

Appendix
Exhibit 1
Physicians' and ASC Fee Schedules

CPT* HCPCS	MOD	DESCRIPTION	Physicians' Fees North	Physicians' Fees South	ASC Fees North	ASC Fees South	Payment Indicator (See bottom for codes)
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Anes		ANESTHESIA BASE UNITS	86.47	84.36			
0232T		NJX PLATELET PLASMA	63.95	63.95	89.55	82.44	X
G0283		ELECTRICAL STIMULATION, (UNATTENDED), TO ONE OR MORE AREAS,	20.14	19.26			
G0289		ARTHRO, LOOSE BODY + CHONDRO	483.50	467.07			X, N1
10060		DRAIN SKIN ABSCESS	176.46	168.00	198.84	183.03	
10061		DRAIN SKIN ABSCESS	290.74	278.25	198.84	183.03	
10120		REMOVE FOREIGN BODY	219.66	208.52	297.15	273.51	
10121		REMOVE FOREIGN BODY	423.57	403.23	2,411.70	2,219.85	
10140		DRAIN HEMATOMA/FLUID	250.71	238.43	321.75	296.13	
10160		PUNCTURE DRAIN LESION	203.36	193.31	198.84	183.03	
10180		COMPLEX DRAIN WOUND	381.01	362.70	2,694.69	2,480.34	
11000		DEBRIDE INFECTED SKIN	84.28	80.26	102.96	94.77	
11001		DEBRIDE INFECTED SKIN, ADDED	33.67	32.24	33.93	31.23	
11010		DEBRIDE SKIN, FX	770.97	732.08	678.84	624.84	
11011		DEBRIDE SKIN/MUSCLE, FX	842.60	801.49	678.84	624.84	
11012		DEBRIDE SKIN/MUSCLE/BONE, FX	1,128.89	1,074.42	678.84	624.84	
11042		DEBRIDE SKIN/TISSUE	141.88	134.65	364.44	335.43	
11043		DEBRIDE TISSUE/MUSCLE	309.64	294.89	364.44	335.43	
11044		DEBRIDE TISSUE/MUSCLE/BONE	467.58	447.17	1,132.98	1,042.83	
11045		DEBRIDE SUBQ TISSUE ADD-ON	50.08	47.78	364.44	335.43	
11046		DEBRIDE MUSCLE/FASCIA ADD-ON	86.02	82.37	364.44	335.43	
11047		DEBRIDE BONE ADD-ON	141.04	135.27	1,132.98	1,042.83	
11055		TRIM SKIN LESION	78.70	74.56	111.15	102.30	
11056		TRIM SKIN LESIONS, 2 TO 4	93.59	88.93	121.44	111.78	
11057		TRIM SKIN LESIONS, OVER 4	110.23	104.93	121.44	111.78	
11100		BIOPSY SKIN LESION	168.53	159.57	199.77	183.90	
11101		BIOPSY SKIN, ADDED	52.52	50.16	58.50	53.85	
11200		REMOVE SKIN TAGS	136.42	129.65	121.44	111.78	
11300		SHAVE SKIN LESION	111.63	105.61	121.44	111.78	
11301		SHAVE SKIN LESION	150.18	142.55	121.44	111.78	
11302		SHAVE SKIN LESION	179.35	170.36	121.44	111.78	
11305		SHAVE SKIN LESION	110.55	104.93	121.44	111.78	
11306		SHAVE SKIN LESION	152.62	145.18	121.44	111.78	
11310		SHAVE SKIN LESION	137.16	130.09	121.44	111.78	
11311		SHAVE SKIN LESION	171.78	163.30	121.44	111.78	
11400		EXCISE TRT-EXT BENIGN+MARG 0.5 < CM	192.83	182.50	283.11	260.58	
11401		EXCISE TRT-EXT BENIGN+MARG 0.6-1 CM	234.32	222.41	319.41	294.00	
11402		EXCISE TRT-EXT BENIGN+MARG 1.1-2 CM	260.75	247.62	350.97	323.04	
11403		EXCISE TRT-EXT BENIGN+MARG 2.1-3 CM	298.16	283.70	379.02	348.87	
11404		EXCISE TRT-EXT BENIGN+MARG 3.1-4 CM	338.86	322.54	2,411.70	2,219.85	
11406		EXCISE TRT-EXT BENIGN+MARG > 4.0 CM	478.41	457.22	2,411.70	2,219.85	
11420		EXCISE H-F-NECK-SP BENIGN+MARG 0.5 <	191.28	181.36	266.76	245.52	
11421		EXCISE H-F-NECK-SP BENIGN+MARG 0.6-1	247.34	235.08	324.03	298.26	
11422		EXCISE H-F-NECK-SP BENIGN+MARG 1.1-2	275.21	261.73	354.48	326.28	
11423		EXCISE H-F-NECK-SP BENIGN+MARG 2.1-3	317.92	302.76	394.26	362.88	
11424		EXCISE H-F-NECK-SP BENIGN+MARG 3.1-4	364.37	347.38	2,411.70	2,219.85	
11426		EXCISE H-F-NECK-SP BENIGN+MARG > 4 CM	516.41	494.20	3,188.13	2,934.54	
11440		EXCISE FACE-MM BENIGN+MARG 0.5 < CM	211.84	200.73	301.83	277.83	
11441		EXCISE FACE-MM BENIGN+MARG 0.6-1 CM	264.80	251.60	350.97	323.04	
11442		EXCISE FACE-MM BENIGN+MARG 1.1-2 CM	298.23	283.53	388.41	357.51	
11443		EXCISE FACE-MM BENIGN+MARG 2.1-3 CM	353.37	336.68	431.67	397.35	
11444		EXCISE FACE-MM BENIGN+MARG 3.1-4 CM	442.21	422.12	1,132.98	1,042.83	
11719		TRIM NAIL(S)	34.77	32.88	51.48	47.37	
11720		DEBRIDE NAIL, 1-5	49.82	47.36	64.35	59.25	
11721		DEBRIDE NAIL, 6 OR MORE	67.33	64.26	76.02	69.99	
11730		REMOVE NAIL PLATE	151.98	144.74	121.44	111.78	
11732		REMOVE NAIL PLATE, ADDED	68.85	65.77	76.02	69.99	
11740		DRAIN BLOOD UNDER NAIL	75.08	71.04	57.72	53.13	
11750		REMOVE NAIL BED	343.28	327.09	411.81	379.05	
11752		REMOVE NAIL BED/FINGER TIP	494.47	471.49	582.60	536.25	
11760		REPAIR NAIL BED	346.62	328.23	177.81	163.68	

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CPT* HCPCS	MOD	DESCRIPTION	Physicians' Fees North	Physicians' Fees South	ASC Fees North	ASC Fees South	Payment Indicator (See bottom for codes)
11762		RECONSTRUCT NAIL BED	429.68	409.09	531.12	488.88	
11765		EXCISE NAIL FOLD, TOE	223.00	209.99	121.44	111.78	
11900		INJECTION INTO SKIN LESIONS	90.58	86.02	121.44	111.78	
11901		ADDED SKIN LESIONS INJECTION	113.27	108.02	121.44	111.78	
11950		THERAPY FOR CONTOUR DEFECTS	113.05	107.85	131.01	120.60	
11951		THERAPY FOR CONTOUR DEFECTS	160.21	153.19	175.47	161.52	
11960		INSERT TISSUE EXPANDER(S)	1,436.90	1,374.88	2,972.49	2,736.03	
11981		INSERT DRUG IMPLANT DEVICE	216.27	206.20	89.55	82.44	X
11982		REMOVE DRUG IMPLANT DEVICE	240.23	229.28	89.55	82.44	X
12001		REPAIR SUPERFICIAL WOUND(S)	156.46	148.50	177.81	163.68	
12002		REPAIR SUPERFICIAL WOUND(S)	182.44	173.64	177.81	163.68	
12004		REPAIR SUPERFICIAL WOUND(S)	215.99	205.84	177.81	163.68	
12005		REPAIR SUPERFICIAL WOUND(S)	277.27	264.61	177.81	163.68	
12006		REPAIR SUPERFICIAL WOUND(S)	334.76	319.54	177.81	163.68	
12011		REPAIR SUPERFICIAL WOUND(S)	187.04	177.76	177.81	163.68	
12013		REPAIR SUPERFICIAL WOUND(S)	200.42	190.64	177.81	163.68	
12014		REPAIR SUPERFICIAL WOUND(S)	236.44	225.30	177.81	163.68	
12015		REPAIR SUPERFICIAL WOUND(S)	289.42	275.96	177.81	163.68	
12016		REPAIR SUPERFICIAL WOUND(S)	360.23	344.19	177.81	163.68	
12017		REPAIR SUPERFICIAL WOUND(S)	268.51	260.21	177.81	163.68	
12018		REPAIR SUPERFICIAL WOUND(S)	319.54	309.13	177.81	163.68	
12020		CLOSE SPLIT WOUND	431.60	410.59	619.29	570.03	
12021		CLOSE SPLIT WOUND	254.10	242.74	421.80	388.26	
12031		INTERMED WOUND REPAIR S/TRT/EXT	392.46	372.69	177.81	163.68	
12032		INTERMED WOUND REPAIR S/TRT/EXT	496.44	470.58	421.80	388.26	
12034		INTERMED WOUND REPAIR S/TRT/EXT	491.15	467.17	177.81	163.68	
12035		INTERMED WOUND REPAIR S/TRT/EXT	596.60	567.24	177.81	163.68	
12036		INTERMED WOUND REPAIR S/TRT/EXT	649.31	618.41	421.80	388.26	
12037		INTERMED WOUND REPAIR S/TRT/EXT	726.61	692.45	421.80	388.26	
12041		INTERMED WOUND REPAIR N-HF/GENITAL	408.73	388.48	177.81	163.68	
12042		INTERMED WOUND REPAIR N-HG/GENITAL	468.02	444.84	177.81	163.68	
12044		INTERMED WOUND REPAIR N-HG/GENITAL	555.19	527.51	177.81	163.68	
12045		INTERMED WOUND REPAIR N-HG/GENITAL	592.76	564.13	421.80	388.26	
12046		INTERMED WOUND REPAIR N-HG/GENITAL	703.34	669.51	421.80	388.26	
12047		INTERMED WOUND REPAIR N-HG/GENITAL	763.38	726.74	421.80	388.26	
12051		INTERMED WOUND REPAIR FACE/MM	432.90	411.35	421.80	388.26	
12052		INTERMED WOUND REPAIR FACE/MM	494.15	469.44	177.81	163.68	
12053		INTERMED WOUND REPAIR FACE/MM	545.55	518.41	177.81	163.68	
12054		INTERMED WOUND REPAIR FACE/MM	577.47	549.29	177.81	163.68	
12055		INTERMED WOUND REPAIR FACE/MM	691.03	658.09	421.80	388.26	
12056		INTERMED WOUND REPAIR FACE/MM	826.26	786.00	421.80	388.26	
12057		INTERMED WOUND REPAIR FACE/MM	942.59	896.60	421.80	388.26	
13100		REPAIR WOUND OR LESION	503.63	479.30	619.29	570.03	
13101		REPAIR WOUND OR LESION	640.87	609.63	619.29	570.03	
13102		REPAIR WOUND/LESION, ADDED	172.70	164.94	619.29	570.03	
13120		REPAIR WOUND OR LESION	523.71	498.53	421.80	388.26	
13121		REPAIR WOUND OR LESION	714.49	679.65	421.80	388.26	
13122		REPAIR WOUND/LESION, ADDED	190.24	181.88	177.81	163.68	
13131		REPAIR WOUND OR LESION	577.33	549.97	421.80	388.26	
13132		REPAIR WOUND OR LESION	932.23	889.11	619.29	570.03	
13133		REPAIR WOUND/LESION, ADDED	267.99	256.52	421.80	388.26	
13150		REPAIR WOUND OR LESION	573.56	546.58	619.29	570.03	
13151		REPAIR WOUND OR LESION	652.83	622.29	619.29	570.03	
13152		REPAIR WOUND OR LESION	901.38	859.71	619.29	570.03	
13153		REPAIR WOUND/LESION, ADDED	294.26	281.64	421.80	388.26	
13160		LATE CLOSE WOUND	1,274.88	1,226.45	2,972.49	2,736.03	
14000		SKIN TISSUE REARRANGEMENT	1,001.58	953.82	2,296.11	2,113.44	
14001		SKIN TISSUE REARRANGEMENT	1,289.02	1,229.26	2,296.11	2,113.44	
14020		SKIN TISSUE REARRANGEMENT	1,124.57	1,070.90	2,296.11	2,113.44	
14021		SKIN TISSUE REARRANGEMENT	1,408.28	1,342.85	2,296.11	2,113.44	
14040		SKIN TISSUE REARRANGEMENT	1,235.25	1,177.91	2,296.11	2,113.44	
14041		SKIN TISSUE REARRANGEMENT	1,529.97	1,459.32	2,296.11	2,113.44	
14060		SKIN TISSUE REARRANGEMENT	1,251.46	1,194.92	2,296.11	2,113.44	
14061		SKIN TISSUE REARRANGEMENT	1,643.34	1,566.97	2,296.11	2,113.44	
14301		SKIN TISSUE REARRANGEMENT	1,770.48	1,689.95	2,972.49	2,736.03	
14302		SKIN TISSUE REARRANGE ADDED	369.95	356.41	2,972.49	2,736.03	
15002		WOUND PREP, TRUNK/ARM/LEG	538.12	513.17	619.29	570.03	

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CPT* HCPCS	MOD	DESCRIPTION	Physicians' Fees North	Physicians' Fees South	ASC Fees North	ASC Fees South	Payment Indicator (See bottom for codes)
15003		WOUND PREP, ADDED 100 CM	117.04	111.70	619.29	570.03	
15004		WOUND PREP, F/N/HF/G	631.19	602.33	619.29	570.03	
15005		WOUND PREP, F/N/HF/G, ADDED CM	191.65	183.76	619.29	570.03	
15050		SKIN PINCH GRAFT	898.35	854.77	619.29	570.03	
15100		SKIN SPLIT GRAFT, TRUNK/ARM/LEG	1,374.74	1,313.41	2,972.49	2,736.03	
15101		SKIN SPLIT GRAFT T/A/L, ADDED	300.62	285.81	2,972.49	2,736.03	
15120		SKIN SPLIT A-GRAFT FAC/NECK/HF/G	1,518.58	1,450.58	2,972.49	2,736.03	
15121		SKIN SPLIT A-GRAFT F/N/HF/G ADDED	428.19	407.69	2,972.49	2,736.03	
15130		DERM AUTOGRAFT, TRUNK/ARM/LEG	1,077.48	1,028.66	2,296.11	2,113.44	
15170		ACELLULAR GRAFT TRUNK/ARMS/LEGS	684.41	656.88	619.29	570.03	
15171		ACELLULAR GRAFT T/ARM/LEG, ADDED	147.18	142.17	421.80	388.26	
15175		ACELLULAR GRAFT, F/N/HF/G	810.60	779.34	619.29	570.03	
15220		SKIN FULL GRAFT SCALP/ARM/LEG	1,237.46	1,178.97	2,296.11	2,113.44	
15221		SKIN FULL GRAFT, ADDED	222.58	211.34	619.29	570.03	
15240		SKIN FULL GRAFT FACE/GENITAL/HF	1,491.27	1,422.47	2,296.11	2,113.44	
15241		SKIN FULL GRAFT, ADDED	297.89	283.58	619.29	570.03	
15260		SKIN FULL GRAFT EEN & LIPS	1,614.97	1,541.12	2,296.11	2,113.44	
15330		APPLY ACELLULAR ALLOGRAFT T/ARM/LEG	513.93	491.81	619.29	570.03	
15331		APPLY ACELLULAR GRAFT T/A/L, ADDED	100.16	96.58	619.29	570.03	
15340		APPLY CULT SKIN SUBSTITUTE	497.48	475.21	421.80	388.26	
15341		APPLY CULT SKIN SUB, ADDED	75.02	71.44	421.80	388.26	
15365		APPLY CULT DERM SUB F/N/HF/G	542.33	517.83	421.80	388.26	
15366		APPLY CULT DERM F/HF/G ADDED	126.15	121.79	421.80	388.26	
15430		APPLY ACELLULAR XENOGRAFT	861.84	822.78	619.29	570.03	
15431		APPLY ACELLULAR XENOGRAFT ADDED	328.03	316.57	619.29	570.03	
15570		FORM SKIN PEDICLE FLAP	1,424.66	1,361.15	2,972.49	2,736.03	
15572		FORM SKIN PEDICLE FLAP	1,388.47	1,326.28	2,972.49	2,736.03	
15574		FORM SKIN PEDICLE FLAP	1,451.66	1,386.66	2,972.49	2,736.03	
15576		FORM SKIN PEDICLE FLAP	1,291.01	1,232.56	2,972.49	2,736.03	
15620		SKIN GRAFT	709.40	673.04	2,972.49	2,736.03	
15732		MUSCLE-SKIN GRAFT, HEAD/NECK	2,390.54	2,290.95	2,972.49	2,736.03	
15734		MUSCLE-SKIN GRAFT, TRUNK	2,429.96	2,329.20	2,972.49	2,736.03	
15736		MUSCLE-SKIN GRAFT, ARM	2,142.30	2,051.77	2,972.49	2,736.03	
15738		MUSCLE-SKIN GRAFT, LEG	2,272.44	2,179.61	2,972.49	2,736.03	
15756		FREE MYO/SKIN FLAP MICROVASC	3,749.52	3,610.13			
15770		DERMA-FAT-FASCIA GRAFT	1,066.42	1,022.37	2,972.49	2,736.03	
15780		ABRASION TREAT SKIN	1,322.37	1,259.08	1,641.36	1,510.80	
15781		ABRASION TREAT SKIN	879.47	835.31	678.84	624.84	
15782		ABRASION TREAT SKIN	900.92	853.46	678.84	624.84	
15786		ABRASION, LESION, SING	391.74	371.66	121.44	111.78	
15787		ABRASION, LESIONS, ADDED	78.22	73.91	119.34	109.86	
15823		REVISE UPPER EYELID	979.35	934.65	2,972.49	2,736.03	
15830		EXCISE SKIN ABD	979.35	934.65	3,188.13	2,934.54	
15832		EXCISE EXCESSIVE SKIN TISSUE	979.35	934.65	3,188.13	2,934.54	
15851		REMOVE SUTURES	152.95	145.19	207.09	190.59	
15852		DRESSING CHANGE NOT FOR BURN	73.04	70.73	89.55	82.44	X
15940		REMOVE HIP PRESSURE SORE	1,088.76	1,047.78	3,188.13	2,934.54	
15941		REMOVE HIP PRESSURE SORE	1,419.04	1,362.70	3,188.13	2,934.54	
15944		REMOVE HIP PRESSURE SORE	1,410.54	1,354.92	2,972.49	2,736.03	
15945		REMOVE HIP PRESSURE SORE	1,566.36	1,504.31	2,972.49	2,736.03	
15946		REMOVE HIP PRESSURE SORE	2,593.22	2,494.79	2,972.49	2,736.03	
15950		REMOVE THIGH PRESSURE SORE	898.37	863.19	3,188.13	2,934.54	
15951		REMOVE THIGH PRESSURE SORE	1,357.84	1,302.86	3,188.13	2,934.54	
15952		REMOVE THIGH PRESSURE SORE	1,316.96	1,267.76	2,296.11	2,113.44	
15953		REMOVE THIGH PRESSURE SORE	1,445.87	1,391.23	2,296.11	2,113.44	
15956		REMOVE THIGH PRESSURE SORE	1,823.53	1,754.01	2,296.11	2,113.44	
15958		REMOVE THIGH PRESSURE SORE	1,864.20	1,791.74	2,296.11	2,113.44	
16000		INITIAL TREAT BURN(S)	107.89	103.23	113.49	104.46	
16020		DRESS/DEBRIDE P-THICK BURN, S	132.50	125.94	173.16	159.39	
16025		DRESS/DEBRIDE P-THICK BURN, M	234.02	223.91	199.77	183.90	
16030		DRESS/DEBRIDE P-THICK BURN, L	282.60	269.99	199.77	183.90	
17000		DESTROY PREMALIGN LESION	130.90	123.98	121.44	111.78	
17003		DESTROY PREMALIGN LES, 2-14	11.64	11.07	15.21	14.01	
17004		DESTROY PREMALIGN LESIONS 15+	279.11	265.83	343.95	316.59	
17106		DESTROY SKIN LESIONS	550.21	524.12	364.44	335.43	
17107		DESTROY SKIN LESIONS	713.68	679.99	364.44	335.43	
17108		DESTROY SKIN LESIONS	1,013.03	967.87	364.44	335.43	

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17110		DESTROY B9 LESION, 1-14	180.01	169.92	121.44	111.78	
17111		DSTRJ B9 SK TGS/CUTAN VASC 15/>	213.26	201.74	199.77	183.90	
17250		CHEM CAUT GRANLTJ TISS PROUD FLESH SINUS/FSTL	123.93	117.07	190.68	175.53	
17261		DESTROY SKIN LESIONS	232.56	220.55	199.77	183.90	
17262		DESTROY SKIN LESIONS	281.00	266.92	199.77	183.90	
19000		DRAIN BREAST LESION	179.37	169.75	263.25	242.31	
19120		REMOVE BREAST LESION	750.90	719.29	3,413.91	3,142.35	
19125		EXCISE BREAST LESION	832.58	797.97	3,413.91	3,142.35	
19290		PLACE NEEDLE WIRE, BREAST	262.84	248.72			X, N1
20100		EXPLORE WOUND, NECK	927.38	897.30			
20101		EXPLORE WOUND, CHEST	648.74	615.47			
20102		EXPLORE WOUND, ABDOMEN	764.14	725.33			
20103		EXPLORE WOUND, EXTREMITY	914.65	869.73	1,735.95	1,597.86	
20520		REMOVE FOREIGN BODY	311.74	296.49	401.28	369.36	
20525		REMOVE FOREIGN BODY	763.77	723.36	3,188.13	2,934.54	
20526		THERAPEUTIC INJECTION, CARP TUNNEL	118.45	113.27	127.50	117.36	
20550		INJECT TENDON SHEATH/LIGAMENT	89.97	86.03	95.94	88.29	
20551		INJECT TENDON ORIGIN/INSERT	91.72	87.67	99.45	91.53	
20552		INJECT TRIGGER POINT, 1/2 MUSCLE	129.69	123.83	94.77	87.21	
20553		INJECT TRIGGER POINTS, => 3	256.49	244.86	107.64	99.06	
20600		DRAIN/INJ, JOINT/BURSA	85.46	81.58	97.11	89.37	
20605		DRAIN/INJ, JOINT/BURSA	93.41	89.07	109.98	101.22	
20610		DRAIN/INJ, JOINT/BURSA	168.19	160.06	157.95	145.38	
20612		ASPIRATE/INJECT GANGLION CYST	92.67	88.43	106.47	98.01	
20615		TREAT BONE CYST	347.60	330.96	430.50	396.27	
20650		INSERT & REMOVE BONE PIN	313.04	298.60	3,064.83	2,821.05	
20662		APPLY PELVIS BRACE	680.98	652.96	3,064.83	2,821.05	
20663		APPLY THIGH BRACE	724.98	694.28	3,064.83	2,821.05	
20665		REMOVE FIXATION DEVICE			89.55	82.44	X
20670		REMOVE SUPPORT IMPLANT			2,411.70	2,219.85	
20680		REMOVE SUPPORT IMPLANT	976.54	929.22	3,188.13	2,934.54	
20690		APPLY BONE FIXATION DEVICE	2,428.13	2,338.02	4,301.40	3,959.25	
20692		APPLY BONE FIXATION DEVICE	4,571.37	4,397.67	4,301.40	3,959.25	
20693		ADJUST BONE FIXATION DEVICE	1,941.73	1,861.31	3,064.83	2,821.05	
20694		REMOVE BONE FIXATION DEVICE	1,824.61	1,737.34	3,064.83	2,821.05	
20696		COMP MULTIPLANE EXT FIXATION	4,555.72	4,376.97	4,301.40	3,959.25	
20697		COMP EXT FIXATE STRUT CHANGE	7,725.55	7,206.79	2,779.53	2,558.43	
20900		REMOVE BONE FOR GRAFT	673.98	637.99	4,301.40	3,959.25	
20902		REMOVE BONE FOR GRAFT	519.31	498.66	4,301.40	3,959.25	
20910		REMOVE CARTILAGE FOR GRAFT	1,037.67	992.57	2,972.49	2,736.03	
20912		REMOVE CARTILAGE FOR GRAFT	1,198.06	1,147.49	2,972.49	2,736.03	
20920		REMOVE FASCIA FOR GRAFT	985.25	943.49	2,296.11	2,113.44	
20922		REMOVE FASCIA FOR GRAFT	1,471.19	1,405.30	2,296.11	2,113.44	
20924		REMOVE TENDON FOR GRAFT	800.25	767.01	4,301.40	3,959.25	
20926		REMOVE TISSUE FOR GRAFT	692.39	664.11	619.29	570.03	
20931		SP BONE ALLOGRAFT STRUCT, ADDED	480.89	465.78			
20950		FLUID PRESSURE, MUSCLE	1,090.10	1,027.35	198.84	183.03	
20955		FIBULA BONE GRAFT, MICROVASC	10,896.00	10,491.67			
20974		ELECTRICAL BONE STIMULATION	388.51	369.13			
20975		ELECTRICAL BONE STIMULATION	968.04	932.18			X, N1
20979		US BONE STIMULATION	288.61	275.42	89.55	82.44	X
20985		COMPUTER-ASSIST DIR MS PX	233.28	225.44			X, N1
21060		REMOVE JAW JOINT CARTILAGE	1,303.59	1,251.23	5,961.75	5,487.51	
21070		REMOVE CORONOID PROCESS	2,683.05	2,569.88	5,961.75	5,487.51	
21073		MANIPULATE TMJ W/ANESTH	625.03	593.86	832.95	766.71	
21085		PREPARE FACE/ORAL PROSTHESIS	1,453.19	1,375.54	1,265.82	1,165.11	
21110		INTERDENTAL FIXATION	1,453.19	1,375.54	1,056.45	972.42	
21116		INJECTION, JAW JOINT X-RAY	242.27	228.15			X, N1
21209		REDUCE FACIAL BONES	1,356.76	1,290.12	5,961.75	5,487.51	
21210		FACE BONE GRAFT	3,584.38	3,377.47	5,961.75	5,487.51	
21240		RECONSTRUCT JAW JOINT	3,361.24	3,224.68	5,961.75	5,487.51	
21242		RECONSTRUCT JAW JOINT	3,085.47	2,959.40	5,961.75	5,487.51	
21243		RECONSTRUCT JAW JOINT	5,070.37	4,866.28	5,961.75	5,487.51	
21244		RECONSTRUCT LOWER JAW	1,701.06	1,626.83	5,961.75	5,487.51	
21245		RECONSTRUCT JAW	1,819.98	1,735.61	5,961.75	5,487.51	
21246		RECONSTRUCT JAW	1,327.80	1,275.95	5,961.75	5,487.51	
21247		RECONSTRUCT LOWER JAW BONE	2,579.70	2,482.80	5,961.75	5,487.51	

Appendix
Exhibit 1
Physicians' and ASC Fee Schedules

CPT* HCPCS	MOD	DESCRIPTION	Physicians' Fees North	Physicians' Fees South	ASC Fees North	ASC Fees South	Payment Indicator (See bottom for codes)
21248		RECONSTRUCT JAW	1,730.48	1,651.07	5,961.75	5,487.51	
21249		RECONSTRUCT JAW	2,370.58	2,265.59	5,961.75	5,487.51	
21310		TREAT NOSE FX	185.45	174.76	151.17	139.14	
21315		TREAT NOSE FX	443.93	419.60	2,313.03	2,129.04	
21320		TREAT NOSE FX	417.47	394.98	2,313.03	2,129.04	
21325		TREAT NOSE FX	772.19	732.88	3,421.41	3,149.25	
21330		TREAT NOSE FX	926.89	881.33	3,421.41	3,149.25	
21335		TREAT NOSE FX	1,181.49	1,128.42	3,421.41	3,149.25	
21356		TREAT CHEEK BONE FX	2,159.27	2,052.68	3,421.41	3,149.25	
21360		TREAT CHEEK BONE FX	2,285.49	2,187.85	3,421.41	3,149.25	
21365		TREAT CHEEK BONE FX	4,774.53	4,590.46			
21366		TREAT CHEEK BONE FX	5,417.56	5,210.50			
21385		TREAT EYE SOCKET FX	3,005.24	2,877.79			
21386		TREAT EYE SOCKET FX	2,849.94	2,739.14			
21390		TREAT EYE SOCKET FX	3,399.51	3,262.80	5,961.75	5,487.51	
21395		TREAT EYE SOCKET FX	4,165.36	3,999.96			
21400		TREAT EYE SOCKET FX	807.13	765.31	1,056.45	972.42	
21401		TREAT EYE SOCKET FX	2,088.19	1,978.92	2,313.03	2,129.04	
21406		TREAT EYE SOCKET FX	2,367.98	2,266.67	5,961.75	5,487.51	
21407		TREAT EYE SOCKET FX	2,782.80	2,670.16	5,961.75	5,487.51	
21408		TREAT EYE SOCKET FX	3,870.37	3,718.17			
21450		TREAT LOWER JAW FX	954.01	901.26	474.09	436.38	
21451		TREAT LOWER JAW FX	1,231.95	1,165.53	1,056.45	972.42	
21452		TREAT LOWER JAW FX	969.53	911.95	2,313.03	2,129.04	
21453		TREAT LOWER JAW FX	1,437.35	1,360.70	5,961.75	5,487.51	
21454		TREAT LOWER JAW FX	889.43	850.92	3,421.41	3,149.25	
21461		TREAT LOWER JAW FX	3,370.55	3,171.80	5,961.75	5,487.51	
21462		TREAT LOWER JAW FX	3,567.33	3,359.58	5,961.75	5,487.51	
21465		TREAT LOWER JAW FX	1,514.36	1,453.74	5,961.75	5,487.51	
21470		TREAT LOWER JAW FX	1,919.57	1,843.61			
21800		TREAT RIB FX	164.26	156.32	210.60	193.83	
21820		TREAT STERNUM FX	217.62	207.24	210.60	193.83	
21825		TREAT STERNUM FX	900.11	864.97			
22305		TREAT SPINE PROCESS FX			210.60	193.83	
22310		TREAT SPINE FX			734.37	675.96	
22315		TREAT SPINE FX	3,738.68	3,578.03	2,779.53	2,558.43	
22505		MANIPULATE SPINE	214.24	206.29	2,074.56	1,909.53	
22520		PERCUT VERTEBROPLASTY THORACIC			4,301.40	3,959.25	
22521		PERCUT VERTEBROPLASTY LUMBAR			4,301.40	3,959.25	
22522		PERCUT VERTEBROPLASTY ADDED			4,301.40	3,959.25	
22554		NECK SPINE FUSION	6,185.12	5,961.42			
22585		ADDED SPINAL FUSION	1,650.20	1,597.95			
22845		INSERT SPINE FIXATION DEVICE	4,518.17	4,376.06			
22851		APPLY SPINE PROSTH DEVICE	2,507.61	2,427.54			
23120		PARTIAL REMOVE COLLAR BONE	3,521.55	3,374.09	4,301.40	3,959.25	
23125		REMOVE COLLAR BONE	4,270.68	4,099.77	4,301.40	3,959.25	
23130		REMOVE SHOULDER BONE, PART	3,681.64	3,527.78	6,312.78	5,810.61	
23331		REMOVE SHOULDER FOREIGN BODY	3,576.37	3,428.03	3,188.13	2,934.54	
23332		REMOVE SHOULDER FOREIGN BODY	5,348.95	5,138.14			
23350		INJECTION FOR SHOULDER X-RAY	245.78	232.06			X, N1
23405		TX SHO AREA 1 TDN	989.02	949.25	4,301.40	3,959.25	
23406		TX SHO AREA MLT TDN THRU SM INC	1,228.87	1,180.78	4,301.40	3,959.25	
23410		OPEN REPAIR OF ROTATOR CUFF, RECENT	3,500.51	3,361.17	6,312.78	5,810.61	
23412		OPEN REPAIR OF ROTATOR CUFF, OLD	3,640.20	3,495.88	6,312.78	5,810.61	
23415		CORACOACROMIAL LIGM RLS +ACROMP	1,096.46	1,051.70	6,312.78	5,810.61	
23420		RECONSTRUCTION ROTATOR CUFF, OLD	4,128.82	3,965.45	6,312.78	5,810.61	
23430		TENODIS LONG TDN BICEPS	1,169.96	1,123.11	6,312.78	5,810.61	
23440		RESCJ/TRNSPLJ LONG TDN BICEPS	1,192.02	1,145.18	6,312.78	5,810.61	
23470		RECONSTRUCT SHOULDER JOINT	5,149.21	4,954.04			
23472		RECONSTRUCT SHOULDER JOINT	6,369.05	6,131.80			
23480		REVISE COLLAR BONE	3,481.15	3,344.49	6,312.78	5,810.61	
23485		REVISE COLLAR BONE	4,080.99	3,923.94	11,871.09	10,926.78	
23500		TREAT CLAVICLE FX	517.10	320.37	210.60	193.83	
23505		TREAT CLAVICLE FX	836.78	519.25	2,779.53	2,558.43	
23515		TREAT CLAVICLE FX	2,182.75	2,094.37	8,925.39	8,215.41	
23520		TREAT CLAVICLE DISLOCATION	543.64	518.10	734.37	675.96	
23525		TREAT CLAVICLE DISLOCATION	889.99	848.39	734.37	675.96	

Appendix
Exhibit 1
Physicians' and ASC Fee Schedules

CPT* HCPCS	MOD	DESCRIPTION	Physicians' Fees North	Physicians' Fees South	ASC Fees North	ASC Fees South	Payment Indicator (See bottom for codes)
23530		TREAT CLAVICLE DISLOCATION	1,683.11	1,615.14	6,420.90	5,910.15	
23540		TREAT CLAVICLE DISLOCATION	526.02	501.82	210.60	193.83	
23545		TREAT CLAVICLE DISLOCATION	963.58	919.00	734.37	675.96	
23550		TREAT CLAVICLE DISLOCATION	1,729.78	1,659.14	6,420.90	5,910.15	
23552		TREAT CLAVICLE DISLOCATION	1,992.63	1,911.66	6,420.90	5,910.15	
23570		TREAT SHOULDER BLADE FX	550.00	524.31	210.60	193.83	
23600		TREAT HUMERUS FX	774.56	479.33	210.60	193.83	
23605		TREAT HUMERUS FX	1,118.44	693.94	2,779.53	2,558.43	
23615		TREAT HUMERUS FX	3,210.58	1,336.23	8,925.39	8,215.41	
23616		TREAT HUMERUS FX	4,569.61	1,904.53	8,925.39	8,215.41	
23620		TREAT HUMERUS FX	640.51	609.71	210.60	193.83	
23625		TREAT HUMERUS FX	910.15	868.61	2,779.53	2,558.43	
23630		TREAT HUMERUS FX	2,340.39	2,246.76	8,925.39	8,215.41	
23650		TREAT SHOULDER DISLOCATION	713.19	443.19	210.60	193.83	
23655		TREAT SHOULDER DISLOCATION	941.00	585.27	2,074.56	1,909.53	
23700		FIXATE SHOULDER	470.07	338.09	2,074.56	1,909.53	
24220		INJECTION FOR ELBOW X-RAY	265.46	251.25			X, N1
24300		MANIPULATE ELBOW W/ANESTH	640.74	610.08	2,074.56	1,909.53	
24305		ARM TENDON LENGTHENING	912.18	874.28	4,301.40	3,959.25	
24340		REPAIR BICEPS TENDON	2,601.25	2,494.51	6,312.78	5,810.61	
24341		REPAIR ARM TENDON/MUSCLE	3,143.66	3,012.32	6,312.78	5,810.61	
24342		REPAIR RUPTURED TENDON	3,306.76	3,175.53	6,312.78	5,810.61	
24343		REPAIR ELBOW LAT LIGAMENT W/TOSS	2,987.14	2,862.45	4,301.40	3,959.25	
24500		TREAT HUMERUS FX	549.29	522.97	210.60	193.83	
24505		TREAT HUMERUS FX	780.56	744.97	210.60	193.83	
24515		TREAT HUMERUS FX	1,381.32	1,326.32	8,925.39	8,215.41	
24516		TREAT HUMERUS FX	1,358.43	1,305.28	8,925.39	8,215.41	
24530		TREAT HUMERUS FX	588.23	560.15	210.60	193.83	
24535		TREAT HUMERUS FX	965.43	922.74	734.37	675.96	
24545		TREAT HUMERUS FX	1,456.68	1,399.91	8,925.39	8,215.41	
24546		TREAT HUMERUS FX	1,648.10	1,583.95	8,925.39	8,215.41	
24560		TREAT HUMERUS FX	494.20	470.24	210.60	193.83	
24565		TREAT HUMERUS FX	817.85	781.01	210.60	193.83	
24575		TREAT HUMERUS FX	1,155.33	1,108.02	8,925.39	8,215.41	
24576		TREAT HUMERUS FX	524.86	499.14	210.60	193.83	
24577		TREAT HUMERUS FX	846.15	808.13	210.60	193.83	
24579		TREAT HUMERUS FX	1,314.50	1,261.84	8,925.39	8,215.41	
25000		INCISE TENDON SHEATH	547.09	521.24	3,064.83	2,821.05	
25001		INCISE FLEXOR CARPI RADIALIS	536.36	511.94	3,064.83	2,821.05	
25020		DECOMPRESS FOREARM 1 SPACE	1,767.91	1,684.75	4,301.40	3,959.25	
25023		DECOMPRESS FOREARM 1 SPACE	3,363.81	3,221.26	4,301.40	3,959.25	
25024		DECOMPRESS FOREARM 2 SPACES	2,353.42	2,260.29	4,301.40	3,959.25	
25025		DECOMPRESS FOREARM 2 SPACES	3,669.10	3,530.71	4,301.40	3,959.25	
25118		EXCISE WRIST TENDON SHEATH	607.03	580.07	4,301.40	3,959.25	
25215		REMOVE WRIST BONES	1,898.51	1,818.66	4,301.40	3,959.25	
25246		INJECTION FOR WRIST X-RAY	268.94	254.91			X, N1
25259		MANIPULATE WRIST W/ANESTH	644.82	613.89	2,779.53	2,558.43	
25260		REPAIR FOREARM TENDON/MUSCLE	2,008.73	1,921.52	4,301.40	3,959.25	
25263		REPAIR FOREARM TENDON/MUSCLE	1,999.71	1,913.76	4,301.40	3,959.25	
25265		REPAIR FOREARM TENDON/MUSCLE	2,368.51	2,270.10	4,301.40	3,959.25	
25270		REPAIR FOREARM TENDON/MUSCLE	1,592.68	1,522.50	4,301.40	3,959.25	
25272		REPAIR FOREARM TENDON/MUSCLE	1,784.09	1,706.99	4,301.40	3,959.25	
25274		REPAIR FOREARM TENDON/MUSCLE	2,130.04	2,040.87	4,301.40	3,959.25	
25295		RELEASE WRIST/FOREARM TENDON	876.95	838.58	3,064.83	2,821.05	
25500		TREAT FX RADIUS	413.29	393.45	210.60	193.83	
25505		TREAT FX RADIUS	781.41	745.83	734.37	675.96	
25515		TREAT FX RADIUS	1,050.48	1,007.25	6,420.90	5,910.15	
25525		TREAT FX RADIUS	1,246.06	1,195.16	6,420.90	5,910.15	
25526		TREAT FX RADIUS	1,533.29	1,471.52	6,420.90	5,910.15	
25530		TREAT FX ULNA	402.85	382.70	210.60	193.83	
25535		TREAT FX ULNA	760.01	725.62	210.60	193.83	
25545		TREAT FX ULNA	981.64	940.37	6,420.90	5,910.15	
25560		TREAT FX RADIUS & ULNA	808.02	769.13	210.60	193.83	
25565		TREAT FX RADIUS & ULNA	1,566.66	1,496.29	734.37	675.96	
25574		TREAT FX RADIUS & ULNA	2,025.40	1,942.13	8,925.39	8,215.41	
25575		TREAT FX RADIUS/ULNA	2,717.76	2,608.67	8,925.39	8,215.41	
25600		TREAT FX RADIUS/ULNA	869.76	827.89	210.60	193.83	

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Physicians' and ASC Fee Schedules

CPT* HCPCS	MOD	DESCRIPTION	Physicians' Fees North	Physicians' Fees South	ASC Fees North	ASC Fees South	Payment Indicator (See bottom for codes)
25605		TREAT FX RADIUS/ULNA	1,865.53	1,783.62	734.37	675.96	
25606		TREAT FX DISTAL RADIAL	2,018.97	1,933.22	3,542.43	3,260.64	
25607		TREAT FX RADIAL EXTRA-ARTICULAR	2,204.51	2,113.59	8,925.39	8,215.41	
25608		TREAT FX RADIAL INTRA-ARTICULAR	2,472.05	2,371.92	8,925.39	8,215.41	
25609		TREAT FX RADIAL 3+ FRAG	3,148.22	3,022.40	8,925.39	8,215.41	
25622		TREAT WRIST BONE FX	900.97	857.05	210.60	193.83	
25624		TREAT WRIST BONE FX	1,384.38	1,319.72	734.37	675.96	
25628		TREAT WRIST BONE FX	2,177.02	2,087.90	6,420.90	5,910.15	
25630		TREAT WRIST BONE FX	909.36	866.26	210.60	193.83	
25635		TREAT WRIST BONE FX	1,342.79	1,280.29	210.60	193.83	
25645		TREAT WRIST BONE FX	1,718.80	1,648.07	6,420.90	5,910.15	
25650		TREAT WRIST BONE FX	953.03	908.21	210.60	193.83	
25652		TREAT FX ULNAR STYLOID	1,879.79	1,801.28	6,420.90	5,910.15	
25670		TREAT FX ULNAR STYLOID	1,831.97	1,757.00	3,542.43	3,260.64	
25671		TREAT FX ULNAR STYLOID	1,598.39	1,529.90	3,542.43	3,260.64	
25676		TREAT WRIST DISLOCATION	1,911.46	1,832.38	3,542.43	3,260.64	
25680		TREAT WRIST FX	1,383.37	1,326.99	210.60	193.83	
25685		TREAT WRIST FX	2,218.61	2,130.23	3,542.43	3,260.64	
26055		INCISE FINGER TENDON SHEATH	910.15	858.58	2,289.75	2,107.62	
26116		EXCISE HAND TUMOR DEEP < 1.5 CM	1,590.71	1,523.59	2,411.70	2,219.85	
26140		REVISE FINGER JOINT, EACH	1,527.77	1,462.59	2,289.75	2,107.62	
26145		TENDON EXCISE PALM/FINGER	2,479.64	2,374.52	2,289.75	2,107.62	
26340		MANIPULATE FINGER W/ANESTH	521.42	495.05	734.37	675.96	
26410		REPAIR HAND TENDON	1,739.49	1,650.91	2,289.75	2,107.62	
26418		REPAIR FINGER TENDON	2,125.52	2,014.58	2,289.75	2,107.62	
26445		RELEASE HAND/FINGER TENDON	1,786.60	1,692.75	2,289.75	2,107.62	
26480		TRANSPLANT HAND TENDON	2,307.21	2,192.78	3,971.19	3,655.32	
26525		RELEASE FINGER CONTRACTURE	2,010.20	1,907.42	2,289.75	2,107.62	
26540		REPAIR HAND JOINT	2,010.67	1,914.55	2,289.75	2,107.62	
26600		TREAT METACARPAL FX	447.47	425.44	210.60	193.83	
26605		TREAT METACARPAL FX	499.07	474.91	210.60	193.83	
26607		TREAT METACARPAL FX	702.97	672.84	2,779.53	2,558.43	
26608		TREAT METACARPAL FX	1,155.32	1,104.12	3,542.43	3,260.64	
26615		TREAT METACARPAL FX	1,371.83	1,313.19	6,420.90	5,910.15	
26720		TREAT FINGER FX, EACH	303.29	288.37	210.60	193.83	
26725		TREAT FINGER FX, EACH	526.64	502.01	210.60	193.83	
26727		TREAT FINGER FX, EACH	739.96	706.95	3,542.43	3,260.64	
26735		TREAT FINGER FX, EACH	925.25	886.02	3,542.43	3,260.64	
26740		TREAT FINGER FX, EACH	352.67	335.26	210.60	193.83	
26742		TREAT FINGER FX, EACH	571.25	545.14	210.60	193.83	
26746		TREAT FINGER FX, EACH	1,143.63	1,096.98	3,542.43	3,260.64	
26750		TREAT FINGER FX, EACH	280.86	267.55	210.60	193.83	
26755		TREAT FINGER FX, EACH	484.57	461.98	210.60	193.83	
27036		EXCISE HIP JOINT/MUSCLE	3,050.71	2,932.10			
27093		INJECTION FOR HIP X-RAY	313.73	296.32			X, N1
27095		INJECTION FOR HIP X-RAY	384.77	363.23			X, N1
27096		INJECT SACROILIAC JOINT	586.47	554.47	1,012.32	931.80	
27130		TOTAL HIP ARTHROPLASTY	5,258.22	5,062.44			
27132		TOTAL HIP ARTHROPLASTY	6,133.86	5,907.48			
27193		TREAT PELVIC RING FX	1,417.56	1,359.02	210.60	193.83	
27194		TREAT PELVIC RING FX	2,095.30	2,013.65	2,074.56	1,909.53	
27227		TREAT HIP FX(S)	5,066.90	4,879.61			
27228		TREAT HIP FX(S)	5,779.51	5,567.94			
27236		TREAT THIGH FX	3,627.64	3,490.04			
27245		TREAT THIGH FX	3,775.02	3,630.86			
27275		MANIPULATE HIP JOINT	323.19	309.59	2,074.56	1,909.53	
27403		REPAIR KNEE CARTILAGE	3,103.82	2,978.06	4,301.40	3,959.25	
27405		REPAIR KNEE LIGAMENT	3,282.44	3,149.55	6,312.78	5,810.61	
27420		REVISE UNSTABLE KNEECAP	2,261.71	2,171.44	6,312.78	5,810.61	
27422		REVISE UNSTABLE KNEECAP	2,252.47	2,162.50	6,312.78	5,810.61	
27424		REVISION/REMOVE KNEECAP	2,255.28	2,165.35	6,312.78	5,810.61	
27447		TOTAL KNEE ARTHROPLASTY	4,684.46	4,509.75			
27487		REVISE/REPLACE KNEE JOINT	4,295.95	4,137.99			
27500		TREAT THIGH FX	2,180.66	2,087.12	734.37	675.96	
27501		TREAT THIGH FX	2,131.34	2,042.54	210.60	193.83	
27502		TREAT THIGH FX	3,311.93	3,184.79	2,779.53	2,558.43	
27503		TREAT THIGH FX	3,407.62	3,273.56	210.60	193.83	

Appendix
Exhibit 1
Physicians' and ASC Fee Schedules

CPT* HCPCS	MOD	DESCRIPTION	Physicians' Fees North	Physicians' Fees South	ASC Fees North	ASC Fees South	Payment Indicator (See bottom for codes)
27506		TREAT THIGH FX	5,689.32	5,472.85			
27507		TREAT THIGH FX	4,156.52	3,999.46			
27508		TREAT THIGH FX	2,209.66	2,113.32	210.60	193.83	
27509		TREAT THIGH FX	2,744.11	2,628.26	3,542.43	3,260.64	
27510		TREAT THIGH FX	2,936.26	2,821.17	734.37	675.96	
27511		TREAT THIGH FX	4,295.44	4,134.33			
27513		TREAT THIGH FX	5,359.94	5,162.29			
27514		TREAT THIGH FX	4,219.76	4,059.34			
27520		TREAT KNEECAP FX	1,349.20	1,284.12	210.60	193.83	
27524		TREAT KNEECAP FX	3,198.15	3,070.62			
27530		TREAT KNEE FX	1,671.35	1,593.30	210.60	193.83	
27532		TREAT KNEE FX	2,604.20	2,492.86	2,779.53	2,558.43	
27535		TREAT KNEE FX	3,857.40	3,711.25			
27536		TREAT KNEE FX	5,066.57	4,872.90			
27538		TREAT KNEE FX(S)	1,987.87	1,897.12	210.60	193.83	
27540		TREAT KNEE FX	3,478.82	3,340.36			
27570		FIXATE KNEE JOINT	235.46	225.20	2,074.56	1,909.53	
27685		REVISE LOWER LEG TENDON	2,767.45	2,634.16	4,301.40	3,959.25	
27686		REVISE LOWER LEG TENDONS	2,372.88	2,276.62	4,301.40	3,959.25	
27690		REVISE LOWER LEG TENDON	2,704.36	2,595.44	6,312.78	5,810.61	
27691		REVISE LOWER LEG TENDON	3,202.39	3,073.42	6,312.78	5,810.61	
27692		REVISE ADDEDITIONAL LEG TENDON	461.41	445.92	6,312.78	5,810.61	
27695		REPAIR ANKLE LIGAMENT	1,477.41	1,416.90	4,301.40	3,959.25	
27696		REPAIR ANKLE LIGAMENTS	1,723.72	1,656.05	4,301.40	3,959.25	
27698		REPAIR ANKLE LIGAMENT	1,965.63	1,888.89	4,301.40	3,959.25	
27750		TREAT TIBIA FX	1,446.76	1,377.78	210.60	193.83	
27752		TREAT TIBIA FX	2,273.94	2,173.81	2,779.53	2,558.43	
27758		TREAT TIBIA FX	3,785.47	3,636.72	6,420.90	5,910.15	
27759		TREAT TIBIA FX	4,257.79	4,093.54	8,925.39	8,215.41	
27760		CLOSED TREAT MEDIAL ANKLE FX	999.35	951.28	210.60	193.83	
27762		CLOSED TREAT MED ANKLE FX W/MANIP	1,452.26	1,387.19	2,779.53	2,558.43	
27766		OPEN TREAT MEDIAL ANKLE FX	1,856.02	1,778.54	6,420.90	5,910.15	
27786		TREAT ANKLE FX	491.69	467.93	210.60	193.83	
27788		TREAT ANKLE FX	662.30	632.08	210.60	193.83	
27792		TREAT ANKLE FX	1,121.80	1,076.61	6,420.90	5,910.15	
27808		TREAT ANKLE FX	518.87	493.37	210.60	193.83	
27810		TREAT ANKLE FX	739.42	706.28	210.60	193.83	
27814		TREAT ANKLE FX	1,223.81	1,174.68	6,420.90	5,910.15	
27816		TREAT ANKLE FX	491.32	467.71	210.60	193.83	
27818		TREAT ANKLE FX	756.19	722.98	734.37	675.96	
27822		TREAT ANKLE FX	1,342.67	1,287.42	6,420.90	5,910.15	
27823		TREAT ANKLE FX	1,523.63	1,462.35	8,925.39	8,215.41	
27824		TREAT LOWER LEG FX	936.08	892.85	210.60	193.83	
27825		TREAT LOWER LEG FX	1,653.18	1,582.18	2,779.53	2,558.43	
27826		TREAT LOWER LEG FX	2,537.97	2,434.01	6,420.90	5,910.15	
27827		TREAT LOWER LEG FX	3,313.36	3,179.78	8,925.39	8,215.41	
27828		TREAT LOWER LEG FX	3,955.96	3,800.93	8,925.39	8,215.41	
27829		TREAT LOWER LEG JOINT	2,062.48	1,976.64	6,420.90	5,910.15	
27840		TREAT ANKLE DISLOCATION	1,072.56	1,028.51	210.60	193.83	
27842		TREAT ANKLE DISLOCATION	1,488.26	1,426.77	2,074.56	1,909.53	
27846		TREAT ANKLE DISLOCATION	2,235.14	2,146.41	6,420.90	5,910.15	
27848		TREAT ANKLE DISLOCATION	2,511.52	2,412.81	6,420.90	5,910.15	
27860		FIXATE ANKLE JOINT	276.66	265.27	2,074.56	1,909.53	
28120		PART REMOVE ANKLE/HEEL	1,107.25	1,057.06	3,014.25	2,774.49	
28122		PARTIAL REMOVE FOOT BONE	1,028.92	981.54	3,014.25	2,774.49	
28400		TREAT HEEL FX	389.18	369.98	210.60	193.83	
28405		TREAT HEEL FX	613.23	585.90	2,779.53	2,558.43	
28415		TREAT HEEL FX	1,782.79	1,712.47	8,925.39	8,215.41	
28420		TREAT/GRAFT HEEL FX	2,997.32	2,880.42	6,420.90	5,910.15	
28430		TREAT ANKLE FX	563.23	535.64	210.60	193.83	
28435		TREAT ANKLE FX	827.86	789.27	210.60	193.83	
28436		TREAT ANKLE FX	1,073.70	1,025.26	3,542.43	3,260.64	
28445		TREAT ANKLE FX	2,583.35	2,483.99	6,420.90	5,910.15	
28470		TREAT METATARSAL FX	511.87	486.88	210.60	193.83	
28475		TREAT METATARSAL FX	622.83	594.36	210.60	193.83	
28476		TREAT METATARSAL FX	843.05	802.80	3,542.43	3,260.64	
28485		TREAT METATARSAL FX	1,291.11	1,237.46	6,420.90	5,910.15	

Appendix
Exhibit 1
Physicians' and ASC Fee Schedules

CPT* HCPCS	MOD	DESCRIPTION	Physicians' Fees North	Physicians' Fees South	ASC Fees North	ASC Fees South	Payment Indicator (See bottom for codes)
28725		FUSE FOOT BONES	1,926.38	1,852.85	7,371.54	6,785.16	
28730		FUSE FOOT BONES	2,050.42	1,969.71	7,371.54	6,785.16	
28740		FUSE FOOT BONES	2,079.28	1,981.86	7,371.54	6,785.16	
28750		FUSE BIG TOE JOINT	2,027.14	1,930.24	7,371.54	6,785.16	
29065		APPLY LONG ARM CAST	149.13	141.80	194.19	178.74	X
29075		APPLY FOREARM CAST	139.52	132.52	187.17	172.29	X
29085		APPLY HAND/WRIST CAST	147.51	140.22	149.40	137.52	X
29086		APPLY FINGER CAST	117.72	111.61	149.40	137.52	X
29105		APPLY LONG ARM SPLINT	155.41	148.00	149.40	137.52	X
29125		APPLY FOREARM SPLINT	125.21	118.86	147.42	135.69	X
29126		APPLY FOREARM SPLINT	141.72	134.82	149.40	137.52	X
29130		APPLY FINGER SPLINT	72.44	69.28	67.86	62.46	X
29131		APPLY FINGER SPLINT	92.77	88.41	97.11	89.37	X
29200		STRAP CHEST	82.75	78.96	94.77	87.21	X
29240		STRAP SHOULDER	89.29	85.21	101.79	93.69	X
29260		STRAP ELBOW OR WRIST	80.59	76.70	100.62	92.61	X
29280		STRAP HAND OR FINGER	78.61	74.72	101.79	93.69	X
29345		APPLY LONG LEG CAST	212.03	202.15	255.03	234.75	X
29355		APPLY LONG LEG CAST	219.66	209.65	255.03	234.75	X
29365		APPLY LONG LEG CAST	191.79	182.59	240.99	221.82	X
29405		APPLY SHORT LEG CAST	138.97	132.16	178.98	164.73	X
29425		APPLY SHORT LEG CAST	147.75	140.72	181.32	166.89	X
29450		APPLY LEG CAST	226.46	217.10	149.40	137.52	X
29505		APPLY LONG LEG SPLINT	121.67	115.58	149.40	137.52	X
29515		APPLY LOWER LEG SPLINT	112.71	107.26	141.54	130.29	X
29520		STRAP HIP	77.82	74.05	97.11	89.37	X
29530		STRAP KNEE	81.60	77.69	100.62	92.61	X
29540		STRAP ANKLE AND/OR FT	53.90	51.17	72.54	66.78	X
29550		STRAP TOES	44.24	41.67	72.54	66.78	X
29580		APPLY PASTE BOOT	82.79	78.81	102.96	94.77	X
29581		APPLY MULTILAY COMPRESS LWR LEG	152.30	143.77	149.40	137.52	X
29590		APPLY FOOT SPLINT	82.51	79.00	83.04	76.44	X
29700		REMOVE/REVISE CAST	103.41	98.21	139.20	128.13	X
29705		REMOVE/REVISE CAST	104.21	99.48	119.34	109.86	X
29710		REMOVE/REVISE CAST	190.34	181.78	217.62	200.31	X
29740		WEDGE CAST	141.31	135.19	149.40	137.52	X
29800		JAW ARTHROSCOPY/SURG	2,870.02	2,751.17	3,997.71	3,679.71	
29804		JAW ARTHROSCOPY/SURG	3,578.52	3,434.24	3,997.71	3,679.71	
29805		SHOULDER ARTHROSCOPY, DIAG	2,575.75	2,467.98	3,997.71	3,679.71	
29806		SHOULDER ARTHROSCOPY/SURG	5,808.16	5,582.08	6,462.39	5,948.34	
29807		SHOULDER ARTHROSCOPY/SURG	5,671.51	5,449.31	6,462.39	5,948.34	
29819		SHOULDER ARTHROSCOPY/SURG	3,210.18	3,078.79	6,462.39	5,948.34	
29820		SHOULDER ARTHROSCOPY/SURG	2,953.64	2,833.12	6,462.39	5,948.34	
29821		SHOULDER ARTHROSCOPY/SURG	3,233.10	3,101.41	6,462.39	5,948.34	
29822		SHOULDER ARTHROSCOPY/SURG	3,144.95	3,016.12	3,997.71	3,679.71	
29823		SHOULDER ARTHROSCOPY/SURG	3,430.85	3,290.80	6,462.39	5,948.34	
29824		SHOULDER ARTHROSCOPY/SURG	3,689.94	3,539.41	3,997.71	3,679.71	
29825		SHOULDER ARTHROSCOPY/SURG	3,202.11	3,071.26	6,462.39	5,948.34	
29826		SHOULDER ARTHROSCOPY/SURG	3,650.34	3,504.39	6,462.39	5,948.34	
29827		ARTHROSCOPY ROTATOR CUFF REPAIR	4,596.05	4,418.87	6,462.39	5,948.34	
29828		ARTHROSCOPY BICEPS TENODESIS	3,899.18	3,748.17	6,462.39	5,948.34	
29830		ELBOW ARTHROSCOPY	1,932.85	1,852.70	3,997.71	3,679.71	
29834		ELBOW ARTHROSCOPY/SURG	2,095.15	2,008.15	3,997.71	3,679.71	
29835		ELBOW ARTHROSCOPY/SURG	2,154.22	2,065.19	3,997.71	3,679.71	
29837		ELBOW ARTHROSCOPY/SURG	2,251.82	2,159.47	3,997.71	3,679.71	
29840		WRIST ARTHROSCOPY	1,918.73	1,837.85	3,997.71	3,679.71	
29844		WRIST ARTHROSCOPY/SURG	2,115.96	2,027.77	3,997.71	3,679.71	
29845		WRIST ARTHROSCOPY/SURG	2,440.18	2,339.75	3,997.71	3,679.71	
29846		WRIST ARTHROSCOPY/SURG	2,218.96	2,126.68	3,997.71	3,679.71	
29847		WRIST ARTHROSCOPY/SURG	2,310.86	2,216.47	6,462.39	5,948.34	
29848		WRIST ENDOSCOPY/SURG	2,159.31	2,067.30	3,997.71	3,679.71	
29850		KNEE ARTHROSCOPY/SURG	2,540.30	2,439.30	3,997.71	3,679.71	
29855		TIBIAL ARTHROSCOPY/SURG	3,347.13	3,213.03	6,462.39	5,948.34	
29860		HIP ARTHROSCOPY, DIAG	2,809.81	2,697.02	6,462.39	5,948.34	
29861		HIP ARTHROSCOPY/SURG	3,088.61	2,966.10	6,462.39	5,948.34	
29862		HIP ARTHROSCOPY/SURG	3,469.37	3,330.41	6,462.39	5,948.34	
29863		HIP ARTHROSCOPY/SURG	3,458.24	3,320.12	6,462.39	5,948.34	

Appendix
Exhibit 1
Physicians' and ASC Fee Schedules

CPT* HCPCS	MOD	DESCRIPTION	Physicians' Fees North	Physicians' Fees South	ASC Fees North	ASC Fees South	Payment Indicator (See bottom for codes)
29870		KNEE ARTHROSCOPY, DIAG	2,543.44	2,416.34	3,997.71	3,679.71	
29871		KNEE ARTHROSCOPY/DRAIN	2,182.27	2,092.01	3,997.71	3,679.71	
29873		KNEE ARTHROSCOPY/SURG	2,221.06	2,124.42	3,997.71	3,679.71	
29874		KNEE ARTHROSCOPY/SURG	2,291.42	2,197.95	3,997.71	3,679.71	
29875		KNEE ARTHROSCOPY/SURG	2,712.06	2,599.81	3,997.71	3,679.71	
29876		KNEE ARTHROSCOPY/SURG	3,584.57	3,439.85	3,997.71	3,679.71	
29877		KNEE ARTHROSCOPY/SURG	3,398.38	3,259.86	3,997.71	3,679.71	
29879		KNEE ARTHROSCOPY/SURG	2,818.03	2,704.52	3,997.71	3,679.71	
29880		KNEE ARTHROSCOPY/SURG	3,774.79	3,623.53	3,997.71	3,679.71	
29881		KNEE ARTHROSCOPY/SURG	3,531.15	3,388.20	3,997.71	3,679.71	
29882		KNEE ARTHROSCOPY/SURG	3,812.37	3,660.32	3,997.71	3,679.71	
29883		KNEE ARTHROSCOPY/SURG	3,576.15	3,435.01	3,997.71	3,679.71	
29884		KNEE ARTHROSCOPY/SURG	2,635.72	2,528.41	3,997.71	3,679.71	
29886		KNEE ARTHROSCOPY/SURG	2,695.10	2,585.53	3,997.71	3,679.71	
29887		KNEE ARTHROSCOPY/SURG	3,168.57	3,041.28	3,997.71	3,679.71	
29888		KNEE ARTHROSCOPY/SURG	4,211.31	4,048.82	11,871.09	10,926.78	
29889		KNEE ARTHROSCOPY/SURG	5,187.05	4,985.30	11,871.09	10,926.78	
29891		ANKLE ARTHROSCOPY/SURG	2,944.29	2,825.65	6,462.39	5,948.34	
29894		ANKLE ARTHROSCOPY/SURG	2,194.01	2,106.44	3,997.71	3,679.71	
29895		ANKLE ARTHROSCOPY/SURG	2,096.49	2,013.20	3,997.71	3,679.71	
29897		ANKLE ARTHROSCOPY/SURG	2,198.99	2,111.07	3,997.71	3,679.71	
29898		ANKLE ARTHROSCOPY/SURG	2,437.92	2,342.16	3,997.71	3,679.71	
29899		ANKLE ARTHROSCOPY/SURG	4,454.29	4,283.43	6,462.39	5,948.34	
30100		INTRANASAL BIOPSY	231.61	218.73	357.99	329.52	
30130		EXCISE INFERIOR TURBINATE	616.48	585.09	2,313.03	2,129.04	
30140		RESECT INFERIOR TURBINATE	714.07	676.41	3,421.41	3,149.25	
30200		INJECTION TREAT NOSE	185.69	175.48	283.11	260.58	
30300		REMOVE NASAL FOREIGN BODY	377.61	355.40	89.55	82.44	X
30310		REMOVE NASAL FOREIGN BODY	333.88	317.27	2,313.03	2,129.04	
30520		REPAIR NASAL SEPTUM	1,533.94	1,462.07	3,421.41	3,149.25	
30802		ABLATE INF TURBINATE SUBMUCOSAL	475.96	450.01	2,313.03	2,129.04	
30901		CONTROL NOSEBLEED	154.98	147.82	151.17	139.14	
30903		CONTROL NOSEBLEED	323.03	305.90	151.17	139.14	
30905		CONTROL NOSEBLEED	400.32	379.29	151.17	139.14	
30930		THERAPEUTIC FX, NASAL INF TURB	199.28	189.73	2,313.03	2,129.04	
31000		IRRIGATE MAXILLARY SINUS	295.86	279.40	457.44	421.05	
31020		EXPLORE MAXILLARY SINUS	793.30	748.88	3,421.41	3,149.25	
31231		NASAL ENDOSCOPY, DIAG	316.52	298.37	268.32	246.99	
31237		NASAL/SINUS ENDOSCOPY, SURG	533.18	505.96	2,927.49	2,694.60	
31238		NASAL/SINUS ENDOSCOPY, SURG	547.19	519.83	2,927.49	2,694.60	
31255		REMOVE ETHMOID SINUS	1,735.89	1,673.26	4,128.33	3,799.92	
31256		EXPLORE MAXILLARY SINUS	1,228.03	1,181.96	4,128.33	3,799.92	
31267		ENDOSCOPY, MAXILLARY SINUS	983.83	947.97	4,128.33	3,799.92	
31500		INSERT EMERGENCY AIRWAY	169.29	164.70	315.78	290.67	X
31505		DIAGNOSTIC LARYNGOSCOPY	137.08	129.60	124.02	114.15	
31515		LARYNGOSCOPY FOR ASPIRATION	342.57	324.79	2,927.49	2,694.60	
31525		DIAG LARYNGOSCOPY EXCL NB	409.68	389.77	2,927.49	2,694.60	
31575		DIAGNOSTIC LARYNGOSCOPY	188.42	178.87	253.86	233.67	
31579		DIAGNOSTIC LARYNGOSCOPY	352.14	335.06	445.74	410.28	
31600		INCISE WINDPIPE	629.61	609.27			
31605		INCISE WINDPIPE	287.29	278.92	1,056.45	972.42	
31622		DIAG BRONCHOSCOPE/WASH	515.11	488.50	1,400.82	1,289.40	
31624		DIAG BRONCHOSCOPE/LAVAGE	516.04	489.32	1,400.82	1,289.40	
31645		BRONCHOSCOPY, CLEAR AIRWAYS	493.95	469.51	1,400.82	1,289.40	
31646		BRONCHOSCOPY, RECLEAR AIRWAY	451.44	428.67	1,400.82	1,289.40	
32405		BIOPSY LUNG OR MEDIASTINUM	154.47	149.43	1,298.73	1,195.41	
32551		INSERT CHEST TUBE	523.12	506.94			
32601		THORACOSCOPY, DIAGNOSTIC	499.24	483.47			
32651		THORACOSCOPY, SURGICAL	1,750.69	1,694.03			
32653		THORACOSCOPY, SURGICAL	1,686.57	1,632.06			
33210		INSERT HEART ELECTRODE	297.55	288.11	3,763.15	3,209.05	
33212		INSERT PULSE GENERATOR	564.31	544.12	11,119.83	9,530.10	
36000		PLACE NEEDLE IN VEIN	41.55	39.31			X, N1
36005		INJECTION EXT VENOGRAPHY	590.62	553.75			X, N1
36010		PLACE CATHETER IN VEIN	952.65	895.82			X, N1
36011		PLACE CATHETER IN VEIN	1,569.24	1,473.07			X, N1
36013		PLACE CATHETER IN ARTERY	1,386.90	1,301.48			X, N1

Appendix
Exhibit 1
Physicians' and ASC Fee Schedules

CPT* HCPCS	MOD	DESCRIPTION	Physicians' Fees North	Physicians' Fees South	ASC Fees North	ASC Fees South	Payment Indicator (See bottom for codes)
36014		PLACE CATHETER IN ARTERY	1,452.05	1,363.05			X, N1
36140		ESTABLISH ACCESS TO ARTERY	818.12	769.44			X, N1
36200		PLACE CATHETER IN AORTA	1,104.48	1,039.78			X, N1
36215		PLACE CATHETER IN ARTERY	1,968.28	1,850.35			X, N1
36216		PLACE CATHETER IN ARTERY	2,164.58	2,035.32			X, N1
36217		PLACE CATHETER IN ARTERY	3,554.81	3,335.12			X, N1
36218		PLACE CATHETER IN ARTERY	325.68	306.84			X, N1
36245		PLACE CATHETER IN ARTERY	2,078.60	1,953.45			X, N1
36246		PLACE CATHETER IN ARTERY	2,094.97	1,970.56			X, N1
36247		PLACE CATHETER IN ARTERY	3,310.67	3,107.79			X, N1
36248		PLACE CATHETER IN ARTERY	272.11	256.86			
36400		BLOOD DRAW < 3 YRS FEM/JUGULAR	46.92	44.88			
36406		BLOOD DRAW < 3 YRS OTHER VEIN	28.17	26.82			
36410		NON-ROUTINE BL DRAW > 3 YRS	29.91	28.45			
36425		VEIN ACCESS CUTDOWN > 1 YR	62.34	60.40	35.67	32.82	X
36430		BLOOD TRANSFUSION SERVICE	59.91	55.92	119.34	109.86	X
36471		INJECTION THERAPY VEINS	290.72	276.37	121.44	111.78	
36513		APHERESIS PLATELETS	158.96	153.73	1,652.49	1,521.03	X
36514		APHERESIS PLASMA	878.54	824.72	1,652.49	1,521.03	X
36515		APHERESIS, ADSORP/REINFUSE	3,313.31	3,095.86	4,195.89	3,862.11	X
36555		INSERT NON-TUNNEL CV CATH	442.67	420.24	1,516.71	1,396.08	
36556		INSERT NON-TUNNEL CV CATH	383.48	364.91	1,516.71	1,396.08	
36558		INSERT TUNNELED CV CATH	1,353.89	1,277.30	2,289.41	2,017.01	
36569		INSERT PICC CATH	430.72	406.86	1,516.71	1,396.08	
36571		INSERT PICVAD CATH	2,151.26	2,023.38	2,289.41	2,017.01	
36576		REPAIR TUNNELED CV CATH	619.78	588.02	1,516.71	1,396.08	
36578		REPLACE TUNNELED CV CATH	855.29	808.35	2,289.41	2,017.01	
36580		REPLACE CVAD CATH	375.27	353.82	1,516.71	1,396.08	
36584		REPLACE PICC CATH	360.67	339.77	1,516.71	1,396.08	
36589		REMOVE TUNNELED CV CATH	271.78	260.38	844.41	777.24	
36592		COLLECT BLOOD PICC	44.20	41.25			
36593		DECLOT VASCULAR DEVICE	49.44	46.14	98.28	90.45	
36598		INJECT W/FLUOR, EVAL CV DEVICE	189.67	178.99	298.32	274.59	
36600		WITHDRAW ARTERIAL BLOOD	50.41	47.90			
36620		INSERT CATHETER, ARTERY	210.31	204.69			
36625		INSERT CATHETER, ARTERY	169.68	164.90			
36800		INSERT CANNULA	261.61	251.45	4,009.88	3,637.55	
36810		INSERT CANNULA	340.24	329.61	4,009.88	3,637.55	
36815		INSERT CANNULA	244.77	236.68	4,009.88	3,637.55	
36818		AV FUSE, UPPER ARM, CEPHALIC	1,105.69	1,069.72	5,565.66	5,122.95	
36833		AV FISTULA REVISION	1,079.72	1,045.86	5,565.66	5,122.95	
36860		EXTERNAL CANNULA DECLOTTING	331.55	315.10	313.14	288.21	
37140		REVISE CIRCULATION	2,310.08	2,235.33			
37204		TRASCATHETER OCCLUSION	1,460.69	1,414.57	8,466.97	7,482.97	
37609		TEMPORAL ARTERY PROCEDURE	503.08	478.98	2,411.70	2,219.85	
37620		REVISE MAJOR VEIN	2,029.20	1,958.69			
37650		REVISE MAJOR VEIN	1,545.07	1,493.80	3,662.31	3,370.98	
38100		REMOVE SPLEEN, TOTAL	1,765.00	1,708.45			
38115		REPAIR RUPTURED SPLEEN	1,947.72	1,885.34			
38200		INJECTION FOR SPLEEN X-RAY	234.86	227.73			
38206		HARVEST AUTO STEM CELLS	292.33	282.03	1,652.49	1,521.03	X
38220		BONE MARROW ASPIRATION	250.35	236.57	381.36	351.03	
38221		BONE MARROW BIOPSY	269.34	254.87	393.09	361.80	
38230		BONE MARROW COLLECTION	838.42	806.23	4,195.89	3,862.11	X
39501		REPAIR DIAPHRAGM LACERATION	1,328.67	1,283.88			
43235		UPPER GI ENDOSCOPY, DIAGNOSIS	490.49	464.67	1,184.82	1,090.56	
43236		UPPER GI SCOPE W/SUBMUCOSA INJECT	608.49	576.22	1,184.82	1,090.56	
43239		UPPER GI ENDOSCOPY, BIOPSY	567.52	537.88	1,184.82	1,090.56	
43246		PLACE GASTROSTOMY TUBE	403.59	389.45	1,184.82	1,090.56	
43248		UPPER GI ENDOSCOPY/GUIDE WIRE	303.20	292.10	1,184.82	1,090.56	
43249		ESOPH ENDOSCOPY, DILATION	279.64	269.41	1,184.82	1,090.56	
43255		OPERATIVE UPPER GI ENDOSCOPY	453.95	437.69	1,184.82	1,090.56	
43259		ENDOSCOPIC ULTRASOUND EXAM	488.13	470.63	1,184.82	1,090.56	
43260		ENDO CHOLANGIOPANCREATOGRAPHY	556.81	536.98	3,099.69	2,853.12	
43450		DILATE ESOPHAGUS	258.48	245.26	875.61	805.98	
43760		CHANGE GASTROSTOMY TUBE	684.75	641.43	313.14	288.21	
43830		PLACE GASTROSTOMY TUBE	1,076.48	1,038.48			

Appendix
Exhibit 1
Physicians' and ASC Fee Schedules

CPT* HCPCS	MOD	DESCRIPTION	Physicians' Fees North	Physicians' Fees South	ASC Fees North	ASC Fees South	Payment Indicator (See bottom for codes)
44139		MOBILIZATION COLON	187.28	181.69			
44500		INTRODUCE GASTROINTESTINAL TUBE	38.60	37.33	844.41	777.24	
45300		PROCTOSIGMOIDOSCOPY DIAG	187.75	177.52	283.11	260.58	
45330		DIAGNOSTIC SIGMOIDOSCOPY	227.77	215.31	345.12	317.67	
45355		SURGICAL COLONOSCOPY	324.09	312.96	1,246.23	1,147.08	
45378		DIAGNOSTIC COLONOSCOPY	647.09	614.70	1,246.23	1,147.08	
46040		INCISE RECTAL ABSCESS	811.58	773.85	3,247.68	2,989.32	
46600		DIAGNOSTIC ANOSCOPY	136.30	128.76	89.55	82.44	X
47000		NEEDLE BIOPSY LIVER	575.57	542.24	1,298.73	1,195.41	
49080		PUNCTURE, PERITONEAL CAVITY	269.24	254.87	742.11	683.10	
49320		DIAG LAP SEPARATE PROC	508.88	490.86	5,156.19	4,746.03	
49421		INSERT ABDOM DRAIN, PERM	425.09	409.71	3,521.06	3,192.08	
49505		PART RPR I/HERNIA INIT REDUCT >5 YR	799.46	771.01	4,412.82	4,061.82	
50392		INSERT KIDNEY DRAIN	289.62	279.48	2,344.41	2,157.93	
50394		INJECTION FOR KIDNEY X-RAY	173.81	164.23			
51600		INJECTION FOR BLADDER X-RAY	328.90	309.24			
51610		INJECTION FOR BLADDER X-RAY	184.26	174.79			
51700		IRRIGATION BLADDER	143.15	135.97	189.51	174.45	
51701		INSERT BLADDER CATHETER	98.42	93.21	89.55	82.44	X
51702		INSERT TEMP BLADDER CATH	128.12	120.92	89.55	82.44	X
51703		INSERT BLADDER CATH, COMPLEX	227.44	216.26	148.20	136.41	
51705		CHANGE BLADDER TUBE	186.01	176.43	256.20	235.83	
51720		TREAT BLADDER LESION	185.88	177.55	205.92	189.54	
51725		SIMPLE CYSTOMETROGRAM	349.50	330.16			
51725	TC	SIMPLE CYSTOMETROGRAM	228.20	212.91	428.43	394.35	
51725	26	SIMPLE CYSTOMETROGRAM	121.30	117.25			
51726		COMPLEX CYSTOMETROGRAM	514.29	484.52			
51726	TC	COMPLEX CYSTOMETROGRAM	375.98	350.82	428.43	394.35	
51726	26	COMPLEX CYSTOMETROGRAM	138.31	133.68			
51741		ELECTRO-UROFLOWMETRY, FIRST	72.56	68.17			
51741	TC	ELECTRO-UROFLOWMETRY, FIRST	45.36	42.35	90.09	82.92	
51741	26	ELECTRO-UROFLOWMETRY, FIRST	27.20	25.82			
51784		ANAL/URINARY MUSCLE STUDY	340.60	321.93			
51784	TC	ANAL/URINARY MUSCLE STUDY	217.71	203.13	148.20	136.41	
51784	26	ANAL/URINARY MUSCLE STUDY	122.90	118.80			
51797		INTRAABDOMINAL PRESSURE TEST	225.40	212.42			
51797	TC	INTRAABDOMINAL PRESSURE TEST	159.49	148.82	271.74	250.14	
51797	26	INTRAABDOMINAL PRESSURE TEST	65.91	63.61			
51798		US URINE CAPACITY MEASURE	33.71	31.48	66.69	61.38	X
52000		CYSTOSCOPY	348.14	331.01	992.58	913.62	
52005		CYSTOSCOPY & URETER CATHETER	482.13	456.37	3,512.94	3,233.49	
52204		CYSTOSCOPY W/BIOPSY(S)	706.29	666.08	3,512.94	3,233.49	
52281		CYSTOSCOPY & TREAT	481.96	456.89	2,344.41	2,157.93	
52310		CYSTOSCOPY & TREAT	412.14	392.33	2,344.41	2,157.93	
52332		CYSTOSCOPY & TREAT	837.81	788.80	3,512.94	3,233.49	
52351		CYSTOURETERO & OR PYELOSCOPE	511.15	493.07	3,512.94	3,233.49	
53600		DILATE URETHRA STRICTURE	139.91	133.85	146.22	134.61	
53601		DILATE URETHRA STRICTURE	137.75	131.17	148.20	136.41	
53660		DILATE URETHRA	121.77	115.58	148.20	136.41	
53661		DILATE URETHRA	120.54	114.44	148.20	136.41	
54235		PENILE INJECTION	149.95	143.17	168.48	155.07	
57452		EXAM CERVIX W/SCOPE	174.20	167.01	171.99	158.31	
57500		BIOPSY CERVIX	213.96	203.21	286.62	263.82	
57511		CRYOCAUTERY CERVIX	234.32	224.50	218.10	200.76	
58340		CATHETER FOR HYSTERORRHAPHY	203.46	192.36			
58558		HYSTEROSCOPY, BIOPSY	576.77	552.42	3,079.32	2,834.37	
59000		AMNIOCENTESIS, DIAGNOSTIC	208.66	199.11	248.01	228.30	
59025		FETAL NON-STRESS TEST	117.18	112.00			
59025	TC	FETAL NON-STRESS TEST	45.58	42.59	58.50	53.85	
59025	26	FETAL NON-STRESS TEST	71.58	69.41			
59841		ABORTION	611.45	589.83	2,758.50	2,539.05	
61107		DRILL SKULL FOR IMPLANTATION	1,155.41	1,120.28			
61790		TREAT TRIGEMINAL NERVE			2,552.34	2,349.30	
62263		EPIDURAL LYSIS MULT SESSIONS	1,788.44	1,102.21	1,012.32	931.80	
62264		EPIDURAL LYSIS ON SINGLE DAY	1,033.30	638.56	1,706.88	1,571.10	
62270		SPINAL FLUID TAP, DIAGNOSTIC	391.43	371.51	517.89	476.70	
62273		INJECT EPIDURAL PATCH	414.98	396.26	1,012.32	931.80	

Appendix
Exhibit 1
Physicians' and ASC Fee Schedules

CPT* HCPCS	MOD	DESCRIPTION	Physicians' Fees North	Physicians' Fees South	ASC Fees North	ASC Fees South	Payment Indicator (See bottom for codes)
62280		TREAT SPINAL CORD LESION	817.78	775.41	1,012.32	931.80	
62281		TREAT SPINAL CORD LESION	650.31	618.08	1,012.32	931.80	
62282		TREAT SPINAL CANAL LESION	743.51	703.87	1,012.32	931.80	
62284		INJECTION FOR MYELOGRAM	544.03	514.23			
62287		PERCUTANEOUS DISKECTOMY	5,347.03	5,141.26	4,972.53	4,576.98	
62290		INJECT FOR SPINE DISK X-RAY	1,256.74	1,191.64			
62291		INJECT FOR SPINE DISK X-RAY	1,184.82	1,123.82			
62292		INJECTION INTO DISK LESION	1,982.34	1,907.34	1,012.32	931.80	
62310		INJECT SPINE C/T	1,021.73	967.17	1,012.32	931.80	
62311		INJECT SPINE L/S (CD)	879.37	831.58	1,012.32	931.80	
62318		INJECT SPINE W/CATH, C/T	749.21	709.56	1,012.32	931.80	
62319		INJECT SPINE W/CATH L/S (CD)	475.01	451.01	1,706.88	1,571.10	
62350		IMPLANT SPINAL CANAL CATH			5,591.79	5,146.98	
62355		REMOVE SPINAL CANAL CATHETER			1,706.88	1,571.10	
62360		INSERT SPINE INFUSION DEVICE			5,591.79	5,146.98	
62362		IMPLANT SPINE INFUSION PUMP			22,241.41	18,893.98	
62365		REMOVE SPINE INFUSION DEVICE			4,972.53	4,576.98	
62367		ANALYZE SPINE INFUSION PUMP			76.02	69.99	X
62368		ANALYZE SPINE INFUSION PUMP			102.96	94.77	X
63075		NECK SPINE DISK SURG	10,012.99	9,659.93			
63076		NECK SPINE DISK SURG	1,837.46	1,779.74			
63650		IMPLANT NEUROELECTRODES			7,941.86	6,926.39	X
63655		IMPLANT NEUROELECTRODES			10,702.41	9,271.65	X
63685		INSERT/REDO SPINE N GENERATOR			24,642.86	20,858.66	X
63688		REVISE/REMOVE NEURORECEIVER			3,880.14	3,571.47	
64400		NERVE BLOCK INJ, TRIGEMINAL			237.48	218.58	
64402		NERVE BLOCK INJ, FACIAL	280.41	267.23	219.96	202.47	
64405		NERVE BLOCK INJ, OCCIPITAL	278.84	266.46	202.38	186.30	
64412		NERVE BLOCK INJ, SPINAL ACCESSORY			352.14	324.12	
64413		NERVE BLOCK INJ, CERV PLEXUS	294.62	281.16	221.13	203.55	
64415		NERVE BLOCK INJ, BRACHIAL PLEXUS	304.42	290.12	517.89	476.70	
64416		NERVE BLOCK CONT INFUSE, B PLEX	191.93	186.58	1,012.32	931.80	
64417		NERVE BLOCK INJ, AXILLARY	320.99	305.45	517.89	476.70	
64418		NERVE BLOCK INJ, SUPRASCAPULAR	344.67	327.13	303.00	278.91	
64420		NERVE BLOCK INJ, INTERCOSTAL, SING	343.60	325.60	517.89	476.70	
64421		NERVE BLOCK INJ, INTERCOSTAL, MULT	493.86	468.06	1,012.32	931.80	
64425		NERVE BLOCK INJ, ILIO-ING/HYPOGI	321.93	307.96	221.13	203.55	
64430		NERVE BLOCK INJ, PUDENDAL			1,012.32	931.80	
64435		NERVE BLOCK INJ, PARACERV	352.78	335.81	287.79	264.90	
64445		NERVE BLOCK INJ, SCIATIC, SING	333.50	317.51	267.93	246.60	
64446		NERVE BLOCK INJ, SCIATIC, CONT INF			1,012.32	931.80	
64447		NERVE BLOCK INJ, FEM, SING	295.21	281.61	221.13	203.55	
64448		NERVE BLOCK INJ, FEM, CONT INF			1,012.32	931.80	
64449		NERVE BLOCK INJ, LUMBAR PLEXUS	199.08	193.27	1,012.32	931.80	
64450		NERVE BLOCK, OTHER PERIPHERAL	253.98	242.28	190.68	175.53	
64455		NERVE BLOCK INJ, PLANTAR DIGIT			71.37	65.70	
64479		INJECT FORAMEN EPIDURAL C/T	670.71	635.70	1,012.32	931.80	
64480		INJECT FORAMEN EPIDURAL, ADDED	397.14	377.32	517.89	476.70	
64483		INJECT FORAMEN EPIDURAL L/S	611.76	578.07	1,012.32	931.80	
64484		INJECT FORAMEN EPIDURAL, ADDED	268.13	254.31	517.89	476.70	
64490		INJECT PARAVERT F JNT C/T 1 LEV	494.93	469.59	1,012.32	931.80	
64491		INJECT PARAVERT F JNT C/T 2 LEV	241.80	230.50	355.95	327.66	
64492		INJECT PARAVERT F JNT C/T 3 LEV	244.49	233.01	355.95	327.66	
64493		INJECT PARAVERT F JNT L/S 1 LEV	442.52	419.26	1,012.32	931.80	
64494		INJECT PARAVERT F JNT L/S 2 LEV	218.85	208.33	355.95	327.66	
64495		INJECT PARAVERT F JNT L/S 3 LEV	222.43	211.68	355.95	327.66	
64505		NERVE BLOCK SPHENOPALATINE GANGLIA	241.39	230.83	166.14	152.91	
64510		NERVE BLOCK STELLATE GANGLION	340.64	322.89	1,012.32	931.80	
64517		NERVE BLOCK INJ, HYPOGAS PLXS	429.82	410.19	1,012.32	931.80	
64520		NERVE BLOCK LUMBAR/THORACIC	486.86	459.82	1,012.32	931.80	
64550		APPLY NEUROSTIMULATOR	25.38	24.14			
64555		IMPLANT NEUROELECTRODES			7,941.86	6,926.39	X
64561		IMPLANT NEUROELECTRODES			7,941.86	6,926.39	X
64565		IMPLANT NEUROELECTRODES	286.59	272.61	7,941.86	6,926.39	X
64600		INJECTION TREAT NERVE	673.41	638.56	1,706.88	1,571.10	
64605		INJECTION TREAT NERVE	1,063.67	1,007.56	2,552.34	2,349.30	
64610		INJECTION TREAT NERVE	1,180.01	1,125.84	2,552.34	2,349.30	

Appendix
Exhibit 1
Physicians' and ASC Fee Schedules

CPT* HCPCS	MOD	DESCRIPTION	Physicians' Fees North	Physicians' Fees South	ASC Fees North	ASC Fees South	Payment Indicator (See bottom for codes)
64612		DESTROY NERVE, FACE MUSCLE	316.60	303.63	278.43	256.26	
64613		DESTROY NERVE, NECK MUSCLE	302.92	290.62	260.91	240.15	
64614		DESTROY NERVE, EXTREMITY MUSC	324.01	310.13	295.98	272.43	
64620		INJECTION TREAT NERVE	385.92	368.07	1,012.32	931.80	
64622		DESTROY PARAVERTEBRAL NERVE L/S	634.27	601.31	1,706.88	1,571.10	
64623		DESTROY PARAVERT NERVE, ADDED	317.51	300.33	1,012.32	931.80	
64626		DESTROY PARAVERTEBRAL NERVE C/T	751.82	713.75	1,012.32	931.80	
64627		DESTROY PARAVERT NERVE, ADDED	436.29	411.90	355.95	327.66	
64640		INJECTION TREAT NERVE	404.68	386.40	393.09	361.80	
64680		INJECTION TREAT NERVE	594.94	563.72	1,012.32	931.80	
64702		REVISE FINGER/TOE NERVE			2,552.34	2,349.30	
64704		REVISE HAND/FOOT NERVE			2,552.34	2,349.30	
64708		REVISE ARM/LEG NERVE			2,552.34	2,349.30	
64712		REVISE SCIATIC NERVE			2,552.34	2,349.30	
64713		REVISE ARM NERVE(S)			2,552.34	2,349.30	
64714		REVISE LOW BACK NERVE(S)			2,552.34	2,349.30	
64716		REVISE CRANIAL NERVE			2,552.34	2,349.30	
64718		REVISE ULNAR NERVE AT ELBOW			2,552.34	2,349.30	
64719		REVISE ULNAR NERVE AT WRIST			2,552.34	2,349.30	
64721		CARPAL TUNNEL SURG	2,074.12	1,982.69	2,552.34	2,349.30	
64818		REMOVE SYMPATHETIC NERVES	1,606.35	1,552.19			
65205		REMOVE FOREIGN BODY EYE	132.40	126.72	90.09	82.92	X
65210		REMOVE FOREIGN BODY EYE	164.76	157.50	117.00	107.70	X
65220		REMOVE FOREIGN BODY EYE	136.80	130.87	129.36	119.07	X
65222		REMOVE FOREIGN BODY EYE	181.46	173.50	127.50	117.36	X
65265		REMOVE FOREIGN BODY EYE	2,640.72	2,533.79	3,125.70	2,877.06	
67412		EXPLORE/TREAT EYE SOCKET	2,070.04	1,979.70	2,669.28	2,456.94	
69210		REMOVE IMPACTED EAR WAX	80.59	76.92	89.55	82.44	X
69310		REBUILD OUTER EAR CANAL	1,786.26	1,698.11	5,961.75	5,487.51	
69320		REBUILD OUTER EAR CANAL	2,511.83	2,392.78	5,961.75	5,487.51	
69666		REPAIR MIDDLE EAR STRUCTURES	3,035.82	2,897.99	5,961.75	5,487.51	
69667		REPAIR MIDDLE EAR STRUCTURES	3,041.01	2,902.91	5,961.75	5,487.51	
69990		MICROSURG, ADDED	529.56	513.23			
70030		X-RAY EYE FOR FOREIGN BODY	48.10	45.35			
70030	TC	X-RAY EYE FOR FOREIGN BODY	34.87	32.57	69.03	63.54	
70030	26	X-RAY EYE FOR FOREIGN BODY	13.22	12.79			
70100		X-RAY JAW < 4 VIEWS	55.59	52.37			
70100	TC	X-RAY JAW < 4 VIEWS	41.28	38.54	81.87	75.36	
70100	26	X-RAY JAW < 4 VIEWS	14.31	13.83			
70110		X-RAY JAW MINIMUM 4 VIEWS	66.14	62.37			
70110	TC	X-RAY JAW MINIMUM 4 VIEWS	47.11	43.97	87.24	80.31	
70110	26	X-RAY JAW MINIMUM 4 VIEWS	19.03	18.40			
70120		X-RAY MASTOIDS < 3 VIEWS/SIDE	59.09	55.62			
70120	TC	X-RAY MASTOIDS < 3 VIEWS/SIDE	44.78	41.81	87.24	80.31	
70120	26	X-RAY MASTOIDS < 3 VIEWS/SIDE	14.31	13.83			
70130		X-RAY MASTOIDS MINIMUM 3 VIEWS/SIDE	93.99	88.58			
70130	TC	X-RAY MASTOIDS MINIMUM 3 VIEWS/SIDE	68.07	63.54	87.24	80.31	
70130	26	X-RAY MASTOIDS MINIMUM 3 VIEWS/SIDE	25.92	25.05			
70140		X-RAY FACIAL BONES < 3 VIEWS	50.86	47.98			
70140	TC	X-RAY FACIAL BONES < 3 VIEWS	35.46	33.11	70.20	64.62	
70140	26	X-RAY FACIAL BONES < 3 VIEWS	15.40	14.86			
70150		X-RAY FACIAL BONES MINIMUM 3 VIEWS	71.88	67.76			
70150	TC	X-RAY FACIAL BONES MINIMUM 3 VIEWS	51.76	48.32	87.24	80.31	
70150	26	X-RAY FACIAL BONES MINIMUM 3 VIEWS	20.12	19.44			
70160		X-RAY NASAL BONES MINIMUM 3 VIEWS	55.66	52.41			
70160	TC	X-RAY NASAL BONES MINIMUM 3 VIEWS	42.45	39.63	84.21	77.52	
70160	26	X-RAY NASAL BONES MINIMUM 3 VIEWS	13.22	12.79			
70190		X-RAY OPTIC FORAMINA	60.03	56.57			
70190	TC	X-RAY OPTIC FORAMINA	43.61	40.71	86.55	79.68	
70190	26	X-RAY OPTIC FORAMINA	16.41	15.86			
70200		X-RAY ORBITS, MINIMUM 4 VIEWS	74.07	69.85			
70200	TC	X-RAY ORBITS, MINIMUM 4 VIEWS	52.34	48.86	87.24	80.31	
70200	26	X-RAY ORBITS, MINIMUM 4 VIEWS	21.71	20.98			
70210		X-RAY SINUSES < 3 VIEWS	52.17	49.16			
70210	TC	X-RAY SINUSES < 3 VIEWS	38.37	35.83	76.02	69.99	
70210	26	X-RAY SINUSES < 3 VIEWS	13.80	13.33			
70220		X-RAY SINUSES MINIMUM 3 VIEWS	64.97	61.29			

Appendix
Exhibit 1
Physicians' and ASC Fee Schedules

CPT* HCPCS	MOD	DESCRIPTION	Physicians' Fees North	Physicians' Fees South	ASC Fees North	ASC Fees South	Payment Indicator (See bottom for codes)
70220	TC	X-RAY SINUSES MINIMUM 3 VIEWS	45.94	42.89	87.24	80.31	
70220	26	X-RAY SINUSES MINIMUM 3 VIEWS	19.03	18.40			
70250		X-RAY SKULL < 4 VIEWS	62.13	58.62			
70250	TC	X-RAY SKULL < 4 VIEWS	43.03	40.17	85.38	78.60	
70250	26	X-RAY SKULL < 4 VIEWS	19.10	18.45			
70260		X-RAY SKULL MINIMUM 4 VIEWS	78.86	74.45			
70260	TC	X-RAY SKULL MINIMUM 4 VIEWS	52.92	49.41	105.30	96.93	
70260	26	X-RAY SKULL MINIMUM 4 VIEWS	25.92	25.05			
70300		X-RAY TEETH SINGLE VIEW	24.17	22.85			
70300	TC	X-RAY TEETH SINGLE VIEW	15.08	14.10	29.22	26.91	
70300	26	X-RAY TEETH SINGLE VIEW	9.09	8.75			
70310		X-RAY TEETH < FULL MOUTH	63.31	59.51			
70310	TC	X-RAY TEETH < FULL MOUTH	49.44	46.14	59.04	54.36	
70310	26	X-RAY TEETH < FULL MOUTH	13.88	13.37			
70320		X-RAY TEETH FULL MOUTH	83.72	79.89			
70320	TC	X-RAY TEETH FULL MOUTH	66.90	62.44	59.04	54.36	
70320	26	X-RAY TEETH FULL MOUTH	18.09	17.45			
70328		X-RAY TMJ UNILATERAL	52.10	49.11			
70328	TC	X-RAY TMJ UNILATERAL	37.79	35.29	74.85	68.91	
70328	26	X-RAY TMJ UNILATERAL	14.31	13.83			
70330		X-RAY TMJ BILATERAL	81.34	76.54			
70330	TC	X-RAY TMJ BILATERAL	62.24	58.09	87.24	80.31	
70330	26	X-RAY TMJ BILATERAL	19.10	18.45			
70332		TMJ ARTHOGRAPHY; RAD SUPER & INTERP	143.03	134.89			N1
70332	TC	TMJ ARTHOGRAPHY; RAD SUPER & INTERP	98.34	91.77			N1
70332	26	TMJ ARTHOGRAPHY; RAD SUPER & INTERP	44.68	43.10			N1
70336		MRI TMJ	763.99	716.59			
70336	TC	MRI TMJ	649.78	606.18	664.20	611.37	
70336	26	MRI TMJ	114.20	110.43			
70350		CEPHALOGRAM, ORTHODONTIC	35.29	33.41			
70350	TC	CEPHALOGRAM, ORTHODONTIC	20.32	18.99	39.78	36.60	
70350	26	CEPHALOGRAM, ORTHODONTIC	14.96	14.41			
70355		ORTHOPANTOGRAM	35.64	33.81			
70355	TC	ORTHOPANTOGRAM	19.16	17.91	37.44	34.44	
70355	26	ORTHOPANTOGRAM	16.50	15.90			
70360		X-RAY NECK SOFT TISSUE	46.36	43.73			
70360	TC	X-RAY NECK SOFT TISSUE	33.13	30.94	65.52	60.30	
70360	26	X-RAY NECK SOFT TISSUE	13.22	12.79			
70450		CT HEAD/BRAIN W/O DYE	426.03	400.31			
70450	TC	CT HEAD/BRAIN W/O DYE	341.76	318.85	375.45	345.60	
70450	26	CT HEAD/BRAIN W/O DYE	84.27	81.46			
70460		CT HEAD/BRAIN W/DYE	431.97	405.92			
70460	TC	CT HEAD/BRAIN W/DYE	344.66	321.55	580.71	534.51	
70460	26	CT HEAD/BRAIN W/DYE	87.31	84.38			
70470		CT HEAD/BRAIN W/O & W/DYE	523.38	491.61			
70470	TC	CT HEAD/BRAIN W/O & W/DYE	424.43	395.96	647.37	595.86	
70470	26	CT HEAD/BRAIN W/O & W/DYE	98.95	95.65			
70480		CT ORBIT/EAR/FOSSA W/O DYE	531.46	499.17			
70480	TC	CT ORBIT/EAR/FOSSA W/O DYE	431.99	403.02	375.45	345.60	
70480	26	CT ORBIT/EAR/FOSSA W/O DYE	99.46	96.15			
70481		CT ORBIT/EAR/FOSSA W/DYE	617.99	580.17			
70481	TC	CT ORBIT/EAR/FOSSA W/DYE	510.61	476.35	580.71	534.51	
70481	26	CT ORBIT/EAR/FOSSA W/DYE	107.38	103.82			
70482		CT ORBIT/EAR/FOSSA W/O & W/DYE	698.40	655.36			
70482	TC	CT ORBIT/EAR/FOSSA W/O & W/DYE	586.31	546.96	647.37	595.86	
70482	26	CT ORBIT/EAR/FOSSA W/O & W/DYE	112.09	108.39			
70486		CT MAXILLOFACIAL W/O DYE	442.37	415.65			
70486	TC	CT MAXILLOFACIAL W/O DYE	353.98	330.23	375.45	345.60	
70486	26	CT MAXILLOFACIAL W/O DYE	88.41	85.42			
70487		CT MAXILLOFACIAL W/DYE	533.63	501.24			
70487	TC	CT MAXILLOFACIAL W/DYE	432.58	403.56	580.71	534.51	
70487	26	CT MAXILLOFACIAL W/DYE	101.05	97.69			
70488		CT MAXILLOFACIAL W/O & W/DYE	649.72	609.86			
70488	TC	CT MAXILLOFACIAL W/O & W/DYE	539.73	503.52	647.37	595.86	
70488	26	CT MAXILLOFACIAL W/O & W/DYE	109.99	106.35			
70490		CT SOFT TISSUE NECK W/O DYE	432.46	406.83			
70490	TC	CT SOFT TISSUE NECK W/O DYE	333.02	310.68	375.45	345.60	

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Physicians' and ASC Fee Schedules

CPT* HCPCS	MOD	DESCRIPTION	Physicians' Fees North	Physicians' Fees South	ASC Fees North	ASC Fees South	Payment Indicator (See bottom for codes)
70490	26	CT SOFT TISSUE NECK W/O DYE	99.46	96.15			
70491		CT SOFT TISSUE NECK W/DYE	521.98	490.57			
70491	TC	CT SOFT TISSUE NECK W/DYE	415.11	387.27	580.71	534.51	
70491	26	CT SOFT TISSUE NECK W/DYE	106.87	103.30			
70492		CT SOFT TISSUE NECK W/O & W/DYE	632.03	593.43			
70492	TC	CT SOFT TISSUE NECK W/O & W/DYE	519.93	485.04	647.37	595.86	
70492	26	CT SOFT TISSUE NECK W/O & W/DYE	112.09	108.39			
70496		CT ANGIOGRAPHY, HEAD	1,008.14	945.09			
70496	TC	CT ANGIOGRAPHY, HEAD	871.63	813.13	655.71	603.54	
70496	26	CT ANGIOGRAPHY, HEAD	136.51	131.96			
70498		CT ANGIOGRAPHY, NECK	1,025.62	961.39			
70498	TC	CT ANGIOGRAPHY, NECK	889.10	829.43	655.71	603.54	
70498	26	CT ANGIOGRAPHY, NECK	136.51	131.96			
70540		MRI ORBIT/FACE/NECK W/O DYE	849.38	795.95			
70540	TC	MRI ORBIT/FACE/NECK W/O DYE	744.69	694.71	664.20	611.37	
70540	26	MRI ORBIT/FACE/NECK W/O DYE	104.69	101.24			
70542		MRI ORBIT/FACE/NECK W/DYE	948.56	889.20			
70542	TC	MRI ORBIT/FACE/NECK W/DYE	822.72	767.50	846.36	779.04	
70542	26	MRI ORBIT/FACE/NECK W/DYE	125.84	121.69			
70543		MRI ORBIT/FACE/NECK W/O & W/DYE	1,239.11	1,161.59			
70543	TC	MRI ORBIT/FACE/NECK W/O & W/DYE	1,073.12	1,001.07	1,033.50	951.27	
70543	26	MRI ORBIT/FACE/NECK W/O & W/DYE	166.00	160.53			
70544		MR ANGIOGRAPHY HEAD W/O DYE	930.92	871.62			
70544	TC	MR ANGIOGRAPHY HEAD W/O DYE	837.86	781.62	664.20	611.37	
70544	26	MR ANGIOGRAPHY HEAD W/O DYE	93.07	90.00			
70545		MR ANGIOGRAPHY HEAD W/DYE	925.11	866.18			
70545	TC	MR ANGIOGRAPHY HEAD W/DYE	832.04	776.19	846.36	779.04	
70545	26	MR ANGIOGRAPHY HEAD W/DYE	93.07	90.00			
70546		MR ANGIOGRAPH HEAD W/O & W/DYE	1,457.83	1,364.72			
70546	TC	MR ANGIOGRAPH HEAD W/O & W/DYE	1,317.67	1,229.21	1,033.50	951.27	
70546	26	MR ANGIOGRAPH HEAD W/O & W/DYE	140.15	135.51			
70547		MR ANGIOGRAPHY NECK W/O DYE	929.19	869.99			
70547	TC	MR ANGIOGRAPHY NECK W/O DYE	836.11	779.99	664.20	611.37	
70547	26	MR ANGIOGRAPHY NECK W/O DYE	93.07	90.00			
70548		MR ANGIOGRAPHY NECK W/DYE	975.77	913.44			
70548	TC	MR ANGIOGRAPHY NECK W/DYE	882.71	823.45	846.36	779.04	
70548	26	MR ANGIOGRAPHY NECK W/DYE	93.07	90.00			
70549		MR ANGIOGRAPH NECK W/O & W/DYE	1,458.47	1,365.29			
70549	TC	MR ANGIOGRAPH NECK W/O & W/DYE	1,318.84	1,230.29	1,033.50	951.27	
70549	26	MR ANGIOGRAPH NECK W/O & W/DYE	139.64	135.00			
70551		MRI BRAIN W/O DYE	878.11	823.06			
70551	TC	MRI BRAIN W/O DYE	763.33	712.09	664.20	611.37	
70551	26	MRI BRAIN W/O DYE	114.78	110.97			
70552		MRI BRAIN W/DYE	978.74	917.78			
70552	TC	MRI BRAIN W/DYE	839.60	783.26	846.36	779.04	
70552	26	MRI BRAIN W/DYE	139.14	134.52			
70553		MRI BRAIN W/O & W/DYE	1,228.68	1,152.44			
70553	TC	MRI BRAIN W/O & W/DYE	1,045.16	974.99	1,033.50	951.27	
70553	26	MRI BRAIN W/O & W/DYE	183.52	177.45			
70554		FMRI BRAIN BY TECH	964.57	905.39			
70554	TC	FMRI BRAIN BY TECH	799.43	745.77	664.20	611.37	
70554	26	FMRI BRAIN BY TECH	165.14	159.62			
70555	26	FMRI BRAIN BY PHYS/PSYCH	203.10	196.49			
71010		CHEST X-RAY SINGLE VIEW FRONTAL	46.85	44.31			
71010	TC	CHEST X-RAY SINGLE VIEW FRONTAL	30.48	28.47	50.31	46.29	
71010	26	CHEST X-RAY SINGLE VIEW FRONTAL	16.37	15.84			
71020		CHEST X-RAY 2 VIEWS FRONTAL & LATERAL	55.78	52.69			
71020	TC	CHEST X-RAY 2 VIEWS FRONTAL & LATERAL	37.56	35.08	69.03	63.54	
71020	26	CHEST X-RAY 2 VIEWS FRONTAL & LATERAL	18.23	17.61			
71021		CHEST X-RAY 2 VIEWS W/APICAL LORD PROC	63.65	60.11			
71021	TC	CHEST X-RAY 2 VIEWS W/APICAL LORD PROC	43.03	40.17	85.38	78.60	
71021	26	CHEST X-RAY 2 VIEWS W/APICAL LORD PROC	20.62	19.94			
71022		CHEST X-RAY 2 VIEWS W/OBLIQUE PROJ	77.92	73.51			
71022	TC	CHEST X-RAY 2 VIEWS W/OBLIQUE PROJ	54.09	50.49	87.24	80.31	
71022	26	CHEST X-RAY 2 VIEWS W/OBLIQUE PROJ	23.82	23.01			
71030		CHEST X-RAY MINIMUM 4 VIEWS	77.34	72.96			
71030	TC	CHEST X-RAY MINIMUM 4 VIEWS	53.50	49.95	87.24	80.31	

Appendix
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Physicians' and ASC Fee Schedules

CPT* HCPCS	MOD	DESCRIPTION	Physicians' Fees North	Physicians' Fees South	ASC Fees North	ASC Fees South	Payment Indicator (See bottom for codes)
71030	26	CHEST X-RAY MINIMUM 4 VIEWS	23.82	23.01			
71035		CHEST X-RAY SPECIAL VIEWS	59.67	56.18			
71035	TC	CHEST X-RAY SPECIAL VIEWS	45.36	42.35	87.24	80.31	
71035	26	CHEST X-RAY SPECIAL VIEWS	14.31	13.83			
71040		CONTRAST X-RAY BRONCHI UNILATERAL	162.07	152.67			N1
71040	TC	CONTRAST X-RAY BRONCHI UNILATERAL	118.73	110.79			N1
71040	26	CONTRAST X-RAY BRONCHI UNILATERAL	43.34	41.88			N1
71090		X-RAY & PACEMAKER INSERT	169.62	163.54			N1
71090	TC	X-RAY & PACEMAKER INSERT	123.65	119.31			N1
71090	26	X-RAY & PACEMAKER INSERT	44.62	43.09			N1
71100		X-RAY RIBS 2 VIEWS	54.13	51.10			
71100	TC	X-RAY RIBS 2 VIEWS	37.20	34.75	73.71	67.86	
71100	26	X-RAY RIBS 2 VIEWS	16.93	16.36			
71101		X-RAY RIBS/CHEST MINIMUM 3 VIEWS	82.73	78.10			
71101	TC	X-RAY RIBS/CHEST MINIMUM 3 VIEWS	56.88	53.10	87.24	80.31	
71101	26	X-RAY RIBS/CHEST MINIMUM 3 VIEWS	25.85	25.00			
71110		X-RAY RIBS BILATERAL 3 VIEWS	68.31	64.46			
71110	TC	X-RAY RIBS BILATERAL 3 VIEWS	47.69	44.52	87.24	80.31	
71110	26	X-RAY RIBS BILATERAL 3 VIEWS	20.62	19.94			
71111		X-RAY RIBS/CHEST MINIMUM 4 VIEWS	88.32	83.23			
71111	TC	X-RAY RIBS/CHEST MINIMUM 4 VIEWS	63.99	59.73	127.50	117.36	
71111	26	X-RAY RIBS/CHEST MINIMUM 4 VIEWS	24.33	23.50			
71120		X-RAY STERNUM MINIMUM 2 VIEWS	53.70	50.65			
71120	TC	X-RAY STERNUM MINIMUM 2 VIEWS	38.37	35.83	76.02	69.99	
71120	26	X-RAY STERNUM MINIMUM 2 VIEWS	15.33	14.82			
71130		X-RAY STERNOCLAV JOINT MINIMUM 3 VIEWS	62.87	59.24			
71130	TC	X-RAY STERNOCLAV JOINT MINIMUM 3 VIEWS	45.94	42.89	87.24	80.31	
71130	26	X-RAY STERNOCLAV JOINT MINIMUM 3 VIEWS	16.93	16.36			
71250		CT THORAX W/O DYE	423.62	397.82			
71250	TC	CT THORAX W/O DYE	344.07	320.99	375.45	345.60	
71250	26	CT THORAX W/O DYE	79.55	76.82			
71260		CT THORAX W/DYE	525.35	493.37			
71260	TC	CT THORAX W/DYE	428.51	399.76	580.71	534.51	
71260	26	CT THORAX W/DYE	96.85	93.61			
71270		CT THORAX W/O & W/DYE	646.01	606.26			
71270	TC	CT THORAX W/O & W/DYE	539.14	502.96	647.37	595.86	
71270	26	CT THORAX W/O & W/DYE	106.87	103.30			
71275		CT ANGIOGRAPHY, CHEST	802.43	753.64			
71275	TC	CT ANGIOGRAPHY, CHEST	652.69	608.89	655.71	603.54	
71275	26	CT ANGIOGRAPHY, CHEST	149.74	144.75			
71550		MRI CHEST W/O DYE	960.37	899.74			
71550	TC	MRI CHEST W/O DYE	847.76	790.86	664.20	611.37	
71550	26	MRI CHEST W/O DYE	112.61	108.88			
71552		MRI CHEST W/O & W/DYE	1,425.20	1,335.46			
71552	TC	MRI CHEST W/O & W/DYE	1,249.54	1,165.66	1,033.50	951.27	
71552	26	MRI CHEST W/O & W/DYE	175.66	169.81			
71555		MRI ANGIO CHEST W OR W/O DYE	940.15	881.81			
71555	TC	MRI ANGIO CHEST W OR W/O DYE	798.85	745.23			
71555	26	MRI ANGIO CHEST W OR W/O DYE	141.30	136.58			
72010		X-RAY SPINE ANTEROPOST & LATERAL	124.49	117.37			
72010	TC	X-RAY SPINE ANTEROPOST & LATERAL	89.03	83.09	146.91	135.24	
72010	26	X-RAY SPINE ANTEROPOST & LATERAL	35.46	34.28			
72020		X-RAY SPINE SINGLE VIEW SPECIFY LEVEL	40.10	37.84			
72020	TC	X-RAY SPINE SINGLE VIEW SPECIFY LEVEL	27.88	26.05	54.99	50.61	
72020	26	X-RAY SPINE SINGLE VIEW SPECIFY LEVEL	12.21	11.79			
72040		X-RAY NECK SPINE CERV 2/3 VIEWS	102.52	96.69			
72040	TC	X-RAY NECK SPINE CERV 2/3 VIEWS	73.56	68.66	87.24	80.31	
72040	26	X-RAY NECK SPINE CERV 2/3 VIEWS	28.96	28.03			
72050		X-RAY NECK SPINE CERV MINIMUM 4 VIEWS	119.60	112.79			
72050	TC	X-RAY NECK SPINE CERV MINIMUM 4 VIEWS	86.14	80.40	127.50	117.36	
72050	26	X-RAY NECK SPINE CERV MINIMUM 4 VIEWS	33.46	32.39			
72052		X-RAY NECK SPINE COMPLETE	147.68	139.10			
72052	TC	X-RAY NECK SPINE COMPLETE	110.33	102.97	146.91	135.24	
72052	26	X-RAY NECK SPINE COMPLETE	37.35	36.13			
72069		X-RAY TRUNK SPINE STANDING	62.74	59.20			
72069	TC	X-RAY TRUNK SPINE STANDING	44.20	41.25	87.24	80.31	
72069	26	X-RAY TRUNK SPINE STANDING	18.55	17.95			

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72070		X-RAY THORACIC SPINE 2 VIEWS	80.74	76.17			
72070	TC	X-RAY THORACIC SPINE 2 VIEWS	55.96	52.26	78.36	72.12	
72070	26	X-RAY THORACIC SPINE 2 VIEWS	24.78	23.92			
72072		X-RAY THORACIC SPINE 3 VIEWS	63.45	59.80			
72072	TC	X-RAY THORACIC SPINE 3 VIEWS	46.53	43.43	87.24	80.31	
72072	26	X-RAY THORACIC SPINE 3 VIEWS	16.93	16.36			
72074		X-RAY THORACIC SPINE MINIMUM 4 VIEWS	75.09	70.66			
72074	TC	X-RAY THORACIC SPINE MINIMUM 4 VIEWS	58.16	54.30	87.24	80.31	
72074	26	X-RAY THORACIC SPINE MINIMUM 4 VIEWS	16.93	16.36			
72080		X-RAY TRUNK SPINE 2 VIEWS	61.58	58.12			
72080	TC	X-RAY TRUNK SPINE 2 VIEWS	43.03	40.17	85.38	78.60	
72080	26	X-RAY TRUNK SPINE 2 VIEWS	18.55	17.95			
72090		X-RAY TRUNK SPINE SCOLIOSIS STUDY	83.19	78.46			
72090	TC	X-RAY TRUNK SPINE SCOLIOSIS STUDY	59.33	55.38	118.17	108.78	
72090	26	X-RAY TRUNK SPINE SCOLIOSIS STUDY	23.86	23.08			
72100		X-RAY LOWER SPINE 2/3 VIEWS	68.57	64.63			
72100	TC	X-RAY LOWER SPINE 2/3 VIEWS	50.02	46.70	87.24	80.31	
72100	26	X-RAY LOWER SPINE 2/3 VIEWS	18.55	17.95			
72110		X-RAY LOWER SPINE MINIMUM 4 VIEWS	129.47	122.01			
72110	TC	X-RAY LOWER SPINE MINIMUM 4 VIEWS	95.06	88.72	136.86	125.97	
72110	26	X-RAY LOWER SPINE MINIMUM 4 VIEWS	34.41	33.31			
72114		X-RAY LOWER SPINE COMPLETE	125.68	118.29			
72114	TC	X-RAY LOWER SPINE COMPLETE	96.02	89.60	146.91	135.24	
72114	26	X-RAY LOWER SPINE COMPLETE	29.67	28.69			
72120		X-RAY LOWER SPINE BENDING MINIMUM 4 VIEWS	87.20	82.01			
72120	TC	X-RAY LOWER SPINE BENDING MINIMUM 4 VIEWS	68.65	64.08	87.24	80.31	
72120	26	X-RAY LOWER SPINE BENDING MINIMUM 4 VIEWS	18.55	17.95			
72125		CT NECK SPINE W/O DYE	425.96	399.99			
72125	TC	CT NECK SPINE W/O DYE	346.40	323.17	375.45	345.60	
72125	26	CT NECK SPINE W/O DYE	79.55	76.82			
72126		CT NECK SPINE W/DYE	524.34	492.38			
72126	TC	CT NECK SPINE W/DYE	429.68	400.84	580.71	534.51	
72126	26	CT NECK SPINE W/DYE	94.66	91.53			
72127		CT NECK SPINE W/O & W/DYE	636.93	597.54			
72127	TC	CT NECK SPINE W/O & W/DYE	538.56	502.42	647.37	595.86	
72127	26	CT NECK SPINE W/O & W/DYE	98.37	95.11			
72128		CT CHEST SPINE W/O DYE	425.37	399.45			
72128	TC	CT CHEST SPINE W/O DYE	345.82	322.63	375.45	345.60	
72128	26	CT CHEST SPINE W/O DYE	79.55	76.82			
72129		CT CHEST SPINE W/DYE	525.50	493.47			
72129	TC	CT CHEST SPINE W/DYE	430.26	401.38	580.71	534.51	
72129	26	CT CHEST SPINE W/DYE	95.24	92.07			
72130		CT CHEST SPINE W/O & W/DYE	637.51	598.08			
72130	TC	CT CHEST SPINE W/O & W/DYE	539.14	502.96	647.37	595.86	
72130	26	CT CHEST SPINE W/O & W/DYE	98.37	95.11			
72131		CT LUMBAR SPINE W/O DYE	424.21	398.37			
72131	TC	CT LUMBAR SPINE W/O DYE	344.66	321.55	375.45	345.60	
72131	26	CT LUMBAR SPINE W/O DYE	79.55	76.82			
72132		CT LUMBAR SPINE W/DYE	524.34	492.38			
72132	TC	CT LUMBAR SPINE W/DYE	429.10	400.30	580.71	534.51	
72132	26	CT LUMBAR SPINE W/DYE	95.24	92.07			
72133		CT LUMBAR SPINE W/O & W/DYE	636.93	597.54			
72133	TC	CT LUMBAR SPINE W/O & W/DYE	538.56	502.42	647.37	595.86	
72133	26	CT LUMBAR SPINE W/O & W/DYE	98.37	95.11			
72141		MRI NECK SPINE W/O DYE	936.23	878.43			
72141	TC	MRI NECK SPINE W/O DYE	788.37	735.46	664.20	611.37	
72141	26	MRI NECK SPINE W/O DYE	147.87	142.97			
72142		MRI NECK SPINE W/DYE	989.34	928.01			
72142	TC	MRI NECK SPINE W/DYE	840.19	783.80	846.36	779.04	
72142	26	MRI NECK SPINE W/DYE	149.16	144.21			
72146		MRI CHEST SPINE W/O DYE	801.97	752.41			
72146	TC	MRI CHEST SPINE W/O DYE	677.15	631.70	664.20	611.37	
72146	26	MRI CHEST SPINE W/O DYE	124.83	120.69			
72147		MRI CHEST SPINE W/DYE	890.93	836.21			
72147	TC	MRI CHEST SPINE W/DYE	741.19	691.46	846.36	779.04	
72147	26	MRI CHEST SPINE W/DYE	149.74	144.75			
72148		MRI LUMBAR SPINE W/O DYE	901.45	845.45			

Appendix
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Physicians' and ASC Fee Schedules

CPT* HCPCS	MOD	DESCRIPTION	Physicians' Fees North	Physicians' Fees South	ASC Fees North	ASC Fees South	Payment Indicator (See bottom for codes)
72148	TC	MRI LUMBAR SPINE W/O DYE	769.58	717.94	664.20	611.37	
72148	26	MRI LUMBAR SPINE W/O DYE	131.85	127.52			
72149		MRI LUMBAR SPINE W/DYE	887.91	833.04			
72149	TC	MRI LUMBAR SPINE W/DYE	748.77	698.52	846.36	779.04	
72149	26	MRI LUMBAR SPINE W/DYE	139.14	134.52			
72156		MRI NECK SPINE W/O & W/DYE	1,227.57	1,151.99			
72156	TC	MRI NECK SPINE W/O & W/DYE	1,027.10	958.16	1,033.50	951.27	
72156	26	MRI NECK SPINE W/O & W/DYE	200.46	193.84			
72157		MRI CHEST SPINE W/O & W/DYE	1,153.62	1,083.01			
72157	TC	MRI CHEST SPINE W/O & W/DYE	953.16	889.17	1,033.50	951.27	
72157	26	MRI CHEST SPINE W/O & W/DYE	200.46	193.84			
72158		MRI LUMBAR SPINE W/O & W/DYE	1,209.34	1,134.48			
72158	TC	MRI LUMBAR SPINE W/O & W/DYE	1,024.78	955.99	1,033.50	951.27	
72158	26	MRI LUMBAR SPINE W/O & W/DYE	184.56	178.49			
72170		X-RAY PELVIS 1/2 VIEWS	68.47	64.69			
72170	TC	X-RAY PELVIS 1/2 VIEWS	46.19	43.14	60.84	56.01	
72170	26	X-RAY PELVIS 1/2 VIEWS	22.28	21.55			
72190		X-RAY PELVIS MINIMUM 3 VIEWS	70.97	66.85			
72190	TC	X-RAY PELVIS MINIMUM 3 VIEWS	52.92	49.41	87.24	80.31	
72190	26	X-RAY PELVIS MINIMUM 3 VIEWS	18.03	17.45			
72191		CT ANGIOGRAPH PELVIS W/O & W/DYE	769.42	722.61			
72191	TC	CT ANGIOGRAPH PELVIS W/O & W/DYE	627.65	585.53	655.71	603.54	
72191	26	CT ANGIOGRAPH PELVIS W/O & W/DYE	141.77	137.08			
72192		CT PELVIS W/O DYE	409.56	384.93			
72192	TC	CT PELVIS W/O DYE	325.44	303.61	375.45	345.60	
72192	26	CT PELVIS W/O DYE	84.11	81.30			
72193		CT PELVIS W/DYE	497.42	467.12			
72193	TC	CT PELVIS W/DYE	406.97	379.67	580.71	534.51	
72193	26	CT PELVIS W/DYE	90.45	87.45			
72194		CT PELVIS W/O & W/DYE	639.05	599.38			
72194	TC	CT PELVIS W/O & W/DYE	544.39	507.85	647.37	595.86	
72194	26	CT PELVIS W/O & W/DYE	94.66	91.53			
72195		MRI PELVIS W/O DYE	873.48	818.76			
72195	TC	MRI PELVIS W/O DYE	759.26	708.30	664.20	611.37	
72195	26	MRI PELVIS W/O DYE	114.23	110.47			
72196		MRI PELVIS W/DYE	966.38	906.08			
72196	TC	MRI PELVIS W/DYE	831.46	775.64	846.36	779.04	
72196	26	MRI PELVIS W/DYE	134.92	130.43			
72197		MRI PELVIS W/O & W/DYE	1,259.25	1,180.65			
72197	TC	MRI PELVIS W/O & W/DYE	1,084.17	1,011.38	1,033.50	951.27	
72197	26	MRI PELVIS W/O & W/DYE	175.08	169.27			
72198		MR ANGIO PELVIS W/O & W/DYE	936.15	878.06			
72198	TC	MR ANGIO PELVIS W/O & W/DYE	796.52	743.06			
72198	26	MR ANGIO PELVIS W/O & W/DYE	139.64	135.00			
72200		X-RAY EXAM SACROILIAC JOINTS	49.85	46.98			
72200	TC	X-RAY EXAM SACROILIAC JOINTS	36.62	34.19	72.54	66.78	
72200	26	X-RAY EXAM SACROILIAC JOINTS	13.22	12.79			
72202		X-RAY EXAM SACROILIAC JOINTS	58.43	55.04			
72202	TC	X-RAY EXAM SACROILIAC JOINTS	43.61	40.71	86.55	79.68	
72202	26	X-RAY EXAM SACROILIAC JOINTS	14.82	14.32			
72220		X-RAY TAILBONE	49.27	46.44			
72220	TC	X-RAY TAILBONE	36.04	33.65	71.37	65.70	
72220	26	X-RAY TAILBONE	13.22	12.79			
72240		CONTRAST X-RAY NECK SPINE	372.37	351.09			N1
72240	TC	CONTRAST X-RAY NECK SPINE	263.27	245.65			N1
72240	26	CONTRAST X-RAY NECK SPINE	109.10	105.44			N1
72255		CONTRAST X-RAY THORAX SPINE	349.17	329.41			N1
72255	TC	CONTRAST X-RAY THORAX SPINE	241.78	225.60			N1
72255	26	CONTRAST X-RAY THORAX SPINE	107.39	103.80			N1
72265		CONTRAST X-RAY LOWER SPINE	355.47	334.98			N1
72265	TC	CONTRAST X-RAY LOWER SPINE	256.12	238.96			N1
72265	26	CONTRAST X-RAY LOWER SPINE	99.34	96.02			N1
72270		CONTRAST X-RAY SPINE	552.78	521.08			N1
72270	TC	CONTRAST X-RAY SPINE	394.08	367.67			N1
72270	26	CONTRAST X-RAY SPINE	158.70	153.41			N1
72275		EPIDUROGRAPHY	572.81	540.58			N1
72275	TC	EPIDUROGRAPHY	390.38	364.28			N1

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CPT* HCPCS	MOD	DESCRIPTION	Physicians' Fees North	Physicians' Fees South	ASC Fees North	ASC Fees South	Payment Indicator (See bottom for codes)
72275	26	EPIDUROGRAPHY	182.38	176.30			N1
72285		X-RAY C/T SPINE DISK	376.65	356.04			N1
72285	TC	X-RAY C/T SPINE DISK	236.40	220.57			N1
72285	26	X-RAY C/T SPINE DISK	140.25	135.46			N1
72291		PERCUT VERT/SACROPLASTY, FLUOR	267.82	258.54			N1
72291	TC	PERCUT VERT/SACROPLASTY, FLUOR	161.82	156.18			N1
72291	26	PERCUT VERT/SACROPLASTY, FLUOR	113.43	109.79			N1
72295		X-RAY LOWER SPINE DISK	217.08	204.71			N1
72295	TC	X-RAY LOWER SPINE DISK	151.33	141.20			N1
72295	26	X-RAY LOWER SPINE DISK	65.74	63.49			N1
73000		X-RAY COLLAR BONE	48.17	45.40			
73000	TC	X-RAY COLLAR BONE	35.46	33.11	70.20	64.62	
73000	26	X-RAY COLLAR BONE	12.72	12.29			
73010		X-RAY SHOULDER BLADE	51.47	48.57			
73010	TC	X-RAY SHOULDER BLADE	36.62	34.19	72.54	66.78	
73010	26	X-RAY SHOULDER BLADE	14.85	14.37			
73020		X-RAY SHOULDER 1 VIEW	39.52	37.29			
73020	TC	X-RAY SHOULDER 1 VIEW	27.88	26.05	54.99	50.61	
73020	26	X-RAY SHOULDER 1 VIEW	11.62	11.24			
73030		X-RAY SHOULDER MINIMUM 2 VIEWS	74.36	70.21			
73030	TC	X-RAY SHOULDER MINIMUM 2 VIEWS	51.56	48.15	71.37	65.70	
73030	26	X-RAY SHOULDER MINIMUM 2 VIEWS	22.79	22.04			
73040		CONTRAST X-RAY SHOULDER	181.40	170.71			N1
73040	TC	CONTRAST X-RAY SHOULDER	138.53	129.26			N1
73040	26	CONTRAST X-RAY SHOULDER	42.87	41.45			N1
73050		X-RAY SHOULDERS	64.63	60.92			
73050	TC	X-RAY SHOULDERS	47.11	43.97	87.24	80.31	
73050	26	X-RAY SHOULDERS	17.54	16.95			
73060		X-RAY HUMERUS MINIMUM 2 VIEWS	49.27	46.44			
73060	TC	X-RAY HUMERUS MINIMUM 2 VIEWS	35.46	33.11	70.20	64.62	
73060	26	X-RAY HUMERUS MINIMUM 2 VIEWS	13.80	13.33			
73070		X-RAY ELBOW 2 VIEWS	47.66	44.91			
73070	TC	X-RAY ELBOW 2 VIEWS	35.46	33.11	70.20	64.62	
73070	26	X-RAY ELBOW 2 VIEWS	12.21	11.79			
73080		X-RAY ELBOW MINIMUM 3 VIEWS	57.41	54.04			
73080	TC	X-RAY ELBOW MINIMUM 3 VIEWS	44.20	41.25	87.24	80.31	
73080	26	X-RAY ELBOW MINIMUM 3 VIEWS	13.22	12.79			
73090		X-RAY FOREARM	47.01	44.31			
73090	TC	X-RAY FOREARM	34.29	32.03	67.86	62.46	
73090	26	X-RAY FOREARM	12.72	12.29			
73092		X-RAY ARM, INFANT	51.67	48.66			
73092	TC	X-RAY ARM, INFANT	38.95	36.37	77.19	71.07	
73092	26	X-RAY ARM, INFANT	12.72	12.29			
73100		X-RAY WRIST 2 VIEWS	52.13	49.16			
73100	TC	X-RAY WRIST 2 VIEWS	37.79	35.29	74.85	68.91	
73100	26	X-RAY WRIST 2 VIEWS	14.34	13.87			
73110		X-RAY WRIST MINIMUM 3 VIEWS	70.95	66.75			
73110	TC	X-RAY WRIST MINIMUM 3 VIEWS	55.03	51.37	87.24	80.31	
73110	26	X-RAY WRIST MINIMUM 3 VIEWS	15.92	15.38			
73115		CONTRAST X-RAY WRIST	183.73	172.89			N1
73115	TC	CONTRAST X-RAY WRIST	139.69	130.34			N1
73115	26	CONTRAST X-RAY WRIST	44.04	42.55			N1
73120		X-RAY HAND 2 VIEWS	46.43	43.77			
73120	TC	X-RAY HAND 2 VIEWS	33.71	31.48	66.69	61.38	
73120	26	X-RAY HAND 2 VIEWS	12.72	12.29			
73130		X-RAY HAND MINIMUM 3 VIEWS	62.21	58.60			
73130	TC	X-RAY HAND MINIMUM 3 VIEWS	46.96	43.85	80.70	74.28	
73130	26	X-RAY HAND MINIMUM 3 VIEWS	15.25	14.76			
73140		X-RAY FINGER(S) MINIMUM 2 VIEWS	53.05	49.88			
73140	TC	X-RAY FINGER(S) MINIMUM 2 VIEWS	42.45	39.63	84.21	77.52	
73140	26	X-RAY FINGER(S) MINIMUM 2 VIEWS	10.62	10.25			
73200		CT UPPER EXTREMITY W/O DYE	414.19	389.09			
73200	TC	CT UPPER EXTREMITY W/O DYE	334.76	312.31	375.45	345.60	
73200	26	CT UPPER EXTREMITY W/O DYE	79.42	76.78			
73201		CT UPPER EXTREMITY W/DYE	506.15	475.27			
73201	TC	CT UPPER EXTREMITY W/DYE	415.69	387.81	580.71	534.51	
73201	26	CT UPPER EXTREMITY W/DYE	90.45	87.45			

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CPT* HCPCS	MOD	DESCRIPTION	Physicians' Fees North	Physicians' Fees South	ASC Fees North	ASC Fees South	Payment Indicator (See bottom for codes)
73202		CT UPPER EXTREMITY W/O & W/DYE	649.53	609.16			
73202	TC	CT UPPER EXTREMITY W/O & W/DYE	554.86	517.63	647.37	595.86	
73202	26	CT UPPER EXTREMITY W/O & W/DYE	94.66	91.53			
73206		CT ANGIO UPR EXTREMITY W/O & W/DYE	732.98	688.49			
73206	TC	CT ANGIO UPR EXTREMITY W/O & W/DYE	592.72	552.94	655.71	603.54	
73206	26	CT ANGIO UPR EXTREMITY W/O & W/DYE	140.26	135.54			
73218		MRI UPPER EXTREMITY W/O DYE	879.74	824.21			
73218	TC	MRI UPPER EXTREMITY W/O DYE	774.97	722.96	664.20	611.37	
73218	26	MRI UPPER EXTREMITY W/O DYE	104.76	101.27			
73219		MRI UPPER EXTREMITY W/DYE	950.89	891.36			
73219	TC	MRI UPPER EXTREMITY W/DYE	824.47	769.13	846.36	779.04	
73219	26	MRI UPPER EXTREMITY W/DYE	126.42	122.24			
73220		MRI UPPER EXTREMITY W/O & W/DYE	1,255.99	1,177.35			
73220	TC	MRI UPPER EXTREMITY W/O & W/DYE	1,088.83	1,015.73	1,033.50	951.27	
73220	26	MRI UPPER EXTREMITY W/O & W/DYE	167.16	161.61			
73221		MRI JOINT UPPER EXTREMITY W/O DYE	828.31	776.35			
73221	TC	MRI JOINT UPPER EXTREMITY W/O DYE	721.40	672.98	664.20	611.37	
73221	26	MRI JOINT UPPER EXTREMITY W/O DYE	106.89	103.37			
73222		MRI JOINT UPPER EXTREMITY W/DYE	901.39	845.19			
73222	TC	MRI JOINT UPPER EXTREMITY W/DYE	774.97	722.96	846.36	779.04	
73222	26	MRI JOINT UPPER EXTREMITY W/DYE	126.42	122.24			
73223		MRI JOINT UPPER EXTREMITY W/O & W/DYE	1,191.36	1,117.06			
73223	TC	MRI JOINT UPPER EXTREMITY W/O & W/DYE	1,024.78	955.99	1,033.50	951.27	
73223	26	MRI JOINT UPPER EXTREMITY W/O & W/DYE	166.58	161.07			
73225		MR ANGIO UPPER EXTREMITY W/O & W/DYE	1,024.20	959.93			
73225	TC	MR ANGIO UPPER EXTREMITY W/O & W/DYE	889.10	829.43			
73225	26	MR ANGIO UPPER EXTREMITY W/O & W/DYE	135.10	130.50			
73500		X-RAY HIP UNILATERAL 1 VIEW	45.06	42.59			
73500	TC	X-RAY HIP UNILATERAL 1 VIEW	30.21	28.22	59.67	54.93	
73500	26	X-RAY HIP UNILATERAL 1 VIEW	14.85	14.37			
73510		X-RAY HIP COMPLETE MINIMUM 2 VIEWS	71.16	67.09			
73510	TC	X-RAY HIP COMPLETE MINIMUM 2 VIEWS	51.46	48.03	87.24	80.31	
73510	26	X-RAY HIP COMPLETE MINIMUM 2 VIEWS	19.70	19.06			
73520		X-RAY HIPS MINIMUM 2 VIEWS	68.27	64.45			
73520	TC	X-RAY HIPS MINIMUM 2 VIEWS	47.11	43.97	87.24	80.31	
73520	26	X-RAY HIPS MINIMUM 2 VIEWS	21.16	20.48			
73525		X-RAY HIP ARTHROGRAPHY	168.58	158.76			N1
73525	TC	X-RAY HIP ARTHROGRAPHY	124.54	116.22			N1
73525	26	X-RAY HIP ARTHROGRAPHY	44.04	42.55			N1
73530		X-RAY HIP DURING OPERATIVE PROCEDURE	60.32	58.24			N1
73530	TC	X-RAY HIP DURING OPERATIVE PROCEDURE	37.53	36.22			N1
73530	26	X-RAY HIP DURING OPERATIVE PROCEDURE	23.26	22.51			N1
73540		X-RAY PELVIS & HIPS MINIMUM 2 VIEWS	68.71	64.73			
73540	TC	X-RAY PELVIS & HIPS MINIMUM 2 VIEWS	51.76	48.32	87.24	80.31	
73540	26	X-RAY PELVIS & HIPS MINIMUM 2 VIEWS	16.95	16.40			
73542		X-RAY EXAM, SACROILIAC JOINT	137.42	129.77			N1
73542	TC	X-RAY EXAM, SACROILIAC JOINT	91.36	85.25			N1
73542	26	X-RAY EXAM, SACROILIAC JOINT	46.06	44.51			N1
73550		X-RAY THIGH 2 VIEWS	53.51	50.53			
73550	TC	X-RAY THIGH 2 VIEWS	37.60	35.11	66.69	61.38	
73550	26	X-RAY THIGH 2 VIEWS	15.91	15.42			
73560		X-RAY KNEE 1/2 VIEWS	57.41	54.18			
73560	TC	X-RAY KNEE 1/2 VIEWS	40.85	38.14	72.54	66.78	
73560	26	X-RAY KNEE 1/2 VIEWS	16.56	16.02			
73562		X-RAY KNEE 3 VIEWS	74.25	69.95			
73562	TC	X-RAY KNEE 3 VIEWS	55.13	51.47	87.24	80.31	
73562	26	X-RAY KNEE 3 VIEWS	19.12	18.49			
73564		X-RAY KNEE, COMPLETE 4/MORE VIEWS	85.62	80.68			
73564	TC	X-RAY KNEE, COMPLETE 4/MORE VIEWS	63.21	59.00	87.24	80.31	
73564	26	X-RAY KNEE, COMPLETE 4/MORE VIEWS	22.40	21.68			
73565		X-RAY KNEES STANDING ANTEROPOST	57.28	54.00			
73565	TC	X-RAY KNEES STANDING ANTEROPOST	41.87	39.08	83.04	76.44	
73565	26	X-RAY KNEES STANDING ANTEROPOST	15.43	14.91			
73580		X-RAY KNEE ARTHROGRAPHY	222.68	209.25			N1
73580	TC	X-RAY KNEE ARTHROGRAPHY	176.95	165.10			N1
73580	26	X-RAY KNEE ARTHROGRAPHY	45.73	44.15			N1
73590		X-RAY TIBIA & FIBULA 2 VIEWS	56.34	53.14			

Appendix
Exhibit 1
Physicians' and ASC Fee Schedules

CPT* HCPCS	MOD	DESCRIPTION	Physicians' Fees North	Physicians' Fees South	ASC Fees North	ASC Fees South	Payment Indicator (See bottom for codes)
73590	TC	X-RAY TIBIA & FIBULA 2 VIEWS	40.26	37.60	65.52	60.30	
73590	26	X-RAY TIBIA & FIBULA 2 VIEWS	16.06	15.54			
73592		X-RAY LEG, INFANT MINIMUM 2 VIEWS	52.25	49.20			
73592	TC	X-RAY LEG, INFANT MINIMUM 2 VIEWS	39.53	36.92	78.36	72.12	
73592	26	X-RAY LEG, INFANT MINIMUM 2 VIEWS	12.72	12.29			
73600		X-RAY ANKLE 2 VIEWS	47.59	44.85			
73600	TC	X-RAY ANKLE 2 VIEWS	34.87	32.57	69.03	63.54	
73600	26	X-RAY ANKLE 2 VIEWS	12.72	12.29			
73610		X-RAY ANKLE MINIMUM 3 VIEWS	62.88	59.23			
73610	TC	X-RAY ANKLE MINIMUM 3 VIEWS	47.63	44.47	81.87	75.36	
73610	26	X-RAY ANKLE MINIMUM 3 VIEWS	15.25	14.76			
73615		CONTRAST X-RAY ANKLE	174.99	164.73			N1
73615	TC	CONTRAST X-RAY ANKLE	130.95	122.20			N1
73615	26	CONTRAST X-RAY ANKLE	44.04	42.55			N1
73620		X-RAY FOOT 2 VIEWS	45.84	43.23			
73620	TC	X-RAY FOOT 2 VIEWS	33.71	31.48	66.69	61.38	
73620	26	X-RAY FOOT 2 VIEWS	12.14	11.74			
73630		X-RAY FOOT MINIMUM 3 VIEWS	61.95	58.35			
73630	TC	X-RAY FOOT MINIMUM 3 VIEWS	46.60	43.51	79.53	73.20	
73630	26	X-RAY FOOT MINIMUM 3 VIEWS	15.35	14.86			
73650		X-RAY HEEL	47.01	44.31			
73650	TC	X-RAY HEEL	34.29	32.03	67.86	62.46	
73650	26	X-RAY HEEL	12.72	12.29			
73660		X-RAY TOE(S)	49.57	46.63			
73660	TC	X-RAY TOE(S)	39.53	36.92	78.36	72.12	
73660	26	X-RAY TOE(S)	10.03	9.71			
73700		CT LOWER EXTREMITY W/O DYE	414.77	389.63			
73700	TC	CT LOWER EXTREMITY W/O DYE	335.35	312.85	375.45	345.60	
73700	26	CT LOWER EXTREMITY W/O DYE	79.42	76.78			
73701		CT LOWER EXTREMITY W/DYE	510.81	479.62			
73701	TC	CT LOWER EXTREMITY W/DYE	420.36	392.16	580.71	534.51	
73701	26	CT LOWER EXTREMITY W/DYE	90.45	87.45			
73706		CT ANGIO LWR EXTREMITY W/O & W/DYE	807.23	758.08			
73706	TC	CT ANGIO LWR EXTREMITY W/O & W/DYE	658.52	614.32	655.71	603.54	
73706	26	CT ANGIO LWR EXTREMITY W/O & W/DYE	148.72	143.76			
73718		MRI LOWER EXTREMITY W/O DYE	861.62	807.36			
73718	TC	MRI LOWER EXTREMITY W/O DYE	756.93	706.12	664.20	611.37	
73718	26	MRI LOWER EXTREMITY W/O DYE	104.69	101.24			
73719		MRI LOWER EXTREMITY W/DYE	947.98	888.65			
73719	TC	MRI LOWER EXTREMITY W/DYE	822.14	766.96	846.36	779.04	
73719	26	MRI LOWER EXTREMITY W/DYE	125.84	121.69			
73720		MRI LOWER EXTREMITY W/O & W/DYE	1,257.16	1,178.43			
73720	TC	MRI LOWER EXTREMITY W/O & W/DYE	1,090.58	1,017.37	1,033.50	951.27	
73720	26	MRI LOWER EXTREMITY W/O & W/DYE	166.58	161.07			
73721		MRI JOINT LOWER EXTREMITY W/O DYE	844.02	791.02			
73721	TC	MRI JOINT LOWER EXTREMITY W/O DYE	737.71	688.19	664.20	611.37	
73721	26	MRI JOINT LOWER EXTREMITY W/O DYE	106.31	102.82			
73722		MRI JOINT LOWER EXTREMITY W/DYE	916.47	859.30			
73722	TC	MRI JOINT LOWER EXTREMITY W/DYE	788.94	735.99	846.36	779.04	
73722	26	MRI JOINT LOWER EXTREMITY W/DYE	127.53	123.31			
73723		MRI JOINT LWR EXTREMITY W/O & W/DYE	1,189.03	1,114.88			
73723	TC	MRI JOINT LWR EXTREMITY W/O & W/DYE	1,022.45	953.82	1,033.50	951.27	
73723	26	MRI JOINT LWR EXTREMITY W/O & W/DYE	166.58	161.07			
73725		MR ANGIO LOWER EXT W OR W/O DYE	938.33	880.13			
73725	TC	MR ANGIO LOWER EXT W OR W/O DYE	797.10	743.60			
73725	26	MR ANGIO LOWER EXT W OR W/O DYE	141.23	136.54			
74000		X-RAY ABDOMEN SINGLE ANTEROPOST	41.62	39.34			
74000	TC	X-RAY ABDOMEN SINGLE ANTEROPOST	27.88	26.05	54.99	50.61	
74000	26	X-RAY ABDOMEN SINGLE ANTEROPOST	13.73	13.29			
74010		X-RAY ABDOMEN ANTEROPOST & ADDED VW	63.95	60.30			
74010	TC	X-RAY ABDOMEN ANTEROPOST & ADDED VW	46.53	43.43	87.24	80.31	
74010	26	X-RAY ABDOMEN ANTEROPOST & ADDED VW	17.44	16.85			
74020		X-RAY ABDOMEN COMPLETE	67.15	63.37			
74020	TC	X-RAY ABDOMEN COMPLETE	46.53	43.43	87.24	80.31	
74020	26	X-RAY ABDOMEN COMPLETE	20.62	19.94			
74022		X-RAY EXAM SERIES, ABDOMEN	80.75	76.17			
74022	TC	X-RAY EXAM SERIES, ABDOMEN	56.42	52.67	112.32	103.38	

Appendix
Exhibit 1
Physicians' and ASC Fee Schedules

CPT* HCPCS	MOD	DESCRIPTION	Physicians' Fees North	Physicians' Fees South	ASC Fees North	ASC Fees South	Payment Indicator (See bottom for codes)
74022	26	X-RAY EXAM SERIES, ABDOMEN	24.33	23.50			
74150		CT ABDOMEN W/O DYE	415.67	390.94			
74150	TC	CT ABDOMEN W/O DYE	323.11	301.44	375.45	345.60	
74150	26	CT ABDOMEN W/O DYE	92.56	89.50			
74160		CT ABDOMEN W/DYE	621.20	583.19			
74160	TC	CT ABDOMEN W/DYE	512.35	477.98	580.71	534.51	
74160	26	CT ABDOMEN W/DYE	108.84	105.22			
74170		CT ABDOMEN W/O & W/DYE	748.27	701.76			
74170	TC	CT ABDOMEN W/O & W/DYE	639.30	596.40	647.37	595.86	
74170	26	CT ABDOMEN W/O & W/DYE	108.98	105.36			
74175		CT ANGIO ABDOM W/O & W/DYE	817.07	767.28			
74175	TC	CT ANGIO ABDOM W/O & W/DYE	668.42	623.56	655.71	603.54	
74175	26	CT ANGIO ABDOM W/O & W/DYE	148.66	143.73			
74176		CT ANGIO ABDOM & PELVIS	357.22	337.86			
74176	TC	CT ANGIO ABDOM & PELVIS	225.87	210.73	375.45	345.60	
74176	26	CT ANGIO ABDOM & PELVIS	131.35	127.13			
74177		CT ANGIO ABDOM & PELVIS W/CONTRAST	568.57	535.21			
74177	TC	CT ANGIO ABDOM & PELVIS W/CONTRAST	430.84	401.94	580.71	534.51	
74177	26	CT ANGIO ABDOM & PELVIS W/CONTRAST	137.73	133.28			
74178		CT ANGIO ABDOM & PELVIS 1+ REGNS	721.91	678.79			
74178	TC	CT ANGIO ABDOM & PELVIS 1+ REGNS	569.43	531.21	647.37	595.86	
74178	26	CT ANGIO ABDOM & PELVIS 1+ REGNS	152.50	147.58			
74181		MRI ABDOMEN W/O DYE	780.43	731.90			
74181	TC	MRI ABDOMEN W/O DYE	667.25	622.46	664.20	611.37	
74181	26	MRI ABDOMEN W/O DYE	113.19	109.42			
74183		MRI ABDOMEN W/O & W/DYE	1,261.00	1,182.28			
74183	TC	MRI ABDOMEN W/O & W/DYE	1,086.50	1,013.56	1,033.50	951.27	
74183	26	MRI ABDOMEN W/O & W/DYE	174.49	168.71			
74220		CONTRAST X-RAY, ESOPHAGUS	151.79	142.85			
74220	TC	CONTRAST X-RAY, ESOPHAGUS	115.82	108.07	167.97	154.59	
74220	26	CONTRAST X-RAY, ESOPHAGUS	35.97	34.77			
74230		CINE/VIDEO X-RAY, THROAT/ESOPH	153.59	144.71			
74230	TC	CINE/VIDEO X-RAY, THROAT/ESOPH	112.32	104.80	167.97	154.59	
74230	26	CINE/VIDEO X-RAY, THROAT/ESOPH	41.27	39.89			
74241		X-RAY EXAM, UPPER GI TRACT W/KUB	198.98	187.44			
74241	TC	X-RAY EXAM, UPPER GI TRACT W/KUB	146.09	136.31	167.97	154.59	
74241	26	X-RAY EXAM, UPPER GI TRACT W/KUB	52.88	51.12			
74246		CONTRAST X-RAY UGI TRACT W/O KUB	213.47	200.98			
74246	TC	CONTRAST X-RAY UGI TRACT W/O KUB	159.49	148.82	167.97	154.59	
74246	26	CONTRAST X-RAY UGI TRACT W/O KUB	53.99	52.18			
74280		CONTRAST X-RAY COLON W/WO GLUCOGEN	357.90	336.48			
74280	TC	CONTRAST X-RAY COLON W/WO GLUCOGEN	281.19	262.33	274.98	253.11	
74280	26	CONTRAST X-RAY COLON W/WO GLUCOGEN	76.71	74.15			
74290		CONTRAST X-RAY, GALLBLADDER	115.11	108.23			
74290	TC	CONTRAST X-RAY, GALLBLADDER	90.78	84.71	167.97	154.59	
74290	26	CONTRAST X-RAY, GALLBLADDER	24.33	23.50			
74330		X-RAY BILE/PANCREAS ENDOSCOPY	300.56	290.09			N1
74330	TC	X-RAY BILE/PANCREAS ENDOSCOPY	230.31	222.27			N1
74330	26	X-RAY BILE/PANCREAS ENDOSCOPY	72.02	69.63			N1
74400		CONTRAST X-RAY URINARY TRACT	188.82	177.48			
74400	TC	CONTRAST X-RAY URINARY TRACT	150.75	140.66	301.83	277.83	
74400	26	CONTRAST X-RAY URINARY TRACT	38.07	36.82			
74410		CONTRAST X-RAY URINARY TRACT	194.65	182.91			
74410	TC	CONTRAST X-RAY URINARY TRACT	155.99	145.55	312.36	287.52	
74410	26	CONTRAST X-RAY URINARY TRACT	38.65	37.36			
74415		CONTRAST X-RAY URINARY TRACT	230.76	216.59			
74415	TC	CONTRAST X-RAY URINARY TRACT	192.68	179.77	341.13	313.98	
74415	26	CONTRAST X-RAY URINARY TRACT	38.07	36.82			
74420		CONTRAST X-RAY URINARY TRACT	219.86	212.18			
74420	TC	CONTRAST X-RAY URINARY TRACT	190.87	184.20	341.13	313.98	
74420	26	CONTRAST X-RAY URINARY TRACT	28.56	27.63			
74425		CONTRAST X-RAY URINARY TRACT	124.29	119.97			N1
74425	TC	CONTRAST X-RAY URINARY TRACT	95.30	91.97			N1
74425	26	CONTRAST X-RAY URINARY TRACT	28.56	27.63			N1
74430		CONTRAST X-RAY BLADDER	102.29	96.28			N1
74430	TC	CONTRAST X-RAY BLADDER	77.96	72.76			N1
74430	26	CONTRAST X-RAY BLADDER	24.33	23.50			N1

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Physicians' and ASC Fee Schedules

CPT* HCPCS	MOD	DESCRIPTION	Physicians' Fees North	Physicians' Fees South	ASC Fees North	ASC Fees South	Payment Indicator (See bottom for codes)
74450		X-RAY URETHRA/BLADDER	132.84	128.21			N1
74450	TC	X-RAY URETHRA/BLADDER	106.33	102.60			N1
74450	26	X-RAY URETHRA/BLADDER	26.46	25.59			N1
74455		X-RAY URETHRA/BLADDER	151.71	142.41			N1
74455	TC	X-RAY URETHRA/BLADDER	126.29	117.85			N1
74455	26	X-RAY URETHRA/BLADDER	25.42	24.56			N1
74475		X-RAY CONTROL, CATH INSERT	188.45	177.25			N1
74475	TC	X-RAY CONTROL, CATH INSERT	146.09	136.31			N1
74475	26	X-RAY CONTROL, CATH INSERT	42.36	40.94			N1
74480		X-RAY CONTROL, CATH INSERT	189.03	177.79			N1
74480	TC	X-RAY CONTROL, CATH INSERT	146.67	136.86			N1
74480	26	X-RAY CONTROL, CATH INSERT	42.36	40.94			N1
74485		X-RAY GUIDE, GU DILATION	186.12	175.08			N1
74485	TC	X-RAY GUIDE, GU DILATION	143.77	134.15			N1
74485	26	X-RAY GUIDE, GU DILATION	42.36	40.94			N1
75561		CARDIAC MRI FOR MORPH W/DYE	1,022.10	960.23			
75561	TC	CARDIAC MRI FOR MORPH W/DYE	816.31	761.53	1,033.50	951.27	
75561	26	CARDIAC MRI FOR MORPH W/DYE	205.79	198.70			
75572		CT HEART W/3D IMAGE	489.05	460.69			
75572	TC	CT HEART W/3D IMAGE	358.64	334.58	497.49	457.92	
75572	26	CT HEART W/3D IMAGE	130.41	126.11			
75574		CT ANGIO HEART W/3D IMAGE	745.46	701.56			
75574	TC	CT ANGIO HEART W/3D IMAGE	565.93	527.96	497.49	457.92	
75574	26	CT ANGIO HEART W/3D IMAGE	179.53	173.60			
75605		CONTRAST X-RAY AORTA	360.73	339.57			N1
75605	TC	CONTRAST X-RAY AORTA	270.12	252.01			N1
75605	26	CONTRAST X-RAY AORTA	90.61	87.55			N1
75625		CONTRAST X-RAY AORTA	361.13	340.04			N1
75625	TC	CONTRAST X-RAY AORTA	270.70	252.55			N1
75625	26	CONTRAST X-RAY AORTA	90.42	87.48			N1
75630		X-RAY AORTA, LEG ARTERIES	417.40	394.12			N1
75630	TC	X-RAY AORTA, LEG ARTERIES	277.11	258.54			N1
75630	26	X-RAY AORTA, LEG ARTERIES	140.29	135.59			N1
75635		CT ANGIO ABDOMINAL ARTERIES	913.36	858.40			N1
75635	TC	CT ANGIO ABDOMINAL ARTERIES	725.35	676.75			N1
75635	26	CT ANGIO ABDOMINAL ARTERIES	188.01	181.66			N1
75650		ARTERY X-RAYS HEAD & NECK	389.94	367.78			N1
75650	TC	ARTERY X-RAYS HEAD & NECK	272.45	254.19			N1
75650	26	ARTERY X-RAYS HEAD & NECK	117.50	113.59			N1
75665		ARTERY X-RAYS HEAD & NECK	425.00	400.08			N1
75665	TC	ARTERY X-RAYS HEAD & NECK	319.62	298.19			N1
75665	26	ARTERY X-RAYS HEAD & NECK	105.39	101.89			N1
75671		ARTERY X-RAYS HEAD & NECK	494.52	465.82			N1
75671	TC	ARTERY X-RAYS HEAD & NECK	363.17	338.89			N1
75671	26	ARTERY X-RAYS HEAD & NECK	131.36	126.95			N1
75676		ARTERY X-RAYS NECK UNILATERAL	407.54	383.78			N1
75676	TC	ARTERY X-RAYS NECK UNILATERAL	302.73	282.44			N1
75676	26	ARTERY X-RAYS NECK UNILATERAL	104.80	101.35			N1
75680		ARTERY X-RAYS NECK BILATERAL	460.30	433.83			N1
75680	TC	ARTERY X-RAYS NECK BILATERAL	328.94	306.88			N1
75680	26	ARTERY X-RAYS NECK BILATERAL	131.36	126.95			N1
75685		ARTERY X-RAYS SPINE	409.47	385.48			N1
75685	TC	ARTERY X-RAYS SPINE	305.65	285.15			N1
75685	26	ARTERY X-RAYS SPINE	103.82	100.33			N1
75705		ARTERY X-RAYS SPINE	472.31	446.19			N1
75705	TC	ARTERY X-RAYS SPINE	303.32	282.98			N1
75705	26	ARTERY X-RAYS SPINE	169.00	163.23			N1
75710		ARTERY X-RAYS ARM/LEG	392.29	368.94			N1
75710	TC	ARTERY X-RAYS ARM/LEG	304.48	284.06			N1
75710	26	ARTERY X-RAYS ARM/LEG	87.82	84.88			N1
75716		ARTERY X-RAYS ARMS/LEGS	453.48	426.68			N1
75716	TC	ARTERY X-RAYS ARMS/LEGS	350.35	326.93			N1
75716	26	ARTERY X-RAYS ARMS/LEGS	103.13	99.75			N1
75722		ARTERY X-RAYS KIDNEY	379.94	357.49			N1
75722	TC	ARTERY X-RAYS KIDNEY	289.33	269.93			N1
75722	26	ARTERY X-RAYS KIDNEY	90.61	87.55			N1
75724		ARTERY X-RAYS KIDNEYS	449.53	423.26			N1

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CPT* HCPCS	MOD	DESCRIPTION	Physicians' Fees North	Physicians' Fees South	ASC Fees North	ASC Fees South	Payment Indicator (See bottom for codes)
75724	TC	ARTERY X-RAYS KIDNEYS	329.39	307.38			N1
75724	26	ARTERY X-RAYS KIDNEYS	120.14	115.88			N1
75726		ARTERY X-RAYS ABDOMEN	389.19	366.16			N1
75726	TC	ARTERY X-RAYS ABDOMEN	299.82	279.71			N1
75726	26	ARTERY X-RAYS ABDOMEN	89.37	86.44			N1
75736		ARTERY X-RAYS PELVIS	387.64	364.59			N1
75736	TC	ARTERY X-RAYS PELVIS	299.24	279.17			N1
75736	26	ARTERY X-RAYS PELVIS	88.41	85.42			N1
75743		ARTERY X-RAYS LUNGS	408.48	385.48			N1
75743	TC	ARTERY X-RAYS LUNGS	278.28	259.62			N1
75743	26	ARTERY X-RAYS LUNGS	130.20	125.85			N1
75774		ARTERY X-RAY, EACH VESSEL	270.73	253.58			N1
75774	TC	ARTERY X-RAY, EACH VESSEL	242.17	225.94			N1
75774	26	ARTERY X-RAY, EACH VESSEL	28.56	27.63			N1
75809		NONVASCULAR SHUNT, X-RAY	164.52	154.76			N1
75809	TC	NONVASCULAR SHUNT, X-RAY	127.46	118.93			N1
75809	26	NONVASCULAR SHUNT, X-RAY	37.06	35.83			N1
75820		VEIN X-RAY ARM/LEG	210.48	198.23			N1
75820	TC	VEIN X-RAY ARM/LEG	155.41	145.01			N1
75820	26	VEIN X-RAY ARM/LEG	55.07	53.22			N1
75822		VEIN X-RAY ARMS/LEGS	256.52	242.15			N1
75822	TC	VEIN X-RAY ARMS/LEGS	174.04	162.39			N1
75822	26	VEIN X-RAY ARMS/LEGS	82.47	79.77			N1
75825		VEIN X-RAY TRUNK	345.52	325.41			N1
75825	TC	VEIN X-RAY TRUNK	257.32	240.06			N1
75825	26	VEIN X-RAY TRUNK	88.21	85.35			N1
75894		X-RAYS, TRANSCATH THERAPY	1,855.82	1,791.12			N1
75894	TC	X-RAYS, TRANSCATH THERAPY	1,753.06	1,691.80			N1
75894	26	X-RAYS, TRANSCATH THERAPY	106.24	102.86			N1
75898		F/U ANGIOGRAPHY	209.00	201.67			N1
75898	TC	F/U ANGIOGRAPHY	78.78	76.03			N1
75898	26	F/U ANGIOGRAPHY	135.47	131.11			N1
75940		X-RAY PLACE VEIN FILTER	957.35	924.02			N1
75940	TC	X-RAY PLACE VEIN FILTER	914.34	882.41			N1
75940	26	X-RAY PLACE VEIN FILTER	43.27	41.92			N1
75954	26	ILIAC ANEURYSM ENDOVASC REPAIR	183.83	178.42			
75957	26	X-RAY, ENDOVASC THOR AO REPAIR	494.34	480.01			
75960		TRANSCATH IV STENT RS & I	326.56	306.84			N1
75960	TC	TRANSCATH IV STENT RS & I	262.56	244.95			N1
75960	26	TRANSCATH IV STENT RS & I	64.01	61.89			N1
75961		RETRIEVE BROKEN CATHETER	601.23	572.18			N1
75961	TC	RETRIEVE BROKEN CATHETER	271.28	253.09			N1
75961	26	RETRIEVE BROKEN CATHETER	329.93	319.08			N1
75962		REPAIR ARTERIAL BLOCKAGE	360.81	338.03			N1
75962	TC	REPAIR ARTERIAL BLOCKAGE	319.03	297.65			N1
75962	26	REPAIR ARTERIAL BLOCKAGE	41.78	40.39			N1
75964		REPAIR ARTERY BLOCKAGE, EACH	224.67	210.63			N1
75964	TC	REPAIR ARTERY BLOCKAGE, EACH	196.17	183.04			N1
75964	26	REPAIR ARTERY BLOCKAGE, EACH	28.51	27.61			N1
75978		REPAIR VENOUS BLOCKAGE	361.40	338.57			N1
75978	TC	REPAIR VENOUS BLOCKAGE	320.20	298.73			N1
75978	26	REPAIR VENOUS BLOCKAGE	41.20	39.85			N1
75984		X-RAY CONTROL CATHETER CHANGE	192.29	181.30			N1
75984	TC	X-RAY CONTROL CATHETER CHANGE	136.20	127.09			N1
75984	26	X-RAY CONTROL CATHETER CHANGE	56.09	54.21			N1
75989		ABSCESS DRAIN UNDER X-RAY	224.22	212.28			N1
75989	TC	ABSCESS DRAIN UNDER X-RAY	132.70	123.82			N1
75989	26	ABSCESS DRAIN UNDER X-RAY	91.52	88.45			N1
76000		FLUOROSCOPE EXAM	304.49	285.18			N1
76000	TC	FLUOROSCOPE EXAM	274.00	255.66			N1
76000	26	FLUOROSCOPE EXAM	30.50	29.51			N1
76001		FLUOROSCOPE EXAM, EXTENSIVE	576.95	556.98			N1
76001	TC	FLUOROSCOPE EXAM, EXTENSIVE	453.41	437.54			N1
76001	26	FLUOROSCOPE EXAM, EXTENSIVE	128.39	124.16			N1
76010		X-RAY NOSE TO RECTUM	46.27	43.68			
76010	TC	X-RAY NOSE TO RECTUM	31.96	29.86	63.18	58.17	
76010	26	X-RAY NOSE TO RECTUM	14.31	13.83			

Appendix
Exhibit 1
Physicians' and ASC Fee Schedules

CPT* HCPCS	MOD	DESCRIPTION	Physicians' Fees North	Physicians' Fees South	ASC Fees North	ASC Fees South	Payment Indicator (See bottom for codes)
76080		X-RAY FISTULA	103.44	97.94			N1
76080	TC	X-RAY FISTULA	61.08	57.01			N1
76080	26	X-RAY FISTULA	42.36	40.94			N1
76098		X-RAY EXAM, BREAST SPECIMEN	31.87	30.18			N1
76098	TC	X-RAY EXAM, BREAST SPECIMEN	19.16	17.91			N1
76098	26	X-RAY EXAM, BREAST SPECIMEN	12.72	12.29			N1
76100		X-RAY BODY SECTION	206.65	194.40			
76100	TC	X-RAY BODY SECTION	158.32	147.72	146.91	135.24	
76100	26	X-RAY BODY SECTION	48.33	46.68			
76102		COMPLEX BODY SECTION X-RAYS	403.16	377.88			
76102	TC	COMPLEX BODY SECTION X-RAYS	349.32	325.88	445.38	409.95	
76102	26	COMPLEX BODY SECTION X-RAYS	53.84	52.00			
76120		CINE/VIDEO X-RAYS	129.09	121.49			
76120	TC	CINE/VIDEO X-RAYS	99.50	92.87	161.73	148.86	
76120	26	CINE/VIDEO X-RAYS	29.57	28.62			
76125	26	CINE/VIDEO X-RAYS, ADDED	22.84	22.06			N1
76376		3D RENDER W/O POST PROCESS	234.29	219.61			N1
76376	TC	3D RENDER W/O POST PROCESS	203.68	190.07			N1
76376	26	3D RENDER W/O POST PROCESS	30.61	29.54			N1
76377		3D RENDERING W/POST PROCESS	297.09	281.18			N1
76377	TC	3D RENDERING W/POST PROCESS	179.06	167.09			N1
76377	26	3D RENDERING W/POST PROCESS	118.06	114.10			N1
76380		CAT SCAN F/U STUDY	318.44	299.62			
76380	TC	CAT SCAN F/U STUDY	242.75	226.49	219.81	202.32	
76380	26	CAT SCAN F/U STUDY	75.69	73.13			
76506		ECHO EXAM HEAD	202.86	190.94			
76506	TC	ECHO EXAM HEAD	153.66	143.37	120.54	110.97	
76506	26	ECHO EXAM HEAD	49.18	47.56			
76510		OPHTHALMIC US, B & QUANT A	273.79	260.13			
76510	TC	OPHTHALMIC US, B & QUANT A	127.46	118.93	255.03	234.75	
76510	26	OPHTHALMIC US, B & QUANT A	146.33	141.20			
76511		OPHTHALMIC US, QUANT A ONLY	163.45	154.84			
76511	TC	OPHTHALMIC US, QUANT A ONLY	83.20	77.65	166.14	152.91	
76511	26	OPHTHALMIC US, QUANT A ONLY	80.25	77.19			
76512		OPHTHALMIC US, B W/NON-QUANT A	151.03	143.36			
76512	TC	OPHTHALMIC US, B W/NON-QUANT A	69.24	64.62	138.03	127.05	
76512	26	OPHTHALMIC US, B W/NON-QUANT A	81.81	78.74			
76514		ECHO EXAM EYE, THICKNESS	22.48	21.46			
76514	TC	ECHO EXAM EYE, THICKNESS	7.50	7.03	14.04	12.93	
76514	26	ECHO EXAM EYE, THICKNESS	14.96	14.41			
76516		ECHO EXAM EYE	119.29	112.66			
76516	TC	ECHO EXAM EYE	73.31	68.43	120.54	110.97	
76516	26	ECHO EXAM EYE	45.97	44.24			
76519		ECHO EXAM EYE	129.63	122.38			
76519	TC	ECHO EXAM EYE	82.04	76.57	163.80	150.78	
76519	26	ECHO EXAM EYE	47.59	45.83			
76536		US EXAM HEAD & NECK	199.36	187.48			
76536	TC	US EXAM HEAD & NECK	155.99	145.55	186.48	171.66	
76536	26	US EXAM HEAD & NECK	43.37	41.94			
76604		US EXAM, CHEST	147.03	138.64			
76604	TC	US EXAM, CHEST	104.75	97.76	120.54	110.97	
76604	26	US EXAM, CHEST	42.28	40.88			
76645		US EXAM, BREAST(S)	161.02	151.70			
76645	TC	US EXAM, BREAST(S)	118.73	110.79	120.54	110.97	
76645	26	US EXAM, BREAST(S)	42.29	40.91			
76700		US EXAM, ABDOM, COMPLETE	235.86	222.17			
76700	TC	US EXAM, ABDOM, COMPLETE	167.06	161.85	186.48	171.66	
76700	26	US EXAM, ABDOM, COMPLETE	62.40	60.32			
76705		ECHO EXAM ABDOMEN	179.34	168.88			
76705	TC	ECHO EXAM ABDOMEN	133.87	124.91	186.48	171.66	
76705	26	ECHO EXAM ABDOMEN	45.47	43.97			
76770		US EXAM ABDOM BACK WALL, COMP	224.16	211.09			
76770	TC	US EXAM ABDOM BACK WALL, COMP	167.06	155.86	186.48	171.66	
76770	26	US EXAM ABDOM BACK WALL, COMP	57.10	55.21			
76775		US EXAM ABDOM BACK WALL, LIM	187.57	176.53			
76775	TC	US EXAM ABDOM BACK WALL, LIM	142.02	132.52	186.48	171.66	
76775	26	US EXAM ABDOM BACK WALL, LIM	45.55	44.01			

Appendix
Exhibit 1
Physicians' and ASC Fee Schedules

CPT* HCPCS	MOD	DESCRIPTION	Physicians' Fees North	Physicians' Fees South	ASC Fees North	ASC Fees South	Payment Indicator (See bottom for codes)
76776		US EXAM K TRANSPLANT W/DOPPLER	254.87	239.78			
76776	TC	US EXAM K TRANSPLANT W/DOPPLER	196.17	183.04	186.48	171.66	
76776	26	US EXAM K TRANSPLANT W/DOPPLER	58.70	56.76			
76800		US EXAM, SPINAL CANAL	220.65	208.77			
76800	TC	US EXAM, SPINAL CANAL	135.03	125.99	186.48	171.66	
76800	26	US EXAM, SPINAL CANAL	85.62	82.78			
76801		OBSTET US < 14 WKS, SINGLE FETUS	216.53	204.54			
76801	TC	OBSTET US < 14 WKS, SINGLE FETUS	140.28	130.88	186.48	171.66	
76801	26	OBSTET US < 14 WKS, SINGLE FETUS	76.26	73.65			
76805		OBSTET US >= 14 WKS, SINGLE FETUS	249.13	234.96			
76805	TC	OBSTET US >= 14 WKS, SINGLE FETUS	172.87	161.31	186.48	171.66	
76805	26	OBSTET US >= 14 WKS, SINGLE FETUS	76.26	73.65			
76810		OBSTET US >= 14 WKS, ADDED FETUS	160.70	152.44			
76810	TC	OBSTET US >= 14 WKS, ADDED FETUS	85.53	79.82	170.82	157.23	
76810	26	OBSTET US >= 14 WKS, ADDED FETUS	75.16	72.62			
76811		OBSTET US, DETAILED, SINGLE FETUS	317.90	301.40			
76811	TC	OBSTET US, DETAILED, SINGLE FETUS	171.71	160.21	296.28	272.73	
76811	26	OBSTET US, DETAILED, SINGLE FETUS	146.19	141.18			
76814		OBSTET US NUCHAL MEAS, ADDED	131.51	125.24			
76814	TC	OBSTET US NUCHAL MEAS, ADDED	55.83	52.13	111.15	102.30	
76814	26	OBSTET US NUCHAL MEAS, ADDED	75.67	73.11			
76815		OBSTET US, LIMITED, FETUS(S)	152.23	143.66			
76815	TC	OBSTET US, LIMITED, FETUS(S)	103.00	96.12	120.54	110.97	
76815	26	OBSTET US, LIMITED, FETUS(S)	49.23	47.55			
76816		OBSTET US, F/U, PER FETUS	194.86	183.99			
76816	TC	OBSTET US, F/U, PER FETUS	129.20	120.56	120.54	110.97	
76816	26	OBSTET US, F/U, PER FETUS	65.65	63.42			
76817		TRANSVAGINAL US, OBSTETRIC	172.32	162.71			
76817	TC	TRANSVAGINAL US, OBSTETRIC	114.65	106.98	120.54	110.97	
76817	26	TRANSVAGINAL US, OBSTETRIC	57.67	55.73			
76818		FETAL BIOPHYS PROFILE W/NST	202.69	191.78			
76818	TC	FETAL BIOPHYS PROFILE W/NST	121.64	113.50	186.48	171.66	
76818	26	FETAL BIOPHYS PROFILE W/NST	81.04	78.27			
76819		FETAL BIOPHYS PROFILE W/O NST	152.37	144.15			
76819	TC	FETAL BIOPHYS PROFILE W/O NST	92.53	86.34	184.83	170.13	
76819	26	FETAL BIOPHYS PROFILE W/O NST	59.86	57.81			
76820		UMBILICAL ARTERY ECHO	76.50	72.65			
76820	TC	UMBILICAL ARTERY ECHO	38.37	35.83	76.02	69.99	
76820	26	UMBILICAL ARTERY ECHO	38.13	36.82			
76821		MIDDLE CEREBRAL ARTERY ECHO	162.22	153.16			
76821	TC	MIDDLE CEREBRAL ARTERY ECHO	107.66	100.47	120.54	110.97	
76821	26	MIDDLE CEREBRAL ARTERY ECHO	54.56	52.71			
76826		ECHO EXAM FETAL HEART	208.98	197.12			
76826	TC	ECHO EXAM FETAL HEART	145.52	135.77	291.30	268.14	
76826	26	ECHO EXAM FETAL HEART	63.48	61.35			
76827		ECHO EXAM FETAL HEART	109.66	103.78			
76827	TC	ECHO EXAM FETAL HEART	65.74	61.36	120.54	110.97	
76827	26	ECHO EXAM FETAL HEART	43.93	42.43			
76828		ECHO EXAM FETAL HEART	79.54	75.63			
76828	TC	ECHO EXAM FETAL HEART	36.62	34.19	72.54	66.78	
76828	26	ECHO EXAM FETAL HEART	42.92	41.44			
76830		TRANSVAGINAL US, NON-OB	210.04	197.76			
76830	TC	TRANSVAGINAL US, NON-OB	156.57	146.09	186.48	171.66	
76830	26	TRANSVAGINAL US, NON-OB	53.46	51.66			
76856		US EXAM, PELVIC, COMPLETE	209.45	197.22			
76856	TC	US EXAM, PELVIC, COMPLETE	155.99	145.55	186.48	171.66	
76856	26	US EXAM, PELVIC, COMPLETE	53.46	51.66			
76857		US EXAM, PELVIC, LIMITED	171.60	161.14			
76857	TC	US EXAM, PELVIC, LIMITED	140.86	131.42	120.54	110.97	
76857	26	US EXAM, PELVIC, LIMITED	30.74	29.71			
76870		US EXAM, SCROTUM	208.60	196.32			
76870	TC	US EXAM, SCROTUM	158.32	147.72	186.48	171.66	
76870	26	US EXAM, SCROTUM	50.28	48.60			
76872		US, TRANSRECTAL	236.77	222.71			
76872	TC	US, TRANSRECTAL	181.61	169.45	186.48	171.66	
76872	26	US, TRANSRECTAL	55.15	53.26			
76881		US XTR NON-VASC COMPLETE	192.67	181.34			

Appendix
Exhibit 1
Physicians' and ASC Fee Schedules

CPT* HCPCS	MOD	DESCRIPTION	Physicians' Fees North	Physicians' Fees South	ASC Fees North	ASC Fees South	Payment Indicator (See bottom for codes)
76881	TC	US XTR NON-VASC COMPLETE	147.84	137.94	186.48	171.66	
76881	26	US XTR NON-VASC COMPLETE	44.84	43.40			
76882		US XTR NON-VASC LMTD	48.50	46.38			
76882	TC	US XTR NON-VASC LMTD	17.41	16.27	33.93	31.23	
76882	26	US XTR NON-VASC LMTD	31.09	30.11			
76937		US GUIDE VASCULAR ACCESS	57.48	54.50			N1
76937	TC	US GUIDE VASCULAR ACCESS	33.71	31.48			N1
76937	26	US GUIDE VASCULAR ACCESS	23.77	23.01			N1
76942		ECHO GUIDE FOR BIOPSY	334.15	313.52			N1
76942	TC	ECHO GUIDE FOR BIOPSY	281.77	262.89			N1
76942	26	ECHO GUIDE FOR BIOPSY	52.38	50.65			N1
76998		US GUIDE, INTRAOP	293.61	283.70			N1
76998	TC	US GUIDE, INTRAOP	197.37	190.50			N1
76998	26	US GUIDE, INTRAOP	101.78	98.78			N1
77001		FLUOROGUIDE FOR VEIN DEVICE	193.72	181.78			N1
77001	TC	FLUOROGUIDE FOR VEIN DEVICE	163.57	152.61			N1
77001	26	FLUOROGUIDE FOR VEIN DEVICE	30.16	29.16			N1
77002		NEEDLE LOCALIZATION BY X-RAY	289.77	273.67			N1
77002	TC	NEEDLE LOCALIZATION BY X-RAY	190.67	177.94			N1
77002	26	NEEDLE LOCALIZATION BY X-RAY	99.07	95.73			N1
77003		FLUOROGUIDE FOR SPINE INJECT	236.32	224.15			N1
77003	TC	FLUOROGUIDE FOR SPINE INJECT	130.19	121.54			N1
77003	26	FLUOROGUIDE FOR SPINE INJECT	106.12	102.61			N1
77011		CT SCAN FOR LOCALIZATION	819.82	767.90			N1
77011	TC	CT SCAN FOR LOCALIZATION	724.89	676.25			N1
77011	26	CT SCAN FOR LOCALIZATION	94.93	91.65			N1
77012		CT SCAN FOR NEEDLE BIOPSY	271.67	256.43			N1
77012	TC	CT SCAN FOR NEEDLE BIOPSY	182.78	170.54			N1
77012	26	CT SCAN FOR NEEDLE BIOPSY	88.89	85.90			N1
77032		GUIDANCE FOR NEEDLE, BREAST	91.65	86.98			N1
77032	TC	GUIDANCE FOR NEEDLE, BREAST	48.27	45.06			N1
77032	26	GUIDANCE FOR NEEDLE, BREAST	43.37	41.94			N1
77051		COMPUTER DIAG MAMMOGRAM, ADDED	19.23	18.15			
77051	TC	COMPUTER DIAG MAMMOGRAM, ADDED	14.50	13.56			
77051	26	COMPUTER DIAG MAMMOGRAM, ADDED	4.73	4.59			
77052		COMP SCREEN MAMMOGRAM, ADDED	19.23	18.15			
77052	TC	COMP SCREEN MAMMOGRAM, ADDED	14.50	13.56			
77052	26	COMP SCREEN MAMMOGRAM, ADDED	4.73	4.59			
77055		MAMMOGRAM, ONE BREAST	142.93	135.22			
77055	TC	MAMMOGRAM, ONE BREAST	88.45	82.54			
77055	26	MAMMOGRAM, ONE BREAST	54.48	52.68			
77056		MAMMOGRAM, BOTH BREASTS	182.95	172.99			
77056	TC	MAMMOGRAM, BOTH BREASTS	115.24	107.53			
77056	26	MAMMOGRAM, BOTH BREASTS	67.71	65.47			
77057		MAMMOGRAM, SCREENING	133.62	126.53			
77057	TC	MAMMOGRAM, SCREENING	79.13	73.85			
77057	26	MAMMOGRAM, SCREENING	54.48	52.68			
77058		MRI ONE BREAST	1,287.39	1,205.28			
77058	TC	MRI ONE BREAST	1,160.46	1,082.55			
77058	26	MRI ONE BREAST	126.93	122.74			
77059		MRI BOTH BREASTS	1,336.30	1,250.91			
77059	TC	MRI BOTH BREASTS	1,209.37	1,128.17			
77059	26	MRI BOTH BREASTS	126.93	122.74			
77072		X-RAYS FOR BONE AGE	39.21	37.12			
77072	TC	X-RAYS FOR BONE AGE	24.40	22.79	47.97	44.16	
77072	26	X-RAYS FOR BONE AGE	14.82	14.32			
77073		X-RAYS, BONE LENGTH STUDIES	65.21	61.67			
77073	TC	X-RAYS, BONE LENGTH STUDIES	41.87	39.08	83.04	76.44	
77073	26	X-RAYS, BONE LENGTH STUDIES	23.35	22.58			
77074		X-RAYS, BONE SURVEY, LIMITED	116.91	110.30			
77074	TC	X-RAYS, BONE SURVEY, LIMITED	81.46	76.03	146.91	135.24	
77074	26	X-RAYS, BONE SURVEY, LIMITED	35.46	34.28			
77075		X-RAYS, BONE SURVEY COMPLETE	172.73	162.59			
77075	TC	X-RAYS, BONE SURVEY COMPLETE	130.95	122.20	146.91	135.24	
77075	26	X-RAYS, BONE SURVEY COMPLETE	41.78	40.39			
77076		X-RAYS, BONE SURVEY, INFANT	167.39	158.04			
77076	TC	X-RAYS, BONE SURVEY, INFANT	114.07	106.44	146.91	135.24	

Appendix
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Physicians' and ASC Fee Schedules

CPT* HCPCS	MOD	DESCRIPTION	Physicians' Fees North	Physicians' Fees South	ASC Fees North	ASC Fees South	Payment Indicator (See bottom for codes)
77076	26	X-RAYS, BONE SURVEY, INFANT	53.32	51.59			
77077		JOINT SURVEY, SINGLE VIEW	70.16	66.38			
77077	TC	JOINT SURVEY, SINGLE VIEW	44.20	41.25	87.24	80.31	
77077	26	JOINT SURVEY, SINGLE VIEW	25.96	25.11			
77080		DIAG BONE DENSITY, AXIAL	164.52	154.53			
77080	TC	DIAG BONE DENSITY, AXIAL	147.68	138.21	136.59	125.73	
77080	26	DIAG BONE DENSITY, AXIAL	16.85	16.31			
77081		DIAG BONE DENSITY/PERIPHERAL	47.72	45.12			
77081	TC	DIAG BONE DENSITY/PERIPHERAL	32.54	30.40	62.19	57.24	
77081	26	DIAG BONE DENSITY/PERIPHERAL	15.18	14.74			
77082		DIAG BONE DENSITY, VERTEBRAL FX	46.47	43.84			
77082	TC	DIAG BONE DENSITY, VERTEBRAL FX	36.44	34.13	69.03	63.54	
77082	26	DIAG BONE DENSITY, VERTEBRAL FX	10.03	9.71			
77261		RADIATION THERAPY PLANNING	113.00	109.15			
77262		RADIATION THERAPY PLANNING	170.00	164.36			
77263		RADIATION THERAPY PLANNING	252.06	243.70			
77280		SET RADIATION THERAPY FIELD	318.27	298.74			
77280	TC	SET RADIATION THERAPY FIELD	263.72	246.05	202.35	186.27	
77280	26	SET RADIATION THERAPY FIELD	54.56	52.71			
77285		SET RADIATION THERAPY FIELD	559.51	524.71			
77285	TC	SET RADIATION THERAPY FIELD	477.43	445.40	526.05	484.20	
77285	26	SET RADIATION THERAPY FIELD	82.08	79.31			
77290		SET RADIATION THERAPY FIELD	896.21	840.10			
77290	TC	SET RADIATION THERAPY FIELD	774.39	722.42	526.05	484.20	
77290	26	SET RADIATION THERAPY FIELD	121.82	117.69			
77295		SET RADIATION THERAPY FIELD	931.90	881.43			
77295	TC	SET RADIATION THERAPY FIELD	574.47	536.03	1,150.02	1,058.52	
77295	26	SET RADIATION THERAPY FIELD	357.43	345.39			
77300		RADIATION THERAPY DOSE PLAN	115.07	108.98			
77300	TC	RADIATION THERAPY DOSE PLAN	66.32	61.90	132.18	121.68	
77300	26	RADIATION THERAPY DOSE PLAN	48.74	47.09			
77305		TELETX ISODOSE PLAN SIMPLE	108.64	103.20			
77305	TC	TELETX ISODOSE PLAN SIMPLE	54.09	50.49	107.64	99.06	
77305	26	TELETX ISODOSE PLAN SIMPLE	54.56	52.71			
77310		TELETX ISODOSE PLAN INTERMED	153.06	145.56			
77310	TC	TELETX ISODOSE PLAN INTERMED	70.98	66.25	141.54	130.29	
77310	26	TELETX ISODOSE PLAN INTERMED	82.08	79.31			
77315		TELETX ISODOSE PLAN COMPLEX	232.39	220.88			
77315	TC	TELETX ISODOSE PLAN COMPLEX	110.57	103.18	221.13	203.55	
77315	26	TELETX ISODOSE PLAN COMPLEX	121.82	117.69			
77321		SPECIAL TELETX PORT PLAN	176.00	166.68			
77321	TC	SPECIAL TELETX PORT PLAN	102.42	95.58	204.75	188.46	
77321	26	SPECIAL TELETX PORT PLAN	73.58	71.10			
77331		SPECIAL RADIATION DOSIMETRY	101.48	96.97			
77331	TC	SPECIAL RADIATION DOSIMETRY	33.13	30.94	65.52	60.30	
77331	26	SPECIAL RADIATION DOSIMETRY	68.35	66.02			
77332		RADIATION TREAT AID(S)	130.80	123.48			
77332	TC	RADIATION TREAT AID(S)	88.45	82.54	176.64	162.60	
77332	26	RADIATION TREAT AID(S)	42.36	40.94			
77333		RADIATION TREAT AID(S)	95.88	91.67			
77333	TC	RADIATION TREAT AID(S)	30.21	28.22	59.67	54.93	
77333	26	RADIATION TREAT AID(S)	65.67	63.45			
77334		RADIATION TREAT AID(S)	253.55	239.75			
77334	TC	RADIATION TREAT AID(S)	157.16	146.64	314.70	289.68	
77334	26	RADIATION TREAT AID(S)	96.39	93.11			
77336		RADIATION PHYSICS CONSULT	89.61	83.63	178.98	164.73	
77371		SRS, MULTISOURCE	2,070.29	1,900.21	14,838.51	13,658.16	
77403		RADIATION TX SING AREA 6-10MEV	224.70	209.65	189.45	174.39	
77413		RADIATION TX 3/MORE AREA 6-10MEV	401.73	374.78	310.95	286.23	
77414		RADIATION TX 3/MORE AREA 11-19MEV	449.47	419.32	310.95	286.23	
77417		RADIOLOGY PORT FILM(S)	25.57	23.87			N1
77427		RADIATION TX MANAGEMENT, X5	282.30	272.51			
77431		RADIATION THERAPY MANAGEMENT	155.03	149.53			
77470		SPECIAL RADIATION TREAT	330.15	313.46			
77470	TC	SPECIAL RADIATION TREAT	166.48	155.32	333.42	306.90	
77470	26	SPECIAL RADIATION TREAT	163.67	158.12			
78006		THYROID IMAGING W/UPTAKE	400.08	374.61			

Appendix
Exhibit 1
Physicians' and ASC Fee Schedules

CPT* HCPCS	MOD	DESCRIPTION	Physicians' Fees North	Physicians' Fees South	ASC Fees North	ASC Fees South	Payment Indicator (See bottom for codes)
78006	TC	THYROID IMAGING W/UPTAKE	362.01	337.79	425.13	391.32	
78006	26	THYROID IMAGING W/UPTAKE	38.07	36.82			
78007		THYROID IMAGE, MULT UPTAKES	330.70	309.92			
78007	TC	THYROID IMAGE, MULT UPTAKES	292.13	272.61	425.13	391.32	
78007	26	THYROID IMAGE, MULT UPTAKES	38.58	37.32			
78102		BONE MARROW IMAGING, LTD	280.83	263.53			
78102	TC	BONE MARROW IMAGING, LTD	239.14	223.18	497.82	458.22	
78102	26	BONE MARROW IMAGING, LTD	41.69	40.34			
78103		BONE MARROW IMAGING, MULT	370.12	347.33			
78103	TC	BONE MARROW IMAGING, MULT	313.68	292.71	497.82	458.22	
78103	26	BONE MARROW IMAGING, MULT	56.45	54.63			
78215		LIVER & SPLEEN IMAGING	325.54	305.08			
78215	TC	LIVER & SPLEEN IMAGING	287.47	268.26	513.54	472.68	
78215	26	LIVER & SPLEEN IMAGING	38.07	36.82			
78220		LIVER FUNCTION STUDY	230.17	216.05			
78220	TC	LIVER FUNCTION STUDY	193.72	180.82	513.54	472.68	
78220	26	LIVER FUNCTION STUDY	36.45	35.23			
78223		HEPATOBIILIARY IMAGING	560.43	525.09			
78223	TC	HEPATOBIILIARY IMAGING	495.93	462.72	513.54	472.68	
78223	26	HEPATOBIILIARY IMAGING	64.50	62.36			
78232		SALIVARY GLAND FUNCTION EXAM	197.59	185.66			
78232	TC	SALIVARY GLAND FUNCTION EXAM	163.44	152.57	463.50	426.63	
78232	26	SALIVARY GLAND FUNCTION EXAM	34.15	33.11			
78300		BONE IMAGING, LIMITED AREA	297.19	278.96			
78300	TC	BONE IMAGING, LIMITED AREA	249.03	232.42	473.94	436.23	
78300	26	BONE IMAGING, LIMITED AREA	48.16	46.54			
78305		BONE IMAGING, MULTIPLE AREAS	392.22	368.16			
78305	TC	BONE IMAGING, MULTIPLE AREAS	328.81	306.83	473.94	436.23	
78305	26	BONE IMAGING, MULTIPLE AREAS	63.41	61.32			
78306		BONE IMAGING, WHOLE BODY	427.52	401.16			
78306	TC	BONE IMAGING, WHOLE BODY	361.42	337.25	473.94	436.23	
78306	26	BONE IMAGING, WHOLE BODY	66.11	63.91			
78315		BONE IMAGING, 3 PHASE	583.48	547.06			
78315	TC	BONE IMAGING, 3 PHASE	505.25	471.42	473.94	436.23	
78315	26	BONE IMAGING, 3 PHASE	78.23	75.64			
78320		BONE IMAGING (3D)	410.39	385.64			
78320	TC	BONE IMAGING (3D)	331.14	309.00	473.94	436.23	
78320	26	BONE IMAGING (3D)	79.25	76.64			
78445		VASCULAR FLOW IMAGING	289.56	271.46			
78445	TC	VASCULAR FLOW IMAGING	253.11	236.21	388.05	357.18	
78445	26	VASCULAR FLOW IMAGING	36.45	35.23			
78451		HEART MUSCLE IMAGE SPECT, SING	573.80	538.92			
78451	TC	HEART MUSCLE IMAGE SPECT, SING	471.47	439.91	1,471.83	1,354.74	
78451	26	HEART MUSCLE IMAGE SPECT, SING	102.33	98.99			
78452		HEART MUSCLE IMAGE SPECT, MULT	806.02	756.16			
78452	TC	HEART MUSCLE IMAGE SPECT, MULT	685.12	639.23	1,471.83	1,354.74	
78452	26	HEART MUSCLE IMAGE SPECT, MULT	120.91	116.93			
78469		HEART INFARCT IMAGE (3D)	434.71	407.96			
78469	TC	HEART INFARCT IMAGE (3D)	360.26	336.16	564.39	519.48	
78469	26	HEART INFARCT IMAGE (3D)	74.45	71.81			
78472		GATED HEART, PLANAR, SING	424.29	398.43			
78472	TC	GATED HEART, PLANAR, SING	347.44	324.22	564.39	519.48	
78472	26	GATED HEART, PLANAR, SING	76.85	74.22			
78481		HEART FIRST PASS, SING	352.85	331.69			
78481	TC	HEART FIRST PASS, SING	273.62	255.27	564.39	519.48	
78481	26	HEART FIRST PASS, SING	79.24	76.41			
78494		HEART IMAGE, SPECT	450.67	423.55			
78494	TC	HEART IMAGE, SPECT	356.18	332.36	564.39	519.48	
78494	26	HEART IMAGE, SPECT	94.49	91.19			
78580		LUNG PERFUSION IMAGING	358.61	336.54			
78580	TC	LUNG PERFUSION IMAGING	302.02	281.84	381.24	350.91	
78580	26	LUNG PERFUSION IMAGING	56.59	54.70			
78584		LUNG V/Q IMAGE SINGLE BREATH	254.13	239.75			
78584	TC	LUNG V/Q IMAGE SINGLE BREATH	177.41	165.60	619.65	570.36	
78584	26	LUNG V/Q IMAGE SINGLE BREATH	76.71	74.15			
78585		LUNG V/Q IMAGING	596.93	559.78			
78585	TC	LUNG V/Q IMAGING	513.39	479.02	619.65	570.36	

Appendix
Exhibit 1
Physicians' and ASC Fee Schedules

CPT* HCPCS	MOD	DESCRIPTION	Physicians' Fees North	Physicians' Fees South	ASC Fees North	ASC Fees South	Payment Indicator (See bottom for codes)
78585	26	LUNG V/Q IMAGING	83.53	80.76			
78588		PERFUSION LUNG IMAGE	578.30	542.40			
78588	TC	PERFUSION LUNG IMAGE	494.76	461.64	619.65	570.36	
78588	26	PERFUSION LUNG IMAGE	83.53	80.76			
78594		VENT IMAGE, MULT PROJ, GAS	367.16	344.02			
78594	TC	VENT IMAGE, MULT PROJ, GAS	327.06	305.21	381.24	350.91	
78594	26	VENT IMAGE, MULT PROJ, GAS	40.10	38.81			
78596		LUNG DIFFERENTIAL FUNCTION	628.84	589.95			
78596	TC	LUNG DIFFERENTIAL FUNCTION	534.36	498.57	619.65	570.36	
78596	26	LUNG DIFFERENTIAL FUNCTION	94.47	91.38			
78607		BRAIN IMAGING (3D)	612.19	574.36			
78607	TC	BRAIN IMAGING (3D)	519.80	485.00	1,154.88	1,062.99	
78607	26	BRAIN IMAGING (3D)	92.38	89.36			
78707		KID FLOW/FUNCT IMAGE W/O DRUG	399.99	375.71			
78707	TC	KID FLOW/FUNCT IMAGE W/O DRUG	327.06	305.21	622.62	573.09	
78707	26	KID FLOW/FUNCT IMAGE W/O DRUG	72.93	70.51			
78708		KID FLOW/FUNCT IMAGE W/DRUG	300.23	283.29			
78708	TC	KID FLOW/FUNCT IMAGE W/DRUG	207.69	193.85	622.62	573.09	
78708	26	KID FLOW/FUNCT IMAGE W/DRUG	92.54	89.46			
78709		KIDNEY IMG MORPHOLOGY VASCULAR FLOW MULTIPLE	617.12	579.46			
78709	TC	KIDNEY IMG MORPHOLOGY VASCULAR FLOW MULTIPLE	509.32	475.22	622.62	573.09	
78709	26	KIDNEY IMG MORPHOLOGY VASCULAR FLOW MULTIPLE	107.80	104.25			
78802		TUMOR IMAGING, WHOLE BODY	553.30	518.48			
78802	TC	TUMOR IMAGING, WHOLE BODY	487.77	455.12	919.98	846.78	
78802	26	TUMOR IMAGING, WHOLE BODY	65.53	63.37			
78803		TUMOR IMAGING (3D)	593.44	556.52			
78803	TC	TUMOR IMAGING (3D)	511.06	476.84	919.98	846.78	
78803	26	TUMOR IMAGING (3D)	82.37	79.68			
78805		ABSCCESS IMAGING, LTD AREA	310.29	291.48			
78805	TC	ABSCCESS IMAGING, LTD AREA	254.27	237.31	919.98	846.78	
78805	26	ABSCCESS IMAGING, LTD AREA	56.00	54.17			
78806		ABSCCESS IMAGING, WHOLE BODY	573.09	536.94			
78806	TC	ABSCCESS IMAGING, WHOLE BODY	507.58	473.59	919.98	846.78	
78806	26	ABSCCESS IMAGING, WHOLE BODY	65.53	63.37			
78815		PET IMAGE W/CT, SKULL-THIGH	1,978.16	1,852.07			
78815	TC	PET IMAGE W/CT, SKULL-THIGH	1,785.85	1,665.93	2,018.19	1,857.66	
78815	26	PET IMAGE W/CT, SKULL-THIGH	192.33	186.13			
79101		NUCLEAR RX, IV ADMIN	261.42	248.93			
79101	TC	NUCLEAR RX, IV ADMIN	101.83	95.03	203.55	187.38	
79101	26	NUCLEAR RX, IV ADMIN	159.59	153.90			
80500		LAB PATHOLOGY CONSULTATION	32.57	31.39			
83020	26	ASSAY HEMOGLOBIN ELECTROPHORESIS	30.24	29.22			
83912	26	ASSAY GENETIC EXAM	28.49	27.58			
84165	26	ASSAY PROTEIN E-PHORESIS, SERUM	29.66	28.66			
84166	26	ASSAY PROTEIN E-PHORESIS/URINE/CSF	29.66	28.66			
84182	26	ASSAY PROTEIN, WESTERN BLOT TEST	29.66	28.66			
85060		BLOOD SMEAR INTERPRETATION	36.04	34.83			
85097		BONE MARROW INTERPRETATION	139.39	132.50			
85576	26	BLOOD PLATELET AGGREGATION	30.24	29.22			
86255	26	FLUORESCENT ANTIBODY, SCREEN	30.24	29.22			
86256	26	FLUORESCENT ANTIBODY, TITER	29.19	28.17			
86334	26	IMMUNOFIX E-PHORESIS, SERUM	30.24	29.22			
86335	26	IMMUNOFIX E-PHORESIS/URINE/CSF	29.66	28.66			
86510		HISTOPLASMOSIS SKIN TEST	11.00	10.30			
86580		TB INTRADERMAL TEST	12.75	11.92			
88104		CYTOPATH FL NONGYN, SMEARS	107.49	101.71			
88104	TC	CYTOPATH FL NONGYN, SMEARS	64.57	60.27			
88104	26	CYTOPATH FL NONGYN, SMEARS	42.92	41.44			
88106		CYTOPATH FL NONGYN, FILTER	132.53	125.06			
88106	TC	CYTOPATH FL NONGYN, FILTER	90.20	84.17			
88106	26	CYTOPATH FL NONGYN, FILTER	42.33	40.88			
88108		CYTOPATH, CONCENTRATE TECH	124.96	117.99			
88108	TC	CYTOPATH, CONCENTRATE TECH	82.62	77.11			
88108	26	CYTOPATH, CONCENTRATE TECH	42.33	40.88			
88112		CYTOPATH, CELL ENHANCE TECH	166.71	158.56			
88112	TC	CYTOPATH, CELL ENHANCE TECH	79.13	73.85			
88112	26	CYTOPATH, CELL ENHANCE TECH	87.58	84.72			

Appendix
Exhibit 1
Physicians' and ASC Fee Schedules

CPT* HCPCS	MOD	DESCRIPTION	Physicians' Fees North	Physicians' Fees South	ASC Fees North	ASC Fees South	Payment Indicator (See bottom for codes)
88120		CYTOPATH, URINE 3-5 PROBES EA SPEC	772.67	723.91			
88120	TC	CYTOPATH, URINE 3-5 PROBES EA SPEC	692.17	645.78			
88120	26	CYTOPATH, URINE 3-5 PROBES EA SPEC	80.50	78.13			
88121		CYTOPATH, URINE 3-5 PROBES COMPUTER	652.59	611.34			
88121	TC	CYTOPATH, URINE 3-5 PROBES COMPUTER	580.48	541.53			
88121	26	CYTOPATH, URINE 3-5 PROBES COMPUTER	72.11	69.80			
88141		CYTOPATH, C/V, INTERPRET	46.17	44.20			
88172		CYTOPATH FNA; 1ST EVAL, EACH SITE	82.15	78.16			
88172	TC	CYTOPATH FNA; 1ST EVAL, EACH SITE	35.46	33.11			
88172	26	CYTOPATH FNA; 1ST EVAL, EACH SITE	46.68	45.05			
88173		CYTOPATH FNA; INTERPRET & REPORT	225.11	213.56			
88173	TC	CYTOPATH FNA; INTERPRET & REPORT	118.73	110.79			
88173	26	CYTOPATH FNA; INTERPRET & REPORT	106.40	102.77			
88177		CYTOPATH FNA; ADDED EVAL, SAME SITE	44.48	42.59			
88177	TC	CYTOPATH FNA; ADDED EVAL, SAME SITE	11.00	10.30			
88177	26	CYTOPATH FNA; ADDED EVAL, SAME SITE	33.48	32.29			
88184		FLOW CYTOMETRY/ TC, 1 MARKER	143.77	134.15			
88185		FLOW CYTOMETRY/TC, ADDED	86.12	80.36			
88187		FLOW CYTOMETRY/READ, 2-8	105.20	101.74			
88300		SURGICAL PATH, GROSS	45.28	42.50			
88300	TC	SURGICAL PATH, GROSS	38.37	35.83			
88300	26	SURGICAL PATH, GROSS	6.91	6.68			
88302		TISSUE EXAM BY PATHOLOGIST	90.32	84.64			
88302	TC	TISSUE EXAM BY PATHOLOGIST	80.29	74.93			
88302	26	TISSUE EXAM BY PATHOLOGIST	10.03	9.71			
88304		TISSUE EXAM BY PATHOLOGIST	105.37	98.91			
88304	TC	TISSUE EXAM BY PATHOLOGIST	88.45	82.54			
88304	26	TISSUE EXAM BY PATHOLOGIST	16.93	16.36			
88305		TISSUE EXAM BY PATHOLOGIST	175.94	166.03			
88305	TC	TISSUE EXAM BY PATHOLOGIST	119.31	111.33			
88305	26	TISSUE EXAM BY PATHOLOGIST	56.63	54.70			
88307		TISSUE EXAM BY PATHOLOGIST	375.59	354.43			
88307	TC	TISSUE EXAM BY PATHOLOGIST	251.49	234.63			
88307	26	TISSUE EXAM BY PATHOLOGIST	124.10	119.80			
88309		TISSUE EXAM BY PATHOLOGIST	565.90	535.11			
88309	TC	TISSUE EXAM BY PATHOLOGIST	349.19	325.84			
88309	26	TISSUE EXAM BY PATHOLOGIST	216.70	209.27			
88311		DECALCIFY TISSUE	30.10	28.73			
88311	TC	DECALCIFY TISSUE	11.58	10.84			
88311	26	DECALCIFY TISSUE	18.52	17.91			
88312		SPECIAL STAINS GROUP 1	178.67	168.06			
88312	TC	SPECIAL STAINS GROUP 1	137.94	128.71			
88312	26	SPECIAL STAINS GROUP 1	40.73	39.35			
88313		SPECIAL STAINS GROUP 2	131.42	123.25			
88313	TC	SPECIAL STAINS GROUP 2	113.49	105.90			
88313	26	SPECIAL STAINS GROUP 2	17.93	17.35			
88331		PATH CONSULT INTRAOP, 1 BLOC	147.61	140.67			
88331	TC	PATH CONSULT INTRAOP, 1 BLOC	54.67	51.03			
88331	26	PATH CONSULT INTRAOP, 1 BLOC	92.94	89.63			
88332		PATH CONSULT INTRAOP, ADDED	64.76	61.92			
88332	TC	PATH CONSULT INTRAOP, ADDED	19.16	17.91			
88332	26	PATH CONSULT INTRAOP, ADDED	45.60	44.01			
88334		INTRAOP CYTO PATH CONSULT, 2	95.03	90.57			
88334	TC	INTRAOP CYTO PATH CONSULT, 2	37.79	35.29			
88334	26	INTRAOP CYTO PATH CONSULT, 2	57.24	55.28			
88342		IMMUNOHISTOCHEMISTRY	171.57	162.26			
88342	TC	IMMUNOHISTOCHEMISTRY	107.66	100.47			
88342	26	IMMUNOHISTOCHEMISTRY	63.91	61.80			
88346		IMMUNOFLUORESCENT STUDY	168.13	159.00			
88346	TC	IMMUNOFLUORESCENT STUDY	104.17	97.20			
88346	26	IMMUNOFLUORESCENT STUDY	63.96	61.80			
88360		TUMOR IMMUNOHISTOCHEM/MANUAL	202.89	192.09			
88360	TC	TUMOR IMMUNOHISTOCHEM/MANUAL	121.64	113.50			
88360	26	TUMOR IMMUNOHISTOCHEM/MANUAL	81.26	78.59			
88363		EXAM ARCHIVAL TISSUE MOLECULAR ANAL	62.26	59.09			
88367		INSITU HYBRIDIZATION, AUTO	428.95	403.53			
88367	TC	INSITU HYBRIDIZATION, AUTO	334.76	312.31			

Appendix
Exhibit 1
Physicians' and ASC Fee Schedules

CPT* HCPCS	MOD	DESCRIPTION	Physicians' Fees North	Physicians' Fees South	ASC Fees North	ASC Fees South	Payment Indicator (See bottom for codes)
88367	26	INSITU HYBRIDIZATION, AUTO	94.19	91.22			
88368		INSITU HYBRIDIZATION, MANUAL	365.96	344.97			
88368	TC	INSITU HYBRIDIZATION, MANUAL	270.12	252.01			
88368	26	INSITU HYBRIDIZATION, MANUAL	95.84	92.95			
88372	26	PROTEIN ANALYSIS W/PROBE	30.24	29.22			
90461		IMM ADMIN 0-18 ANY ROUTE, EA ADDED	18.62	17.76			
90471		IMMUNIZATION ADMIN	38.26	36.14			
90472		IMMUNIZATION ADMIN, EACH ADDED	18.62	17.76			
90801		PSYCH DIAG INTERVIEW	242.14	233.10			
90802		INTERACT PSYCH DIAG INTERVIEW	263.21	253.31			
90804		PSYCH, OFF, 20-30 MIN	103.95	100.23			
90805		PSYCH, OFF, 20-30 MINIMUM W/E & M	118.52	114.27			
90806		PSYCH, OFF, 45-50 MIN	137.79	133.55			
90807		PSYCH, OFF, 45-50 MINIMUM W/E & M	163.35	157.87			
90808		PSYCH, OFF, 75-80 MIN	202.42	196.35			
90809		PSYCH, OFF, 75-80, W/E & M	228.55	221.21			
90810		INTERACT PSYCH, OFF, 20-30 MIN	106.69	103.09			
90811		INTERACT PSYCH, 20-30, W/E & M	134.04	129.09			
90812		INTERACT PSYCH, OFF, 45-50 MIN	151.59	146.73			
90813		INTERACT PSYCH, 45-50 MINIMUM W/E & M	177.78	171.60			
90814		INTERACT PSYCH, OFF, 75-80 MIN	218.01	211.20			
90816		PSYCH, HOSP, 20-30 MIN	84.68	82.35			
90817		PSYCH, HOSP, 20-30 MINIMUM W/E & M	102.93	99.80			
90818		PSYCH, HOSP, 45-50 MIN	125.31	122.00			
90819		PSYCH, HOSP, 45-50 MINIMUM W/E & M	147.22	142.89			
90826		INTERACT PSYCH, HOSP, 45-50 MIN	134.16	130.57			
90846		FAMILY PSYCH W/O PATIENT	130.28	126.25			
90847		FAMILY PSYCH W/PATIENT	162.90	157.63			
90853		GROUP PSYCHOTHERAPY	77.13	74.33			
90857		INTERACT GROUP PSYCH	57.98	55.73			
90862		MEDICATION MANAGEMENT	105.73	101.47			
90880		HYPNOTHERAPY	155.47	150.66			
90901		BIOFEEDBACK TRAIN, ANY METHOD	114.92	109.20			
90911		BIOFEEDBACK PERI/URO/RECTAL	142.55	135.40			
90935		HEMODIALYSIS, ONE EVAL	116.53	112.59			
90945		DIALYSIS, ONE EVAL	166.37	160.72			
90961		ESRD SERVICE, 2-3 VISITS P MO, 20+	129.32	124.73			
90962		ESRD SERVICE, 1 VISIT P MO, 20+	275.65	265.53			
91010		ESOPHAGUS MOTILITY STUDY	311.34	293.84			
91010	TC	ESOPHAGUS MOTILITY STUDY	203.16	189.54			
91010	26	ESOPHAGUS MOTILITY STUDY	108.19	104.29			
91013		ESOPH MOTILITY STUDY W/STIM/PERFUS	38.13	36.07			
91013	TC	ESOPH MOTILITY STUDY W/STIM/PERFUS	22.65	21.16			
91013	26	ESOPH MOTILITY STUDY W/STIM/PERFUS	15.48	14.91			
92002		EYE EXAM, NEW PATIENT	122.24	116.43			
92004		EYE EXAM, NEW PATIENT	225.54	215.25			
92012		EYE EXAM ESTABLISHED PAT	129.52	123.31			
92014		EYE EXAM & TREAT	187.31	178.54			
92020		SPECIAL EYE EVAL	41.88	40.07			
92025		CORNEAL TOPOGRAPHY	57.23	54.31			
92025	TC	CORNEAL TOPOGRAPHY	27.30	25.51			
92025	26	CORNEAL TOPOGRAPHY	29.93	28.81			
92060		SPECIAL EYE EVAL	98.24	93.46			
92060	TC	SPECIAL EYE EVAL	39.53	36.92			
92060	26	SPECIAL EYE EVAL	58.70	56.54			
92065		ORTHOPTIC/PLEOPTIC TRAINING	123.66	116.86			
92065	TC	ORTHOPTIC/PLEOPTIC TRAINING	81.42	76.02			
92065	26	ORTHOPTIC/PLEOPTIC TRAINING	42.22	40.84			
92070		FIT CONTACT LENS	109.22	103.74			
92081		VISUAL FIELD EXAM(S) LIMITED	80.77	76.23			
92081	TC	VISUAL FIELD EXAM(S) LIMITED	54.67	51.03			
92081	26	VISUAL FIELD EXAM(S) LIMITED	26.11	25.18			
92082		VISUAL FIELD EXAM(S) INTERMEDIATE	112.58	106.17			
92082	TC	VISUAL FIELD EXAM(S) INTERMEDIATE	77.96	72.76			
92082	26	VISUAL FIELD EXAM(S) INTERMEDIATE	34.60	33.40			
92083		VISUAL FIELD EXAM(S) EXTENDED	140.42	132.35			
92083	TC	VISUAL FIELD EXAM(S) EXTENDED	97.19	90.69			

Appendix
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Physicians' and ASC Fee Schedules

CPT* HCPCS	MOD	DESCRIPTION	Physicians' Fees North	Physicians' Fees South	ASC Fees North	ASC Fees South	Payment Indicator (See bottom for codes)
92083	26	VISUAL FIELD EXAM(S) EXTENDED	43.24	41.67			
92132		SCAN COMP OPTH DX IMAGING, ANT SEG	59.44	56.45			
92132	TC	SCAN COMP OPTH DX IMAGING, ANT SEG	26.15	24.41			
92132	26	SCAN COMP OPTH DX IMAGING, ANT SEG	33.30	32.02			
92133		SCAN COMP OPTH DX IMAGING, POST SEG	72.29	68.79			
92133	TC	SCAN COMP OPTH DX IMAGING, POST SEG	26.15	24.41			
92133	26	SCAN COMP OPTH DX IMAGING, POST SEG	46.14	44.38			
92134		SCAN COMP OPTH DX IMAGING, RETINA	72.29	68.79			
92134	TC	SCAN COMP OPTH DX IMAGING, RETINA	26.15	24.41			
92134	26	SCAN COMP OPTH DX IMAGING, RETINA	46.14	44.38			
92136		OPHTHALMIC BIOMETRY	137.92	130.04			
92136	TC	OPHTHALMIC BIOMETRY	91.36	85.25			
92136	26	OPHTHALMIC BIOMETRY	46.55	44.78			
92225		SPECIAL EYE EXAM, INITIAL	40.64	38.95			
92226		SPECIAL EYE EXAM, SUBSEQUENT	36.48	34.87			
92227		REMOTE IMAGING RETINAL DISEASE	19.74	18.45			
92228		REMOTE IMAGING MONITOR RETINAL DIS	48.87	46.40			
92228	TC	REMOTE IMAGING MONITOR RETINAL DIS	21.49	20.08			
92228	26	REMOTE IMAGING MONITOR RETINAL DIS	27.38	26.32			
92230	26	FLUORESCEIN ANGIOSCOPY	93.66	88.99			
92235		FLUORESCEIN ANGIOGRAPHY	217.30	204.82			
92235	TC	FLUORESCEIN ANGIOGRAPHY	146.09	136.31			
92235	26	FLUORESCEIN ANGIOGRAPHY	71.20	68.50			
92250		EYE EXAM W/PHOTOS	122.36	115.28			
92250	TC	EYE EXAM W/PHOTOS	86.12	80.36			
92250	26	EYE EXAM W/PHOTOS	36.24	34.92			
92275		ELECTRORETINOGRAPHY	234.95	221.80			
92275	TC	ELECTRORETINOGRAPHY	147.25	137.40			
92275	26	ELECTRORETINOGRAPHY	87.69	84.41			
92285		EYE PHOTOGRAPHY	47.25	44.27			
92285	TC	EYE PHOTOGRAPHY	40.70	38.00			
92285	26	EYE PHOTOGRAPHY	6.55	6.27			
92286		INTERNAL EYE PHOTOGRAPHY	198.16	186.53			
92286	TC	INTERNAL EYE PHOTOGRAPHY	143.19	133.60			
92286	26	INTERNAL EYE PHOTOGRAPHY	54.98	52.94			
92311		CONTACT LENS FITTING APHAKIA ONE EYE	156.21	148.63			
92326		REPLACE CONTACT LENS	61.08	57.01			
92371		EXT PAT/AUTO ECG TO 30 DAYS, DOWNLOAD	359.22	335.12			
92504		EAR MICROSCOPY EXAM	154.22	147.79			
92506		SPEECH/HEARING EVAL	50.42	47.51			
92507		SPEECH/HEARING THERAPY	279.74	263.23			
92508		SPEECH/HEARING THERAPY	130.75	125.38			
92511		NASOPHARYNGOSCOPY	43.47	41.40			
92526		ORAL FUNCTION THERAPY	267.73	251.93			
92540		BASIC VESTIBULAR EVALUATION	155.00	148.43			
92540	TC	BASIC VESTIBULAR EVALUATION	31.96	29.86			
92540	26	BASIC VESTIBULAR EVALUATION	123.04	118.58			
92541		SPONTANEOUS NYSTAGMUS TEST	74.91	70.93			
92541	TC	SPONTANEOUS NYSTAGMUS TEST	43.03	40.17			
92541	26	SPONTANEOUS NYSTAGMUS TEST	31.87	30.75			
92542		POSITIONAL NYSTAGMUS TEST	74.85	70.70			
92542	TC	POSITIONAL NYSTAGMUS TEST	48.27	45.06			
92542	26	POSITIONAL NYSTAGMUS TEST	26.59	25.64			
92543		CALORIC VESTIBULAR TEST	37.56	35.36			
92543	TC	CALORIC VESTIBULAR TEST	29.05	27.14			
92543	26	CALORIC VESTIBULAR TEST	8.51	8.21			
92544		OPTOKINETIC NYSTAGMUS TEST	61.40	57.98			
92544	TC	OPTOKINETIC NYSTAGMUS TEST	40.70	38.00			
92544	26	OPTOKINETIC NYSTAGMUS TEST	20.71	19.98			
92545		OSCILLATING TRACKING TEST	57.55	54.31			
92545	TC	OSCILLATING TRACKING TEST	38.95	36.37			
92545	26	OSCILLATING TRACKING TEST	18.60	17.95			
92546		SINUSOIDAL ROTATIONAL TEST	159.00	149.10			
92546	TC	SINUSOIDAL ROTATIONAL TEST	136.20	127.09			
92546	26	SINUSOIDAL ROTATIONAL TEST	22.81	22.01			
92547		SUPPLEMENTAL ELECTRICAL TEST	8.67	8.13			
92548		POSTUROGRAPHY	171.41	161.18			

Appendix
Exhibit 1
Physicians' and ASC Fee Schedules

CPT* HCPCS	MOD	DESCRIPTION	Physicians' Fees North	Physicians' Fees South	ASC Fees North	ASC Fees South	Payment Indicator (See bottom for codes)
92548	TC	POSTUROGRAPHY	131.54	122.74			
92548	26	POSTUROGRAPHY	39.86	38.44			
92550		TYMPANOMETRY & REFLEX THRESH	32.84	31.52			
92552		PURE TONE AUDIOMETRY, AIR	43.61	40.71			
92553		AUDIOMETRY, AIR & BONE	55.25	51.59			
92556		SPEECH AUDIOMETRY, COMPLETE	49.44	46.14			
92557		COMPREHENSIVE HEARING TEST	64.62	61.85			
92563		TONE DECAY HEARING TEST	42.45	39.63			
92564		SISI HEARING TEST	38.37	35.83			
92565		STENGER TEST, PURE TONE	22.07	20.62			
92567		TYMPANOMETRY	24.64	23.52			
92568		ACOUSTIC REFLEX THRESHOLD TEST	26.30	25.28			
92570		ACOUSTIC IMMITTANCE TESTING	50.43	48.49			
92582		CONDITIONING PLAY AUDIOMETRY	87.87	82.00			
92584		ELECTROCOCHLEOGRAPHY	114.07	106.44			
92585		AUDITOR EVOKE POTENT, COMPRE	292.37	274.71			
92585	TC	AUDITOR EVOKE POTENT, COMPRE	231.02	215.57			
92585	26	AUDITOR EVOKE POTENT, COMPRE	61.33	59.14			
92586		AUDITOR EVOKE POTENT, LIMIT	120.48	112.42			
92587		EVOKED AUDITORY TEST	62.37	58.58			
92587	TC	EVOKED AUDITORY TEST	51.17	47.78			
92587	26	EVOKED AUDITORY TEST	11.20	10.80			
92588		EVOKED AUDITORY TEST	110.73	104.24			
92588	TC	EVOKED AUDITORY TEST	81.46	76.03			
92588	26	EVOKED AUDITORY TEST	29.27	28.22			
92607		EXCISE FOR SPEECH DEVICE RX, 1HR	287.74	273.29			
92611		MOTION FLUOROSCOPY/SWALLOW	183.96	175.16			
92612		ENDOSCOPY SWALLOW TEST (FEES)	275.96	260.78			
92613		ENDOSCOPY SWALLOW TEST (FEES)	60.24	58.07			
92620		AUDITORY FUNCTION, 60 MIN	129.83	125.03			
92621		AUDITORY FUNCTION, + 15 MIN	29.93	28.81			
92625		TINNITUS ASSESS	99.39	95.70			
92626		EVAL AUDITORY REHAB STATUS	132.91	127.66			
92950		HEART/LUNG RESUSCITATION CPR	451.32	431.31			
92960		CARDIOVERSION ELECTRIC, EXT	395.13	374.58			
92971		CARDIOASSIST, EXTERNAL	156.11	150.32			
92975		DISSOLVE CLOT, HEART VESSEL	660.35	639.20			
92982		CORONARY ARTERY DILATION	1,011.84	978.97			
93000		ELECTROCARDIOGRAM, COMPLETE	37.35	35.40			
93005		ELECTROCARDIOGRAM, TRACING	28.57	26.72			
93010		ELECTROCARDIOGRAM REPORT	19.11	18.46			
93015		CARDIOVASCULAR STRESS TEST	152.58	144.27			
93016		CARDIOVASCULAR STRESS TEST	36.17	34.87			
93017		CARDIOVASCULAR STRESS TEST	92.53	86.34			
93018		CARDIOVASCULAR STRESS TEST	23.90	23.06			
93040		RHYTHM ECG W/REPORT	21.46	20.46			
93042		RHYTHM ECG, REPORT	26.83	25.94			
93224		ECG MONITOR/REPORT, 24 HRS	161.88	152.38			
93225		ECG MONITOR/RECORD, 24 HRS	48.27	45.06			
93226		ECG MONITOR/REPORT, 24 HRS	70.98	66.25			
93227		ECG MONITOR/REVIEW, 24 HRS	42.63	41.07			
93228		REMOTE 30 DAY ECG REV/REPORT	40.17	38.85			
93229		REMOTE 30 DAY ECG TECH SUPP	1,167.45	1,089.06			
93268		EXT PAT/AUTO ECG TO 30 DAYS, COMPLETE	425.66	398.44			
93270		EXT PAT/AUTO ECG TO 30 DAYS, RECORDING	26.15	24.41			
93272		EXT PAT/AUTO ECG TO 30 DAYS, REPORT	40.30	38.90			
93280		PM DEVICE PROGRAM EVAL, DUAL	100.54	95.81			
93280	TC	PM DEVICE PROGRAM EVAL, DUAL	36.62	34.19			
93280	26	PM DEVICE PROGRAM EVAL, DUAL	63.92	61.62			
93281		PM DEVICE PROGRAM EVAL, MULTI	117.04	111.53			
93281	TC	PM DEVICE PROGRAM EVAL, MULTI	42.45	39.63			
93281	26	PM DEVICE PROGRAM EVAL, MULTI	74.59	71.89			
93282		ICD DEVICE PROGRAM EVAL, 1 SINGLE	107.52	102.52			
93282	TC	ICD DEVICE PROGRAM EVAL, 1 SINGLE	37.79	35.29			
93282	26	ICD DEVICE PROGRAM EVAL, 1 SINGLE	69.73	67.23			
93283		ICD DEVICE PROGRAM EVAL, DUAL	137.23	131.01			
93283	TC	ICD DEVICE PROGRAM EVAL, DUAL	43.61	40.71			

Appendix
Exhibit 1
Physicians' and ASC Fee Schedules

CPT* HCPCS	MOD	DESCRIPTION	Physicians' Fees North	Physicians' Fees South	ASC Fees North	ASC Fees South	Payment Indicator (See bottom for codes)
93283	26	ICD DEVICE PROGRAM EVAL, DUAL	93.64	90.30			
93284		ICD DEVICE PROGRAM EVAL, MULT	152.79	145.76			
93284	TC	ICD DEVICE PROGRAM EVAL, MULT	49.44	46.14			
93284	26	ICD DEVICE PROGRAM EVAL, MULT	103.36	99.62			
93285		ILR DEVICE EVAL PROGRAM	71.68	68.21			
93285	TC	ILR DEVICE EVAL PROGRAM	29.05	27.14			
93285	26	ILR DEVICE EVAL PROGRAM	42.63	41.07			
93288		PM DEVICE EVAL IN PERSON	64.79	61.56			
93288	TC	PM DEVICE EVAL IN PERSON	29.63	27.68			
93288	26	PM DEVICE EVAL IN PERSON	35.16	33.88			
93289		ICD DEVICE INTERROGATE	109.91	104.92			
93289	TC	ICD DEVICE INTERROGATE	36.62	34.19			
93289	26	ICD DEVICE INTERROGATE	73.29	70.71			
93290		ICM DEVICE EVAL	49.07	46.90			
93290	TC	ICM DEVICE EVAL	16.83	15.73			
93290	26	ICM DEVICE EVAL	32.24	31.16			
93293		PM PHONE R-STRIP DEVICE EVAL	93.56	88.12			
93293	TC	PM PHONE R-STRIP DEVICE EVAL	68.65	64.08			
93293	26	PM PHONE R-STRIP DEVICE EVAL	24.91	24.06			
93294		PM DEVICE INTERROGATE REMOTE	54.29	52.37			
93295		ICD DEVICE INTERROGATE REMOTE	106.89	103.14			
93296		PM/ICD REMOTE TECH SERV	55.83	52.13			
93297		ICM DEVICE INTERROGATE REMOTE	40.17	38.85			
93299		ICM/ILR REMOTE TECH SERV	73.04	68.85			
93303		ECHO TRANSTHORACIC	350.40	330.22			
93303	TC	ECHO TRANSTHORACIC	246.83	230.29			
93303	26	ECHO TRANSTHORACIC	103.57	99.93			
93306		TTE W/DOPPLER, COMPLETE	388.84	366.07			
93306	TC	TTE W/DOPPLER, COMPLETE	282.94	263.97			
93306	26	TTE W/DOPPLER, COMPLETE	105.90	102.10			
93307		TTE W/O DOPPLER, COMPLETE	246.74	232.56			
93307	TC	TTE W/O DOPPLER, COMPLETE	172.29	160.77			
93307	26	TTE W/O DOPPLER, COMPLETE	74.45	71.81			
93308		TTE, F-UP OR LIMITED	176.43	165.94			
93308	TC	TTE, F-UP OR LIMITED	133.87	124.91			
93308	26	TTE, F-UP OR LIMITED	42.56	41.03			
93312		ECHO TRANSESOPHAGEAL	537.84	507.44			
93312	TC	ECHO TRANSESOPHAGEAL	366.07	341.60			
93312	26	ECHO TRANSESOPHAGEAL	171.77	165.84			
93313		ECHO TRANSESOPHAGEAL	63.49	61.79			
93314		ECHO TRANSESOPHAGEAL	479.33	450.44			
93314	TC	ECHO TRANSESOPHAGEAL	381.22	355.71			
93314	26	ECHO TRANSESOPHAGEAL	98.13	94.73			
93320		DOPPLER ECHO EXAM, HEART	104.18	98.17			
93320	TC	DOPPLER ECHO EXAM, HEART	73.90	68.97			
93320	26	DOPPLER ECHO EXAM, HEART	30.28	29.22			
93321		DOPPLER ECHO EXAM, HEART	48.83	45.99			
93321	TC	DOPPLER ECHO EXAM, HEART	36.62	34.19			
93321	26	DOPPLER ECHO EXAM, HEART	12.21	11.79			
93325		DOPPLER COLOR FLOW, ADDED	60.50	56.67			
93325	TC	DOPPLER COLOR FLOW, ADDED	54.67	51.03			
93325	26	DOPPLER COLOR FLOW, ADDED	5.81	5.63			
93350		STRESS TTE ONLY	349.15	329.46			
93350	TC	STRESS TTE ONLY	229.95	214.54			
93350	26	STRESS TTE ONLY	119.20	114.94			
93351		STRESS TTE COMPLETE	410.89	387.86			
93351	TC	STRESS TTE COMPLETE	267.09	249.26			
93351	26	STRESS TTE COMPLETE	143.81	138.60			
93451		RIGHT HEART CATH	1,284.20	1,206.75			
93451	TC	RIGHT HEART CATH	1,053.77	983.10			
93451	26	RIGHT HEART CATH	230.43	223.66			
93452		LEFT HEART CATH W/VENTRCLGRPHY	1,410.49	1,331.17			
93452	TC	LEFT HEART CATH W/VENTRCLGRPHY	1,006.61	939.09			
93452	26	LEFT HEART CATH W/VENTRCLGRPHY	403.89	392.06			
93453		R&L HEART CATH W/VENTRCLGRPHY	1,845.72	1,741.92			
93453	TC	R&L HEART CATH W/VENTRCLGRPHY	1,316.32	1,228.06			
93453	26	R&L HEART CATH W/VENTRCLGRPHY	529.40	513.86			

Appendix
Exhibit 1
Physicians' and ASC Fee Schedules

CPT* HCPCS	MOD	DESCRIPTION	Physicians' Fees North	Physicians' Fees South	ASC Fees North	ASC Fees South	Payment Indicator (See bottom for codes)
93454		CATH PLACE CORONARY ANGIO	1,455.61	1,373.35			
93454	TC	CATH PLACE CORONARY ANGIO	1,048.53	978.22			
93454	26	CATH PLACE CORONARY ANGIO	407.08	395.15			
93455		CATH PLACE BYPASS GRAFTS	1,698.80	1,602.61			
93455	TC	CATH PLACE BYPASS GRAFTS	1,228.98	1,146.57			
93455	26	CATH PLACE BYPASS GRAFTS	469.82	456.03			
93456		CATH PLACE WITH R HEART CATH	1,820.43	1,717.97			
93456	TC	CATH PLACE WITH R HEART CATH	1,299.44	1,212.30			
93456	26	CATH PLACE WITH R HEART CATH	521.00	505.68			
93457		R HEART ART/GRAFT ANGIO	2,063.64	1,947.25			
93457	TC	R HEART ART/GRAFT ANGIO	1,479.36	1,380.14			
93457	26	R HEART ART/GRAFT ANGIO	584.28	567.10			
93458		L HEART ARTERY/VENTRICLE ANGIO	1,755.96	1,656.97			
93458	TC	L HEART ARTERY/VENTRICLE ANGIO	1,259.26	1,174.82			
93458	26	L HEART ARTERY/VENTRICLE ANGIO	496.71	482.14			
93459		L HEART ART/GRAFT ANGIO	1,938.14	1,829.23			
93459	TC	L HEART ART/GRAFT ANGIO	1,379.22	1,286.72			
93459	26	L HEART ART/GRAFT ANGIO	558.94	542.51			
93460		R & L HEART ART/VENTRICLE ANGIO	2,071.87	1,956.36			
93460	TC	R & L HEART ART/VENTRICLE ANGIO	1,449.09	1,351.90			
93460	26	R & L HEART ART/VENTRICLE ANGIO	622.77	604.46			
93461		R & L HEART ART/VENTRICLE ANGIO	2,376.60	2,243.12			
93461	TC	R & L HEART ART/VENTRICLE ANGIO	1,689.51	1,576.21			
93461	26	R & L HEART ART/VENTRICLE ANGIO	687.09	666.91			
93462		L HEART CATH TRANSPLANT PUNCTURE	316.47	307.12			
93463		DRUG ADMIN & HEMODYNAMIC MEAS	167.77	162.76			
93464		EXERCISE W/HEMODYNAMIC MEAS	416.35	394.04			
93464	TC	EXERCISE W/HEMODYNAMIC MEAS	268.95	250.93			
93464	26	EXERCISE W/HEMODYNAMIC MEAS	147.39	143.12			
93503		INSERT/PLACE HEART CATHETER	206.54	200.73			
93563		INJECT CONGENITAL CARD CATH	87.15	84.36			
93564		INJECT HEART CONGNL ART/GRAFT	88.69	85.88			
93565		INJECT L VENTR/ATRIAL ANGIO	67.02	64.90			
93566		INJECT R VENTR/ATRIAL ANGIO	283.05	266.42			
93567		INJECT SUPRVLV AORTOGRAPHY	231.57	218.66			
93568		INJECT PULM ART HEART CATH	254.94	240.25			
93609	26	MAP TACHYCARDIA, ADDED	453.72	439.26			
93610	26	INTRA-ATRIAL PACING	271.48	262.90			
93612	26	INTRAVENTRICULAR PACING	270.32	261.81			
93620		ELECTROPHYSIOLOGY EVAL	1,831.99	1,764.36			
93620	TC	ELECTROPHYSIOLOGY EVAL	809.16	780.90			
93620	26	ELECTROPHYSIOLOGY EVAL	1,055.32	1,021.50			
93623	26	STIMULATION, PACING HEART	259.49	251.22			
93641		ELECTROPHYSIOLOGY EVAL	800.92	770.31			
93641	TC	ELECTROPHYSIOLOGY EVAL	260.71	250.41			
93641	26	ELECTROPHYSIOLOGY EVAL	538.69	521.48			
93642		ELECTROPHYSIOLOGY EVAL	695.28	661.24			
93642	TC	ELECTROPHYSIOLOGY EVAL	293.87	274.24			
93642	26	ELECTROPHYSIOLOGY EVAL	401.41	387.00			
93660		TILT TABLE EVAL	267.19	254.13			
93660	TC	TILT TABLE EVAL	112.90	105.36			
93660	26	TILT TABLE EVAL	154.29	148.79			
93701		BIOIMPD THRC ELEC	45.94	42.89			
93720		BIOIMPEDANCE, CV ANALYSIS	82.45	77.41			
93722		TOTAL BODY PLETHYSMOGRAPHY	12.65	12.24			
93784		AMBULATORY BP MONITORING	103.53	97.61			
93798		CARDIAC REHAB/MONITOR	41.51	39.45			
93875		EXTRACRANIAL STUDY	179.33	167.89			
93875	TC	EXTRACRANIAL STUDY	162.40	151.53			
93875	26	EXTRACRANIAL STUDY	16.93	16.36			
93880		EXTRACRANIAL STUDY	424.35	397.49			
93880	TC	EXTRACRANIAL STUDY	377.27	351.96			
93880	26	EXTRACRANIAL STUDY	47.08	45.53			
93882		EXTRACRANIAL STUDY	294.19	275.62			
93882	TC	EXTRACRANIAL STUDY	262.56	244.95			
93882	26	EXTRACRANIAL STUDY	31.63	30.67			
93886		INTRACRANIAL STUDY	560.39	525.22			

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Physicians' and ASC Fee Schedules

CPT* HCPCS	MOD	DESCRIPTION	Physicians' Fees North	Physicians' Fees South	ASC Fees North	ASC Fees South	Payment Indicator (See bottom for codes)
93886	TC	INTRACRANIAL STUDY	487.32	454.62			
93886	26	INTRACRANIAL STUDY	73.07	70.60			
93922		EXTREMITY STUDY	187.26	175.36			
93922	TC	EXTREMITY STUDY	168.23	156.96			
93922	26	EXTREMITY STUDY	19.03	18.40			
93923		EXTREMITY STUDY	289.22	271.07			
93923	TC	EXTREMITY STUDY	253.82	236.81			
93923	26	EXTREMITY STUDY	35.40	34.26			
93924		EXTREMITY STUDY	361.62	338.73			
93924	TC	EXTREMITY STUDY	322.53	300.90			
93924	26	EXTREMITY STUDY	39.09	37.83			
93925		LOWER EXTREMITY STUDY	537.92	503.46			
93925	TC	LOWER EXTREMITY STUDY	493.02	460.00			
93925	26	LOWER EXTREMITY STUDY	44.91	43.44			
93926		LOWER EXTREMITY STUDY	349.57	327.26			
93926	TC	LOWER EXTREMITY STUDY	318.45	297.11			
93926	26	LOWER EXTREMITY STUDY	31.12	30.16			
93930		UPPER EXTREMITY STUDY	423.65	396.50			
93930	TC	UPPER EXTREMITY STUDY	387.74	361.74			
93930	26	UPPER EXTREMITY STUDY	35.91	34.76			
93931		UPPER EXTREMITY STUDY	283.34	265.20			
93931	TC	UPPER EXTREMITY STUDY	259.06	241.70			
93931	26	UPPER EXTREMITY STUDY	24.27	23.50			
93965		EXTREMITY STUDY	214.33	200.93			
93965	TC	EXTREMITY STUDY	186.86	174.34			
93965	26	EXTREMITY STUDY	27.47	26.59			
93970		EXTREMITY STUDY	436.95	409.56			
93970	TC	EXTREMITY STUDY	383.10	357.39			
93970	26	EXTREMITY STUDY	53.87	52.15			
93971		EXTREMITY STUDY	286.89	268.90			
93971	TC	EXTREMITY STUDY	251.49	234.63			
93971	26	EXTREMITY STUDY	35.40	34.26			
93975		VASCULAR STUDY	637.06	599.26			
93975	TC	VASCULAR STUDY	495.93	462.72			
93975	26	VASCULAR STUDY	141.13	136.54			
93976		VASCULAR STUDY	363.64	342.48			
93976	TC	VASCULAR STUDY	268.95	250.93			
93976	26	VASCULAR STUDY	94.67	91.56			
93978		VASCULAR STUDY	410.98	385.24			
93978	TC	VASCULAR STUDY	359.22	335.12			
93978	26	VASCULAR STUDY	51.77	50.12			
93979		VASCULAR STUDY	284.63	266.77			
93979	TC	VASCULAR STUDY	250.32	233.54			
93979	26	VASCULAR STUDY	34.30	33.21			
94002		VENT MGMT INPATIENT, INIT DAY	139.58	135.63			
94003		VENT MGMT INPATIENT, SUBCUT DAY	100.93	97.84			
94010		BREATHING CAPACITY TEST	59.16	55.68			
94010	TC	BREATHING CAPACITY TEST	45.94	42.89			
94010	26	BREATHING CAPACITY TEST	13.22	12.79			
94060		EVALUATE WHEEZING	101.79	95.78			
94060	TC	EVALUATE WHEEZING	79.13	73.85			
94060	26	EVALUATE WHEEZING	22.65	21.93			
94070		EVALUATE WHEEZING	97.74	92.78			
94070	TC	EVALUATE WHEEZING	53.50	49.95			
94070	26	EVALUATE WHEEZING	44.24	42.83			
94200		LUNG FUNCTION TEST (MBC/MVV)	40.40	38.01			
94200	TC	LUNG FUNCTION TEST (MBC/MVV)	31.96	29.86			
94200	26	LUNG FUNCTION TEST (MBC/MVV)	8.43	8.17			
94240		RESIDUAL LUNG CAPACITY	66.63	62.87			
94240	TC	RESIDUAL LUNG CAPACITY	47.69	44.52			
94240	26	RESIDUAL LUNG CAPACITY	18.96	18.35			
94250		EXPIRED GAS COLLECTION	42.72	40.19			
94250	TC	EXPIRED GAS COLLECTION	34.29	32.03			
94250	26	EXPIRED GAS COLLECTION	8.43	8.17			
94260		THORACIC GAS VOLUME	54.80	51.51			
94260	TC	THORACIC GAS VOLUME	45.36	42.35			
94260	26	THORACIC GAS VOLUME	9.45	9.17			

Appendix
Exhibit 1
Physicians' and ASC Fee Schedules

CPT* HCPCS	MOD	DESCRIPTION	Physicians' Fees North	Physicians' Fees South	ASC Fees North	ASC Fees South	Payment Indicator (See bottom for codes)
94350		LUNG NITROGEN WASHOUT CURVE	57.33	54.17			
94350	TC	LUNG NITROGEN WASHOUT CURVE	38.37	35.83			
94350	26	LUNG NITROGEN WASHOUT CURVE	18.96	18.35			
94360		MEASURE AIRFLOW RESISTANCE	74.21	69.93			
94360	TC	MEASURE AIRFLOW RESISTANCE	55.25	51.59			
94360	26	MEASURE AIRFLOW RESISTANCE	18.96	18.35			
94370		BREATH AIRWAY CLOSING VOLUME	56.74	53.63			
94370	TC	BREATH AIRWAY CLOSING VOLUME	37.79	35.29			
94370	26	BREATH AIRWAY CLOSING VOLUME	18.96	18.35			
94375		RESPIRATORY FLOW VOLUME LOOP	63.35	59.93			
94375	TC	RESPIRATORY FLOW VOLUME LOOP	40.70	38.00			
94375	26	RESPIRATORY FLOW VOLUME LOOP	22.65	21.93			
94620		PULMONARY STRESS TEST/SIMPLE	103.85	98.58			
94620	TC	PULMONARY STRESS TEST/SIMPLE	56.42	52.67			
94620	26	PULMONARY STRESS TEST/SIMPLE	47.44	45.92			
94640		AIRWAY INHALATION TREAT	27.30	25.51			
94660		POS AIRWAY PRESSURE, CPAP	95.91	91.49			
94664		EVALUATE PAT USE INHALER	27.30	25.51			
94667		CHEST WALL MANIPULATION	38.37	35.83			
94720		MONOXIDE DIFFUSING CAPACITY	87.61	82.42			
94720	TC	MONOXIDE DIFFUSING CAPACITY	68.65	64.08			
94720	26	MONOXIDE DIFFUSING CAPACITY	18.96	18.35			
94750		PULMONARY COMPLIANCE STUDY	131.51	123.29			
94750	TC	PULMONARY COMPLIANCE STUDY	114.65	106.98			
94750	26	PULMONARY COMPLIANCE STUDY	16.85	16.31			
94760		MEASURE BLOOD OXYGEN LEVEL	28.25	26.59			
94761		MEASURE BLOOD OXYGEN LEVEL	46.17	43.29			
94762		MEASURE BLOOD OXYGEN LEVEL	59.35	55.44			
94770		EXHALED CARBON DIOXIDE TEST	38.28	36.18			
95004		PERCUT ALLERGY SKIN TESTS	10.93	10.25			
95015		ID ALLERGY TITRATE-DRUG/BUG	23.28	22.11			
95024		ID ALLERGY TEST, DRUG/BUG	12.68	11.88			
95027		ID ALLERGY TITRATE-AIRBORNE	8.01	7.53			
95028		ID ALLERGY TEST-DELAYED TYPE	21.49	20.08			
95044		ALLERGY PATCH TESTS	10.42	9.75			
95115		IMMUNOTHERAPY, ONE INJECTION	17.41	16.27			
95117		IMMUNOTHERAPY INJECTIONS	21.49	20.08			
95144		ANTIGEN THERAPY SERVICES	21.03	19.80			
95800		SLEEP STUDY UNATT; COMP W/SLEEP TIME	344.12	323.75			
95800	TC	SLEEP STUDY UNATT; COMP W/SLEEP TIME	252.65	235.71			
95800	26	SLEEP STUDY UNATT; COMP W/SLEEP TIME	91.46	88.02			
95801		SLEEP STUDY UNATT; COMP W/O SLEEP TIME	158.15	150.15			
95801	TC	SLEEP STUDY UNATT; COMP W/O SLEEP TIME	77.96	72.76			
95801	26	SLEEP STUDY UNATT; COMP W/O SLEEP TIME	80.19	77.39			
95803		ACTIGRAPHY TESTING	271.28	255.44			
95803	TC	ACTIGRAPHY TESTING	197.91	184.66			
95803	26	ACTIGRAPHY TESTING	73.37	70.78			
95805		MULTIPLE SLEEP LATENCY TEST	693.93	650.54			
95805	TC	MULTIPLE SLEEP LATENCY TEST	597.18	557.22			
95805	26	MULTIPLE SLEEP LATENCY TEST	96.75	93.32			
95810		POLYSOMNOGRAPHY, 4 OR MORE	1,169.61	1,097.90			
95810	TC	POLYSOMNOGRAPHY, 4 OR MORE	974.08	909.04			
95810	26	POLYSOMNOGRAPHY, 4 OR MORE	195.54	188.86			
95811		POLYSOMNOGRAPHY W/CPAP	1,263.07	1,185.40			
95811	TC	POLYSOMNOGRAPHY W/CPAP	1,058.45	987.78			
95811	26	POLYSOMNOGRAPHY W/CPAP	204.62	197.62			
95812		EEG, 41-60 MINUTES	531.27	498.47			
95812	TC	EEG, 41-60 MINUTES	447.02	417.10			
95812	26	EEG, 41-60 MINUTES	84.26	81.37			
95813		EEG, OVER 1 HOUR	594.86	559.52			
95813	TC	EEG, OVER 1 HOUR	460.35	429.56			
95813	26	EEG, OVER 1 HOUR	134.52	129.96			
95816		EEG, AWAKE & DROWSY	378.16	355.01			
95816	TC	EEG, AWAKE & DROWSY	312.51	291.60			
95816	26	EEG, AWAKE & DROWSY	65.65	63.41			
95819		EEG, AWAKE & ASLEEP	549.32	515.31			
95819	TC	EEG, AWAKE & ASLEEP	464.48	433.39			

Appendix
Exhibit 1
Physicians' and ASC Fee Schedules

CPT* HCPCS	MOD	DESCRIPTION	Physicians' Fees North	Physicians' Fees South	ASC Fees North	ASC Fees South	Payment Indicator (See bottom for codes)
95819	26	EEG, AWAKE & ASLEEP	84.84	81.91			
95822		EEG, COMA OR SLEEP ONLY	513.22	481.63			
95822	TC	EEG, COMA OR SLEEP ONLY	428.39	399.72			
95822	26	EEG, COMA OR SLEEP ONLY	84.84	81.91			
95831		LIMB MUSCLE TESTING, MANUAL	47.21	44.84			
95832		HAND MUSCLE TESTING, MANUAL	52.37	49.80			
95833		BODY MUSCLE TESTING, MANUAL	68.43	65.19			
95834		BODY MUSCLE TESTING, MANUAL	85.99	82.02			
95851		RANGE MOTION MEASUREMENTS	43.75	41.47			
95852		RANGE MOTION MEASUREMENTS	24.16	22.84			
95857		TENSILON TEST	76.14	72.46			
95860		MUSCLE TEST, ONE LIMB	226.85	215.44			
95860	TC	MUSCLE TEST, ONE LIMB	107.41	100.24			
95860	26	MUSCLE TEST, ONE LIMB	119.46	115.20			
95861		MUSCLE TEST, 2 LIMBS	327.48	311.61			
95861	TC	MUSCLE TEST, 2 LIMBS	136.97	127.83			
95861	26	MUSCLE TEST, 2 LIMBS	190.51	183.78			
95863		MUSCLE TEST, 3 LIMBS	395.17	376.08			
95863	TC	MUSCLE TEST, 3 LIMBS	166.53	155.40			
95863	26	MUSCLE TEST, 3 LIMBS	228.64	220.68			
95864		MUSCLE TEST, 4 LIMBS	434.98	413.69			
95864	TC	MUSCLE TEST, 4 LIMBS	190.71	177.96			
95864	26	MUSCLE TEST, 4 LIMBS	244.27	235.72			
95865		MUSCLE TEST, LARYNX	296.79	283.01			
95865	TC	MUSCLE TEST, LARYNX	101.14	94.40			
95865	26	MUSCLE TEST, LARYNX	195.65	188.61			
95867		MUSCLE TEST CRANIAL NERVE UNILAT	201.95	191.56			
95867	TC	MUSCLE TEST CRANIAL NERVE UNILAT	103.83	96.90			
95867	26	MUSCLE TEST CRANIAL NERVE UNILAT	98.12	94.67			
95868		MUSCLE TEST CRANIAL NERVE BILAT	272.61	258.99			
95868	TC	MUSCLE TEST CRANIAL NERVE BILAT	128.01	119.46			
95868	26	MUSCLE TEST CRANIAL NERVE BILAT	144.60	139.53			
95869		MUSCLE TEST, THOR PARASPINAL	149.63	141.08			
95869	TC	MUSCLE TEST, THOR PARASPINAL	103.83	96.90			
95869	26	MUSCLE TEST, THOR PARASPINAL	45.80	44.18			
95870		MUSCLE TEST, NONPARASPINAL	146.04	137.74			
95870	TC	MUSCLE TEST, NONPARASPINAL	101.14	94.40			
95870	26	MUSCLE TEST, NONPARASPINAL	44.91	43.33			
95873		GUIDE NERVE DESTROY, ELECT STIM	148.73	140.25			
95873	TC	GUIDE NERVE DESTROY, ELECT STIM	101.14	94.40			
95873	26	GUIDE NERVE DESTROY, ELECT STIM	47.60	45.85			
95874		GUIDE NERVE DESTROY, NEEDLE EMG	141.56	133.56			
95874	TC	GUIDE NERVE DESTROY, NEEDLE EMG	95.76	89.38			
95874	26	GUIDE NERVE DESTROY, NEEDLE EMG	45.80	44.18			
95900		MOTOR NERVE CONDUCTION TEST	153.54	144.91			
95900	TC	MOTOR NERVE CONDUCTION TEST	102.03	95.23			
95900	26	MOTOR NERVE CONDUCTION TEST	51.51	49.67			
95903		MOTOR NERVE CONDUCTION TEST	176.35	166.99			
95903	TC	MOTOR NERVE CONDUCTION TEST	102.93	96.07			
95903	26	MOTOR NERVE CONDUCTION TEST	73.44	70.92			
95904		SENSE NERVE CONDUCTION TEST	135.64	127.92			
95904	TC	SENSE NERVE CONDUCTION TEST	93.97	87.71			
95904	26	SENSE NERVE CONDUCTION TEST	41.67	40.21			
95920		INTRAOP NERVE TEST, ADDED	392.31	374.38			
95920	TC	INTRAOP NERVE TEST, ADDED	136.07	126.98			
95920	26	INTRAOP NERVE TEST, ADDED	256.23	247.38			
95921		AUTONOMIC NERVE FUNCTION TEST	129.86	123.48			
95921	TC	AUTONOMIC NERVE FUNCTION TEST	60.50	56.47			
95921	26	AUTONOMIC NERVE FUNCTION TEST	69.36	67.00			
95922		AUTONOMIC NERVE FUNCTION TEST	161.43	153.08			
95922	TC	AUTONOMIC NERVE FUNCTION TEST	87.28	81.46			
95922	26	AUTONOMIC NERVE FUNCTION TEST	74.15	71.62			
95923		AUTONOMIC NERVE FUNCTION TEST	241.02	227.20			
95923	TC	AUTONOMIC NERVE FUNCTION TEST	169.96	158.59			
95923	26	AUTONOMIC NERVE FUNCTION TEST	71.04	68.61			
95925		SOMATOSENSORY TESTING	640.37	600.70			
95925	TC	SOMATOSENSORY TESTING	538.82	502.74			

Appendix
Exhibit 1
Physicians' and ASC Fee Schedules

CPT* HCPCS	MOD	DESCRIPTION	Physicians' Fees North	Physicians' Fees South	ASC Fees North	ASC Fees South	Payment Indicator (See bottom for codes)
95925	26	SOMATOSENSORY TESTING	101.51	98.00			
95926		SOMATOSENSORY TESTING	393.84	369.63			
95926	TC	SOMATOSENSORY TESTING	327.79	305.82			
95926	26	SOMATOSENSORY TESTING	66.05	63.82			
95927		SOMATOSENSORY TESTING	368.96	346.31			
95927	TC	SOMATOSENSORY TESTING	303.59	283.25			
95927	26	SOMATOSENSORY TESTING	65.35	63.05			
95928		C MOTOR EVOKED, UPPER LIMBS	388.77	366.67			
95928	TC	C MOTOR EVOKED, UPPER LIMBS	270.57	252.51			
95928	26	C MOTOR EVOKED, UPPER LIMBS	118.19	114.16			
95929		C MOTOR EVOKED, LOWER LIMBS	412.64	388.95			
95929	TC	C MOTOR EVOKED, LOWER LIMBS	293.87	274.24			
95929	26	C MOTOR EVOKED, LOWER LIMBS	118.77	114.71			
95930		VISUAL EVOKED POTENTIAL TEST	225.51	211.30			
95930	TC	VISUAL EVOKED POTENTIAL TEST	197.91	184.66			
95930	26	VISUAL EVOKED POTENTIAL TEST	27.60	26.63			
95933		BLINK REFLEX TEST	122.27	115.65			
95933	TC	BLINK REFLEX TEST	75.05	70.05			
95933	26	BLINK REFLEX TEST	47.22	45.60			
95934		H-REFLEX TEST	155.93	147.69			
95934	TC	H-REFLEX TEST	87.59	81.77			
95934	26	H-REFLEX TEST	68.32	65.89			
95936		H-REFLEX TEST	126.83	120.70			
95936	TC	H-REFLEX TEST	54.09	50.53			
95936	26	H-REFLEX TEST	72.75	70.20			
95937		NEUROMUSCULAR JUNCTION TEST	105.46	100.14			
95937	TC	NEUROMUSCULAR JUNCTION TEST	53.50	49.95			
95937	26	NEUROMUSCULAR JUNCTION TEST	51.95	50.19			
95950		AMBULATORY EEG MONITORING	451.58	425.29			
95950	TC	AMBULATORY EEG MONITORING	332.89	310.63			
95950	26	AMBULATORY EEG MONITORING	118.70	114.65			
95951		EEG MONITORING/VIDEO RECORD	3,074.98	2,967.76			
95951	TC	EEG MONITORING/VIDEO RECORD	2,599.66	2,508.81			
95951	26	EEG MONITORING/VIDEO RECORD	483.24	467.08			
95953		EEG MONITORING/COMPUTER	683.31	645.57			
95953	TC	EEG MONITORING/COMPUTER	438.28	408.94			
95953	26	EEG MONITORING/COMPUTER	245.04	236.62			
95955		EEG DURING SURG	279.78	263.64			
95955	TC	EEG DURING SURG	201.41	187.92			
95955	26	EEG DURING SURG	78.37	75.72			
95956		EEG MONITORING, CABLE/RADIO	1,700.99	1,596.69			
95956	TC	EEG MONITORING, CABLE/RADIO	1,425.05	1,329.89			
95956	26	EEG MONITORING, CABLE/RADIO	275.95	266.79			
95957		EEG DIGITAL ANALYSIS	565.05	532.31			
95957	TC	EEG DIGITAL ANALYSIS	408.70	381.29			
95957	26	EEG DIGITAL ANALYSIS	156.33	151.02			
95961		ELECTRODE STIMULATION, BRAIN	407.15	387.59			
95961	TC	ELECTRODE STIMULATION, BRAIN	169.96	158.59			
95961	26	ELECTRODE STIMULATION, BRAIN	237.19	228.99			
95962		ELECTRODE STIM, BRAIN, ADDED	362.26	346.30			
95962	TC	ELECTRODE STIM, BRAIN, ADDED	108.83	101.55			
95962	26	ELECTRODE STIM, BRAIN, ADDED	253.44	244.75			
95970		ANALYZE NEUROSTIM, NO PROG	97.12	91.83			
95971		ANALYZE NEUROSTIM, SIMPLE	92.71	88.63			
95972		ANALYZE NEUROSTIM, COMPLEX	170.16	162.88			
95973		ANALYZE NEUROSTIM, COMPLEX	95.10	91.23			
95981		IO ANAL GAST N-STIM SUBSEQ	49.98	47.45			
95991		SPIN/BRAIN PUMP REFILL & MAIN	174.44	164.77			
95992		CANALITH REPOSITIONING PROC	66.86	64.38			
96000		MOTION ANALYSIS, VIDEO/3D	141.90	137.15			
96002		DYNAMIC SURFACE EMG	32.84	31.75			
96004		PHYS REVIEW MOTION TESTS	174.11	168.13			
96101		PSYCHO TESTING BY PSYCH/PHYS	171.94	166.83			
96102		PSYCHO TESTING BY TECHNICIAN	110.20	104.12			
96103		PSYCHO TESTING ADMIN BY COMP	92.07	87.24			
96105		ASSESS APHASIA	169.49	162.53			
96111		DEVELOPMENTAL TEST, EXTEND	194.42	188.26			

Appendix
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CPT* HCPCS	MOD	DESCRIPTION	Physicians' Fees North	Physicians' Fees South	ASC Fees North	ASC Fees South	Payment Indicator (See bottom for codes)
96116		NEUROBEHAVIORAL STATUS EXAM	163.28	157.97			
96118		NEUROPSYCH TEST BY PSYCH/PHYS	175.60	169.32			
96119		NEUROPSYCH TESTING BY TEC	116.36	109.92			
96120		NEUROPSYCH TEST ADMIN W/COMP	136.91	129.06			
96125		COGNITIVE TEST BY HC PRO	147.55	142.04			
96150		ASSESS HEALTH/BEHAVE, INIT	32.30	31.39			
96151		ASSESS HEALTH/BEHAVE, SUBSEQ	31.28	30.38			
96152		INTERVENE HEALTH/BEHAVE, INDIV	29.69	28.85			
96153		INTERVENE HEALTH/BEHAVE, GROUP	7.35	7.13			
96154		INTERVENE HEALTH/BEHAVE, FAM W/PT	29.17	28.35			
96360		HYDRATION IV INFUSION, INIT	96.36	90.41			
96361		HYDRATE IV INFUSION, ADDED	25.47	24.02			
96365		THER/PROPHY/DIAG IV INF, INIT	119.94	112.51			
96366		THER/PROPHY/DIAG IV INF ADDED	35.85	33.92			
96367		THER/PROPHY/DIAG ADDED SEQ IV INF	55.00	51.80			
96368		THER/DIAG CONCURRENT INF	31.86	30.17			
96370		SC THER INFUSION, ADDED HR	24.80	23.60			
96372		THER/PROPHY/DIAG INJ, SC/IM	38.26	36.14			
96373		THER/PROPHY/DIAG INJ, IA	31.28	29.63			
96374		THER/PROPHY/DIAG INJ, IV PUSH	93.96	88.19			
96375		TX/PRO/DIAG INJECT NEW DRUG ADDED	38.20	35.91			
96409		CHEMO IV PUSH, SINGLE DRUG	191.22	179.13			
96446		CHEMOTHERAPY ADM PERITONEAL CAV	300.18	281.16			
96523		IRRIG DRUG DELIVERY DEVICE	43.31	40.53			
96900		ULTRAVIOLET LIGHT THERAPY	35.46	33.11			
96912		PHOTOCHEMOTHERAPY W/UUV-A	152.50	142.29			
97001		PHYSICAL THERAPY EVAL	114.74	110.13			
97002		PHYSICAL THERAPY RE-EVAL	64.03	61.31			
97003		OT EVAL	127.54	122.09			
97004		OT RE-EVAL	78.59	74.88			
97010		APPLIC MODAL 1/> AREAS; HOT/COLD PACKS	0.00	0.00			
97012		MECHANICAL TRACTION THERAPY	28.01	26.87			
97016		VASOPNEUMATIC DEVICE THERAPY	28.29	26.86			
97014		APPLICATION MODALITY TO 1 OR MORE AREAS; E-STIM	0.00	0.00			
97018		PARAFFIN BATH THERAPY	15.79	14.91			
97022		WHIRLPOOL THERAPY	33.61	31.79			
97024		DIATHERMY EG, MICROWAVE	9.98	9.48			
97026		INFRARED THERAPY	8.81	8.40			
97028		ULTRAVIOLET THERAPY	10.98	10.47			
97032		ELECTRICAL STIMULATION	28.35	27.09			
97033		ELECTRIC CURRENT THERAPY	46.33	43.88			
97034		CONTRAST BATH THERAPY	26.32	25.10			
97035		ULTRASOUND THERAPY	27.40	26.36			
97036		HYDROTHERAPY	47.92	45.42			
97039		PHYSICAL THERAPY TREAT	20.42	19.71			
97110		THERAPEUTIC EXERCISES	50.87	48.67			
97112		NEUROMUSCULAR REEDUCATION	53.36	51.01			
97113		AQUATIC THERAPY/EXERCISES	67.87	64.51			
97116		GAIT TRAINING THERAPY	48.21	46.14			
97124		MASSAGE THERAPY	38.67	36.95			
97139		PHYSICAL MEDICINE PROCEDURE	27.64	26.67			
97140		MANUAL THERAPY	44.47	42.56			
97150		GROUP THERAPEUTIC PROCEDURES	30.52	29.17			
97530		THERAPEUTIC ACTIVITIES	59.96	57.21			
97532		COGNITIVE SKILLS DEVELOPMENT	61.13	58.72			
97533		SENSORY INTEGRATION	43.81	41.98			
97535		SELF CARE MANAGEMENT TRAINING	51.88	49.54			
97537		COMMUNITY/WORK REINTEGRATION	44.91	43.02			
97542		WHEELCHAIR MANAGEMENT TRAINING	45.49	43.56			
97597		ACTIVE WOUND CARE/20 CM OR <	119.31	112.72			
97598		ACTIVE WOUND CARE > 20 CM	39.36	37.40			
97605		NEG PRESS WOUND TX, < 50 CM	62.93	60.32			
97606		NEG PRESS WOUND TX, > 50 CM	67.09	64.40			
97750		PHYSICAL PERFORMANCE TEST	55.79	53.38			
97755		ASSISTIVE TECHNOLOGY ASSESS	53.99	51.98			
97760		ORTHOTIC MGMT & TRAINING	56.42	53.83			
97761		PROSTHETIC TRAINING	49.44	47.32			

Appendix
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Physicians' and ASC Fee Schedules

CPT* HCPCS	MOD	DESCRIPTION	Physicians' Fees North	Physicians' Fees South	ASC Fees North	ASC Fees South	Payment Indicator (See bottom for codes)
97762		C/O FOR ORTHOTIC/PROSTH USE	67.36	63.48			
97802		MEDICAL NUTRITION, INDIV, IN	50.58	48.59			
97810		ACUPUNCT 1/> NDLES W/O E-STIM; INIT 15 MIN 1-1	43.74	32.07			
97811		ACUPUNCT 1/> NDLES W/O E-STIM; EA ADD 15 MIN 1-1	37.49	27.49			
97813		ACUPUNCT 1/> NDLES WITH E-STIM; INIT 15 MIN 1-1	47.91	35.12			
97814		ACUPUNCT 1/> NDLES WITH E-STIM;EA ADD 15 MIN 1-1	41.66	30.54			
98925		OSTEOPATHIC MANIPULATION 1-2 REGIONS	55.70	53.34			
98926		OSTEOPATHIC MANIPULATION 3-4 REGIONS	74.13	71.10			
98927		OSTEOPATHIC MANIPULATION 5-6 REGIONS	96.35	92.48			
98928		OSTEOPATHIC MANIPULATION 7-8 REGIONS	97.37	93.52			
98940		CHIROPRACTIC MANIPULATION 1-2 REGIONS	39.44	37.90			
98941		CHIROPRACTIC MANIPULATION 3-4 REGIONS	54.40	52.41			
98942		CHIROPRACTIC MANIPULATION 5 REGIONS	69.90	67.39			
98943		CHIROPRACTIC MANIP TX; XTRASPINAL 1/MORE REGIONS	37.14	36.01			
99070		SUPPLIES & MATERIALS: ADDL TO USUAL FOR OFFICE VISIT	0.00	0.00			
99071		EDUCATION SUPPLIES; S/A BOOKS, TAPES & PAMPHLETS FOR PATIENT	0.00	0.00			
99080		SPECIAL REPORTS	0.00	0.00			
99082		UNUSUAL PHYSICIAN TRAVEL	0.00	0.00			
99143		MOD SEDATION SAME PHYS. < 5 YRS	44.74	43.70			
99144		MOD SEDATION BY SAME PHYS, 5 YRS +	64.49	62.24			
99145		MOD SEDATION BY SAME PHYS, ADDED	22.24	21.44			
99148		MOD SEDATION DIFF PHYS < 5 YRS	125.97	121.58			
99149		MOD SEDATION DIFF PHYS 5 YRS +	125.97	121.58			
99150		MOD SEDATION DIFF PHYS, ADDED	47.38	45.69			
99175		INDUCTION VOMITING	41.87	39.08			
99183		HYPERBARIC OXYGEN THERAPY	518.83	494.16			
99195		PHLEBOTOMY	227.07	212.09			
99201		OFFICE/OUTPAT VISIT, NEW PAT 10 MINS	51.25	48.81			
99202		OFFICE/OUTPAT VISIT, NEW PAT 20 MINS	87.92	83.95			
99203		OFFICE/OUTPAT VISIT, NEW PAT 30 MINS	126.87	121.39			
99204		OFFICE/OUTPAT VISIT, NEW PAT 45 MINS	193.64	185.82			
99205		OFFICE/OUTPAT VISIT, NEW PAT 60 MINS	240.25	230.79			
99211		OFFICE/OUTPAT VISIT, EST PAT 5 MINS	32.36	30.67			
99212		OFFICE/OUTPAT VISIT, EST PAT 10 MINS	51.69	49.22			
99213		OFFICE/OUTPAT VISIT, EST PAT 15 MINS	85.01	81.31			
99214		OFFICE/OUTPAT VISIT, EST PAT 25 MINS	125.71	120.35			
99215		OFFICE/OUTPAT VISIT, EST PAT 40 MINS	168.59	161.61			
99217		OBSERVATION CARE DISCHARGE	108.71	104.82			
99218		OBSERVATION CARE LOW SEVERITY	99.97	96.66			
99219		OBSERVATION CARE MODERATE SEVERITY	167.12	161.61			
99220		OBSERVATION CARE HIGH SEVERITY	233.75	226.05			
99221		INITIAL HOSPITAL CARE 30 MINS	151.05	146.22			
99222		INITIAL HOSPITAL CARE 50 MINS	205.62	198.94			
99223		INITIAL HOSPITAL CARE 70 MINS	301.80	291.96			
99224		SUBSEQ OBSERVATION CARE 15 MINS	43.46	41.99			
99225		SUBSEQ OBSERVATION CARE 25 MINS	76.94	74.29			

