CPT/HCPCS Procedure Code Changes for January 2015

Revised 02/12/2015

Surgery, Medicine, Radiology, and Evaluation and Management Services

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

HCPCS CODE	DESCRIPTION	EFFECTIVE DATE	STATUS CODE	CURRENT MAXIMUM PAYMENT AMOUNT	CURRENT MAXIMUM NON-FACILITY PAYMENT AMOUNT	CURRENT MAXIMUM FACILITY PAYMENT AMOUNT	PREVIOUS MAXIMUM PAYMENT AMOUNT	PREVIOUS MAXIMUM NON-FACILITY PAYMENT AMOUNT	PREVIOUS MAXIMUM FACILITY PAYMENT AMOUNT	PROF/TECH SPLIT	PC/TC INDICATOR	POST-OPERATIVE PERIOD, IN DAYS
20604	DRAIN/INJ JOINT/BURSA W/US	01/01/2015	1		$55.35	$36.16					0	
20606	DRAIN/INJ JOINT/BURSA W/US	01/01/2015	1		$60.87	$40.89					0	
20611	DRAIN/INJ JOINT/BURSA W/US	01/01/2015	1		$69.87	$48.04					0	
20983	ABLATE BONE TUMOR(S) PERQ	01/01/2015	1		$5,181.80	$318.22					0	
21811	OPTX OF RIB FX W/FIXJ SCOPE	01/01/2015	1		$441.50	$427.31					0	
21812	TREATMENT OF RIB FRACTURE	01/01/2015	1		$525.57	$511.37					0	
21813	TREATMENT OF RIB FRACTURE	01/01/2015	1		$709.14	$698.10					0	
22510	PERQ CERVICOTHORACIC INJECT	01/01/2015	1		$1,307.73	$354.63					0	10
22511	PERQ LUMBOSACRAL INJECTION	01/01/2015	1		$1,294.21	$332.17					0	10
22512	VERTEBROPLASTY ADDL INJECT	01/01/2015	1		$722.81	$162.25					0	10
22513	PERQ VERTEBRAL AUGMENTATION	01/01/2015	1		$5,452.90	$403.43					0	10
22514	PERQ VERTEBRAL AUGMENTATION	01/01/2015	1		$5,431.04	$376.84					0	10
22515	PERQ VERTEBRAL AUGMENTATION	01/01/2015	1		$3,293.18	$169.11					0	10
22858	SECOND LEVEL CER DISKECTOMY	01/01/2015	1	$527.99							0	10
27279	ARTHRODESIS SACROILIAC JOINT	01/01/2015	1	$445.04							0	90
33270	INS/REP SUBQ DEFIBRILLATOR	01/01/2015	1	$511.01							0	90
33271	INSJ SUBQ IMPLTBL DFB ELCTRD	01/01/2015	1	$387.17							0	90
33272	RMVL OF SUBQ DEFIBRILLATOR	01/01/2015	1	$346.20							0	90
33273	REPDS PREV IMPLTBL SUBQ DFB	01/01/2015	1	$312.85							0	90
33418	REPAIR TCAT MITRAL VALVE	01/01/2015	1	$1,391.86							0	90
33419	REPAIR TCAT MITRAL VALVE	01/01/2015	1	$448.42							0	90
33946	ECMO/ECLS INITIATION VENOUS	01/01/2015	1	$257.44							0	
33947	ECMO/ECLS INITIATION ARTERY	01/01/2015	1	$280.48							0	
33948	ECMO/ECLS DAILY MGMT-VENOUS	01/01/2015	1	$196.46							0	
33949	ECMO/ECLS DAILY MGMT ARTERY	01/01/2015	1	$191.69							0	
33951	ECMO/ECLS INSJ PRPH CANNULA	01/01/2015	1	$314.92							0	
33952	ECMO/ECLS INSJ PRPH CANNULA	01/01/2015	1	$306.77							0	
33953	ECMO/ECLS INSJ PRPH CANNULA	01/01/2015	1	$350.82							0	
33954	ECMO/ECLS INSJ PRPH CANNULA	01/01/2015	1	$341.62							0	
33955	ECMO/ECLS INSJ CTR CANNULA	01/01/2015	1	$723.83							0	
33956	ECMO/ECLS INSJ CTR CANNULA	01/01/2015	1	$686.49							0	
33957	ECMO/ECLS REPOS PERPH CNULA	01/01/2015	1	$240.42							0	
33958	ECMO/ECLS REPOS PERPH CNULA	01/01/2015	1	$235.95							0	
33959	ECMO/ECLS REPOS PERPH CNULA	01/01/2015	1	$277.65							0	
33962	ECMO/ECLS REPOS PERPH CNULA	01/01/2015	1	$265.55							0	
33963	ECMO/ECLS REPOS PERPH CNULA	01/01/2015	1	$452.88							0	
33964	ECMO/ECLS REPOS PERPH CNULA	01/01/2015	1	$459.84							0	
33965	ECMO/ECLS RMVL PERPH CANNULA	01/01/2015	1	$242.79							0	
33966	ECMO/ECLS RMVL PRPH CANNULA	01/01/2015	1	$269.30							0	
33969	ECMO/ECLS RMVL PERPH CANNULA	01/01/2015	1	$278.99							0	
33984	ECMO/ECLS RMVL PRPH CANNULA	01/01/2015	1	$271.41							0	
33985	ECMO/ECLS RMVL CTR CANNULA	01/01/2015	1	$513.76							0	
33986	ECMO/ECLS RMVL CTR CANNULA	01/01/2015	1	$491.14							0	
33987	ARTERY EXPOS/GRAFT ARTERY	01/01/2015	1	$207.99							0	
33988	INSERTION OF LEFT HEART VENT	01/01/2015	1	$602.35							0	
33989	REMOVAL OF LEFT HEART VENT	01/01/2015	1	$401.75							0	
34839	PLNNING PT SPEC FENEST GRAFT	01/01/2015	1	BR							0	
37218	STENT PLACEMT ANTE CAROTID	01/01/2015	1		$702.07	$657.38					0	90
43180	ESOPHAGOSCOPY RIGID TRNSO	01/01/2015	1		$465.29	$425.06					0	90
44381	SMALL BOWEL ENDOSCOPY BR/WA	01/01/2015	1	NC							0	
44384	SMALL BOWEL ENDOSCOPY	01/01/2015	1	NC							0	
44401	COLONOSCOPY WITH ABLATION	01/01/2015			$381.18	$209.75					0	
44402	COLONOSCOPY W/STENT PLCMT	01/01/2015		$207.85							0	
44403	COLONOSCOPY W/RESECTION	01/01/2015	1	NC							0	
44404	COLONOSCOPY W/INJECTION	01/01/2015	1	NC							0	
44405	COLONOSCOPY W/DILATION	01/01/2015	1	NC							0	
44406	COLONOSCOPY W/ULTRASOUND	01/01/2015	1	NC							0	
44407	COLONOSCOPY W/NDL ASPIR/BX	01/01/2015	1	NC							0	
44408	COLONOSCOPY W/DECOMPRESSION	01/01/2015	1	NC							0	
45346	SIGMOIDOSCOPY W/ABLATION	01/01/2015	1		$256.82	$140.87					0	
45347	SIGMOIDOSCOPY W/STENT	01/01/2015	1	$131.91							0	
45349	SIGMOIDOSCOPY W/RESECTION	01/01/2015	1	NC							0	
45350	SGMDSC W/BAND LIGATION	01/01/2015	1	NC							0	
45388	COLONOSCOPY W/ABLATION	01/01/2015	1		$423.16	$254.10					0	
45389	COLONOSCOPY W/STENT PLCMT	01/01/2015	1	$261.56							0	
45390	COLONOSCOPY W/RESECTION	01/01/2015	1	NC							0	
45393	COLONOSCOPY W/DECOMPRESSION	01/01/2015	1	NC							0	
45398	COLONOSCOPY W/BAND LIGATION	01/01/2015	1	NC							0	
45399	UNLISTED PROCEDURE COLON	01/01/2015	1	NC							0	
46601	DIAGNOSTIC ANOSCOPY	01/01/2015	1	NC							0	
46607	DIAGNOSTIC ANOSCOPY & BIOPSY	01/01/2015	1	NC							0	
47383	PERQ ABLTJ LVR CRYOABLATION	01/01/2015	1		$5,708.99	$403.96					0	10
52441	CYSTOURETHRO W/IMPLANT	01/01/2015	1		$936.03	$189.33					0	
52442	CYSTOURETHRO W/ADDL IMPLANT	01/01/2015	1		$722.15	$65.62					0	
62302	MYELOGRAPHY LUMBAR INJECTION	01/01/2015	1		$186.39	$98.31					0	
62303	MYELOGRAPHY LUMBAR INJECTION	01/01/2015	1		$193.50	$99.63					0	
62304	MYELOGRAPHY LUMBAR INJECTION	01/01/2015	1		$183.67	$96.64					0	
62305	MYELOGRAPHY LUMBAR INJECTION	01/01/2015	1		$200.21	$100.82					0	
64486	TAP BLOCK UNIL BY INJECTION	01/01/2015	1		$94.98	$51.07					0	
64487	TAP BLOCK UNI BY INFUSION	01/01/2015	1		$116.00	$58.69					0	
64488	TAP BLOCK BI INJECTION	01/01/2015	1		$116.79	$63.42					0	
64489	TAP BLOCK BI BY INFUSION	01/01/2015	1		$161.45	$70.74					0	
66179	AQUEOUS SHUNT EYE W/O GRAFT	01/01/2015	1		$838.90	$704.81					0	90
66184	REVISION OF AQUEOUS SHUNT	01/01/2015	1		$610.17	$491.06					0	90
76641	ULTRASOUND BREAST COMPLETE	01/01/2015	1	$81.18						J	1	
76642	ULTRASOUND BREAST LIMITED	01/01/2015	1	$66.86						C	1	
77061	BREAST TOMOSYNTHESIS UNI	01/01/2015	1	NC								
77062	BREAST TOMOSYNTHESIS BI	01/01/2015	1	NC								
77063	BREAST TOMOSYNTHESIS BI	01/01/2015	1	$43.06						L	1	
77085	DXA BONE DENSITY STUDY	01/01/2015	1	$42.29						I	1	
77086	FRACTURE ASSESSMENT VIA DXA	01/01/2015	1	$26.74						H	1	
77306	TELETHX ISODOSE PLAN SIMPLE	01/01/2015	1	$109.31						K	1	
77307	TELETHX ISODOSE PLAN CPLX	01/01/2015	1	$213.60						K	1	
77316	BRACHYTX ISODOSE PLAN SIMPLE	01/01/2015	1	$139.30						C	1	
77317	BRACHYTX ISODOSE INTERMED	01/01/2015	1	$182.42						C	1	
77318	BRACHYTX ISODOSE COMPLEX	01/01/2015	1	$263.60						K	1	
77385	NTSTY MODUL RAD TX DLVR SMPL	01/01/2015	1	NC								
77386	NTSTY MODUL RAD TX DLVR CPLX	01/01/2015	1	NC								
77387	GUIDANCE FOR RADIAJ TX DLVR	01/01/2015	1	NC								
91200	LIVER ELASTOGRAPHY	01/01/2015	1	$27.58						C	1	
92145	CORNEAL HYSTERESIS DETER	01/01/2015	1	$12.01						L	1	
93260	PRGRMG DEV EVAL IMPLTBL SYS	01/01/2015	1	50.72						M	1	
93261	INTERROGATE SUBQ DEFIB	01/01/2015	1	$46.26						M	1	
93355	ECHO TRANSESOPHAGEAL (TEE)	01/01/2015	1	$179.60							0	
93644	ELECTROPHYSIOLOGY EVALUATION	01/01/2015	1	$239.12						M	1	
93702	BIS XTRACELL FLUID ANALYSIS	01/01/2015	1	$84.42							3	
93895	CAROTID INTIMA ATHEROMA EVAL	01/01/2015	1	NC								
96127	BRIEF EMOTIONAL/BEHAV ASSMT	01/01/2015	1	NC								
97607	NEG PRESS WND TX </=50 SQ CM	01/01/2015	1		$31.31	$20.65					0	
97608	NEG PRESS WOUND TX >50 CM	01/01/2015	1		$33.50	$22.84					0	
99184	HYPOTHERMIA ILL NEONATE	01/01/2015	1	$184.91							0	
99188	APP TOPICAL FLUORIDE VARNISH	01/01/2015	1	NC								
99490	CHRON CARE MGMT SRVC 20 MIN	01/01/2015	1	32.81							0	
99497	ADVNCD CARE PLAN 30 MIN	01/01/2015	1	NC								
99498	ADVNCD CARE PLAN ADDL 30 MIN	01/01/2015	1	NC								
21800	TREATMENT OF RIB FRACTURE	01/01/2015	3	D								
21810	TREATMENT OF RIB FRACTURE(S)	01/01/2015	3	D								
22520	PERCUT VERTEBROPLASTY THOR	01/01/2015	3	D								
22521	PERCUT VERTEBROPLASTY LUMB	01/01/2015	3	D								
22522	PERCUT VERTEBROPLASTY ADDL	01/01/2015	3	D								
22523	PERCUT KYPHOPLASTY THOR	01/01/2015	3	D								
22524	PERCUT KYPHOPLASTY LUMBAR	01/01/2015	3	D								
22525	PERCUT KYPHOPLASTY ADD-ON	01/01/2015	3	D								
29020	APPLICATION OF BODY CAST	01/01/2015	3	D								
29025	APPLICATION OF BODY CAST	01/01/2015	3	D								
29715	REMOVAL/REVISION OF CAST	01/01/2015	3	D								
33332	INSERT MAJOR VESSEL GRAFT	01/01/2015	3	D								
33472	REVISION OF PULMONARY VALVE	01/01/2015	3	D								
33960	EXTERNAL CIRCULATION ASSIST	01/01/2015	3	D								
33961	EXTERNAL CIRCULATION ASSIST	01/01/2015	3	D								

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36469	INJECTION(S) SPIDER VEINS	01/01/2015	3	D								
36822	INSERTION OF CANNULA(S)	01/01/2015	3	D								
42508	PAROTID DUCT DIVERSION	01/01/2015	3	D								
43350	SURGICAL OPENING ESOPHAGUS	01/01/2015	3	D								
44383	ILEOSCOPY W/STENT	01/01/2015	3	D								
44393	COLONOSCOPY LESION REMOVAL	01/01/2015	3	D								
44397	COLONOSCOPY W/STENT	01/01/2015	3	D								
45339	SIGMOIDOSCOPY W/ABLATE TUMR	01/01/2015	3	D								
45345	SIGMOIDOSCOPY W/STENT	01/01/2015	3	D								
45355	SURGICAL COLONOSCOPY	01/01/2015	3	D								
45383	LESION REMOVAL COLONOSCOPY	01/01/2015	3	D								
45387	COLONOSCOPY W/STENT	01/01/2015	3	D								
61334	EXPLORE ORBIT/REMOVE OBJECT	01/01/2015	3	D								
61440	INCISE SKULL FOR SURGERY	01/01/2015	3	D								
61470	INCISE SKULL FOR SURGERY	01/01/2015	3	D								
61490	INCISE SKULL FOR SURGERY	01/01/2015	3	D								
61542	REMOVAL OF BRAIN TISSUE	01/01/2015	3	D								
61609	TRANSECT ARTERY SINUS	01/01/2015	3	D								
61875	IMPLANT NEUROELECTRODES	01/01/2015	3	D								
62116	REDUCTION OF SKULL DEFECT	01/01/2015	3	D								
64752	INCISION OF VAGUS NERVE	01/01/2015	3	D								
64761	INCISION OF PELVIS NERVE	01/01/2015	3	D								
64870	FUSION OF FACIAL/OTHER NERVE	01/01/2015	3	D								
66165	GLAUCOMA SURGERY	01/01/2015	3	D								
69400	INFLATE MIDDLE EAR CANAL	01/01/2015	3	D								
69401	INFLATE MIDDLE EAR CANAL	01/01/2015	3	D								
69405	CATHETERIZE MIDDLE EAR CANAL	01/01/2015	3	D								
72291	PERQ VERTE/SACROPLSTY FLUOR	01/01/2015	3	D								
72292	PERQ VERTE/SACROPLSTY CT	01/01/2015	3	D								
74291	CONTRAST X-RAYS GALLBLADDER	01/01/2015	3	D								
76645	US EXAM BREAST(S)	01/01/2015	3	D								
76950	ECHO GUIDANCE RADIOTHERAPY	01/01/2015	3	D								
77082	DXA BONE DENSITY VERT FX	01/01/2015	3	D								
77305	TELETX ISODOSE PLAN SIMPLE	01/01/2015	3	D								
77310	TELETX ISODOSE PLAN INTERMED	01/01/2015	3	D								
77315	TELETX ISODOSE PLAN COMPLEX	01/01/2015	3	D								
77326	BRACHYTX ISODOSE CALC SIMP	01/01/2015	3	D								
77327	BRACHYTX ISODOSE CALC INTERM	01/01/2015	3	D								
77328	BRACHYTX ISODOSE PLAN COMPL	01/01/2015	3	D								
77403	RADIATION TREATMENT DELIVERY	01/01/2015	3	D								
77404	RADIATION TREATMENT DELIVERY	01/01/2015	3	D								
77406	RADIATION TREATMENT DELIVERY	01/01/2015	3	D								
77408	RADIATION TREATMENT DELIVERY	01/01/2015	3	D								
77409	RADIATION TREATMENT DELIVERY	01/01/2015	3	D								
77411	RADIATION TREATMENT DELIVERY	01/01/2015	3	D								
77413	RADIATION TREATMENT DELIVERY	01/01/2015	3	D								
77414	RADIATION TREATMENT DELIVERY	01/01/2015	3	D								
77416	RADIATION TREATMENT DELIVERY	01/01/2015	3	D								
77418	RADIATION TX DELIVERY IMRT	01/01/2015	3	D								
77421	STEREOSCOPIC X-RAY GUIDANCE	01/01/2015	3	D								
99481	TOT BODY SYST HYPOTHERMIA	01/01/2015	3	D								
99482	SELECTIVE HEAD HYPOTHERMIA	01/01/2015	3	D								
99488	CMPLX CHRON CARE W/ PT VSIT	01/01/2015	3	D								

KEY FOR CURRENT/PREVIOUS MAXIMUM PAYMENT AMOUNT

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

KEY FOR PROF/TECH SPLIT

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

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

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

a	Valid only in an inpatient hospital	e	Valid only in a person's home
b	Not valid in a hospital	f	Not valid in an inpatient hospital
c	Not valid in a hospital or LTCF	g	Valid only in a freestanding birth center
d	Valid only in a practitioner's office, a clinic, or an urgent care facility		

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

STATUS CODE:
1 -- Initial maximum payment amount
2 -- Change in maximum payment amount or coverage as of the Effective Date
3 -- Discontinuation of procedure code

HCPCS CODE	COMPONENT __ -- Total proc. 26 -- Prof. comp. TC -- Tech. comp.	DESCRIPTION	EFFECTIVE DATE	STATUS CODE	CURRENT MAXIMUM PAYMENT AMOUNT	CURRENT MAXIMUM NON-FACILITY PAYMENT AMOUNT	CURRENT MAXIMUM FACILITY PAYMENT AMOUNT	PREVIOUS MAXIMUM PAYMENT AMOUNT	PREVIOUS MAXIMUM NON-FACILITY PAYMENT AMOUNT	PREVIOUS MAXIMUM FACILITY PAYMENT AMOUNT	PC/TC INDICATOR
80163		DIGOXIN LEVEL	2015.01.01	1	$14.46						9b
80165		VALPROIC ACID LEVEL	2015.01.01	1	$10.44						9b
80300		DRUG SCREEN	2015.01.01	1	$52.75						9
80301		DRUG SCREEN	2015.01.01	1	$11.79						9
80302		DRUG SCREEN	2015.01.01	1	$11.79						9
80303		DRUG SCREEN	2015.01.01	1	$11.79						9
80304		DRUG SCREEN	2015.01.01	1	$11.79						9
80320		ALCOHOLS LEVELS	2015.01.01	1	$14.74						9
80321		ALCOHOLS LEVELS	2015.01.01	1	$14.74						9
80322		ALCOHOLS LEVELS	2015.01.01	1	$14.74						9
80323		ALKALOIDS LEVELS	2015.01.01	1	$11.05						9
80324		AMPHETAMINES LEVELS	2015.01.01	1	$11.79						9
80325		AMPHETAMINES LEVELS	2015.01.01	1	$11.79						9
80326		AMPHETAMINES LEVELS	2015.01.01	1	$11.79						9
80327		ANABOLIC STEROIDS LEVELS	2015.01.01	1	$11.79						9
80328		ANABOLIC STEROIDS LEVELS	2015.01.01	1	$11.79						9
80329		ANALGESICS LEVELS	2015.01.01	1	$11.79						9
80330		ANALGESICS LEVELS	2015.01.01	1	$11.79						9
80331		ANALGESICS LEVELS	2015.01.01	1	$11.79						9
80332		ANTIDEPRESSANTS LEVELS	2015.01.01	1	$11.79						9
80333		ANTIDEPRESSANTS LEVELS	2015.01.01	1	$11.79						9
80334		ANTIDEPRESSANTS LEVELS	2015.01.01	1	$11.79						9
80335		ANTIDEPRESSANTS LEVELS	2015.01.01	1	$11.79						9
80336		ANTIDEPRESSANTS LEVELS	2015.01.01	1	$11.79						9
80337		ANTIDEPRESSANTS LEVELS	2015.01.01	1	$11.79						9
80338		ANTIDEPRESSANTS LEVELS	2015.01.01	1	$11.79						9
80339		ANTIEPILEPTICS LEVELS	2015.01.01	1	$11.79						9
80340		ANTIEPILEPTICS LEVELS	2015.01.01	1	$11.79						9
80341		ANTIEPILEPTICS LEVELS	2015.01.01	1	$11.79						9
80342		ANTIPSYCHOTICS LEVELS	2015.01.01	1	$11.79						9
80343		ANTIPSYCHOTICS LEVELS	2015.01.01	1	$11.79						9
80344		ANTIPSYCHOTICS LEVELS	2015.01.01	1	$11.79						9
80345		BARBITURATES LEVELS	2015.01.01	1	$11.79						9
80346		BENZODIAZEPINES LEVELS	2015.01.01	1	$24.79						9
80347		BENZODIAZEPINES LEVELS	2015.01.01	1	$24.79						9
80348		BUPRENORPHINE LEVEL	2015.01.01	1	$11.79						9
80349		CANNABINOIDS LEVELS	2015.01.01	1	$11.79						9
80350		CANNABINOIDS LEVELS	2015.01.01	1	$11.79						9
80351		CANNABINOIDS LEVELS	2015.01.01	1	$11.79						9
80352		CANNABINOIDS LEVELS	2015.01.01	1	$11.79						9
80353		DRUG SCREENING COCAINE	2015.01.01	1	$11.79						9
80354		DRUG SCREENING FENTANYL	2015.01.01	1	$11.79						9
80355		GABAPENTIN NON-BLOOD	2015.01.01	1	$11.79						9
80356		HEROIN METABOLITE	2015.01.01	1	$11.79						9
80357		KETAMINE AND NORKETAMINE	2015.01.01	1	$11.79						9
80358		DRUG SCREENING METHADONE	2015.01.01	1	$11.79						9
80359		METHYLENEDIOXYAMPHETAMINES	2015.01.01	1	$11.79						9
80360		METHYLPHENIDATE	2015.01.01	1	$11.79						9
80361		OPIATES 1 OR MORE	2015.01.01	1	$21.23						9
80362		OPIOIDS & OPIATE ANALOGS 1/2	2015.01.01	1	$21.23						9
80363		OPIOIDS & OPIATE ANALOGS 3/4	2015.01.01	1	$21.23						9
80364		OPIOID &OPIATE ANALOG 5/MORE	2015.01.01	1	$21.23						9
80365		DRUG SCREENING OXYCODONE	2015.01.01	1	$11.79						9
80366		DRUG SCREENING PREGABALIN	2015.01.01	1	$11.79						9
80367		DRUG SCREENING PROPOXYPHENE	2015.01.01	1	$11.79						9
80368		SEDATIVE HYPNOTICS	2015.01.01	1	$11.79						9
80369		SKELETAL MUSCLE RELAXANT 1/2	2015.01.01	1	$11.79						9
80370		SKEL MUSC RELAXANT 3 OR MORE	2015.01.01	1	$11.79						9
80371		STIMULANTS SYNTHETIC	2015.01.01	1	$11.79						9
80372		DRUG SCREENING TAPENTADOL	2015.01.01	1	$11.79						9
80373		DRUG SCREENING TRAMADOL	2015.01.01	1	$11.79						9
80374		STEREOISOMER ANALYSIS	2015.01.01	1	$11.79						9
80375		DRUG/SUBSTANCE NOS 1-3	2015.01.01	1	$11.79						9
80376		DRUG/SUBSTANCE NOS 4-6	2015.01.01	1	$11.79						9
80377		DRUG/SUBSTANCE NOS 7/MORE	2015.01.01	1	$11.79						9
81246		FLT3 GENE ANALYSIS	2015.01.01	1	$132.74						
81288		MLH1 GENE	2015.01.01	1	$520.00						
81313		PCA3/KLK3 ANTIGEN	2015.01.01	1	$240.00						
81410		AORTIC DYSFUNCTION/DILATION	2015.01.01	1	$360.00						
81411		AORTIC DYSFUNCTION/DILATION	2015.01.01	1	$360.00						
81415		EXOME SEQUENCE ANALYSIS	2015.01.01	1	$190.00						
81416		EXOME SEQUENCE ANALYSIS	2015.01.01	1	$135.00						
81417		EXOME RE-EVALUATION	2015.01.01	1	$80.00						
81420		FETAL CHRMOML ANEUPLOIDY	2015.01.01	1	$240.00						
81425		GENOME SEQUENCE ANALYSIS	2015.01.01	1	$190.00						
81426		GENOME SEQUENCE ANALYSIS	2015.01.01	1	$135.00						
81427		GENOME RE-EVALUATION	2015.01.01	1	$80.00						
81430		HEARING LOSS SEQUENCE ANALYS	2015.01.01	1	$960.00						
81431		HEARING LOSS DUP/DEL ANALYS	2015.01.01	1	$80.00						
81435		HEREDITARY COLON CANCER	2015.01.01	1	$360.00						
81436		HEREDITARY COLON CA SYND	2015.01.01	1	$150.00						
81440		MITOCHONDRIAL GENE	2015.01.01	1	$360.00						
81445		TARGETED GENOMIC SEQ ANALYS	2015.01.01	1	$520.00						
81450		TARGETED GENOMIC SEQ ANALYS	2015.01.01	1	$520.00						
81455		TARGETED GENOMIC SEQ ANALYS	2015.01.01	1	$520.00						
81460		WHOLE MITOCHONDRIAL GENOME	2015.01.01	1	$80.00						
81465		WHOLE MITOCHONDRIAL GENOME	2015.01.01	1	$240.00						
81470		X-LINKED INTELLECTUAL DBLT	2015.01.01	1	$520.00						
81471		X-LINKED INTELLECTUAL DBLT	2015.01.01	1	$80.00						
81519		ONCOLOGY BREAST MRNA	2015.01.01	1	NC						
83006		GROWTH STIMULATION GENE 2	2015.01.01	1	$19.14						9b
87505		NFCT AGENT DETECTION GI	2015.01.01	1	$139.66						9b
87506		IADNA-DNA/RNA PROBE TQ 6-11	2015.01.01	1	$232.36						9b
87507		IADNA-DNA/RNA PROBE TQ 12-25	2015.01.01	1	$453.74						9b
87623		HPV LOW-RISK TYPES	2015.01.01	1	$38.21						9b
87624		HPV HIGH-RISK TYPES	2015.01.01	1	$38.21						9b
87625		HPV TYPES 16 & 18 ONLY	2015.01.01	1	$38.21						9b
87806		HIV ANTIGEN W/HIV ANTIBODIES	2015.01.01	1	$26.22						9b
88341	__	IMMUNOHISTO ANTIBODY SLIDE	2015.01.01	1	$50.46						1
88341	26	IMMUNOHISTO ANTIBODY SLIDE	2015.01.01	1	$17.05						1
88341	TC	IMMUNOHISTO ANTIBODY SLIDE	2015.01.01	1	$33.41						1
88344	__	IMMUNOHISTO ANTIBODY SLIDE	2015.01.01	1	$87.82						1
88344	26	IMMUNOHISTO ANTIBODY SLIDE	2015.01.01	1	$31.28						1
88344	TC	IMMUNOHISTO ANTIBODY SLIDE	2015.01.01	1	$56.54						1
88364	__	INSITU HYBRIDIZATION (FISH)	2015.01.01	1	$72.80						1
88364	26	INSITU HYBRIDIZATION (FISH)	2015.01.01	1	$21.25						1
88364	TC	INSITU HYBRIDIZATION (FISH)	2015.01.01	1	$51.55						1
88366	__	INSITU HYBRIDIZATION (FISH)	2015.01.01	1	$112.59						1
88366	26	INSITU HYBRIDIZATION (FISH)	2015.01.01	1	$49.21						1
88366	TC	INSITU HYBRIDIZATION (FISH)	2015.01.01	1	$63.38						1
88369	__	M/PHMTRC ALYSISHQUANT/SEMIQ	2015.01.01	1	$55.45						1
88369	26	M/PHMTRC ALYSISHQUANT/SEMIQ	2015.01.01	1	$19.67						1
88369	TC	M/PHMTRC ALYSISHQUANT/SEMIQ	2015.01.01	1	$35.78						1
88373	__	M/PHMTRC ALYS ISHQUANT/SEMIQ	2015.01.01	1	$45.22						1
88373	26	M/PHMTRC ALYS ISHQUANT/SEMIQ	2015.01.01	1	$16.54						1
88373	TC	M/PHMTRC ALYS ISHQUANT/SEMIQ	2015.01.01	1	$28.68						1
88374	__	M/PHMTRC ALYS ISHQUANT/SEMIQ	2015.01.01	1	$152.88						1
88374	26	M/PHMTRC ALYS ISHQUANT/SEMIQ	2015.01.01	1	$35.34						1
88374	TC	M/PHMTRC ALYS ISHQUANT/SEMIQ	2015.01.01	1	$117.54						1
88377	__	M/PHMTRC ALYS ISHQUANT/SEMIQ	2015.01.01	1	$160.82						1
88377	26	M/PHMTRC ALYS ISHQUANT/SEMIQ	2015.01.01	1	$51.42						1
88377	TC	M/PHMTRC ALYS ISHQUANT/SEMIQ	2015.01.01	1	$109.40						1
89337		CRYOPRESERVATION OOCYTE(S)	2015.01.01	1	NC						
G0472		HEP C SCREEN HIGH RISK/OTHER	2015.01.01	1	BR						9b
80100		DRUG SCREEN QUALITATE/MULTI	2015.01.01	3	D						
80101		DRUG SCREEN SINGLE	2015.01.01	3	D						
80102		DRUG CONFIRMATION	2015.01.01	3	D						
80103		DRUG ANALYSIS TISSUE PREP	2015.01.01	3	D						
80104		DRUG SCRN 1+ CLASS NONCHROMO	2015.01.01	3	D						
80152		ASSAY OF AMITRIPTYLINE	2015.01.01	3	D						
80154		ASSAY OF BENZODIAZEPINES	2015.01.01	3	D						
80160		ASSAY OF DESIPRAMINE	2015.01.01	3	D						
80166		ASSAY OF DOXEPIN	2015.01.01	3	D						

HCPCS CODE	COMPONENT __ -- Total proc. 26 -- Prof. comp. TC -- Tech. comp.	DESCRIPTION	EFFECTIVE DATE	STATUS CODE	CURRENT MAXIMUM PAYMENT AMOUNT	CURRENT MAXIMUM NON-FACILITY PAYMENT AMOUNT	CURRENT MAXIMUM FACILITY PAYMENT AMOUNT	PREVIOUS MAXIMUM PAYMENT AMOUNT	PREVIOUS MAXIMUM NON-FACILITY PAYMENT AMOUNT	PREVIOUS MAXIMUM FACILITY PAYMENT AMOUNT	PC/TC INDICATOR
80172		ASSAY OF GOLD	2015.01.01	3	D						
80174		ASSAY OF IMIPRAMINE	2015.01.01	3	D						
80182		ASSAY OF NORTRIPTYLINE	2015.01.01	3	D						
80196		ASSAY OF SALICYLATE	2015.01.01	3	D						
80440		TRH STIMULATION PANEL	2015.01.01	3	D						
82000		ASSAY OF BLOOD ACETALDEHYDE	2015.01.01	3	D						
82003		ASSAY OF ACETAMINOPHEN	2015.01.01	3	D						
82055		ASSAY OF ETHANOL	2015.01.01	3	D						
82101		ASSAY OF URINE ALKALOIDS	2015.01.01	3	D						
82145		ASSAY OF AMPHETAMINES	2015.01.01	3	D						
82205		ASSAY OF BARBITURATES	2015.01.01	3	D						
82520		ASSAY OF COCAINE	2015.01.01	3	D						
82646		ASSAY OF DIHYDROCODEINONE	2015.01.01	3	D						
82649		ASSAY OF DIHYDROMORPHINONE	2015.01.01	3	D						
82651		ASSAY OF DIHYDROTESTOSTERONE	2015.01.01	3	D						
82654		ASSAY OF DIMETHADIONE	2015.01.01	3	D						
82666		ASSAY OF EPIANDROSTERONE	2015.01.01	3	D						
82690		ASSAY OF ETHCHLORVYNOL	2015.01.01	3	D						
82742		ASSAY OF FLURAZEPAM	2015.01.01	3	D						
82953		GLUCOSE-TOLBUTAMIDE TEST	2015.01.01	3	D						
82975		ASSAY OF GLUTAMINE	2015.01.01	3	D						
82980		ASSAY OF GLUTETHIMIDE	2015.01.01	3	D						
83008		ASSAY OF GUANOSINE	2015.01.01	3	D						
83055		BLOOD SULFHEMOGLOBIN TEST	2015.01.01	3	D						
83071		ASSAY OF HEMOSIDERIN QUANT	2015.01.01	3	D						
83634		ASSAY OF URINE FOR LACTOSE	2015.01.01	3	D						
83805		ASSAY OF MEPROBAMATE	2015.01.01	3	D						
83840		ASSAY OF METHADONE	2015.01.01	3	D						
83858		ASSAY OF METHSUXIMIDE	2015.01.01	3	D						
83866		MUCOPOLYSACCHARIDES SCREEN	2015.01.01	3	D						
83887		ASSAY OF NICOTINE	2015.01.01	3	D						
83925		ASSAY OF OPIATES	2015.01.01	3	D						
84022		ASSAY OF PHENOTHIAZINE	2015.01.01	3	D						
84127		ASSAY OF FECES PORPHYRINS	2015.01.01	3	D						
87001		SMALL ANIMAL INOCULATION	2015.01.01	3	D						
87620		HPV DNA DIR PROBE	2015.01.01	3	D						
87621		HPV DNA AMP PROBE	2015.01.01	3	D						
87622		HPV DNA QUANT	2015.01.01	3	D						
88343		IMMUNOHISTO ANTIBOD ADD SLID	2015.01.01	3	D						
88349		SCANNING ELECTRON MICROSCOPY	2015.01.01	3	D						

KEY FOR CURRENT/PREVIOUS MAXIMUM PAYMENT AMOUNT

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

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

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

a	Valid only in an inpatient hospital	e	Valid only in a person's home
b	Not valid in a hospital	f	Not valid in an inpatient hospital
c	Not valid in a hospital or LTCF	g	Valid only in a freestanding birth center
d	Valid only in a practitioner's office, a clinic, or an urgent care facility		

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

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

HCPCS CODE	DESCRIPTION	EFFECTIVE DATE	STATUS CODE	CURRENT MAXIMUM PAYMENT AMOUNT	PREVIOUS MAXIMUM PAYMENT AMOUNT	PC/TC INDICATOR
A4459	MANUAL PUMP ENEMA, REUSABLE	01/01/2015	1	NC		
A4602	REPLACE LITHIUM BATTERY 1.5V	01/01/2015	1	NC		
A7048	VACUUM DRAIN BOTTLE/TUBE KIT	01/01/2015	1	$37.58		
A9606	RADIUM RA223 DICHLORIDE THER	01/01/2015	1	NC		
L3981	UE FX ORTH SHOUL CAP FOREARM	01/01/2015	1	NC		
L6026	PART HAND MYO EXCLU TERM DEV	01/01/2015	1	NC		
L7259	ELECTRONIC WRIST ROTATOR ANY	01/01/2015	1	NC		
L8696	EXT ANTENNA PHREN NERVE STIM	01/01/2015	1	NC		
A7042	IMPLANTED PLEURAL CATHETER	01/01/2015	3	D		
A7043	VACUUM DRAINAGEBOTTLE/TUBING	01/01/2015	3	D		
L7260	ELECTRON WRIST ROTATOR OTTO	01/01/2015	3	D		
L7261	ELECTRON WRIST ROTATOR UTAH	01/01/2015	3	D		

KEY FOR CURRENT/PREVIOUS MAXIMUM PAYMENT AMOUNT

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

KEY FOR PC/TC INDICATOR

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

Dental Services

NC = No coverage

HCPCS CODE	DESCRIPTION	EFFECTIVE DATE	CURRENT MAXIMUM PAYMENT	PREVIOUS MAXIMUM PAYMENT
NON-COVERED PROCEDURES				
D0171	RE-EVAL POST-OP VISIT	01/01/2015	NC	
D0351	3D PHOTOGRAPHIC IMAGE	01/01/2015	NC	
D1353	SEALANT REPAIR PER TOOTH	01/01/2015	NC	
D6110	IMPLNT/ABUT REMOV DENT MAX	01/01/2015	NC	
D6111	IMPLNT/ABUT REMOV DENT MAND	01/01/2015	NC	
D6112	IMP/ABUT REM DENT PART MAX	01/01/2015	NC	
D6113	IMP/ABUT REM DENT PART MAND	01/01/2015	NC	
D6114	IMPLNT/ABUT FIXED DENT MAX	01/01/2015	NC	
D6115	IMPLNT/ABUT FIXED DENT MAND	01/01/2015	NC	
D6116	IMP/ABUT FIXED DENT PART MAX	01/01/2015	NC	
D6117	IMP/ABUT FIXED DENT PART MAN	01/01/2015	NC	
D6549	RESIN RETAINER	01/01/2015	NC	
D9219	EVAL FOR DEEP SED/GEN ANESTH	01/01/2015	NC	
D9931	CLEAN/INSPECT REM APPLIANCE	01/01/2015	NC	
D9986	MISSED APPOINTMENT	01/01/2015	NC	
D9987	CANCELLED APPOINTMENT	01/01/2015	NC	
DISCONTINUED PROCEDURE CODES				
D6053	IMPLNT/ABTMNT SPPRT REMV DNT	01/01/2015	D	
D6054	IMPLNT/ABTMNT SPPRT REMVPRTL	01/01/2015	D	
D6078	IMPLNT/ABUT SUPRTD FIXD DENT	01/01/2015	D	
D6079	IMPLNT/ABUT SUPRTD FIXD DENT	01/01/2015	D	
D6975	COPING	01/01/2015	D	

Practitioner-Administered Pharmaceuticals

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

HCPCS CODE	DESCRIPTION	EFFECTIVE DATE	STATUS CODE	CURRENT MAXIMUM PAYMENT AMOUNT	PREVIOUS MAXIMUM PAYMENT AMOUNT
90630	FLU VACC IIV4 NO PRESERV ID	01/01/2015	1	NC	
90651	HPV VACCINE 9 VALENT IM	01/01/2015	1	NC	
J0153	ADENOSINE INJ 1MG	01/01/2015	1	$0.85	
J0571	BUPRENORPHINE ORAL 1MG	01/01/2015	1	$0.55	
J0572	BUPRENORPHIN/NALOX UP TO 3MG	01/01/2015	1	$4.20	
J0573	BUPRENORPH/NALOX 3.1 TO 6MG	01/01/2015	1	$7.53	
J0574	BUPRENORPH/NALOX 6.1 TO 10MG	01/01/2015	1	$10.33	
J0575	BUPRENORPH/NALOX OVER 10MG	01/01/2015	1	$15.07	
J0887	EPOETIN BETA ESRD USE, PER MCG	01/01/2015	1	0.64	
J0888	EPOETIN BETA NON ESRD, PER MCG	01/01/2015	1	0.64	
J1071	INJ TESTOSTERONE CYPIONATE	01/01/2015	1	$0.03	
J1322	ELOSULFASE ALFA, INJECTION	01/01/2015	1	$228.55	
J1439	INJ FERRIC CARBOXYMALTOS 1MG	01/01/2015	1	$1.06	
J2274	IN MORPHINE PRESERVATIV FREE	01/01/2015	1	$9.27	
J2704	INJ, PROPOFOL, 10 MG	01/01/2015	1	$0.12	
J3121	INJ TESTOSTERO ENANTHATE 1MG	01/01/2015	1	$0.05	
J3145	TESTOSTERONE UNDECANOATE 1MG	01/01/2015	1	$1.17	
J7181	FACTOR XIII RECOMB A-SUBUNIT	01/01/2015	1	NC	
J7182	FACTOR VIII RECOMB NOVOEIGHT	01/01/2015	1	NC	
J7200	FACTOR IX RECOMBINAN RIXUBIS	01/01/2015	1	NC	
J7201	FACTOR IX FC FUSION RECOMB	01/01/2015	1	NC	
J7327	MONOVISC INJ PER DOSE	01/01/2015	1	$988.38	
J7336	CAPSAICIN 8% PATCH	01/01/2015	1	$2.72	
J9267	PACLITAXEL INJECTION	01/01/2015	1	$0.16	
J9301	OBINUTUZUMAB INJ	01/01/2015	1	$52.24	
Q4150	ALLOWRAP DS OR DRY 1 SQ CM	01/01/2015	1	NC	
Q4151	AMNIOBAND, GUARDIAN 1 SQ CM	01/01/2015	1	NC	
Q4152	DERMAPURE 1 SQUARE CM	01/01/2015	1	NC	
Q4153	DERMAVEST 1 SQUARE CM	01/01/2015	1	NC	
Q4154	BIOVANCE 1 SQUARE CM	01/01/2015	1	NC	
Q4155	NEOXFLO OR CLARIXFLO 1 MG	01/01/2015	1	NC	
Q4156	NEOX 100 1 SQUARE CM	01/01/2015	1	NC	
Q4157	REVITALON 1 SQUARE CM	01/01/2015	1	NC	
Q4158	MARIGEN 1 SQUARE CM	01/01/2015	1	NC	
Q4159	AFFINITY1 SQUARE CM	01/01/2015	1	NC	
Q4160	NUSHIELD 1 SQUARE CM	01/01/2015	1	NC	
J0150	INJECTION ADENOSINE 6 MG	01/01/2015	3	D	
J0151	INJ ADENOSINE DIAG 1MG	01/01/2015	3	D	
J0900	TESTOSTERONE ENANTHATE INJ	01/01/2015	3	D	
J1060	TESTOSTERONE CYPIONATE 1 ML	01/01/2015	3	D	
J1070	TESTOSTERONE CYPIONAT 100 MG	01/01/2015	3	D	
J1080	TESTOSTERONE CYPIONAT 200 MG	01/01/2015	3	D	
J2271	MORPHINE SO4 INJECTION 100MG	01/01/2015	3	D	
J2275	MORPHINE SULFATE INJECTION	01/01/2015	3	D	
J3120	TESTOSTERONE ENANTHATE INJ	01/01/2015	3	D	
J3130	TESTOSTERONE ENANTHATE INJ	01/01/2015	3	D	
J3140	TESTOSTERONE SUSPENSION INJ	01/01/2015	3	D	
J3150	TESTOSTERON PROPIONATE INJ	01/01/2015	3	D	
J7335	CAPSAICIN 8% PATCH	01/01/2015	3	D	
Q9970	INJ FERRIC CARBOXYMALTOS 1MG	01/01/2015	3	D	
Q9972	EPOETIN BETA ESRD USE	01/01/2015	3	D	
Q9973	EPOETIN BETA NON ESRD	01/01/2015	3	D	
Q9974	MORPHINE EPIDURAL/INTRATHECA	01/01/2015	3	D	

KEY FOR CURRENT/PREVIOUS MAXIMUM PAYMENT AMOUNT

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

KEY FOR PC/TC INDICATOR

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

Facility Services Provided by an Ambulatory Surgery Center

KEY FOR CURRENT SURGICAL GROUP

PAYMENT AMOUNTS EFFECTIVE 01/01/2010

GROUP	MAXIMUM PAYMENT AMOUNT	GROUP	MAXIMUM PAYMENT AMOUNT	GROUP	MAXIMUM PAYMENT AMOUNT
1	$246.78	4	$468.58	7	$742.33
2	$331.70	5	$534.52	8	$813.27
3	$380.66	6	$704.37	9	$1,032.07

HCPCS CODE	DESCRIPTION	CURRENT SURGICAL GROUP	CURRENT EFFECTIVE DATE	CURRENT END DATE	PREVIOUS SURGICAL GROUP	PREVIOUS EFFECTIVE DATE	PREVIOUS END DATE
20604	Drain/inj joint/bursa w/us	1	01/01/2015	OPEN			
20606	Drain/inj joint/bursa w/us	1	01/01/2015	OPEN			
20611	Drain/inj joint/bursa w/us	1	01/01/2015	OPEN			
20983	Ablate bone tumor(s) perq	2	01/01/2015	OPEN			
22510	Perq cervicothoracic inject	9	01/01/2015	OPEN			
22511	Perq lumbosacral injection	9	01/01/2015	OPEN			
22512	Vertebroplasty addl inject	6	01/01/2015	OPEN			
22513	Perq vertebral augmentation	7	01/01/2015	OPEN			
22514	Perq vertebral augmentation	7	01/01/2015	OPEN			
22515	Perq vertebral augmentation	7	01/01/2015	OPEN			
27279	Arthrodesis sacroiliac joint	9	01/01/2015	OPEN			
33270	Ins/rep subq defibrillator	9	01/01/2015	OPEN			
33271	Insj subq impltbl dfb elctrd	9	01/01/2015	OPEN			
33273	Repos prev impltbl subq dfb	4	01/01/2015	OPEN			
43180	Esophagoscopy rigid trnso	2	01/01/2015	OPEN			
44381	Small bowel endoscopy br/wa	3	01/01/2015	OPEN			
44384	Small bowel endoscopy	3	01/01/2015	OPEN			
44401	Colonoscopy with ablation	1	01/01/2015	OPEN			
44402	Colonoscopy w/stent plcmt	3	01/01/2015	OPEN			
44403	Colonoscopy w/resection	3	01/01/2015	OPEN			
44404	Colonoscopy w/injection	3	01/01/2015	OPEN			
44405	Colonoscopy w/dilation	3	01/01/2015	OPEN			
44406	Colonoscopy w/ultrasound	3	01/01/2015	OPEN			
44407	Colonoscopy w/ndl aspir/bx	3	01/01/2015	OPEN			
44408	Colonoscopy w/decompression	3	01/01/2015	OPEN			
45346	Sigmoidoscopy w/ablation	1	01/01/2015	OPEN			
45347	Sigmoidoscopy w/plcmt stent	1	01/01/2015	OPEN			
45349	Sigmoidoscopy w/resection	1	01/01/2015	OPEN			
45350	Sgmdsc w/band ligation	1	01/01/2015	OPEN			
45388	Colonoscopy w/ablation	2	01/01/2015	OPEN			
45389	Colonoscopy w/stent plcmt	1	01/01/2015	OPEN			
45390	Colonoscopy w/resection	3	01/01/2015	OPEN			
45393	Colonoscopy w/decompression	3	01/01/2015	OPEN			
45398	Colonoscopy w/band ligation	3	01/01/2015	OPEN			
46601	Diagnostic anoscopy	1	01/01/2015	OPEN			
46607	Diagnostic anoscopy & biopsy	1	01/01/2015	OPEN			
47383	Perq ablti lvr cryoablation	2	01/01/2015	OPEN			
62302	Myelography lumbar injection	1	01/01/2015	OPEN			
62303	Myelography lumbar injection	1	01/01/2015	OPEN			
62304	Myelography lumbar injection	1	01/01/2015	OPEN			
62305	Myelography lumbar injection	1	01/01/2015	OPEN			
64486	Tap block unil by injection	1	01/01/2015	OPEN			
64487	Tap block unl by infusion	1	01/01/2015	OPEN			
64488	Tap block bi injection	1	01/01/2015	OPEN			
64489	Tap block bi by infusion	1	01/01/2015	OPEN			
66179	Aqueous shunt eye w/o graft	9	01/01/2015	OPEN			
66184	Revision of aqueous shunt	2	01/01/2015	OPEN			
21800	Treatment of rib fracture	1	02/17/1991	12/31/2014			
22520	Percut vertebroplasty thor	9	01/01/2007	12/31/2014			
22521	Percut vertebroplasty lumb	9	01/01/2007	12/31/2014			
22522	Percut vertebroplasty addl	9	01/01/2007	12/31/2014			
22523	Percut kyphoplasty, thor	7	04/01/2008	12/31/2014			
22524	Percut kyphoplasty, lumbar	7	04/01/2008	12/31/2014			
22525	Percut kyphoplasty, add-on	7	04/01/2008	12/31/2014			
42508	Parotid duct diversion	4	02/17/1991	12/31/2014			
44383	Ileoscopy w/stent	9	01/01/2004	12/31/2014			
44393	Colonoscopy, lesion removal	1	01/01/1996	12/31/2014			
44397	Colonoscopy w stent	1	04/01/2006	12/31/2014			
45339	Sigmoidoscopy	1	02/17/1991	12/31/2014			
45345	Sigmodoscopy w/stent	1	04/01/2006	12/31/2014			
45355	Surgical colonoscopy	1	02/17/1991	12/31/2014			
45383	Colonoscopy, lesion removal	2	02/17/1991	12/31/2014			
45387	Colonoscopy w/stent	1	04/01/2006	12/31/2014			
61334	Explore orbit; remove object	5	04/01/2008	12/31/2014			
64761	Incision of pelvis nerve	2	04/01/2008	12/31/2014			
64870	Fusion of facial/other nerve	4	02/17/1991	12/31/2014			
66165	Glaucoma surgery	4	02/17/1991	12/31/2014			