	\$ -	
67005		Partial removal of eye fluid	A	10.479	10.479	\$ 433.72	\$ 433.72	
67010		Partial removal of eye fluid	A	12.353	12.353	\$ 511.30	\$ 511.30	
67015		Release of eye fluid	A	14.783	14.783	\$ 611.87	\$ 611.87	
67025		Replace eye fluid	A	14.516	20.228	\$ 600.82	\$ 837.24	
67027		Implant eye drug system	A	20.473	23.864	\$ 847.36	\$ 987.73	
67028		Injection eye drug	A	3.994	8.558	\$ 165.30	\$ 354.22	
67030		Incise inner eye strands	A	11.526	11.526	\$ 477.08	\$ 477.08	
67031		Laser surgery, eye strands	A	7.847	8.400	\$ 324.79	\$ 347.66	
67036		Removal of inner eye fluid	A	22.068	22.068	\$ 913.37	\$ 913.37	
67038		Strip retinal membrane	A	38.652	38.652	\$ 1,599.82	\$ 1,599.82	
67039		Laser treatment of retina	A	27.883	27.883	\$ 1,154.07	\$ 1,154.07	
67040		Laser treatment of retina	A	32.354	32.354	\$ 1,339.13	\$ 1,339.13	
67101		Repair detached retina	A	15.795	17.274	\$ 653.76	\$ 714.97	
67105		Repair detached retina	A	14.077	15.573	\$ 582.65	\$ 644.57	
67107		Repair detached retina	A	28.480	28.480	\$ 1,178.79	\$ 1,178.79	
67108		Repair detached retina	A	39.165	39.165	\$ 1,621.04	\$ 1,621.04	
67110		Repair detached retina	A	18.303	23.522	\$ 757.58	\$ 973.59	
67112		Rerepair detached retina	A	32.389	32.389	\$ 1,340.60	\$ 1,340.60	
67115		Release encircling material	A	11.914	11.914	\$ 493.14	\$ 493.14	
67120		Remove eye implant material	A	12.966	17.530	\$ 536.65	\$ 725.58	
67121		Remove eye implant material	A	22.158	22.158	\$ 917.11	\$ 917.11	
67141		Treatment of retina	A	11.654	12.291	\$ 482.35	\$ 508.74	
67145		Treatment of retina	A	10.546	11.243	\$ 436.49	\$ 465.34	
67208		Treatment of retinal lesion	A	12.487	12.971	\$ 516.82	\$ 536.88	
67210		Treatment of retinal lesion	A	15.389	15.780	\$ 636.97	\$ 653.15	
67218		Treatment of retinal lesion	A	33.037	33.037	\$ 1,367.39	\$ 1,367.39	
67220		Treatment of choroid lesion	A	23.063	23.921	\$ 954.57	\$ 990.11	
67221		Ocular photodynamic ther	A	6.289	8.737	\$ 260.28	\$ 361.60	
67225		Eye photodynamic ther add-on	A	0.696	0.730	\$ 28.83	\$ 30.23	
67227		Treatment of retinal lesion	A	12.375	13.217	\$ 512.21	\$ 547.04	
67228		Treatment of retinal lesion	A	22.245	24.294	\$ 920.74	\$ 1,005.53	
67250		Reinforce eye wall	A	19.162	19.162	\$ 793.11	\$ 793.11	
67255		Reinforce/graft eye wall	A	19.855	19.855	\$ 821.82	\$ 821.82	
67299		Eye surgery procedure	C	0.000	0.000	\$ -	\$ -	
67311		Revise eye muscle	A	13.400	13.400	\$ 554.61	\$ 554.61	
67312		Revise two eye muscles	A	16.605	16.605	\$ 687.30	\$ 687.30	
67314		Revise eye muscle	A	15.102	15.102	\$ 625.07	\$ 625.07	
67316		Revise two eye muscles	A	18.532	18.532	\$ 767.03	\$ 767.03	
67318		Revise eye muscle(s)	A	15.795	15.795	\$ 653.74	\$ 653.74	
67320		Revise eye muscle(s) add-on	A	6.815	6.815	\$ 282.07	\$ 282.07	
67331		Eye surgery follow-up add-on	A	6.502	6.502	\$ 269.14	\$ 269.14	
67332		Rerevise eye muscles add-on	A	7.074	7.074	\$ 292.79	\$ 292.79	
67334		Revise eye muscle w/suture	A	6.259	6.259	\$ 259.04	\$ 259.04	
67335		Eye suture during surgery	A	3.916	3.916	\$ 162.07	\$ 162.07	
67340		Revise eye muscle add-on	A	7.723	7.723	\$ 319.67	\$ 319.67	
67343		Release eye tissue	A	15.000	15.000	\$ 620.85	\$ 620.85	
67345		Destroy nerve of eye muscle	A	4.756	7.298	\$ 196.85	\$ 302.05	
67350		Biopsy eye muscle	A	5.091	5.091	\$ 210.72	\$ 210.72	
67399		Eye muscle surgery procedure	C	0.000	0.000	\$ -	\$ -	
67400		Explore/biopsy eye socket	A	22.436	22.436	\$ 928.63	\$ 928.63	
67405		Explore/drain eye socket	A	19.044	19.044	\$ 788.23	\$ 788.23	
67412		Explore/treat eye socket	A	22.466	22.466	\$ 929.86	\$ 929.86	
67413		Explore/treat eye socket	A	22.362	22.362	\$ 925.55	\$ 925.55	
67414		Explr/decompress eye socket	A	25.308	25.308	\$ 1,047.50	\$ 1,047.50	

HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
67415		Aspiration, orbital contents	A	2.849	2.849	\$ 117.91	\$ 117.91	
67420		Explore/treat eye socket	A	39.971	39.971	\$ 1,654.42	\$ 1,654.42	
67430		Explore/treat eye socket	A	31.444	31.444	\$ 1,301.47	\$ 1,301.47	
67440		Explore/drain eye socket	A	28.983	28.983	\$ 1,199.59	\$ 1,199.59	
67445		Explr/decompress eye socket	A	30.745	30.745	\$ 1,272.54	\$ 1,272.54	
67450		Explore/biopsy eye socket	A	29.621	29.621	\$ 1,226.02	\$ 1,226.02	
67500		Inject/treat eye socket	A	1.149	1.684	\$ 47.55	\$ 69.72	
67505		Inject/treat eye socket	A	1.196	1.799	\$ 49.50	\$ 74.48	
67515		Inject/treat eye socket	A	0.927	1.386	\$ 38.37	\$ 57.36	
67550		Insert eye socket implant	A	22.976	22.976	\$ 950.99	\$ 950.99	
67560		Revise eye socket implant	A	23.311	23.311	\$ 964.82	\$ 964.82	
67570		Decompress optic nerve	A	29.867	29.867	\$ 1,236.19	\$ 1,236.19	
67599		Orbit surgery procedure	C	0.000	0.000	\$ -	\$ -	
67700		Drainage of eyelid abscess	A	2.153	5.740	\$ 89.13	\$ 237.59	
67710		Incision of eyelid	A	1.668	5.459	\$ 69.03	\$ 225.94	
67715		Incision of eyelid fold	A	1.984	5.350	\$ 82.11	\$ 221.43	
67800		Remove eyelid lesion	A	2.243	3.781	\$ 92.83	\$ 156.51	
67801		Remove eyelid lesions	A	3.057	6.814	\$ 126.52	\$ 282.02	
67805		Remove eyelid lesions	A	3.572	7.321	\$ 147.85	\$ 303.00	
67808		Remove eyelid lesion(s)	A	9.064	9.064	\$ 375.18	\$ 375.18	
67810		Biopsy of eyelid	A	2.334	4.859	\$ 96.62	\$ 201.11	
67820		Revise eyelashes	A	1.402	2.031	\$ 58.02	\$ 84.06	
67825		Revise eyelashes	A	2.574	2.999	\$ 106.55	\$ 124.14	
67830		Revise eyelashes	A	3.673	8.374	\$ 152.04	\$ 346.59	
67835		Revise eyelashes	A	10.866	10.866	\$ 449.74	\$ 449.74	
67840		Remove eyelid lesion	A	3.285	6.957	\$ 135.96	\$ 287.94	
67850		Treat eyelid lesion	A	3.612	7.157	\$ 149.51	\$ 296.22	
67875		Closure of eyelid by suture	A	2.153	7.619	\$ 89.13	\$ 315.34	
67880		Revision of eyelid	A	8.187	12.751	\$ 338.84	\$ 527.76	
67882		Revision of eyelid	A	10.722	15.405	\$ 443.78	\$ 637.63	
67900		Repair brow defect	A	12.923	16.502	\$ 534.89	\$ 683.00	
67901		Repair eyelid defect	A	13.948	13.948	\$ 577.31	\$ 577.31	
67902		Repair eyelid defect	A	14.138	14.138	\$ 585.17	\$ 585.17	
67903		Repair eyelid defect	A	13.910	17.803	\$ 575.75	\$ 736.88	
67904		Repair eyelid defect	A	13.568	18.090	\$ 561.59	\$ 748.75	
67906		Repair eyelid defect	A	13.902	16.537	\$ 575.39	\$ 684.45	
67908		Repair eyelid defect	A	10.895	13.573	\$ 450.96	\$ 561.78	
67909		Revise eyelid defect	A	11.751	14.530	\$ 486.36	\$ 601.41	
67911		Revise eyelid defect	A	11.499	11.499	\$ 475.95	\$ 475.95	
67912		Correction eyelid w/ implant	A	11.255	24.098	\$ 465.84	\$ 997.43	
67914		Repair eyelid defect	A	7.778	12.325	\$ 321.91	\$ 510.13	
67915		Repair eyelid defect	A	6.005	10.527	\$ 248.53	\$ 435.70	
67916		Repair eyelid defect	A	11.202	16.379	\$ 463.66	\$ 677.92	
67917		Repair eyelid defect	A	12.422	15.448	\$ 514.13	\$ 639.38	
67921		Repair eyelid defect	A	7.249	11.805	\$ 300.02	\$ 488.59	
67922		Repair eyelid defect	A	6.658	10.373	\$ 275.58	\$ 429.32	
67923		Repair eyelid defect	A	12.030	16.662	\$ 497.91	\$ 689.65	
67924		Repair eyelid defect	A	11.688	14.620	\$ 483.76	\$ 605.13	
67930		Repair eyelid wound	A	6.936	11.586	\$ 287.10	\$ 479.54	
67935		Repair eyelid wound	A	12.649	17.248	\$ 523.55	\$ 713.88	
67938		Remove eyelid foreign body	A	2.082	6.545	\$ 86.19	\$ 270.89	
67950		Revision of eyelid	A	12.816	14.244	\$ 530.44	\$ 589.54	
67961		Revision of eyelid	A	11.749	15.574	\$ 486.28	\$ 644.60	
67966		Revision of eyelid	A	12.950	15.219	\$ 536.00	\$ 629.93	
67971		Reconstruction of eyelid	A	17.973	17.973	\$ 743.89	\$ 743.89	
67973		Reconstruction of eyelid	A	23.507	23.507	\$ 972.94	\$ 972.94	
67974		Reconstruction of eyelid	A	23.172	23.172	\$ 959.08	\$ 959.08	
67975		Reconstruction of eyelid	A	16.843	16.843	\$ 697.14	\$ 697.14	
67999		Revision of eyelid	C	0.000	0.000	\$ -	\$ -	
68020		Incise/drain eyelid lining	A	2.224	6.483	\$ 92.06	\$ 268.32	
68040		Treatment of eyelid lesions	A	1.322	5.105	\$ 54.73	\$ 211.29	

HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
68100		Biopsy of eyelid lining	A	2.145	5.885	\$ 88.77	\$ 243.57	
68110		Remove eyelid lining lesion	A	3.276	7.237	\$ 135.59	\$ 299.53	
68115		Remove eyelid lining lesion	A	3.794	7.560	\$ 157.04	\$ 312.90	
68130		Remove eyelid lining lesion	A	9.466	12.747	\$ 391.79	\$ 527.59	
68135		Remove eyelid lining lesion	A	2.921	6.678	\$ 120.89	\$ 276.39	
68200		Treat eyelid by injection	A	0.764	1.181	\$ 31.64	\$ 48.88	
68320		Revise/graft eyelid lining	A	10.945	11.923	\$ 453.03	\$ 493.49	
68325		Revise/graft eyelid lining	A	14.203	14.203	\$ 587.84	\$ 587.84	
68326		Revise/graft eyelid lining	A	13.899	13.899	\$ 575.28	\$ 575.28	
68328		Revise/graft eyelid lining	A	16.040	16.040	\$ 663.91	\$ 663.91	
68330		Revise eyelid lining	A	10.870	11.882	\$ 449.93	\$ 491.79	
68335		Revise/graft eyelid lining	A	14.333	14.333	\$ 593.25	\$ 593.25	
68340		Separate eyelid adhesions	A	9.043	14.169	\$ 374.31	\$ 586.45	
68360		Revise eyelid lining	A	9.932	10.799	\$ 411.08	\$ 446.97	
68362		Revise eyelid lining	A	15.274	15.274	\$ 632.17	\$ 632.17	
68371		Harvest eye tissue, alograft	A	9.646	9.646	\$ 399.25	\$ 399.25	
68399		Eyelid lining surgery	C	0.000	0.000	\$ -	\$ -	
68400		Incise/drain tear gland	A	3.740	8.474	\$ 154.79	\$ 350.75	
68420		Incise/drain tear sac	A	4.754	9.506	\$ 196.78	\$ 393.44	
68440		Incise tear duct opening	A	1.554	5.328	\$ 64.31	\$ 220.52	
68500		Removal of tear gland	A	22.478	22.478	\$ 930.37	\$ 930.37	
68505		Partial removal, tear gland	A	23.138	23.138	\$ 957.69	\$ 957.69	
68510		Biopsy of tear gland	A	7.293	12.665	\$ 301.85	\$ 524.20	
68520		Removal of tear sac	A	15.692	15.692	\$ 649.49	\$ 649.49	
68525		Biopsy of tear sac	A	7.005	7.005	\$ 289.95	\$ 289.95	
68530		Clearance of tear duct	A	6.823	12.433	\$ 282.38	\$ 514.58	
68540		Remove tear gland lesion	A	21.064	21.064	\$ 871.84	\$ 871.84	
68550		Remove tear gland lesion	A	26.385	26.385	\$ 1,092.09	\$ 1,092.09	
68700		Repair tear ducts	A	14.089	14.089	\$ 583.15	\$ 583.15	
68705		Revise tear duct opening	A	3.313	7.087	\$ 137.14	\$ 293.34	
68720		Create tear sac drain	A	17.787	17.787	\$ 736.20	\$ 736.20	
68745		Create tear duct drain	A	17.423	17.423	\$ 721.13	\$ 721.13	
68750		Create tear duct drain	A	17.813	17.813	\$ 737.27	\$ 737.27	
68760		Close tear duct opening	A	3.091	5.437	\$ 127.95	\$ 225.05	
68761		Close tear duct opening	A	2.469	4.543	\$ 102.21	\$ 188.05	
68770		Close tear system fistula	A	14.115	19.190	\$ 584.22	\$ 794.26	
68801		Dilate tear duct opening	A	1.647	1.936	\$ 68.18	\$ 80.15	
68810		Probe nasolacrimal duct	A	3.077	4.267	\$ 127.35	\$ 176.60	
68811		Probe nasolacrimal duct	A	4.830	4.830	\$ 199.90	\$ 199.90	
68815		Probe nasolacrimal duct	A	6.149	10.807	\$ 254.51	\$ 447.30	
68840		Explore/irrigate tear ducts	A	2.303	2.881	\$ 95.31	\$ 119.24	
68850		Injection for tear sac x-ray	A	1.213	14.830	\$ 50.20	\$ 613.81	
68899		Tear duct system surgery	C	0.000	0.000	\$ -	\$ -	
69000		Drain external ear lesion	A	3.105	4.431	\$ 128.52	\$ 183.41	
69005		Drain external ear lesion	A	4.433	5.376	\$ 183.46	\$ 222.51	
69020		Drain outer ear canal lesion	A	3.719	5.325	\$ 153.92	\$ 220.41	
69090		Pierce earlobes	N	0.000	0.000	\$ -	\$ -	
69100		Biopsy of external ear	A	1.339	2.486	\$ 55.42	\$ 102.91	
69105		Biopsy of external ear canal	A	1.781	3.090	\$ 73.71	\$ 127.89	
69110		Remove external ear, partial	A	7.150	8.034	\$ 295.95	\$ 332.54	
69120		Removal of external ear	A	8.867	8.867	\$ 366.99	\$ 366.99	
69140		Remove ear canal lesion(s)	A	16.331	16.331	\$ 675.93	\$ 675.93	
69145		Remove ear canal lesion(s)	A	5.698	6.523	\$ 235.86	\$ 269.98	
69150		Extensive ear canal surgery	A	26.917	26.917	\$ 1,114.10	\$ 1,114.10	
69155		Extensive ear/neck surgery	A	40.254	40.254	\$ 1,666.10	\$ 1,666.10	
69200		Clear outer ear canal	A	1.500	2.987	\$ 62.08	\$ 123.65	
69205		Clear outer ear canal	A	2.782	2.782	\$ 115.14	\$ 115.14	
69210		Remove impacted ear wax	A	1.011	1.343	\$ 41.86	\$ 55.58	
69220		Clean out mastoid cavity	A	1.735	3.070	\$ 71.82	\$ 127.06	
69222		Clean out mastoid cavity	A	3.591	5.087	\$ 148.62	\$ 210.54	
69300		Revise external ear	A	11.998	11.998	\$ 496.60	\$ 496.60	



HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
69310		Rebuild outer ear canal	A	21.556	21.556	\$ 892.19	\$ 892.19	
69320		Rebuild outer ear canal	A	32.772	32.772	\$ 1,356.45	\$ 1,356.45	
69399		Outer ear surgery procedure	C	0.000	0.000	\$ -	\$ -	
69400		Inflate middle ear canal	A	1.676	3.087	\$ 69.36	\$ 127.76	
69401		Inflate middle ear canal	A	1.380	1.932	\$ 57.11	\$ 79.98	
69405		Catheterize middle ear canal	A	5.445	6.456	\$ 225.37	\$ 267.23	
69410		Inset middle ear (baffle)	A	0.817	2.151	\$ 33.81	\$ 89.05	
69420		Incision of eardrum	A	3.147	4.422	\$ 130.24	\$ 183.01	
69421		Incision of eardrum	A	4.138	4.138	\$ 171.28	\$ 171.28	
69424		Remove ventilating tube	A	1.704	2.945	\$ 70.54	\$ 121.91	
69433		Create eardrum opening	A	3.444	4.660	\$ 142.55	\$ 192.86	
69436		Create eardrum opening	A	4.518	4.518	\$ 187.00	\$ 187.00	
69440		Exploration of middle ear	A	15.424	15.424	\$ 638.41	\$ 638.41	
69450		Eardrum revision	A	11.682	11.682	\$ 483.53	\$ 483.53	
69501		Mastoidectomy	A	18.140	18.140	\$ 750.81	\$ 750.81	
69502		Mastoidectomy	A	24.336	24.336	\$ 1,007.28	\$ 1,007.28	
69505		Remove mastoid structures	A	25.435	25.435	\$ 1,052.76	\$ 1,052.76	
69511		Extensive mastoid surgery	A	26.451	26.451	\$ 1,094.83	\$ 1,094.83	
69530		Extensive mastoid surgery	A	36.495	36.495	\$ 1,510.52	\$ 1,510.52	
69535		Remove part of temporal bone	A	67.412	67.412	\$ 2,790.18	\$ 2,790.18	
69540		Remove ear lesion	A	3.275	4.762	\$ 135.54	\$ 197.11	
69550		Remove ear lesion	A	21.823	21.823	\$ 903.25	\$ 903.25	
69552		Remove ear lesion	A	36.886	36.886	\$ 1,526.70	\$ 1,526.70	
69554		Remove ear lesion	A	61.911	61.911	\$ 2,562.48	\$ 2,562.48	
69601		Mastoid surgery revision	A	26.110	26.110	\$ 1,080.70	\$ 1,080.70	
69602		Mastoid surgery revision	A	26.478	26.478	\$ 1,095.93	\$ 1,095.93	
69603		Mastoid surgery revision	A	27.412	27.412	\$ 1,134.60	\$ 1,134.60	
69604		Mastoid surgery revision	A	27.277	27.277	\$ 1,128.99	\$ 1,128.99	
69605		Mastoid surgery revision	A	35.498	35.498	\$ 1,469.26	\$ 1,469.26	
69610		Repair of eardrum	A	8.660	10.462	\$ 358.44	\$ 433.02	
69620		Repair of eardrum	A	11.608	12.985	\$ 480.47	\$ 537.46	
69631		Repair eardrum structures	A	19.799	19.799	\$ 819.47	\$ 819.47	
69632		Rebuild eardrum structures	A	25.216	25.216	\$ 1,043.68	\$ 1,043.68	
69633		Rebuild eardrum structures	A	24.040	24.040	\$ 995.01	\$ 995.01	
69635		Repair eardrum structures	A	25.428	25.428	\$ 1,052.46	\$ 1,052.46	
69636		Rebuild eardrum structures	A	29.770	29.770	\$ 1,232.17	\$ 1,232.17	
69637		Rebuild eardrum structures	A	29.569	29.569	\$ 1,223.87	\$ 1,223.87	
69641		Revise middle ear & mastoid	A	24.963	24.963	\$ 1,033.23	\$ 1,033.23	
69642		Revise middle ear & mastoid	A	32.709	32.709	\$ 1,353.82	\$ 1,353.82	
69643		Revise middle ear & mastoid	A	29.909	29.909	\$ 1,237.94	\$ 1,237.94	
69644		Revise middle ear & mastoid	A	32.875	32.875	\$ 1,360.71	\$ 1,360.71	
69645		Revise middle ear & mastoid	A	31.831	31.831	\$ 1,317.50	\$ 1,317.50	
69646		Revise middle ear & mastoid	A	34.696	34.696	\$ 1,436.05	\$ 1,436.05	
69650		Release middle ear bone	A	19.177	19.177	\$ 793.73	\$ 793.73	
69660		Revise middle ear bone	A	23.177	23.177	\$ 959.29	\$ 959.29	
69661		Revise middle ear bone	A	30.380	30.380	\$ 1,257.41	\$ 1,257.41	
69662		Revise middle ear bone	A	29.723	29.723	\$ 1,230.24	\$ 1,230.24	
69666		Repair middle ear structures	A	19.335	19.335	\$ 800.27	\$ 800.27	
69667		Repair middle ear structures	A	19.525	19.525	\$ 808.15	\$ 808.15	
69670		Remove mastoid air cells	A	22.536	22.536	\$ 932.77	\$ 932.77	
69676		Remove middle ear nerve	A	19.246	19.246	\$ 796.61	\$ 796.61	
69700		Close mastoid fistula	A	15.815	15.815	\$ 654.57	\$ 654.57	
69710		Implant/replace hearing aid	N	0.000	0.000	\$ -	\$ -	
69711		Remove/repair hearing aid	A	20.232	20.232	\$ 837.38	\$ 837.38	
69714		Implant temple bone w/stimul	A	27.202	27.202	\$ 1,125.90	\$ 1,125.90	
69715		Temple bone implnt w/stimulat	A	35.011	35.011	\$ 1,449.10	\$ 1,449.10	
69717		Temple bone implant revision	A	28.209	28.209	\$ 1,167.58	\$ 1,167.58	
69718		Revise temple bone implant	A	35.294	35.294	\$ 1,460.83	\$ 1,460.83	
69720		Release facial nerve	A	28.384	28.384	\$ 1,174.80	\$ 1,174.80	
69725		Release facial nerve	A	48.132	48.132	\$ 1,992.20	\$ 1,992.20	
69740		Repair facial nerve	A	30.106	30.106	\$ 1,246.09	\$ 1,246.09	

HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
69745		Repair facial nerve	A	31.075	31.075	\$ 1,286.21	\$ 1,286.21	
69799		Middle ear surgery procedure	C	0.000	0.000	\$ -	\$ -	
69801		Incise inner ear	A	17.181	17.181	\$ 711.11	\$ 711.11	
69802		Incise inner ear	A	25.574	25.574	\$ 1,058.49	\$ 1,058.49	
69805		Explore inner ear	A	26.952	26.952	\$ 1,115.56	\$ 1,115.56	
69806		Explore inner ear	A	24.230	24.230	\$ 1,002.87	\$ 1,002.87	
69820		Establish inner ear window	A	20.133	20.133	\$ 833.32	\$ 833.32	
69840		Revise inner ear window	A	19.153	19.153	\$ 792.74	\$ 792.74	
69905		Remove inner ear	A	21.806	21.806	\$ 902.55	\$ 902.55	
69910		Remove inner ear & mastoid	A	26.316	26.316	\$ 1,089.20	\$ 1,089.20	
69915		Incise inner ear nerve	A	40.570	40.570	\$ 1,679.18	\$ 1,679.18	
69930		Implant cochlear device	A	32.503	32.503	\$ 1,345.29	\$ 1,345.29	
69949		Inner ear surgery procedure	C	0.000	0.000	\$ -	\$ -	
69950		Incise inner ear nerve	A	53.050	53.050	\$ 2,195.74	\$ 2,195.74	
69955		Release facial nerve	A	50.935	50.935	\$ 2,108.18	\$ 2,108.18	
69960		Release inner ear canal	A	53.050	53.050	\$ 2,195.73	\$ 2,195.73	
69970		Remove inner ear lesion	A	56.694	56.694	\$ 2,346.55	\$ 2,346.55	
69979		Temporal bone surgery	C	0.000	0.000	\$ -	\$ -	
69990		Microsurgery add-on	A	7.674	7.674	\$ 317.64	\$ 317.64	
70010		Contrast x-ray of brain	A	6.355	6.355	\$ 263.04	\$ 263.04	
70010	TC	Contrast x-ray of brain	A	4.557	4.557	\$ 188.63	\$ 188.63	
70010	26	Contrast x-ray of brain	A	1.798	1.798	\$ 74.41	\$ 74.41	
70015		Contrast x-ray of brain	A	3.230	3.230	\$ 133.70	\$ 133.70	
70015	TC	Contrast x-ray of brain	A	1.472	1.472	\$ 60.92	\$ 60.92	
70015	26	Contrast x-ray of brain	A	1.758	1.758	\$ 72.78	\$ 72.78	
70030		X-ray eye for foreign body	A	0.688	0.688	\$ 28.47	\$ 28.47	
70030	TC	X-ray eye for foreign body	A	0.427	0.427	\$ 17.69	\$ 17.69	
70030	26	X-ray eye for foreign body	A	0.260	0.260	\$ 10.78	\$ 10.78	
70100		X-ray exam of jaw	A	0.791	0.791	\$ 32.76	\$ 32.76	
70100	TC	X-ray exam of jaw	A	0.521	0.521	\$ 21.56	\$ 21.56	
70100	26	X-ray exam of jaw	A	0.270	0.270	\$ 11.19	\$ 11.19	
70110		X-ray exam of jaw	A	1.042	1.042	\$ 43.14	\$ 43.14	
70110	TC	X-ray exam of jaw	A	0.685	0.685	\$ 28.35	\$ 28.35	
70110	26	X-ray exam of jaw	A	0.357	0.357	\$ 14.80	\$ 14.80	
70120		X-ray exam of mastoids	A	0.955	0.955	\$ 39.54	\$ 39.54	
70120	TC	X-ray exam of mastoids	A	0.685	0.685	\$ 28.35	\$ 28.35	
70120	26	X-ray exam of mastoids	A	0.270	0.270	\$ 11.19	\$ 11.19	
70130		X-ray exam of mastoids	A	1.342	1.342	\$ 55.54	\$ 55.54	
70130	TC	X-ray exam of mastoids	A	0.869	0.869	\$ 35.96	\$ 35.96	
70130	26	X-ray exam of mastoids	A	0.473	0.473	\$ 19.58	\$ 19.58	
70134		X-ray exam of middle ear	A	1.299	1.299	\$ 53.78	\$ 53.78	
70134	TC	X-ray exam of middle ear	A	0.826	0.826	\$ 34.20	\$ 34.20	
70134	26	X-ray exam of middle ear	A	0.473	0.473	\$ 19.58	\$ 19.58	
70140		X-ray exam of facial bones	A	0.965	0.965	\$ 39.96	\$ 39.96	
70140	TC	X-ray exam of facial bones	A	0.685	0.685	\$ 28.35	\$ 28.35	
70140	26	X-ray exam of facial bones	A	0.280	0.280	\$ 11.61	\$ 11.61	
70150		X-ray exam of facial bones	A	1.245	1.245	\$ 51.52	\$ 51.52	
70150	TC	X-ray exam of facial bones	A	0.869	0.869	\$ 35.96	\$ 35.96	
70150	26	X-ray exam of facial bones	A	0.376	0.376	\$ 15.56	\$ 15.56	
70160		X-ray exam of nasal bones	A	0.781	0.781	\$ 32.34	\$ 32.34	
70160	TC	X-ray exam of nasal bones	A	0.521	0.521	\$ 21.56	\$ 21.56	
70160	26	X-ray exam of nasal bones	A	0.260	0.260	\$ 10.78	\$ 10.78	
70170		X-ray exam of tear duct	A	1.469	1.469	\$ 60.79	\$ 60.79	
70170	TC	X-ray exam of tear duct	A	1.044	1.044	\$ 43.23	\$ 43.23	
70170	26	X-ray exam of tear duct	A	0.424	0.424	\$ 17.57	\$ 17.57	
70190		X-ray exam of eye sockets	A	0.994	0.994	\$ 41.14	\$ 41.14	
70190	TC	X-ray exam of eye sockets	A	0.685	0.685	\$ 28.35	\$ 28.35	
70190	26	X-ray exam of eye sockets	A	0.309	0.309	\$ 12.79	\$ 12.79	
70200		X-ray exam of eye sockets	A	1.265	1.265	\$ 52.35	\$ 52.35	
70200	TC	X-ray exam of eye sockets	A	0.869	0.869	\$ 35.96	\$ 35.96	
70200	26	X-ray exam of eye sockets	A	0.396	0.396	\$ 16.39	\$ 16.39	

HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
70210		X-ray exam of sinuses	A	0.945	0.945	\$ 39.13	\$ 39.13	
70210	TC	X-ray exam of sinuses	A	0.685	0.685	\$ 28.35	\$ 28.35	
70210	26	X-ray exam of sinuses	A	0.260	0.260	\$ 10.78	\$ 10.78	
70220		X-ray exam of sinuses	A	1.226	1.226	\$ 50.76	\$ 50.76	
70220	TC	X-ray exam of sinuses	A	0.869	0.869	\$ 35.96	\$ 35.96	
70220	26	X-ray exam of sinuses	A	0.357	0.357	\$ 14.80	\$ 14.80	
70240		X-ray exam, pituitary saddle	A	0.708	0.708	\$ 29.30	\$ 29.30	
70240	TC	X-ray exam, pituitary saddle	A	0.427	0.427	\$ 17.69	\$ 17.69	
70240	26	X-ray exam, pituitary saddle	A	0.280	0.280	\$ 11.61	\$ 11.61	
70250		X-ray exam of skull	A	1.032	1.032	\$ 42.73	\$ 42.73	
70250	TC	X-ray exam of skull	A	0.685	0.685	\$ 28.35	\$ 28.35	
70250	26	X-ray exam of skull	A	0.347	0.347	\$ 14.38	\$ 14.38	
70260		X-ray exam of skull	A	1.466	1.466	\$ 60.69	\$ 60.69	
70260	TC	X-ray exam of skull	A	0.993	0.993	\$ 41.11	\$ 41.11	
70260	26	X-ray exam of skull	A	0.473	0.473	\$ 19.58	\$ 19.58	
70300		X-ray exam of teeth	A	0.490	0.490	\$ 20.30	\$ 20.30	
70300	TC	X-ray exam of teeth	A	0.308	0.308	\$ 12.77	\$ 12.77	
70300	26	X-ray exam of teeth	A	0.182	0.182	\$ 7.53	\$ 7.53	
70310		X-ray exam of teeth	A	0.695	0.695	\$ 28.76	\$ 28.76	
70310	TC	X-ray exam of teeth	A	0.427	0.427	\$ 17.69	\$ 17.69	
70310	26	X-ray exam of teeth	A	0.267	0.267	\$ 11.07	\$ 11.07	
70320		Full mouth x-ray of teeth	A	1.196	1.196	\$ 49.52	\$ 49.52	
70320	TC	Full mouth x-ray of teeth	A	0.869	0.869	\$ 35.96	\$ 35.96	
70320	26	Full mouth x-ray of teeth	A	0.327	0.327	\$ 13.55	\$ 13.55	
70328		X-ray exam of jaw joint	A	0.766	0.766	\$ 31.70	\$ 31.70	
70328	TC	X-ray exam of jaw joint	A	0.495	0.495	\$ 20.51	\$ 20.51	
70328	26	X-ray exam of jaw joint	A	0.270	0.270	\$ 11.19	\$ 11.19	
70330		X-ray exam of jaw joints	A	1.267	1.267	\$ 52.46	\$ 52.46	
70330	TC	X-ray exam of jaw joints	A	0.920	0.920	\$ 38.07	\$ 38.07	
70330	26	X-ray exam of jaw joints	A	0.347	0.347	\$ 14.38	\$ 14.38	
70332		X-ray exam of jaw joint	A	3.048	3.048	\$ 126.14	\$ 126.14	
70332	TC	X-ray exam of jaw joint	A	2.259	2.259	\$ 93.49	\$ 93.49	
70332	26	X-ray exam of jaw joint	A	0.789	0.789	\$ 32.65	\$ 32.65	
70336		Magnetic image, jaw joint	A	14.087	14.087	\$ 583.05	\$ 583.05	
70336	TC	Magnetic image, jaw joint	A	11.883	11.883	\$ 491.84	\$ 491.84	
70336	26	Magnetic image, jaw joint	A	2.204	2.204	\$ 91.21	\$ 91.21	
70350		X-ray head for orthodontia	A	0.662	0.662	\$ 27.42	\$ 27.42	
70350	TC	X-ray head for orthodontia	A	0.393	0.393	\$ 16.28	\$ 16.28	
70350	26	X-ray head for orthodontia	A	0.269	0.269	\$ 11.13	\$ 11.13	
70355		Panoramic x-ray of jaws	A	0.950	0.950	\$ 39.32	\$ 39.32	
70355	TC	Panoramic x-ray of jaws	A	0.642	0.642	\$ 26.59	\$ 26.59	
70355	26	Panoramic x-ray of jaws	A	0.307	0.307	\$ 12.73	\$ 12.73	
70360		X-ray exam of neck	A	0.688	0.688	\$ 28.47	\$ 28.47	
70360	TC	X-ray exam of neck	A	0.427	0.427	\$ 17.69	\$ 17.69	
70360	26	X-ray exam of neck	A	0.260	0.260	\$ 10.78	\$ 10.78	
70370		Throat x-ray & fluoroscopy	A	1.843	1.843	\$ 76.27	\$ 76.27	
70370	TC	Throat x-ray & fluoroscopy	A	1.390	1.390	\$ 57.52	\$ 57.52	
70370	26	Throat x-ray & fluoroscopy	A	0.453	0.453	\$ 18.75	\$ 18.75	
70371		Speech evaluation, complex	A	3.534	3.534	\$ 146.27	\$ 146.27	
70371	TC	Speech evaluation, complex	A	2.259	2.259	\$ 93.49	\$ 93.49	
70371	26	Speech evaluation, complex	A	1.275	1.275	\$ 52.79	\$ 52.79	
70373		Contrast x-ray of larynx	A	2.602	2.602	\$ 107.70	\$ 107.70	
70373	TC	Contrast x-ray of larynx	A	1.956	1.956	\$ 80.95	\$ 80.95	
70373	26	Contrast x-ray of larynx	A	0.646	0.646	\$ 26.76	\$ 26.76	
70380		X-ray exam of salivary gland	A	0.988	0.988	\$ 40.89	\$ 40.89	
70380	TC	X-ray exam of salivary gland	A	0.727	0.727	\$ 30.11	\$ 30.11	
70380	26	X-ray exam of salivary gland	A	0.260	0.260	\$ 10.78	\$ 10.78	
70390		X-ray exam of salivary duct	A	2.525	2.525	\$ 104.52	\$ 104.52	
70390	TC	X-ray exam of salivary duct	A	1.956	1.956	\$ 80.95	\$ 80.95	
70390	26	X-ray exam of salivary duct	A	0.569	0.569	\$ 23.57	\$ 23.57	
70450		Ct head/brain w/o dye	A	6.301	6.301	\$ 260.81	\$ 260.81	

HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
70450	TC	Ct head/brain w/o dye	A	5.016	5.016	\$ 207.61	\$ 207.61	
70450	26	Ct head/brain w/o dye	A	1.285	1.285	\$ 53.20	\$ 53.20	
70460		Ct head/brain w/dye	A	7.685	7.685	\$ 318.08	\$ 318.08	
70460	TC	Ct head/brain w/dye	A	6.004	6.004	\$ 248.49	\$ 248.49	
70460	26	Ct head/brain w/dye	A	1.681	1.681	\$ 69.59	\$ 69.59	
70470		Ct head/brain w/o & w/ dye	A	9.390	9.390	\$ 388.67	\$ 388.67	
70470	TC	Ct head/brain w/o & w/ dye	A	7.496	7.496	\$ 310.24	\$ 310.24	
70470	26	Ct head/brain w/o & w/ dye	A	1.895	1.895	\$ 78.43	\$ 78.43	
70480		Ct orbit/ear/fossa w/o dye	A	6.929	6.929	\$ 286.80	\$ 286.80	
70480	TC	Ct orbit/ear/fossa w/o dye	A	5.016	5.016	\$ 207.61	\$ 207.61	
70480	26	Ct orbit/ear/fossa w/o dye	A	1.913	1.913	\$ 79.19	\$ 79.19	
70481		Ct orbit/ear/fossa w/dye	A	8.043	8.043	\$ 332.88	\$ 332.88	
70481	TC	Ct orbit/ear/fossa w/dye	A	6.004	6.004	\$ 248.49	\$ 248.49	
70481	26	Ct orbit/ear/fossa w/dye	A	2.039	2.039	\$ 84.39	\$ 84.39	
70482		Ct orbit/ear/fossa w/o&w dye	A	9.621	9.621	\$ 398.23	\$ 398.23	
70482	TC	Ct orbit/ear/fossa w/o&w dye	A	7.496	7.496	\$ 310.24	\$ 310.24	
70482	26	Ct orbit/ear/fossa w/o&w dye	A	2.126	2.126	\$ 87.99	\$ 87.99	
70486		Ct maxillofacial w/o dye	A	6.707	6.707	\$ 277.61	\$ 277.61	
70486	TC	Ct maxillofacial w/o dye	A	5.016	5.016	\$ 207.61	\$ 207.61	
70486	26	Ct maxillofacial w/o dye	A	1.691	1.691	\$ 70.00	\$ 70.00	
70487		Ct maxillofacial w/dye	A	7.937	7.937	\$ 328.51	\$ 328.51	
70487	TC	Ct maxillofacial w/dye	A	6.004	6.004	\$ 248.49	\$ 248.49	
70487	26	Ct maxillofacial w/dye	A	1.933	1.933	\$ 80.02	\$ 80.02	
70488		Ct maxillofacial w/o & w dye	A	9.583	9.583	\$ 396.63	\$ 396.63	
70488	TC	Ct maxillofacial w/o & w dye	A	7.496	7.496	\$ 310.24	\$ 310.24	
70488	26	Ct maxillofacial w/o & w dye	A	2.087	2.087	\$ 86.39	\$ 86.39	
70490		Ct soft tissue neck w/o dye	A	6.929	6.929	\$ 286.80	\$ 286.80	
70490	TC	Ct soft tissue neck w/o dye	A	5.016	5.016	\$ 207.61	\$ 207.61	
70490	26	Ct soft tissue neck w/o dye	A	1.913	1.913	\$ 79.19	\$ 79.19	
70491		Ct soft tissue neck w/dye	A	8.043	8.043	\$ 332.88	\$ 332.88	
70491	TC	Ct soft tissue neck w/dye	A	6.004	6.004	\$ 248.49	\$ 248.49	
70491	26	Ct soft tissue neck w/dye	A	2.039	2.039	\$ 84.39	\$ 84.39	
70492		Ct sft tsue nck w/o & w/dye	A	9.621	9.621	\$ 398.23	\$ 398.23	
70492	TC	Ct sft tsue nck w/o & w/dye	A	7.496	7.496	\$ 310.24	\$ 310.24	
70492	26	Ct sft tsue nck w/o & w/dye	A	2.126	2.126	\$ 87.99	\$ 87.99	
70496		Ct angiography, head	A	13.971	13.971	\$ 578.27	\$ 578.27	
70496	TC	Ct angiography, head	A	11.342	11.342	\$ 469.45	\$ 469.45	
70496	26	Ct angiography, head	A	2.629	2.629	\$ 108.82	\$ 108.82	
70498		Ct angiography, neck	A	13.971	13.971	\$ 578.27	\$ 578.27	
70498	TC	Ct angiography, neck	A	11.342	11.342	\$ 469.45	\$ 469.45	
70498	26	Ct angiography, neck	A	2.629	2.629	\$ 108.82	\$ 108.82	
70540		Mri orbit/face/neck w/o dye	A	13.015	13.015	\$ 538.68	\$ 538.68	
70540	TC	Mri orbit/face/neck w/o dye	A	11.093	11.093	\$ 459.16	\$ 459.16	
70540	26	Mri orbit/face/neck w/o dye	A	1.921	1.921	\$ 79.53	\$ 79.53	
70542		Mri orbit/face/neck w/dye	A	15.629	15.629	\$ 646.89	\$ 646.89	
70542	TC	Mri orbit/face/neck w/dye	A	13.322	13.322	\$ 551.39	\$ 551.39	
70542	26	Mri orbit/face/neck w/dye	A	2.307	2.307	\$ 95.50	\$ 95.50	
70543		Mri orbit/fac/nck w/o & w dye	A	27.618	27.618	\$ 1,143.11	\$ 1,143.11	
70543	TC	Mri orbit/fac/nck w/o & w dye	A	24.549	24.549	\$ 1,016.08	\$ 1,016.08	
70543	26	Mri orbit/fac/nck w/o & w dye	A	3.069	3.069	\$ 127.04	\$ 127.04	
70544		Mr angiography head w/o dye	A	13.651	13.651	\$ 565.03	\$ 565.03	
70544	TC	Mr angiography head w/o dye	A	11.883	11.883	\$ 491.84	\$ 491.84	
70544	26	Mr angiography head w/o dye	A	1.768	1.768	\$ 73.19	\$ 73.19	
70545		Mr angiography head w/dye	A	13.651	13.651	\$ 565.03	\$ 565.03	
70545	TC	Mr angiography head w/dye	A	11.883	11.883	\$ 491.84	\$ 491.84	
70545	26	Mr angiography head w/dye	A	1.768	1.768	\$ 73.19	\$ 73.19	
70546		Mr angiograph head w/o&w dye	A	24.142	24.142	\$ 999.23	\$ 999.23	
70546	TC	Mr angiograph head w/o&w dye	A	21.445	21.445	\$ 887.63	\$ 887.63	
70546	26	Mr angiograph head w/o&w dye	A	2.696	2.696	\$ 111.60	\$ 111.60	
70547		Mr angiography neck w/o dye	A	13.651	13.651	\$ 565.03	\$ 565.03	
70547	TC	Mr angiography neck w/o dye	A	11.883	11.883	\$ 491.84	\$ 491.84	



HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
70547	26	Mr angiography neck w/o dye	A	1.768	1.768	\$ 73.19	\$ 73.19	
70548		Mr angiography neck w/dye	A	13.651	13.651	\$ 565.03	\$ 565.03	
70548	TC	Mr angiography neck w/dye	A	11.883	11.883	\$ 491.84	\$ 491.84	
70548	26	Mr angiography neck w/dye	A	1.768	1.768	\$ 73.19	\$ 73.19	
70549		Mr angiograph neck w/o&w dye	A	24.142	24.142	\$ 999.23	\$ 999.23	
70549	TC	Mr angiograph neck w/o&w dye	A	21.445	21.445	\$ 887.63	\$ 887.63	
70549	26	Mr angiograph neck w/o&w dye	A	2.696	2.696	\$ 111.60	\$ 111.60	
70551		Mri brain w/o dye	A	14.095	14.095	\$ 583.40	\$ 583.40	
70551	TC	Mri brain w/o dye	A	11.883	11.883	\$ 491.84	\$ 491.84	
70551	26	Mri brain w/o dye	A	2.212	2.212	\$ 91.57	\$ 91.57	
70552		Mri brain w/ dye	A	16.906	16.906	\$ 699.74	\$ 699.74	
70552	TC	Mri brain w/ dye	A	14.230	14.230	\$ 588.97	\$ 588.97	
70552	26	Mri brain w/ dye	A	2.676	2.676	\$ 110.77	\$ 110.77	
70553		Mri brain w/o & w/ dye	A	29.901	29.901	\$ 1,237.59	\$ 1,237.59	
70553	TC	Mri brain w/o & w/ dye	A	26.404	26.404	\$ 1,092.87	\$ 1,092.87	
70553	26	Mri brain w/o & w/ dye	A	3.497	3.497	\$ 144.73	\$ 144.73	
70557		Mri brain w/o dye	A	0.000	0.000	\$ -	\$ -	\$ 516.21
70557	TC	Mri brain w/o dye	A	0.000	0.000	\$ -	\$ -	\$ 348.63
70557	26	Mri brain w/o dye	A	4.049	4.049	\$ 167.58	\$ 167.58	
70558		Mri brain w/ dye	A	0.000	0.000	\$ -	\$ -	\$ 575.06
70558	TC	Mri brain w/ dye	A	0.000	0.000	\$ -	\$ -	\$ 388.28
70558	26	Mri brain w/ dye	A	4.513	4.513	\$ 186.78	\$ 186.78	
70559		Mri brain w/o & w/ dye	A	0.000	0.000	\$ -	\$ -	\$ 692.42
70559	TC	Mri brain w/o & w/ dye	A	0.000	0.000	\$ -	\$ -	\$ 502.37
70559	26	Mri brain w/o & w/ dye	A	4.592	4.592	\$ 190.05	\$ 190.05	
71010		Chest x-ray	A	0.749	0.749	\$ 31.00	\$ 31.00	
71010	TC	Chest x-ray	A	0.478	0.478	\$ 19.80	\$ 19.80	
71010	26	Chest x-ray	A	0.270	0.270	\$ 11.19	\$ 11.19	
71015		Chest x-ray	A	0.830	0.830	\$ 34.35	\$ 34.35	
71015	TC	Chest x-ray	A	0.521	0.521	\$ 21.56	\$ 21.56	
71015	26	Chest x-ray	A	0.309	0.309	\$ 12.79	\$ 12.79	
71020		Chest x-ray	A	1.004	1.004	\$ 41.55	\$ 41.55	
71020	TC	Chest x-ray	A	0.685	0.685	\$ 28.35	\$ 28.35	
71020	26	Chest x-ray	A	0.319	0.319	\$ 13.20	\$ 13.20	
71021		Chest x-ray	A	1.212	1.212	\$ 50.18	\$ 50.18	
71021	TC	Chest x-ray	A	0.826	0.826	\$ 34.20	\$ 34.20	
71021	26	Chest x-ray	A	0.386	0.386	\$ 15.98	\$ 15.98	
71022		Chest x-ray	A	1.300	1.300	\$ 53.82	\$ 53.82	
71022	TC	Chest x-ray	A	0.826	0.826	\$ 34.20	\$ 34.20	
71022	26	Chest x-ray	A	0.474	0.474	\$ 19.62	\$ 19.62	
71023		Chest x-ray and fluoroscopy	A	1.438	1.438	\$ 59.53	\$ 59.53	
71023	TC	Chest x-ray and fluoroscopy	A	0.869	0.869	\$ 35.96	\$ 35.96	
71023	26	Chest x-ray and fluoroscopy	A	0.569	0.569	\$ 23.57	\$ 23.57	
71030		Chest x-ray	A	1.303	1.303	\$ 53.95	\$ 53.95	
71030	TC	Chest x-ray	A	0.869	0.869	\$ 35.96	\$ 35.96	
71030	26	Chest x-ray	A	0.434	0.434	\$ 17.98	\$ 17.98	
71034		Chest x-ray and fluoroscopy	A	2.215	2.215	\$ 91.67	\$ 91.67	
71034	TC	Chest x-ray and fluoroscopy	A	1.540	1.540	\$ 63.73	\$ 63.73	
71034	26	Chest x-ray and fluoroscopy	A	0.675	0.675	\$ 27.94	\$ 27.94	
71035		Chest x-ray	A	0.791	0.791	\$ 32.76	\$ 32.76	
71035	TC	Chest x-ray	A	0.521	0.521	\$ 21.56	\$ 21.56	
71035	26	Chest x-ray	A	0.270	0.270	\$ 11.19	\$ 11.19	
71040		Contrast x-ray of bronchi	A	2.456	2.456	\$ 101.66	\$ 101.66	
71040	TC	Contrast x-ray of bronchi	A	1.557	1.557	\$ 64.44	\$ 64.44	
71040	26	Contrast x-ray of bronchi	A	0.899	0.899	\$ 37.23	\$ 37.23	
71060		Contrast x-ray of bronchi	A	3.502	3.502	\$ 144.95	\$ 144.95	
71060	TC	Contrast x-ray of bronchi	A	2.392	2.392	\$ 98.99	\$ 98.99	
71060	26	Contrast x-ray of bronchi	A	1.110	1.110	\$ 45.96	\$ 45.96	
71090		X-ray & pacemaker insertion	A	2.668	2.668	\$ 110.44	\$ 110.44	
71090	TC	X-ray & pacemaker insertion	A	1.871	1.871	\$ 77.43	\$ 77.43	
71090	26	X-ray & pacemaker insertion	A	0.797	0.797	\$ 33.01	\$ 33.01	

HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
71100		X-ray exam of ribs	A	0.961	0.961	\$ 39.79	\$ 39.79	
71100	TC	X-ray exam of ribs	A	0.642	0.642	\$ 26.59	\$ 26.59	
71100	26	X-ray exam of ribs	A	0.319	0.319	\$ 13.20	\$ 13.20	
71101		X-ray exam of ribs/chest	A	1.113	1.113	\$ 46.08	\$ 46.08	
71101	TC	X-ray exam of ribs/chest	A	0.727	0.727	\$ 30.11	\$ 30.11	
71101	26	X-ray exam of ribs/chest	A	0.386	0.386	\$ 15.98	\$ 15.98	
71110		X-ray exam of ribs	A	1.255	1.255	\$ 51.94	\$ 51.94	
71110	TC	X-ray exam of ribs	A	0.869	0.869	\$ 35.96	\$ 35.96	
71110	26	X-ray exam of ribs	A	0.386	0.386	\$ 15.98	\$ 15.98	
71111		X-ray exam of ribs/ chest	A	1.446	1.446	\$ 59.86	\$ 59.86	
71111	TC	X-ray exam of ribs/ chest	A	0.993	0.993	\$ 41.11	\$ 41.11	
71111	26	X-ray exam of ribs/ chest	A	0.453	0.453	\$ 18.75	\$ 18.75	
71120		X-ray exam of breastbone	A	1.009	1.009	\$ 41.78	\$ 41.78	
71120	TC	X-ray exam of breastbone	A	0.710	0.710	\$ 29.40	\$ 29.40	
71120	26	X-ray exam of breastbone	A	0.299	0.299	\$ 12.37	\$ 12.37	
71130		X-ray exam of breastbone	A	1.080	1.080	\$ 44.72	\$ 44.72	
71130	TC	X-ray exam of breastbone	A	0.761	0.761	\$ 31.51	\$ 31.51	
71130	26	X-ray exam of breastbone	A	0.319	0.319	\$ 13.20	\$ 13.20	
71250		Ct thorax w/o dye	A	7.984	7.984	\$ 330.46	\$ 330.46	
71250	TC	Ct thorax w/o dye	A	6.264	6.264	\$ 259.27	\$ 259.27	
71250	26	Ct thorax w/o dye	A	1.720	1.720	\$ 71.18	\$ 71.18	
71260		Ct thorax w/dye	A	9.312	9.312	\$ 385.44	\$ 385.44	
71260	TC	Ct thorax w/dye	A	7.496	7.496	\$ 310.24	\$ 310.24	
71260	26	Ct thorax w/dye	A	1.817	1.817	\$ 75.20	\$ 75.20	
71270		Ct thorax w/o & w/ dye	A	11.403	11.403	\$ 471.95	\$ 471.95	
71270	TC	Ct thorax w/o & w/ dye	A	9.364	9.364	\$ 387.57	\$ 387.57	
71270	26	Ct thorax w/o & w/ dye	A	2.039	2.039	\$ 84.39	\$ 84.39	
71275		Ct angiography, chest	A	14.828	14.828	\$ 613.74	\$ 613.74	
71275	TC	Ct angiography, chest	A	12.096	12.096	\$ 500.67	\$ 500.67	
71275	26	Ct angiography, chest	A	2.732	2.732	\$ 113.07	\$ 113.07	
71550		Mri chest w/o dye	A	13.396	13.396	\$ 554.45	\$ 554.45	
71550	TC	Mri chest w/o dye	A	11.330	11.330	\$ 468.96	\$ 468.96	
71550	26	Mri chest w/o dye	A	2.065	2.065	\$ 85.49	\$ 85.49	
71551		Mri chest w/dye	A	16.010	16.010	\$ 662.65	\$ 662.65	
71551	TC	Mri chest w/dye	A	13.519	13.519	\$ 559.56	\$ 559.56	
71551	26	Mri chest w/dye	A	2.491	2.491	\$ 103.09	\$ 103.09	
71552		Mri chest w/o & w/dye	A	27.201	27.201	\$ 1,125.85	\$ 1,125.85	
71552	TC	Mri chest w/o & w/dye	A	23.917	23.917	\$ 989.93	\$ 989.93	
71552	26	Mri chest w/o & w/dye	A	3.284	3.284	\$ 135.91	\$ 135.91	
71555		Mri angio chest w or w/o dye	A	14.598	14.598	\$ 604.20	\$ 604.20	
71555	TC	Mri angio chest w or w/o dye	A	11.883	11.883	\$ 491.84	\$ 491.84	
71555	26	Mri angio chest w or w/o dye	A	2.715	2.715	\$ 112.36	\$ 112.36	
72010		X-ray exam of spine	A	1.848	1.848	\$ 76.48	\$ 76.48	
72010	TC	X-ray exam of spine	A	1.112	1.112	\$ 46.04	\$ 46.04	
72010	26	X-ray exam of spine	A	0.735	0.735	\$ 30.44	\$ 30.44	
72020		X-ray exam of spine	A	0.659	0.659	\$ 27.29	\$ 27.29	
72020	TC	X-ray exam of spine	A	0.427	0.427	\$ 17.69	\$ 17.69	
72020	26	X-ray exam of spine	A	0.232	0.232	\$ 9.60	\$ 9.60	
72040		X-ray exam of neck spine	A	0.987	0.987	\$ 40.85	\$ 40.85	
72040	TC	X-ray exam of neck spine	A	0.668	0.668	\$ 27.64	\$ 27.64	
72040	26	X-ray exam of neck spine	A	0.319	0.319	\$ 13.20	\$ 13.20	
72050		X-ray exam of neck spine	A	1.467	1.467	\$ 60.73	\$ 60.73	
72050	TC	X-ray exam of neck spine	A	0.993	0.993	\$ 41.11	\$ 41.11	
72050	26	X-ray exam of neck spine	A	0.474	0.474	\$ 19.62	\$ 19.62	
72052		X-ray exam of neck spine	A	1.738	1.738	\$ 71.95	\$ 71.95	
72052	TC	X-ray exam of neck spine	A	1.197	1.197	\$ 49.56	\$ 49.56	
72052	26	X-ray exam of neck spine	A	0.541	0.541	\$ 22.39	\$ 22.39	
72069		X-ray exam of trunk spine	A	0.862	0.862	\$ 35.69	\$ 35.69	
72069	TC	X-ray exam of trunk spine	A	0.495	0.495	\$ 20.51	\$ 20.51	
72069	26	X-ray exam of trunk spine	A	0.367	0.367	\$ 15.19	\$ 15.19	
72070		X-ray exam of thoracic spine	A	1.029	1.029	\$ 42.61	\$ 42.61	

HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
72070	TC	X-ray exam of thoracic spine	A	0.710	0.710	\$ 29.40	\$ 29.40	
72070	26	X-ray exam of thoracic spine	A	0.319	0.319	\$ 13.20	\$ 13.20	
72072		X-ray exam of thoracic spine	A	1.145	1.145	\$ 47.41	\$ 47.41	
72072	TC	X-ray exam of thoracic spine	A	0.826	0.826	\$ 34.20	\$ 34.20	
72072	26	X-ray exam of thoracic spine	A	0.319	0.319	\$ 13.20	\$ 13.20	
72074		X-ray exam of thoracic spine	A	1.329	1.329	\$ 55.02	\$ 55.02	
72074	TC	X-ray exam of thoracic spine	A	1.010	1.010	\$ 41.82	\$ 41.82	
72074	26	X-ray exam of thoracic spine	A	0.319	0.319	\$ 13.20	\$ 13.20	
72080		X-ray exam of trunk spine	A	1.086	1.086	\$ 44.94	\$ 44.94	
72080	TC	X-ray exam of trunk spine	A	0.727	0.727	\$ 30.11	\$ 30.11	
72080	26	X-ray exam of trunk spine	A	0.358	0.358	\$ 14.84	\$ 14.84	
72090		X-ray exam of trunk spine	A	1.163	1.163	\$ 48.13	\$ 48.13	
72090	TC	X-ray exam of trunk spine	A	0.727	0.727	\$ 30.11	\$ 30.11	
72090	26	X-ray exam of trunk spine	A	0.435	0.435	\$ 18.02	\$ 18.02	
72100		X-ray exam of lower spine	A	1.086	1.086	\$ 44.94	\$ 44.94	
72100	TC	X-ray exam of lower spine	A	0.727	0.727	\$ 30.11	\$ 30.11	
72100	26	X-ray exam of lower spine	A	0.358	0.358	\$ 14.84	\$ 14.84	
72110		X-ray exam of lower spine	A	1.484	1.484	\$ 61.43	\$ 61.43	
72110	TC	X-ray exam of lower spine	A	1.010	1.010	\$ 41.82	\$ 41.82	
72110	26	X-ray exam of lower spine	A	0.474	0.474	\$ 19.62	\$ 19.62	
72114		X-ray exam of lower spine	A	1.868	1.868	\$ 77.33	\$ 77.33	
72114	TC	X-ray exam of lower spine	A	1.248	1.248	\$ 51.67	\$ 51.67	
72114	26	X-ray exam of lower spine	A	0.620	0.620	\$ 25.66	\$ 25.66	
72120		X-ray exam of lower spine	A	1.352	1.352	\$ 55.95	\$ 55.95	
72120	TC	X-ray exam of lower spine	A	0.993	0.993	\$ 41.11	\$ 41.11	
72120	26	X-ray exam of lower spine	A	0.358	0.358	\$ 14.84	\$ 14.84	
72125		Ct neck spine w/o dye	A	7.984	7.984	\$ 330.46	\$ 330.46	
72125	TC	Ct neck spine w/o dye	A	6.264	6.264	\$ 259.27	\$ 259.27	
72125	26	Ct neck spine w/o dye	A	1.720	1.720	\$ 71.18	\$ 71.18	
72126		Ct neck spine w/dye	A	9.284	9.284	\$ 384.26	\$ 384.26	
72126	TC	Ct neck spine w/dye	A	7.496	7.496	\$ 310.24	\$ 310.24	
72126	26	Ct neck spine w/dye	A	1.788	1.788	\$ 74.02	\$ 74.02	
72127		Ct neck spine w/o & w/dye	A	11.259	11.259	\$ 465.99	\$ 465.99	
72127	TC	Ct neck spine w/o & w/dye	A	9.364	9.364	\$ 387.57	\$ 387.57	
72127	26	Ct neck spine w/o & w/dye	A	1.895	1.895	\$ 78.43	\$ 78.43	
72128		Ct chest spine w/o dye	A	7.984	7.984	\$ 330.46	\$ 330.46	
72128	TC	Ct chest spine w/o dye	A	6.264	6.264	\$ 259.27	\$ 259.27	
72128	26	Ct chest spine w/o dye	A	1.720	1.720	\$ 71.18	\$ 71.18	
72129		Ct chest spine w/dye	A	9.284	9.284	\$ 384.26	\$ 384.26	
72129	TC	Ct chest spine w/dye	A	7.496	7.496	\$ 310.24	\$ 310.24	
72129	26	Ct chest spine w/dye	A	1.788	1.788	\$ 74.02	\$ 74.02	
72130		Ct chest spine w/o & w/dye	A	11.259	11.259	\$ 465.99	\$ 465.99	
72130	TC	Ct chest spine w/o & w/dye	A	9.364	9.364	\$ 387.57	\$ 387.57	
72130	26	Ct chest spine w/o & w/dye	A	1.895	1.895	\$ 78.43	\$ 78.43	
72131		Ct lumbar spine w/o dye	A	7.984	7.984	\$ 330.46	\$ 330.46	
72131	TC	Ct lumbar spine w/o dye	A	6.264	6.264	\$ 259.27	\$ 259.27	
72131	26	Ct lumbar spine w/o dye	A	1.720	1.720	\$ 71.18	\$ 71.18	
72132		Ct lumbar spine w/dye	A	9.332	9.332	\$ 386.25	\$ 386.25	
72132	TC	Ct lumbar spine w/dye	A	7.496	7.496	\$ 310.24	\$ 310.24	
72132	26	Ct lumbar spine w/dye	A	1.836	1.836	\$ 76.01	\$ 76.01	
72133		Ct lumbar spine w/o & w/dye	A	11.267	11.267	\$ 466.35	\$ 466.35	
72133	TC	Ct lumbar spine w/o & w/dye	A	9.364	9.364	\$ 387.57	\$ 387.57	
72133	26	Ct lumbar spine w/o & w/dye	A	1.903	1.903	\$ 78.78	\$ 78.78	
72141		Mri neck spine w/o dye	A	14.249	14.249	\$ 589.78	\$ 589.78	
72141	TC	Mri neck spine w/o dye	A	11.883	11.883	\$ 491.84	\$ 491.84	
72141	26	Mri neck spine w/o dye	A	2.366	2.366	\$ 97.94	\$ 97.94	
72142		Mri neck spine w/dye	A	17.136	17.136	\$ 709.28	\$ 709.28	
72142	TC	Mri neck spine w/dye	A	14.230	14.230	\$ 588.97	\$ 588.97	
72142	26	Mri neck spine w/dye	A	2.907	2.907	\$ 120.31	\$ 120.31	
72146		Mri chest spine w/o dye	A	15.492	15.492	\$ 641.22	\$ 641.22	
72146	TC	Mri chest spine w/o dye	A	13.134	13.134	\$ 543.63	\$ 543.63	

HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
72146	26	Mri chest spine w/o dye	A	2.358	2.358	\$ 97.59	\$ 97.59	
72147		Mri chest spine w/dye	A	17.128	17.128	\$ 708.92	\$ 708.92	
72147	TC	Mri chest spine w/dye	A	14.230	14.230	\$ 588.97	\$ 588.97	
72147	26	Mri chest spine w/dye	A	2.898	2.898	\$ 119.96	\$ 119.96	
72148		Mri lumbar spine w/o dye	A	15.347	15.347	\$ 635.20	\$ 635.20	
72148	TC	Mri lumbar spine w/o dye	A	13.134	13.134	\$ 543.63	\$ 543.63	
72148	26	Mri lumbar spine w/o dye	A	2.212	2.212	\$ 91.57	\$ 91.57	
72149		Mri lumbar spine w/dye	A	16.954	16.954	\$ 701.72	\$ 701.72	
72149	TC	Mri lumbar spine w/dye	A	14.230	14.230	\$ 588.97	\$ 588.97	
72149	26	Mri lumbar spine w/dye	A	2.724	2.724	\$ 112.76	\$ 112.76	
72156		Mri neck spine w/o & w/dye	A	30.210	30.210	\$ 1,250.38	\$ 1,250.38	
72156	TC	Mri neck spine w/o & w/dye	A	26.404	26.404	\$ 1,092.87	\$ 1,092.87	
72156	26	Mri neck spine w/o & w/dye	A	3.806	3.806	\$ 157.52	\$ 157.52	
72157		Mri chest spine w/o & w/dye	A	30.210	30.210	\$ 1,250.38	\$ 1,250.38	
72157	TC	Mri chest spine w/o & w/dye	A	26.404	26.404	\$ 1,092.87	\$ 1,092.87	
72157	26	Mri chest spine w/o & w/dye	A	3.806	3.806	\$ 157.52	\$ 157.52	
72158		Mri lumbar spine w/o & w/dye	A	29.940	29.940	\$ 1,239.23	\$ 1,239.23	
72158	TC	Mri lumbar spine w/o & w/dye	A	26.404	26.404	\$ 1,092.87	\$ 1,092.87	
72158	26	Mri lumbar spine w/o & w/dye	A	3.536	3.536	\$ 146.36	\$ 146.36	
72159		Mr angio spine w/o&w/dye	A	15.703	15.703	\$ 649.95	\$ 649.95	
72159	TC	Mr angio spine w/o&w/dye	A	12.922	12.922	\$ 534.83	\$ 534.83	
72159	26	Mr angio spine w/o&w/dye	A	2.781	2.781	\$ 115.12	\$ 115.12	
72170		X-ray exam of pelvis	A	0.781	0.781	\$ 32.34	\$ 32.34	
72170	TC	X-ray exam of pelvis	A	0.521	0.521	\$ 21.56	\$ 21.56	
72170	26	X-ray exam of pelvis	A	0.260	0.260	\$ 10.78	\$ 10.78	
72190		X-ray exam of pelvis	A	1.036	1.036	\$ 42.90	\$ 42.90	
72190	TC	X-ray exam of pelvis	A	0.727	0.727	\$ 30.11	\$ 30.11	
72190	26	X-ray exam of pelvis	A	0.309	0.309	\$ 12.79	\$ 12.79	
72191		Ct angiograph pelv w/o&w/dye	A	14.395	14.395	\$ 595.82	\$ 595.82	
72191	TC	Ct angiograph pelv w/o&w/dye	A	11.799	11.799	\$ 488.36	\$ 488.36	
72191	26	Ct angiograph pelv w/o&w/dye	A	2.596	2.596	\$ 107.46	\$ 107.46	
72192		Ct pelvis w/o dye	A	7.897	7.897	\$ 326.86	\$ 326.86	
72192	TC	Ct pelvis w/o dye	A	6.264	6.264	\$ 259.27	\$ 259.27	
72192	26	Ct pelvis w/o dye	A	1.633	1.633	\$ 67.58	\$ 67.58	
72193		Ct pelvis w/dye	A	8.980	8.980	\$ 371.70	\$ 371.70	
72193	TC	Ct pelvis w/dye	A	7.261	7.261	\$ 300.51	\$ 300.51	
72193	26	Ct pelvis w/dye	A	1.720	1.720	\$ 71.18	\$ 71.18	
72194		Ct pelvis w/o & w/dye	A	10.736	10.736	\$ 444.37	\$ 444.37	
72194	TC	Ct pelvis w/o & w/dye	A	8.939	8.939	\$ 370.00	\$ 370.00	
72194	26	Ct pelvis w/o & w/dye	A	1.797	1.797	\$ 74.37	\$ 74.37	
72195		Mri pelvis w/o dye	A	13.435	13.435	\$ 556.08	\$ 556.08	
72195	TC	Mri pelvis w/o dye	A	11.330	11.330	\$ 468.96	\$ 468.96	
72195	26	Mri pelvis w/o dye	A	2.105	2.105	\$ 87.12	\$ 87.12	
72196		Mri pelvis w/dye	A	15.970	15.970	\$ 661.02	\$ 661.02	
72196	TC	Mri pelvis w/dye	A	13.519	13.519	\$ 559.56	\$ 559.56	
72196	26	Mri pelvis w/dye	A	2.451	2.451	\$ 101.46	\$ 101.46	
72197		Mri pelvis w/o & w/dye	A	28.148	28.148	\$ 1,165.06	\$ 1,165.06	
72197	TC	Mri pelvis w/o & w/dye	A	24.865	24.865	\$ 1,029.15	\$ 1,029.15	
72197	26	Mri pelvis w/o & w/dye	A	3.284	3.284	\$ 135.91	\$ 135.91	
72198		Mr angio pelvis w/o & w/dye	A	14.656	14.656	\$ 606.60	\$ 606.60	
72198	TC	Mr angio pelvis w/o & w/dye	A	11.883	11.883	\$ 491.84	\$ 491.84	
72198	26	Mr angio pelvis w/o & w/dye	A	2.773	2.773	\$ 114.76	\$ 114.76	
72200		X-ray exam sacroiliac joints	A	0.781	0.781	\$ 32.34	\$ 32.34	
72200	TC	X-ray exam sacroiliac joints	A	0.521	0.521	\$ 21.56	\$ 21.56	
72200	26	X-ray exam sacroiliac joints	A	0.260	0.260	\$ 10.78	\$ 10.78	
72202		X-ray exam sacroiliac joints	A	0.965	0.965	\$ 39.96	\$ 39.96	
72202	TC	X-ray exam sacroiliac joints	A	0.685	0.685	\$ 28.35	\$ 28.35	
72202	26	X-ray exam sacroiliac joints	A	0.280	0.280	\$ 11.61	\$ 11.61	
72220		X-ray exam of tailbone	A	0.903	0.903	\$ 37.37	\$ 37.37	
72220	TC	X-ray exam of tailbone	A	0.642	0.642	\$ 26.59	\$ 26.59	
72220	26	X-ray exam of tailbone	A	0.260	0.260	\$ 10.78	\$ 10.78	



HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
72240		Contrast x-ray of neck spine	A	6.395	6.395	\$ 264.70	\$ 264.70	
72240	TC	Contrast x-ray of neck spine	A	5.041	5.041	\$ 208.66	\$ 208.66	
72240	26	Contrast x-ray of neck spine	A	1.354	1.354	\$ 56.04	\$ 56.04	
72255		Contrast x-ray, thorax spine	A	5.903	5.903	\$ 244.32	\$ 244.32	
72255	TC	Contrast x-ray, thorax spine	A	4.557	4.557	\$ 188.63	\$ 188.63	
72255	26	Contrast x-ray, thorax spine	A	1.345	1.345	\$ 55.68	\$ 55.68	
72265		Contrast x-ray, lower spine	A	5.593	5.593	\$ 231.51	\$ 231.51	
72265	TC	Contrast x-ray, lower spine	A	4.345	4.345	\$ 179.84	\$ 179.84	
72265	26	Contrast x-ray, lower spine	A	1.248	1.248	\$ 51.67	\$ 51.67	
72270		Contrast x-ray, spine	A	8.499	8.499	\$ 351.77	\$ 351.77	
72270	TC	Contrast x-ray, spine	A	6.505	6.505	\$ 269.23	\$ 269.23	
72270	26	Contrast x-ray, spine	A	1.994	1.994	\$ 82.54	\$ 82.54	
72275		Epidurography	A	3.741	3.741	\$ 154.85	\$ 154.85	
72275	TC	Epidurography	A	2.653	2.653	\$ 109.83	\$ 109.83	
72275	26	Epidurography	A	1.088	1.088	\$ 45.03	\$ 45.03	
72285		X-ray c/t spine disk	A	10.588	10.588	\$ 438.25	\$ 438.25	
72285	TC	X-ray c/t spine disk	A	8.846	8.846	\$ 366.13	\$ 366.13	
72285	26	X-ray c/t spine disk	A	1.742	1.742	\$ 72.11	\$ 72.11	
72295		X-ray of lower spine disk	A	9.534	9.534	\$ 394.61	\$ 394.61	
72295	TC	X-ray of lower spine disk	A	8.277	8.277	\$ 342.58	\$ 342.58	
72295	26	X-ray of lower spine disk	A	1.257	1.257	\$ 52.02	\$ 52.02	
73000		X-ray exam of collar bone	A	0.763	0.763	\$ 31.58	\$ 31.58	
73000	TC	X-ray exam of collar bone	A	0.521	0.521	\$ 21.56	\$ 21.56	
73000	26	X-ray exam of collar bone	A	0.242	0.242	\$ 10.02	\$ 10.02	
73010		X-ray exam of shoulder blade	A	0.781	0.781	\$ 32.34	\$ 32.34	
73010	TC	X-ray exam of shoulder blade	A	0.521	0.521	\$ 21.56	\$ 21.56	
73010	26	X-ray exam of shoulder blade	A	0.260	0.260	\$ 10.78	\$ 10.78	
73020		X-ray exam of shoulder	A	0.710	0.710	\$ 29.40	\$ 29.40	
73020	TC	X-ray exam of shoulder	A	0.478	0.478	\$ 19.80	\$ 19.80	
73020	26	X-ray exam of shoulder	A	0.232	0.232	\$ 9.60	\$ 9.60	
73030		X-ray exam of shoulder	A	0.913	0.913	\$ 37.78	\$ 37.78	
73030	TC	X-ray exam of shoulder	A	0.642	0.642	\$ 26.59	\$ 26.59	
73030	26	X-ray exam of shoulder	A	0.270	0.270	\$ 11.19	\$ 11.19	
73040		Contrast x-ray of shoulder	A	3.110	3.110	\$ 128.71	\$ 128.71	
73040	TC	Contrast x-ray of shoulder	A	2.259	2.259	\$ 93.49	\$ 93.49	
73040	26	Contrast x-ray of shoulder	A	0.851	0.851	\$ 35.22	\$ 35.22	
73050		X-ray exam of shoulders	A	1.066	1.066	\$ 44.12	\$ 44.12	
73050	TC	X-ray exam of shoulders	A	0.727	0.727	\$ 30.11	\$ 30.11	
73050	26	X-ray exam of shoulders	A	0.338	0.338	\$ 14.01	\$ 14.01	
73060		X-ray exam of humerus	A	0.903	0.903	\$ 37.37	\$ 37.37	
73060	TC	X-ray exam of humerus	A	0.642	0.642	\$ 26.59	\$ 26.59	
73060	26	X-ray exam of humerus	A	0.260	0.260	\$ 10.78	\$ 10.78	
73070		X-ray exam of elbow	A	0.753	0.753	\$ 31.16	\$ 31.16	
73070	TC	X-ray exam of elbow	A	0.521	0.521	\$ 21.56	\$ 21.56	
73070	26	X-ray exam of elbow	A	0.232	0.232	\$ 9.60	\$ 9.60	
73080		X-ray exam of elbow	A	0.903	0.903	\$ 37.37	\$ 37.37	
73080	TC	X-ray exam of elbow	A	0.642	0.642	\$ 26.59	\$ 26.59	
73080	26	X-ray exam of elbow	A	0.260	0.260	\$ 10.78	\$ 10.78	
73085		Contrast x-ray of elbow	A	3.118	3.118	\$ 129.06	\$ 129.06	
73085	TC	Contrast x-ray of elbow	A	2.259	2.259	\$ 93.49	\$ 93.49	
73085	26	Contrast x-ray of elbow	A	0.859	0.859	\$ 35.57	\$ 35.57	
73090		X-ray exam of forearm	A	0.763	0.763	\$ 31.58	\$ 31.58	
73090	TC	X-ray exam of forearm	A	0.521	0.521	\$ 21.56	\$ 21.56	
73090	26	X-ray exam of forearm	A	0.242	0.242	\$ 10.02	\$ 10.02	
73092		X-ray exam of arm, infant	A	0.737	0.737	\$ 30.52	\$ 30.52	
73092	TC	X-ray exam of arm, infant	A	0.495	0.495	\$ 20.51	\$ 20.51	
73092	26	X-ray exam of arm, infant	A	0.242	0.242	\$ 10.02	\$ 10.02	
73100		X-ray exam of wrist	A	0.785	0.785	\$ 32.51	\$ 32.51	
73100	TC	X-ray exam of wrist	A	0.495	0.495	\$ 20.51	\$ 20.51	
73100	26	X-ray exam of wrist	A	0.290	0.290	\$ 12.00	\$ 12.00	
73110		X-ray exam of wrist	A	0.790	0.790	\$ 32.69	\$ 32.69	

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				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
73110	TC	X-ray exam of wrist	A	0.529	0.529	\$ 21.91	\$ 21.91	
73110	26	X-ray exam of wrist	A	0.260	0.260	\$ 10.78	\$ 10.78	
73115		Contrast x-ray of wrist	A	2.597	2.597	\$ 107.50	\$ 107.50	
73115	TC	Contrast x-ray of wrist	A	1.738	1.738	\$ 71.93	\$ 71.93	
73115	26	Contrast x-ray of wrist	A	0.859	0.859	\$ 35.57	\$ 35.57	
73120		X-ray exam of hand	A	0.737	0.737	\$ 30.52	\$ 30.52	
73120	TC	X-ray exam of hand	A	0.495	0.495	\$ 20.51	\$ 20.51	
73120	26	X-ray exam of hand	A	0.242	0.242	\$ 10.02	\$ 10.02	
73130		X-ray exam of hand	A	0.790	0.790	\$ 32.69	\$ 32.69	
73130	TC	X-ray exam of hand	A	0.529	0.529	\$ 21.91	\$ 21.91	
73130	26	X-ray exam of hand	A	0.260	0.260	\$ 10.78	\$ 10.78	
73140		X-ray exam of finger(s)	A	0.631	0.631	\$ 26.11	\$ 26.11	
73140	TC	X-ray exam of finger(s)	A	0.427	0.427	\$ 17.69	\$ 17.69	
73140	26	X-ray exam of finger(s)	A	0.203	0.203	\$ 8.42	\$ 8.42	
73200		Ct upper extremity w/o dye	A	6.844	6.844	\$ 283.28	\$ 283.28	
73200	TC	Ct upper extremity w/o dye	A	5.211	5.211	\$ 215.70	\$ 215.70	
73200	26	Ct upper extremity w/o dye	A	1.633	1.633	\$ 67.58	\$ 67.58	
73201		Ct upper extremity w/dye	A	7.984	7.984	\$ 330.46	\$ 330.46	
73201	TC	Ct upper extremity w/dye	A	6.264	6.264	\$ 259.27	\$ 259.27	
73201	26	Ct upper extremity w/dye	A	1.720	1.720	\$ 71.18	\$ 71.18	
73202		Ct uppr extremity w/o&w/dye	A	9.708	9.708	\$ 401.83	\$ 401.83	
73202	TC	Ct uppr extremity w/o&w/dye	A	7.872	7.872	\$ 325.82	\$ 325.82	
73202	26	Ct uppr extremity w/o&w/dye	A	1.836	1.836	\$ 76.01	\$ 76.01	
73206		Ct angio upr extrm w/o&w/dye	A	13.477	13.477	\$ 557.83	\$ 557.83	
73206	TC	Ct angio upr extrm w/o&w/dye	A	10.889	10.889	\$ 450.72	\$ 450.72	
73206	26	Ct angio upr extrm w/o&w/dye	A	2.588	2.588	\$ 107.11	\$ 107.11	
73218		Mri upper extremity w/o dye	A	13.015	13.015	\$ 538.68	\$ 538.68	
73218	TC	Mri upper extremity w/o dye	A	11.093	11.093	\$ 459.16	\$ 459.16	
73218	26	Mri upper extremity w/o dye	A	1.921	1.921	\$ 79.53	\$ 79.53	
73219		Mri upper extremity w/dye	A	15.629	15.629	\$ 646.89	\$ 646.89	
73219	TC	Mri upper extremity w/dye	A	13.322	13.322	\$ 551.39	\$ 551.39	
73219	26	Mri upper extremity w/dye	A	2.307	2.307	\$ 95.50	\$ 95.50	
73220		Mri uppr extremity w/o&w/dye	A	27.697	27.697	\$ 1,146.38	\$ 1,146.38	
73220	TC	Mri uppr extremity w/o&w/dye	A	24.549	24.549	\$ 1,016.08	\$ 1,016.08	
73220	26	Mri uppr extremity w/o&w/dye	A	3.148	3.148	\$ 130.31	\$ 130.31	
73221		Mri joint upr extrem w/o dye	A	13.015	13.015	\$ 538.68	\$ 538.68	
73221	TC	Mri joint upr extrem w/o dye	A	11.093	11.093	\$ 459.16	\$ 459.16	
73221	26	Mri joint upr extrem w/o dye	A	1.921	1.921	\$ 79.53	\$ 79.53	
73222		Mri joint upr extrem w/dye	A	15.629	15.629	\$ 646.89	\$ 646.89	
73222	TC	Mri joint upr extrem w/dye	A	13.322	13.322	\$ 551.39	\$ 551.39	
73222	26	Mri joint upr extrem w/dye	A	2.307	2.307	\$ 95.50	\$ 95.50	
73223		Mri joint upr extr w/o&w/dye	A	27.618	27.618	\$ 1,143.11	\$ 1,143.11	
73223	TC	Mri joint upr extr w/o&w/dye	A	24.549	24.549	\$ 1,016.08	\$ 1,016.08	
73223	26	Mri joint upr extr w/o&w/dye	A	3.069	3.069	\$ 127.04	\$ 127.04	
73225		Mr angio upr extr w/o&w/dye	A	14.382	14.382	\$ 595.26	\$ 595.26	
73225	TC	Mr angio upr extr w/o&w/dye	A	11.687	11.687	\$ 483.74	\$ 483.74	
73225	26	Mr angio upr extr w/o&w/dye	A	2.694	2.694	\$ 111.51	\$ 111.51	
73500		X-ray exam of hip	A	0.739	0.739	\$ 30.58	\$ 30.58	
73500	TC	X-ray exam of hip	A	0.478	0.478	\$ 19.80	\$ 19.80	
73500	26	X-ray exam of hip	A	0.260	0.260	\$ 10.78	\$ 10.78	
73510		X-ray exam of hip	A	0.991	0.991	\$ 41.01	\$ 41.01	
73510	TC	X-ray exam of hip	A	0.642	0.642	\$ 26.59	\$ 26.59	
73510	26	X-ray exam of hip	A	0.348	0.348	\$ 14.42	\$ 14.42	
73520		X-ray exam of hips	A	1.143	1.143	\$ 47.30	\$ 47.30	
73520	TC	X-ray exam of hips	A	0.727	0.727	\$ 30.11	\$ 30.11	
73520	26	X-ray exam of hips	A	0.415	0.415	\$ 17.20	\$ 17.20	
73525		Contrast x-ray of hip	A	3.110	3.110	\$ 128.71	\$ 128.71	
73525	TC	Contrast x-ray of hip	A	2.259	2.259	\$ 93.49	\$ 93.49	
73525	26	Contrast x-ray of hip	A	0.851	0.851	\$ 35.22	\$ 35.22	
73530		X-ray exam of hip	A	0.935	0.935	\$ 38.72	\$ 38.72	
73530	TC	X-ray exam of hip	A	0.521	0.521	\$ 21.56	\$ 21.56	

HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
73530	26	X-ray exam of hip	A	0.414	0.414	\$ 17.16	\$ 17.16	
73540		X-ray exam of pelvis & hips	A	0.981	0.981	\$ 40.60	\$ 40.60	
73540	TC	X-ray exam of pelvis & hips	A	0.642	0.642	\$ 26.59	\$ 26.59	
73540	26	X-ray exam of pelvis & hips	A	0.338	0.338	\$ 14.01	\$ 14.01	
73542		X-ray exam, sacroiliac joint	A	3.143	3.143	\$ 130.07	\$ 130.07	
73542	TC	X-ray exam, sacroiliac joint	A	2.259	2.259	\$ 93.49	\$ 93.49	
73542	26	X-ray exam, sacroiliac joint	A	0.884	0.884	\$ 36.58	\$ 36.58	
73550		X-ray exam of thigh	A	0.903	0.903	\$ 37.37	\$ 37.37	
73550	TC	X-ray exam of thigh	A	0.642	0.642	\$ 26.59	\$ 26.59	
73550	26	X-ray exam of thigh	A	0.260	0.260	\$ 10.78	\$ 10.78	
73560		X-ray exam of knee, 1 or 2	A	0.821	0.821	\$ 33.98	\$ 33.98	
73560	TC	X-ray exam of knee, 1 or 2	A	0.521	0.521	\$ 21.56	\$ 21.56	
73560	26	X-ray exam of knee, 1 or 2	A	0.300	0.300	\$ 12.41	\$ 12.41	
73562		X-ray exam of knee, 3	A	0.952	0.952	\$ 39.42	\$ 39.42	
73562	TC	X-ray exam of knee, 3	A	0.642	0.642	\$ 26.59	\$ 26.59	
73562	26	X-ray exam of knee, 3	A	0.310	0.310	\$ 12.83	\$ 12.83	
73564		X-ray exam, knee, 4 or more	A	1.052	1.052	\$ 43.54	\$ 43.54	
73564	TC	X-ray exam, knee, 4 or more	A	0.685	0.685	\$ 28.35	\$ 28.35	
73564	26	X-ray exam, knee, 4 or more	A	0.367	0.367	\$ 15.19	\$ 15.19	
73565		X-ray exam of knees	A	0.795	0.795	\$ 32.92	\$ 32.92	
73565	TC	X-ray exam of knees	A	0.495	0.495	\$ 20.51	\$ 20.51	
73565	26	X-ray exam of knees	A	0.300	0.300	\$ 12.41	\$ 12.41	
73580		Contrast x-ray of knee joint	A	3.631	3.631	\$ 150.27	\$ 150.27	
73580	TC	Contrast x-ray of knee joint	A	2.780	2.780	\$ 115.05	\$ 115.05	
73580	26	Contrast x-ray of knee joint	A	0.851	0.851	\$ 35.22	\$ 35.22	
73590		X-ray exam of lower leg	A	0.781	0.781	\$ 32.34	\$ 32.34	
73590	TC	X-ray exam of lower leg	A	0.521	0.521	\$ 21.56	\$ 21.56	
73590	26	X-ray exam of lower leg	A	0.260	0.260	\$ 10.78	\$ 10.78	
73592		X-ray exam of leg, infant	A	0.746	0.746	\$ 30.87	\$ 30.87	
73592	TC	X-ray exam of leg, infant	A	0.495	0.495	\$ 20.51	\$ 20.51	
73592	26	X-ray exam of leg, infant	A	0.250	0.250	\$ 10.37	\$ 10.37	
73600		X-ray exam of ankle	A	0.737	0.737	\$ 30.52	\$ 30.52	
73600	TC	X-ray exam of ankle	A	0.495	0.495	\$ 20.51	\$ 20.51	
73600	26	X-ray exam of ankle	A	0.242	0.242	\$ 10.02	\$ 10.02	
73610		X-ray exam of ankle	A	0.790	0.790	\$ 32.69	\$ 32.69	
73610	TC	X-ray exam of ankle	A	0.529	0.529	\$ 21.91	\$ 21.91	
73610	26	X-ray exam of ankle	A	0.260	0.260	\$ 10.78	\$ 10.78	
73615		Contrast x-ray of ankle	A	3.118	3.118	\$ 129.06	\$ 129.06	
73615	TC	Contrast x-ray of ankle	A	2.259	2.259	\$ 93.49	\$ 93.49	
73615	26	Contrast x-ray of ankle	A	0.859	0.859	\$ 35.57	\$ 35.57	
73620		X-ray exam of foot	A	0.737	0.737	\$ 30.52	\$ 30.52	
73620	TC	X-ray exam of foot	A	0.495	0.495	\$ 20.51	\$ 20.51	
73620	26	X-ray exam of foot	A	0.242	0.242	\$ 10.02	\$ 10.02	
73630		X-ray exam of foot	A	0.790	0.790	\$ 32.69	\$ 32.69	
73630	TC	X-ray exam of foot	A	0.529	0.529	\$ 21.91	\$ 21.91	
73630	26	X-ray exam of foot	A	0.260	0.260	\$ 10.78	\$ 10.78	
73650		X-ray exam of heel	A	0.720	0.720	\$ 29.82	\$ 29.82	
73650	TC	X-ray exam of heel	A	0.478	0.478	\$ 19.80	\$ 19.80	
73650	26	X-ray exam of heel	A	0.242	0.242	\$ 10.02	\$ 10.02	
73660		X-ray exam of toe(s)	A	0.631	0.631	\$ 26.11	\$ 26.11	
73660	TC	X-ray exam of toe(s)	A	0.427	0.427	\$ 17.69	\$ 17.69	
73660	26	X-ray exam of toe(s)	A	0.203	0.203	\$ 8.42	\$ 8.42	
73700		Ct lower extremity w/o dye	A	6.844	6.844	\$ 283.28	\$ 283.28	
73700	TC	Ct lower extremity w/o dye	A	5.211	5.211	\$ 215.70	\$ 215.70	
73700	26	Ct lower extremity w/o dye	A	1.633	1.633	\$ 67.58	\$ 67.58	
73701		Ct lower extremity w/dye	A	7.984	7.984	\$ 330.46	\$ 330.46	
73701	TC	Ct lower extremity w/dye	A	6.264	6.264	\$ 259.27	\$ 259.27	
73701	26	Ct lower extremity w/dye	A	1.720	1.720	\$ 71.18	\$ 71.18	
73702		Ct lwr extremity w/o&w/dye	A	9.669	9.669	\$ 400.19	\$ 400.19	
73702	TC	Ct lwr extremity w/o&w/dye	A	7.872	7.872	\$ 325.82	\$ 325.82	
73702	26	Ct lwr extremity w/o&w/dye	A	1.797	1.797	\$ 74.37	\$ 74.37	

HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
73706		Ct angio lwr extr w/o&w/dye	A	13.593	13.593	\$ 562.61	\$ 562.61	
73706	TC	Ct angio lwr extr w/o&w/dye	A	10.889	10.889	\$ 450.72	\$ 450.72	
73706	26	Ct angio lwr extr w/o&w/dye	A	2.703	2.703	\$ 111.89	\$ 111.89	
73718		Mri lower extremity w/o dye	A	13.015	13.015	\$ 538.68	\$ 538.68	
73718	TC	Mri lower extremity w/o dye	A	11.093	11.093	\$ 459.16	\$ 459.16	
73718	26	Mri lower extremity w/o dye	A	1.921	1.921	\$ 79.53	\$ 79.53	
73719		Mri lower extremity w/dye	A	15.629	15.629	\$ 646.89	\$ 646.89	
73719	TC	Mri lower extremity w/dye	A	13.322	13.322	\$ 551.39	\$ 551.39	
73719	26	Mri lower extremity w/dye	A	2.307	2.307	\$ 95.50	\$ 95.50	
73720		Mri lwr extremity w/o&w/dye	A	27.697	27.697	\$ 1,146.38	\$ 1,146.38	
73720	TC	Mri lwr extremity w/o&w/dye	A	24.549	24.549	\$ 1,016.08	\$ 1,016.08	
73720	26	Mri lwr extremity w/o&w/dye	A	3.148	3.148	\$ 130.31	\$ 130.31	
73721		Mri jnt of lwr extre w/o dye	A	13.015	13.015	\$ 538.68	\$ 538.68	
73721	TC	Mri jnt of lwr extre w/o dye	A	11.093	11.093	\$ 459.16	\$ 459.16	
73721	26	Mri jnt of lwr extre w/o dye	A	1.921	1.921	\$ 79.53	\$ 79.53	
73722		Mri joint of lwr extr w/dye	A	15.669	15.669	\$ 648.52	\$ 648.52	
73722	TC	Mri joint of lwr extr w/dye	A	13.322	13.322	\$ 551.39	\$ 551.39	
73722	26	Mri joint of lwr extr w/dye	A	2.347	2.347	\$ 97.13	\$ 97.13	
73723		Mri joint lwr extr w/o&w/dye	A	27.618	27.618	\$ 1,143.11	\$ 1,143.11	
73723	TC	Mri joint lwr extr w/o&w/dye	A	24.549	24.549	\$ 1,016.08	\$ 1,016.08	
73723	26	Mri joint lwr extr w/o&w/dye	A	3.069	3.069	\$ 127.04	\$ 127.04	
73725		Mr ang lwr ext w or w/o dye	A	14.608	14.608	\$ 604.61	\$ 604.61	
73725	TC	Mr ang lwr ext w or w/o dye	A	11.883	11.883	\$ 491.84	\$ 491.84	
73725	26	Mr ang lwr ext w or w/o dye	A	2.725	2.725	\$ 112.78	\$ 112.78	
74000		X-ray exam of abdomen	A	0.791	0.791	\$ 32.76	\$ 32.76	
74000	TC	X-ray exam of abdomen	A	0.521	0.521	\$ 21.56	\$ 21.56	
74000	26	X-ray exam of abdomen	A	0.270	0.270	\$ 11.19	\$ 11.19	
74010		X-ray exam of abdomen	A	0.980	0.980	\$ 40.56	\$ 40.56	
74010	TC	X-ray exam of abdomen	A	0.642	0.642	\$ 26.59	\$ 26.59	
74010	26	X-ray exam of abdomen	A	0.337	0.337	\$ 13.97	\$ 13.97	
74020		X-ray exam of abdomen	A	1.071	1.071	\$ 44.32	\$ 44.32	
74020	TC	X-ray exam of abdomen	A	0.685	0.685	\$ 28.35	\$ 28.35	
74020	26	X-ray exam of abdomen	A	0.386	0.386	\$ 15.98	\$ 15.98	
74022		X-ray exam series, abdomen	A	1.279	1.279	\$ 52.95	\$ 52.95	
74022	TC	X-ray exam series, abdomen	A	0.826	0.826	\$ 34.20	\$ 34.20	
74022	26	X-ray exam series, abdomen	A	0.453	0.453	\$ 18.75	\$ 18.75	
74150		Ct abdomen w/o dye	A	7.762	7.762	\$ 321.27	\$ 321.27	
74150	TC	Ct abdomen w/o dye	A	6.004	6.004	\$ 248.49	\$ 248.49	
74150	26	Ct abdomen w/o dye	A	1.758	1.758	\$ 72.78	\$ 72.78	
74160		Ct abdomen w/dye	A	9.155	9.155	\$ 378.94	\$ 378.94	
74160	TC	Ct abdomen w/dye	A	7.261	7.261	\$ 300.51	\$ 300.51	
74160	26	Ct abdomen w/dye	A	1.895	1.895	\$ 78.43	\$ 78.43	
74170		Ct abdomen w/o & w/dye	A	10.998	10.998	\$ 455.22	\$ 455.22	
74170	TC	Ct abdomen w/o & w/dye	A	8.939	8.939	\$ 370.00	\$ 370.00	
74170	26	Ct abdomen w/o & w/dye	A	2.059	2.059	\$ 85.21	\$ 85.21	
74175		Ct angio abdom w/o & w/dye	A	14.502	14.502	\$ 600.25	\$ 600.25	
74175	TC	Ct angio abdom w/o & w/dye	A	11.799	11.799	\$ 488.36	\$ 488.36	
74175	26	Ct angio abdom w/o & w/dye	A	2.703	2.703	\$ 111.89	\$ 111.89	
74181		Mri abdomen w/o dye	A	13.475	13.475	\$ 557.72	\$ 557.72	
74181	TC	Mri abdomen w/o dye	A	11.330	11.330	\$ 468.96	\$ 468.96	
74181	26	Mri abdomen w/o dye	A	2.144	2.144	\$ 88.75	\$ 88.75	
74182		Mri abdomen w/dye	A	16.001	16.001	\$ 662.30	\$ 662.30	
74182	TC	Mri abdomen w/dye	A	13.519	13.519	\$ 559.56	\$ 559.56	
74182	26	Mri abdomen w/dye	A	2.482	2.482	\$ 102.74	\$ 102.74	
74183		Mri abdomen w/o & w/dye	A	28.148	28.148	\$ 1,165.06	\$ 1,165.06	
74183	TC	Mri abdomen w/o & w/dye	A	24.865	24.865	\$ 1,029.15	\$ 1,029.15	
74183	26	Mri abdomen w/o & w/dye	A	3.284	3.284	\$ 135.91	\$ 135.91	
74185		Mri angio, abdom w orw/o dye	A	14.579	14.579	\$ 603.43	\$ 603.43	
74185	TC	Mri angio, abdom w orw/o dye	A	11.883	11.883	\$ 491.84	\$ 491.84	
74185	26	Mri angio, abdom w orw/o dye	A	2.696	2.696	\$ 111.60	\$ 111.60	
74190		X-ray exam of peritoneum	A	2.085	2.085	\$ 86.29	\$ 86.29	



HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
74190	TC	X-ray exam of peritoneum	A	1.390	1.390	\$ 57.52	\$ 57.52	
74190	26	X-ray exam of peritoneum	A	0.695	0.695	\$ 28.76	\$ 28.76	
74210		Contrst x-ray exam of throat	A	1.789	1.789	\$ 74.06	\$ 74.06	
74210	TC	Contrst x-ray exam of throat	A	1.248	1.248	\$ 51.67	\$ 51.67	
74210	26	Contrst x-ray exam of throat	A	0.541	0.541	\$ 22.39	\$ 22.39	
74220		Contrast x-ray, esophagus	A	1.915	1.915	\$ 79.25	\$ 79.25	
74220	TC	Contrast x-ray, esophagus	A	1.248	1.248	\$ 51.67	\$ 51.67	
74220	26	Contrast x-ray, esophagus	A	0.666	0.666	\$ 27.58	\$ 27.58	
74230		Cine/vid x-ray, throat/esoph	A	2.152	2.152	\$ 89.06	\$ 89.06	
74230	TC	Cine/vid x-ray, throat/esoph	A	1.390	1.390	\$ 57.52	\$ 57.52	
74230	26	Cine/vid x-ray, throat/esoph	A	0.762	0.762	\$ 31.54	\$ 31.54	
74235		Remove esophagus obstruction	A	4.538	4.538	\$ 187.83	\$ 187.83	
74235	TC	Remove esophagus obstruction	A	2.780	2.780	\$ 115.05	\$ 115.05	
74235	26	Remove esophagus obstruction	A	1.758	1.758	\$ 72.78	\$ 72.78	
74240		X-ray exam, upper gi tract	A	2.600	2.600	\$ 107.62	\$ 107.62	
74240	TC	X-ray exam, upper gi tract	A	1.557	1.557	\$ 64.44	\$ 64.44	
74240	26	X-ray exam, upper gi tract	A	1.043	1.043	\$ 43.19	\$ 43.19	
74241		X-ray exam, upper gi tract	A	2.626	2.626	\$ 108.68	\$ 108.68	
74241	TC	X-ray exam, upper gi tract	A	1.582	1.582	\$ 65.49	\$ 65.49	
74241	26	X-ray exam, upper gi tract	A	1.043	1.043	\$ 43.19	\$ 43.19	
74245		X-ray exam, upper gi tract	A	3.907	3.907	\$ 161.71	\$ 161.71	
74245	TC	X-ray exam, upper gi tract	A	2.545	2.545	\$ 105.32	\$ 105.32	
74245	26	X-ray exam, upper gi tract	A	1.362	1.362	\$ 56.39	\$ 56.39	
74246		Contrst x-ray uppr gi tract	A	2.841	2.841	\$ 117.57	\$ 117.57	
74246	TC	Contrst x-ray uppr gi tract	A	1.797	1.797	\$ 74.39	\$ 74.39	
74246	26	Contrst x-ray uppr gi tract	A	1.043	1.043	\$ 43.19	\$ 43.19	
74247		Contrst x-ray uppr gi tract	A	2.914	2.914	\$ 120.62	\$ 120.62	
74247	TC	Contrst x-ray uppr gi tract	A	1.871	1.871	\$ 77.43	\$ 77.43	
74247	26	Contrst x-ray uppr gi tract	A	1.043	1.043	\$ 43.19	\$ 43.19	
74249		Contrst x-ray uppr gi tract	A	4.117	4.117	\$ 170.38	\$ 170.38	
74249	TC	Contrst x-ray uppr gi tract	A	2.754	2.754	\$ 113.99	\$ 113.99	
74249	26	Contrst x-ray uppr gi tract	A	1.362	1.362	\$ 56.39	\$ 56.39	
74250		X-ray exam of small bowel	A	2.075	2.075	\$ 85.87	\$ 85.87	
74250	TC	X-ray exam of small bowel	A	1.390	1.390	\$ 57.52	\$ 57.52	
74250	26	X-ray exam of small bowel	A	0.685	0.685	\$ 28.35	\$ 28.35	
74251		X-ray exam of small bowel	A	2.433	2.433	\$ 100.71	\$ 100.71	
74251	TC	X-ray exam of small bowel	A	1.390	1.390	\$ 57.52	\$ 57.52	
74251	26	X-ray exam of small bowel	A	1.043	1.043	\$ 43.19	\$ 43.19	
74260		X-ray exam of small bowel	A	2.306	2.306	\$ 95.43	\$ 95.43	
74260	TC	X-ray exam of small bowel	A	1.582	1.582	\$ 65.49	\$ 65.49	
74260	26	X-ray exam of small bowel	A	0.723	0.723	\$ 29.94	\$ 29.94	
74270		Contrast x-ray exam of colon	A	2.931	2.931	\$ 121.32	\$ 121.32	
74270	TC	Contrast x-ray exam of colon	A	1.888	1.888	\$ 78.13	\$ 78.13	
74270	26	Contrast x-ray exam of colon	A	1.043	1.043	\$ 43.19	\$ 43.19	
74280		Contrast x-ray exam of colon	A	3.885	3.885	\$ 160.80	\$ 160.80	
74280	TC	Contrast x-ray exam of colon	A	2.417	2.417	\$ 100.05	\$ 100.05	
74280	26	Contrast x-ray exam of colon	A	1.468	1.468	\$ 60.76	\$ 60.76	
74283		Contrast x-ray exam of colon	A	5.761	5.761	\$ 238.44	\$ 238.44	
74283	TC	Contrast x-ray exam of colon	A	2.746	2.746	\$ 113.64	\$ 113.64	
74283	26	Contrast x-ray exam of colon	A	3.015	3.015	\$ 124.80	\$ 124.80	
74290		Contrast x-ray, gallbladder	A	1.279	1.279	\$ 52.95	\$ 52.95	
74290	TC	Contrast x-ray, gallbladder	A	0.826	0.826	\$ 34.20	\$ 34.20	
74290	26	Contrast x-ray, gallbladder	A	0.453	0.453	\$ 18.75	\$ 18.75	
74291		Contrast x-rays, gallbladder	A	0.726	0.726	\$ 30.07	\$ 30.07	
74291	TC	Contrast x-rays, gallbladder	A	0.427	0.427	\$ 17.69	\$ 17.69	
74291	26	Contrast x-rays, gallbladder	A	0.299	0.299	\$ 12.37	\$ 12.37	
74300		X-ray bile ducts/pancreas	C	0.000	0.000	\$ -	\$ -	
74300	TC	X-ray bile ducts/pancreas	C	0.000	0.000	\$ -	\$ -	
74300	26	X-ray bile ducts/pancreas	A	0.541	0.541	\$ 22.39	\$ 22.39	
74301		X-rays at surgery add-on	A	0.000	0.000	\$ -	\$ -	\$ 132.19
74301	TC	X-rays at surgery add-on	A	0.000	0.000	\$ -	\$ -	\$ 119.40

HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
74301	26	X-rays at surgery add-on	A	0.309	0.309	\$ 12.79	\$ 12.79	
74305		X-ray bile ducts/pancreas	A	1.487	1.487	\$ 61.54	\$ 61.54	
74305	TC	X-ray bile ducts/pancreas	A	0.869	0.869	\$ 35.96	\$ 35.96	
74305	26	X-ray bile ducts/pancreas	A	0.618	0.618	\$ 25.58	\$ 25.58	
74320		Contrast x-ray of bile ducts	A	4.138	4.138	\$ 171.25	\$ 171.25	
74320	TC	Contrast x-ray of bile ducts	A	3.366	3.366	\$ 139.30	\$ 139.30	
74320	26	Contrast x-ray of bile ducts	A	0.772	0.772	\$ 31.95	\$ 31.95	
74327		X-ray bile stone removal	A	2.992	2.992	\$ 123.84	\$ 123.84	
74327	TC	X-ray bile stone removal	A	1.939	1.939	\$ 80.24	\$ 80.24	
74327	26	X-ray bile stone removal	A	1.053	1.053	\$ 43.60	\$ 43.60	
74328		X-ray bile duct endoscopy	A	4.419	4.419	\$ 182.90	\$ 182.90	
74328	TC	X-ray bile duct endoscopy	A	3.366	3.366	\$ 139.30	\$ 139.30	
74328	26	X-ray bile duct endoscopy	A	1.053	1.053	\$ 43.60	\$ 43.60	
74329		X-ray for pancreas endoscopy	A	4.419	4.419	\$ 182.90	\$ 182.90	
74329	TC	X-ray for pancreas endoscopy	A	3.366	3.366	\$ 139.30	\$ 139.30	
74329	26	X-ray for pancreas endoscopy	A	1.053	1.053	\$ 43.60	\$ 43.60	
74330		X-ray bile/panc endoscopy	A	4.718	4.718	\$ 195.28	\$ 195.28	
74330	TC	X-ray bile/panc endoscopy	A	3.366	3.366	\$ 139.30	\$ 139.30	
74330	26	X-ray bile/panc endoscopy	A	1.352	1.352	\$ 55.97	\$ 55.97	
74340		X-ray guide for GI tube	A	3.552	3.552	\$ 147.00	\$ 147.00	
74340	TC	X-ray guide for GI tube	A	2.780	2.780	\$ 115.05	\$ 115.05	
74340	26	X-ray guide for GI tube	A	0.772	0.772	\$ 31.95	\$ 31.95	
74350		X-ray guide, stomach tube	A	4.496	4.496	\$ 186.09	\$ 186.09	
74350	TC	X-ray guide, stomach tube	A	3.366	3.366	\$ 139.30	\$ 139.30	
74350	26	X-ray guide, stomach tube	A	1.130	1.130	\$ 46.79	\$ 46.79	
74355		X-ray guide, intestinal tube	A	3.910	3.910	\$ 161.84	\$ 161.84	
74355	TC	X-ray guide, intestinal tube	A	2.780	2.780	\$ 115.05	\$ 115.05	
74355	26	X-ray guide, intestinal tube	A	1.130	1.130	\$ 46.79	\$ 46.79	
74360		X-ray guide, GI dilation	A	4.146	4.146	\$ 171.60	\$ 171.60	
74360	TC	X-ray guide, GI dilation	A	3.366	3.366	\$ 139.30	\$ 139.30	
74360	26	X-ray guide, GI dilation	A	0.780	0.780	\$ 32.30	\$ 32.30	
74363		X-ray, bile duct dilation	A	7.829	7.829	\$ 324.02	\$ 324.02	
74363	TC	X-ray, bile duct dilation	A	6.505	6.505	\$ 269.23	\$ 269.23	
74363	26	X-ray, bile duct dilation	A	1.324	1.324	\$ 54.79	\$ 54.79	
74400		Contrst x-ray, urinary tract	A	2.576	2.576	\$ 106.61	\$ 106.61	
74400	TC	Contrst x-ray, urinary tract	A	1.871	1.871	\$ 77.43	\$ 77.43	
74400	26	Contrst x-ray, urinary tract	A	0.705	0.705	\$ 29.18	\$ 29.18	
74410		Contrst x-ray, urinary tract	A	2.805	2.805	\$ 116.11	\$ 116.11	
74410	TC	Contrst x-ray, urinary tract	A	2.100	2.100	\$ 86.93	\$ 86.93	
74410	26	Contrst x-ray, urinary tract	A	0.705	0.705	\$ 29.18	\$ 29.18	
74415		Contrst x-ray, urinary tract	A	2.981	2.981	\$ 123.37	\$ 123.37	
74415	TC	Contrst x-ray, urinary tract	A	2.276	2.276	\$ 94.19	\$ 94.19	
74415	26	Contrst x-ray, urinary tract	A	0.705	0.705	\$ 29.18	\$ 29.18	
74420		Contrst x-ray, urinary tract	A	3.321	3.321	\$ 137.44	\$ 137.44	
74420	TC	Contrst x-ray, urinary tract	A	2.780	2.780	\$ 115.05	\$ 115.05	
74420	26	Contrst x-ray, urinary tract	A	0.541	0.541	\$ 22.39	\$ 22.39	
74425		Contrst x-ray, urinary tract	A	1.931	1.931	\$ 79.91	\$ 79.91	
74425	TC	Contrst x-ray, urinary tract	A	1.390	1.390	\$ 57.52	\$ 57.52	
74425	26	Contrst x-ray, urinary tract	A	0.541	0.541	\$ 22.39	\$ 22.39	
74430		Contrast x-ray, bladder	A	1.630	1.630	\$ 67.48	\$ 67.48	
74430	TC	Contrast x-ray, bladder	A	1.138	1.138	\$ 47.10	\$ 47.10	
74430	26	Contrast x-ray, bladder	A	0.492	0.492	\$ 20.38	\$ 20.38	
74440		X-ray, male genital tract	A	1.758	1.758	\$ 72.78	\$ 72.78	
74440	TC	X-ray, male genital tract	A	1.197	1.197	\$ 49.56	\$ 49.56	
74440	26	X-ray, male genital tract	A	0.561	0.561	\$ 23.22	\$ 23.22	
74445		X-ray exam of penis	A	2.889	2.889	\$ 119.56	\$ 119.56	
74445	TC	X-ray exam of penis	A	1.197	1.197	\$ 49.56	\$ 49.56	
74445	26	X-ray exam of penis	A	1.691	1.691	\$ 70.00	\$ 70.00	
74450		X-ray, urethra/bladder	A	2.059	2.059	\$ 85.23	\$ 85.23	
74450	TC	X-ray, urethra/bladder	A	1.557	1.557	\$ 64.44	\$ 64.44	
74450	26	X-ray, urethra/bladder	A	0.502	0.502	\$ 20.80	\$ 20.80	

HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
74455		X-ray, urethra/bladder	A	2.240	2.240	\$ 92.72	\$ 92.72	
74455	TC	X-ray, urethra/bladder	A	1.738	1.738	\$ 71.93	\$ 71.93	
74455	26	X-ray, urethra/bladder	A	0.502	0.502	\$ 20.80	\$ 20.80	
74470		X-ray exam of kidney lesion	A	2.111	2.111	\$ 87.36	\$ 87.36	
74470	TC	X-ray exam of kidney lesion	A	1.339	1.339	\$ 55.41	\$ 55.41	
74470	26	X-ray exam of kidney lesion	A	0.772	0.772	\$ 31.95	\$ 31.95	
74475		X-ray control, cath insert	A	5.117	5.117	\$ 211.79	\$ 211.79	
74475	TC	X-ray control, cath insert	A	4.345	4.345	\$ 179.84	\$ 179.84	
74475	26	X-ray control, cath insert	A	0.772	0.772	\$ 31.95	\$ 31.95	
74480		X-ray control, cath insert	A	5.117	5.117	\$ 211.79	\$ 211.79	
74480	TC	X-ray control, cath insert	A	4.345	4.345	\$ 179.84	\$ 179.84	
74480	26	X-ray control, cath insert	A	0.772	0.772	\$ 31.95	\$ 31.95	
74485		X-ray guide, GU dilation	A	4.216	4.216	\$ 174.52	\$ 174.52	
74485	TC	X-ray guide, GU dilation	A	3.366	3.366	\$ 139.30	\$ 139.30	
74485	26	X-ray guide, GU dilation	A	0.851	0.851	\$ 35.22	\$ 35.22	
74710		X-ray measurement of pelvis	A	1.650	1.650	\$ 68.31	\$ 68.31	
74710	TC	X-ray measurement of pelvis	A	1.138	1.138	\$ 47.10	\$ 47.10	
74710	26	X-ray measurement of pelvis	A	0.512	0.512	\$ 21.21	\$ 21.21	
74740		X-ray, female genital tract	A	1.959	1.959	\$ 81.09	\$ 81.09	
74740	TC	X-ray, female genital tract	A	1.390	1.390	\$ 57.52	\$ 57.52	
74740	26	X-ray, female genital tract	A	0.569	0.569	\$ 23.57	\$ 23.57	
74742		X-ray, fallopian tube	A	4.225	4.225	\$ 174.85	\$ 174.85	
74742	TC	X-ray, fallopian tube	A	3.366	3.366	\$ 139.30	\$ 139.30	
74742	26	X-ray, fallopian tube	A	0.859	0.859	\$ 35.55	\$ 35.55	
74775		X-ray exam of perineum	A	2.513	2.513	\$ 104.02	\$ 104.02	
74775	TC	X-ray exam of perineum	A	1.557	1.557	\$ 64.44	\$ 64.44	
74775	26	X-ray exam of perineum	A	0.956	0.956	\$ 39.59	\$ 39.59	
75552		Heart mri for morph w/o dye	A	14.249	14.249	\$ 589.78	\$ 589.78	
75552	TC	Heart mri for morph w/o dye	A	11.883	11.883	\$ 491.84	\$ 491.84	
75552	26	Heart mri for morph w/o dye	A	2.366	2.366	\$ 97.94	\$ 97.94	
75553		Heart mri for morph w/dye	A	14.870	14.870	\$ 615.46	\$ 615.46	
75553	TC	Heart mri for morph w/dye	A	11.883	11.883	\$ 491.84	\$ 491.84	
75553	26	Heart mri for morph w/dye	A	2.987	2.987	\$ 123.62	\$ 123.62	
75554		Cardiac MRI/function	A	14.573	14.573	\$ 603.17	\$ 603.17	
75554	TC	Cardiac MRI/function	A	11.883	11.883	\$ 491.84	\$ 491.84	
75554	26	Cardiac MRI/function	A	2.690	2.690	\$ 111.33	\$ 111.33	
75555		Cardiac MRI/limited study	A	14.483	14.483	\$ 599.44	\$ 599.44	
75555	TC	Cardiac MRI/limited study	A	11.883	11.883	\$ 491.84	\$ 491.84	
75555	26	Cardiac MRI/limited study	A	2.600	2.600	\$ 107.61	\$ 107.61	
75556		Cardiac MRI/flow mapping	C	0.000	0.000	\$ -	\$ -	
75600		Contrast x-ray exam of aorta	A	14.040	14.040	\$ 581.13	\$ 581.13	
75600	TC	Contrast x-ray exam of aorta	A	13.310	13.310	\$ 550.89	\$ 550.89	
75600	26	Contrast x-ray exam of aorta	A	0.730	0.730	\$ 30.23	\$ 30.23	
75605		Contrast x-ray exam of aorta	A	15.018	15.018	\$ 621.60	\$ 621.60	
75605	TC	Contrast x-ray exam of aorta	A	13.310	13.310	\$ 550.89	\$ 550.89	
75605	26	Contrast x-ray exam of aorta	A	1.708	1.708	\$ 70.71	\$ 70.71	
75625		Contrast x-ray exam of aorta	A	15.010	15.010	\$ 621.25	\$ 621.25	
75625	TC	Contrast x-ray exam of aorta	A	13.310	13.310	\$ 550.89	\$ 550.89	
75625	26	Contrast x-ray exam of aorta	A	1.700	1.700	\$ 70.36	\$ 70.36	
75630		X-ray aorta, leg arteries	A	16.621	16.621	\$ 687.96	\$ 687.96	
75630	TC	X-ray aorta, leg arteries	A	13.918	13.918	\$ 576.07	\$ 576.07	
75630	26	X-ray aorta, leg arteries	A	2.703	2.703	\$ 111.89	\$ 111.89	
75635		Ct angio abdominal arteries	A	18.628	18.628	\$ 771.02	\$ 771.02	
75635	TC	Ct angio abdominal arteries	A	15.114	15.114	\$ 625.57	\$ 625.57	
75635	26	Ct angio abdominal arteries	A	3.514	3.514	\$ 145.45	\$ 145.45	
75650		Artery x-rays, head & neck	A	15.532	15.532	\$ 642.87	\$ 642.87	
75650	TC	Artery x-rays, head & neck	A	13.310	13.310	\$ 550.89	\$ 550.89	
75650	26	Artery x-rays, head & neck	A	2.222	2.222	\$ 91.98	\$ 91.98	
75658		Artery x-rays, arm	A	15.296	15.296	\$ 633.09	\$ 633.09	
75658	TC	Artery x-rays, arm	A	13.310	13.310	\$ 550.89	\$ 550.89	
75658	26	Artery x-rays, arm	A	1.986	1.986	\$ 82.19	\$ 82.19	

HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
75660		Artery x-rays, head & neck	A	15.270	15.270	\$ 632.03	\$ 632.03	
75660	TC	Artery x-rays, head & neck	A	13.310	13.310	\$ 550.89	\$ 550.89	
75660	26	Artery x-rays, head & neck	A	1.960	1.960	\$ 81.14	\$ 81.14	
75662		Artery x-rays, head & neck	A	15.866	15.866	\$ 656.70	\$ 656.70	
75662	TC	Artery x-rays, head & neck	A	13.310	13.310	\$ 550.89	\$ 550.89	
75662	26	Artery x-rays, head & neck	A	2.556	2.556	\$ 105.80	\$ 105.80	
75665		Artery x-rays, head & neck	A	15.301	15.301	\$ 633.31	\$ 633.31	
75665	TC	Artery x-rays, head & neck	A	13.310	13.310	\$ 550.89	\$ 550.89	
75665	26	Artery x-rays, head & neck	A	1.991	1.991	\$ 82.42	\$ 82.42	
75671		Artery x-rays, head & neck	A	15.832	15.832	\$ 655.29	\$ 655.29	
75671	TC	Artery x-rays, head & neck	A	13.310	13.310	\$ 550.89	\$ 550.89	
75671	26	Artery x-rays, head & neck	A	2.522	2.522	\$ 104.40	\$ 104.40	
75676		Artery x-rays, neck	A	15.310	15.310	\$ 633.66	\$ 633.66	
75676	TC	Artery x-rays, neck	A	13.310	13.310	\$ 550.89	\$ 550.89	
75676	26	Artery x-rays, neck	A	2.000	2.000	\$ 82.77	\$ 82.77	
75680		Artery x-rays, neck	A	15.832	15.832	\$ 655.29	\$ 655.29	
75680	TC	Artery x-rays, neck	A	13.310	13.310	\$ 550.89	\$ 550.89	
75680	26	Artery x-rays, neck	A	2.522	2.522	\$ 104.40	\$ 104.40	
75685		Artery x-rays, spine	A	15.262	15.262	\$ 631.68	\$ 631.68	
75685	TC	Artery x-rays, spine	A	13.310	13.310	\$ 550.89	\$ 550.89	
75685	26	Artery x-rays, spine	A	1.952	1.952	\$ 80.79	\$ 80.79	
75705		Artery x-rays, spine	A	16.623	16.623	\$ 688.05	\$ 688.05	
75705	TC	Artery x-rays, spine	A	13.310	13.310	\$ 550.89	\$ 550.89	
75705	26	Artery x-rays, spine	A	3.314	3.314	\$ 137.15	\$ 137.15	
75710		Artery x-rays, arm/leg	A	15.049	15.049	\$ 622.88	\$ 622.88	
75710	TC	Artery x-rays, arm/leg	A	13.310	13.310	\$ 550.89	\$ 550.89	
75710	26	Artery x-rays, arm/leg	A	1.739	1.739	\$ 71.99	\$ 71.99	
75716		Artery x-rays, arms/legs	A	15.262	15.262	\$ 631.68	\$ 631.68	
75716	TC	Artery x-rays, arms/legs	A	13.310	13.310	\$ 550.89	\$ 550.89	
75716	26	Artery x-rays, arms/legs	A	1.952	1.952	\$ 80.79	\$ 80.79	
75722		Artery x-rays, kidney	A	15.027	15.027	\$ 621.95	\$ 621.95	
75722	TC	Artery x-rays, kidney	A	13.310	13.310	\$ 550.89	\$ 550.89	
75722	26	Artery x-rays, kidney	A	1.717	1.717	\$ 71.06	\$ 71.06	
75724		Artery x-rays, kidneys	A	15.513	15.513	\$ 642.07	\$ 642.07	
75724	TC	Artery x-rays, kidneys	A	13.310	13.310	\$ 550.89	\$ 550.89	
75724	26	Artery x-rays, kidneys	A	2.203	2.203	\$ 91.18	\$ 91.18	
75726		Artery x-rays, abdomen	A	15.001	15.001	\$ 620.90	\$ 620.90	
75726	TC	Artery x-rays, abdomen	A	13.310	13.310	\$ 550.89	\$ 550.89	
75726	26	Artery x-rays, abdomen	A	1.691	1.691	\$ 70.00	\$ 70.00	
75731		Artery x-rays, adrenal gland	A	15.001	15.001	\$ 620.90	\$ 620.90	
75731	TC	Artery x-rays, adrenal gland	A	13.310	13.310	\$ 550.89	\$ 550.89	
75731	26	Artery x-rays, adrenal gland	A	1.691	1.691	\$ 70.00	\$ 70.00	
75733		Artery x-rays, adrenals	A	15.262	15.262	\$ 631.68	\$ 631.68	
75733	TC	Artery x-rays, adrenals	A	13.310	13.310	\$ 550.89	\$ 550.89	
75733	26	Artery x-rays, adrenals	A	1.952	1.952	\$ 80.79	\$ 80.79	
75736		Artery x-rays, pelvis	A	15.001	15.001	\$ 620.90	\$ 620.90	
75736	TC	Artery x-rays, pelvis	A	13.310	13.310	\$ 550.89	\$ 550.89	
75736	26	Artery x-rays, pelvis	A	1.691	1.691	\$ 70.00	\$ 70.00	
75741		Artery x-rays, lung	A	15.262	15.262	\$ 631.68	\$ 631.68	
75741	TC	Artery x-rays, lung	A	13.310	13.310	\$ 550.89	\$ 550.89	
75741	26	Artery x-rays, lung	A	1.952	1.952	\$ 80.79	\$ 80.79	
75743		Artery x-rays, lungs	A	15.745	15.745	\$ 651.67	\$ 651.67	
75743	TC	Artery x-rays, lungs	A	13.310	13.310	\$ 550.89	\$ 550.89	
75743	26	Artery x-rays, lungs	A	2.435	2.435	\$ 100.78	\$ 100.78	
75746		Artery x-rays, lung	A	15.001	15.001	\$ 620.90	\$ 620.90	
75746	TC	Artery x-rays, lung	A	13.310	13.310	\$ 550.89	\$ 550.89	
75746	26	Artery x-rays, lung	A	1.691	1.691	\$ 70.00	\$ 70.00	
75756		Artery x-rays, chest	A	15.021	15.021	\$ 621.73	\$ 621.73	
75756	TC	Artery x-rays, chest	A	13.310	13.310	\$ 550.89	\$ 550.89	
75756	26	Artery x-rays, chest	A	1.711	1.711	\$ 70.83	\$ 70.83	
75774		Artery x-ray, each vessel	A	13.859	13.859	\$ 573.63	\$ 573.63	



HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
75774	TC	Artery x-ray, each vessel	A	13.310	13.310	\$ 550.89	\$ 550.89	
75774	26	Artery x-ray, each vessel	A	0.549	0.549	\$ 22.74	\$ 22.74	
75790		Visualize A-V shunt	A	4.256	4.256	\$ 176.16	\$ 176.16	
75790	TC	Visualize A-V shunt	A	1.472	1.472	\$ 60.92	\$ 60.92	
75790	26	Visualize A-V shunt	A	2.784	2.784	\$ 115.24	\$ 115.24	
75801		Lymph vessel x-ray, arm/leg	A	7.045	7.045	\$ 291.60	\$ 291.60	
75801	TC	Lymph vessel x-ray, arm/leg	A	5.769	5.769	\$ 238.77	\$ 238.77	
75801	26	Lymph vessel x-ray, arm/leg	A	1.276	1.276	\$ 52.83	\$ 52.83	
75803		Lymph vessel x-ray,arms/legs	A	7.499	7.499	\$ 310.37	\$ 310.37	
75803	TC	Lymph vessel x-ray,arms/legs	A	5.769	5.769	\$ 238.77	\$ 238.77	
75803	26	Lymph vessel x-ray,arms/legs	A	1.730	1.730	\$ 71.60	\$ 71.60	
75805		Lymph vessel x-ray, trunk	A	7.742	7.742	\$ 320.42	\$ 320.42	
75805	TC	Lymph vessel x-ray, trunk	A	6.505	6.505	\$ 269.23	\$ 269.23	
75805	26	Lymph vessel x-ray, trunk	A	1.237	1.237	\$ 51.19	\$ 51.19	
75807		Lymph vessel x-ray, trunk	A	8.234	8.234	\$ 340.83	\$ 340.83	
75807	TC	Lymph vessel x-ray, trunk	A	6.505	6.505	\$ 269.23	\$ 269.23	
75807	26	Lymph vessel x-ray, trunk	A	1.730	1.730	\$ 71.60	\$ 71.60	
75809		Nonvascular shunt, x-ray	A	1.554	1.554	\$ 64.31	\$ 64.31	
75809	TC	Nonvascular shunt, x-ray	A	0.869	0.869	\$ 35.96	\$ 35.96	
75809	26	Nonvascular shunt, x-ray	A	0.685	0.685	\$ 28.35	\$ 28.35	
75810		Vein x-ray, spleen/liver	A	15.041	15.041	\$ 622.53	\$ 622.53	
75810	TC	Vein x-ray, spleen/liver	A	13.310	13.310	\$ 550.89	\$ 550.89	
75810	26	Vein x-ray, spleen/liver	A	1.731	1.731	\$ 71.64	\$ 71.64	
75820		Vein x-ray, arm/leg	A	2.098	2.098	\$ 86.83	\$ 86.83	
75820	TC	Vein x-ray, arm/leg	A	1.044	1.044	\$ 43.23	\$ 43.23	
75820	26	Vein x-ray, arm/leg	A	1.053	1.053	\$ 43.60	\$ 43.60	
75822		Vein x-ray, arms/legs	A	3.168	3.168	\$ 131.13	\$ 131.13	
75822	TC	Vein x-ray, arms/legs	A	1.574	1.574	\$ 65.14	\$ 65.14	
75822	26	Vein x-ray, arms/legs	A	1.594	1.594	\$ 65.99	\$ 65.99	
75825		Vein x-ray, trunk	A	15.041	15.041	\$ 622.53	\$ 622.53	
75825	TC	Vein x-ray, trunk	A	13.310	13.310	\$ 550.89	\$ 550.89	
75825	26	Vein x-ray, trunk	A	1.731	1.731	\$ 71.64	\$ 71.64	
75827		Vein x-ray, chest	A	15.001	15.001	\$ 620.90	\$ 620.90	
75827	TC	Vein x-ray, chest	A	13.310	13.310	\$ 550.89	\$ 550.89	
75827	26	Vein x-ray, chest	A	1.691	1.691	\$ 70.00	\$ 70.00	
75831		Vein x-ray, kidney	A	15.001	15.001	\$ 620.90	\$ 620.90	
75831	TC	Vein x-ray, kidney	A	13.310	13.310	\$ 550.89	\$ 550.89	
75831	26	Vein x-ray, kidney	A	1.691	1.691	\$ 70.00	\$ 70.00	
75833		Vein x-ray, kidneys	A	15.532	15.532	\$ 642.87	\$ 642.87	
75833	TC	Vein x-ray, kidneys	A	13.310	13.310	\$ 550.89	\$ 550.89	
75833	26	Vein x-ray, kidneys	A	2.222	2.222	\$ 91.98	\$ 91.98	
75840		Vein x-ray, adrenal gland	A	15.080	15.080	\$ 624.17	\$ 624.17	
75840	TC	Vein x-ray, adrenal gland	A	13.310	13.310	\$ 550.89	\$ 550.89	
75840	26	Vein x-ray, adrenal gland	A	1.770	1.770	\$ 73.27	\$ 73.27	
75842		Vein x-ray, adrenal glands	A	15.524	15.524	\$ 642.52	\$ 642.52	
75842	TC	Vein x-ray, adrenal glands	A	13.310	13.310	\$ 550.89	\$ 550.89	
75842	26	Vein x-ray, adrenal glands	A	2.214	2.214	\$ 91.63	\$ 91.63	
75860		Vein x-ray, neck	A	15.058	15.058	\$ 623.24	\$ 623.24	
75860	TC	Vein x-ray, neck	A	13.310	13.310	\$ 550.89	\$ 550.89	
75860	26	Vein x-ray, neck	A	1.748	1.748	\$ 72.34	\$ 72.34	
75870		Vein x-ray, skull	A	15.058	15.058	\$ 623.24	\$ 623.24	
75870	TC	Vein x-ray, skull	A	13.310	13.310	\$ 550.89	\$ 550.89	
75870	26	Vein x-ray, skull	A	1.748	1.748	\$ 72.34	\$ 72.34	
75872		Vein x-ray, skull	A	15.001	15.001	\$ 620.90	\$ 620.90	
75872	TC	Vein x-ray, skull	A	13.310	13.310	\$ 550.89	\$ 550.89	
75872	26	Vein x-ray, skull	A	1.691	1.691	\$ 70.00	\$ 70.00	
75880		Vein x-ray, eye socket	A	2.098	2.098	\$ 86.83	\$ 86.83	
75880	TC	Vein x-ray, eye socket	A	1.044	1.044	\$ 43.23	\$ 43.23	
75880	26	Vein x-ray, eye socket	A	1.053	1.053	\$ 43.60	\$ 43.60	
75885		Vein x-ray, liver	A	15.426	15.426	\$ 638.47	\$ 638.47	
75885	TC	Vein x-ray, liver	A	13.310	13.310	\$ 550.89	\$ 550.89	

HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
75885	26	Vein x-ray, liver	A	2.116	2.116	\$ 87.57	\$ 87.57	
75887		Vein x-ray, liver	A	15.426	15.426	\$ 638.47	\$ 638.47	
75887	TC	Vein x-ray, liver	A	13.310	13.310	\$ 550.89	\$ 550.89	
75887	26	Vein x-ray, liver	A	2.116	2.116	\$ 87.57	\$ 87.57	
75889		Vein x-ray, liver	A	15.001	15.001	\$ 620.90	\$ 620.90	
75889	TC	Vein x-ray, liver	A	13.310	13.310	\$ 550.89	\$ 550.89	
75889	26	Vein x-ray, liver	A	1.691	1.691	\$ 70.00	\$ 70.00	
75891		Vein x-ray, liver	A	15.001	15.001	\$ 620.90	\$ 620.90	
75891	TC	Vein x-ray, liver	A	13.310	13.310	\$ 550.89	\$ 550.89	
75891	26	Vein x-ray, liver	A	1.691	1.691	\$ 70.00	\$ 70.00	
75893		Venous sampling by catheter	A	14.082	14.082	\$ 582.84	\$ 582.84	
75893	TC	Venous sampling by catheter	A	13.310	13.310	\$ 550.89	\$ 550.89	
75893	26	Venous sampling by catheter	A	0.772	0.772	\$ 31.95	\$ 31.95	
75894		X-rays, transcath therapy	A	27.591	27.591	\$ 1,142.01	\$ 1,142.01	
75894	TC	X-rays, transcath therapy	A	25.600	25.600	\$ 1,059.59	\$ 1,059.59	
75894	26	X-rays, transcath therapy	A	1.991	1.991	\$ 82.42	\$ 82.42	
75896		X-rays, transcath therapy	A	24.212	24.212	\$ 1,002.13	\$ 1,002.13	
75896	TC	X-rays, transcath therapy	A	22.243	22.243	\$ 920.64	\$ 920.64	
75896	26	X-rays, transcath therapy	A	1.969	1.969	\$ 81.49	\$ 81.49	
75898		Follow-up angiography	A	3.571	3.571	\$ 147.81	\$ 147.81	
75898	TC	Follow-up angiography	A	1.138	1.138	\$ 47.10	\$ 47.10	
75898	26	Follow-up angiography	A	2.433	2.433	\$ 100.71	\$ 100.71	
75900		Arterial catheter exchange	A	22.971	22.971	\$ 950.75	\$ 950.75	
75900	TC	Arterial catheter exchange	A	22.266	22.266	\$ 921.57	\$ 921.57	
75900	26	Arterial catheter exchange	A	0.705	0.705	\$ 29.18	\$ 29.18	
75901		Remove cva device obstruct	A	5.095	5.095	\$ 210.87	\$ 210.87	
75901	TC	Remove cva device obstruct	A	4.390	4.390	\$ 181.70	\$ 181.70	
75901	26	Remove cva device obstruct	A	0.705	0.705	\$ 29.18	\$ 29.18	
75902		Remove cva lumen obstruct	A	4.969	4.969	\$ 205.68	\$ 205.68	
75902	TC	Remove cva lumen obstruct	A	4.390	4.390	\$ 181.70	\$ 181.70	
75902	26	Remove cva lumen obstruct	A	0.579	0.579	\$ 23.98	\$ 23.98	
75940		X-ray placement, vein filter	A	14.161	14.161	\$ 586.11	\$ 586.11	
75940	TC	X-ray placement, vein filter	A	13.310	13.310	\$ 550.89	\$ 550.89	
75940	26	X-ray placement, vein filter	A	0.851	0.851	\$ 35.22	\$ 35.22	
75945		Intravascular us	A	5.517	5.517	\$ 228.36	\$ 228.36	
75945	TC	Intravascular us	A	4.840	4.840	\$ 200.34	\$ 200.34	
75945	26	Intravascular us	A	0.677	0.677	\$ 28.02	\$ 28.02	
75946		Intravascular us add-on	A	3.145	3.145	\$ 130.17	\$ 130.17	
75946	TC	Intravascular us add-on	A	2.468	2.468	\$ 102.16	\$ 102.16	
75946	26	Intravascular us add-on	A	0.677	0.677	\$ 28.02	\$ 28.02	
75952		Endovasc repair abdom aorta	C	0.000	0.000	\$ -	\$ -	
75952	TC	Endovasc repair abdom aorta	C	0.000	0.000	\$ -	\$ -	
75952	26	Endovasc repair abdom aorta	A	9.002	9.002	\$ 372.59	\$ 372.59	
75953		Abdom aneurysm endovas rpr	C	0.000	0.000	\$ -	\$ -	
75953	TC	Abdom aneurysm endovas rpr	C	0.000	0.000	\$ -	\$ -	
75953	26	Abdom aneurysm endovas rpr	A	4.979	4.979	\$ 206.10	\$ 206.10	
75954		Iliac aneurysm endovas rpr	C	0.000	0.000	\$ -	\$ -	
75954	TC	Iliac aneurysm endovas rpr	C	0.000	0.000	\$ -	\$ -	
75954	26	Iliac aneurysm endovas rpr	A	5.886	5.886	\$ 243.64	\$ 243.64	
75960		Transcatheter intro, stent	A	17.011	17.011	\$ 704.08	\$ 704.08	
75960	TC	Transcatheter intro, stent	A	15.747	15.747	\$ 651.77	\$ 651.77	
75960	26	Transcatheter intro, stent	A	1.264	1.264	\$ 52.31	\$ 52.31	
75961		Retrieval, broken catheter	A	17.428	17.428	\$ 721.37	\$ 721.37	
75961	TC	Retrieval, broken catheter	A	11.130	11.130	\$ 460.67	\$ 460.67	
75961	26	Retrieval, broken catheter	A	6.298	6.298	\$ 260.69	\$ 260.69	
75962		Repair arterial blockage	A	17.566	17.566	\$ 727.05	\$ 727.05	
75962	TC	Repair arterial blockage	A	16.706	16.706	\$ 691.48	\$ 691.48	
75962	26	Repair arterial blockage	A	0.859	0.859	\$ 35.57	\$ 35.57	
75964		Repair artery blockage, each	A	9.395	9.395	\$ 388.87	\$ 388.87	
75964	TC	Repair artery blockage, each	A	8.854	8.854	\$ 366.48	\$ 366.48	
75964	26	Repair artery blockage, each	A	0.541	0.541	\$ 22.39	\$ 22.39	

HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
75966		Repair arterial blockage	A	18.684	18.684	\$ 773.32	\$ 773.32	
75966	TC	Repair arterial blockage	A	16.706	16.706	\$ 691.48	\$ 691.48	
75966	26	Repair arterial blockage	A	1.977	1.977	\$ 81.84	\$ 81.84	
75968		Repair artery blockage, each	A	9.364	9.364	\$ 387.59	\$ 387.59	
75968	TC	Repair artery blockage, each	A	8.854	8.854	\$ 366.48	\$ 366.48	
75968	26	Repair artery blockage, each	A	0.510	0.510	\$ 21.11	\$ 21.11	
75970		Vascular biopsy	A	13.494	13.494	\$ 558.51	\$ 558.51	
75970	TC	Vascular biopsy	A	12.220	12.220	\$ 505.78	\$ 505.78	
75970	26	Vascular biopsy	A	1.274	1.274	\$ 52.73	\$ 52.73	
75978		Repair venous blockage	A	17.478	17.478	\$ 723.43	\$ 723.43	
75978	TC	Repair venous blockage	A	16.706	16.706	\$ 691.48	\$ 691.48	
75978	26	Repair venous blockage	A	0.772	0.772	\$ 31.95	\$ 31.95	
75980		Contrast xray exam bile duct	A	7.885	7.885	\$ 326.34	\$ 326.34	
75980	TC	Contrast xray exam bile duct	A	5.769	5.769	\$ 238.77	\$ 238.77	
75980	26	Contrast xray exam bile duct	A	2.116	2.116	\$ 87.57	\$ 87.57	
75982		Contrast xray exam bile duct	A	8.612	8.612	\$ 356.45	\$ 356.45	
75982	TC	Contrast xray exam bile duct	A	6.505	6.505	\$ 269.23	\$ 269.23	
75982	26	Contrast xray exam bile duct	A	2.107	2.107	\$ 87.22	\$ 87.22	
75984		Xray control catheter change	A	3.182	3.182	\$ 131.71	\$ 131.71	
75984	TC	Xray control catheter change	A	2.100	2.100	\$ 86.93	\$ 86.93	
75984	26	Xray control catheter change	A	1.082	1.082	\$ 44.78	\$ 44.78	
75989		Abscess drainage under x-ray	A	5.115	5.115	\$ 211.73	\$ 211.73	
75989	TC	Abscess drainage under x-ray	A	3.366	3.366	\$ 139.30	\$ 139.30	
75989	26	Abscess drainage under x-ray	A	1.750	1.750	\$ 72.43	\$ 72.43	
75992		Atherectomy, x-ray exam	A	17.487	17.487	\$ 723.78	\$ 723.78	
75992	TC	Atherectomy, x-ray exam	A	16.706	16.706	\$ 691.48	\$ 691.48	
75992	26	Atherectomy, x-ray exam	A	0.780	0.780	\$ 32.30	\$ 32.30	
75993		Atherectomy, x-ray exam	A	9.373	9.373	\$ 387.94	\$ 387.94	
75993	TC	Atherectomy, x-ray exam	A	8.854	8.854	\$ 366.48	\$ 366.48	
75993	26	Atherectomy, x-ray exam	A	0.518	0.518	\$ 21.46	\$ 21.46	
75994		Atherectomy, x-ray exam	A	18.684	18.684	\$ 773.32	\$ 773.32	
75994	TC	Atherectomy, x-ray exam	A	16.706	16.706	\$ 691.48	\$ 691.48	
75994	26	Atherectomy, x-ray exam	A	1.977	1.977	\$ 81.84	\$ 81.84	
75995		Atherectomy, x-ray exam	A	18.692	18.692	\$ 773.67	\$ 773.67	
75995	TC	Atherectomy, x-ray exam	A	16.706	16.706	\$ 691.48	\$ 691.48	
75995	26	Atherectomy, x-ray exam	A	1.986	1.986	\$ 82.19	\$ 82.19	
75996		Atherectomy, x-ray exam	A	9.356	9.356	\$ 387.24	\$ 387.24	
75996	TC	Atherectomy, x-ray exam	A	8.854	8.854	\$ 366.48	\$ 366.48	
75996	26	Atherectomy, x-ray exam	A	0.501	0.501	\$ 20.76	\$ 20.76	
75998		Fluoroguide for vein device	A	2.196	2.196	\$ 90.90	\$ 90.90	
75998	TC	Fluoroguide for vein device	A	1.508	1.508	\$ 62.43	\$ 62.43	
75998	26	Fluoroguide for vein device	A	0.688	0.688	\$ 28.47	\$ 28.47	
76000		Fluoroscope examination	A	1.642	1.642	\$ 67.95	\$ 67.95	
76000	TC	Fluoroscope examination	A	1.390	1.390	\$ 57.52	\$ 57.52	
76000	26	Fluoroscope examination	A	0.252	0.252	\$ 10.43	\$ 10.43	
76001		Fluoroscope exam, extensive	A	3.795	3.795	\$ 157.06	\$ 157.06	
76001	TC	Fluoroscope exam, extensive	A	2.780	2.780	\$ 115.05	\$ 115.05	
76001	26	Fluoroscope exam, extensive	A	1.015	1.015	\$ 42.01	\$ 42.01	
76003		Needle localization by x-ray	A	2.232	2.232	\$ 92.39	\$ 92.39	
76003	TC	Needle localization by x-ray	A	1.390	1.390	\$ 57.52	\$ 57.52	
76003	26	Needle localization by x-ray	A	0.842	0.842	\$ 34.87	\$ 34.87	
76005		Fluoroguide for spine inject	A	2.284	2.284	\$ 94.52	\$ 94.52	
76005	TC	Fluoroguide for spine inject	A	1.390	1.390	\$ 57.52	\$ 57.52	
76005	26	Fluoroguide for spine inject	A	0.894	0.894	\$ 37.00	\$ 37.00	
76006		X-ray stress view	A	0.769	0.769	\$ 31.82	\$ 31.82	
76010		X-ray, nose to rectum	A	0.791	0.791	\$ 32.76	\$ 32.76	
76010	TC	X-ray, nose to rectum	A	0.521	0.521	\$ 21.56	\$ 21.56	
76010	26	X-ray, nose to rectum	A	0.270	0.270	\$ 11.19	\$ 11.19	
76012		Percut vertebroplasty fluor	A	0.000	0.000	\$ -	\$ -	\$ 312.19
76012	TC	Percut vertebroplasty fluor	A	0.000	0.000	\$ -	\$ -	\$ 196.04
76012	26	Percut vertebroplasty fluor	A	2.806	2.806	\$ 116.15	\$ 116.15	

HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
76013		Percut vertebroplasty, ct	A	0.000	0.000	\$ -	\$ -	\$ 364.46
76013	TC	Percut vertebroplasty, ct	A	0.000	0.000	\$ -	\$ -	\$ 196.04
76013	26	Percut vertebroplasty, ct	A	4.069	4.069	\$ 168.42	\$ 168.42	
76020		X-rays for bone age	A	0.801	0.801	\$ 33.17	\$ 33.17	
76020	TC	X-rays for bone age	A	0.521	0.521	\$ 21.56	\$ 21.56	
76020	26	X-rays for bone age	A	0.280	0.280	\$ 11.61	\$ 11.61	
76040		X-rays, bone evaluation	A	1.373	1.373	\$ 56.84	\$ 56.84	
76040	TC	X-rays, bone evaluation	A	0.869	0.869	\$ 35.96	\$ 35.96	
76040	26	X-rays, bone evaluation	A	0.504	0.504	\$ 20.88	\$ 20.88	
76061		X-rays, bone survey	A	1.743	1.743	\$ 72.15	\$ 72.15	
76061	TC	X-rays, bone survey	A	1.087	1.087	\$ 44.98	\$ 44.98	
76061	26	X-rays, bone survey	A	0.656	0.656	\$ 27.17	\$ 27.17	
76062		X-rays, bone survey	A	2.312	2.312	\$ 95.68	\$ 95.68	
76062	TC	X-rays, bone survey	A	1.540	1.540	\$ 63.73	\$ 63.73	
76062	26	X-rays, bone survey	A	0.772	0.772	\$ 31.95	\$ 31.95	
76065		X-rays, bone evaluation	A	1.770	1.770	\$ 73.25	\$ 73.25	
76065	TC	X-rays, bone evaluation	A	0.826	0.826	\$ 34.20	\$ 34.20	
76065	26	X-rays, bone evaluation	A	0.943	0.943	\$ 39.05	\$ 39.05	
76066		Joint survey, single view	A	1.671	1.671	\$ 69.17	\$ 69.17	
76066	TC	Joint survey, single view	A	1.189	1.189	\$ 49.21	\$ 49.21	
76066	26	Joint survey, single view	A	0.482	0.482	\$ 19.97	\$ 19.97	
76070		Ct bone density, axial	A	3.505	3.505	\$ 145.07	\$ 145.07	
76070	TC	Ct bone density, axial	A	3.148	3.148	\$ 130.28	\$ 130.28	
76070	26	Ct bone density, axial	A	0.357	0.357	\$ 14.80	\$ 14.80	
76071		Ct bone density, peripheral	A	3.032	3.032	\$ 125.51	\$ 125.51	
76071	TC	Ct bone density, peripheral	A	2.713	2.713	\$ 112.31	\$ 112.31	
76071	26	Ct bone density, peripheral	A	0.319	0.319	\$ 13.20	\$ 13.20	
76075		Dexa, axial skeleton study	A	3.739	3.739	\$ 154.76	\$ 154.76	
76075	TC	Dexa, axial skeleton study	A	3.315	3.315	\$ 137.19	\$ 137.19	
76075	26	Dexa, axial skeleton study	A	0.424	0.424	\$ 17.57	\$ 17.57	
76076		Dexa, peripheral study	A	1.171	1.171	\$ 48.46	\$ 48.46	
76076	TC	Dexa, peripheral study	A	0.843	0.843	\$ 34.91	\$ 34.91	
76076	26	Dexa, peripheral study	A	0.327	0.327	\$ 13.55	\$ 13.55	
76078		Radiographic absorptiometry	A	1.142	1.142	\$ 47.28	\$ 47.28	
76078	TC	Radiographic absorptiometry	A	0.843	0.843	\$ 34.91	\$ 34.91	
76078	26	Radiographic absorptiometry	A	0.299	0.299	\$ 12.37	\$ 12.37	
76080		X-ray exam of fistula	A	1.910	1.910	\$ 79.05	\$ 79.05	
76080	TC	X-ray exam of fistula	A	1.138	1.138	\$ 47.10	\$ 47.10	
76080	26	X-ray exam of fistula	A	0.772	0.772	\$ 31.95	\$ 31.95	
76082		Computer mammogram add-on	A	0.504	0.504	\$ 20.88	\$ 20.88	
76082	TC	Computer mammogram add-on	A	0.388	0.388	\$ 16.06	\$ 16.06	
76082	26	Computer mammogram add-on	A	0.116	0.116	\$ 4.82	\$ 4.82	
76083		Computer mammogram add-on	A	0.504	0.504	\$ 20.88	\$ 20.88	
76083	TC	Computer mammogram add-on	A	0.388	0.388	\$ 16.06	\$ 16.06	
76083	26	Computer mammogram add-on	A	0.116	0.116	\$ 4.82	\$ 4.82	
76085		Computer mammogram add-on	D	0.504	0.504	\$ 20.88	\$ 20.88	
76085	TC	Computer mammogram add-on	D	0.388	0.388	\$ 16.06	\$ 16.06	
76085	26	Computer mammogram add-on	D	0.116	0.116	\$ 4.82	\$ 4.82	
76086		X-ray of mammary duct	A	3.321	3.321	\$ 137.44	\$ 137.44	
76086	TC	X-ray of mammary duct	A	2.780	2.780	\$ 115.05	\$ 115.05	
76086	26	X-ray of mammary duct	A	0.541	0.541	\$ 22.39	\$ 22.39	
76088		X-ray of mammary ducts	A	4.534	4.534	\$ 187.68	\$ 187.68	
76088	TC	X-ray of mammary ducts	A	3.878	3.878	\$ 160.51	\$ 160.51	
76088	26	X-ray of mammary ducts	A	0.656	0.656	\$ 27.17	\$ 27.17	
76090		Mammogram, one breast	A	2.191	2.191	\$ 90.70	\$ 90.70	
76090	TC	Mammogram, one breast	A	1.138	1.138	\$ 47.10	\$ 47.10	
76090	26	Mammogram, one breast	A	1.053	1.053	\$ 43.60	\$ 43.60	
76091		Mammogram, both breasts	A	2.664	2.664	\$ 110.27	\$ 110.27	
76091	TC	Mammogram, both breasts	A	1.390	1.390	\$ 57.52	\$ 57.52	
76091	26	Mammogram, both breasts	A	1.274	1.274	\$ 52.75	\$ 52.75	
76092		Mammogram, screening	A	2.375	2.375	\$ 98.31	\$ 98.31	



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				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
76092	TC	Mammogram, screening	A	1.322	1.322	\$ 54.71	\$ 54.71	
76092	26	Mammogram, screening	A	1.053	1.053	\$ 43.60	\$ 43.60	
76093		Magnetic image, breast	A	21.056	21.056	\$ 871.50	\$ 871.50	
76093	TC	Magnetic image, breast	A	18.660	18.660	\$ 772.32	\$ 772.32	
76093	26	Magnetic image, breast	A	2.396	2.396	\$ 99.18	\$ 99.18	
76094		Magnetic image, both breasts	A	27.683	27.683	\$ 1,145.78	\$ 1,145.78	
76094	TC	Magnetic image, both breasts	A	25.286	25.286	\$ 1,046.60	\$ 1,046.60	
76094	26	Magnetic image, both breasts	A	2.396	2.396	\$ 99.18	\$ 99.18	
76095		Stereotactic breast biopsy	A	10.038	10.038	\$ 415.48	\$ 415.48	
76095	TC	Stereotactic breast biopsy	A	7.572	7.572	\$ 313.41	\$ 313.41	
76095	26	Stereotactic breast biopsy	A	2.466	2.466	\$ 102.08	\$ 102.08	
76096		X-ray of needle wire, breast	A	2.269	2.269	\$ 93.92	\$ 93.92	
76096	TC	X-ray of needle wire, breast	A	1.390	1.390	\$ 57.52	\$ 57.52	
76096	26	X-ray of needle wire, breast	A	0.879	0.879	\$ 36.40	\$ 36.40	
76098		X-ray exam, breast specimen	A	0.669	0.669	\$ 27.71	\$ 27.71	
76098	TC	X-ray exam, breast specimen	A	0.427	0.427	\$ 17.69	\$ 17.69	
76098	26	X-ray exam, breast specimen	A	0.242	0.242	\$ 10.02	\$ 10.02	
76100		X-ray exam of body section	A	2.238	2.238	\$ 92.64	\$ 92.64	
76100	TC	X-ray exam of body section	A	1.339	1.339	\$ 55.41	\$ 55.41	
76100	26	X-ray exam of body section	A	0.899	0.899	\$ 37.23	\$ 37.23	
76101		Complex body section x-ray	A	2.431	2.431	\$ 100.61	\$ 100.61	
76101	TC	Complex body section x-ray	A	1.531	1.531	\$ 63.38	\$ 63.38	
76101	26	Complex body section x-ray	A	0.899	0.899	\$ 37.23	\$ 37.23	
76102		Complex body section x-rays	A	2.821	2.821	\$ 116.77	\$ 116.77	
76102	TC	Complex body section x-rays	A	1.913	1.913	\$ 79.19	\$ 79.19	
76102	26	Complex body section x-rays	A	0.908	0.908	\$ 37.58	\$ 37.58	
76120		Cine/video x-rays	A	1.707	1.707	\$ 70.66	\$ 70.66	
76120	TC	Cine/video x-rays	A	1.138	1.138	\$ 47.10	\$ 47.10	
76120	26	Cine/video x-rays	A	0.569	0.569	\$ 23.57	\$ 23.57	
76125		Cine/video x-rays add-on	A	1.255	1.255	\$ 51.94	\$ 51.94	
76125	TC	Cine/video x-rays add-on	A	0.869	0.869	\$ 35.96	\$ 35.96	
76125	26	Cine/video x-rays add-on	A	0.386	0.386	\$ 15.98	\$ 15.98	
76140		X-ray consultation	C	0.000	0.000	\$ -	\$ -	
76150		X-ray exam, dry process	A	0.427	0.427	\$ 17.69	\$ 17.69	
76350		Special x-ray contrast study	C	0.000	0.000	\$ -	\$ -	
76355		Ct scan for localization	A	10.531	10.531	\$ 435.87	\$ 435.87	
76355	TC	Ct scan for localization	A	8.704	8.704	\$ 360.28	\$ 360.28	
76355	26	Ct scan for localization	A	1.826	1.826	\$ 75.59	\$ 75.59	
76360		Ct scan for needle biopsy	A	10.416	10.416	\$ 431.11	\$ 431.11	
76360	TC	Ct scan for needle biopsy	A	8.704	8.704	\$ 360.28	\$ 360.28	
76360	26	Ct scan for needle biopsy	A	1.711	1.711	\$ 70.83	\$ 70.83	
76362		Ct guide for tissue ablation	A	18.773	18.773	\$ 777.02	\$ 777.02	
76362	TC	Ct guide for tissue ablation	A	12.810	12.810	\$ 530.19	\$ 530.19	
76362	26	Ct guide for tissue ablation	A	5.963	5.963	\$ 246.83	\$ 246.83	
76370		Ct scan for therapy guide	A	4.433	4.433	\$ 183.48	\$ 183.48	
76370	TC	Ct scan for therapy guide	A	3.148	3.148	\$ 130.28	\$ 130.28	
76370	26	Ct scan for therapy guide	A	1.285	1.285	\$ 53.20	\$ 53.20	
76375		3d/holograph reconstr add-on	A	3.970	3.970	\$ 164.32	\$ 164.32	
76375	TC	3d/holograph reconstr add-on	A	3.728	3.728	\$ 154.30	\$ 154.30	
76375	26	3d/holograph reconstr add-on	A	0.242	0.242	\$ 10.02	\$ 10.02	
76380		CAT scan follow-up study	A	5.152	5.152	\$ 213.24	\$ 213.24	
76380	TC	CAT scan follow-up study	A	3.694	3.694	\$ 152.90	\$ 152.90	
76380	26	CAT scan follow-up study	A	1.458	1.458	\$ 60.34	\$ 60.34	
76390		Mr spectroscopy	A	13.763	13.763	\$ 569.66	\$ 569.66	
76390	TC	Mr spectroscopy	A	11.687	11.687	\$ 483.74	\$ 483.74	
76390	26	Mr spectroscopy	A	2.076	2.076	\$ 85.92	\$ 85.92	
76393		Mr guidance for needle place	A	13.966	13.966	\$ 578.05	\$ 578.05	
76393	TC	Mr guidance for needle place	A	11.725	11.725	\$ 485.30	\$ 485.30	
76393	26	Mr guidance for needle place	A	2.241	2.241	\$ 92.75	\$ 92.75	
76394		Mri for tissue ablation	A	22.041	22.041	\$ 912.29	\$ 912.29	
76394	TC	Mri for tissue ablation	A	15.712	15.712	\$ 650.32	\$ 650.32	

HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
76394	26	Mri for tissue ablation	A	6.329	6.329	\$ 261.97	\$ 261.97	
76400		Magnetic image, bone marrow	A	14.241	14.241	\$ 589.42	\$ 589.42	
76400	TC	Magnetic image, bone marrow	A	11.883	11.883	\$ 491.84	\$ 491.84	
76400	26	Magnetic image, bone marrow	A	2.358	2.358	\$ 97.59	\$ 97.59	
76490		Us for tissue ablation	D	8.036	8.036	\$ 332.63	\$ 332.63	
76490	TC	Us for tissue ablation	D	2.411	2.411	\$ 99.80	\$ 99.80	
76490	26	Us for tissue ablation	D	5.625	5.625	\$ 232.83	\$ 232.83	
76496		Fluoroscopic procedure	C	0.000	0.000	\$ -	\$ -	
76496	TC	Fluoroscopic procedure	C	0.000	0.000	\$ -	\$ -	
76496	26	Fluoroscopic procedure	C	0.000	0.000	\$ -	\$ -	
76497		Ct procedure	C	0.000	0.000	\$ -	\$ -	
76497	TC	Ct procedure	C	0.000	0.000	\$ -	\$ -	
76497	26	Ct procedure	C	0.000	0.000	\$ -	\$ -	
76498		Mri procedure	C	0.000	0.000	\$ -	\$ -	
76498	TC	Mri procedure	C	0.000	0.000	\$ -	\$ -	
76498	26	Mri procedure	C	0.000	0.000	\$ -	\$ -	
76499		Radiographic procedure	C	0.000	0.000	\$ -	\$ -	
76499	TC	Radiographic procedure	C	0.000	0.000	\$ -	\$ -	
76499	26	Radiographic procedure	C	0.000	0.000	\$ -	\$ -	
76506		Echo exam of head	A	2.532	2.532	\$ 104.79	\$ 104.79	
76506	TC	Echo exam of head	A	1.531	1.531	\$ 63.38	\$ 63.38	
76506	26	Echo exam of head	A	1.000	1.000	\$ 41.41	\$ 41.41	
76511		Echo exam of eye	A	2.222	2.222	\$ 91.96	\$ 91.96	
76511	TC	Echo exam of eye	A	0.863	0.863	\$ 35.71	\$ 35.71	
76511	26	Echo exam of eye	A	1.359	1.359	\$ 56.25	\$ 56.25	
76512		Echo exam of eye	A	1.961	1.961	\$ 81.17	\$ 81.17	
76512	TC	Echo exam of eye	A	1.007	1.007	\$ 41.67	\$ 41.67	
76512	26	Echo exam of eye	A	0.954	0.954	\$ 39.51	\$ 39.51	
76513		Echo exam of eye, water bath	A	2.029	2.029	\$ 83.99	\$ 83.99	
76513	TC	Echo exam of eye, water bath	A	1.075	1.075	\$ 44.48	\$ 44.48	
76513	26	Echo exam of eye, water bath	A	0.954	0.954	\$ 39.51	\$ 39.51	
76514		Echo exam of eye, thickness	A	0.368	0.368	\$ 15.23	\$ 15.23	
76514	TC	Echo exam of eye, thickness	A	0.090	0.090	\$ 3.74	\$ 3.74	
76514	26	Echo exam of eye, thickness	A	0.277	0.277	\$ 11.48	\$ 11.48	
76516		Echo exam of eye	A	1.476	1.476	\$ 61.10	\$ 61.10	
76516	TC	Echo exam of eye	A	0.684	0.684	\$ 28.32	\$ 28.32	
76516	26	Echo exam of eye	A	0.792	0.792	\$ 32.78	\$ 32.78	
76519		Echo exam of eye	A	1.544	1.544	\$ 63.92	\$ 63.92	
76519	TC	Echo exam of eye	A	0.752	0.752	\$ 31.14	\$ 31.14	
76519	26	Echo exam of eye	A	0.792	0.792	\$ 32.78	\$ 32.78	
76529		Echo exam of eye	A	1.580	1.580	\$ 65.39	\$ 65.39	
76529	TC	Echo exam of eye	A	0.758	0.758	\$ 31.37	\$ 31.37	
76529	26	Echo exam of eye	A	0.822	0.822	\$ 34.02	\$ 34.02	
76536		Us exam of head and neck	A	2.332	2.332	\$ 96.51	\$ 96.51	
76536	TC	Us exam of head and neck	A	1.531	1.531	\$ 63.38	\$ 63.38	
76536	26	Us exam of head and neck	A	0.800	0.800	\$ 33.13	\$ 33.13	
76604		Us exam, chest, b-scan	A	2.172	2.172	\$ 89.89	\$ 89.89	
76604	TC	Us exam, chest, b-scan	A	1.390	1.390	\$ 57.52	\$ 57.52	
76604	26	Us exam, chest, b-scan	A	0.782	0.782	\$ 32.36	\$ 32.36	
76645		Us exam, breast(s)	A	1.989	1.989	\$ 82.31	\$ 82.31	
76645	TC	Us exam, breast(s)	A	1.138	1.138	\$ 47.10	\$ 47.10	
76645	26	Us exam, breast(s)	A	0.851	0.851	\$ 35.22	\$ 35.22	
76700		Us exam, abdom, complete	A	3.354	3.354	\$ 138.83	\$ 138.83	
76700	TC	Us exam, abdom, complete	A	2.117	2.117	\$ 87.63	\$ 87.63	
76700	26	Us exam, abdom, complete	A	1.237	1.237	\$ 51.19	\$ 51.19	
76705		Echo exam of abdomen	A	2.449	2.449	\$ 101.37	\$ 101.37	
76705	TC	Echo exam of abdomen	A	1.531	1.531	\$ 63.38	\$ 63.38	
76705	26	Echo exam of abdomen	A	0.918	0.918	\$ 37.99	\$ 37.99	
76770		Us exam abdo back wall, comp	A	3.228	3.228	\$ 133.59	\$ 133.59	
76770	TC	Us exam abdo back wall, comp	A	2.117	2.117	\$ 87.63	\$ 87.63	
76770	26	Us exam abdo back wall, comp	A	1.110	1.110	\$ 45.96	\$ 45.96	

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76775		Us exam abdo back wall, lim	A	2.431	2.431	\$ 100.61	\$ 100.61	
76775	TC	Us exam abdo back wall, lim	A	1.531	1.531	\$ 63.38	\$ 63.38	
76775	26	Us exam abdo back wall, lim	A	0.899	0.899	\$ 37.23	\$ 37.23	
76778		Us exam kidney transplant	A	3.228	3.228	\$ 133.59	\$ 133.59	
76778	TC	Us exam kidney transplant	A	2.117	2.117	\$ 87.63	\$ 87.63	
76778	26	Us exam kidney transplant	A	1.110	1.110	\$ 45.96	\$ 45.96	
76800		Us exam, spinal canal	A	3.156	3.156	\$ 130.63	\$ 130.63	
76800	TC	Us exam, spinal canal	A	1.531	1.531	\$ 63.38	\$ 63.38	
76800	26	Us exam, spinal canal	A	1.625	1.625	\$ 67.25	\$ 67.25	
76801		Ob us < 14 wks, single fetus	A	3.744	3.744	\$ 154.95	\$ 154.95	
76801	TC	Ob us < 14 wks, single fetus	A	2.259	2.259	\$ 93.49	\$ 93.49	
76801	26	Ob us < 14 wks, single fetus	A	1.485	1.485	\$ 61.46	\$ 61.46	
76802		Ob us < 14 wks, add'l fetus	A	2.649	2.649	\$ 109.62	\$ 109.62	
76802	TC	Ob us < 14 wks, add'l fetus	A	1.375	1.375	\$ 56.90	\$ 56.90	
76802	26	Ob us < 14 wks, add'l fetus	A	1.274	1.274	\$ 52.73	\$ 52.73	
76805		Ob us >= 14 wks, snl fetus	A	3.744	3.744	\$ 154.95	\$ 154.95	
76805	TC	Ob us >= 14 wks, snl fetus	A	2.259	2.259	\$ 93.49	\$ 93.49	
76805	26	Ob us >= 14 wks, snl fetus	A	1.485	1.485	\$ 61.46	\$ 61.46	
76810		Ob us >= 14 wks, addl fetus	A	3.363	3.363	\$ 139.18	\$ 139.18	
76810	TC	Ob us >= 14 wks, addl fetus	A	1.769	1.769	\$ 73.24	\$ 73.24	
76810	26	Ob us >= 14 wks, addl fetus	A	1.593	1.593	\$ 65.95	\$ 65.95	
76811		Ob us, detailed, snl fetus	A	7.878	7.878	\$ 326.07	\$ 326.07	
76811	TC	Ob us, detailed, snl fetus	A	4.706	4.706	\$ 194.80	\$ 194.80	
76811	26	Ob us, detailed, snl fetus	A	3.172	3.172	\$ 131.27	\$ 131.27	
76812		Ob us, detailed, addl fetus	A	5.388	5.388	\$ 222.99	\$ 222.99	
76812	TC	Ob us, detailed, addl fetus	A	2.519	2.519	\$ 104.28	\$ 104.28	
76812	26	Ob us, detailed, addl fetus	A	2.868	2.868	\$ 118.71	\$ 118.71	
76815		Ob us, limited, fetus(s)	A	2.456	2.456	\$ 101.64	\$ 101.64	
76815	TC	Ob us, limited, fetus(s)	A	1.531	1.531	\$ 63.38	\$ 63.38	
76815	26	Ob us, limited, fetus(s)	A	0.924	0.924	\$ 38.26	\$ 38.26	
76816		Ob us, follow-up, per fetus	A	2.390	2.390	\$ 98.91	\$ 98.91	
76816	TC	Ob us, follow-up, per fetus	A	1.189	1.189	\$ 49.21	\$ 49.21	
76816	26	Ob us, follow-up, per fetus	A	1.201	1.201	\$ 49.71	\$ 49.71	
76817		Transvaginal us, obstetric	A	2.596	2.596	\$ 107.44	\$ 107.44	
76817	TC	Transvaginal us, obstetric	A	1.529	1.529	\$ 63.28	\$ 63.28	
76817	26	Transvaginal us, obstetric	A	1.067	1.067	\$ 44.16	\$ 44.16	
76818		Fetal biophys profile w/nst	A	3.342	3.342	\$ 138.33	\$ 138.33	
76818	TC	Fetal biophys profile w/nst	A	1.772	1.772	\$ 73.33	\$ 73.33	
76818	26	Fetal biophys profile w/nst	A	1.570	1.570	\$ 65.00	\$ 65.00	
76819		Fetal biophys profil w/o nst	A	2.859	2.859	\$ 118.32	\$ 118.32	
76819	TC	Fetal biophys profil w/o nst	A	1.772	1.772	\$ 73.33	\$ 73.33	
76819	26	Fetal biophys profil w/o nst	A	1.087	1.087	\$ 44.99	\$ 44.99	
76825		Echo exam of fetal heart	A	4.574	4.574	\$ 189.30	\$ 189.30	
76825	TC	Echo exam of fetal heart	A	2.117	2.117	\$ 87.63	\$ 87.63	
76825	26	Echo exam of fetal heart	A	2.456	2.456	\$ 101.67	\$ 101.67	
76826		Echo exam of fetal heart	A	2.035	2.035	\$ 84.24	\$ 84.24	
76826	TC	Echo exam of fetal heart	A	0.801	0.801	\$ 33.15	\$ 33.15	
76826	26	Echo exam of fetal heart	A	1.234	1.234	\$ 51.09	\$ 51.09	
76827		Echo exam of fetal heart	A	2.790	2.790	\$ 115.48	\$ 115.48	
76827	TC	Echo exam of fetal heart	A	1.944	1.944	\$ 80.47	\$ 80.47	
76827	26	Echo exam of fetal heart	A	0.846	0.846	\$ 35.01	\$ 35.01	
76828		Echo exam of fetal heart	A	2.094	2.094	\$ 86.66	\$ 86.66	
76828	TC	Echo exam of fetal heart	A	1.268	1.268	\$ 52.47	\$ 52.47	
76828	26	Echo exam of fetal heart	A	0.826	0.826	\$ 34.19	\$ 34.19	
76830		Transvaginal us, non-ob	A	2.730	2.730	\$ 113.00	\$ 113.00	
76830	TC	Transvaginal us, non-ob	A	1.687	1.687	\$ 69.81	\$ 69.81	
76830	26	Transvaginal us, non-ob	A	1.043	1.043	\$ 43.19	\$ 43.19	
76831		Echo exam, uterus	A	2.707	2.707	\$ 112.03	\$ 112.03	
76831	TC	Echo exam, uterus	A	1.687	1.687	\$ 69.81	\$ 69.81	
76831	26	Echo exam, uterus	A	1.020	1.020	\$ 42.22	\$ 42.22	
76856		Us exam, pelvic, complete	A	2.730	2.730	\$ 113.00	\$ 113.00	

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76856	TC	Us exam, pelvic, complete	A	1.687	1.687	\$ 69.81	\$ 69.81	
76856	26	Us exam, pelvic, complete	A	1.043	1.043	\$ 43.19	\$ 43.19	
76857		Us exam, pelvic, limited	A	2.141	2.141	\$ 88.61	\$ 88.61	
76857	TC	Us exam, pelvic, limited	A	1.571	1.571	\$ 65.04	\$ 65.04	
76857	26	Us exam, pelvic, limited	A	0.569	0.569	\$ 23.57	\$ 23.57	
76870		Us exam, scrotum	A	2.663	2.663	\$ 110.23	\$ 110.23	
76870	TC	Us exam, scrotum	A	1.687	1.687	\$ 69.81	\$ 69.81	
76870	26	Us exam, scrotum	A	0.976	0.976	\$ 40.41	\$ 40.41	
76872		Us, transrectal	A	3.059	3.059	\$ 126.60	\$ 126.60	
76872	TC	Us, transrectal	A	1.976	1.976	\$ 81.78	\$ 81.78	
76872	26	Us, transrectal	A	1.083	1.083	\$ 44.82	\$ 44.82	
76873		Echograp trans r, pros study	A	4.778	4.778	\$ 197.75	\$ 197.75	
76873	TC	Echograp trans r, pros study	A	2.417	2.417	\$ 100.02	\$ 100.02	
76873	26	Echograp trans r, pros study	A	2.361	2.361	\$ 97.73	\$ 97.73	
76880		Us exam, extremity	A	2.449	2.449	\$ 101.37	\$ 101.37	
76880	TC	Us exam, extremity	A	1.531	1.531	\$ 63.38	\$ 63.38	
76880	26	Us exam, extremity	A	0.918	0.918	\$ 37.99	\$ 37.99	
76885		Us exam infant hips, dynamic	A	2.797	2.797	\$ 115.77	\$ 115.77	
76885	TC	Us exam infant hips, dynamic	A	1.687	1.687	\$ 69.81	\$ 69.81	
76885	26	Us exam infant hips, dynamic	A	1.110	1.110	\$ 45.96	\$ 45.96	
76886		Us exam infant hips, static	A	2.488	2.488	\$ 102.97	\$ 102.97	
76886	TC	Us exam infant hips, static	A	1.531	1.531	\$ 63.38	\$ 63.38	
76886	26	Us exam infant hips, static	A	0.956	0.956	\$ 39.59	\$ 39.59	
76930		Echo guide, cardiocentesis	A	2.657	2.657	\$ 109.96	\$ 109.96	
76930	TC	Echo guide, cardiocentesis	A	1.687	1.687	\$ 69.81	\$ 69.81	
76930	26	Echo guide, cardiocentesis	A	0.970	0.970	\$ 40.15	\$ 40.15	
76932		Echo guide for heart biopsy	A	2.657	2.657	\$ 109.96	\$ 109.96	
76932	TC	Echo guide for heart biopsy	A	1.687	1.687	\$ 69.81	\$ 69.81	
76932	26	Echo guide for heart biopsy	A	0.970	0.970	\$ 40.15	\$ 40.15	
76936		Echo guide for artery repair	A	9.778	9.778	\$ 404.72	\$ 404.72	
76936	TC	Echo guide for artery repair	A	6.714	6.714	\$ 277.90	\$ 277.90	
76936	26	Echo guide for artery repair	A	3.064	3.064	\$ 126.83	\$ 126.83	
76937		Us guide, vascular access	A	1.292	1.292	\$ 53.46	\$ 53.46	
76937	TC	Us guide, vascular access	A	0.709	0.709	\$ 29.36	\$ 29.36	
76937	26	Us guide, vascular access	A	0.582	0.582	\$ 24.10	\$ 24.10	
76940		Us guide, tissue ablation	A	5.502	5.502	\$ 227.74	\$ 227.74	
76940	TC	Us guide, tissue ablation	A	2.437	2.437	\$ 100.86	\$ 100.86	
76940	26	Us guide, tissue ablation	A	3.066	3.066	\$ 126.89	\$ 126.89	
76941		Echo guide for transfusion	A	3.632	3.632	\$ 150.33	\$ 150.33	
76941	TC	Echo guide for transfusion	A	1.616	1.616	\$ 66.90	\$ 66.90	
76941	26	Echo guide for transfusion	A	2.016	2.016	\$ 83.43	\$ 83.43	
76942		Echo guide for biopsy	A	3.608	3.608	\$ 149.34	\$ 149.34	
76942	TC	Echo guide for biopsy	A	2.554	2.554	\$ 105.70	\$ 105.70	
76942	26	Echo guide for biopsy	A	1.054	1.054	\$ 43.64	\$ 43.64	
76945		Echo guide, villus sampling	A	2.640	2.640	\$ 109.26	\$ 109.26	
76945	TC	Echo guide, villus sampling	A	1.616	1.616	\$ 66.90	\$ 66.90	
76945	26	Echo guide, villus sampling	A	1.023	1.023	\$ 42.36	\$ 42.36	
76946		Echo guide for amniocentesis	A	2.225	2.225	\$ 92.10	\$ 92.10	
76946	TC	Echo guide for amniocentesis	A	1.687	1.687	\$ 69.81	\$ 69.81	
76946	26	Echo guide for amniocentesis	A	0.538	0.538	\$ 22.29	\$ 22.29	
76948		Echo guide, ova aspiration	A	2.256	2.256	\$ 93.38	\$ 93.38	
76948	TC	Echo guide, ova aspiration	A	1.687	1.687	\$ 69.81	\$ 69.81	
76948	26	Echo guide, ova aspiration	A	0.569	0.569	\$ 23.57	\$ 23.57	
76950		Echo guidance radiotherapy	A	2.289	2.289	\$ 94.75	\$ 94.75	
76950	TC	Echo guidance radiotherapy	A	1.390	1.390	\$ 57.52	\$ 57.52	
76950	26	Echo guidance radiotherapy	A	0.899	0.899	\$ 37.23	\$ 37.23	
76965		Echo guidance radiotherapy	A	7.909	7.909	\$ 327.36	\$ 327.36	
76965	TC	Echo guidance radiotherapy	A	5.896	5.896	\$ 244.05	\$ 244.05	
76965	26	Echo guidance radiotherapy	A	2.013	2.013	\$ 83.31	\$ 83.31	
76970		Ultrasound exam follow-up	A	1.727	1.727	\$ 71.49	\$ 71.49	
76970	TC	Ultrasound exam follow-up	A	1.138	1.138	\$ 47.10	\$ 47.10	



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				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
76970	26	Ultrasound exam follow-up	A	0.589	0.589	\$ 24.40	\$ 24.40	
76975		GI endoscopic ultrasound	A	2.893	2.893	\$ 119.73	\$ 119.73	
76975	TC	GI endoscopic ultrasound	A	1.687	1.687	\$ 69.81	\$ 69.81	
76975	26	GI endoscopic ultrasound	A	1.206	1.206	\$ 49.91	\$ 49.91	
76977		Us bone density measure	A	1.009	1.009	\$ 41.78	\$ 41.78	
76977	TC	Us bone density measure	A	0.903	0.903	\$ 37.37	\$ 37.37	
76977	26	Us bone density measure	A	0.106	0.106	\$ 4.41	\$ 4.41	
76986		Ultrasound guide intraoper	A	4.635	4.635	\$ 191.86	\$ 191.86	
76986	TC	Ultrasound guide intraoper	A	2.780	2.780	\$ 115.05	\$ 115.05	
76986	26	Ultrasound guide intraoper	A	1.856	1.856	\$ 76.81	\$ 76.81	
76999		Echo examination procedure	C	0.000	0.000	\$ -	\$ -	
76999	TC	Echo examination procedure	C	0.000	0.000	\$ -	\$ -	
76999	26	Echo examination procedure	C	0.000	0.000	\$ -	\$ -	
77261		Radiation therapy planning	A	2.100	2.100	\$ 86.91	\$ 86.91	
77262		Radiation therapy planning	A	3.182	3.182	\$ 131.69	\$ 131.69	
77263		Radiation therapy planning	A	4.724	4.724	\$ 195.51	\$ 195.51	
77280		Set radiation therapy field	A	4.713	4.713	\$ 195.09	\$ 195.09	
77280	TC	Set radiation therapy field	A	3.669	3.669	\$ 151.84	\$ 151.84	
77280	26	Set radiation therapy field	A	1.045	1.045	\$ 43.25	\$ 43.25	
77285		Set radiation therapy field	A	7.472	7.472	\$ 309.27	\$ 309.27	
77285	TC	Set radiation therapy field	A	5.936	5.936	\$ 245.68	\$ 245.68	
77285	26	Set radiation therapy field	A	1.536	1.536	\$ 63.59	\$ 63.59	
77290		Set radiation therapy field	A	9.185	9.185	\$ 380.16	\$ 380.16	
77290	TC	Set radiation therapy field	A	6.932	6.932	\$ 286.92	\$ 286.92	
77290	26	Set radiation therapy field	A	2.253	2.253	\$ 93.24	\$ 93.24	
77295		Set radiation therapy field	A	36.329	36.329	\$ 1,503.64	\$ 1,503.64	
77295	TC	Set radiation therapy field	A	29.668	29.668	\$ 1,227.94	\$ 1,227.94	
77295	26	Set radiation therapy field	A	6.661	6.661	\$ 275.70	\$ 275.70	
77299		Radiation therapy planning	C	0.000	0.000	\$ -	\$ -	
77299	TC	Radiation therapy planning	C	0.000	0.000	\$ -	\$ -	
77299	26	Radiation therapy planning	C	0.000	0.000	\$ -	\$ -	
77300		Radiation therapy dose plan	A	2.372	2.372	\$ 98.17	\$ 98.17	
77300	TC	Radiation therapy dose plan	A	1.424	1.424	\$ 58.93	\$ 58.93	
77300	26	Radiation therapy dose plan	A	0.948	0.948	\$ 39.23	\$ 39.23	
77301		Radiotherapy dose plan, imrt	A	40.685	40.685	\$ 1,683.96	\$ 1,683.96	
77301	TC	Radiotherapy dose plan, imrt	A	29.668	29.668	\$ 1,227.94	\$ 1,227.94	
77301	26	Radiotherapy dose plan, imrt	A	11.017	11.017	\$ 456.01	\$ 456.01	
77305		Teletx isodose plan simple	A	3.077	3.077	\$ 127.36	\$ 127.36	
77305	TC	Teletx isodose plan simple	A	2.024	2.024	\$ 83.76	\$ 83.76	
77305	26	Teletx isodose plan simple	A	1.053	1.053	\$ 43.60	\$ 43.60	
77310		Teletx isodose plan intermed	A	4.039	4.039	\$ 167.15	\$ 167.15	
77310	TC	Teletx isodose plan intermed	A	2.502	2.502	\$ 103.56	\$ 103.56	
77310	26	Teletx isodose plan intermed	A	1.536	1.536	\$ 63.59	\$ 63.59	
77315		Teletx isodose plan complex	A	5.066	5.066	\$ 209.70	\$ 209.70	
77315	TC	Teletx isodose plan complex	A	2.814	2.814	\$ 116.46	\$ 116.46	
77315	26	Teletx isodose plan complex	A	2.253	2.253	\$ 93.24	\$ 93.24	
77321		Special teletx port plan	A	5.691	5.691	\$ 235.54	\$ 235.54	
77321	TC	Special teletx port plan	A	4.280	4.280	\$ 177.15	\$ 177.15	
77321	26	Special teletx port plan	A	1.411	1.411	\$ 58.40	\$ 58.40	
77326		Brachytx isodose calc simp	A	3.910	3.910	\$ 161.84	\$ 161.84	
77326	TC	Brachytx isodose calc simp	A	2.528	2.528	\$ 104.62	\$ 104.62	
77326	26	Brachytx isodose calc simp	A	1.382	1.382	\$ 57.22	\$ 57.22	
77327		Brachytx isodose calc interm	A	5.709	5.709	\$ 236.29	\$ 236.29	
77327	TC	Brachytx isodose calc interm	A	3.669	3.669	\$ 151.84	\$ 151.84	
77327	26	Brachytx isodose calc interm	A	2.040	2.040	\$ 84.45	\$ 84.45	
77328		Brachytx isodose plan compl	A	8.297	8.297	\$ 343.39	\$ 343.39	
77328	TC	Brachytx isodose plan compl	A	5.211	5.211	\$ 215.70	\$ 215.70	
77328	26	Brachytx isodose plan compl	A	3.085	3.085	\$ 127.70	\$ 127.70	
77331		Special radiation dosimetry	A	1.809	1.809	\$ 74.89	\$ 74.89	
77331	TC	Special radiation dosimetry	A	0.504	0.504	\$ 20.86	\$ 20.86	
77331	26	Special radiation dosimetry	A	1.305	1.305	\$ 54.03	\$ 54.03	

HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
77332		Radiation treatment aid(s)	A	2.187	2.187	\$ 90.53	\$ 90.53	
77332	TC	Radiation treatment aid(s)	A	1.424	1.424	\$ 58.93	\$ 58.93	
77332	26	Radiation treatment aid(s)	A	0.763	0.763	\$ 31.60	\$ 31.60	
77333		Radiation treatment aid(s)	A	3.316	3.316	\$ 137.25	\$ 137.25	
77333	TC	Radiation treatment aid(s)	A	2.049	2.049	\$ 84.82	\$ 84.82	
77333	26	Radiation treatment aid(s)	A	1.267	1.267	\$ 52.44	\$ 52.44	
77334		Radiation treatment aid(s)	A	5.250	5.250	\$ 217.31	\$ 217.31	
77334	TC	Radiation treatment aid(s)	A	3.442	3.442	\$ 142.47	\$ 142.47	
77334	26	Radiation treatment aid(s)	A	1.808	1.808	\$ 74.85	\$ 74.85	
77336		Radiation physics consult	A	3.173	3.173	\$ 131.33	\$ 131.33	
77370		Radiation physics consult	A	3.686	3.686	\$ 152.54	\$ 152.54	
77399		External radiation dosimetry	C	0.000	0.000	\$ -	\$ -	
77399	TC	External radiation dosimetry	C	0.000	0.000	\$ -	\$ -	
77399	26	External radiation dosimetry	C	0.000	0.000	\$ -	\$ -	
77401		Radiation treatment delivery	A	1.947	1.947	\$ 80.60	\$ 80.60	
77402		Radiation treatment delivery	A	1.947	1.947	\$ 80.60	\$ 80.60	
77403		Radiation treatment delivery	A	1.947	1.947	\$ 80.60	\$ 80.60	
77404		Radiation treatment delivery	A	1.947	1.947	\$ 80.60	\$ 80.60	
77406		Radiation treatment delivery	A	1.947	1.947	\$ 80.60	\$ 80.60	
77407		Radiation treatment delivery	A	2.250	2.250	\$ 93.14	\$ 93.14	
77408		Radiation treatment delivery	A	2.250	2.250	\$ 93.14	\$ 93.14	
77409		Radiation treatment delivery	A	2.250	2.250	\$ 93.14	\$ 93.14	
77411		Radiation treatment delivery	A	2.250	2.250	\$ 93.14	\$ 93.14	
77412		Radiation treatment delivery	A	2.502	2.502	\$ 103.56	\$ 103.56	
77413		Radiation treatment delivery	A	2.502	2.502	\$ 103.56	\$ 103.56	
77414		Radiation treatment delivery	A	2.502	2.502	\$ 103.56	\$ 103.56	
77416		Radiation treatment delivery	A	2.502	2.502	\$ 103.56	\$ 103.56	
77417		Radiology port film(s)	A	0.659	0.659	\$ 27.29	\$ 27.29	
77418		Radiation tx delivery, imrt	A	15.856	15.856	\$ 656.27	\$ 656.27	
77427		Radiation tx management, x5	A	4.874	4.874	\$ 201.72	\$ 201.72	
77431		Radiation therapy management	A	2.704	2.704	\$ 111.91	\$ 111.91	
77432		Stereotactic radiation trmt	A	11.972	11.972	\$ 495.54	\$ 495.54	
77470		Special radiation treatment	A	14.926	14.926	\$ 617.77	\$ 617.77	
77470	TC	Special radiation treatment	A	11.840	11.840	\$ 490.08	\$ 490.08	
77470	26	Special radiation treatment	A	3.085	3.085	\$ 127.70	\$ 127.70	
77499		Radiation therapy management	C	0.000	0.000	\$ -	\$ -	
77499	TC	Radiation therapy management	C	0.000	0.000	\$ -	\$ -	
77499	26	Radiation therapy management	C	0.000	0.000	\$ -	\$ -	
77520		Proton trmt, simple w/o comp	C	0.000	0.000	\$ -	\$ -	
77522		Proton trmt, simple w/comp	C	0.000	0.000	\$ -	\$ -	
77523		Proton trmt, intermediate	C	0.000	0.000	\$ -	\$ -	
77525		Proton treatment, complex	C	0.000	0.000	\$ -	\$ -	
77600		Hyperthermia treatment	A	5.604	5.604	\$ 231.94	\$ 231.94	
77600	TC	Hyperthermia treatment	A	3.233	3.233	\$ 133.80	\$ 133.80	
77600	26	Hyperthermia treatment	A	2.371	2.371	\$ 98.15	\$ 98.15	
77605		Hyperthermia treatment	A	7.619	7.619	\$ 315.35	\$ 315.35	
77605	TC	Hyperthermia treatment	A	4.336	4.336	\$ 179.48	\$ 179.48	
77605	26	Hyperthermia treatment	A	3.283	3.283	\$ 135.87	\$ 135.87	
77610		Hyperthermia treatment	A	5.533	5.533	\$ 229.03	\$ 229.03	
77610	TC	Hyperthermia treatment	A	3.233	3.233	\$ 133.80	\$ 133.80	
77610	26	Hyperthermia treatment	A	2.301	2.301	\$ 95.23	\$ 95.23	
77615		Hyperthermia treatment	A	7.422	7.422	\$ 307.18	\$ 307.18	
77615	TC	Hyperthermia treatment	A	4.336	4.336	\$ 179.48	\$ 179.48	
77615	26	Hyperthermia treatment	A	3.085	3.085	\$ 127.70	\$ 127.70	
77620		Hyperthermia treatment	A	5.502	5.502	\$ 227.74	\$ 227.74	
77620	TC	Hyperthermia treatment	A	3.233	3.233	\$ 133.80	\$ 133.80	
77620	26	Hyperthermia treatment	A	2.270	2.270	\$ 93.95	\$ 93.95	
77750		Infuse radioactive materials	A	8.479	8.479	\$ 350.94	\$ 350.94	
77750	TC	Infuse radioactive materials	A	1.415	1.415	\$ 58.58	\$ 58.58	
77750	26	Infuse radioactive materials	A	7.063	7.063	\$ 292.36	\$ 292.36	
77761		Apply intrcav radiat simple	A	8.180	8.180	\$ 338.56	\$ 338.56	

HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
77761	TC	Apply intrcav radiat simple	A	2.695	2.695	\$ 111.53	\$ 111.53	
77761	26	Apply intrcav radiat simple	A	5.485	5.485	\$ 227.02	\$ 227.02	
77762		Apply intrcav radiat interm	A	12.158	12.158	\$ 503.23	\$ 503.23	
77762	TC	Apply intrcav radiat interm	A	3.827	3.827	\$ 158.40	\$ 158.40	
77762	26	Apply intrcav radiat interm	A	8.331	8.331	\$ 344.83	\$ 344.83	
77763		Apply intrcav radiat compl	A	17.223	17.223	\$ 712.87	\$ 712.87	
77763	TC	Apply intrcav radiat compl	A	4.733	4.733	\$ 195.89	\$ 195.89	
77763	26	Apply intrcav radiat compl	A	12.490	12.490	\$ 516.98	\$ 516.98	
77776		Apply interstit radiat simpl	A	8.977	8.977	\$ 371.55	\$ 371.55	
77776	TC	Apply interstit radiat simpl	A	2.366	2.366	\$ 97.94	\$ 97.94	
77776	26	Apply interstit radiat simpl	A	6.611	6.611	\$ 273.62	\$ 273.62	
77777		Apply interstit radiat inter	A	15.496	15.496	\$ 641.40	\$ 641.40	
77777	TC	Apply interstit radiat inter	A	4.481	4.481	\$ 185.47	\$ 185.47	
77777	26	Apply interstit radiat inter	A	11.015	11.015	\$ 455.93	\$ 455.93	
77778		Apply interstit radiat compl	A	21.872	21.872	\$ 905.30	\$ 905.30	
77778	TC	Apply interstit radiat compl	A	5.443	5.443	\$ 225.30	\$ 225.30	
77778	26	Apply interstit radiat compl	A	16.429	16.429	\$ 680.00	\$ 680.00	
77781		High intensity brachytherapy	A	23.934	23.934	\$ 990.61	\$ 990.61	
77781	TC	High intensity brachytherapy	A	21.507	21.507	\$ 890.18	\$ 890.18	
77781	26	High intensity brachytherapy	A	2.426	2.426	\$ 100.42	\$ 100.42	
77782		High intensity brachytherapy	A	25.151	25.151	\$ 1,041.00	\$ 1,041.00	
77782	TC	High intensity brachytherapy	A	21.507	21.507	\$ 890.18	\$ 890.18	
77782	26	High intensity brachytherapy	A	3.644	3.644	\$ 150.81	\$ 150.81	
77783		High intensity brachytherapy	A	26.941	26.941	\$ 1,115.08	\$ 1,115.08	
77783	TC	High intensity brachytherapy	A	21.507	21.507	\$ 890.18	\$ 890.18	
77783	26	High intensity brachytherapy	A	5.434	5.434	\$ 224.89	\$ 224.89	
77784		High intensity brachytherapy	A	29.686	29.686	\$ 1,228.71	\$ 1,228.71	
77784	TC	High intensity brachytherapy	A	21.507	21.507	\$ 890.18	\$ 890.18	
77784	26	High intensity brachytherapy	A	8.179	8.179	\$ 338.52	\$ 338.52	
77789		Apply surface radiation	A	2.054	2.054	\$ 85.01	\$ 85.01	
77789	TC	Apply surface radiation	A	0.461	0.461	\$ 19.10	\$ 19.10	
77789	26	Apply surface radiation	A	1.592	1.592	\$ 65.91	\$ 65.91	
77790		Radiation handling	A	2.040	2.040	\$ 84.45	\$ 84.45	
77790	TC	Radiation handling	A	0.504	0.504	\$ 20.86	\$ 20.86	
77790	26	Radiation handling	A	1.536	1.536	\$ 63.59	\$ 63.59	
77799		Radium/radioisotope therapy	C	0.000	0.000	\$ -	\$ -	
77799	TC	Radium/radioisotope therapy	C	0.000	0.000	\$ -	\$ -	
77799	26	Radium/radioisotope therapy	C	0.000	0.000	\$ -	\$ -	
78000		Thyroid, single uptake	A	1.350	1.350	\$ 55.89	\$ 55.89	
78000	TC	Thyroid, single uptake	A	1.061	1.061	\$ 43.93	\$ 43.93	
78000	26	Thyroid, single uptake	A	0.289	0.289	\$ 11.96	\$ 11.96	
78001		Thyroid, multiple uptakes	A	1.766	1.766	\$ 73.09	\$ 73.09	
78001	TC	Thyroid, multiple uptakes	A	1.390	1.390	\$ 57.52	\$ 57.52	
78001	26	Thyroid, multiple uptakes	A	0.376	0.376	\$ 15.56	\$ 15.56	
78003		Thyroid suppress/stimul	A	1.524	1.524	\$ 63.09	\$ 63.09	
78003	TC	Thyroid suppress/stimul	A	1.061	1.061	\$ 43.93	\$ 43.93	
78003	26	Thyroid suppress/stimul	A	0.463	0.463	\$ 19.16	\$ 19.16	
78006		Thyroid imaging with uptake	A	3.258	3.258	\$ 134.85	\$ 134.85	
78006	TC	Thyroid imaging with uptake	A	2.545	2.545	\$ 105.32	\$ 105.32	
78006	26	Thyroid imaging with uptake	A	0.713	0.713	\$ 29.53	\$ 29.53	
78007		Thyroid image, mult uptakes	A	3.478	3.478	\$ 143.94	\$ 143.94	
78007	TC	Thyroid image, mult uptakes	A	2.754	2.754	\$ 113.99	\$ 113.99	
78007	26	Thyroid image, mult uptakes	A	0.723	0.723	\$ 29.94	\$ 29.94	
78010		Thyroid imaging	A	2.569	2.569	\$ 106.34	\$ 106.34	
78010	TC	Thyroid imaging	A	1.990	1.990	\$ 82.35	\$ 82.35	
78010	26	Thyroid imaging	A	0.579	0.579	\$ 23.98	\$ 23.98	
78011		Thyroid imaging with flow	A	3.227	3.227	\$ 133.55	\$ 133.55	
78011	TC	Thyroid imaging with flow	A	2.570	2.570	\$ 106.38	\$ 106.38	
78011	26	Thyroid imaging with flow	A	0.656	0.656	\$ 27.17	\$ 27.17	
78015		Thyroid met imaging	A	3.778	3.778	\$ 156.35	\$ 156.35	
78015	TC	Thyroid met imaging	A	2.754	2.754	\$ 113.99	\$ 113.99	

HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
78015	26	Thyroid met imaging	A	1.023	1.023	\$ 42.36	\$ 42.36	
78016		Thyroid met imaging/studies	A	4.901	4.901	\$ 202.87	\$ 202.87	
78016	TC	Thyroid met imaging/studies	A	3.677	3.677	\$ 152.19	\$ 152.19	
78016	26	Thyroid met imaging/studies	A	1.224	1.224	\$ 50.68	\$ 50.68	
78018		Thyroid met imaging, body	A	7.050	7.050	\$ 291.81	\$ 291.81	
78018	TC	Thyroid met imaging, body	A	5.777	5.777	\$ 239.12	\$ 239.12	
78018	26	Thyroid met imaging, body	A	1.273	1.273	\$ 52.69	\$ 52.69	
78020		Thyroid met uptake	A	2.524	2.524	\$ 104.45	\$ 104.45	
78020	TC	Thyroid met uptake	A	1.666	1.666	\$ 68.96	\$ 68.96	
78020	26	Thyroid met uptake	A	0.857	0.857	\$ 35.49	\$ 35.49	
78070		Parathyroid nuclear imaging	A	3.206	3.206	\$ 132.68	\$ 132.68	
78070	TC	Parathyroid nuclear imaging	A	1.990	1.990	\$ 82.35	\$ 82.35	
78070	26	Parathyroid nuclear imaging	A	1.216	1.216	\$ 50.33	\$ 50.33	
78075		Adrenal nuclear imaging	A	6.905	6.905	\$ 285.78	\$ 285.78	
78075	TC	Adrenal nuclear imaging	A	5.777	5.777	\$ 239.12	\$ 239.12	
78075	26	Adrenal nuclear imaging	A	1.127	1.127	\$ 46.66	\$ 46.66	
78099		Endocrine nuclear procedure	C	0.000	0.000	\$ -	\$ -	
78099	TC	Endocrine nuclear procedure	C	0.000	0.000	\$ -	\$ -	
78099	26	Endocrine nuclear procedure	C	0.000	0.000	\$ -	\$ -	
78102		Bone marrow imaging, ltd	A	3.007	3.007	\$ 124.44	\$ 124.44	
78102	TC	Bone marrow imaging, ltd	A	2.208	2.208	\$ 91.38	\$ 91.38	
78102	26	Bone marrow imaging, ltd	A	0.799	0.799	\$ 33.07	\$ 33.07	
78103		Bone marrow imaging, mult	A	4.503	4.503	\$ 186.38	\$ 186.38	
78103	TC	Bone marrow imaging, mult	A	3.374	3.374	\$ 139.65	\$ 139.65	
78103	26	Bone marrow imaging, mult	A	1.129	1.129	\$ 46.73	\$ 46.73	
78104		Bone marrow imaging, body	A	5.532	5.532	\$ 228.98	\$ 228.98	
78104	TC	Bone marrow imaging, body	A	4.345	4.345	\$ 179.84	\$ 179.84	
78104	26	Bone marrow imaging, body	A	1.187	1.187	\$ 49.15	\$ 49.15	
78110		Plasma volume, single	A	1.333	1.333	\$ 55.19	\$ 55.19	
78110	TC	Plasma volume, single	A	1.044	1.044	\$ 43.23	\$ 43.23	
78110	26	Plasma volume, single	A	0.289	0.289	\$ 11.96	\$ 11.96	
78111		Plasma volume, multiple	A	3.082	3.082	\$ 127.55	\$ 127.55	
78111	TC	Plasma volume, multiple	A	2.754	2.754	\$ 113.99	\$ 113.99	
78111	26	Plasma volume, multiple	A	0.327	0.327	\$ 13.55	\$ 13.55	
78120		Red cell mass, single	A	2.251	2.251	\$ 93.16	\$ 93.16	
78120	TC	Red cell mass, single	A	1.913	1.913	\$ 79.19	\$ 79.19	
78120	26	Red cell mass, single	A	0.337	0.337	\$ 13.97	\$ 13.97	
78121		Red cell mass, multiple	A	3.488	3.488	\$ 144.35	\$ 144.35	
78121	TC	Red cell mass, multiple	A	3.035	3.035	\$ 125.60	\$ 125.60	
78121	26	Red cell mass, multiple	A	0.453	0.453	\$ 18.75	\$ 18.75	
78122		Blood volume	A	5.539	5.539	\$ 229.27	\$ 229.27	
78122	TC	Blood volume	A	4.874	4.874	\$ 201.75	\$ 201.75	
78122	26	Blood volume	A	0.665	0.665	\$ 27.52	\$ 27.52	
78130		Red cell survival study	A	3.930	3.930	\$ 162.66	\$ 162.66	
78130	TC	Red cell survival study	A	2.984	2.984	\$ 123.49	\$ 123.49	
78130	26	Red cell survival study	A	0.946	0.946	\$ 39.17	\$ 39.17	
78135		Red cell survival kinetics	A	6.128	6.128	\$ 253.65	\$ 253.65	
78135	TC	Red cell survival kinetics	A	5.143	5.143	\$ 212.88	\$ 212.88	
78135	26	Red cell survival kinetics	A	0.985	0.985	\$ 40.76	\$ 40.76	
78140		Red cell sequestration	A	5.124	5.124	\$ 212.10	\$ 212.10	
78140	TC	Red cell sequestration	A	4.186	4.186	\$ 173.28	\$ 173.28	
78140	26	Red cell sequestration	A	0.938	0.938	\$ 38.82	\$ 38.82	
78160		Plasma iron turnover	A	4.468	4.468	\$ 184.93	\$ 184.93	
78160	TC	Plasma iron turnover	A	3.878	3.878	\$ 160.51	\$ 160.51	
78160	26	Plasma iron turnover	A	0.590	0.590	\$ 24.42	\$ 24.42	
78162		Radioiron absorption exam	A	4.051	4.051	\$ 167.65	\$ 167.65	
78162	TC	Radioiron absorption exam	A	3.400	3.400	\$ 140.71	\$ 140.71	
78162	26	Radioiron absorption exam	A	0.651	0.651	\$ 26.94	\$ 26.94	
78170		Red cell iron utilization	A	6.362	6.362	\$ 263.33	\$ 263.33	
78170	TC	Red cell iron utilization	A	5.636	5.636	\$ 233.26	\$ 233.26	
78170	26	Red cell iron utilization	A	0.726	0.726	\$ 30.06	\$ 30.06	



HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
78172		Total body iron estimation	A	0.000	0.000	\$ -	\$ -	\$ 273.54
78172	TC	Total body iron estimation	A	0.000	0.000	\$ -	\$ -	\$ 242.00
78172	26	Total body iron estimation	A	0.762	0.762	\$ 31.54	\$ 31.54	
78185		Spleen imaging	A	3.126	3.126	\$ 129.37	\$ 129.37	
78185	TC	Spleen imaging	A	2.528	2.528	\$ 104.62	\$ 104.62	
78185	26	Spleen imaging	A	0.598	0.598	\$ 24.75	\$ 24.75	
78190		Platelet survival, kinetics	A	7.753	7.753	\$ 320.88	\$ 320.88	
78190	TC	Platelet survival, kinetics	A	6.055	6.055	\$ 250.60	\$ 250.60	
78190	26	Platelet survival, kinetics	A	1.698	1.698	\$ 70.27	\$ 70.27	
78191		Platelet survival	A	8.654	8.654	\$ 358.21	\$ 358.21	
78191	TC	Platelet survival	A	7.717	7.717	\$ 319.39	\$ 319.39	
78191	26	Platelet survival	A	0.938	0.938	\$ 38.82	\$ 38.82	
78195		Lymph system imaging	A	6.130	6.130	\$ 253.73	\$ 253.73	
78195	TC	Lymph system imaging	A	4.345	4.345	\$ 179.84	\$ 179.84	
78195	26	Lymph system imaging	A	1.785	1.785	\$ 73.90	\$ 73.90	
78199		Blood/lymph nuclear exam	C	0.000	0.000	\$ -	\$ -	
78199	TC	Blood/lymph nuclear exam	A	0.000	0.000	\$ -	\$ -	\$ 208.65
78199	26	Blood/lymph nuclear exam	C	0.000	0.000	\$ -	\$ -	
78201		Liver imaging	A	3.174	3.174	\$ 131.38	\$ 131.38	
78201	TC	Liver imaging	A	2.528	2.528	\$ 104.62	\$ 104.62	
78201	26	Liver imaging	A	0.646	0.646	\$ 26.76	\$ 26.76	
78202		Liver imaging with flow	A	3.751	3.751	\$ 155.26	\$ 155.26	
78202	TC	Liver imaging with flow	A	3.009	3.009	\$ 124.55	\$ 124.55	
78202	26	Liver imaging with flow	A	0.742	0.742	\$ 30.71	\$ 30.71	
78205		Liver imaging (3D)	A	7.345	7.345	\$ 303.99	\$ 303.99	
78205	TC	Liver imaging (3D)	A	6.264	6.264	\$ 259.27	\$ 259.27	
78205	26	Liver imaging (3D)	A	1.080	1.080	\$ 44.72	\$ 44.72	
78206		Liver image (3d) with flow	A	6.921	6.921	\$ 286.46	\$ 286.46	
78206	TC	Liver image (3d) with flow	A	5.475	5.475	\$ 226.60	\$ 226.60	
78206	26	Liver image (3d) with flow	A	1.446	1.446	\$ 59.87	\$ 59.87	
78215		Liver and spleen imaging	A	3.774	3.774	\$ 156.19	\$ 156.19	
78215	TC	Liver and spleen imaging	A	3.060	3.060	\$ 126.66	\$ 126.66	
78215	26	Liver and spleen imaging	A	0.713	0.713	\$ 29.53	\$ 29.53	
78216		Liver & spleen image/flow	A	4.496	4.496	\$ 186.09	\$ 186.09	
78216	TC	Liver & spleen image/flow	A	3.677	3.677	\$ 152.19	\$ 152.19	
78216	26	Liver & spleen image/flow	A	0.819	0.819	\$ 33.90	\$ 33.90	
78220		Liver function study	A	4.642	4.642	\$ 192.15	\$ 192.15	
78220	TC	Liver function study	A	3.929	3.929	\$ 162.62	\$ 162.62	
78220	26	Liver function study	A	0.713	0.713	\$ 29.53	\$ 29.53	
78223		Hepatobiliary imaging	A	5.153	5.153	\$ 213.30	\$ 213.30	
78223	TC	Hepatobiliary imaging	A	3.878	3.878	\$ 160.51	\$ 160.51	
78223	26	Hepatobiliary imaging	A	1.275	1.275	\$ 52.79	\$ 52.79	
78230		Salivary gland imaging	A	3.023	3.023	\$ 125.11	\$ 125.11	
78230	TC	Salivary gland imaging	A	2.366	2.366	\$ 97.94	\$ 97.94	
78230	26	Salivary gland imaging	A	0.656	0.656	\$ 27.17	\$ 27.17	
78231		Serial salivary imaging	A	4.135	4.135	\$ 171.13	\$ 171.13	
78231	TC	Serial salivary imaging	A	3.374	3.374	\$ 139.65	\$ 139.65	
78231	26	Serial salivary imaging	A	0.760	0.760	\$ 31.47	\$ 31.47	
78232		Salivary gland function exam	A	4.382	4.382	\$ 181.37	\$ 181.37	
78232	TC	Salivary gland function exam	A	3.728	3.728	\$ 154.30	\$ 154.30	
78232	26	Salivary gland function exam	A	0.654	0.654	\$ 27.07	\$ 27.07	
78258		Esophageal motility study	A	4.120	4.120	\$ 170.51	\$ 170.51	
78258	TC	Esophageal motility study	A	3.009	3.009	\$ 124.55	\$ 124.55	
78258	26	Esophageal motility study	A	1.110	1.110	\$ 45.96	\$ 45.96	
78261		Gastric mucosa imaging	A	5.422	5.422	\$ 224.43	\$ 224.43	
78261	TC	Gastric mucosa imaging	A	4.362	4.362	\$ 180.54	\$ 180.54	
78261	26	Gastric mucosa imaging	A	1.060	1.060	\$ 43.89	\$ 43.89	
78262		Gastroesophageal reflux exam	A	5.540	5.540	\$ 229.29	\$ 229.29	
78262	TC	Gastroesophageal reflux exam	A	4.498	4.498	\$ 186.17	\$ 186.17	
78262	26	Gastroesophageal reflux exam	A	1.042	1.042	\$ 43.12	\$ 43.12	
78264		Gastric emptying study	A	5.555	5.555	\$ 229.91	\$ 229.91	

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78264	TC	Gastric emptying study	A	4.387	4.387	\$ 181.60	\$ 181.60	
78264	26	Gastric emptying study	A	1.167	1.167	\$ 48.32	\$ 48.32	
78267		Breath tst attain/anal c-14	A	0.000	0.000	\$ -	\$ -	\$ 11.53
78268		Breath test analysis, c-14	A	0.000	0.000	\$ -	\$ -	\$ 98.82
78270		Vit B-12 absorption exam	A	2.011	2.011	\$ 83.24	\$ 83.24	
78270	TC	Vit B-12 absorption exam	A	1.712	1.712	\$ 70.87	\$ 70.87	
78270	26	Vit B-12 absorption exam	A	0.299	0.299	\$ 12.37	\$ 12.37	
78271		Vit b-12 absrp exam, int fac	A	2.096	2.096	\$ 86.76	\$ 86.76	
78271	TC	Vit b-12 absrp exam, int fac	A	1.797	1.797	\$ 74.39	\$ 74.39	
78271	26	Vit b-12 absrp exam, int fac	A	0.299	0.299	\$ 12.37	\$ 12.37	
78272		Vit B-12 absorp, combined	A	2.888	2.888	\$ 119.54	\$ 119.54	
78272	TC	Vit B-12 absorp, combined	A	2.494	2.494	\$ 103.21	\$ 103.21	
78272	26	Vit B-12 absorp, combined	A	0.394	0.394	\$ 16.33	\$ 16.33	
78278		Acute GI blood loss imaging	A	6.620	6.620	\$ 273.99	\$ 273.99	
78278	TC	Acute GI blood loss imaging	A	5.143	5.143	\$ 212.88	\$ 212.88	
78278	26	Acute GI blood loss imaging	A	1.476	1.476	\$ 61.11	\$ 61.11	
78282		GI protein loss exam	A	0.000	0.000	\$ -	\$ -	\$ 239.28
78282	TC	GI protein loss exam	A	0.000	0.000	\$ -	\$ -	\$ 215.71
78282	26	GI protein loss exam	A	0.569	0.569	\$ 23.57	\$ 23.57	
78290		Meckel's divert exam	A	4.266	4.266	\$ 176.57	\$ 176.57	
78290	TC	Meckel's divert exam	A	3.233	3.233	\$ 133.80	\$ 133.80	
78290	26	Meckel's divert exam	A	1.033	1.033	\$ 42.77	\$ 42.77	
78291		Leveen/shunt patency exam	A	4.582	4.582	\$ 189.65	\$ 189.65	
78291	TC	Leveen/shunt patency exam	A	3.250	3.250	\$ 134.50	\$ 134.50	
78291	26	Leveen/shunt patency exam	A	1.332	1.332	\$ 55.15	\$ 55.15	
78299		GI nuclear procedure	C	0.000	0.000	\$ -	\$ -	
78299	TC	GI nuclear procedure	A	0.000	0.000	\$ -	\$ -	\$ 215.71
78299	26	GI nuclear procedure	C	0.000	0.000	\$ -	\$ -	
78300		Bone imaging, limited area	A	3.634	3.634	\$ 150.41	\$ 150.41	
78300	TC	Bone imaging, limited area	A	2.678	2.678	\$ 110.83	\$ 110.83	
78300	26	Bone imaging, limited area	A	0.956	0.956	\$ 39.59	\$ 39.59	
78305		Bone imaging, multiple areas	A	5.104	5.104	\$ 211.25	\$ 211.25	
78305	TC	Bone imaging, multiple areas	A	3.878	3.878	\$ 160.51	\$ 160.51	
78305	26	Bone imaging, multiple areas	A	1.226	1.226	\$ 50.74	\$ 50.74	
78306		Bone imaging, whole body	A	5.819	5.819	\$ 240.84	\$ 240.84	
78306	TC	Bone imaging, whole body	A	4.515	4.515	\$ 186.87	\$ 186.87	
78306	26	Bone imaging, whole body	A	1.304	1.304	\$ 53.97	\$ 53.97	
78315		Bone imaging, 3 phase	A	6.582	6.582	\$ 272.42	\$ 272.42	
78315	TC	Bone imaging, 3 phase	A	5.067	5.067	\$ 209.72	\$ 209.72	
78315	26	Bone imaging, 3 phase	A	1.515	1.515	\$ 62.70	\$ 62.70	
78320		Bone imaging (3D)	A	7.816	7.816	\$ 323.51	\$ 323.51	
78320	TC	Bone imaging (3D)	A	6.264	6.264	\$ 259.27	\$ 259.27	
78320	26	Bone imaging (3D)	A	1.552	1.552	\$ 64.23	\$ 64.23	
78350		Bone mineral, single photon	A	1.162	1.162	\$ 48.11	\$ 48.11	
78350	TC	Bone mineral, single photon	A	0.843	0.843	\$ 34.91	\$ 34.91	
78350	26	Bone mineral, single photon	A	0.319	0.319	\$ 13.20	\$ 13.20	
78351		Bone mineral, dual photon	N	0.441	1.801	\$ 18.27	\$ 74.56	
78399		Musculoskeletal nuclear exam	C	0.000	0.000	\$ -	\$ -	
78399	TC	Musculoskeletal nuclear exam	A	0.000	0.000	\$ -	\$ -	\$ 228.52
78399	26	Musculoskeletal nuclear exam	C	0.000	0.000	\$ -	\$ -	
78414		Non-imaging heart function	A	0.000	0.000	\$ -	\$ -	\$ 273.54
78414	TC	Non-imaging heart function	A	0.000	0.000	\$ -	\$ -	\$ 246.02
78414	26	Non-imaging heart function	A	0.665	0.665	\$ 27.52	\$ 27.52	
78428		Cardiac shunt imaging	A	3.627	3.627	\$ 150.12	\$ 150.12	
78428	TC	Cardiac shunt imaging	A	2.434	2.434	\$ 100.75	\$ 100.75	
78428	26	Cardiac shunt imaging	A	1.193	1.193	\$ 49.37	\$ 49.37	
78445		Vascular flow imaging	A	2.737	2.737	\$ 113.29	\$ 113.29	
78445	TC	Vascular flow imaging	A	2.024	2.024	\$ 83.76	\$ 83.76	
78445	26	Vascular flow imaging	A	0.713	0.713	\$ 29.53	\$ 29.53	
78455		Venous thrombosis study	A	5.329	5.329	\$ 220.58	\$ 220.58	
78455	TC	Venous thrombosis study	A	4.229	4.229	\$ 175.04	\$ 175.04	

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78455	26	Venous thrombosis study	A	1.100	1.100	\$ 45.55	\$ 45.55	
78456		Acute venous thrombus image	A	6.040	6.040	\$ 249.98	\$ 249.98	
78456	TC	Acute venous thrombus image	A	4.545	4.545	\$ 188.11	\$ 188.11	
78456	26	Acute venous thrombus image	A	1.495	1.495	\$ 61.87	\$ 61.87	
78457		Venous thrombosis imaging	A	3.963	3.963	\$ 164.01	\$ 164.01	
78457	TC	Venous thrombosis imaging	A	2.814	2.814	\$ 116.46	\$ 116.46	
78457	26	Venous thrombosis imaging	A	1.149	1.149	\$ 47.55	\$ 47.55	
78458		Ven thrombosis images, bilat	A	5.601	5.601	\$ 231.84	\$ 231.84	
78458	TC	Ven thrombosis images, bilat	A	4.263	4.263	\$ 176.44	\$ 176.44	
78458	26	Ven thrombosis images, bilat	A	1.338	1.338	\$ 55.40	\$ 55.40	
78459		Heart muscle imaging (PET)	A	0.000	0.000	\$ -	\$ -	\$ 862.39
78459	TC	Heart muscle imaging (PET)	A	0.000	0.000	\$ -	\$ -	\$ 772.08
78459	26	Heart muscle imaging (PET)	A	2.182	2.182	\$ 90.31	\$ 90.31	
78460		Heart muscle blood, single	A	3.801	3.801	\$ 157.31	\$ 157.31	
78460	TC	Heart muscle blood, single	A	2.528	2.528	\$ 104.62	\$ 104.62	
78460	26	Heart muscle blood, single	A	1.273	1.273	\$ 52.69	\$ 52.69	
78461		Heart muscle blood, multiple	A	6.848	6.848	\$ 283.45	\$ 283.45	
78461	TC	Heart muscle blood, multiple	A	5.016	5.016	\$ 207.61	\$ 207.61	
78461	26	Heart muscle blood, multiple	A	1.832	1.832	\$ 75.84	\$ 75.84	
78464		Heart image (3d), single	A	9.106	9.106	\$ 376.89	\$ 376.89	
78464	TC	Heart image (3d), single	A	7.496	7.496	\$ 310.24	\$ 310.24	
78464	26	Heart image (3d), single	A	1.610	1.610	\$ 66.65	\$ 66.65	
78465		Heart image (3d), multiple	A	14.642	14.642	\$ 606.02	\$ 606.02	
78465	TC	Heart image (3d), multiple	A	12.503	12.503	\$ 517.49	\$ 517.49	
78465	26	Heart image (3d), multiple	A	2.139	2.139	\$ 88.53	\$ 88.53	
78466		Heart infarct image	A	3.840	3.840	\$ 158.94	\$ 158.94	
78466	TC	Heart infarct image	A	2.780	2.780	\$ 115.05	\$ 115.05	
78466	26	Heart infarct image	A	1.060	1.060	\$ 43.89	\$ 43.89	
78468		Heart infarct image (ef)	A	5.074	5.074	\$ 210.01	\$ 210.01	
78468	TC	Heart infarct image (ef)	A	3.878	3.878	\$ 160.51	\$ 160.51	
78468	26	Heart infarct image (ef)	A	1.196	1.196	\$ 49.50	\$ 49.50	
78469		Heart infarct image (3D)	A	6.909	6.909	\$ 285.97	\$ 285.97	
78469	TC	Heart infarct image (3D)	A	5.559	5.559	\$ 230.10	\$ 230.10	
78469	26	Heart infarct image (3D)	A	1.350	1.350	\$ 55.87	\$ 55.87	
78472		Gated heart, planar, single	A	7.360	7.360	\$ 304.61	\$ 304.61	
78472	TC	Gated heart, planar, single	A	5.885	5.885	\$ 243.57	\$ 243.57	
78472	26	Gated heart, planar, single	A	1.475	1.475	\$ 61.04	\$ 61.04	
78473		Gated heart, multiple	A	10.845	10.845	\$ 448.86	\$ 448.86	
78473	TC	Gated heart, multiple	A	8.704	8.704	\$ 360.28	\$ 360.28	
78473	26	Gated heart, multiple	A	2.140	2.140	\$ 88.59	\$ 88.59	
78478		Heart wall motion add-on	A	2.615	2.615	\$ 108.24	\$ 108.24	
78478	TC	Heart wall motion add-on	A	1.721	1.721	\$ 71.22	\$ 71.22	
78478	26	Heart wall motion add-on	A	0.894	0.894	\$ 37.02	\$ 37.02	
78480		Heart function add-on	A	2.615	2.615	\$ 108.24	\$ 108.24	
78480	TC	Heart function add-on	A	1.721	1.721	\$ 71.22	\$ 71.22	
78480	26	Heart function add-on	A	0.894	0.894	\$ 37.02	\$ 37.02	
78481		Heart first pass, single	A	7.012	7.012	\$ 290.21	\$ 290.21	
78481	TC	Heart first pass, single	A	5.559	5.559	\$ 230.10	\$ 230.10	
78481	26	Heart first pass, single	A	1.452	1.452	\$ 60.11	\$ 60.11	
78483		Heart first pass, multiple	A	10.491	10.491	\$ 434.21	\$ 434.21	
78483	TC	Heart first pass, multiple	A	8.325	8.325	\$ 344.57	\$ 344.57	
78483	26	Heart first pass, multiple	A	2.166	2.166	\$ 89.64	\$ 89.64	
78491		Heart image (pet), single	C	0.000	0.000	\$ -	\$ -	
78491	TC	Heart image (pet), single	C	0.000	0.000	\$ -	\$ -	
78491	26	Heart image (pet), single	A	2.238	2.238	\$ 92.65	\$ 92.65	
78492		Heart image (pet), multiple	C	0.000	0.000	\$ -	\$ -	
78492	TC	Heart image (pet), multiple	C	0.000	0.000	\$ -	\$ -	
78492	26	Heart image (pet), multiple	A	2.775	2.775	\$ 114.87	\$ 114.87	
78494		Heart image, spect	A	8.955	8.955	\$ 370.65	\$ 370.65	
78494	TC	Heart image, spect	A	7.219	7.219	\$ 298.80	\$ 298.80	
78494	26	Heart image, spect	A	1.736	1.736	\$ 71.85	\$ 71.85	

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78496		Heart first pass add-on	A	7.951	7.951	\$ 329.10	\$ 329.10	
78496	TC	Heart first pass add-on	A	7.219	7.219	\$ 298.80	\$ 298.80	
78496	26	Heart first pass add-on	A	0.732	0.732	\$ 30.30	\$ 30.30	
78499		Cardiovascular nuclear exam	C	0.000	0.000	\$ -	\$ -	
78499	TC	Cardiovascular nuclear exam	A	0.000	0.000	\$ -	\$ -	\$ 246.02
78499	26	Cardiovascular nuclear exam	C	0.000	0.000	\$ -	\$ -	
78580		Lung perfusion imaging	A	4.745	4.745	\$ 196.39	\$ 196.39	
78580	TC	Lung perfusion imaging	A	3.635	3.635	\$ 150.43	\$ 150.43	
78580	26	Lung perfusion imaging	A	1.110	1.110	\$ 45.96	\$ 45.96	
78584		Lung V/Q image single breath	A	4.867	4.867	\$ 201.46	\$ 201.46	
78584	TC	Lung V/Q image single breath	A	3.400	3.400	\$ 140.71	\$ 140.71	
78584	26	Lung V/Q image single breath	A	1.468	1.468	\$ 60.76	\$ 60.76	
78585		Lung V/Q imaging	A	7.628	7.628	\$ 315.73	\$ 315.73	
78585	TC	Lung V/Q imaging	A	5.987	5.987	\$ 247.79	\$ 247.79	
78585	26	Lung V/Q imaging	A	1.641	1.641	\$ 67.94	\$ 67.94	
78586		Aerosol lung image, single	A	3.352	3.352	\$ 138.74	\$ 138.74	
78586	TC	Aerosol lung image, single	A	2.763	2.763	\$ 114.35	\$ 114.35	
78586	26	Aerosol lung image, single	A	0.589	0.589	\$ 24.40	\$ 24.40	
78587		Aerosol lung image, multiple	A	3.655	3.655	\$ 151.26	\$ 151.26	
78587	TC	Aerosol lung image, multiple	A	2.941	2.941	\$ 121.73	\$ 121.73	
78587	26	Aerosol lung image, multiple	A	0.713	0.713	\$ 29.53	\$ 29.53	
78588		Perfusion lung image	A	5.080	5.080	\$ 210.28	\$ 210.28	
78588	TC	Perfusion lung image	A	3.439	3.439	\$ 142.34	\$ 142.34	
78588	26	Perfusion lung image	A	1.641	1.641	\$ 67.94	\$ 67.94	
78591		Vent image, 1 breath, 1 proj	A	3.582	3.582	\$ 148.24	\$ 148.24	
78591	TC	Vent image, 1 breath, 1 proj	A	2.984	2.984	\$ 123.49	\$ 123.49	
78591	26	Vent image, 1 breath, 1 proj	A	0.598	0.598	\$ 24.75	\$ 24.75	
78593		Vent image, 1 proj, gas	A	4.365	4.365	\$ 180.67	\$ 180.67	
78593	TC	Vent image, 1 proj, gas	A	3.652	3.652	\$ 151.14	\$ 151.14	
78593	26	Vent image, 1 proj, gas	A	0.713	0.713	\$ 29.53	\$ 29.53	
78594		Vent image, mult proj, gas	A	5.990	5.990	\$ 247.94	\$ 247.94	
78594	TC	Vent image, mult proj, gas	A	5.228	5.228	\$ 216.40	\$ 216.40	
78594	26	Vent image, mult proj, gas	A	0.762	0.762	\$ 31.54	\$ 31.54	
78596		Lung differential function	A	9.359	9.359	\$ 387.38	\$ 387.38	
78596	TC	Lung differential function	A	7.496	7.496	\$ 310.24	\$ 310.24	
78596	26	Lung differential function	A	1.864	1.864	\$ 77.14	\$ 77.14	
78599		Respiratory nuclear exam	C	0.000	0.000	\$ -	\$ -	
78599	TC	Respiratory nuclear exam	A	0.000	0.000	\$ -	\$ -	\$ 184.07
78599	26	Respiratory nuclear exam	C	0.000	0.000	\$ -	\$ -	
78600		Brain imaging, ltd static	A	3.656	3.656	\$ 151.30	\$ 151.30	
78600	TC	Brain imaging, ltd static	A	3.009	3.009	\$ 124.55	\$ 124.55	
78600	26	Brain imaging, ltd static	A	0.646	0.646	\$ 26.76	\$ 26.76	
78601		Brain imaging, ltd w/flow	A	4.342	4.342	\$ 179.74	\$ 179.74	
78601	TC	Brain imaging, ltd w/flow	A	3.609	3.609	\$ 149.38	\$ 149.38	
78601	26	Brain imaging, ltd w/flow	A	0.733	0.733	\$ 30.36	\$ 30.36	
78605		Brain imaging, complete	A	4.379	4.379	\$ 181.27	\$ 181.27	
78605	TC	Brain imaging, complete	A	3.609	3.609	\$ 149.38	\$ 149.38	
78605	26	Brain imaging, complete	A	0.770	0.770	\$ 31.89	\$ 31.89	
78606		Brain imaging, compl w/flow	A	5.112	5.112	\$ 211.58	\$ 211.58	
78606	TC	Brain imaging, compl w/flow	A	4.127	4.127	\$ 170.81	\$ 170.81	
78606	26	Brain imaging, compl w/flow	A	0.985	0.985	\$ 40.76	\$ 40.76	
78607		Brain imaging (3D)	A	8.807	8.807	\$ 364.52	\$ 364.52	
78607	TC	Brain imaging (3D)	A	6.975	6.975	\$ 288.68	\$ 288.68	
78607	26	Brain imaging (3D)	A	1.832	1.832	\$ 75.84	\$ 75.84	
78608		Brain imaging (PET)	C	0.000	0.000	\$ -	\$ -	
78609		Brain imaging (PET)	C	0.000	0.000	\$ -	\$ -	
78610		Brain flow imaging only	A	2.171	2.171	\$ 89.85	\$ 89.85	
78610	TC	Brain flow imaging only	A	1.738	1.738	\$ 71.93	\$ 71.93	
78610	26	Brain flow imaging only	A	0.433	0.433	\$ 17.92	\$ 17.92	
78615		Cerebral vascular flow image	A	4.745	4.745	\$ 196.39	\$ 196.39	
78615	TC	Cerebral vascular flow image	A	4.110	4.110	\$ 170.11	\$ 170.11	



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78615	26	Cerebral vascular flow image	A	0.635	0.635	\$ 26.28	\$ 26.28	
78630		Cerebrospinal fluid scan	A	6.392	6.392	\$ 264.55	\$ 264.55	
78630	TC	Cerebrospinal fluid scan	A	5.358	5.358	\$ 221.78	\$ 221.78	
78630	26	Cerebrospinal fluid scan	A	1.033	1.033	\$ 42.77	\$ 42.77	
78635		CSF ventriculography	A	3.622	3.622	\$ 149.90	\$ 149.90	
78635	TC	CSF ventriculography	A	2.729	2.729	\$ 112.94	\$ 112.94	
78635	26	CSF ventriculography	A	0.893	0.893	\$ 36.96	\$ 36.96	
78645		CSF shunt evaluation	A	4.453	4.453	\$ 184.33	\$ 184.33	
78645	TC	CSF shunt evaluation	A	3.635	3.635	\$ 150.43	\$ 150.43	
78645	26	CSF shunt evaluation	A	0.819	0.819	\$ 33.90	\$ 33.90	
78647		Cerebrospinal fluid scan	A	7.594	7.594	\$ 314.32	\$ 314.32	
78647	TC	Cerebrospinal fluid scan	A	6.264	6.264	\$ 259.27	\$ 259.27	
78647	26	Cerebrospinal fluid scan	A	1.330	1.330	\$ 55.04	\$ 55.04	
78650		CSF leakage imaging	A	5.776	5.776	\$ 239.06	\$ 239.06	
78650	TC	CSF leakage imaging	A	4.908	4.908	\$ 203.16	\$ 203.16	
78650	26	CSF leakage imaging	A	0.867	0.867	\$ 35.90	\$ 35.90	
78660		Nuclear exam of tear flow	A	3.038	3.038	\$ 125.73	\$ 125.73	
78660	TC	Nuclear exam of tear flow	A	2.276	2.276	\$ 94.19	\$ 94.19	
78660	26	Nuclear exam of tear flow	A	0.762	0.762	\$ 31.54	\$ 31.54	
78699		Nervous system nuclear exam	C	0.000	0.000	\$ -	\$ -	
78699	TC	Nervous system nuclear exam	A	0.000	0.000	\$ -	\$ -	\$ 294.97
78699	26	Nervous system nuclear exam	C	0.000	0.000	\$ -	\$ -	
78700		Kidney imaging, static	A	3.889	3.889	\$ 160.97	\$ 160.97	
78700	TC	Kidney imaging, static	A	3.233	3.233	\$ 133.80	\$ 133.80	
78700	26	Kidney imaging, static	A	0.656	0.656	\$ 27.17	\$ 27.17	
78701		Kidney imaging with flow	A	4.458	4.458	\$ 184.54	\$ 184.54	
78701	TC	Kidney imaging with flow	A	3.745	3.745	\$ 155.01	\$ 155.01	
78701	26	Kidney imaging with flow	A	0.713	0.713	\$ 29.53	\$ 29.53	
78704		Imaging renogram	A	5.314	5.314	\$ 219.94	\$ 219.94	
78704	TC	Imaging renogram	A	4.203	4.203	\$ 173.98	\$ 173.98	
78704	26	Imaging renogram	A	1.110	1.110	\$ 45.96	\$ 45.96	
78707		Kidney flow/function image	A	6.154	6.154	\$ 254.70	\$ 254.70	
78707	TC	Kidney flow/function image	A	4.716	4.716	\$ 195.19	\$ 195.19	
78707	26	Kidney flow/function image	A	1.438	1.438	\$ 59.51	\$ 59.51	
78708		Kidney flow/function image	A	6.511	6.511	\$ 269.50	\$ 269.50	
78708	TC	Kidney flow/function image	A	4.716	4.716	\$ 195.19	\$ 195.19	
78708	26	Kidney flow/function image	A	1.795	1.795	\$ 74.31	\$ 74.31	
78709		Kidney flow/function image	A	6.802	6.802	\$ 281.52	\$ 281.52	
78709	TC	Kidney flow/function image	A	4.716	4.716	\$ 195.19	\$ 195.19	
78709	26	Kidney flow/function image	A	2.086	2.086	\$ 86.33	\$ 86.33	
78710		Kidney imaging (3D)	A	7.269	7.269	\$ 300.87	\$ 300.87	
78710	TC	Kidney imaging (3D)	A	6.264	6.264	\$ 259.27	\$ 259.27	
78710	26	Kidney imaging (3D)	A	1.005	1.005	\$ 41.59	\$ 41.59	
78715		Renal vascular flow exam	A	2.171	2.171	\$ 89.85	\$ 89.85	
78715	TC	Renal vascular flow exam	A	1.738	1.738	\$ 71.93	\$ 71.93	
78715	26	Renal vascular flow exam	A	0.433	0.433	\$ 17.92	\$ 17.92	
78725		Kidney function study	A	2.486	2.486	\$ 102.88	\$ 102.88	
78725	TC	Kidney function study	A	1.956	1.956	\$ 80.95	\$ 80.95	
78725	26	Kidney function study	A	0.530	0.530	\$ 21.94	\$ 21.94	
78730		Urinary bladder retention	A	2.106	2.106	\$ 87.18	\$ 87.18	
78730	TC	Urinary bladder retention	A	1.557	1.557	\$ 64.44	\$ 64.44	
78730	26	Urinary bladder retention	A	0.549	0.549	\$ 22.74	\$ 22.74	
78740		Ureteral reflux study	A	3.086	3.086	\$ 127.74	\$ 127.74	
78740	TC	Ureteral reflux study	A	2.276	2.276	\$ 94.19	\$ 94.19	
78740	26	Ureteral reflux study	A	0.810	0.810	\$ 33.54	\$ 33.54	
78760		Testicular imaging	A	3.836	3.836	\$ 158.75	\$ 158.75	
78760	TC	Testicular imaging	A	2.831	2.831	\$ 117.16	\$ 117.16	
78760	26	Testicular imaging	A	1.005	1.005	\$ 41.59	\$ 41.59	
78761		Testicular imaging/flow	A	4.471	4.471	\$ 185.07	\$ 185.07	
78761	TC	Testicular imaging/flow	A	3.400	3.400	\$ 140.71	\$ 140.71	
78761	26	Testicular imaging/flow	A	1.072	1.072	\$ 44.37	\$ 44.37	

HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
78799		Genitourinary nuclear exam	C	0.000	0.000	\$ -	\$ -	
78799	TC	Genitourinary nuclear exam	A	0.000	0.000	\$ -	\$ -	\$ 203.53
78799	26	Genitourinary nuclear exam	C	0.000	0.000	\$ -	\$ -	
78800		Tumor imaging, limited area	A	4.614	4.614	\$ 190.97	\$ 190.97	
78800	TC	Tumor imaging, limited area	A	3.609	3.609	\$ 149.38	\$ 149.38	
78800	26	Tumor imaging, limited area	A	1.005	1.005	\$ 41.59	\$ 41.59	
78801		Tumor imaging, mult areas	A	5.650	5.650	\$ 233.85	\$ 233.85	
78801	TC	Tumor imaging, mult areas	A	4.472	4.472	\$ 185.11	\$ 185.11	
78801	26	Tumor imaging, mult areas	A	1.177	1.177	\$ 48.73	\$ 48.73	
78802		Tumor imaging, whole body	A	7.175	7.175	\$ 296.96	\$ 296.96	
78802	TC	Tumor imaging, whole body	A	5.902	5.902	\$ 244.27	\$ 244.27	
78802	26	Tumor imaging, whole body	A	1.273	1.273	\$ 52.69	\$ 52.69	
78803		Tumor imaging (3D)	A	8.585	8.585	\$ 355.33	\$ 355.33	
78803	TC	Tumor imaging (3D)	A	6.975	6.975	\$ 288.68	\$ 288.68	
78803	26	Tumor imaging (3D)	A	1.610	1.610	\$ 66.65	\$ 66.65	
78804		Tumor imaging, whole body	A	6.373	6.373	\$ 263.78	\$ 263.78	
78804	TC	Tumor imaging, whole body	A	4.831	4.831	\$ 199.94	\$ 199.94	
78804	26	Tumor imaging, whole body	A	1.542	1.542	\$ 63.84	\$ 63.84	
78805		Abscess imaging, ltd area	A	4.709	4.709	\$ 194.92	\$ 194.92	
78805	TC	Abscess imaging, ltd area	A	3.609	3.609	\$ 149.38	\$ 149.38	
78805	26	Abscess imaging, ltd area	A	1.100	1.100	\$ 45.55	\$ 45.55	
78806		Abscess imaging, whole body	A	8.137	8.137	\$ 336.79	\$ 336.79	
78806	TC	Abscess imaging, whole body	A	6.864	6.864	\$ 284.10	\$ 284.10	
78806	26	Abscess imaging, whole body	A	1.273	1.273	\$ 52.69	\$ 52.69	
78807		Nuclear localization/abscess	A	8.593	8.593	\$ 355.68	\$ 355.68	
78807	TC	Nuclear localization/abscess	A	6.975	6.975	\$ 288.68	\$ 288.68	
78807	26	Nuclear localization/abscess	A	1.619	1.619	\$ 67.01	\$ 67.01	
78810		Tumor imaging (PET)	N	0.000	0.000	\$ -	\$ -	
78810	TC	Tumor imaging (PET)	N	0.000	0.000	\$ -	\$ -	
78810	26	Tumor imaging (PET)	A	2.993	2.993	\$ 123.89	\$ 123.89	
78890		Nuclear medicine data proc	B	1.457	1.457	\$ 60.30	\$ 60.30	
78890	TC	Nuclear medicine data proc	B	1.350	1.350	\$ 55.89	\$ 55.89	
78890	26	Nuclear medicine data proc	B	0.106	0.106	\$ 4.41	\$ 4.41	
78891		Nuclear med data proc	B	2.914	2.914	\$ 120.60	\$ 120.60	
78891	TC	Nuclear med data proc	B	2.740	2.740	\$ 113.42	\$ 113.42	
78891	26	Nuclear med data proc	B	0.173	0.173	\$ 7.18	\$ 7.18	
78990		Provide diag radionuclide(s)	C	0.000	0.000	\$ -	\$ -	
78999		Nuclear diagnostic exam	C	0.000	0.000	\$ -	\$ -	
78999	TC	Nuclear diagnostic exam	A	0.000	0.000	\$ -	\$ -	\$ 89.09
78999	26	Nuclear diagnostic exam	C	0.000	0.000	\$ -	\$ -	
79000		Init hyperthyroid therapy	A	5.405	5.405	\$ 223.73	\$ 223.73	
79000	TC	Init hyperthyroid therapy	A	2.780	2.780	\$ 115.05	\$ 115.05	
79000	26	Init hyperthyroid therapy	A	2.626	2.626	\$ 108.68	\$ 108.68	
79001		Repeat hyperthyroid therapy	A	2.943	2.943	\$ 121.82	\$ 121.82	
79001	TC	Repeat hyperthyroid therapy	A	1.390	1.390	\$ 57.52	\$ 57.52	
79001	26	Repeat hyperthyroid therapy	A	1.553	1.553	\$ 64.29	\$ 64.29	
79020		Thyroid ablation	A	5.415	5.415	\$ 224.14	\$ 224.14	
79020	TC	Thyroid ablation	A	2.780	2.780	\$ 115.05	\$ 115.05	
79020	26	Thyroid ablation	A	2.636	2.636	\$ 109.10	\$ 109.10	
79030		Thyroid ablation, carcinoma	A	5.878	5.878	\$ 243.29	\$ 243.29	
79030	TC	Thyroid ablation, carcinoma	A	2.780	2.780	\$ 115.05	\$ 115.05	
79030	26	Thyroid ablation, carcinoma	A	3.098	3.098	\$ 128.24	\$ 128.24	
79035		Thyroid metastatic therapy	A	6.482	6.482	\$ 268.28	\$ 268.28	
79035	TC	Thyroid metastatic therapy	A	2.780	2.780	\$ 115.05	\$ 115.05	
79035	26	Thyroid metastatic therapy	A	3.702	3.702	\$ 153.23	\$ 153.23	
79100		Hematopoetic nuclear therapy	A	4.727	4.727	\$ 195.67	\$ 195.67	
79100	TC	Hematopoetic nuclear therapy	A	2.780	2.780	\$ 115.05	\$ 115.05	
79100	26	Hematopoetic nuclear therapy	A	1.948	1.948	\$ 80.62	\$ 80.62	
79200		Intracavitary nuclear trmt	A	5.672	5.672	\$ 234.76	\$ 234.76	
79200	TC	Intracavitary nuclear trmt	A	2.780	2.780	\$ 115.05	\$ 115.05	
79200	26	Intracavitary nuclear trmt	A	2.892	2.892	\$ 119.71	\$ 119.71	

HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
79300		Interstitial nuclear therapy	C	0.000	0.000	\$ -	\$ -	
79300	TC	Interstitial nuclear therapy	A	0.000	0.000	\$ -	\$ -	\$ 195.55
79300	26	Interstitial nuclear therapy	A	2.392	2.392	\$ 99.00	\$ 99.00	
79400		Nonhemato nuclear therapy	A	5.704	5.704	\$ 236.08	\$ 236.08	
79400	TC	Nonhemato nuclear therapy	A	2.780	2.780	\$ 115.05	\$ 115.05	
79400	26	Nonhemato nuclear therapy	A	2.924	2.924	\$ 121.03	\$ 121.03	
79403		Hematopoetic nuclear therapy	A	7.609	7.609	\$ 314.93	\$ 314.93	
79403	TC	Hematopoetic nuclear therapy	A	4.199	4.199	\$ 173.80	\$ 173.80	
79403	26	Hematopoetic nuclear therapy	A	3.410	3.410	\$ 141.13	\$ 141.13	
79420		Intravascular nuclear ther	A	0.000	0.000	\$ -	\$ -	\$ 286.72
79420	TC	Intravascular nuclear ther	A	0.000	0.000	\$ -	\$ -	\$ 195.55
79420	26	Intravascular nuclear ther	A	2.203	2.203	\$ 91.17	\$ 91.17	
79440		Nuclear joint therapy	A	5.776	5.776	\$ 239.08	\$ 239.08	
79440	TC	Nuclear joint therapy	A	2.780	2.780	\$ 115.05	\$ 115.05	
79440	26	Nuclear joint therapy	A	2.997	2.997	\$ 124.04	\$ 124.04	
79900		Provide ther radiopharm(s)	C	0.000	0.000	\$ -	\$ -	
79999		Nuclear medicine therapy	C	0.000	0.000	\$ -	\$ -	
79999	TC	Nuclear medicine therapy	A	0.000	0.000	\$ -	\$ -	\$ 195.55
79999	26	Nuclear medicine therapy	C	0.000	0.000	\$ -	\$ -	
80048		Basic metabolic panel	X	0.000	0.000	\$ -	\$ -	
80050		General health panel	X	0.000	0.000	\$ -	\$ -	
80051		Electrolyte panel	X	0.000	0.000	\$ -	\$ -	
80053		Comprehen metabolic panel	X	0.000	0.000	\$ -	\$ -	
80055		Obstetric panel	X	0.000	0.000	\$ -	\$ -	
80061		Lipid panel	X	0.000	0.000	\$ -	\$ -	
80069		Renal function panel	X	0.000	0.000	\$ -	\$ -	
80074		Acute hepatitis panel	X	0.000	0.000	\$ -	\$ -	
80076		Hepatic function panel	X	0.000	0.000	\$ -	\$ -	
80100		Drug screen, qualitate/multi	X	0.000	0.000	\$ -	\$ -	
80101		Drug screen, single	X	0.000	0.000	\$ -	\$ -	
80102		Drug confirmation	X	0.000	0.000	\$ -	\$ -	
80103		Drug analysis, tissue prep	X	0.000	0.000	\$ -	\$ -	
80150		Assay of amikacin	X	0.000	0.000	\$ -	\$ -	
80152		Assay of amitriptyline	X	0.000	0.000	\$ -	\$ -	
80154		Assay of benzodiazepines	X	0.000	0.000	\$ -	\$ -	
80156		Assay, carbamazepine, total	X	0.000	0.000	\$ -	\$ -	
80157		Assay, carbamazepine, free	X	0.000	0.000	\$ -	\$ -	
80158		Assay of cyclosporine	X	0.000	0.000	\$ -	\$ -	
80160		Assay of desipramine	X	0.000	0.000	\$ -	\$ -	
80162		Assay of digoxin	X	0.000	0.000	\$ -	\$ -	
80164		Assay, dipropylacetic acid	X	0.000	0.000	\$ -	\$ -	
80166		Assay of doxepin	X	0.000	0.000	\$ -	\$ -	
80168		Assay of ethosuximide	X	0.000	0.000	\$ -	\$ -	
80170		Assay of gentamicin	X	0.000	0.000	\$ -	\$ -	
80172		Assay of gold	X	0.000	0.000	\$ -	\$ -	
80173		Assay of haloperidol	X	0.000	0.000	\$ -	\$ -	
80174		Assay of imipramine	X	0.000	0.000	\$ -	\$ -	
80176		Assay of lidocaine	X	0.000	0.000	\$ -	\$ -	
80178		Assay of lithium	X	0.000	0.000	\$ -	\$ -	
80182		Assay of nortriptyline	X	0.000	0.000	\$ -	\$ -	
80184		Assay of phenobarbital	X	0.000	0.000	\$ -	\$ -	
80185		Assay of phenytoin, total	X	0.000	0.000	\$ -	\$ -	
80186		Assay of phenytoin, free	X	0.000	0.000	\$ -	\$ -	
80188		Assay of primidone	X	0.000	0.000	\$ -	\$ -	
80190		Assay of procainamide	X	0.000	0.000	\$ -	\$ -	
80192		Assay of procainamide	X	0.000	0.000	\$ -	\$ -	
80194		Assay of quinidine	X	0.000	0.000	\$ -	\$ -	
80196		Assay of salicylate	X	0.000	0.000	\$ -	\$ -	
80197		Assay of tacrolimus	X	0.000	0.000	\$ -	\$ -	
80198		Assay of theophylline	X	0.000	0.000	\$ -	\$ -	
80200		Assay of tobramycin	X	0.000	0.000	\$ -	\$ -	

HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
80201		Assay of topiramate	X	0.000	0.000	\$ -	\$ -	
80202		Assay of vancomycin	X	0.000	0.000	\$ -	\$ -	
80299		Quantitative assay, drug	X	0.000	0.000	\$ -	\$ -	
80400		Acth stimulation panel	X	0.000	0.000	\$ -	\$ -	
80402		Acth stimulation panel	X	0.000	0.000	\$ -	\$ -	
80406		Acth stimulation panel	X	0.000	0.000	\$ -	\$ -	
80408		Aldosterone suppression eval	X	0.000	0.000	\$ -	\$ -	
80410		Calcitonin stimulat panel	X	0.000	0.000	\$ -	\$ -	
80412		CRH stimulation panel	X	0.000	0.000	\$ -	\$ -	
80414		Testosterone response	X	0.000	0.000	\$ -	\$ -	
80415		Estradiol response panel	X	0.000	0.000	\$ -	\$ -	
80416		Renin stimulation panel	X	0.000	0.000	\$ -	\$ -	
80417		Renin stimulation panel	X	0.000	0.000	\$ -	\$ -	
80418		Pituitary evaluation panel	X	0.000	0.000	\$ -	\$ -	
80420		Dexamethasone panel	X	0.000	0.000	\$ -	\$ -	
80422		Glucagon tolerance panel	X	0.000	0.000	\$ -	\$ -	
80424		Glucagon tolerance panel	X	0.000	0.000	\$ -	\$ -	
80426		Gonadotropin hormone panel	X	0.000	0.000	\$ -	\$ -	
80428		Growth hormone panel	X	0.000	0.000	\$ -	\$ -	
80430		Growth hormone panel	X	0.000	0.000	\$ -	\$ -	
80432		Insulin suppression panel	X	0.000	0.000	\$ -	\$ -	
80434		Insulin tolerance panel	X	0.000	0.000	\$ -	\$ -	
80435		Insulin tolerance panel	X	0.000	0.000	\$ -	\$ -	
80436		Metyrapone panel	X	0.000	0.000	\$ -	\$ -	
80438		TRH stimulation panel	X	0.000	0.000	\$ -	\$ -	
80439		TRH stimulation panel	X	0.000	0.000	\$ -	\$ -	
80440		TRH stimulation panel	X	0.000	0.000	\$ -	\$ -	
80500		Lab pathology consultation	A	0.545	0.596	\$ 22.58	\$ 24.69	
80502		Lab pathology consultation	A	2.060	2.094	\$ 85.26	\$ 86.66	
81000		Urinalysis, nonauto w/scope	X	0.000	0.000	\$ -	\$ -	
81001		Urinalysis, auto w/scope	X	0.000	0.000	\$ -	\$ -	
81002		Urinalysis nonauto w/o scope	X	0.000	0.000	\$ -	\$ -	
81003		Urinalysis, auto, w/o scope	X	0.000	0.000	\$ -	\$ -	
81005		Urinalysis	X	0.000	0.000	\$ -	\$ -	
81007		Urine screen for bacteria	X	0.000	0.000	\$ -	\$ -	
81015		Microscopic exam of urine	X	0.000	0.000	\$ -	\$ -	
81020		Urinalysis, glass test	X	0.000	0.000	\$ -	\$ -	
81025		Urine pregnancy test	X	0.000	0.000	\$ -	\$ -	
81050		Urinalysis, volume measure	X	0.000	0.000	\$ -	\$ -	
81099		Urinalysis test procedure	X	0.000	0.000	\$ -	\$ -	
82000		Assay of blood acetaldehyde	X	0.000	0.000	\$ -	\$ -	
82003		Assay of acetaminophen	X	0.000	0.000	\$ -	\$ -	
82009		Test for acetone/ketones	X	0.000	0.000	\$ -	\$ -	
82010		Acetone assay	X	0.000	0.000	\$ -	\$ -	
82013		Acetylcholinesterase assay	X	0.000	0.000	\$ -	\$ -	
82016		Acylcarnitines, qual	X	0.000	0.000	\$ -	\$ -	
82017		Acylcarnitines, quant	X	0.000	0.000	\$ -	\$ -	
82024		Assay of acth	X	0.000	0.000	\$ -	\$ -	
82030		Assay of adp & amp	X	0.000	0.000	\$ -	\$ -	
82040		Assay of serum albumin	X	0.000	0.000	\$ -	\$ -	
82042		Assay of urine albumin	X	0.000	0.000	\$ -	\$ -	
82043		Microalbumin, quantitative	X	0.000	0.000	\$ -	\$ -	
82044		Microalbumin, semiquant	X	0.000	0.000	\$ -	\$ -	
82055		Assay of ethanol	X	0.000	0.000	\$ -	\$ -	
82075		Assay of breath ethanol	X	0.000	0.000	\$ -	\$ -	
82085		Assay of aldolase	X	0.000	0.000	\$ -	\$ -	
82088		Assay of aldosterone	X	0.000	0.000	\$ -	\$ -	
82101		Assay of urine alkaloids	X	0.000	0.000	\$ -	\$ -	
82103		Alpha-1-antitrypsin, total	X	0.000	0.000	\$ -	\$ -	
82104		Alpha-1-antitrypsin, pheno	X	0.000	0.000	\$ -	\$ -	
82105		Alpha-fetoprotein, serum	X	0.000	0.000	\$ -	\$ -	



HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
82106		Alpha-fetoprotein, amniotic	X	0.000	0.000	\$ -	\$ -	-
82108		Assay of aluminum	X	0.000	0.000	\$ -	\$ -	-
82120		Amines, vaginal fluid qual	X	0.000	0.000	\$ -	\$ -	-
82127		Amino acid, single qual	X	0.000	0.000	\$ -	\$ -	-
82128		Amino acids, mult qual	X	0.000	0.000	\$ -	\$ -	-
82131		Amino acids, single quant	X	0.000	0.000	\$ -	\$ -	-
82135		Assay, aminolevulinic acid	X	0.000	0.000	\$ -	\$ -	-
82136		Amino acids, quant, 2-5	X	0.000	0.000	\$ -	\$ -	-
82139		Amino acids, quan, 6 or more	X	0.000	0.000	\$ -	\$ -	-
82140		Assay of ammonia	X	0.000	0.000	\$ -	\$ -	-
82143		Amniotic fluid scan	X	0.000	0.000	\$ -	\$ -	-
82145		Assay of amphetamines	X	0.000	0.000	\$ -	\$ -	-
82150		Assay of amylase	X	0.000	0.000	\$ -	\$ -	-
82154		Androstenediol glucuronide	X	0.000	0.000	\$ -	\$ -	-
82157		Assay of androstenedione	X	0.000	0.000	\$ -	\$ -	-
82160		Assay of androsterone	X	0.000	0.000	\$ -	\$ -	-
82163		Assay of angiotensin II	X	0.000	0.000	\$ -	\$ -	-
82164		Angiotensin I enzyme test	X	0.000	0.000	\$ -	\$ -	-
82172		Assay of apolipoprotein	X	0.000	0.000	\$ -	\$ -	-
82175		Assay of arsenic	X	0.000	0.000	\$ -	\$ -	-
82180		Assay of ascorbic acid	X	0.000	0.000	\$ -	\$ -	-
82190		Atomic absorption	X	0.000	0.000	\$ -	\$ -	-
82205		Assay of barbiturates	X	0.000	0.000	\$ -	\$ -	-
82232		Assay of beta-2 protein	X	0.000	0.000	\$ -	\$ -	-
82239		Bile acids, total	X	0.000	0.000	\$ -	\$ -	-
82240		Bile acids, cholyglycine	X	0.000	0.000	\$ -	\$ -	-
82247		Bilirubin, total	X	0.000	0.000	\$ -	\$ -	-
82248		Bilirubin, direct	X	0.000	0.000	\$ -	\$ -	-
82252		Fecal bilirubin test	X	0.000	0.000	\$ -	\$ -	-
82261		Assay of biotinidase	X	0.000	0.000	\$ -	\$ -	-
82270		Test for blood, feces	X	0.000	0.000	\$ -	\$ -	-
82273		Test for blood, other source	X	0.000	0.000	\$ -	\$ -	-
82274		Assay test for blood, fecal	X	0.000	0.000	\$ -	\$ -	-
82286		Assay of bradykinin	X	0.000	0.000	\$ -	\$ -	-
82300		Assay of cadmium	X	0.000	0.000	\$ -	\$ -	-
82306		Assay of vitamin D	X	0.000	0.000	\$ -	\$ -	-
82307		Assay of vitamin D	X	0.000	0.000	\$ -	\$ -	-
82308		Assay of calcitonin	X	0.000	0.000	\$ -	\$ -	-
82310		Assay of calcium	X	0.000	0.000	\$ -	\$ -	-
82330		Assay of calcium	X	0.000	0.000	\$ -	\$ -	-
82331		Calcium infusion test	X	0.000	0.000	\$ -	\$ -	-
82340		Assay of calcium in urine	X	0.000	0.000	\$ -	\$ -	-
82355		Calculus analysis, qual	X	0.000	0.000	\$ -	\$ -	-
82360		Calculus assay, quant	X	0.000	0.000	\$ -	\$ -	-
82365		Calculus spectroscopy	X	0.000	0.000	\$ -	\$ -	-
82370		X-ray assay, calculus	X	0.000	0.000	\$ -	\$ -	-
82373		Assay, c-d transfer measure	X	0.000	0.000	\$ -	\$ -	-
82374		Assay, blood carbon dioxide	X	0.000	0.000	\$ -	\$ -	-
82375		Assay, blood carbon monoxide	X	0.000	0.000	\$ -	\$ -	-
82376		Test for carbon monoxide	X	0.000	0.000	\$ -	\$ -	-
82378		Carcinoembryonic antigen	X	0.000	0.000	\$ -	\$ -	-
82379		Assay of carnitine	X	0.000	0.000	\$ -	\$ -	-
82380		Assay of carotene	X	0.000	0.000	\$ -	\$ -	-
82382		Assay, urine catecholamines	X	0.000	0.000	\$ -	\$ -	-
82383		Assay, blood catecholamines	X	0.000	0.000	\$ -	\$ -	-
82384		Assay, three catecholamines	X	0.000	0.000	\$ -	\$ -	-
82387		Assay of cathepsin-d	X	0.000	0.000	\$ -	\$ -	-
82390		Assay of ceruloplasmin	X	0.000	0.000	\$ -	\$ -	-
82397		Chemiluminescent assay	X	0.000	0.000	\$ -	\$ -	-
82415		Assay of chloramphenicol	X	0.000	0.000	\$ -	\$ -	-
82435		Assay of blood chloride	X	0.000	0.000	\$ -	\$ -	-

HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
82436		Assay of urine chloride	X	0.000	0.000	\$ -	\$ -	-
82438		Assay, other fluid chlorides	X	0.000	0.000	\$ -	\$ -	-
82441		Test for chlorohydrocarbons	X	0.000	0.000	\$ -	\$ -	-
82465		Assay, bld/serum cholesterol	X	0.000	0.000	\$ -	\$ -	-
82480		Assay, serum cholinesterase	X	0.000	0.000	\$ -	\$ -	-
82482		Assay, rbc cholinesterase	X	0.000	0.000	\$ -	\$ -	-
82485		Assay, chondroitin sulfate	X	0.000	0.000	\$ -	\$ -	-
82486		Gas/liquid chromatography	X	0.000	0.000	\$ -	\$ -	-
82487		Paper chromatography	X	0.000	0.000	\$ -	\$ -	-
82488		Paper chromatography	X	0.000	0.000	\$ -	\$ -	-
82489		Thin layer chromatography	X	0.000	0.000	\$ -	\$ -	-
82491		Chromatography, quant, sing	X	0.000	0.000	\$ -	\$ -	-
82492		Chromatography, quant, mult	X	0.000	0.000	\$ -	\$ -	-
82495		Assay of chromium	X	0.000	0.000	\$ -	\$ -	-
82507		Assay of citrate	X	0.000	0.000	\$ -	\$ -	-
82520		Assay of cocaine	X	0.000	0.000	\$ -	\$ -	-
82523		Collagen crosslinks	X	0.000	0.000	\$ -	\$ -	-
82525		Assay of copper	X	0.000	0.000	\$ -	\$ -	-
82528		Assay of corticosterone	X	0.000	0.000	\$ -	\$ -	-
82530		Cortisol, free	X	0.000	0.000	\$ -	\$ -	-
82533		Total cortisol	X	0.000	0.000	\$ -	\$ -	-
82540		Assay of creatine	X	0.000	0.000	\$ -	\$ -	-
82541		Column chromatography, qual	X	0.000	0.000	\$ -	\$ -	-
82542		Column chromatography, quant	X	0.000	0.000	\$ -	\$ -	-
82543		Column chromatograph/isotope	X	0.000	0.000	\$ -	\$ -	-
82544		Column chromatograph/isotope	X	0.000	0.000	\$ -	\$ -	-
82550		Assay of ck (cpk)	X	0.000	0.000	\$ -	\$ -	-
82552		Assay of cpk in blood	X	0.000	0.000	\$ -	\$ -	-
82553		Creatine, MB fraction	X	0.000	0.000	\$ -	\$ -	-
82554		Creatine, isoforms	X	0.000	0.000	\$ -	\$ -	-
82565		Assay of creatinine	X	0.000	0.000	\$ -	\$ -	-
82570		Assay of urine creatinine	X	0.000	0.000	\$ -	\$ -	-
82575		Creatinine clearance test	X	0.000	0.000	\$ -	\$ -	-
82585		Assay of cryofibrinogen	X	0.000	0.000	\$ -	\$ -	-
82595		Assay of cryoglobulin	X	0.000	0.000	\$ -	\$ -	-
82600		Assay of cyanide	X	0.000	0.000	\$ -	\$ -	-
82607		Vitamin B-12	X	0.000	0.000	\$ -	\$ -	-
82608		B-12 binding capacity	X	0.000	0.000	\$ -	\$ -	-
82615		Test for urine cystines	X	0.000	0.000	\$ -	\$ -	-
82626		Dehydroepiandrosterone	X	0.000	0.000	\$ -	\$ -	-
82627		Dehydroepiandrosterone	X	0.000	0.000	\$ -	\$ -	-
82633		Desoxycorticosterone	X	0.000	0.000	\$ -	\$ -	-
82634		Deoxycortisol	X	0.000	0.000	\$ -	\$ -	-
82638		Assay of dibucaine number	X	0.000	0.000	\$ -	\$ -	-
82646		Assay of dihydrocodeinone	X	0.000	0.000	\$ -	\$ -	-
82649		Assay of dihydromorphinone	X	0.000	0.000	\$ -	\$ -	-
82651		Assay of dihydrotestosterone	X	0.000	0.000	\$ -	\$ -	-
82652		Assay of dihydroxyvitamin d	X	0.000	0.000	\$ -	\$ -	-
82654		Assay of dimethadione	X	0.000	0.000	\$ -	\$ -	-
82657		Enzyme cell activity	X	0.000	0.000	\$ -	\$ -	-
82658		Enzyme cell activity, ra	X	0.000	0.000	\$ -	\$ -	-
82664		Electrophoretic test	X	0.000	0.000	\$ -	\$ -	-
82666		Assay of epiandrosterone	X	0.000	0.000	\$ -	\$ -	-
82668		Assay of erythropoietin	X	0.000	0.000	\$ -	\$ -	-
82670		Assay of estradiol	X	0.000	0.000	\$ -	\$ -	-
82671		Assay of estrogens	X	0.000	0.000	\$ -	\$ -	-
82672		Assay of estrogen	X	0.000	0.000	\$ -	\$ -	-
82677		Assay of estriol	X	0.000	0.000	\$ -	\$ -	-
82679		Assay of estrone	X	0.000	0.000	\$ -	\$ -	-
82690		Assay of ethchlorvynol	X	0.000	0.000	\$ -	\$ -	-
82693		Assay of ethylene glycol	X	0.000	0.000	\$ -	\$ -	-

HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
82696		Assay of etiocholanolone	X	0.000	0.000	\$ -	\$ -	
82705		Fats/lipids, feces, qual	X	0.000	0.000	\$ -	\$ -	
82710		Fats/lipids, feces, quant	X	0.000	0.000	\$ -	\$ -	
82715		Assay of fecal fat	X	0.000	0.000	\$ -	\$ -	
82725		Assay of blood fatty acids	X	0.000	0.000	\$ -	\$ -	
82726		Long chain fatty acids	X	0.000	0.000	\$ -	\$ -	
82728		Assay of ferritin	X	0.000	0.000	\$ -	\$ -	
82731		Assay of fetal fibronectin	X	0.000	0.000	\$ -	\$ -	
82735		Assay of fluoride	X	0.000	0.000	\$ -	\$ -	
82742		Assay of flurazepam	X	0.000	0.000	\$ -	\$ -	
82746		Blood folic acid serum	X	0.000	0.000	\$ -	\$ -	
82747		Assay of folic acid, rbc	X	0.000	0.000	\$ -	\$ -	
82757		Assay of semen fructose	X	0.000	0.000	\$ -	\$ -	
82759		Assay of rbc galactokinase	X	0.000	0.000	\$ -	\$ -	
82760		Assay of galactose	X	0.000	0.000	\$ -	\$ -	
82775		Assay galactose transferase	X	0.000	0.000	\$ -	\$ -	
82776		Galactose transferase test	X	0.000	0.000	\$ -	\$ -	
82784		Assay of gammaglobulin igm	X	0.000	0.000	\$ -	\$ -	
82785		Assay of gammaglobulin ige	X	0.000	0.000	\$ -	\$ -	
82787		Igg 1, 2, 3 or 4, each	X	0.000	0.000	\$ -	\$ -	
82800		Blood pH	X	0.000	0.000	\$ -	\$ -	
82803		Blood gases: pH, pO2 & pCO2	X	0.000	0.000	\$ -	\$ -	
82805		Blood gases W/02 saturation	X	0.000	0.000	\$ -	\$ -	
82810		Blood gases, O2 sat only	X	0.000	0.000	\$ -	\$ -	
82820		Hemoglobin-oxygen affinity	X	0.000	0.000	\$ -	\$ -	
82926		Assay of gastric acid	X	0.000	0.000	\$ -	\$ -	
82928		Assay of gastric acid	X	0.000	0.000	\$ -	\$ -	
82938		Gastrin test	X	0.000	0.000	\$ -	\$ -	
82941		Assay of gastrin	X	0.000	0.000	\$ -	\$ -	
82943		Assay of glucagon	X	0.000	0.000	\$ -	\$ -	
82945		Glucose other fluid	X	0.000	0.000	\$ -	\$ -	
82946		Glucagon tolerance test	X	0.000	0.000	\$ -	\$ -	
82947		Assay, glucose, blood quant	X	0.000	0.000	\$ -	\$ -	
82948		Reagent strip/blood glucose	X	0.000	0.000	\$ -	\$ -	
82950		Glucose test	X	0.000	0.000	\$ -	\$ -	
82951		Glucose tolerance test (GTT)	X	0.000	0.000	\$ -	\$ -	
82952		GTT-added samples	X	0.000	0.000	\$ -	\$ -	
82953		Glucose-tolbutamide test	X	0.000	0.000	\$ -	\$ -	
82955		Assay of g6pd enzyme	X	0.000	0.000	\$ -	\$ -	
82960		Test for G6PD enzyme	X	0.000	0.000	\$ -	\$ -	
82962		Glucose blood test	X	0.000	0.000	\$ -	\$ -	
82963		Assay of glucosidase	X	0.000	0.000	\$ -	\$ -	
82965		Assay of gdh enzyme	X	0.000	0.000	\$ -	\$ -	
82975		Assay of glutamine	X	0.000	0.000	\$ -	\$ -	
82977		Assay of GGT	X	0.000	0.000	\$ -	\$ -	
82978		Assay of glutathione	X	0.000	0.000	\$ -	\$ -	
82979		Assay, rbc glutathione	X	0.000	0.000	\$ -	\$ -	
82980		Assay of glutethimide	X	0.000	0.000	\$ -	\$ -	
82985		Glycated protein	X	0.000	0.000	\$ -	\$ -	
83001		Gonadotropin (FSH)	X	0.000	0.000	\$ -	\$ -	
83002		Gonadotropin (LH)	X	0.000	0.000	\$ -	\$ -	
83003		Assay, growth hormone (hgh)	X	0.000	0.000	\$ -	\$ -	
83008		Assay of guanosine	X	0.000	0.000	\$ -	\$ -	
83010		Assay of haptoglobin, quant	X	0.000	0.000	\$ -	\$ -	
83012		Assay of haptoglobins	X	0.000	0.000	\$ -	\$ -	
83013		H pylori analysis	X	0.000	0.000	\$ -	\$ -	
83014		H pylori drug admin/collect	X	0.000	0.000	\$ -	\$ -	
83015		Heavy metal screen	X	0.000	0.000	\$ -	\$ -	
83018		Quantitative screen, metals	X	0.000	0.000	\$ -	\$ -	
83020		Hemoglobin electrophoresis	X	0.000	0.000	\$ -	\$ -	
83020	26	Hemoglobin electrophoresis	A	0.545	0.545	\$ 22.58	\$ 22.58	

HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
83021		Hemoglobin chromatography	X	0.000	0.000	\$ -	\$ -	-
83026		Hemoglobin, copper sulfate	X	0.000	0.000	\$ -	\$ -	-
83030		Fetal hemoglobin, chemical	X	0.000	0.000	\$ -	\$ -	-
83033		Fetal hemoglobin assay, qual	X	0.000	0.000	\$ -	\$ -	-
83036		Glycated hemoglobin test	X	0.000	0.000	\$ -	\$ -	-
83045		Blood methemoglobin test	X	0.000	0.000	\$ -	\$ -	-
83050		Blood methemoglobin assay	X	0.000	0.000	\$ -	\$ -	-
83051		Assay of plasma hemoglobin	X	0.000	0.000	\$ -	\$ -	-
83055		Blood sulfhemoglobin test	X	0.000	0.000	\$ -	\$ -	-
83060		Blood sulfhemoglobin assay	X	0.000	0.000	\$ -	\$ -	-
83065		Assay of hemoglobin heat	X	0.000	0.000	\$ -	\$ -	-
83068		Hemoglobin stability screen	X	0.000	0.000	\$ -	\$ -	-
83069		Assay of urine hemoglobin	X	0.000	0.000	\$ -	\$ -	-
83070		Assay of hemosiderin, qual	X	0.000	0.000	\$ -	\$ -	-
83071		Assay of hemosiderin, quant	X	0.000	0.000	\$ -	\$ -	-
83080		Assay of b hexosaminidase	X	0.000	0.000	\$ -	\$ -	-
83088		Assay of histamine	X	0.000	0.000	\$ -	\$ -	-
83090		Assay of homocystine	X	0.000	0.000	\$ -	\$ -	-
83150		Assay of for hva	X	0.000	0.000	\$ -	\$ -	-
83491		Assay of corticosteroids	X	0.000	0.000	\$ -	\$ -	-
83497		Assay of 5-hiaa	X	0.000	0.000	\$ -	\$ -	-
83498		Assay of progesterone	X	0.000	0.000	\$ -	\$ -	-
83499		Assay of progesterone	X	0.000	0.000	\$ -	\$ -	-
83500		Assay, free hydroxyproline	X	0.000	0.000	\$ -	\$ -	-
83505		Assay, total hydroxyproline	X	0.000	0.000	\$ -	\$ -	-
83516		Immunoassay, nonantibody	X	0.000	0.000	\$ -	\$ -	-
83518		Immunoassay, dipstick	X	0.000	0.000	\$ -	\$ -	-
83519		Immunoassay, nonantibody	X	0.000	0.000	\$ -	\$ -	-
83520		Immunoassay, RIA	X	0.000	0.000	\$ -	\$ -	-
83525		Assay of insulin	X	0.000	0.000	\$ -	\$ -	-
83527		Assay of insulin	X	0.000	0.000	\$ -	\$ -	-
83528		Assay of intrinsic factor	X	0.000	0.000	\$ -	\$ -	-
83540		Assay of iron	X	0.000	0.000	\$ -	\$ -	-
83550		Iron binding test	X	0.000	0.000	\$ -	\$ -	-
83570		Assay of idh enzyme	X	0.000	0.000	\$ -	\$ -	-
83582		Assay of ketogenic steroids	X	0.000	0.000	\$ -	\$ -	-
83586		Assay 17- ketosteroids	X	0.000	0.000	\$ -	\$ -	-
83593		Fractionation, ketosteroids	X	0.000	0.000	\$ -	\$ -	-
83605		Assay of lactic acid	X	0.000	0.000	\$ -	\$ -	-
83615		Lactate (LD) (LDH) enzyme	X	0.000	0.000	\$ -	\$ -	-
83625		Assay of Idh enzymes	X	0.000	0.000	\$ -	\$ -	-
83632		Placental lactogen	X	0.000	0.000	\$ -	\$ -	-
83633		Test urine for lactose	X	0.000	0.000	\$ -	\$ -	-
83634		Assay of urine for lactose	X	0.000	0.000	\$ -	\$ -	-
83655		Assay of lead	X	0.000	0.000	\$ -	\$ -	-
83661		L/s ratio, fetal lung	X	0.000	0.000	\$ -	\$ -	-
83662		Foam stability, fetal lung	X	0.000	0.000	\$ -	\$ -	-
83663		Fluoro polarize, fetal lung	X	0.000	0.000	\$ -	\$ -	-
83664		Lamellar bdy, fetal lung	X	0.000	0.000	\$ -	\$ -	-
83670		Assay of lap enzyme	X	0.000	0.000	\$ -	\$ -	-
83690		Assay of lipase	X	0.000	0.000	\$ -	\$ -	-
83715		Assay of blood lipoproteins	X	0.000	0.000	\$ -	\$ -	-
83716		Assay of blood lipoproteins	X	0.000	0.000	\$ -	\$ -	-
83718		Assay of lipoprotein	X	0.000	0.000	\$ -	\$ -	-
83719		Assay of blood lipoprotein	X	0.000	0.000	\$ -	\$ -	-
83721		Assay of blood lipoprotein	X	0.000	0.000	\$ -	\$ -	-
83727		Assay of lrh hormone	X	0.000	0.000	\$ -	\$ -	-
83735		Assay of magnesium	X	0.000	0.000	\$ -	\$ -	-
83775		Assay of md enzyme	X	0.000	0.000	\$ -	\$ -	-
83785		Assay of manganese	X	0.000	0.000	\$ -	\$ -	-
83788		Mass spectrometry qual	X	0.000	0.000	\$ -	\$ -	-

HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
83789		Mass spectrometry quant	X	0.000	0.000	\$ -	\$ -	
83805		Assay of meprobamate	X	0.000	0.000	\$ -	\$ -	
83825		Assay of mercury	X	0.000	0.000	\$ -	\$ -	
83835		Assay of metanephrines	X	0.000	0.000	\$ -	\$ -	
83840		Assay of methadone	X	0.000	0.000	\$ -	\$ -	
83857		Assay of methemalbumin	X	0.000	0.000	\$ -	\$ -	
83858		Assay of methsuximide	X	0.000	0.000	\$ -	\$ -	
83864		Mucopolysaccharides	X	0.000	0.000	\$ -	\$ -	
83866		Mucopolysaccharides screen	X	0.000	0.000	\$ -	\$ -	
83872		Assay synovial fluid mucin	X	0.000	0.000	\$ -	\$ -	
83873		Assay of csf protein	X	0.000	0.000	\$ -	\$ -	
83874		Assay of myoglobin	X	0.000	0.000	\$ -	\$ -	
83880		Natriuretic peptide	X	0.000	0.000	\$ -	\$ -	
83883		Assay, nephelometry not spec	X	0.000	0.000	\$ -	\$ -	
83885		Assay of nickel	X	0.000	0.000	\$ -	\$ -	
83887		Assay of nicotine	X	0.000	0.000	\$ -	\$ -	
83890		Molecule isolate	X	0.000	0.000	\$ -	\$ -	
83891		Molecule isolate nucleic	X	0.000	0.000	\$ -	\$ -	
83892		Molecular diagnostics	X	0.000	0.000	\$ -	\$ -	
83893		Molecule dot/slot/blot	X	0.000	0.000	\$ -	\$ -	
83894		Molecule gel electrophor	X	0.000	0.000	\$ -	\$ -	
83896		Molecular diagnostics	X	0.000	0.000	\$ -	\$ -	
83897		Molecule nucleic transfer	X	0.000	0.000	\$ -	\$ -	
83898		Molecule nucleic ampli	X	0.000	0.000	\$ -	\$ -	
83901		Molecule nucleic ampli	X	0.000	0.000	\$ -	\$ -	
83902		Molecular diagnostics	X	0.000	0.000	\$ -	\$ -	
83903		Molecule mutation scan	X	0.000	0.000	\$ -	\$ -	
83904		Molecule mutation identify	X	0.000	0.000	\$ -	\$ -	
83905		Molecule mutation identify	X	0.000	0.000	\$ -	\$ -	
83906		Molecule mutation identify	X	0.000	0.000	\$ -	\$ -	
83912		Genetic examination	X	0.000	0.000	\$ -	\$ -	
83912	26	Genetic examination	A	0.537	0.537	22.23	22.23	
83915		Assay of nucleotidase	X	0.000	0.000	\$ -	\$ -	
83916		Oligoclonal bands	X	0.000	0.000	\$ -	\$ -	
83918		Organic acids, total, quant	X	0.000	0.000	\$ -	\$ -	
83919		Organic acids, qual, each	X	0.000	0.000	\$ -	\$ -	
83921		Organic acid, single, quant	X	0.000	0.000	\$ -	\$ -	
83925		Assay of opiates	X	0.000	0.000	\$ -	\$ -	
83930		Assay of blood osmolality	X	0.000	0.000	\$ -	\$ -	
83935		Assay of urine osmolality	X	0.000	0.000	\$ -	\$ -	
83937		Assay of osteocalcin	X	0.000	0.000	\$ -	\$ -	
83945		Assay of oxalate	X	0.000	0.000	\$ -	\$ -	
83950		Oncoprotein, her-2/neu	X	0.000	0.000	\$ -	\$ -	
83970		Assay of parathormone	X	0.000	0.000	\$ -	\$ -	
83986		Assay of body fluid acidity	X	0.000	0.000	\$ -	\$ -	
83992		Assay for phencyclidine	X	0.000	0.000	\$ -	\$ -	
84022		Assay of phenothiazine	X	0.000	0.000	\$ -	\$ -	
84030		Assay of blood pku	X	0.000	0.000	\$ -	\$ -	
84035		Assay of phenylketones	X	0.000	0.000	\$ -	\$ -	
84060		Assay acid phosphatase	X	0.000	0.000	\$ -	\$ -	
84061		Phosphatase, forensic exam	X	0.000	0.000	\$ -	\$ -	
84066		Assay prostate phosphatase	X	0.000	0.000	\$ -	\$ -	
84075		Assay alkaline phosphatase	X	0.000	0.000	\$ -	\$ -	
84078		Assay alkaline phosphatase	X	0.000	0.000	\$ -	\$ -	
84080		Assay alkaline phosphatases	X	0.000	0.000	\$ -	\$ -	
84081		Amniotic fluid enzyme test	X	0.000	0.000	\$ -	\$ -	
84085		Assay of rbc pg6d enzyme	X	0.000	0.000	\$ -	\$ -	
84087		Assay phosphohexose enzymes	X	0.000	0.000	\$ -	\$ -	
84100		Assay of phosphorus	X	0.000	0.000	\$ -	\$ -	
84105		Assay of urine phosphorus	X	0.000	0.000	\$ -	\$ -	
84106		Test for porphobilinogen	X	0.000	0.000	\$ -	\$ -	

HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
84110		Assay of porphobilinogen	X	0.000	0.000	\$ -	\$ -	-
84119		Test urine for porphyrins	X	0.000	0.000	\$ -	\$ -	-
84120		Assay of urine porphyrins	X	0.000	0.000	\$ -	\$ -	-
84126		Assay of feces porphyrins	X	0.000	0.000	\$ -	\$ -	-
84127		Assay of feces porphyrins	X	0.000	0.000	\$ -	\$ -	-
84132		Assay of serum potassium	X	0.000	0.000	\$ -	\$ -	-
84133		Assay of urine potassium	X	0.000	0.000	\$ -	\$ -	-
84134		Assay of prealbumin	X	0.000	0.000	\$ -	\$ -	-
84135		Assay of pregnanediol	X	0.000	0.000	\$ -	\$ -	-
84138		Assay of pregnanetriol	X	0.000	0.000	\$ -	\$ -	-
84140		Assay of pregnenolone	X	0.000	0.000	\$ -	\$ -	-
84143		Assay of 17-hydroxypregнено	X	0.000	0.000	\$ -	\$ -	-
84144		Assay of progesterone	X	0.000	0.000	\$ -	\$ -	-
84146		Assay of prolactin	X	0.000	0.000	\$ -	\$ -	-
84150		Assay of prostaglandin	X	0.000	0.000	\$ -	\$ -	-
84152		Assay of psa, complexed	X	0.000	0.000	\$ -	\$ -	-
84153		Assay of psa, total	X	0.000	0.000	\$ -	\$ -	-
84154		Assay of psa, free	X	0.000	0.000	\$ -	\$ -	-
84155		Assay of protein, serum	X	0.000	0.000	\$ -	\$ -	-
84156		Assay of protein, urine	X	0.000	0.000	\$ -	\$ -	-
84157		Assay of protein, other	X	0.000	0.000	\$ -	\$ -	-
84160		Assay of protein, any source	X	0.000	0.000	\$ -	\$ -	-
84165		Electrophoresis of proteins	X	0.000	0.000	\$ -	\$ -	-
84165	26	Electrophoresis of proteins	A	0.545	0.545	\$ 22.58	\$ 22.58	-
84181		Western blot test	X	0.000	0.000	\$ -	\$ -	-
84181	26	Western blot test	A	0.528	0.528	\$ 21.87	\$ 21.87	-
84182		Protein, western blot test	X	0.000	0.000	\$ -	\$ -	-
84182	26	Protein, western blot test	A	0.545	0.554	\$ 22.58	\$ 22.93	-
84202		Assay RBC protoporphyrin	X	0.000	0.000	\$ -	\$ -	-
84203		Test RBC protoporphyrin	X	0.000	0.000	\$ -	\$ -	-
84206		Assay of proinsulin	X	0.000	0.000	\$ -	\$ -	-
84207		Assay of vitamin b-6	X	0.000	0.000	\$ -	\$ -	-
84210		Assay of pyruvate	X	0.000	0.000	\$ -	\$ -	-
84220		Assay of pyruvate kinase	X	0.000	0.000	\$ -	\$ -	-
84228		Assay of quinine	X	0.000	0.000	\$ -	\$ -	-
84233		Assay of estrogen	X	0.000	0.000	\$ -	\$ -	-
84234		Assay of progesterone	X	0.000	0.000	\$ -	\$ -	-
84235		Assay of endocrine hormone	X	0.000	0.000	\$ -	\$ -	-
84238		Assay, norendocrine receptor	X	0.000	0.000	\$ -	\$ -	-
84244		Assay of renin	X	0.000	0.000	\$ -	\$ -	-
84252		Assay of vitamin b-2	X	0.000	0.000	\$ -	\$ -	-
84255		Assay of selenium	X	0.000	0.000	\$ -	\$ -	-
84260		Assay of serotonin	X	0.000	0.000	\$ -	\$ -	-
84270		Assay of sex hormone globul	X	0.000	0.000	\$ -	\$ -	-
84275		Assay of sialic acid	X	0.000	0.000	\$ -	\$ -	-
84285		Assay of silica	X	0.000	0.000	\$ -	\$ -	-
84295		Assay of serum sodium	X	0.000	0.000	\$ -	\$ -	-
84300		Assay of urine sodium	X	0.000	0.000	\$ -	\$ -	-
84302		Assay of sweat sodium	X	0.000	0.000	\$ -	\$ -	-
84305		Assay of somatomedin	X	0.000	0.000	\$ -	\$ -	-
84307		Assay of somatostatin	X	0.000	0.000	\$ -	\$ -	-
84311		Spectrophotometry	X	0.000	0.000	\$ -	\$ -	-
84315		Body fluid specific gravity	X	0.000	0.000	\$ -	\$ -	-
84375		Chromatogram assay, sugars	X	0.000	0.000	\$ -	\$ -	-
84376		Sugars, single, qual	X	0.000	0.000	\$ -	\$ -	-
84377		Sugars, multiple, qual	X	0.000	0.000	\$ -	\$ -	-
84378		Sugars, single, quant	X	0.000	0.000	\$ -	\$ -	-
84379		Sugars multiple quant	X	0.000	0.000	\$ -	\$ -	-
84392		Assay of urine sulfate	X	0.000	0.000	\$ -	\$ -	-
84402		Assay of testosterone	X	0.000	0.000	\$ -	\$ -	-
84403		Assay of total testosterone	X	0.000	0.000	\$ -	\$ -	-



HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
84425		Assay of vitamin b-1	X	0.000	0.000	\$ -	\$ -	-
84430		Assay of thiocyanate	X	0.000	0.000	\$ -	\$ -	-
84432		Assay of thyroglobulin	X	0.000	0.000	\$ -	\$ -	-
84436		Assay of total thyroxine	X	0.000	0.000	\$ -	\$ -	-
84437		Assay of neonatal thyroxine	X	0.000	0.000	\$ -	\$ -	-
84439		Assay of free thyroxine	X	0.000	0.000	\$ -	\$ -	-
84442		Assay of thyroid activity	X	0.000	0.000	\$ -	\$ -	-
84443		Assay thyroid stim hormone	X	0.000	0.000	\$ -	\$ -	-
84445		Assay of tsi	X	0.000	0.000	\$ -	\$ -	-
84446		Assay of vitamin e	X	0.000	0.000	\$ -	\$ -	-
84449		Assay of transcortin	X	0.000	0.000	\$ -	\$ -	-
84450		Transferase (AST) (SGOT)	X	0.000	0.000	\$ -	\$ -	-
84460		Alanine amino (ALT) (SGPT)	X	0.000	0.000	\$ -	\$ -	-
84466		Assay of transferrin	X	0.000	0.000	\$ -	\$ -	-
84478		Assay of triglycerides	X	0.000	0.000	\$ -	\$ -	-
84479		Assay of thyroid (t3 or t4)	X	0.000	0.000	\$ -	\$ -	-
84480		Assay, triiodothyronine (t3)	X	0.000	0.000	\$ -	\$ -	-
84481		Free assay (FT-3)	X	0.000	0.000	\$ -	\$ -	-
84482		T3 reverse	X	0.000	0.000	\$ -	\$ -	-
84484		Assay of troponin, quant	X	0.000	0.000	\$ -	\$ -	-
84485		Assay duodenal fluid trypsin	X	0.000	0.000	\$ -	\$ -	-
84488		Test feces for trypsin	X	0.000	0.000	\$ -	\$ -	-
84490		Assay of feces for trypsin	X	0.000	0.000	\$ -	\$ -	-
84510		Assay of tyrosine	X	0.000	0.000	\$ -	\$ -	-
84512		Assay of troponin, qual	X	0.000	0.000	\$ -	\$ -	-
84520		Assay of urea nitrogen	X	0.000	0.000	\$ -	\$ -	-
84525		Urea nitrogen semi-quant	X	0.000	0.000	\$ -	\$ -	-
84540		Assay of urine/urea-n	X	0.000	0.000	\$ -	\$ -	-
84545		Urea-N clearance test	X	0.000	0.000	\$ -	\$ -	-
84550		Assay of blood/uric acid	X	0.000	0.000	\$ -	\$ -	-
84560		Assay of urine/uric acid	X	0.000	0.000	\$ -	\$ -	-
84577		Assay of feces/urobilinogen	X	0.000	0.000	\$ -	\$ -	-
84578		Test urine urobilinogen	X	0.000	0.000	\$ -	\$ -	-
84580		Assay of urine urobilinogen	X	0.000	0.000	\$ -	\$ -	-
84583		Assay of urine urobilinogen	X	0.000	0.000	\$ -	\$ -	-
84585		Assay of urine vma	X	0.000	0.000	\$ -	\$ -	-
84586		Assay of vip	X	0.000	0.000	\$ -	\$ -	-
84588		Assay of vasopressin	X	0.000	0.000	\$ -	\$ -	-
84590		Assay of vitamin a	X	0.000	0.000	\$ -	\$ -	-
84591		Assay of nos vitamin	X	0.000	0.000	\$ -	\$ -	-
84597		Assay of vitamin k	X	0.000	0.000	\$ -	\$ -	-
84600		Assay of volatiles	X	0.000	0.000	\$ -	\$ -	-
84620		Xylose tolerance test	X	0.000	0.000	\$ -	\$ -	-
84630		Assay of zinc	X	0.000	0.000	\$ -	\$ -	-
84681		Assay of c-peptide	X	0.000	0.000	\$ -	\$ -	-
84702		Chorionic gonadotropin test	X	0.000	0.000	\$ -	\$ -	-
84703		Chorionic gonadotropin assay	X	0.000	0.000	\$ -	\$ -	-
84830		Ovulation tests	X	0.000	0.000	\$ -	\$ -	-
84999		Clinical chemistry test	X	0.000	0.000	\$ -	\$ -	-
85002		Bleeding time test	X	0.000	0.000	\$ -	\$ -	-
85004		Automated diff wbc count	X	0.000	0.000	\$ -	\$ -	-
85007		Bl smear w/diff wbc count	X	0.000	0.000	\$ -	\$ -	-
85008		Bl smear w/o diff wbc count	X	0.000	0.000	\$ -	\$ -	-
85009		Manual diff wbc count b-coat	X	0.000	0.000	\$ -	\$ -	-
85013		Spun microhematocrit	X	0.000	0.000	\$ -	\$ -	-
85014		Hematocrit	X	0.000	0.000	\$ -	\$ -	-
85018		Hemoglobin	X	0.000	0.000	\$ -	\$ -	-
85025		Complete cbc w/auto diff wbc	X	0.000	0.000	\$ -	\$ -	-
85027		Complete cbc, automated	X	0.000	0.000	\$ -	\$ -	-
85032		Manual cell count, each	X	0.000	0.000	\$ -	\$ -	-
85041		Automated rbc count	X	0.000	0.000	\$ -	\$ -	-

HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
85044		Manual reticulocyte count	X	0.000	0.000	\$ -	\$ -	
85045		Automated reticulocyte count	X	0.000	0.000	\$ -	\$ -	
85046		Reticyte/hgb concentrate	X	0.000	0.000	\$ -	\$ -	
85048		Automated leukocyte count	X	0.000	0.000	\$ -	\$ -	
85049		Automated platelet count	X	0.000	0.000	\$ -	\$ -	
85055		Reticulated platelet assay	X	0.000	0.000	\$ -	\$ -	
85060		Blood smear interpretation	A	0.699	0.699	\$ 28.93	\$ 28.93	
85097		Bone marrow interpretation	A	1.446	2.585	\$ 59.87	\$ 107.01	
85130		Chromogenic substrate assay	X	0.000	0.000	\$ -	\$ -	
85170		Blood clot retraction	X	0.000	0.000	\$ -	\$ -	
85175		Blood clot lysis time	X	0.000	0.000	\$ -	\$ -	
85210		Blood clot factor II test	X	0.000	0.000	\$ -	\$ -	
85220		Blood clot factor V test	X	0.000	0.000	\$ -	\$ -	
85230		Blood clot factor VII test	X	0.000	0.000	\$ -	\$ -	
85240		Blood clot factor VIII test	X	0.000	0.000	\$ -	\$ -	
85244		Blood clot factor VIII test	X	0.000	0.000	\$ -	\$ -	
85245		Blood clot factor VIII test	X	0.000	0.000	\$ -	\$ -	
85246		Blood clot factor VIII test	X	0.000	0.000	\$ -	\$ -	
85247		Blood clot factor VIII test	X	0.000	0.000	\$ -	\$ -	
85250		Blood clot factor IX test	X	0.000	0.000	\$ -	\$ -	
85260		Blood clot factor X test	X	0.000	0.000	\$ -	\$ -	
85270		Blood clot factor XI test	X	0.000	0.000	\$ -	\$ -	
85280		Blood clot factor XII test	X	0.000	0.000	\$ -	\$ -	
85290		Blood clot factor XIII test	X	0.000	0.000	\$ -	\$ -	
85291		Blood clot factor XIII test	X	0.000	0.000	\$ -	\$ -	
85292		Blood clot factor assay	X	0.000	0.000	\$ -	\$ -	
85293		Blood clot factor assay	X	0.000	0.000	\$ -	\$ -	
85300		Antithrombin III test	X	0.000	0.000	\$ -	\$ -	
85301		Antithrombin III test	X	0.000	0.000	\$ -	\$ -	
85302		Blood clot inhibitor antigen	X	0.000	0.000	\$ -	\$ -	
85303		Blood clot inhibitor test	X	0.000	0.000	\$ -	\$ -	
85305		Blood clot inhibitor assay	X	0.000	0.000	\$ -	\$ -	
85306		Blood clot inhibitor test	X	0.000	0.000	\$ -	\$ -	
85307		Assay activated protein c	X	0.000	0.000	\$ -	\$ -	
85335		Factor inhibitor test	X	0.000	0.000	\$ -	\$ -	
85337		Thrombomodulin	X	0.000	0.000	\$ -	\$ -	
85345		Coagulation time	X	0.000	0.000	\$ -	\$ -	
85347		Coagulation time	X	0.000	0.000	\$ -	\$ -	
85348		Coagulation time	X	0.000	0.000	\$ -	\$ -	
85360		Euglobulin lysis	X	0.000	0.000	\$ -	\$ -	
85362		Fibrin degradation products	X	0.000	0.000	\$ -	\$ -	
85366		Fibrinogen test	X	0.000	0.000	\$ -	\$ -	
85370		Fibrinogen test	X	0.000	0.000	\$ -	\$ -	
85378		Fibrin degrade, semiquant	X	0.000	0.000	\$ -	\$ -	
85379		Fibrin degradation, quant	X	0.000	0.000	\$ -	\$ -	
85380		Fibrin degradation, vte	X	0.000	0.000	\$ -	\$ -	
85384		Fibrinogen	X	0.000	0.000	\$ -	\$ -	
85385		Fibrinogen	X	0.000	0.000	\$ -	\$ -	
85390		Fibrinolysins screen	X	0.000	0.000	\$ -	\$ -	
85390	26	Fibrinolysins screen	A	0.537	0.537	\$ 22.23	\$ 22.23	
85396		Clotting assay, whole blood	A	0.672	0.672	\$ 27.83	\$ 27.83	
85400		Fibrinolytic plasmin	X	0.000	0.000	\$ -	\$ -	
85410		Fibrinolytic antiplasmin	X	0.000	0.000	\$ -	\$ -	
85415		Fibrinolytic plasminogen	X	0.000	0.000	\$ -	\$ -	
85420		Fibrinolytic plasminogen	X	0.000	0.000	\$ -	\$ -	
85421		Fibrinolytic plasminogen	X	0.000	0.000	\$ -	\$ -	
85441		Heinz bodies, direct	X	0.000	0.000	\$ -	\$ -	
85445		Heinz bodies, induced	X	0.000	0.000	\$ -	\$ -	
85460		Hemoglobin, fetal	X	0.000	0.000	\$ -	\$ -	
85461		Hemoglobin, fetal	X	0.000	0.000	\$ -	\$ -	
85475		Hemolysin	X	0.000	0.000	\$ -	\$ -	



HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
85520		Heparin assay	X	0.000	0.000	\$ -	\$ -	
85525		Heparin neutralization	X	0.000	0.000	\$ -	\$ -	
85530		Heparin-protamine tolerance	X	0.000	0.000	\$ -	\$ -	
85536		Iron stain peripheral blood	X	0.000	0.000	\$ -	\$ -	
85540		Wbc alkaline phosphatase	X	0.000	0.000	\$ -	\$ -	
85547		RBC mechanical fragility	X	0.000	0.000	\$ -	\$ -	
85549		Muramidase	X	0.000	0.000	\$ -	\$ -	
85555		RBC osmotic fragility	X	0.000	0.000	\$ -	\$ -	
85557		RBC osmotic fragility	X	0.000	0.000	\$ -	\$ -	
85576		Blood platelet aggregation	X	0.000	0.000	\$ -	\$ -	
85576	26	Blood platelet aggregation	A	0.545	0.554	\$ 22.58	\$ 22.93	
85597		Platelet neutralization	X	0.000	0.000	\$ -	\$ -	
85610		Prothrombin time	X	0.000	0.000	\$ -	\$ -	
85611		Prothrombin test	X	0.000	0.000	\$ -	\$ -	
85612		Viper venom prothrombin time	X	0.000	0.000	\$ -	\$ -	
85613		Russell viper venom, diluted	X	0.000	0.000	\$ -	\$ -	
85635		Reptilase test	X	0.000	0.000	\$ -	\$ -	
85651		Rbc sed rate, nonautomated	X	0.000	0.000	\$ -	\$ -	
85652		Rbc sed rate, automated	X	0.000	0.000	\$ -	\$ -	
85660		RBC sickle cell test	X	0.000	0.000	\$ -	\$ -	
85670		Thrombin time, plasma	X	0.000	0.000	\$ -	\$ -	
85675		Thrombin time, titer	X	0.000	0.000	\$ -	\$ -	
85705		Thromboplastin inhibition	X	0.000	0.000	\$ -	\$ -	
85730		Thromboplastin time, partial	X	0.000	0.000	\$ -	\$ -	
85732		Thromboplastin time, partial	X	0.000	0.000	\$ -	\$ -	
85810		Blood viscosity examination	X	0.000	0.000	\$ -	\$ -	
85999		Hematology procedure	X	0.000	0.000	\$ -	\$ -	
86000		Agglutinins, febrile	X	0.000	0.000	\$ -	\$ -	
86001		Allergen specific igg	X	0.000	0.000	\$ -	\$ -	
86003		Allergen specific IgE	X	0.000	0.000	\$ -	\$ -	
86005		Allergen specific IgE	X	0.000	0.000	\$ -	\$ -	
86021		WBC antibody identification	X	0.000	0.000	\$ -	\$ -	
86022		Platelet antibodies	X	0.000	0.000	\$ -	\$ -	
86023		Immunoglobulin assay	X	0.000	0.000	\$ -	\$ -	
86038		Antinuclear antibodies	X	0.000	0.000	\$ -	\$ -	
86039		Antinuclear antibodies (ANA)	X	0.000	0.000	\$ -	\$ -	
86060		Antistreptolysin o, titer	X	0.000	0.000	\$ -	\$ -	
86063		Antistreptolysin o, screen	X	0.000	0.000	\$ -	\$ -	
86077		Physician blood bank service	A	1.446	1.489	\$ 59.87	\$ 61.63	
86078		Physician blood bank service	A	1.438	1.514	\$ 59.51	\$ 62.68	
86079		Physician blood bank service	A	1.446	1.514	\$ 59.87	\$ 62.68	
86140		C-reactive protein	X	0.000	0.000	\$ -	\$ -	
86141		C-reactive protein, hs	X	0.000	0.000	\$ -	\$ -	
86146		Glycoprotein antibody	X	0.000	0.000	\$ -	\$ -	
86147		Cardiolipin antibody	X	0.000	0.000	\$ -	\$ -	
86148		Phospholipid antibody	X	0.000	0.000	\$ -	\$ -	
86155		Chemotaxis assay	X	0.000	0.000	\$ -	\$ -	
86156		Cold agglutinin, screen	X	0.000	0.000	\$ -	\$ -	
86157		Cold agglutinin, titer	X	0.000	0.000	\$ -	\$ -	
86160		Complement, antigen	X	0.000	0.000	\$ -	\$ -	
86161		Complement/function activity	X	0.000	0.000	\$ -	\$ -	
86162		Complement, total (CH50)	X	0.000	0.000	\$ -	\$ -	
86171		Complement fixation, each	X	0.000	0.000	\$ -	\$ -	
86185		Counterimmunoelectrophoresis	X	0.000	0.000	\$ -	\$ -	
86215		Deoxyribonuclease, antibody	X	0.000	0.000	\$ -	\$ -	
86225		DNA antibody	X	0.000	0.000	\$ -	\$ -	
86226		DNA antibody, single strand	X	0.000	0.000	\$ -	\$ -	
86235		Nuclear antigen antibody	X	0.000	0.000	\$ -	\$ -	
86243		Fc receptor	X	0.000	0.000	\$ -	\$ -	
86255		Fluorescent antibody, screen	X	0.000	0.000	\$ -	\$ -	
86255	26	Fluorescent antibody, screen	A	0.545	0.554	\$ 22.58	\$ 22.93	

HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
86256		Fluorescent antibody, titer	X	0.000	0.000	\$ -	\$ -	
86256	26	Fluorescent antibody, titer	A	0.545	0.545	\$ 22.58	\$ 22.58	
86277		Growth hormone antibody	X	0.000	0.000	\$ -	\$ -	
86280		Hemagglutination inhibition	X	0.000	0.000	\$ -	\$ -	
86294		Immunoassay, tumor, qual	X	0.000	0.000	\$ -	\$ -	
86300		Immunoassay, tumor, ca 15-3	X	0.000	0.000	\$ -	\$ -	
86301		Immunoassay, tumor, ca 19-9	X	0.000	0.000	\$ -	\$ -	
86304		Immunoassay, tumor, ca 125	X	0.000	0.000	\$ -	\$ -	
86308		Heterophile antibodies	X	0.000	0.000	\$ -	\$ -	
86309		Heterophile antibodies	X	0.000	0.000	\$ -	\$ -	
86310		Heterophile antibodies	X	0.000	0.000	\$ -	\$ -	
86316		Immunoassay, tumor other	X	0.000	0.000	\$ -	\$ -	
86317		Immunoassay,infectious agent	X	0.000	0.000	\$ -	\$ -	
86318		Immunoassay,infectious agent	X	0.000	0.000	\$ -	\$ -	
86320		Serum immunoelectrophoresis	X	0.000	0.000	\$ -	\$ -	
86320	26	Serum immunoelectrophoresis	A	0.545	0.545	\$ 22.58	\$ 22.58	
86325		Other immunoelectrophoresis	X	0.000	0.000	\$ -	\$ -	
86325	26	Other immunoelectrophoresis	A	0.545	0.545	\$ 22.58	\$ 22.58	
86327		Immunoelectrophoresis assay	X	0.000	0.000	\$ -	\$ -	
86327	26	Immunoelectrophoresis assay	A	0.621	0.621	\$ 25.70	\$ 25.70	
86329		Immunodiffusion	X	0.000	0.000	\$ -	\$ -	
86331		Immunodiffusion ouchterlony	X	0.000	0.000	\$ -	\$ -	
86332		Immune complex assay	X	0.000	0.000	\$ -	\$ -	
86334		Immunofixation procedure	X	0.000	0.000	\$ -	\$ -	
86334	26	Immunofixation procedure	A	0.545	0.545	\$ 22.58	\$ 22.58	
86336		Inhibin A	X	0.000	0.000	\$ -	\$ -	
86337		Insulin antibodies	X	0.000	0.000	\$ -	\$ -	
86340		Intrinsic factor antibody	X	0.000	0.000	\$ -	\$ -	
86341		Islet cell antibody	X	0.000	0.000	\$ -	\$ -	
86343		Leukocyte histamine release	X	0.000	0.000	\$ -	\$ -	
86344		Leukocyte phagocytosis	X	0.000	0.000	\$ -	\$ -	
86353		Lymphocyte transformation	X	0.000	0.000	\$ -	\$ -	
86359		T cells, total count	X	0.000	0.000	\$ -	\$ -	
86360		T cell, absolute count/ratio	X	0.000	0.000	\$ -	\$ -	
86361		T cell, absolute count	X	0.000	0.000	\$ -	\$ -	
86376		Microsomal antibody	X	0.000	0.000	\$ -	\$ -	
86378		Migration inhibitory factor	X	0.000	0.000	\$ -	\$ -	
86382		Neutralization test, viral	X	0.000	0.000	\$ -	\$ -	
86384		Nitroblue tetrazolium dye	X	0.000	0.000	\$ -	\$ -	
86403		Particle agglutination test	X	0.000	0.000	\$ -	\$ -	
86406		Particle agglutination test	X	0.000	0.000	\$ -	\$ -	
86430		Rheumatoid factor test	X	0.000	0.000	\$ -	\$ -	
86431		Rheumatoid factor, quant	X	0.000	0.000	\$ -	\$ -	
86485		Skin test, candida	C	0.000	0.000	\$ -	\$ -	
86490		Coccidioidomycosis skin test	A	0.325	0.325	\$ 13.47	\$ 13.47	
86510		Histoplasmosis skin test	A	0.351	0.351	\$ 14.53	\$ 14.53	
86580		TB intradermal test	A	0.300	0.300	\$ 12.41	\$ 12.41	
86585		TB tine test	A	0.218	0.218	\$ 9.02	\$ 9.02	
86586		Skin test, unlisted	C	0.000	0.000	\$ -	\$ -	
86590		Streptokinase, antibody	X	0.000	0.000	\$ -	\$ -	
86592		Blood serology, qualitative	X	0.000	0.000	\$ -	\$ -	
86593		Blood serology, quantitative	X	0.000	0.000	\$ -	\$ -	
86602		Antinomyces antibody	X	0.000	0.000	\$ -	\$ -	
86603		Adenovirus antibody	X	0.000	0.000	\$ -	\$ -	
86606		Aspergillus antibody	X	0.000	0.000	\$ -	\$ -	
86609		Bacterium antibody	X	0.000	0.000	\$ -	\$ -	
86611		Bartonella antibody	X	0.000	0.000	\$ -	\$ -	
86612		Blastomyces antibody	X	0.000	0.000	\$ -	\$ -	
86615		Bordetella antibody	X	0.000	0.000	\$ -	\$ -	
86617		Lyme disease antibody	X	0.000	0.000	\$ -	\$ -	
86618		Lyme disease antibody	X	0.000	0.000	\$ -	\$ -	

HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
86619		Borrelia antibody	X	0.000	0.000	\$ -	\$ -	
86622		Brucella antibody	X	0.000	0.000	\$ -	\$ -	
86625		Campylobacter antibody	X	0.000	0.000	\$ -	\$ -	
86628		Candida antibody	X	0.000	0.000	\$ -	\$ -	
86631		Chlamydia antibody	X	0.000	0.000	\$ -	\$ -	
86632		Chlamydia igm antibody	X	0.000	0.000	\$ -	\$ -	
86635		Coccidioides antibody	X	0.000	0.000	\$ -	\$ -	
86638		Q fever antibody	X	0.000	0.000	\$ -	\$ -	
86641		Cryptococcus antibody	X	0.000	0.000	\$ -	\$ -	
86644		CMV antibody	X	0.000	0.000	\$ -	\$ -	
86645		CMV antibody, IgM	X	0.000	0.000	\$ -	\$ -	
86648		Diphtheria antibody	X	0.000	0.000	\$ -	\$ -	
86651		Encephalitis antibody	X	0.000	0.000	\$ -	\$ -	
86652		Encephalitis antibody	X	0.000	0.000	\$ -	\$ -	
86653		Encephalitis antibody	X	0.000	0.000	\$ -	\$ -	
86654		Encephalitis antibody	X	0.000	0.000	\$ -	\$ -	
86658		Enterovirus antibody	X	0.000	0.000	\$ -	\$ -	
86663		Epstein-barr antibody	X	0.000	0.000	\$ -	\$ -	
86664		Epstein-barr antibody	X	0.000	0.000	\$ -	\$ -	
86665		Epstein-barr antibody	X	0.000	0.000	\$ -	\$ -	
86666		Ehrlichia antibody	X	0.000	0.000	\$ -	\$ -	
86668		Francisella tularensis	X	0.000	0.000	\$ -	\$ -	
86671		Fungus antibody	X	0.000	0.000	\$ -	\$ -	
86674		Giardia lamblia antibody	X	0.000	0.000	\$ -	\$ -	
86677		Helicobacter pylori	X	0.000	0.000	\$ -	\$ -	
86682		Helminth antibody	X	0.000	0.000	\$ -	\$ -	
86684		Hemophilus influenza	X	0.000	0.000	\$ -	\$ -	
86687		Htlv-i antibody	X	0.000	0.000	\$ -	\$ -	
86688		Htlv-ii antibody	X	0.000	0.000	\$ -	\$ -	
86689		HTLV/HIV confirmatory test	X	0.000	0.000	\$ -	\$ -	
86692		Hepatitis, delta agent	X	0.000	0.000	\$ -	\$ -	
86694		Herpes simplex test	X	0.000	0.000	\$ -	\$ -	
86695		Herpes simplex test	X	0.000	0.000	\$ -	\$ -	
86696		Herpes simplex type 2	X	0.000	0.000	\$ -	\$ -	
86698		Histoplasma	X	0.000	0.000	\$ -	\$ -	
86701		HIV-1	X	0.000	0.000	\$ -	\$ -	
86702		HIV-2	X	0.000	0.000	\$ -	\$ -	
86703		HIV-1/HIV-2, single assay	X	0.000	0.000	\$ -	\$ -	
86704		Hep b core antibody, total	X	0.000	0.000	\$ -	\$ -	
86705		Hep b core antibody, igm	X	0.000	0.000	\$ -	\$ -	
86706		Hep b surface antibody	X	0.000	0.000	\$ -	\$ -	
86707		Hep be antibody	X	0.000	0.000	\$ -	\$ -	
86708		Hep a antibody, total	X	0.000	0.000	\$ -	\$ -	
86709		Hep a antibody, igm	X	0.000	0.000	\$ -	\$ -	
86710		Influenza virus antibody	X	0.000	0.000	\$ -	\$ -	
86713		Legionella antibody	X	0.000	0.000	\$ -	\$ -	
86717		Leishmania antibody	X	0.000	0.000	\$ -	\$ -	
86720		Leptospira antibody	X	0.000	0.000	\$ -	\$ -	
86723		Listeria monocytogenes ab	X	0.000	0.000	\$ -	\$ -	
86727		Lymph choriomeningitis ab	X	0.000	0.000	\$ -	\$ -	
86729		Lympho venereum antibody	X	0.000	0.000	\$ -	\$ -	
86732		Mucormycosis antibody	X	0.000	0.000	\$ -	\$ -	
86735		Mumps antibody	X	0.000	0.000	\$ -	\$ -	
86738		Mycoplasma antibody	X	0.000	0.000	\$ -	\$ -	
86741		Neisseria meningitidis	X	0.000	0.000	\$ -	\$ -	
86744		Nocardia antibody	X	0.000	0.000	\$ -	\$ -	
86747		Parvovirus antibody	X	0.000	0.000	\$ -	\$ -	
86750		Malaria antibody	X	0.000	0.000	\$ -	\$ -	
86753		Protozoa antibody nos	X	0.000	0.000	\$ -	\$ -	
86756		Respiratory virus antibody	X	0.000	0.000	\$ -	\$ -	
86757		Rickettsia antibody	X	0.000	0.000	\$ -	\$ -	

HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
86759		Rotavirus antibody	X	0.000	0.000	\$ -	\$ -	
86762		Rubella antibody	X	0.000	0.000	\$ -	\$ -	
86765		Rubeola antibody	X	0.000	0.000	\$ -	\$ -	
86768		Salmonella antibody	X	0.000	0.000	\$ -	\$ -	
86771		Shigella antibody	X	0.000	0.000	\$ -	\$ -	
86774		Tetanus antibody	X	0.000	0.000	\$ -	\$ -	
86777		Toxoplasma antibody	X	0.000	0.000	\$ -	\$ -	
86778		Toxoplasma antibody, igm	X	0.000	0.000	\$ -	\$ -	
86781		Treponema pallidum, confirm	X	0.000	0.000	\$ -	\$ -	
86784		Trichinella antibody	X	0.000	0.000	\$ -	\$ -	
86787		Varicella-zoster antibody	X	0.000	0.000	\$ -	\$ -	
86790		Virus antibody nos	X	0.000	0.000	\$ -	\$ -	
86793		Yersinia antibody	X	0.000	0.000	\$ -	\$ -	
86800		Thyroglobulin antibody	X	0.000	0.000	\$ -	\$ -	
86803		Hepatitis c ab test	X	0.000	0.000	\$ -	\$ -	
86804		Hep c ab test, confirm	X	0.000	0.000	\$ -	\$ -	
86805		Lymphocytotoxicity assay	X	0.000	0.000	\$ -	\$ -	
86806		Lymphocytotoxicity assay	X	0.000	0.000	\$ -	\$ -	
86807		Cytotoxic antibody screening	X	0.000	0.000	\$ -	\$ -	
86808		Cytotoxic antibody screening	X	0.000	0.000	\$ -	\$ -	
86812		HLA typing, A, B, or C	X	0.000	0.000	\$ -	\$ -	
86813		HLA typing, A, B, or C	X	0.000	0.000	\$ -	\$ -	
86816		HLA typing, DR/DQ	X	0.000	0.000	\$ -	\$ -	
86817		HLA typing, DR/DQ	X	0.000	0.000	\$ -	\$ -	
86821		Lymphocyte culture, mixed	X	0.000	0.000	\$ -	\$ -	
86822		Lymphocyte culture, primed	X	0.000	0.000	\$ -	\$ -	
86849		Immunology procedure	X	0.000	0.000	\$ -	\$ -	
86850		RBC antibody screen	X	0.000	0.000	\$ -	\$ -	
86860		RBC antibody elution	X	0.000	0.000	\$ -	\$ -	
86870		RBC antibody identification	X	0.000	0.000	\$ -	\$ -	
86880		Coombs test, direct	X	0.000	0.000	\$ -	\$ -	
86885		Coombs test, indirect, qual	X	0.000	0.000	\$ -	\$ -	
86886		Coombs test, indirect, titer	X	0.000	0.000	\$ -	\$ -	
86890		Autologous blood process	X	0.000	0.000	\$ -	\$ -	
86891		Autologous blood, op salvage	X	0.000	0.000	\$ -	\$ -	
86900		Blood typing, ABO	X	0.000	0.000	\$ -	\$ -	
86901		Blood typing, Rh (D)	X	0.000	0.000	\$ -	\$ -	
86903		Blood typing, antigen screen	X	0.000	0.000	\$ -	\$ -	
86904		Blood typing, patient serum	X	0.000	0.000	\$ -	\$ -	
86905		Blood typing, RBC antigens	X	0.000	0.000	\$ -	\$ -	
86906		Blood typing, Rh phenotype	X	0.000	0.000	\$ -	\$ -	
86910		Blood typing, paternity test	N	0.000	0.000	\$ -	\$ -	
86911		Blood typing, antigen system	N	0.000	0.000	\$ -	\$ -	
86920		Compatibility test	X	0.000	0.000	\$ -	\$ -	
86921		Compatibility test	X	0.000	0.000	\$ -	\$ -	
86922		Compatibility test	X	0.000	0.000	\$ -	\$ -	
86927		Plasma, fresh frozen	X	0.000	0.000	\$ -	\$ -	
86930		Frozen blood prep	X	0.000	0.000	\$ -	\$ -	
86931		Frozen blood thaw	X	0.000	0.000	\$ -	\$ -	
86932		Frozen blood freeze/thaw	X	0.000	0.000	\$ -	\$ -	
86940		Hemolysins/agglutinins, auto	X	0.000	0.000	\$ -	\$ -	
86941		Hemolysins/agglutinins	X	0.000	0.000	\$ -	\$ -	
86945		Blood product/irradiation	X	0.000	0.000	\$ -	\$ -	
86950		Leukocyte transfusion	X	0.000	0.000	\$ -	\$ -	
86965		Pooling blood platelets	X	0.000	0.000	\$ -	\$ -	
86970		RBC pretreatment	X	0.000	0.000	\$ -	\$ -	
86971		RBC pretreatment	X	0.000	0.000	\$ -	\$ -	
86972		RBC pretreatment	X	0.000	0.000	\$ -	\$ -	
86975		RBC pretreatment, serum	X	0.000	0.000	\$ -	\$ -	
86976		RBC pretreatment, serum	X	0.000	0.000	\$ -	\$ -	
86977		RBC pretreatment, serum	X	0.000	0.000	\$ -	\$ -	

HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
86978		RBC pretreatment, serum	X	0.000	0.000	\$ -	\$ -	
86985		Split blood or products	X	0.000	0.000	\$ -	\$ -	
86999		Transfusion procedure	X	0.000	0.000	\$ -	\$ -	
87001		Small animal inoculation	X	0.000	0.000	\$ -	\$ -	
87003		Small animal inoculation	X	0.000	0.000	\$ -	\$ -	
87015		Specimen concentration	X	0.000	0.000	\$ -	\$ -	
87040		Blood culture for bacteria	X	0.000	0.000	\$ -	\$ -	
87045		Feces culture, bacteria	X	0.000	0.000	\$ -	\$ -	
87046		Stool cultr, bacteria, each	X	0.000	0.000	\$ -	\$ -	
87070		Culture, bacteria, other	X	0.000	0.000	\$ -	\$ -	
87071		Culture bacteri aerobic othr	X	0.000	0.000	\$ -	\$ -	
87073		Culture bacteria anaerobic	X	0.000	0.000	\$ -	\$ -	
87075		Cultr bacteria, except blood	X	0.000	0.000	\$ -	\$ -	
87076		Culture anaerobe ident, each	X	0.000	0.000	\$ -	\$ -	
87077		Culture aerobic identify	X	0.000	0.000	\$ -	\$ -	
87081		Culture screen only	X	0.000	0.000	\$ -	\$ -	
87084		Culture of specimen by kit	X	0.000	0.000	\$ -	\$ -	
87086		Urine culture/colony count	X	0.000	0.000	\$ -	\$ -	
87088		Urine bacteria culture	X	0.000	0.000	\$ -	\$ -	
87101		Skin fungi culture	X	0.000	0.000	\$ -	\$ -	
87102		Fungus isolation culture	X	0.000	0.000	\$ -	\$ -	
87103		Blood fungus culture	X	0.000	0.000	\$ -	\$ -	
87106		Fungi identification, yeast	X	0.000	0.000	\$ -	\$ -	
87107		Fungi identification, mold	X	0.000	0.000	\$ -	\$ -	
87109		Mycoplasma	X	0.000	0.000	\$ -	\$ -	
87110		Chlamydia culture	X	0.000	0.000	\$ -	\$ -	
87116		Mycobacteria culture	X	0.000	0.000	\$ -	\$ -	
87118		Mycobacteric identification	X	0.000	0.000	\$ -	\$ -	
87140		Culture type immunofluoresc	X	0.000	0.000	\$ -	\$ -	
87143		Culture typing, glc/hplc	X	0.000	0.000	\$ -	\$ -	
87147		Culture type, immunologic	X	0.000	0.000	\$ -	\$ -	
87149		Culture type, nucleic acid	X	0.000	0.000	\$ -	\$ -	
87152		Culture type pulse field gel	X	0.000	0.000	\$ -	\$ -	
87158		Culture typing, added method	X	0.000	0.000	\$ -	\$ -	
87164		Dark field examination	X	0.000	0.000	\$ -	\$ -	
87164	26	Dark field examination	A	0.511	0.511	\$ 21.17	\$ 21.17	
87166		Dark field examination	X	0.000	0.000	\$ -	\$ -	
87168		Macroscopic exam arthropod	X	0.000	0.000	\$ -	\$ -	
87169		Macroscopic exam parasite	X	0.000	0.000	\$ -	\$ -	
87172		Pinworm exam	X	0.000	0.000	\$ -	\$ -	
87176		Tissue homogenization, cultr	X	0.000	0.000	\$ -	\$ -	
87177		Ova and parasites smears	X	0.000	0.000	\$ -	\$ -	
87181		Microbe susceptible, diffuse	X	0.000	0.000	\$ -	\$ -	
87184		Microbe susceptible, disk	X	0.000	0.000	\$ -	\$ -	
87185		Microbe susceptible, enzyme	X	0.000	0.000	\$ -	\$ -	
87186		Microbe susceptible, mic	X	0.000	0.000	\$ -	\$ -	
87187		Microbe susceptible, mlc	X	0.000	0.000	\$ -	\$ -	
87188		Microbe suscept, macrobroth	X	0.000	0.000	\$ -	\$ -	
87190		Microbe suscept, mycobacteri	X	0.000	0.000	\$ -	\$ -	
87197		Bactericidal level, serum	X	0.000	0.000	\$ -	\$ -	
87205		Smear, gram stain	X	0.000	0.000	\$ -	\$ -	
87206		Smear, fluorescent/acid stai	X	0.000	0.000	\$ -	\$ -	
87207		Smear, special stain	X	0.000	0.000	\$ -	\$ -	
87207	26	Smear, special stain	A	0.545	0.554	\$ 22.58	\$ 22.93	
87210		Smear, wet mount, saline/ink	X	0.000	0.000	\$ -	\$ -	
87220		Tissue exam for fungi	X	0.000	0.000	\$ -	\$ -	
87230		Assay, toxin or antitoxin	X	0.000	0.000	\$ -	\$ -	
87250		Virus inoculate, eggs/animal	X	0.000	0.000	\$ -	\$ -	
87252		Virus inoculation, tissue	X	0.000	0.000	\$ -	\$ -	
87253		Virus inoculate tissue, addl	X	0.000	0.000	\$ -	\$ -	
87254		Virus inoculation, shell via	X	0.000	0.000	\$ -	\$ -	

HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
87255		Genet virus isolate, hsv	X	0.000	0.000	\$ -	\$ -	
87260		Adenovirus ag, if	X	0.000	0.000	\$ -	\$ -	
87265		Pertussis ag, if	X	0.000	0.000	\$ -	\$ -	
87267		Enterovirus antibody, dfa	X	0.000	0.000	\$ -	\$ -	
87269		Giardia ag, if	X	0.000	0.000	\$ -	\$ -	
87270		Chlamydia trachomatis ag, if	X	0.000	0.000	\$ -	\$ -	
87271		Cryptosporidium/gardia ag, if	X	0.000	0.000	\$ -	\$ -	
87272		Cryptosporidium ag, if	X	0.000	0.000	\$ -	\$ -	
87273		Herpes simplex 2, ag, if	X	0.000	0.000	\$ -	\$ -	
87274		Herpes simplex 1, ag, if	X	0.000	0.000	\$ -	\$ -	
87275		Influenza b, ag, if	X	0.000	0.000	\$ -	\$ -	
87276		Influenza a, ag, if	X	0.000	0.000	\$ -	\$ -	
87277		Legionella micdadei, ag, if	X	0.000	0.000	\$ -	\$ -	
87278		Legion pneumophilia ag, if	X	0.000	0.000	\$ -	\$ -	
87279		Parainfluenza, ag, if	X	0.000	0.000	\$ -	\$ -	
87280		Respiratory syncytial ag, if	X	0.000	0.000	\$ -	\$ -	
87281		Pneumocystis carinii, ag, if	X	0.000	0.000	\$ -	\$ -	
87283		Rubeola, ag, if	X	0.000	0.000	\$ -	\$ -	
87285		Treponema pallidum, ag, if	X	0.000	0.000	\$ -	\$ -	
87290		Varicella zoster, ag, if	X	0.000	0.000	\$ -	\$ -	
87299		Antibody detection, nos, if	X	0.000	0.000	\$ -	\$ -	
87300		Ag detection, polyval, if	X	0.000	0.000	\$ -	\$ -	
87301		Adenovirus ag, eia	X	0.000	0.000	\$ -	\$ -	
87320		Chylmd trach ag, eia	X	0.000	0.000	\$ -	\$ -	
87324		Clostridium ag, eia	X	0.000	0.000	\$ -	\$ -	
87327		Cryptococcus neoform ag, eia	X	0.000	0.000	\$ -	\$ -	
87328		Cryptosporidium ag, eia	X	0.000	0.000	\$ -	\$ -	
87329		Giardia ag, eia	X	0.000	0.000	\$ -	\$ -	
87332		Cytomegalovirus ag, eia	X	0.000	0.000	\$ -	\$ -	
87335		E coli 0157 ag, eia	X	0.000	0.000	\$ -	\$ -	
87336		Entamoeb hist dispr, ag, eia	X	0.000	0.000	\$ -	\$ -	
87337		Entamoeb hist group, ag, eia	X	0.000	0.000	\$ -	\$ -	
87338		Hpylori, stool, eia	X	0.000	0.000	\$ -	\$ -	
87339		H pylori ag, eia	X	0.000	0.000	\$ -	\$ -	
87340		Hepatitis b surface ag, eia	X	0.000	0.000	\$ -	\$ -	
87341		Hepatitis b surface, ag, eia	X	0.000	0.000	\$ -	\$ -	
87350		Hepatitis be ag, eia	X	0.000	0.000	\$ -	\$ -	
87380		Hepatitis delta ag, eia	X	0.000	0.000	\$ -	\$ -	
87385		Histoplasma capsul ag, eia	X	0.000	0.000	\$ -	\$ -	
87390		Hiv-1 ag, eia	X	0.000	0.000	\$ -	\$ -	
87391		Hiv-2 ag, eia	X	0.000	0.000	\$ -	\$ -	
87400		Influenza a/b, ag, eia	X	0.000	0.000	\$ -	\$ -	
87420		Resp syncytial ag, eia	X	0.000	0.000	\$ -	\$ -	
87425		Rotavirus ag, eia	X	0.000	0.000	\$ -	\$ -	
87427		Shiga-like toxin ag, eia	X	0.000	0.000	\$ -	\$ -	
87430		Strep a ag, eia	X	0.000	0.000	\$ -	\$ -	
87449		Ag detect nos, eia, mult	X	0.000	0.000	\$ -	\$ -	
87450		Ag detect nos, eia, single	X	0.000	0.000	\$ -	\$ -	
87451		Ag detect polyval, eia, mult	X	0.000	0.000	\$ -	\$ -	
87470		Bartonella, dna, dir probe	X	0.000	0.000	\$ -	\$ -	
87471		Bartonella, dna, amp probe	X	0.000	0.000	\$ -	\$ -	
87472		Bartonella, dna, quant	X	0.000	0.000	\$ -	\$ -	
87475		Lyme dis, dna, dir probe	X	0.000	0.000	\$ -	\$ -	
87476		Lyme dis, dna, amp probe	X	0.000	0.000	\$ -	\$ -	
87477		Lyme dis, dna, quant	X	0.000	0.000	\$ -	\$ -	
87480		Candida, dna, dir probe	X	0.000	0.000	\$ -	\$ -	
87481		Candida, dna, amp probe	X	0.000	0.000	\$ -	\$ -	
87482		Candida, dna, quant	X	0.000	0.000	\$ -	\$ -	
87485		Chylmd pneum, dna, dir probe	X	0.000	0.000	\$ -	\$ -	
87486		Chylmd pneum, dna, amp probe	X	0.000	0.000	\$ -	\$ -	
87487		Chylmd pneum, dna, quant	X	0.000	0.000	\$ -	\$ -	



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				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
87490		Chylmd trach, dna, dir probe	X	0.000	0.000	\$ -	\$ -	-
87491		Chylmd trach, dna, amp probe	X	0.000	0.000	\$ -	\$ -	-
87492		Chylmd trach, dna, quant	X	0.000	0.000	\$ -	\$ -	-
87495		Cytomeg, dna, dir probe	X	0.000	0.000	\$ -	\$ -	-
87496		Cytomeg, dna, amp probe	X	0.000	0.000	\$ -	\$ -	-
87497		Cytomeg, dna, quant	X	0.000	0.000	\$ -	\$ -	-
87510		Gardner vag, dna, dir probe	X	0.000	0.000	\$ -	\$ -	-
87511		Gardner vag, dna, amp probe	X	0.000	0.000	\$ -	\$ -	-
87512		Gardner vag, dna, quant	X	0.000	0.000	\$ -	\$ -	-
87515		Hepatitis b, dna, dir probe	X	0.000	0.000	\$ -	\$ -	-
87516		Hepatitis b, dna, amp probe	X	0.000	0.000	\$ -	\$ -	-
87517		Hepatitis b, dna, quant	X	0.000	0.000	\$ -	\$ -	-
87520		Hepatitis c, rna, dir probe	X	0.000	0.000	\$ -	\$ -	-
87521		Hepatitis c, rna, amp probe	X	0.000	0.000	\$ -	\$ -	-
87522		Hepatitis c, rna, quant	X	0.000	0.000	\$ -	\$ -	-
87525		Hepatitis g, dna, dir probe	X	0.000	0.000	\$ -	\$ -	-
87526		Hepatitis g, dna, amp probe	X	0.000	0.000	\$ -	\$ -	-
87527		Hepatitis g, dna, quant	X	0.000	0.000	\$ -	\$ -	-
87528		Hsv, dna, dir probe	X	0.000	0.000	\$ -	\$ -	-
87529		Hsv, dna, amp probe	X	0.000	0.000	\$ -	\$ -	-
87530		Hsv, dna, quant	X	0.000	0.000	\$ -	\$ -	-
87531		Hhv-6, dna, dir probe	X	0.000	0.000	\$ -	\$ -	-
87532		Hhv-6, dna, amp probe	X	0.000	0.000	\$ -	\$ -	-
87533		Hhv-6, dna, quant	X	0.000	0.000	\$ -	\$ -	-
87534		Hiv-1, dna, dir probe	X	0.000	0.000	\$ -	\$ -	-
87535		Hiv-1, dna, amp probe	X	0.000	0.000	\$ -	\$ -	-
87536		Hiv-1, dna, quant	X	0.000	0.000	\$ -	\$ -	-
87537		Hiv-2, dna, dir probe	X	0.000	0.000	\$ -	\$ -	-
87538		Hiv-2, dna, amp probe	X	0.000	0.000	\$ -	\$ -	-
87539		Hiv-2, dna, quant	X	0.000	0.000	\$ -	\$ -	-
87540		Legion pneumo, dna, dir prob	X	0.000	0.000	\$ -	\$ -	-
87541		Legion pneumo, dna, amp prob	X	0.000	0.000	\$ -	\$ -	-
87542		Legion pneumo, dna, quant	X	0.000	0.000	\$ -	\$ -	-
87550		Mycobacteria, dna, dir probe	X	0.000	0.000	\$ -	\$ -	-
87551		Mycobacteria, dna, amp probe	X	0.000	0.000	\$ -	\$ -	-
87552		Mycobacteria, dna, quant	X	0.000	0.000	\$ -	\$ -	-
87555		M.tuberculo, dna, dir probe	X	0.000	0.000	\$ -	\$ -	-
87556		M.tuberculo, dna, amp probe	X	0.000	0.000	\$ -	\$ -	-
87557		M.tuberculo, dna, quant	X	0.000	0.000	\$ -	\$ -	-
87560		M.avium-intra, dna, dir prob	X	0.000	0.000	\$ -	\$ -	-
87561		M.avium-intra, dna, amp prob	X	0.000	0.000	\$ -	\$ -	-
87562		M.avium-intra, dna, quant	X	0.000	0.000	\$ -	\$ -	-
87580		M.pneumon, dna, dir probe	X	0.000	0.000	\$ -	\$ -	-
87581		M.pneumon, dna, amp probe	X	0.000	0.000	\$ -	\$ -	-
87582		M.pneumon, dna, quant	X	0.000	0.000	\$ -	\$ -	-
87590		N.gonorrhoeae, dna, dir prob	X	0.000	0.000	\$ -	\$ -	-
87591		N.gonorrhoeae, dna, amp prob	X	0.000	0.000	\$ -	\$ -	-
87592		N.gonorrhoeae, dna, quant	X	0.000	0.000	\$ -	\$ -	-
87620		Hpv, dna, dir probe	X	0.000	0.000	\$ -	\$ -	-
87621		Hpv, dna, amp probe	X	0.000	0.000	\$ -	\$ -	-
87622		Hpv, dna, quant	X	0.000	0.000	\$ -	\$ -	-
87650		Strep a, dna, dir probe	X	0.000	0.000	\$ -	\$ -	-
87651		Strep a, dna, amp probe	X	0.000	0.000	\$ -	\$ -	-
87652		Strep a, dna, quant	X	0.000	0.000	\$ -	\$ -	-
87660		Trichomonas vagin, dir probe	X	0.000	0.000	\$ -	\$ -	-
87797		Detect agent nos, dna, dir	X	0.000	0.000	\$ -	\$ -	-
87798		Detect agent nos, dna, amp	X	0.000	0.000	\$ -	\$ -	-
87799		Detect agent nos, dna, quant	X	0.000	0.000	\$ -	\$ -	-
87800		Detect agnt mult, dna, direc	X	0.000	0.000	\$ -	\$ -	-
87801		Detect agnt mult, dna, ampli	X	0.000	0.000	\$ -	\$ -	-
87802		Strep b assay w/optic	X	0.000	0.000	\$ -	\$ -	-

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87803		Clostridium toxin a w/optic	X	0.000	0.000	\$ -	\$ -	
87804		Influenza assay w/optic	X	0.000	0.000	\$ -	\$ -	
87810		Chylmd trach assay w/optic	X	0.000	0.000	\$ -	\$ -	
87850		N. gonorrhoeae assay w/optic	X	0.000	0.000	\$ -	\$ -	
87880		Strep a assay w/optic	X	0.000	0.000	\$ -	\$ -	
87899		Agent nos assay w/optic	X	0.000	0.000	\$ -	\$ -	
87901		Genotype, dna, hiv reverse t	X	0.000	0.000	\$ -	\$ -	
87902		Genotype, dna, hepatitis C	X	0.000	0.000	\$ -	\$ -	
87903		Phenotype, dna hiv w/culture	X	0.000	0.000	\$ -	\$ -	
87904		Phenotype, dna hiv w/clt add	X	0.000	0.000	\$ -	\$ -	
87999		Microbiology procedure	X	0.000	0.000	\$ -	\$ -	
88000		Autopsy (necropsy), gross	N	0.000	0.000	\$ -	\$ -	
88005		Autopsy (necropsy), gross	N	0.000	0.000	\$ -	\$ -	
88007		Autopsy (necropsy), gross	N	0.000	0.000	\$ -	\$ -	
88012		Autopsy (necropsy), gross	N	0.000	0.000	\$ -	\$ -	
88014		Autopsy (necropsy), gross	N	0.000	0.000	\$ -	\$ -	
88016		Autopsy (necropsy), gross	N	0.000	0.000	\$ -	\$ -	
88020		Autopsy (necropsy), complete	N	0.000	0.000	\$ -	\$ -	
88025		Autopsy (necropsy), complete	N	0.000	0.000	\$ -	\$ -	
88027		Autopsy (necropsy), complete	N	0.000	0.000	\$ -	\$ -	
88028		Autopsy (necropsy), complete	N	0.000	0.000	\$ -	\$ -	
88029		Autopsy (necropsy), complete	N	0.000	0.000	\$ -	\$ -	
88036		Limited autopsy	N	0.000	0.000	\$ -	\$ -	
88037		Limited autopsy	N	0.000	0.000	\$ -	\$ -	
88040		Forensic autopsy (necropsy)	N	0.000	0.000	\$ -	\$ -	
88045		Coroner's autopsy (necropsy)	N	0.000	0.000	\$ -	\$ -	
88099		Necropsy (autopsy) procedure	N	0.000	0.000	\$ -	\$ -	
88104		Cytopathology, fluids	A	1.355	1.355	\$ 56.10	\$ 56.10	
88104	TC	Cytopathology, fluids	A	0.504	0.504	\$ 20.86	\$ 20.86	
88104	26	Cytopathology, fluids	A	0.851	0.851	\$ 35.24	\$ 35.24	
88106		Cytopathology, fluids	A	1.245	1.245	\$ 51.53	\$ 51.53	
88106	TC	Cytopathology, fluids	A	0.393	0.393	\$ 16.28	\$ 16.28	
88106	26	Cytopathology, fluids	A	0.851	0.851	\$ 35.24	\$ 35.24	
88107		Cytopathology, fluids	A	1.830	1.830	\$ 75.74	\$ 75.74	
88107	TC	Cytopathology, fluids	A	0.623	0.623	\$ 25.78	\$ 25.78	
88107	26	Cytopathology, fluids	A	1.207	1.207	\$ 49.95	\$ 49.95	
88108		Cytopath, concentrate tech	A	1.406	1.406	\$ 58.21	\$ 58.21	
88108	TC	Cytopath, concentrate tech	A	0.555	0.555	\$ 22.97	\$ 22.97	
88108	26	Cytopath, concentrate tech	A	0.851	0.851	\$ 35.24	\$ 35.24	
88112		Cytopath, cell enhance tech	A	3.179	3.179	\$ 131.57	\$ 131.57	
88112	TC	Cytopath, cell enhance tech	A	1.328	1.328	\$ 54.98	\$ 54.98	
88112	26	Cytopath, cell enhance tech	A	1.850	1.850	\$ 76.59	\$ 76.59	
88125		Forensic cytopathology	A	0.560	0.560	\$ 23.18	\$ 23.18	
88125	TC	Forensic cytopathology	A	0.158	0.158	\$ 6.56	\$ 6.56	
88125	26	Forensic cytopathology	A	0.401	0.401	\$ 16.62	\$ 16.62	
88130		Sex chromatin identification	X	0.000	0.000	\$ -	\$ -	
88140		Sex chromatin identification	X	0.000	0.000	\$ -	\$ -	
88141		Cytopath, c/v, interpret	A	0.612	0.612	\$ 25.35	\$ 25.35	
88142		Cytopath, c/v, thin layer	X	0.000	0.000	\$ -	\$ -	
88143		Cytopath c/v thin layer redo	X	0.000	0.000	\$ -	\$ -	
88147		Cytopath, c/v, automated	X	0.000	0.000	\$ -	\$ -	
88148		Cytopath, c/v, auto rescreen	X	0.000	0.000	\$ -	\$ -	
88150		Cytopath, c/v, manual	X	0.000	0.000	\$ -	\$ -	
88152		Cytopath, c/v, auto redo	X	0.000	0.000	\$ -	\$ -	
88153		Cytopath, c/v, redo	X	0.000	0.000	\$ -	\$ -	
88154		Cytopath, c/v, select	X	0.000	0.000	\$ -	\$ -	
88155		Cytopath, c/v, index add-on	X	0.000	0.000	\$ -	\$ -	
88160		Cytopath smear, other source	A	1.440	1.440	\$ 59.60	\$ 59.60	
88160	TC	Cytopath smear, other source	A	0.674	0.674	\$ 27.89	\$ 27.89	
88160	26	Cytopath smear, other source	A	0.766	0.766	\$ 31.70	\$ 31.70	
88161		Cytopath smear, other source	A	1.406	1.406	\$ 58.19	\$ 58.19	



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88161	TC	Cytopath smear, other source	A	0.640	0.640	\$ 26.49	\$ 26.49	
88161	26	Cytopath smear, other source	A	0.766	0.766	\$ 31.70	\$ 31.70	
88162		Cytopath smear, other source	A	1.575	1.575	\$ 65.18	\$ 65.18	
88162	TC	Cytopath smear, other source	A	0.368	0.368	\$ 15.23	\$ 15.23	
88162	26	Cytopath smear, other source	A	1.207	1.207	\$ 49.95	\$ 49.95	
88164		Cytopath tbs, c/v, manual	X	0.000	0.000	\$ -	\$ -	
88165		Cytopath tbs, c/v, redo	X	0.000	0.000	\$ -	\$ -	
88166		Cytopath tbs, c/v, auto redo	X	0.000	0.000	\$ -	\$ -	
88167		Cytopath tbs, c/v, select	X	0.000	0.000	\$ -	\$ -	
88172		Cytopathology eval of fna	A	1.319	1.319	\$ 54.59	\$ 54.59	
88172	TC	Cytopathology eval of fna	A	0.410	0.410	\$ 16.99	\$ 16.99	
88172	26	Cytopathology eval of fna	A	0.908	0.908	\$ 37.60	\$ 37.60	
88173		Cytopath eval, fna, report	A	3.193	3.193	\$ 132.17	\$ 132.17	
88173	TC	Cytopath eval, fna, report	A	1.056	1.056	\$ 43.73	\$ 43.73	
88173	26	Cytopath eval, fna, report	A	2.137	2.137	\$ 88.44	\$ 88.44	
88174		Cytopath, c/v auto, in fluid	X	0.000	0.000	\$ -	\$ -	
88175		Cytopath c/v auto fluid redo	X	0.000	0.000	\$ -	\$ -	
88180		Cell marker study	A	1.694	1.694	\$ 70.11	\$ 70.11	
88180	TC	Cell marker study	A	1.158	1.158	\$ 47.95	\$ 47.95	
88180	26	Cell marker study	A	0.535	0.535	\$ 22.16	\$ 22.16	
88182		Cell marker study	A	2.437	2.437	\$ 100.88	\$ 100.88	
88182	TC	Cell marker study	A	1.220	1.220	\$ 50.51	\$ 50.51	
88182	26	Cell marker study	A	1.217	1.217	\$ 50.37	\$ 50.37	
88199		Cytopathology procedure	C	0.000	0.000	\$ -	\$ -	
88199	TC	Cytopathology procedure	C	0.000	0.000	\$ -	\$ -	
88199	26	Cytopathology procedure	C	0.000	0.000	\$ -	\$ -	
88230		Tissue culture, lymphocyte	X	0.000	0.000	\$ -	\$ -	
88233		Tissue culture, skin/biopsy	X	0.000	0.000	\$ -	\$ -	
88235		Tissue culture, placenta	X	0.000	0.000	\$ -	\$ -	
88237		Tissue culture, bone marrow	X	0.000	0.000	\$ -	\$ -	
88239		Tissue culture, tumor	X	0.000	0.000	\$ -	\$ -	
88240		Cell cryopreserve/storage	X	0.000	0.000	\$ -	\$ -	
88241		Frozen cell preparation	X	0.000	0.000	\$ -	\$ -	
88245		Chromosome analysis, 20-25	X	0.000	0.000	\$ -	\$ -	
88248		Chromosome analysis, 50-100	X	0.000	0.000	\$ -	\$ -	
88249		Chromosome analysis, 100	X	0.000	0.000	\$ -	\$ -	
88261		Chromosome analysis, 5	X	0.000	0.000	\$ -	\$ -	
88262		Chromosome analysis, 15-20	X	0.000	0.000	\$ -	\$ -	
88263		Chromosome analysis, 45	X	0.000	0.000	\$ -	\$ -	
88264		Chromosome analysis, 20-25	X	0.000	0.000	\$ -	\$ -	
88267		Chromosome analys, placenta	X	0.000	0.000	\$ -	\$ -	
88269		Chromosome analys, amniotic	X	0.000	0.000	\$ -	\$ -	
88271		Cytogenetics, dna probe	X	0.000	0.000	\$ -	\$ -	
88272		Cytogenetics, 3-5	X	0.000	0.000	\$ -	\$ -	
88273		Cytogenetics, 10-30	X	0.000	0.000	\$ -	\$ -	
88274		Cytogenetics, 25-99	X	0.000	0.000	\$ -	\$ -	
88275		Cytogenetics, 100-300	X	0.000	0.000	\$ -	\$ -	
88280		Chromosome karyotype study	X	0.000	0.000	\$ -	\$ -	
88283		Chromosome banding study	X	0.000	0.000	\$ -	\$ -	
88285		Chromosome count, additional	X	0.000	0.000	\$ -	\$ -	
88289		Chromosome study, additional	X	0.000	0.000	\$ -	\$ -	
88291		Cyto/molecular report	A	0.837	0.837	\$ 34.64	\$ 34.64	
88299		Cytogenetic study	C	0.000	0.000	\$ -	\$ -	
88300		Surgical path, gross	A	0.397	0.397	\$ 16.43	\$ 16.43	
88300	TC	Surgical path, gross	A	0.243	0.243	\$ 10.08	\$ 10.08	
88300	26	Surgical path, gross	A	0.153	0.153	\$ 6.35	\$ 6.35	
88302		Tissue exam by pathologist	A	0.835	0.835	\$ 34.56	\$ 34.56	
88302	TC	Tissue exam by pathologist	A	0.614	0.614	\$ 25.43	\$ 25.43	
88302	26	Tissue exam by pathologist	A	0.220	0.220	\$ 9.13	\$ 9.13	
88304		Tissue exam by pathologist	A	1.078	1.078	\$ 44.62	\$ 44.62	
88304	TC	Tissue exam by pathologist	A	0.733	0.733	\$ 30.36	\$ 30.36	

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88304	26	Tissue exam by pathologist	A	0.344	0.344	\$ 14.26	\$ 14.26	
88305		Tissue exam by pathologist	A	2.466	2.466	\$ 102.06	\$ 102.06	
88305	TC	Tissue exam by pathologist	A	1.348	1.348	\$ 55.79	\$ 55.79	
88305	26	Tissue exam by pathologist	A	1.118	1.118	\$ 46.27	\$ 46.27	
88307		Tissue exam by pathologist	A	4.356	4.356	\$ 180.28	\$ 180.28	
88307	TC	Tissue exam by pathologist	A	1.903	1.903	\$ 78.76	\$ 78.76	
88307	26	Tissue exam by pathologist	A	2.453	2.453	\$ 101.52	\$ 101.52	
88309		Tissue exam by pathologist	A	5.674	5.674	\$ 234.85	\$ 234.85	
88309	TC	Tissue exam by pathologist	A	2.149	2.149	\$ 88.96	\$ 88.96	
88309	26	Tissue exam by pathologist	A	3.525	3.525	\$ 145.89	\$ 145.89	
88311		Decalcify tissue	A	0.489	0.489	\$ 20.24	\$ 20.24	
88311	TC	Decalcify tissue	A	0.116	0.116	\$ 4.80	\$ 4.80	
88311	26	Decalcify tissue	A	0.373	0.373	\$ 15.44	\$ 15.44	
88312		Special stains	A	1.806	1.806	\$ 74.75	\$ 74.75	
88312	TC	Special stains	A	0.983	0.983	\$ 40.69	\$ 40.69	
88312	26	Special stains	A	0.823	0.823	\$ 34.06	\$ 34.06	
88313		Special stains	A	1.245	1.245	\$ 51.55	\$ 51.55	
88313	TC	Special stains	A	0.872	0.872	\$ 36.11	\$ 36.11	
88313	26	Special stains	A	0.373	0.373	\$ 15.44	\$ 15.44	
88314		Histochemical stain	A	1.364	1.364	\$ 56.47	\$ 56.47	
88314	TC	Histochemical stain	A	0.665	0.665	\$ 27.54	\$ 27.54	
88314	26	Histochemical stain	A	0.699	0.699	\$ 28.93	\$ 28.93	
88318		Chemical histochemistry	A	1.179	1.179	\$ 48.80	\$ 48.80	
88318	TC	Chemical histochemistry	A	0.558	0.558	\$ 23.09	\$ 23.09	
88318	26	Chemical histochemistry	A	0.621	0.621	\$ 25.70	\$ 25.70	
88319		Enzyme histochemistry	A	2.294	2.294	\$ 94.97	\$ 94.97	
88319	TC	Enzyme histochemistry	A	1.490	1.490	\$ 61.67	\$ 61.67	
88319	26	Enzyme histochemistry	A	0.804	0.804	\$ 33.30	\$ 33.30	
88321		Microslide consultation	A	1.973	2.194	\$ 81.68	\$ 90.82	
88323		Microslide consultation	A	2.890	2.890	\$ 119.61	\$ 119.61	
88323	TC	Microslide consultation	A	0.801	0.801	\$ 33.17	\$ 33.17	
88323	26	Microslide consultation	A	2.088	2.088	\$ 86.44	\$ 86.44	
88325		Comprehensive review of data	A	3.439	5.080	\$ 142.35	\$ 210.25	
88329		Path consult introp	A	1.004	1.284	\$ 41.55	\$ 53.16	
88331		Path consult intraop, 1 bloc	A	2.378	2.378	\$ 98.44	\$ 98.44	
88331	TC	Path consult intraop, 1 bloc	A	0.549	0.549	\$ 22.72	\$ 22.72	
88331	26	Path consult intraop, 1 bloc	A	1.829	1.829	\$ 75.72	\$ 75.72	
88332		Path consult intraop, add'l	A	1.173	1.173	\$ 48.55	\$ 48.55	
88332	TC	Path consult intraop, add'l	A	0.283	0.283	\$ 11.71	\$ 11.71	
88332	26	Path consult intraop, add'l	A	0.890	0.890	\$ 36.83	\$ 36.83	
88342		Immunohistochemistry	A	2.234	2.234	\$ 92.48	\$ 92.48	
88342	TC	Immunohistochemistry	A	0.912	0.912	\$ 37.75	\$ 37.75	
88342	26	Immunohistochemistry	A	1.322	1.322	\$ 54.73	\$ 54.73	
88346		Immunofluorescent study	A	2.321	2.321	\$ 96.06	\$ 96.06	
88346	TC	Immunofluorescent study	A	0.988	0.988	\$ 40.91	\$ 40.91	
88346	26	Immunofluorescent study	A	1.332	1.332	\$ 55.15	\$ 55.15	
88347		Immunofluorescent study	A	2.593	2.593	\$ 107.32	\$ 107.32	
88347	TC	Immunofluorescent study	A	1.269	1.269	\$ 52.52	\$ 52.52	
88347	26	Immunofluorescent study	A	1.324	1.324	\$ 54.80	\$ 54.80	
88348		Electron microscopy	A	9.223	9.223	\$ 381.73	\$ 381.73	
88348	TC	Electron microscopy	A	6.923	6.923	\$ 286.56	\$ 286.56	
88348	26	Electron microscopy	A	2.299	2.299	\$ 95.17	\$ 95.17	
88349		Scanning electron microscopy	A	9.646	9.646	\$ 399.26	\$ 399.26	
88349	TC	Scanning electron microscopy	A	8.439	8.439	\$ 349.30	\$ 349.30	
88349	26	Scanning electron microscopy	A	1.207	1.207	\$ 49.95	\$ 49.95	
88355		Analysis, skeletal muscle	A	4.613	4.613	\$ 190.92	\$ 190.92	
88355	TC	Analysis, skeletal muscle	A	1.767	1.767	\$ 73.13	\$ 73.13	
88355	26	Analysis, skeletal muscle	A	2.846	2.846	\$ 117.79	\$ 117.79	
88356		Analysis, nerve	A	6.210	6.210	\$ 257.01	\$ 257.01	
88356	TC	Analysis, nerve	A	1.636	1.636	\$ 67.73	\$ 67.73	
88356	26	Analysis, nerve	A	4.573	4.573	\$ 189.28	\$ 189.28	

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				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
88358		Analysis, tumor	A	2.873	2.873	\$ 118.91	\$ 118.91	
88358	TC	Analysis, tumor	A	0.404	0.404	\$ 16.71	\$ 16.71	
88358	26	Analysis, tumor	A	2.469	2.469	\$ 102.20	\$ 102.20	
88361		Immunohistochemistry, tumor	A	3.892	3.892	\$ 161.07	\$ 161.07	
88361	TC	Immunohistochemistry, tumor	A	2.129	2.129	\$ 88.13	\$ 88.13	
88361	26	Immunohistochemistry, tumor	A	1.762	1.762	\$ 72.94	\$ 72.94	
88362		Nerve teasing preparations	A	6.463	6.463	\$ 267.49	\$ 267.49	
88362	TC	Nerve teasing preparations	A	3.186	3.186	\$ 131.88	\$ 131.88	
88362	26	Nerve teasing preparations	A	3.276	3.276	\$ 135.61	\$ 135.61	
88365		Tissue hybridization	A	3.045	3.045	\$ 126.05	\$ 126.05	
88365	TC	Tissue hybridization	A	1.609	1.609	\$ 66.59	\$ 66.59	
88365	26	Tissue hybridization	A	1.436	1.436	\$ 59.45	\$ 59.45	
88371		Protein, western blot tissue	X	0.000	0.000	\$ -	\$ -	
88371	26	Protein, western blot tissue	A	0.520	0.520	\$ 21.52	\$ 21.52	
88372		Protein analysis w/probe	X	0.000	0.000	\$ -	\$ -	
88372	26	Protein analysis w/probe	A	0.554	0.554	\$ 22.93	\$ 22.93	
88380		Microdissection	C	0.000	0.000	\$ -	\$ -	
88380	TC	Microdissection	C	0.000	0.000	\$ -	\$ -	
88380	26	Microdissection	C	0.000	0.000	\$ -	\$ -	
88399		Surgical pathology procedure	C	0.000	0.000	\$ -	\$ -	
88399	TC	Surgical pathology procedure	C	0.000	0.000	\$ -	\$ -	
88399	26	Surgical pathology procedure	C	0.000	0.000	\$ -	\$ -	
88400		Bilirubin total transcut	X	0.000	0.000	\$ -	\$ -	
89050		Body fluid cell count	X	0.000	0.000	\$ -	\$ -	
89051		Body fluid cell count	X	0.000	0.000	\$ -	\$ -	
89055		Leukocyte assessment, fecal	X	0.000	0.000	\$ -	\$ -	
89060		Exam,synovial fluid crystals	X	0.000	0.000	\$ -	\$ -	
89060	26	Exam,synovial fluid crystals	A	0.545	0.554	\$ 22.58	\$ 22.93	
89100		Sample intestinal contents	A	0.866	2.039	\$ 35.84	\$ 84.39	
89105		Sample intestinal contents	A	0.723	2.483	\$ 29.94	\$ 102.77	
89125		Specimen fat stain	X	0.000	0.000	\$ -	\$ -	
89130		Sample stomach contents	A	0.639	2.008	\$ 26.47	\$ 83.11	
89132		Sample stomach contents	A	0.280	1.487	\$ 11.61	\$ 61.57	
89135		Sample stomach contents	A	1.160	2.299	\$ 48.03	\$ 95.17	
89136		Sample stomach contents	A	0.326	1.609	\$ 13.49	\$ 66.62	
89140		Sample stomach contents	A	1.336	2.849	\$ 55.29	\$ 117.92	
89141		Sample stomach contents	A	1.297	3.320	\$ 53.68	\$ 137.41	
89160		Exam feces for meat fibers	X	0.000	0.000	\$ -	\$ -	
89190		Nasal smear for eosinophils	X	0.000	0.000	\$ -	\$ -	
89220		Sputum specimen collection	X	0.000	0.000	\$ -	\$ -	
89225		Starch granules, feces	X	0.000	0.000	\$ -	\$ -	
89230		Collect sweat for test	X	0.000	0.000	\$ -	\$ -	
89235		Water load test	X	0.000	0.000	\$ -	\$ -	
89240		Pathology lab procedure	X	0.000	0.000	\$ -	\$ -	
89250		Cultr oocyte/embryo <4 days	X	0.000	0.000	\$ -	\$ -	
89251		Cultr oocyte/embryo <4 days	X	0.000	0.000	\$ -	\$ -	
89252		Assist oocyte fertilization	D	0.000	0.000	\$ -	\$ -	
89253		Embryo hatching	X	0.000	0.000	\$ -	\$ -	
89254		Oocyte identification	X	0.000	0.000	\$ -	\$ -	
89255		Prepare embryo for transfer	X	0.000	0.000	\$ -	\$ -	
89256		Prepare cryopreserved embryo	D	0.000	0.000	\$ -	\$ -	
89257		Sperm identification	X	0.000	0.000	\$ -	\$ -	
89258		Cryopreservation; embryo(s)	X	0.000	0.000	\$ -	\$ -	
89259		Cryopreservation, sperm	X	0.000	0.000	\$ -	\$ -	
89260		Sperm isolation, simple	X	0.000	0.000	\$ -	\$ -	
89261		Sperm isolation, complex	X	0.000	0.000	\$ -	\$ -	
89264		Identify sperm tissue	X	0.000	0.000	\$ -	\$ -	
89268		Insemination of oocytes	X	0.000	0.000	\$ -	\$ -	
89272		Extended culture of oocytes	X	0.000	0.000	\$ -	\$ -	
89280		Assist oocyte fertilization	X	0.000	0.000	\$ -	\$ -	
89281		Assist oocyte fertilization	X	0.000	0.000	\$ -	\$ -	

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89290		Biopsy, oocyte polar body	X	0.000	0.000	\$ -	\$ -	
89291		Biopsy, oocyte polar body	X	0.000	0.000	\$ -	\$ -	
89300		Semen analysis w/huhner	X	0.000	0.000	\$ -	\$ -	
89310		Semen analysis w/count	X	0.000	0.000	\$ -	\$ -	
89320		Semen analysis, complete	X	0.000	0.000	\$ -	\$ -	
89321		Semen analysis & motility	X	0.000	0.000	\$ -	\$ -	
89325		Sperm antibody test	X	0.000	0.000	\$ -	\$ -	
89329		Sperm evaluation test	X	0.000	0.000	\$ -	\$ -	
89330		Evaluation, cervical mucus	X	0.000	0.000	\$ -	\$ -	
89335		Cryopreserve testicular tiss	X	0.000	0.000	\$ -	\$ -	
89342		Storage/year; embryo(s)	X	0.000	0.000	\$ -	\$ -	
89343		Storage/year; sperm/semen	X	0.000	0.000	\$ -	\$ -	
89344		Storage/year; reprod tissue	X	0.000	0.000	\$ -	\$ -	
89346		Storage/year; oocyte	X	0.000	0.000	\$ -	\$ -	
89350		Sputum specimen collection	D	0.419	0.419	\$ 17.34	\$ 17.34	
89352		Thawing cryopresrvd; embryo	X	0.000	0.000	\$ -	\$ -	
89353		Thawing cryopresrvd; sperm	X	0.000	0.000	\$ -	\$ -	
89354		Thaw cryoprsrvd; reprod tiss	X	0.000	0.000	\$ -	\$ -	
89355		Exam feces for starch	D	0.000	0.000	\$ -	\$ -	
89356		Thawing cryopresrvd; oocyte	X	0.000	0.000	\$ -	\$ -	
89360		Collect sweat for test	D	0.453	0.453	\$ 18.75	\$ 18.75	
89365		Water load test	D	0.000	0.000	\$ -	\$ -	
89399		Pathology lab procedure	D	0.000	0.000	\$ -	\$ -	
89399	TC	Pathology lab procedure	D	0.000	0.000	\$ -	\$ -	
89399	26	Pathology lab procedure	D	0.000	0.000	\$ -	\$ -	
90281		Human ig, im	C	0.000	0.000	\$ -	\$ -	
90283		Human ig, iv	C	0.000	0.000	\$ -	\$ -	
90287		Botulinum antitoxin	C	0.000	0.000	\$ -	\$ -	
90288		Botulism ig, iv	C	0.000	0.000	\$ -	\$ -	
90291		Cmv ig, iv	C	0.000	0.000	\$ -	\$ -	
90296		Diphtheria antitoxin	X	0.000	0.000	\$ -	\$ -	
90371		Hep b ig, im	X	0.000	0.000	\$ -	\$ -	
90375		Rabies ig, im/sc	X	0.000	0.000	\$ -	\$ -	
90376		Rabies ig, heat treated	X	0.000	0.000	\$ -	\$ -	
90378		Rsv ig, im, 50mg	X	0.000	0.000	\$ -	\$ -	
90379		Rsv ig, iv	X	0.000	0.000	\$ -	\$ -	
90384		Rh ig, full-dose, im	X	0.000	0.000	\$ -	\$ -	
90385		Rh ig, minidose, im	X	0.000	0.000	\$ -	\$ -	
90386		Rh ig, iv	X	0.000	0.000	\$ -	\$ -	
90389		Tetanus ig, im	X	0.000	0.000	\$ -	\$ -	
90393		Vaccina ig, im	X	0.000	0.000	\$ -	\$ -	
90396		Varicella-zoster ig, im	X	0.000	0.000	\$ -	\$ -	
90399		Immune globulin	C	0.000	0.000	\$ -	\$ -	
90471		Immunization admin	A	0.218	0.218	\$ 9.02	\$ 9.02	
90472		Immunization admin, each add	A	0.158	0.158	\$ 6.56	\$ 6.56	
90473		Immune admin oral/nasal	C	0.000	0.000	\$ -	\$ -	
90474		Immune admin oral/nasal addl	C	0.000	0.000	\$ -	\$ -	
90476		Adenovirus vaccine, type 4	I	0.000	0.000	\$ -	\$ -	
90477		Adenovirus vaccine, type 7	I	0.000	0.000	\$ -	\$ -	
90581		Anthrax vaccine, sc	I	0.000	0.000	\$ -	\$ -	
90585		Bcg vaccine, percut	I	0.000	0.000	\$ -	\$ -	
90586		Bcg vaccine, intravesical	I	0.000	0.000	\$ -	\$ -	
90632		Hep a vaccine, adult im	I	0.000	0.000	\$ -	\$ -	
90633		Hep a vacc, ped/adol, 2 dose	I	0.000	0.000	\$ -	\$ -	
90634		Hep a vacc, ped/adol, 3 dose	I	0.000	0.000	\$ -	\$ -	
90636		Hep a/hep b vacc, adult im	I	0.000	0.000	\$ -	\$ -	
90645		Hib vaccine, hboc, im	I	0.000	0.000	\$ -	\$ -	
90646		Hib vaccine, prp-d, im	I	0.000	0.000	\$ -	\$ -	
90647		Hib vaccine, prp-omp, im	I	0.000	0.000	\$ -	\$ -	
90648		Hib vaccine, prp-t, im	I	0.000	0.000	\$ -	\$ -	
90655		Flu vaccine, 6-35 mo, im	I	0.000	0.000	\$ -	\$ -	

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90657		Flu vaccine, 6-35 mo, im	I	0.000	0.000	\$ -	\$ -	-
90658		Flu vaccine, 3 yrs, im	I	0.000	0.000	\$ -	\$ -	-
90659		Flu vaccine, whole, im	I	0.000	0.000	\$ -	\$ -	-
90660		Flu vaccine, nasal	I	0.000	0.000	\$ -	\$ -	-
90665		Lyme disease vaccine, im	I	0.000	0.000	\$ -	\$ -	-
90669		Pneumococcal vacc, ped <5	I	0.000	0.000	\$ -	\$ -	-
90675		Rabies vaccine, im	I	0.000	0.000	\$ -	\$ -	-
90676		Rabies vaccine, id	I	0.000	0.000	\$ -	\$ -	-
90680		Rotovirus vaccine, oral	I	0.000	0.000	\$ -	\$ -	-
90690		Typhoid vaccine, oral	I	0.000	0.000	\$ -	\$ -	-
90691		Typhoid vaccine, im	I	0.000	0.000	\$ -	\$ -	-
90692		Typhoid vaccine, h-p, sc/id	I	0.000	0.000	\$ -	\$ -	-
90693		Typhoid vaccine, akd, sc	I	0.000	0.000	\$ -	\$ -	-
90698		Dtap-hip-ip vaccine, im	I	0.000	0.000	\$ -	\$ -	-
90700		Dtap vaccine, im	I	0.000	0.000	\$ -	\$ -	-
90701		Dtp vaccine, im	I	0.000	0.000	\$ -	\$ -	-
90702		Dt vaccine < 7, im	I	0.000	0.000	\$ -	\$ -	-
90703		Tetanus vaccine, im	I	0.000	0.000	\$ -	\$ -	-
90704		Mumps vaccine, sc	I	0.000	0.000	\$ -	\$ -	-
90705		Measles vaccine, sc	I	0.000	0.000	\$ -	\$ -	-
90706		Rubella vaccine, sc	I	0.000	0.000	\$ -	\$ -	-
90707		Mmr vaccine, sc	I	0.000	0.000	\$ -	\$ -	-
90708		Measles-rubella vaccine, sc	I	0.000	0.000	\$ -	\$ -	-
90710		Mmr vaccine, sc	I	0.000	0.000	\$ -	\$ -	-
90712		Oral poliovirus vaccine	I	0.000	0.000	\$ -	\$ -	-
90713		Poliovirus, ipv, sc	I	0.000	0.000	\$ -	\$ -	-
90715		Tdap vaccine >7 im	I	0.000	0.000	\$ -	\$ -	-
90716		Chicken pox vaccine, sc	I	0.000	0.000	\$ -	\$ -	-
90717		Yellow fever vaccine, sc	I	0.000	0.000	\$ -	\$ -	-
90718		Td vaccine > 7, im	I	0.000	0.000	\$ -	\$ -	-
90719		Diphtheria vaccine, im	I	0.000	0.000	\$ -	\$ -	-
90720		Dtp/hib vaccine, im	I	0.000	0.000	\$ -	\$ -	-
90721		Dtap/hib vaccine, im	I	0.000	0.000	\$ -	\$ -	-
90723		Dtap-hep b-ipv vaccine, im	I	0.000	0.000	\$ -	\$ -	-
90725		Cholera vaccine, injectable	I	0.000	0.000	\$ -	\$ -	-
90727		Plague vaccine, im	I	0.000	0.000	\$ -	\$ -	-
90732		Pneumococcal vaccine	I	0.000	0.000	\$ -	\$ -	-
90733		Meningococcal vaccine, sc	I	0.000	0.000	\$ -	\$ -	-
90734		Meningococcal vaccine, im	I	0.000	0.000	\$ -	\$ -	-
90735		Encephalitis vaccine, sc	I	0.000	0.000	\$ -	\$ -	-
90740		Hepb vacc, ill pat 3 dose im	I	0.000	0.000	\$ -	\$ -	-
90743		Hep b vacc, adol, 2 dose, im	I	0.000	0.000	\$ -	\$ -	-
90744		Hepb vacc ped/adol 3 dose im	I	0.000	0.000	\$ -	\$ -	-
90746		Hep b vaccine, adult, im	I	0.000	0.000	\$ -	\$ -	-
90747		Hepb vacc, ill pat 4 dose im	I	0.000	0.000	\$ -	\$ -	-
90748		Hep b/hib vaccine, im	I	0.000	0.000	\$ -	\$ -	-
90749		Vaccine toxoid	I	0.000	0.000	\$ -	\$ -	-
90780		IV infusion therapy, 1 hour	A	2.274	2.274	\$ 94.11	\$ 94.11	-
90781		IV infusion, additional hour	A	0.719	0.719	\$ 29.76	\$ 29.76	-
90782		Injection, sc/im	T	0.481	0.481	\$ 19.93	\$ 19.93	-
90783		Injection, ia	T	0.521	0.521	\$ 21.56	\$ 21.56	-
90784		Injection, iv	T	1.008	1.008	\$ 41.72	\$ 41.72	-
90788		Injection of antibiotic	T	0.439	0.439	\$ 18.17	\$ 18.17	-
90799		Ther/prophylactic/dx inject	C	0.000	0.000	\$ -	\$ -	-
90801		Psy dx interview	A	3.875	4.071	\$ 160.40	\$ 168.49	-
90802		Intac psy dx interview	A	4.159	4.346	\$ 172.13	\$ 179.87	-
90804		Psytx, office, 20-30 min	A	1.691	1.784	\$ 69.99	\$ 73.86	-
90805		Psytx, off, 20-30 min w/e&m	A	1.885	1.953	\$ 78.02	\$ 80.83	-
90806		Psytx, off, 45-50 min	A	2.567	2.652	\$ 106.26	\$ 109.78	-
90807		Psytx, off, 45-50 min w/e&m	A	2.792	2.852	\$ 115.58	\$ 118.04	-
90808		Psytx, office, 75-80 min	A	3.879	3.981	\$ 160.56	\$ 164.79	-



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90809		Psytx, off, 75-80, w/e&m	A	4.048	4.116	\$ 167.54	\$ 170.35	
90810		Intac psytx, off, 20-30 min	A	1.835	1.903	\$ 75.95	\$ 78.76	
90811		Intac psytx, 20-30, w/e&m	A	2.029	2.122	\$ 83.98	\$ 87.85	
90812		Intac psytx, off, 45-50 min	A	2.751	2.878	\$ 113.86	\$ 119.13	
90813		Intac psytx, 45-50 min w/e&m	A	2.936	3.021	\$ 121.54	\$ 125.05	
90814		Intac psytx, off, 75-80 min	A	4.057	4.159	\$ 167.93	\$ 172.15	
90815		Intac psytx, 75-80 w/e&m	A	4.183	4.268	\$ 173.15	\$ 176.66	
90816		Psytx, hosp, 20-30 min	A	1.799	1.799	\$ 74.46	\$ 74.46	
90817		Psytx, hosp, 20-30 min w/e&m	A	1.950	1.950	\$ 80.73	\$ 80.73	
90818		Psytx, hosp, 45-50 min	A	2.674	2.674	\$ 110.67	\$ 110.67	
90819		Psytx, hosp, 45-50 min w/e&m	A	2.839	2.839	\$ 117.52	\$ 117.52	
90821		Psytx, hosp, 75-80 min	A	3.965	3.965	\$ 164.10	\$ 164.10	
90822		Psytx, hosp, 75-80 min w/e&m	A	4.113	4.113	\$ 170.25	\$ 170.25	
90823		Intac psytx, hosp, 20-30 min	A	1.926	1.926	\$ 79.71	\$ 79.71	
90824		Intac psytx, hsp 20-30 w/e&m	A	2.094	2.094	\$ 86.69	\$ 86.69	
90826		Intac psytx, hosp, 45-50 min	A	2.828	2.828	\$ 117.05	\$ 117.05	
90827		Intac psytx, hsp 45-50 w/e&m	A	2.983	2.983	\$ 123.48	\$ 123.48	
90828		Intac psytx, hosp, 75-80 min	A	4.165	4.165	\$ 172.40	\$ 172.40	
90829		Intac psytx, hsp 75-80 w/e&m	A	4.257	4.257	\$ 176.21	\$ 176.21	
90845		Psychoanalysis	A	2.455	2.480	\$ 101.61	\$ 102.66	
90846		Family psytx w/o patient	A	2.580	2.580	\$ 106.78	\$ 106.78	
90847		Family psytx w/patient	A	3.093	3.144	\$ 128.01	\$ 130.12	
90849		Multiple family group psytx	N	0.833	0.859	\$ 34.50	\$ 35.55	
90853		Group psychotherapy	A	0.825	0.842	\$ 34.15	\$ 34.85	
90857		Intac group psytx	A	0.930	0.964	\$ 38.49	\$ 39.90	
90862		Medication management	A	1.301	1.369	\$ 53.85	\$ 56.66	
90865		Narcosynthesis	A	3.912	4.507	\$ 161.93	\$ 186.56	
90870		Electroconvulsive therapy	A	2.749	2.749	\$ 113.78	\$ 113.78	
90871		Electroconvulsive therapy	N	3.906	3.906	\$ 161.66	\$ 161.66	
90875		Psychophysiological therapy	N	1.749	2.123	\$ 72.39	\$ 87.87	
90876		Psychophysiological therapy	N	2.718	3.083	\$ 112.49	\$ 127.62	
90880		Hypnotherapy	N			\$ -	\$ -	
90882		Environmental manipulation	N	0.000	0.000	\$ -	\$ -	
90885		Psy evaluation of records	B	1.363	1.363	\$ 56.43	\$ 56.43	
90887		Consultation with family	B	2.114	2.335	\$ 87.49	\$ 96.64	
90889		Preparation of report	B	0.000	0.000	\$ -	\$ -	
90899		Psychiatric service/therapy	C	0.000	0.000	\$ -	\$ -	
90901		Biofeedback train, any meth	N	0.608	1.050	\$ 25.16	\$ 43.46	
90911		Biofeedback peri/uro/rectal	N	1.351	2.456	\$ 55.91	\$ 101.65	
90918		ESRD related services, month	X	18.820	18.820	\$ 778.96	\$ 778.96	
90919		ESRD related services, month	X	13.134	13.134	\$ 543.63	\$ 543.63	
90920		ESRD related services, month	X	11.406	11.406	\$ 472.11	\$ 472.11	
90921		ESRD related services, month	X	7.121	7.121	\$ 294.72	\$ 294.72	
90922		ESRD related services, day	X	0.596	0.596	\$ 24.69	\$ 24.69	
90923		Esr related services, day	X	0.430	0.430	\$ 17.80	\$ 17.80	
90924		Esr related services, day	X	0.381	0.381	\$ 15.79	\$ 15.79	
90925		Esr related services, day	X	0.257	0.257	\$ 10.66	\$ 10.66	
90935		Hemodialysis, one evaluation	A	1.947	1.947	\$ 80.60	\$ 80.60	
90937		Hemodialysis, repeated eval	A	3.219	3.219	\$ 133.25	\$ 133.25	
90939		Hemodialysis study, transcut	C	0.000	0.000	\$ -	\$ -	
90940		Hemodialysis access study	C	0.000	0.000	\$ -	\$ -	
90945		Dialysis, one evaluation	A	2.072	2.072	\$ 85.78	\$ 85.78	
90947		Dialysis, repeated eval	A	3.295	3.295	\$ 136.37	\$ 136.37	
90989		Dialysis training, complete	C	0.000	0.000	\$ -	\$ -	
90993		Dialysis training, incompl	C	0.000	0.000	\$ -	\$ -	
90997		Hemoperfusion	A	3.275	3.275	\$ 135.57	\$ 135.57	
90999		Dialysis procedure	C	0.000	0.000	\$ -	\$ -	
91000		Esophageal intubation	A	1.208	1.208	\$ 49.99	\$ 49.99	
91000	TC	Esophageal intubation	A	0.107	0.107	\$ 4.45	\$ 4.45	
91000	26	Esophageal intubation	A	1.100	1.100	\$ 45.55	\$ 45.55	
91010		Esophagus motility study	A	4.027	4.027	\$ 166.69	\$ 166.69	

HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
91010	TC	Esophagus motility study	A	2.175	2.175	\$ 90.02	\$ 90.02	
91010	26	Esophagus motility study	A	1.852	1.852	\$ 76.67	\$ 76.67	
91011		Esophagus motility study	A	4.694	4.694	\$ 194.27	\$ 194.27	
91011	TC	Esophagus motility study	A	2.506	2.506	\$ 103.74	\$ 103.74	
91011	26	Esophagus motility study	A	2.187	2.187	\$ 90.53	\$ 90.53	
91012		Esophagus motility study	A	4.852	4.852	\$ 200.81	\$ 200.81	
91012	TC	Esophagus motility study	A	2.682	2.682	\$ 111.00	\$ 111.00	
91012	26	Esophagus motility study	A	2.170	2.170	\$ 89.81	\$ 89.81	
91020		Gastric motility	A	4.444	4.444	\$ 183.92	\$ 183.92	
91020	TC	Gastric motility	A	2.319	2.319	\$ 96.00	\$ 96.00	
91020	26	Gastric motility	A	2.124	2.124	\$ 87.93	\$ 87.93	
91030		Acid perfusion of esophagus	A	3.187	3.187	\$ 131.90	\$ 131.90	
91030	TC	Acid perfusion of esophagus	A	1.838	1.838	\$ 76.09	\$ 76.09	
91030	26	Acid perfusion of esophagus	A	1.348	1.348	\$ 55.81	\$ 55.81	
91032		Esophagus, acid reflux test	A	5.169	5.169	\$ 213.93	\$ 213.93	
91032	TC	Esophagus, acid reflux test	A	3.373	3.373	\$ 139.62	\$ 139.62	
91032	26	Esophagus, acid reflux test	A	1.795	1.795	\$ 74.31	\$ 74.31	
91033		Prolonged acid reflux test	A	5.507	5.507	\$ 227.94	\$ 227.94	
91033	TC	Prolonged acid reflux test	A	3.588	3.588	\$ 148.50	\$ 148.50	
91033	26	Prolonged acid reflux test	A	1.919	1.919	\$ 79.44	\$ 79.44	
91052		Gastric analysis test	A	2.888	2.888	\$ 119.55	\$ 119.55	
91052	TC	Gastric analysis test	A	1.702	1.702	\$ 70.46	\$ 70.46	
91052	26	Gastric analysis test	A	1.186	1.186	\$ 49.08	\$ 49.08	
91055		Gastric intubation for smear	A	3.231	3.231	\$ 133.72	\$ 133.72	
91055	TC	Gastric intubation for smear	A	1.864	1.864	\$ 77.15	\$ 77.15	
91055	26	Gastric intubation for smear	A	1.367	1.367	\$ 56.57	\$ 56.57	
91060		Gastric saline load test	A	0.863	0.863	\$ 35.72	\$ 35.72	
91060	TC	Gastric saline load test	A	0.215	0.215	\$ 8.90	\$ 8.90	
91060	26	Gastric saline load test	A	0.648	0.648	\$ 26.82	\$ 26.82	
91065		Breath hydrogen test	A	1.984	1.984	\$ 82.14	\$ 82.14	
91065	TC	Breath hydrogen test	A	1.685	1.685	\$ 69.76	\$ 69.76	
91065	26	Breath hydrogen test	A	0.299	0.299	\$ 12.37	\$ 12.37	
91100		Pass intestine bleeding tube	A	1.603	1.603	\$ 66.34	\$ 66.34	
91105		Gastric intubation treatment	A	0.525	0.525	\$ 21.75	\$ 21.75	
91110		Gi tract capsule endoscopy	A	21.956	21.956	\$ 908.75	\$ 908.75	
91110	TC	Gi tract capsule endoscopy	A	17.132	17.132	\$ 709.09	\$ 709.09	
91110	26	Gi tract capsule endoscopy	A	4.824	4.824	\$ 199.66	\$ 199.66	
91122		Anal pressure record	A	7.710	7.710	\$ 319.14	\$ 319.14	
91122	TC	Anal pressure record	A	4.957	4.957	\$ 205.16	\$ 205.16	
91122	26	Anal pressure record	A	2.754	2.754	\$ 113.98	\$ 113.98	
91123		Irrigate fecal impaction	B	0.000	0.000	\$ -	\$ -	
91132		Electrogastrography	A	0.000	0.000	\$ -	\$ -	\$ 129.20
91132	TC	Electrogastrography	A	0.000	0.000	\$ -	\$ -	\$ 94.46
91132	26	Electrogastrography	A	0.839	0.839	\$ 34.74	\$ 34.74	
91133		Electrogastrography w/test	A	0.000	0.000	\$ -	\$ -	\$ 42.30
91133	TC	Electrogastrography w/test	A	0.000	0.000	\$ -	\$ -	\$ 94.46
91133	26	Electrogastrography w/test	A	1.022	1.022	\$ 42.30	\$ 42.30	
91299		Gastroenterology procedure	C	0.000	0.000	\$ -	\$ -	
91299	TC	Gastroenterology procedure	A	0.000	0.000	\$ -	\$ -	\$ 42.45
91299	26	Gastroenterology procedure	C	0.000	0.000	\$ -	\$ -	
92002		Eye exam, new patient	A	1.256	1.775	\$ 52.00	\$ 73.47	
92004		Eye exam, new patient	A	2.406	3.256	\$ 99.58	\$ 134.76	
92012		Eye exam established pat	A	0.956	1.576	\$ 39.57	\$ 65.25	
92014		Eye exam & treatment	A	1.570	2.352	\$ 64.98	\$ 97.35	
92015		Refraction	N	0.547	1.686	\$ 22.64	\$ 69.78	
92018		New eye exam & treatment	A	3.576	3.576	\$ 148.01	\$ 148.01	
92019		Eye exam & treatment	A	1.944	1.944	\$ 80.46	\$ 80.46	
92020		Special eye evaluation	A	0.545	0.690	\$ 22.58	\$ 28.56	
92060		Special eye evaluation	A	1.381	1.381	\$ 57.16	\$ 57.16	
92060	TC	Special eye evaluation	A	0.405	0.405	\$ 16.76	\$ 16.76	
92060	26	Special eye evaluation	A	0.976	0.976	\$ 40.40	\$ 40.40	

HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
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92065		Orthoptic/pleoptic training	A	0.908	0.908	\$ 37.58	\$ 37.58	
92065	TC	Orthoptic/pleoptic training	A	0.371	0.371	\$ 15.35	\$ 15.35	
92065	26	Orthoptic/pleoptic training	A	0.537	0.537	\$ 22.23	\$ 22.23	
92070		Fitting of contact lens	N	1.011	1.657	\$ 41.86	\$ 68.60	
92081		Visual field examination(s)	A	1.161	1.161	\$ 48.07	\$ 48.07	
92081	TC	Visual field examination(s)	A	0.634	0.634	\$ 26.26	\$ 26.26	
92081	26	Visual field examination(s)	A	0.527	0.527	\$ 21.81	\$ 21.81	
92082		Visual field examination(s)	A	1.496	1.496	\$ 61.94	\$ 61.94	
92082	TC	Visual field examination(s)	A	0.855	0.855	\$ 35.41	\$ 35.41	
92082	26	Visual field examination(s)	A	0.641	0.641	\$ 26.53	\$ 26.53	
92083		Visual field examination(s)	A	1.709	1.709	\$ 70.75	\$ 70.75	
92083	TC	Visual field examination(s)	A	0.983	0.983	\$ 40.69	\$ 40.69	
92083	26	Visual field examination(s)	A	0.726	0.726	\$ 30.07	\$ 30.07	
92100		Serial tonometry exam(s)	A	1.313	2.070	\$ 54.36	\$ 85.68	
92120		Tonography & eye evaluation	A	1.161	1.773	\$ 48.05	\$ 73.38	
92130		Water provocation tonography	A	1.203	1.934	\$ 49.81	\$ 80.07	
92135		Ophthalmic dx imaging	A	1.092	1.092	\$ 45.20	\$ 45.20	
92135	TC	Ophthalmic dx imaging	A	0.566	0.566	\$ 23.45	\$ 23.45	
92135	26	Ophthalmic dx imaging	A	0.525	0.525	\$ 21.75	\$ 21.75	
92136		Ophthalmic biometry	A	2.343	2.343	\$ 96.99	\$ 96.99	
92136	TC	Ophthalmic biometry	A	1.551	1.551	\$ 64.21	\$ 64.21	
92136	26	Ophthalmic biometry	A	0.792	0.792	\$ 32.78	\$ 32.78	
92140		Glaucoma provocative tests	A	0.718	1.338	\$ 29.72	\$ 55.40	
92225		Special eye exam, initial	A	0.555	0.606	\$ 22.99	\$ 25.10	
92226		Special eye exam, subsequent	A	0.497	0.548	\$ 20.57	\$ 22.68	
92230		Eye exam with photos	A	0.849	2.098	\$ 35.14	\$ 86.85	
92235		Eye exam with photos	A	3.616	3.616	\$ 149.68	\$ 149.68	
92235	TC	Eye exam with photos	A	2.413	2.413	\$ 99.87	\$ 99.87	
92235	26	Eye exam with photos	A	1.203	1.203	\$ 49.81	\$ 49.81	
92240		Icg angiography	A	7.391	7.391	\$ 305.93	\$ 305.93	
92240	TC	Icg angiography	A	5.796	5.796	\$ 239.89	\$ 239.89	
92240	26	Icg angiography	A	1.595	1.595	\$ 66.04	\$ 66.04	
92250		Eye exam with photos	A	1.989	1.989	\$ 82.34	\$ 82.34	
92250	TC	Eye exam with photos	A	1.340	1.340	\$ 55.46	\$ 55.46	
92250	26	Eye exam with photos	A	0.649	0.649	\$ 26.88	\$ 26.88	
92260		Ophthalmoscopy/dynamometry	A	0.316	0.486	\$ 13.08	\$ 20.11	
92265		Eye muscle evaluation	A	2.566	2.566	\$ 106.20	\$ 106.20	
92265	TC	Eye muscle evaluation	A	1.439	1.439	\$ 59.56	\$ 59.56	
92265	26	Eye muscle evaluation	A	1.127	1.127	\$ 46.64	\$ 46.64	
92270		Electro-oculography	A	2.373	2.373	\$ 98.21	\$ 98.21	
92270	TC	Electro-oculography	A	1.116	1.116	\$ 46.19	\$ 46.19	
92270	26	Electro-oculography	A	1.257	1.257	\$ 52.02	\$ 52.02	
92275		Electroretinography	A	2.808	2.808	\$ 116.24	\$ 116.24	
92275	TC	Electroretinography	A	1.362	1.362	\$ 56.39	\$ 56.39	
92275	26	Electroretinography	A	1.446	1.446	\$ 59.85	\$ 59.85	
92283		Color vision examination	A	0.954	0.954	\$ 39.50	\$ 39.50	
92283	TC	Color vision examination	A	0.685	0.685	\$ 28.37	\$ 28.37	
92283	26	Color vision examination	A	0.269	0.269	\$ 11.13	\$ 11.13	
92284		Dark adaptation eye exam	A	2.282	2.282	\$ 94.47	\$ 94.47	
92284	TC	Dark adaptation eye exam	A	1.926	1.926	\$ 79.74	\$ 79.74	
92284	26	Dark adaptation eye exam	A	0.356	0.356	\$ 14.73	\$ 14.73	
92285		Eye photography	A	1.188	1.188	\$ 49.19	\$ 49.19	
92285	TC	Eye photography	A	0.872	0.872	\$ 36.11	\$ 36.11	
92285	26	Eye photography	A	0.316	0.316	\$ 13.08	\$ 13.08	
92286		Internal eye photography	A	3.643	3.643	\$ 150.78	\$ 150.78	
92286	TC	Internal eye photography	A	2.688	2.688	\$ 111.27	\$ 111.27	
92286	26	Internal eye photography	A	0.954	0.954	\$ 39.51	\$ 39.51	
92287		Internal eye photography	A	1.152	3.175	\$ 47.70	\$ 131.43	
92310		Contact lens fitting	N	1.710	2.280	\$ 70.79	\$ 94.36	
92311		Contact lens fitting	N	1.535	2.241	\$ 63.55	\$ 92.75	
92312		Contact lens fitting	N	1.834	2.404	\$ 75.93	\$ 99.50	



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92313		Contact lens fitting	N	1.245	1.985	\$ 51.55	\$ 82.16	
92314		Prescription of contact lens	N	0.959	1.528	\$ 39.69	\$ 63.26	
92315		Prescription of contact lens	N	0.625	1.297	\$ 25.89	\$ 53.68	
92316		Prescription of contact lens	N	0.974	1.569	\$ 40.33	\$ 64.96	
92317		Prescription of contact lens	N	0.617	1.382	\$ 25.54	\$ 57.20	
92325		Modification of contact lens	N	0.371	0.371	\$ 15.35	\$ 15.35	
92326		Replacement of contact lens	N	1.631	1.631	\$ 67.50	\$ 67.50	
92330		Fitting of artificial eye	A	1.558	2.195	\$ 64.48	\$ 90.87	
92335		Fitting of artificial eye	A	0.634	1.348	\$ 26.24	\$ 55.79	
92340		Fitting of spectacles	N	0.528	1.004	\$ 21.87	\$ 41.58	
92341		Fitting of spectacles	N	0.662	1.138	\$ 27.42	\$ 47.12	
92342		Fitting of spectacles	N	0.748	1.215	\$ 30.96	\$ 50.31	
92352		Special spectacles fitting	N	0.528	1.030	\$ 21.87	\$ 42.63	
92353		Special spectacles fitting	N	0.740	1.242	\$ 30.65	\$ 51.40	
92354		Special spectacles fitting	N	7.951	7.951	\$ 329.10	\$ 329.10	
92355		Special spectacles fitting	N	3.728	3.728	\$ 154.32	\$ 154.32	
92358		Eye prosthesis service	N	1.022	1.022	\$ 42.30	\$ 42.30	
92370		Repair & adjust spectacles	N	0.509	0.866	\$ 21.09	\$ 35.86	
92371		Repair & adjust spectacles	N	0.606	0.606	\$ 25.08	\$ 25.08	
92390		Supply of spectacles	N	0.000	0.000	\$ -	\$ -	
92391		Supply of contact lenses	N	0.000	0.000	\$ -	\$ -	
92392		Supply of low vision aids	A	3.300	3.300	\$ 136.61	\$ 136.61	
92393		Supply of artificial eye	A	12.246	12.246	\$ 506.86	\$ 506.86	
92395		Supply of spectacles	A	1.483	1.483	\$ 61.37	\$ 61.37	
92396		Supply of contact lenses	N	2.112	2.112	\$ 87.43	\$ 87.43	
92499		Eye service or procedure	C	0.000	0.000	\$ -	\$ -	
92499	TC	Eye service or procedure	C	0.000	0.000	\$ -	\$ -	
92499	26	Eye service or procedure	C	0.000	0.000	\$ -	\$ -	
92502		Ear and throat examination	A	2.747	2.747	\$ 113.69	\$ 113.69	
92504		Ear microscopy examination	A	0.296	0.636	\$ 12.25	\$ 26.32	
92506		Speech/hearing evaluation	A	1.397	3.276	\$ 57.84	\$ 135.59	
92507		Speech/hearing therapy	A	0.803	1.559	\$ 33.23	\$ 64.55	
92508		Speech/hearing therapy	A	0.401	0.741	\$ 16.62	\$ 30.69	
92510		Rehab for ear implant	A	2.473	3.544	\$ 102.37	\$ 146.70	
92511		Nasopharyngoscopy	A	1.669	3.667	\$ 69.10	\$ 151.77	
92512		Nasal function studies	A	0.782	1.547	\$ 32.36	\$ 64.03	
92516		Facial nerve function test	A	0.696	1.265	\$ 28.81	\$ 52.38	
92520		Laryngeal function studies	A	1.241	1.343	\$ 51.36	\$ 55.58	
92526		Oral function therapy	A	0.799	2.040	\$ 33.07	\$ 84.43	
92531		Spontaneous nystagmus study	B	0.000	0.000	\$ -	\$ -	
92532		Positional nystagmus test	B	0.000	0.000	\$ -	\$ -	
92533		Caloric vestibular test	B	0.000	0.000	\$ -	\$ -	
92534		Optokinetic nystagmus test	B	0.000	0.000	\$ -	\$ -	
92541		Spontaneous nystagmus test	A	1.382	1.382	\$ 57.22	\$ 57.22	
92541	TC	Spontaneous nystagmus test	A	0.742	0.742	\$ 30.71	\$ 30.71	
92541	26	Spontaneous nystagmus test	A	0.640	0.640	\$ 26.51	\$ 26.51	
92542		Positional nystagmus test	A	1.349	1.349	\$ 55.85	\$ 55.85	
92542	TC	Positional nystagmus test	A	0.844	0.844	\$ 34.93	\$ 34.93	
92542	26	Positional nystagmus test	A	0.505	0.505	\$ 20.92	\$ 20.92	
92543		Caloric vestibular test	A	0.629	0.629	\$ 26.05	\$ 26.05	
92543	TC	Caloric vestibular test	A	0.447	0.447	\$ 18.52	\$ 18.52	
92543	26	Caloric vestibular test	A	0.182	0.182	\$ 7.53	\$ 7.53	
92544		Optokinetic nystagmus test	A	1.092	1.092	\$ 45.22	\$ 45.22	
92544	TC	Optokinetic nystagmus test	A	0.691	0.691	\$ 28.60	\$ 28.60	
92544	26	Optokinetic nystagmus test	A	0.401	0.401	\$ 16.62	\$ 16.62	
92545		Oscillating tracking test	A	1.020	1.020	\$ 42.21	\$ 42.21	
92545	TC	Oscillating tracking test	A	0.657	0.657	\$ 27.19	\$ 27.19	
92545	26	Oscillating tracking test	A	0.363	0.363	\$ 15.02	\$ 15.02	
92546		Sinusoidal rotational test	A	1.938	1.938	\$ 80.23	\$ 80.23	
92546	TC	Sinusoidal rotational test	A	1.498	1.498	\$ 62.02	\$ 62.02	
92546	26	Sinusoidal rotational test	A	0.440	0.440	\$ 18.21	\$ 18.21	

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92547		Supplemental electrical test	A	1.214	1.214	\$ 50.26	\$ 50.26	
92548		Posturography	A	3.804	3.804	\$ 157.43	\$ 157.43	
92548	TC	Posturography	A	3.004	3.004	\$ 124.32	\$ 124.32	
92548	26	Posturography	A	0.800	0.800	\$ 33.11	\$ 33.11	
92551		Pure tone hearing test, air	N	0.000	0.000	\$ -	\$ -	
92552		Pure tone audiometry, air	A	0.532	0.532	\$ 22.02	\$ 22.02	
92553		Audiometry, air & bone	A	0.798	0.798	\$ 33.02	\$ 33.02	
92555		Speech threshold audiometry	A	0.472	0.472	\$ 19.55	\$ 19.55	
92556		Speech audiometry, complete	A	0.721	0.721	\$ 29.86	\$ 29.86	
92557		Comprehensive hearing test	A	1.485	1.485	\$ 61.47	\$ 61.47	
92559		Group audiometric testing	N	0.000	0.000	\$ -	\$ -	
92560		Bekesy audiometry, screen	N	0.000	0.000	\$ -	\$ -	
92561		Bekesy audiometry, diagnosis	A	0.849	0.849	\$ 35.13	\$ 35.13	
92562		Loudness balance test	A	0.498	0.498	\$ 20.61	\$ 20.61	
92563		Tone decay hearing test	A	0.472	0.472	\$ 19.55	\$ 19.55	
92564		Sisi hearing test	A	0.597	0.597	\$ 24.70	\$ 24.70	
92565		Stenger test, pure tone	A	0.489	0.489	\$ 20.26	\$ 20.26	
92567		Tympanometry	A	0.679	0.679	\$ 28.10	\$ 28.10	
92568		Acoustic reflex testing	A	0.472	0.472	\$ 19.55	\$ 19.55	
92569		Acoustic reflex decay test	A	0.498	0.498	\$ 20.61	\$ 20.61	
92571		Filtered speech hearing test	A	0.481	0.481	\$ 19.90	\$ 19.90	
92572		Staggered spondaic word test	A	0.116	0.116	\$ 4.80	\$ 4.80	
92573		Lombard test	A	0.455	0.455	\$ 18.85	\$ 18.85	
92575		Sensorineural acuity test	A	0.334	0.334	\$ 13.82	\$ 13.82	
92576		Synthetic sentence test	A	0.571	0.571	\$ 23.65	\$ 23.65	
92577		Stenger test, speech	A	0.888	0.888	\$ 36.77	\$ 36.77	
92579		Visual audiometry (vra)	A	0.857	0.857	\$ 35.49	\$ 35.49	
92582		Conditioning play audiometry	A	0.857	0.857	\$ 35.49	\$ 35.49	
92583		Select picture audiometry	A	1.072	1.072	\$ 44.38	\$ 44.38	
92584		Electrocochleography	A	2.945	2.945	\$ 121.91	\$ 121.91	
92585		Auditor evoke potent, compre	A	2.900	2.900	\$ 120.01	\$ 120.01	
92585	TC	Auditor evoke potent, compre	A	2.134	2.134	\$ 88.31	\$ 88.31	
92585	26	Auditor evoke potent, compre	A	0.766	0.766	\$ 31.70	\$ 31.70	
92586		Auditor evoke potent, limit	A	2.134	2.134	\$ 88.31	\$ 88.31	
92587		Evoked auditory test	A	1.777	1.777	\$ 73.54	\$ 73.54	
92587	TC	Evoked auditory test	A	1.548	1.548	\$ 64.06	\$ 64.06	
92587	26	Evoked auditory test	A	0.229	0.229	\$ 9.48	\$ 9.48	
92588		Evoked auditory test	A	2.307	2.307	\$ 95.47	\$ 95.47	
92588	TC	Evoked auditory test	A	1.763	1.763	\$ 72.96	\$ 72.96	
92588	26	Evoked auditory test	A	0.544	0.544	\$ 22.52	\$ 22.52	
92589		Auditory function test(s)	A	0.687	0.687	\$ 28.45	\$ 28.45	
92590		Hearing aid exam, one ear	N	0.000	0.000	\$ -	\$ -	
92591		Hearing aid exam, both ears	N	0.000	0.000	\$ -	\$ -	
92592		Hearing aid check, one ear	N	0.000	0.000	\$ -	\$ -	
92593		Hearing aid check, both ears	N	0.000	0.000	\$ -	\$ -	
92594		Electro hearing aid test, one	N	0.000	0.000	\$ -	\$ -	
92595		Electro hearing aid tst, both	N	0.000	0.000	\$ -	\$ -	
92596		Ear protector evaluation	A	0.738	0.738	\$ 30.56	\$ 30.56	
92597		Oral speech device eval	A	1.440	2.494	\$ 59.60	\$ 103.22	
92601		Cochlear implt f/up exam < 7	A	3.175	3.175	\$ 131.41	\$ 131.41	
92602		Reprogram cochlear implt < 7	A	2.282	2.282	\$ 94.47	\$ 94.47	
92603		Cochlear implt f/up exam 7 >	A	2.172	2.172	\$ 89.89	\$ 89.89	
92604		Reprogram cochlear implt 7 >	A	1.526	1.526	\$ 63.15	\$ 63.15	
92605		Eval for nonspeech device rx	B	0.000	0.000	\$ -	\$ -	
92606		Non-speech device service	B	0.000	0.000	\$ -	\$ -	
92607		Ex for speech device rx, 1hr	N	2.934	2.934	\$ 121.45	\$ 121.45	
92608		Ex for speech device rx addl	N	0.767	0.767	\$ 31.74	\$ 31.74	
92609		Use of speech device service	N	1.518	1.518	\$ 62.83	\$ 62.83	
92610		Evaluate swallowing function	A	3.240	3.240	\$ 134.09	\$ 134.09	
92611		Motion fluoroscopy/swallow	A	3.240	3.240	\$ 134.09	\$ 134.09	
92612		Endoscopy swallow tst (fees)	A	2.155	3.889	\$ 89.21	\$ 160.98	

HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
92613		Endoscopy swallow tst (fees)	A	1.239	1.239	\$ 51.28	\$ 51.28	
92614		Laryngoscopic sensory test	A	2.104	3.634	\$ 87.10	\$ 150.42	
92615		Eval laryngoscopy sense tst	A	1.133	1.133	\$ 46.91	\$ 46.91	
92616		Fees w/laryngeal sense test	A	3.020	4.992	\$ 125.01	\$ 206.63	
92617		Interprt fees/laryngeal test	A	1.361	1.361	\$ 56.35	\$ 56.35	
92700		Ent procedure/service	C	0.000	0.000	\$ -	\$ -	
92950		Heart/lung resuscitation cpr	A	5.610	5.610	\$ 232.19	\$ 232.19	
92953		Temporary external pacing	A	0.465	0.465	\$ 19.25	\$ 19.25	
92960		Cardioversion electric, ext	A	3.639	8.306	\$ 150.63	\$ 343.77	
92961		Cardioversion, electric, int	A	7.195	7.195	\$ 297.82	\$ 297.82	
92970		Cardioassist, internal	A	5.248	5.248	\$ 217.23	\$ 217.23	
92971		Cardioassist, external	A	2.769	2.769	\$ 114.60	\$ 114.60	
92973		Percut coronary thrombectomy	A	4.929	4.929	\$ 204.02	\$ 204.02	
92974		Cath place, cardio brachytx	A	4.674	4.674	\$ 193.46	\$ 193.46	
92975		Dissolve clot, heart vessel	A	10.694	10.694	\$ 442.64	\$ 442.64	
92977		Dissolve clot, heart vessel	A	8.684	8.684	\$ 359.42	\$ 359.42	
92978		Intravasc us, heart add-on	A	7.520	7.520	\$ 311.26	\$ 311.26	
92978	TC	Intravasc us, heart add-on	A	4.840	4.840	\$ 200.34	\$ 200.34	
92978	26	Intravasc us, heart add-on	A	2.680	2.680	\$ 110.92	\$ 110.92	
92979		Intravasc us, heart add-on	A	4.582	4.582	\$ 189.63	\$ 189.63	
92979	TC	Intravasc us, heart add-on	A	2.468	2.468	\$ 102.16	\$ 102.16	
92979	26	Intravasc us, heart add-on	A	2.113	2.113	\$ 87.47	\$ 87.47	
92980		Insert intracoronary stent	A	23.374	23.374	\$ 967.46	\$ 967.46	
92981		Insert intracoronary stent	A	6.501	6.501	\$ 269.09	\$ 269.09	
92982		Coronary artery dilation	A	17.314	17.314	\$ 716.64	\$ 716.64	
92984		Coronary artery dilation	A	4.627	4.627	\$ 191.51	\$ 191.51	
92986		Revision of aortic valve	A	37.055	37.055	\$ 1,533.70	\$ 1,533.70	
92987		Revision of mitral valve	A	38.484	38.484	\$ 1,592.84	\$ 1,592.84	
92990		Revision of pulmonary valve	A	29.798	29.798	\$ 1,233.35	\$ 1,233.35	
92992		Revision of heart chamber	C	0.000	0.000	\$ -	\$ -	
92993		Revision of heart chamber	C	0.000	0.000	\$ -	\$ -	
92995		Coronary atherectomy	A	19.066	19.066	\$ 789.15	\$ 789.15	
92996		Coronary atherectomy add-on	A	5.098	5.098	\$ 211.01	\$ 211.01	
92997		Pul art balloon repr, percut	A	19.103	19.103	\$ 790.65	\$ 790.65	
92998		Pul art balloon repr, percut	A	9.329	9.329	\$ 386.13	\$ 386.13	
93000		Electrocardiogram, complete	A	0.722	0.722	\$ 29.88	\$ 29.88	
93005		Electrocardiogram, tracing	A	0.461	0.461	\$ 19.10	\$ 19.10	
93010		Electrocardiogram report	A	0.260	0.260	\$ 10.78	\$ 10.78	
93012		Transmission of ecg	A	5.845	5.845	\$ 241.91	\$ 241.91	
93014		Report on transmitted ecg	A	0.760	0.760	\$ 31.47	\$ 31.47	
93015		Cardiovascular stress test	A	2.946	2.946	\$ 121.94	\$ 121.94	
93016		Cardiovascular stress test	A	0.634	0.634	\$ 26.24	\$ 26.24	
93017		Cardiovascular stress test	A	1.871	1.871	\$ 77.43	\$ 77.43	
93018		Cardiovascular stress test	A	0.441	0.441	\$ 18.27	\$ 18.27	
93024		Cardiac drug stress test	A	3.018	3.018	\$ 124.90	\$ 124.90	
93024	TC	Cardiac drug stress test	A	1.268	1.268	\$ 52.47	\$ 52.47	
93024	26	Cardiac drug stress test	A	1.750	1.750	\$ 72.43	\$ 72.43	
93025		Microvolt t-wave assess	A	8.216	8.216	\$ 340.07	\$ 340.07	
93025	TC	Microvolt t-wave assess	A	7.141	7.141	\$ 295.55	\$ 295.55	
93025	26	Microvolt t-wave assess	A	1.075	1.075	\$ 44.51	\$ 44.51	
93040		Rhythm ECG with report	A	0.409	0.409	\$ 16.93	\$ 16.93	
93041		Rhythm ECG, tracing	A	0.167	0.167	\$ 6.91	\$ 6.91	
93042		Rhythm ECG, report	A	0.242	0.242	\$ 10.02	\$ 10.02	
93224		ECG monitor/report, 24 hrs	A	4.553	4.553	\$ 188.44	\$ 188.44	
93225		ECG monitor/record, 24 hrs	A	1.370	1.370	\$ 56.70	\$ 56.70	
93226		ECG monitor/report, 24 hrs	A	2.414	2.414	\$ 99.92	\$ 99.92	
93227		ECG monitor/review, 24 hrs	A	0.769	0.769	\$ 31.83	\$ 31.83	
93230		ECG monitor/report, 24 hrs	A	4.861	4.861	\$ 201.21	\$ 201.21	
93231		ECg monitor/record, 24 hrs	A	1.726	1.726	\$ 71.45	\$ 71.45	
93232		ECG monitor/report, 24 hrs	A	2.366	2.366	\$ 97.94	\$ 97.94	
93233		ECG monitor/review, 24 hrs	A	0.769	0.769	\$ 31.83	\$ 31.83	

HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
93235		ECG monitor/report, 24 hrs	A	3.414	3.414	\$ 141.29	\$ 141.29	
93236		ECG monitor/report, 24 hrs	A	2.780	2.780	\$ 115.05	\$ 115.05	
93237		ECG monitor/review, 24 hrs	A	0.634	0.634	\$ 26.24	\$ 26.24	
93268		ECG record/review	A	7.975	7.975	\$ 330.08	\$ 330.08	
93270		ECG recording	A	1.370	1.370	\$ 56.70	\$ 56.70	
93271		ECG/monitoring and analysis	A	5.845	5.845	\$ 241.91	\$ 241.91	
93272		ECG/review, interpret only	A	0.760	0.760	\$ 31.47	\$ 31.47	
93278		ECG/signal-averaged	A	1.786	1.786	\$ 73.93	\$ 73.93	
93278	TC	ECG/signal-averaged	A	1.412	1.412	\$ 58.43	\$ 58.43	
93278	26	ECG/signal-averaged	A	0.374	0.374	\$ 15.50	\$ 15.50	
93303		Echo transthoracic	A	6.103	6.103	\$ 252.59	\$ 252.59	
93303	TC	Echo transthoracic	A	4.197	4.197	\$ 173.73	\$ 173.73	
93303	26	Echo transthoracic	A	1.905	1.905	\$ 78.86	\$ 78.86	
93304		Echo transthoracic	A	3.238	3.238	\$ 134.00	\$ 134.00	
93304	TC	Echo transthoracic	A	2.171	2.171	\$ 89.84	\$ 89.84	
93304	26	Echo transthoracic	A	1.067	1.067	\$ 44.16	\$ 44.16	
93307		Echo exam of heart	A	5.581	5.581	\$ 231.01	\$ 231.01	
93307	TC	Echo exam of heart	A	4.197	4.197	\$ 173.73	\$ 173.73	
93307	26	Echo exam of heart	A	1.384	1.384	\$ 57.28	\$ 57.28	
93308		Echo exam of heart	A	2.958	2.958	\$ 122.44	\$ 122.44	
93308	TC	Echo exam of heart	A	2.171	2.171	\$ 89.84	\$ 89.84	
93308	26	Echo exam of heart	A	0.787	0.787	\$ 32.59	\$ 32.59	
93312		Echo transesophageal	A	7.632	7.632	\$ 315.91	\$ 315.91	
93312	TC	Echo transesophageal	A	4.366	4.366	\$ 180.72	\$ 180.72	
93312	26	Echo transesophageal	A	3.266	3.266	\$ 135.19	\$ 135.19	
93313		Echo transesophageal	A	1.365	1.365	\$ 56.51	\$ 56.51	
93314		Echo transesophageal	A	6.213	6.213	\$ 257.16	\$ 257.16	
93314	TC	Echo transesophageal	A	4.366	4.366	\$ 180.72	\$ 180.72	
93314	26	Echo transesophageal	A	1.847	1.847	\$ 76.44	\$ 76.44	
93315		Echo transesophageal	C	0.000	0.000	\$ -	\$ -	
93315	TC	Echo transesophageal	C	0.000	0.000	\$ -	\$ -	
93315	26	Echo transesophageal	A	4.121	4.121	\$ 170.56	\$ 170.56	
93316		Echo transesophageal	A	1.391	1.391	\$ 57.57	\$ 57.57	
93317		Echo transesophageal	C	0.000	0.000	\$ -	\$ -	
93317	TC	Echo transesophageal	C	0.000	0.000	\$ -	\$ -	
93317	26	Echo transesophageal	A	2.676	2.676	\$ 110.75	\$ 110.75	
93318		Echo transesophageal intraop	C	0.000	0.000	\$ -	\$ -	
93318	TC	Echo transesophageal intraop	C	0.000	0.000	\$ -	\$ -	
93318	26	Echo transesophageal intraop	A	2.876	2.876	\$ 119.03	\$ 119.03	
93320		Doppler echo exam, heart	A	2.483	2.483	\$ 102.76	\$ 102.76	
93320	TC	Doppler echo exam, heart	A	1.936	1.936	\$ 80.12	\$ 80.12	
93320	26	Doppler echo exam, heart	A	0.547	0.547	\$ 22.64	\$ 22.64	
93321		Doppler echo exam, heart	A	1.508	1.508	\$ 62.43	\$ 62.43	
93321	TC	Doppler echo exam, heart	A	1.268	1.268	\$ 52.47	\$ 52.47	
93321	26	Doppler echo exam, heart	A	0.240	0.240	\$ 9.95	\$ 9.95	
93325		Doppler color flow add-on	A	3.437	3.437	\$ 142.28	\$ 142.28	
93325	TC	Doppler color flow add-on	A	3.302	3.302	\$ 136.69	\$ 136.69	
93325	26	Doppler color flow add-on	A	0.135	0.135	\$ 5.59	\$ 5.59	
93350		Echo transthoracic	A	4.061	4.061	\$ 168.09	\$ 168.09	
93350	TC	Echo transthoracic	A	2.018	2.018	\$ 83.51	\$ 83.51	
93350	26	Echo transthoracic	A	2.043	2.043	\$ 84.58	\$ 84.58	
93501		Right heart catheterization	A	23.308	23.308	\$ 964.73	\$ 964.73	
93501	TC	Right heart catheterization	A	18.561	18.561	\$ 768.23	\$ 768.23	
93501	26	Right heart catheterization	A	4.748	4.748	\$ 196.50	\$ 196.50	
93503		Insert/place heart catheter	A	4.238	4.238	\$ 175.41	\$ 175.41	
93505		Biopsy of heart lining	A	9.235	9.235	\$ 382.23	\$ 382.23	
93505	TC	Biopsy of heart lining	A	2.323	2.323	\$ 96.15	\$ 96.15	
93505	26	Biopsy of heart lining	A	6.912	6.912	\$ 286.08	\$ 286.08	
93508		Cath placement, angiography	A	20.163	20.163	\$ 834.55	\$ 834.55	
93508	TC	Cath placement, angiography	A	13.310	13.310	\$ 550.89	\$ 550.89	
93508	26	Cath placement, angiography	A	6.853	6.853	\$ 283.66	\$ 283.66	



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				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
93510		Left heart catheterization	A	47.836	47.836	\$ 1,979.92	\$ 1,979.92	
93510	TC	Left heart catheterization	A	40.597	40.597	\$ 1,680.31	\$ 1,680.31	
93510	26	Left heart catheterization	A	7.239	7.239	\$ 299.61	\$ 299.61	
93511		Left heart catheterization	A	47.814	47.814	\$ 1,979.02	\$ 1,979.02	
93511	TC	Left heart catheterization	A	39.488	39.488	\$ 1,634.40	\$ 1,634.40	
93511	26	Left heart catheterization	A	8.326	8.326	\$ 344.62	\$ 344.62	
93514		Left heart catheterization	A	50.973	50.973	\$ 2,109.77	\$ 2,109.77	
93514	TC	Left heart catheterization	A	39.488	39.488	\$ 1,634.40	\$ 1,634.40	
93514	26	Left heart catheterization	A	11.485	11.485	\$ 475.38	\$ 475.38	
93524		Left heart catheterization	A	63.009	63.009	\$ 2,607.95	\$ 2,607.95	
93524	TC	Left heart catheterization	A	51.660	51.660	\$ 2,138.22	\$ 2,138.22	
93524	26	Left heart catheterization	A	11.349	11.349	\$ 469.73	\$ 469.73	
93526		Rt & Lt heart catheters	A	62.950	62.950	\$ 2,605.49	\$ 2,605.49	
93526	TC	Rt & Lt heart catheters	A	53.112	53.112	\$ 2,198.31	\$ 2,198.31	
93526	26	Rt & Lt heart catheters	A	9.838	9.838	\$ 407.18	\$ 407.18	
93527		Rt & Lt heart catheters	A	63.577	63.577	\$ 2,631.44	\$ 2,631.44	
93527	TC	Rt & Lt heart catheters	A	51.660	51.660	\$ 2,138.22	\$ 2,138.22	
93527	26	Rt & Lt heart catheters	A	11.916	11.916	\$ 493.22	\$ 493.22	
93528		Rt & Lt heart catheters	A	66.343	66.343	\$ 2,745.93	\$ 2,745.93	
93528	TC	Rt & Lt heart catheters	A	51.660	51.660	\$ 2,138.22	\$ 2,138.22	
93528	26	Rt & Lt heart catheters	A	14.683	14.683	\$ 607.71	\$ 607.71	
93529		Rt, lt heart catheterization	A	59.581	59.581	\$ 2,466.06	\$ 2,466.06	
93529	TC	Rt, lt heart catheterization	A	51.660	51.660	\$ 2,138.22	\$ 2,138.22	
93529	26	Rt, lt heart catheterization	A	7.921	7.921	\$ 327.84	\$ 327.84	
93530		Rt heart cath, congenital	A	25.575	25.575	\$ 1,058.53	\$ 1,058.53	
93530	TC	Rt heart cath, congenital	A	18.561	18.561	\$ 768.23	\$ 768.23	
93530	26	Rt heart cath, congenital	A	7.014	7.014	\$ 290.30	\$ 290.30	
93531		R & l heart cath, congenital	A	66.675	66.675	\$ 2,759.67	\$ 2,759.67	
93531	TC	R & l heart cath, congenital	A	53.112	53.112	\$ 2,198.31	\$ 2,198.31	
93531	26	R & l heart cath, congenital	A	13.563	13.563	\$ 561.35	\$ 561.35	
93532		R & l heart cath, congenital	A	67.767	67.767	\$ 2,804.87	\$ 2,804.87	
93532	TC	R & l heart cath, congenital	A	51.660	51.660	\$ 2,138.22	\$ 2,138.22	
93532	26	R & l heart cath, congenital	A	16.106	16.106	\$ 666.64	\$ 666.64	
93533		R & l heart cath, congenital	A	62.792	62.792	\$ 2,598.94	\$ 2,598.94	
93533	TC	R & l heart cath, congenital	A	51.660	51.660	\$ 2,138.22	\$ 2,138.22	
93533	26	R & l heart cath, congenital	A	11.131	11.131	\$ 460.72	\$ 460.72	
93539		Injection, cardiac cath	A	0.575	0.575	\$ 23.82	\$ 23.82	
93540		Injection, cardiac cath	A	0.614	0.614	\$ 25.41	\$ 25.41	
93541		Injection for lung angiogram	A	0.423	0.423	\$ 17.51	\$ 17.51	
93542		Injection for heart x-rays	A	0.423	0.423	\$ 17.51	\$ 17.51	
93543		Injection for heart x-rays	A	0.431	0.431	\$ 17.86	\$ 17.86	
93544		Injection for aortography	A	0.374	0.374	\$ 15.50	\$ 15.50	
93545		Inject for coronary x-rays	A	0.575	0.575	\$ 23.82	\$ 23.82	
93555		Imaging, cardiac cath	A	7.937	7.937	\$ 328.51	\$ 328.51	
93555	TC	Imaging, cardiac cath	A	6.697	6.697	\$ 277.19	\$ 277.19	
93555	26	Imaging, cardiac cath	A	1.240	1.240	\$ 51.32	\$ 51.32	
93556		Imaging, cardiac cath	A	11.722	11.722	\$ 485.18	\$ 485.18	
93556	TC	Imaging, cardiac cath	A	10.454	10.454	\$ 432.68	\$ 432.68	
93556	26	Imaging, cardiac cath	A	1.268	1.268	\$ 52.50	\$ 52.50	
93561		Cardiac output measurement	A	1.394	1.394	\$ 57.69	\$ 57.69	
93561	TC	Cardiac output measurement	A	0.679	0.679	\$ 28.10	\$ 28.10	
93561	26	Cardiac output measurement	A	0.715	0.715	\$ 29.59	\$ 29.59	
93562		Cardiac output measurement	A	0.672	0.672	\$ 27.81	\$ 27.81	
93562	TC	Cardiac output measurement	A	0.430	0.430	\$ 17.79	\$ 17.79	
93562	26	Cardiac output measurement	A	0.242	0.242	\$ 10.02	\$ 10.02	
93571		Heart flow reserve measure	A	7.732	7.732	\$ 320.01	\$ 320.01	
93571	TC	Heart flow reserve measure	A	4.840	4.840	\$ 200.34	\$ 200.34	
93571	26	Heart flow reserve measure	A	2.891	2.891	\$ 119.67	\$ 119.67	
93572		Heart flow reserve measure	A	5.162	5.162	\$ 213.66	\$ 213.66	
93572	TC	Heart flow reserve measure	A	2.468	2.468	\$ 102.16	\$ 102.16	
93572	26	Heart flow reserve measure	A	2.694	2.694	\$ 111.50	\$ 111.50	

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				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
93580		Transcath closure of asd	A	29.506	29.506	\$ 1,221.27	\$ 1,221.27	
93581		Transcath closure of vsd	A	38.009	38.009	\$ 1,573.19	\$ 1,573.19	
93600		Bundle of His recording	A	5.518	5.518	\$ 228.38	\$ 228.38	
93600	TC	Bundle of His recording	A	2.179	2.179	\$ 90.20	\$ 90.20	
93600	26	Bundle of His recording	A	3.339	3.339	\$ 138.19	\$ 138.19	
93602		Intra-atrial recording	A	4.606	4.606	\$ 190.66	\$ 190.66	
93602	TC	Intra-atrial recording	A	1.228	1.228	\$ 50.84	\$ 50.84	
93602	26	Intra-atrial recording	A	3.378	3.378	\$ 139.82	\$ 139.82	
93603		Right ventricular recording	A	5.201	5.201	\$ 215.26	\$ 215.26	
93603	TC	Right ventricular recording	A	1.871	1.871	\$ 77.43	\$ 77.43	
93603	26	Right ventricular recording	A	3.330	3.330	\$ 137.84	\$ 137.84	
93609		Map tachycardia, add-on	A	12.117	12.117	\$ 501.54	\$ 501.54	
93609	TC	Map tachycardia, add-on	A	2.983	2.983	\$ 123.47	\$ 123.47	
93609	26	Map tachycardia, add-on	A	9.134	9.134	\$ 378.07	\$ 378.07	
93610		Intra-atrial pacing	A	6.386	6.386	\$ 264.30	\$ 264.30	
93610	TC	Intra-atrial pacing	A	1.551	1.551	\$ 64.19	\$ 64.19	
93610	26	Intra-atrial pacing	A	4.835	4.835	\$ 200.12	\$ 200.12	
93612		Intraventricular pacing	A	6.646	6.646	\$ 275.08	\$ 275.08	
93612	TC	Intraventricular pacing	A	1.811	1.811	\$ 74.97	\$ 74.97	
93612	26	Intraventricular pacing	A	4.835	4.835	\$ 200.12	\$ 200.12	
93613		Electrophys map 3d, add-on	A	11.823	11.823	\$ 489.35	\$ 489.35	
93615		Esophageal recording	A	1.728	1.728	\$ 71.54	\$ 71.54	
93615	TC	Esophageal recording	A	0.351	0.351	\$ 14.53	\$ 14.53	
93615	26	Esophageal recording	A	1.377	1.377	\$ 57.01	\$ 57.01	
93616		Esophageal recording	A	2.474	2.474	\$ 102.41	\$ 102.41	
93616	TC	Esophageal recording	A	0.351	0.351	\$ 14.53	\$ 14.53	
93616	26	Esophageal recording	A	2.123	2.123	\$ 87.88	\$ 87.88	
93618		Heart rhythm pacing	A	11.074	11.074	\$ 458.36	\$ 458.36	
93618	TC	Heart rhythm pacing	A	4.330	4.330	\$ 179.23	\$ 179.23	
93618	26	Heart rhythm pacing	A	6.744	6.744	\$ 279.13	\$ 279.13	
93619		Electrophysiology evaluation	A	20.280	20.280	\$ 839.39	\$ 839.39	
93619	TC	Electrophysiology evaluation	A	8.434	8.434	\$ 349.09	\$ 349.09	
93619	26	Electrophysiology evaluation	A	11.846	11.846	\$ 490.30	\$ 490.30	
93620		Electrophysiology evaluation	C	0.000	0.000	\$ -	\$ -	
93620	TC	Electrophysiology evaluation	C	0.000	0.000	\$ -	\$ -	
93620	26	Electrophysiology evaluation	A	18.543	18.543	\$ 767.50	\$ 767.50	
93621		Electrophysiology evaluation	C	0.000	0.000	\$ -	\$ -	
93621	TC	Electrophysiology evaluation	C	0.000	0.000	\$ -	\$ -	
93621	26	Electrophysiology evaluation	A	3.508	3.508	\$ 145.18	\$ 145.18	
93622		Electrophysiology evaluation	C	0.000	0.000	\$ -	\$ -	
93622	TC	Electrophysiology evaluation	C	0.000	0.000	\$ -	\$ -	
93622	26	Electrophysiology evaluation	A	7.326	7.326	\$ 303.22	\$ 303.22	
93623		Stimulation, pacing heart	C	0.000	0.000	\$ -	\$ -	
93623	TC	Stimulation, pacing heart	C	0.000	0.000	\$ -	\$ -	
93623	26	Stimulation, pacing heart	A	4.513	4.513	\$ 186.77	\$ 186.77	
93624		Electrophysiologic study	A	10.059	10.059	\$ 416.34	\$ 416.34	
93624	TC	Electrophysiologic study	A	2.205	2.205	\$ 91.25	\$ 91.25	
93624	26	Electrophysiologic study	A	7.854	7.854	\$ 325.09	\$ 325.09	
93631		Heart pacing, mapping	A	20.803	20.803	\$ 861.03	\$ 861.03	
93631	TC	Heart pacing, mapping	A	7.692	7.692	\$ 318.37	\$ 318.37	
93631	26	Heart pacing, mapping	A	13.111	13.111	\$ 542.66	\$ 542.66	
93640		Evaluation heart device	A	13.312	13.312	\$ 551.00	\$ 551.00	
93640	TC	Evaluation heart device	A	7.778	7.778	\$ 321.93	\$ 321.93	
93640	26	Evaluation heart device	A	5.534	5.534	\$ 229.07	\$ 229.07	
93641		Electrophysiology evaluation	A	17.130	17.130	\$ 709.03	\$ 709.03	
93641	TC	Electrophysiology evaluation	A	7.778	7.778	\$ 321.93	\$ 321.93	
93641	26	Electrophysiology evaluation	A	9.353	9.353	\$ 387.10	\$ 387.10	
93642		Electrophysiology evaluation	A	15.295	15.295	\$ 633.06	\$ 633.06	
93642	TC	Electrophysiology evaluation	A	7.778	7.778	\$ 321.93	\$ 321.93	
93642	26	Electrophysiology evaluation	A	7.517	7.517	\$ 311.13	\$ 311.13	
93650		Ablate heart dysrhythm focus	A	16.878	16.878	\$ 698.57	\$ 698.57	

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				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
93651		Ablate heart dysrhythm focus	A	25.693	25.693	\$ 1,063.45	\$ 1,063.45	
93652		Ablate heart dysrhythm focus	A	27.905	27.905	\$ 1,154.99	\$ 1,154.99	
93660		Tilt table evaluation	A	4.311	4.311	\$ 178.42	\$ 178.42	
93660	TC	Tilt table evaluation	A	1.515	1.515	\$ 62.72	\$ 62.72	
93660	26	Tilt table evaluation	A	2.795	2.795	\$ 115.70	\$ 115.70	
93662		Intracardiac ecg (ice)	C	0.000	0.000	\$ -	\$ -	
93662	TC	Intracardiac ecg (ice)	C	0.000	0.000	\$ -	\$ -	
93662	26	Intracardiac ecg (ice)	A	5.678	5.678	\$ 235.00	\$ 235.00	
93668		Peripheral vascular rehab	N	0.000	0.000	\$ -	\$ -	
93701		Bioimpedance, thoracic	A	1.116	1.116	\$ 46.19	\$ 46.19	
93701	TC	Bioimpedance, thoracic	A	0.847	0.847	\$ 35.06	\$ 35.06	
93701	26	Bioimpedance, thoracic	A	0.269	0.269	\$ 11.13	\$ 11.13	
93720		Total body plethysmography	A	1.092	1.092	\$ 45.21	\$ 45.21	
93721		Plethysmography tracing	A	0.840	0.840	\$ 34.78	\$ 34.78	
93722		Plethysmography report	A	0.252	0.252	\$ 10.43	\$ 10.43	
93724		Analyze pacemaker system	A	11.711	11.711	\$ 484.71	\$ 484.71	
93724	TC	Analyze pacemaker system	A	4.330	4.330	\$ 179.23	\$ 179.23	
93724	26	Analyze pacemaker system	A	7.380	7.380	\$ 305.48	\$ 305.48	
93727		Analyze ilr system	A	0.927	0.927	\$ 38.36	\$ 38.36	
93731		Analyze pacemaker system	A	1.256	1.256	\$ 52.00	\$ 52.00	
93731	TC	Analyze pacemaker system	A	0.574	0.574	\$ 23.77	\$ 23.77	
93731	26	Analyze pacemaker system	A	0.682	0.682	\$ 28.23	\$ 28.23	
93732		Analyze pacemaker system	A	1.975	1.975	\$ 81.76	\$ 81.76	
93732	TC	Analyze pacemaker system	A	0.591	0.591	\$ 24.48	\$ 24.48	
93732	26	Analyze pacemaker system	A	1.384	1.384	\$ 57.28	\$ 57.28	
93733		Telephone analy, pacemaker	A	1.126	1.126	\$ 46.62	\$ 46.62	
93733	TC	Telephone analy, pacemaker	A	0.857	0.857	\$ 35.49	\$ 35.49	
93733	26	Telephone analy, pacemaker	A	0.269	0.269	\$ 11.13	\$ 11.13	
93734		Analyze pacemaker system	A	0.923	0.923	\$ 38.22	\$ 38.22	
93734	TC	Analyze pacemaker system	A	0.376	0.376	\$ 15.58	\$ 15.58	
93734	26	Analyze pacemaker system	A	0.547	0.547	\$ 22.64	\$ 22.64	
93735		Analyze pacemaker system	A	1.676	1.676	\$ 69.38	\$ 69.38	
93735	TC	Analyze pacemaker system	A	0.532	0.532	\$ 22.02	\$ 22.02	
93735	26	Analyze pacemaker system	A	1.144	1.144	\$ 47.37	\$ 47.37	
93736		Telephonic analy, pacemaker	A	1.013	1.013	\$ 41.92	\$ 41.92	
93736	TC	Telephonic analy, pacemaker	A	0.772	0.772	\$ 31.97	\$ 31.97	
93736	26	Telephonic analy, pacemaker	A	0.240	0.240	\$ 9.95	\$ 9.95	
93740		Temperature gradient studies	B	0.409	0.409	\$ 16.93	\$ 16.93	
93740	TC	Temperature gradient studies	B	0.175	0.175	\$ 7.26	\$ 7.26	
93740	26	Temperature gradient studies	B	0.233	0.233	\$ 9.66	\$ 9.66	
93741		Analyze ht pace device snl	A	1.878	1.878	\$ 77.74	\$ 77.74	
93741	TC	Analyze ht pace device snl	A	0.727	0.727	\$ 30.11	\$ 30.11	
93741	26	Analyze ht pace device snl	A	1.151	1.151	\$ 47.64	\$ 47.64	
93742		Analyze ht pace device snl	A	2.022	2.022	\$ 83.70	\$ 83.70	
93742	TC	Analyze ht pace device snl	A	0.727	0.727	\$ 30.11	\$ 30.11	
93742	26	Analyze ht pace device snl	A	1.295	1.295	\$ 53.60	\$ 53.60	
93743		Analyze ht pace device dual	A	2.315	2.315	\$ 95.81	\$ 95.81	
93743	TC	Analyze ht pace device dual	A	0.787	0.787	\$ 32.57	\$ 32.57	
93743	26	Analyze ht pace device dual	A	1.528	1.528	\$ 63.24	\$ 63.24	
93744		Analyze ht pace device dual	A	2.456	2.456	\$ 101.67	\$ 101.67	
93744	TC	Analyze ht pace device dual	A	0.727	0.727	\$ 30.11	\$ 30.11	
93744	26	Analyze ht pace device dual	A	1.729	1.729	\$ 71.56	\$ 71.56	
93760		Cephalic thermogram	N	0.000	0.000	\$ -	\$ -	
93762		Peripheral thermogram	N	0.000	0.000	\$ -	\$ -	
93770		Measure venous pressure	B	0.307	0.307	\$ 12.70	\$ 12.70	
93770	TC	Measure venous pressure	B	0.065	0.065	\$ 2.69	\$ 2.69	
93770	26	Measure venous pressure	B	0.242	0.242	\$ 10.02	\$ 10.02	
93784		Ambulatory BP monitoring	A	1.816	1.816	\$ 75.16	\$ 75.16	
93786		Ambulatory BP recording	A	0.813	0.813	\$ 33.65	\$ 33.65	
93788		Ambulatory BP analysis	A	0.473	0.473	\$ 19.58	\$ 19.58	
93790		Review/report BP recording	A	0.530	0.530	\$ 21.94	\$ 21.94	

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				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
93797		Cardiac rehab	A	0.279	0.534	\$ 11.55	\$ 22.10	
93798		Cardiac rehab/monitor	A	0.413	0.736	\$ 17.09	\$ 30.46	
93799		Cardiovascular procedure	C	0.000	0.000	\$ -	\$ -	
93799	TC	Cardiovascular procedure	C	0.000	0.000	\$ -	\$ -	
93799	26	Cardiovascular procedure	C	0.000	0.000	\$ -	\$ -	
93875		Extracranial study	A	2.105	2.105	\$ 87.11	\$ 87.11	
93875	TC	Extracranial study	A	1.777	1.777	\$ 73.56	\$ 73.56	
93875	26	Extracranial study	A	0.327	0.327	\$ 13.55	\$ 13.55	
93880		Extracranial study	A	5.732	5.732	\$ 237.25	\$ 237.25	
93880	TC	Extracranial study	A	4.756	4.756	\$ 196.85	\$ 196.85	
93880	26	Extracranial study	A	0.976	0.976	\$ 40.39	\$ 40.39	
93882		Extracranial study	A	4.024	4.024	\$ 166.57	\$ 166.57	
93882	TC	Extracranial study	A	3.308	3.308	\$ 136.92	\$ 136.92	
93882	26	Extracranial study	A	0.716	0.716	\$ 29.65	\$ 29.65	
93886		Intracranial study	A	6.516	6.516	\$ 269.69	\$ 269.69	
93886	TC	Intracranial study	A	5.024	5.024	\$ 207.96	\$ 207.96	
93886	26	Intracranial study	A	1.491	1.491	\$ 61.73	\$ 61.73	
93888		Intracranial study	A	4.450	4.450	\$ 184.19	\$ 184.19	
93888	TC	Intracranial study	A	3.437	3.437	\$ 142.27	\$ 142.27	
93888	26	Intracranial study	A	1.013	1.013	\$ 41.92	\$ 41.92	
93922		Extremity study	A	2.483	2.483	\$ 102.76	\$ 102.76	
93922	TC	Extremity study	A	2.077	2.077	\$ 85.97	\$ 85.97	
93922	26	Extremity study	A	0.405	0.405	\$ 16.78	\$ 16.78	
93923		Extremity study	A	4.066	4.066	\$ 168.28	\$ 168.28	
93923	TC	Extremity study	A	3.291	3.291	\$ 136.21	\$ 136.21	
93923	26	Extremity study	A	0.775	0.775	\$ 32.07	\$ 32.07	
93924		Extremity study	A	4.920	4.920	\$ 203.63	\$ 203.63	
93924	TC	Extremity study	A	4.038	4.038	\$ 167.15	\$ 167.15	
93924	26	Extremity study	A	0.881	0.881	\$ 36.48	\$ 36.48	
93925		Lower extremity study	A	6.298	6.298	\$ 260.69	\$ 260.69	
93925	TC	Lower extremity study	A	5.351	5.351	\$ 221.48	\$ 221.48	
93925	26	Lower extremity study	A	0.947	0.947	\$ 39.21	\$ 39.21	
93926		Lower extremity study	A	4.422	4.422	\$ 183.04	\$ 183.04	
93926	TC	Lower extremity study	A	3.764	3.764	\$ 155.79	\$ 155.79	
93926	26	Lower extremity study	A	0.658	0.658	\$ 27.25	\$ 27.25	
93930		Upper extremity study	A	5.351	5.351	\$ 221.48	\$ 221.48	
93930	TC	Upper extremity study	A	4.597	4.597	\$ 190.27	\$ 190.27	
93930	26	Upper extremity study	A	0.754	0.754	\$ 31.20	\$ 31.20	
93931		Upper extremity study	A	3.733	3.733	\$ 154.52	\$ 154.52	
93931	TC	Upper extremity study	A	3.251	3.251	\$ 134.55	\$ 134.55	
93931	26	Upper extremity study	A	0.482	0.482	\$ 19.97	\$ 19.97	
93965		Extremity study	A	2.484	2.484	\$ 102.80	\$ 102.80	
93965	TC	Extremity study	A	1.953	1.953	\$ 80.82	\$ 80.82	
93965	26	Extremity study	A	0.531	0.531	\$ 21.98	\$ 21.98	
93970		Extremity study	A	5.870	5.870	\$ 242.97	\$ 242.97	
93970	TC	Extremity study	A	4.758	4.758	\$ 196.93	\$ 196.93	
93970	26	Extremity study	A	1.112	1.112	\$ 46.04	\$ 46.04	
93971		Extremity study	A	4.105	4.105	\$ 169.89	\$ 169.89	
93971	TC	Extremity study	A	3.369	3.369	\$ 139.46	\$ 139.46	
93971	26	Extremity study	A	0.735	0.735	\$ 30.44	\$ 30.44	
93975		Vascular study	A	8.958	8.958	\$ 370.75	\$ 370.75	
93975	TC	Vascular study	A	6.134	6.134	\$ 253.90	\$ 253.90	
93975	26	Vascular study	A	2.823	2.823	\$ 116.85	\$ 116.85	
93976		Vascular study	A	5.612	5.612	\$ 232.26	\$ 232.26	
93976	TC	Vascular study	A	3.785	3.785	\$ 156.67	\$ 156.67	
93976	26	Vascular study	A	1.826	1.826	\$ 75.59	\$ 75.59	
93978		Vascular study	A	5.390	5.390	\$ 223.11	\$ 223.11	
93978	TC	Vascular study	A	4.317	4.317	\$ 178.66	\$ 178.66	
93978	26	Vascular study	A	1.074	1.074	\$ 44.45	\$ 44.45	
93979		Vascular study	A	3.837	3.837	\$ 158.82	\$ 158.82	
93979	TC	Vascular study	A	3.072	3.072	\$ 127.17	\$ 127.17	



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93979	26	Vascular study	A	0.765	0.765	\$ 31.66	\$ 31.66	
93980		Penile vascular study	A	6.971	6.971	\$ 288.53	\$ 288.53	
93980	TC	Penile vascular study	A	5.057	5.057	\$ 209.29	\$ 209.29	
93980	26	Penile vascular study	A	1.914	1.914	\$ 79.23	\$ 79.23	
93981		Penile vascular study	A	5.661	5.661	\$ 234.31	\$ 234.31	
93981	TC	Penile vascular study	A	5.015	5.015	\$ 207.56	\$ 207.56	
93981	26	Penile vascular study	A	0.646	0.646	\$ 26.76	\$ 26.76	
93990		Doppler flow testing	A	4.144	4.144	\$ 171.51	\$ 171.51	
93990	TC	Doppler flow testing	A	3.738	3.738	\$ 154.73	\$ 154.73	
93990	26	Doppler flow testing	A	0.405	0.405	\$ 16.78	\$ 16.78	
94010		Breathing capacity test	A	0.858	0.858	\$ 35.51	\$ 35.51	
94010	TC	Breathing capacity test	A	0.606	0.606	\$ 25.08	\$ 25.08	
94010	26	Breathing capacity test	A	0.252	0.252	\$ 10.43	\$ 10.43	
94014		Patient recorded spirometry	A	1.293	1.293	\$ 53.51	\$ 53.51	
94015		Patient recorded spirometry	A	0.549	0.549	\$ 22.74	\$ 22.74	
94016		Review patient spirometry	A	0.743	0.743	\$ 30.77	\$ 30.77	
94060		Evaluation of wheezing	A	1.538	1.538	\$ 63.67	\$ 63.67	
94060	TC	Evaluation of wheezing	A	1.104	1.104	\$ 45.69	\$ 45.69	
94060	26	Evaluation of wheezing	A	0.434	0.434	\$ 17.98	\$ 17.98	
94070		Evaluation of wheezing	A	3.615	3.615	\$ 149.63	\$ 149.63	
94070	TC	Evaluation of wheezing	A	2.775	2.775	\$ 114.85	\$ 114.85	
94070	26	Evaluation of wheezing	A	0.840	0.840	\$ 34.79	\$ 34.79	
94150		Vital capacity test	B	0.557	0.557	\$ 23.05	\$ 23.05	
94150	TC	Vital capacity test	B	0.422	0.422	\$ 17.47	\$ 17.47	
94150	26	Vital capacity test	B	0.135	0.135	\$ 5.59	\$ 5.59	
94200		Lung function test (MBC/MVV)	A	0.602	0.602	\$ 24.93	\$ 24.93	
94200	TC	Lung function test (MBC/MVV)	A	0.427	0.427	\$ 17.69	\$ 17.69	
94200	26	Lung function test (MBC/MVV)	A	0.175	0.175	\$ 7.24	\$ 7.24	
94240		Residual lung capacity	A	1.049	1.049	\$ 43.43	\$ 43.43	
94240	TC	Residual lung capacity	A	0.682	0.682	\$ 28.22	\$ 28.22	
94240	26	Residual lung capacity	A	0.367	0.367	\$ 15.21	\$ 15.21	
94250		Expired gas collection	A	0.741	0.741	\$ 30.69	\$ 30.69	
94250	TC	Expired gas collection	A	0.566	0.566	\$ 23.45	\$ 23.45	
94250	26	Expired gas collection	A	0.175	0.175	\$ 7.24	\$ 7.24	
94260		Thoracic gas volume	A	0.812	0.812	\$ 33.60	\$ 33.60	
94260	TC	Thoracic gas volume	A	0.608	0.608	\$ 25.18	\$ 25.18	
94260	26	Thoracic gas volume	A	0.203	0.203	\$ 8.42	\$ 8.42	
94350		Lung nitrogen washout curve	A	1.095	1.095	\$ 45.32	\$ 45.32	
94350	TC	Lung nitrogen washout curve	A	0.727	0.727	\$ 30.11	\$ 30.11	
94350	26	Lung nitrogen washout curve	A	0.367	0.367	\$ 15.21	\$ 15.21	
94360		Measure airflow resistance	A	1.123	1.123	\$ 46.47	\$ 46.47	
94360	TC	Measure airflow resistance	A	0.755	0.755	\$ 31.26	\$ 31.26	
94360	26	Measure airflow resistance	A	0.367	0.367	\$ 15.21	\$ 15.21	
94370		Breath airway closing volume	A	0.990	0.990	\$ 40.99	\$ 40.99	
94370	TC	Breath airway closing volume	A	0.623	0.623	\$ 25.78	\$ 25.78	
94370	26	Breath airway closing volume	A	0.367	0.367	\$ 15.21	\$ 15.21	
94375		Respiratory flow volume loop	A	0.947	0.947	\$ 39.19	\$ 39.19	
94375	TC	Respiratory flow volume loop	A	0.512	0.512	\$ 21.21	\$ 21.21	
94375	26	Respiratory flow volume loop	A	0.434	0.434	\$ 17.98	\$ 17.98	
94400		CO2 breathing response curve	A	1.390	1.390	\$ 57.55	\$ 57.55	
94400	TC	CO2 breathing response curve	A	0.849	0.849	\$ 35.13	\$ 35.13	
94400	26	CO2 breathing response curve	A	0.541	0.541	\$ 22.41	\$ 22.41	
94450		Hypoxia response curve	A	1.136	1.136	\$ 47.01	\$ 47.01	
94450	TC	Hypoxia response curve	A	0.555	0.555	\$ 22.97	\$ 22.97	
94450	26	Hypoxia response curve	A	0.581	0.581	\$ 24.05	\$ 24.05	
94620		Pulmonary stress test/simple	A	3.171	3.171	\$ 131.23	\$ 131.23	
94620	TC	Pulmonary stress test/simple	A	2.282	2.282	\$ 94.44	\$ 94.44	
94620	26	Pulmonary stress test/simple	A	0.889	0.889	\$ 36.79	\$ 36.79	
94621		Pulm stress test/complex	A	3.803	3.803	\$ 157.39	\$ 157.39	
94621	TC	Pulm stress test/complex	A	1.780	1.780	\$ 73.68	\$ 73.68	
94621	26	Pulm stress test/complex	A	2.022	2.022	\$ 83.70	\$ 83.70	

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94640		Airway inhalation treatment	A	0.351	0.351	\$ 14.53	\$ 14.53	
94642		Aerosol inhalation treatment	A	0.000	0.000	\$ -	\$ -	\$ 43.20
94656		Initial ventilator mgmt	A	1.768	2.499	\$ 73.19	\$ 103.45	
94657		Continued ventilator mgmt	A	1.200	1.838	\$ 49.68	\$ 76.07	
94660		Pos airway pressure, CPAP	A	1.122	1.479	\$ 46.44	\$ 61.21	
94662		Neg press ventilation, cnp	A	1.043	1.043	\$ 43.17	\$ 43.17	
94664		Evaluate pt use of inhaler	A	0.430	0.430	\$ 17.79	\$ 17.79	
94667		Chest wall manipulation	A	0.656	0.656	\$ 27.17	\$ 27.17	
94668		Chest wall manipulation	A	0.470	0.470	\$ 19.45	\$ 19.45	
94680		Exhaled air analysis, o2	A	2.143	2.143	\$ 88.69	\$ 88.69	
94680	TC	Exhaled air analysis, o2	A	1.775	1.775	\$ 73.48	\$ 73.48	
94680	26	Exhaled air analysis, o2	A	0.367	0.367	\$ 15.21	\$ 15.21	
94681		Exhaled air analysis, o2/co2	A	2.940	2.940	\$ 121.69	\$ 121.69	
94681	TC	Exhaled air analysis, o2/co2	A	2.641	2.641	\$ 109.32	\$ 109.32	
94681	26	Exhaled air analysis, o2/co2	A	0.299	0.299	\$ 12.37	\$ 12.37	
94690		Exhaled air analysis	A	1.942	1.942	\$ 80.37	\$ 80.37	
94690	TC	Exhaled air analysis	A	1.815	1.815	\$ 75.14	\$ 75.14	
94690	26	Exhaled air analysis	A	0.126	0.126	\$ 5.23	\$ 5.23	
94720		Monoxide diffusing capacity	A	1.386	1.386	\$ 57.38	\$ 57.38	
94720	TC	Monoxide diffusing capacity	A	1.019	1.019	\$ 42.17	\$ 42.17	
94720	26	Monoxide diffusing capacity	A	0.367	0.367	\$ 15.21	\$ 15.21	
94725		Membrane diffusion capacity	A	3.255	3.255	\$ 134.73	\$ 134.73	
94725	TC	Membrane diffusion capacity	A	2.888	2.888	\$ 119.52	\$ 119.52	
94725	26	Membrane diffusion capacity	A	0.367	0.367	\$ 15.21	\$ 15.21	
94750		Pulmonary compliance study	A	1.575	1.575	\$ 65.18	\$ 65.18	
94750	TC	Pulmonary compliance study	A	1.246	1.246	\$ 51.57	\$ 51.57	
94750	26	Pulmonary compliance study	A	0.329	0.329	\$ 13.62	\$ 13.62	
94760		Measure blood oxygen level	B	0.113	0.113	\$ 4.67	\$ 4.67	
94761		Measure blood oxygen level	B	0.296	0.296	\$ 12.27	\$ 12.27	
94762		Measure blood oxygen level	A	0.735	0.735	\$ 30.41	\$ 30.41	
94770		Exhaled carbon dioxide test	A	1.885	1.885	\$ 78.03	\$ 78.03	
94770	TC	Exhaled carbon dioxide test	A	1.662	1.662	\$ 68.78	\$ 68.78	
94770	26	Exhaled carbon dioxide test	A	0.223	0.223	\$ 9.25	\$ 9.25	
94772		Breath recording, infant	C	0.000	0.000	\$ -	\$ -	
94772	TC	Breath recording, infant	A	0.000	0.000	\$ -	\$ -	\$ 136.32
94772	26	Breath recording, infant	C	0.000	0.000	\$ -	\$ -	
94799		Pulmonary service/procedure	C	0.000	0.000	\$ -	\$ -	
94799	TC	Pulmonary service/procedure	A	0.000	0.000	\$ -	\$ -	\$ 32.12
94799	26	Pulmonary service/procedure	C	0.000	0.000	\$ -	\$ -	
95004		Percut allergy skin tests	A	0.124	0.124	\$ 5.15	\$ 5.15	
95010		Percut allergy titrate test	A	0.240	0.470	\$ 9.95	\$ 19.45	
95015		Id allergy titrate-drug/bug	A	0.240	0.317	\$ 9.95	\$ 13.12	
95024		Id allergy test, drug/bug	A	0.167	0.167	\$ 6.91	\$ 6.91	
95027		Id allergy titrate-airborne	A	0.167	0.167	\$ 6.91	\$ 6.91	
95028		Id allergy test-delayed type	A	0.243	0.243	\$ 10.08	\$ 10.08	
95044		Allergy patch tests	A	0.218	0.218	\$ 9.02	\$ 9.02	
95052		Photo patch test	A	0.260	0.260	\$ 10.78	\$ 10.78	
95056		Photosensitivity tests	A	0.192	0.192	\$ 7.97	\$ 7.97	
95060		Eye allergy tests	A	0.376	0.376	\$ 15.58	\$ 15.58	
95065		Nose allergy test	A	0.218	0.218	\$ 9.02	\$ 9.02	
95070		Bronchial allergy tests	A	2.025	2.025	\$ 83.83	\$ 83.83	
95071		Bronchial allergy tests	A	2.569	2.569	\$ 106.35	\$ 106.35	
95075		Ingestion challenge test	A	1.431	1.813	\$ 59.22	\$ 75.06	
95078		Provocative testing	A	0.300	0.300	\$ 12.41	\$ 12.41	
95115		Immunotherapy, one injection	A	0.402	0.402	\$ 16.64	\$ 16.64	
95117		Immunotherapy injections	A	0.504	0.504	\$ 20.86	\$ 20.86	
95120		Immunotherapy, one injection	X	0.000	0.000	\$ -	\$ -	
95125		Immunotherapy, many antigens	X	0.000	0.000	\$ -	\$ -	
95130		Immunotherapy, insect venom	X	0.000	0.000	\$ -	\$ -	
95131		Immunotherapy, insect venoms	X	0.000	0.000	\$ -	\$ -	
95132		Immunotherapy, insect venoms	X	0.000	0.000	\$ -	\$ -	

HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
95133		Immunotherapy, insect venoms	X	0.000	0.000	\$ -	\$ -	
95134		Immunotherapy, insect venoms	X	0.000	0.000	\$ -	\$ -	
95144		Antigen therapy services	A	0.116	0.227	\$ 4.82	\$ 9.39	
95145		Antigen therapy services	A	0.116	0.380	\$ 4.82	\$ 15.73	
95146		Antigen therapy services	A	0.125	0.473	\$ 5.17	\$ 19.60	
95147		Antigen therapy services	A	0.116	0.456	\$ 4.82	\$ 18.89	
95148		Antigen therapy services	A	0.125	0.592	\$ 5.17	\$ 24.52	
95149		Antigen therapy services	A	0.125	0.788	\$ 5.17	\$ 32.61	
95165		Antigen therapy services	A	0.116	0.269	\$ 4.82	\$ 11.15	
95170		Antigen therapy services	A	0.116	0.218	\$ 4.82	\$ 9.04	
95180		Rapid desensitization	A	2.904	3.499	\$ 120.21	\$ 144.84	
95199		Allergy immunology services	C	0.000	0.000	\$ -	\$ -	
95250		Glucose monitoring, cont	A	3.286	3.286	\$ 136.03	\$ 136.03	
95805		Multiple sleep latency test	A	17.319	17.319	\$ 716.85	\$ 716.85	
95805	TC	Multiple sleep latency test	A	14.602	14.602	\$ 604.38	\$ 604.38	
95805	26	Multiple sleep latency test	A	2.717	2.717	\$ 112.47	\$ 112.47	
95806		Sleep study, unattended	A	6.399	6.399	\$ 264.83	\$ 264.83	
95806	TC	Sleep study, unattended	A	4.012	4.012	\$ 166.04	\$ 166.04	
95806	26	Sleep study, unattended	A	2.387	2.387	\$ 98.79	\$ 98.79	
95807		Sleep study, attended	A	13.474	13.474	\$ 557.70	\$ 557.70	
95807	TC	Sleep study, attended	A	11.127	11.127	\$ 460.54	\$ 460.54	
95807	26	Sleep study, attended	A	2.347	2.347	\$ 97.16	\$ 97.16	
95808		Polysomnography, 1-3	A	15.716	15.716	\$ 650.47	\$ 650.47	
95808	TC	Polysomnography, 1-3	A	11.841	11.841	\$ 490.10	\$ 490.10	
95808	26	Polysomnography, 1-3	A	3.875	3.875	\$ 160.37	\$ 160.37	
95810		Polysomnography, 4 or more	A	20.198	20.198	\$ 835.98	\$ 835.98	
95810	TC	Polysomnography, 4 or more	A	15.122	15.122	\$ 625.90	\$ 625.90	
95810	26	Polysomnography, 4 or more	A	5.076	5.076	\$ 210.08	\$ 210.08	
95811		Polysomnography w/cpap	A	21.801	21.801	\$ 902.36	\$ 902.36	
95811	TC	Polysomnography w/cpap	A	16.300	16.300	\$ 674.67	\$ 674.67	
95811	26	Polysomnography w/cpap	A	5.501	5.501	\$ 227.69	\$ 227.69	
95812		Eeg, 41-60 minutes	A	5.035	5.035	\$ 208.40	\$ 208.40	
95812	TC	Eeg, 41-60 minutes	A	3.375	3.375	\$ 139.70	\$ 139.70	
95812	26	Eeg, 41-60 minutes	A	1.660	1.660	\$ 68.70	\$ 68.70	
95813		Eeg, over 1 hour	A	6.631	6.631	\$ 274.46	\$ 274.46	
95813	TC	Eeg, over 1 hour	A	4.030	4.030	\$ 166.79	\$ 166.79	
95813	26	Eeg, over 1 hour	A	2.601	2.601	\$ 107.67	\$ 107.67	
95816		Eeg, awake and drowsy	A	4.341	4.341	\$ 179.68	\$ 179.68	
95816	TC	Eeg, awake and drowsy	A	2.673	2.673	\$ 110.62	\$ 110.62	
95816	26	Eeg, awake and drowsy	A	1.668	1.668	\$ 69.05	\$ 69.05	
95819		Eeg, awake and asleep	A	4.809	4.809	\$ 199.03	\$ 199.03	
95819	TC	Eeg, awake and asleep	A	3.140	3.140	\$ 129.97	\$ 129.97	
95819	26	Eeg, awake and asleep	A	1.668	1.668	\$ 69.05	\$ 69.05	
95822		Eeg, coma or sleep only	A	5.488	5.488	\$ 227.15	\$ 227.15	
95822	TC	Eeg, coma or sleep only	A	3.828	3.828	\$ 158.45	\$ 158.45	
95822	26	Eeg, coma or sleep only	A	1.660	1.660	\$ 68.70	\$ 68.70	
95824		Eeg, cerebral death only	A	0.000	0.000	\$ -	\$ -	\$ 172.68
95824	TC	Eeg, cerebral death only	A	0.000	0.000	\$ -	\$ -	\$ 120.99
95824	26	Eeg, cerebral death only	A	1.249	1.249	\$ 51.69	\$ 51.69	
95827		Eeg, all night recording	A	4.086	4.086	\$ 169.10	\$ 169.10	
95827	TC	Eeg, all night recording	A	2.508	2.508	\$ 103.79	\$ 103.79	
95827	26	Eeg, all night recording	A	1.578	1.578	\$ 65.31	\$ 65.31	
95829		Surgery electrocorticogram	A	34.344	34.344	\$ 1,421.52	\$ 1,421.52	
95829	TC	Surgery electrocorticogram	A	24.703	24.703	\$ 1,022.48	\$ 1,022.48	
95829	26	Surgery electrocorticogram	A	9.641	9.641	\$ 399.04	\$ 399.04	
95830		Insert electrodes for EEG	A	2.636	4.880	\$ 109.12	\$ 202.00	
95831		Limb muscle testing, manual	A	0.430	0.608	\$ 17.80	\$ 25.18	
95832		Hand muscle testing, manual	A	0.431	0.542	\$ 17.86	\$ 22.43	
95833		Body muscle testing, manual	A	0.705	0.892	\$ 29.18	\$ 36.92	
95834		Body muscle testing, manual	A	0.917	1.104	\$ 37.95	\$ 45.69	
95851		Range of motion measurements	A	0.267	0.514	\$ 11.07	\$ 21.27	

HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
95852		Range of motion measurements	A	0.192	0.370	\$ 7.95	\$ 15.33	
95857		Tensilon test	A	0.804	1.127	\$ 33.30	\$ 46.67	
95858		Tensilon test & myogram	A	2.816	2.816	\$ 116.57	\$ 116.57	
95858	TC	Tensilon test & myogram	A	0.489	0.489	\$ 20.26	\$ 20.26	
95858	26	Tensilon test & myogram	A	2.327	2.327	\$ 96.31	\$ 96.31	
95860		Muscle test, one limb	A	2.429	2.429	\$ 100.55	\$ 100.55	
95860	TC	Muscle test, one limb	A	0.954	0.954	\$ 39.50	\$ 39.50	
95860	26	Muscle test, one limb	A	1.475	1.475	\$ 61.05	\$ 61.05	
95861		Muscle test, 2 limbs	A	3.221	3.221	\$ 133.30	\$ 133.30	
95861	TC	Muscle test, 2 limbs	A	0.866	0.866	\$ 35.84	\$ 35.84	
95861	26	Muscle test, 2 limbs	A	2.355	2.355	\$ 97.47	\$ 97.47	
95863		Muscle test, 3 limbs	A	3.871	3.871	\$ 160.21	\$ 160.21	
95863	TC	Muscle test, 3 limbs	A	1.036	1.036	\$ 42.87	\$ 42.87	
95863	26	Muscle test, 3 limbs	A	2.835	2.835	\$ 117.33	\$ 117.33	
95864		Muscle test, 4 limbs	A	5.001	5.001	\$ 206.99	\$ 206.99	
95864	TC	Muscle test, 4 limbs	A	1.995	1.995	\$ 82.58	\$ 82.58	
95864	26	Muscle test, 4 limbs	A	3.006	3.006	\$ 124.41	\$ 124.41	
95867		Muscle test cran nerv unilat	A	1.896	1.896	\$ 78.49	\$ 78.49	
95867	TC	Muscle test cran nerv unilat	A	0.651	0.651	\$ 26.94	\$ 26.94	
95867	26	Muscle test cran nerv unilat	A	1.245	1.245	\$ 51.55	\$ 51.55	
95868		Muscle test cran nerve bilat	A	2.603	2.603	\$ 107.75	\$ 107.75	
95868	TC	Muscle test cran nerve bilat	A	0.792	0.792	\$ 32.80	\$ 32.80	
95868	26	Muscle test cran nerve bilat	A	1.811	1.811	\$ 74.95	\$ 74.95	
95869		Muscle test, thor paraspinal	A	0.811	0.811	\$ 33.58	\$ 33.58	
95869	TC	Muscle test, thor paraspinal	A	0.266	0.266	\$ 11.01	\$ 11.01	
95869	26	Muscle test, thor paraspinal	A	0.545	0.545	\$ 22.58	\$ 22.58	
95870		Muscle test, nonparaspinal	A	0.811	0.811	\$ 33.58	\$ 33.58	
95870	TC	Muscle test, nonparaspinal	A	0.266	0.266	\$ 11.01	\$ 11.01	
95870	26	Muscle test, nonparaspinal	A	0.545	0.545	\$ 22.58	\$ 22.58	
95872		Muscle test, one fiber	A	2.940	2.940	\$ 121.70	\$ 121.70	
95872	TC	Muscle test, one fiber	A	0.707	0.707	\$ 29.28	\$ 29.28	
95872	26	Muscle test, one fiber	A	2.233	2.233	\$ 92.42	\$ 92.42	
95875		Limb exercise test	A	2.775	2.775	\$ 114.87	\$ 114.87	
95875	TC	Limb exercise test	A	1.087	1.087	\$ 44.98	\$ 44.98	
95875	26	Limb exercise test	A	1.688	1.688	\$ 69.88	\$ 69.88	
95900		Motor nerve conduction test	A	1.635	1.635	\$ 67.67	\$ 67.67	
95900	TC	Motor nerve conduction test	A	1.014	1.014	\$ 41.97	\$ 41.97	
95900	26	Motor nerve conduction test	A	0.621	0.621	\$ 25.70	\$ 25.70	
95903		Motor nerve conduction test	A	1.786	1.786	\$ 73.94	\$ 73.94	
95903	TC	Motor nerve conduction test	A	0.886	0.886	\$ 36.69	\$ 36.69	
95903	26	Motor nerve conduction test	A	0.900	0.900	\$ 37.25	\$ 37.25	
95904		Sense nerve conduction test	A	1.402	1.402	\$ 58.03	\$ 58.03	
95904	TC	Sense nerve conduction test	A	0.895	0.895	\$ 37.04	\$ 37.04	
95904	26	Sense nerve conduction test	A	0.507	0.507	\$ 20.98	\$ 20.98	
95920		Intraop nerve test add-on	A	4.970	4.970	\$ 205.70	\$ 205.70	
95920	TC	Intraop nerve test add-on	A	1.390	1.390	\$ 57.52	\$ 57.52	
95920	26	Intraop nerve test add-on	A	3.580	3.580	\$ 148.18	\$ 148.18	
95921		Autonomic nerv function test	A	1.732	1.732	\$ 71.68	\$ 71.68	
95921	TC	Autonomic nerv function test	A	0.393	0.393	\$ 16.28	\$ 16.28	
95921	26	Autonomic nerv function test	A	1.338	1.338	\$ 55.40	\$ 55.40	
95922		Autonomic nerv function test	A	1.851	1.851	\$ 76.63	\$ 76.63	
95922	TC	Autonomic nerv function test	A	0.393	0.393	\$ 16.28	\$ 16.28	
95922	26	Autonomic nerv function test	A	1.458	1.458	\$ 60.34	\$ 60.34	
95923		Autonomic nerv function test	A	2.905	2.905	\$ 120.23	\$ 120.23	
95923	TC	Autonomic nerv function test	A	1.532	1.532	\$ 63.43	\$ 63.43	
95923	26	Autonomic nerv function test	A	1.372	1.372	\$ 56.80	\$ 56.80	
95925		Somatosensory testing	A	1.825	1.825	\$ 75.53	\$ 75.53	
95925	TC	Somatosensory testing	A	1.010	1.010	\$ 41.82	\$ 41.82	
95925	26	Somatosensory testing	A	0.814	0.814	\$ 33.71	\$ 33.71	
95926		Somatosensory testing	A	1.833	1.833	\$ 75.88	\$ 75.88	
95926	TC	Somatosensory testing	A	1.010	1.010	\$ 41.82	\$ 41.82	



HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
95926	26	Somatosensory testing	A	0.823	0.823	\$ 34.06	\$ 34.06	
95927		Somatosensory testing	A	1.921	1.921	\$ 79.50	\$ 79.50	
95927	TC	Somatosensory testing	A	1.010	1.010	\$ 41.82	\$ 41.82	
95927	26	Somatosensory testing	A	0.910	0.910	\$ 37.68	\$ 37.68	
95930		Visual evoked potential test	A	1.644	1.644	\$ 68.06	\$ 68.06	
95930	TC	Visual evoked potential test	A	1.127	1.127	\$ 46.67	\$ 46.67	
95930	26	Visual evoked potential test	A	0.517	0.517	\$ 21.40	\$ 21.40	
95933		Blink reflex test	A	1.781	1.781	\$ 73.73	\$ 73.73	
95933	TC	Blink reflex test	A	0.908	0.908	\$ 37.60	\$ 37.60	
95933	26	Blink reflex test	A	0.873	0.873	\$ 36.13	\$ 36.13	
95934		H-reflex test	A	1.042	1.042	\$ 43.12	\$ 43.12	
95934	TC	H-reflex test	A	0.266	0.266	\$ 11.01	\$ 11.01	
95934	26	H-reflex test	A	0.776	0.776	\$ 32.12	\$ 32.12	
95936		H-reflex test	A	1.099	1.099	\$ 45.48	\$ 45.48	
95936	TC	H-reflex test	A	0.266	0.266	\$ 11.01	\$ 11.01	
95936	26	H-reflex test	A	0.833	0.833	\$ 34.48	\$ 34.48	
95937		Neuromuscular junction test	A	1.326	1.326	\$ 54.90	\$ 54.90	
95937	TC	Neuromuscular junction test	A	0.368	0.368	\$ 15.23	\$ 15.23	
95937	26	Neuromuscular junction test	A	0.958	0.958	\$ 39.67	\$ 39.67	
95950		Ambulatory eeg monitoring	A	7.402	7.402	\$ 306.35	\$ 306.35	
95950	TC	Ambulatory eeg monitoring	A	4.953	4.953	\$ 205.00	\$ 205.00	
95950	26	Ambulatory eeg monitoring	A	2.449	2.449	\$ 101.35	\$ 101.35	
95951		EEG monitoring/videorecord	A	0.000	0.000	\$ -	\$ -	\$ 1,007.37
95951	TC	EEG monitoring/videorecord	A	0.000	0.000	\$ -	\$ -	\$ 629.82
95951	26	EEG monitoring/videorecord	A	9.122	9.122	\$ 377.55	\$ 377.55	
95953		EEG monitoring/computer	A	11.745	11.745	\$ 486.13	\$ 486.13	
95953	TC	EEG monitoring/computer	A	7.095	7.095	\$ 293.66	\$ 293.66	
95953	26	EEG monitoring/computer	A	4.650	4.650	\$ 192.47	\$ 192.47	
95954		EEG monitoring/giving drugs	A	6.807	6.807	\$ 281.74	\$ 281.74	
95954	TC	EEG monitoring/giving drugs	A	2.991	2.991	\$ 123.79	\$ 123.79	
95954	26	EEG monitoring/giving drugs	A	3.816	3.816	\$ 157.95	\$ 157.95	
95955		EEG during surgery	A	3.898	3.898	\$ 161.35	\$ 161.35	
95955	TC	EEG during surgery	A	2.346	2.346	\$ 97.08	\$ 97.08	
95955	26	EEG during surgery	A	1.553	1.553	\$ 64.27	\$ 64.27	
95956		Eeg monitoring, cable/radio	A	17.310	17.310	\$ 716.44	\$ 716.44	
95956	TC	Eeg monitoring, cable/radio	A	12.611	12.611	\$ 521.99	\$ 521.99	
95956	26	Eeg monitoring, cable/radio	A	4.698	4.698	\$ 194.46	\$ 194.46	
95957		EEG digital analysis	A	4.945	4.945	\$ 204.69	\$ 204.69	
95957	TC	EEG digital analysis	A	1.927	1.927	\$ 79.77	\$ 79.77	
95957	26	EEG digital analysis	A	3.018	3.018	\$ 124.93	\$ 124.93	
95958		EEG monitoring/function test	A	8.597	8.597	\$ 355.81	\$ 355.81	
95958	TC	EEG monitoring/function test	A	2.001	2.001	\$ 82.81	\$ 82.81	
95958	26	EEG monitoring/function test	A	6.596	6.596	\$ 273.01	\$ 273.01	
95961		Electrode stimulation, brain	A	6.350	6.350	\$ 262.84	\$ 262.84	
95961	TC	Electrode stimulation, brain	A	1.390	1.390	\$ 57.52	\$ 57.52	
95961	26	Electrode stimulation, brain	A	4.960	4.960	\$ 205.31	\$ 205.31	
95962		Electrode stim, brain add-on	A	6.610	6.610	\$ 273.60	\$ 273.60	
95962	TC	Electrode stim, brain add-on	A	1.390	1.390	\$ 57.52	\$ 57.52	
95962	26	Electrode stim, brain add-on	A	5.220	5.220	\$ 216.07	\$ 216.07	
95965		Meg, spontaneous	A	0.000	0.000	\$ -	\$ -	\$ 5,761.48
95965	TC	Meg, spontaneous	A	0.000	0.000	\$ -	\$ -	\$ 5,250.00
95965	26	Meg, spontaneous	A	12.358	12.358	\$ 511.48	\$ 511.48	
95966		Meg, evoked, single	A	0.000	0.000	\$ -	\$ -	\$ 1,725.25
95966	TC	Meg, evoked, single	A	0.000	0.000	\$ -	\$ -	\$ 1,450.00
95966	26	Meg, evoked, single	A	6.171	6.171	\$ 255.42	\$ 255.42	
95967		Meg, evoked, each add'l	C	0.000	0.000	\$ -	\$ -	\$ 981.14
95967	TC	Meg, evoked, each add'l	C	0.000	0.000	\$ -	\$ -	\$ 950.00
95967	26	Meg, evoked, each add'l	A	5.252	5.252	\$ 217.38	\$ 217.38	
95970		Analyze neurostim, no prog	A	0.735	0.752	\$ 30.44	\$ 31.14	
95971		Analyze neurostim, simple	A	1.252	1.294	\$ 51.81	\$ 53.57	
95972		Analyze neurostim, complex	A	2.745	2.830	\$ 113.63	\$ 117.15	

HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
95973		Analyze neurostim, complex	A	1.533	1.567	\$ 63.46	\$ 64.87	
95974		Cranial neurostim, complex	A	4.807	4.807	\$ 198.96	\$ 198.96	
95975		Cranial neurostim, complex	A	2.636	2.636	\$ 109.12	\$ 109.12	
95990		Spin/brain pump refill & main	A	1.512	1.512	\$ 62.58	\$ 62.58	
95991		Spin/brain pump refill & main	A	1.168	2.222	\$ 48.36	\$ 91.98	
95999		Neurological procedure	C	0.000	0.000	\$ -	\$ -	
96000		Motion analysis, video/3d	A	2.346	2.346	\$ 97.12	\$ 97.12	
96001		Motion test w/ft press meas	A	2.790	2.790	\$ 115.48	\$ 115.48	
96002		Dynamic surface emg	A	0.616	0.616	\$ 25.51	\$ 25.51	
96003		Dynamic fine wire emg	A	0.647	0.647	\$ 26.78	\$ 26.78	
96004		Phys review of motion tests	A	3.342	3.342	\$ 138.34	\$ 138.34	
96100		Psychological testing	A	2.215	2.215	\$ 91.68	\$ 91.68	
96105		Assessment of aphasia	A	2.215	2.215	\$ 91.68	\$ 91.68	
96110		Developmental test, lim	A	0.872	0.872	\$ 36.09	\$ 36.09	
96111		Developmental test, extend	A	4.220	4.220	\$ 174.67	\$ 174.67	
96115		Neurobehavior status exam	A	2.215	2.215	\$ 91.68	\$ 91.68	
96117		Neuropsych test battery	A	2.215	2.215	\$ 91.68	\$ 91.68	
96150		Assess hlth/behav, init	A	0.732	0.740	\$ 30.30	\$ 30.65	
96151		Assess hlth/behav, subseq	A	0.703	0.712	\$ 29.12	\$ 29.47	
96152		Intervene hlth/behav, indiv	A	0.675	0.683	\$ 27.94	\$ 28.29	
96153		Intervene hlth/behav, group	A	0.173	0.173	\$ 7.18	\$ 7.18	
96154		Interv hlth/behav, fam w/pt	A	0.665	0.673	\$ 27.52	\$ 27.87	
96155		Interv hlth/behav fam no pt	N	0.663	0.672	\$ 27.46	\$ 27.81	
96400		Chemotherapy, sc/im	A	1.161	1.161	\$ 48.07	\$ 48.07	
96405		Intralesional chemo admin	A	0.803	2.596	\$ 33.23	\$ 107.47	
96406		Intralesional chemo admin	A	1.134	3.514	\$ 46.93	\$ 145.44	
96408		Chemotherapy, push technique	A	2.880	2.880	\$ 119.22	\$ 119.22	
96410		Chemotherapy,infusion method	A	4.022	4.022	\$ 166.46	\$ 166.46	
96412		Chemo, infuse method add-on	A	1.025	1.025	\$ 42.44	\$ 42.44	
96414		Chemo, infuse method add-on	A	4.923	4.923	\$ 203.75	\$ 203.75	
96420		Chemotherapy, push technique	A	2.874	2.874	\$ 118.97	\$ 118.97	
96422		Chemotherapy,infusion method	A	4.897	4.897	\$ 202.70	\$ 202.70	
96423		Chemo, infuse method add-on	A	1.915	1.915	\$ 79.26	\$ 79.26	
96425		Chemotherapy,infusion method	A	4.506	4.506	\$ 186.52	\$ 186.52	
96440		Chemotherapy, intracavitary	A	3.977	10.080	\$ 164.59	\$ 417.20	
96445		Chemotherapy, intracavitary	A	3.527	9.775	\$ 145.99	\$ 404.58	
96450		Chemotherapy, into CNS	A	3.101	8.388	\$ 128.36	\$ 347.19	
96520		Port pump refill & main	A	3.756	3.756	\$ 155.45	\$ 155.45	
96530		Syst pump refill & main	A	2.838	2.838	\$ 117.46	\$ 117.46	
96542		Chemotherapy injection	A	2.218	5.422	\$ 91.80	\$ 224.43	
96545		Provide chemotherapy agent	B	0.000	0.000	\$ -	\$ -	
96549		Chemotherapy, unspecified	C	0.000	0.000	\$ -	\$ -	
96567		Photodynamic tx, skin	A	0.991	0.991	\$ 41.01	\$ 41.01	
96570		Photodynamic tx, 30 min	A	1.612	1.612	\$ 66.72	\$ 66.72	
96571		Photodynamic tx, addl 15 min	A	0.799	0.799	\$ 33.07	\$ 33.07	
96900		Ultraviolet light therapy	A	0.487	0.487	\$ 20.15	\$ 20.15	
96902		Trichogram	B	0.585	0.662	\$ 24.23	\$ 27.40	
96910		Photochemotherapy with UV-B	A	1.067	1.067	\$ 44.18	\$ 44.18	
96912		Photochemotherapy with UV-A	A	1.336	1.336	\$ 55.31	\$ 55.31	
96913		Photochemotherapy, UV-A or B	A	1.908	1.908	\$ 78.96	\$ 78.96	
96920		Laser tx, skin < 250 sq cm	A	2.060	8.104	\$ 85.27	\$ 335.41	
96921		Laser tx, skin 250-500 sq cm	A	2.089	8.183	\$ 86.45	\$ 338.70	
96922		Laser tx, skin > 500 sq cm	A	3.734	10.058	\$ 154.55	\$ 416.30	
96999		Dermatological procedure	C	0.000	0.000	\$ -	\$ -	
97001		Pt evaluation	A	1.819	2.057	\$ 75.30	\$ 85.15	
97002		Pt re-evaluation	A	0.883	1.044	\$ 36.55	\$ 43.23	
97003		Ot evaluation	A	1.777	2.168	\$ 73.54	\$ 89.73	
97004		Ot re-evaluation	A	0.849	1.189	\$ 35.14	\$ 49.21	
97005		Athletic train eval	N	0.000	0.000	\$ -	\$ -	
97006		Athletic train reeval	N	0.000	0.000	\$ -	\$ -	
97010		Hot or cold packs therapy	B	0.142	0.142	\$ 5.88	\$ 5.88	

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				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
97012		Mechanical traction therapy	A	0.408	0.408	\$ 16.91	\$ 16.91	
97014		Electric stimulation therapy	A	0.381	0.381	\$ 15.77	\$ 15.77	
97016		Vasopneumatic device therapy	A	0.381	0.381	\$ 15.77	\$ 15.77	
97018		Paraffin bath therapy	A	0.193	0.193	\$ 7.99	\$ 7.99	
97020		Microwave therapy	A	0.150	0.150	\$ 6.23	\$ 6.23	
97022		Whirlpool therapy	A	0.396	0.396	\$ 16.41	\$ 16.41	
97024		Diathermy treatment	A	0.176	0.176	\$ 7.28	\$ 7.28	
97026		Infrared therapy	A	0.150	0.150	\$ 6.23	\$ 6.23	
97028		Ultraviolet therapy	A	0.179	0.179	\$ 7.41	\$ 7.41	
97032		Electrical stimulation	A	0.425	0.425	\$ 17.61	\$ 17.61	
97033		Electric current therapy	A	0.577	0.577	\$ 23.88	\$ 23.88	
97034		Contrast bath therapy	A	0.385	0.385	\$ 15.95	\$ 15.95	
97035		Ultrasound therapy	A	0.343	0.343	\$ 14.20	\$ 14.20	
97036		Hydrotherapy	A	0.600	0.600	\$ 24.83	\$ 24.83	
97039		Physical therapy treatment	A	0.324	0.324	\$ 13.43	\$ 13.43	
97110		Therapeutic exercises	A	0.846	0.846	\$ 35.01	\$ 35.01	
97112		Neuromuscular reeducation	A	0.784	0.784	\$ 32.45	\$ 32.45	
97113		Aquatic therapy/exercises	A	0.938	0.938	\$ 38.82	\$ 38.82	
97116		Gait training therapy	A	0.683	0.683	\$ 28.27	\$ 28.27	
97124		Massage therapy	A	0.585	0.585	\$ 24.21	\$ 24.21	
97139		Physical medicine procedure	A	0.419	0.419	\$ 17.36	\$ 17.36	
97140		Manual therapy	A	0.730	0.730	\$ 30.21	\$ 30.21	
97150		Group therapeutic procedures	A	0.502	0.502	\$ 20.78	\$ 20.78	
97504		Orthotic training	A	0.888	0.888	\$ 36.77	\$ 36.77	
97520		Prosthetic training	A	0.767	0.767	\$ 31.74	\$ 31.74	
97530		Therapeutic activities	A	0.791	0.791	\$ 32.74	\$ 32.74	
97532		Cognitive skills development	A	0.658	0.658	\$ 27.23	\$ 27.23	
97533		Sensory integration	A	0.683	0.683	\$ 28.29	\$ 28.29	
97535		Self care mngmt training	A	0.809	0.809	\$ 33.50	\$ 33.50	
97537		Community/work reintegration	A	0.719	0.719	\$ 29.76	\$ 29.76	
97542		Wheelchair mngmt training	A	0.727	0.727	\$ 30.11	\$ 30.11	
97545		Work hardening	N	0.000	0.000	-	-	
97546		Work hardening add-on	N	0.000	0.000	-	-	
97601		Wound(s) care, selective	A	1.114	1.114	\$ 46.10	\$ 46.10	
97602		Wound(s) care non-selective	B	0.000	0.000	-	-	
97703		Prosthetic checkout	A	0.677	0.677	\$ 28.04	\$ 28.04	
97750		Physical performance test	A	0.784	0.784	\$ 32.45	\$ 32.45	
97755		Assistive technology assess	A	0.945	0.945	\$ 39.13	\$ 39.13	
97780		Acupuncture w/o stimul	X	0.000	0.000	-	-	\$ 30.50
97781		Acupuncture w/stimul	X	0.000	0.000	-	-	\$ 40.00
97799		Physical medicine procedure	C	0.000	0.000	-	-	
97802		Medical nutrition, indiv, in	A	0.439	0.439	\$ 18.17	\$ 18.17	for Weight Management Benefit
97803		Med nutrition, indiv, subseq	A	0.439	0.439	\$ 18.17	\$ 18.17	for Weight Management Benefit
97804		Medical nutrition, group	A	0.201	0.201	\$ 8.32	\$ 8.32	for Weight Management Benefit
98925		Osteopathic manipulation	A	0.608	0.770	\$ 25.18	\$ 31.87	
98926		Osteopathic manipulation	A	0.941	1.086	\$ 38.97	\$ 44.95	
98927		Osteopathic manipulation	A	1.283	1.461	\$ 53.10	\$ 60.49	
98928		Osteopathic manipulation	A	1.485	1.698	\$ 61.48	\$ 70.28	
98929		Osteopathic manipulation	A	1.702	1.965	\$ 70.44	\$ 81.35	
98940		Chiropractic manipulation	A	0.591	0.693	\$ 24.48	\$ 28.70	
98941		Chiropractic manipulation	A	0.882	0.984	\$ 36.50	\$ 40.73	
98942		Chiropractic manipulation	A	1.232	1.334	\$ 50.99	\$ 55.21	
98943		Chiropractic manipulation	A	0.575	0.643	\$ 23.82	\$ 26.63	
99000		Specimen handling	B	0.000	0.000	-	-	
99001		Specimen handling	B	0.000	0.000	-	-	
99002		Device handling	B	0.000	0.000	-	-	
99024		Postop follow-up visit	B	0.000	0.000	-	-	
99025		Initial surgical evaluation	D	0.000	0.000	-	-	
99026		In-hospital on call service	N	0.000	0.000	-	-	
99027		Out-of-hosp on call service	N	0.000	0.000	-	-	
99050		Medical services after hrs	B	0.000	0.000	-	-	



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				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
99052		Medical services at night	B	0.000	0.000	\$ -	\$ -	-
99054		Medical servcs, unusual hrs	B	0.000	0.000	\$ -	\$ -	-
99056		Non-office medical services	B	0.000	0.000	\$ -	\$ -	-
99058		Office emergency care	B	0.000	0.000	\$ -	\$ -	-
99070		Special supplies	B	0.000	0.000	\$ -	\$ -	-
99071		Patient education materials	B	0.000	0.000	\$ -	\$ -	-
99075		Medical testimony	N	0.000	0.000	\$ -	\$ -	-
99078		Group health education	B	0.000	0.000	\$ -	\$ -	-
99080		Special reports or forms	B	0.000	0.000	\$ -	\$ -	-
99082		Unusual physician travel	N	0.000	0.000	\$ -	\$ -	-
99090		Computer data analysis	B	0.000	0.000	\$ -	\$ -	-
99091		Collect/review data from pt	B	0.000	0.000	\$ -	\$ -	-
99100		Special anesthesia service	B	0.000	0.000	\$ -	\$ -	-
99116		Anesthesia with hypothermia	B	0.000	0.000	\$ -	\$ -	-
99135		Special anesthesia procedure	B	0.000	0.000	\$ -	\$ -	-
99140		Emergency anesthesia	B	0.000	0.000	\$ -	\$ -	-
99141		Sedation, iv/im or inhalant	B	1.320	2.629	\$ 54.65	\$ 108.83	-
99142		Sedation, oral/rectal/nasal	B	1.021	1.599	\$ 42.28	\$ 66.20	-
99170		Anogenital exam, child	A	2.508	3.528	\$ 103.80	\$ 146.02	-
99172		Ocular function screen	N	0.000	0.000	\$ -	\$ -	-
99173		Visual acuity screen	N	0.000	0.000	\$ -	\$ -	-
99175		Induction of vomiting	A	1.585	1.585	\$ 65.59	\$ 65.59	-
99183		Hyperbaric oxygen therapy	A	3.505	6.930	\$ 145.06	\$ 286.84	-
99185		Regional hypothermia	A	0.702	0.702	\$ 29.05	\$ 29.05	-
99186		Total body hypothermia	A	3.298	3.298	\$ 136.50	\$ 136.50	-
99190		Special pump services	X	0.000	0.000	\$ -	\$ -	-
99191		Special pump services	X	0.000	0.000	\$ -	\$ -	-
99192		Special pump services	X	0.000	0.000	\$ -	\$ -	-
99195		Phlebotomy	A	0.453	0.453	\$ 18.75	\$ 18.75	-
99199		Special service/proc/report	C	0.000	0.000	\$ -	\$ -	-
99201		Office/outpatient visit, new	A	0.665	0.954	\$ 27.52	\$ 39.48	-
99202		Office/outpatient visit, new	A	1.389	1.788	\$ 57.48	\$ 74.02	-
99203		Office/outpatient visit, new	A	2.143	2.695	\$ 88.69	\$ 111.56	-
99204		Office/outpatient visit, new	A	3.077	3.757	\$ 127.36	\$ 155.51	-
99205		Office/outpatient visit, new	A	4.030	4.753	\$ 166.81	\$ 196.71	-
99211		Office/outpatient visit, est	A	0.260	0.541	\$ 10.78	\$ 22.39	-
99212		Office/outpatient visit, est	A	0.665	0.988	\$ 27.52	\$ 40.89	-
99213		Office/outpatient visit, est	A	1.032	1.423	\$ 42.71	\$ 58.89	-
99214		Office/outpatient visit, est	A	1.637	2.190	\$ 67.77	\$ 90.64	-
99215		Office/outpatient visit, est	A	2.638	3.225	\$ 109.20	\$ 133.47	-
99217		Observation care discharge	A	1.967	1.967	\$ 81.43	\$ 81.43	-
99218		Observation care	A	1.882	1.882	\$ 77.91	\$ 77.91	-
99219		Observation care	A	3.147	3.147	\$ 130.24	\$ 130.24	-
99220		Observation care	A	4.379	4.379	\$ 181.23	\$ 181.23	-
99221		Initial hospital care	A	1.899	1.899	\$ 78.61	\$ 78.61	-
99222		Initial hospital care	A	3.164	3.164	\$ 130.95	\$ 130.95	-
99223		Initial hospital care	A	4.348	4.348	\$ 179.95	\$ 179.95	-
99231		Subsequent hospital care	A	0.914	0.914	\$ 37.85	\$ 37.85	-
99232		Subsequent hospital care	A	1.532	1.532	\$ 63.43	\$ 63.43	-
99233		Subsequent hospital care	A	2.189	2.189	\$ 90.60	\$ 90.60	-
99234		Observ/hosp same date	A	3.923	3.923	\$ 162.38	\$ 162.38	-
99235		Observ/hosp same date	A	5.138	5.138	\$ 212.67	\$ 212.67	-
99236		Observ/hosp same date	A	6.440	6.440	\$ 266.57	\$ 266.57	-
99238		Hospital discharge day	A	1.936	1.936	\$ 80.15	\$ 80.15	-
99239		Hospital discharge day	A	2.616	2.616	\$ 108.27	\$ 108.27	-
99241		Office consultation	A	1.024	1.390	\$ 42.40	\$ 57.53	-
99242		Office consultation	A	2.115	2.617	\$ 87.55	\$ 108.31	-
99243		Office consultation	A	2.729	3.375	\$ 112.96	\$ 139.70	-
99244		Office consultation	A	3.994	4.767	\$ 165.29	\$ 197.31	-
99245		Office consultation	A	5.224	6.117	\$ 216.22	\$ 253.16	-
99251		Initial inpatient consult	A	1.070	1.070	\$ 44.28	\$ 44.28	-

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99252		Initial inpatient consult	A	2.140	2.140	\$ 88.56	\$ 88.56	
99253		Initial inpatient consult	A	2.832	2.832	\$ 117.23	\$ 117.23	
99254		Initial inpatient consult	A	3.995	3.995	\$ 165.34	\$ 165.34	
99255		Initial inpatient consult	A	5.498	5.498	\$ 227.56	\$ 227.56	
99261		Follow-up inpatient consult	A	0.635	0.635	\$ 26.28	\$ 26.28	
99262		Follow-up inpatient consult	A	1.271	1.271	\$ 52.62	\$ 52.62	
99263		Follow-up inpatient consult	A	1.850	1.850	\$ 76.57	\$ 76.57	
99271		Confirmatory consultation	A	0.744	1.075	\$ 30.79	\$ 44.51	
99272		Confirmatory consultation	A	1.380	1.813	\$ 57.11	\$ 75.05	
99273		Confirmatory consultation	A	1.880	2.441	\$ 77.80	\$ 101.02	
99274		Confirmatory consultation	A	2.708	3.320	\$ 112.09	\$ 137.42	
99275		Confirmatory consultation	A	3.498	4.178	\$ 144.77	\$ 172.91	
99281		Emergency dept visit	A	0.485	0.485	\$ 20.09	\$ 20.09	
99282		Emergency dept visit	A	0.835	0.835	\$ 34.58	\$ 34.58	
99283		Emergency dept visit	A	1.898	1.898	\$ 78.57	\$ 78.57	
99284		Emergency dept visit	A	2.902	2.902	\$ 120.12	\$ 120.12	
99285		Emergency dept visit	A	4.580	4.580	\$ 189.56	\$ 189.56	
99288		Direct advanced life support	B	0.000	0.000	\$ -	\$ -	
99289		Ped crit care transport	A	7.085	7.085	\$ 293.23	\$ 293.23	
99290		Ped crit care transport addl	A	3.421	3.421	\$ 141.61	\$ 141.61	
99291		Critical care, first hour	A	5.749	6.650	\$ 237.95	\$ 275.25	
99292		Critical care, add'l 30 min	A	2.860	3.004	\$ 118.37	\$ 124.35	
99293		Ped critical care, initial	A	23.512	23.512	\$ 973.15	\$ 973.15	
99294		Ped critical care, subseq	A	11.212	11.212	\$ 464.06	\$ 464.06	
99295		Neonate crit care, initial	A	26.357	26.357	\$ 1,090.93	\$ 1,090.93	
99296		Neonate critical care subseq	A	11.263	11.263	\$ 466.17	\$ 466.17	
99298		lc for lbw infant < 1500 gm	A	4.014	4.014	\$ 166.15	\$ 166.15	
99299		lc, lbw infant 1500-2500 gm	A	3.781	3.781	\$ 156.50	\$ 156.50	
99301		Nursing facility care	A	1.737	1.967	\$ 71.91	\$ 81.41	
99302		Nursing facility care	A	2.306	2.654	\$ 95.44	\$ 109.86	
99303		Nursing facility care	A	2.856	3.272	\$ 118.20	\$ 135.44	
99311		Nursing fac care, subseq	A	0.849	1.078	\$ 35.14	\$ 44.64	
99312		Nursing fac care, subseq	A	1.447	1.710	\$ 59.89	\$ 70.79	
99313		Nursing fac care, subseq	A	2.017	2.331	\$ 83.48	\$ 96.50	
99315		Nursing fac discharge day	A	1.642	1.922	\$ 67.96	\$ 79.57	
99316		Nursing fac discharge day	A	2.170	2.502	\$ 89.83	\$ 103.55	
99321		Rest home visit, new patient	A	1.086	1.086	\$ 44.97	\$ 44.97	
99322		Rest home visit, new patient	A	1.559	1.559	\$ 64.52	\$ 64.52	
99323		Rest home visit, new patient	A	1.945	1.945	\$ 80.50	\$ 80.50	
99331		Rest home visit, est pat	A	0.951	0.951	\$ 39.36	\$ 39.36	
99332		Rest home visit, est pat	A	1.281	1.281	\$ 53.02	\$ 53.02	
99333		Rest home visit, est pat	A	1.540	1.540	\$ 63.76	\$ 63.76	
99341		Home visit, new patient	A	1.655	1.655	\$ 68.49	\$ 68.49	
99342		Home visit, new patient	A	2.335	2.335	\$ 96.64	\$ 96.64	
99343		Home visit, new patient	A	3.393	3.393	\$ 140.45	\$ 140.45	
99344		Home visit, new patient	A	4.507	4.507	\$ 186.53	\$ 186.53	
99345		Home visit, new patient	A	5.557	5.557	\$ 229.99	\$ 229.99	
99347		Home visit, est patient	A	1.249	1.249	\$ 51.71	\$ 51.71	
99348		Home visit, est patient	A	2.061	2.061	\$ 85.30	\$ 85.30	
99349		Home visit, est patient	A	3.180	3.180	\$ 131.63	\$ 131.63	
99350		Home visit, est patient	A	4.694	4.694	\$ 194.27	\$ 194.27	
99354		Prolonged service, office	A	2.607	2.684	\$ 107.92	\$ 111.08	
99355		Prolonged service, office	A	2.573	2.667	\$ 106.51	\$ 110.38	
99356		Prolonged service, inpatient	A	2.513	2.513	\$ 104.03	\$ 104.03	
99357		Prolonged service, inpatient	A	2.522	2.522	\$ 104.38	\$ 104.38	
99358		Prolonged serv, w/o contact	B	0.000	0.000	\$ -	\$ -	
99359		Prolonged serv, w/o contact	B	0.000	0.000	\$ -	\$ -	
99360		Physician standby services	N	0.000	0.000	\$ -	\$ -	
99361		Physician/team conference	B	0.000	0.000	\$ -	\$ -	
99362		Physician/team conference	B	0.000	0.000	\$ -	\$ -	
99371		Physician phone consultation	B	0.000	0.000	\$ -	\$ -	

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				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
99372		Physician phone consultation	B	0.000	0.000	\$ -	\$ -	
99373		Physician phone consultation	B	0.000	0.000	\$ -	\$ -	
99374		Home health care supervision	B	1.646	1.892	\$ 68.12	\$ 78.33	
99375		Home health care supervision	A	3.324	3.324	\$ 137.57	\$ 137.57	
99377		Hospice care supervision	B	1.646	1.892	\$ 68.12	\$ 78.33	
99378		Hospice care supervision	A	3.655	3.655	\$ 151.29	\$ 151.29	
99379		Nursing fac care supervision	B	1.853	1.853	\$ 76.69	\$ 76.69	
99380		Nursing fac care supervision	B					
99381		Prev visit, new, infant	A	1.770	2.662	\$ 73.25	\$ 110.20	
99382		Prev visit, new, age 1-4	A	1.999	2.866	\$ 82.75	\$ 118.64	
99383		Prev visit, new, age 5-11	A	1.999	2.815	\$ 82.75	\$ 116.53	
99384		Prev visit, new, age 12-17	A	2.268	3.084	\$ 93.89	\$ 127.66	
99385		Prev visit, new, age 18-39	A	2.268	3.084	\$ 93.89	\$ 127.66	
99386		Prev visit, new, age 40-64	A	2.768	3.635	\$ 114.58	\$ 150.47	
99387		Prev visit, new, 65 & over	A	3.008	3.926	\$ 124.49	\$ 162.49	
99391		Prev visit, est, infant	A	1.509	2.045	\$ 62.47	\$ 84.64	
99392		Prev visit, est, age 1-4	A	1.770	2.314	\$ 73.25	\$ 95.77	
99393		Prev visit, est, age 5-11	A	1.770	2.288	\$ 73.25	\$ 94.72	
99394		Prev visit, est, age 12-17	A	1.999	2.518	\$ 82.75	\$ 104.21	
99395		Prev visit, est, age 18-39	A	1.999	2.543	\$ 82.75	\$ 105.27	
99396		Prev visit, est, age 40-64	A	2.268	2.829	\$ 93.89	\$ 117.11	
99397		Prev visit, est, 65 & over	A	2.508	3.103	\$ 103.80	\$ 128.43	
99401		Preventive counseling, indiv	A	0.681	1.046	\$ 28.19	\$ 43.31	
99402		Preventive counseling, indiv	A	1.373	1.798	\$ 56.85	\$ 74.44	
99403		Preventive counseling, indiv	A	2.094	2.544	\$ 86.67	\$ 105.31	
99404		Preventive counseling, indiv	A	2.785	3.269	\$ 115.27	\$ 135.32	
99411		Preventive counseling, group	A	0.240	0.342	\$ 9.95	\$ 14.17	
99412		Preventive counseling, group	A	0.374	0.502	\$ 15.50	\$ 20.78	
99420		Health risk assessment test	N	0.000	0.000	\$ -	\$ -	
99429		Unlisted preventive service	N	0.000	0.000	\$ -	\$ -	
99431		Initial care, normal newborn	A	1.690	1.690	\$ 69.96	\$ 69.96	
99432		Newborn care, not in hosp	A	1.876	2.301	\$ 77.66	\$ 95.25	
99433		Normal newborn care/hospital	A	0.869	0.869	\$ 35.97	\$ 35.97	
99435		Newborn discharge day hosp	A	2.162	2.162	\$ 89.48	\$ 89.48	
99436		Attendance, birth	A	2.128	2.128	\$ 88.07	\$ 88.07	
99440		Newborn resuscitation	A	4.242	4.242	\$ 175.58	\$ 175.58	
99450		Life/disability evaluation	N	0.000	0.000	\$ -	\$ -	
99455		Disability examination	N	0.000	0.000	\$ -	\$ -	
99456		Disability examination	N	0.000	0.000	\$ -	\$ -	
99499		Unlisted e&m service	C	0.000	0.000	\$ -	\$ -	
99500		Home visit, prenatal	X	0.000	0.000	\$ -	\$ -	
99501		Home visit, postnatal	X	0.000	0.000	\$ -	\$ -	
99502		Home visit, nb care	X	0.000	0.000	\$ -	\$ -	
99503		Home visit, resp therapy	X	0.000	0.000	\$ -	\$ -	
99504		Home visit mech ventilator	X	0.000	0.000	\$ -	\$ -	
99505		Home visit, stoma care	X	0.000	0.000	\$ -	\$ -	
99506		Home visit, im injection	X	0.000	0.000	\$ -	\$ -	
99507		Home visit, cath maintain	X	0.000	0.000	\$ -	\$ -	
99509		Home visit day life activity	X	0.000	0.000	\$ -	\$ -	
99510		Home visit, sing/m/fam couns	X	0.000	0.000	\$ -	\$ -	
99511		Home visit, fecal/enema mgmt	X	0.000	0.000	\$ -	\$ -	
99512		Home visit for hemodialysis	X	0.000	0.000	\$ -	\$ -	
99551		Home infus, pain mgmt, iv/sc	D	0.000	0.000	\$ -	\$ -	
99552		Hm infus pain mgmt, epid/ith	D	0.000	0.000	\$ -	\$ -	
99553		Home infuse, tocolytic tx	D	0.000	0.000	\$ -	\$ -	
99554		Home infus, hormone/platelet	D	0.000	0.000	\$ -	\$ -	
99555		Home infuse, chemotherapy	D	0.000	0.000	\$ -	\$ -	
99556		Home infus, antibio/fung/vir	D	0.000	0.000	\$ -	\$ -	
99557		Home infuse, anticoagulant	D	0.000	0.000	\$ -	\$ -	
99558		Home infuse, immunotherapy	D	0.000	0.000	\$ -	\$ -	
99559		Home infus, periton dialysis	D	0.000	0.000	\$ -	\$ -	

HCPCS	MOD	DESCRIPTION	STATUS CODE	PEIA	PEIA	PEIA	PEIA	PEIA
				Facility RVU	Non-Facility RVU	Facility Allowance	Non-Facility Allowance	Non-RBRVS Allowance
99560		Home infus, entero nutrition	D	0.000	0.000	\$ -	\$ -	-
99561		Home infuse, hydration tx	D	0.000	0.000	\$ -	\$ -	-
99562		Home infus, parent nutrition	D	0.000	0.000	\$ -	\$ -	-
99563		Home admin, pentamidine	D	0.000	0.000	\$ -	\$ -	-
99564		Hme infus, antihemophil agnt	D	0.000	0.000	\$ -	\$ -	-
99565		Home infus, proteinase inhib	D	0.000	0.000	\$ -	\$ -	-
99566		Home infuse, iv therapy	D	0.000	0.000	\$ -	\$ -	-
99567		Home infuse, sympath agent	D	0.000	0.000	\$ -	\$ -	-
99568		Home infus, misc drug, daily	D	0.000	0.000	\$ -	\$ -	-
99569		Home infuse, each addl tx	D	0.000	0.000	\$ -	\$ -	-
99600		Home visit nos	X	0.000	0.000	\$ -	\$ -	-
99601		Home infusion/visit, 2 hrs	X	0.000	0.000	\$ -	\$ -	-
99602		Home infusion, each addtl hr	X	0.000	0.000	\$ -	\$ -	-

□

# PEIA Plan Year 2006

## Managed Care Plan and Capitation Proposal

In an effort to allow for an efficient managed care capitation negotiation process, PEIA is requiring all managed care entities wishing to offer plans during the 2006 plan year to complete this form.

*All requested information is required.*

*Please denote any information you deem as proprietary.*

*All submissions are binding and non-negotiable.*

*Any questions about the form shall be addressed to:*

*J. A. Haught, Chief Financial Officer, at 558-6244, ext. 242.*

**The completed form must be submitted to PEIA on or before  
October 27, 2004 by 4:00 p.m., E.S.T.**

MCO Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Physical address: \_\_\_\_\_

**Plan Accreditation Information:**

Is your plan currently accredited by any organization?       yes       no

If yes, please complete the following:

Name of the accrediting organization	
Specific type of accreditation you achieved	
Date of your last site visit by that organization	
Expiration date of your current accreditation	

**Current PEIA Health Plan Product:**

Is your plan currently a provider of a health plan product for the PEIA?       yes       no

If the answer is yes, please complete the **Plan Benefit Information and Claim and Plan Administration Expense Information** below.

If the answer is no, please skip to page 6, and complete the **Capitation Proposal** and the **Benefit Table** beginning on page 7.

**Plan Benefit Information:**

Please list any benefit changes for plan year 2006 from plan year 2005 for all plans being offered (A/B, Basic/Enhanced.)

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Please complete the attached benefit explanation table as it will be proposed to members for plan year 2005. Provide details of any exclusions and limitations related to these benefits.

## Claim and Plan Administration Expense Information:

Complete the following table regarding your PEIA plans.

**All claim data should be provided on an incurred basis.**

<b>Enhanced Plan</b>	<b>6 Months Ended Plan year 2004</b>	<b>3 Months of Plan Year 2005</b>	<b>Calendar Year 2004</b>
<b>Plan Medical Loss Ratio</b>			
<b>PMPM Claims (aggregate):</b>			
Single			
Policyholder and Child(ren)			
Family			
<b>PMPM Claims Medical:</b>			
Single			
Policyholder and Child(ren)			
Family			
<b>PMPM Claims Pharmacy:</b>			
Single			
Policyholder and Child(ren)			
Family			
<b>Claims Experience:</b>			
Aggregate			
Pharmacy			
Medical Inpatient			
Medical Outpatient			
Medical Physician Services			
Other			
Plan Administrative Costs*			
Incurred But Not Reported Reserve			

\*Please identify the components of your administrative costs.



<b>Basic Plan</b>	<b>6 Months Ended Plan year 2004</b>	<b>3 Months of Plan Year 2005</b>	<b>Calendar Year 2004</b>
<b>Plan Medical Loss Ratio</b>			
<b>PMPM Claims (aggregate):</b>			
Single			
Policyholder and Child(ren)			
Family			
<b>PMPM Claims Medical:</b>			
Single			
Policyholder and Child(ren)			
Family			
<b>PMPM Claims Pharmacy:</b>			
Single			
Policyholder and Child(ren)			
Family			
<b>Claims Experience:</b>			
Aggregate			
Pharmacy			
Medical Inpatient			
Medical Outpatient			
Medical Physician Services			
Other			
<b>Plan Administrative Costs*</b>			
<b>Incurred But Not Reported Reserve</b>			

\*Please identify the components of your administrative costs.

<b>Plans Combined</b>	<b>6 Months Ended Plan year 2004</b>	<b>3 Months Plan Year 2005</b>	<b>Calendar Year 2004</b>
<b>Plan Medical Loss Ratio</b>			
<b>PMPM Claims (aggregate):</b>			
Single			
Policyholder and Child(ren)			
Family			
<b>PMPM Claims Medical:</b>			
Single			
Policyholder and Child(ren)			
Family			
<b>PMPM Claims Pharmacy:</b>			
Single			
Policyholder and Child(ren)			
Family			
<b>Claims Experience:</b>			
Aggregate			
Pharmacy			
Medical Inpatient			
Medical Outpatient			
Medical Physician Services			
Other			
Plan Administrative Costs*			
Incurred But Not Reported Reserve			

\*Please identify the components of your administrative costs.

Capitation Proposal (to be completed for each plan submission):

Plan Year 2006 Rate Information (Active Employees):

<b>Enhanced Plan</b>	<b>Employee</b>	<b>Employee &amp; Children</b>	<b>Family</b>
<b>Capitation</b>			
<b>Basic Plan</b>	<b>Employee</b>	<b>Employee &amp; Children</b>	<b>Family</b>
<b>Capitation</b>			
<b>Other Plan</b>	<b>Employee</b>	<b>Employee &amp; Children</b>	<b>Family</b>
<b>Capitation</b>			

Plan Year 2006 Rate Information (Retired Employees):

<b>Enhanced Plan</b>	<b>Employee</b>	<b>Family</b>
<b>Capitation</b>		
<b>Basic Plan</b>	<b>Employee</b>	<b>Family</b>
<b>Capitation</b>		
<b>Other Plan</b>	<b>Employee</b>	<b>Family</b>
<b>Capitation</b>		

## Benefit Table

HMO Name: \_\_\_\_\_

Completed by: \_\_\_\_\_

Please complete the following chart providing details of the benefits to be offered and any limitations or exclusions that relate to these benefits. Benefits that do not fit into one of the categories here may be added at the end of the chart.

<b>Benefit Description</b>	<b>Plan A</b>	<b>Plan B</b>
<b>Annual deductible</b>		
<b>Annual out-of-pocket maximum</b>		
<b>Physician Services</b>		
<b>Adult routine physical examinations (including prostate and gynecological, with pap smear)</b>		
<b>Diagnostic x-ray, lab and testing</b>		
<b>Mammograms</b>		
<b>Physician inpatient visits</b>		
<b>Physician office visits - primary care</b>		
<b>Physician office visits - specialty care</b>		
<b>Prenatal care</b>		

Second surgical opinions		
Voluntary sterilization		
Well child exams		
Well child immunizations (birth through 16)		
<b>Inpatient Services</b>		
Semiprivate room; ancillaries; therapy services, x-ray, lab, surgical services, and general nursing care		
Inpatient occupational, physical, or speech therapy		
Maternity care (delivery)		
Rehabilitation		
Skilled nursing		
<b>Hospital Outpatient Services</b>		
Ambulatory/outpatient surgery		
Preadmission testing, diagnostic x-ray and lab, radiation and chemotherapy		

<b>Mental Health &amp; Chemical Dependency Benefits</b>		
Outpatient chemical dependency		
Outpatient mental health		
Inpatient chemical dependency (including partial hospitalization)		
Inpatient detoxification		
Inpatient mental health (including partial hospitalization)		
<b>Outpatient Therapies</b>		
Accupuncture		
Chiropractic		
Occupational therapy		
Physical therapy		
Speech therapy		
<b>All Other Medical Services</b>		
Allergy testing and treatment		

Cardiac rehabilitation		
Dental services - accident related		
Dental services - other		
Diabetic supplies		
Durable Medical Equipment (DME)		
Emergency ambulance (medically necessary)		
Emergency Room Treatment (Non-emergency)		
Emergency services (including supplies)		
Growth hormone		
Hearing exam		
Home health services		
Home health supplies		



Hospice		
Infertility services		
Medical supplies		
Podiatry		
Prosthetics		
Pulmonary rehabilitation		
Radiation and chemotherapy		
TMJ		
Transplants (non-experimental)		
Urgent Care		
Vision services		

Prescription Drug Benefits		
Deductible		
Generic repayment		
Formulary brand necessary		
Brand drug requested by patient		
Non-Formulary Brand		
Maintenance Medication discount		
Annual benefit maximum (per member/year)		
Other details		
Other Benefits		

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Appendix F  
Submission Form

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F-1  
**Transmittal Form**

I hereby attest to the following on behalf of \_\_\_\_\_

- We have read, understand, and are able and willing to comply with all standards and participation requirements described in the RFP for the programs in which we are applying to participate, as well as in the corresponding contracts;
- All of the information contained in this proposal is accurate and truthful to the best of our knowledge;
- If proposing to participate in the PEIA program, our capitation rates have been approved by the West Virginia Insurance Commissioner and were developed independently, without collusion, conflict of interest, consultation, communication, or agreement for the purpose of restricting competition, as to any matter relating to such rates with any other applicant, prospective applicant or competitor. Our capitation rates further have not been knowingly disclosed prior to award, either directly or indirectly, to any other applicant or competitor;
- This proposal will be held firm until at least December 31, 2004; and
- Neither we, nor any of our representatives have paid, agreed to pay, or will pay directly or indirectly to any person, firm, or corporation any money or valuable consideration for assistance in procuring or attempting to procure the agreement(s) referred to herein.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Applicant point of contact regarding proposal:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Tel: \_\_\_\_\_

Fax: \_\_\_\_\_

**F-2**  
**Top Ten Clients Form**

Instructions to Applicants: Complete the chart, listing your top ten clients/groups (other than PEIA). Include current phone number and address for contact persons.

	<b>Client/Group</b>	<b>Number of Enrollees</b>	<b>Initial Offer Date</b>	<b>Contact Name</b>	<b>Address</b>	<b>Telephone Number</b>
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

**F-3**  
**Terminated Contracts Form**

Instructions to Applicants: Complete the chart, listing all groups with 25 or more enrollees that have terminated their contracts with your plan since December 31, 2003. Include current phone number and address for contact persons.

	<b>Client/Group</b>	<b>Number of Enrollees</b>	<b>Initial Offer Date</b>	<b>Contact Name</b>	<b>Address</b>	<b>Telephone Number</b>
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

**Plan Management Form**

Instructions to Applicants: Identify the individuals responsible for each of the positions listed below, their date of employment, and estimated percentage of time that will be devoted to PEIA. Also indicate whether the position is salaried or contracted. Include up-to-date resume for each individual (or a job description for vacant positions) behind this form.

Position	Name	Date of Hire	% FTE PEIA	<i>Check the Appropriate Box</i>	
				Salaried	Contracted
CEO/Executive Director					
CFO					
Medical Director					
QA/QI Director					
UM Director					
Member Services Director					
Provider Services Director					
Compliance/Grievances Director					
Claims Director					
MIS Director					



**F-5  
Staffing Form**

Instructions to Applicants: Indicate the number of non-clerical, non-secretarial FTEs employed or contracted in each of these areas. Also indicate the number of additional FTEs anticipated for hire/contracting if awarded a contract in all regions bid.

<b>Function</b>	<b>Current FTE Count</b>	<b>Additional to Hire</b>	<b>Total</b>	<b>% of Total to be Devoted to PEIA</b>
Accounting and Budgeting				
Medical Director's Office				
QA/QI				
Medical Management				
Member Services				
Provider Services				
Compliants/Grievances				
Claims				
MIS				